

Spotlight: Community Advisory Boards

Partnering with consumers to reduce HIV-related stigma and discrimination and improve patient experience in Binh Duong and Thai Nguyen Provinces

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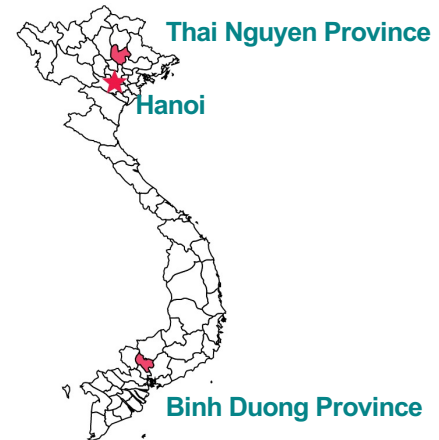


Background

Eliminating HIV-related stigma and discrimination (S&D) in the healthcare setting is a key pillar in Viet Nam's plan to reach the 95-95-95 targets. Since 2017, the Viet Nam Administration for HIV/AIDS Control (VAAC) has partnered with the Partnership for Health Advancement in Vietnam (HAINN) to apply quality improvement (QI) principles to reduce S&D in 10 health facilities across 3 provinces.

Beginning in 2019, VAAC supported the development of consumer advisory boards (CABs) based on a model implemented by the New York State Department of Health AIDS Institute in Binh Duong and Thai Nguyen Provinces as part of its national approach to S&D-reduction (Figure 1). Comprised of community leaders and users of HIV treatment and prevention services, the CABs were implemented with the aim of collecting feedback from people living with HIV (PLWH) and communities to inform development of S&D QI interventions.

Figure 1. Thai Nguyen and Binh Duong Provinces



Implementation of Consumer Advisory Boards

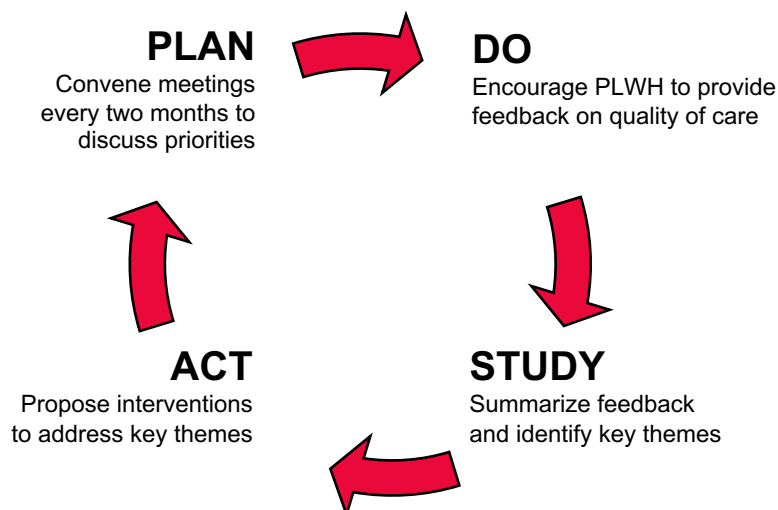
Planning and Development

As adapted from the New York Model, clients of HIV treatment and prevention services are selected to serve on facility- or province-level QI committees, where they collaborate with clinicians, policymakers, and community-based organizations to develop priorities for improvement and contribute to policymaking. Another key role of the CAB at facility level is to function as a liaison between PLHIV, KPs, PrEP clients and clinicians by gathering feedback, communicating updates in clinical care/health insurance guidelines, and participating in community-based outreach and support. Where feasible, the composition of CABs is adjusted to mirror the demographics of surrounding communities, while seeking to capture the full diversity of individuals served by health facilities.

Capacity Building

Prior to their participation in QI activities, CAB members in Binh Duong and Thai Nguyen receive comprehensive training in HIV-related laws, principles of HIV prevention and treatment, QI methods, and teamwork and communication as part of a formal launch meeting facilitated by HAINN. Following this training, CABs are convened on every two-month basis to discuss planned activities. As part of ongoing work to reduce HIV-related S&D and improve the experience of patients, the primary activities undertaken by the CABs include collecting patient feedback through interviews of PLHIV in outpatient clinics and hotlines, supporting dissemination of messaging related to Undetectable=Untransmittable, and participating in the development interventions to test as part of facilities' QI activities (Figure 2).

Figure 2. CAB approach to S&D QI activities



Identified Gaps

Based on information gathered from PLWH by CAB members, three areas were identified as targets for improvement intervention.

First, the hours of operation for an HIV clinic—which is generally open two days per week—were viewed by some clients as too inflexible to enable regular attendance and resulted in long waiting times. Second, many clients noted that the existing hospital practice of calling clients' full names over the loudspeaker before an HIV clinic appointment was not sensitive to their concerns regarding privacy and the confidentiality of their health information. Third, results from surveys of patients showed that many had limited knowledge of viral load monitoring. Among those surveyed, 42% did not know the result of their last viral load test, and 78% either did not know, or were unsure, about the recommended schedule for viral load testing.

Implementation of Consumer Advisory Boards (Continued)

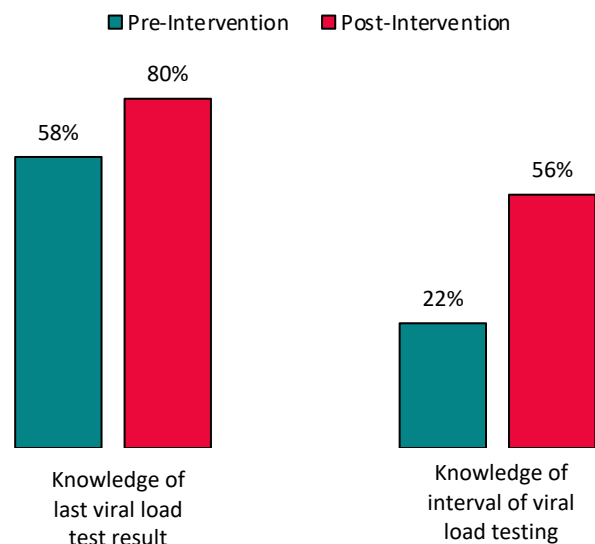
Intervention and Results

Using findings obtained from the CABs, facilities implemented a package of interventions to expand clinic hours, protect privacy and confidentiality, and enhance treatment literacy (Table 2). Data were collected every 6 months through client exit interviews at 4 clinics in Binh Duong province and 3 clinics in Thai Nguyen provinces. Pre-intervention data (n= 449) were collected in March (Binh Duong) and July (Thai Nguyen) 2019. Post-intervention data (n=776) were collected in July (TN) and Sept (BD) 2020. Following implementation of the interventions, results showed an increase in the proportion of forms submitted with positive feedback, and improvements in treatment literacy. Aggregate results from the 7 clinics showed a 22% increase in the proportion of patients having knowledge of their most recent viral load result, and a 34% increase in the percentage of patients with a correct understanding of the recommended interval for viral load testing (Figure 3). The CABs also noted a decrease in negative feedback regarding privacy concerns and clinic hours.

Table 2. Implemented interventions

Concern	Intervention(s)
Clinic hours	<ul style="list-style-type: none"> Clinic hours of operation expanded from two days a week to three days
Privacy and confidentiality	<ul style="list-style-type: none"> Eliminating policy of calling names of patients over hospital loudspeakers Increasing use of patient ID numbers to protect confidentiality of patient records
Patient health literacy	<ul style="list-style-type: none"> Placement of informational posters in waiting rooms Group counseling on viral load testing Education on importance of Undetectable=Untransmittable

Figure 3. Pre- and Post-Implementation Results



Lessons Learned

By seeking meaningful partnerships with their clients, health facilities in Binh Duong and Thai Nguyen Provinces were able to successfully develop a package of improvement interventions aimed at addressing HIV-related S&D and improving the experience of clients in healthcare settings. In their implementation of the CAB model, these facilities applied several “best practices” for involving clients in quality improvement activities:

- ✓ **Developing organizational accountability for client-centered care delivery.** Involving consumers as part of a decision-making body, such as a quality improvement committee or CAB, not only ensures that their voices are heard, but also builds the expectation that consumers should always be involved in decision making that stands to impact their care. Consumer participation also holds healthcare organizations accountable for delivering care that is sufficiently sensitive to clients’ needs and preferences.
- ✓ **Supplementing feedback from surveys with qualitative insights from client interviews.** Surveys are an easy way to collect information on patient feedback, but may fail to capture key details of patients’ experience, particularly when the feedback is negative. client-led interviews can add further context to insights gathered through surveys, and encourages clients to offer honest feedback on their care without fear of retribution from their providers.
- ✓ **Involving clients in the development of QI interventions may heighten their effectiveness.** Studies have shown that QI interventions benefit from client input, particularly when the interventions seek to improve patient experience. As an official liaison between clients and providers, CABs play a key role in ensuring that QI interventions are well received by both parties.

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