

Lesotho's Electronic Medical Record Seamlessly Track Progress in Multi-Month Dispensing

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BACKGROUND / INTRODUCTION

- Lesotho Ministry of Health (LMOH) adopted Differentiated Service Delivery (DSD) models through appointment spacing and MMD as an initial DSD model for stable patients on Antiretroviral Treatment (ART) in 2017.
- In 2018, Ministry of Health implemented an electronic medical record (EMR) to collect and utilize patient-level longitudinal clinical data to enhance patient care.
- The EMR is also programmed to aggregate and auto-submit facility-level indicator data monthly into the DHIS2-based health information management system (HIMS) to help program planners assess DSD program progress, including multi-month dispensing (MMD).

METHODS

- We abstracted data from HMIS MMD dashboard tables to summarize the percentage of adult patients ≥ 15 years of age currently on antiretroviral therapy (ART) who are on MMD schedules disaggregated by HF.

RESULTS

- As of September 2022, 150,347 patients were on ART in 153/221 (69%) HF with fully implemented EMR.
- Of those 3,653 (2%) were on a <1-month dispensing schedule, 135,747 (90%) were on MMD schedule and 10,947 (7%) had missing information.
- Of those who were on MMD, 15,833 (12%; range across HF [RAH] 0%-42%) and 84,812 (62%; RAH: 10%-93%) were on 3-months and 6-months schedules, respectively.
- 35,102 (23%; RAH: 3%-87%) were on non-conventional 2,5,7 months schedules.

CONCLUSION

- LMOH has made great strides in implementing MMD and has developed adaptable health information systems to routinely monitor progress in near real time.

Fig 1. Facilities implementing EMR tracking MMD

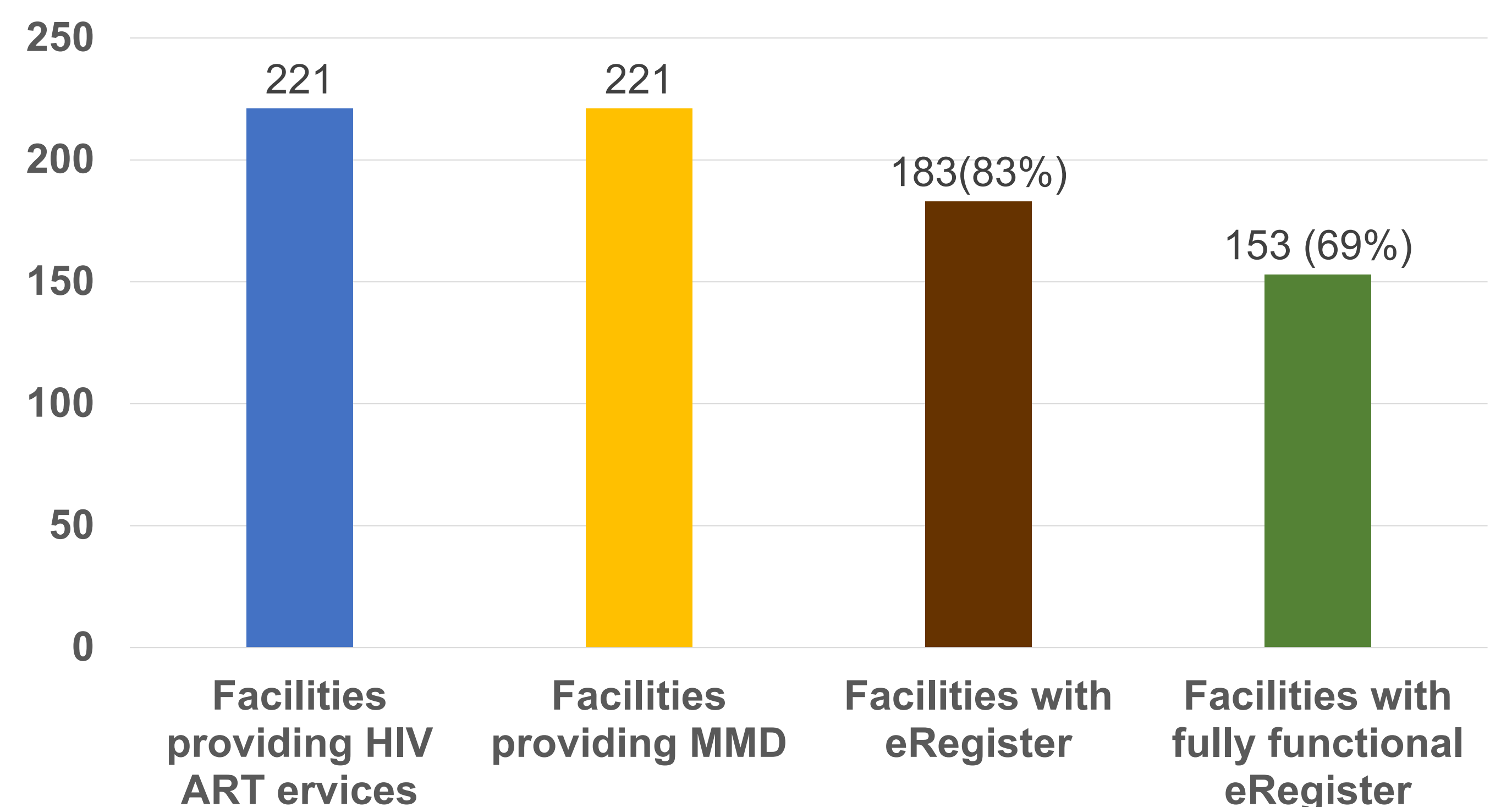


Fig 2. MMD Prescriptions by Months Range

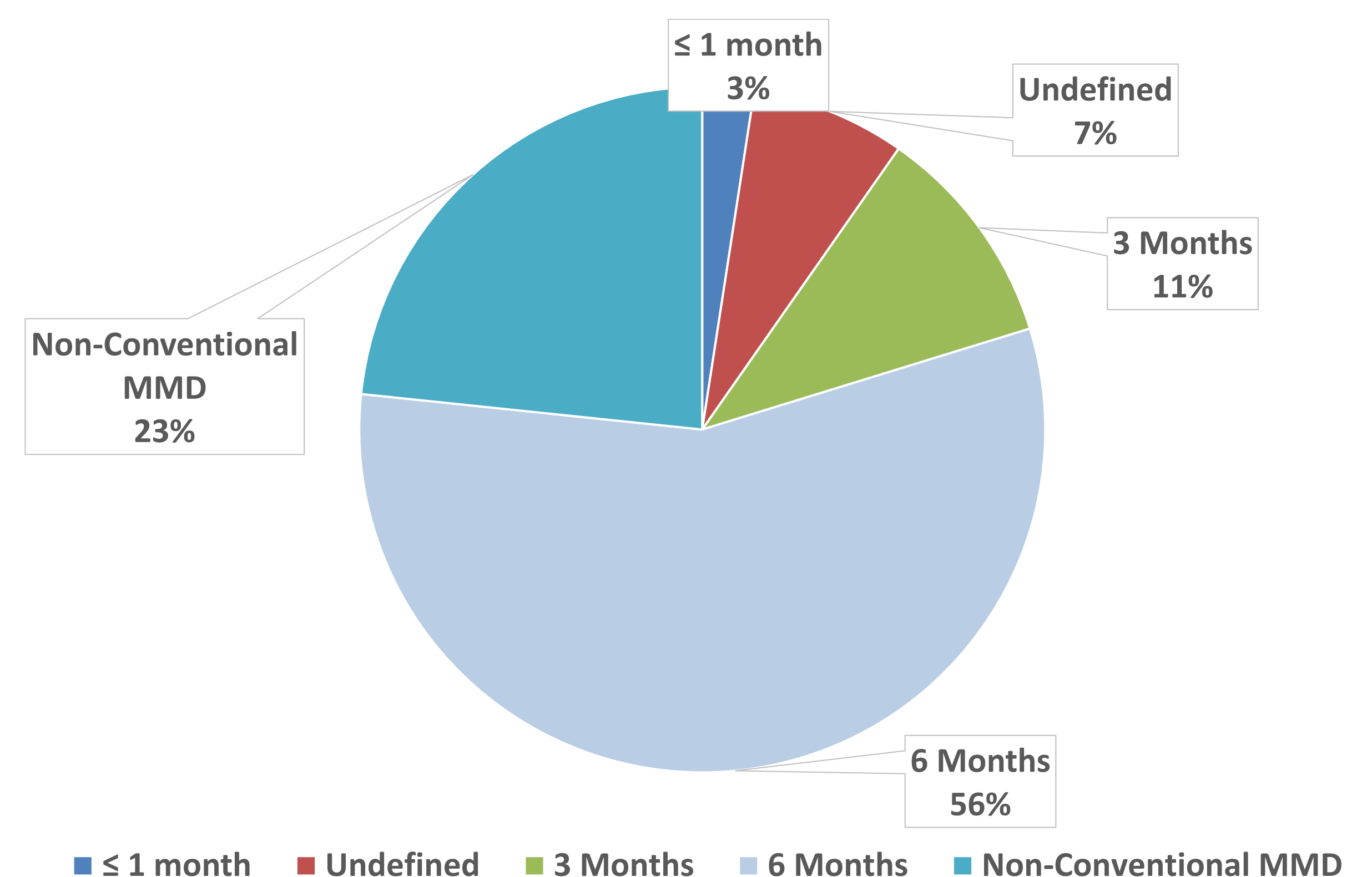
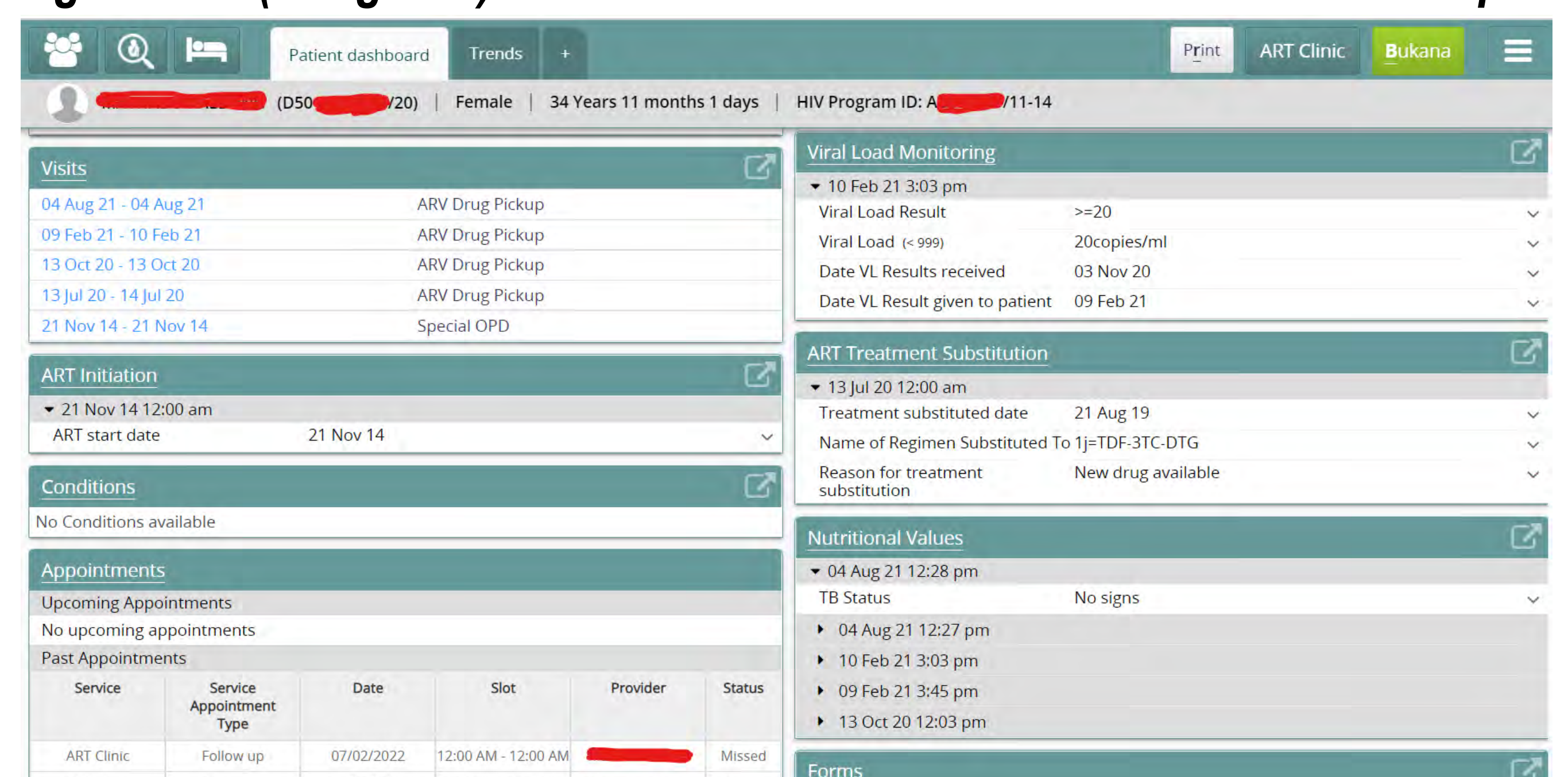


Fig 3. EMR (eRegister) Patient Dashboard- Client on Multi-Month Dispensing



- Work is underway to add additional DSD indicators to more comprehensively assess progress, including variables to flag both patients benefiting from more and less intensive models of care and summarizing the data in DHIS2.
- There is a need to support program to move patients on non-conventional months schedules to conventional ones.
- Further Technical Assistance is needed to standardize MMD to conventional scheduling and align with drug pick-ups