HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

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The Integrated Management of patients with chronic conditions

South Africa Resources at CQUIN Tools Lab

CQUIN 6th Annual Meeting
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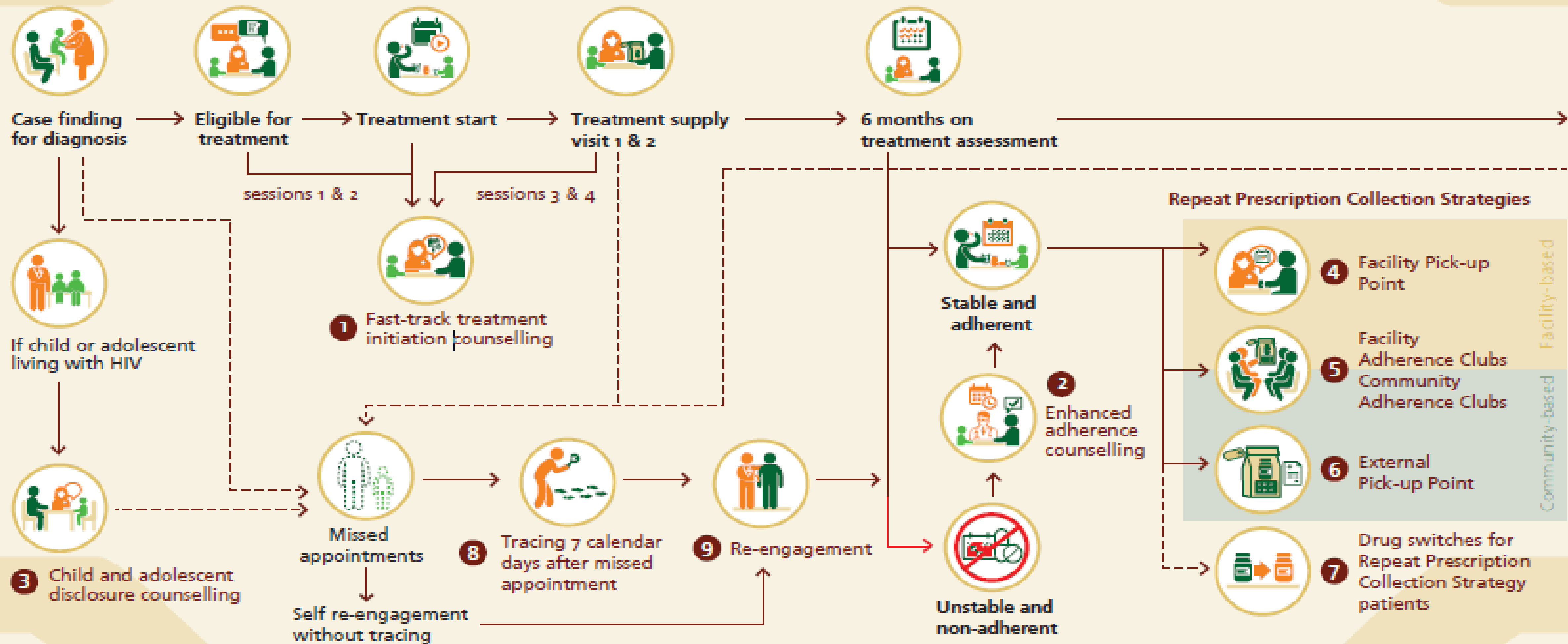
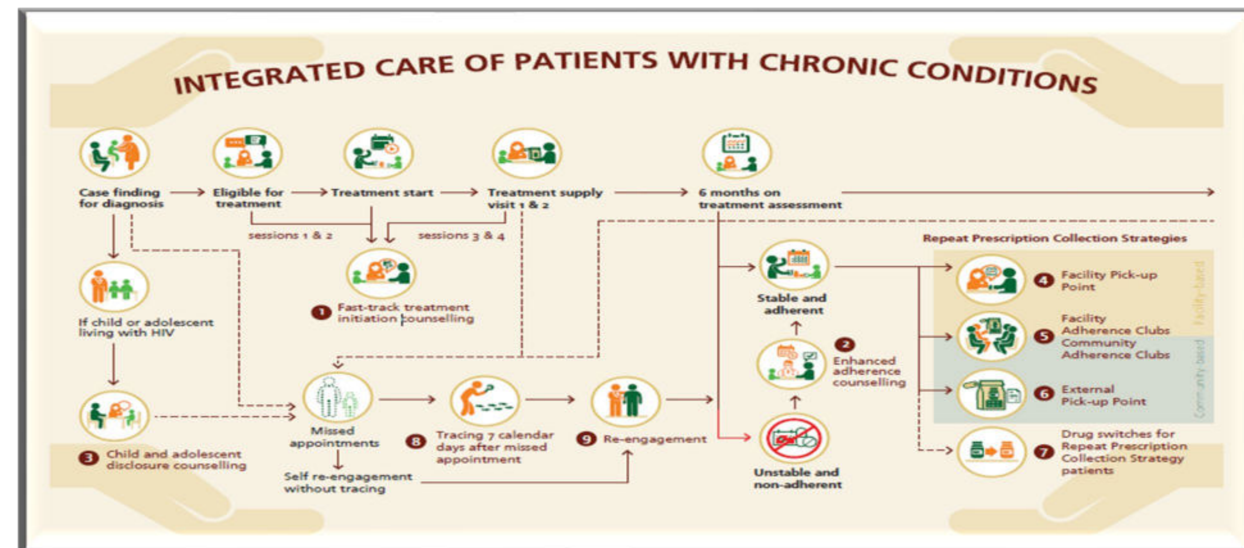
INTEGRATED CARE OF PATIENTS WITH CHRONIC CONDITIONS

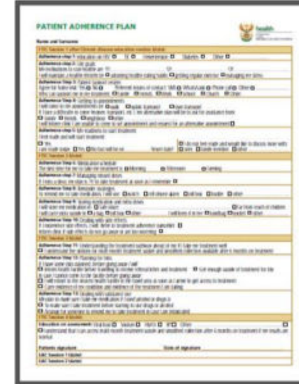


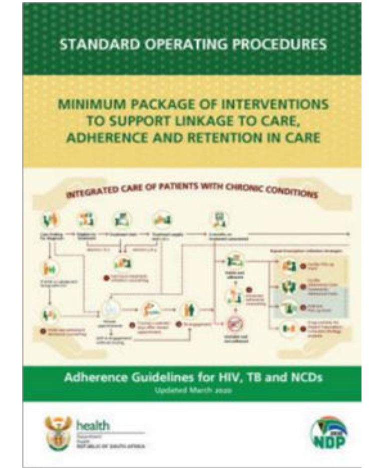
Minimum Package of Interventions

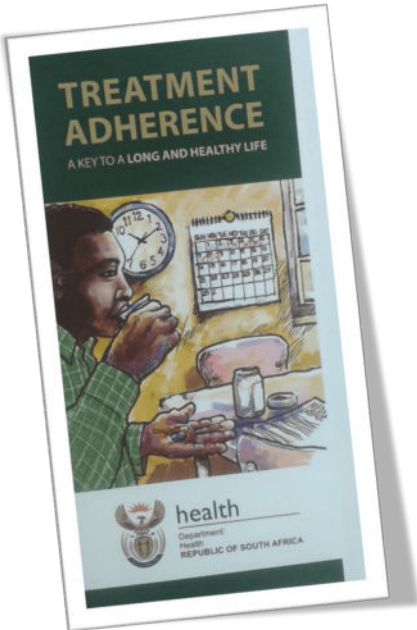
Interventions	SOP #	SOP Label
Standardised Education Sessions and Counselling approach for: • Treatment Initiation • Patients struggling with adherence (while in care or when re-engaging in care) • Supporting child and adolescent disclosure	**SOP 1**	Fast Track Initiation and Counselling (FTIC)
	SOP 2	Enhanced Adherence Counselling (EAC)
	SOP 3	Child and Adolescent Disclosure Counselling (CADC)
Differentiated Models of care (DMoC) for stable patients on treatment • Repeat Prescription Collection strategies (RPCs) after 6 months on treatment: • SOP4-6 (Patients decanted at 6months) • Switching first line regiments for stable patients utilizing RPCs – SOP7	**SOP4**	Facility Pick – up Point (FAC-PUP)
	SOP 5	Adherence Club (AC)
	SOP6	External Pick – up Point (EX – PUP)
	SOP7	Switching first line regiment for stable patients utilizing RPCs (DRUG SWITCH)

Interventions	SOP #	SOP Label
Patient tracing and re-engagement	**SOP8**	Tracing and Recall (TRACING)
	SOP9	Re-engagement in care (RE – ENGAGEMENT)

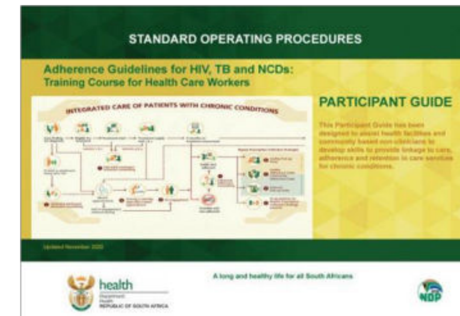




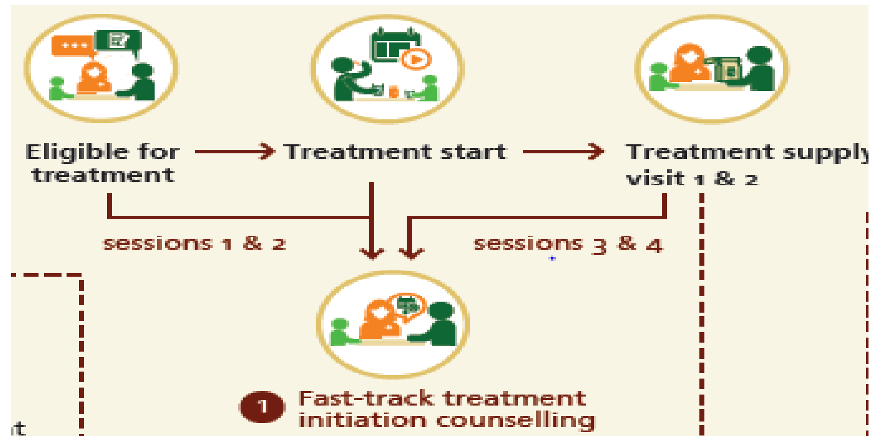




AGL Implementation Supporting Tools



SOP 1: Fast Track Initiation Counselling (FTIC) ...



- FTIC model provides
  - **education**
  - **and counselling** mainly for newly diagnosed clients.
- Providing education and support **without delaying initiation of treatment**.
- Assist the patient to develop **an individualised adherence plan** and set clear treatment milestones.
- Provide standardised education and counselling:
  - **using Adherence Education flip file for HIV, TB, Hypertension and Diabetes.**

- **With Increasingly LTFU immediately after treatment start**, highlights a need to focus attention on providing session 3 and 4 at 1st and 2nd treatment refill visit (individually or as group)
- **Add focus on explaining the service delivery options on treatment pathway ahead** – if assessment normal at 6 months patient opts for easier collection options
- Only 1 adherence plan in client folder revised to include indication of same day readiness and treatment pathway ahead + EAC session dates

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SOP 2: Enhanced Adherence Counselling…

- Aligns with new ART clinical guidelines: Clients with VL>50 copies/ml can be referred for EAC by clinician after assessing possible adherence issue **after A - E clinician's assessment** (Page 39 ART Consolidated Guidelines) See next slide

- All Diabetes Mellitus (DM) patients with HbA1c > 7% referred for EAC

- **Also adds explanation to client on easier pick up options if suppressed <50 copies/ml, HbA1c ≤ 7% (RPCS)**

What is Enhanced Adherence Counselling (EAC 2) model?

- The EAC 2 model is one of the minimum package intervention models that focuses on providing education and counselling to clients who are **non-adherent. There are Two sessions for EAC**

SOP 3: Child and Adolescent Disclosure Counselling (CADC 3)…

What is Child and Adolescent Disclosure Counselling (CADC 3) Model?

- ❑ Child and Adolescent Disclosure Counselling (CADC 3) model is one of the minimum package intervention models providing education and counselling mainly for children and adolescents living with HIV and their caregivers.
- ❑ The Health Care Provider prepares and supports the caregiver to disclose to the child or adolescent.
- ❑ There are two sessions:
  - **Session 1**: Partial disclosure.
  - **Session 2**: Full disclosure
- ❑ Providing step-by-step, incremental, and standardized approaches to HIV disclosure counselling in children and adolescents is essential

What patients qualify for child and adolescent disclosure counselling (CADC) model?

- ❑ Caregivers and all children from 3 years old should start being prepared for partial disclosure.
- ❑ Disclosure criteria are as follows:
  - Non- Disclosure (Under 2 years)
  - Partial Disclosure (3 – 9 years)
  - Full disclosure (from 10 years)

Repeat Prescription Collection Strategies (RPCs)

Facility Pick-up Point: FAC-PUP (SOP 4)

Adherence clubs: AC (SOP 5)

External Pick-up Point: EX-PUP (SOP 6)

Repeat Collection Strategies (RPCs): SOP 4 (FAC-PUP), SOP 5 (AC), SOP 6 (EX-PUP): Eligibility Criteria

What patients qualify for Repeat Prescription Collection Strategies?

✓ No current TB/Medical condition requiring regular clinical consultations
✓ Clinician confirms eligibility
✓ Patient voluntarily opts for RPCs option

For Adults

- ❑ Above 18 years
- ❑ On treatment for at least 6 months
- ❑ Most recent assessment results normal:
  - Most recent viral load (VL) taken in past 6months < 50 copies/ml for HIV
  - Most recent HbA1c taken in past 6 months ≤ 7% for Diabetes
  - 2 consecutive BP < 140/90 for Hypertension

For Children and Adolescents

- ❑ 5-18 years
- ❑ On ART for at least 6 months with no regimen or dosage change in the last 3 months
- ❑ Most recent VL taken in past 6 months < 50 copies/ml
- ❑ Care givers counselled on disclosure process
- ❑ Patient (>12 years/caregiver if patient<12 years) voluntarily opts for the RPCs option

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NEW SOP 7: RPCs Drug Transitioning & Switching SOP

- NEW SOP – supporting access for stable clients in RPCs to new Drug regimens while remaining in their RPCs
- **The SOP supports the transitioning to new regimens for patients utilizing Repeat Prescription and Collection Strategies**
- SOP refrains from referring to specific regimen so that it can be used for future regimens beyond DTG.
- **Overview of the Drug Switching procedure**
  Review the patient's recent viral load result (not older than 6 months)
  - Assess the stability of the patient:
    - Either VL<50 copies/ml
    - OR second VL assessment between 50-999 copies/ml
  - Remember the A - E Assessment

SOP 8: Tracing and Recall…

What patients qualify for Tracing and Recall?

Facility	Repeat Collection Strategies (FAC-PUP, AC, EX-PUP)
• Patients who have failed to return to the facility within 14 calendar days of their scheduled appointment. – Patients who did not return for their treatment initiation appointment. – HIV, TB, Diabetic or Hypertensive patients who have missed their scheduled appointment by 14 calendar days	• Patients in an RPCs who did not collect their treatment supply within 14 calendar days after the last day on which they were still able to collect through their RPCs (See SOPs 4-6).
• Patients wit abnormal results, who, after initial attempt, have not returned to the facility within 14 calender days.	• Patients with abnormal results, who, after initial attempt, have not returned to the facility within 14 calendar days.

Refrains from using the term **defaulter** instead – patient who **missed an appointment**

How is Tracing and Recall model implemented?

- Patients are traced throughout the care cascade at different times depending on the adherence minimum package intervention model.
- Patients are traced through contact by
  - phones, SMS,
  - home visits
  - depending on what tracing method they have consented for.
- Recall attempts should first be telephonic and only
- If this fails, then via a home visit.

SOP 09 – Re-engagement
Why to focus on re-engaging patients now?

As South Africa gets closer to 95-95-95 targets, there are **MORE** people who have previously been on ART than people who have never been on ART

Increasingly important to focus on people previously on ART

People need to be encouraged back into care and retained long term:

- To reduce morbidity and mortality (improve their own health outcomes)
- To reduce transmission (reduce new infections)

Critical to provide a positive patient experience when a person returns to care to increase likelihood of sustained retention and viral suppression

Sop 9 Re-Engagement Three key Principles

1

For returning patients, the *first return visit experience* is critical

Welcoming, supportive and empathetic

Clear facility visit flow focused on a positive patient experience

2

***Not all patients* late for scheduled appointments are re-engaging patients**

Only if they are **>14 days** after scheduled appointment
OR
silent transfer from another facility

3

All re-engaging patients *DO NOT have* the same service delivery needs

Easier access to treatment

Psychosocial support

Clinical management

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Q
&
A

TIME FOR
QUESTIONS