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Summary report of the measuring and monitoring quality of care meeting

Population Council

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SUMMARY REPORT
OF THE MEASURING AND MONITORING
QUALITY OF CARE MEETING
SPONSORED BY THE PACKARD FOUNDATION

JANUARY 2015

THE David &
Lucile Packard
Foundation



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COUNCIL

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The Population Council confronts critical health and development issues—from stopping the spread of HIV to improving reproductive health and ensuring that young people lead full and productive lives. Through biomedical, social science, and public health research in 50 countries, we work with our partners to deliver solutions that lead to more effective policies, programs, and technologies that improve lives around the world. Established in 1952 and headquartered in New York, the Council is a nongovernmental, nonprofit organization governed by an international board of trustees.

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List of Abbreviations

AAAQ	Availability, Accessibility, Acceptability and Quality
COPE	Client-Oriented, Provider Efficient
DHS	Demographic and Health Survey
FPE	Family Planning Effort
HMIS	Health Management Information System
mCPR	Modern Contraceptive Prevalence Rate
QIQ	Quick Investigation of Quality
QOC	Quality of Care
SDG	Sustainable Development Goal
SDP	Service Delivery Point
SPA	Service Provision Assessment
UN	United Nations
UNCESCR	United Nations Committee on Economic Social and Cultural Rights
WHO	World Health Organization

Foreword

At the request of the Packard Foundation, the Population Council organized a meeting at its office in Washington, DC, on December 16, 2014, to establish links with key stakeholders interested in quality of care, and to refocus attention on challenges in measuring and monitoring diverse dimensions of quality of care. Thirty experts from donor, service, and research organizations participated. This brief report, based on the deliberations at the meeting, is intended as a preamble to the formation of a community of practice for advancing quality of care agenda globally. The key message is that improved quality in service delivery is an end in itself; it may also lead to other desirable outcomes that would be an added bonus.

The Population Council gratefully acknowledges the support and encouragement of the David and Lucile Packard Foundation, who have funded Population Council research on the current state of quality of care.

Introduction

More than two decades ago, Bruce (1990) articulated the quality of care (QoC) framework outlining six elements of quality for family planning: choice of contraceptive methods, information given to clients, technical competence, interpersonal relations, follow-up/continuity mechanisms, and appropriate constellation of services. While the QoC framework distinguished three points from which to view quality (structure, process, and outcome), most of the subsequent work focused on the level at which the client interacted with the provider and client-level outcomes, with the justification that clients need and deserve services of good quality and to be treated with dignity and respect.

Over the past two decades, the Bruce QoC framework has become a cornerstone of family planning programming, with progress made in articulating the process to improve quality (Jain, Bruce, and Mensch 1992), and identifying approaches and models to improve quality of care (Costello et al. 2001, RamaRao and Mohanam 2003, Sathar et al. 2003). Methodologies to measure quality of care have been developed and applied. These include Situation Analysis developed by the Population Council (Miler et al. 1991), and QIQ (Quick Investigation of Quality) methodology developed by Measure Evaluation and Tulane University (Sullivan and Bertrand 2000). In terms of outcome, quality improvements have been shown to be consistent with the macro level demographic as well as individual outcomes (Jain et al. 2012, RamaRao et al. 2003, Sanogo et al. 2003).

There have also been efforts to combine the Bruce framework with other aspects of programming, including Bertrand et al. (1995), which linked access and medical barriers to quality of care and Dias and Huezo (1993), which articulated the importance of meeting the needs of providers to offer quality care to clients. Attention to quality improvement has resulted in tools and approaches such as COPE (Dolhi et al. 1999) and calls for using quality as a performance measure in performance based financing programs involving family planning (Eichler et al. 2010).

More recently, attention to human rights-based family planning programming (Hardee et al. 2014; WHO 2014) has drawn attention to the AAAQ (Availability, Accessibility, Acceptability and Quality) framework that has been defined to measure the highest attainable standard of health (UNCESCR 2000). Furthermore, there is conceptual overlap among the six elements of the Bruce Framework and the components of right to the highest attainable standards of health (UN Committee on Economic, Social and Cultural Rights 2000), AAAQ. There is a need to compare and, if possible, to reconcile the Bruce Framework and various human rights frameworks that incorporate AAAQ, and to ensure that the measurement and monitoring of quality is consistent.

While the instruments that have been developed over several decades have been adapted and applied in special projects and by several organizations, they are not systematically applied by national governments and their implementation funding partners to measure and monitor quality. While the Demographic and Health Surveys (DHS) and Health Management Information Systems (HMIS) are routinely used for estimating and characterizing the demand for services, these data sets collect little information that can capture quality of care adequately and offer little programmatic insights for quality improvement. The Service Provision Assessment (SPA) Surveys, companion of DHS, have collected detailed information on the service environment at the facility level and the results of these surveys are becoming available. The FP2020 initiative includes indicators to track quality of care in family planning programming, both as core indicators for the initiative and through an annual survey being conducted through the PMA2020 project (www.pma2020.org) and a National Composite Family Planning Index being compiled as part of an ongoing round of the Family Planning Effort (FPE) Score being conducted by the Futures Institute and Futures Group. Opportunities do exist to improve these measures to create some common indicators to track quality of care.

While the original quality of care framework was developed from the clients' perspective and may not be much different in intent from the current rights-based orientation, higher quality also contributes to the reduction of high discontinuation rates associated with the use of reversible contraceptive methods (Ali, Cleland and Shah 2012, Jain et al. 2012). These high discontinuation rates in the past have already contributed millions of women to the current estimate of women with unmet need. Furthermore, if the issue of high method-specific discontinuation rates is not addressed by encouraging switching among methods, some of those women who are currently using a reversible contraceptive method will give up using contraception all together and will join the ranks of those with unmet need in the future, making it even more challenging to achieve the FP2020 goal of reaching 120 million additional women in 69 poorest countries by 2020 (Jain et al. 2013). In order to reduce unmet need and unwanted fertility, it is essential that the family planning programs pay attention to the problem of high discontinuation of contraception.

One of the ways to improve continuity of contraceptive use is to ensure that contraceptives, equipment, and trained providers are available at the service delivery points (SDPs) with no stock outs (quality of services) and to ensure that clients receive information and services (quality of care) that will help them to consistently use contraception and navigate through their use experience to achieve their reproductive goals. Ensuring the readiness of programs to provide quality care through strong policies and systems is critical. The fundamental questions underlying the quality of care framework remain important: what level of care does the program intend to provide, what level of care is the system ready to provide, what level of care is provided, what level of care is received by the clients, and what is the impact of quality improvements on client behavior?

With significant policy and program changes occurring at both global and country levels, there is an urgent need to revisit the Bruce QoC framework, compare it with other efforts to promote rights-based programming, and ensure that it is relevant for local and national application. The Packard Foundation's new strategy is focused on quality with a larger frame around education and advocacy, among other issues, including quality of care. In this context, there is a sense that the conceptualization and measurement of quality of care should be highlighted, given the overwhelmingly focus on achieving numerical goals of additional women using contraception within FP2020 country implementation plans. Given the Population Council's history and portfolio of work on this topic and our commitment to not only measuring but also to improving quality of care, the Packard Foundation approached the Council to convene this meeting and to prepare a concept note on measuring and monitoring quality.

Meeting Objectives

Specifically, the objectives of the meeting were:

- Establish links with key stakeholders interested in quality of care
- Review past and ongoing research on and experience with quality of care
- Identify key indicators for routinely monitoring quality of care
- Identify priority areas of work on this theme.

AGENDA

The agenda for the day's meeting focused on three major sessions built around critical questions (see the attached copy of the agenda in Appendix 1):

- What is needed to meet development goals for family planning for 2020 and beyond: donors' perspectives on quality of care?
- How has quality been incorporated across the range of family planning services: partners' perspectives?
- How have we been measuring quality: methodologies and indicators of quality of care in family planning?

A brief presentation on the rights-based approach to family planning was made during lunch. A subsequent session moderated discussion about the utility and utilization of existing measures as currently monitored, the exploration of private sector models for monitoring quality of an array of services, and how health markets and health systems would respond to the increased availability of data on quality to better service clients. The final summary session explored what might be appropriate audiences and the right discussion modality on the likely role of quality of care in post-2015 development goals more generally.

The presentations made at this meeting are listed in Appendix 2 and are available in public folder on the Population Council's Box account: <https://popcouncil.app.box.com/QualityofCare>. No password is necessary for the folder.

PARTICIPANTS

Participants in the meeting included: representatives of donor organizations (Packard Foundation, Bill & Melinda Gates Foundation, USAID), multilateral organizations (UNFPA and WHO); training, advocacy and service organizations (MSI, PSI, Abt Associates, Jhpiego, PAI and Ibis); and research and measurement organizations (Population Council, DHS, Measure Evaluation, and PMA 2020). A complete list of participants and their contact information is included in Appendix 3.

Major Messages

The following major issues emerged from the discussion:

- Clients' rights to the highest quality of care should be the underlying principle for an enhanced focus on investing in and measuring quality. If interventions that improve quality also contribute to more clients accessing and effectively using contraceptive services, that is a welcome outcome, but our focus on quality should not be instrumentalist. Failure to honor this right would mean clients may experience sub-standard quality, and this may have negative safety and effectiveness outcomes that could lead to reproductive morbidity, contraceptive discontinuation, unintended pregnancy, and in some cases, mortality.
- From this perspective, measurement should focus on first defining the elements/dimensions of quality (participants generally recommended using the Bruce framework, possibly with some minor adjustments) and obtaining global acceptance.
- Setting minimum standards of quality is a bit tricky because they could be discouraging if set too high. At the same time, it could lead to no action once these standards are reached. Recognizing that improving quality is a continuous process and that the sky is the limit, the country or program specific minimum standards or thresholds could be determined with full participation of key stakeholders in a country/program, including clients and providers, to ensure a "shared vision". The minimum standards for this multi-dimensional definition can then be quantified, below which quality would be unacceptable by all stakeholders and thus considered a rights infringement/violation that should attract a response and lead to corrective actions. Processes for making this determination should be developed and supported with the recognition that efforts to improve quality do not end once these standards are achieved.
- The measurement challenge is to then determine if a program, SDP, or client-provider interaction regularly achieves this minimum standard. While this measurement could be organized through periodic surveys of SDPs and interactions (e.g. DHS-SPA, PMA2020), experience with collecting data routinely during interactions (as piloted by MSI and PSI) should be fully explored. Reporting and accountability mechanisms that track these measures and take action when violations occur should be developed and supported.
- Participants recognized the need to link facility-level indicators with client-level indicators and also the need for designing a 'robust' indicator that can be 'rolled up' just like the 'mCPR' or 'unmet need'.
- Advocacy to ensure that quality is considered an integral element of any family planning program (participants noted the Maximizing Access and Quality initiative from the 1990s and noted the need to focus on "maximizing access with quality") could be strengthened through promotion of a high level indicator(s), which would probably be a weighted composite index that aggregates scores across multiple indicators. Having such an index as one of FP2020's core indicators would really help make the case; this index could also be used by donors when designing their technical assistance (TA) and financial support investments for national programs. This index could also be used to mobilize and enable national and global accountability for quality within a larger rights/AAAQ framework.
- Quality is one dimension of services which is distinct from availability of services and its other dimensions, e.g. access and cost. Earlier efforts in family planning sometimes tried to broaden the concept of quality by including some of these additional items that are important either for delivering services (service delivery model) or for their utilization. This type of effort was not productive and led to confusion. We must avoid similar temptations to equate quality and rights. Quality is one element of a rights framework, and there are many other elements that are conceptually and so operationally distinct. Advocacy must avoid perceptions that quality is equal to rights, and rights equals quality. Quality is one distinct and crucial dimension in a multi-dimensional rights framework.
- In terms of utilization of services and their impact on individual and macro level reproductive health outcomes, we must recognize the important role of other factors that create demand for these services. It is also important to consider interventions that would enhance some of these factors such as community participation and women's empowerment; they may lead to better utilization of services as well as consumer demand for services of better quality, and thus indirectly affect quality of care.

Next Steps and Conclusions

At the end of a full day of rich analysis and discussion, there was a palpable sense of the potential value of expanding the focus on quality of care in family planning and other RH services. The key message is that improved quality in service delivery is an end in itself. It may also be the means to achieving desired client outcomes and an expression of health systems' acknowledgement of and commitment to client rights, which would be an added bonus.

It was acknowledged that the size of the potential stakeholder group was much larger than those represented at the meeting. Any further discussion of investments in policy and financing of quality of care initiatives has to include representatives from national programs, health systems, providers at all levels, and clients themselves to achieve sustainable changes in care. There was an awareness that the issue of quality of care has to be incorporated within total markets at scale to make a significant difference in meeting rights and enhancing client outcomes. Both the public and private (commercial and NGO) sectors and associated professional associations and civil society networks have to be engaged to ensure that client rights are respected, protected and fulfilled when setting standards and for monitoring compliance with quality of care norm.

Participants agreed that models for improving and measuring quality of care were critical for contributing to the pathways to better decision making by policy makers and program managers for program improvement and enhancing contributions to achieving the goals of FP2020. While these models in the areas of family planning, health and gender would be highly relevant for guiding strategies for achieving post-2015 sustainable development goals (SDG), it is unlikely that indicators of quality of care will be included in the final list of indicators for reproductive, maternal, adolescent and child health. Universal access will remain the goal for most governments, with quality reflecting overall investments in health system developments.

This report is intended as a preamble to the formation of a community of practice for advancing quality of care globally. The next steps on the larger effort are yet to be discussed. These may include: a "call for quality" linked with international meetings such as ICFP2015, FP2020, FIGO conference, and Women Deliver, among others or to focus on specific policy and research questions such as "what would it take to ensure that a critical set of contraceptive method types are available in every country." We welcome the opportunity to work with all the participants on this emerging agenda.

APPENDICES

1. Agenda
2. List of titles and authors of presentations
3. List of participants

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APPENDIX 1: MEETING AGENDA

- 9:00 – 9:30 Welcome, Introductions, Review of Quality, and Review of Agenda Anrudh Jain
- 9:30 - 11:00 Donors' perspectives on quality of care: What is needed to meet development goals for family planning by 2020 and beyond? (5 to 7 minutes each)
- Packard Foundation Lester Coutinho
 - Bill and Melinda Gates Foundation Win Brown
 - USAID Yoonjoung Choi
 - UNFPA Nuriye Ortayli
 - WHO Petrus Steyn
 - Discussion Anrudh Jain
- 11:00 - 11:15 TEA BREAK
- 11:15 - 12:30 Partners' perspectives on quality of care: How quality has been incorporated across services? (5 to 7 min. each)
- MSI: NGO clinics Michelle Weinberg
 - PSI: Quality assurance Nirali Chakraborty
 - SHOPS: Private commercial sector Francis Okello
 - Jhpiego: Integrated RMACAH services Koki Agarwal
 - Ibis: Abortion/post-abortion care Kelly Blanchard
 - Other services
 - Social Franchising
 - Community based services
 - Mobile services
 - HIV/AIDs prevention Maggwa Ndugga
- 12:30 - 1:15 LUNCH: A brief presentation by Karen Hardee on Voluntary, Human Rights-Based Family Planning
- 1:15 - 2:30 Methodologies and indicators of quality: How have we been measuring quality? (10 to 12 min. each)
- Situation Analysis Ian Askew
 - DHS/SPA Paul Ametepi
 - Measure evaluation: QIQ, Mystery Clients Siân Curtis
 - PMA 2020 Scott Radloff
 - Discussion Saumya RamaRao
- 2:30 - 3:30 Moderated group discussion Ian Askew
- Which indicators will be useful for informing which type of decisions?
 - How, when, and by whom could these indicators be measured?
 - Are there data collection and analysis approaches from the private sector for understanding the clients' perspective that might be applicable in the public sector?
 - How could markets and health systems respond to increased data on quality to better serve clients?
- 3:30 - 3:45 TEA BREAK
- 3:45 - 4:30 Next steps and conclusions John Townsend
- What products should come out of this effort?
 - What audience should receive the results of this effort?
 - What outcomes would we like to see in the next few years?
 - What are the implications of this analysis for post-2015 development goals?

APPENDIX 2: PRESENTATION TITLES AND AUTHORS

The presentations made at this meeting are listed in Appendix 2 and are available in public folder on the Population Council's Box account: <https://popcouncil.app.box.com/QualityofCare>. No password is required.

"Quality of Care" by Anrudh Jain

"UPTAKE Project" by Petrus Steyn

"Overview of MSI's Work" by Michelle Weinberger

"Quality Assurance in Social Franchising" by Nirali Chakraborty

"Human Rights and Quality of Care" by Karen Hardee

"Using Situation Analysis to Measure Quality of Care: An Example of a Health Facility Assessment (HFA) Tool" by Ian Askew

"Measuring Quality of Care with Service Provision Assessment (SPA) Data" by Paul Ametepi and Wenjuan Wang

"Quick Investigation of Quality (QIQ) and Mystery Clients" by Siân Curtis

"PMA2020: Methodologies and Indicators of Quality: How Have We Been Measuring Quality?" by Scott Radloff

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