



Quality Improvement in Primary Care in Romania

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“If we always do what we have always done, we will always get what we have always gotten.”

Oilman quote



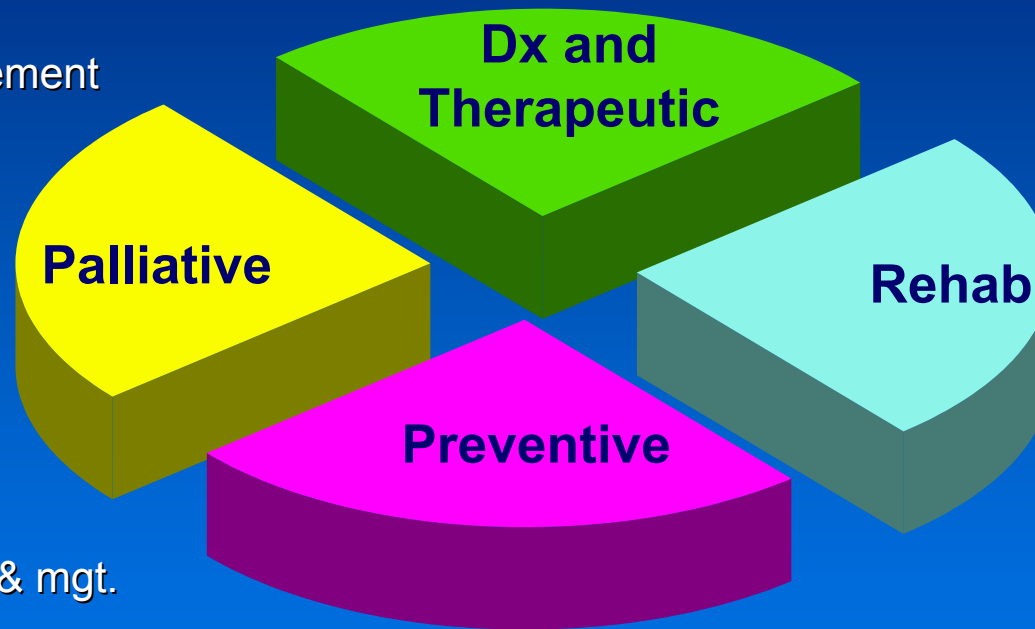
Scope of Primary Care Practice

Diagnostic & Therapeutic Care

- Acute care
- 24 hr coverage
- Chronic disease management
- Prescriptions
- Psycho-social care
- Specialty referrals
- Worker health
- Home-based care

Preventive Services

- Screening
- Risk factor identification & mgt.
- Immunization
- Well child care
- Prevention counseling
- Family Planning



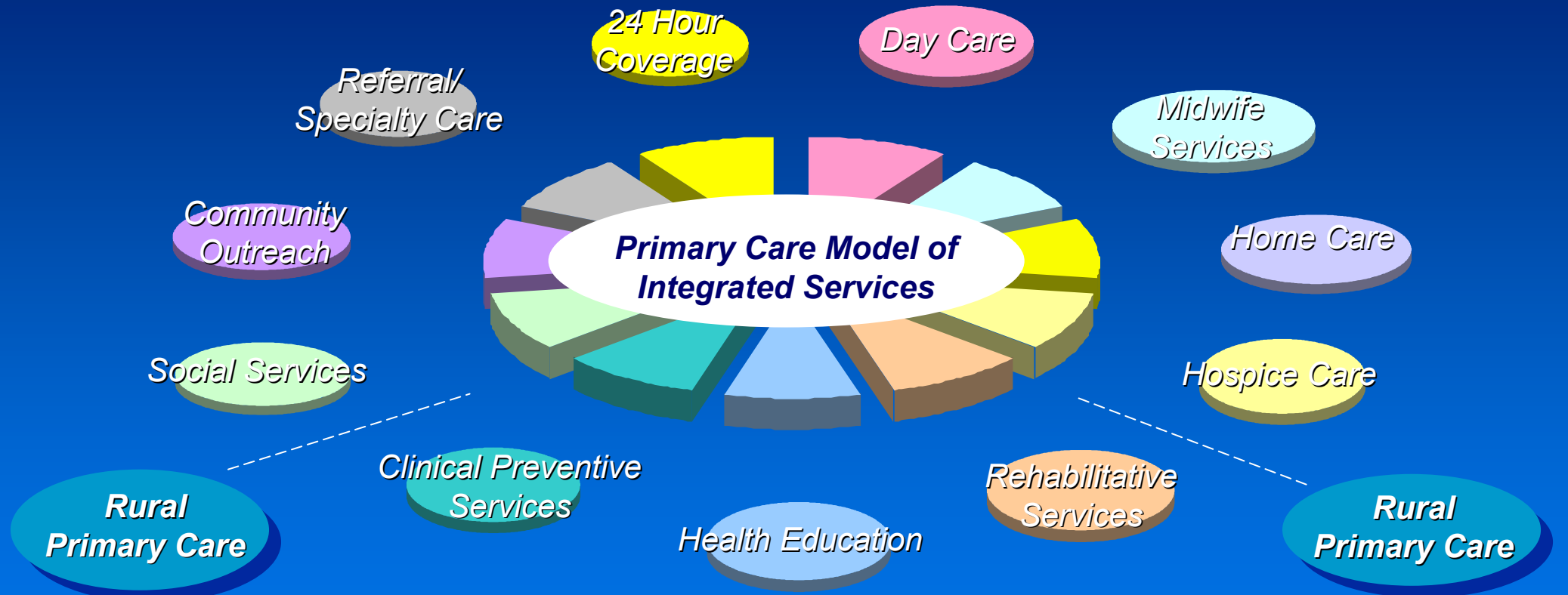
Palliative

- Pain management
- Other symptoms
- Coordination/Referrals
- Nursing home care
- Hospice

Rehabilitation

- Coordination/Referrals
- Alcohol and drug
 - Physical therapy
 - Occupational therapy
 - Specialty referrals
 - Convalescent care

Primary Care Practice Model



Clinical Preventive Services

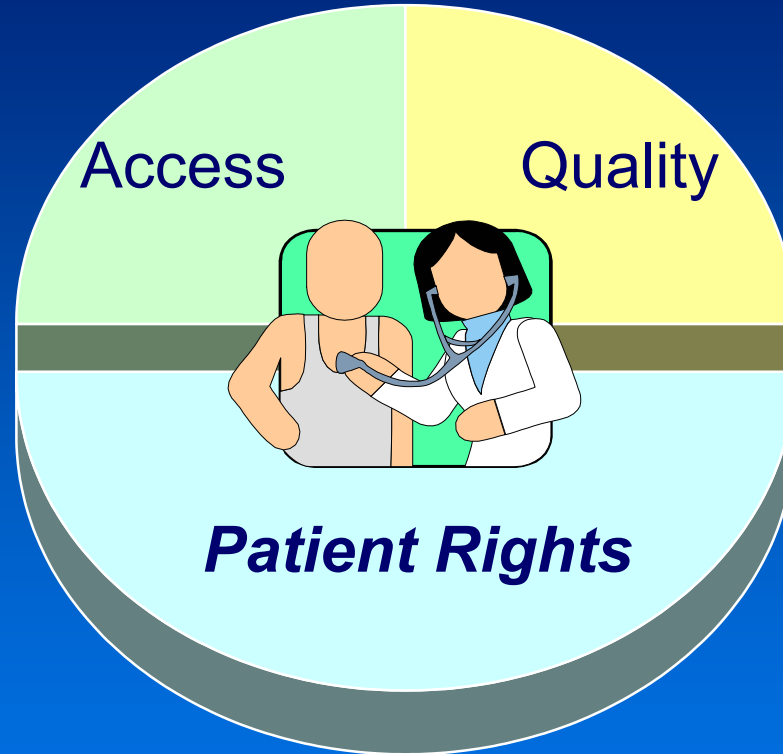
- Breast Ca Screening
- Cervical Ca Screening
- Pre & Post-natal Care
- Family Planning
- Cardiac Disease
- Diabetes

Rehabilitative Services

- Alcohol & Drug
- Physical Therapy
- Cardiac



Patient Centered Quality Health Care

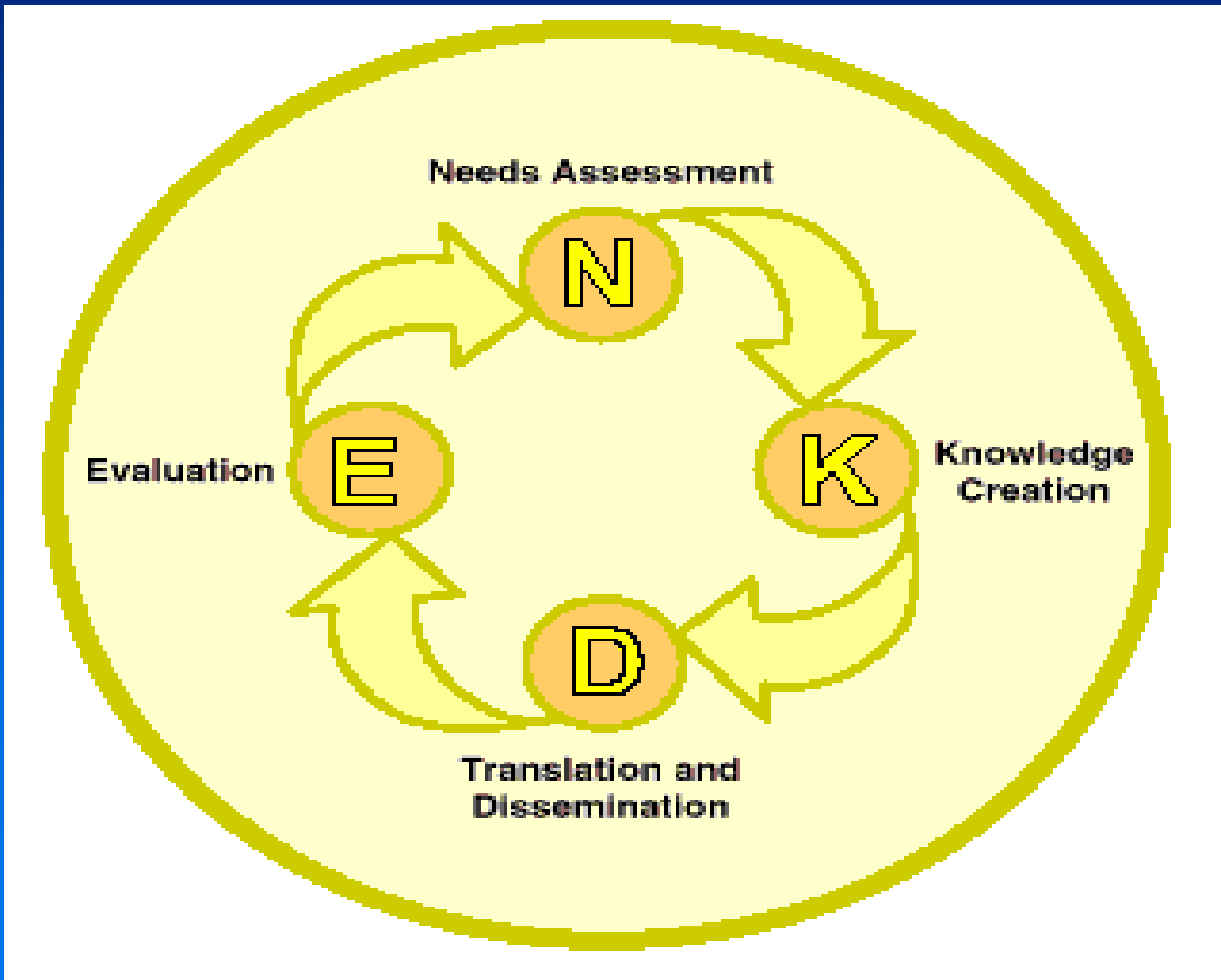


Respect ●

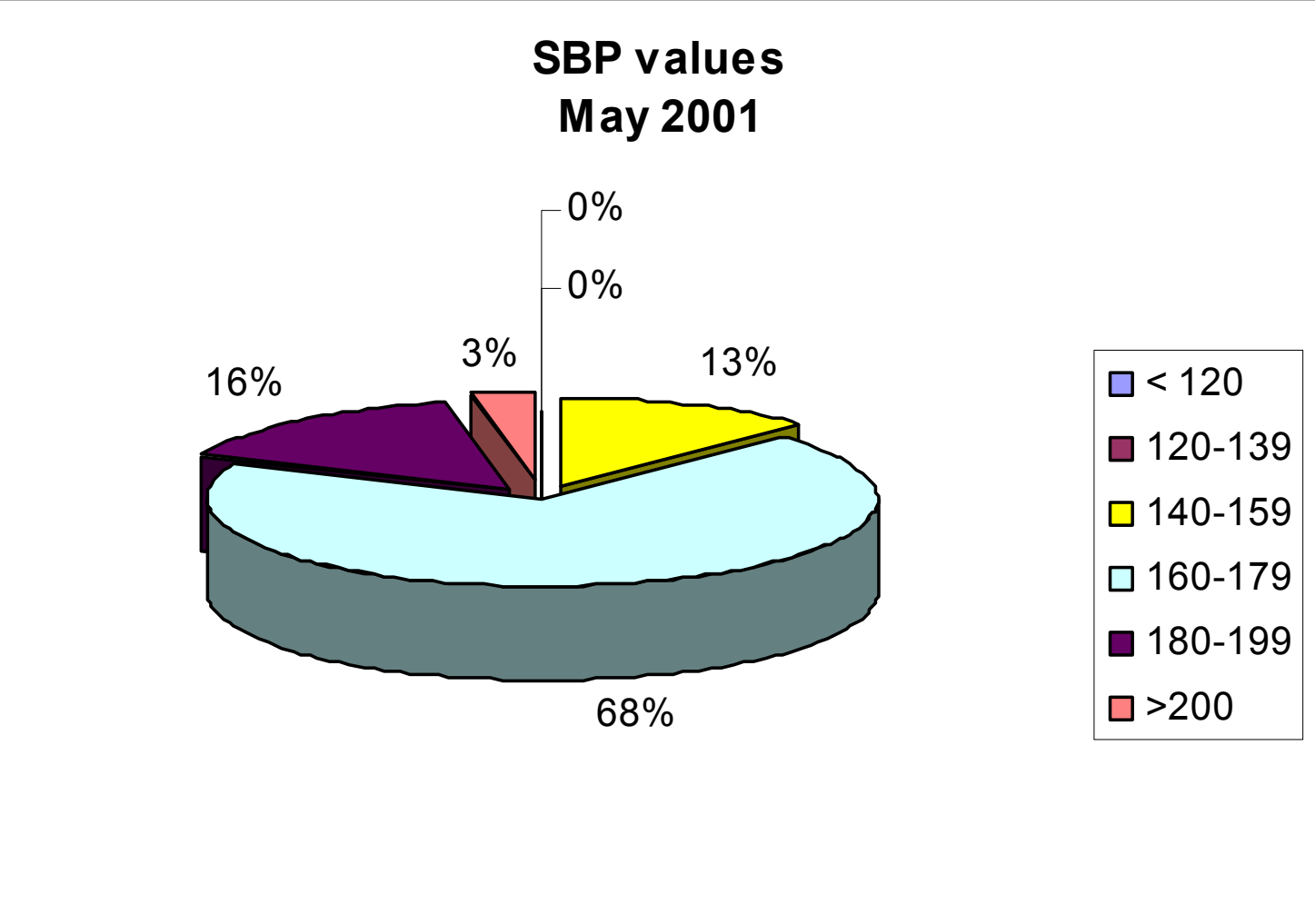
● Confidentiality

Shared Decision
Making

Patient Outcomes Improvement Cycle

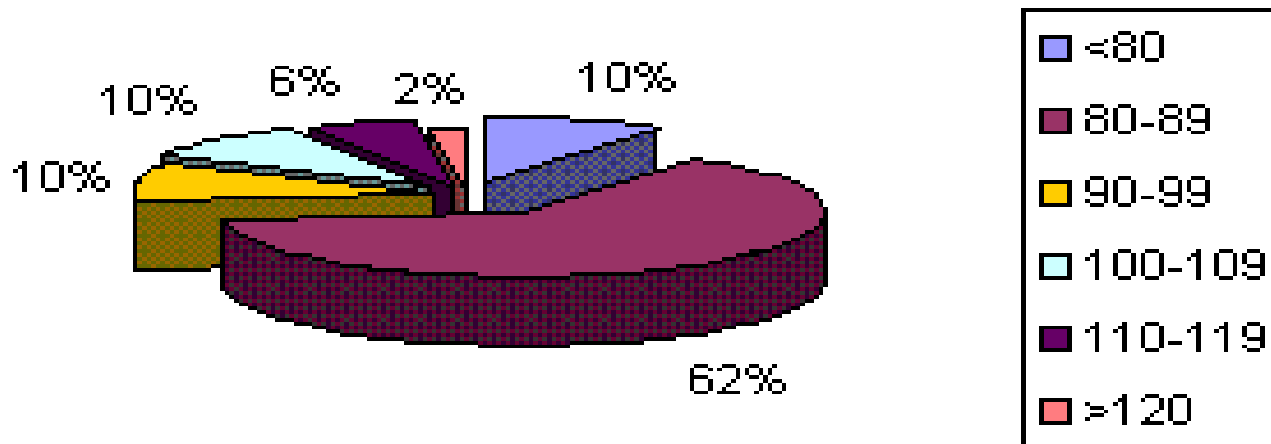


Systolic Blood Pressure Values



Diastolic Blood Pressure Values

DBP values
May 2001



“It is not possible to learn without measuring, but it is possible- and very wasteful- to measure without learning.”

Donald Berwick, 1998



Simple Rules for the 21st – Century Health Care System

Current Approach

New Rule

Care is based primarily on visits.

Care is based on continuous healing relationships.

Professional autonomy drives variability.

Care is customized according to patient needs and values.

Professionals control care.

The patient is the source of control.

Information is a record.

Knowledge is shared and information flows freely.

Decision-making is based on training and experience.

Decision-making is evidence based.

Do no harm is an individual responsibility.

Safety is a system property.

Secrecy is necessary.

Transparency is necessary.

The system reacts to needs.

Needs are anticipated.

Cost reduction is sought.

Waste is continuously decreased.

Preference is given to professional roles over the system.

Cooperation among clinicians is a priority.

