

Technical Brief: Enhancing Quality In Private Providers (EQuIPP)

Private Sector Project for Women’s Health (PSP Jordan)

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Improving quality of women’s healthcare and family planning services delivered by the private sector The “EQuIPP” Approach in Jordan

In Jordan, 54% of women seek family planning care from private sector providers (JPFHS 2009). Globally, research has shown that women seek private providers because they believe they offer shorter waiting times, clean facilities, respect for privacy and high quality services. However, private providers in Jordan fall outside of the supervision purview of the Ministry of Health and are not subject to any systematic licensure or quality assessment body to guarantee the quality of the services they provide.

The **Private Sector Project for Women’s Health (PSP) in Jordan** has developed an integrated approach to improve the quality of family planning and reproductive health care services offered and it has successfully changed private providers’ behaviors.

Changing behaviors and improving quality of family planning and reproductive health care in Jordan is crucial, because despite research showing that 86% of women

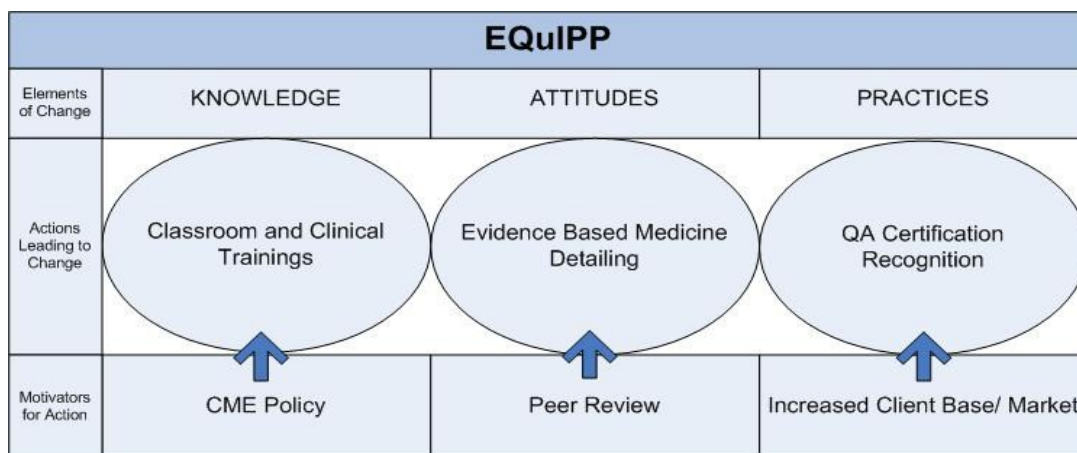
agree that modern contraceptive methods are more effective than “traditional” methods (e.g., withdrawal, periodic abstinence), the modern contraceptive prevalence rate is only 42%. A recent survey showed that less than half of women believe oral contraceptives are safe. The 2009 Jordan Population and Family Health Survey (JPFHS) confirmed that modern contraceptive prevalence rates and fertility rates have remained just above 40% and just under 4 children per woman (3.8 in 2009) over the past decade.

Provider attitudes and behavior reflect some reasons why these rates have remained intransigent. Some physicians for example are reluctant to prescribe modern family planning methods such as combined oral contraceptives (COCs) or intra-uterine devices (IUDs) to younger married women, as they fear they could harm their fertility. Pharmacists are important frontline providers yet they lack training on how to explain side effects and contraindications of different forms of contraceptives. Persistently high discontinuation

rates for hormonal contraceptives (pills and injectables) in particular indicate a need for improved counseling.

Another key reproductive health care issue for Jordan is breast cancer. While incidence rates are similar to those in other parts of the world, the median age of women afflicted by cancer is younger – 45 as opposed to 65 – and only 30% of cases are identified during early stages.

The **EQuIPP** approach aims to improve three key elements of behavior change – 1) Knowledge, 2) Attitudes and 3) Practices – through classroom and clinical training, the use of evidence based medicine and detailing, and a quality assurance certification process. Providers are encouraged to participate in the activities in order to get Continuing Medical Education (CME) credits (see box on page 4), to develop networks and to get peer input into their practices, and to receive referrals and additional publicity to increase their clientele.



EQUIPP Approach Leading to Change

Clinical Training: Research shows that interactive educational methods are the most effective and that combining didactic and hands-on training is more effective than traditional didactic training alone. To support efforts to establish a continuous medical education, PSP developed a set of training courses based on the research for general practitioners and obstetricians/gynecologists. The focus of this training is family planning, but it extends into complications during pregnancy and cancer screening. In-class lectures are complemented by clinical skills workshops on IUD insertion, clinical breast exams and pap smears and wet mounts related to detection of reproductive tract infections and cervical cancer. Female physicians are particularly targeted for IUD insertion, ultrasound and pap smear training sessions.

In-class training topics include:

- ♦ Basic Contraceptive Technology
- ♦ Advanced Contraceptive Technology
- ♦ Hypertensive Disorder with Pregnancy
- ♦ Bleeding During Pregnancy
- ♦ Diabetes Mellitus with Pregnancy
- ♦ Abnormal Uterine Bleeding
- ♦ Cervical Cancer
- ♦ Violence Against Women (gender-based violence)
- ♦ Thromboembolism during pregnancy
- ♦ Pre-term/post-date labor

EBM and Detailing: A PSP survey of doctors in 2008 revealed that doctors are still reluctant to recommend modern methods to some eligible patients, that a large number believed that newly married women should check their fertility before adopting a modern method, and that traditional methods were still being prescribed. Research also shows that physicians' clinical knowledge remained constant for those doctors who participated in training throughout the life of the project.



Providers participate in training sessions in the clinical lab and in the classroom.



To address these factors, PSP partnered with Bayer Schering Pharma to introduce Evidence Based Medicine (EBM), which integrates research evidence with clinical expertise and patient values to improve patient care and the client-provider interaction. PSP has used Critically Appraised Topics (CATs), which are validated concise summaries of the best available research evidence, as a tool to address the side effect and health concerns that present barriers to the use and continuation of modern contraceptives, particularly hormonal methods, as well as to present evidence on

their non-contraceptive benefits. The introduction of research evidence into the contraceptive debate presents a viable alternative to the heretofore reliance on anecdotal experience and medical opinion. PSP launched its EBM initiative by conducting a session on COCs with industry partner Bayer Schering Pharma (BSP), a major supplier and marketer of oral contraceptive pills. BSP invited OB-GYN specialists while PSP Jordan invited general practitioners. At each session, a lecture was given on EBM and the CATs were presented. Physicians had the opportunity to discuss with each other the contents of the CATs and their current beliefs, practices and concerns about COCs. During the session, EBM trainers encouraged physicians to change the way that they present information during counseling with patients—that is to present the science rather than the clinician's own experience—and to present the patient with options rather than a personal recommendation.

To complement the lectures and training, a PSP Jordan medical representative periodi-

Identifying Private Providers in Jordan

PSP targets all private providers who care for women's reproductive health in the country. This includes general practitioners and specialists in private clinics, centers and hospitals, as well as physicians working for non-profit organizations (NGOs) - such as the Jordan Association for Family Planning and Protection (JAFPP) or the Institute for Family Health (IFH) - and UNWRA and other international agencies and organizations working with refugee populations in Jordan. PSP Jordan has developed a four-pronged approach to identify and engage these private providers.

cally visits private physicians in what are called detailing visits. During a typical detailing visit, the medical representative will deliver a one to two-page CAT on a specific topic or other information material, discuss its content, and address questions regarding the information provided or any training program the provider may have attended. The medical representative also takes the opportunity to update the provider's contact information, conduct a brief analysis to determine the provider's interest/likelihood of attending another PSP Jordan training program, and notes the number of female clients seen and family planning services offered in the past week while also noting the provider's experience. PSP Jordan medical representatives extend an invitation during the detailing visit to relevant physicians for any upcoming training, which is followed-up with a formal invitation.

The private physicians come to the orientation workshops on their day off and to evening sessions to discuss: i) problems and performance gaps; ii) ways to solve them; and iii) help each other close the gaps. The foundation of this process is standardized clinical guidelines, which are based on best practices endorsed by the World Health Organization, International Planned

Parenthood Federation and the United States Centers for Disease Control and Prevention. These guidelines have also been reviewed and approved by a committee of leading physicians in Jordan.

There are three certification tracks:

1. Families Planning for Specific Medical Conditions – providers are certified in IUD insertion and family planning counseling with an emphasis on patients presenting with conditions that contraindicate specific methods.
2. Clinical Breast Exam – providers are certified in clinical breast examination.
3. Reproductive Tract Infections/Sexually Transmitted Infections – providers are certified in implementation of pap smears and wet mounts, and are assessed in knowledge of related statistics.

For each track, providers are instructed on the certification process during a classroom



PSP Network Doctors

PSP network doctors are geographically dispersed, private sector general practitioners, obstetrician/gynecologists or family practitioners who provide family planning and reproductive health care services to women referred by the PSP outreach efforts. Criteria for selection include meeting quality assurance requirements and providing services for agreed pricing. In return, PSP provides them with contraceptive supplies, preference in CME courses and access to loans and business training.

education session and then they receive training on models in clinical skill training labs. The PSP Jordan Quality Assurance and Medical Advisor visits each provider to assess his/her counseling skills as relevant. Providers are given two chances to succeed, and during the assessment visits the Quality Assurance and Medical Advisor take the time to discuss with the providers any remaining gaps or mistakes.

Following successful completion of the Quality Assurance and Certification Program (QACP), certified doctors are recognized in a public ceremony. PSP Jordan also publishes their names in local newspapers. The certification and the Jordan Medical Council's endorsement as well as publicity in the newspaper motivate private physicians to participate in the program as a form of marketing for their clinics. Furthermore, the QACP emphasizes certifying female private general practitioners who form the core of the PSP doctors' network (see photo above). Network doctors receive referrals through the PSP outreach program as an additional source of new clients.



During detailing visits, PSP staff call on providers in their offices, building strong relationships and offering providers additional clarification on information presented. These visits in turn provide PSP with key information about which physicians are leading providers of family planning and reproductive care to women in Jordan.

Quality Assurance and Certification: Busy physicians working in private practice were very interested in learning new skills as well as having their practice reviewed and certified as a way of showing to their community that they are providing quality services.

Evidence of Change

More than 1,500 providers have participated in one or more PSP training programs. PSP Jordan has awarded Quality Assurance Certificates to 307 doctors for family planning (FP), 180 doctors for clinical breast examination, 110 doctors in reproductive tract and sexually transmitted infections, and 150 for FP for specific conditions. In addition, approximately 300 physicians are visited per quarter, a technique that has created an atmosphere of trust and comfort, encouraging providers' further participation in PSP training activities and acceptance of evidence-based information.

Across the board, physicians are improving the services that they provide to women in Jordan. They are more confidently counseling patients in modern family planning methods, making physical improvements to their clinics, and using better standards of practice based on clinical guidelines received during the training programs.

In July 2009, PSP undertook a mystery cli-

ent study to assess provider behavior among sample participants certified in family planning for specific medical and personal conditions. Overall, the study revealed that private physicians were largely complying with the guidance provided to them through the certification process. For example, 97 percent of them addressed rumors or misconceptions regarding FP methods and 93 percent counseled patients in a private area. However, there are still areas for improvement:

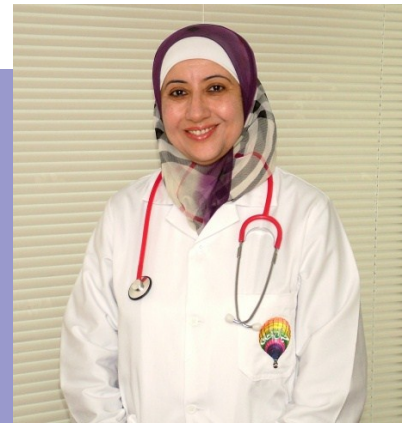
some doctors prescribed COCs when they were contraindicated, and only 70% asked the patient to describe her reproductive plans.

Similarly, PSP conducted a qualitative research study in February of 2009 of physicians who participated in the Quality Assurance and certification programs. The study found that PSP programs have helped them to self-identify weaknesses in their clinical and management skills and these providers remain interested in improving these skills. As a result, providers are making financial investments to improve their clinics (painting, purchasing new equipment) and have improved infection prevention practices and breast and cervical cancer screening practices (clinical breast exams, referrals for mammograms and pap smears).

A recent assessment of the PSP EBM program found it improved private provider FP knowledge, attitudes, and practices. After

Dr. Nadia Hattab treats 15-20 women a day six days a week for antenatal and postnatal care in her clinic in Baqaa Camp. Dr. Hattab has participated in all four quality assurance certification programs and many other PSP training programs. Through this training, she changed several of her counseling/treatment practices and she has made personal investments to improve her clinic:

- ◆ Now routinely does pap smears and breast cancer screening (including referring patients for mammograms).
- ◆ Follows good infection prevention procedures and purchased a hot oven for sterilizing equipment.
- ◆ Refers to PSP clinical guidelines to be sure she is following up-to-date protocols and guidelines.



participating in EBM sessions, nearly 80% of participating providers said they discussed FP with their clients in the past week vs. just over 60% at baseline. In addition, more providers were willing to prescribe COC pills to nulliparous women (81% vs. 55% at baseline). The table at right confirms that the EBM program improved participating providers' ability to identify specific risks and benefits of COC pills correctly.

In order to ensure the sustainability of the EQuIPP activities, PSP has partnered with two Jordanian institutions - the JMC and the General Practitioners' Society. As a CME requirement system is established over time, the JMC will continue to support training programs in Jordan. The General Practitioners' Society is now working with PSP to begin designing and implementing training programs.

The PSP project strives to improve the health status of all Jordanian women. The project uses an integrated approach to increase demand for modern contraceptive methods and related women's health services such as breast and cervical cancer and domestic violence against women. At the same time, the PSP project endeavors to increase the quality and availability of family planning and reproductive health services through the private sector.

For more information on the PSP project, please go to http://www.psp-one.com/section/taskorders/psp_jordan

CME credits for Private Providers

PSP Jordan is currently working with the Jordan Medical Council (JMC) to establish a formal requirement for general practitioners to participate in and acquire a certain number of CME credits a year to ensure all Jordanian physicians have up-to-date information regarding the current standards of care. While providers who attend training sessions currently get credit for their attendance, a formal program will establish a tracking system, equivalent hours, and standard requirements to trainings, and require a certain number of hours over a set period for license renewal.



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