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IMPROVING QUALITY OF HEALTH CARE SERVICE FOR PEOPLE IN SUSTAINABLE DEVELOPMENT

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Abstract

Health is the most valuable asset of every citizen and the whole society. Investing in the protection, care and promotion of people's health is an investment for development. Currently, Vietnam is gradually progressing to build sustainable health care services, including both synchronous development of specialized health and universal health care. Network of healthcare facilities has been continuously invested and developed with 100% of communes have health facilities, 60% of clinics have doctors, insurance coverage reached 81.7% health care in 2017. Nevertheless, the quality of health care services to the people especially the local health care still faces many difficulties and challenges. In this article the author describes the reality of quality health care service in Vietnam today, from which proposed a number of solutions to improve the quality of health care services for the people toward sustainable development.

Key words: *health care services, sustainable development*

Introduction

Sustainable development is a global concern. In the process of development of the world, each region and country has many common pressing problems. Over the years, thanks to the achievements of socio-economic development and the efforts of the health sector, Vietnam has achieved many achievements in the work of people's health care. However it is still considered slow and has many shortcomings. Many computed and new theoretical and practical issues are being asked to continue to innovate health services in the direction of equity, efficiency and development.

The concept of health services

Medical service is a very special service. In essence, health services include activities performed by health workers (medical examination and treatment) to serve patients and their families.

According to the World Health Organization (WHO): The medical service includes all services for to the diagnosis, treatment, health care activities, recuperation. These include personal and public health services.

According to Assoc. Prof. Dr. Le Chi Mai: Medical services include medical examination and treatment, vaccination, disease prevention.... This is seen as a fundamental human right, so not able to for market dominant that it is the responsibility of the state.

Thus, many conceptions of medical services stated under different angles, but the general consensus is that: The medical service is a particular type of service that meets the basic needs people and communities.

The quality of medical services

Medical quality is an abstract concept and difficult to determine by the specific characteristics of the service, product. The quality of a service, a product depends on the



criteria attached to it in advance to ensure the objective requirements and achieve the technical standards. Medical service is a special service with its own characteristics. So far, there is no uniform definition of the quality of health services and there are still debates on how to measure the quality of health services. However, there are several definitions of medical services with high generality and commonly used are:

- Quality of medical services is the application of science and medical technology in order to bring about optimal health benefits without increasing the risk of harmful to humans. Quality level is the extent to which the services provided to achieve the best balance between the benefits and the hazards to people. Quality level is the extent to which the services are provided expecting to achieve the best balance between benefits and risks.[3]
- Quality of health services is the level of health services for each citizen and community achieve the output of health has been identified and in accordance with the state of professional knowledge.[5]
- Quality of health services is the way to organize resources in the most effective way to meet the needs of human health care for prevention and treatment, to ensure the safety of the concept of quality of service, no waste and in higher levels of requirements.[7]
- Quality of health services is the level of achievement of the real objectives of the health system in terms of improving health and meeting the legitimate expectations of the people.[8]

The definition of the quality of Donabedian's medical services is recognized as providing the optimum benefit in the application of medical knowledge and technology, while taking into account the feasibility of the actual conditions of entry, to ensure that there are no risks or unsafety to service users.

Meanwhile, the definition of the American Institute of Medicine (IOM) does not pay attention to the measurement indicators for that focus on and perceive the quality of health services according to the conceptual components of the service as. Quality of service is safe, effective, patient-centered, timely (reduce waiting time), efficiency (effective use of resources) and equity.

Developing sustainable health services

In 1980, the "would conservation strategy the International Union for Conservation of Nature and Natural Resources (IUCN) set the goal of sustainable development. is "achieving sustainable development by protecting biological resources" and the term sustainable development here is addressed with a narrow theme, emphasizing the sustainability of ecological development of biological to promote the conservation of biological resources.

In 1987, in the "Our Common Future" Report, the United Nations World Commission on Environment and Development, "sustainable development" is defined as "Development meets the needs of the present without compromising the ability to meet the needs of future generations."

In 1992, the United Nations Environment and Development Summit held in Rio de Janeiro set out the Global Agenda for the 21st Century. Accaclinly sustainable development was defined as: development that satisfies the needs of the present generation without compromising the ability to meet the needs of future generations."



In principle, sustainable development is the process of operating simultaneously three development areas: sustainable economic growth, prosperous society, equality, stability, diversified culture and fresh environment, resources sustainability. There for, completes ethical principles for sustainable development including the principles of sustainable development in the economic society and environment

Health service is one of the social sectors, developing sustainable health services is one of the inevitable trends in the current period.

In the period 2016-2020, Vietnam will focus on developing sustainable health services to wards equity - efficiency - development. Accordingly, both health development of universal and the development of specialized health care will be strengthened to expand, develop and renovate the health system to ensure that all people have access to basic health services. , quality at the place of living, and at the same time, access to modern and high-tech services when needed and actively prevent and control diseases in the community.

At present, the health sector in Vietnam has positive actions to promote sustainable health services development including investment, modernization of facilities and equipment for central, provincial and district hospitals; Strengthen professional guidance, technology transfer, implement the project of reducing the hospital. To promote the development of health socialization in order to attract social investment resources, etc. Particularly, it is necessary to invest in the grassroots health care system to well perform the initial health care. Vietnam has planed to deploy family doctors in 8 provinces. In the next year, expanding to other provinces, by 2020, covering 80% of the whole country.

In addition, Viet Nam will continue to cover universal health coverage. Aging population and non-communicable diseases will become a burden on the health and social sectors in the near future. Therefore, medical investments need to shift 100% of hospital costs to a certain percentage for the primary health care system. In some developed countries, they spend 50% of their initial health care costs. Strength basic health associated with preventive medicine and primary care will help detect non-contagious diseases early, save on treatment costs, budgets and expand health coverage of the entire populion, ensure equity in medical care and treatment. Vietnam's goal is to cover health insurance for 90% of the population by 2020. The cost of health care directly from the pockets of people decreased from 54% to 42%.

Although the Government's investment budget for health is still difficult, the efforts of the entire health sector in the innovation from financial mechanism, policies, professional capacity, invest in facilities for all medical establishment. It will certainly be a great leverage for Vietnam health sector to develop to ward efficiency, sustainability and development.

Current status of quality of health services

Over the years, due to the policy of opening up and reforming the health sector, health services are growing. In particular, major changes include:

Inequality in income, causing the demand for health services also differentiated. The average income increases, which makes the demand for quality of health services, especially the quality of the patient's, funtion is increasing.



Public hospitals move from free to partial or full payment for medical service. Some hospitals are moving towards financial autonomy and tend to increase revenues to ensure budgets operating

Private clinics, private hospitals grow. Some patients take the medical examination and treatment at foreign medical establishments. Patients have more and more choices about medical services.

Public hospitals are beginning to compete with other types of health services.

While the needs of patients and society are growing, the health sector has not kept pace with this development of the society, especially in improving the quality of health services.

In fact, the hospitals are overloaded, resulting lower technical quality and functional quality. Public hospitals primarily invest in technical quality by investing in people and equipment to develop new technologies and scale up to meet the growing demand.

Due to lack of training and lack of awareness of the functional components quality of health services, most hospitals in Vietnam, especially public hospitals, do not meet the increasing requirements of people. While the patients have more choices and nearly only the ability to evaluate the quality of health services through perception.

In this context, the pattern of distribution of health care services in Viet Nam has changed dramatically:

- A large proportion of patients have a high demand for medical services have begun moving to select private health care facilities that provide better quality health care services. Some patients take the medical examination and treatment at foreign medical establishment. Most of these cases are directed towards the quality of functional health services, as in fact most of the technical quality requirements of patients can be met at home facilities. This leads to "bleeding" foreign currency, which, according to an unofficial report by the Ministry of Health, amounts to nearly \$ 1 billion a year. Foreign hospitals are increasingly attracting patients in the country.
- In order to attract patients, some domestic private health care establishments focus mainly on functional quality while technical quality is not guaranteed. This affects the health of patients.

In this situation, if there are no effective interventions, the situation of "bleeding" foreign currency to pay for medical services abroad will be growing. In the future, if foreign medical corporations start investing in health services in Vietnam, the Vietnamese health sector will face a significant challenge if these hospitals are based on the advantage of functional quality to attract patients and to attract high-level medical staff of Vietnam to strengthen the technical quality and improve the quality of service.

In order to improve the situation, the Ministry of Health and public hospitals had some alarms about the poor quality of health services at public facilities. However, in order to improve this situation, there is a great need for investment in human resources and facilities, while the health budget is insufficient, and the income of health workers is low. Programs aimed at upgrading facilities of public health facilities and improving communication skills of health workers have not brought about major changes.

In order to improve the quality of health services in public health facilities in particular and the Vietnamese health sector in general, there is a great need for investment, especially for people. For medical universities, it is essential to introduce



quality-of-life skills and knowledge-based training programs now that will make a lasting difference. Besides, in the immediate future, it is necessary to create conditions for private hospitals in the country with synchronous investment in human beings and material facilities to develop in order to quickly meet the increasing demands of the society. At the same time, this will also be a significant counterweight to compete with international medical corporations in the Vietnamese market in the future.

Regarding the financial system in Vietnam, health spending in Vietnam has continued to increase and reach a high level in recent years compared to other countries in the region, with health spending accounting for 6% of GDP. The share of public finances (including the state budget and health insurance) increased, accounting for 42.6% of total health expenditure, household out-of-pocket expenditure tended to fall below 50%, accounting for 48,8%. [2]

The current financial health system has limited the financial barriers to accessing health services for people with health insurance cards, which help most people to use the intervention. essential room.

Despite this, health financing is also facing considerable difficulties and challenges, the current financial system has not covered the whole population, difficult to expand coverage.

The percentage of poor households due to high medical costs. The use of financial resources has not been as effective as expected, the financial system has not promoted quality, has not encouraged the provision of basic health services and primary health care) is low cost and secure public equal.

The direction of Vietnam's health sector in the future is to develop a sustainable health system in the direction of equity-efficiency-development-quality.

Accordingly, it has developed universal health care for all people to have access to basic and quality health services at their place of residence and at the same time develop high-tech, modern and high-tech. In order to contribute to that goal, the health financing system needs to be developed in the direction of rapidly increasing public investment in health care, developing universal health insurance, reducing the proportion of direct payments from households to health care. Health care, innovation mechanism, financial mechanism, use of health financing. In addition to increasing the proportion of people participating in health insurance, the health sector should consider the choice of service provider, not only to expand the service but also to choose services for the population segment. Option for private service providers, increasing the licensing standards for quality service delivery, reducing the burden on the state budget.

Regarding health human resources in Vietnam, the network of health worker training centers has been expanded considerably over time. According to statistics, by the end of 2017, there are nearly 200 health sector training institutions in the health sector. There are 24 medical schools, including six non-public ones. By continually increasing the number of establishments and increasing the training quota, by the end of 2017, Vietnam will reach 8 doctors per 10,000 population, which is expected to increase to 10 doctors per 10,000 population by 2020. The training of medical staff has been re-arranged and expanded in the whole country with many forms of training to overcome the shortage of health workers, especially disadvantaged areas, remote and isolated areas. .



Well-trained nursing personnel include large-scale universities, colleges, and colleges. Currently, there are 196 training institutions in the nursing sector. As required, by mid-2025 there will be no intermediate level nursing. [2]

Human resources Health is an important component of the health system, which is a key factor in ensuring the effectiveness and quality of health services. Therefore, developing human resources for health is an important task of the health sector, so as to ensure the health of the community in the best way.

By the end of 2016, the total number of practitioners was 322,208, with 309,768 practice certificates (accounting for 96.14%). Of which 78,444 doctors, 54,734 doctors, nurses 127,190 people, midwives 31,730 people, technicians 21,688 people, physician is 6,770 people. [2]

The population of Viet Nam has now reached the threshold of more than 93 million people, but the ratio of doctors serving to ten thousand people is relatively low, about 8 doctors / ten thousand people, Vietnam is the country with the lowest rate of doctors area. Some localities did not achieve the above figure, so far the problem of human resources is still a problem sore. Population growth is fast, demand for medical treatment is more demanding, but to increase the number of human resources Health is difficult, because the training of a doctor takes up to six year and five years for university pharmacists.

The allocation of health human resources is inadequate, lacking in quantity, unequal in quality between regions and routes. Regulations and policies for health workers are unreasonable, the starting salary is not commensurate with the training time. Doctors are not entitled to seniority allowance. There is no sustainable policy to attract qualified physicians who are good at long-term work in remote and disadvantaged areas.

Some obstetric and basic health care providers have difficulty in recruiting health workers. The government and the health sector have also worked out solutions to their problems. The family doctor's model has been expanded from 240 physicians' offices in December 2015 to 336 doctor's clinics in 8 provinces and cities. Initial positive results. Pilot projects for young volunteers to work in mountainous, remote, border and island areas, with difficult socio-economic conditions (priority 62 poor districts) according to the Decision No. 585 / QD-BYT has been implemented and by 2016 there are about 500 young doctors working in these areas.

The quality of health workforce, especially at the commune level in primary care, diagnosis and treatment of some diseases, as well as limited knowledge of disease management, has not kept up with the level of specialization. According to a study in the mountainous area, only 17.3% of doctors and physicians were asked to have the right knowledge and skills in first aid, 17% 50.5% know how to diagnose hypertension and 15.6% know how to deal with an outbreak.

Currently, many high technology in medical examination and treatment is widely applied, but in Vietnam mainly concentrated in major hospitals mainly in Hanoi and Ho Chi Minh City, at the lower levels of human resources. There are limited machinery, facilities and facilities available but users have not updated their knowledge of machinery operations leading to overload in central hospitals.

Health workforce allocation is inadequate. Despite the changes in recruitment, human resources allocation, there are still many shortcomings; Differences in the number and quality of health workforce between treatment and prevention areas,



between specialties, between central and local levels. The distribution of health workforce is inadequate between geographical areas, between urban and rural areas, especially in the mountainous areas. Currently, health workers with university or higher degree focus mainly on cities and economic development. Up to 45% of health workers have university or higher degrees at the central level, while in the local level only 23%. In the locality, 50% of doctors and 69% of provincial pharmacists work at the provincial level, 34% of doctors and 31% of pharmacists work at district level, 17% of doctors and 1% of university pharmacists Commune level.

The monitoring and management of human resources is not standardized, in some hospitals the application of science and technology in management is limited. Lack of accurate, specific information about patients and relatives.

Solutions to improve the quality of health services in Vietnam

Investing in the protection, care and promotion of people's health is an investment in development. Over the past years, Vietnam has implemented many policies to renovate health services in a breakthrough. In order to develop Viet Nam's health services in the direction of equity-efficiency-development, the following solutions should be implemented:

Firstly, the reform of the health financing mechanism to ensure equity in health care based on the development of a socialist-oriented market economy.

Accordingly, the price of health services has been adjusted to the market; To give priority to policy beneficiaries, ethnic minority people, mountainous, border and island areas; At least 30% of the health budget for preventive medicine. Make budget allocations based on outputs; private sector investment (PPP) to invest in modern medical facilities and equipment; Many private clinics have been set up and put into operation, contributing to increasing the number and improving the quality of medical examination and treatment services. Administrative procedures for medical examination and treatment, health licensing have been improved towards simplification, publicity, transparency, reduced inconvenience, reduced waiting time, and improved people's satisfaction.

To implement comprehensive solutions to implement universal health insurance. Adjustment of the level of pay suitable to the conditions of economic development, income of people and quality of service. Variety of health insurance packages. Strengthen linkages and cooperation between social health insurance and commercial health insurance. To raise the quality and capacity of health insurance assessment to ensure objectivity and transparency. To work out synchronous measures against abuse, self-seeking interests, ensuring the balance of the health insurance fund and the interests of participants in health insurance and medical establishments.

Secondly, to step by step build a comprehensive medical infrastructure system, invest in the development of a number of modern hospitals at the higher level in combination with the improvement of infrastructure at the grassroots level. the domestic resources and loans to focus on developing comprehensive health facilities. presenting roadmap for medical examination and treatment; The roadmap for accreditation, accreditation of test results, medical examination and treatment establishments in association with raising the quality of services and adopting policies to encourage people to use services right at lower levels. To develop the satellite hospital network, intensify training, rotate health workers, transfer technology to lower levels.



Issue a list of technical services at all levels to be fully capable of implementing, to ensure the quality of each technical service evenly between the lines .. Besides, step by step standardized investment facilities Health care at the grassroots level, especially at the commune level, incorporates the implementation of the family doctor model for primary health care, ensuring that all people have easy access to quality health services. and emerging disease outbreaks and non-communicable diseases based on basic health.

Third, development of human resources for health, especially high quality human resources, closely linked to the development and application of science and technology. Viet Nam has concentrated on building and developing human resources for health in terms of quantity, and rotating health workers from higher to lower levels. To fundamentally and comprehensively renew the work of training human resources for health, meeting both ethical and professional requirements in conditions of active and active integration into the world. To perfect the law provisions and implement the framework of the national education system, the national level framework for training human resources for health, bring into play the responsibilities and roles of hospitals in training and development of diseases. university.

Develop a network of village health workers and village midwives, especially in mountainous areas. Encourage the development of traditional medicine and combine traditional medicine with modern medicine. Carrying out scientific and technical transfer from the upper level to the downstream in order to reduce the load on the higher level and reduce the cost of patients.

Make good treatment for health workers. Determine the starting salary level in accordance with training time. To have policies that are strong enough to encourage qualified people to work in grassroots health care, remote and isolated areas, border areas, islands and in preventive medicine. y, mental, TB, leprosy,

Strengthening of training and upgrading of professional qualifications and ethics for health workers. To strictly handle acts of violating professional regulations and professional ethics, harming the dignity and health of physicians; ensuring the security, order and safety of medical establishments.

Conclusion

Vietnam is in the process of stepping up the renovation process, continuing to improve the socialist-oriented market economy, accelerate industrialization and modernization; actively and actively integrate into the international economy. In this context, rapid economic and social changes will certainly have a profound impact on the functioning of the health system, including both positive and negative impacts. , which health policymakers need to foresee and proactively prevent. That is the risk of increasing the gap between rich and poor and the gap between regions; changes in size and structure of population, along with the risk of increasing environmental pollution, lifestyle changes, changes in disease structure due to the impact of industrialization, urbanization, international economic integration ... Many new and complex issues are emerging to reform health services in Vietnam. Therefore, in this article, the author has described some general issues of health services in Vietnam, thus proposing a number of measures to improve the quality of health services towards sustainable development
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