

Global Forum on Innovation in Health Professional Education

Breakout Group 1: Exploring a Business Case for Government

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1. Stakeholders*

Physicians, nurses, pharmacists, patients, families, pharmaceutical manufacturers, Government, employers, laboratory employees (medical technicians), education system, non-physician clinicians, tribal leaders, uninfected population, multi, bi-laterals and other funders, NGOs
Requires **MANY, FREQUENT WALKS-IN-THE-WOODS**

2. Options: Region A in Namibia pop 250,000 HIV prevalence 14%

- Adopt NIMART, (Nurse initiated/managed ART) in with select community follow-up by CHW
- INTERDISCIPLINARY TEAM PRACTICE

3. Consider costs:

- Salaries + additional cost ART + training costs = \$1.5m
- Plus costs educating communities, patients, tribal leaders and families, cost to patient and employers, meetings for regulatory changes

4. Risks to moving /or not moving forward:

- MOVE forward > assure quality ART medication, mis-distribution health interdisciplinary tension, nursing regulatory resistance w certification/ is NIMART generalizable within the county/scalable?, geographic location, patient continuity and retention, alignment within greater AIDs strategy, must be holistic and integrated, specific goals may cause focus in urban area and miss rural, stigmatization, DALY
- NOT Move forward- limits progress and access in HIV detect and treatment

5. Outcomes:

- Increase number individuals on HIV treatment; Increase workforce and gross domestic productivity, fewer AIDs orphans, less disruption to families, awareness of HIV infection, empowerment of patient, family and self care; potential to improve interdisciplinary team management

6. Recommend moving forward:

Yes

Why? If not, HIV infection rates increase; increased HIV associated morbidity and mortality

Summary: High-value CPD Product

For: patient population in Region A; health professional workforce

Who: Are in need of HIV testing, ART enrollment and management of HIV

The: Improve access to limited health professionals-esp MDs; RNs- through NIMART which allows nurses to enroll and manage patients on ART; physicians managed most complex cases INTERDISCIPLINARY TEAM PRACTICE

That: More patients treated and managed (+13,000 ENROLLED; +24,000 VISITS)

Unlike: UNCHANGED system only physician enroll/ prescribe

Our product: Model of interdisciplinary team practice and continuous professional development for the management and suppression of HIV in Region A Namibia.

Broadening the discussion: high-value CPD

What is the *ecosystem* in which government operates and invests in CPD?

Who's at the table

Partners and collaboration, Who owns the project, Training, Promotion, Politics, Policy, Monitoring and evaluation, Ongoing challenges, Roll out