Module 14: Facilitator Guide for Zoom session

Facilitator Instructions: Complete the 3 activities below using these instructions and the Module 14 Zoom facilitation slides.
Suggested time: 45-50 minutes

Activity 1: Perspectives on optimal care *(advance on slide 2)*
Objective: Recognize challenges in delivering high quality care at the patient and health system levels

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1. Remind learners of the case: *(stay on slide 2)*
In this module, we discussed community-based HIV service delivery. We went over the challenges to delivering high quality care at the patient and health system level, and the perspectives of different stakeholders.

2. Explain the activity: *(advance to slide 3)*
You will now be divided into small groups and put in breakout rooms, where you will review three cases and perspectives: the HIV patient (Kwabena), HIV nurse, and HIV manager. In your groups, take 15 minutes to review the cases and answer the associated questions with the goal to develop strategies to address the challenges faced by the HIV manager, HIV nurse, and patient.

3. Move learners into breakout rooms. *(advance to slide 4)*

4. After 15 minutes, close breakout rooms and return students back to large group.

5. Guide learner reflection on the activity *(advance to slide 5)*
Ask the learners to spend a few minutes sharing their strategies.

(advance to slide 6) Once all groups have shared, ask the learners the following questions:
1. Considering Kwabena, the HIV nurse, and HIV manager, is there a way to deliver optimal care for Kwabena?
2. What would be the challenges of implementing a strategy that meets Kwabena's needs?
3. What short, medium and long-term interventions might address the priorities for the patient Kwabena, the HIV manager, and the HIV nurse?

Activity 2: Community-based HIV service delivery models *(advance on slide 7)*
Objective: Compare and contrast various community-based HIV service delivery models (IPE)

1. Remind learners of the topic: *(advance to slide 8)*
You will now have the opportunity to discuss the pros and cons of different community-based HIV service delivery models. We will explore medication adherence clubs, community ART groups, harm reduction clinics, and points de distribution communautaires.

2. Explain the activity: *(advance to slide 9)*
I will divide everyone into 5 breakout rooms. Your room number matches the assigned service delivery model on the slide. Group #5 should identify a new model from the differentiated service delivery website (find the link in the chatbox). *(Enter https://differentiatedservicedelivery.org/Models?keypop=all&cascade= in the chat box.)*

In your group, review your assigned service delivery model. Discuss the pros and cons of implementing the assigned delivery model in your community. After ten minutes, you will return to the large group and each group will share the pros and cons they discussed. We will then vote as a group to decide which model would be best to help Kwabena.

3. Move students into 5 breakout rooms for multidisciplinary discussion *(advance to slide 10)*

4. After 10 minutes, close breakout rooms and return students back to large group

5. Guide learner discussion and compare/contrast different service delivery models as a large group: *(advance to slide 11)*
Ask each group to summarize key points from their discussion, including pros and cons of their assigned service delivery model. Once all groups have shared, ask learners to vote on the preferred model to help Kwabena. If time permits, ask learners for other suggestions to improve HIV care delivery in their communities.

Activity 3: Effectiveness of service delivery models *(advance to slide 12)*
Objective: Discuss how to evaluate the effectiveness of differentiated service delivery models (QI)

1. Remind learners of the topic: *(advance to slide 13)*
In this module, we discussed models of service delivery to help patients that face different barriers to accessing care. For Kwabena, a patient stable on ART, we discussed less frequent clinical visits and medication pickups (every 3-6 months for multi-month supplies). For Mercy, we discussed decentralizing HIV care –taking services closer to facilities closer to patients' homes or to places within their communities.

You will now have the opportunity to discuss approaches to assessing whether the quality of care provided for Kwabena and Mercy improved.

2. Explain the activity: *(advance to slide 14)*
You will be moved into breakout rooms in small groups. Please take 10 minutes to discuss the following questions in your groups:
   a) How could you go about assessing whether the quality of care provided for Kwabena improved?
   b) What data could you use to assess care quality in each example?

Using the provided table, please list several ways you could measure the impact of the changes through either patient-level or system-level metrics

3. Move students into breakout rooms for multidisciplinary discussion *(advance to slide 15)*

4. After 10 minutes, close breakout rooms and return students back to large group.

5. Guide learner discussion: *(advance to slide 16)*
Ask each group to summarize key points from their discussion. How would they go about assessing whether quality of care had improved? What patient-level and system-level metrics would they use?

(advance to slide 17) After reducing the frequency of visits for patients like Kwabena and/or decentralizing care for patients like Mercy, the clinic could compare the following outcomes for a cohort of patients before and after changes were made:

Patient-level metrics	System-level metrics
• Number of patients with suppressed viral rates. (Note: Some lower-level facilities may not be able to monitor viral loads. Thus, it is essential to determine other metrics of treatment success and have a clear idea of the kind of 'stable' patients that could be transitioned to monitoring in settings where viral load monitoring is not available). <u>It is important</u> to strive for and use viral suppression rates in <u>quality improvement for HIV care</u> • Time patients spend with the nurse in the clinic encounter • Patients' satisfaction with having to visit less frequently	• Actual vs. expected clinic visit rates • Average waiting time for patients in the clinic waiting room • Nurse quality of life assessment (based on her business in clinic), staff satisfaction surveys • Staffing models, staffing requirements • Rates of continuity of treatment • Loss to follow up