

# DSD for HIV treatment in the City of Cape Town: Providing quality care alongside annual clinical visits

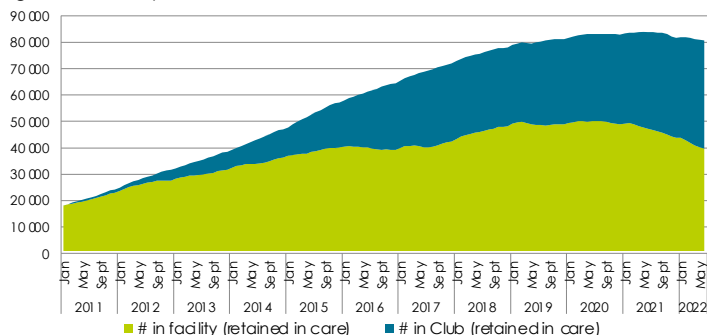
Beth Harley<sup>1</sup>, Karen Jennings<sup>1</sup>, Natacha Berkowitz<sup>1</sup>, Erika Mohr-Holland<sup>1</sup>, Kay Joseph<sup>1</sup>,  
Jacqueline Ross<sup>1</sup>, Lynne Wilkinson<sup>2,3</sup>, Anna Grimsrud<sup>2</sup>

<sup>1</sup> City Health, City of Cape Town, <sup>2</sup> IAS – International AIDS Society, <sup>3</sup> University of Cape Town

## BACKGROUND / INTRODUCTION

- The City of Cape Town (CCT) has been implementing differentiated service delivery (DSD) models for people established on antiretroviral therapy (ART) since 2011 when Adherence Clubs (clubs) were started.
- Whilst new DSD models became endorsed in policy, CCT has chosen to continue with clubs because of the strength and the efficiency of the background systems that have been developed. These were leveraged to easily move clubs out of facilities during COVID-19.
- Standard club visits were initially convened by a lay provider and included a support group component, but as the club program grew, the club evolved into a quick pick-up system and lost the support-group component.
- A club calendar and register are used to support timely completion of viral loads and clinical visits.
- As of July 2022, CCT has a cohort of approximately 82,000 people living with HIV on ART of which approximately 50% were receiving their care in a club (Figure 1).
- People in clubs have an annual clinical review that is supported by a clinical SOP setting out the minimum package of clinical care.
- City audits are completed annually to improve the quality of care through a robust and compassionate process that encourages truth-seeking and understanding to support the human resources required to implement quality health programmes. The club audit was added to the audit tools in 2018.

Figure 1: Scale up of ART and clubs in CCT, 2011- June 2022



## METHODS

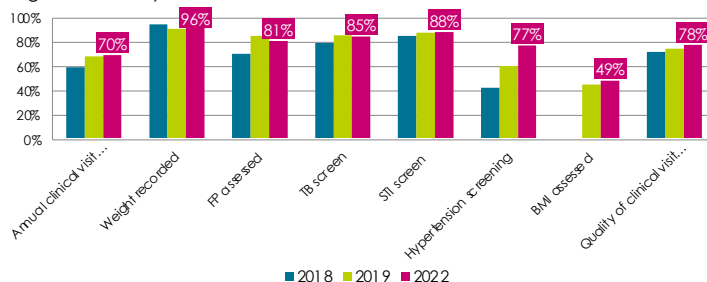
- Audit data from 2018, 2019 and 2022 was reviewed. There were no club audits done in 2020 and 2021 as a result of COVID-19.
- In 2022, the club audit included a random sample of 403 patients in clubs from 55 health facilities – the objective was 10 patients per facility (two patients each from five clubs).
- The audits assessed the quality of care provided, including viral load results being available in club folders, whether or not weight was recorded, family planning (FP) needs were assessed, whether the PAP smear for women is up to date, and if screening for other health conditions was completed (TB, STIs and NCDs).
- In 2022, the proportion of those on a dolutegravir (DTG) regimen was assessed to look at DTG regimen transition during COVID-19.
- Each facility in the audit received a final quality of clinical visit score.
- CCT includes eight sub-districts (SDs) with significant heterogeneity between SDs in terms of the scale of the club program (number of club patients varied from 1,571 to 7,855 and the number of clubs (from 96-401) and the number of ART facilities with clubs (from 2-16).

## RESULTS

### Quality of annual club clinical visit

- Weight, FP screen, TB screen, STI screen are generally well done as this is part of routine ART care (Figure 2).
- To ensure the clinician can see at a glance if a recorded clinical visit is outside of club visits, the SOP advises marking the top of the visit column with "club clinical visit"; this is recorded 70% of the time.
- With the growing concern about NCDs, a BP screen and later BMI done question were added to the clinical visit review; whilst hypertension done improved BMI done still lags behind (Figure 2).

Figure 2: Quality of clinical visit audit, 2018-2022



- Availability of viral load results in Club folders increased from 75% in 2018 to 85% in 2022.
- Results vary significantly by sub-district (Figure 3), highlighting specific areas for improvement.

Figure 3: Quality of clinic visit audit results by sub-district, 2022

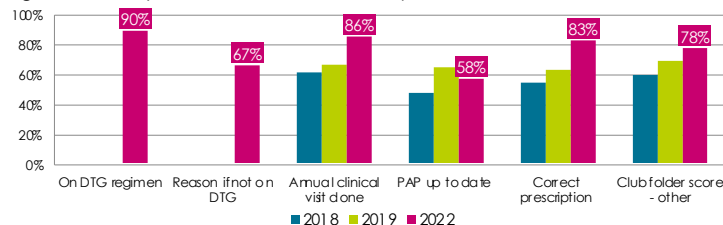
Quality of clinic visit domains	SD 1	SD 2	SD 3	SD 4	SD 5	SD 6	SD 7	SD 8	TOTAL
Annual clinic visit clearly marked	59%	97%	100%	75%	32%	66%	100%	59%	70%
Weight recorded	92%	100%	100%	91%	96%	98%	100%	98%	96%
FP assessed	70%	97%	100%	72%	84%	85%	100%	74%	81%
TB screen	79%	84%	100%	86%	92%	90%	100%	67%	85%
STI screen	82%	100%	100%	86%	96%	90%	90%	78%	88%
Hypertension screen	69%	84%	68%	53%	92%	91%	100%	87%	77%
BMI assessed	38%	47%	29%	58%	80%	56%	90%	26%	49%
Quality of clinical visit score	70%	87%	85%	74%	82%	82%	97%	70%	78%

Acronyms: BMI – body mass index FP – family planning, SD – sub-district, STI – sexually transmitted infection, TB – tuberculosis

### Quality of information within club patients' folders

- The proportion with an annual clinical visit recorded in the clinic file increased from 61% in 2018 to 78% in 2022 (Figure 4). There was also an increase in the proportion with a recorded viral load result and correct prescription.
- PAP smear completion still requires work with a current PAP smear recorded in only 58% of patient folders.

Figure 4: Quality of information within club patients' folders, 2018-2022



## DISCUSSION

- Club patients in the CCT are receiving a comprehensive clinical visit on an annual basis of relatively high quality.
- The clinical SOP guiding annual clinical reviews provides an opportunity to audit and support improved clinical governance/quality improvement.
- The quality of the clinical visit in club care holds the potential to be of high quality with a clear SOP laying out the expectations for the clinical visit and ongoing auditing to ensure that the SOP is correctly implemented.