

Advocating for Equity Inclusion in the Health Accreditation Plan of the Iranian Health System

Zeinab Khaledian^{1,2}, Maryam Tajvar^{1*}

¹ Department of Health Management, Policy, and Economics, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran

² Department of Health Service Management, School of Medical Sciences, Semnan Branch, Islamic Azad University, Semnan, Iran

*Corresponding Author: Maryam Tajvar, Department of Health Management, Policy, and Economics, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran. Email: mtajvar@sina.tums.ac.ir

Received 2024 April 30; Accepted 2024 May 27.

Dear Editor,

Over the past three decades, healthcare organizations have prioritized enhancing patient care quality (1). The Institute of Medicine (IoM) has highlighted that most medical errors stem from flawed systems and processes rather than individual actions (2). Consequently, initiatives to improve processes and safety in healthcare have explored various quality improvement (QI) methodologies, including healthcare accreditation programs (1). Accreditation is a systematic process that evaluates a healthcare organization's compliance against pre-defined peer review standards, which are structural, procedural, and outcome-oriented (3). Assessments are undertaken by various governmental or non-governmental entities, using different modalities in voluntary or mandatory approaches. The scope of accreditation may encompass the entire health organization, individual hospitals, health facilities, only a specialty, or even a sub-specialty (4). Accreditation standards cover diverse domains including clinical governance and patient-centeredness, with the consequences of failing to meet these standards variable across different health system contexts (5). First proposed and implemented by the American College of Surgeons in 1917, accreditation has since undergone numerous transformations and adaptations.

In Iran, accreditation focused on the country's hospitals by the Supervision and Accreditation Office of the Ministry of Health and Medical Education (MOHME) began in 2012 and has been implemented in five rounds to date (6). The aim of accreditation is continuous improvement of structures, processes, and outcomes to ensure quality, safety, effectiveness, and efficiency of healthcare services (3, 4). Despite being recognized as a fundamental strategy for QI and quality assurance globally, the effectiveness of accreditation remains inconclusive due to limited evidence (1, 7). Studies conducted in some Iranian hospitals also did not report a strong relationship between accreditation, hos-

pital performance, and service quality (6). The IoM defines healthcare quality as "the degree to which health services enhance the likelihood of desired health outcomes for individuals and populations while aligning with current professional knowledge" (2). It is a complex concept with several dimensions including effectiveness, efficiency, accessibility, patient-centeredness, timeliness, safety, and equity (8).

A review of evidence showed that among various dimensions, equity has received less attention (4, 8). Equity in health refers to the absence of systematic and unfair differences that are avoidable or amendable across various aspects of health within a population, including its economic, social, geographical, and demographic subgroups such as ethnicity, race, age, and gender (9). Health is a fundamental human right, and ensuring equity in access to healthcare plays a pivotal role in achieving the sustainable development goals (SDGs), particularly in the pursuit of universal health coverage (UHC) and the commitment to leave no one behind (10). The World Health Organization (WHO) emphasizes the importance of redesigning and strengthening healthcare systems for equality and protection, increased investment in health and social sectors, and ensuring fair services and infrastructure to achieve health equity. Equity is listed as one of the key ultimate goals of health systems. The Centers for Disease Control and Prevention stresses the need for focused actions to eliminate avoidable inequalities and historical injustices contributing to health disparities (10, 11).

A systematic review of 36 documents examining the impact of accreditation on healthcare quality dimensions by Araujo et al. revealed that accreditation may positively affect efficiency, safety, effectiveness, timeliness, and patient-centeredness (8). However, no study has investigated its impact on equity. Also, Lewis and Hinchcliff, in the umbrella review based on 33 systematic reviews, did not find



evidence in the field of the relationship between accreditation and equity as a dimension of quality, which indicates this issue has been neglected in conventional models of health accreditation (4).

In response to the global imperative to address health inequalities and promote health equity throughout the healthcare ecosystem, the National Committee for Quality Assurance of America introduced two programs: Health equity accreditation (HEA) and HEA plus (HEA-P) in 2021 and 2022. All health organizations, health service providers, and insurance plans can be evaluated voluntarily through these programs (12). The emergence of this feature of accreditation is a response to the growing recognition of the importance of addressing the social determinants of health (SDH) and ensuring equitable access to quality health care for all (13). The HEA program focuses on fundamental efforts related to health equity, including organizational components, fostering a culture that supports health equity actions, collecting data to address clients' specific needs (cultural, linguistic, etc.), and identifying opportunities to reduce health disparities and enhance care (12). Health equity accreditation plus, on the other hand, targets organizations already engaged in core health equity accreditation activities. It promotes innovative processes and interdisciplinary partnerships to ensure high-quality, equitable care and continuous improvement (12, 13). Health equity accreditation plus collects data on community social risk factors and patients' social needs, guiding optimal resource allocation within organizations. Emphasizing collaboration, HEA-P fosters mutually beneficial partnerships with community-based organizations. Key priorities include meaningful patient and consumer engagement, continuous quality improvement, and addressing health disparities. Its impact extends to policy adjustments, standardized processes, improved patient experience, and reduced treatment costs, enhancing credibility and engaging employers within the healthcare ecosystem (13).

In the Islamic Republic of Iran, health equity has consistently ranked among the government's and health policy-makers' top priorities. High-level documents, including the Constitution (principles 2, 3, 19, 29, and 43), the five-year vision document, and socio-economic-cultural development plans (versions 3rd, 4th, 5th, and 6th), underscore the critical importance of equity in health (9). Additionally, Iran's major policies and goals emphasize the provision of equitable, high-quality healthcare services for all. However, despite this commitment, there has been limited attention to the practical application of health equity principles across various aspects of the healthcare system, including the healthcare accreditation program. As Iran's health accreditation program evolves, there is a unique opportunity to incorporate an equity-oriented approach into the revision of accreditation plans and standards. This revision should align with overarching policies, evidence-based research on health equity, existing resources, and stakeholder engagement. By actively involving all relevant

parties, we can create a locally relevant and appropriate edition that prioritizes health equity and ensures that no one is left behind.

Acknowledgment:

Not Applicable

Conflict of Interests:

The authors declare that they have no conflict of interest.

Ethical Approval:

Not Applicable

Funding/Support:

The authors declared no funding/support.

References

1. Alhawajreh MJ, Paterson AS, Jackson WJ. Impact of hospital accreditation on quality improvement in healthcare: A systematic review. *PLoS One*. 2023;**18**(12):e0294180. [PubMed ID:38051746]. [PubMed Central ID:10697559]. <https://doi.org/10.1371/journal.pone.0294180>.
2. Institute of Medicine US Committee on Quality of Health Care in America. *To Err is Human: Building a Safer Health System*. Kohn LT, Corrigan JM, Donaldson MS, editors. Washington, DC: National Academies Press US; 2000.
3. Hussein M, Pavlova M, Ghalwash M, Groot W. The impact of hospital accreditation on the quality of healthcare: a systematic literature review. *BMC Health Serv Res*. 2021;**21**(1):1057. [PubMed ID:34610823]. [PubMed Central ID:8493726]. <https://doi.org/10.1186/s12913-021-07097-6>.
4. Lewis K, Hinchcliff R. Hospital accreditation: an umbrella review. *Int J Qual Health Care*. 2023;**35**(1):mzad007. [PubMed ID:36738157]. [PubMed Central ID:9950788]. <https://doi.org/10.1093/intqhc/mzad007>.
5. Hinchcliff R, Greenfield D, Moldovan M, Westbrook JI, Pawsey M, Mumford V, et al. Narrative synthesis of health service accreditation literature. *BMJ Qual Saf*. 2012;**21**(12):979-91. [PubMed ID:23038406]. <https://doi.org/10.1136/bmjqs-2012-000852>.
6. Mosadeghrad AM. Iran: Hospital Accreditation: Future Directions. In: Braithwaite J, Mannion R, Matsuyama Y, Shekelle PG, Whittaker S, Al-Adawi S, editors. *Healthcare Systems: Future Predictions for Global Care*. 1st ed. Boca Raton: CRC Press; 2018. p. 297-303.
7. Brubakk K, Vist GE, Bukholm G, Barach P, Tjomsland O. A systematic review of hospital accreditation: the challenges of measuring complex intervention effects. *BMC Health Serv Res*. 2015;**15**:280. [PubMed ID:26202068]. [PubMed Central ID:4511980]. <https://doi.org/10.1186/s12913-015-0933-x>.
8. Araujo CAS, Siqueira MM, Malik AM. Hospital accreditation impact on healthcare quality dimensions: a systematic review. *Int J Qual Health Care*. 2020;**32**(8):531-44. [PubMed ID:32780858]. <https://doi.org/10.1093/intqhc/mzaa090>.
9. Kamali A, Ali Mohammad Zadeh K, Sadr SS, Fayaz Bakhsh A, Tofighi S, Olyaei Manesh A, et al. [Equity in Iran's Health System]. *Iranian Journal of Culture and Health Promotion*. 2022;**6**(2):292-301. Persian.
10. Paul E, Deville C, Bodson O, Sambieni NE, Thiam I, Bourgeois M, et al. How is equity approached in universal health coverage? An analysis of global and country policy documents in Benin and Senegal. *Int J Equity Health*. 2019;**18**(1):195. [PubMed ID:31847877]. [PubMed Central ID:6915934]. <https://doi.org/10.1186/s12939-019-1089-9>.
11. Kruk ME, Gage AD, Arsenault C, Jordan K, Leslie HH, Roder-DeWan S, et al. High-quality health systems in the Sustainable Development Goals era: time for a revolution. *Lancet Glob Health*. 2018;**6**(11):e1196-e252. [PubMed ID:30196093]. [PubMed Central ID:7734391]. [https://doi.org/10.1016/S2214-109X\(18\)30386-3](https://doi.org/10.1016/S2214-109X(18)30386-3).
12. National Committee for Quality Assurance. NCA's Health Equity Accreditation Programs. 2021. Available from: <https://www.ncca.org/programs/health-equity-accreditation/>.
13. Utilization Review Accreditation Commission. Health Equity Accreditation. 2021. Available from: <https://www.urac.org/accreditation-cert/health-equity-accreditation/>.