Activity 10.8: Using Data for Decision Making

TIPS FOR TRAINERS

Suggested Use

Instead of using all the Quick Scenarios slides individually during your presentation on *Using Data for Decision Making*, use the four Quick Scenarios included here as a small-group activity, *after* the presentation.

Time

60-70 minutes:

- 5 minutes to break into groups and describe the activity
- 20 minutes for small group work
- 35-40 minutes for presentations and discussion
- 5 minutes for sum up

Materials

☐ Handout for Participants: Using Data for Decision Making

☐ Easel pad paper, markers and tape

Knowledge or Skill Development

Participant understanding of ways in which different kinds of data contribute to sound decisions, and skills in choosing appropriate data and review processes for data-based decision making.

Activity Steps

1. Review the Scenarios, decide which ones to use, and revise or "localize" them as needed. For example, the first scenario involves the need to "find" $200,000 to pilot a new service model under Medical Case Management by reducing allocations to other service categories. This amount is appropriate for a smaller TGA. If your PC/PB is a large EMA, increase the amount of funding sufficiently to make the situation challenging—perhaps $500,000.

2. Have participants "count off" to form small groups of 4-6 participants each.

3. Distribute the Handout for Participants and assign a scenario to each small group. Explain that you want them to assume they are members of the PC/PB or a specific committee, as specified in their scenario, and they need to decide how they will use data for decision making in that situation. They may make additional assumptions about the situation as needed.

4. Ask each group to choose a facilitator to coordinate discussion, a recorder to take notes and summarize the group's work on easel pad paper, and a reporter to present the small group's work to the full group. The same person may serve as recorder and reporter if that is the group's preference.

5. Tell the groups they have 20 minutes to address the questions in their scenario.

6. After 15 minutes, ask the groups to begin wrapping up their discussion and have the recorder summarize their work on easel pad paper.

7. Bring the full group together and ask a reporter from one of the groups to present their work, making their recommendations to the full group as if they were presenting to their own PC/PB. Give the first reporter 3-4 minutes to make the presentation. If two groups had the same scenario, ask the second group's reporter to indicate areas of agreement and disagreement or additional information. Now ask other members of the small group(s) if they have anything to add. Finally, invite other participants to ask questions or suggest other approaches to the situation presented. Then move on to the next reporter.

8. Once all presentations have been made and discussed, ask the group what they learned from the activity and how it is likely to affect their work in the PC/PB.

9. Summarize key points and lessons from the activity.

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HANDOUT FOR PARTICIPANTS

Instructions

1. Work in your small group, choosing a facilitator to coordinate discussion, a recorder to take notes and summarize your group's work on easel pad paper, and a reporter to present your group's work to the full group. The same person may serve as recorder and reporter if that is the group's preference.

2. Review the scenario assigned to your group, and then discuss and decide together how to answer the questions. If you feel some needed data are unlikely to be available, indicate why, and suggest how you might fill that data gap in the future.

3. Summarize the answers to the questions on easel pad paper, including the data sources/types you will need and any data gaps. Have your reporter use this summary as the basis for presenting your work to the full group.

Scenario 1: Using Data in Priority Setting and Resource Allocation (PSRA)

Your PC/PB is facing a difficult challenge: how to adjust allocations under a "flat funding scenario" to support a new peer navigation model attached to medical case management, to improve service retention, adherence, and viral suppression for the growing number of young MSM of color. The committee responsible for care strategy/system of care did a careful analysis to determine that the new service model is needed, and the full PC/PB voted last month to provide a directive this year for implementation of a pilot program using this model. After discussions with the recipient, it has been estimated that this pilot will require additional funding of $200,000. You are the PSRA Committee, and you have been asked to make recommendations to the full PC/PB on how to revise allocations for next year to make available $200,000 for the pilot. This is your first meeting, and your intent is to identify the kinds of data you will need to receive and review in order to make a sound recommendation. Discuss the following questions in preparation for providing a progress report at the next PC/PB meeting:

1. What data are likely to be most useful in helping your committee decide where and how to adjust allocations to other service categories in order to make available the required $200,000? How might the recipient assist you?

2. How should your committee present these data and support decision making by the full PC/PB?

Scenario 2: Developing Directives

The PSRA Committee and Needs Assessment Committee cooperated this year in hosting town hall meetings for PLWH in three locations within the EMA/TGA. At one town hall meeting in a suburban part of the EMA/TGA, three women said that having young children was their greatest service barrier. They said they have no child care available, but it is not practical to take their children with them to appointments. Even if they receive bus tokens, the trip to their providers takes 1½-2 hours and two transfers—and there is no one to watch the children during their appointments. After discussion with the recipient and input from other members of the PC/PB, you determine that while the PC/PB allocates funds for both transportation and child care, not all subrecipients have access to these funds.

1. What additional information do you need to better understand the current situation, and how will you obtain it?

2. Assuming that further exploration confirms that many subrecipients have no access to transportation and child care funds, what kind of directive might you draft for the PC/PB to address this issue?

Scenario 3: Improving the System of Care

Three years ago your PC/PB completed a review of factors contributing to low service participation and viral suppression rates among immigrant PLWH and approved a directive to improve services for employed African and Latino immigrants. The directive called for ensuring evening and weekend hours for medical care, case management, and mental health services provided by subrecipients with appropriate language and cultural competence and a history of serving one or both of these populations. The recipient implemented the directive through requiring at least one provider that provides each of those service categories and serves these two immigrant populations to add weekend or evening hours; they received some additional funding to pay the extra costs. The new hours have been in place for about two years. As the System of Care Committee, you have been asked to work with the recipient to assess whether having evening and weekend hours has changed service utilization and/or clinical outcomes for these two populations.

1. What existing data might enable you to assess the results of the extended hours, if you can do appropriate analysis? How will you work with the recipient on this task?

2. You are planning a new PLWH survey this year. How could it contribute to your assessment?

Scenario 4: Identifying Health Disparities

Your PC/PB has consistently looked at access to care and disparities in clinical outcomes for four identified key populations: African American MSM, Latino MSM, immigrants, and transgender PLWH. In the past 5 years, however, the PC/PB has not systematically reviewed data to assess the extent to which other PLWH populations in the EMA/TGA are facing HIV-related health disparities in access to care, perceived quality of care, and/or clinical outcomes. Now the PC/PB wants to do such an assessment, beginning with a review and perhaps reanalysis of existing data. The System of Care Committee is taking the lead, but plans to work closely with the Needs Assessment Committee and the recipient.

1. What existing data types and sources might be useful for such an effort? How might the recipient or other stakeholders assist you?

2. How might your committee structure and manage this effort?