

Integrated Services in Primary Care – M&E System Update

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Outline

Integrated Services: One component of Person-Centered Services (PCS)

Overview of the Integrated Clinical Services Management [ICSM] Model

Integrated Clinical Services Management

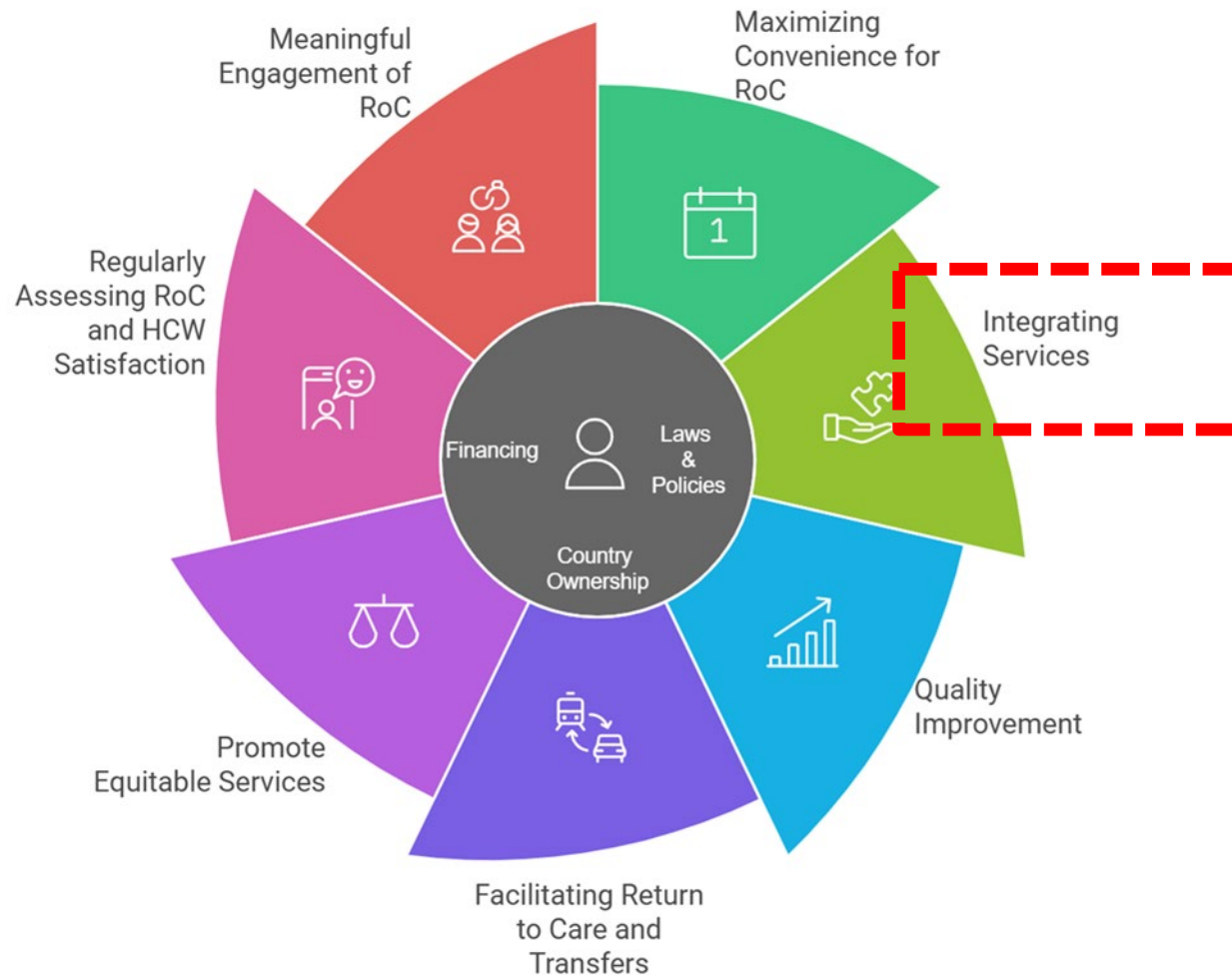
Model and Strategies for Integration

Integration of Non-HIV Services into HIV services: Evidence from 2024 DMOC Performance Review

Recommendations for the EMR

A working definition of Person-Centered Services (PCS) for CQUIN

7 interrelated, mutually-reinforcing components of PCS



Overview of the Integrated Clinical Services Management [ICSM] Model

"...The organization and management of health services so that people get the care they need, when they need it, in ways that are user friendly, achieve the desired results and provide value for money....."

ICSM Manual-NDOH)

Integrated Clinical Services adopts a **supermarket approach** in the organization and delivery of services. The supermarket approach refers to the following:



All services offered daily



Services are organised in different streams (like aisles in the supermarket)



Staff are clearly identifiable

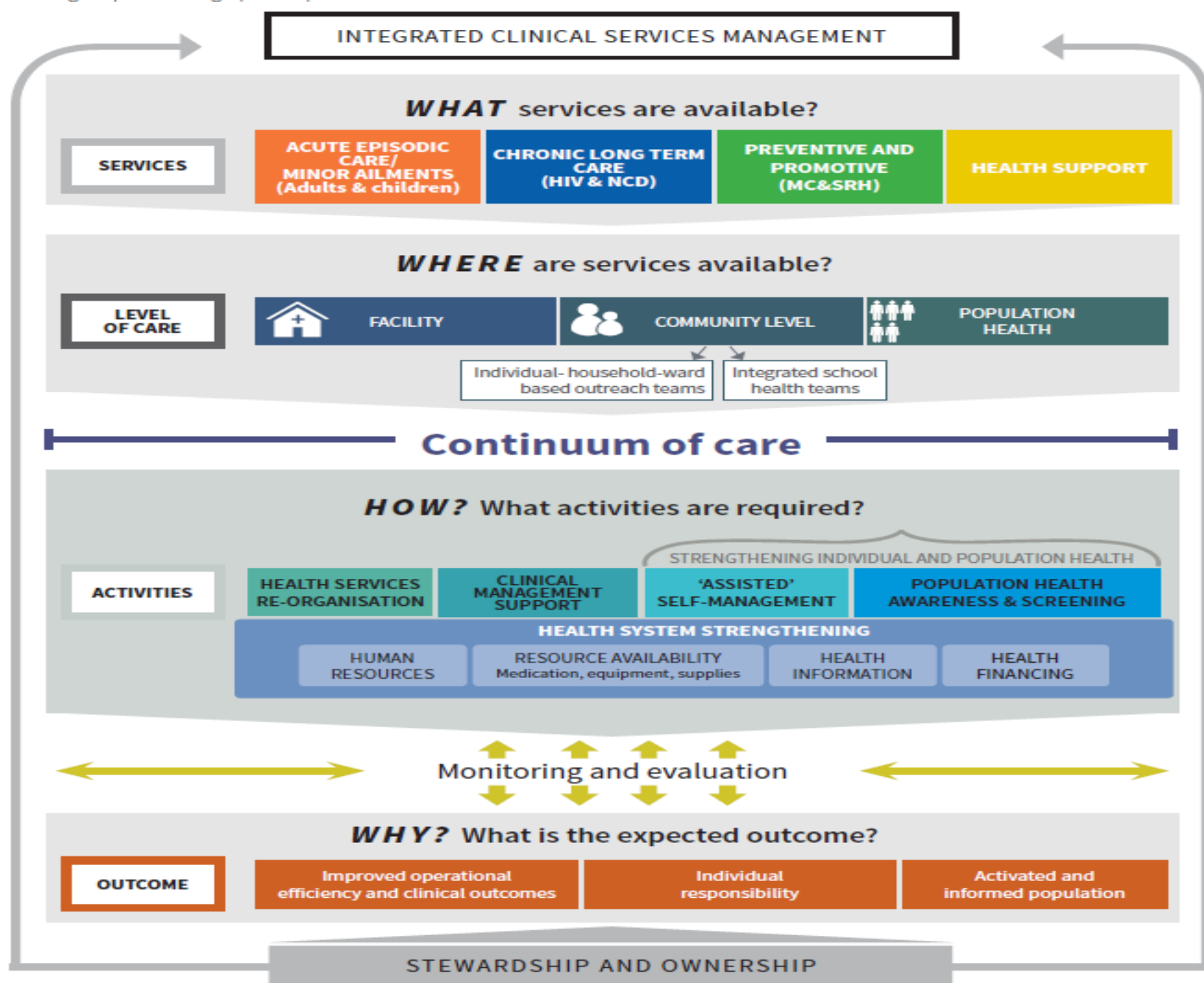


Standard operating procedures and clinical guidelines guide the services offered



Customer satisfaction is the central goal of the services

Integrated Clinical Services Management



Models and Strategies for Integration

There are two principal models of MNCH/HIV integration programs

- **The first model** integrates HIV services into the existing Maternal Neonatal and Child Health (MNCH) programs. It includes strategies such as integration of:
 - ART into Antenatal Care (ANC)
 - Early Infant Diagnosis (EID) into immunization programs
 - HTS for children and/or caregivers into Early Childhood Development (ECD) programs
- **The second model** takes the opposite approach i.e. Integrating MNCH services into HIV care and treatment programs.
 - This model includes strategies that integrate FP services and pediatric nutrition programs into HIV care and treatment programs

Over and above the two models, is the **“one-stop shop,”** where multiple services are offered within one facility (consolidation)

Integrated Clinical Services Management

INTEGRATED CLINICAL SERVICES MANAGEMENT ICSM



Nerve Centre Support Handbook

OPERATION PHUTHUMA NERVE CENTRE SUPPORT HANDBOOK

VERSION TWO
01 SEPTEMBER 2022



Building and sustaining through systems for
continuous Quality Improvement

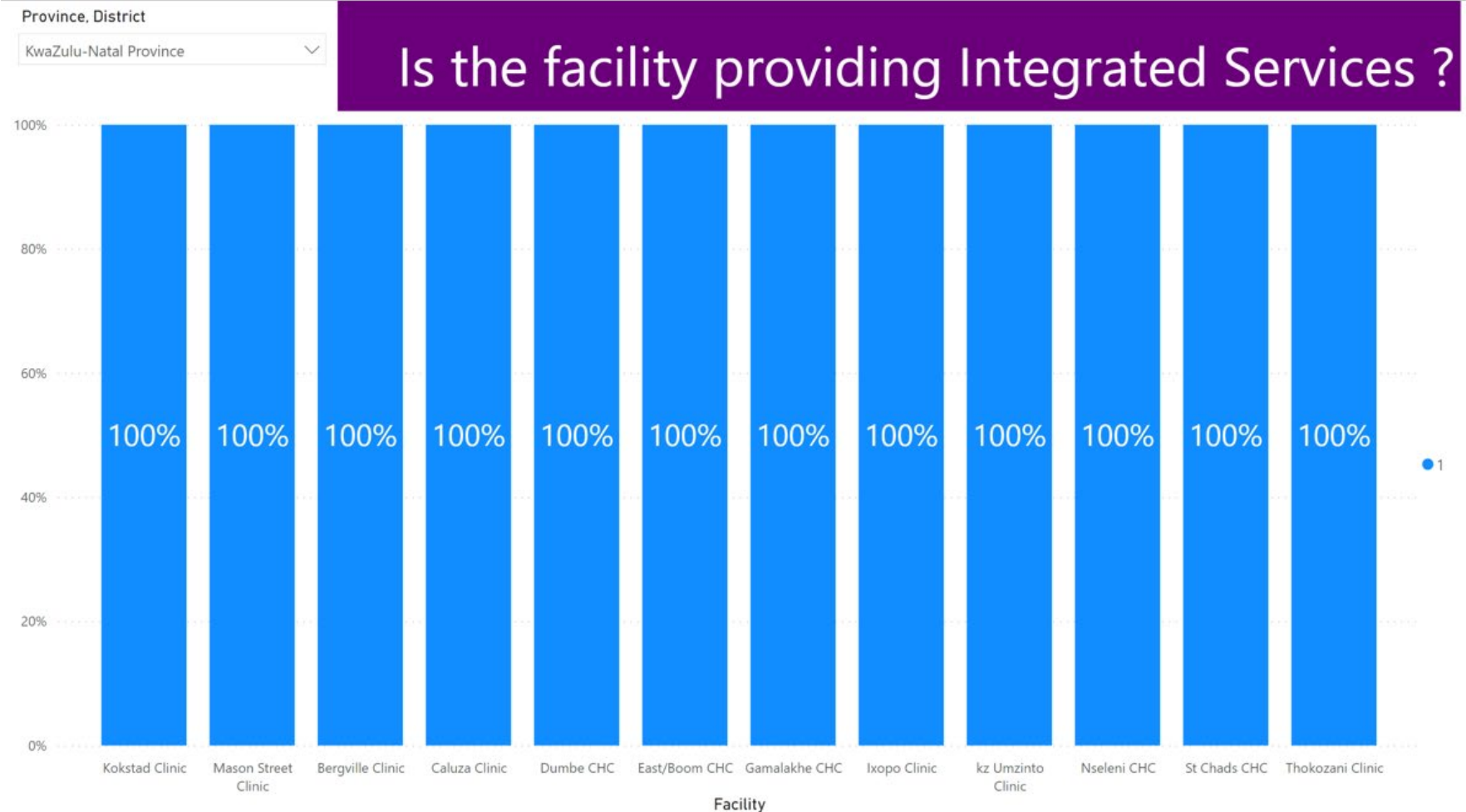


Integration of Non-HIV Services into HIV services: Evidence from 2024 DMOC/DSD Performance Reviews (DPRs)

- DPRs conducted included Facility Level Data and Patient Level Data.
- A Questionnaire to collect Facility Level Data included the following attributes to measure Integration of services (Which was included in the 7 provinces
- The Facility Managers were interviewed to provide this data

Services provided in one consulting room:

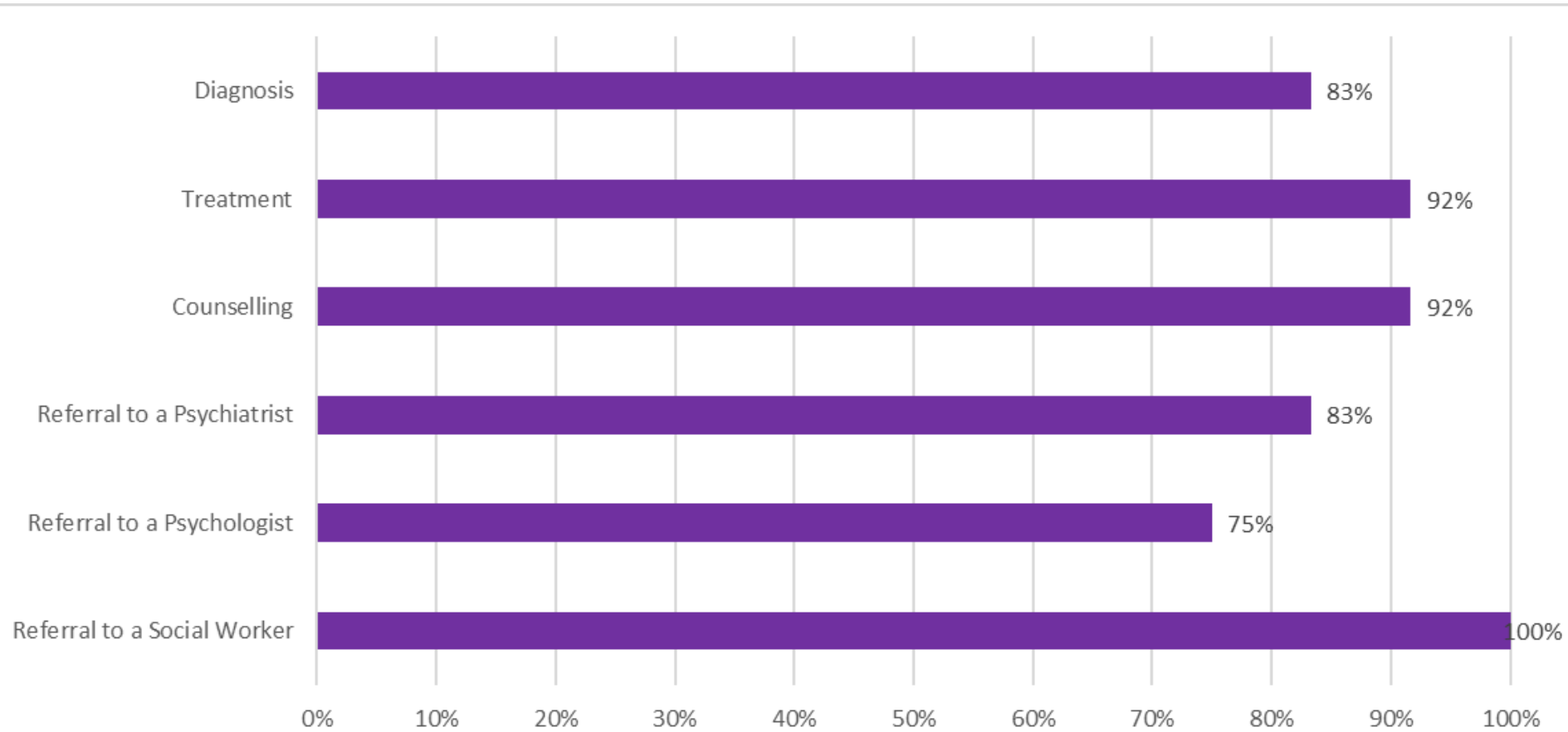
1. ART
2. TB/HIV
3. Hypertension
4. Diabetes
5. Family Planning
6. Mother and Child
7. Mental Health Screening



All the 12 HF's in the KZN DPR sample had integrated all the 7 listed services

Further Management after Mental Health Screening

1. Diagnosis
2. Treatment
3. Counselling
4. Referral to a Psychiatrist
5. Referral to a Psychologist
6. Referral to a Social Worker
- 7. Other services**



- The proportion of the HFIs out of the 12 in the sample that are doing further management after MH screening
- It is a one-stop shop, all in one room services are provided except for referral services
- 'Other' services include referrals for rehabilitation services, dental, occupational/physio therapist nutritionist/dietician etc.

Recommendations for the EMR

Interoperability with Existing Systems

- Seamless integration with the National Health Laboratory Service [NHLS]
- Interface with network systems for robust data exchange
- Aggregated data accessible at various health levels for improved data utilization and demand

Enhanced Data Disaggregation

- Data disaggregated by age groups tailored to program needs
- Gender-specific data insights to support targeted interventions

Integration with Home Affairs Registry for accurate patient identification

- Improved tracking and follow-up through reliable demographic data

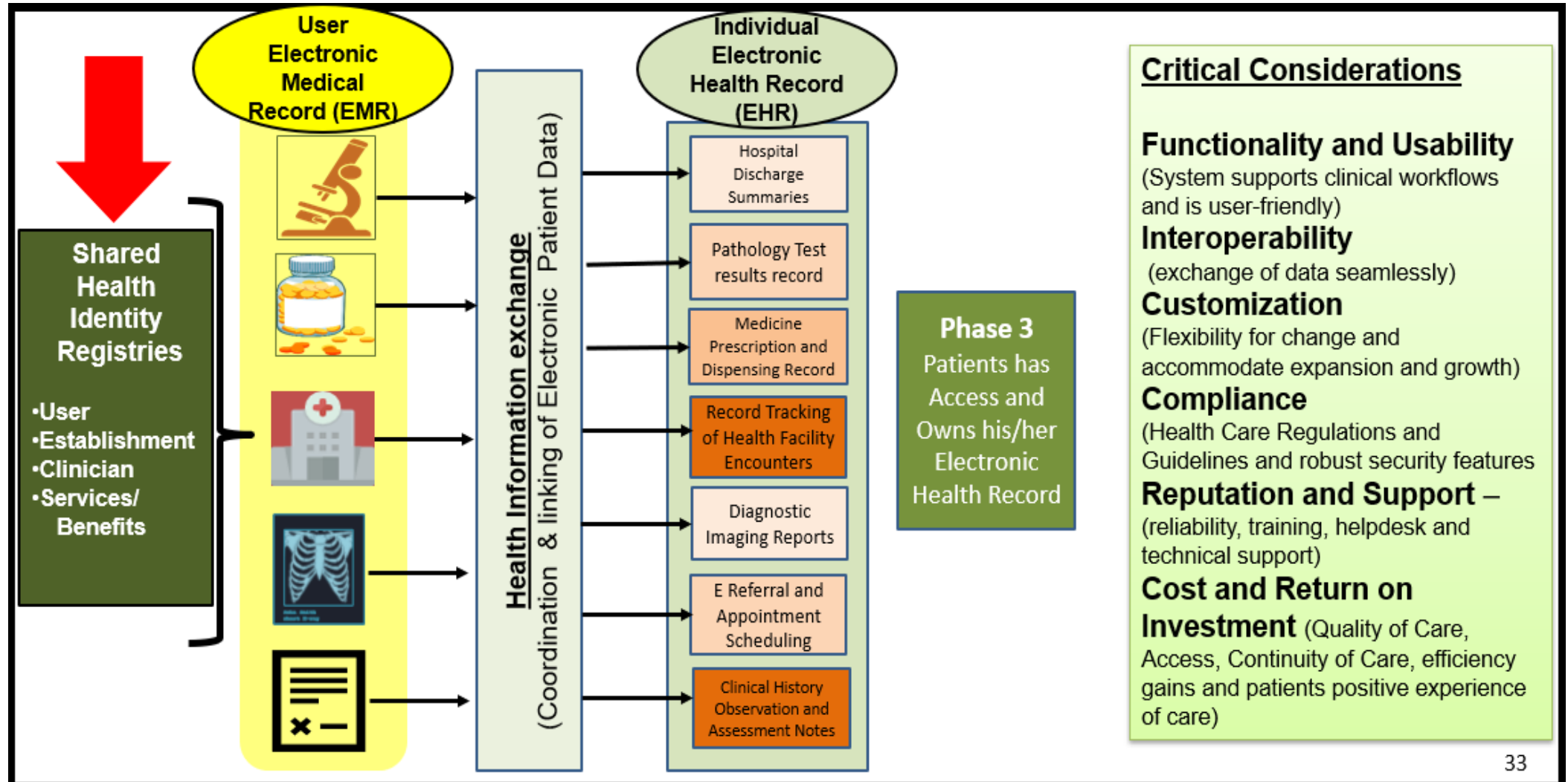
Comprehensive Data Elements

- Inclusion of prevention-related data elements
- Capture of outcomes beyond disease-focused metrics
- Support holistic health management and program evaluation
- User-Friendly Interface

Intuitive design for ease of use among healthcare providers

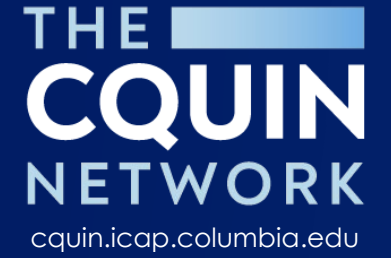
- Do away with clinical stationery. Clinicians do the electronic capture in the EMR
- Support for Data-Driven Decision Making
- Facilitation of real-time data access for program managers and stakeholders
- Empowerment of healthcare providers with actionable insights for patient care

EMR Development and Implementation..1



Conclusions

- The HIV epidemic is aging and the potential for comorbidities is apparent
- Integration of policies, services and systems is increasingly critical
- So, for us to integrate, we need to start somewhere with SRH/triple elimination as well as FP/HIV, TPT (TB/HIV) and NCD/HIV service integration
- Guidelines' revision is central to optimally operationalize integration
 - The high HIV burden, unintended pregnancies, poor maternal, newborn and child health (MNCH) call for the revision of the chronic care guidelines
 - Integration of non-HIV services into HIV programs provides an opportunity to provide holistic person-centered care
 - DPRs created a platform to ensure we continue to strengthen the integration of non-HIV services into HIV and vice versa



Thank You!

