

Centering recipients of care: Assessing and improving satisfaction within DSD programs (Part One)

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HIV Coverage, Quality, and Impact Network



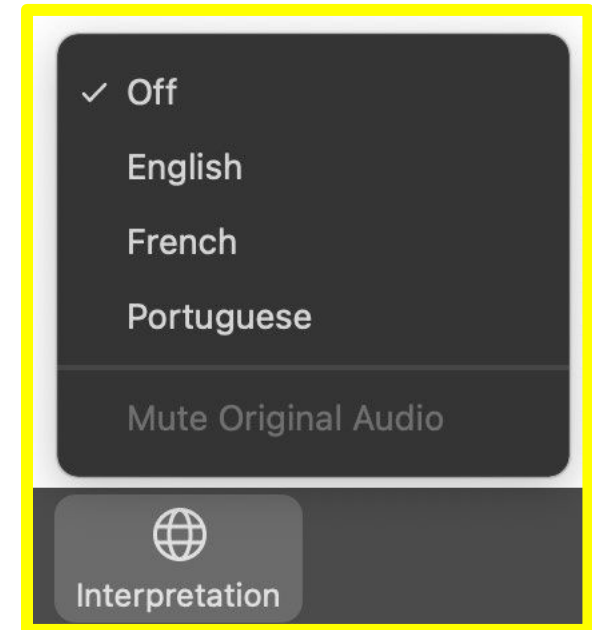
Welcome/Bienvenue



Miriam Rabkin, MD, MPH
ICAP at Columbia University

Be sure you have selected the language of your choice using the “Interpretation” menu on the bottom of your screen.

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Housekeeping

- 60-minute webinar with framing presentations followed by a panel discussion with Q&A
- Slides and recording will be available on the CQUIN website (www.cquin.icap.columbia.edu)
- Please type questions in the Q&A box located on the toolbar at the bottom of your screen
- If you would prefer to speak, please use the “raise hand” function on the toolbar and we will unmute you so that you have control of your microphone
- If you are a French or English speaker, please ask your question in your language of choice and the interpreters will translate as needed



Agenda

Welcome and introductions

Miriam Rabkin, ICAP at Columbia University

Framing Remarks

Gillian Dougherty, ICAP at Columbia University

Panel Discussion

Co-Moderators: Martin Msukwa and Karam Sachathep, ICAP at Columbia University

Tatenda Makoni, Executive Director, ZNNP+ Zimbabwe

Hudson Balidawa, CQI and Monitoring and Evaluation Lead, Uganda MoH

Bactrin Killingo, Treatment and Education Lead, ITPC Global

Kombatende Sikombe, Research Manager, Center for Infectious Diseases Research in Zambia (CIDRZ)

Framing Remarks



Gillian Dougherty
Senior Quality Improvement Advisor
ICAP Columbia University

Polling

1. Question #1: Does your country or organization currently assess recipient of care experience or satisfaction within HIV programs?

Yes/ No

If you answered YES to question 1:

2. Question #2: Does your country or organization use this data within improvement activities and programs?

If you answered YES to question 1:

3. Questions #3: Do you disaggregate data and results by DSD model?

Increased Demand for RCS Assessment within CQUIN

- In response to increasing requests from recipients of care, donors, MoH leaders, and other stakeholders, three of CQUIN's communities of practice (Quality Management, Community Engagement and Differentiated M&E), partnered with CQUIN's Community Advocacy Network to jointly identify resources and best practices related to **recipient of care satisfaction** (RCS).
- This collaborative process led to the development of an **RCS toolkit** which highlights key decisions related to RCS assessment and improvement and includes case study examples and resources for illustrative tools and methods.
- The RCS toolkit is designed to be a dynamic resource that evolves and expands over time.

Research shows that *satisfaction* is an important factor for improved HIV program outcomes

- Several studies have linked RCS to improved HIV treatment adherence, a critical pre-requisite to improved treatment outcomes – especially in achieving viral suppression (Roberts 2004; Martinez *et al.*, 2012; Dang *et al.*, 2013; Somi *et al.*, 2021; Leon *et al.*, 2019;)
- Perceived quality of care also appears to indirectly affect adherence within services across the entire HIV cascade, including prevention, testing, linkage, treatment, retention, and re-engagement (Nwabueze *et al.*, 2011; Murray *et al.*, 2018; Thornton *et al.*, 2012; Brincks *et al.*, 2019; Hailemeskal *et al.*, 2020).
- It is particularly important that members of key population groups are satisfied with health care services to ensure that they are accessing services and can share their positive experiences with others in their social networks. (Chau *et al.*, 2022; Murray *et al.*, 2018).

Take one moment to reflect on your own personal experiences of satisfaction within health systems

Put one or two words in the chat box to describe what you personally feel are the most important factors for you to feel satisfied with the health care you receive.



What are the words and themes that emerge, how might these factors be measured?

Where do we begin to discuss such a big topic?

In August 2022, the CQUIN Community Advocacy Network asked its members **what attributes of HIV service delivery contribute to satisfaction?** Their responses are summarized here

Recipient of care perspectives: What attributes of healthcare are important for satisfaction?

- ✓ Non-stigmatized service delivery
- ✓ Non-discriminatory service delivery
- ✓ Person-centered care
- ✓ Timeliness – can access services quickly
- ✓ Efficiency – reasonable wait times
- ✓ Effective communication
- ✓ Convenient (co-located services)
- ✓ Psychological and physical safety
- ✓ Confidentiality
- ✓ Consent
- ✓ Service quality
- ✓ Accessibility – easy to get to
- ✓ High level of recipient of care engagement
- ✓ Responsiveness
- ✓ Appropriateness
- ✓ Treating the needs of the whole person
- ✓ Empathetic healthcare providers who put themselves in the shoes of recipients of care

Defining “satisfaction” within health care services

There is no gold standard definition of satisfaction within healthcare

- RCS is a measure of the extent to which an individual is content with the healthcare they received.
- RCS is a construct that is driven by an individuals expectations, perceived quality, and perceived value.
 - Satisfaction is the state of being content or fulfilled with a service or intervention based on one’s needs and desires (Proctor,2011; Giese and Cote, 2000; Rothschild, 2021).
 - It is a multidimensional and subjective concept – an emotional evaluation shaped by expectations and prior experiences (Batbaatar, Dorjdagva, Luvsannyam, and Amenta, 2015).

Measurement Challenges

- The absence of an accepted definition of recipient of care satisfaction makes it challenging to assess
 - What is the standard for satisfaction? How is it defined? How is it measured?
 - Can subjective assessments be robust and valid?
 - Can recipients of care accurately assess the quality of the services they receive?
- Disagreements may arise when discussing ‘the who’ should be doing the measurement, where assessments should occur, how assessments should occur and what should be measured.
- **A common approach is to identify *dimensions* of health services which are assumed to lead to satisfaction or its opposite**

Dimensions of Satisfaction: Example 1

International Treatment Preparedness Coalition

Dimension	
Availability	The necessary health services, infrastructure, equipment, supplies, and medications exist when they are needed, and in adequate supply.
Accessibility	Health services are reasonably close to communities, available without long waits, provided at convenient times, referrals occur smoothly, and access is prioritized fairly.
Acceptability	Healthcare providers request and respond to feedback from recipients of care related to service delivery. Healthcare workers are friendly, welcoming, and non-judgmental. Human rights of recipients of care are promoted and protected.
Affordability	No/minimal out-of-pocket payments required (formal or informal). The health provision model is financially sustainable.
Appropriateness	Health services are formally aligned with national standards, policies, and guidelines so the onus is not on recipients of care to ensure that standards are met. Services are differentiated to meet the needs of all recipients of care, including tailored approaches based on age, gender, and key population status.

Example 2: Concept Analysis of Attributes

Ng and Luk, 2019

Provider attitude	Recipients of care were more satisfied when HCW were courteous, friendly, kind, and approachable, and when they delivered education and health information while demonstrating respect for their participation in the decision-making process.
Technical competence	Recipients of care tend to be more satisfied if they believe their care provider possesses technical competence and adheres to high standards of technical skill.
Accessibility	Facility cleanliness, comfort, and infrastructure correlated directly to recipient of care satisfaction. Apart from physical factors, process related issues such as waiting times for services was of critical importance.
Efficiency	Recipient of care satisfaction was more likely when they considered their treatment to be effective and their health improved.

Considerations in selecting satisfaction dimensions:

- Need for both objective and subjective indicators
 - Objective: How long did you wait at the health facility today?
 - Subjective: Were you treated with respect by health facility staff?
- Usefulness of both quantitative and qualitative data
- Importance of matching the assessment strategy to the context
 - In some settings, only limited data collection is feasible
 - In others, more robust triangulation can be conducted

Key questions for RCS assessment strategic planning

The “Who”

- ***Are you interested in assessing satisfaction from recipients of care themselves – directly, or from alternative methods that include observation from inside the service delivery side?***
 - Indirect Assessment: Approaches include shadowing, or mystery shoppers
 - Direct assessment: Approaches include CLM, questionnaires, exit interviews or focus groups
 - It is important to thoughtfully consider which individuals are selected for assessment within the selected sampling frame and ensuring a diverse range of individuals
- It is also important to consider who is delivering the RCS assessment and/or asking the questions. Selecting external evaluators will be important to reduce a number of bias' and ensure that individuals feel comfortable to share accurate and insightful responses.

Key questions for RCS assessment strategic planning

The 'What'

- *Does the study team aim to develop their own indicators for assessment or engaging with recipients of care themselves to develop indicators.*
- *What type of data does the team seek to have- qualitative (richer and more complex) data or quantitative (quicker and more simplistic) data.*
 - If the team aims to collect qualitative data from recipients of care, would this be from individuals or in a group setting?
 - Answering these questions will also direct the team towards different assessment methods such as surveys, individual interviews, focus group discussions, or community led monitoring.

The 'Where and When'

- *Where and when would the team seek to elicit data from recipients of care?*
 - Data can be obtained via a paper survey form, collected at the health facility – immediately after the visit or, electronically several hours or days after the health care visit.

Various approaches to data collection for assessment



Quantitative approaches:

- Feedback boxes
- Paper-based surveys
- Electronic/online surveys
- Phone/SMS-based surveys



Qualitative approaches:

- Exit interviews
- In depth interviews (in-person or telephone based)
- Focus group discussions



Approaches that can be either quantitative or qualitative (mixed methods):

- Community led monitoring
- Direct observation through recipient of care shadowing
- Direct observations using “secret shoppers”

Recommendations for ensuring that results are linked to action and improvement

- As health planners design, implement and evaluate HIV program improvement interventions, using the RCS lens can lead to a more inclusive and comprehensive approach.
- Meaningful engagement with established networks of recipients of care is vital at all stages of the process
- Use of human centered design approaches in planning services is showing promise in creating systems and services that are more acceptable
- Evidence points to the importance of embedding RCS assessment into national quality management and M&E policies and platforms.
- Quality improvement methods and tools can drive implementation of locally appropriate solutions at health facility levels.

**Panel
Discussion:
Moderators**



Martin Msukwa
QI Advisor,
ICAP South Africa



Karam Sachathap
Senior SI Manager
ICAP Columbia University

Panelists



Tatenda Makoni
ZNNP+, Zimbabwe



Hudson Balidawa
Uganda MoH



Bactrin Killingo
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Sikombe Kombatende
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Slides and recordings from today's session will be posted on the CQUIN website:

<https://cquin.icap.columbia.edu/>

Join us on March 7th for the next CQUIN webinar:
DSD for Adolescents and Young People

And join us on April 4th for:
Recipient of Care Satisfaction – part 2

Thank you!

