

MatCH

Linking paediatric, adolescent and adult patients to care through the implementation of clinic navigators at high volume facilities

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Introduction

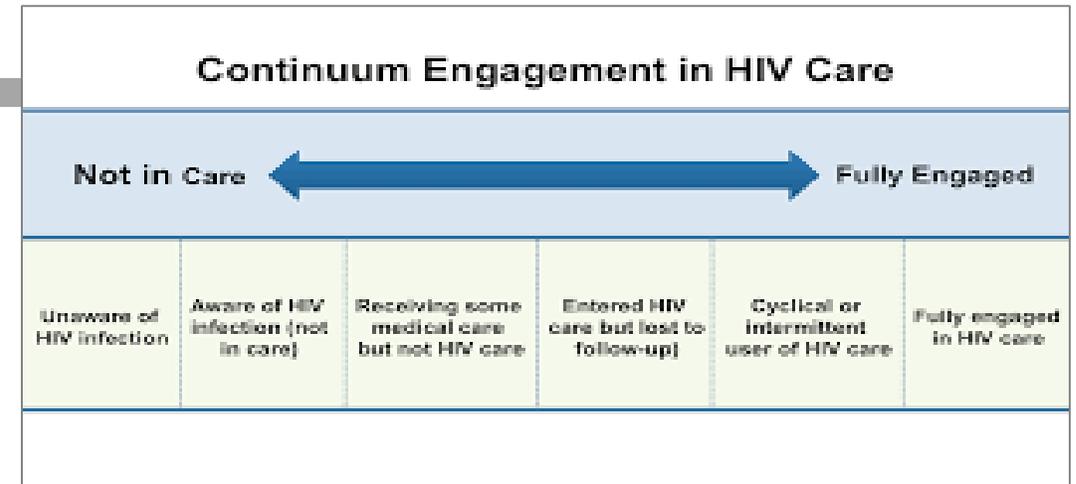
- Linkage to care refers to the process of initiating HIV-related medical, psychological and social services for newly diagnosed HIV-positive persons
- Research has shown that over 50% of newly diagnosed persons do not receive HIV-related care within 6 months of diagnosis ⁽¹⁾
- Failures in linkage are associated with lower levels of viral suppression, and greater likelihood of viral resistance therefore, early linkage to care is a determining factor for successful patient outcomes⁽²⁾

1. Philibin M, Tanner A, DuVal A, et al. Factors affecting linkage to care and engagement in care for newly diagnosed HIV-positive adolescents within fifteen adolescent medicine clinics in the United States. *AIDS Behav.* 2014 Aug; 18(8): 1501-1510

2. Mugavero M, Amico K, Westfall A, et al. Early retention in HIV care and viral suppression: Implications for a Test and Treat Approach to HIV Prevention. *J Acquired Immune Deficiency Syndrome.* 2012 Jan 1; 59(1): 86-93

Context of Linkage to Care in South Africa

South Africa has the world's largest antiretroviral program however only an estimated 30 – 50% of patients currently on treatment.



Many strategies have been put in place to mitigate this challenge, such as expanding universal access to the ART program and task shifting to allow for initiations of ART at primary healthcare clinics

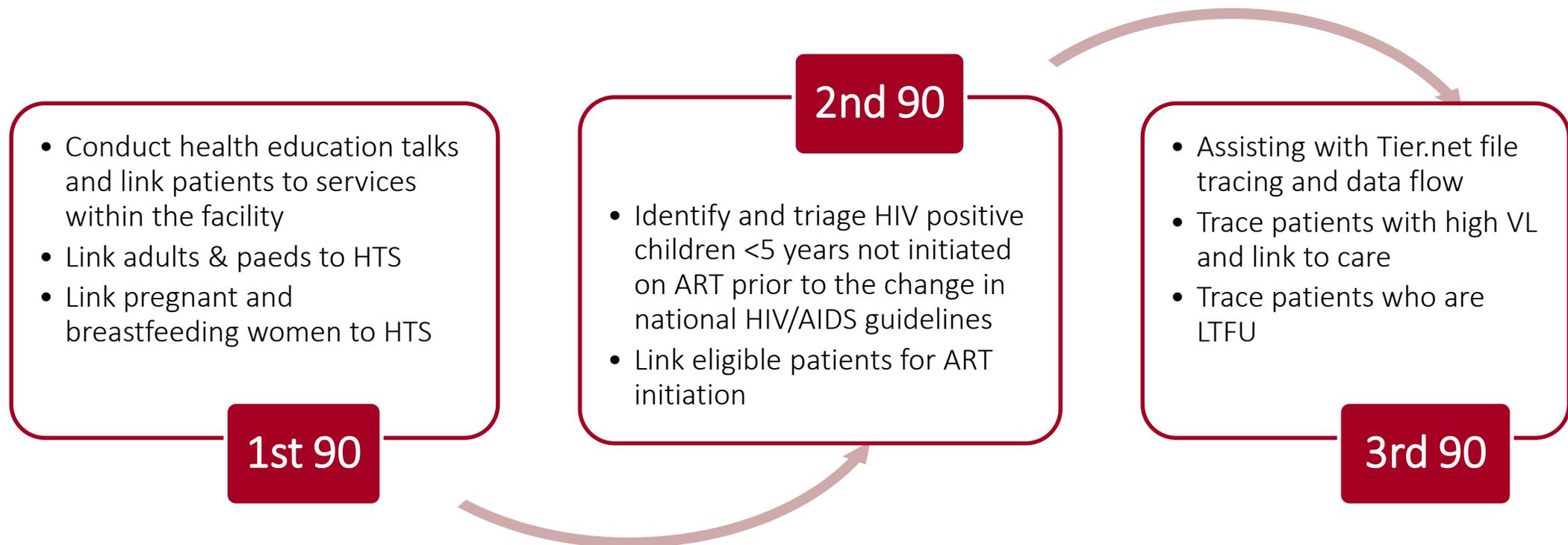
However, losses to follow-up still remain; which therefore suggests that complimentary strategies are needed in order to meet the 90-90-90 goals

Methodology



Implementation of Clinic Navigators

- In 2016, MatCH employed and placed 38 Clinic Navigators to increase paediatric, adolescent and adult linkage to care in high volume health facilities in eThekweni District.



Linkage Model used by Clinic Navigators



- Each clinic navigator received a cellular phone to telephonically trace clients
- Lists of clients who required tracing were drawn from various source documents viz. Tier.net, appointment registers, patient files
- Patients were called 3-4x times
- Patients provided the date of when they would return to care & reminder text messages were sent to them prior to their appointment date



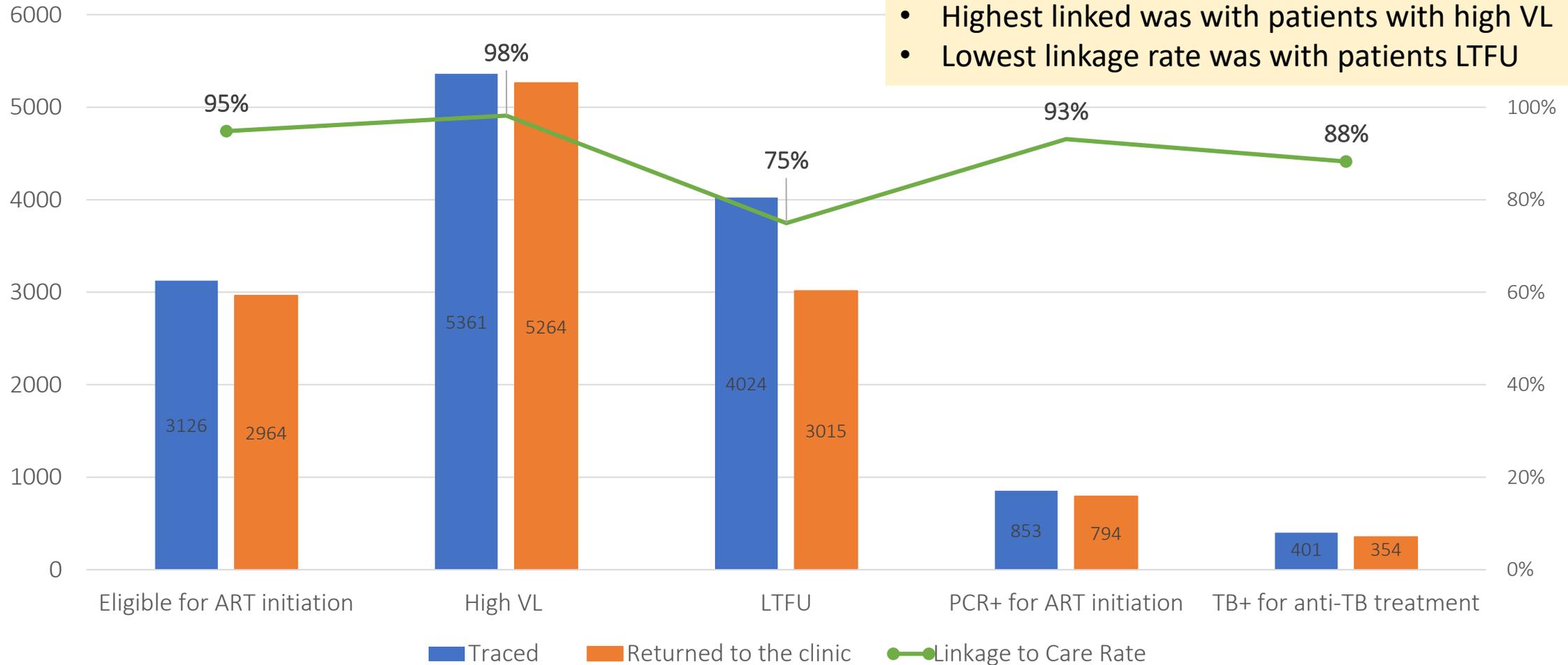
- The list of clients that were not reached telephonically was shared with the CCG supervisor and Ward-based Outreach Teams (WBOTs) to conduct household tracing
- Outcomes of the patient tracing method was then reported to the clinic navigator and professional nurse at the facility. All activities were documented

Results



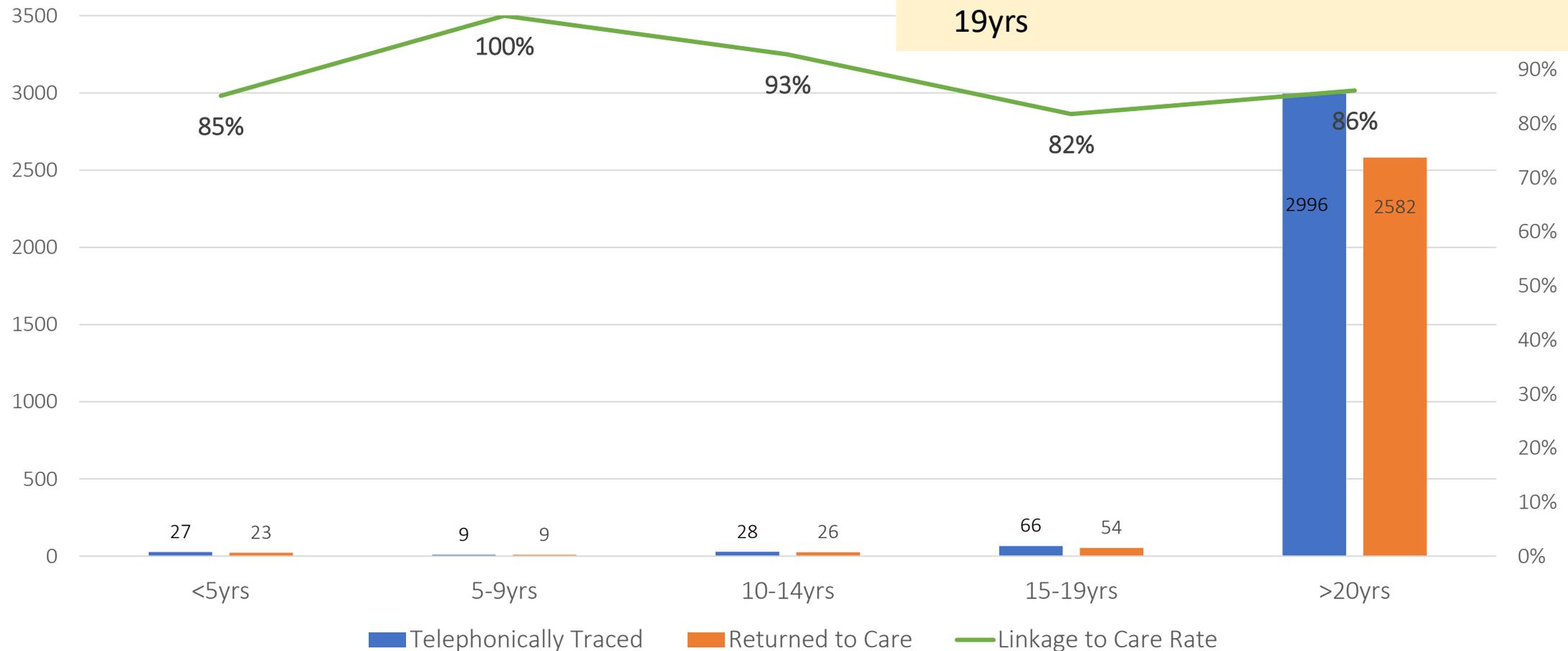
Overall Linkage to Care

- A total of 13 565 patients required tracing across the 5x key areas
- Patients with high viral loads and those LTFU had the highest burden of patients that required tracing
- Of the 13 565 patients that were traced, 12 482 returned to care (92%)
- Highest linked was with patients with high VL
- Lowest linkage rate was with patients LTFU



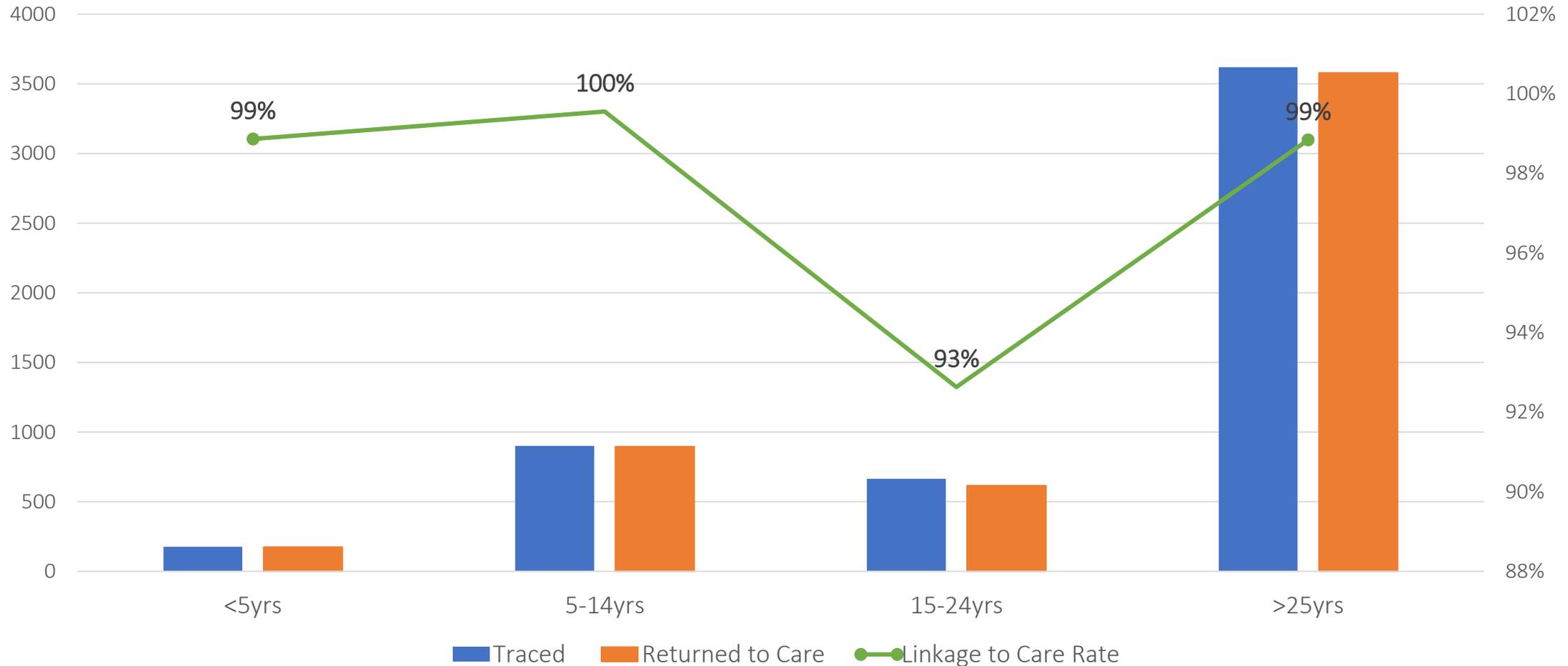
Linkage to ART initiation by Age Group

- The graph shows a response rate for the various age groups which required tracing for ART initiation
- A total of 3 126 patients were trace, of which 2654 (85%) returned to care
- Highest linkage noted between 5-14yrs
- Lowest linkage noted for adolescents aged 15-19yrs



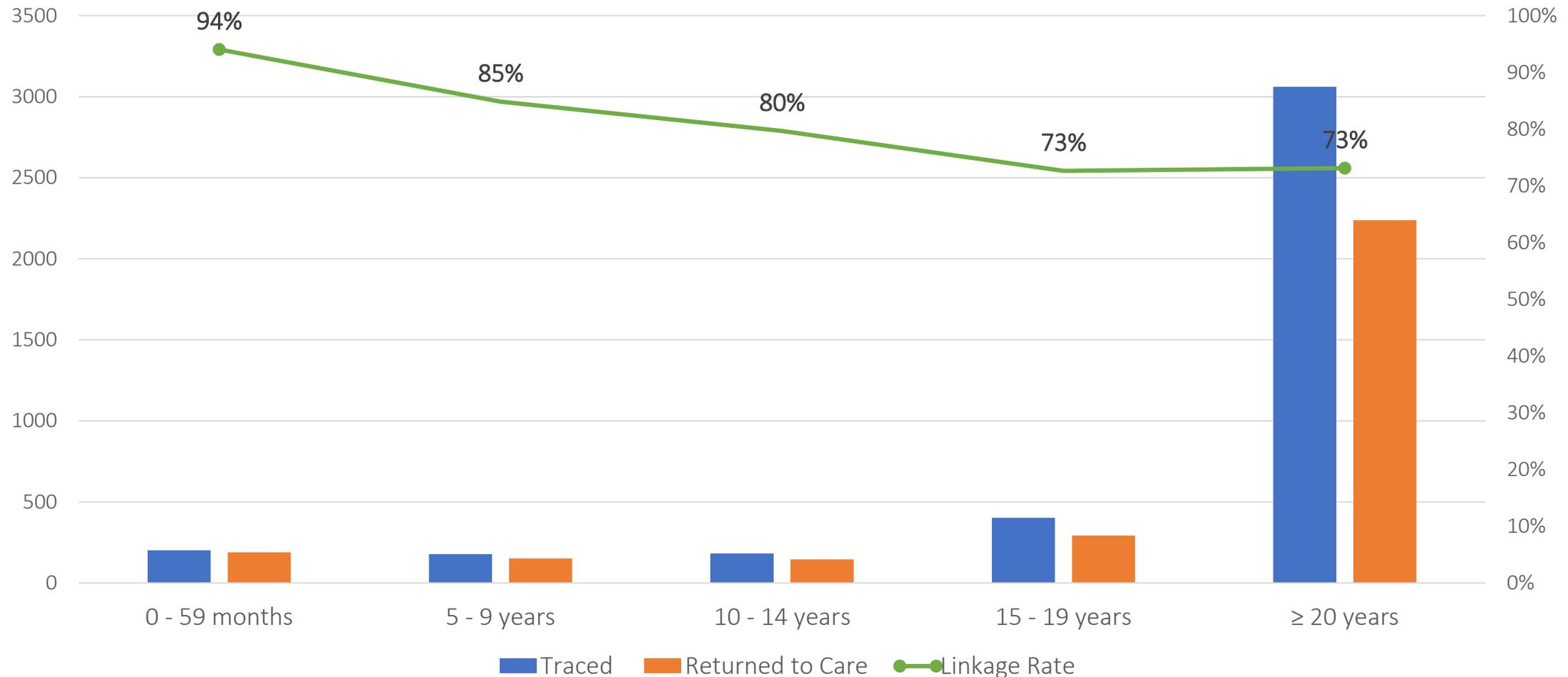
Linkage of VL Management & Adherence Support by Age Group

- >95% patients with high viral loads, were identified, telephonically traced and returned to care for intensive adherence counselling and further management



Linkage to Care for LTFU patients

- The graph demonstrates that for LTFU, the linkage rate decreased amongst the older age groups i.e. patients above the age of 15yrs



Discussion



Key Points

- The results demonstrated a critical need for the strengthening of systems that linkage care for patients accessing health facilities
- Linkage to care requires both a facility-based model as well as a community-based model in order to close all gaps.
 - Involving the community health workers and WBOTs deemed successful
- Loss to follow-up remains a challenge especially in the late adolescent and adult age group therefore there is a need to implement age-specific intervention that will strengthen ensure that these patients are retained in care.

Conclusion

○CNs are uniquely positioned to play an integral role in strengthening linkage to care by delivery quality of care to patients through:



Acknowledgements

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○ MatCH

- Dr Arthi Ramkissoo (Executive Director)
- MatCH Clinic Navigators & Program Managers





Thank you | Ngiyabonga