



Assessing the Quality of Differentiated Service Delivery: Challenges and Lessons Learned

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HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

Outline

- The CQUIN Quality and QI community of practice
- The DSD quality management challenge
- Experience and lessons learned
 - DSD-specific quality standards
 - DSD-specific quality indicators
- Next steps

The CQUIN Quality and QI Community of Practice

- As countries work to scale up DSD, improving both the coverage and **quality** of differentiated antiretroviral therapy (DART) models for clients established on treatment is critical to achieving impact and improving health outcomes
- The CQUIN Quality and Quality Improvement (QI) CoP was launched in October 2018 and currently has 19 countries active in the COP
- Country teams are represented by national DSD coordinators and QI advisors from MoH, recipients of care, implementing partners, CSOs, USG agencies and other stakeholders

The CQUIN Quality and QI CoP

- The **vision** of the COP is to enhance the quality of DSD programs using modern quality improvement (QI) approaches, improving client satisfaction and health outcomes
- The **goal** is to embed Quality Management into DSD programs
- COP **objectives** include supporting network countries to:
 - ✓ Develop country-specific quality standards for DSD programs
 - ✓ Routinely assess DSD program quality against set DSD standards
 - ✓ Use QA data to identify quality gaps
 - ✓ Use QI methods to improve performance where needed

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The DSD Quality Challenge

DSD programs are designed to better meet the needs of recipients of care while reducing unnecessary burdens on the health system,

BUT

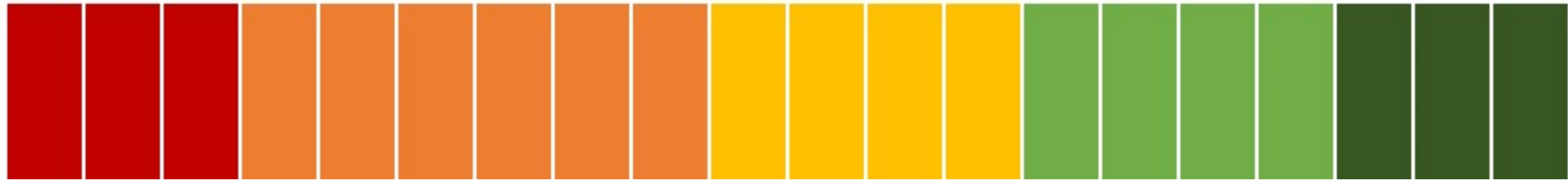
The **quality** of these services is often unclear due to

- Gaps within HIV program quality management processes for DSD,
 - Inadequate DSD M&E systems
- Weak processes to understand the perspective of recipients of care on DSD quality



2021 country self-staging results for the Quality domain of the CQUIN dashboard

Self-staging results for 20 CQUIN network partner countries: November 2021



Definitions of each maturity stage (current dashboard)

Quality standards for DSDM have not been defined and are not currently in development	National quality standards for DSD programs are in development or have been defined, but no evaluations of quality using national standards have been completed	At least one evaluation of DSD program quality has been conducted using the national quality standards, but the results do not indicate that standards have been met	At least one evaluation of DSD program quality has found that the program meets established national quality standards	Repeated evaluations of DSD program quality have found that the program meets established national quality standards

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Experience and Lessons Learned: DSD-specific **Quality Standards**

Adapting quality standards to include specific DSD models:

- No DSD-specific global standards
- Few DSD-specific standards in general HIV quality assurance tools
- In response, the CQUIN Quality & QI CoP worked together to develop “generic” quality standards for less-intensive DART models that countries can adapt for their local context

Tailoring Quality Management for DSD

The delivery of high-quality DSD requires:

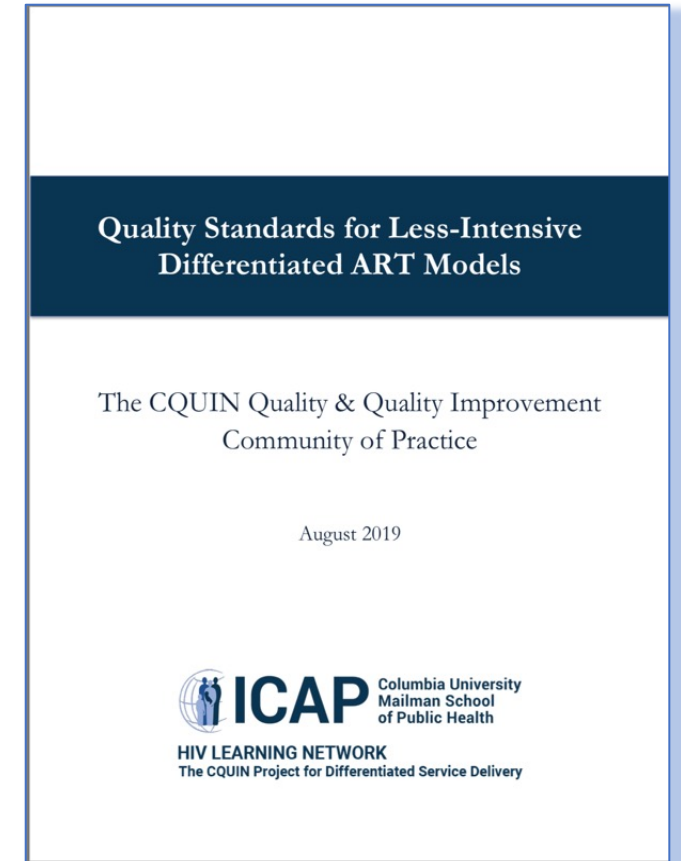
- ✓ DSD-specific quality standards
- ✓ DSD-specific quality assurance tools and processes
- ✓ DSD-focused quality improvement



CQUIN DSD Quality Standards Framework

The framework includes:

- **Cross-cutting standards**
 - General quality principles for ART programs
 - Standards for DART eligibility and enrollment
 - Standards for the DART package of services
 - Standards for DART medication management
- **Model-specific standards**
 - Facility-based individual models
 - Facility-based group models
 - Community-based individual models
 - Community-based group models



Available at www.cquin.icap.columbia.edu

Examples of DART Quality Standards

- **Cross-cutting standards**
 - Example: all DART models should meet standards for recipient of care satisfaction
- **Model-specific standards**
 - Example: Fast track models should include efficient visits with minimal wait time (*e.g.*, Zimbabwe guidelines specify < 30 minutes) and triage to see if clinical assessment and/or other referrals are indicated/desired

Experience and Lessons Learned: DSD Quality Indicators

PEPFAR indicators:

COP22 minimum program requirement: “Adoption and implementation of differentiated service delivery models for all clients with HIV, including six-month multi-month dispensing (MMD), decentralized drug distribution (DDD), and services designed to improve identification and ART coverage and continuity for different demographic and risk groups.”

- SIMS indicators track availability of appointment spacing and MMD
- MER indicators track MMD

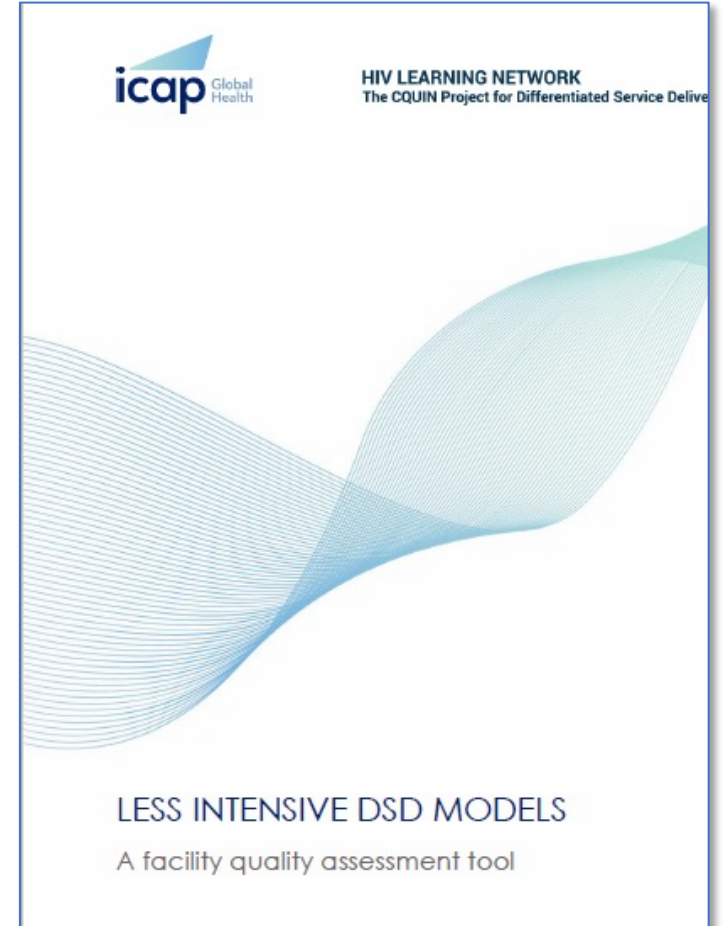
Extremely helpful for tracking DSD coverage but do not provide information specific to DSD quality

Experience and Lessons Learned: DSD Quality **Indicators**, continued

- MOH Eswatini and Cote d'Ivoire adapted a SIMS tool to focus on DART
- Some indicators within South Africa's adherence guidelines for HIV, TB and NCDs; SOPs released in 2020
- Uganda DSD implementation guide 2020 highlights some indicators on quality, coverage and client and provider feedback

CQUIN Quality Indicators and Assessment Tool for DART programs - 1

- In response to the need for additional DSD-specific QA tools, the CQUIN Quality and QI community of practice developed indicators and a toolkit aligned with the CQUIN DART Quality Standards framework
- Co-created with CoP members and piloted by MOH Cote d'Ivoire, Rwanda and Malawi in 2021
- Implemented by Rwanda (12 sites) and Cote d'Ivoire (16 sites) in 2022



Available at www.cquin.icap.columbia.edu

CQUIN Quality Indicators and Assessment Tool for DART programs – 2

- Includes 11 core quality standards for a range of DART models including fast track refill, facility-based ART clubs, community-based ART groups and cross-cutting standards.
- Each individual standard has a set of assessment questions intended to weigh general processes which would indicate that a health facility is able to achieve the standard or where they could focus to achieve the standard.
- Individual assessment questions are associated with a color-coded score (i.e., red, yellow, green)

CROSS CUTTING STANDARDS & INDICATORS for ALL MODELS

Quality Standard 1: All recipients of care should be regularly assessed for DART eligibility and offered the choice to opt into a less-intensive model if eligible

Process Indicators

1.1	Does the facility have written SOPs to guide assessment of eligibility for all of the DART models currently being provided? <i>If a physical copy of SOPs is available on the day of visit, score = Y. If not, score = N.</i>	Y	N
		Yes = Dark green No = Red	
1.2	Does the facility have written SOPs to guide the implementation of all of the DART models currently being provided? <i>If a physical copy of SOPs is available on the day of visit, score = Y. If not, score = N.</i>	Y	N
		Yes = Dark green No = Red	
1.3	Are all providers involved in ART service delivery trained in differentiated ART services including all the DART models currently being provided? <i>Data source = Health facility records and/or key informants (e.g., ask facility manager if HCWs have been trained, ask providers present on day of visit if they have been trained on DART implementation)</i>	Y	N
		> 90% = Dark Green 80-90% = Light Green 60-80% = Yellow < 60% = Red	

Outcome Indicators

1.4	What % of adults on ART are assessed for DART eligibility? <i>Data source = chart review of at least 20 randomly selected files of adults who have been on ART for ≥ 12 months. Numerator = # of people assessed for DART eligibility; Denominator = # of charts reviewed.</i>	> 90% = Dark Green 80-90% = Light Green 60-80% = Yellow < 60% or no data = Red	
1.5	What % of adults on ART are correctly classified as eligible vs. ineligible for less-intensive models? <i>Data source = chart review of at least 20 randomly selected files of adults who have been on ART for ≥ 12 months. Numerator = # of people whose DART eligibility is documented and consistent with national guidelines. Denominator = # of charts reviewed.</i>	> 90% = Dark Green 80-90% = Light Green 60-80% = Yellow < 60% = Red	

COMMUNITY-BASED GROUP MODELS

(These indicators are in addition to the cross-cutting indicators, not a replacement for them)

Quality Standard 10: Systems are in place to refer recipients of care in community-based models, and facilitate up referrals to health facilities if needed

Process Indicators

10.1	Is there a system in place to ensure recipients of care in community-based models are tracked to ensure they receive timely clinical assessment according to national/international standards? <i>Data source = group logbooks, tracking tools, national guidelines, national specific forms</i>	Y If "No" score Red	N
10.2	Is there a reminder system in place for referral to facility for people enrolled in community-based models who are due for routine clinical assessment? <i>Data source = group logbooks, tracking tools, national guidelines, referral forms</i>	Y If "No" score Yellow	N
10.3	Is there a referral system (both a screening tool and referral form and follow up to confirm referrals are completed) in place for referral to facility for people in community-based group models who are demonstrating signs and/or symptoms that need a clinical assessment? <i>Data source = group logbooks, tracking tools, national guidelines, screening tools, referral forms</i>	Y If "No" score Red	N

Outcome Indicator

10.4	Percentage of completed referrals to the facility from community groups <i>Data source = group logbooks, tracking tools, national guidelines, screening tools, referral forms</i>	> 90% = Dark Green 80-90% = Light Green < 80% = Yellow If unavailable = Red
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Preliminary Results

- The use of the CQUIN SQA tool is feasible and acceptable at the country and facility levels
- Illustrative cross-cutting quality challenges include:
 - Viral load coverage often limits accurate assessment of DART eligibility
 - Flow of DART-specific M&E data from community to health facility is sometimes challenging
 - Community ART Groups lack training and formal processes for orientation, documentation of med pick ups, referrals for advanced treatment, and ongoing in-service trainings for leaders and members.

Cote d'Ivoire Pilot Results 2021

	HF #1	HF #2	HF #3
Standard 1	Green	Green	Light Green
Standard 2	Green	Green	Green
Standard 3	Light Green	Green	Green
Standard 4	Green	Green	Green
Standard 5	Green	Green	Green
Standard 6	Red	Green	Green
Standard 7	Red	Green	Green
Standard 8	Green	NA	NA
Standard 9	Yellow	Light Green	NA
Standard 10	Red	Light Green	NA
Standard 11	Red	NA	NA

What's happening in 2022?

- Updating the quality domain in the CQUIN treatment dashboard
- Continuing to assist CQUIN partner countries to assess DSD program quality
- Supporting QI-for-DSD training activities
- Partnering with the community engagement and M&E communities of practice to develop a client satisfaction assessment toolkit

Revising the CQUIN treatment dashboard quality domain



<p>Neither national quality standards nor a facility services quality assessment (SQA) tool for differentiated treatment (DART) models have been developed and neither is currently in development</p>	<p>National quality standards and a facility SQA tool for DART models have been developed, but no evaluations of quality using the standards have been completed</p>	<p>The facility SQA tool has been used to conduct at least one evaluation of DART quality in the past year and at least 50% of facilities assessed met or exceeded national quality standards</p>	<p>The facility SQA tool has been used to conduct at least one evaluation of DART quality in the past year and at least 75% of facilities assessed met or exceeded national quality standards</p>	<p>The facility SQA tool has been used to conduct at least one evaluation of DART quality using a nationally representative sample in the past year and at least 75% of facilities assessed met or exceeded national quality standards</p>

Continuing the discussion ...

- Session 2 case studies and panel discussion
- Sessions 5, 6 and 11 will focus on using QA data to improve DSD programs
- Sessions 7 and 10 will focus on client satisfaction, one key element of quality assessment
- Country teams are working on QM action plans in sessions 4 and 8; we anticipate great discussions about how to define DSD-specific quality standards and assess DSD program quality



Thank You!



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