# THE BUSINESS CASE: STANDARDIZING PRIMARY CARE

**IFC | International Finance Corporation | WORLD BANK GROUP**
*Creating Markets, Creating Opportunities*

## PENDA HEALTH, KENYA

**STAFF: 350**   **BEDS: 130**   **FACILITIES: 19**

Penda Health leads in offering high-quality primary care. They primarily serve lower-income markets in Kenya. Standardizing IT and clinical support mechanisms allowed for the quicker rollout of new clinics. It also positively impacted workflow, as staff quickly aligned to the new systems.

**EHR FULLY IMPLEMENTED**
($250,000)

**CDSS FRAMEWORK DEVELOPED**

**CDSS LAUNCH & TRAINING** ($30,000)

**IMPROVEMENTS & ADDITION OF 300+ CONDITIONS**
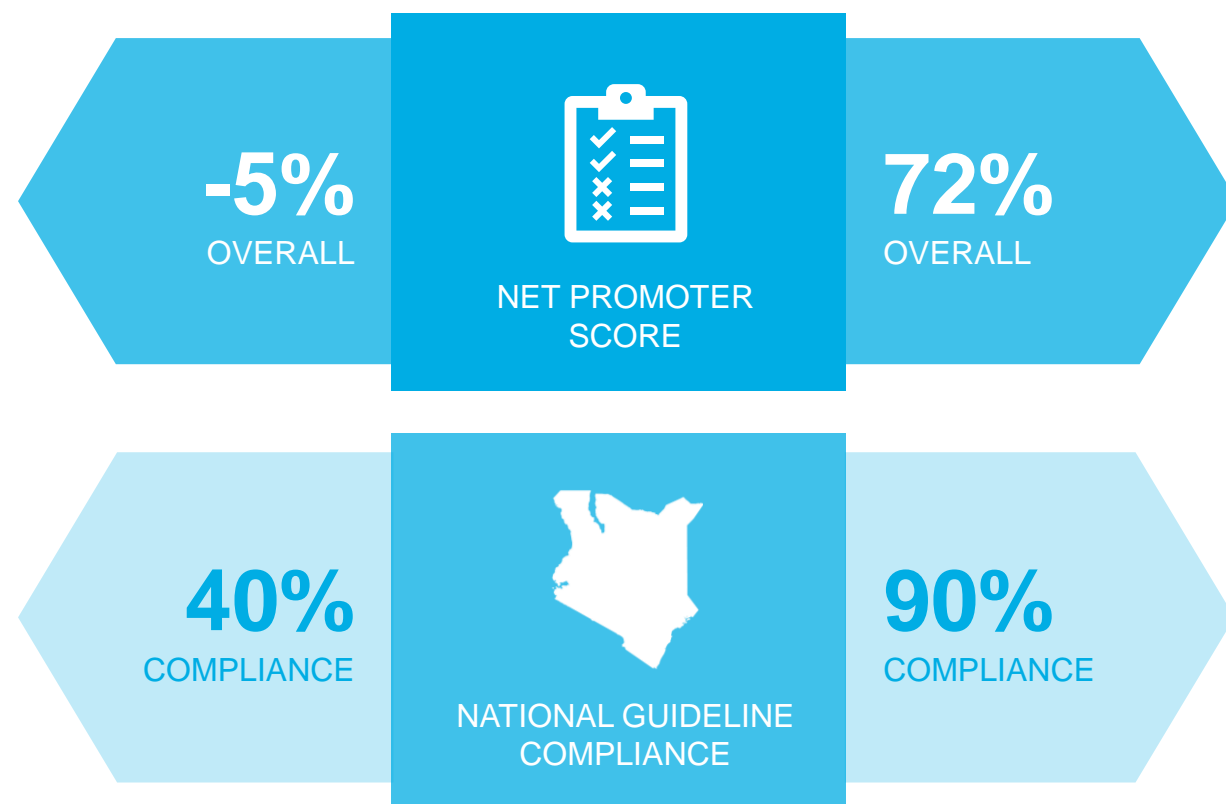
| 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |

## BEST IN CLASS PERFORMANCE
### COMPARED TO MINISTRY OF HEALTH AVERAGES

**INDUSTRY AVERAGE**   VS.   **PENDA HEALTH**

**NET PROMOTER SCORE**
-5% OVERALL — 72% OVERALL

**NATIONAL GUIDELINE COMPLIANCE**
40% COMPLIANCE — 90% COMPLIANCE
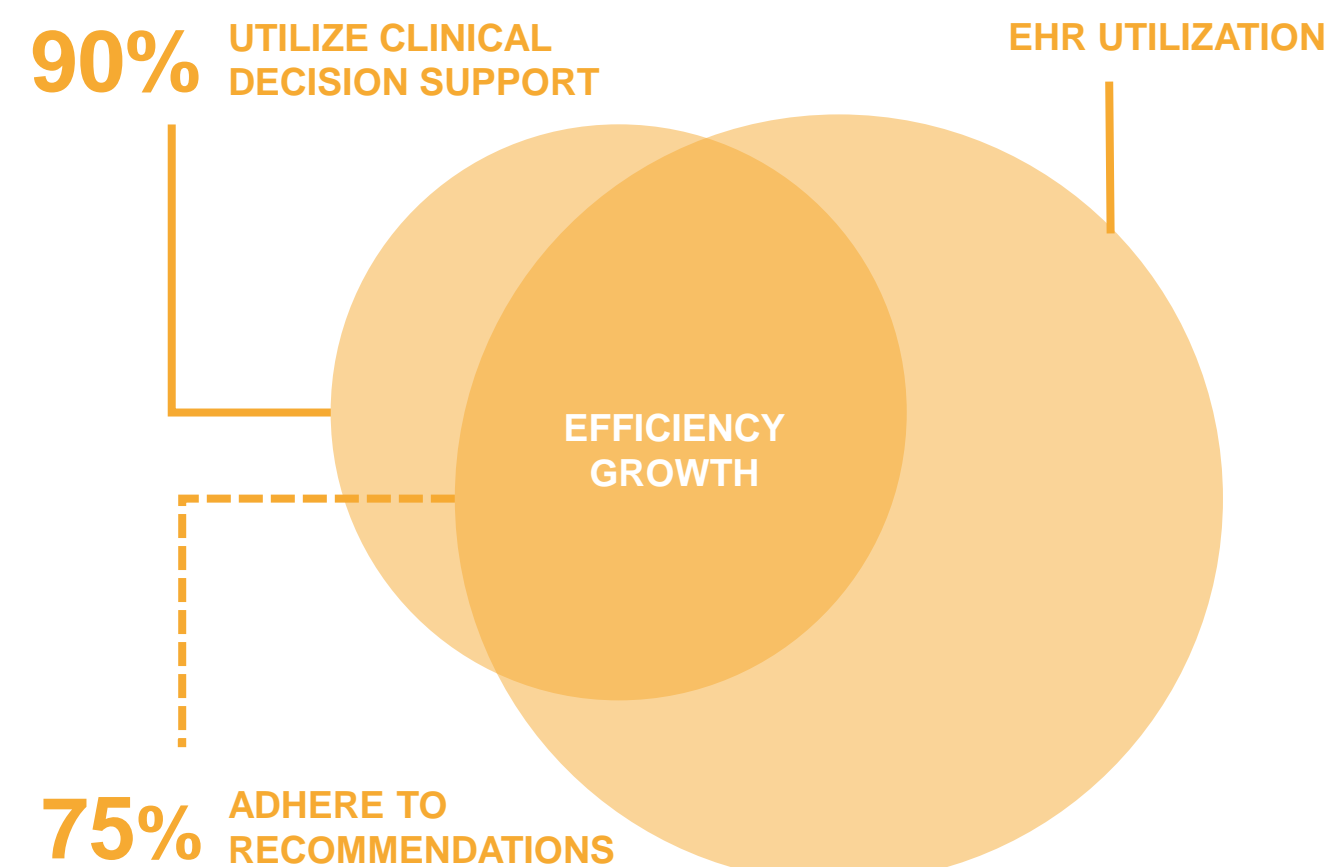
The Ministry of Health estimates only 40% of care delivered in Kenya meets national recommendations. Penda Health was at a similar level before addressing quality improvements. Now, they are one of the highest-performing facilities in the country.

## IMPROVED EFFICIENCY
### AFTER LAUNCHING EHR

**90%** UTILIZE CLINICAL DECISION SUPPORT

EHR UTILIZATION

EFFICIENCY GROWTH

**75%** ADHERE TO RECOMMENDATIONS

Clinical decision support allowed Penda to quickly and easily scale its quality systems across new clinics – allowing new medical staff to be quickly trained and onboarded. Clinicians used the EHR in 90% of visits and adhered to its recommendations more than 75% of the time.

## GROWTH IN NUMBER OF CLINICS
### BEFORE AND AFTER INTERVENTION

IMPROVED REFERRAL SYSTEM

**10X** PATIENT GROWTH

**4X** CLINICS

Facilities Growth   Patient Growth

■ Before Intervention   ■ After Intervention

The plan, implemented over four years, quadrupled Penda's physical footprint. More importantly, its patient volume increased tenfold while it continued to improve customer satisfaction and affordability for low-income patients.

# A DOCTOR'S DREAM:
## TO STANDARDIZE OPERATIONS

**Robert spoke with the IFC from his office in Nairobi about his journey standardizing operations and how using electronic health records (EHRs) has unlocked growth at scale.**

## Dr. Robert Korom
### Chief Medical Officer at Penda Health

How technology solutions standardized clinical decisions, led to better quality outcomes, and reduced costs. The greatest outcome of this? The ability to reach more patients.



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**What problem did the company face?**
Standardization was lacking which complicated operations in several areas. For instance, healthcare providers were recommending treatments outside of the national treatment guidelines. This led to inconsistencies in care and complicated our pharmaceutical supply chain. At the time, our pharmacy had 1,400 SKUs.

Using an EHR with clinical decision support allowed us to standardize clinic operations and patient flow, so we could frontload processes in very busy clinics. Ultimately, reducing costs, which allowed us to expand services to even more patients.

**How does the setting impact the amount of standardization required?**
In the US, doctors typically treat about 20 conditions over and over, because we have a high degree of specialization. In that setting, clinical decision support for those experts is not needed. At Penda, in a week they are vaccinating children, treating motorcycle accidents, seeing chronic illnesses, delivering babies, and taking care of pregnant moms. The spectrum is truly massive and the multitasking that each clinician does requires this support. Standardization actually makes everyone much safer.

**What were a few important things that you got right?**
Changing culture is incredibly important, especially when implementing clinical decision support. A lot of people think technology is the most important thing, but it's not.

Operationally, we said, let's not go straight to standardizing treatment protocols for 300 conditions, let's start with 20. We did that for about six months.

We also launched a big change management effort and made infographics and shared them on WhatsApp. We put posters up, conducted Zoom town halls, and explained why we were standardizing. We bought cakes and celebrated.

**It is critical to have champions. Who helped you through this process?**
The group that led the roll out consisted of a clinical quality team. They would visit different facilities and involve staff and managers. If I could do it over again, I would involve frontline staff even more initially.

**How did you help the finance department to see the value of approving these expenses?**
Penda is investor-backed, so we have unlocked support for scalable growth. Investments in technology make sense. The good thing is, electronic health records are becoming affordable and there are free options.

**Did success depend on technology solutions, such as EHRs?**
Yes. My advice is to invest fully in EHR first, then build in digital support. This is the hardest part but if you want scalable quality, you must have it.

**Once you installed the new clinical system, did you notice any reduction in the number of incidents or other improvements?**
Yes. We now have a really robust system that compiles a patient safety report every other day or so. We're very much on top of the safety

### "EHRs are becoming vastly more affordable and there are lots of free options"

issues. The wrong treatment of a diagnosis has gone way down. The beauty of clinical decision support is that it is a cloud-based record. No matter which facility of Penda you're at, it's the same record, notes and clinical decision support tools. This has improved consistency. The system allows for communication through the medical record that all doctors can access.

**Has the outside world noticed?**
Yes. There has been a lot of interest in what Penda has done with clinical decision support from other Chief Medical Officers. They are our competitors, but they're also our friends and colleagues within the ecosystem and we've been talking very openly about what we've done. Everyone is interested in doing it. So basically, with this initiative, we were the first, so we actually impacted the market as well. The rest of the market will follow after us.

The barrier is that so few healthcare organizations that provide outpatient services in Kenya have electronic records. If you're not actually paperless then you can't implement clinical decision support even if you want to. Making a commitment to become fully digital is key.