The CQUIN Learning Network

Patients at High Risk:

Improving adult care for the Non suppressed Viral load clients

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USAID ASSIST Project- Uganda

July 17-19, 2017

Harare, Zimbabwe

HIV LEARNING NETWORK

The CQUIN Project for Differentiated Care

ICAP

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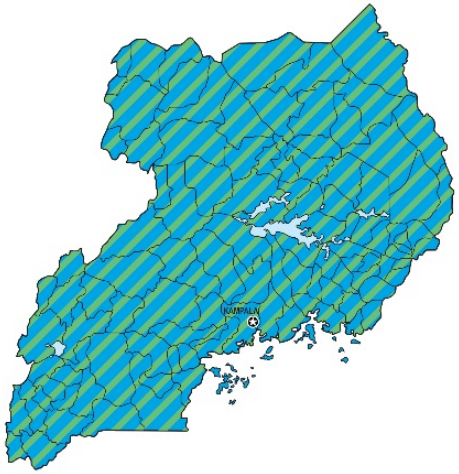
Columbia University

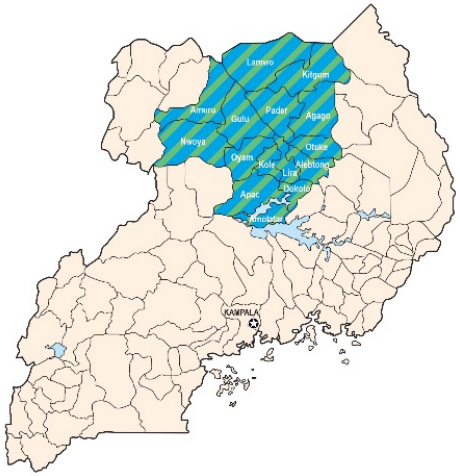
Mailman School of Public Health

Uganda: At what scale are we working?

1- Main Uganda Program



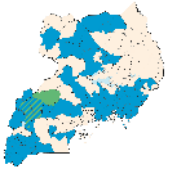
2- Northern Uganda Program



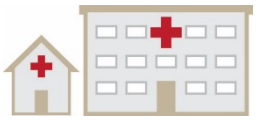
- HIV/AIDS
- OVC
- SMC
- Lab Hubs

- MNCH
- TB
- Malaria
- Nutrition
- Support to MoH

MOH, MGLSD, 12 IPs



13 out of 13 regions



65/112 districts

280 facilities

634 communities

928 QI teams

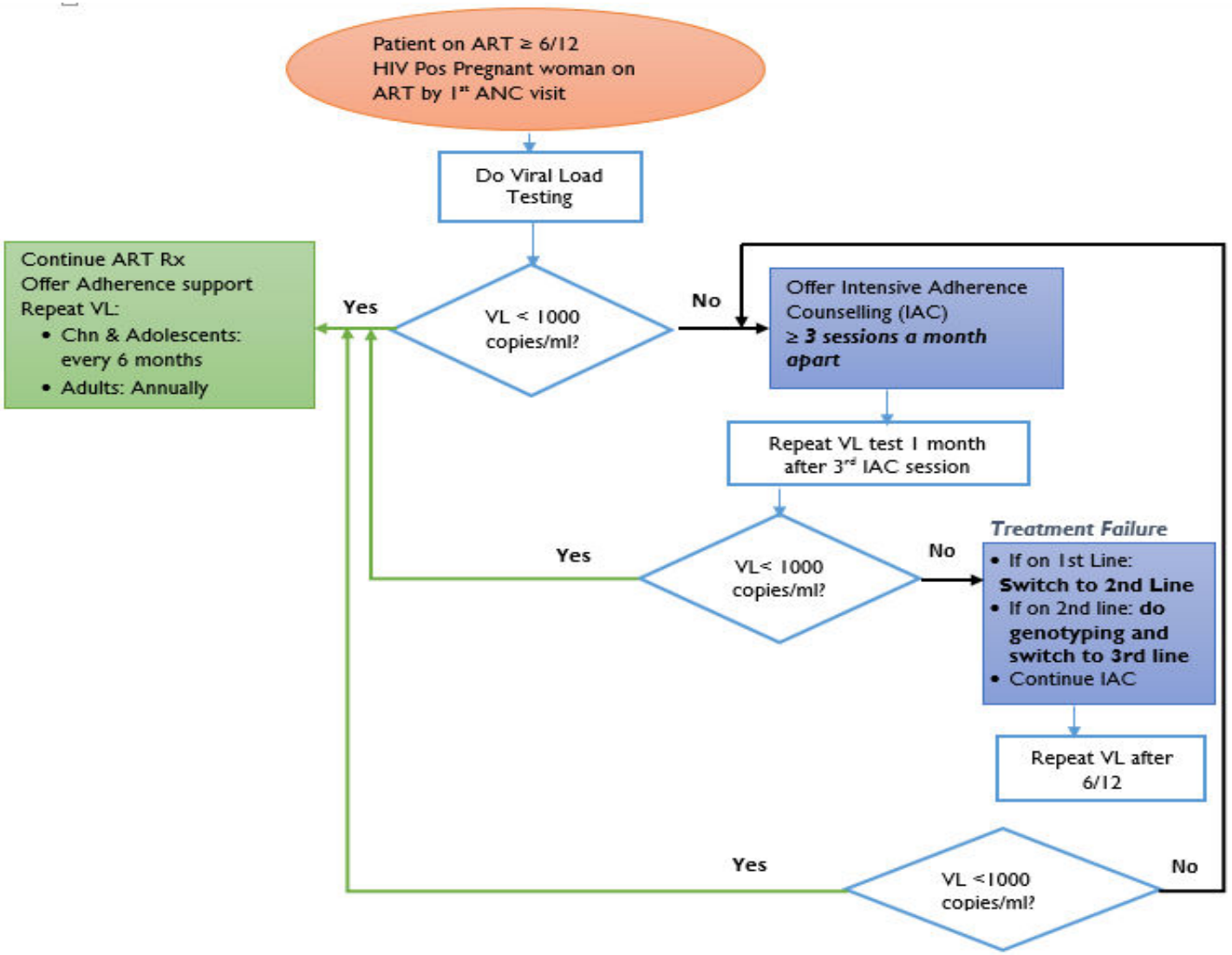
9.8 million out of 36 million

Introduction

- Uganda adopted the Viral Load monitoring as a preferred approach for monitoring response on ART and to diagnose ART treatment failure (2016).
- The guidelines recommend that clients on ART ≥ 6/12 should have a suppressed viral load (VL<1000 copies/ml).

Reference:
Consolidated Guidelines for prevention and treatment of HIV in Uganda(Dec,2016)
Viral load testing for HIV treatment Monitoring Uganda by Heps Uganda, Kenneth Mwehonge (Dec,2015)

VL Testing Algorithm



Facilities were supposed to:

- Call back Non suppressed VL clients(VL>1000 copies/ml) within a week of receipt of results
- Discuss results with patient and assess for barriers to adherence.
- Do Intensive Adherence Counselling(IAC) monthly for 3/12

USAID ASSIST Scope and Approach

Scope:

HIV Technical assistance to

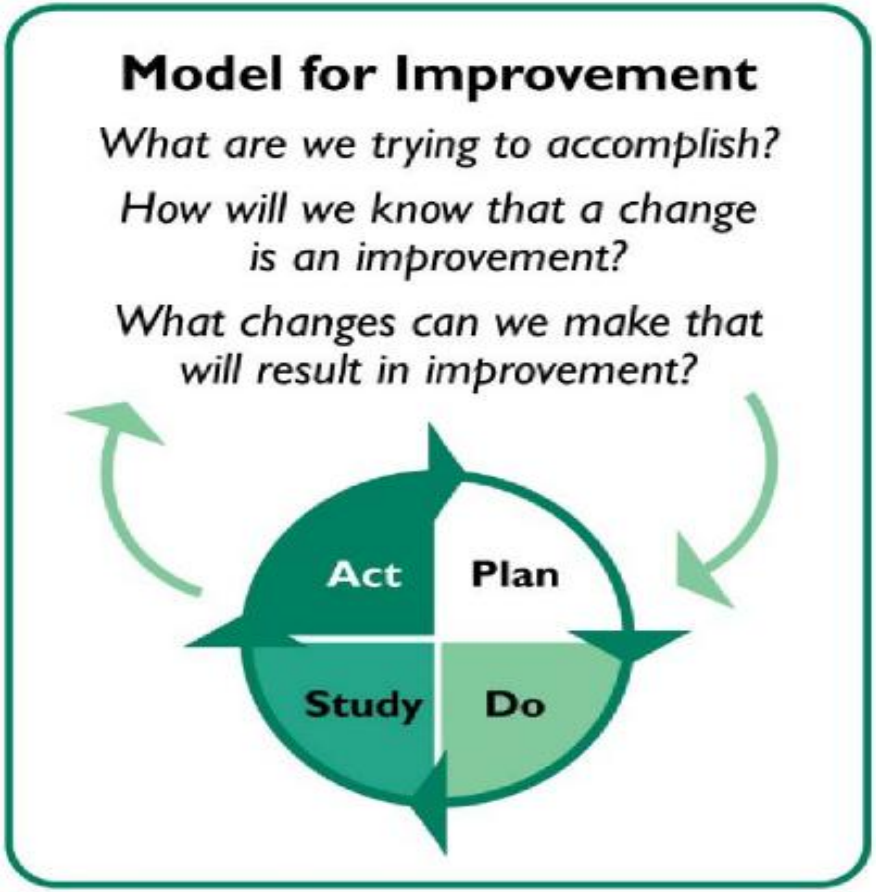
6 USG Implementing Partners at 34 pilot health facilities in 22 districts

Approach: Quality Improvement (QI) approach to bridge the Gaps.

Facility QI teams formed and supported through:

- Monthly onsite coaching.
- Quarterly peer to peer learning sessions.

Approach:



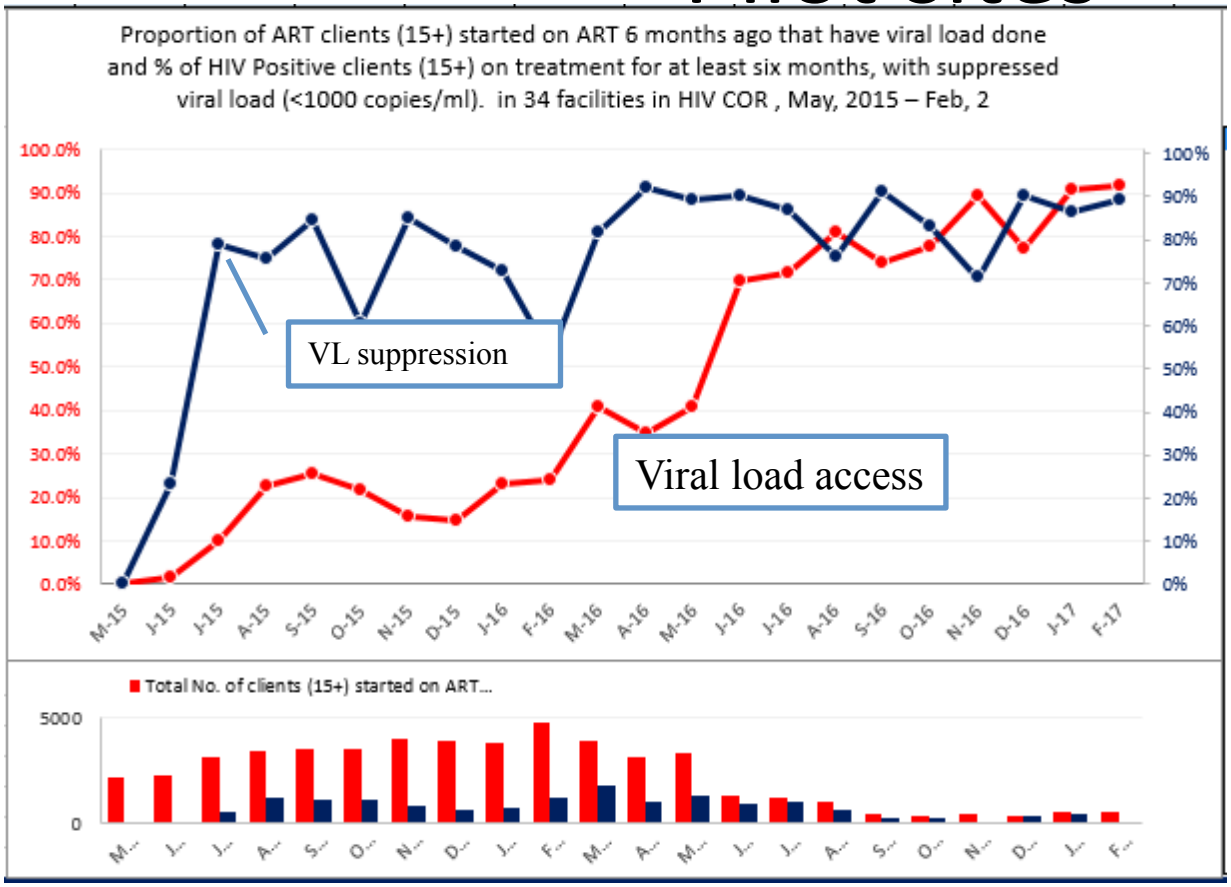
USAID ASSIST Support

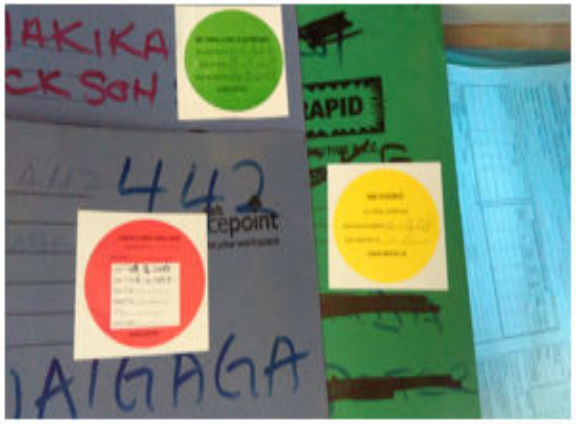
In Oct 2015, USAID ASSIST Project assessed 34 facilities in 22 Districts of Uganda.

Findings were:

- VL rarely done even for the suspected treatment failures
- Few health workers trained (Lab and 1 HIV clinic staff)
- VL training on eligibility, interpretation and use of VL results for decision making on ART treatment not cascaded to all staff within the HIV clinic
- Poor data quality of VL
- Facilities lacked National VL monitoring tools

Improving viral load access in the 34 Pilot sites



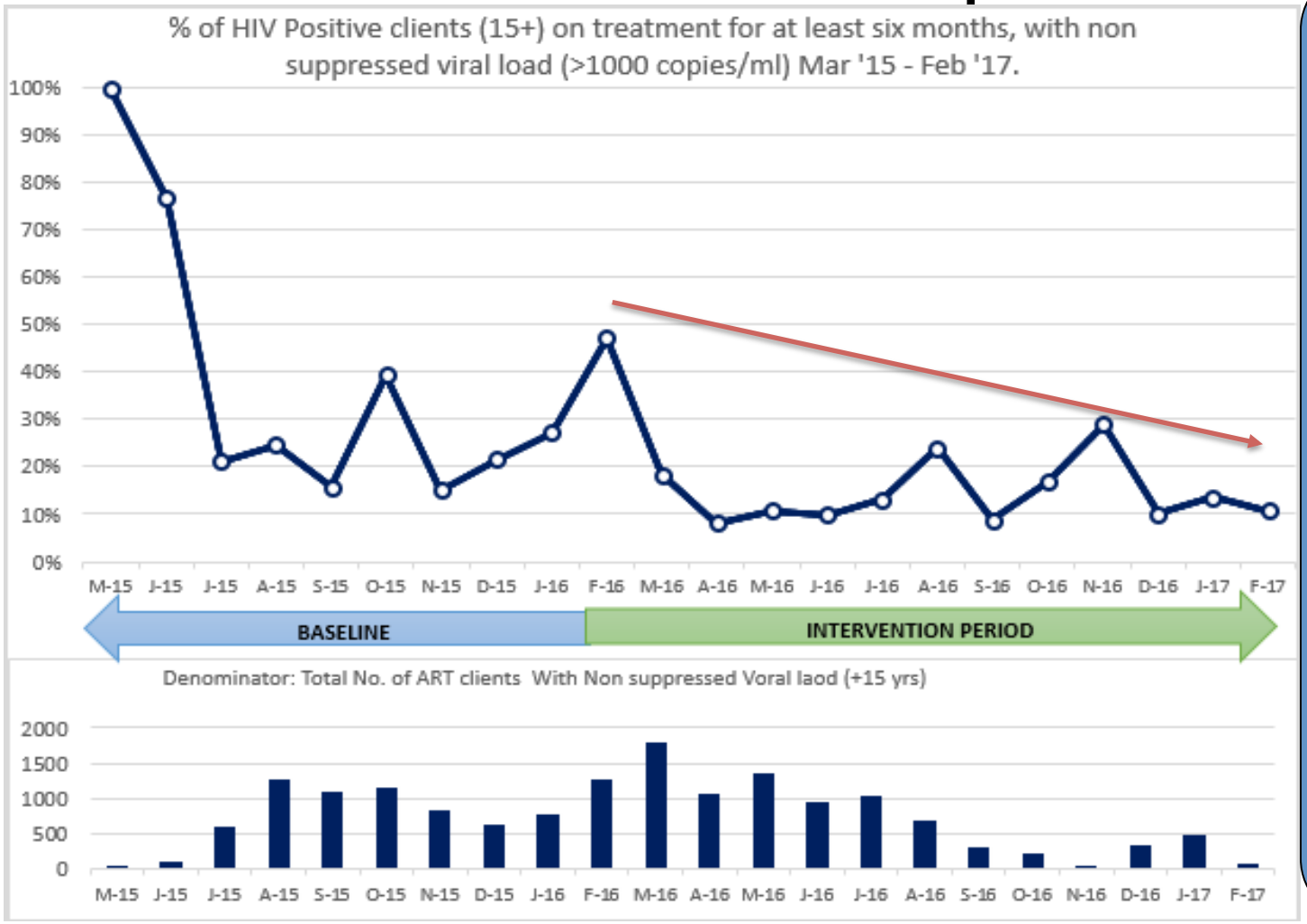


Stickers used to aid sorting of files

The main best practices that worked are:

- Identifying the eligible client's files for viral load and labelling them with stickers.
- Change the client flow on HIV clinic days: The eligible clients for viral load are sent to laboratory before they see the clinicians
- Prepare the VL eligible lists and follow them in the community.

Reducing Viral load Non suppressed clients in the 34 pilot sites



Changes tested

- Orientation of staff on the risk of clients with Non suppressed VL.
- Health workers differentiated the Non suppressed clients to have special clinic days.
- Providing individual Intensive adherence counselling
- Following up clients at community.

DSD Services for the NON suppressed: What is done

- Differentiated clinics and appointments for the non-suppressed clients
  - In terms of Days or
  - Location /space
- Specific person/counselor assigned at every ART clinic day to conduct IAC for the non-suppressed clients and record in client files
- Improvised register to document the non-suppressed clients and Focal person assigned to monitor clients and update register regularly
- Talking points on adherence re-emphasized during health education at every ART clinic day

Interventions to reducing the Non suppressed clients

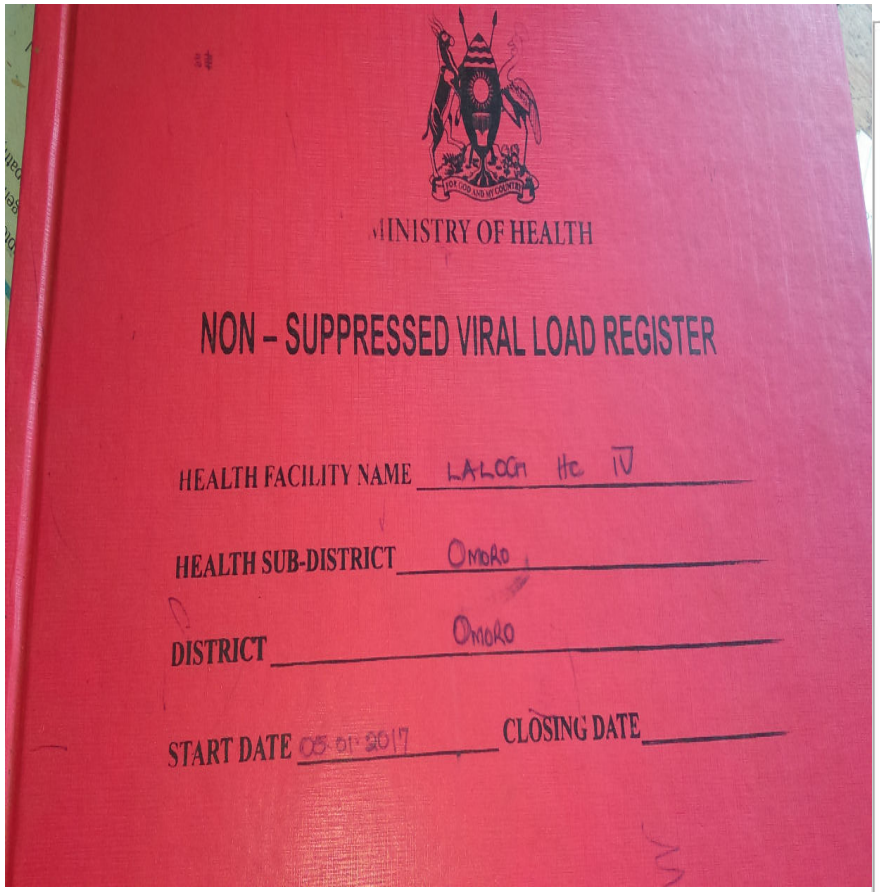
Health facility

- Developed and introduced the IAC Guide
- Reduce refill period to clients with poor adherence
- Reduce over representation
- Increase client contact time with health worker
- Align the refills dates with appointment dates by the health worker.

Community level

- Involve Linkage facilitators and expert clients to follow up
- Community home visits and community forums.
- https://www.usaidassist.org/resources/success-story-all-she-needed-was-continuous-engagement-health-facility-achieve-hiv-viral

Tools/resources developed to support VL



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Intensive Adherence Counselling (IAC)

Intensive adherence counseling (IAC) is the counseling offered to patients with a non-suppressed viral load (>1000copies/ml). MoH recommends 3 IAC sessions 1 month apart and a repeat VL test 1 month after 3rd IAC.

IAC helps a client develop a comprehensive plan for adhering to ARVs by identifying their barriers to adherence, gaining insight of the barriers, and exploring possible ways to overcome barriers and making a plan to adhere to medicine.

IAC requires a multidisciplinary team including clinicians, nurses, counselors, family members, peers, etc.

The purpose of this document is to outline the process for health care workers to improve adherence monitoring and counselling for clients with non-suppressed viral load.

GUIDE TO IAC

1. Start clients with non-suppressed VL on IAC sessions within one week of receipt of results at the health facility.
2. Establish a system to easily identify all files of patients with non-suppressed viral load. (The unique identifier on the file should trigger linkage for IAC as soon as the patient comes to the facility and may include;
   - o Use of colored stickers or
   - o Written notes on the file or
   - o Storage of the files in a separate folder.
3. Do individualized intensive adherence counselling for the non- suppressed clients. For the children it's important to have their parents/care takers involved
   - Assess/evaluate clients' adherence for the past month. Do physical pill counting and calculate the clients' adherence level.
     - o If good (>95%) – praise the client and provide encouraging message to continue adhering to medication
     - o If fair/poor (<95%) – (see text box)
   - For effective adherence counselling, strategies must be;
     - o Individualized
     - o Addressed at every patient visit
     - o Ongoing and repetitive- the same information
4. Documentation
   - Document intensive adherence counselling sessions (date of IAC session, adherence assessment score % and adherence code e.g. Good, Fair, or Poor), in the high viral load register and HIV care cards
   - Document adherence plan in the clients file for follow up purposes
5. Document all follow up IAC sessions in the clients file

5As for adherence support for people with non-suppressed viral load

1. ***ASSESS**: clients adherence history, barriers to ART adherence etc.*
2. ***ADVISE** (information giving): explain what the VL results mean, package of interventions for clients with non-suppressed VL*
3. ***ASSIST** client to: pin-point potential causes of the non-suppressed VL, brainstorm solutions, develop a personal adherence plan, identify and link to support systems*
4. ***AGREE** on: an action plan to achieve suppression, identify and address any other clients concerns likely to affect adherence.*
5. ***ARRANGE**: for next IAC follow up appointment and psychosocial support sessions, review action plans at all encounters. Where need be arrange for; home visits, phone call reminders and weekly sessions on drug adherence.*

Acknowledgements

- ICAP Uganda
- USAID
- Ministry of Health
- Health facility staff
- Community members
- USAID ASSIST colleagues

This work is made possible by the support of the American people through the USAID ASSIST Project, managed by University Research Co., LLC (URC) with funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).