



***PSP-One* Trip Report**

Proposed Plan for Introducing Quality Improvement to DIMPA Program network and YFI Program – India

September 3 - 11, 2007

Submitted by:

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Submitted to:

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1. Executive Summary:

Traveller: Mary Segall;

Dates of Travel: September 3-11, 2007,

Country Visited: India,

Purpose of trip: To meet with PSP-*One* India program staff responsible for 1) the DIMPA program (medical training team manager and staff in Lucknow and in Delhi) to discuss interest and roles and responsibilities in adapting the QI self-assessment questionnaires for DIMPA network members; and 2) the YFI initiative (program manager, training manager, trainers, providers, and the 4 participating organizations) and.

Accomplishments: PSP-*One* India Country Program staff were oriented to the concepts and methods of introducing a quality improvement program for use by different types of providers (medical doctors, chemists, and ISMPs) through the DIMPA network and the network being set up by the YFI program. Staff were enthusiastic about the possibilities and came up with a series of detailed plans to accomplish this objective. A plan to certify medical doctors who met certain criteria was also developed as a way of determining who should be allowed to remain in the DIMPA network and those who should not be allowed since they did not meet the criteria. USAID agreed for this program of technical assistance to move forward with the Medical Team and the DIMPA network doctors. USAID/India agreed that the in-country funds for the PSP-*One* program could be used to support the travel and in-country costs of Dr. Segall to India to provide the required technical assistance and PSP-*One* Task Order One would support the level of effort required of Dr. Segall.

2. **Objectives:** To brief USAID/India about ways of improving quality in the DIMPA network and YFI (Youth-Friendly Initiative) program by meeting with current providers of the DIMPA network and YFI program and through discussions with Training managers for DIMPA and YFI (Dr. Ravi Anand and Mrs. Meenakshi Dikshit respectively) and Debabrata Satapathy, Program director, to:

- Assess suitability of QI tools and approach for providers belonging to DIMPA network and YFI program;
- Develop a plan to introduce the concept of QI and a tool for DIMPA Network providers with monitoring by DIMPA staff.
- Prepare the DIMPA Program staff (the Training Team and HFR (Health Field Representatives) as to their roles and responsibilities for introducing and orienting DIMPA doctors and their staff to a quality improvement process.
- Develop suggestions for public-private collaboration to improve quality in the private sector – who can do what and what would be useful?
- Develop an operational plan to implement a quality improvement approach among three groups of providers: those in the DIMPA network, primarily doctors and some specialists, and chemists and ISMPs who are being brought into the YFI network)

3. Background – DIMPA Network Task:

The DIMPA network was started in June 2003 with 4 phases of introducing training about DMPA injectable and other types of training that add value and benefit to participating doctors and their staff in 28 towns of 2 states: Uttar Pradesh, Jharackhand and Utrakhand. Once doctors are identified, they are asked if they will add DMPA as one of the services that they are providing relating to family planning, participate in training about DMPA, and then if they would like to join the DIMPA network. The DIMPA network has been rapidly expanding since it was started in 2003. The DIMPA program managers are concerned if the DIMPA members are providing services according to a particular standard and how to determine this; furthermore, if a doctor is not providing services according to standard, how to remove the doctor from the network. Another question is whether to focus on growing the network or start small and ensure that quality services are being provided by the members and slowly expand; while this is a good

question, the network has grown rapidly and the focus is now on ensuring that quality services are provided.

It is an appropriate time to consider introducing a quality improvement program for the DIMPA network providers for 2 reasons: 1) the number of doctors in the network is quite substantial (750 doctors in 21 towns with an expectation that it will increase to over 800 doctors in 40 towns. Secondly, the network is being expanded to encourage doctors to provide 6 family planning methods. Training, new counseling materials and client health education materials will be provided to prepare the doctors to be competent.

4. Meeting/Activities & Findings: DIMPA Network

Through a series of meetings with the Medical Team, the DIMPA program manager, and visits to doctor’s offices in solo practice, clinic-based practice, and large hospitals, a plan was developed to introduce a quality improvement process to DIMPA network doctors and to certify those who are participating in a quality improvement process.

**Task 1. Proposed Plan to Introduce Quality Improvement to DIMPA Program (network)
Certification process/criteria for being a continuing member of DIMPA network**

Standard/ Criteria	Activity	What	Who	Timeline
1	Identification of doctors, Mapping & Recruitment	Eligibility	HFR	
2	Training	Revised Training Module: Expanded Informed FP Choice	Training Team	
3	Decision to enroll in DIMPA network	Enrollment Form Q of Care Protocol		
4	Orientation/Training to QI tool kit	Opportunity 1: Workshop Opportunity 2: Personalized delivery	Medical Team HFR	
5	Review Provider’s Self-Assessment Tool with Action Plan	• Visit to DIMPA provider by medical team for on-site technical assistance	Medical Team	
6	Participation in Exchange Forum	• Share their common performance gaps, attitude • Share their action plan • Ideas/resources for solving performance	Medical Team with support from field team	

5. Recommendations:

1. Continue to work on developing a QI process and adapt tools for family planning assessment of DIMPA network doctors and a training guide to introduce the QI tools to the doctors by the Medical Team.
2. Work with the Medical Team to improve knowledge and skills on introducing a quality improvement process and developing the tools for the DIMPA network doctors.

6. Follow-Up/Next Steps: DIMPA Network:

1. Develop Indian Version of FP QI Took Kit for DIMPA network providers for 6 dimensions of quality: by Mary Segall, Dr. Ravi, and medical team – physical environment, technical competence, and continuity of care; Debu Satapathy, DIMPA program manager will review continuity of care, management, marketing and business practices. Decision was initially made by the team to not include business practices since the medical team does not have the skills to provide inputs to respond to identified performance gaps; however, the Country Director felt that given that business practices is most likely an area that doctors will feel need strengthening, that it should be included in the tool and then responded to with outside consultants. Dr. Segall will send “tips on improving business practices and how to grow your business to be included in QI package or Training Guide.

Roles and Responsibilities: Dr. Segall with Dr. Ravi, Dr. Sharad, and Mr. Debu Satapathy develop an initial draft. **Complete by Tuesday, September 11.**

2. Field Test the QI self assessment tool: Medical Team with Debu Satapathy, DIMPA program manager, will conduct a two part field test of the QI tool kit for FP

Part I – administer through the HFR with explanation about quality and ask physicians to fill out the QI self – assessment tool questions and provide feedback about the questions. The purpose of a QI tool kit is explained and the process of introducing a QI process to the doctors. The doctors are invited to review the questions and provide feedback about the relevancy of the self-assessment questions to guide their practice and improve providing FP services.

Part II: Invite doctors who have completed the self-assessment to come to a focus group discussion (provide lunch and small honorarium) to review their feedback about the Self-Assessment Questionnaire and review the seven questions in **Annex A. Focus Group Discussion (FGD) questions.**

Timeframe: September 10 – 30th.

Roles and Responsibilities: Training Manager will conduct two field tests with assistance from Program Director and send typed responses to Dr. Segall who will review the materials

3. Strengthen the capacity of staff (Medical Team and HFRs) to introduce QI Tool by introducing them to on-line courses in quality (www.ihl.org) Institute of Healthcare Improvement – Dr. Donald Berwick; encourage visits to other types of franchises and practices with a quality improvement program (Key Clinics, Appolo, other places to be identified, look at International Society for Quality Assurance (www.ISQua.org))
4. Review revised training curriculum to strengthen family planning with QI self-assessment tool to ensure that the two documents match in terms of knowledge and practices being taught and assessed. Identify additional job aids and changes in materials that need to support the expansion of materials to encompass family planning methods offered by DIMPA network doctors. (FP register, other patient counseling materials).
5. Prepare the 4th issue of the newsletter to introduce the QI process for the doctors (Mary to draft first version of content of newsletter – for review by Debu and Dr. Ravi).

6. Pilot Test QI Process in 3 towns: Lucknow, Kanpur, and Dehra Dun for doctors and their staff using training guide to introduce doctors and their staff to QI tool kit and prepare Medical Team to orient doctors to this process. Lead: Dr. Segall will plan to come return to India for the launch.
7. Consider how to develop a HMIS tool for tracking the statistics and results from using the QI tool kit (sub indicators in each dimension, number of performance gaps identified and resolved, number of doctors/clinics participating in the QI process).
8. Review with Anand Sinha, Country Director, the plan, timeline, and budget required to implement the plan and what external resources are required.
9. Review with Muni Sinha Sagar, USAID/India the plan – discuss how to dovetail the DIMPA network with the Merrygold Health Network (Discuss about meeting with HLLFPPT (Mr. G. Manoj) and meet with Quality Circle and Key Clinics.

2ND TASK: Work with YFI Program: (Objectives are at beginning of trip report under joint objectives for the trip)

3. **Background: YFI Program:** The YFI network is just beginning having prepared a training curriculum and master trainers to introduce a “youth friendly” initiative for youth, aged 16-24, to provide information and services by two groups of providers: chemists and ISMPs.

The overall objective of YFI program is to enhance the quality of contraceptive services for youth by improving knowledge, attitudes and practices among private sector providers to deliver quality contraceptive information, products, and services. The YFI began in early 2007 by:

- a. hiring a training manager (Mrs. Meenakshi Dikshit) in April,
- b. conducting a baseline survey about reproductive health needs of youth,
- c. developing two training curricula,
- d. preparing Master Trainers and
- e. developing a memorandum of understanding with four organizations who are stakeholders in this initiative. The stakeholder organizations are: National Integrated Medical Association (NIMA), Lucknow, Lucknow branch of India Medical Association (IMA Lucknow), Lucknow Chemist’s and Druggists Retail Association) and the Lucknow Obstetrics & Gynecological Society (LOGS).

The goal is to prepare different types of providers to respond to the reproductive health needs of both married and unmarried youth who are 16-24 years of age. The plan is to prepare the following and create a network of the following types of providers during Phase 1:

- 1) 150 Chemists
- 2) 150 ISMPs
- 3) GPs (MBBS) 25
- 4) Gynecologists (from LOGS) 25

To date TOTs have been conducted to prepare 12 Chemist Master Trainers and 18 ISMP Master Trainers. Regular trainings are currently underway to prepare chemists

and ISMPs. Some logistical problems beset the turn out of the invited participants (such as a large number of customers at the chemists' shops prevent chemists from turning up at the training workshops). Those who do manage to get away respond positively to the training as their basic knowledge about reproductive health needs of youth and health conditions in general is quite limited.

4. Meeting/Activities & Findings: Plan for incorporating a strategy to improve quality in the YFI program:

Through meetings with TFI Training Manager and observation of both trainings of ISMPs and Chemists, there appears to be an interest and willingness to consider the possibility of introducing a QI process with both of these types of providers. The following appears to be a feasible plan. One question that needs to be decided is the timing; that is when to begin the orientation of providers to a QI tool and approach. There appears to be strong capacity to implement the plan with relatively minimum involvement by the PSP-*One* project staff based at Abt Associates (Bethesda).

- a. During Dr. Segall's return trip in late November, present plan to 4 groups of stakeholders to determine their support, discuss and determine their roles and responsibilities for the different proposed activities with emphasis on sustainability. This most critical, because if the stakeholder groups are not willing or interested in supporting the introduction of the QI process with their members, the plan will not be sustainable and there is no point in introducing it.
- b. Set up a process for adapting and field-testing existing QI FP package developed for DIMPA network providers for ISMPs and Chemists.
- c. Determine source of funding for proposed activities: a) development of QI package for 2 groups of providers, b) field test, and c) prepare trainers to orient YFI providers and monitor participation in self-assessment and support for resolving performance gaps.

Roles and Responsibilities: Dr. Segall would develop an initial draft for review by the YFI Training Manager and then reviewed by two advisory groups (drawn from the stakeholders identified above).

- d. Work with Program Director and Training Manager to develop a HMIS tool for tracking the statistics and results from using the QI tool kit (sub indicators in each dimension, number of performance gaps identified and resolved, number of chemist shops and ISMP clinics participating in the QI process).

5. Next Steps YFI program:

- a. Review with Gael O'Sullivan and others concerned with YFI program and Anand Sinha the plan, timeline, and budget required to implement the plan and what external resources are required. With approval from PSP-One program staff and CTO, PSP-One QI could commit to providing technical assistance to support the above plan and 1 trip to India to support Training Manager.

- b. After review and initial approval from Gael O’Sullivan and Anand Sinha, review plan with USAID/India, based on approval proceed with implementation of plan with YFI staff and stakeholder group.
- c. It is planned for Dr. Segall to return to India in late November and in conjunction with other work, meet with four stakeholder associations that YFI is working with to determine their interest and then to define roles and responsibilities for helping to introduce a QI process with chemists and ISMPs.

ANNEX A: Focus Group Discussion Questions:

- A. What is quality – what does quality of care mean to you – how do you know that you are knowing providing quality care (perceived quality and how defined by the doctors).
- B. Does this process seem feasible? What recommendations do you have to make it more useful?
- C. Would you use this self-assessment process in your practice and Why? If not, what changes would you make so that you could use it?

Reasons for using this QI package:

Rank order of the dimensions:

- D. Is the scoring on Self-Assessment reasonable? Which do you prefer?

0 (No) 1 (Yes, but needs improvement) 2 (Yes) and NA (Not Applicable) or would your recommend:

0 (No or Needs Improvement) 1 (Yes, I do this or item is available and does not need improvement) and NA

- E. Who in your practice would you involve in the self-assessment of the items and participation in this quality improvement process?

Who would make the decision to implement a QI process?

- F. What assistance would be helpful to you/your practice in order to implement this QI process?

What groups/organizations could physicians work through in order to help implement this process? Would you consider forming a group around Family Planning issues to help resolve some of the issues identified?

- G. Would you be interested in having your practice certified as a Quality Practice for provision of Family Planning services?