



PHP's **mission** is to improve the quality of clinical care by serially measuring all types of clinical practice in low-and-middle-income-countries (LMIC).

Our **vision** is to grow PHP so that we reach the poor and vulnerable everywhere it is needed.

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## We use EQIS—the E-Patient Quality Improvement and Standardization Platform

EQIS are AI and expert generated simulated patients that accurately measure what happens in real practice (JAMA 2000).

- Providers manage these online patients from anywhere they have internet/cellular access
- The patient case look like real patients—you take a history, do your exam, order tests, diagnose and treat.
- The cases can be written for any disease, from asthma to zoonoses
- Cases and custom feedback leverage evidence-based guidelines and local protocols

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## Why does EQIS work so well?

Providers (50 -1000) all take care of the same patients. Their performance on the same cases reveal individual practice variation and group shortfalls. (JAMA, 2000)

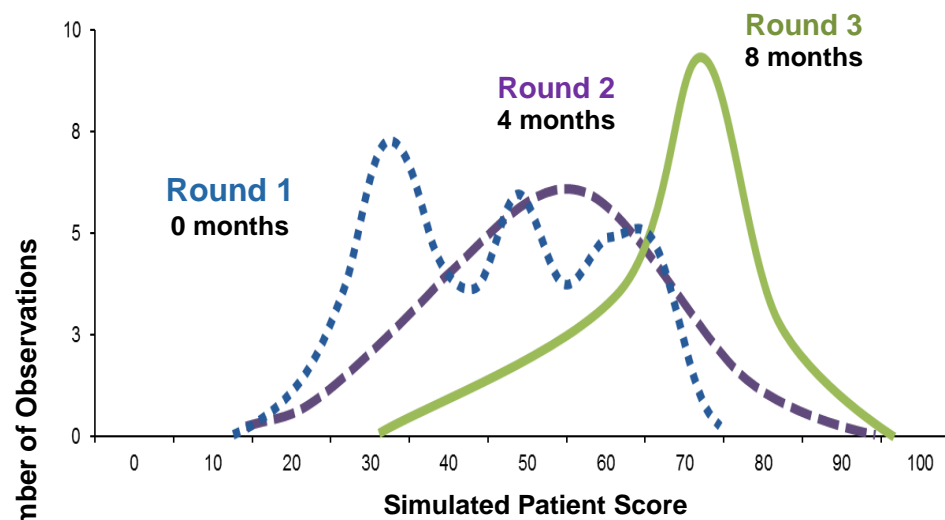
- Physicians (or nurses) are confidentially shown their care compared to the evidence-based guidelines and to each other.
- Measurement occurs in regular 4 months rounds over 2 years
- Practitioners learn *and* are motivated to do better in each subsequent round

Case by case feedback provides clinically relevant direction on how to improve care

## Our philanthropic APPROACH consists of transferring three core capabilities

- **Knowledge** – Build simulated patient cases to target areas of clinical focus
- **Technology** – Customize mobile learning and reporting tool/software to meet local specifications
- **Sustainability** – A business model based upon introducing national policy reform requiring physicians to be re-licensed

## The RESULTS—from every PHP project—are Published in the Peer Review Literature Reducing Variation and Raising Quality and Lowering Costs



The figure shows typical reduction in variance and improvement in quality. (Ann Intern Med, 2004)

Analysis of claims data from current implementation shows a potential ROI of \$7M, or \$500K per provider participant.

Participants receive Continuing Medical Education (CME) and Maintenance of Certification (MoC) credit.

## VALIDATION

EQIS measurement has been validated in over 30 journal articles including *JAMA*, *Annals of Internal Medicine*, *Health Affairs*, *Population Health Management*, *The Joint Commission Journal* and the *Journal of Health Economics*.

We have worked in over 12 countries improving health status across the world publishing over 30 scientific papers. (Health Policy Plan. 2007)

## GLOBAL REACH TODAY

PHP has ongoing projects using the EQIS platform in Bangladesh, Vietnam, and Malawi



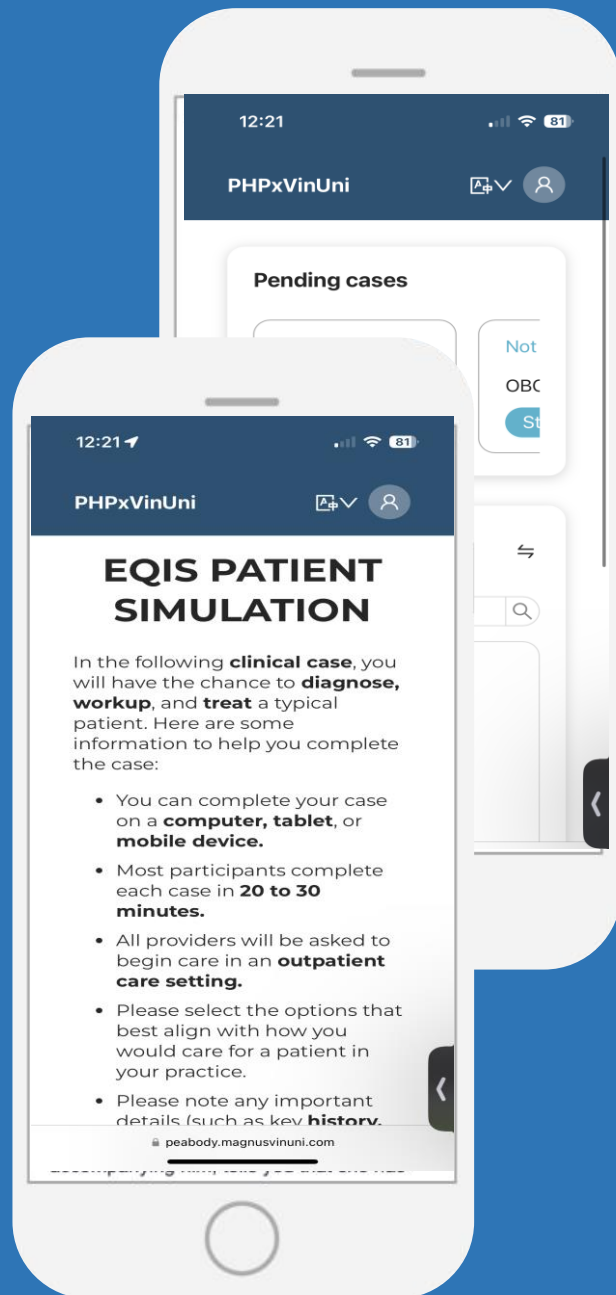
**Our scientifically validated EQIS platform standardizes healthcare practice, lowers the cost of care and improve patient outcomes.**



## EQIS: The E-Patient Quality Improvement & Standardization Platform

Clinicians collaborate with peers by caring for weekly online simulated cases testing work-up, diagnosis and treatment skills.

- Individualized feedback on care decisions
- Compete with peers
- Stay up-to-date on the latest guidelines and quality measures



A clinical initiative for any group of clinicians to see how their clinical decisions compare to their peers and evidence-based guidelines.

EQIS cases take about 10 – 20 minutes and can be done on a phone, tablet or computer. In serial seasons of cases over the year, providers receive personalized feedback on their care decisions.

PHP has shown in >30 peer-reviewed papers that this combination of practice measurement, peer comparison and evidence-based feedback leads to:

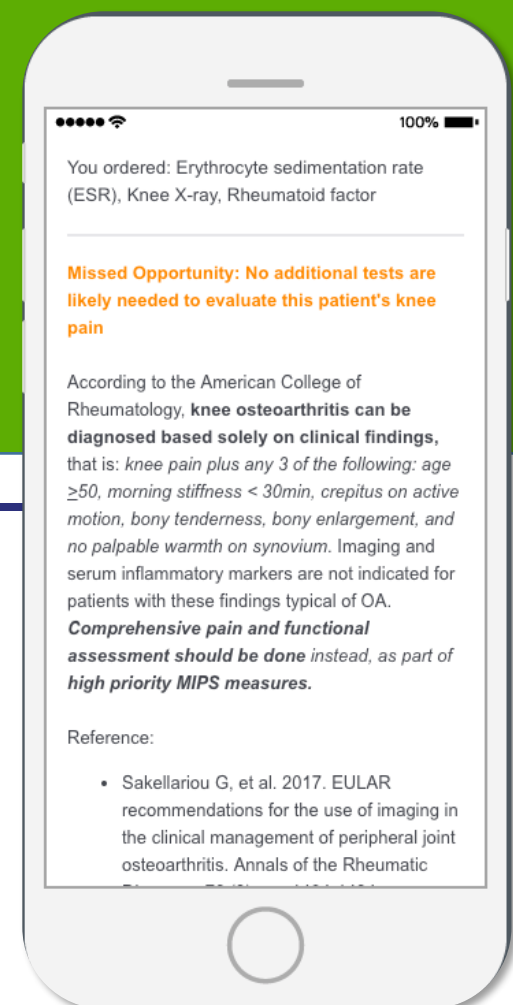
- More consistent care across groups
- Better performance on quality measures
- Reductions in low-value care
- Significant cost savings

Strong endorsement from participants. Here's some of the feedback.

- "Your format and your feedback is refreshing, new, and exciting"*
- "I am enjoying the cases very much... they are evidence-based and real world."*

Examples of common clinical areas and goals of the cases include:

Clinical Areas	Improvement Goals
Diabetes Neonatal and Child Health Heart Failure Obstetrics Headache Asthma COPD Communicable & Non-Communicable Diseases	Unneeded Testing Diagnostic Accuracy National Guidelines Preventive Care Population Health Appropriate Referrals Unwarranted Variation Utilization Management



- 94% plan to do something different in their practice based on their feedback.
- 92% rate the relevance of the EQIS cases as "excellent" or "very good"\*