Provider Competence

Provider competence entails having and demonstrating the "knowledge, skills, abilities, and traits" to successfully and effectively deliver high-quality services. Competency can be built during pre-service education as well as in-service education and is not limited to technical knowledge. A competent provider must also have strong empathy and communication skills, and these are considered important components of "experiential quality," from the patient perspective.

Visual aid - Availability of Effective PHC Services

<table>
<thead>
<tr>
<th>What it is</th>
<th>What others have done</th>
<th>What to ask</th>
<th>How to succeed</th>
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Primary Health Care Performance Initiative
Provider Competence is a component of Availability of Effective PHC Services

System
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Inputs
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Population Health Management
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- Community Engagement
- Empowerment
- Proactive Population Outreach

Facility Organization & Management
- Team-based Care Organization
- Facility Management Capability & Leadership
- Information Systems Use
- Performance Measurement & Management Outreach

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  - Financial
  - Geographic
  - Timeliness
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  - Comprehensiveness
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  - RMNCH
  - Childhood illness
  - Infectious Disease
  - NCDs & mental health
  - Palliative Care

Outcomes
- Health Status
- Responsiveness to People
- Equity
- Efficiency
- Resilience of Health Systems

Social Determinants & Context (Political, Social, Demographic & Socioeconomic)
Provider Competence is a Component of Availability of Effective PHC Services

- Provider Availability
- Provider Competence
- Provider Motivation
- Patient-Provider Respect and Trust
- Safety
What can you learn about Provider Competence from the Improvement Strategies?

**SECTION 1**

**What is Provider Competence?**

**What it is:** Learn more about the core principles and goals of Provider Competence and its role in PHC improvement.

**SECTION 2**

**How do I assess my performance?**

**What it is:** Learn more about some indications that improvements might be relevant in your context and what you can achieve by focusing improvements on Provider Competence.

**Vital Signs Profile:** Use the information in your Vital Signs Profile to help determine relevant areas for improvement.

**SECTION 3**

**How do I get started?**

**What others have done:** Learn from implementation approaches and challenges in other country contexts.

**How to succeed:** Consider your country context, what elements are not functioning properly, and what needs to be in place to support effective improvements.

**What to ask:** Use guiding questions to help determine how you might begin to plan and enact reforms in your country context.

Guided by the above considerations and relevant resources, start to build out an improvement plan with your CE lead and/or focal point.
Goals & Outcomes

✓ **Improves** technical outcomes

✓ **Improves** patient experience, patient-provider relationships, and the delivery of person-centered care

✓ **Essential** for the development of a skilled PHC workforce capable of responding to changing population health needs
Provider Competence – How do I assess my performance?

Learn more about whether you should focus on Provider Competence in the Vital Signs Profile.
How do I assess my performance?

Use the information in the Vital Signs Profile to help determine relevant areas of improvement.

Completion of a Vital Signs Profile gives countries a holistic understanding of PHC strengths and weaknesses, a critical first step in the measurement for improvement pathway.
What are other indications that Provider Competence might be an appropriate area of focus?

**Other Indications**

- **Misaligned policies and incentives**
  - There is a lack of focus on comprehensive primary care service delivery and institutional and facility-level structures and incentives to build and sustain a health workforce with the competencies needed to deliver high-quality PHC.

- **Fragmented education and training institutions**
  - Education programs and institutions to build PHC-related provider competencies (pre- and in-service education) are fragmented, inequitable, or not in place.

- **Poor outcomes of care**
  - Provider adherence to standards and guidelines is poor and results in complications such as diagnostic errors and inadequate treatment, contributing to poor health outcomes.

- **Poor experiential quality of care**
  - Patients are dissatisfied with their care experience and choose to bypass local facilities and/or seek unnecessary specialty or emergency services.
Provider Competence - What is it?

Learn more about the core principles of Provider Competence and what you can achieve by focusing improvements in the **What it is** section.
What is Provider Competence?

**Provider competence** means that providers have and demonstrate the “knowledge, skills, abilities, and traits” to successfully and effectively deliver high-quality services.

A strong, competent workforce is essential to achieving the vision of high-quality PHC for all
What is Provider Competence?

Provider competence means that providers have and demonstrate the “knowledge, skills, abilities, and traits” to successfully and effectively deliver high-quality services.

A strong, competent workforce is essential to achieving the vision of high-quality PHC for all.

Key steps and considerations

**Prioritize PHC in training and education**
Integrate the core principles of PHC and teach competencies that enable providers to deliver high-quality care, including person-centeredness, empathy, communication, collaboration, and evidence-informed practice.

**Supply effective inputs and work-life balance**
Promote a balanced workload and equip providers with the necessary inputs (drugs and supplies, facility infrastructure, etc.), training, and supervision to deliver care as they learned it.

**Provide ongoing training and continuing professional development**
Provide staff with ample ongoing education, incentives, and career development opportunities to keep providers’ technical skills refreshed and updated and strengthen provider motivation.

**Build systems for supportive supervision and mentoring**
Leverage supportive supervision strategies that focus on joint problem solving and link with mentoring and coaching activities to facilitate longitudinal, supportive learning relationships between providers and supervisors.

**Visual aid: Provider Competence**

**Availability of Effective PHC** The level to which providers are available, competent, and motivated to sufficiently address patients' PHC needs

**Can a patient see a provider when needed?**

**Provider Availability**
Three components determine availability:

- **Suitable Workforce**
  An adequately sized workforce with appropriate skill mix and equitable distribution.

- **Minimal Absenteeism**
  That workforce is predictably onsite and available to serve patients.

- **Sufficient Time**
  Each provider has enough time to devote to each patient’s needs.

**During interactions with providers, do the patients receive appropriate care?**

**Provider Motivation**
May be intrinsically or extrinsically driven, and is affected by both availability and competence.

- **Intrinsic**
  Fulfillment from work and appreciation of patients.

- **Extrinsic**
  Money or work benefits, housing, vacation time, other opportunities.

**Provider Competence**
Should be pursued during pre-service training, in-service training, and during standard supervision. Training should be specific to the skills and tasks providers are expected to provide.

**Respectful and Trusting Relationships**
Patients and providers should have mutually trusting and respectful relationships that are strengthened over time.

Primary Health Care Performance Initiative | 12
In 2010, the Lancet Commission on the Education of Health Professionals for the 21st Century was established to explore an ideal vision for medical education given rapidly improving technology as well as worldwide demographic and epidemiological transitions. Through the development of a framework and a robust review of historical medical education, the Commission suggested 10 categories for reforms:

| 1 | Design curricula based on competencies that are related to local needs |
| 2 | Encourage interprofessional education and collaboration between providers |
| 3 | Promote the use of information technology to improve quality of care |
| 4 | Empower students to harness and adapt global knowledge to meet local needs |
| 5 | Invest in the professional advancement of medical educators |
| 6 | Educate all providers in competencies related to attitudes, values, and behaviors, with additional specialized competencies |
| 7 | Establish multisectoral joint planning mechanisms and create opportunities for marginalized populations |
| 8 | Expand medical education to communities and PHC facilities |
| 9 | Share knowledge, tools, and resources and enhance medical education in countries where there is a shortage of medical educators. |
| 10 | Encourage a culture of curiosity and inquiry |
Provider Competence – How do I get started?

Derive information from what others have done, what to ask and how to succeed to help determine where and how you might begin to plan and enact forms in your country context.
Planning for improvement in your context

The guidance and recommendations described within the Provider Competence are not intended to provide a one-size-fits all solution.

The considerations involved in planning and implementing strategies will depend on your local context.

Sample activities:

- **Consider** implementation challenges and approaches in other country contexts
- **Consider how the features of your health system**, such as how decisions get made and the role of the private sector, will impact your improvement plans
- **Identify** key elements that need to be in place to support improvements
- **Use the guiding questions in the Improvement Strategies** to spur thinking about Provider Competence in your country context and stimulate ideas for improvement
- **Start to develop** an improvement plan
While the specific considerations involved in planning and implementing strategies will depend on your context, you might consider:

- **Factors that impact provider competence**
  - Availability and quality of ongoing training, education, and supportive supervision
  - Availability and quality of necessary inputs – such as drugs and supplies and information systems
  - Provider motivation and incentives

- **Protocols and tools to support provider competence**
  - Protocol-based approaches and decision-making tools, adapted to facility needs and provider workflows
  - Telemedicine projects that support primary care providers in the treatment and management at the point of care
  - Evidence-based clinical resources that enable providers to readily access reliable, evidence-based clinical content and reduce knowledge gaps at the point of care
Learn from what others have done

Behvarz Community Health Worker Program | Islamic Republic of Iran
Comprehensive pre-service and in-service training of community-based providers

Mentoring and Enhanced Supervision for Health Care Program | Rwanda
Enhancing supervision for health care to improve quality of care
Islamic Republic of Iran: At-a-glance context

Middle East and North Africa
Upper-Middle Income
Farsi-speaking country
<table>
<thead>
<tr>
<th>GDP per capita ($PPP)</th>
<th>Human Development Index</th>
<th>Life expectancy at birth</th>
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<tbody>
<tr>
<td>$20.9K</td>
<td>0.80</td>
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</table>

<table>
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<tr>
<th>Percentage of population living in rural areas</th>
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<th>Population</th>
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<tbody>
<tr>
<td>26%</td>
<td>--</td>
<td>81.2M</td>
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</table>
Learn from what others have done: Islamic Republic of Iran

Approach

In 1979, Iran first implemented its national community-based care strategy.

To support the development of a competent, readily available workforce, the strategy was accompanied by robust comprehensive pre- and in-service training of community-based providers employed by the health system – called Behvarz.

The high-quality Behvarz training in Iran is facilitated by the nationally-coordinated CHW policies and allocated financial support for all aspects of training.

Outcomes and Impact

In 2007, ~31,000 Behvarz were serving 28 million people.

Behvarz reported high satisfaction with pre-service training, particularly in regard to the training environment, relationships with trainers, and trainer competence.

Pre and in-service training equips providers with the competences and skills needed to meet the needs of the communities they serve.

Learn from what others have done: Islamic Republic of Iran

- **Supports workforce retention and patient-provider respect and trust**, by recruiting Behvarz from local communities.

- **Establishes** structures for ongoing education, hands-on pre-and in-service training, and supportive supervision, to ensure providers have the competencies necessary to deliver high-quality care in practice.

- **Supports person-centered care** and local priority setting, through the use of rapidly adapting curricula and training materials that match Behvarz’ expected competencies and skills and reflect the local reality of health care needs in the communities they serve.
Learn from what others have done: Iran

- **Multisectoral collaboration and commitment:** The training is facilitated by the nationally-coordinated CHW policies and allocated financial support for all aspects of training.

- **Strong in-country capacity to implement provider competence reforms:** Iran has a District Behvarz Training Centre that is responsible for recruitment, administration of entrance exams and interviews, implementation of training and exams, supervision and support during training, and provision of a safe learning environment.

- **Adjustment to local health needs:** The Behvarz curricula is updated regularly, and in certain areas, Behvarz receive supplementary training to adapt to local health needs.
Rwanda: At-a-glance context

- Sub-Saharan Africa
- Central-Eastern Africa
- Low-Income
- Multiple languages
# Rwanda: At-a-glance context

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Learn from what others have done: Rwanda

Approach

The Mentoring and Enhanced Supervision for Health Care (MESH) program was introduced in Rwanda to improve quality of care, with a particular focus on the WHO’s Integrated Management of Childhood Illness (IMCI) protocol.

The goals of MESH were twofold:
• Improve the skills of health workers through mentoring in health centers
• Support quality improvement efforts to improve facility systems and operations

The program introduced qualified nurse mentors into health centers to provide intensive mentorship, coaching, and support

Findings

• Providers appreciated the supportive nature of their supervision, including active listening and a focus on improvement and learning rather than supervision for punitive action

• Providers reported that mentors were able to identify important areas for system improvement within the facility which ultimately made their work more efficient

• Provider competence in IMCI assessment, classification, and treatment improved after one year with the exception of the use of a growth chart


Learn from what others have done: Rwanda

- **Accessible, supportive supervision:** Health workers were provided intensive mentorship, coaching, support, and intensive supervision in health-facilities rather than offsite.

- **Data-driven performance measurement and management:** Clinical supervisors were responsible for improving the use of data for performance monitoring, with a focus on improvement and learning rather than punitive action.

- **Facility management capability and leadership:** Mentors were able to identify important areas for system improvement within the facility which ultimately made their work more efficient.
Learn from what others have done: Rwanda

- There were some barriers to both providers and mentors being able to effectively carry out their responsibilities, primarily related to **inputs**, **insufficient infrastructure**, and **frequent stock outs**.
What elements should be in place to support effective improvements in Provider Competence?
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In order to improve the technical quality of providers and the experiential quality of care as perceived by patients, healthcare providers must be available to meet population health needs.

They must also be present in facilities when they are expected and have sufficient time to see patients. Additionally, it is important to ensure that there is adequate time built into their schedules to receive relevant training or work on improvement with supervisors.
To implement strategies for improving provider competence, there must be **functional and reliable information systems** in place and **providers must be adequately trained to use them**.
Communities should be consulted to understand what experiential quality competencies they value and how changes in their interactions with providers may help facilitate greater adherence, follow-up, or general health-seeking behaviors.
The establishment of multidisciplinary teams paired with thoughtful and appropriate delegation between team members can ensure that each provider is delivering care consistent with his or her training and within the scope of practice.
What elements should be in place to support effective improvements in Provider Competence?

Understanding the local burden of disease, health needs of communities, and socio-cultural practices can help facility leaders, managers, and educators understand the technical skills providers need to meet local needs.
Facility managers should be champions for ensuring that providers are receiving relevant training and supervision and have the necessary infrastructure, supplies, and equipment to carry out their responsibilities.
What elements should be in place to support effective improvements in Provider Competence?

For facility managers to understand the training needs of providers, there should be performance measurement and management system in place to track provider performance.
Questions to ask to help you get started

The specific considerations involved in planning and implementing strategies will depend on your local context.

The questions listed may be a useful starting place to determine how you might begin to plan and enact reforms in your context.

Sample questions

☐ Are providers equipped with the necessary drugs, equipment, and infrastructure to be effective?
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- Are providers equipped with the necessary drugs, equipment, and infrastructure to be effective?

- Are health providers responsive to the population and individual needs? Do patients feel they receive high-quality care?
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- How is health professional education and training structured? Is it financially accessible? How is the curriculum planned and revised, what is the accreditation system, and what kind of focus is given to primary care?
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- What in-service training do providers receive? Is it paired with supervision or mentoring? Does it take place in facilities?
- What kind of supervision do providers receive? How often does it occur and what is the quality of the feedback? Is it mostly punitive or is it linked with problem solving and skill building?
- Based on information systems and connectivity, what decision-support or other clinical tools could be used in a given context? Are mobile-based applications or telecommunication interventions feasible?
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Knowledge informs practice.

Instructor

Providers