EVALUATION TOOLKIT: TOOL #4

2017

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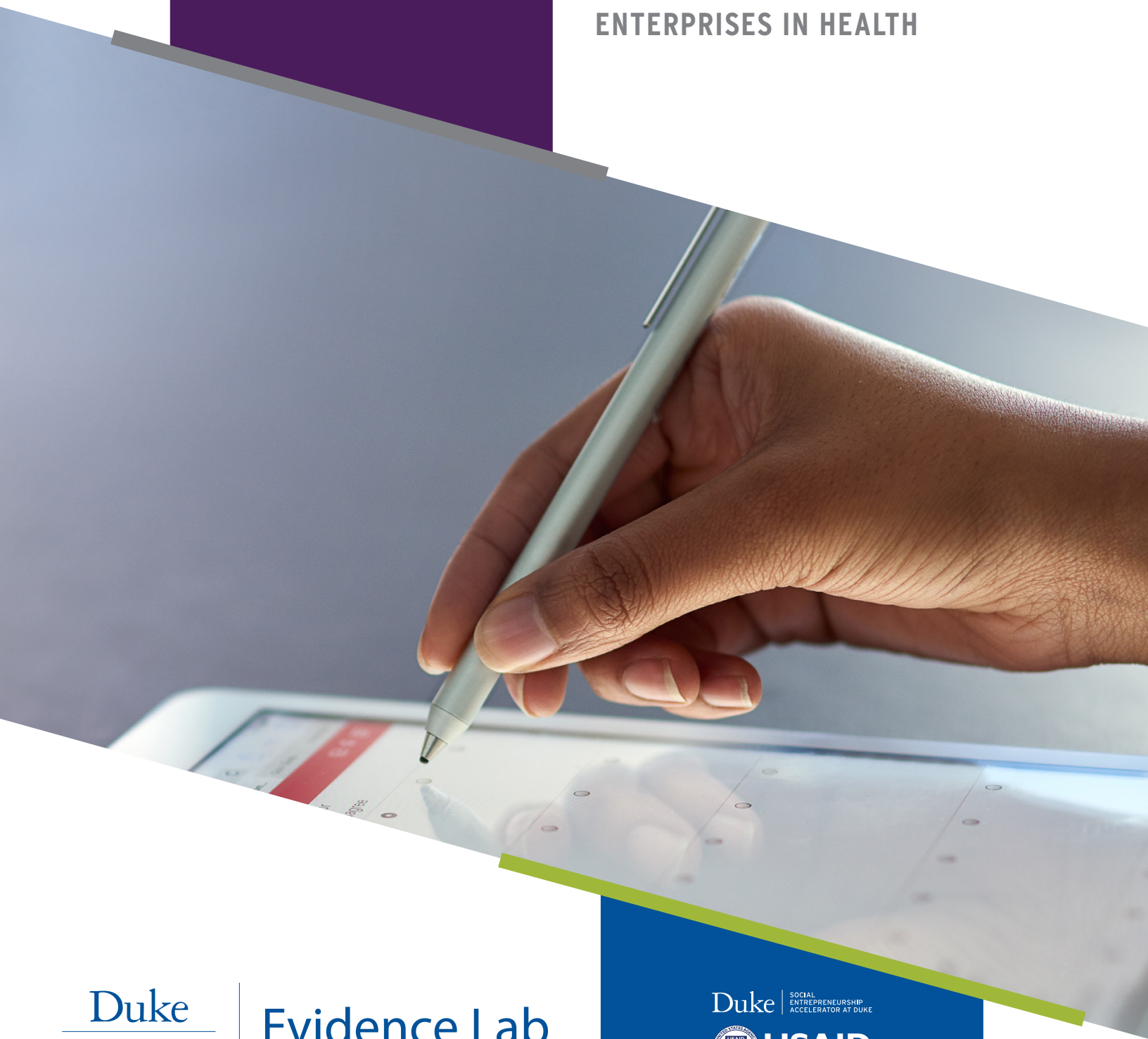
Strengthening Access and Quality of Care Patient Data

A TOOL FOR SOCIAL ENTERPRISES IN HEALTH



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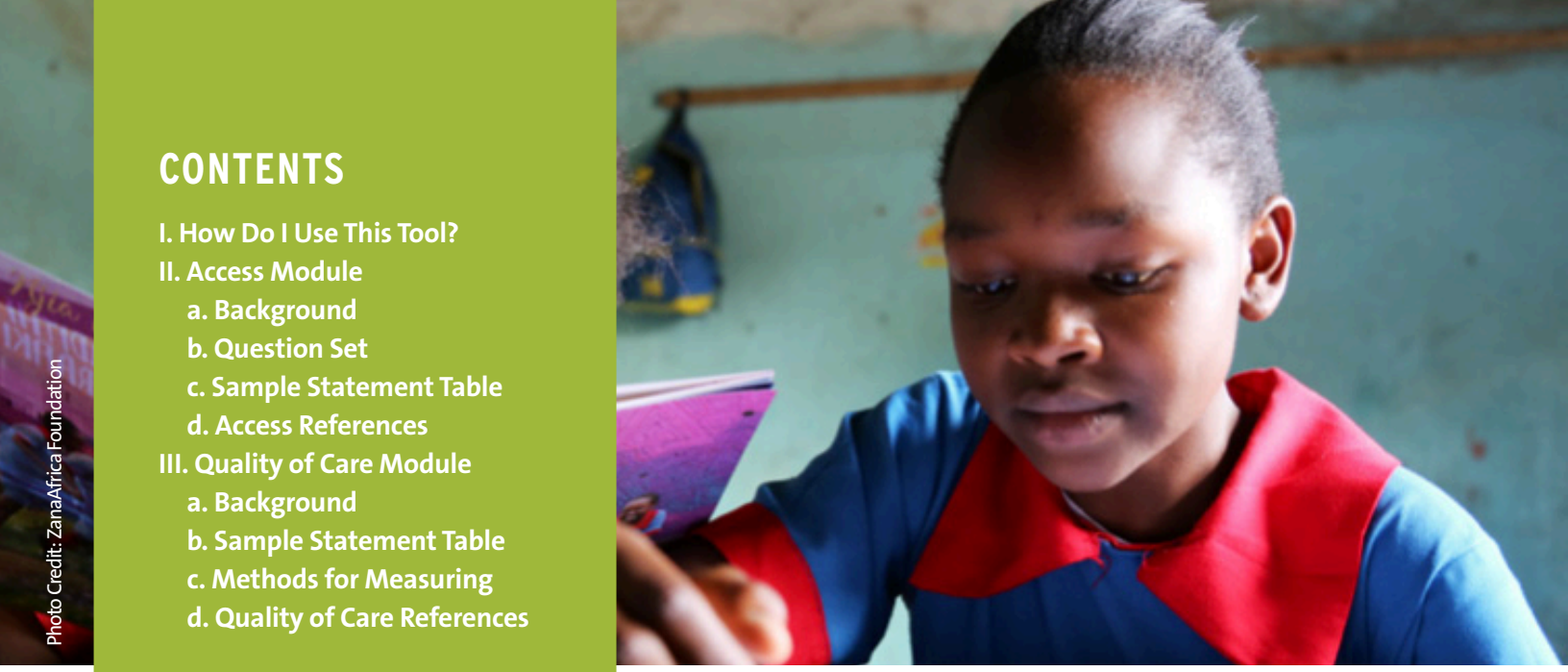

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CONTENTS

I. HOW DO I USE THIS TOOL?

Steps	Notes
Step 1	Identify what it is that you want to know about your enterprise's work and the impact it has on individual patients. What is most important? **TIP**: Review the provided example impact statements on pages 8 and 13 for inspiration. What information are you already collecting that can become an impact statement?
Step 2	Review the content from the access and quality of care content areas. What aligns with your priorities?
Step 3	Plan how to measure it! • Review questions and the type of data collected from each module. o What information are you already collecting? o What can you easily collect with a few revisions to your existing system? o Note any new questions to incorporate.
Step 4	Incorporate access questions into your existing system and determine which types of data will need to be captured to assess quality of care. Use the responses to showcase your enterprise's impact.
Step 5	Repeat and iterate. Continually assess priorities and if they are being measured. Add, remove, or revise questions as needed. **NOTE**: Approach question revisions mindfully. Revisions can make comparisons of question responses across time difficult.

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II. ACCESS MODULE

II.A: BACKGROUND

Access is more than just the number of patients served or reached.

Social enterprises are increasing access to healthcare for poor and underserved communities in low-resource countries in innovative ways. "Access" is a broad, multidimensional term covering a wide range of ways individuals and groups are able to obtain the healthcare they need. **Access is more than just the number of patients served or reached.** Stating that your clinics served 7,400 patients this year, while a useful metric, is not the same as increasing or improving access to healthcare for 7,400 patients. For example, consider how many of those patients were already accessing quality healthcare services from another provider. In those cases, your clinics transferred use of services from one provider to another rather than expanding access to healthcare. The key is to figure out how your enterprise is increasing or improving access.

ACCESS TO CARE AND QUALITY OF CARE: OVERLAPPING IMPACT

The impact of access to care and quality of care are closely linked and overlapping. Reviewing both the access and quality of care modules will ensure a more thorough understanding of each and their linkages.

Access is the ease with which populations can obtain quality health services.

For social enterprises to highlight their value proposition of increasing or improving access to healthcare, it is important to understand how access is defined and how it can be measured. According to the Institute of Medicine (IOM), access is "the timely use of personal health services to achieve the best possible health outcomes."[1] The RAND Corporation defines access as "the ease with which an individual can obtain services."[2] Research literature in health services highlights that the ease of obtaining health care and enabling resources are necessary, but insufficient to fully addressing the key issue: utilization of health services.[3] **What is it that you do differently or better than others so that individuals are able to obtain the quality services they need?** Audiences like donors and investors are interested in knowing this as part of understanding your ability to expand access.

ACCESS MODULE

IRIS METRICS

IRIS, managed by the Global Impact Investing Network (GIIN), is a catalog of metrics designed to measure social, environmental, and financial performance of an investment. IRIS currently contains two health access indicators, one for individual clients and the other for client households. Note that their access indicator captures clients served who were unable to access products or services previously.

"CLIENT INDIVIDUALS: PROVIDED NEW ACCESS | Number of unique client individuals who were served by the organization and provided access, during the reporting period, to products/services they were unable to access prior to the reporting period."[4]

For a complete list of metrics for health-focused organizations developed by a working group convened by IRIS and the Center for Health Market Innovations, see **https://iris.thegiin.org/health-metrics**.

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SUPPLY-SIDE AND DEMAND-SIDE FACTORS

Healthcare access encompasses both supply-side and demand-side factors. Social enterprises often focus on supply-side factors which include these various dimensions of access: [3 5 6]

- **Approachability** (transparency, outreach, information, screening)
- **Acceptability** (professional values, norms, culture, gender)
- **Availability & accommodation** (geographic location, hours of operation, appointment mechanisms)
- **Affordability** (direct, indirect and opportunity costs)
- **Appropriateness** (technical and interpersonal quality of care, coordination, continuity)

However, your enterprise may also be influencing patient demand-side factors which includes an individual's ability to perceive, seek, reach, pay for, and engage with healthcare. For example, if your enterprise has a program that works with adolescents to empower them to seek out HIV testing, you are doing more than just supplying adolescent-friendly HIV testing services—you are increasing adolescents' ability to seek out and reach health services, thus increasing demand for services—all of which can be thoughtfully measured as increased access.

ACCESS MODULE

Consider how your work affects factors of access and how your work potentially increases individuals' access to healthcare. One lean strategy healthcare social enterprises can use to showcase their impact on access to care is to highlight expanding new access to care or enhancing continued access to care:

1

Creating NEW ACCESS TO CARE:

a client (new or returning) would not have received this service otherwise. Your facility/service/product is creating new access because it:

- Is more affordable,
- Is closer or easier to access,
- Is more acceptable or appealing to clients,
- Offers specialized services unavailable elsewhere, and/or
- Screens for other conditions and is able to provide a different, helpful service to the same client.

2

Enhancing CONTINUED ACCESS TO CARE:

a client previously received health services, but now experiences enhanced care compared to the alternatives because your facility/service/product:

- Supports client-centered engaged care, creating optimal treatment outcomes,
- Provides better follow-up and helps clients adhere to follow-up procedures,
- Provides a broader continuity of care, and/or
- Adheres to higher quality of care protocols that keep clients within care (i.e., managing chronic health conditions) thus improving their health status and/or preventing acute conditions.

NOTE THE DIFFERENCE IN THE TWO IMPACT STATEMENTS BELOW.

The second statement provides information on new access to care. Consider your own situation. When is it strategic to add depth to an impact statement when communicating about access? When is it unnecessary for your enterprise?

We touched 3,000 lives this year.

• Useful for a general audience & internal performance. Great for reporting in an annual report or website.

We reached 3,000 women with antenatal care this year, half of whom were tested for HIV for the first time.

• Useful for those who are interested in more data depth, such as donors & some investors. Great for proposals and impact reports.

II.B: ACCESS QUESTION SET

Review the questions below, which are sample patient intake questions to use when measuring access to care. Which questions would give you new and helpful data? See the table on page 8 for examples of possible impact statements and the intake questions that must be asked to create the statement.

Considerations with questions:

- *Possible response options are generic suggestions. Revise according to your services and needs.*
- *Revise the timeframe depending on relevance and importance to you. Note recall beyond 12 months can be less reliable.*
- *Ask a parent to respond on behalf of children. If both a child and adult are seen, record each separately.*

General tips for recording and entering patient responses:

- *No = 0, Yes = 1*
- *Don't Know = 8 or 88; Refusal to answer or N/A = 9 or 99*
- *Notate anytime multiple responses are allowed.*
- *Indicate skip patterns*
- *Highlight any question responses that should NOT be read aloud to the patient and those where all options should be read aloud.*

	Intake Questions	Notes & considerations
1	**Visit type:** New Client Returning Client	
2	**Primary reason for visit?** Chronic Condition Episodic Illness Maternal and Child Health Mental Illness Other	
3	**Additional services screened for?** None Chronic Condition Episodic Illness Maternal and Child Health Mental Illness Other	*Consider a clinic that treats STIs, and also screens for family planning at the same time. This clinic is expanding access to contraception while providing a higher quality of care visit to STI clients.* ***Expanding access to healthcare is not just bringing in new patients. It is also identifying new health needs.*** *If you screen for co-morbid conditions or other health issues, consider highlighting this as part of access and quality of care.*
4	**Have you sought healthcare from another facility or health provider for [INSERT REASON FOR VISIT TODAY] in the past 12 months?**	
5	**Where did you go at that time?** Another healthcare facility A traditional healer/herbalist/informal Other (specify): _____	
6	**Have you sought healthcare for yourself from another facility or health provider for any reason the last 12 months?**	
7	**If you had *not* gone to this clinic today, would there be another place or person where you would seek care?**	
8	**Where else would you have gone to seek care, or from whom?**	*Leave open-ended, or create categories. Consider whether to allow multiple responses or have the patient pick the most likely choice.*
9	**Why did you visit this clinic today instead of another health facility or healer?** No other option Distance/Ease of access Better quality of care at this clinic v other option Comprehensive nature of services at this clinic v other option Telemedicine available at this clinic v other option Less wait time at this clinic v other option Lower price at this clinic v other option A specialized service here not available elsewhere My health insurance is accepted at this clinic I received health information from your company Other (specify): _____	*-This question presents an opportunity for you to highlight what is it that you do differently or better. Consider the dimensions of access (Approachability, Acceptability, Availability, Affordability, & Appropriateness) here.* *- Spontaneous responses from patients create more persuasive data, but the data are cleaner & easier to use if read aloud.* *- Note overlap of access and quality of care (see QoC module)*

ACCESS MODULE

In addition to generic intake questions, consider questions to ask patients with different health conditions or issues. Here are a few of the many possibilities:

	Maternal and Child Health Questions	
10	How many live births has the patient ever delivered?	
	The questions below are intended for pregnant or maternity clients at your facility who have previously given birth.	
11	Before this delivery, when did you deliver your last child?	
12	Where did you give birth at that time?	Home Another facility Other (specify): _____
13	Did you receive help from a midwife, nurse, or doctor?	
14	Why did you not receive help from a midwife, nurse, or doctor for this previous delivery?	
	Chronic Conditions For patients with previous chronic condition diagnosis, but who are seeking care for their chronic condition at your facility for the first time.	
15	Have you been getting check-ups in the last 12 months for [INSERT CHRONIC CONDITION]?	
16	Where do you go for these check-ups?	Private facility Public facility Traditional healer Multiple locations (specify): _____ Other (specify): _____
17	How often have you had a consultation with a physician or medical provider in the last 12 months?	No check-ups About once a month About 3-4 times each year About once each year Don't know/remember
18	How often have you had a diagnostic check in the last 12 months??	None About once a month About 3-4 times each year About once each year Don't know/remember

Consider adding questions to highlight your reach or increased access, like assessing your clients' wealth quintile (e.g., using the EquityTool, available for many countries, including India, Kenya, and Uganda), or documenting that you are reaching sub-populations of interest (e.g., sex workers, injecting drug users, etc.) [7]

II.C: SAMPLE IMPACT STATEMENT TABLE

If you would like to be able to make one or more of these example impact statements based on your own data, incorporate the corresponding questions into your patient forms (e.g., at intake). You may even already be capturing this information. Depending on your specific needs, revise the question wording and response categories. These sample statements are just the start. Many more impact statements can be made using other combinations of the listed questions.

TO MAKE AN IMPACT STATEMENT → USE THESE SUGGESTED QUESTIONS

Sample Impact Statements	Corresponding Access Questions
Expanding new access to care In 2016, we provided quality healthcare to 270 people who had not accessed ANY healthcare service for themselves in the past two years. - OR - 30% of all our new patients with diabetes in 2016 had not sought any healthcare in the previous 12 months. (Note: consider this statement with any chronic or recurrent condition.)	4 6
Expanding access to formal healthcare 95 patients (10% of all patients in 2016) had last seen a traditional or informal healer for healthcare prior to visiting our facility for health services.	5
Improving access to maternity care 25% of our maternity patients who delivered in our facility with skilled birth attendants (or to whom we referred onto a higher-level facility) did not have a skilled birth attendant present during their previous delivery. About half of those women mentioned distance to other healthcare facilities as a reason they did not have a skilled birth attendant at their last delivery.	13 14
Reasons patients chose to access your health facility 15% of all clients chose to visit our clinic because alternatives were too far or would require too much time to reach. -OR- 22% of all clients came to our clinic because their alternative options: Had higher out-of-pocket costs Did not offer the service they required Are perceived to have a lower quality of care / etc	9 See companion brief "Measuring Household Out-of-Pocket Health Expenditures" [8]
Increasing access to chronic disease care 20% of our patients seeking services for non-communicable diseases (e.g., hypertension, diabetes) reported they would not have sought care from another facility other than ours—foregoing any care.	2 7
Enhancing chronic disease care 73% of our patients with a chronic condition had not accessed the recommended number of check-ups or treatment in the 12 months prior to visiting our facility. -OR- 75% of our clients receiving diabetes care had either not received any care, or had not received adequate care in the 12 months prior to visiting our facility. In serving 478 clients with diabetes, our clinics help increase needed access to quality care.	2 14 15 Optional: 17 18

II.D: ACCESS MODULE REFERENCES

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III. QUALITY OF CARE MODULE

QUESTIONS RELATED TO QUALITY OF CARE SOCIAL ENTERPRISES MAY ASK THEMSELVES

The clinical services we provide at our facilities are higher quality than alternative service providers and in particular, we are improving the quality of care for underserved communities. How can we demonstrate and prove that to others?

Our context has limited regulations on private sector healthcare and no benchmarking. How can we show that the quality of our services exceeds the standard as a way to set us apart in the field?

I want to improve our performance and the services we provide to our clients. How can I assess the quality of care we currently provide to know where to target improvements?

What are concrete ways to gather information on the quality of care we provide?

If you have asked yourself one of these questions, or have wondered similar thoughts, read on to take your knowledge and skills in quality of care data to the next step.

QUALITY OF CARE DEFINITIONS

World Health Organization

"the extent to which health care services provided to individuals and patient populations improve desired health outcomes." 1

The Institute of Medicine

"the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge." 2

III.A: BACKGROUND: What is Quality of Care?

Quality of care is a broad, multi-dimensional, multi-faceted concept with various definitions. Since the 1980s, different frameworks have emerged, each capturing different aspects, varying across disciplines and health sectors.[2-9] For an in-depth review of nine key quality of care frameworks, we suggest Udayakuma et al (2016).[8]

Knowing how quality of care is defined and its different aspects will help you better communicate the quality of care you provide and help you conceive of where improvements could be made that are within your control.

QUALITY OF CARE MODULE

The WHO states that for quality health care to be achieved, the following characteristics must be addressed in the delivery of health care: [1,7,10]

Safe	Minimize risks and harm to service users, including avoiding preventable injuries and reducing medical errors;
Effective	Health care based on scientific knowledge and evidence-based guidelines;
Timely	Reduced delay in providing and receiving health care;
Efficient	Maximize resource use and avoid wastage;
Equitable	Quality that does not vary because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status;
People-centered	Preferences and aspirations of individual service users and the cultures of their communities.

Photo credit: Afya Research Africa

The WHO provides an easy-to-understand framework for maternal and newborn health quality of care with applications for other health topics. (Figure 1, page 12)

The WHO's framework foundation mirrors the Donabeidan framework and is organized by structure (the setting where care is delivered), process (whether good medical practices are followed or not), and outcome (the resulting impact on health status).[3,10]

Thinking about which domains your social enterprise might be affecting will help focus your quality of care assessments.

FIGURE 1: WHO FRAMEWORK FOR THE QUALITY OF MATERNAL AND NEWBORN HEALTH CARE

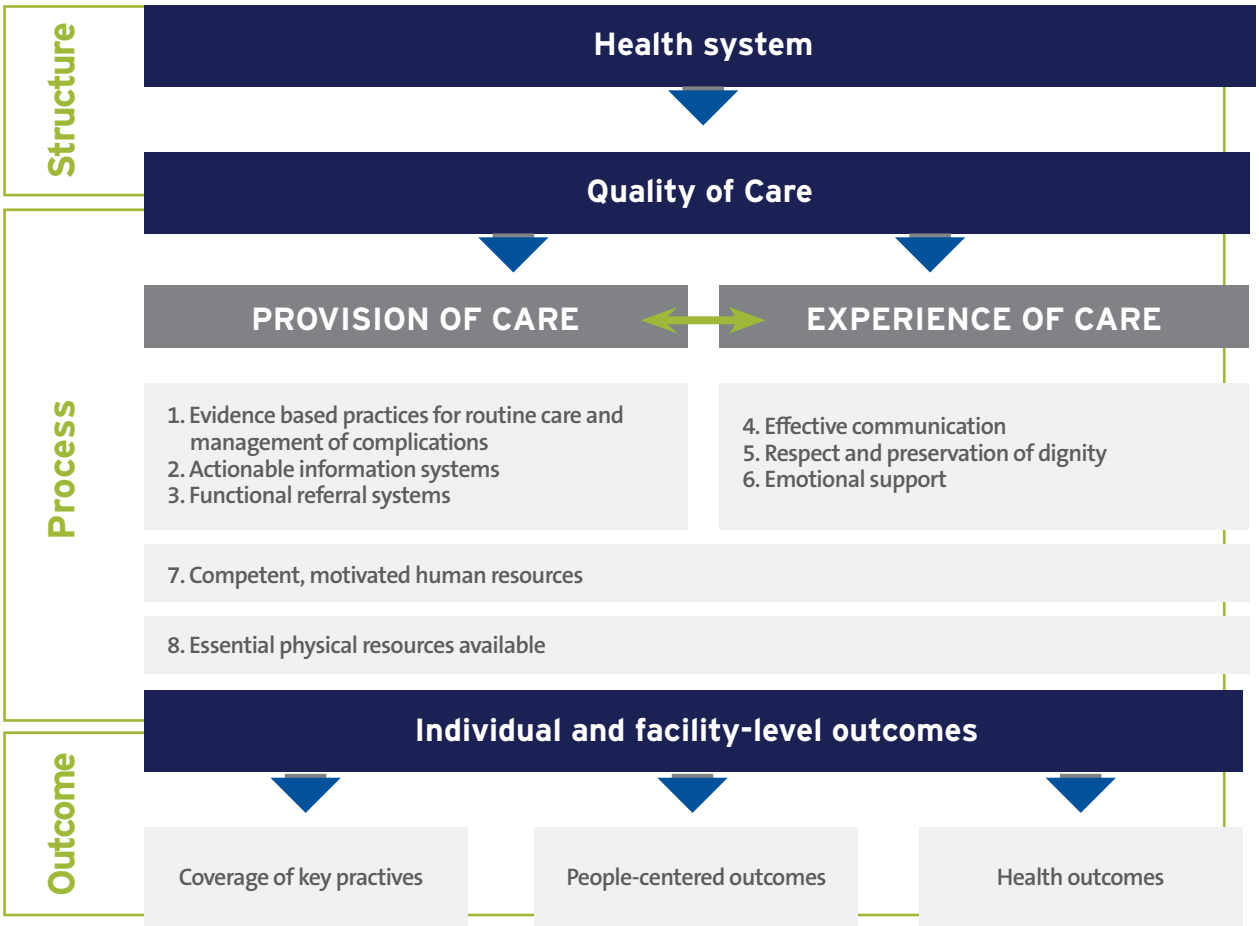

**Table adapted from WHO: Standards for Improving Quality of Maternal and Newborn Care in Health Facilities.[10]*

WHO Framework Domains [10]	Ways to Collect Information
#1-3 Provision of Care • Evidence based practices for routine care & management of complications • Actionable information systems • Functional referral systems	• Facility audits • Observations • Quality Assurance • Provider/Staff Interviews • Client Exit Interviews
#4-6 Experience of Care • Effective communication • Respect & preservation of dignity • Emotional support	• Observations • Client Exit Interviews
#7 Competent, motivated human resources [8] • Provider competency	• Facility Audits • Provider/Staff Interviews
#8 Essential physical resources available [8] • Facility Readiness	• Facility Audits • Observations

III.B: SAMPLE STATEMENT TABLE

Translating Quality of Care Domains into Sample Impact Statements

If you would like to focus on a particular domain, consider what type of impact statement you may be able to make. Consider the role clinical guidelines, accreditation, or quality scorecards play in quality of care.[11] Incorporating these benchmarks will strengthen your impact statements.

QOC DOMAINS →	SAMPLE IMPACT STATEMENT*
1. Evidence based practices for routine care & management of complications e.g., Ensure evidence-based guidelines – preventative, routine care, management – are followed	98% of newborns in our facility network who did not breathe spontaneously after additional stimulation received resuscitation with a bag and mask within 1 minute of birth (based on WHO guidelines) during 2016.
2. Actionable information systems e.g., Record information accurately & use appropriately to improve health care.	Last year, our clinic implemented a system of reviewing inpatient complications within the past six months and implementing recommendations from the review. All recommendations have been incorporated into facility practices and policies.
3. Functional referral systems e.g., Timely, appropriate referral. Communications with referral center to allow appropriate arrangements, & periodic check on condition.	In 2016, we received complete counter-referral feedback information for 50% of our surgical referrals, up from none in 2015.
4. Effective communication e.g., Patient receives all pertinent information & feels involved in decision	85% of surveyed women who gave birth in our health facility in the last quarter of 2016 reported that their needs and preferences were taken into account during labor, delivery, and postnatal care.
5. Respect & preservation of dignity e.g., Patient privacy & confidentiality ensured. No mistreatment, discrimination, or neglect.	After increasing the number of screens and partitions used in our facility, 90% of patients in exit interviews expressed satisfaction with the degree of privacy during examinations, a 30% increase over the previous year.
6. Emotional support e.g., Sensitive and supportive service delivery encouraging active patient participation.	In 2016, we ensured that all of our facilities had certified "Adolescent-friendly" providers per national training guidelines, which included strengthening provider skills in interpersonal competency and sensitivity in providing emotional support to adolescent clients.
7. Competent, motivated human resources e.g., Trained staff, sufficient numbers, health facility leadership & management.	All of our primary care providers were observed, tested, and appraised in January 2017 on key clinical domains and they exceeded requirements for content knowledge and following appropriate guidelines.
8. Essential physical resources available e.g., Basic infrastructure & amenities	Our facility's energy infrastructure can meet all electricity demands at all times and includes a back-up power source.

**Based on quality statements listed in the WHO Standards for Improving Quality of Maternal and Newborn Care in Health Facilities.[10]*

Photo credit: Afya Research Africa

III.C: METHODS FOR MEASURING QUALITY OF CARE

Assessing an institution's quality of care takes a combination of sources into account to provide a comprehensive view. Consider these various sources, knowing that a combination of sources will provide a more comprehensive, accurate picture with less bias:[12,13]

1	**Facility Audits**	Measure a facility's ability and readiness to provide services
2	**Observations**	Assess technical competence in counseling and clinical procedures
3	**Quality Assurance:**	Assess performance by reviewing facility registers and medical records
4	**Provider/Staff Interviews**	Know worker qualifications and trainings and obtain worker's perspective. Can also include knowledge, attitude, and skills-based assessments.
5	**Client Exit Interviews**	Obtain the client's perspective

DATA COLLECTION STRATEGY: INTERGRATION OF SERVICES

Demonstrating service integration is both an issue of access and of quality care. In addition to recording services a patient receives (as shown in the access module), consider reviewing medical record data for integrated services received, observing provider-client encounters for comprehensive quality care, and or asking clients themselves about receipt of integrated services during exit interviews.

For example,

- *[For clients seeking HIV testing and counseling]* Were you screened or counseled on any additional reproductive health needs such as contraception?
- *[For clients seeking contraception]* Did the provider assess your risk for HIV or ask if you were interested in HIV testing and counseling?

QUALITY OF CARE MODULE

Refer to the Quick Investigation of Quality (QIQ) and Service Provision Assessment (SPA) for example questions and detailed instructions.

1. **Facility Audits** determine the readiness of each facility to serve the client. Information is collected about types of services provided, types and amounts of supplies in stock, the condition of the facility, and the types of records kept.

2. During **observations**, a person with clinical training follows the client, evaluating the provider's performance during counseling and clinical sessions to assess the extent providers are adhering to standards and guidelines. Observations enable information on technical competence clients might not be able to judge themselves. Simulated clients, or "mystery clients" may also be considered if carefully designed and approached ethically.[13,14]

3. **Quality Assurance** can assess facility performance across different areas: technical performance, access to and choice of services, interpersonal relations, efficiency, continuity of services, safety, physical infrastructure and comfort. (E.g., % of newborns receiving immediate care according to MOH guidelines, facility perinatal mortality rate, etc). Primarily assessed using existing documentation.[13]

4. **Provider/Staff Interviews** provide information on professional qualifications, services provided, professional development and in-service training, attitudes about the work environment, and can also include clinical skills assessments.[13]

5. **Exit Client Interviews** are a way to obtain the perspective of a client who received services. They may be conducted immediately afterward, or by phone soon afterward. The interview accesses patients' understanding and perceptions of the consultation or examination, and/or their recall of instructions regarding treatment or preventative behaviors. Note that if a patient recalls key messages, they are more likely to successfully follow treatment or perform preventative behaviors.[13]

DATA COLLECTION RISK: COURTESY BIAS

Courtesy bias, where clients are more likely to report feeling satisfied with services and less likely to speak negatively about clinic or staff, is a challenge to address with exit interviews or patient satisfaction follow-up calls.

To address this bias:

- Train interviewers to explain to the client that what they say will not jeopardize their care at the clinic or that the client cannot be identified through his/her response.
- Include questions that require a more "objective" answer (e.g., How did the provider explain using that method, if at all?).
- Interpret results knowing they may be positively skewed.
- Have an independent group collect the information and ensure confidentiality.
- Use computer-assisted personal interviewing (CAPI) or audio computer-assisted self-interviewing (ACASI).

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ABOUT THE EVIDENCE LAB

The Duke Global Health Institute Evidence Lab conducts objective and high-quality evaluations using rigorous and innovative research designs paired with cutting-edge methods. Our team blends theory and practice, and draws upon the research and policy expertise across Duke University to inform our evaluations and to disseminate new evidence to policymakers and diverse stakeholders. We have deep, on-the-ground knowledge and experience with a wide range of global health projects and offer research and practice-based understandings of regional health challenges.

Duke | SOCIAL ENTREPRENEURSHIP ACCELERATOR AT DUKE

Providing social entrepreneurs in global health with the knowledge, systems, and networks needed to succeed.

INNOVATIONS IN HEALTHCARE™ | DUKE THE FUQUA SCHOOL OF BUSINESS CASE CENTER FOR THE ADVANCEMENT OF SOCIAL ENTREPRENEURSHIP | Duke GLOBAL HEALTH INSTITUTE | INVESTORS'CIRCLE

SEAD brings together interdisciplinary partners through a coordinated effort across Duke University and leverages institutional relationships and networks to create an integrated global health social entrepreneurship hub for diverse stakeholders across the globe.

SEAD, in partnership with the U.S. Agency for International Development (USAID) and the USAID Higher Education Solutions Network (HESN), mobilizes a community of practitioners, investors, policymakers, faculty, staff, and students to identify, assess, help develop, build capacity of, and scale solutions, technologies, and business models for healthcare delivery and preventive services in developing countries around the world. Through this program, SEAD captures lessons learned and policy implications to ensure that our work impacts both entrepreneurs on the ground and the broader development community.

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