



USAID
FROM THE AMERICAN PEOPLE



PSP-One
private sector partnerships for better health



Deep Dive: An Exploration for Innovation

Improving Quality in the Private Sector

May 24, 2005

Maryland Room
Abt Associates Inc.
Bethesda, MD



Table of Contents

Agenda	1-2
List of Participants	3-4
Executive Summary	5-6
Proceedings	7-25
Remarks by USAID and PSP-One project staff	7-10
Expectations and Gifts that We Bring to the Process	11-12
Overview of Deep Dive Process.....	13
Environmental Scan	14-15
Review and Themes of Case Studies	16-18
The Perfect Brainstorm: Generating Ideas.....	19-21
Report and Recommendations from Working Groups:	
Working Group 1: Fostering an In-Country Quality Forum for Private Sector	22-23
Working Group 2: Building a Culture of Quality in the Private Sector	23-24
Working Group 3: Developing Evidence-Based Content for Quality by research	24-25
Feedback	26-27

The Deep Dive: An Exploration for Innovation

Tuesday, May 24, 2005
Abt Associates, Bethesda, MD

Objectives

- Apply a process of innovation to explore and identify ideas for improving quality in the private sector.
- Identify lessons learned from the case studies.
- Identify opportunities to apply different models/approaches to the private sector resulting in ideas and recommendations for action and implementation.
- Identify ways that we as IQC holders/CAs can work together and how PSP-One can support this process.

Agenda

- 8:15 Continental Breakfast
- 8:45 Welcome, Shyami de Silva (USAID/SDI) & Dr. Ruth Berg (PSP-*One*)
Overview and Purpose, Dr. Mary Segall (PSP-*One*)
Challenges and Opportunities in Working with the Private Sector, Dr. Jim Heiby (USAID/Global Health)
- 9:15 Introductions & Expectations
Identifying the Stakeholders
- 9:35 The Deep Dive: Purpose and Process, Laverne Webb & Tessie Catsambas, (EnCompass LLC.)
- 9:40 *The Deep Dive*: A 20 minute video on the process of innovation
Nightline: Ideo and Dialogue
- 10:10 Environmental Scan
- 10:40 Break
- 10:50 **Case studies**: Reading and observations—what we know/would like to know (4 small groups)
- 11:25 Presentations to Plenary
- 11:45 The “Perfect Brainstorm” – Creating Possibilities – Plenary
- 12:30 -1:15 Lunch

Afternoon Session

- 1:15 Concurrent Focused Topic Working Groups: Developing Ideas, Approaches, Prototypes (designing to learn)

- 3:00 Report Back from Working Groups and Dialogue

- 3:45 Next Steps and Commitments

Deep Dive with Quality Assurance Thought Leaders

No	Name	Organization	Phone	Email
1.	Shyami de Silva	USAID/SDI/CTO	202-712-0856	sdesilva@usaid.gov
2.	Marguerite Farrell	USAID/SDI/CTO	202-712-0458	mfarrell@usaid.gov
3.	Dr. James Heiby	USAID/Global Health	202-712-1013	jheiby@usaid.gov
4.	Karen Beattie	EngenderHealth/Case Study/India	212-561-8072	kbeattie@engenderhealth.org
5.	Dr. Youssef Tawfik	JHU-CCP/Case Study/Uganda	410-659-2655	ytawfik@jhuccp.org
6.	Dr. Carol Shepherd	Futures Group/Case Study/Pakistan	202-775-9680	cshepherd@futuresgroup.com
7.	Doris Youngs	IntraHealth/PSP- <i>One</i> /Case Studies/Kenya & India	919-313-9152	dyoungs@intrahealth.org
8.	Laura Aiuppa	National Committee for Quality Assurance (NCQA)/Case Study/USA	202 – 955-1728	aiuppa@ncqa.org
9.	Dr. Mandy Rose	University Research Co/Case Study/Nicaragua	301-941-8408	mrose@urc-chs.com
10.	Jeff Barnes	PSI/Case Study/Myanmar	202 – 785-0072	jbarnes@psi.org
11.	Meaghan Smith	Banking on Health/Case Study/Nicaragua	301–913-0500	Meaghan_smith@abtassoc.com
12.	Dr. Rita Leavell	PSP- <i>One</i> /Case Study/India	301-913-0533	Rita_Leavell@abtassoc.com
13.	Don Levy	Chemonics	202-955-3300	tlevy@chemonics.com
14.	Dr. Ashraf Ismail	JHPIEGO	410-537-1800 X200	aismail@jhpiego.net
15.	Joseph Dwyer	MSH	617-250-9128	jdwyer@msh.org
16.	Ms. Mai Do	PSP- <i>One</i> /Tulane University	504-988-1283	mdo@tulane.edu
17.	Ms. Joy Baumgartner	PSP- <i>One</i> /FHI	919-544-7040 X478	jbaumgartner@fhi.org
18.	Virginia Foley	USAID/Telling Our Stories	202–544-0558	virfoley@hotmail.com
19.	Dr. Ruth Berg	PSP- <i>One</i> , Project Technical Director	301-718-3189	Ruth_Berg@abtassoc.com
20.	Dr. Carlos Huezo	PSP- <i>One</i> , RH Director	301-913-0577	Carlos_Huezo@abtassoc.com
21.	Suzanne Rainey	PSP- <i>One</i> /Forum One	703-548-1855 X12	SRainey@forumone.com
22.	Nahla Hilmi	PSP- <i>One</i> , QA Task Manager	301- 347-5336	Nahla_Hilmi@abtassoc.com

No	Name	Organization	Phone	Email
23.	Jessica Smith	PSP- <i>One</i> /Technical Task Manager	301-347-5347	Jessica_smith@abtassoc.com
24.	Sara Netzer	PSP- <i>One</i> /QA Intern	301-913-0500	Sara_netzer@abtassoc.com
25.	Dr. Mary Segall	PSP- <i>One</i> /QA Advisor	301-347-5315	Mary_Segall@abtassoc.com
26.	Laverne Webb	EnCompass	410-745-3828	LWebb@encompassworld.com
27.	Tessie Tzavaras Catsambas	Encompass	301-299-3266	tcatsambas@encompassworld.com

Unable to participate during Deep Dive

No.	Name	Organization	Phone	Email
1.	Susan Wright	USAID	202- 712- 4904	swright@usaid.gov
2.	Suzanne Prysor Jones	AED/SARA project	202-884-8812	spryor@aed.org
3.	Dr. Rob Northrup	Project Hope	540-837-9459	rnorthrup@projecthope.org
4.	Dr. Karen Hardee	Futures	202-777-0942	khardee@futuresgroup.com
5.	Lauren Crigler	IntraHealth International/PSP- <i>One</i>	919-313-9100	lcrigler@intrahealth.org
6.	Dr. Joyce Lyons	Initiatives Inc./Zambia case study	617-262-0293	initiatives@att.net
7.	Carlos Carrazana	PSP- <i>One</i> , Practice Manager/Abt Associates	301-347-5363	Carlos_carrazana@abtassoc.com

Executive Summary

On May 23, 2005, twenty-five participants representing USAID and 11 different Cooperating Agencies (CAs) and organizations met to discuss and determine how to strengthen the quality of health services provided by the private sector. The Deep Dive methodology is a facilitated knowledge-sharing and learning process designed by EnCompass that establishes a rich, supportive environment for appreciative learning, bold exploration, and creativity and innovation. It is adapted from the work of IDEO, the leading design and development firm in the U.S. known for its culture of creativity and innovation. The *Deep Dive* was used to help the participants think beyond the “box” and work toward developing strategies that they could implement together in a developing country. An energetic and creative two-person team, Laverne Webb and Tessie Catsambas from Encompass, LLC, facilitated the daylong process. The details of this most interesting and productive process are described in the report.

Three working groups emerged and are planning to continue to address the following topics:

- Fostering an In-Country Quality Forum,
- Building a Culture of Quality Using a 2-Pronged Approach of Working with Both Providers and Consumers, and
- Developing Evidence-based Content about Quality in the Private Sector through Research.

Working Group 1: Fostering an In-Country Quality Forum

Working group participants recommended holding a forum in 2-3 countries with stakeholders (commercial sector representatives including various functioning networks, professional associations, educational institutions, consumers) to identify issues affecting the provision of quality reproductive health and family planning (RH/FP) services in the private commercial sector and develop a plan of action.

Questions to be pursued at the Forum:

1. What are the most exceptional examples of quality in the private sector?
2. What factors made these examples possible?
3. What would most support and strengthen the achievement of quality?
4. What are the most significant benefits for the private sector?
5. What actions would best lead to sustaining quality in the private sector?

Suggested Criteria for country selection:

1. Supportive working relationship between the public and private sector
2. Interest
3. Vibrant private sector
4. Country is on the verge of being graduating from USAID–funds (which has tended to spark the country’s interest in private, sustaining initiatives)
5. Country has received USAID population funding and used funds well
6. Country is involved in health reform
7. USAID in-country mission is supportive of the Forum

Working Group 2: Building a Culture of Quality Using a 2-Pronged Approach of Working with Both Providers and Consumers

Providers

1. Use a process of benchmarking regarding who or what is considered to be highest quality in country; work with providers and involve professional health associations (medical, nursing, midwifery, such as FIGO).
2. Look at in-country standards and determine if individual members are implementing standards of care. Talk to provider associations for their involvement in improving standards among their own membership.
3. Conduct a survey to determine if providers are adhering to the standards.
4. Develop an abbreviated version of a Quality Improvement instrument and identify options for interventions that would result in continued quality improvement.

Consumers

Develop in the consumer a sense of what good quality of care is by informing the consumer what good technical quality of care is and moving beyond perceived quality.

Determine who is providing good quality services and the community's perception of who is providing good quality services.

Working Group 3: Developing Evidence-Based Content about Quality in the Private Sector through Research

The focus of Working Group 3 was on the measurement of quality. An important question was determining which strategy over time most effectively and efficiently closes the gap between standards and practices.

What is the private sector willing to measure? What resources can be allocated for measurement?

- Measurement approaches
 - Indicators
 - Outcome and process measures
- Current private sector
 - Quality gap
 - Tools and methods - feasibility and cost

The PSP-*One* project will take the lead in coordinating and determining the feasibility of continued participation of the participants and others in one of these working groups and welcomes specific suggestions as to next steps.

Proceedings

Mrs. Shyami DeSilva, CTO for the Private Sector Partnerships-*One* (PSP-*One*) project welcomed participants to the Deep Dive. She noted that the concept of quality is central to all priority issues on PSP-*One* and encouraged the group to bring high level thinking to improving practice.

DeSilva identified the following key questions: 1) developing mechanisms that integrate private sector with the commercial sector, including NGOs that make the private sector part of the public health system; 2) increasing the dialogue between the public and private sectors – building trust; 3) building a regulatory system; 4) pricing and mix of services; 5) financing issues; 6) developing a quality approach that is cost effective and sustainable for the private sector; 7) learning from the public sector about the most effective approaches – don't necessarily need whole new approaches.

Examples of effective approaches: model of networks; models that get to scale with cost and quality considerations; the franchised clinic model.

DeSilva's expectations of the day: generating viable ideas and approaches with plans to test them; disseminate; link everything back to the field – must be relevant to the field; concrete plan to test a quality model in a specific country or several countries (acknowledging this may be hard to get to in one day); interested in learning about Deep Dive methodology.

Dr. Ruth Berg, PSP-*One* Project deputy director, welcomed everyone on behalf of the PSP-*One* project and staff. Berg addressed the group saying that, as we know, the private sector provides the majority of health care services, but we know little about quality provided especially in RH/FP services. There is a need to know more, and we suspect we need to *do* more. We need a concrete plan by the end of the day to conduct interventions and test those interventions.

- Today's focus is on moving forward – identifying and testing approaches and intervention to improve the quality of care as provided by the commercial private sector.
- In many countries (60-80%), health services are provided through the private sector and are paid by private payments, especially out-of-pocket. There are concerns that private sector quality is not good. The assumption is that public quality is good due to regulation, training, etc. Yet clients paying perceive that they are receive better quality for services received. The actual status of quality in the private sector is not known.
- Standards, assessment tools, and approaches are most focused on public use and frequently are now extended to use by NGOs. Accreditation has begun being applied to hospitals, but monitoring and regulating private providers is tough due to their individual status.

- Today we bring experience and best minds to try to work in a concerted effort to consider how to improve the quality of services provided by the private commercial sector.
- We thank you for providing descriptions of your work with the private sector. We will review these efforts and then look at good options for CAs and partners in the health world to implement, adapt, scale up, evaluate, and determine how to make the efforts sustainable in order to ensure good quality of care in private sector programs.
- End of day today - will have defined some plans for working together to improve quality in the private sector.

Remarks by Dr. Mary Segall, Quality Assurance advisor for the PSP-*One* project. I am truly delighted to see and welcome all of you here today to this event concerning Strengthening Reproductive Health Service quality in the private sector.

What a large task, but I am confident with the expertise in this floor and support from the field that over the next five years, we will have made strides in this area.

First, I would like to thank you for your contributions – one by coming to participate in today’s panel and second the contribution of your case studies that documents your experience in working with the private sector. The expertise is definitely here.

Objectives for the day are to:

- Apply the process of innovation to explore and identify ideas for improving quality in the private sector.
- Identify lessons learned from the case studies.
- Identify opportunities to apply different models/approaches to the private sector (ideas and recommendations for action and implementation).
- Identify ways that we as IQC holders and CAs can work together and how PSP-*One* can support this process.

Expectations for the day:

- Identification of viable ideas and approaches and acknowledgement of challenges in implementing the ideas and interventions in the past.
- Develop a plan to test the interventions.
- Disseminate the ideas.
- This work is linked back to the field and must be relevant to the field.
- Begin shaping a concrete plan to test the quality model and approaches in a specific country or several countries.
- Have a clear understanding of what PSP-*One* will do to support the testing and dissemination process.
- Learn about the Deep Dive methodology.

Dr. Jim Heiby, Medical Officer, USAID/Global Health, organized the challenges and opportunities around the following five points:

I. Why the public sector is interested in supporting the private sector with improving quality? In summary - because there is a public health rationale.

- A. The private sector is huge and diverse. It's useful to organize the private sector into the following subcategories:
 - For-profit
 - Not-for-profit
 - Professional individual practitioners
 - Non-professional individual practitioners
- B. Quality of care is typically conceptualized as having two major components:
 - Patient satisfaction:* focuses on the interpersonal relations between provider and client.
 - Technical quality:* Does health care follow the science? Determination if adherence to evidence-based standards as a measure of technical quality is a real concern. In general, we do not yet know much about technical quality in the private sector.
- C. Medical records are in a poor state of development. Although it is difficult and costly to improve, better to deal with this sooner than later.
- D. We have reason to believe that there are serious quality issues in care provided by the private sector: including lack of information, lack of assessment data, lack of efforts to improve quality, and problems of waste and inefficiency; we can assume that addressing these deficits will have a public health impact.

II. Change is difficult.

- A. Improving quality requires a *sustained* effort with multiple interventions.
- B. What are the forces that move us to change and improvement?
 - Leadership (e.g., to help us understand why franchises are important)
 - Individual professionalism (use and appeal to our internal motivation to serve others)
 - Knowledge and skills (training)
- C. What are the incentives?
 - Informed consumer (improvement could be made in terms of creating a demand for quality services)
 - Third party payers (insurance) – growth industry
 - Government (licensure, accreditation, standard-based evaluation, certification of individuals and programs)
 - Peer groups

III. Quality improvement is feasible.

Tools that have been applied in public sector can be applied and improved in the future in the private sector.

IV. What makes quality improvement sustainable (on a large scale – what are we looking for)?

- A. Quality improvement needs to have an organizational home (sustained by some group).
- B. Quality improvement requires investment. Costs must be justified by the benefits.
- C. Demand of informed consumers will sustain quality improvement.
 - Role of news media has been minimal
 - Governance of institutions could be better
 - Developing knowledge base is important for private sector.

V. Improving quality in the private sector is still a new field.

This will be a challenge to the PSP-*One* project. Involves documenting what we learn, sharing it broadly and using successes as the building blocks for further improvement.

In summary, we don't know enough and we need to learn more about what the private sector is doing in relation to provision of care.

The facilitator then asked each participant to describe one gift that he or she brought to the process.

What Gifts I bring (as stated by the participants)

- Practicality
- Experiences from developing countries on challenges and failing health and RH/FP
- Knowledge of how quality improvement in the public sector of developing countries has evolved in recent years.
- Good listener – lots of experience in public sector internationally and private sector domestically. Lots of QA experience.
- The importance of using a participatory approach and teamwork for quality improvement.
- Enthusiasm and a hunger to learn more.
- Knowledge of and experience in working with private sector health provider to better understand where they are coming from.
- Practical experience in countries about trying to deal with quality among private providers.
- A true commitment to improving quality of health services and keeping it simple.
- Broad experience in gathering and telling success stories from all over the world.
- Experience in many sectors (AGRI, SMES, Health, HIV/AIDS) and analytical and private sector skills.
- Spontaneity and passion.
- Experience in designing and conducting health services research.
- Knowledge of how financing and business management can be used to improve quality in the private sector.
- Focus on those who need to make the change; that's where change starts.
- Experience in commercial private sector and public sector.
- Knowledge of regulated system. Practical experience integrating and developing systems.
- Experience working with 16 different NGOs, private sector, and quality in the Philippines.
- Child health and reproductive health lessons learned on improving private sector quality of care.
- Bring fresh mind.
- Willingness to listen and learn.
- Share ideas and approaches applied in the US health care system.
- Sense of “workability”, especially in the African context.
- Believe in the process.

The facilitator then asked each participant to share their expectations for the day.

What I hope to Take Away

- Emerging framework for quality improvement in the private sector.
- Ideas & lessons learned for sustainable quality improvement projects in the private sector.
- A better understanding of the issues in developing countries and ideas for translating/adapting domestic tools.
- Better knowledge of the issues. A framework for developing interventions and identifying opportunities to engage all PSP-*One* actions.
- Public-Private partnerships; how to improve quality in both sectors.
- Take away any experience that I can use in my work.
- Clearer vision of where we are going/where this issue will be in 10 years.
- Clear picture of why QI would be critical for private practitioners - "What's in it for them?"
- Learn how FHI can help PSP-*One* achieve its goals through research in the private sector.
- New ideas for large scale up of QI in the private sector.
- Understanding of other resources that can be drawn on to improve quality in the private sector.
- Lessons learned by others on working in the private sector that I can apply.
- Innovative ideas/plans.
- How to define the "WIFM" (What's in it for me?) for the private sector.
- A concrete example of an intervention that the group is willing to try to improve quality in the private sector.
- Learn about the successes in quality, especially one we could promote on the PSP-*One* Web site.
- Know/learn about organizational commitment for moving the agenda forward.
- Ideas from others on what PSP-*One* could do to assist with improving quality in private providers.
- Better understanding of quality in the private sector, how it's feasible, how it can be sustainable.
- Plans for implementing a private sector quality experience in a developing country or other type of evaluation.
- One concrete commitment for a follow up intervention for implementation.
- Learn how to apply what we know to working in the private sector.
- Something tangible to do to support QI.
- Wider knowledge of health professionals and issues.
- New ideas for improving quality in social franchises.

Overview of Deep Dive Process: Facilitated by Laverne Webb & Tessie Catsambas (Encompass)

Stakeholder Analysis.

EnCompass began the process with a Stakeholder Analysis exercise to identify the key stakeholders concerned about quality in the private sector who were **not** in the room. Participants were encouraged to be mindful of those stakeholder perspectives as they worked together throughout the day. Those stakeholders were identified by the group as: commercial private sector, private nurse midwives, professional (nursing, midwifery, and medical) associations, private practitioners, government officials, PVO/NGO representation, the patient, low income clients,

Why is this process useful?

- Opportunity to slow down and pause, take time to listen, to re-evaluate where we are, what we know, and where we want to go.
- This is an evidence-based process that will help focus our work.

Concepts of Deep Dive:

- To find innovative ideas in thinking: begin humbly and be a little dumb
- Inspiration, close attention; “know the tiger” – build on what we know
- Focused chaos
- 3 Rs: observation, brainstorming, and prototyping
- Heart = teams (develop bonds, team forming, having a passion to work on something together)

Discussion of IDEO’s *The Deep Dive* (20 minute video on the process of innovation shown on ABC’s Nightline). The purpose of the video was to help us think differently as we watch a group struggle to innovate and design a new shopping cart that responds to consumer demands. This thinking is to be used to help us reach the private sector to improve quality.

- Innovation is a process of focused chaos – better to fail often and fail sooner – so can learn from one’s mistakes
- Rapid implementation
- Management of change – introducing intervention
- Culture of innovation
- Interdisciplinary team with a leadership style that focuses the group.
- Need to understand the psychology of the private sector: what needs to be improved?
- Involves testing of ideas - development of measurement – prototyping to learn

Ideas from group discussion of the video:

- We need to sell quality as a benefit; not as a requirement.
- Engage stakeholders.
- Promote and sell the concept of value for quality services.
- Sustainability and incentives go hand in hand.

- Do not look on quality as a “project.”

Environmental Scan:

Laverne Webb led an Environmental Scan process to identify trends that have most impacted quality of healthcare in the private sector (see figure on next page).

Following the Environment Scan, the participants were asked to review the case studies that they had received at their table. Prior to the workshop, all participants had the opportunity to submit a case study illustrating their work to improve the quality in the private sector. Eleven case studies were developed specifically by the participating organizations in response to this request. The case studies were sent to the participants prior to the Workshop.

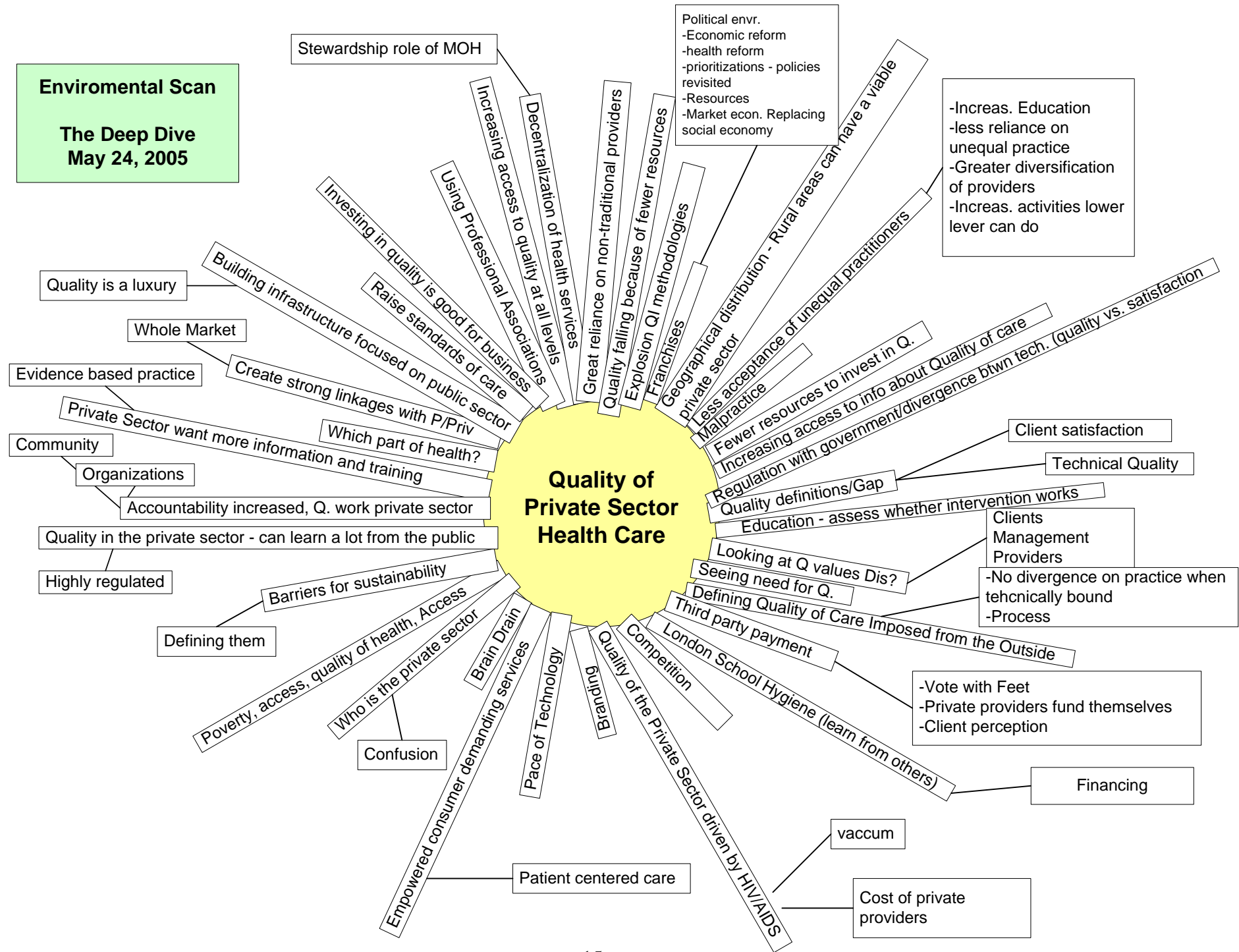
The group had been divided into 4 groups upon arrival. The participants were now asked to read 3 case studies and share observations in response to the following questions using those case studies at their table.

- What do we know about quality in the private sector?
- What was the impetus to change and make improvements in quality in the private sector?
- What worked well to improve quality in the private sector?
- What were the incentives?
- What were the successes (results)?
- What were the challenges?

The Deep Dive process was designed to identify strengths and assets that we could learn from and strengthen as we seek to expand the work of strengthening the quality of healthcare provided by the private sector.

The results of the group observations is presented on pages 16 &17.

Environmental Scan
The Deep Dive
May 24, 2005



Also to acknowledge that we know there are successful examples and Review of Case Studies:

Participants divided into 4 groups; they reviewed 11 case studies to address following questions:

Group	Impetus	What works best?	Incentives	Results	Challenges
Green	<ul style="list-style-type: none"> -Funds from a donor -External drivers -Need to know more about internal impetuses <p>How do we address quality?</p> <ul style="list-style-type: none"> - No uniform definition - Training followed by reinforcement (repeat training) - Short (training – 1-2 hours) - Academic detailing (focused) - Peer support (geographic clustering) - Process introduced to support intervention (IMCI) -Training and related standards/certifications -Franchising model: social mission – selection effect -Broader base of services (not just one service) -Public/private partnerships 	<ul style="list-style-type: none"> -Standardized process as an intervention - Reinforcement & providers across services. - Involvement of national bodies, - Interdisciplinary approach to work with stakeholders. - A formal agreement (contract, franchise agreement) 	<ul style="list-style-type: none"> - Social mission -Recognition - Financial - Subsidized products - Prestige - Demand for information -Feeling of isolation 		<ul style="list-style-type: none"> -Short time frame/horizons -Dispersion & diversity of private sector (remember 4 groups) -Access to provider (time, geographically) -Managing expectations -Sustainability -Financial incentives (not there for FP) -How to create a demand for quality in the community (perceived versus technical quality). - Gap between perceived vs. technical quality -Ownership (donor group) -Scaling up in the short term
Yellow	<ul style="list-style-type: none"> -We already know a lot about quality; therefore we should piggy-back on what we know & have learned from the public sector (MOH standards). -Introduce something new to get started. -Outsiders threaten providers. Self assessment is a potential strategy. 	<ul style="list-style-type: none"> -Sell quality as a benefit, not a requirement. -Benefits of using a whole systems approach: -Engages all stakeholders (including patients). Their perceived value of what is good quality will drive demand and help you learn. -Get more buy in – leads to sustainability & institutionalization. 	<ul style="list-style-type: none"> - Credits, financial, market dynamics create profit opportunity. - -Financial incentives may not be sustainable, but they help facilitate building the structure. 	<ul style="list-style-type: none"> - Few demonstrated results -Need for short-term results and long term demographic impact. - Question of sustainability. 	<ul style="list-style-type: none"> - Original climate change takes times – persistence pays off. - How to communicate the different brands. -How to provide to the very poor. - Ensure that poor pay for “best” quality -Institutionalization -Influencing the influencers (OB/GYN, providers, etc.) -Documentation -Cost - Big question: Can the private sector serve the poor?

Group	Impetus	What works best?	Incentives	Results	Challenges
RED	<p>What are driving forces? forc -Seems to external</p> <ul style="list-style-type: none"> - MOH in the case of Uganda -Regulatory -Internal ● Whatever the impetus is, there has to be ownership. - How to merge perceive quality & basic technical quality 	<ul style="list-style-type: none"> -Perceived quality (client satisfaction) and technical quality are both important. -Impact of intervention on profit. -Short targeted training with follow-up of trainees by trainers or supervisors. -Turn monitoring visits into positives, i.e. refresher training, answering questions. -Peer support, social incentive 	<ul style="list-style-type: none"> -Data (empirical evidence of what works, doesn't work) and share with providers. -Provider motivation is complicated (needs time and digging to understand) - Understand incentives & disincentives. -Pilot interventions & document cost -Provide training. -Providers knowing their costs/profits -Associations (mechanism for training & peer support. -Need to understand the right incentives. 		<ul style="list-style-type: none"> -Lack of training (clinical/business) -Document cost -Interventions that get beyond the facility level and impact systems level
Blue	<p>How have we addressed quality?</p> <ul style="list-style-type: none"> -No common approach/definition - Interventions address perceived quality (not measured gap) - Used standardized protocols-evidence based. -Use training & some monitoring, observation, mystery client, evaluation research, voluntary self assessment, 5% audit of records. 	<ul style="list-style-type: none"> -Branding (products and services) -Involve all types of stakeholder groups–consumer groups, private providers) - Financial incentives -Public knowledge -Audio cassettes and short courses 	<ul style="list-style-type: none"> -Financial incentives can be effective, but are not realistic. -Create public demand (engage consumers–get them to care about technical quality) -Intrinsic motivation in wanting to provide good care. -Contracting out- franchising – (meet criteria to be a member) -Access to training, equipment, products. - Recognition – public demand quality. -Accreditation 		<ul style="list-style-type: none"> - Physician buy-in - Sustainability -Honesty - Public engagement/input -Country ownership -Time versus provider priorities

Themes from Case Studies

- Quality is not as expensive as perceived (but how much does it cost – cost/benefit)?
- Need systems for monitoring, documenting and recognizing.
- Ownership of QI process at all levels (service delivery providers, country, institution, clients).
- Cost – case studies don't look at cost - need to know more.
- Training as intervention (process).
- Quality requires multidisciplinary approach.
- More research needed to understand context and results.
- Interventions –be realistic in terms of private sector.
- Be conscious of supply and demand.
- Generate consumer demand for quality.
- Not just one way/one definition.
- Interventions must be win/win.
- Work at larger level.
- Sustainability of quality.
- Public-private partnerships.
- Cannot think short term, but provider wants to see some results.
- What are the expectations of the beneficiaries (clients and the providers)?
- Need to be realistic about what the private sector can/wants to do.
- Institutionalization.
- Importance of standards.
- Sell quality as a benefit.
- Fractional quality versus total quality.
- Licensure and certification.
- Involve multiple groups – national bodies.

Best case studies were targeted/focused:

- Choosing the right private providers and service is important.
- Use MOH standards.
- Benefits of using a whole systems approach.
- Branding/marketing strategy – can it be better translated?
- Inform consumer (via providers' practice).
- Define expectations for consumer (media).
- Gap: understand what people want.
- What is provider's definition of quality.
- Who are the brand leaders?
- Measure cost effectiveness of interventions.
- Challenge: redundancy – specific to project or provider.

“The Perfect Brainstorm”: Generating Ideas:

Rules:

- All ideas are valid.
- One idea at a time.

Question: How can we promote and support QI in the Private Health sector?

Clarification: QI vs. PI? QI: focuses on the system and whole facility
PI: focuses on the provider

Is this limited to RH and Primary Health & Maternal & Child Health?

How can we make it broader, or can we make it broader?

Comments:

- Think holistically but at the end of the day we need to demonstrate how to reach the end goal of the PSP-*One* project, which is: improve reproductive health services.
- Look at QI and PI beyond RH/FP and Primary Health

Ideas generated in response to the question: “How can we promote and support quality services in the Private Health Sector?”

1. Establish an International Institute of Primary & Preventive Care Practices under aegis of WHO to improve quality (Expand Agency for Health Care Quality).
*There is a (“HRQ”) website database on developing countries and quality
2. Promote collaboration with the private sector using data to demonstrate scale of use and problems, and quality service use to advocate and promote ways of intervention.
3. Need to hear from commercial providers/be advised by commercial providers hear from and be in a forum in order to find out what are the concerns/issues of the private sector?
4. How do consumers learn what is “technical quality,” what to expect from technical quality? How to use the testimonials from consumers and private providers and to use the benefits of quality.
5. Identify providers who have adopted quality initiatives with those who have not adopted quality initiatives and engage them in dialogue.
6. Use monitoring, exchange feedback, and develop peer reviews
7. Identify/develop a forum of private providers – associations, educational institutions to discuss quality of care – develop own conceptual framework - forum could be established at national level – and moved down.

8. Quality as an income-generating source for women and families in the community.
9. Establish a NCQA body and bring together consumers around standards, data about quality and then communicate to the public.
10. Establish multi-sectoral community boards with authority to monitor health services.
11. Review the evidence that describes the size of the problem – what works – bring in national associations to provide TA.
12. The role of education to support quality - build in quality into the pre-service medical/nursing curricula – linking CE to maintaining license, (fees are used as a way to keep license active). What is the feasibility of this to use licensing fees to pay for the continuing education?
13. Have a simple universal education – system to get us there quickly.
14. We need to develop simple, affordable, and efficient quality improvement interventions.
15. Engage with people in a country-start with a diverse group - people from different perspectives – private, public sector – have ways to show them how they can work together to improve quality –increase client demand thus increasing competition.
16. Form collaborative among ourselves to work with national midwifery, nursing and medical associations to promote, support and sustain quality services in private RH through standard setting, training, monitoring, expand access to credit and establish a certification program for providers.
17. Address access to care – not just reliance on self care.
18. Develop a Framework (see Tessie’s paper)
19. Stimulate international competition among national associations to compare healthcare systems, quality care within themselves and with other organizations, set up quality certification with the hope that local government will support this.
20. Look at how countries that are further along with respect to QI – benchmarking against the less developed; use of concept of self assessment to improve quality.
21. Create a culture of quality and draw attention to the best “provider – midwife” on the block.
22. Do not forget the very poor who just want some health care service.

The participants were then asked to cast three (3) votes to indicate which idea he/she thought was the best.

Ideas received the highest votes:

- 1. Forum of Commercial Providers (includes #3 & #5)**
- 2. Framework (#18) and Deep Dive Concept (#15)**
- 3. Create a culture of quality (#21)**
- 4. Evidence based approaches (#11)**

Participants were then asked to join one of the groups (i.e. adopt an idea) and generate a plan to bring the idea into reality. Three groups formed, met, and then came back to plenary to report on their progress. Their reports are presented in the next section.

Working Group 1 Report: Fostering an In-Country Quality Forum

Participants:

Joseph Dwyer, MSH
Doris Youngs, Intrahealth
Tessie Catsambas, Encompass
Ruth Berg, PSP-*One*
Nahla Himli, PSP-*One*
Carlos Huevo, PSP-*One*
Sara Netzer, PSP-*One*
Mary Segall, PSP-*One*
Meaghan Smith, PSP-*One*

Working group participants recommended holding a forum in 2-3 countries with stakeholders (commercial sector representatives including various functioning networks, professional associations, educational institutions, consumers) to identify issues affecting the provision of quality reproductive health and family planning (RH/FP) services in the private commercial sector and develop a plan of action.

Questions to be pursued at the Forum:

1. What are the most exceptional examples of quality in the private sector?
2. What factors made these examples possible?
3. What would most support and strengthen the achievement of quality?
4. What are the most significant benefits for the private sector?
5. What actions would best lead to sustaining quality in the private sector?

The group recommended using a phased approach/spreading out.

Phase 1:

Invite only representatives from the commercial sector to find out what has worked for them in terms of ensuring quality (what are they doing, what have they tried, what has worked) and what are the incentives for ensuring and being interested in providing quality services.

For implementation, create a menu of choices that could be selected by the potential partner in the private sector.

Phase 2:

A broader range of stakeholders (including the group from the first meeting) would meet to review similar questions and how to address them. (The rationale for having meeting first with only the commercial sector representatives was that it was felt that they would be more honest, truthful, if only like-minded persons were together)

Other reflections:

- Assess partnerships, leadership
- Develop a menu of technical assistance services that we could offer.

- Use media to get different representatives to the table and to participate in the forum. Conduct media training (one participant mentioned they had done this with a project to ensure continuous coverage)

Whatever is done needs to be 1) owned, 2) measurable, and 3) sustainable.

Suggested Criteria for country selection:

1. Supportive working relationship between the public and private sector.
2. Interest.
3. Vibrant private sector.
4. Country is on the verge of being graduating from USAID–funds (which has tended to spark the country’s interest in private, sustaining initiatives).
5. Country has received USAID population funding and used funds well.
6. Country is involved in health reform.
7. USAID in-country mission is supportive of the Forum.

Group 2: Building a Culture of Quality Using a 2-Pronged Approach of Working with Both Providers and Consumers.

Participants:

Joy Baumgartner: PSP-*One*/FHI
 Karen Beattie, EngenderHealth
 Don Levy, Chemonics
 Rita Leavell, PSP-*One*

Providers

1. Use a process of benchmarking regarding who or what is considered to be highest quality in country; work with providers and involve professional health associations (medical, nursing, midwifery, such as FIGO).
2. Look at in-country standards and determine if individual members are implementing standards of care. Talk to provider associations for their involvement in improving standards among their own membership.
3. Conduct a survey to determine if providers are adhering to the standards.
4. Develop an abbreviated version of a Quality Improvement instrument and identify options for interventions that would result in continued quality improvement.

Consumers

1. Develop in the consumer a sense of what good quality of care is by informing the consumer what good technical quality of care is and moving beyond perceived quality.
2. Determine who is providing good quality services and the community’s perception of who is providing good quality services.

Note: Look at the QAP for descriptions of their experiences of improving quality through the use of collaboration.

Note: Karen Beattie is working with private nurse-midwives (follow up to find out more specifics about activity).

Working Group 3: Developing Evidence-Based Content about Quality in the Private Sector through Research

Participants:

Laura Aiuppa/NCQA

Jeff Barnes/PSI

Mai Do: PSP-One/Tulane University

Mandy Rose, URC

Yussef Tawfik/JHU/CCP

Focus was on the measurement of quality

- Which strategy over time closes the gap between standards and practices?
- What to apply - what strategy?
- Need more results.
- What is private sector willing to measure?
- What resources can be put into measurement?
- Measurement approaches
 - Indicators
 - Outcome and process measures
- Current private sector
 - Quality gap
 - Tools and methods
 - Feasibility and cost

Strategies

- Effective strategies
 - Policy level
 - Provider level
 - Consumer level
- When to apply, feasibility
- Cost, timeframe, resources

Methods

- Accreditation, certification, franchising
- Building capacity
- Provider measures
- Consumer level
 - Patient rights

- Demand generated
- Impact Measures
- Research gaps
- Tools

Dr. Rita Leavell, PSP-One Project Director, concluded the day by thanking everyone for their participation and willingness to be open to new ways of working together. The participants then provided their feedback about the value of the day.

Deep Dive – Feedback

SPECIFIC QUESTIONS RELATED TO OBJECTIVES OF THE DEEP DIVE

1. What did you most appreciate about this workshop?

- Learning about the Deep Dive process
- Quality of the participants
- Reflective nature of the workshop- stimulated a lot of thought
- Team member interaction
- Objectives of workshops while environment is participatory, multi-disciplinary, fun, innovative
- Sincere interest in issues re: quality in the private sector
- Small groups with opportunity for in-depth examination of issues

2. What did you find most useful?

- Case Studies
- Candidness
- Case studies discussion groups
- Identified research questions for measuring quality improvements in social franchises
- Sharing ideas and experiences
- Deep Dive principles/methodology
- Well structured to meet workshop objectives. Good preparation.

3. How well did the workshop meet these objectives?

Apply process of innovation to explore and identify ideas for improving quality in the private sector.

Exceeded <u> 1 </u>	Met <u> 8 </u>	Did not meet <u> </u>
-----------------------	------------------	----------------------------

Identify lessons learned from the case studies.

Exceeded <u> 1 </u>	Met <u> 6 </u>	Did not meet <u> 2 </u>
-----------------------	------------------	---------------------------

Identify opportunities to apply different models/approaches to the private sector (ideas and recommendations for action and implementation).

Exceeded <u> </u>	Met <u> 7 </u>	Did not meet <u> 1 </u>
------------------------	------------------	---------------------------

Identify ways that we as IQC holders/CAs can work together and how PSP-One can support this process

Exceeded <u> </u>	Met <u> 4 </u>	Did not meet <u> 3 </u>
------------------------	------------------	---------------------------

4. What would you recommend to strengthen this workshop for future events?

- Follow-up on group work.
- I tend to like structured, organized meeting vs. organized chaos. However the Deep Dive is an interesting way to launch a project and was well done.
- Perhaps have the same workshop on a more focused topic since a large part of the discussion was very broad, which may have taken time for clarification.
- The workshop is fine. The challenge is to continue the process afterwards, the mechanism and the resources.

5. What do you think you/your organization will be able to do to implement/test out some of the ideas generated today?

- FHI could assist with evaluation of specific interventions (for example pre/post test after training/educational activities). Keep us informed of how we can help with the research piece.
- Karen Beattie: Collaborate in helping to create a culture of quality through networks. Deep Dive activity- but would have to know more
- Conduct research on provider attitudes to training.
- Work toward standardized quality measures within PSI franchises.
- Work with PSP-*One* re: sustainability and potentially leadership development for a national association in and identified countries.

6. What particular assistance would be helpful to support the implementation process?

Karen Beatty: I would like to discuss further what opportunities are to work together. Where objectives/issues are consistent with ACQUIRE's agenda, we'd be happy to participate.

- Technical assistance, \$, documentation, Best Practices review
- A coordinating body that can maintain continuous communications and feedback between different agencies that are working in this same process.
- Stay connected to planning.