PEABODY HEALTH
PHILANTHROPIES
A 501(c)(3) Organization

HEALTHCARE EXCELLENCE THROUGH CLINICIAN ENGAGEMENT, MEASUREMENT, AND RESEARCH

Better clinical decisions strengthen health systems and save lives.

We measure how care is delivered and give personalized feedback that improves clinical practice.

WHO WE ARE

We Help Clinicians Improve Everyday Decisions

Every year, millions of patients in low- and middle-income countries are harmed by preventable errors in diagnosis and care because their clinicians do not receive ongoing, individual feedback on how they treat patients.

Peabody Health Philanthropies (PHP) closes this gap through EQIS, our E-Patient Quality Improvement and Standardization platform.

We are a global health nonprofit working with health systems and local partners in underserved communities. We give practicing clinicians the information and feedback they need to improve day-to-day clinical decisions and save more patients.

OUR MISSION

To improve the quality of healthcare by using scientifically validated patient simulations to serially measure and standardize healthcare practice, lower the cost of care, and improve patient outcomes in low- and middle-income countries (LMICs).

OUR VISION

A world where access to consistent, high-quality healthcare is equally available to everyone.

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From a Commercial Tool to a Global Nonprofit

2012

QURE launches in San Francisco

A research-driven, commercially validated simulation tool built to reduce clinical variation

2021

QURE is sold to TRC Healthcare

PHP retains global nonprofit rights to use the tool in low- and middle-income countries

Today

PHP, a 501(c)(3) nonprofit

Founded by John Peabody, MD, PhD



WHERE WE WORK

Programs Built With Local Partners

PHP works with universities, hospitals, foundations, and community groups on locally defined priorities.

Kenya

PARTNER

Jomo Kenyatta University of Agriculture and Technology (JKUAT)

CLINICAL FOCUS

Maternal and newborn care in six public hospitals in Kisumu and Kilifi counties

Bangladesh

PARTNER

Projahnmo Research Foundation, with the Elias and Sultana Foundation

CLINICAL FOCUS

Pediatric and maternal care

Vietnam

PARTNER

Vinmec and VinUniversity

CLINICAL FOCUS

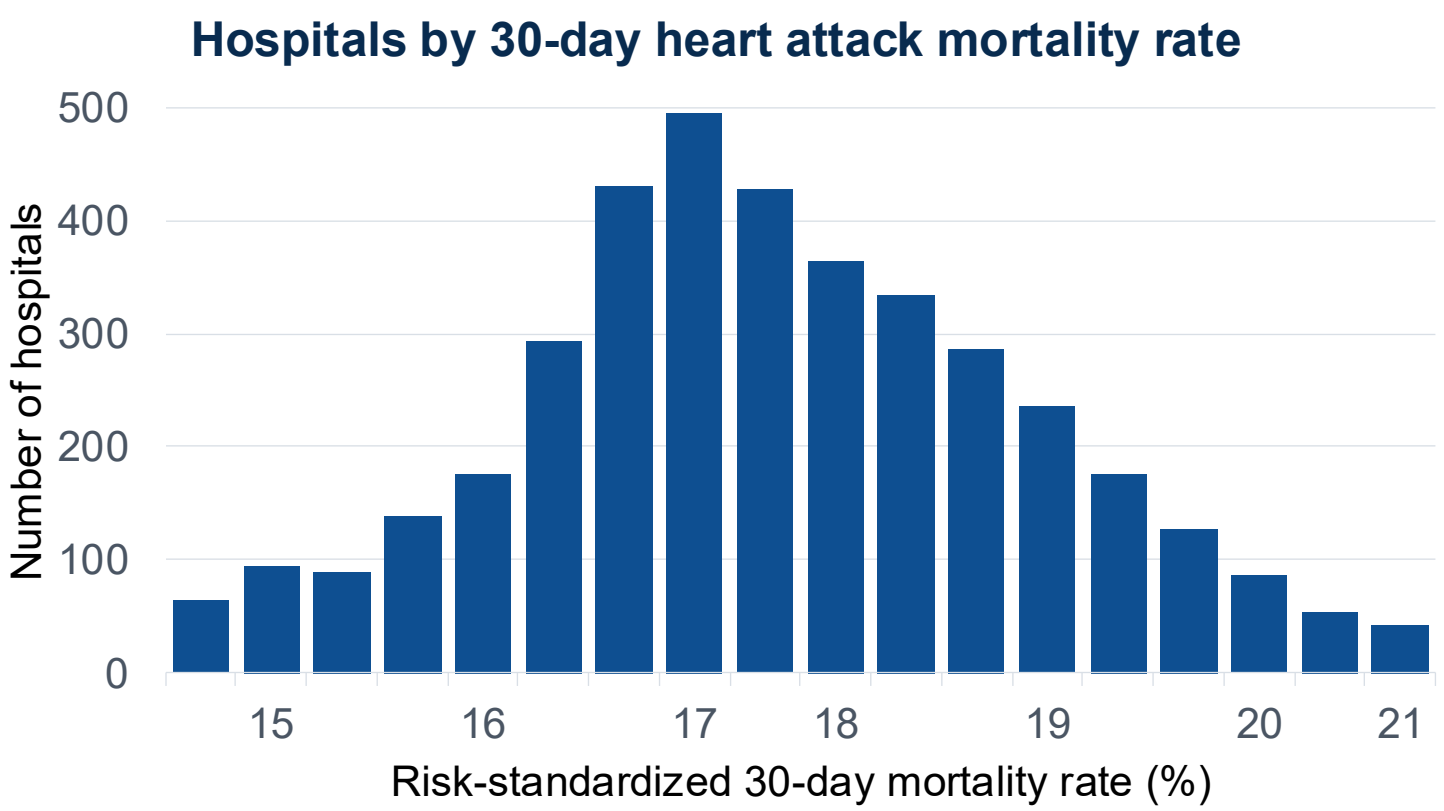
Cardiac and maternal care

LOCAL PROGRAMS

In San Francisco and the Bay Area, PHP partners with neighborhood nonprofits on housing stability, access to care, food and basic needs, and emergency support.

WHY IT MATTERS

Your Care Depends on Who You See



Adapted from Krumholz HM, et al. Health Affairs. 2007;26(1):75-85. Bar heights approximated from the published figure.

Variation in care leads to preventable clinical errors, avoidable costs, and uneven patient outcomes.

Across U.S. hospitals in this study, risk-standardized 30-day mortality after a heart attack ranged from about 14% to 21%.

EQIS makes this variation visible so it can be measured and reduced.

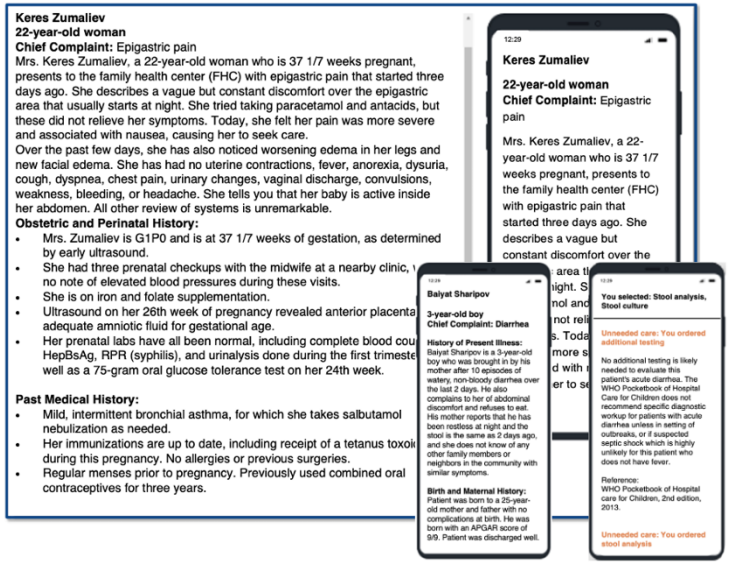
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EQIS: Our Simulated Patient Platform

E-Patient Quality Improvement and Standardization

EQIS is an AI- and expert-generated simulated patient tool that measures what happens in real practice.

Clinicians complete realistic cases on a phone, tablet, or computer: taking a history, doing a physical exam, ordering tests, diagnosing, and treating. Every decision is measured against evidence-based standards, national protocols, and peer benchmarks.



Clinicians receive

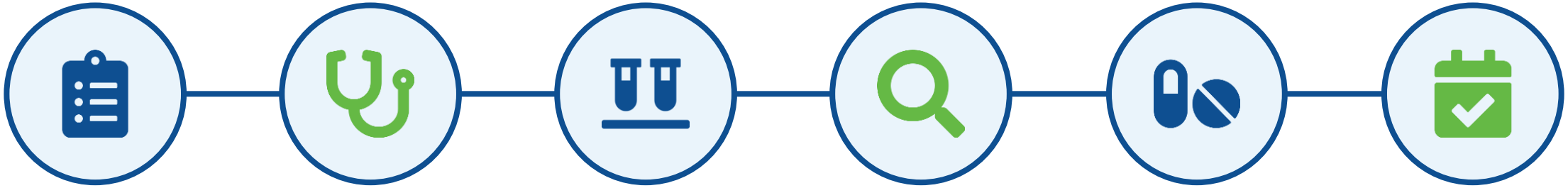
Locally adapted, expert-reviewed cases, immediate private feedback, evidence-based explanations, and a clear view of where their decisions can improve.

Health systems receive

Aggregate trends, facility and cohort comparisons, and actionable evidence for training, quality improvement, and planning.

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Every Case Measures Six Domains of Care



6 domains	3 cases	6 rounds	Any device
HISTORY THROUGH FOLLOW-UP	PER MEASUREMENT ROUND	SEVERAL MONTHS APART	PHONE, TABLET, COMPUTER

About 20 minutes per case, completed anywhere with internet or cellular access

90+ cases in the clinical library, from newborn to emergency and chronic care

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How EQIS Turns Measurement Into Improvement

Measure decisions. Deliver feedback. Improve care.

01

Measure

Clinicians complete standardized cases on any device. Each case takes about 20 minutes and captures decisions across six domains of care.

› 02

Learn

Confidential, prioritized feedback follows each case, benchmarked against evidence-based guidelines, national protocols, and peers. Results stay private to the participant.

› 03

Improve

Measurement repeats every four months across six rounds. Aggregate trends reveal shared gaps, guide targeted action, and show whether practice is changing.

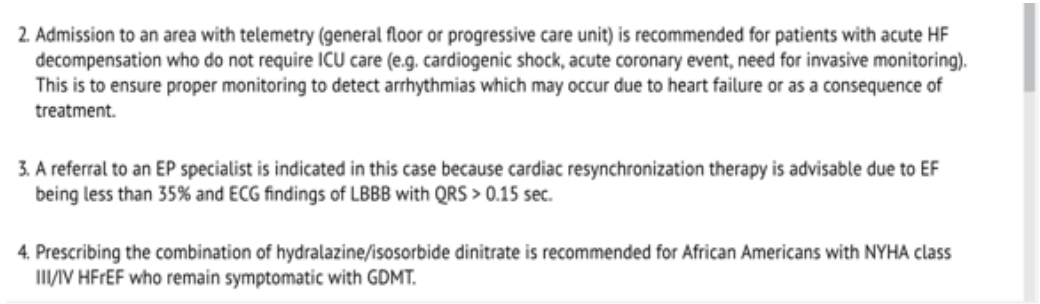
With each round, scores rise, variation narrows, and gains carry into real practice.

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Every Participant Receives a Confidential Report

Feedback is private, prioritized, and tied to evidence-based guidelines.

Prioritized feedback


2. Admission to an area with telemetry (general floor or progressive care unit) is recommended for patients with acute HF decompensation who do not require ICU care (e.g. cardiogenic shock, acute coronary event, need for invasive monitoring). This is to ensure proper monitoring to detect arrhythmias which may occur due to heart failure or as a consequence of treatment.

3. A referral to an EP specialist is indicated in this case because cardiac resynchronization therapy is advisable due to EF being less than 35% and ECG findings of LBBB with QRS > 0.15 sec.

4. Prescribing the combination of hydralazine/isosorbide dinitrate is recommended for African Americans with NYHA class III/IV HFrEF who remain symptomatic with GDMT.

Specific, evidence-based guidance on the decisions to change

Quality score

My Case Score **41.2%**

Group Round Avg. **56.0%**

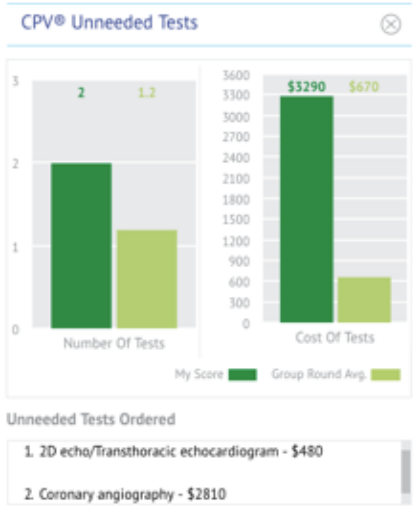
Each case score shown next to the group average

Peer benchmarks



Where each clinician sits in the score distribution

Unneeded tests



Tests ordered without clinical need, with their cost

THE EVIDENCE

A Validated Measurement Approach

JAMA
The Journal of the American Medical Association

Annals of Internal Medicine

50+ peer-reviewed studies support the measurement approach behind EQIS, including recent work in BMJ Open and the Stanford Social Innovation Review.

Published validation studies show these simulated cases document actual practice nearly as well as standardized patients, at much lower cost, and better than chart abstraction.

In a UNICEF study, serial measurement and feedback raised the quality of care:

14%
overall increase in quality of care

21%
increase in diagnostic quality and accuracy over six rounds

2% to 3%
increase in quality of care with each round

OUR IMPACT

The EQIS Impact

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3M+

patients cared for by clinicians who use EQIS

3,000+

health professionals engaged worldwide

20,000+

simulated patient cases completed to date

90%+

completion in every reported measurement round

SUSTAINED PARTICIPATION SUPPORTS IMPROVEMENT

Every reported round exceeded 90% completion, and most reached 97% to 100%. Clinicians improved after one feedback cycle, with higher performance as more rounds were completed.

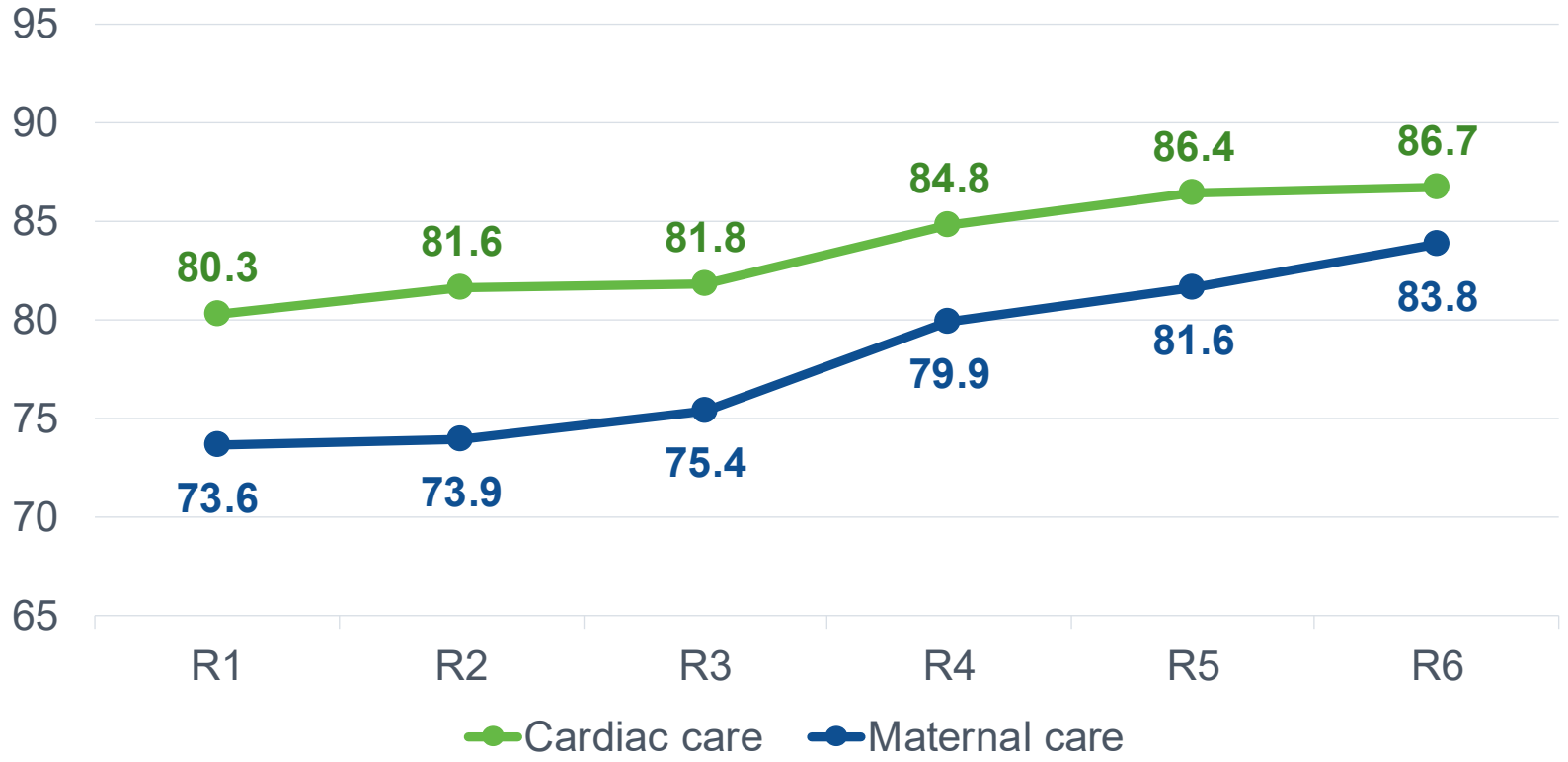
ROUND COMPLETION

97% to 100%

in most reported rounds

Clinical Performance Rises Each Round

Maternal and cardiac care with Vinmec and VinUniversity, Rounds 1 to 6



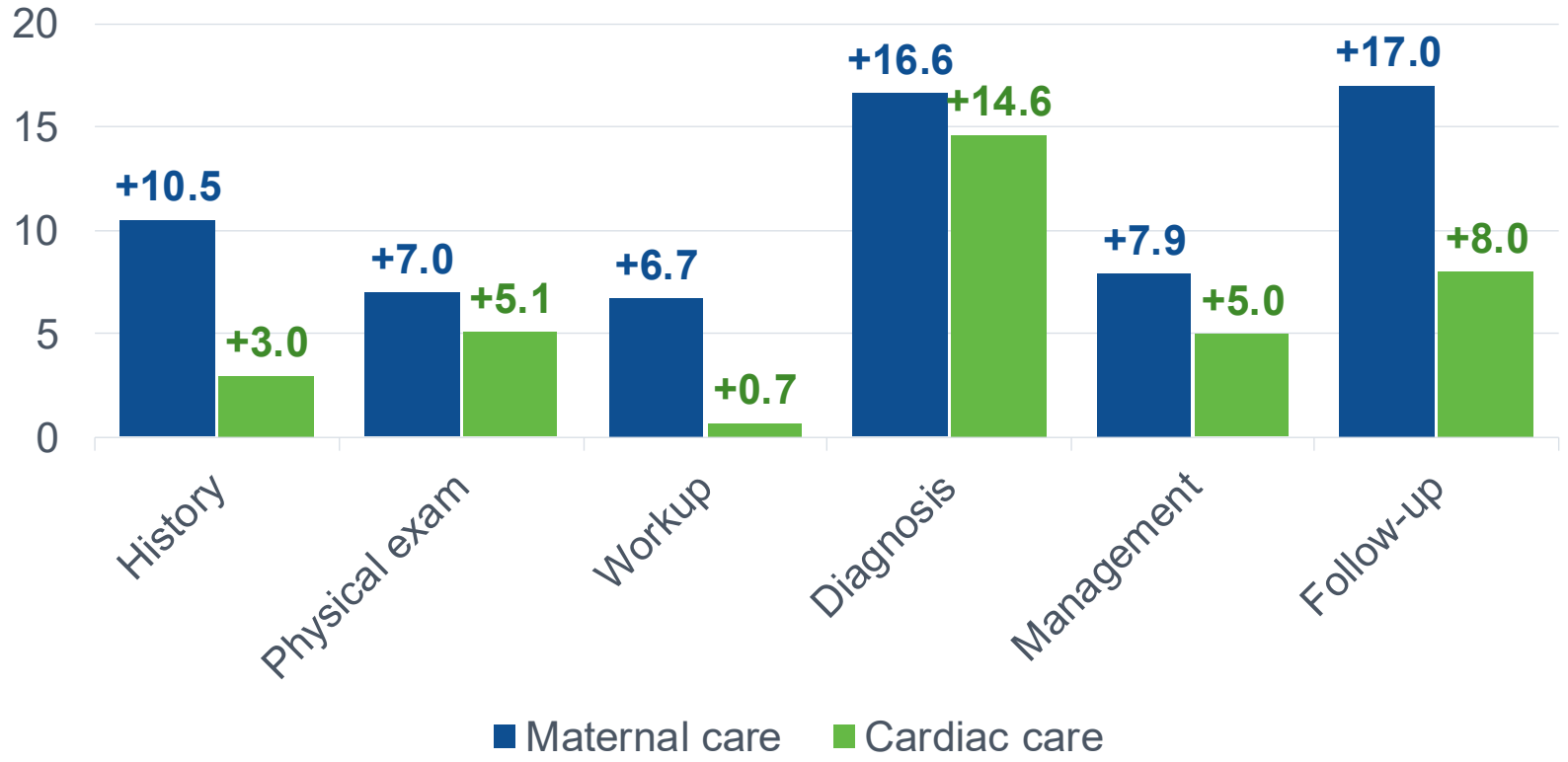
Mean EQIS case score, 0 to 100. Cohort of 362 clinicians across 6 rounds.

TAKEAWAYS

- Maternal care rose 10.2 points, from 73.6 to 83.8
- Cardiac care rose 6.4 points, from 80.3 to 86.7
- The gap between the two areas narrowed from 6.7 to 3.0 points
- Both areas improved in every round

Every Clinical Domain Improved

Change in mean domain score from Round 1 to Round 6, in points



Maternal n=216 to 242 and cardiac n=70 to 72 clinicians per round.

TAKEAWAYS

- Diagnosis rose 16.6 points in maternal care and 14.6 in cardiac care
- Maternal follow-up care rose 17.0 points
- Cardiac history, exam, and workup started near 90
- Diagnosis and management are still the lowest domains

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EQIS Gains Show Up in Patient Care

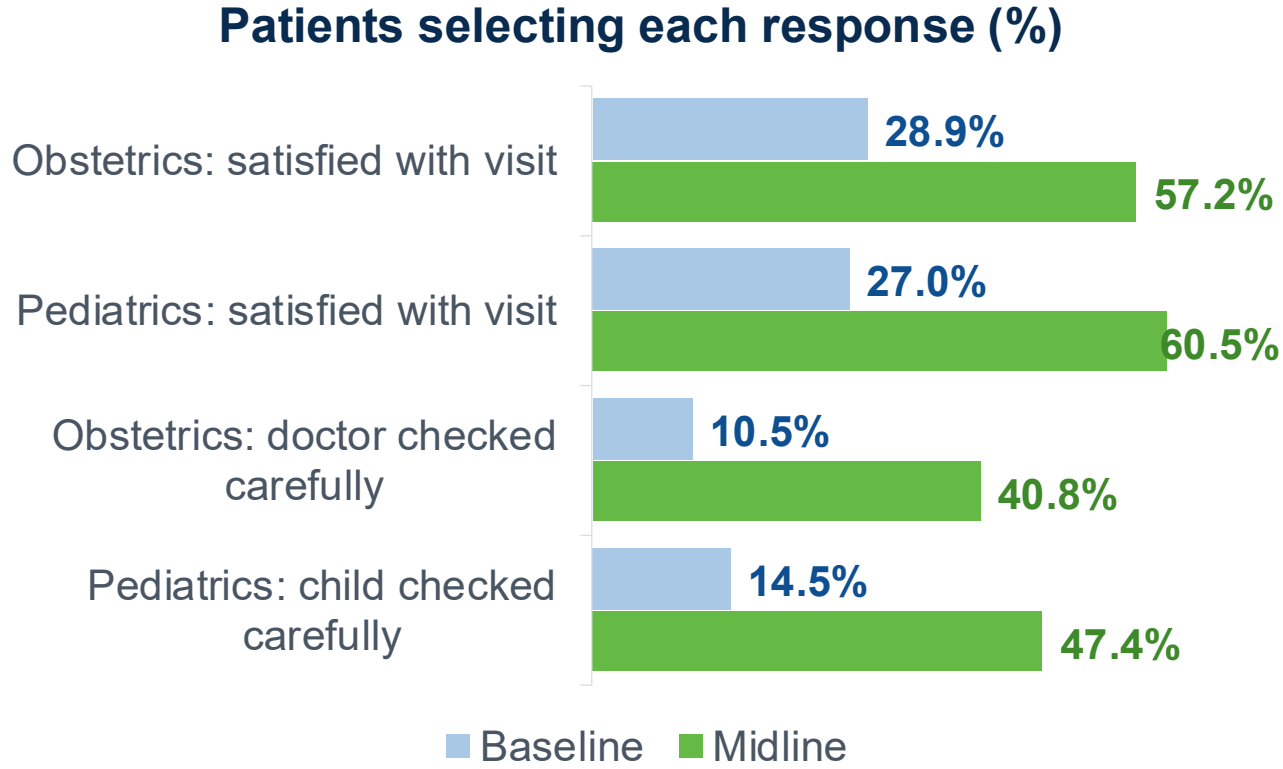
Recent maternal and pediatric work across four hospitals

+6.0%
obstetric EQIS score, R1 to R4

+2.0%
pediatric EQIS score, R1 to R4

+28.3%
obstetric patient satisfaction

+33.5%
pediatric patient satisfaction



Baseline and midline surveys: 152 respondents per period and clinical area across four hospitals. All comparisons $p < 0.001$.

PARTNER WITH US

Launch an EQIS Program

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Health systems, universities, and ministries can begin an EQIS program aligned with local clinical priorities. PHP customizes cases, supports implementation, and trains local partners for sustainable ownership.

1

Define priorities

Partners identify the clinical areas and groups that matter most.

2

Adapt the program

Cases and standards reflect local guidelines and care settings.

3

Build ownership

Local teams use results to guide training, quality improvement, and planning.

Tax-deductible contributions fund new case development, local implementations, and training to sustain each program.

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