The CQUIN Learning Network

Patients at High Risk:
Service Delivery for Unstable HIV Patients

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HIV LEARNING NETWORK
The CQUIN Project for Differentiated Care

CIDRZ
for a healthy Zambia

ICAP
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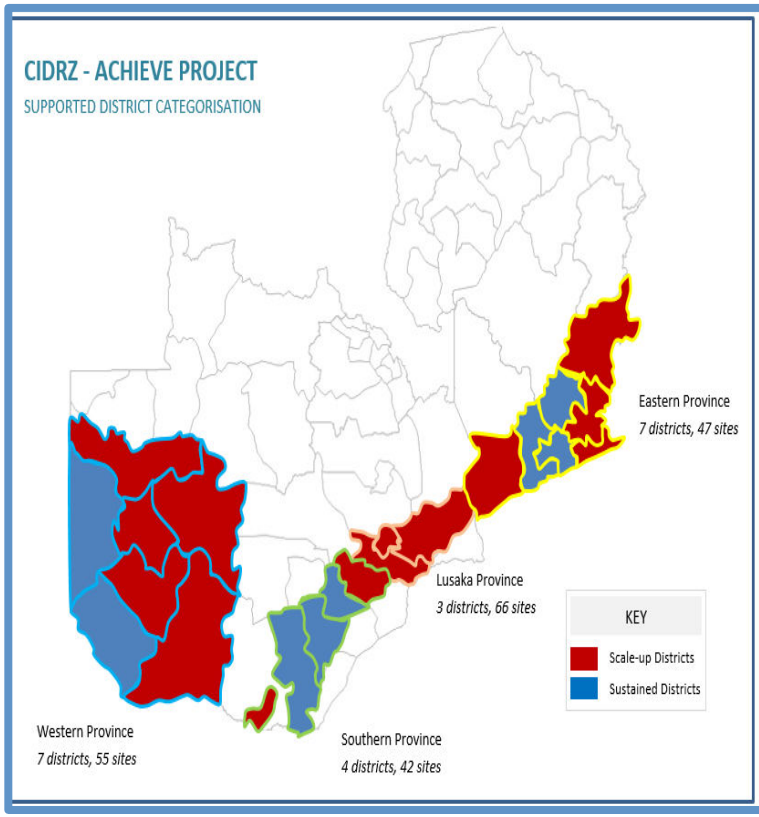
Columbia University
Mailman School of Public Health

Background

- CIDRZ supports 233 sites in 4 provinces
- Implementing differentiated service delivery (DSD) models since 2015
  - Community adherence groups (CAGs)
  - Urban adherence groups (UAGs)
- As of June 2017:
  - 763 CAGs and 16 UAGs formed
  - 5,062 patients on regular follow up



Current Eligibility Criteria for CIDRZ DSD Models

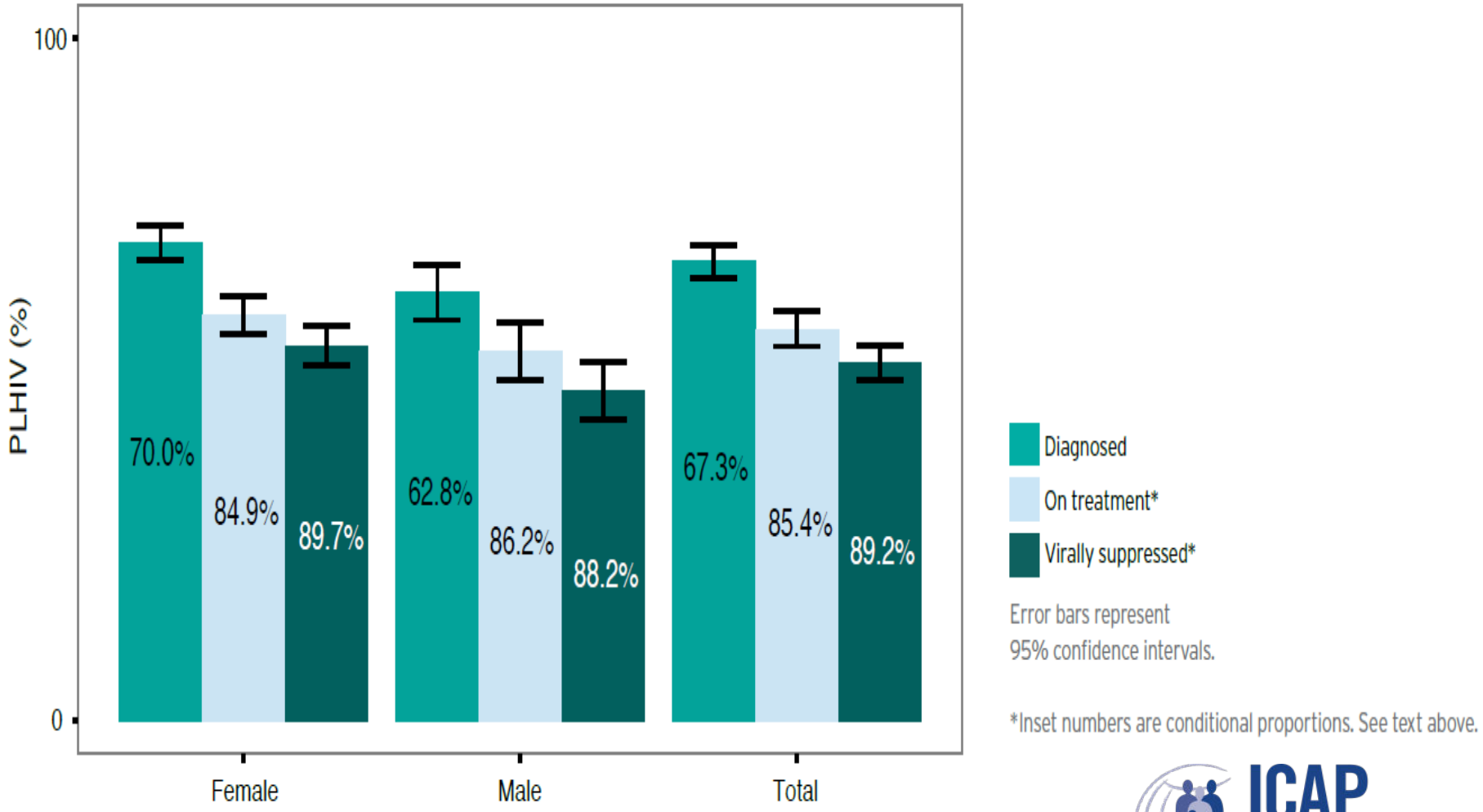
- Individuals >14 years stable on ART:
  - CD4 ≥200
  - No active OI (no WHO stage 3 or 4 condition)
  - Receiving ART for ≥ 6 months
  - Viral load < 1000 copies/ml

Lessons Learnt from DSD for Stable Patients

- High yield index testing compared to door-to-door
  - 12.3% positivity and > 90% linkage to care
- 12 month retention: 97% compared to 76% of patients receiving standard of care.
- Highly acceptable to all stakeholders particularly patients
- Patients are unhappy to leave DSD care services when up-referred to clinic based care for either OI or detectable VL

The last 90, Zambia status

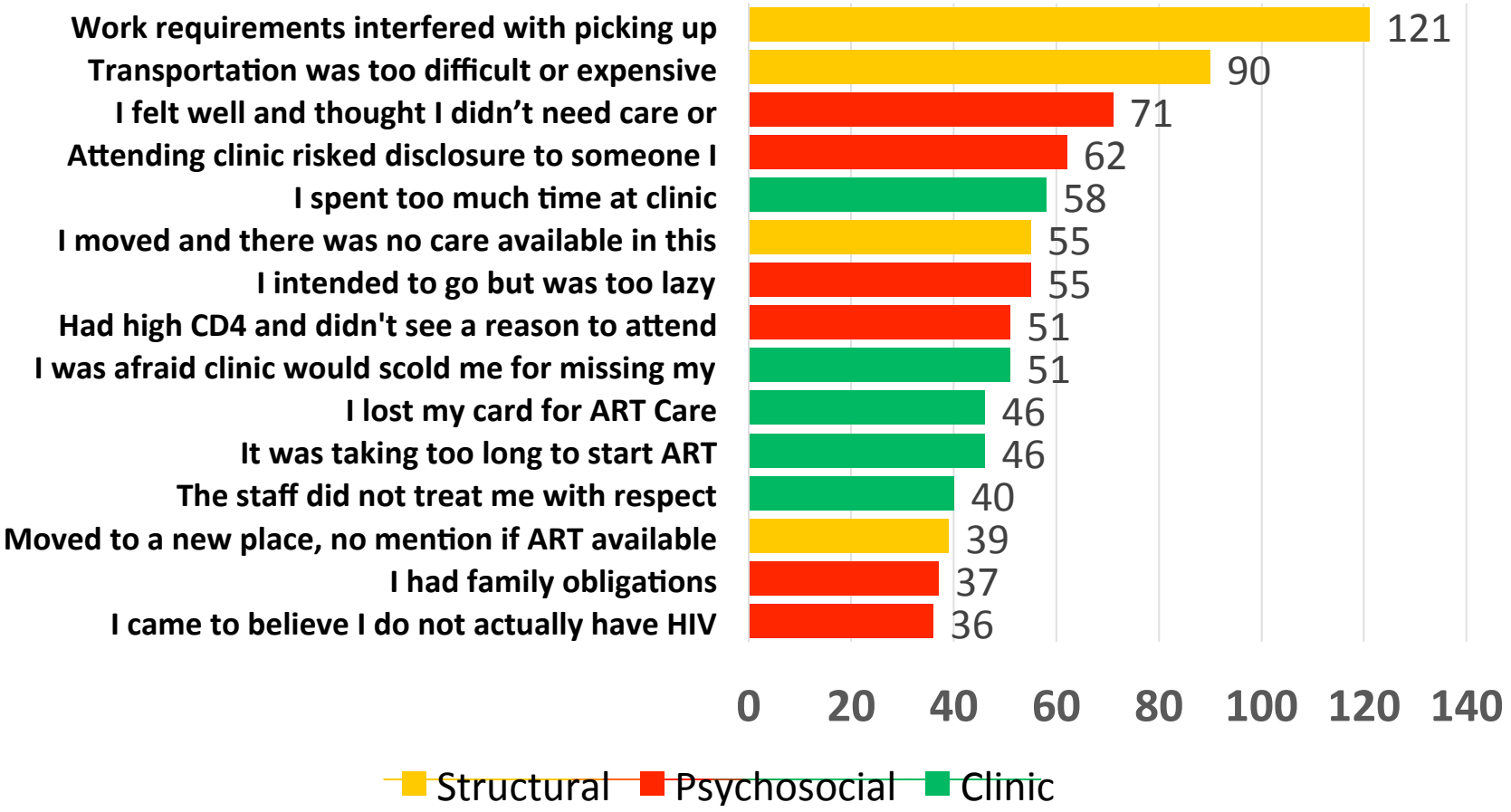
90:90:90 in Zambia
Data from ZAMPHIA



DSD for "Unstable" Patients

- Understanding barriers to engagement and retention is key in formulating strategies to improve patient outcomes
- Barriers to patient engagement and ultimately VL suppression include:
  - Low HIV literacy
  - Stigma / denial of diagnosis / traditional beliefs
  - Mental health disorders
  - Primary HIV drug resistance/ drug toxicity
  - Incorrect dosing/impaired drug absorption

Most common patient-reported reasons for stopping care (N = 603). Better info Study



Strategies for Improving Outcomes

Targeting interventions addressing:

1. Clinic/Facility based barriers
   - Lack of dedicated clinician to oversee care
   - Quality of care/respect from providers
   - Long wait times
2. Psychosocial barriers
   - Stigma
   - Cultural beliefs
3. Structural barriers
   - Distance/Access
   - Work demands

Proposed Innovation: Include "Unstable" Clients in CAG Model

- Revised Eligibility:
  - >14 years
  - On ART >6 months
  - Regardless of VL or WCS
- Any newly identified unstable clients in already established traditional DSD models will be eligible to receive care under this model while being in a CAG

Rationale for Inclusion of "Unstable" Clients in the CAG model

- The hypotheses is that DSD for such patients will provide an integrated clinical and community care package to improve adherence and address associated barriers that may have contributed to a detectable viral load while managing all comorbidities.
- This strategy aim to attain the last 90 of the UNAIDS targets in a bid to end the HIV epidemic

Clinic-based Care for Clients at High Risk

- Dedicated multidisciplinary clinical team trained in management of patients with complicated disease- doctor, nurse, pharmacist, laboratory technician
- Dedicated advanced treatment disease clinic (stakeholders to decide which day/time best for all)
- Reliable laboratory support with 72hr VL result turn around time
- HIV genotype as required with rapid TAT (14-21 days)
- Enhanced counseling services (HIV literacy, mental health screening, sexual reproductive health)

Community-based Care for Clients at High Risk

- Treatment supporter led
- Psycho-social support / counseling – both at home at in group adherence meetings
- Home drug delivery with simple symptom screen (h/o fevers, night sweats, weight loss, cough, headaches) – monthly or per physicians recommendation
- DBS VL collection every 3 months
- Appointment reminders per clinician recommendation
- Group adherence meetings within communities at agreed intervals (e.g. every 4 or 8 weeks)

M&E

- Develop SOPs to guide facility-based and community-based activities
- Adopt current national data collection tools for both facility and community activities with some revisions in community tools to include home delivery of ART, symptom screen and result feed back
- Train clinicians in management of unstable HIV patients

Thank you