

# Use Of Mobile Electronic Health Tools To Manage Information And Promote Engagement In Care In Community-based ART Models In Uganda

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**CQUIN Differentiated Service Delivery Across the HIV Cascade Workshop**  
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# Background

- ❖ The Uganda national consolidated HIV prevention, care and treatment guidelines adopted differentiated services delivery for HTS, HIV care and treatment in 2018.
- ❖ Uganda HIV program further introduced DSD in the electronic medical record (Uganda EMR) that serves the HIV patients in the country.
- ❖ Uganda EMR is the most scaled up Electronic medical record system with over 1300 facilities using it.
- ❖ Two main mobile apps / tools used to capture DSD data in the community:
  1. Uganda EMR mobile app
  2. ART Access for CRPDDP

# The Uganda EMR Mobile App

- A tool used to capture follow-up data while patient is attended to in community.
  - Seamless integration between the Uganda EMR and the Mobile App.
  - Patient assessment as reflected on the ART Card (WIP)
  - Patient referrals back to the facility.
  - Drug dispensing for CDDPs.
  - Consider patients with appointments in the given time frame.
  - From the list of downloaded patients, select the patient name and start the assessment.
  - After the assessment, push the data back to the facility based EMR.
  - HTS integrated into the app also
- The data sent to the facility creates an ART Encounter with the following:
- ART Visit Date
  - Family Planning Status
  - Pregnancy Status
  - Number of pills
  - Number of days
  - Return Visit Date.



DSD Model

Duration on Current Regimen: 15

Duration on ART: [ ]

Patient Categorization: US - Unstable

Visit Type:  R - Drug Refill ONLY  C - Clinical Assessment/Drug refill and/or Tests/Investigations

Drug Pick Up Model

CDDP Category: CRPDDP

Pharmacy: PHARMACUTICALS

DSD Group Code: [ ]

FBIM - Facility Based Individual Management  
FBG - Facility Based Group  
FTDR - Fast-Track Drug Refills  
✓ CDDP - Community Drug Distribution Point  
CCLAD - Community Client-Led ART Delivery

# DSD data elements to be captured in EMR Mobile App

## • Patient Categorization Elements

- PLHIV newly identified and or re-engaging in care with advanced HIV disease
- PLHIV newly identified and or re-engaging in care when clinically well
- PLHIV established on ART and or with controlled chronic illnesses
- PLHIV with treatment failure
- PLHIV with uncontrolled chronic illness, and or Drug limiting toxicities

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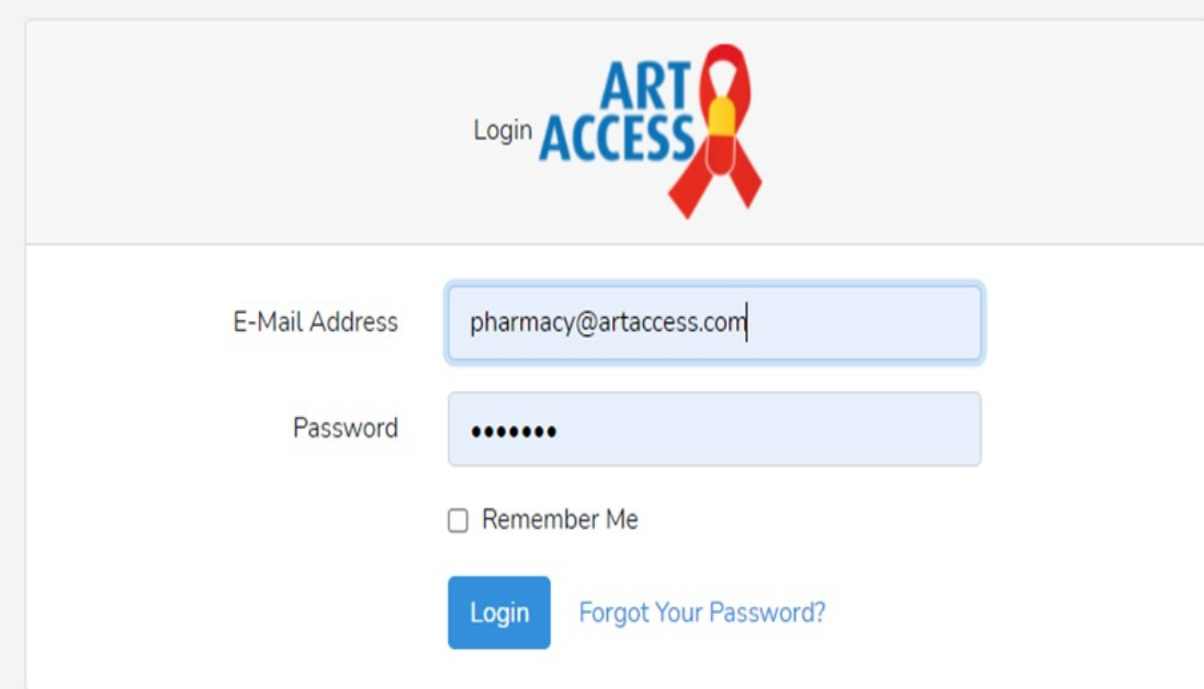
CCLAD - Community Client-Led ART Delivery

- **DSDM Models (ART Models)** : Group Models & Individual Model
- **DSD Approaches** : FBGs, CDDP, CCLAD, FSG, FTDR, FBIM, Peer led, CRPDDP, DIC, Home Drug Delivery
- **VISIT TYPES** : Drug refill, Clinical assessment, Laboratory , PSS

# ART Access at the Community Pharmacy

- Web based portal / App / link.
- Adopted by MOH as an electronic tool to be used for client and stock management in the CRPDDP approach.
- ART Access is fully integrated with EMR electronic system available at health facilities
- Health facility staff updates EMR and stock in ART Access.
- Pharmacy staff updates the ART Access system only.
- Used for:
  - ✓ Dispensing of medicines
  - ✓ Requisition of medicines from the health facility
  - ✓ Update logistics tools at the pharmacy

ART Access can be accessed using the Web Portal link: <http://52.12.36.20:8070/>



Login

**ART ACCESS**



E-Mail Address

Password

Remember Me

[Forgot Your Password?](#)

# Details of the Clients attached to pharmacy



**94**  
All Clients

**91**  
Active

**0**  
Discontinued

**0**  
Deceased

**1**  
Missed Visits

**2**  
Lost

## SCHEDULED CLIENTS

Export to Excel

FROM DATE: 06/01/2021 TO DATE: 06/01/2021 CLIENT ID:

Pharmacy ID	Facility ID	Next Visit date	Regimen	Contact	Manage
KAW/CP2/04216	KAW/04216	2021-11-22	TDF/3TC/EFV	0782520779	<a href="#">Manage client</a>
KAW/CP2/00001	KAW/00001	2021-11-23	TDF/3TC/EFV	772828682	<a href="#">Manage client</a>

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# Challenges & Solutions

- ❖ Limited use of the EMR mobile app.
- ❖ EMR relies on data entry by facility staff. The timing, completion affects reporting for DSDM and running the cascade for DSDM
- ❖ Sometimes there is incomplete data from the Community models
- ❖ Trouble shooting and enhancements of Uganda EMR are limited to IP and National level.
- ❖ Poor internet coverage limiting synchronization of ART Access with EMR.

- ❖ **Scaleup of use of EMR mobile up in more ART Sites.**
- ❖ **EMR Point of Care implementation to ensure real time data entry**
- ❖ **Complete migration from paper-based tools to fully use of EMR**
- ❖ **Real time EMR enhancements according to DSDM and program needs.**

Thank you!

