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

HEALTHCARE EXCELLENCE THROUGH CLINICIAN ENGAGEMENT, MEASUREMENT, AND RESEARCH

Overview of PHP: Who We Are and What We Do

We help clinicians improve everyday decision for health systems to deliver safer, more consistent care

WHO WE ARE

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

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

We work with health systems and local partners in underserved communities, giving practicing clinicians information and feedback that improve everyday clinical decisions.

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.

OUR VISION

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

THE EQIS IMPACT

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

THE PLATFORM

How EQIS Improves Clinical Care

Measure decisions. Deliver feedback. Improve care.

Variation in care leads to preventable clinical errors, avoidable costs, and uneven patient outcomes. EQIS makes that variation visible. Clinicians work through realistic patient encounters covering history, examination, testing, diagnosis, treatment, and follow-up.

Every decision is measured against evidence-based standards, national protocols, and peer benchmarks. Immediate, private feedback helps each clinician improve. Aggregate analytics show where practice is strong, where it varies, and where focused action can have the greatest effect.

01

Measure

Clinicians complete standardized cases on a phone, tablet, or computer. Each case takes about 20 minutes and captures decisions across six domains of care.

02

Learn

Evidence-based feedback follows each question. Results remain private to the participant, creating a supportive environment focused on improvement.

03

Improve

Teams repeat six, three-case rounds over time. Aggregate trends identify shared gaps, guide targeted action, and show whether clinical practice is changing.

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

History · Physical exam · Workup · Diagnosis · Treatment · Follow-up care

CLINICIANS RECEIVE

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

HEALTH SYSTEMS RECEIVE

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

SUSTAINED PARTICIPATION SUPPORTS IMPROVEMENT

More than 90% of clinicians complete every reported round, and 97% to 100% complete most rounds. Clinicians improve after one feedback cycle, and performance continues to rise as they complete more rounds.

ROUND COMPLETION

97% to 100%

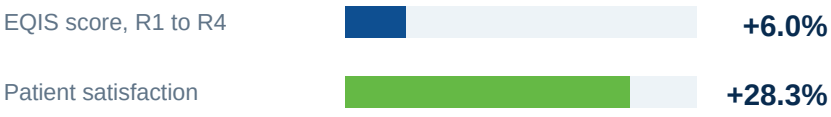
in most reported rounds

THE EVIDENCE

Better EQIS Performance Is Reflected in Patient Care

Stronger decisions on the platform are accompanied by better patient-reported care and satisfaction.

OBSTETRICS



PEDIATRICS



THE RESULTS STORY

Clinicians engage with the platform and continue using it. Repeated use strengthens measured clinical decisions. Stronger performance is accompanied by better patient-reported care and satisfaction in clinical settings. EQIS makes improvement measurable, repeatable, and scalable.

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

Quality Gains From Measurement and Feedback

In a UNICEF study, serial measurement and feedback raised healthcare quality in three areas: structural quality, content of care, and outcome quality.

14%

overall increase in quality of care (UNICEF)

21%

increase in diagnostic quality and accuracy over six rounds (UNICEF)

2% to 3%

increase in quality of care with each round (UNICEF)

50+

Peer-reviewed studies support the measurement approach behind EQIS

The evidence base includes recent work in BMJ Open and the Stanford Social Innovation Review.

VIEW RESEARCH PUBLICATIONS

GLOBAL AND LOCAL PROGRAMS

Programs Built With Local Partners

PHP works with universities, hospitals, foundations, and community organizations to address 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.

A Practical Partnership Model

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. **Demonstrate Feasibility**

   Partners implement EQIS in the clinical areas and groups that matter most.

2. **Government Approval**

   Government endorsement supports long-term implementation and sustainability.

3. **Sustainable Business Plan**

   A locally owned business plan allows the work to scale and improve over time without additional outside funding.