Enhanced Adherence Counselling: A Multidisciplinary Team Approach

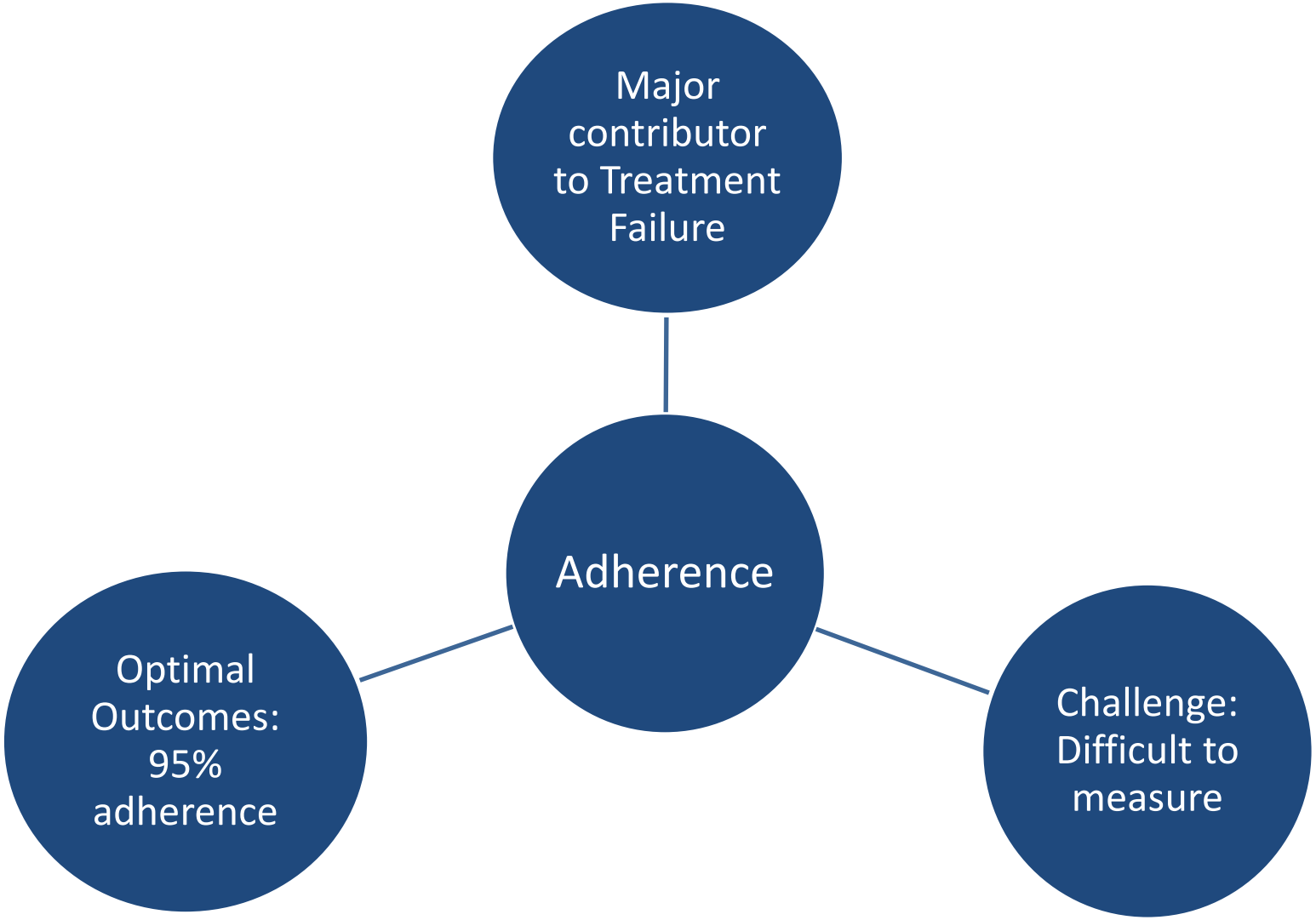
Dr Gugélihle Mkhulisi
Dr Advisor- MatCH HSS

USAID
FROM THE AMERICAN PEOPLE

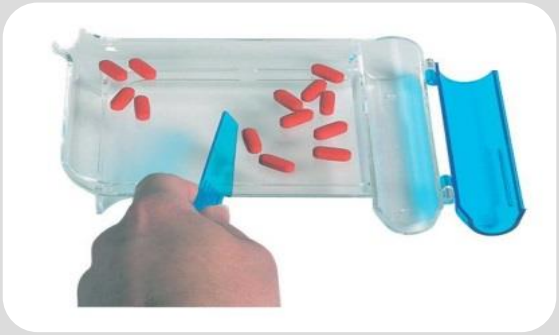
health
Department:
Health
PROVINCE OF KWAZULU-NATAL

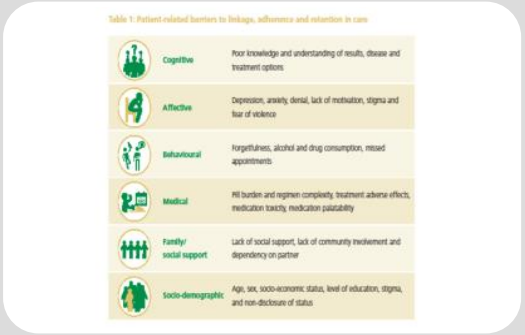
MatCH
Maternal, Adolescent & Child Health

Background


Major contributor to Treatment Failure
Adherence
Optimal Outcomes: 95% adherence
Challenge: Difficult to measure

Background Cont.





Adherence tools:

-Pillcounts

-Cellphone reminders

-Treatment buddy

Etc.

Common Barriers to Adherence

-Patient Related

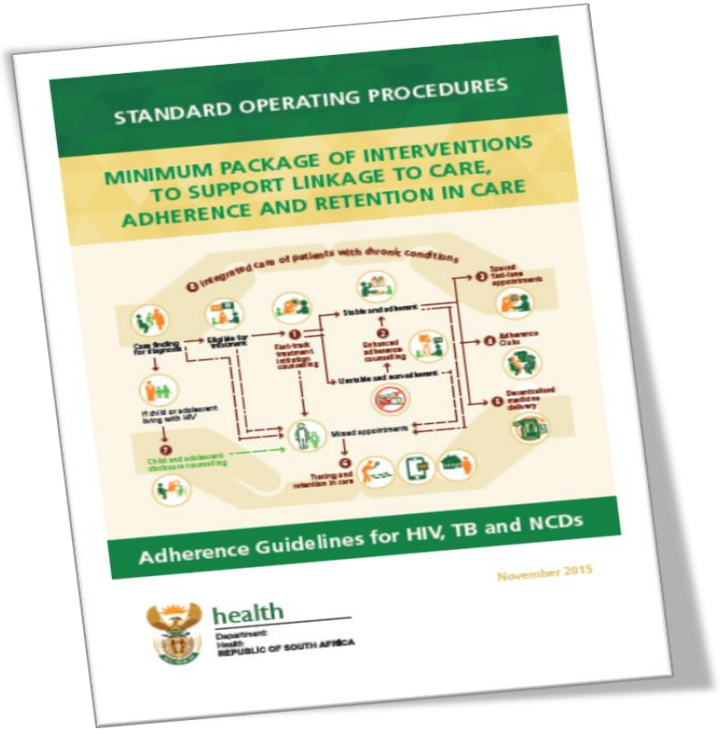
-Healthcare worker related

-

Standardised Approach

Adherence Guidelines (AGL) 2015

- Launched Feb 2016
- Minimum Package of Interventions
- Patient centred approach



Patient Adherence Plan: AGL (2015)

Session 1 after Chronic disease education session *(date):*

Adherence step 1: education on HIV ☐ TB ☐ Hypertension ☐ Diabetes ☐ Other ☐.....

Adherence step 2: Life goals:
My motivations to stay healthy are: (1)..... (2)..... (3).....
I will maintain a healthy lifestyle by ☐ adopting healthy eating habits ☐ getting regular exercise ☐ managing stress

Adherence Step 3 - Patient Support system Agree for home visit: Yes ☐ No ☐
Who can support me in my treatment: ☐ Family ☐ Friends ☐ Work ☐ School ☐ Church ☐ other:

Adherence Step 4 - Getting to appointments
I will come to my appointments by : ☐ walk ☐ public transport ☐ own transport
If I face a difficulty to come (money, transport, etc.), my alternative plan will be: to ask for assistance from:
☐ family ☐ friends ☐ neighbour ☐ other
I will inform clinic I am unable to come to set appointment and request for an alternative appointment ☐

Adherence step 5: My readiness to start treatment
I feel ready and will start treatment Yes ☐ No ☐
I do not feel ready and would like to discuss more with: ☐ peer ☐ family member ☐ Community Health Worker ☐ other ☐

Session 2 *(date):*

Adherence Step 6 - Medication schedule
The best time for me to take my treatment is: ☐ Morning ☐ Afternoon ☐ Evening

Adherence step 7: Managing missed doses
If I miss a dose, my plan is : to take treatment as soon as I remember ☐

Adherence Step 8 - Reminder strategies
To remind me to take medication, I will use: ☐ watch ☐ cell phone alarm ☐ pill box ☐ buddy ☐ other:.....

Adherence Step 9 - Storing medication and extra doses
I will store my medication in: ☐Safe place:..... ☐ Far from reach of children
I will carry extra supply and keep it in: ☐ bag ☐ pill box ☐ other:..... I will keep it in my: ☐handbag ☐pocket ☐other:.....

Adherence Step 10 – Dealing with side-effects
If I experience side effects, I will: Refer to treatment adherence pamphlet ☐
Inform clinic if side effects do not go away or are too worrying ☐

Session 3 ***(date):***

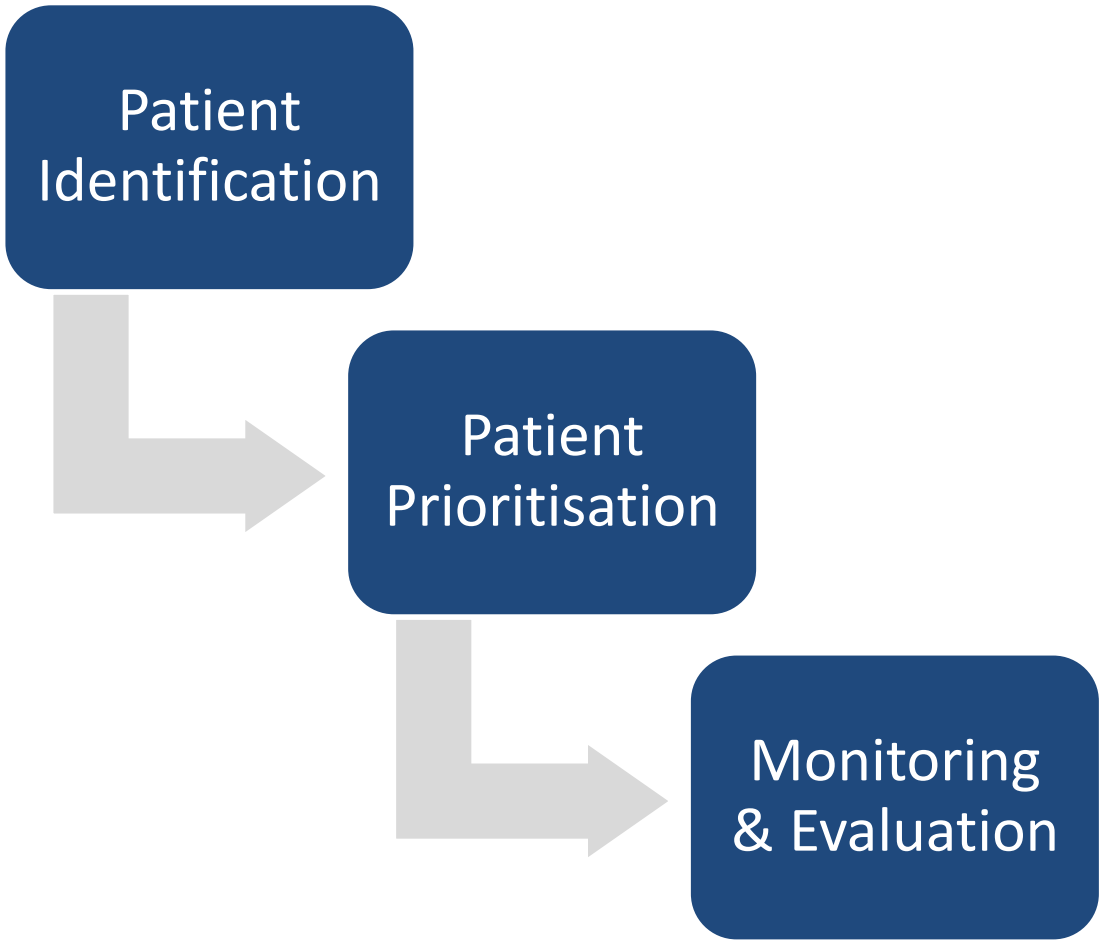
Adherence Step 11 - Planning for trips
If I have some trips planned, before going away I will: ☐ inform health facility before travelling to receive referral letter and treatment ☐ Get enough supply of treatment for trip
I***n case I cannot come to the facility before going away:***
☐ I will go to the nearest health facility in the travel access as soon as I arrive to get access to treatment
☐ Carry evidence of my condition and evidence of the treatment I am taking

Adherence Step 12 - Dealing with substance use
My plan to make sure I take my medication if I used alcohol or drugs is:
☐ To make sure I take treatment before starting to use drug or alcohol
☐ Arrange for someone to remind me to take treatment in case I am intoxicated

Session 4 ***(date):***

Education on follow up: Viral load ☐ Sputum ☐ HbA1c ☐ Other: ..... ☐
Patient's signature..... Date.....

Steps in the EAC Process



EAC Process: Step (1)

Patient Identification:

Establishing patients who require EAC prior to planned visits

Available Data Sources:

- VL Register
- TIER.net
- VL Results
- NHLS VLFA Reports
- File Audits

VL Stickers/ tags on file for easy recognition

EAC Process: Step (2)

Prioritising Patients

2(a):Acting on Results.

2(b):Setting up VL priority clinic

2(c):Tracking and Tracing system

EAC Process: Step (3)

Monitoring & Evaluation:

3(a)Maintaining High VL register and Second Line

3(b)Updating outcomes onto TIER.net

3(c)Adaptation of ROTF into EAC

Adaptation of ROTF into EAC

- ROTF Developed by MSF in Khayelitsha, adopted in eThekwini District
- Aims to provide structured adherence support
- Adherence worksheets for Paediatrics, Adolescents and Adults
- Provides standardised answers to adherence problems facilitate consistency between clinicians

Adherence worksheet for combined adherence and clinical consultation

DATE SESSION 1: 14/05/2013

STEP 1: Review EDUCATION
Viral load is: *Pt knows*
High viral load is: *Pt unsure, explained again*
Suppressed viral load is: *Aiming for VL < 400*

STEP 2: PATIENT'S REASON FOR HIGH VL
Pt says she struggles with morning dose, she gets busy at work and then forgets to take meds

STEP 3: REVIEW TIME MEDS TAKEN
Problem with time: *Yes morning dose time*
Agreed upon time: *6am- before work and 7pm*
Late/missed doses: *Pt will take late doses asap*

STEP 4: STORING MEDS/EXTRA DOSES
Usual storage place: *Bedroom cupboard*
Emergency supply will be carried in: *handbag and locker at work*

STEP 5: MOTIVATION CARDS
Top 3 goals for the future: *Raise my kids*
Be a grandmother one day
Have a good job and be successful
Do you think your ARVs can help you achieve your goals for the future? *Pt says yes!*
Brainstorm places to put stickers & other reminders

STEP 6: PATIENT'S SUPPORT SYSTEM
Members of patient's support system
My husband and my parents

STEP 7: PLANNING FOR SUBSTANCE USE
Your plan to make sure you take your ARVs if you use alcohol or drugs: *Occasional alcohol user, pt says will still take ARVs even if using alcohol*

STEP 8: GETTING TO APPOINTMENTS
How do you get to clinic? *Local taxi*
Back-up plan to get to clinic *Walk*
Not able to come on date *Come asap- before ARVs finish*

STEP 9: HOMEWORK & WAY FORWARD
Your VL will be repeated in July
Next visit date: *11 June 2013*

DATE SESSION 2: 11/06/2013

STEP 1: DISCUSS ADHERENCE DIFFICULTIES/ PROBLEMS
Review homework.
Adherence difficulties
Forgot 3 morning doses – was late for work and forgot to take meds before leaving home
Problem solve *As soon as arrive at work, use emergency supply of meds in locker at work*

STEP 2: MISTAKES IN ADHERENCE
Thoughts to deal with mistakes *AND* learn from mistakes *Continue to take ARVs, dot't give up, I can do this!*

STEP 3: FOLLOW-UP REFERRAL SERVICES
Did you attend? *N/A*
If yes, what was your experience?

STEP 4: PLANNING FOR TRIPS
Update green appointment card.
Regular travel location Queenstown – E.Cape
Remind pt to plan for enough treatment.
Incase of emergency:
Ubuntu phone nr on green card and into cellphone 021 3614862
Put file number into cellphone

STEP 5: REVIEW & PLAN A WAY FORWARD
Remind patient when VL will be repeated *July = next visit*
Next visit date: *09 July 2013*

DATE SESSION 3: 11/07/2013

STEP 1: DISCUSS ADHERENCE DIFFICULTIES/ PROBLEMS
Adherence difficulties
Follow date was two days ago, but couldn't get the day off work. Otherwise adherence is much improved
Problem solve *Asked employer to come today, still has enough supply of ARVs*

STEP 2: FOLLOW-UP ON REFERRAL SERVICES IF APPROPRIATE
How is it going? N/A

STEP 3: TAKE VIRAL LOAD
and any other blood tests needed

STEP 4: PLAN A WAY FORWARD
Discuss way forward if :
- VL result is low - *discussed*
- VL result is high - *discussed*

Next visit date: *08 August 2013*

DATE SESSION 4: 08/08/2013

STEP 1: DISCUSS VIRAL LOAD RESULTS

SUPPRESSED: VL < 400 N/A
Congratulate patient!
Cover red sticker with green sticker
Refer to Adherence club Y / N
Club nr
Give 2 months ART supply

NOT SUPPRESSED: VL > 400
Refer to VL flowchart to assess regimen change.
If appropriate discuss new regimen, dosing schedule and possible side-effects.
Take baseline bloods, discuss with doctor

Review previous sessions
DISCUSS DIFFICULTIES/ PROBLEMS
Problem *Second VL > 1000. Pt's HIV probably resistant to 1st line ARVs*
Plan *Start 2nd line ARVs today*

New dosing time: Pt wants to stay with 6am and 7pm

PLAN A WAY FORWARD
Next visit date: *05 September 2013*

Patient sticker

EAC Teams

EAC Teams cont.

Ideal Team Comprises of:

- Lay Counsellor
- Nimart Nurse
- Doctor
- Social worker
- Administrative staff
- Pharmacy representative
- Health System Navigator

Training Provided

- AGL Orientation & EAC SOP
- VL Monitoring & Management

Linkage & Monitoring

Roles & Responsibilities		
Filing Clerk	**Data Capturer**	**Health System Navigators**
• Assists with pre-pulling files for Viral load priority clinic • Pulling of files for LTFU tracing • Receiving files from Data Capturer and re-filing them accordingly	• Generating appointment list from Tier.net for Pre-pulling of files • Generating VL report from Tier.net • Capturing VL results on Tier.net	• Book identified patients for VL priority clinic • Tracing Missed appt and LTFU patients telephonically • Health Education • Maintain Community Linkage Register

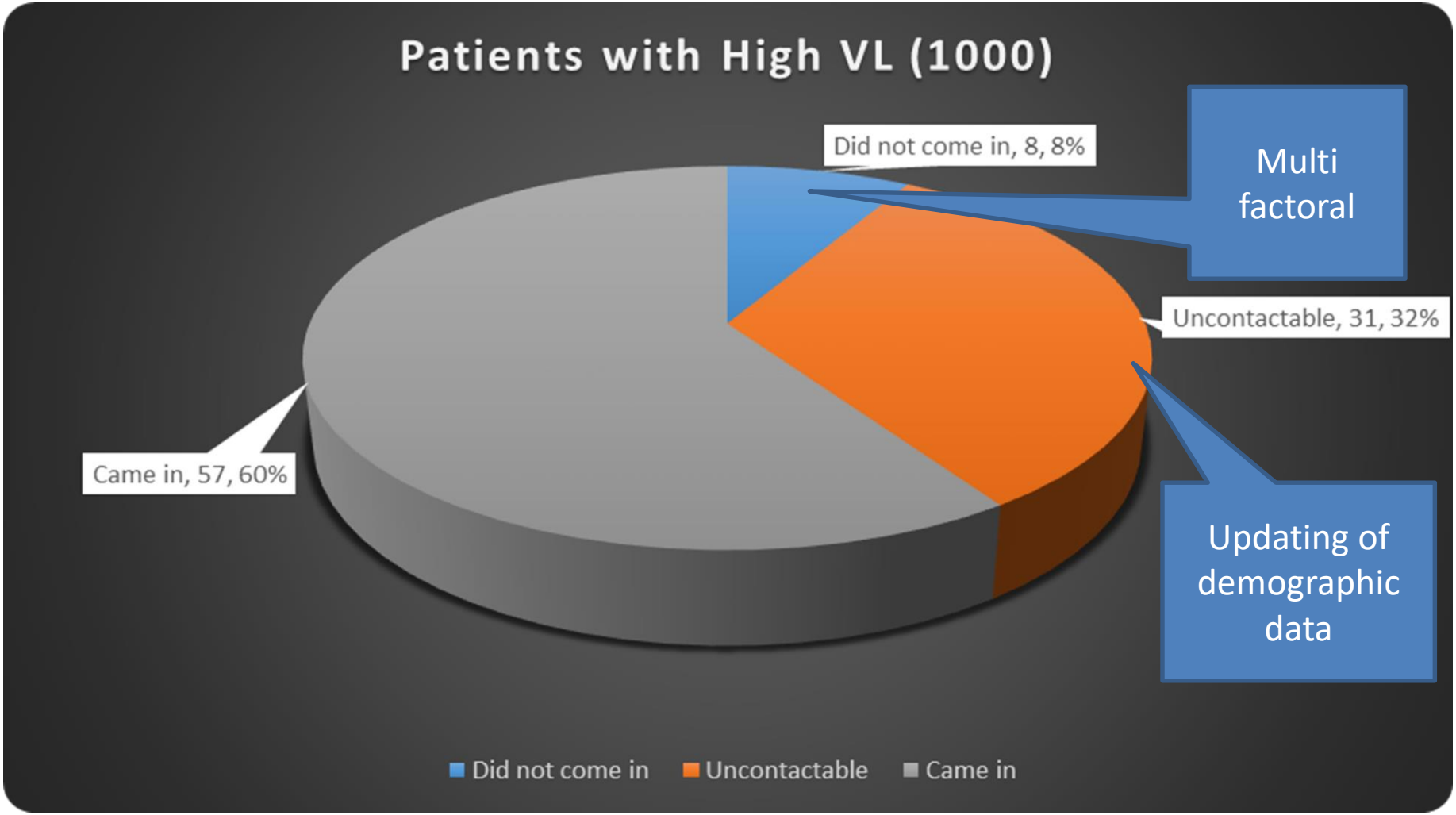
Psychosocial Support

Roles & Responsibilities	
Lay Counsellor	**Social Worker**
• Conducting Individual & Group sessions addressing common barriers to adherence • Maintaining High VL register- updating outcomes of patients attending VL Priority Clinic • Tracing High VL patients that are Missing appointments &/ LTFU	• Address psycho-social problems • Help address socio-economic problems • Make appropriate referral linkages with external stakeholders

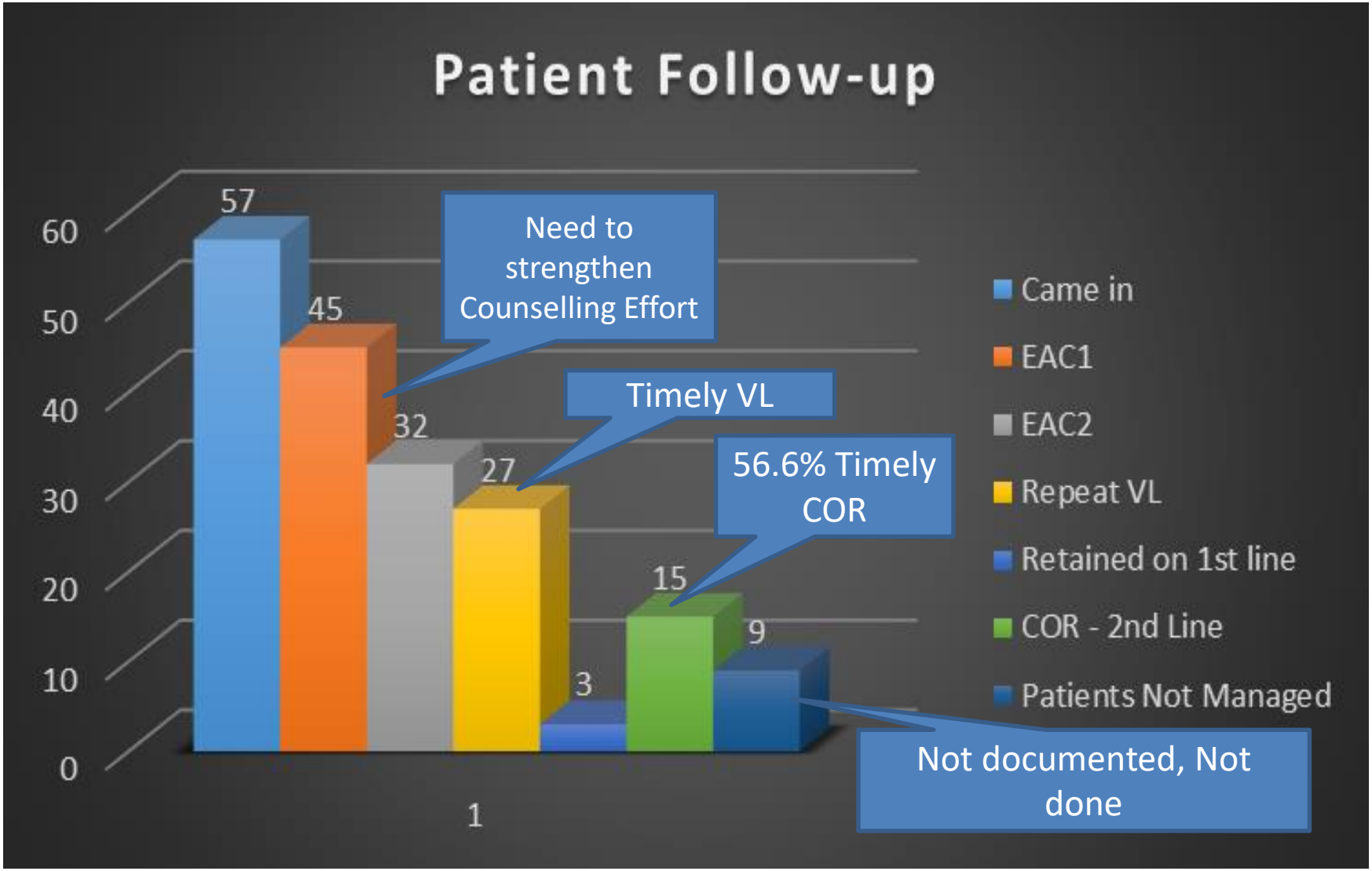
Care & Treatment

Roles & Responsibilites			
Phlebotomist/ blood room nurse	**Professional Nurse**	**Doctor**	**Pharmacist/Assistant**
• Maintaining VL blood specimen Log • Receiving results • Ensuring high VL transcribed onto High VL Register • Tracing all results that didn't come back	• Responsible for optimising systems that relate to VL cascade • Identifying and flagging files with high VL • Assists with ensuring whole team achieves VL program objective • VL Champion for facility	• Consistent adherence support • Clinical support • Maintaining second line database:. Facilitate 3rd line treatment application procedure. • Receive and act upon VLFA weekly report	• Gatekeeping: adopt no issuing of pink script without VL written on it • Final opportunity to counsel on adherence, explain treatment, monitor adverse events

Lessons from District VL Pilot Program



Lessons from District VL Pilot Program



Conclusion

- EAC is everybody's business, all members of MDT have vital role to play.
- Optimising systems to make process easier is key
- Standardisation and consistency in the messages given to patients

Acknowledgements

- PEPFAR/USAID
  - This presentation is made possible by the support of the American people through the United States Agency for International Development (USAID). The contents are the sole responsibility of MatCH (Maternal Adolescent and Child Health) and do not necessarily reflect the views of USAID or the United States Government.
- Kwa-Zulu Natal Department of Health,
  - Ethekwini District and Pilot Sites
- MatCH
  - Dr Arthi Ramkissoon (Executive Director)
  - Program Managers,Dr Advisors & Project Team Leads
- UKZN Revamp team & Dr Henry Sunpath

MatCH
Maternal, Adolescent & Child Health

THANK YOU
NGIYABONGA