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# Performance Improvement Recognition: Private Providers of Reproductive Health Services in Peru



REPORT

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This publication was produced for review by the United States Agency for International Development. It was prepared by Erica James and Bruno Benavides for the SHOPS project.

**SHOPS**  
Strengthening Health Outcomes  
*through the Private Sector*

**Abstract:** While pay-for-performance incentives are frequently used in human resource management programs, there is less knowledge of, and experience with, alternative incentives for recognizing provider achievements in improving quality—especially in the private health sector. This report identifies which types of recognition mechanisms private providers prefer and provides recommendations for Peru and other countries on implementing a quality improvement (QI) program with a recognition component. In addition to determining provider level of interest in such a program, the study set out to determine: (1) how private providers value different types of recognition, (2) what recognition mechanisms should be used for different types of private providers, and (3) what institutional platform is most appropriate. Researchers surveyed three groups of networked and non-networked general practitioners, obstetricians and gynecologists (ob/gyns), and midwives in three locations. The research found a nearly universal interest in a QI program with a recognition component, and that providers value continuing education in quality, both as a means of self-improvement and way to improve patient care.

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**Keywords:** family planning, Peru, quality improvement, reproductive health, Standards-Based Management and Recognition

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**Cover photo:** Bruno Benavides, Jhpiego

**Project Description:** The Strengthening Health Outcomes through the Private Sector (SHOPS) project is USAID's flagship initiative in private sector health. SHOPS focuses on increasing availability, improving quality, and expanding coverage of essential health products and services in family planning and reproductive health, maternal and child health, HIV/AIDS, and other health areas through the private sector. Abt Associates leads the SHOPS team, which includes five partners: Banyan Global, Jhpiego, Marie Stopes International, Monitor Group, and O'Hanlon Health Consulting.

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## EXECUTIVE SUMMARY

Quality improvement (QI) efforts focusing on private health care providers have become increasingly more important as the private health sector in many developing countries has evolved into a key player in the health system. Although QI advancements have been made in the private sector, questions remain regarding how to best incentivize private providers to engage in QI activities.

This study looked at private provider preferences for a QI program with a recognition component in Peru. At the study's core was the objective of gathering data to help feed the design of effective and sustainable recognition mechanisms within the context of a QI program, tailored specifically to private sector reproductive health and family planning providers.

In addition to determining provider level of interest in a QI program with a recognition component, the study set out to determine: (1) how private providers value different types of recognition, (2) what recognition mechanisms should be used specifically for different types of private providers, and (3) what institutional platform is most appropriate to ensure the effectiveness and sustainability of a QI initiative with a recognition component. The study surveyed three groups of networked and non-networked general practitioners, obstetricians and gynecologists (ob/gyns), and midwives in three locations.

The study found a nearly universal (97 percent) interest in a QI program with a recognition component. Regardless of provider type or location, providers acknowledged the value of and their commitment to continuing education in quality, both as a means of self-improvement and as a way to improve patient care. The data also revealed that, of those providers interested in participating in a QI program with a recognition component, 81 percent were willing to pay a monthly membership fee to participate.

About half of private providers (47 percent), regardless of location or type, acknowledged that they would most prefer to receive professional development opportunities as their recognition mechanism or reward upon completion of the QI program. This clear preference for and value of education echoes one of the motivations providers mentioned as driving their interest in program participation: a desire to further develop themselves as highly skilled health care professionals. The second and third most popular recognition mechanisms selected by private providers were a diploma or certificate and office or medical equipment, respectively. Both selections reflect another motivator: a desire to improve the quality of patient care through training and up-to-date supplies and equipment.

Provider preferences for organizations to lead the implementation of a QI program were less clearly defined than preferences for specific recognition mechanisms. This lack of a clear preference suggests that providers consider several organizations as acceptable to manage the program,

or that a coalition would be most preferred. Professional associations, followed by international organizations and universities, were the most preferred organizations across the locations and provider types. However, the lack of distinction between these and other organizations, such as public institutions and nongovernmental organizations, does not indicate a clear preference for one institution to lead the effort.

Based on the results of this study, the SHOPS project offers the following recommendations to program managers in the private sector interested in incorporating a recognition component into QI programs.

### **Peru**

- The training aspect of the program should be emphasized to engage private providers who are interested in further developing their skill sets and improving the quality of their services.
- The program should be implemented by a consortium comprising Peruvian professional associations, international organizations, and local and international universities.
- In an attempt to achieve scale, the program should initially involve the Instituto Peruano de Paternidad Responsable (INPPARES) RedPlan Salud network to leverage its established provider connections and organizational platform.

### **Other Countries**

- Conduct formative research to gain perspective on the local context and identify potential country-specific nuances.
- Establish partnerships with distinguished organizations that are recognized within a country as medical authorities.
- Incorporate several membership options into the program's design that would entitle participants to different benefits according to varied membership fees.

## 1. INTRODUCTION

Quality improvement (QI) efforts focusing on private health care providers have become increasingly more important as the private health sector in many developing countries has evolved into a key player in the health system. Compared with the public sector, private sector health providers tend to be more isolated from professional colleagues, less involved with in-service training efforts, and less informed about national health strategies and standards. Provider training, supportive supervision programs, self-assessment tools, and technical assistance to health care professional associations have been executed with the goal of improving the quality of services delivered in the private health sector, as well as institutionalizing a commitment to, and standardization of, quality care practices. Although QI advancements in the private sector have been made, questions still remain regarding the most efficient way to structure and manage supervision and follow-up, and how to best incentivize private providers to engage in QI activities.

A review of lessons learned from implementing QI efforts in the private sector shows that private sector health care providers are generally willing to invest in QI efforts independent of a supervisor or facility requirement, although with less of a direct mandate than their public sector counterparts. As the Private Sector Partnerships-*One* Project (PSP-*One*) discovered in Uganda, independent midwives were willing to participate in a QI self-assessment program without receiving any incentives or a mandate from a supervisor. In an attempt to deal with the lack of supervisory structure in the private sector, many programs focusing on QI have chosen to work through professional associations and networks to roll out supportive supervision programs, trainings, and QI tools to reach a broader provider audience and provide the structure necessary to reinforce QI interventions. For example, under PSP-*One* in India, an end-line evaluation of the project's work with the Dimpa Network showed that trained networked providers—more than their trained, un-networked counterparts—performed better against technical indicators and experienced additional benefits, both for themselves and their clients, as a result of belonging to the Dimpa Network (PSP-*One* Project, 2011).

Private sector quality interventions focus primarily on the structural and process attributes of quality. Various factors determine the ultimate level of quality provided at the time of service, such as provider competency, adherence to national protocols based on current evidence, infrastructure and equipment at the service delivery point, and provider-to-patient ratios. However, one important and under-researched factor is provider motivation. During the last decade, motivation has increasingly received attention, especially as pay-for-performance incentives have become frequently used in various human resource management programs (Janus, 2010). Some suggest that using a balanced mix of extrinsic motivators, such as financial incentives along with intrinsic motivators, or prioritizing the use of intrinsic motivators, would be the best approach for working with health care professionals (Janus, 2010). If this is true, the question

to consider is: Which intrinsic motivators are best suited for private health care professionals?

## Intrinsic vs. Extrinsic Motivation

**Intrinsic motivation:** Motivation driven by an individual's interest or enjoyment in the task itself, without need for external recognition or acknowledgment. Individuals who are more intrinsically motivated are more willing to participate in an activity as a means of improving their skills and knowledge. Examples of intrinsic motivators include opportunities to study a new subject area and engaging in an activity solely because it brings enjoyment.

**Extrinsic motivation:** Motivation to engage in and complete an activity based on a pre-determined outcome. This motivation normally comes from elements outside the individual. Examples of extrinsic motivators include money, grades, and prizes.

Although information exists on financial incentives, there is less knowledge of, and experience with, alternative incentives such as mechanisms for recognizing provider achievements in improving quality—especially in the private health sector. As such, this study attempts to contribute to the knowledge base of alternative incentives by identifying how private providers value different types of recognition mechanisms.

### 1.1 Background

Health care program managers have long been interested in identifying the best way to motivate employees to improve performance and quality of care. This interest has resulted in the development of various resources for health management programs focused on incentive and reward schemes. Pay-for-performance, a popular methodology which compensates institutions and providers for meeting quality service delivery and efficiency targets, has been implemented extensively in the public health sector and to some extent in the private health sector through performance-based financing of contracted services. Some program managers have begun to explore the power of alternative or complementary motivators to financial incentives, especially when designing programs for highly skilled professionals. Some argue that rewards and incentives linked more closely to intrinsic motivation—the desire to engage in an activity or assignment for the enjoyment of the task instead of for external reward or praise—are worth considering when working with health care professionals, perhaps acting as a complement to current financial incentive schemes. This school of thought warrants health care program managers to examine what motivates professionals of this caliber to see if an incentive scheme, balanced with extrinsic and intrinsic aspects, could increase the outcomes yielded from QI programs.

Jhpiego, a SHOPS partner, developed a quality improvement approach called Standards-Based Management and Recognition. The approach empowers frontline health workers to systematically bridge identified gaps between expected and actual performance, and rewards compliance with standards-through-recognition mechanisms. Recognition aims to

strengthen motivation, improve morale, and empower providers, which reinforces QI efforts and makes them more sustainable.

Increasing evidence from countries where SBM-R has been implemented shows that QI methodology can have significant impact on provider performance and quality of services. Jhpiego's implementation of SBM-R in Pakistan from 2003 to 2007 with private sector providers of family planning services yielded statistically significant performance improvements among providers included in the intervention, compared with providers who were not included in the intervention (Katende et al., 2007).

Although SBM-R has been applied extensively in the public sector, its private sector applications have been limited. Introducing this approach in the private health sector has several challenges, and designing effective and sustainable recognition mechanisms may be one of the most difficult. In an attempt to gather information on the potential for application of SBM-R in the private sector, SHOPS designed a formative research activity aimed at measuring the interest for this type of program among private providers by polling these providers on their preferences for recognition mechanisms as part of a QI program. Peru was selected as the country because (1) Jhpiego was already implementing this approach in the public sector in Peru, although under a slightly modified name, and (2) the private sector's role in the provision of family planning services is steadily increasing there. In 2000 the private sector in Peru provided 19 percent of family planning services, which increased to 28 percent in 2004 and 31 percent in 2008 (Instituto Nacional de Estadística e Informática).

## 1.2 Study Objective and Research Questions

The main objective of the study was to identify preferences of different types of private providers in Peru regarding recognition mechanisms as a component of a QI program. Specifically, the study explored the following questions:

- How do private providers value different types of recognition?
- What specific recognition mechanisms should be used for different types of private providers?
- What institutional platform or vehicle would be most appropriate to ensure the effectiveness and sustainability of a QI program with a recognition initiative for different types of private providers?

The study was designed to target three different groups of private providers in three distinct locations of the country to capture similarities and differences in attitudes and preferences. Understanding such nuances would better inform any subsequent design of a QI intervention in the private sector.

Results of the study intend to inform stakeholders interested in implementing a QI intervention in the private sector. Recommendations provide insight into the potential for this type of program in Peru, and in other countries where the private sector has a significant role in the provision of family planning and reproductive health services.

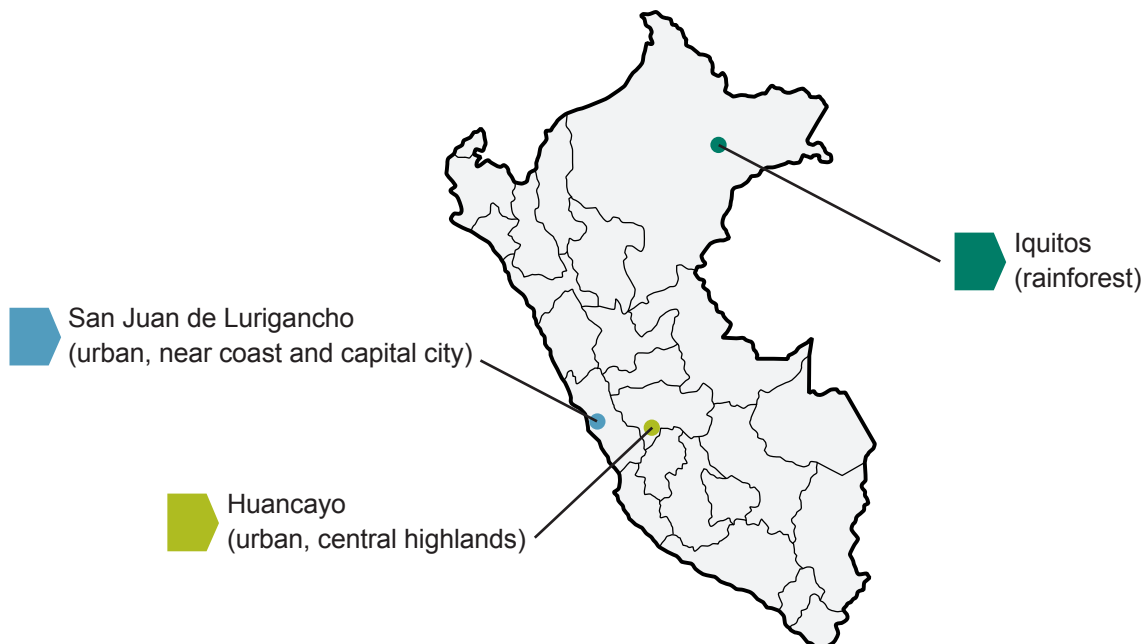
## 2. METHODOLOGY

### 2.1 Overview

This study was conducted using a mixed-methods (qualitative and quantitative) approach. The qualitative assessment was conducted first to gather baseline information about the types of recognition mechanisms that different provider types are interested in as part of a QI intervention. Findings from the qualitative assessment informed the design of a subsequent, more extensive, quantitative private provider survey. SHOPS contracted two local research firms in Peru to manage data collection and preliminary analysis: EVALÚA for the qualitative assessment and Ipsos APOYO for the quantitative assessment. The protocol for this study was presented to the Abt Associates Institutional Review Board and subsequently deemed exempt from further review. SHOPS shared the study protocol with an official at Peru's National Institute for Health to confirm that the study was exempt from local institutional review board review. This confirmation was validated. Throughout the course of the study, confidentiality and security measures were implemented under the guidance of the SHOPS research team.

Qualitative and quantitative data collection took place in three distinct locations in Peru to capture differences among private providers from different areas (Figure 1). These locations were suggested by the Ministry of Health, the Midwives Professional Association, and INPPARES because of emerging private sector providers of reproductive health services there.

**Figure 1. Study Locations in Peru**



Three types of private providers were included in this study:

- Providers belonging to the INPPARES RPS franchise (primarily midwives)
- Independent (i.e., non-networked) general practitioners and ob/gyns
- Independent (i.e., non-networked) midwives

In Iquitos, only members from groups 2 and 3 were surveyed as the RPS franchise does not operate there.

## Private Provider Network

Private provider network refers to a group of professionals organized in a formal or informal way to expand the quality of health services. Networks help cultivate economies of scale in training, improve procurement and marketing activities, allow for increased service coverage, achieve price standardization, and ensure quality and brand recognition. Additionally, networks can offer a variety of benefits to participating providers, such as assistance in developing business management skills, increasing clientele, controlling costs through pooled procurement, accessing financial credit or technical assistance, and providing mentorship and peer support. In return for these benefits, providers adhere to quality standards, offer fixed packages of services at standardized prices, pay fees or royalties to the network's umbrella organization, meet reporting requirements, and sometimes target a particular clientele.

## 2.2 Qualitative Assessment

The qualitative assessment was launched in February 2011 under the management of a local research firm, EVALÚA. The methodology used for the qualitative portion of the study consisted of focus group discussions, which used a discussion guide developed by SHOPS. Eight focus group discussions with eight to ten participants each were conducted during March 2011. Table 1 provides a breakdown of the qualitative sample by study location and provider type.

**Table 1. Focus Groups Conducted (by Study Location and Provider Type)**

Study Location	Group 1: Members of RPS Franchise (Ob/Gyns and Midwives)	Group 2: Independent, Non-Networked General Practitioners & Ob/Gyns	Group 3: Independent, Non-Networked Midwives
San Juan de Lurigancho	1	1	1
Huancayo	1	1	1
Iquitos	0	1	1
<b>Total</b>	<b>2</b>	<b>3</b>	<b>3</b>

*Note: RedPlan Salud does not have members in Iquitos.*

Focus group participants in groups 2 and 3 were recruited using databases from the Ministry of Health, private medical associations, medical colleges and universities, and through visits to the study locations. Recruitment of participants in group 1 (RPS) was implemented in conjunction with RPS senior management at the INPPARES office in Lima to ensure the confidentiality of provider personal contact information. Each focus group discussion, to the extent possible, included participants of different ages, levels of experience, and types of employment establishments.

SHOPS oriented EVALÚA to the context of the study and provided the firm with a discussion guide and participant consent form for use during data collection. Each focus group was led by a trained facilitator and lasted approximately 90 minutes. During the focus group discussions, participants were asked questions about their prior experience participating in a QI program and their overall level of interest in participating in such a program. They were asked to provide feedback on a list of possible recognition mechanisms to be used in a QI program targeting private providers. Participants were then asked to comment on a list of potential organizations to manage this type of program.

### 2.3 Quantitative Assessment

The quantitative assessment comprised a private provider survey launched in July 2011 and implemented by the local research firm, Ipsos APOYO. The survey was conducted using individual face-to-face interviews with a structured interview guide. The same provider types in the same locations from the qualitative assessment were surveyed. A total of 240 providers were surveyed between August and September 2011 (Table 2).

**Table 2. Surveys Conducted (by Study Location and Provider Type)**

Study Location	Group 1: Members of RPS Franchise (Ob/Gyns and Midwives)	Group 2: Independent, Non- Networked General Practitioners & Ob/Gyns	Group 3: Independent, Non- Networked Midwives
San Juan de Lurigancho	30	29	31
Huancayo	31	30	29
Iquitos	0	30	30
<b>Total</b>	<b>61</b>	<b>89</b>	<b>90</b>

*Note: RedPlan Salud does not have members in Iquitos.*



Providers in groups 2 and 3 were primarily recruited by visits made to the study locations. Interviewers obtained referrals from local health centers and other interviewees to achieve the sample size for each provider type. Additional providers were recruited using the database that was compiled for recruitment during the qualitative assessment. However, many providers from database could not be reached using the contact information they originally provided, so they did not have the opportunity to participate. To reach a sample size of 240, a combination of site visits and database contacts were used. Some providers who participated in focus groups during the qualitative phase were interviewed to reach the overall sample size for the survey. Similar to the qualitative assessment, the INPPARES staff in Lima helped manage recruitment of providers in group 1. Demographic information for the sample is detailed in section 3.

The survey instrument used for the private provider survey went through several rounds of modifications based on input from Ipsos APOYO and INPPARES, and was subsequently piloted with four providers (two ob/gyns and two midwives) in Lima. Based on feedback and observations gained from the pilot interviews, the survey was finalized and formatted by Ipsos APOYO for data collection. Interviews were conducted by Ipsos APOYO's trained interviewers and each lasted approximately 30 minutes. Providers were asked to respond to the survey questions thinking exclusively about their practice in the private sector. Beyond basic demographic and service delivery information, the survey collected data regarding provider level of interest in participating in a QI program with a recognition component, willingness to pay to participate, and experience with quality evaluation programs. Providers were asked to review a list of potential recognition mechanisms and organizations to manage such a program, and were instructed to select their top three choices for each and rank the choices in order of preference.

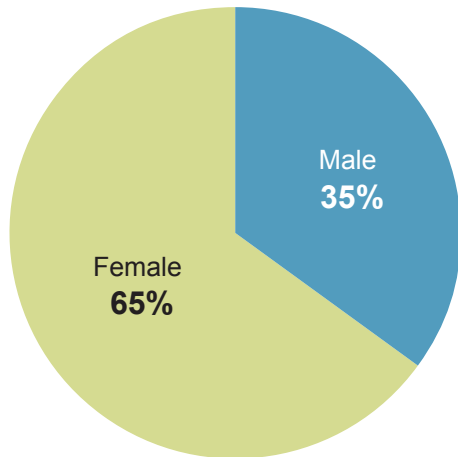
### 3. FINDINGS

#### 3.1 Characteristics of Private Providers

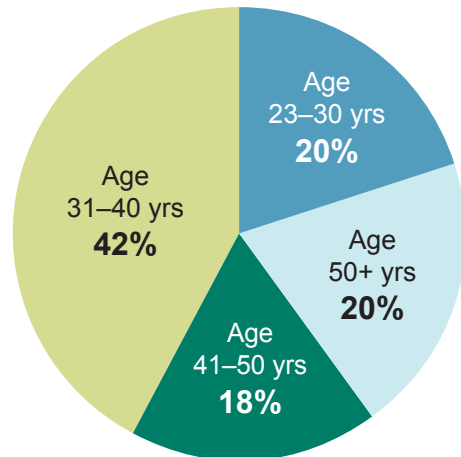
Most (65 percent) of the providers interviewed were female and 42 percent were between the ages of 31 and 40. Among the three types of providers (general practitioners, ob/gyns, and midwives) midwives comprised the largest segment (62 percent) due to the high percentage of RPS providers in that group. The sample was balanced between providers who practiced only in the private sector (49 percent) and those who practiced in both the private and public sectors (51 percent). Of providers who practiced in both sectors, 69 percent stated that they spent more time practicing in the public sector than in the private sector. Providers in Iquitos were most likely to have a dual practice, with 87 percent acknowledging that they worked in both sectors. In contrast, only 30 percent of providers in San Juan de Lurigancho held a practice in both sectors.

**Figures 2A–2D. Distribution of Survey Respondents (by Sex, Age, Provider Type, and Sector)**

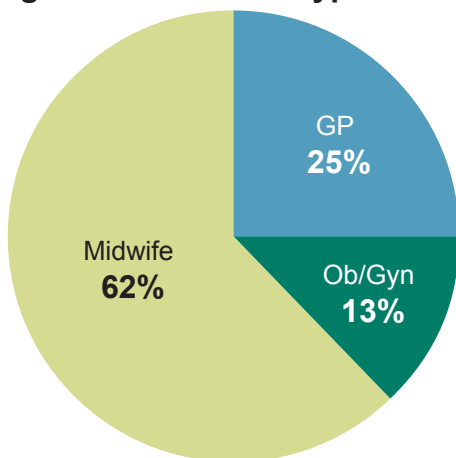
**Figure 2A. Sex**



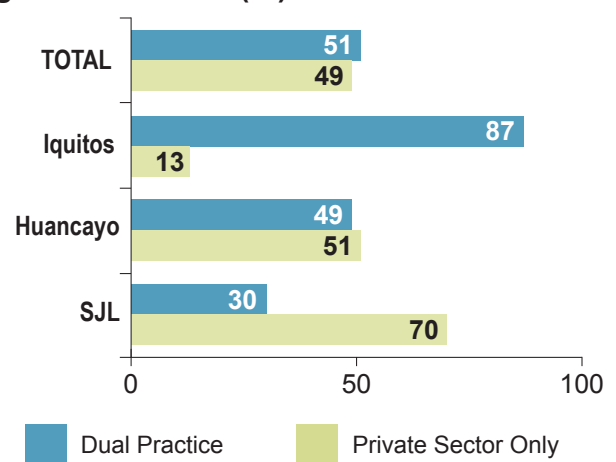
**Figure 2B. Age**



**Figure 2C. Provider Type**

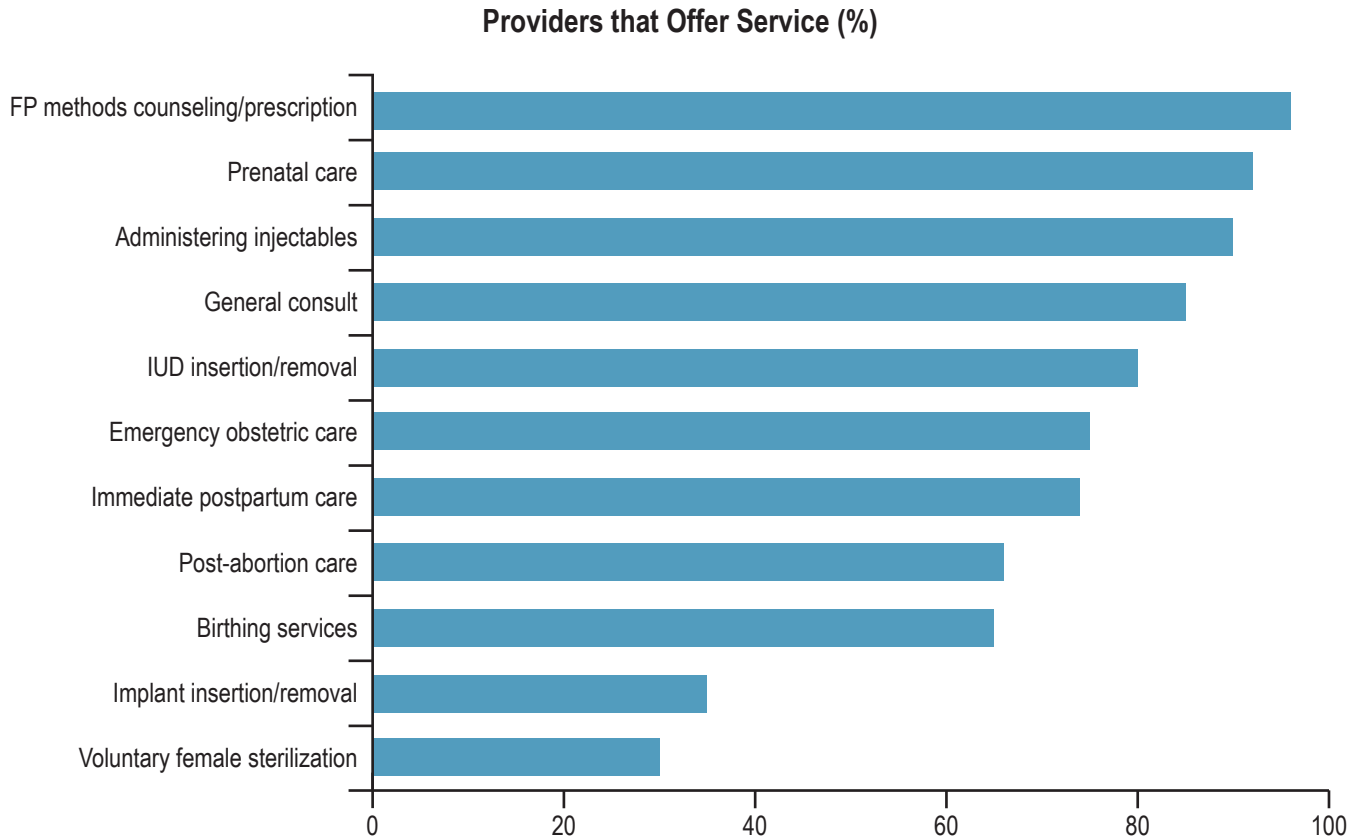


**Figure 2D. Sector (%)**



When asked to describe the type of institution in which they hold their private practice, 77 percent of the providers identified themselves as belonging to a private, independent practice as opposed to belonging to a large commercial clinic or nongovernmental organization. When probed about the types of reproductive health services that they offer in their private practice, the majority of providers offered the basic menu of services within the areas of reproductive health (Figure 3).

**Figure 3. Reproductive Health Services Offered by Private Providers**



### 3.2 QI Programs: Experience, Perception, General Interest

#### 3.2.1 Provider Experience with Quality Evaluations

Approximately 60 percent of providers that were interviewed acknowledged that, at some point in their career, they had participated in a quality evaluation of their services. Tables 3 and 4 present breakdowns by location and provider type in terms of experience with a quality evaluation, the institution that implemented the evaluation, and how long ago the evaluation was conducted. It should be noted that the question regarding previous experience with a QI evaluation was asked toward the end of

the survey, 15 questions after the interviewer had read a script aloud that instructed providers to respond to the survey questions by thinking exclusively about their practice in the private sector. Given high rates of dual practice, it is probable that these data represent provider experience with QI evaluations in both the public and private sector.

The data in Table 3 reveal that providers in Iquitos had the most experience with quality evaluations in the workplace, with 30 percent of them noting that they had been evaluated within the past six months. Given Iquitos' high level of dual practice (87 percent of respondents), it is likely that many of these responses referenced QI evaluations performed in their public sector practice.

**Table 3. Participation in Quality Evaluations (by Location)**

	SJL	Huancayo	Iquitos	Overall
<b>1. Have you ever participated in a quality evaluation? (%)</b>				
<b>Yes</b>	59	49	77	60
<b>No</b>	41	51	23	40
<b>2. How long ago? (%)</b>				
<b>Less than 6 months</b>	27	43	30	33
<b>6 months–1 year</b>	26	30	24	27
<b>1–3 years</b>	32	18	35	29
<b>More than 3 years</b>	13	7	11	10
<b>N/A</b>	2	2	0	1
<b>3. Who performed this evaluation? (%)</b>				
<b>The provider's institution/facility</b>	21	55	67	46
<b>Another institution</b>	79	45	33	54

*Note: Response rates for questions 2 and 3 reflect a sample size of 143 (only those respondents who said they had previously participated in a QI evaluation).*

The data in Table 4 show that RPS providers had the least experience with quality evaluations compared with their independent, non-networked counterparts; 57 percent stated that they had not participated in this type of an evaluation. It is important to acknowledge that only 33 percent of RPS providers identified themselves as practicing in both the public and private sector. This lack of public sector participation is a possible explanation for low level of experience with QI evaluations.

Between those providers who only practice in the private sector and those who practice in both sectors, 70 percent of providers who practice in both sectors noted participation in a quality evaluation versus 49 percent of their pure private sector counterparts.

**Table 4. Participation in Quality Evaluations (by Provider Type)**

	RedPlan Salud	Independent, Non-Networked GPs or Ob/Gyns	Independent, Non-Networked Midwives	Overall
<b>1. Have you ever participated in a quality evaluation? (%)</b>				
<b>Yes</b>	43	65	66	60
<b>No</b>	57	35	34	40
<b>2. How long ago? (%)</b>				
<b>Less than 6 months</b>	23	26	44	33
<b>6 months–1 year</b>	23	34	20	27
<b>1–3 years</b>	46	24	26	29
<b>More than 3 years</b>	8	16	7	10
<b>N/A</b>	0	0	3	1
<b>3. Who performed this evaluation? (%)</b>				
<b>The provider's institution/facility</b>	8	52	58	46
<b>Another institution</b>	92	48	42	54

Providers who had been evaluated by an institution other than their own were asked who had led the evaluations. Regardless of location, the institution that was most often referenced was the regional office of the Ministry of Health.

### 3.2.2 Perception and General Interest

After responding to demographic and service delivery questions, participants were asked to read a brief paragraph that described the basic elements of a performance and quality improvement program with a recognition component (see text box).

#### Quality Improvement Program Model

Below are the basic steps of a performance and quality improvement program with a recognition component. These elements were used to describe the QI program in the study's survey instrument.

1. Program facilitators train a provider on best practices.
2. Program facilitators evaluate the provider's services and compare them with the expected level of quality. They identify gaps and improvement areas.
3. The provider designs an action plan to address improvement areas identified in the evaluation.
4. After implementation of the plan and at the provider's request, program facilitators reevaluate the performance and quality of the provider's services. When the provider's services are deemed to have reached an acceptable level, he or she will receive a reward or recognition.

#### Interest in QI Program and Willingness to Pay

Across all locations and provider types there was a high level of interest (91 percent) in this QI program model. It is important to note that this response rate reflects provider interest in the program *before* seeing a list of potential recognition mechanisms or program implementer options.

Regardless of interest level in the QI program, each provider was presented with a list of potential recognition mechanisms. Providers were instructed to review all options, including "other" or "none of the above," and to select their top three choices in order of preference. When asked again whether or not they would be interested in participating in this type of program, with the opportunity to receive the recognition mechanism of their choice, the interest level increased to 97 percent across all locations and provider types.

Results also show that there was an overall (81 percent) willingness to pay to participate in this program. Figures 4A and 4B present a breakdown of overall willingness to pay and the amount providers were willing to pay.

Figures 4A–4B. Overall Interest and Willingness to Pay for Recognition-Based QI Program

Figure 4A. Would Pay?

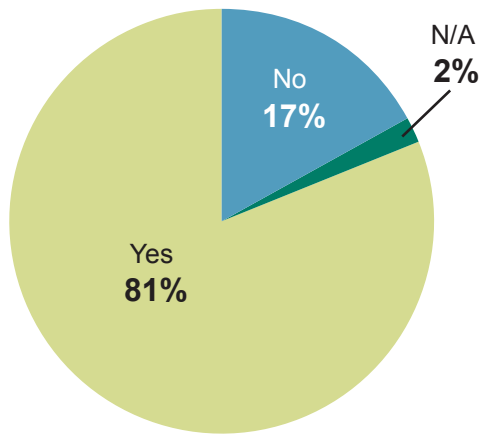
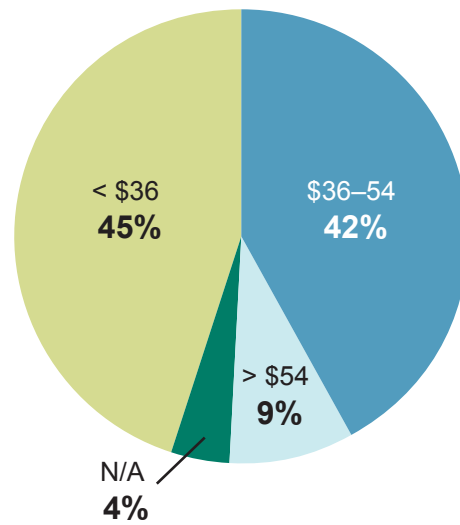


Figure 4B. Would Pay Per Month?



Tables 5 and 6 present a breakdown of interest level, willingness to pay, and the amount that participants were willing to pay to participate in the QI program. Table 5 displays the results by provider type and Table 6 displays the results by location.

**Table 5. Interest and Willingness to Pay for Recognition-Based QI Program (by Provider Type)**

	RedPlan Salud	Independent, Non-Networked GPs or Ob/Gyns	Independent, Non-Networked Midwives	Overall
<b>1. Would you be interested in participating in a program such as this that would give you the recognition/prize you most prefer? (%)</b>				
Yes	100	91	100	97
No	0	8	0	3
N/A	0	1	0	0
<b>2. Would you be willing to pay? (%)</b>				
Yes	88	70	87	81
No	10	26	12	17
N/A	2	4	1	2
<b>3. What would you be willing to pay per month? (%)</b>				
Less than 100 soles (\$36)	46	26	59	45
100–150 soles (\$36–\$54)	48	48	32	42
More than 150 soles (\$54)	0	18	8	9
N/A	6	8	1	4

Note: The response rate for question 3 reflects a sample size of 194 (only those respondents who said they would be willing to pay).

In terms of location, providers in Huancayo were most willing to pay (89 percent) a monthly fee to participate in the program. The provider type least willing to pay comprised independent, non-networked general practitioners and ob/gyns, although a clear majority of this group (70 percent) were willing to pay. Interestingly, although independent, non-networked general



practitioners and ob/gyns were slightly less willing to pay, they were willing to pay a higher monthly fee than the other two groups.

The amount providers were willing to pay varied across locations. Overall, most providers (45 percent) were willing to pay either less than 100 soles (\$36) per month; 42 percent were willing to pay 100–150 soles (\$36–54) per month. Very few were willing to pay more than 150 soles (\$54) month (9 percent overall). In Iquitos, the proportion willing to pay this amount was substantially higher (23 percent) than in the other two locations. No RPS providers were willing to pay more than 150 soles (\$54) per month.

**Table 6. Interest and Willingness to Pay for Recognition-Based QI Program (by Location)**

	SJL	Huancayo	Iquitos	Overall
<b>1. Would you be interested in participating in a program such as this that would give you the recognition/prize you most prefer? (%)</b>				
Yes	99	96	95	97
No	1	3	5	3
N/A	0	1	0	0
<b>2. Would you be willing to pay? (%)</b>				
Yes	79	89	72	81
No	17	10	27	17
N/A	4	1	1	2
<b>3. What would you be willing to pay per month? (%)</b>				
Less than 100 soles (\$36)/month	58	46	21	45
100–150 soles (\$36–54)/month	31	44	46	42
More than 150 soles (\$54)/month	4	5	23	9
N/A	7	5	0	4

Note: The response rate for question 3 reflects a sample size of 194 (only those respondents who said they would be willing to pay).

## Perceived Value of Program

When asked why they would be interested in participating in a QI program with a recognition component, respondents provided explanations that can be categorized into three themes:

1. Opportunity for new and refresher training to increase and improve medical knowledge

**Sample response:**

“To have more knowledge and be up-to-date with advances in health.”

2. A means to improve the quality of patient care

**Sample responses:**

“Being refreshed and trained, we will be better able to offer care and service that will benefit our communities and the overall population.”

“It is not as much for the reward that they would give me, but rather to be able to offer better care to my patients so that they feel satisfied with the care that is being offered.”

3. Opportunity to improve techniques specific to sexual and reproductive health

**Sample responses:**

“To update myself, be trained, and improve my knowledge of reproductive health topics.”

“The motive is more that I will improve myself professionally; being knowledgeable of new techniques in sexual and reproductive health is favorable.”

Although in the minority, a few respondents (3 percent) stated that they were not interested in participating in this type of a program. When asked why, some noted that their age and professional standing as long-time physicians would exclude them from needing to participate in such a program.

**Sample response:**

“I am older; a program such as this is for much younger doctors.”

### 3.3 Preferred Recognition Mechanisms as a Component of a QI program

To understand what recognition mechanisms would serve as the best incentives for private providers, participants were first asked to respond to an open-ended question allowing them to propose their ideal form of recognition. The three most popular first-choice and spontaneous responses were:

- A diploma or certificate (41 percent)
- Opportunities for professional training (23 percent)
- Office equipment or supplies (22 percent)

Examples that providers gave for other recognition mechanisms include scholarships, economic incentives, and hospital internship opportunities.

Tables 7 and 8 show the response breakdown for this open-ended question by location and provider type.

**Table 7. Spontaneous Response for Recognition Mechanism (by Location)**

Recognition Mechanism	SJL (%)	Huancayo (%)	Iquitos (%)	Overall (%)
Diploma/certificate	41	42	38	41
Training opportunities	19	28	22	23
Office equipment/supplies	34	18	10	22
Travel opportunities	6	21	3	11
Cash prize	6	4	12	7
Technical documents/magazines/books	4	6	3	5
Scholarships	7	2	2	4
Assistance in establishing a private practice	1	3	2	2
Items to distribute to clients	1	1	0	1
Change of employer/employment	1	0	2	1
Practicum/internship in a hospital	0	1	0	0
Other	6	6	12	7
Nothing	2	4	5	4
N/A	2	0	2	1

**Table 8. Spontaneous Response for Recognition Mechanism (by Provider Type):**

Recognition Mechanism	RPS (%)	Independent, Non-Networked GPs or Ob/Gyns (%)	Independent, Non-Networked Midwives (%)	Overall (%)
Diploma/certificate	39	38	44	41
Training opportunities	30	21	20	23
Office equipment/supplies	33	21	16	22
Travel opportunities	15	10	9	11
Cash prize	5	6	9	7
Technical documents/magazines/books	3	7	3	5
Scholarships	3	2	6	4
Assistance in establishing a private practice	3	1	1	2
Items to distribute to clients	0	2	0	1
Change of employer/employment	0	1	1	1
Practicum/internship in a hospital	0	1	0	0
Other	2	9	9	7
Nothing	0	8	2	4
N/A	2	1	1	1

After selecting their preferred recognition mechanisms, participants were given a list of potential recognition mechanisms with descriptions. They were instructed to review the list below and identify their top three choices in order of preference.

#### **List of Potential Recognition Mechanisms**

- A diploma that certifies the high quality of a provider’s reproductive health services
- Participation in a “star” or “ribbon” evaluation program, with signs to display in the provider’s office such as “three-star provider” or “four-star provider”
- Dissemination of achieved results among peers or professional and social societies or networks
- Dissemination of achieved results through mass media, such as announcements in specialty magazines
- Training and professional development opportunities (e.g., courses, internships, graduate or master’s coursework, seminars)

- Technical documents or subscriptions to technical or medical magazines
- Office or medical equipment (e.g., ultrasound equipment, stethoscope, forceps, computer)
- Items to distribute to clients or patients branded with provider or clinic name (e.g., pens, key chains, calendars)
- Travel opportunities (both domestic and international)
- Cash prize
- Other
- None of the above
- N/A

Across all locations and provider types, the three most preferred recognition mechanisms were:

Training and professional development opportunities (47 percent)

Office or medical equipment (18 percent)

Diploma or certificate (18 percent)

Interestingly, after reviewing the list of potential recognition mechanisms, providers still selected the same three forms of recognition, albeit in a slightly different order, even after reviewing a wide range of options (Table 9). These data clearly indicate the value of professional development opportunities as a motivating factor for private providers, with almost half selecting this option as their first choice. Furthermore, professional development remained the second most selected second-choice option (21 percent) behind office equipment or supplies (28 percent).

**Table 9. Comparison of Popular Recognition Mechanisms, Spontaneous versus Selected Choice (Across all Provider Types and Locations)**

Recognition Mechanism	Spontaneous Choice (%)	Selected Choice (%)
Diploma/certificate	41	18
Professional development opportunities	23	47
Office equipment/supplies	22	18

In an attempt to discern variations between providers in different locations and of different professional specialties, the data were desegregated by each sub-segment of the larger sample. The data presented in Tables 10 and 11 represent providers' first choice of recognition mechanism.

**Table 10. First Choice Recognition Mechanism (by Location)**

Recognition Mechanism/Reward	SJL (%)	Huancayo (%)	Iquitos (%)	Overall (%)
Training/professional development opportunities	49	39	55	47
Office equipment/supplies	23	21	7	18
Diploma/certificate	13	19	25	18
Leisure/travel opportunities	2	12	5	7
Visible sign noting provider's participation in evaluation program (e.g., Blue Ribbon)	5	3	0	3
Dissemination of achieved results through mass media	5	2	2	3
Cash prize	1	0	5	2
Dissemination of achieved results among peers through professional and social societies/networks	1	1	1	1
Marketing materials to distribute to clients/patients	0	2	0	1
Technical documents and/or subscriptions to technical magazines/journals	1	0	0	0
Other	0	1	0	0
None of the above	0	0	0	0

**Table 11. First Choice Recognition Mechanism (by Provider Type)**

Recognition Mechanism/Reward	RPS (%)	Independent, Non-Networked GPs or Ob/Gyns (%)	Independent, Non-Networked Midwives (%)	Overall (%)
Training/professional development opportunities	51	39	51	47
Office equipment/supplies	26	16	16	18
Diploma/certificate	15	26	13	18
Leisure/travel opportunities	5	7	8	7
Visible sign noting provider's participation in evaluation program (e.g., Blue Ribbon)	0	5	2	3
Dissemination of achieved results through mass media	3	1	5	3
Cash prize	0	2	2	2
Dissemination of achieved results among peers through professional and social societies/networks	0	1	2	1
Marketing materials to distribute to clients/patients	0	1	1	1
Technical documents and/or subscriptions to technical magazines/journals	0	1	0	0
Other	0	1	0	0
None of the above	0	0	0	0

### 3.4 Preferred Institutions to Implement a QI Program

Participants were asked to review a list of organizations, institutions, and agencies that could potentially lead this type of a QI program. Providers were asked to review the following list, select their top three choices, and list them in order of preference.

### Potential Program Implementers

- Professional associations
- Universities
- Scientific organizations
- International organizations
- Public institutions/agencies
- Professional or social networks
- Nongovernmental organizations
- Other
- None of the above
- N/A

Across all locations and provider types, the top three institutions that providers felt should lead the program implementation were:

Professional associations (30 percent)

International organizations (20 percent)

Universities (16 percent)

### Professional Associations

Professional associations are autonomous institutions that function as convening bodies for specific types of professions (e.g., physicians, economists, engineers), validating individuals as fully certified professionals in their field of work. These associations offer professional development opportunities and a forum for sharing knowledge and best practices.

Notably, public institutions and nongovernmental organizations were close behind universities at 14 percent and 12 percent respectively, suggesting there is no clear preference regarding what type of organization should lead this program. When looking at providers' first- and second-choice responses, there were no significant differences in preferred institutions; professional associations, international organizations, and universities were the most popular.

Tables 12 and 13 present a breakdown, by location and provider type, of providers' first choice of institution to lead the implementation of this program:



**Table 12. Preferred QI Program Implementer Organization (by Location)**

Preferred QI Program Implementer Organization	SJL (%)	Huancayo (%)	Iquitos (%)	Overall (%)
Professional associations	31	34	20	30
International organizations	24	20	14	20
Universities	17	10	25	16
Public institutions	9	8	30	14
Nongovernmental organizations	12	16	5	12
Scientific societies	6	7	3	5
Professional and/or social networks	0	5	3	3
Other	0	0	0	0
None of the above	1	0	0	0

**Table 13. Preferred QI Program Implementer Organization (by Provider Type)**

Preferred QI Program Implementer Organization	RPS (%)	Independent, Non-Networked GPs or Ob/Gyns (%)	Independent, Non-Networked Midwives (%)	Overall (%)
Professional associations	26	26	36	30
International organizations	29	15	19	20
Universities	5	22	18	16
Public institutions	7	18	14	14
Nongovernmental organizations	23	6	10	12
Scientific societies	3	9	3	5
Professional and/or social networks	7	3	0	3
Other	0	0	0	0
None of the above	0	1	0	0

## 4 CONCLUSIONS AND RECOMMENDATIONS

### 4.1 Conclusions

The study's results provide important insight into private provider interest in, and expectations of, recognition mechanisms as part of a QI program rooted in the Standards-Based Management and Recognition approach. The data emerging from this study help validate much of what has been noted in previous research on private provider feelings on quality improvement: private providers care about quality and professional development is important to them.

*Two fundamental motivators drive provider interest in a QI program with a recognition component: a desire to continue to develop professionally and a commitment to the delivery of high-quality patient care.*

Private providers, regardless of group or location, appear to be open to and interested in a QI program with a recognition component. When first asked whether they would be interested in participating in such a program, providers responded to a basic description of a QI program that included three salient features: improvement of competencies for delivering best practices, benchmarking, and recognition. Based on this description, interest was almost universal. This response rate reflects provider interest in the program before providers reviewed potential recognition mechanisms. Once providers were presented with these mechanisms, overall interest increased further. There are two clear takeaways from this: (1) private providers value the opportunity for continued training in quality improvement, and (2) private providers are willing to participate in a program where recognition is an element, even if not specifically catered to their individual preference. The latter is particularly important because in some cases there might be constraints on what types of recognition mechanisms could be offered. Overall, private providers appear to be open to receiving *some* form of recognition, even if they cannot receive their preferred type of recognition.

Providers across all groups and locations echoed three principle sentiments when asked why they would be interested in participating in such a program. They felt it would offer an opportunity to improve on techniques specific to sexual and reproductive health, that it would serve as an opportunity for new and refresher clinical training, and would improve the quality of their patient care. These comments reveal two fundamental motivators driving provider interest in this program: a desire to continue to develop professionally and a commitment to the delivery of high-quality patient care.

Another noteworthy finding is that providers are willing to pay a monthly fee to participate in the program. This strong willingness to pay, and having clearly defined fee thresholds, has significant programmatic implications for the rollout of a QI program in the private sector mainly because adequate and consistent financing is critical to the long-term sustainability of such a program in the private sector. Knowing that private providers are willing to buy into the QI program through a monthly remuneration should help alleviate some anxieties of program implementers regarding financing. Although provider participation fees may not initially finance all program

costs, a fixed monthly income would be extremely useful in the planning process and over time, with high enough participation levels, could potentially cover costs. Similarly, knowing the extent to which providers are willing to contribute is extremely valuable for the design of the program's budget and scope, and in marketing the program to participants.

One of the most compelling conclusions warranting a detailed discussion is private providers' clear preference for *training and professional development opportunities*. The study found that education (an intrinsic motivator) is a highly valued resource and the opportunity for professional development and training was the most popular recognition mechanism across all provider types and locations. Interestingly, providers chose education despite the fact that most had participated in a training activity linked to their specialty area within the past year. This high level of interest in professional development is closely associated with provider motivations for participating in a QI program and provider desire to improve skill sets and service quality.

The next two most popular recognition mechanisms selected across all groups and locations were a diploma or certificate and office equipment or supplies. The selection of a diploma is noteworthy. In some ways, a diploma parallels provider preference to receive professional development opportunities as a form of recognition in that it recognizes increased competency, driven by intrinsic motivation. However, a diploma also symbolizes third-party validation, which is an extrinsic motivator. Displaying a diploma from a recognized institution in their offices is a way for providers to distinguish themselves to patients as high-quality health professionals, thus increasing their competitiveness in the health care services market. Finally, provider preference to receive office supplies or equipment, although extrinsic motivators, echoes a motivation to improve service delivery through participation in this program. Receiving more current, reliable equipment will allow for greater efficiency and quality in service delivery.

The fact that a remarkably small number of providers chose a monetary recognition mechanism also deserves a detailed discussion. As mentioned earlier, the degree to which extrinsic motivators such as financial incentives serve as motivation for certain segments of the workforce remains in question. In many ways, the study's results validate this line of thinking. In general, providers favored intrinsic motivators that could directly affect their professional capabilities such as training over extrinsic motivators such as cash prizes and travel opportunities. In fact, within the grouping of extrinsic motivators, the cash option was consistently one of the least popular across all provider types and locations.

The study succeeded in identifying a few institutions and organizations that private providers would like to see involved in implementing a QI program. However, there was no strong preference for a specific institution or organization. The most convergence was seen in the selection of

*Training was the most popular recognition mechanism across all provider types and locations.*

professional associations, followed by international organizations and universities. Following closely behind were public institutions, (e.g., the Ministry of Health) which in each location, and particularly in Iquitos, were the institutions that led the QI evaluations that many providers had experienced in the past. It can be concluded that providers feel that no single institution is the ideal leader for this type of program and perhaps perceive that different institutions would bring different value to the program. Accordingly, a variety of organizations and institutions are viewed as acceptable choices to run such a program. The data suggest that a partnership between several recognized organizations could ensure the involvement of the diverse group of entities providers feel would bring legitimacy and value to the QI program.

*A partnership between several recognized organizations could ensure a QI program that providers would deem as legitimate and valuable.*

## **4.2 Recommendations**

Taking into consideration the study's findings, the SHOPS project offers recommendations specifically for the application of a QI program with a recognition component in Peru, and general recommendations for broader application.

### **4.2.1 Peru**

1. The QI program should include a strong training component for developing and updating private providers on reproductive health service delivery best practices. The program should address individual provider gaps identified by performance assessments. The training component should be organized in partnership with a recognized local or international university, which could issue a certificate to those who demonstrate having met the required competencies. The program could also negotiate with the medical and midwifery professional associations to recognize re-certification. A design such as this would help meet provider expectations of third-party validation and professional development opportunities.

2. The program should collaborate with a variety of implementing partners, recognizing Peruvian private provider preference to participate in a program managed by a consortium instead of one sole implementer. Providers voiced interest in seeing professional associations, international organizations, and universities involved in the implementation of this program. Specific institutions and organizations to consider as implementers include:

- Colegio Médico de Perú
- Colegio de Obstetras del Perú
- Universidad Peruana Cayetano Heredia
- Universidad de San Marcos–Facultad de Medicina San Fernando
- Jhpiego
- Joint Commission International

3. To help achieve a reasonable level of scale, the program could initially be implemented via the INPPARES RPS platform to leverage the network's provider connections and organizational support. Once achieving a certain level of scale, the program could then look to extend beyond the RPS network. Once extending the program beyond the RPS network, a variety of membership options, including varying levels of membership fees, could be rolled out to account for differences among regions and types of private providers.

#### 4.2.2 Other Countries

This study clearly demonstrates that private providers value, and are interested in, receiving formal recognition as a component of a QI training program. Given the overwhelmingly positive interest in the program (97 percent), this fundamental takeaway is enough to warrant further investigation into specific preferences in other countries. Moreover, the study confirms that private providers generally appear to favor intrinsic motivators (such as training) over extrinsic motivators (such as cash), and view the opportunity for participating in a QI program with recognition as a step toward self-improvement and improved quality of patient care. This distinct preference for intrinsic forms of recognition should be considered in the design of the recognition component of a QI program for private providers. However, it is recommended that program managers pursue further investigation to determine specific preferences within the category of intrinsic motivators so they best respond to the local context.

The study results suggest that, although private providers as a broad cadre tend to hold comparable perceptions regarding recognition and quality improvement, there are certain nuances that are worth distinguishing when designing a program of this nature. This study demonstrates the value of implementing a provider survey as a means of determining these nuances, which should be considered when designing a QI program with a recognition component. Through a provider survey, program managers would be able to identify and respond appropriately to these differences through tailored marketing strategies and products, which are crucial to the program's success. As seen in this study, willingness to pay was one element of the program that set apart providers of different specialties and locations. Considering that willingness to pay is a crucial determinant to the feasibility of implementation, it would be wise to investigate this topic if the program was designed to include different types of private providers. Similarly, different groups of private providers might have varying degrees of experience with quality evaluations. This is noteworthy because providers who are less experienced with quality evaluations might be hesitant or unlikely to participate, and if they participate they are likely to have a steeper learning curve. This is why it's important to conduct focus groups or survey providers to better understand the group(s) the program will target.

*The study confirms that private providers generally appear to favor intrinsic motivators (such as training) over extrinsic motivators (such as cash).*

A few specific programmatic recommendations for broader application include:

1. **Scale:** To increase the likelihood of sustainability and longevity, the program would have to achieve scale to cover costs associated with administering the program and the inclusion of a recognition component. Working through established private provider networks could be explored as a possible platform to initially support the implementation of such a program in different locations across a country.
2. **Partnerships:** Programs should be organized in partnership with a grouping of organizations that local private providers deem credible as institutions representing medical authority and quality in a country.
3. **Membership options:** To address variance in willingness to pay, programs could offer a menu of membership options that entitle participants to different benefits according to varied membership fees. This option would add flexibility to adapt the program to a variety of private providers whose willingness to pay might vary according to the individual's specialty or location.

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For more information about the SHOPS project, visit: [www.shopsproject.org](http://www.shopsproject.org)



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