The CQUIN Learning Network

Patients at High Risk:
Innovations and Experience

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HIV LEARNING NETWORK
The CQUIN Project for Differentiated Care

ICAP
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Chamanculo Project Background
CRAM- Intermediary Referral Center-

- ✓ Maputo Pop: 1.240.000 Pop.
- ✓ HIV prevalence: 16,9%
- ✓ ART Coverage: 94%
- ✓ 3 former Health Areas (new administrative process on-going)

  Each area have Hospital + Primary health centers.
- ✓ MSF supporting Chamanculo Health area in HIV/TB care since 2001.

  2003 - Scale up of HIV care trough vertical approach

  2006 -Decentralization of HIV care to PHC

  2009 -Creation of Referral center of Alto Mae (CRAM)

  due to lack of Hospital in Chamanculo area.

  2010 - Creation of Kaposi Unit in CRAM

CRAM

Aim CRAM:

1. to provide a safety net for the HC for clinical management of complicated HIV patients that do not require hospitalization
2. to reduce the workload of Maputo's referral hospitals

Characteristics of CRAM:

- 6 outpatient consultation rooms
- 1 Hospitalization room (3 bed-day Care Unit)
- Kaposi Unit (Preparation room & chemotherapy administration room)
- Lab platform (Same day result) - PoC's, RDT, biochemistry, Routine VL -
- Technical platform (Procedures LP, pleural/peritoneal tap, fibroscan)
- Qualified staff MoH & MSF (ID MD's, Psy, CO's, counselors).
- SOP's for CRAM activities.
- Referral's and contra-referral's criteria between PHC – CRAM – Hospital
- Platform to implement OR / Piloting new strategies /training.

Admission & Discharge Criteria

❖ Admission

- CD4 <50 Cells/ml with signs of OI (WHO III/IV)
- Suspicions of ART treatment failure or needed of 2nd/3rd ART line.
- KS eligible for Chemotherapy (T1)
- Pediatrics complex cases (treatment failures, comorbidities)
- Severe ART side effects
- HIV & comorbidities (PWID/HCV, HBV, MH diseases)
- Patients in critical health condition, lacking complementary examinations, and in need of more specialized care or invasive medical procedures.

❖ Discharge

- ART 1st line > 6 M
- CD4 > 200 cells/ml
- Undetectable HIV VL
- Future decentralization of stable 2nd line ART patients to PHC

❖ Linkage to Hospital

Package of care at CRAM (I)

❖ Common package for all HIV patients

- Screening & treatment of TB (or IPT if indicated)
- Screening for HBV/HCV and cervical cancer (VIA)
- Integration of NCD & HIV (mainly Mental Heath diseases)
- Nutritional assessment & support.
- Patient support holistic approach (Education, EAC & psychological care)
- Home base care & palliative care (medical program)
- Tracing system for those LTFU through phone calls
- Linked with community CSO's (hospice, orfanate, PWID network)
- Adherence club's (2nd line cohort) & family approach.
- Multidisciplinary team discussions for complicated patients.

❖ Package for Kaposi Sarcoma patients.

- Chemotherapy (MoH standard of care – Bleo/vincristine/doxorrubicine)
  (Introduction of PLD – Doxo liposomal- Great success!!)
- Education, counselling and psychological support.
- Linked with Maputo central hospital for 2nd line chemotherapy.

Package of care of CRAM (II)

❖ Advance HIV diseases

- Deep clinical examination & comprehensive nursing care.
- Screening for Crypto Antigen
  (pre-emptive therapy & CCM treatment - selected cases for day hospital-)
- Screening & treatment of TB – Molecular Methods, TB LAM-
- Rapid initiation of ART & Intensive follow up
- CTX & OI prophylaxis

❖ Suspicion of ART treatment failure

- EAC counselling & Switch to 2nd ART / ART committee
- Fast track switch to 2nd Line. (Low CD4 or OI)
- Access to HIV genotype & switch to 3rd ART Line / ART committee
- Advance ART management with Drugs resistance done by ID MD

❖ Key Pop (PWID -HIV/HCV prevalence-)

- Special care & CRAM focal point for this target population.
- Care & treatment for HCV (new DAA's)
- Strong link with CSO's working with PWID.

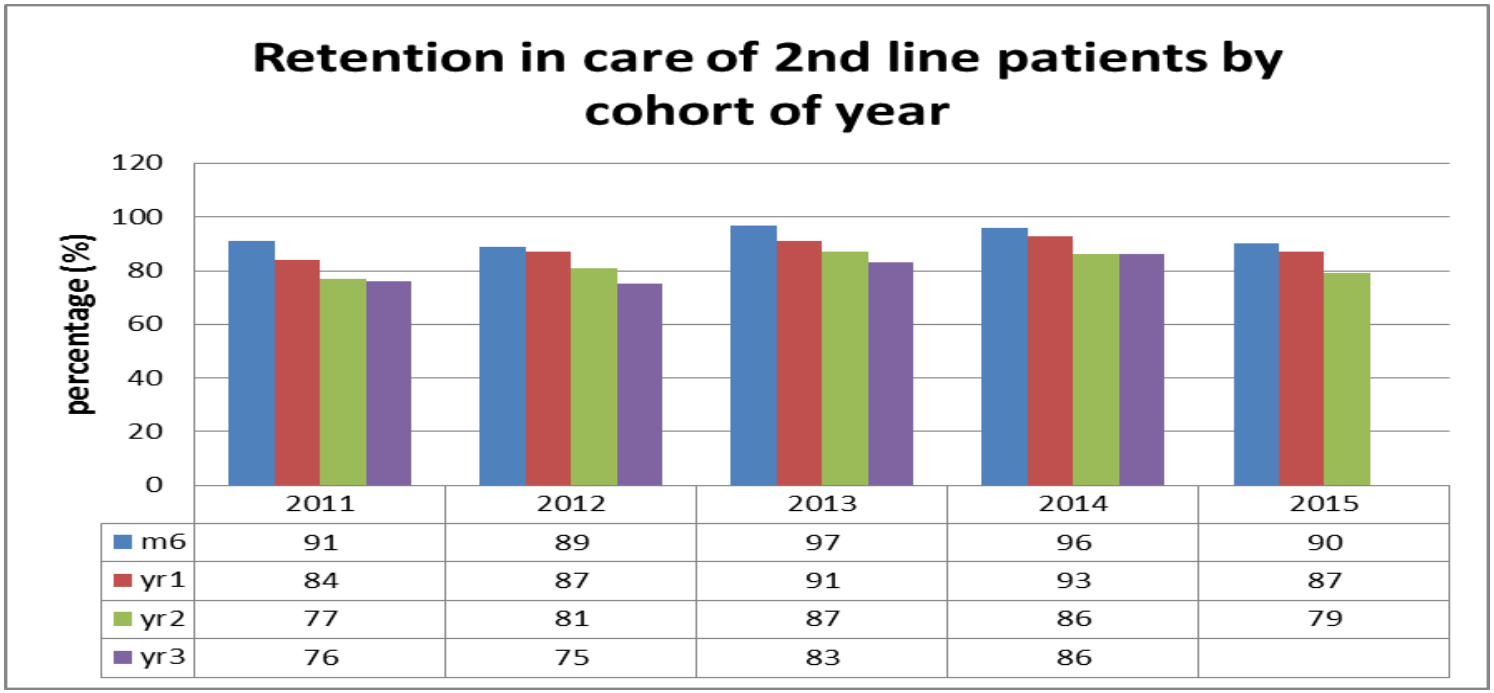
CRAM at a glance

- CRAM active cohort: 2513 patients (8% children)
  - 1°ART-1089/2° ART 1380 /3° ART 44
  - Average of 900 admissions/year & 2000 consultations/month.
  - 68 CD4 cells/ml median at admission.
  - 64% male & 60 % receiving ART.

- HIV advance disease sub-group
  - Average of 270 admission/year
  - 31 CD4 cells/ml median at admission
  - 50% male & 50% receiving ART.

Reason of admission	2016	2015	2014
HIV Advance disease	239 (25%)	308 (34%)	269 (35%)
Kaposi Sarcoma	254 (27%)	234 (26%)	290 (37%)
ART Treatment Failure	350 (37%)	315 (35%)	62 (8%)
Other	108 (11%)	46 (5%)	138 (18%)
Grand Total	**951**	**903**	**775**

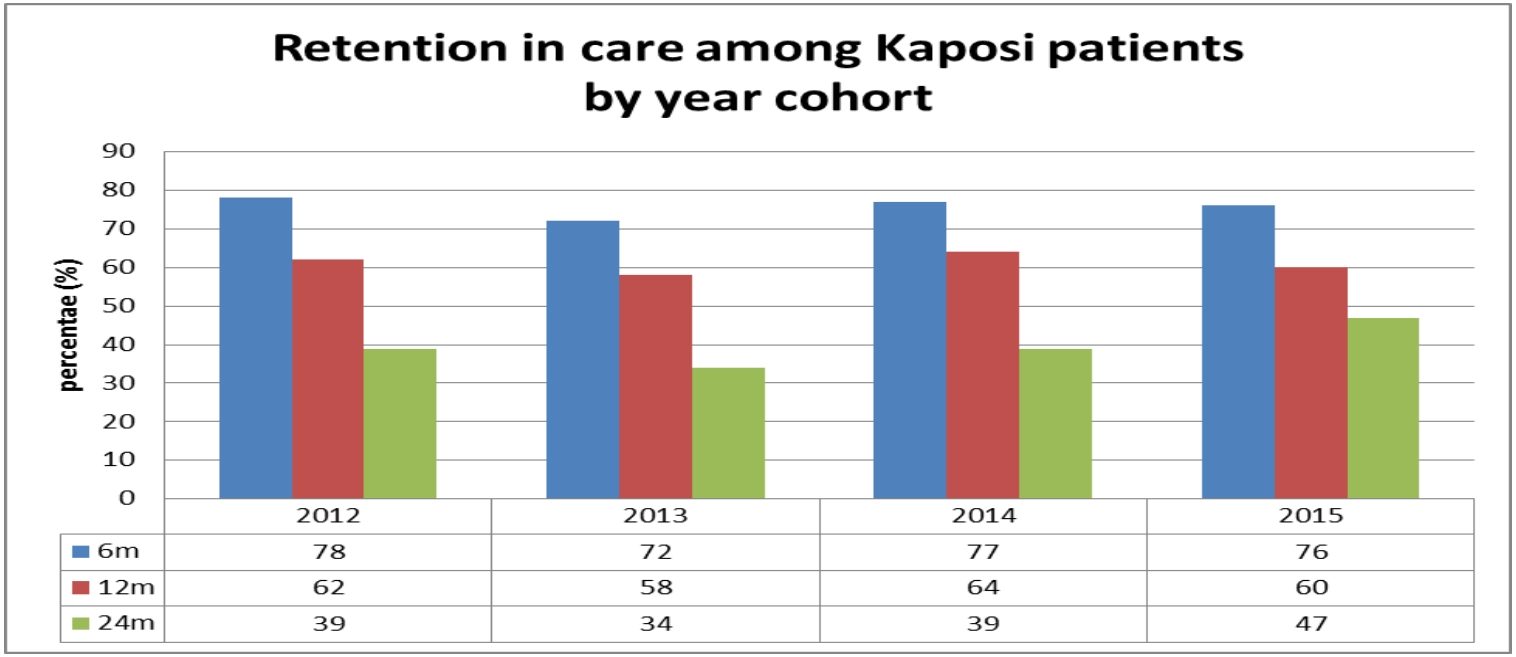
CRAM – 2nd line ART cohort



	2011	2012	2013	2014	2015
m6	91	89	97	96	90
yr1	84	87	91	93	87
yr2	77	81	87	86	79
yr3	76	75	83	86	

- Good Retention in care in recent years (Including children -10% cohort-)
- 22% of cohort >1000 cop/ml after 6 month on ART or more.
- 45 Adherence clubs (60% cohort)
- Decentralization process plan for near future to PHC.

CRAM- Kaposi cohort

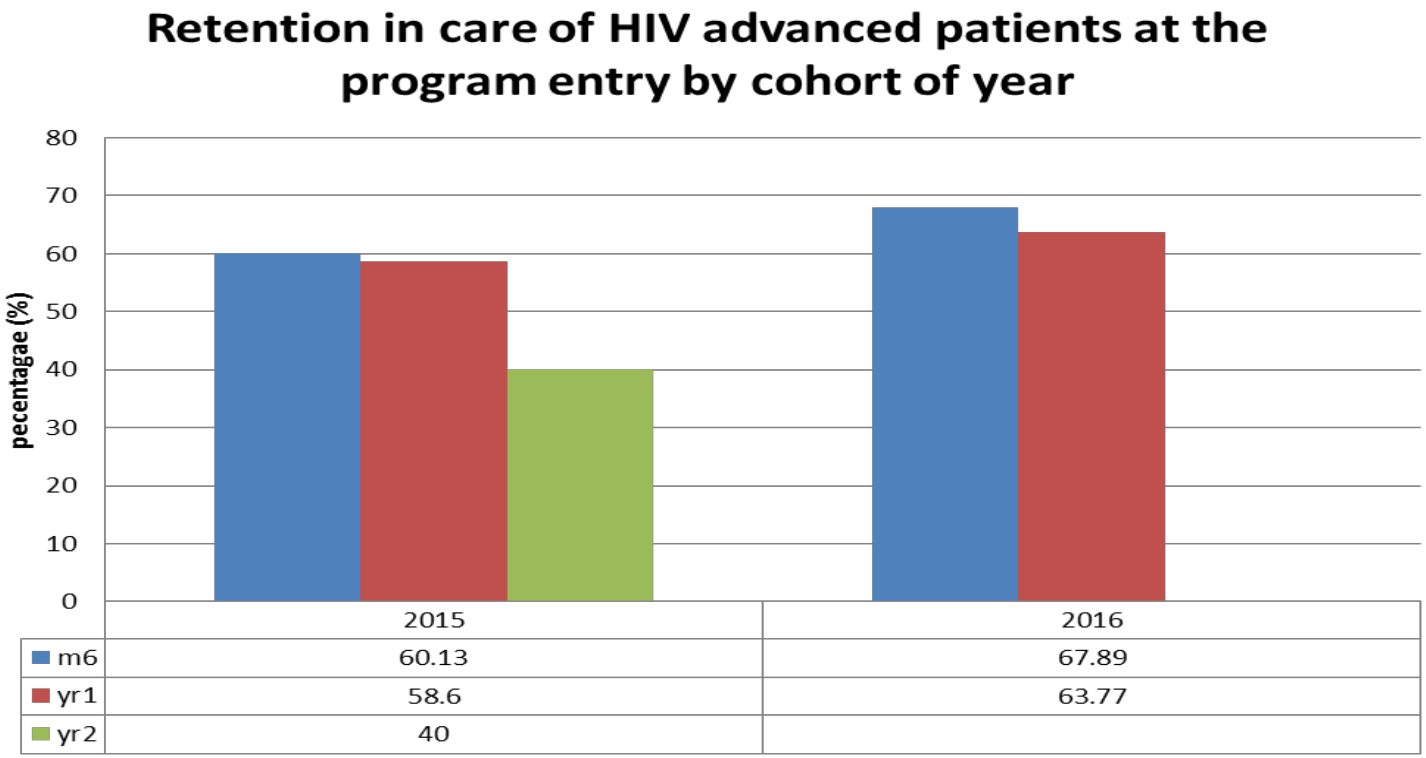


	2012	2013	2014	2015
6m	78	72	77	76
12m	62	58	64	60
24m	39	34	39	47

- Poor retention in care- Active cohort of 608 patients/183 on chemo ttx.
- 1803 patients treated (ABV) since 2010 /40% complete-partial remission
- Ideal setting to introduce PLD (feasibility study on going)

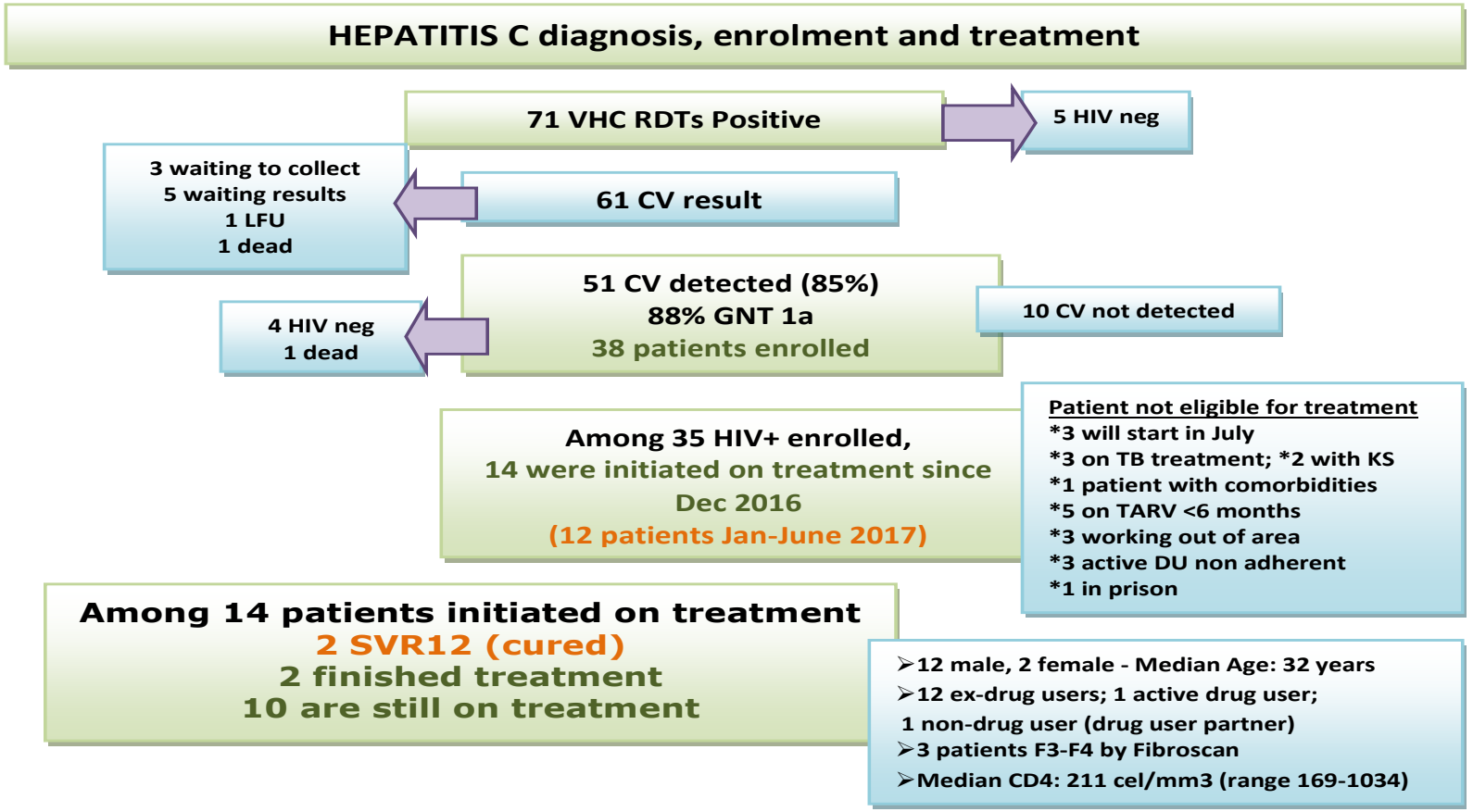
  At 6 months, 63% of participants had complete/partial remission, and another 16% had stable disease

Advance HIV disease cohort



- Poor Retention in Care (Mortality > LTFU)
- Systematic screening for OI (TB LAM & cripto)
- Ambulatory treatment of CCM for selected patients.
- TB, CCM, wasting syndrome, anemia main reason to hospital

HIV/HCV PWID


HEPATITIS C diagnosis, enrolment and treatment
71 VHC RDTs Positive
5 HIV neg
3 waiting to collect
5 waiting results
1 LFU
1 dead
61 CV result
51 CV detected (85%)
88% GNT 1a
38 patients enrolled
10 CV not detected
4 HIV neg
1 dead
Among 35 HIV+ enrolled,
14 were initiated on treatment since Dec 2016
(12 patients Jan-June 2017)
Patient not eligible for treatment
*3 will start in July
*3 on TB treatment; *2 with KS
*1 patient with comorbidities
*5 on TARV <6 months
*3 working out of area
*3 active DU non adherent
*1 in prison
Among 14 patients initiated on treatment
2 SVR12 (cured)
2 finished treatment
10 are still on treatment
➢12 male, 2 female - Median Age: 32 years
➢12 ex-drug users; 1 active drug user;
1 non-drug user (drug user partner)
➢3 patients F3-F4 by Fibroscan
➢Median CD4: 211 cel/mm3 (range 169-1034)

Challenges & limitations

- Late arrivals & high mortality
- Lack of awareness of danger signs of patients
- High attrition rate in specific groups KS, advance disease
- High VL detectability rates (adherence/resistance?)
- Screening of others OI (Toxo, CMV)
- Management of patient with previous exposure to ART
- Implementation of OI Prophylaxis (IPT, Extended prophylaxis)
- Decentralization of 2nd line ART cohort (stable patients)
- Integrating HIV & NCD services (CVD, DBT)
- Patients with acute clinical conditions that need short term observation.
  → Not capacity for 24/7 functioning for observation.
- Linkage to main Hospital
  →Referral between CRAM & Hospitals.
  →Linkage to CRAM after hospital discharge.
- Lack of support of donors/partners involved in HIV advance care.

CRAM as a model of care for Advance HIV disease?

Added value of CRAM – intermediary facility- in a urban setting with high HIV prevalence?

Ongoing Debate…

Sustainability

cost-effectiveness

proportion of patients that need short period of hospitalization
geographical location of this facility

spectrum of activities beyond HIV.