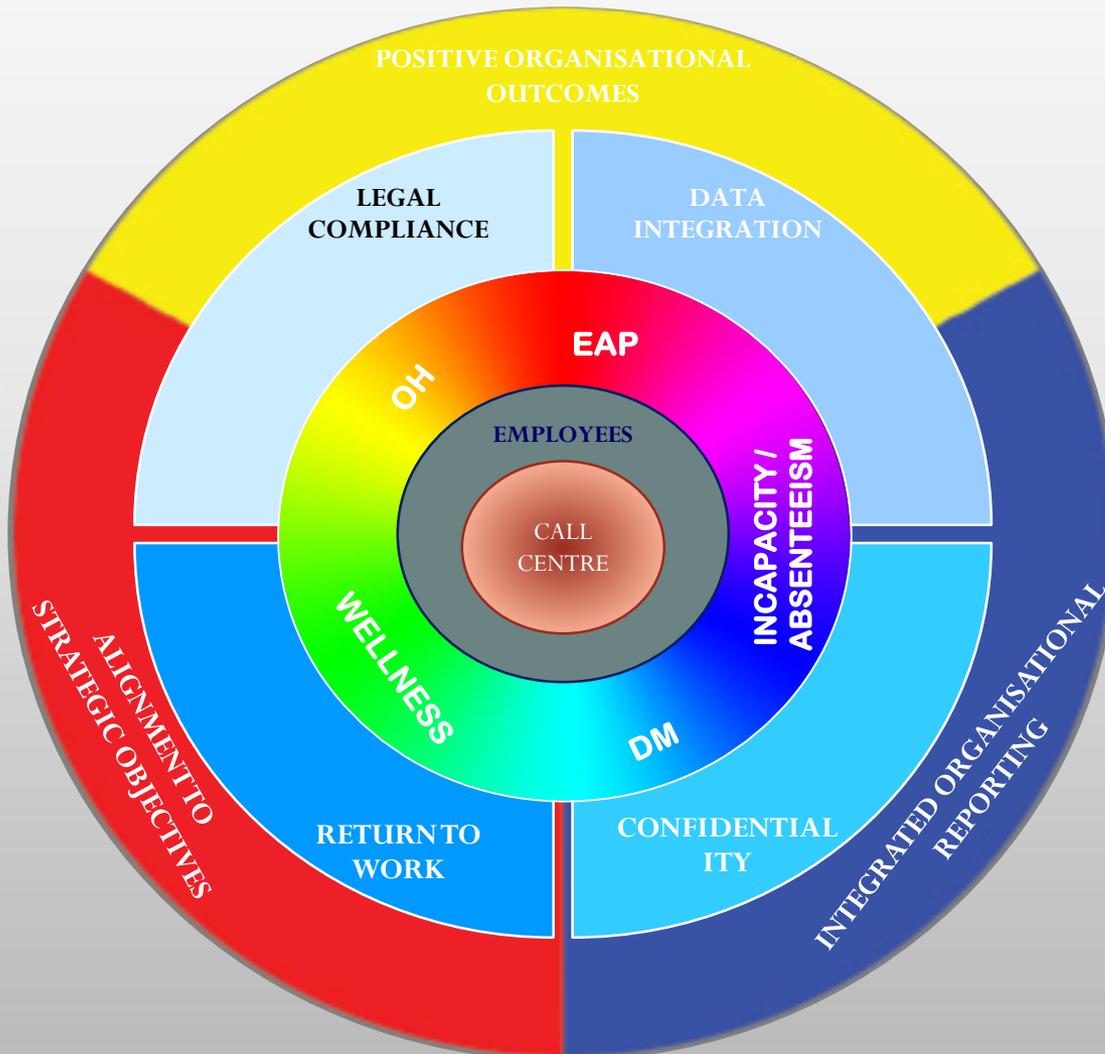


# Right to Care's GP Engagement Model

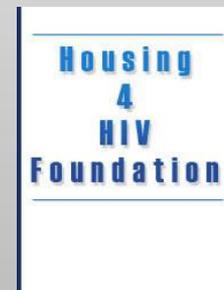
# Right to Care Health Services

- Multi-faceted entry points
- Access to
- Education
- Information
- Treatment
- Support
- Connect individuals to holistic, integrated programme
- Provision of occupational health, legal and medical interventions



- Early identification of cases
- Wellness days/events designed and implemented at regular intervals
- Prevention of disabling illness/disease
- Create a resilient work force
- Improve staff motivation & performance
- Improve profitability

# RTCHS Clients



# Programme Background



- With the increasing number of HIV-infected patients on ARVs, there is a need to ensure access to treatment particularly with the already burdened capacity of the public sector health service.
- An innovative answer to continued treatment and alleviation of public sector service delivery burden is a private/public partnership with General Practitioners and Right to Care Health Services to reduce the burden at the Themba Lethu Clinic (Helen Joseph Hospital)
- Through the Themba Lethu Clinic (HJH) stable HIV positive patients are Down Referred to various General Practitioners in private practice in the community and they are given the choice of GPs either close to their homes and/or work places

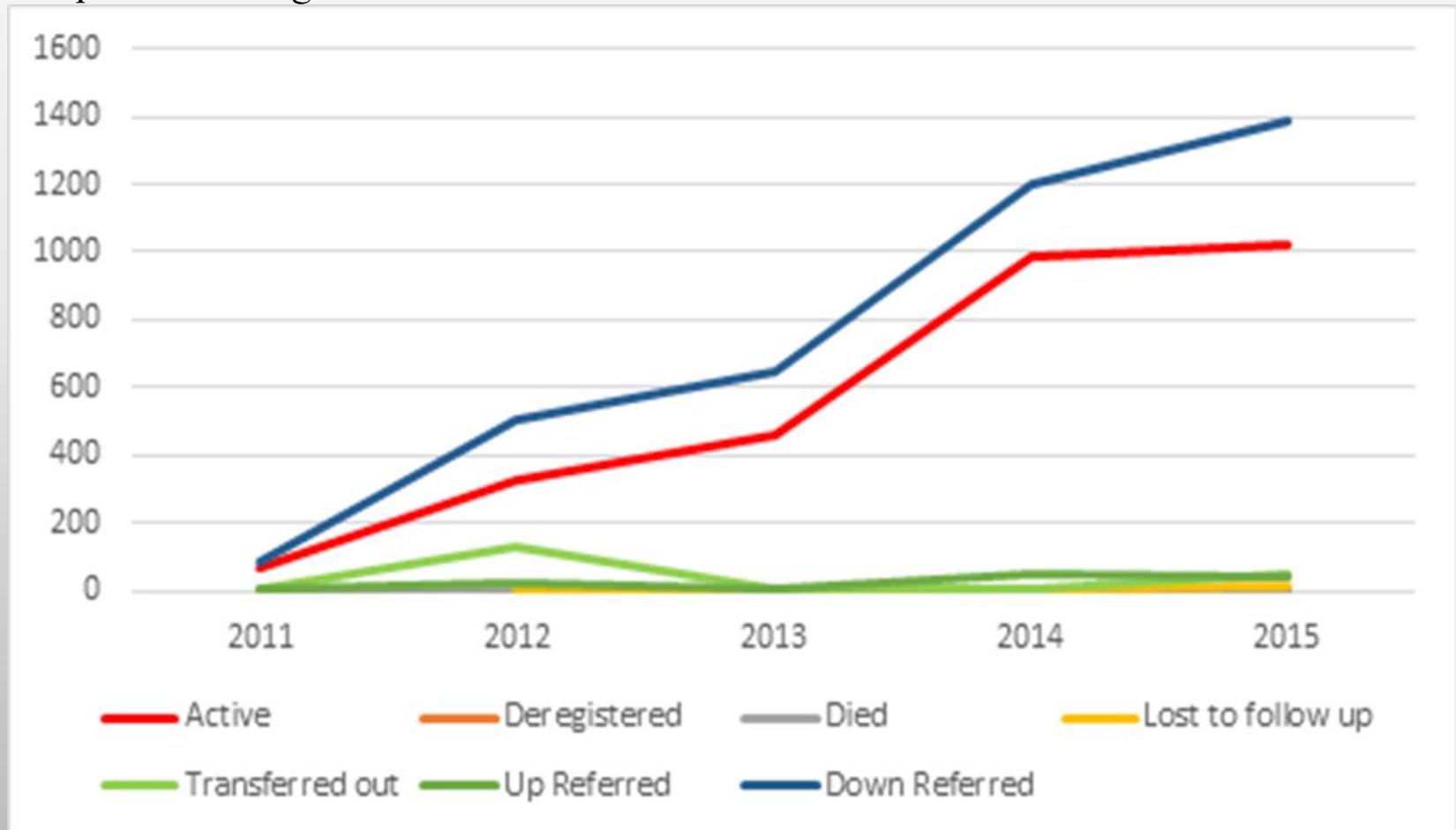
# Programme Methodology

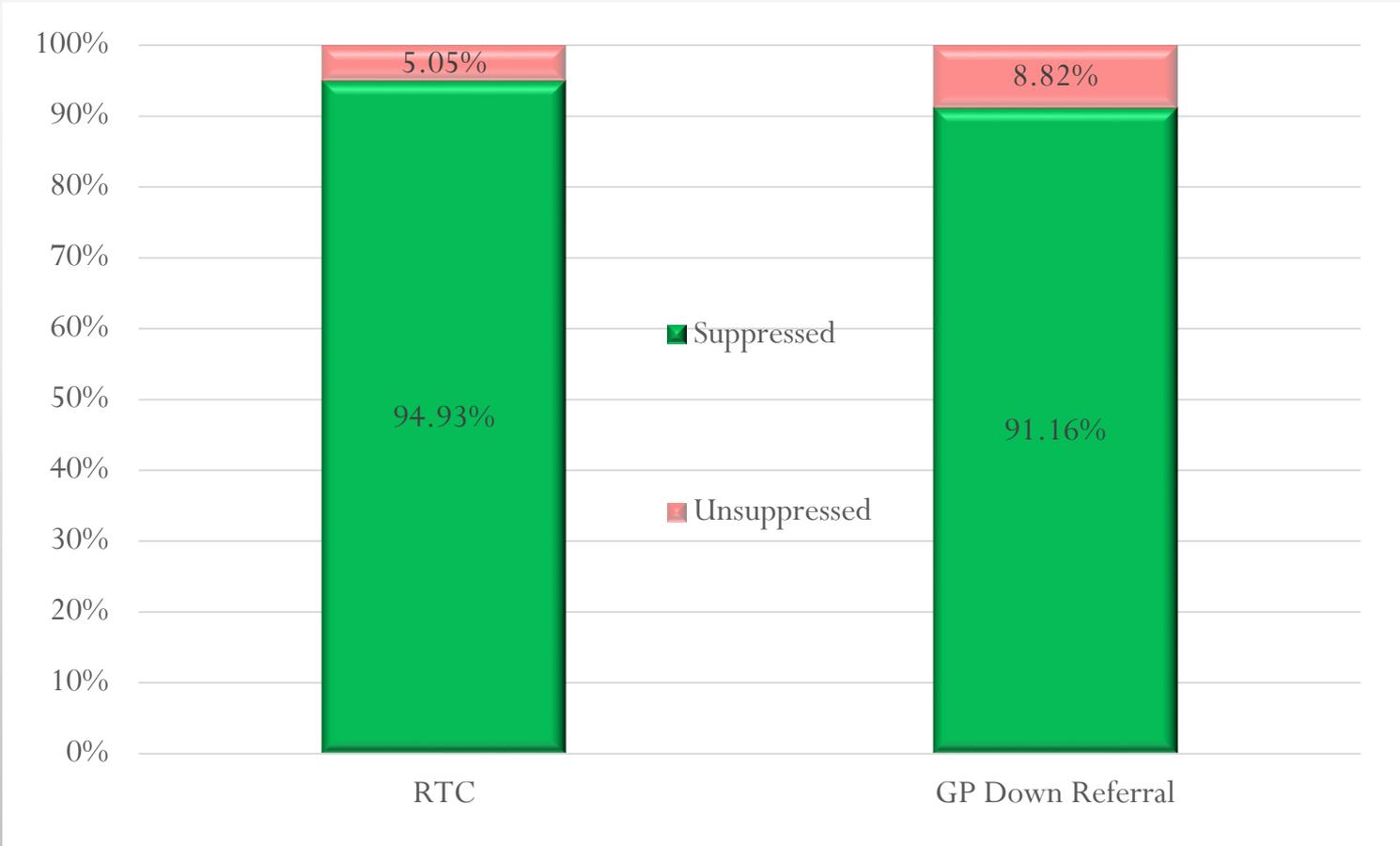


- Patients are identified using the following criteria:
  - On first line ART for at least 12 months, Undetectable viral load
  - CD4 >250, Clinically stable
  - No on TB treatment, No history of Co-morbidities
- General Practitioners enrolled for this programme must meet the following requirements:
  - Certified in HIV/AIDs management course, Possess a dispensing license
  - Available medicine storage facilities, IT infrastructure
- Monitoring occurs by the RTCHS Clinical Case Managers/medical officer
  - IT integration with NHLS
  - monthly outbound call & SMS reminders from our 24 hour medical call centre,
  - monitoring of scripts, blood results and medical visit forms
  - Telephonic adherence support
- Central courier pharmacy of State ARVs
  - batched by area for efficient and cost effective delivery
  - 3 months supply provision

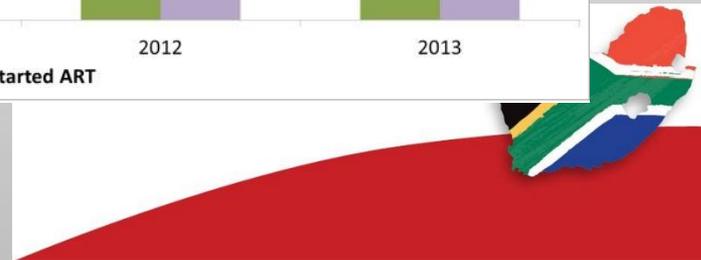
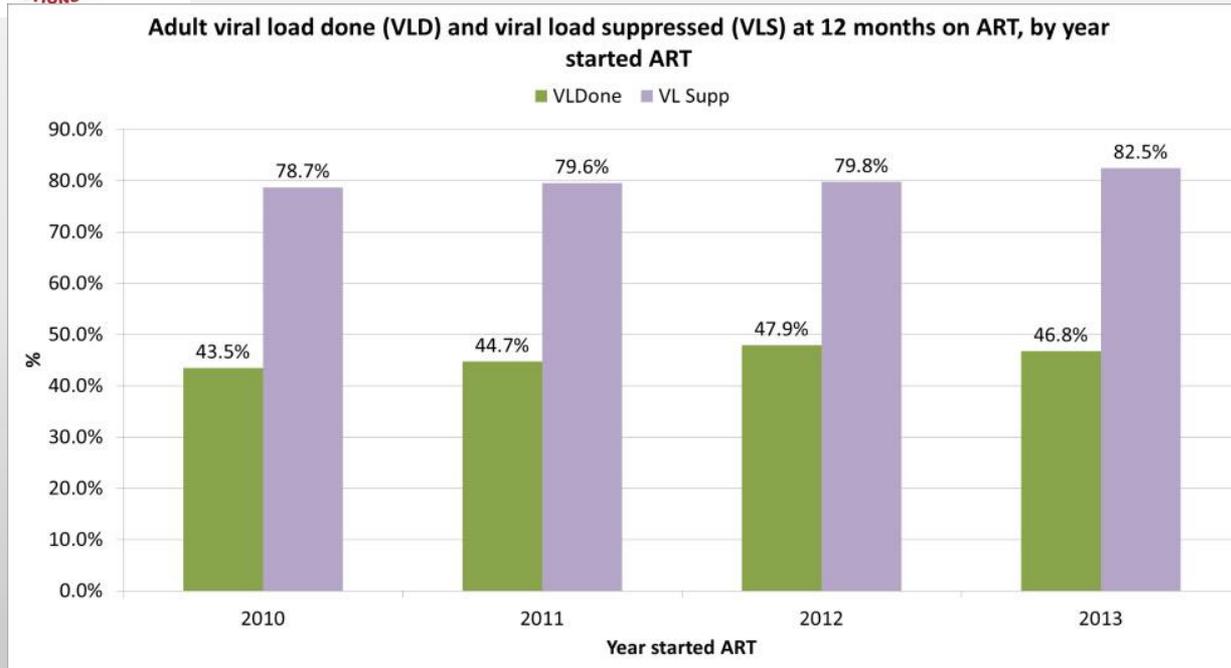
# Programme Results

- The programme has been in effect since October 2011 with a total of 1 390 patients being Down Referred to GP



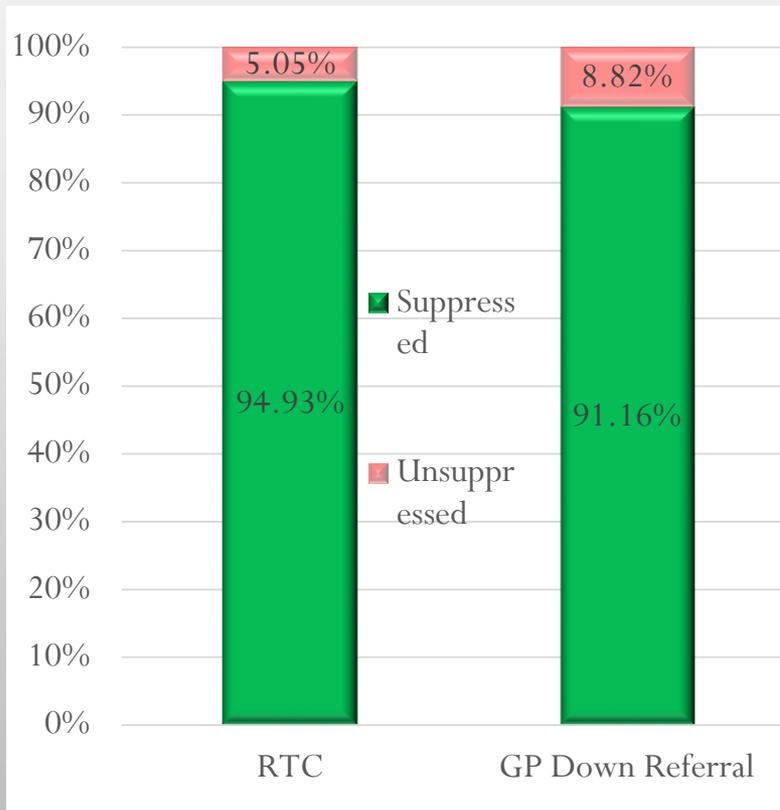


# Viral Suppression

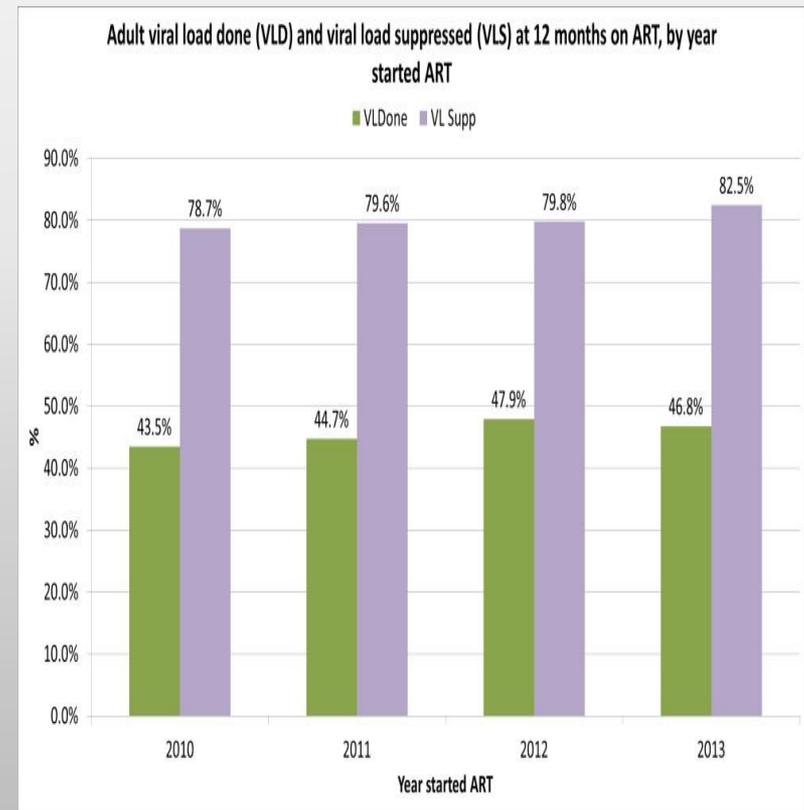


# Comparison

## Viral suppression rate



## Viral load done vs Viral suppression rate



# Impact / Lessons Learned

- Monthly support call is essential in improving adherence and improving patient outcomes
- Private GPs are willing to participate in PPP initiatives with the correct levels of support despite lower remuneration
- A central co-ordinating partner is required to implement and manage the programme.
- Patients required to visit Helen Joseph Hospital annually for blood work
- In essence by leveraging existing underused resources in the private sector to expand overall capacity we have the potential to address key bottlenecks in public sector service delivery.
- Through the scaling up of this programme we can facilitate the on-going care and treatment of stable HIV patients to allow public sector resources to focus on newly identified, acutely ill or non stable patients.
- All patients in the programme get the monitoring bloods done at correct time as per the Guidelines and we have great outcomes on Viral load suppression rates