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

A CQUIN Webinar | April 4, 2023

HIV Coverage, Quality, and Impact Network

Welcome/Bienvenue

Miriam Rabkin, MD, MPH
Assoc. Professor of Medicine & Epidemiology
Director for Health Systems Strategies
ICAP at Columbia University

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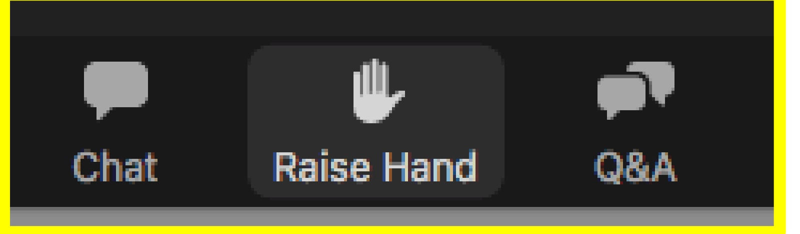
Housekeeping

- 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

Martin Msukwa, ICAP at Columbia University

Case Studies

Moderator, Gillian Dougherty, ICAP at Columbia University

1. Krista Lauer, Citizen Science Lead, ITPC: Using the CLM Approach
2. Kombatende Sikombe, Research Manager: CIDRZ, Client Satisfaction Study in Zambia
3. 15 mins Q&A

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

Martin Msukwa, MPH

Regional Advisor, ICAP at Columbia University

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Framing Remarks

Martin Msukwa
CQUIN Regional Advisor,
ICAP South Africa

CQUIN Conducted a Recipient of Care Satisfaction Part One Webinar in February 2023

- 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.
- Please see the webinar recording here: https://cquin.icap.columbia.edu/event/centering-recipients-of-care/
- The Recipient of Care Satisfaction toolkit will be available here: https://cquin.icap.columbia.edu/cquin-resources/

CQUIN
RECIPIENT OF CARE
SATISFACTION TOOLKIT

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Part One Emphasized: *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 other in their social networks. (Chau et al, 2022; Murray at al, 2018).

Part One Reviewed: RCS 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**

Part One Described: An Overview of Various Approaches to Data Collection for Assessment

Quantitative approaches:

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

Qualitative approaches:

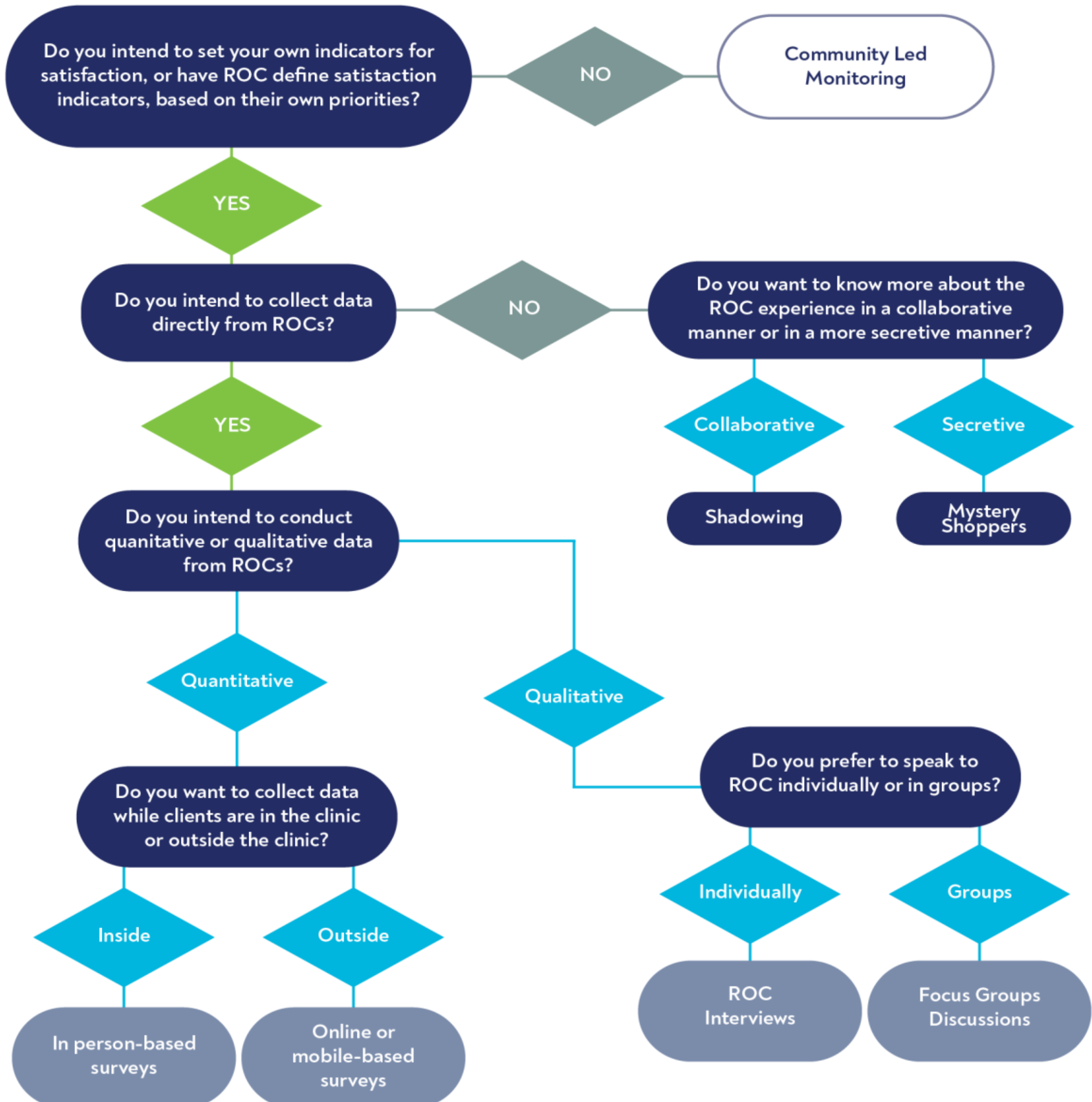
- Exit interviews
- In depth interviews (in-person or telephone based)
- Focus group discussions

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”

Part One Provided: Information on Key Decisions for RCS 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?
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?
The When?	*When would the team seek to elicit data from recipients of care? (i.e. Immediate post visit)*
The Where?	Where would the team seek to elicit data from recipients of care? (ie paper survey form, electronically)

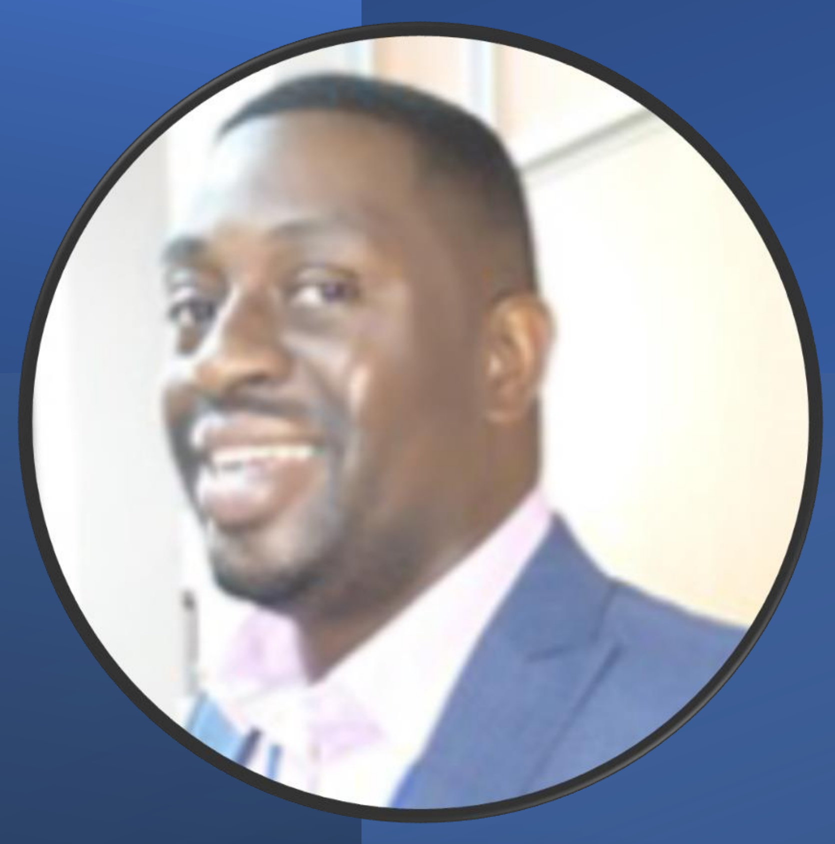


The RCS Toolkit Provides an Overview of Different Assessment Methods along with Case Study Examples

- Survey approaches
- In Depth Interviews
- Focus Group Discussions
- Observation through visit shadowing
- Observation by mystery / secret shoppers
- Community Led Monitoring

Case Study and Q&A Moderator

Gillian Dougherty
Senior Quality Improvement Advisor
ICAP Columbia University



Kombatende Sikombe

Research Manager

CIDRZ Zambia

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Community-Led Monitoring (CLM) and Recipient of Care Satisfaction

Krista Lauer
Citizen Science Lead, ITPC

HIV Coverage, Quality, and Impact Network

What Is Community-Led Monitoring?

CLM Is NOT...	CLM IS
X Community-BASED	✓ Community-**LED**
X Indicators are set by outside entities (governments, donors); data collected corresponds to established M&E systems and frameworks	✓ Indicators are determined by communities and correspond to their own priorities; provide a valuable piece of the **whole data story**
X One-time evaluation (a "snapshot")	✓ Routine, **recurring data collection** over time (usually monthly or quarterly)
X Data is owned by entities outside of the community (governments, healthcare facilities)	✓ Data is owned by communities
X Fault-finding	✓ Fact-finding
X The end goal of the data is to understand the trends and issues	✓ The end goal is to **improve a particular issue** that has been identified as important by communities

ITPC's Community-led Monitoring (CLM) Model

EDUCATION

LEARN ABOUT THE SCIENCE BEHIND THE DISEASE(S) and normative standards for optimal prevention, treatment, care and support interventions, including on COVID-19

EVIDENCE

DOCUMENT COMMUNITY EXPERIENCES accessing health services, compile that information, and identify trends and problems

ENGAGEMENT

DISCUSS THESE FINDINGS with a wider group of stakeholders, such as a Community Consultative Group (CCG) or other existing group, to co-create solutions

ADVOCACY

TAKE TARGETED ACTION to work with policy makers to fix or improve the services, systems, laws or practices that underlie problems

CLM

CLM in 6 Steps

1. Need and gap analysis
2. Indicator selection & data collection
3. Data analysis with periodic data quality assessments
4. Insight harvesting
5. Community Consultative Group (CCG) or equivalent meetings to determine advocacy priorities
6. Targeted action and co-problem solving for **CHANGE**

LOCAL targeted action and co-problem solving

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Case Study #1: Dissatisfaction with HIV Testing among Men Who have Sex with Men in Malawi

Limited Access to HIV Testing Services, especially for Key Populations, in 2021

Number of HIV tests performed at our 15 monitored health facilities in Malawi, by population	Before COVID-19 (November 2018 – September 2019)	During COVID-19 (November 2020 – September 2021)	% CHANGE
Number of HIV tests among the general population	80,215	59,864	Testing fell by 25.4%
Number of HIV tests among men who have sex with men	248	117	Testing fell by 52.8%
Number of HIV tests among female sex workers	132	27	Testing fell by 79.5%

"COVID has been one of the things that they prioritize, and when it comes to HIV testing, you don't get those mobile clinics or those tents anymore. Most of them, they focus on COVID testing. You might find that once in a week, there are tents that do HIV testing, but other than that, it's been COVID and COVID and nothing else but COVID."

– Life Maps participant, South Africa

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HIV Testing Among Men Who Have Sex with Men

The average number of tests per month among this group has fallen from 23 per month in 2018/2019 to 11 per month in 2020/2021 and seven per month in 2022.

"When I went to get tested for HIV, the provider insulted me by saying that I already know that I engage in risky and unacceptable sexual behavior. Why do I waste their time to test for HIV as if I can be negative? I was hurt and do not feel comfortable with the experience till now."

– Man who has sex with men, Recipient of care, Malawi

BARRIERS IDENTIFIED:

- Stock-outs of test kits
- Stigma and discrimination
- Lack of funding for differentiated services (primarily external funding from PEPFAR)

Eight health facilities, all in Kasungu District, cited a lack of resources as the reason they are not doing moonlight testing for key populations.

Action Needed:

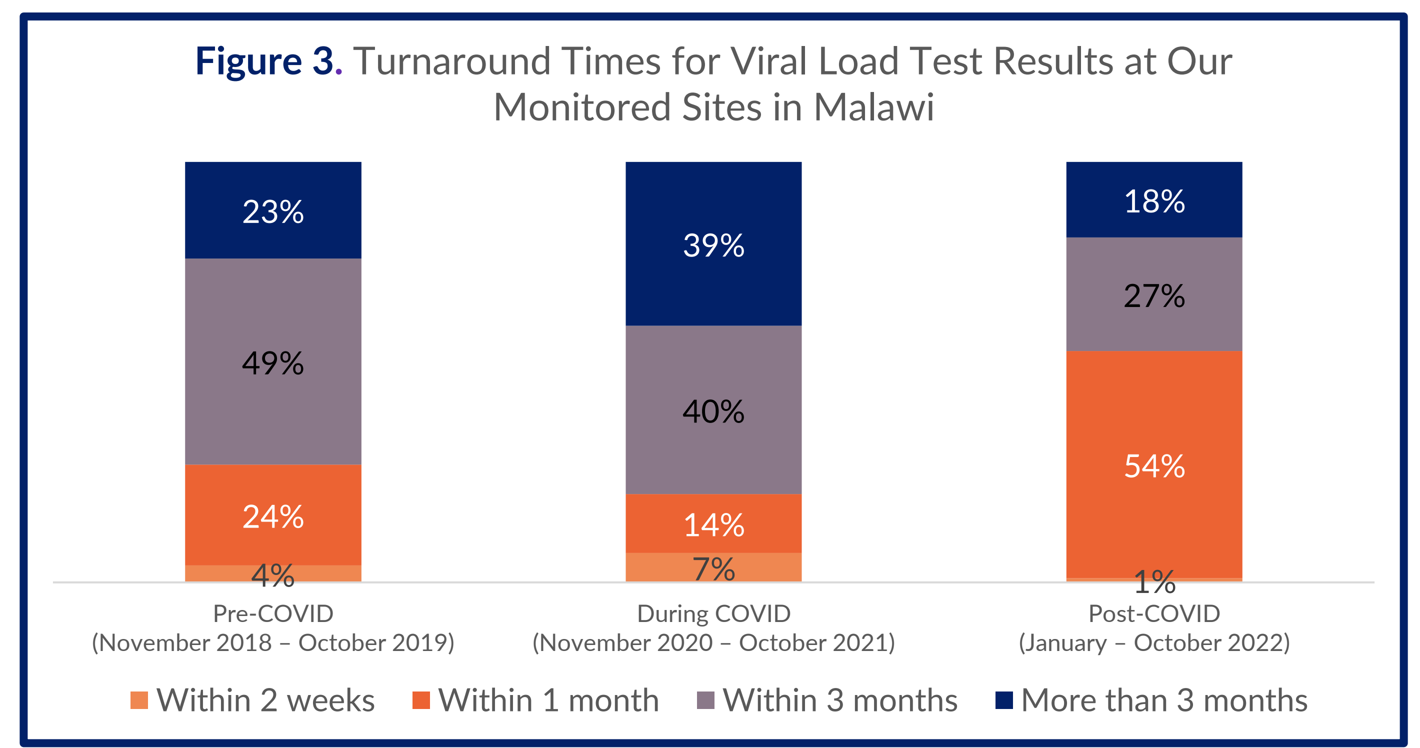
- Training for healthcare workers must continue to emphasize non-stigmatizing and non-discriminatory approaches
- Governments and donors should prioritize funding for moonlight services, including moonlight testing
- CLM implementers should deliberately recruit and train data collectors from affected communities

Case Study #2: Speedier Turnaround Times for Lab Test Results

After long delays in 2020 and 2021, turnaround times for viral load test results have recovered and are now faster than before the pandemic in Malawi. In 2022, more than half of people received their results within a month.

The quality of treatment monitoring is affected by the turnaround time for viral load test results.

Guidelines suggest that healthcare workers must ensure that the results of any viral load tests are checked within one week.



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Case Study #3: Inflation and the Need for Social Protection

The economies of many countries have yet to recover from COVID-19. In Malawi and South Africa, inflation has risen sharply since 2020. Recipients of care told us how the increased cost of living has affected their health:

"Everything is going up now, so even if you want to go to town and collect your meds or here at the clinic, it's a hassle, and that is why most of the people skip taking their meds."

– Recipient of care, South Africa

"In the past, I used to buy 2 trays [of eggs] and a tray was K2,600 and one egg was K100. Now, a tray is K4,600 and an egg is K200 and now I cannot afford to buy eggs, beef and milk."

– Recipient of care, Malawi

Recipients of care in Malawi told us that their local transport to the health facility has tripled, from K500 (about 50¢) to K1,500 (about $1.50). This makes it prohibitively expensive for them to travel for clinic appointments ad to collect medications.

"This is my fridge where I keep a lot of things like beef, eggs, chicken, vegetables, Fanta, juice and oranges. But, with the coming in of COVID-19, things changed. I cannot afford these and hence am just storing water." – **Life Maps participant, Malawi**

Framework for the Application of CLM: AAAAA

Availability	Accessibility	Acceptability	Affordability	Appropriateness
▪ Do the required health services, medicines, commodities and supplies exist? ▪ If so, do they exist when they are needed and in adequate supply?	▪ Are there long travel distances or wait times? ▪ Are hours of operation convenient? ▪ Are referral processes along the care cascade smooth?	▪ Is there a high quality of care? ▪ Are services provided free of stigma and discrimination? ▪ Are the human rights of patients promoted and protected?	▪ Do services require out-of-pocket spending on behalf of the client? ▪ Is the service delivery model(s) efficient? ▪ What is the sustainability of the response?	▪ Are services tailored to the specific needs of key and vulnerable populations? ▪ Are age and gender considered in service packages?

Learn More: CLMHub.org

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Leveraging Person-Centred Public Health for HIV treatment in Zambia

4th April 2023

Kombatende Sikombe

HIV **Coverage, Quality, and Impact Network**

Recipients of Care

Background and Motivation

Retention in care: A global challenge for HIV programs

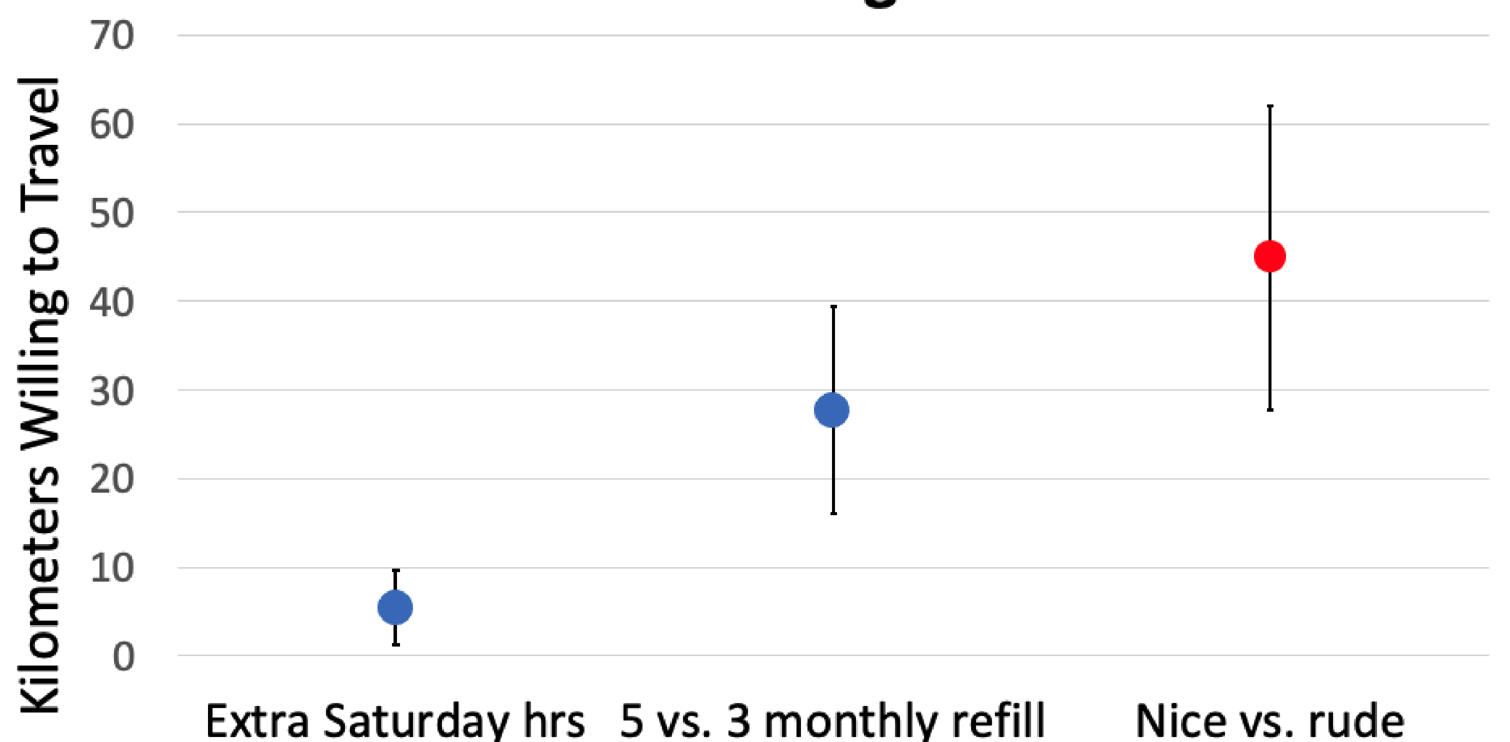
- HIV testing, linkage, and treatment initiation improving
- Securing progress increasingly falls on retention in care
- Multifaceted barriers to retention (e.g., transport, stigma, treatment fatigue)
- Most improvements focused on delivery models or architecture (e.g., differentiated service delivery, service integration)
- *Data suggest that client-provider interactions is an important driver of retention, but few empirically evaluated strategies targeting provider behavior in order to enhance patient experience and retention*

Mwamba et al., BMJ GH 2018, Sikazwe et al., CID 2021

PLOS MEDICINE

Understanding preferences for HIV care and treatment in Zambia: Evidence from a discrete choice experiment among patients who have been lost to follow-up

Arianna Zanolini, Kombatende Sikombe, Izukanji Sikazwe, Ingrid Eshun-Wilson, Paul Somwe, Carolyn Bolton Moore, Stephanie M. Topp, Nancy Czaicki †, Laura K. Beres, Chanda P. Mwamba, Nancy Padian, Charles B. Holmes, Elvin H. Geng



Clients willing to travel up to 45 km for "kind" health care workers

Zanolini et al., PLoS Med 2018

Ideation

How do we

- help facilities focus on their local barriers and,
- adapt and shape health care practices in the facility to needs of specific communities/ DSD models?

Aim

To improve client experience to keep patients engaged in care and reduce disengagement and viral suppression, by:

1. Optimizing an electronic platform that integrates data from multiple modalities- e.g., SMS/USSD
2. Displaying this information in easily understood manner for HCWs to improve client experience
3. Providing mentorship on PCC to facilities

Approach

J Acquir Immune Defic Syndr • Volume 82, Supplement 3, December 2019

Human-Centered Design Lessons for Implementation Science: Improving the Implementation of a Patient-Centered Care Intervention

2. Client experience data and feedback
- Exit survey in systematic sample
- Feedback at staff meetings

3. Gentle facility-level incentive
- Facility level
- Recognition and visibility

1. Training and coaching
- Appreciative approach
- Rapport formation
- Monthly site support

Beres et al., JAIDS 2019

Client Experience Survey- SMS

SMS SURVEY
(v 1.2 29 January 2019)

Question Set #1

Hello. Press 1 to start your clinic survey about your experience at your last clinic visit.	
1. At your last visit, were you happy with the care you received?	O Yes O No
2. At your last visit, did you see any healthcare provider behaving rudely?	O Yes O No
3. At your last visit, did your healthcare provider listen to what you said?	O Yes O No
4. At your last visit, did you spend more than 4 hours at the clinic?	O Yes O No
5. Will it be difficult for you to attend your next clinic appointment?	O Yes O No

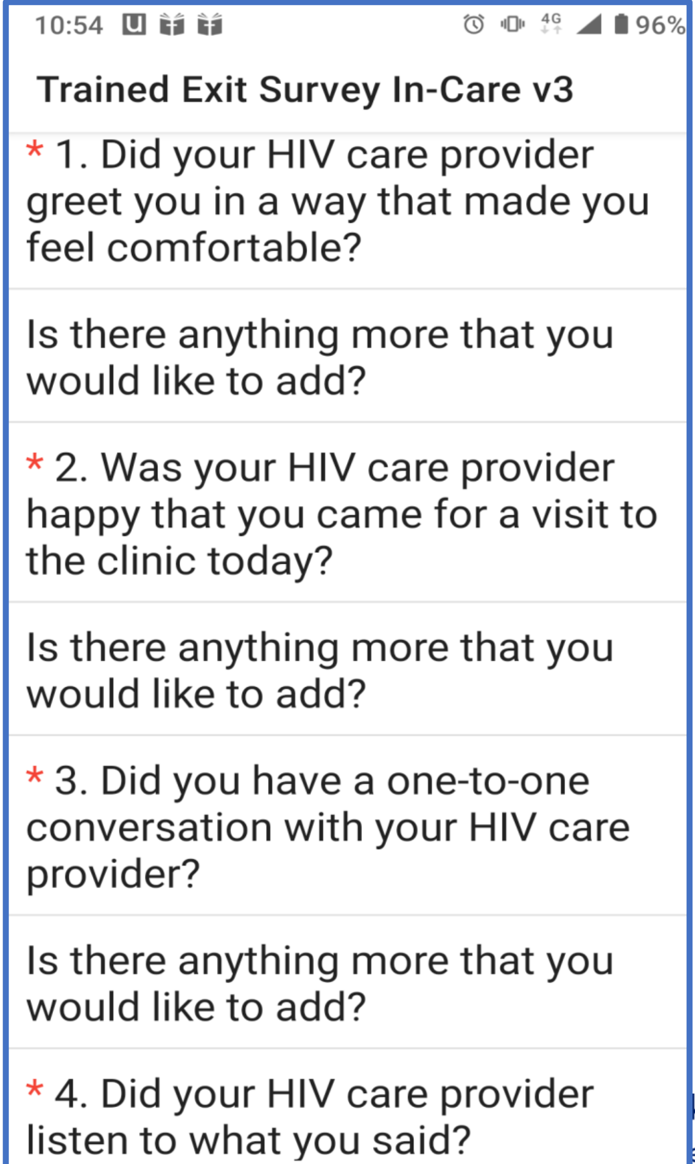
11:03 22%

Phone

At your last visit, did you spend more than 4 hours at the clinic? :
1. Yes
3. No

Cancel Send

Client Experience Surveys: Exit & TEC


10:54 96%

Trained Exit Survey In-Care v3

* 1. Did your HIV care provider greet you in a way that made you feel comfortable?

Is there anything more that you would like to add?

* 2. Was your HIV care provider happy that you came for a visit to the clinic today?

Is there anything more that you would like to add?

* 3. Did you have a one-to-one conversation with your HIV care provider?

Is there anything more that you would like to add?

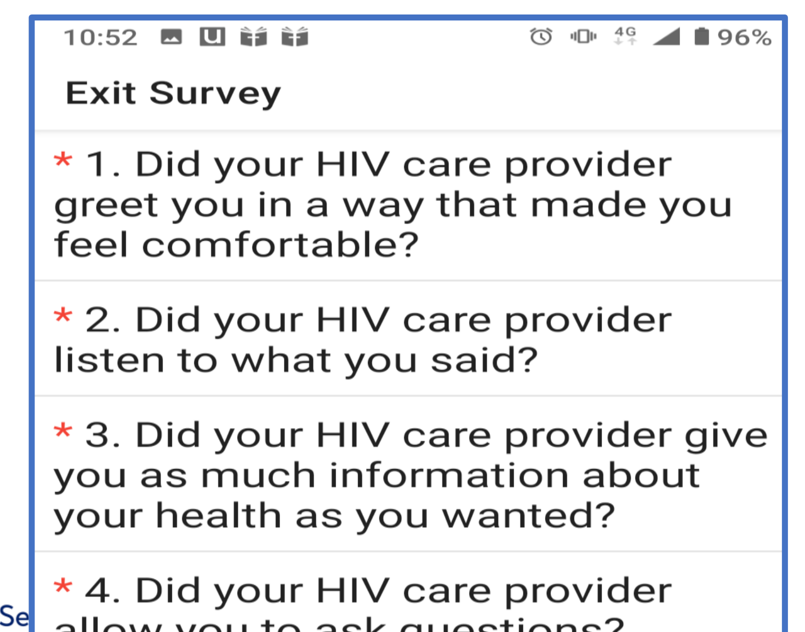
* 4. Did your HIV care provider listen to what you said?

Trained Exit Client (TEC) Survey

- Patients sensitized to exit survey PRIOR to visit
- Decreased social desirability bias
- Conducted among <u>in care</u> and <u>returning clients</u>

Exit Survey

- Participants surveyed after completing visit → Same survey as TEC on <u>in care</u> clients


10:52 96%

Exit Survey

* 1. Did your HIV care provider greet you in a way that made you feel comfortable?

* 2. Did your HIV care provider listen to what you said?

* 3. Did your HIV care provider give you as much information about your health as you wanted?

* 4. Did your HIV care provider allow you to ask questions?

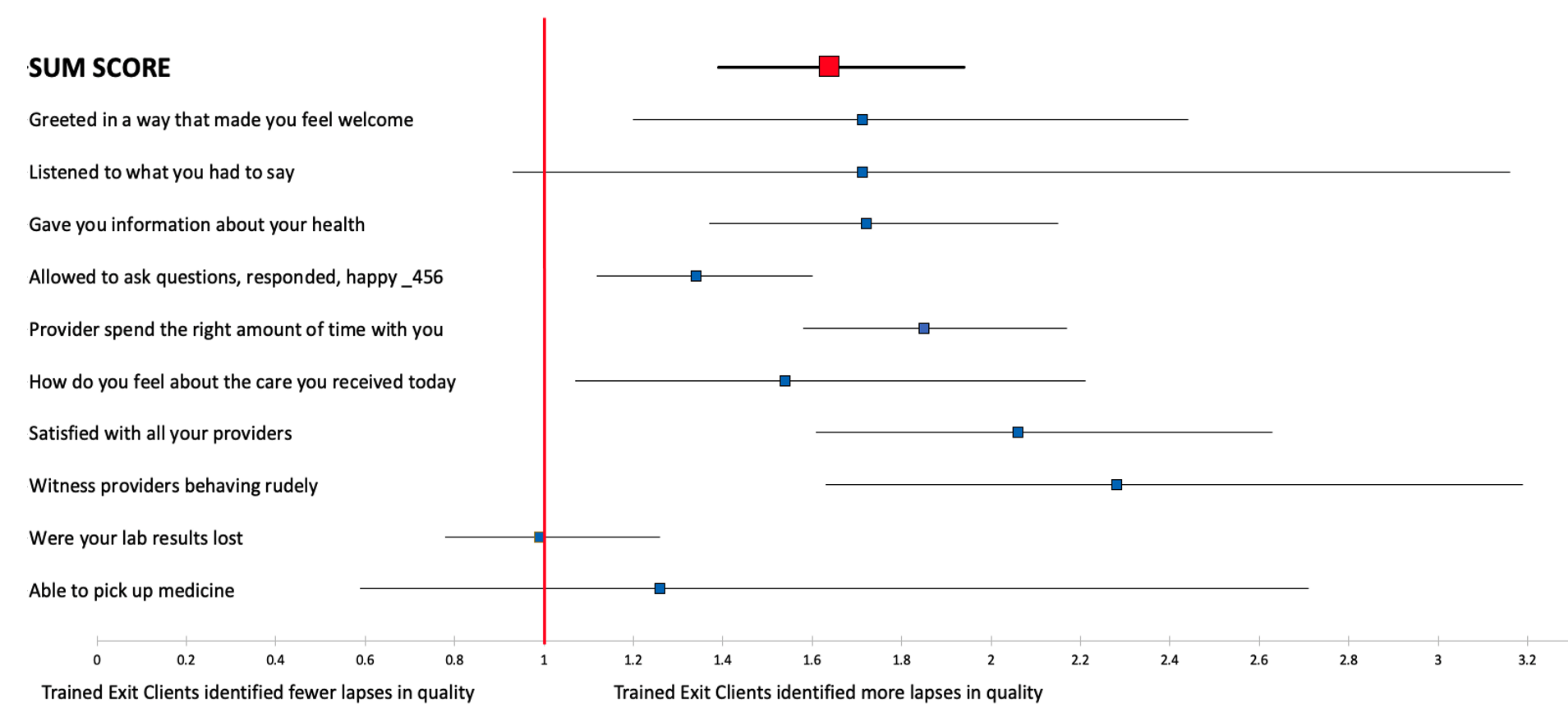
Please let us know if any of the following occurred during your visit today,

* 11. I witnessed HIV care providers behaving rudely during my visit today.

* 12. Were your lab results lost?

* 13. Were you able to pick up your medicine today?

Trained Exit Clients better at picking care lapses



Facility Client Experience Dashboard

Legend:

Best
Good
Medium
Low

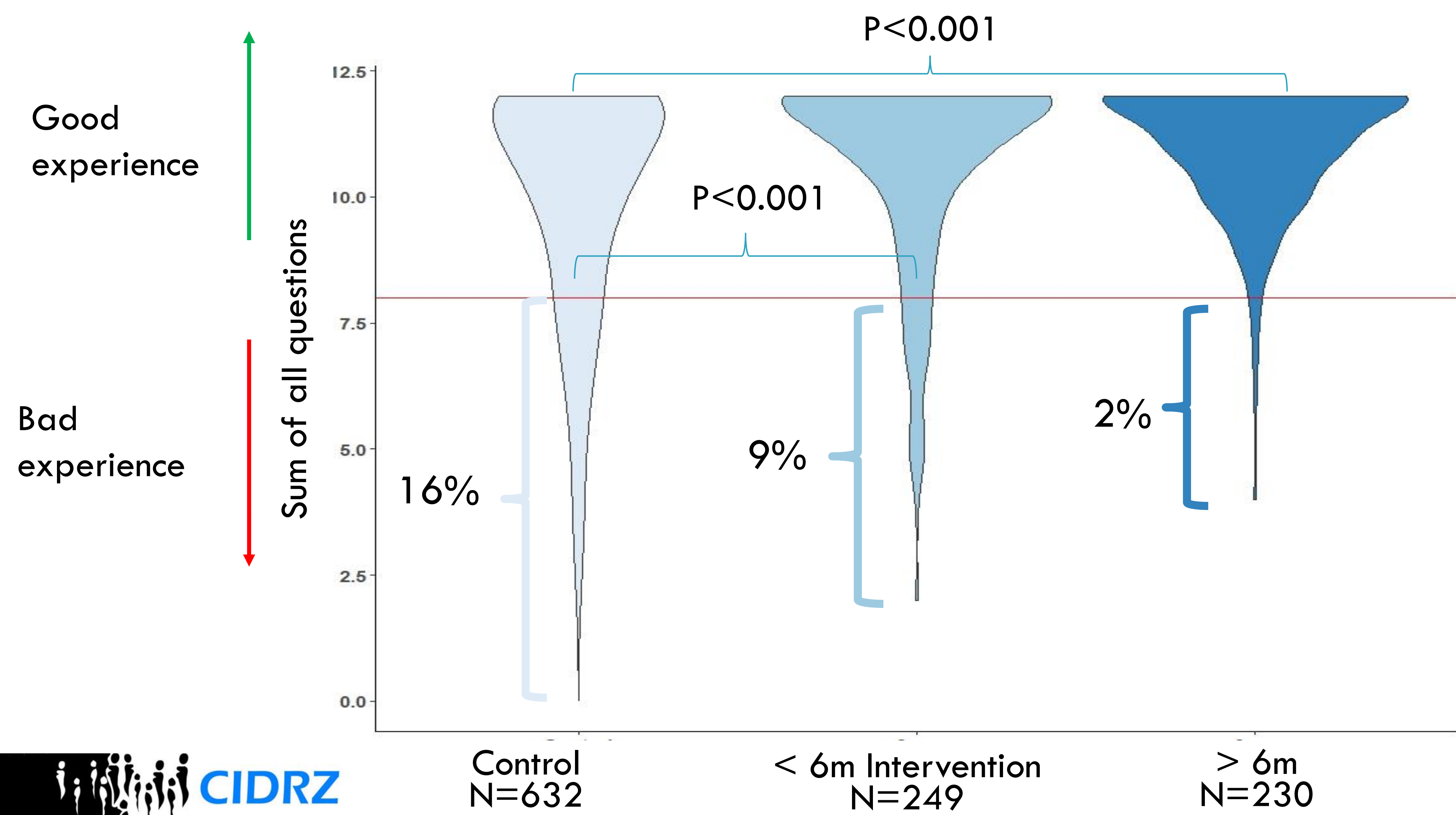
Questions to Patients	Percent Patients		Current Period Rank Among Facilities
	Previous Period	Current Period	1 - 8 (target = 1)
Were you happy about the care that you received?*	81%	98%	3
Did your care provider listen to what you said?*	97%	97%	3

Questions to Patients	Percent Patients		Current Period Rank Among Facilities
	Previous Period	Current Period	1 - 8 (target = 1)
I witnessed care providers behaving rudely during my visit.*	20%	9%	1
Spent more than 4 hours at the clinic	19%	19%	2
Difficult to attend next appointment	12%	10%	1
Unable to pick-up medicine	0%	0%	1
Were lab results lost?	50%	26%	6

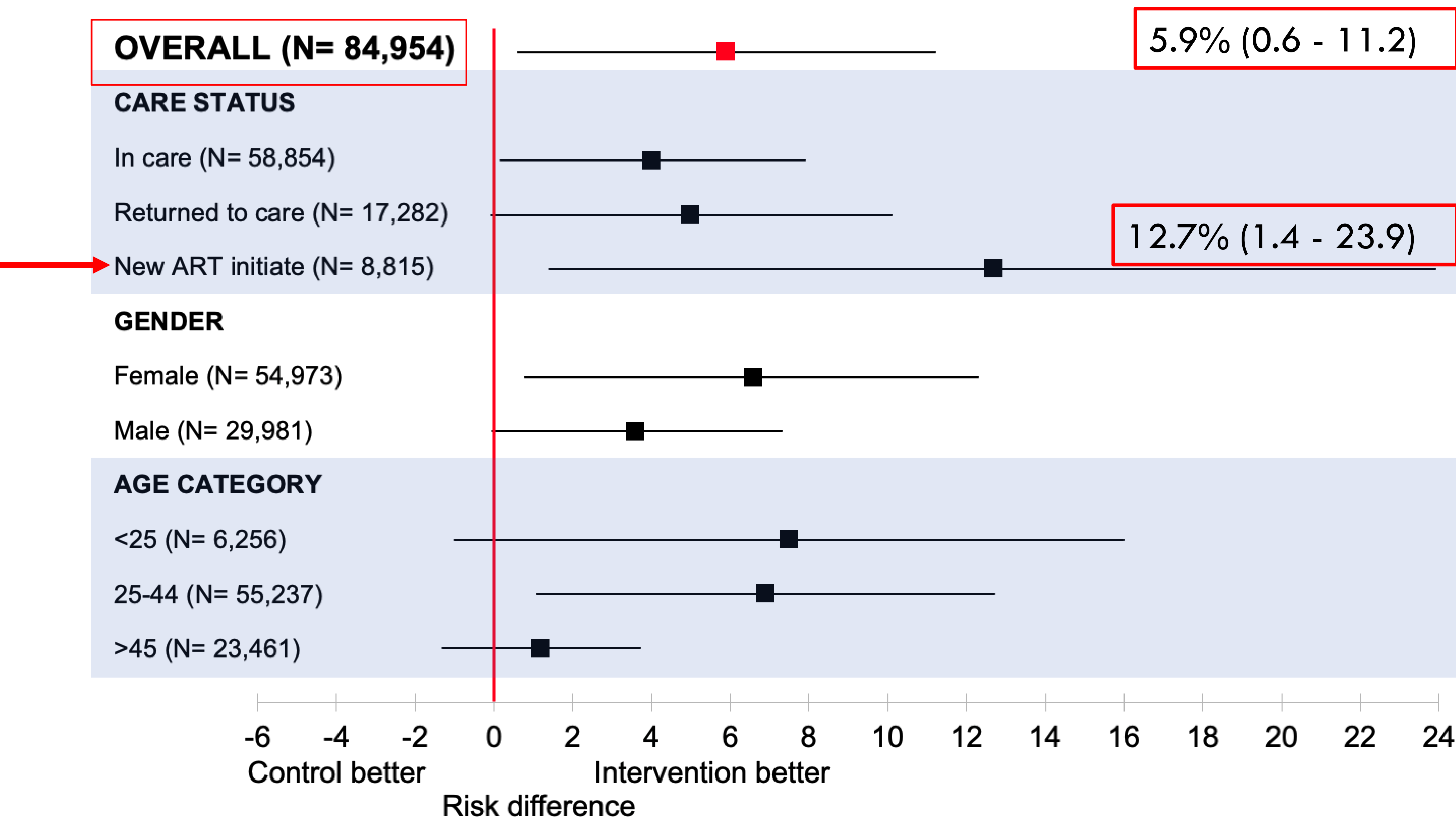
OVERALL = 90%

Results

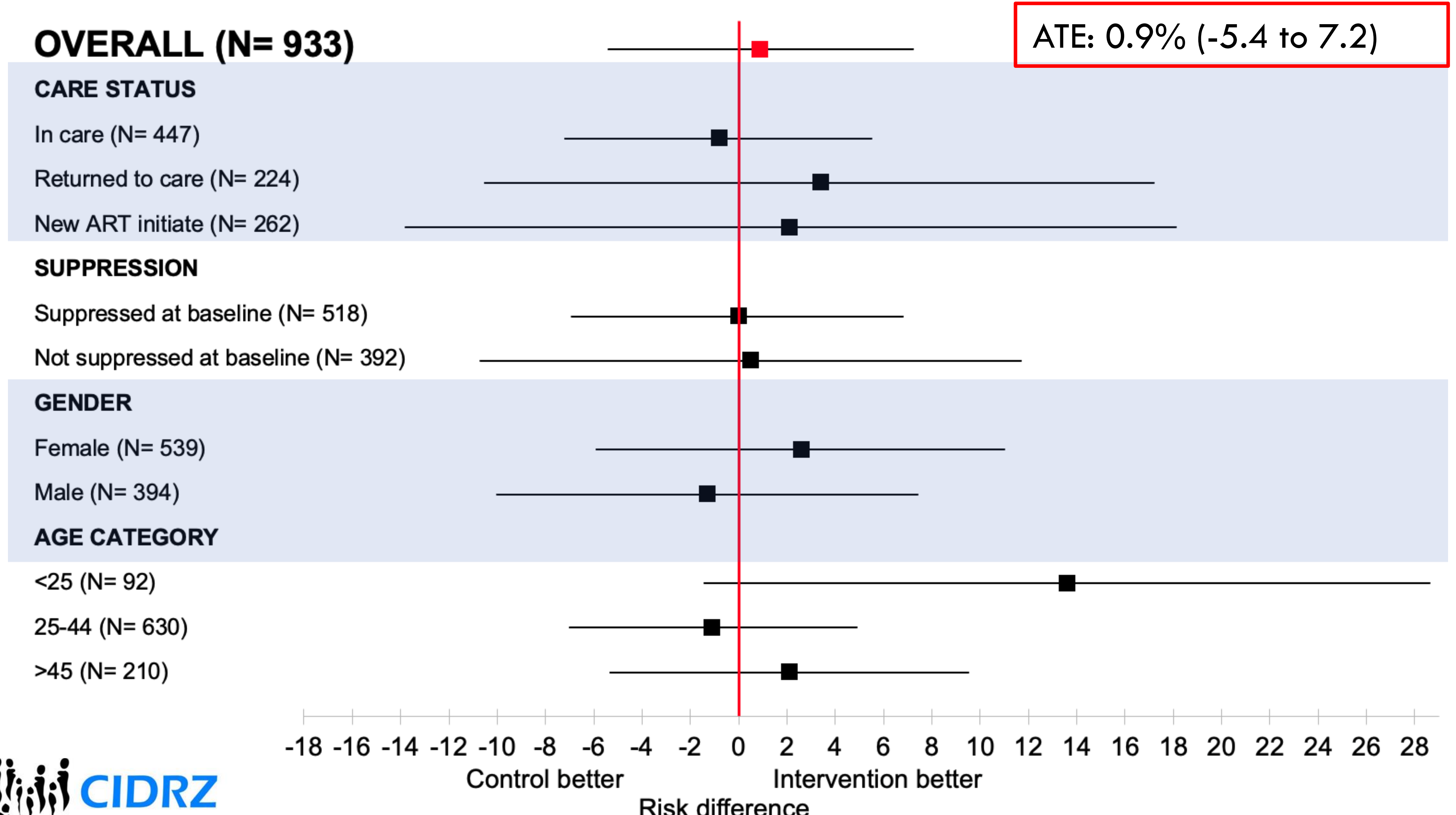
Results: Trained-patient exit surveys (N=1,111)



Results: Retention at 15 months



Results: Treatment Success & Viral Suppression



Conclusion and Implications

- A multi-component, co-designed intervention delivered in routine service delivery setting had measurable effects on client experience and retention, but not viral suppression
- Improving inter-personal dynamics between clients and providers represents a promising complement to differentiated service delivery efforts
- Even in public health settings, routine measurement of clients' experience may be an important public health strategy for improvement
- A potentially scalable approach to advance adoption of 2021 WHO Good Practice Statement on Person and Patient Centered Care in HIV programs

Thank you!

Slides and recordings from today's session will be posted on the CQUIN website:
https://cquin.icap.columbia.edu/

Join us on 2nd May for the next CQUIN webinar:
Impact of Differentiated Service delivery on Retention and Viral Load Suppression: The South Africa Experience

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Thank you!