Improving quality of care measurement of family planning in Performance Based Financing systems

14-15 of September, 2017
Venue: Institute of Tropical Medicine, Antwerp, Belgium

Concept Note

Background- Measurement of quality of care of family planning in PBF programs

One of the primary purposes of Performance-Based Financing (PBF) is to contribute to the improvement of quality of care provided by health facilities. One of the strategies to achieve that goal is to integrate quality indicators in the payment formula of the health facilities. In most PBF programs, the measurement tool used to evaluate quality is a comprehensive checklist that covers several topic areas and includes a mix of structural (e.g. service readiness) and process (e.g. clinical care) indicators. They are often paired with information obtained from patient feedback surveys. Since there is a financial incentive to meet the checklist requirements, health facilities use the checklist to guide where they prioritize their attention and resources. Health services assessed include family planning, maternal and child health, HIV/ AIDs, immunization, tuberculosis management, nutrition, and more.

There are questions emerging about whether the current measurement tools sufficiently reflect quality in clinical processes and whether, in some contexts, the scoring mechanism meaningfully differentiates high and low performance. Recent work on rights-based programming also suggests that structural and process indicators could benefit from considering rights-based perspectives regardless of their link to performance payments. Based on initial reviews of the checklists assessing family planning services from a few counties, several recurring challenges have been identified. These include:

- The variety of quality assessment tools currently employed lead to inconsistent, incomplete, and incomparable data[1] across different countries and PBF programs. Indicators of quantity and quality are often poorly defined or untested.
- Checklists do not include expected service availability and readiness indicators. For example, in one country, neither the availability of condoms nor the availability of trained staff and educational materials for family planning are included. In some settings, the use of composite indicators can inhibit a clear understanding of the delivery and availability of the disaggregated services important for measuring quality of care.
- Checklists are focused on structure, process indicators and less on outputs/oucomes; provider and client perspectives and services received (acceptance and continued use).
- Some dimensions of quality of care are not taken into account including organizational and behavioral dimensions, information sharing, and cultural context

[1] Nickerson JW, Adams O, Attaran A, Hatcher-Roberts J, Tugwell P. 2014. Monitoring the ability to deliver care in low- and middle-income countries: a systematic review of health facility assessment tools. Health Policy Plan.

- The nuances of the combination of activities that is necessary to achieve effective outcomes is lost in the aggregation of data. For example, measurement tools often aggregate 'Number of FP services or clients' which misses nuance in both counselling and resulting method mix.
- Scoring quality at the health facility level does not take into non-facility factors that contribute to improved outcomes outcomes, such as utilization in the home.
- The computation of quality scores and differential payments for indicator achievement is nonstrategic. Some scoring systems are designed in a way that results in all facilities receiving high scores, preventing the ability to measure progress of quality of care. In one country, the availability of various contraceptive methods was given the same weight as a display box. In another, it is possible to receive a quality score of over 90% in the family planning category even if there are stock-outs of oral and injectable contraceptives. This is problematic not only because it clouds the assessment of quality of care, but also because the number of points allocated to categories influences where facility administrators allocate their attention and resources.
- The incentives structure motivates health facilities to provide a higher volume of short-term care as opposed to long-acting alternatives. For example, they emphasize repeat short-term method visits to the detriment of long-acting and permanent methods.
- Surveys are often conducted on a quarterly basis, while a number of indicators change at a slower pace, leading to survey fatigue. For example, in several countries, the availability of a room with closed doors is tracked on the quarterly survey. It would be more efficient to differentiate the frequency of data collection for each question.

Current Design of Measurement Tools

There are a number of reasons why these checklists are not optimally designed for family planning services. Family planning is made up of many types of services, from information to commodity distribution to clinical procedures. The tools are delineated by teams working on health care financing with limited time and expertise in family planning, rights-based programming and quality of care measurement.

Countries tend to replicate tools that are used in neighboring countries, often copying rather than improving or tailoring indicators and measurement methods to the health care and public health context. Regular revision of the instruments at country level involves large consultations, where the process sometimes leads to an inflation of questions, as each program wants to address its own informational needs. Without proper management of the revision process, this tends to reduce the overall coherence and quality of the tool. The clinic level data is also not further used as feedback to improve clinical or structural quality of care, or as information to stakeholders to improve policy or programmatic systems.

Importance of holding a meeting with technical experts and stakeholders

In order to improve on the existing measurement tools, it is important to hold a meeting that brings together technical experts in family planning, Results-Based Financing teams, Health Monitoring Information System teams, and practitioners to evaluate the existing tools and approaches to consider how they could be modified to improve quality of care.

A two-day meeting is planned in order **to help countries improve their routine instruments and approaches for measuring quality of care within a rights-based approach in family planning**. The

meeting will focus on taking an evidence-based approach to addressing the existing measurement methods, and content and data collection processes. Issues related to the general theory of change of PBF and its effects on quality of care will also be discussed. The meeting activities will contribute to:

- Review country and agency experience with incentivizing quality services in family planning
- Assess where PBF and its theories of change fit in the broader effort of improving quality of services in Family Planning
- Improve the technical content of the PBF quality checklist to ensure that it is multidimensional, rights-based, and supports voluntarism.
- Ensure the measurement of quality of care addresses cultural perceptions about the use of family planning.
- Ensure that the checklists can be used for routine service availability and readiness measurement, with data elements aligned with Service Availability and Readiness Assessment (SARA) or Service Delivery Indicators (SDI) surveys if possible to facilitate benchmarking.
- Ensure that the information is collected at a frequency that is in line with the frequency of observed changes.
- Ensure that the quality of care scoring provides (i) a good proxy of service availability and readiness and/or quality of care, (ii) a tool that has the sensitivity to differentiate low and high performers.
- Explore how quality of care could be measured through routine mechanisms of patient feedback.
- Ensure data management efficiency by reducing the duplicate data collection of service availability and readiness data / quality of care data at country level through RBF, the health management information system (HMIS), or standalone surveys.
- Help countries increase data use through appropriate feedbacks and transparency of data reporting, including the use of data for evaluation as a means of quality improvement.
- Formulate a plan for action at country and global level
- Revise and improve the checklist design and elaboration to make the quality assessment multidimensional, rights-based and comprehensive.

The event is part of a broader learning program of the PBF CoP to address poor quality of care. We commit to a large-scale dissemination of the recommendations formulated during the event and follow-up on their implementation at program- and country-level.

Meeting Objectives

1. Contribute to the emergence of a collective learning and action agenda on incentivization of quality services in family planning
2. Define how the quality of care checklists can be improved. Part of these improvements would lead to greater standardization of measurement within a country, and even across countries, through the dissemination of evidence-based and agreed upon best practices.
3. Define how the tools used for quality of care measurement through patient feedback can be improved.
4. Develop a research and learning agenda to monitor and study the effectiveness of the recommendations.

Meeting Agenda and Outputs

The meeting will be highly participatory.

Day 1 of the meeting will focus on the learning agenda. Six thematic areas will be covered. The discussions will be led by a group of experts from the organizing committee.

1. Implementation of PBF programs in low-income countries: Issues in family planning services measurement, challenges and way forward
2. What links performance-based financing to quality improvement? One or several theories of change?
3. How should we measure quality of FP in PBF programs? An alternative proposition
4. Franchising, social marketing & vouchers: how do they address quality for FP services?
5. Are family planning services "high quality" if few adolescents seek care?
6. Experiences of funding partners: barriers and facilitators to improve quality of family planning services under PBF programs

Day 2 will be dedicated to the co-production of actionable recommendations to update the existing measurement methods and the development of the implementation research questions for validation. The outputs of the meeting will be a report to communicate the recommendations and form the basis of a research protocol.

Target audience:

Participants will have advanced expertise in quality of care measurement (especially in family planning) and extensive experience in designing RBF programs. Fluency in English is required. We are particularly seeking experts directly involved in the operationalization of PBF programs who are interested in applying the recommendations for modifying the family planning indicators in their countries.

Meeting participation will be capped at 40 participants

Interested?

Apply on Collectivity at http://www.thecollectivity.org/. Please be sure to include your experience in your profile. Application deadline is July 2, 2017.

Partners

The meeting is organised by an organizing committee of international experts. These experts are (alphabetical order): Aida Bayou, Aloys Zongo, Ben Bellows, Berk Ozler, Bernard Bitouga, Beverly Johnston, Brendan Hayes, Bruno Meessen, Caitlin Mazzilli, Cosmas Kamango, Diego Rios-Zertuche, Eleanor Brown, Eric Bigirimana, Francois Staco, Jeannette Afounde, Khullat Munir, Moazzam Ali, Nicolas De Borman, Nirali Chakraborty, Olivier Basenya, Paula Quigley, Peter Eerens, Rena Eichler, Serge Mayaka, Solome Kiribakka Bakeera, Supriya Madhavan, Tamara Goldschmidt

Key partner institutions are:

Blue Square, the Institute of Tropical Medicine - Antwerp, the Performance Based Financing Community of Practice, Population Council, and the WHO Reproductive Health Research Department.

Primary sponsors are the Belgian Development Cooperation and WHO.