Improving Quality of Women’s Health and Family Planning Services in Jordan’s Private Health Sector

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Private Sector Project for Women’s Health (PSP)
Hashemite Kingdom of Jordan

- Capital: Amman
- Language: Arabic
- Area total 45,495 m²
- Population: 6.1 million
- GNI per capita $5,530
- Literacy 91.1%
- TFR 3.7
- Modern CPR 42%
Project Objectives (2005-2012)

1. Increase demand for and use of modern contraception and related women’s health services
2. Improve private sector service quality and access
3. Increase early detection of breast cancer
4. Address violence against women
Enhancing Quality in Private Providers (EQuIPP)

Elements of Change

- Class room and Clinical Trainings
- Evidence Based Medicine Detailing
- QA Certification Recognition

Actions Towards Change

- CME Policy
- Peer Review
- Increased Client Base/Market

Motivators for Action

- KNOWLEDGE
- ATTITUDES
- PRACTICES
“The most effective educational methods were the most interactive. Combined didactic presentations and (“hands on”) workshops were more effective than traditional didactic presentations alone. Medical education was more effective when more than 1 intervention occurred… Targeted education should focus on changing a behavior that is simple, because effect size is inversely proportional to the complexity of the behavior. “

Source: Cochrane Review of 32 trials and 3000 health professionals. Adapted from lecture by Dr. Fred Tudiver, International Center for Evidence-Based Medicine
Voluntary In-Class Courses for GP’s

Training topics*:
• Basic contraceptive technology
• Advanced contraceptive technology
• Hypertensive disorder with pregnancy
• Bleeding during pregnancy
• Diabetes mellitus with pregnancy
• Abnormal uterine bleeding
• Cervical cancer
• Violence against women

* To date PSP provides 22 topics
## Clinical Skills Improvement

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<th>Topics</th>
<th>Actual cumulative</th>
<th>End of project target</th>
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PSP with Jordan Medical Council developed Quality Assurance (QA) and Certification Program

Clinical guidelines meeting international standards for:
- Family Planning Counseling
- FP for Specific Medical and Personal Conditions
- Breast Cancer – Clinical Exam
- Reproductive Tract Infections and Sexually Transmitted Infections (RTI/STI)

Two components:
- Competency of MDs-knowledge and clinical skills
- Preparedness of their clinics to provide RH/FP services

Participating physicians are mainly female General Practitioners, Family Doctors and OB/Gyn specialists
Steps in Certification Process

- Step 1: Orientation in guidelines and standards expected
- Step 2: Assessment of physicians and facilities using
  a. Post test
  b. Self assessment questionnaire
  c. Standardized patients
  d. Models
  e. Facility checklist
- Step 3: Recognition and reward
Clinical Skills Assessment
1. Participating MDs provide essential RH/FP services to poor, vulnerable and underserved populations

2. MDs are highly positive about the impact the QA program has had on improving the quality of care of their services

3. Routinely follow the protocols developed by PSP

4. Have access to important new clinical information and resources materials

5. Helped reduce their professional isolation
Mystery Client Study 2009

- Assessment of provider counseling and clinic resources

- Key findings:
  - 93% counseled patient in private area
  - 97% addressed rumors or misconceptions regarding FP methods
  - 83% had cover for examination bed
  - 100% had capacity for patients and staff to wash hands

- Areas for improvement:
  - 30% did not ask patient to describe her reproductive plans
  - 1 MD recommends that no method be used despite woman’s wish to delay next pregnancy
  - COC was recommended to mystery client who had medical contraindications (age, smoking, migraine with aura)
What Else Do We Know About Physicians’ Learning?

- **Life-Long Learning**
  - Strongest predictor of clinical knowledge is clinician’s year of graduation
    
    Evans et al. JAMA 1984; 255: 501-4
  - Knowledge scores remained constant for those trained in lifelong learning (EBM style) but declined in those not EBM trained
    
    Shin et al. CMAJ 1993; 148: 969-76

Adapted from F. Tudiver talk
Evidence Based Medicine - Changing Physician Attitudes

- EBM is the integration of the best research evidence with clinical expertise and patient values.

- EBM changes the paradigm from expert opinion to evidence.

- Critically Appraised Topics (CAT)
  - Developed by doctors at Oxford University.
  - Standardized brief summary of the evidence.
  - Useful product for promoting FP.
  - Can discuss benefits, myths, safety of FP methods.
There is no evidence supporting an association between COCs and weight gain.

Conclusion
A systematic review of randomized controlled trials suggests that there is no evidence available to determine the effect of COCs on the weight, neither an association between weight gain in women and use of combined oral contraceptives.

Clinical Question
Do women taking combination oral contraceptives have greater weight gain than women not taking them?

Search Terms
Contraceptives, oral contraceptives, contraception, weight gain.

Citation

Object of research
Use of combined oral contraceptives compared to another combined oral contraceptive or a placebo.

Subject of research
Change in weight

Study Features
This systematic review evaluated the association between COCs and weight change.
Study Methods

The Evidence

Private Sector Project for Women’s Health (PSP)
Synchronizing Messages through the EBM Program

• With Bayer Schering Pharma, formed cost sharing partnership on EBM activities addressing oral contraceptive pills

• Speakers were trained to use EBM approach in interactive roundtable seminars for GPs and Specialists; first focus-COCs and recently POPs and DMPA

• Trained Jordanian physicians to develop and review CATs

• Trained medical representatives to reinforce messages using CATs in their detailing visits to doctors

• Synergized FP messages through outreach to women’s homes, TV and print media
Evaluation of EBM approach 2010

• Assessment of KAP before and after participation in the COC EBM program was done using baseline and endline questionnaire

• Results showed EBM to be an effective method for improving the private sector physicians’ KAP on FP
  – Improved reported FP discussion practices
  – Improved reported COC pill prescription practices
  – Improved reported attitudes on the importance of client’s preference
  – Increased knowledge of COC pills
Continuing Medical Education Policy

From Voluntary to Mandatory – the Bridge to Quality

- **Desired result of CME:** a progressive change in practice behavior, attitudes, and development of skills and competencies to reflect new medical knowledge

- **US Accreditation Council for CME (ACCME):**
  “Highest level of evidence shows CME effective…..
  …..connects current practice to best practice”

- **Formalizing a CME system in Jordan:**
  – Benchmarking to international standards
  – Legal mandate for all practicing physicians
  – Standards and guidelines to accredit CME institutions and courses
  – Formal tracking system for physicians’ CME credit
  – Study tours
Comprehensive approach

• Increasing quality of services important to increasing health care utilization

• Educating providers is not sufficient: BCC helps to increase demand and promote healthy lifestyle choices

• Community outreach workers conduct home visits to discuss women’s health and provide free vouchers and referrals

• FP/RH integrated with early detection of breast cancer and addressing domestic violence against women
Outreach to homes & referral

Early detection of breast cancer

Domestic Violence: advocacy, detection & referral
QUESTIONS?

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Thank you