

# **A comparison of health outcomes in public versus private settings in low- and middle-income countries**

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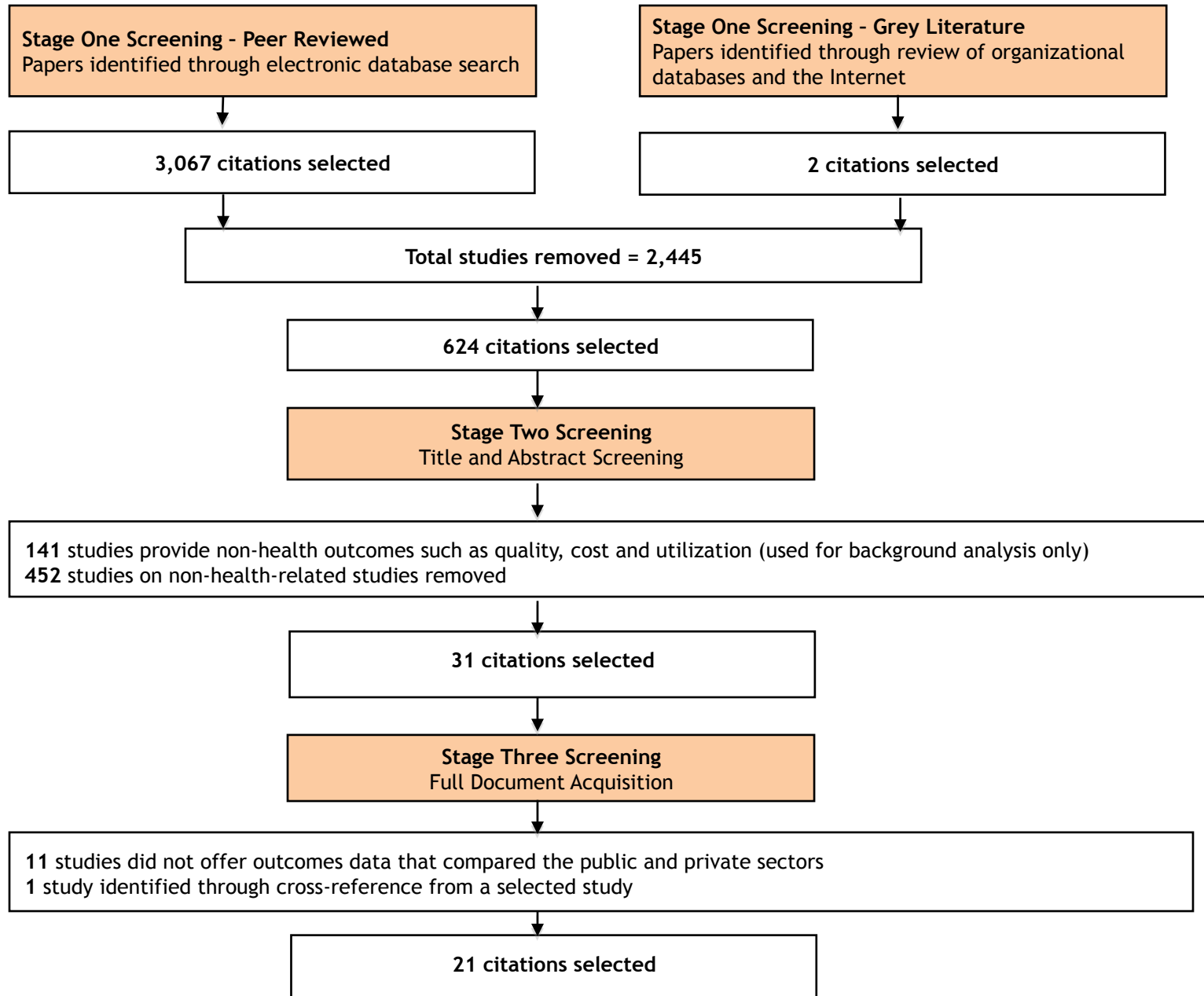
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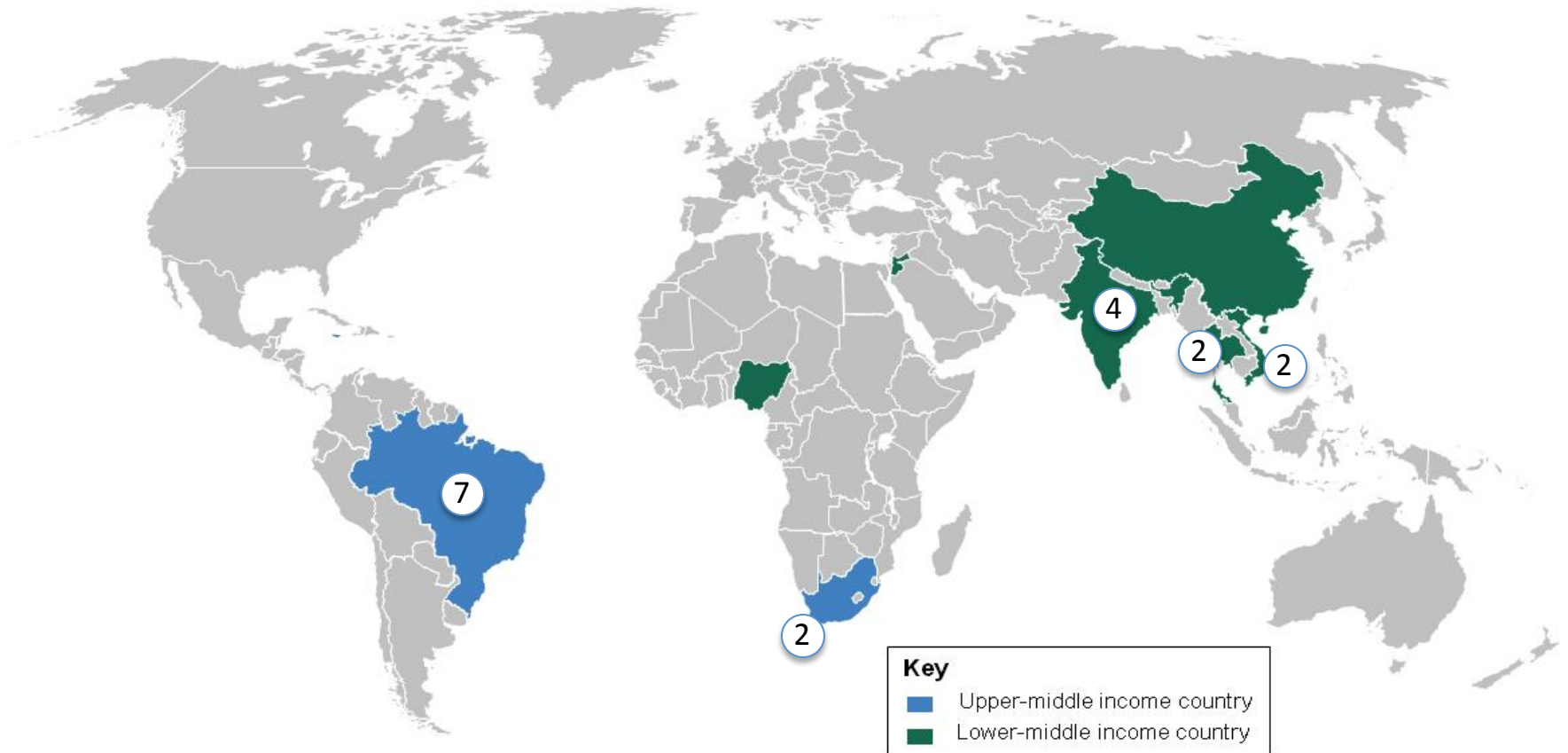
# Context

- Meta-analysis of 31 observational studies reveals no systematic difference in quality between private for-profit, private not-for-profit and government controlled hospitals.  
*Eggleston et al. (2008). Hospital Ownership and Quality of Care: What Explains the Different Results in the Literature? Health Economics, 17: 1345-1362.*
- Systematic review finds that quality of care is poor among private providers, but equally poor among public providers.  
*Berendes et al. (2011) Quality of Private and Public Ambulatory Health Care in Low and Middle Income Countries: Systematic Review of Comparative Studies. PLoS Med. 8(4)*

# Process for filtering papers



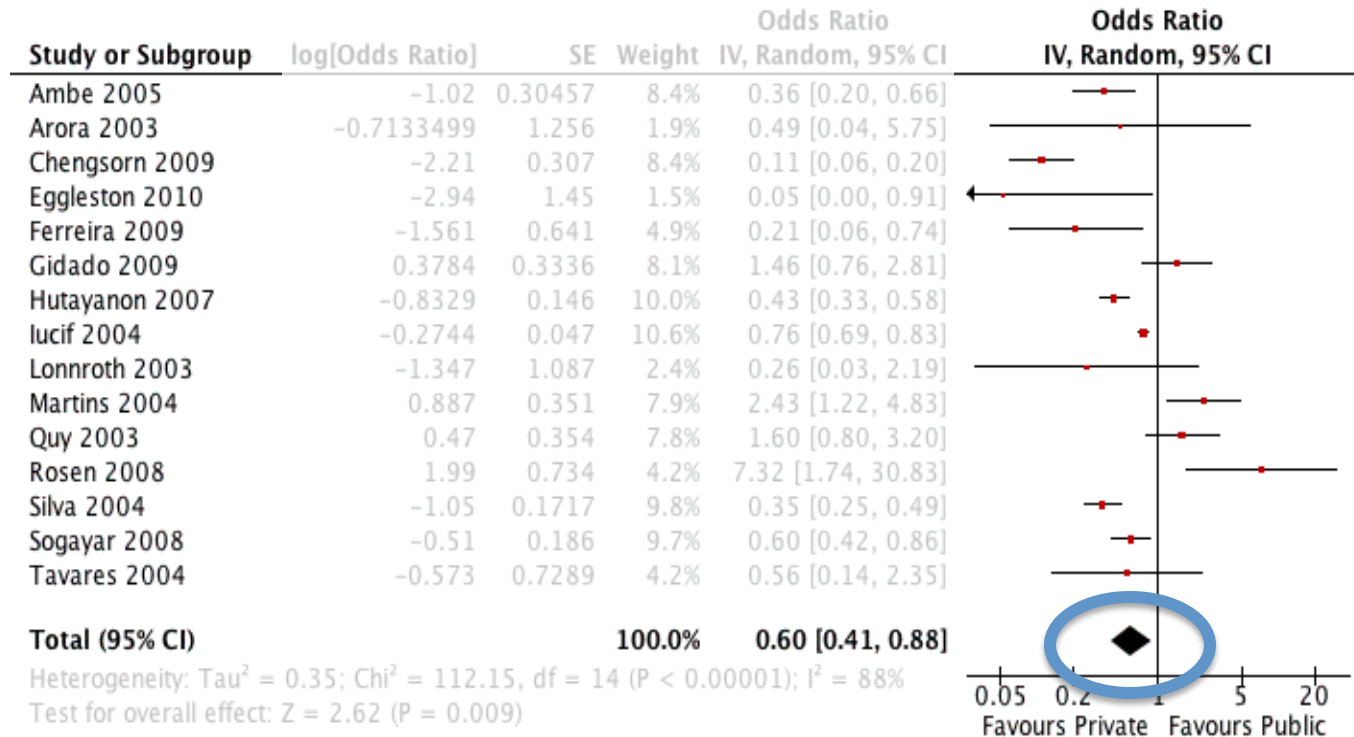
21 included studies from 8 countries,  
differentiated by national income



# Study details

Location	Study goal/ objective	Study design
Mumbai, India	Assess impact on case notification and treatment outcome of PPM approach for <b>TB</b> control involving private providers not previously involved in NTP	Cohort
Delhi, India	Assess the feasibility of a PPM for improved <b>TB</b> control and determine impact on case detection, case management quality, treatment outcome and patient convenience	Cohort
Thailand	Inform PPM <b>TB</b> scale-up in Thailand	Cohort
Guangdong, China	Compare operations and performance of public and private hospitals focusing on differences in patient case-mix and quality of care	Cross-sectional
Bahia, Brazil	Compare mortality and morbidity in patients with <b>AMI</b> hospitalized in public and private hospitals	Cohort
Kaduna State, Nigeria	Compare public and private facilities for <b>TB</b> management practices and treatment outcomes	Cross-sectional
Thailand	Determine patient characteristics, management practices and in-hospital outcomes between public and private hospitals for patients with <b>ACS</b>	Cohort
Sao Paulo State, Brazil	Compare mortality among <b>elderly patients</b> attended within either private or public setting	Cross-sectional
Mumbai, India	Describe the practices in intensive care units in Mumbai hospitals regarding limitation and withdrawal of care at the <b>end of life</b> .	Cohort
Ho Chi Minh City, Vietnam	Compare <b>TB</b> case management and treatment outcome between a semi-private chest clinic and public NTP	Cohort
Brazil	Assesses the variations in <b>mortality, length of stay</b> between public and private hospitals	Cohort
Brazil	Compare clinical outcomes for <b>diabetic patients</b> attending private clinic or public health clinic	Cohort
Ho Chi Minh City, Vietnam	Determine treatment outcome among patients treated by private lung specialists in a PPM project for improved <b>TB</b> control	Cohort
South Africa	Estimate average outpatient cost per patient in care and responding to treatment 1 year after initiation of <b>ART</b> under different models of treatment delivery	Cohort
Brazil	Verify the actual incidence density and outcome of <b>sepsis</b> in Brazilian ICUs	cohort
Mysore, India	Compare outcomes, costs, cost-effectiveness of strategies for provision of <b>cataract</b> surgery	Cohort
Brazil	Assess the standard direct costs of <b>sepsis</b> management in Brazilian ICUs and disclose factors that could affect those costs	Cohort
Johannesburg, South Africa	Impact of RA on <b>disability</b> in private and public facilities in South Africa	Cohort
Niteroi, Brazil	Compare the epidemiological and socioeconomic profiles, clinical features, etiology, length of hospitalization, and mortality of patients with decompensated <b>heart failure</b> admitted to public and private hospitals	Cross-sectional
Jordan	Assess nutritional status and compare quality of treatment among <b>hemodialysis</b> patients in public and private hospitals	Cohort
Jamaica	Determine quality of monitoring and control of <b>hypertension</b>	Cohort

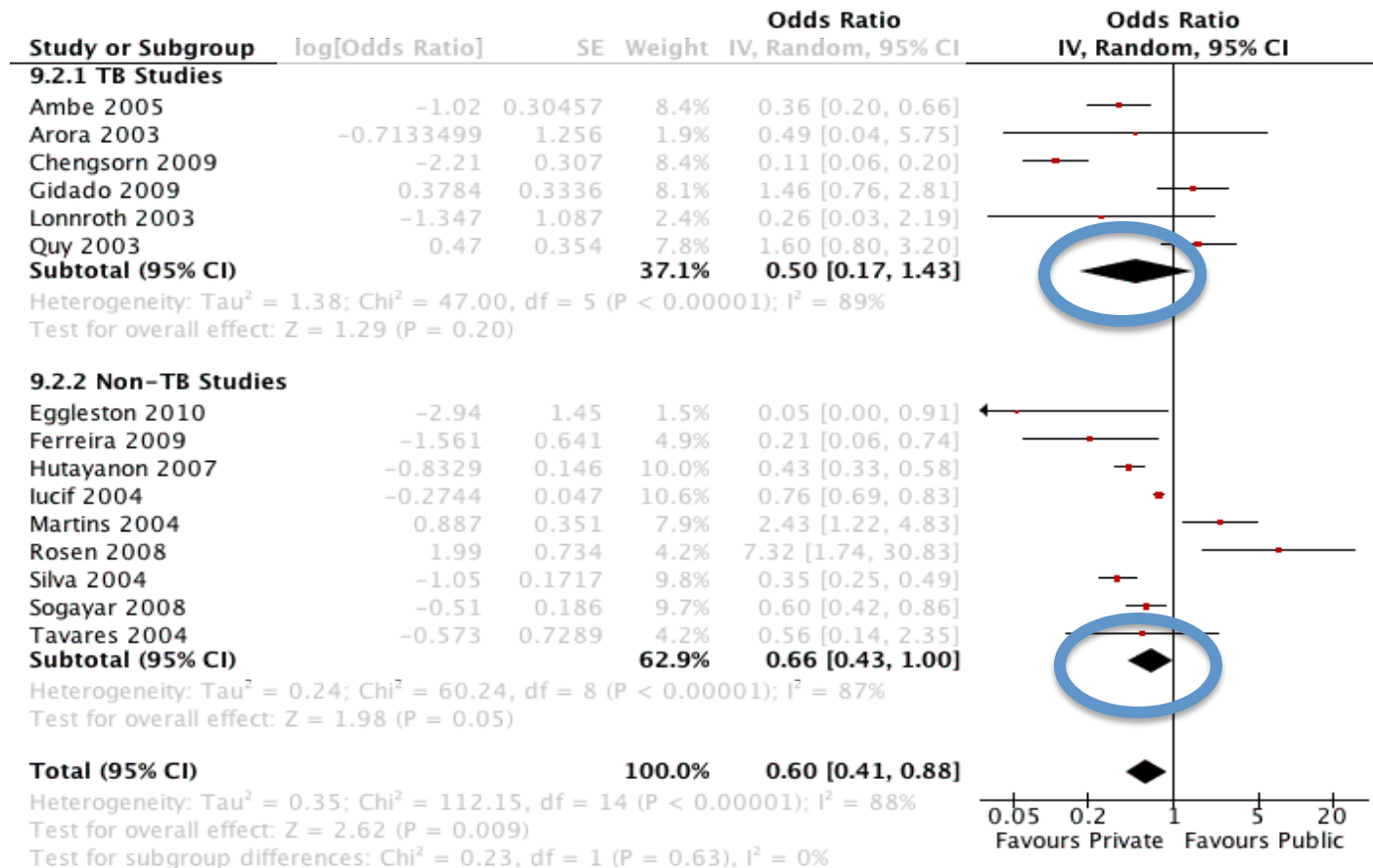
# Lower Risk of Mortality in Private Care



# TB studies vs. non-TB studies: No significant difference in mortality risk

TB Studies

Non-TB Studies

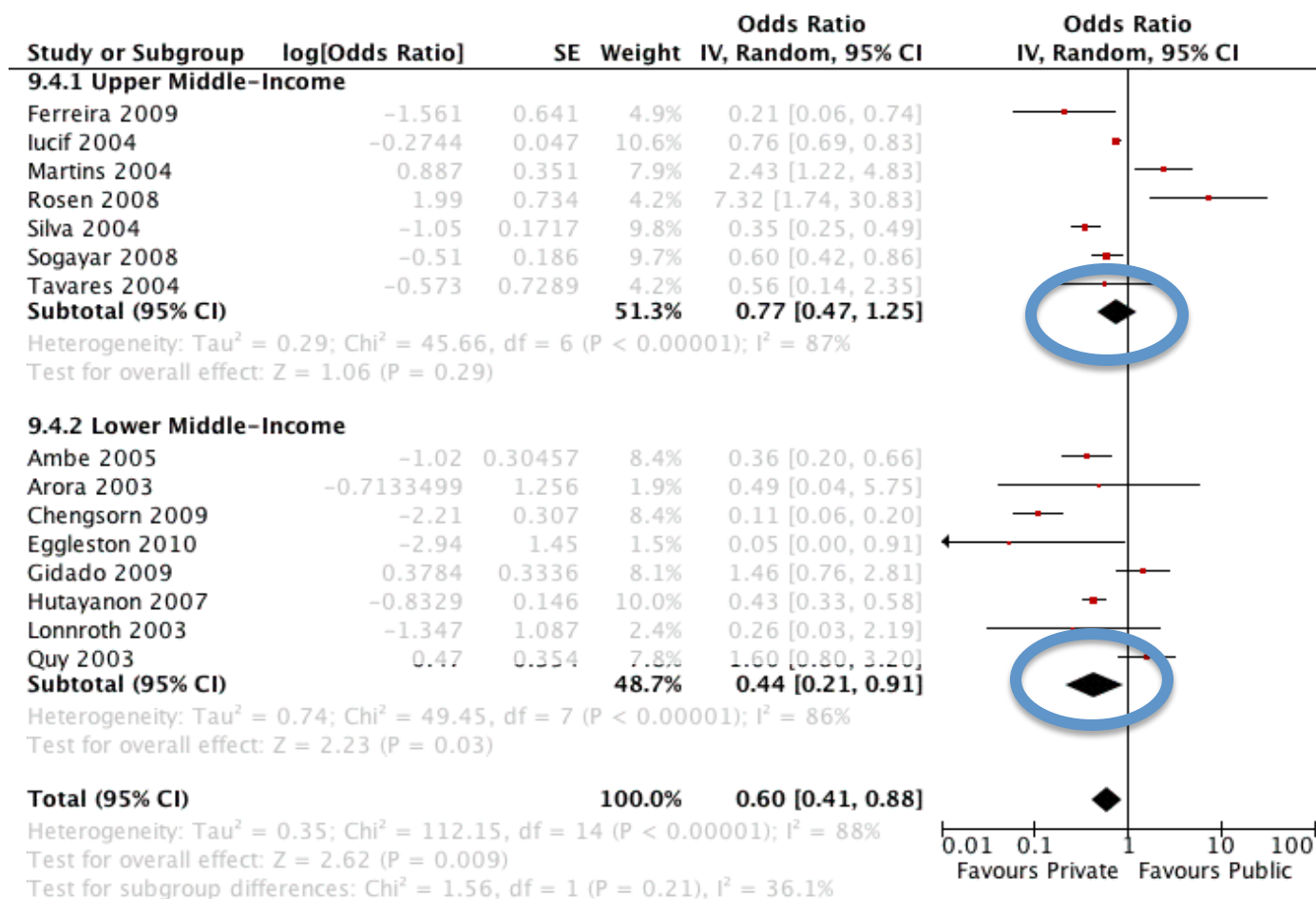


■ Weighted effect estimates from individual studies  
◆ Subtotal and total summary estimates

# Upper-middle- vs. lower-middle-income countries: No significant difference in mortality in private care

Upper  
Middle-Income

Lower  
Middle-Income



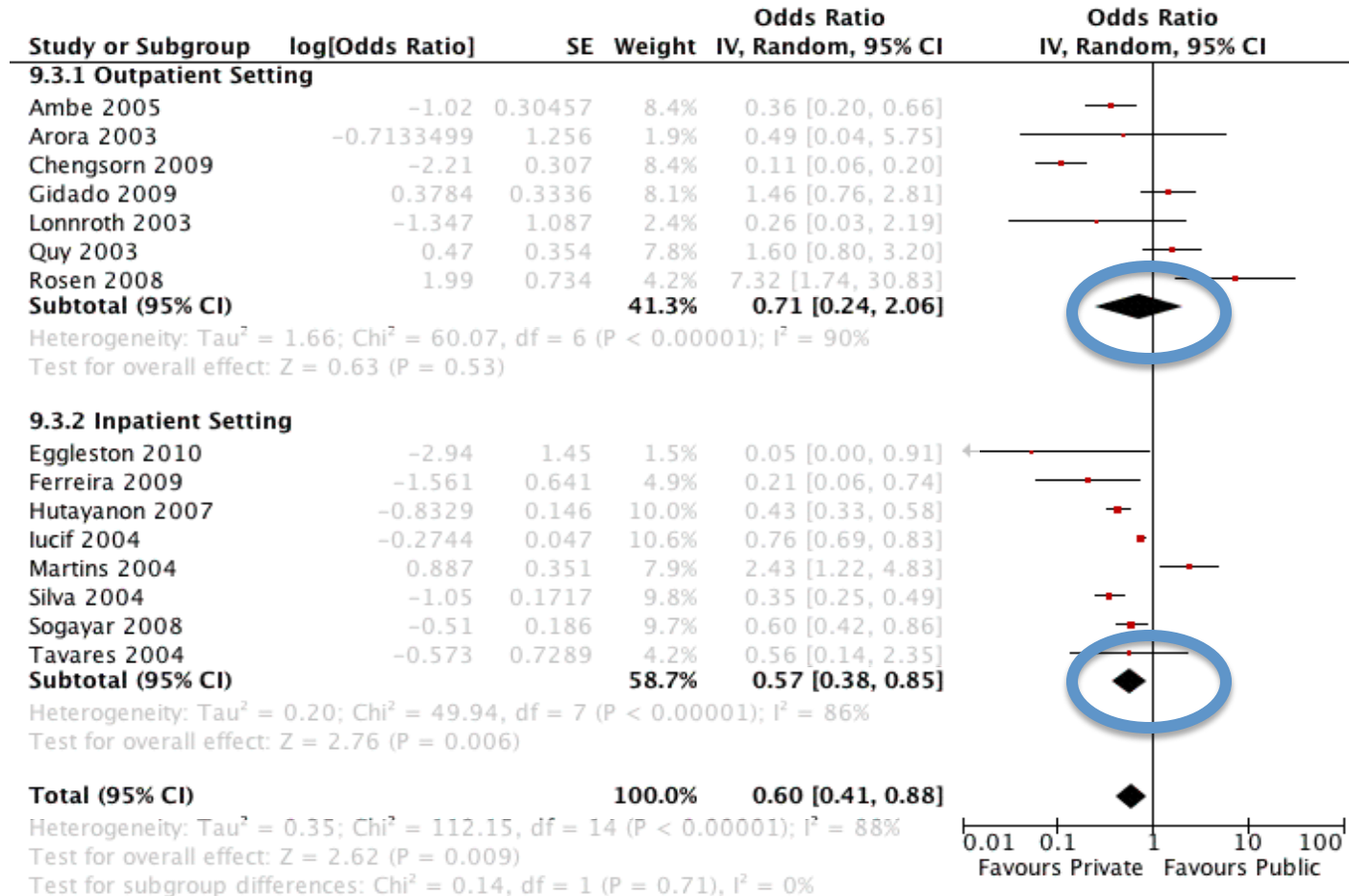
■ Weighted effect estimates from individual studies  
◆ Subtotal and total summary estimates



# Outpatient versus inpatient settings: No significant difference in mortality in private care

Outpatient

Inpatient



■ Weighted effect estimates from individual studies  
◆ Subtotal and total summary estimates

# GRADE evidence profiles: Overall low quality rating

## Factors affecting quality of evidence

## Grading of quality of evidence (score)

### Mortality

Design	All observational studies (-2)
Risk of bias (NOQAS)	Minor (0)
Directness (generalizability)	No serious indirectness (0)
Inconsistency	Serious (-1)
Imprecision	No serious imprecision (0)
Publication/reporting bias	Unlikely (0)
<b>Overall quality rating</b>	<b>Very low</b>

### Unsuccessful TB treatment

Design	All observational studies (-2)
Risk of bias (NOQAS)	Minor (0)
Directness (generalizability)	No serious indirectness (0)
Inconsistency	No serious inconsistency (0)
Imprecision	No serious imprecision (0)
Publication/reporting bias	Unlikely (0)
Large Effect Estimate	Greater than 2.0 (+1)
<b>Overall quality rating</b>	<b>Moderate</b>

### All other outcomes

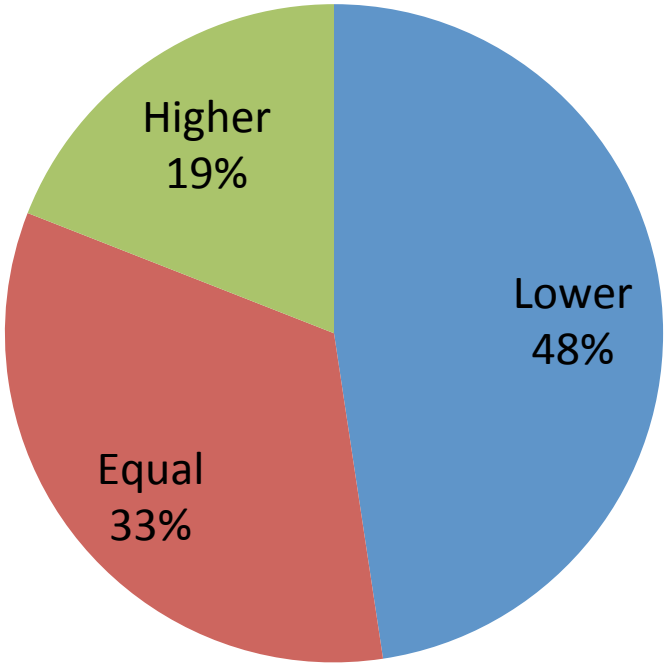
Design	All observational studies (-2)
Risk of bias (NOQAS)	Minor (0)
Directness (generalizability)	No serious indirectness (0)
Inconsistency	No serious inconsistency (0)
Imprecision	Serious imprecision (-1)
Publication/reporting bias	Unlikely (0)
<b>Overall quality rating</b>	<b>Very low</b>

# Findings 1

- I. Most outpatient studies (6/10) were focused on TB
- II. There is no comparative outcome data on public vs. private from Low-Income Countries
- III. Data from Middle-Income Countries is of uncertain quality, coming primarily from observational studies
- IV. The limited data available suggests that treatment in private settings in LMICs leads outcomes that may be better than outcomes in public settings.

# Findings 2

Health Risks in Private Settings are Lower than Health Risks in Public Settings



\*Health outcome risk within the private sector as compared to the public sector.