

Metrics that Matter:

Conceptualizing and measuring person-centered care and experiences of care for more responsive primary health care

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Overview

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What is person-centered care (PCC)?



Individuals, families, and communities

- Are served by **trusted** and **responsive** health systems
- Actively **participate** in their health care with the **support** they need to make decisions

*“**People-centered care**” also includes attention to the health of people in their communities and their crucial role in shaping health policy and health services*

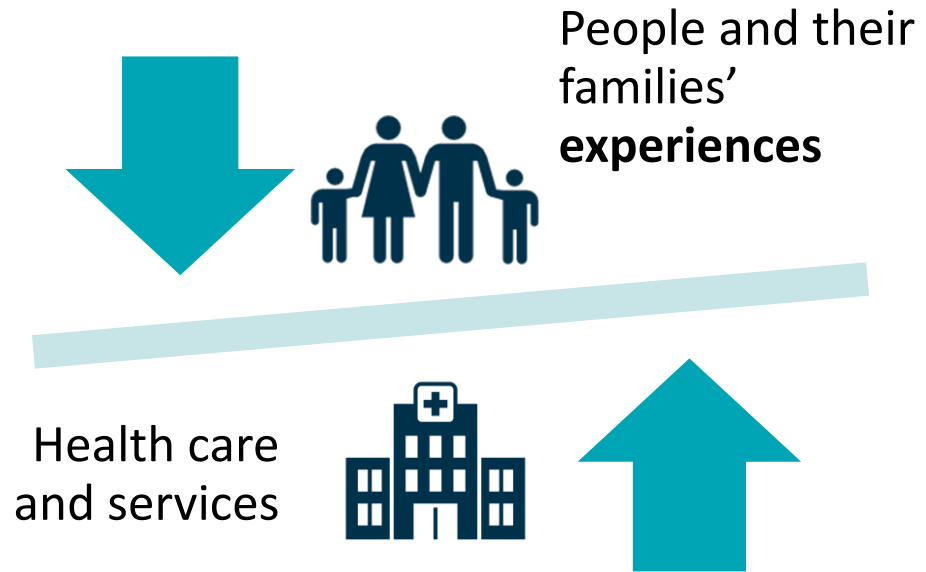


Health systems

- Are **organized** around and **responsive** to individuals’, families’ and communities’ comprehensive needs
- **Respect** individuals’, families’, and communities’ **values, perspectives, and preferences**
- Provide **supportive working environments** for health workers
- Facilitate active **participation** in health care and foster **collaboration** between individuals, families, and communities and health providers

What is experience of care (EOC)?

Range of positive or negative interactions, shaped by multiple factors, that is experienced by the people and their families across the continuum of health care.



Person-centered care in primary health care

Calls for integrated, people-centered primary health care to achieve Universal Health Coverage at the World Health Assembly



World Health Organization

SEVENTY-SECOND WORLD HEALTH ASSEMBLY
Provisional agenda item 11.5

A72/12
1 April 2019

Universal health coverage

Primary health care towards universal health coverage

Report by the Director-General

1. The Executive Board, at its 144th session, noted an earlier version of this report.¹ In particular, new information has been added, in paragraphs 19, 21, 25, 26 and 27, in the light of the Executive Board's discussions. The Executive Board also adopted resolution EB144.R9.
2. The year 2018 marked the fortieth anniversary of the Declaration of Alma-Ata. Events across the year, culminating in the Global Conference on Primary Health Care, have shown that four decades on from the first political commitment to primary health care, there remains a global consensus that the health and well-being of populations is most effectively, equitably and efficiently achieved through the primary health care approach, making it a cornerstone of a sustainable health system for universal health coverage and the health-related Sustainable Development Goals.
3. In the Declaration of Astana,² Member States called for a renewal of primary health care, reaffirming their commitment to the fundamental right of every human being to the enjoyment of the highest attainable standard of health without distinction of any kind and to the values and principles of justice and solidarity, underpinning the importance of health for peace, security and socioeconomic development. There is a recognition that elements of primary health care need to be updated in order to respond adequately to ongoing and new health and health system challenges, as well as to take advantage of new resources and opportunities for success in the 21st century.
4. The Declaration of Astana describes the ambition to deal effectively with current and future challenges to health, mobilizing all stakeholders – including health professionals, academic institutions, patients, civil society, local and international partners, agencies and funds, the private sector, faith-based organizations and others – around national policies, strategies and plans across all sectors, to take joint actions to build stronger and sustainable primary health care towards achieving universal health

SIXTY-NINTH WORLD HEALTH ASSEMBLY

WHA69.24

Agenda item 16.1

28 May 2016

Strengthening integrated, people-centred health services

The Sixty-ninth World Health Assembly,

Having considered the follow-up of the report on the framework on integrated, people-centred health services;¹

Acknowledging Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) including target 3.8, which addresses achieving universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality and affordable essential medicines and vaccines for all;

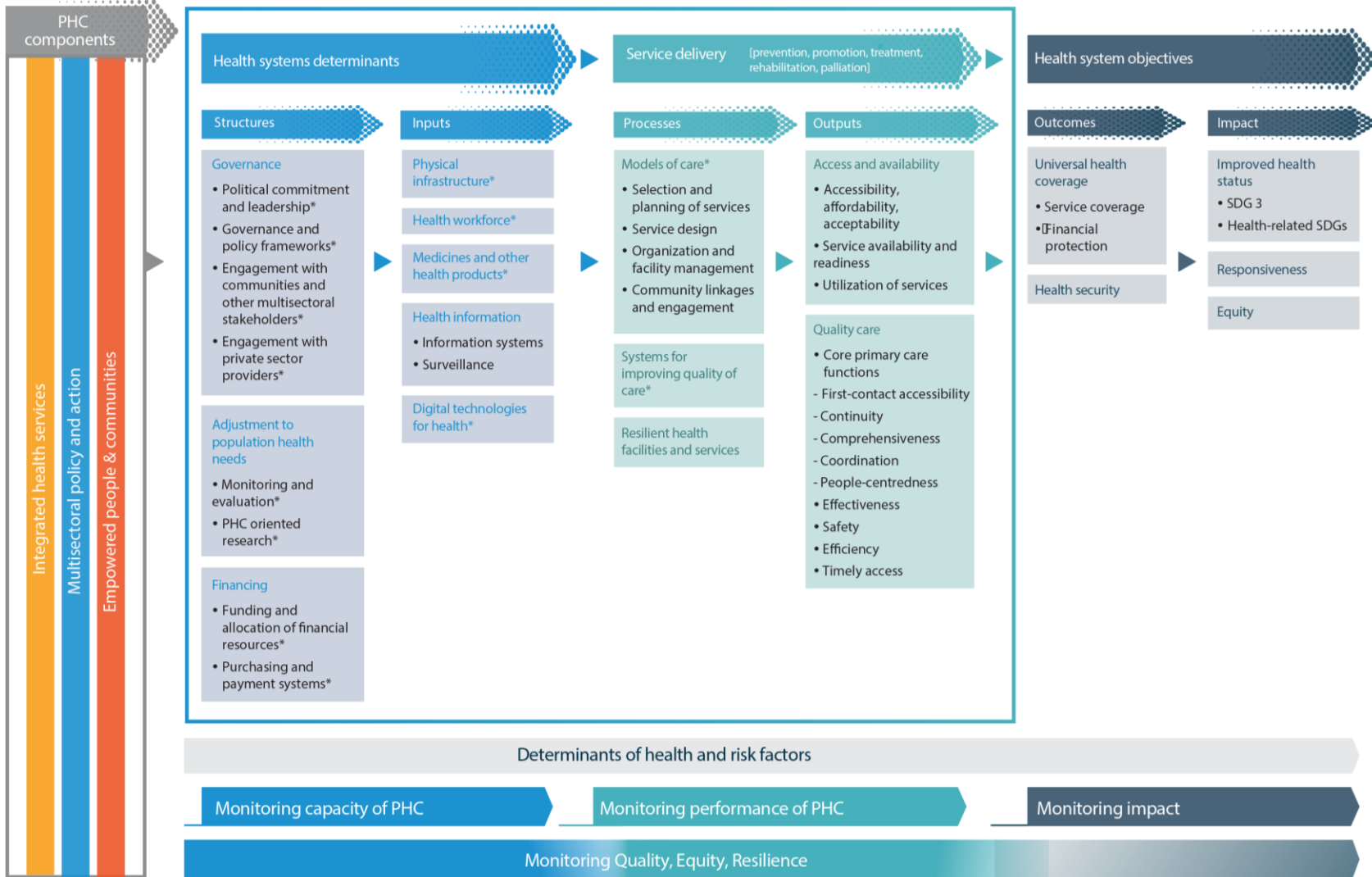
Recalling resolution WHA64.9 (2011) on sustainable health financing structures and universal coverage, which urged Member States to continue investing in and strengthening health-delivery systems, in particular primary health care and services, and adequate human resources for health and health information systems, in order to ensure that all citizens have equitable access to health care and



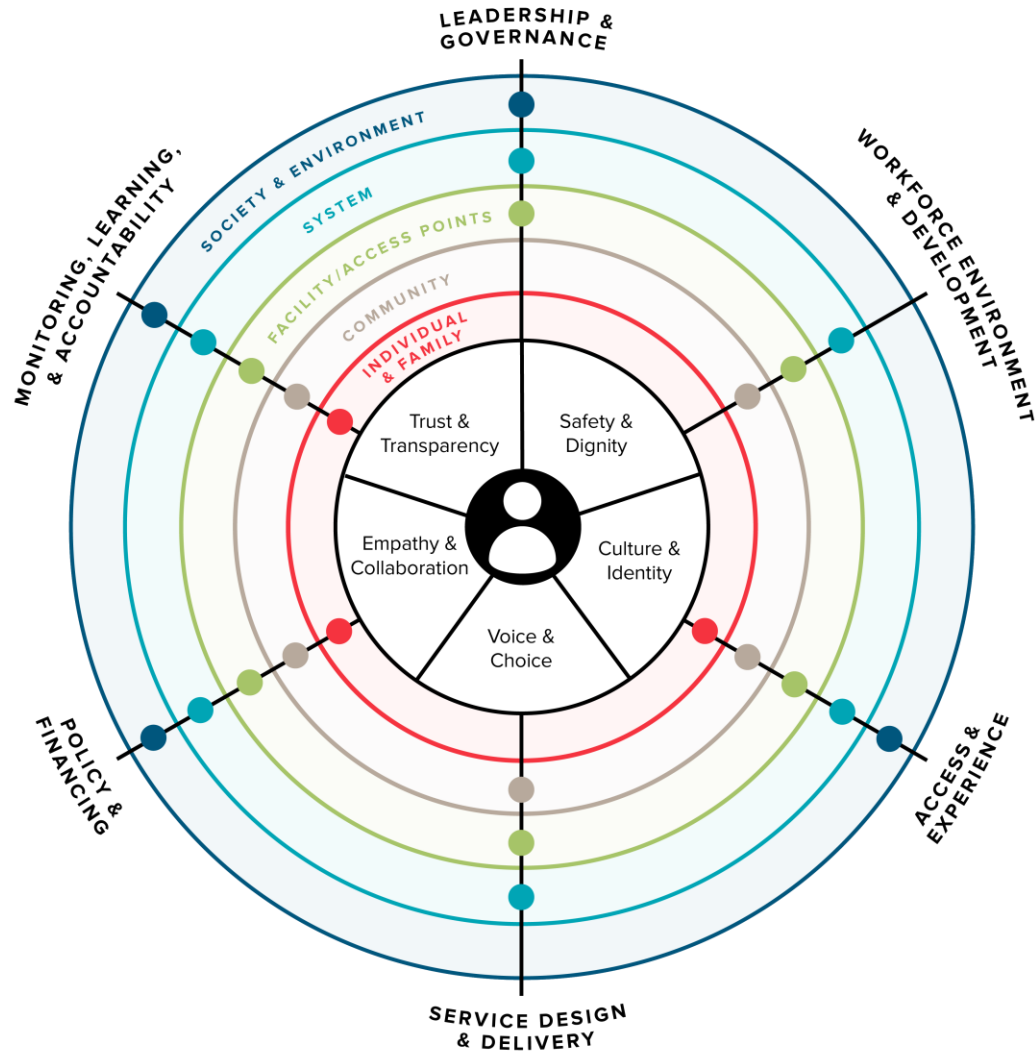
WHO Primary Health Care components, 2020

Measuring PCC and EOC are essential within primary health care

WHO Primary Health Care monitoring & measurement framework, 2022



JSI's conceptual framework for person-centered care



Measuring patient-centered care and experience of care — Important, but complicated!



Good metrics, measurement, and methods for PCC and EOC are essential



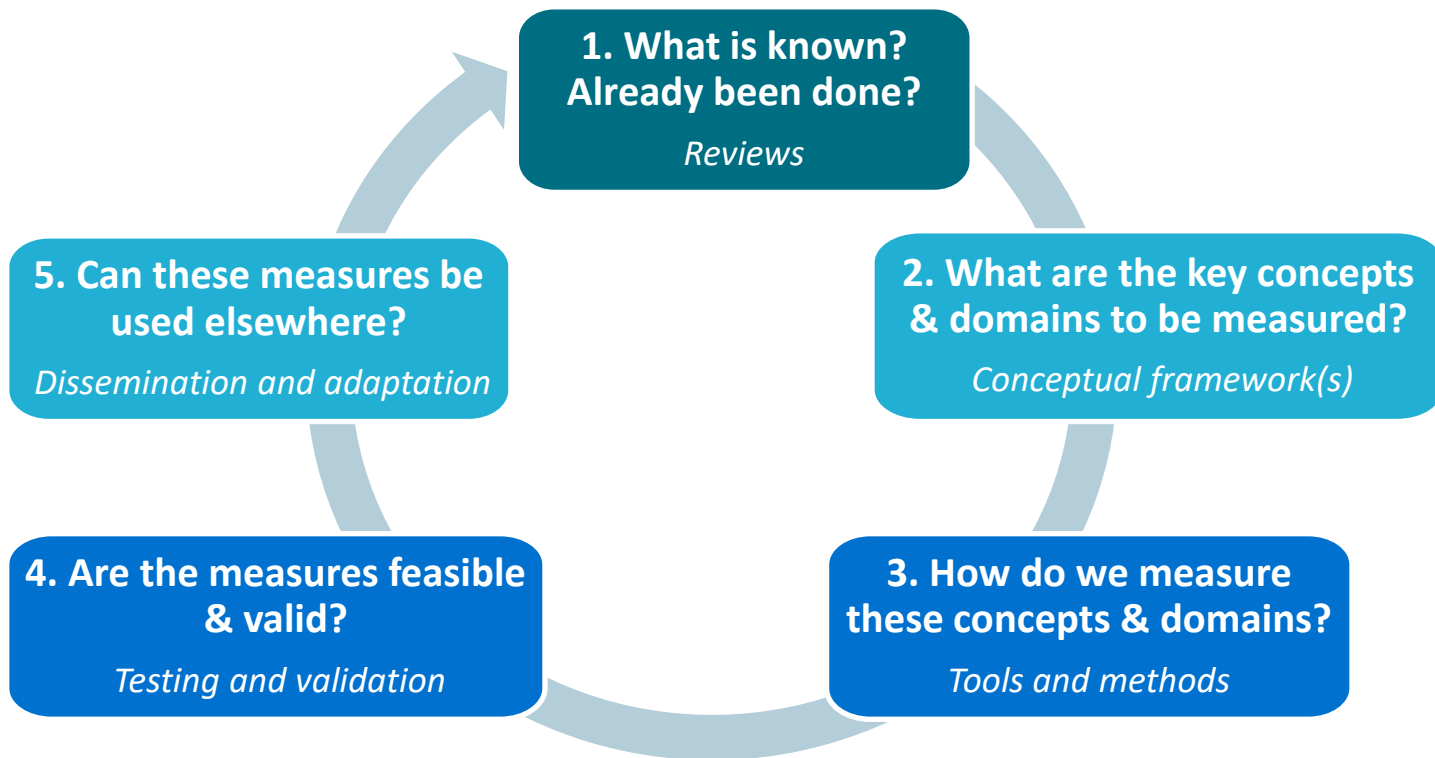
Multiple complexities

- Measures needed across the PHC log-frame from inputs to outcomes and impact
- Concepts and domains can overlap and often differ by service area
- Complex constructs like trust, respect, values without “yes/no” answers
- People’s expectations influence the “right answer” in different contexts



Measurement is context specific and requires adaptation for different settings and health service areas

Steps to advance the measurement of person-centered care and experience of care





Lightning Talks

Measuring the role service experience plays in reaching zero-dose and under-immunized children

Lisa Oot, Senior Technical Officer | Service Experience Project

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Why a framework for Immunization Service Experience?

Immunization service experience (SE) includes the factors within and beyond the interactions between a health worker and an immunization client which influence the delivery and experience of the immunization service.



Why focus on measurement of zero-dose and under-immunized children?

Improving immunization SE is crucial for reaching *zero-dose and under-immunized children*, who are now the focus of Gavi 6.0 and Immunization Agenda (IA2030) strategies to ***leave no-one behind with immunization***.

However, we have limited information on SE-specific interventions for zero-dose and under-immunized and how those interventions are being measured.

We set out to answer the following two questions:

1. What SE-focused interventions exist that are focused on reaching zero-dose and under-immunized children?
2. What mechanisms or data collection tools exist to measure and monitor immunization SE for zero-dose and under-immunized children at country level?

What did we look at?

Enumeration of retained and grouped sources

Peer-reviewed literature retrieved	1377
Peer-reviewed literature kept	22
Gray literature	24
Total	46
Grouping by framing question	
Improves Service Experience (Interventions)	33*
Measures Service Experience (Tool/Indicators)	11*
Total	43*

*One document was used for both interventions and tools/indicators

Number of sources for each thematic area or tool by framing question

Q1. Improves Service Experience (Interventions)	Q2. Measures Service Experience (Tools/Indicators)
Communication campaigns with social media (3 sources)	Behavioral and Social Drivers (BeSD) Toolkit (1 source)
Multifaceted community engagement (8 sources)	Strengthening Immunization Service Experience Guide (2 sources)
Digital information systems (4 sources)	Immunization Campaign Tool (1 source)
Energy infrastructure/electrification (2 sources)	Health Facility Assessment Tools (3 sources)
Health service delivery and management (13 sources)	Participatory, Community-based Assessments (2 sources)
Supplementary immunization activities (1 source)	Global Immunization Metrics (1 source)
Pro-equity strategies (2 sources)	Social Media Studies (1 source)

Interventions and Measurement

How are interventions being measured?

What SE interventions are being implemented the most?

Community actors and stakeholders (15)

Health worker empowerment (14)

Community voice, input and demand (13)

Integration of immunization with service packages (13)

What SE interventions are being implemented the least?

Expectation and Perceptions of SE (4)

SE across all levels (3)

Quality of the interactions and services between provider and client (1)

Workplace Community (0)

What have we learned? What gaps exist?

- Majority of SE interventions are focused on community engagement and improvement of the delivery of health services.
- Immunization coverage is the key outcome measure; no comparison of changes in coverage among zero-dose vs. non zero-dose populations.
- All SE domains are not implemented with equal frequency.
- Workplace community is noticeably underrepresented.
- No study described actual efforts to scale interventions.
- Broad set of options (tools, indicators, methods) for gathering evidence on SE; not being used in routine country monitoring, planning, or for continuous QI.
- Standardized and validated SE indicators have yet to be formalized.

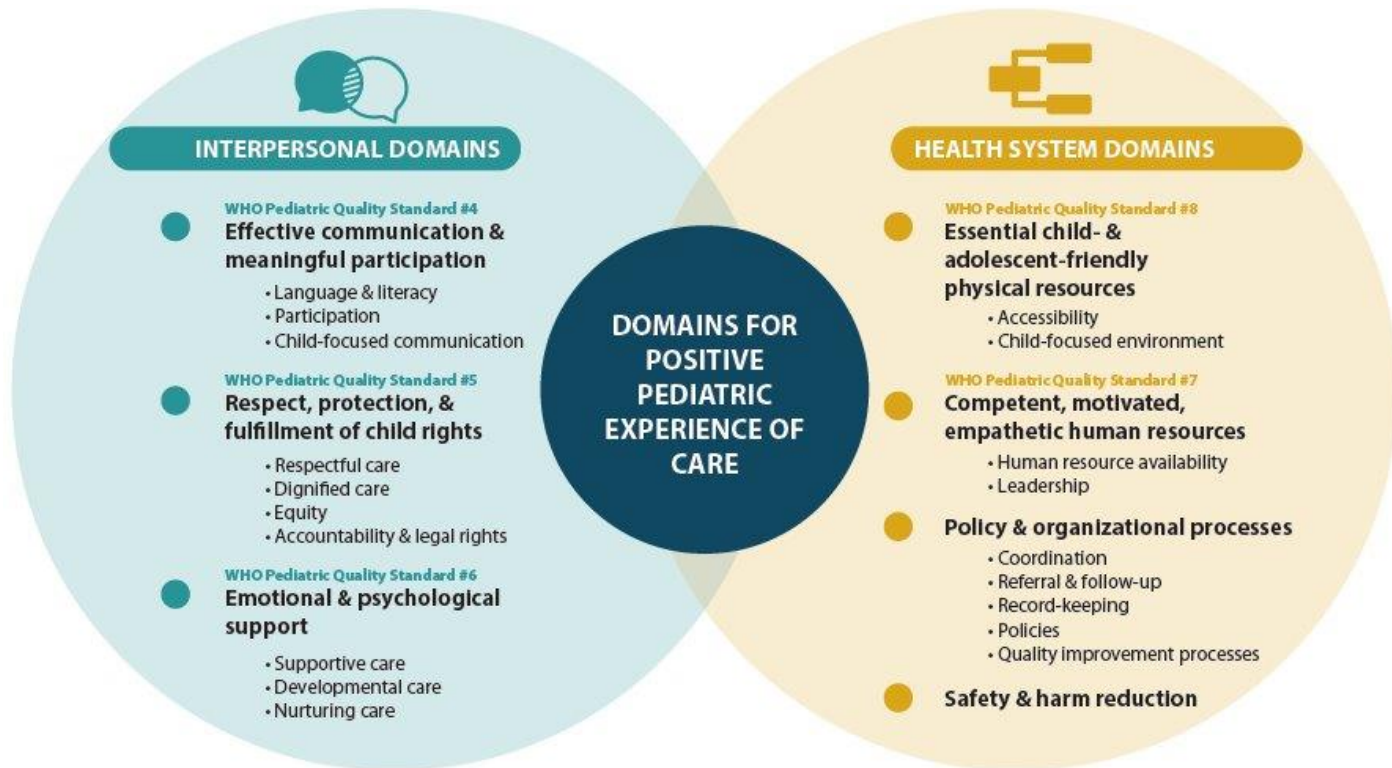
Talk #2

Cognitive Testing of a Pediatric Experience of Care Tool in Lao PDR

Lathana Chanthala, Research Advisor | USAID Laos Maternal Child Health and
Nutrition Program

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PEC Framework



Measurement Tool

- Caregiver Tool
- Health Worker Interview Guide

Iterative Cognitive Testing Process

- Is this item relevant or important to you?
- Is the question clear in the way it is written? Could you understand it? If no, how would you suggest to change it?
- Are the response options clear? Could you understand them? If no, how would you suggest to change them? What else would you add?

May 2023

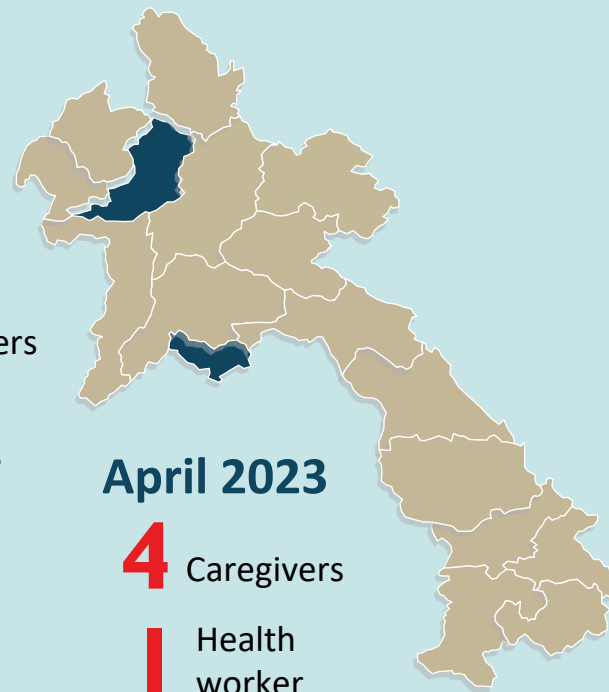
27 Caregivers

8 Health workers

April 2023

4 Caregivers

1 Health worker



Challenges & Considerations

Considerations:

- Understand the **social or cultural constructs** attached to language
 - “Respect” versus specific behaviors
- Understand how translations may **shift meaning** or interpretation
 - “dismissive” to “ignored”
 - “feeling” to “thinking”
- **Concrete terms or literal phrasing** was more understandable and meaningful
 - “Enough”

Next Steps:

- Implemented the tested tool as part of a comprehensive Health Facility Assessment
- Undergoing factor analysis to finalize a scale that measures pediatric experience of care

Talk #3

HIV Person-Centered Care Assessment Tool

Jessica E. Posner, Person-Centered Care Portfolio Lead | JSI

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Why a PCC Measurement Tool in HIV

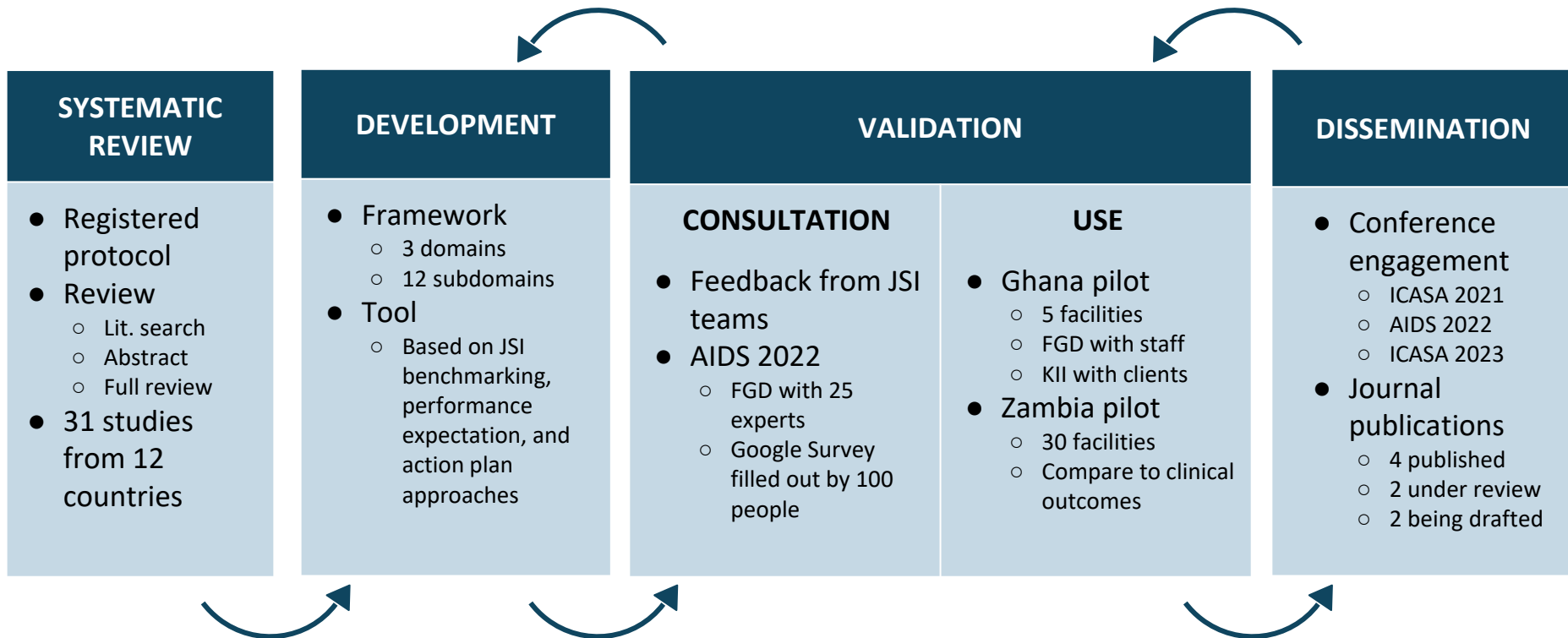
People living with HIV have been advocating for greater consideration of their context and whole personhood in medical settings for 40 years. There are also specific considerations relating to HIV service delivery, especially regarding stigma and co-morbidities.

We wanted a QI tool that health facilities can use to:

1. assess their person-centered HIV services,
2. demonstrate areas of strength, and
3. inform action planning.

Our Person-Centered Care Assessment Tool is now available for free on [JSI.com](https://www.jsi.com), and coming soon in other languages.

Building the Evidence Base



The PCC-AT Facilities are evaluated on each pillar



Assessment Informs Action

Scores are designed to **set priorities for action**, not judge performance.

- Action plans provide facilities a clear road map for improvement, recognizing that PCC is a process that can take time.
- Tool can be repeated on a routine basis to monitor effectiveness of previous actions, and identify new areas in need of strengthening.

SUMMARY OF SCORES BY STANDARD			ACTION PLAN	
STAFFING				
Subdomain	Score	Challenge/Issue	Potential Actions (please rank them)	Priority Action Justification
Composition	2	- No Supportive Peer Positions	1. Advocate for national AIDs control agency to provide trained peer mentors from PLHIV community 2. MOH to employ community volunteers	Advocate for national AIDs control agency to provide trained peer mentors from PLHIV community Justification: If already exists, feasible approach
Availability	3	- ART Unit has specific clinic days	- N/a: Clinic days are determined by MOH	--
		- Not all staff are trained in counseling.	1. Provide online training to all staff and require	Provide online staff and require

Results

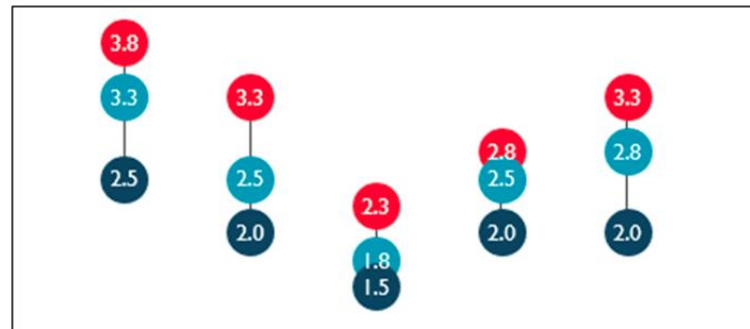
Findings on Service Provision from the PCC-AT

The PCC-AT was piloted at **5 health facilities in Ghana**. All created action plans. It has since been expanded for use at **29 facilities in Zambia**.

Providers described the tool as well-structured, user-friendly, relevant, reflective of the core PCC delivery elements, and useful in improving service delivery.

Documentation and evaluation of the PCC-AT

- Systematic review
- Operational research in Ghana (Protocol: [PLOS](#); Feasibility results: [Taylor & Francis Online](#); Commentary: [Taylor & Francis](#))
- Under final review: Consistency and validity results from Ghana and operational research in Zambia



Facility 1	Facility 2	Facility 3	Facility 4	Facility 5
Key				
Domains	Subdomains			
Staffing	Composition, Availability, Competency, Leadership			
Service Provision	Client Feedback Mechanisms, Service Efficiency & Integration, Convenience & Access, Digital Health Worker Support Tools			
Direct Client Support	Psychosocial Support, Logistical Support, Client Agency, Digital Client Support Tools			

Next steps for the PCC-AT

Opportunities

- Upcoming data from the expanded Zambia pilot will compare tool implementation with clinical outcomes, further guiding adjustment and improvement.
- Partner with other stakeholders beyond the facility
 - Quality service provision relies on action beyond the facility control - Ministry of Health and other governing bodies, guidelines, and protocol influence service delivery
- Expand for integrated care or other health areas
 - Adapt for community delivery of ART
- Expand language offerings (in progress)



Project recruited nurse assistants responding to the PCC tool. Credit: Richard Adupong

Takeaways: Measurement in PCC leads to increased accountability

- Measurement is an accountability mechanism and provides evidence to inform action that improves PCC.
- Accountability in this context means that actors are mutually responsible for achieving an agreed upon common goal.
- We can also understand accountability as a process that engages multiple actors who must answer questions and provide information about their decisions and actions.



Roundtable Discussion

Thank you!

The recording and other resources will be available online: <https://bit.ly/3v8QUJY> or scan QR code:



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