

Improving Back to Care: Data-Driven Strategies and Tools

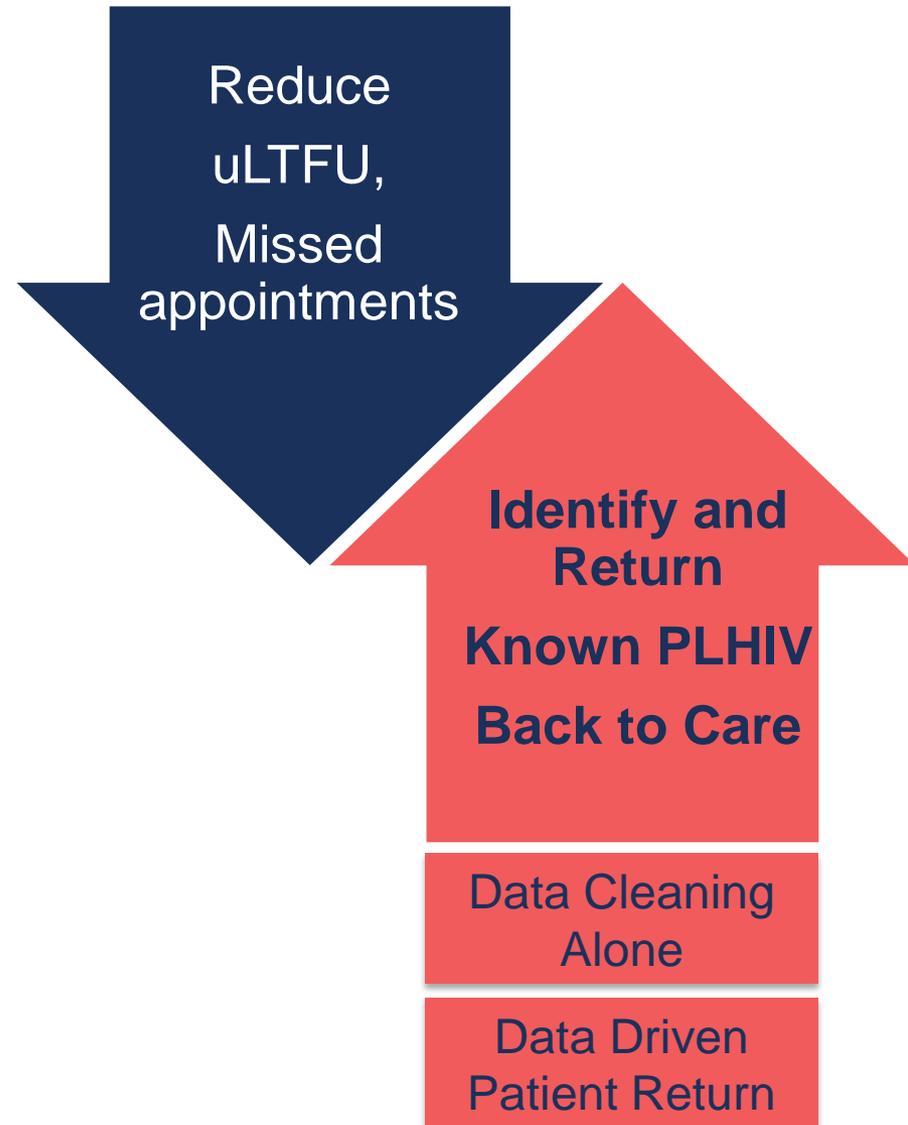
in Gert Sibande

Dr. Claire Serrao

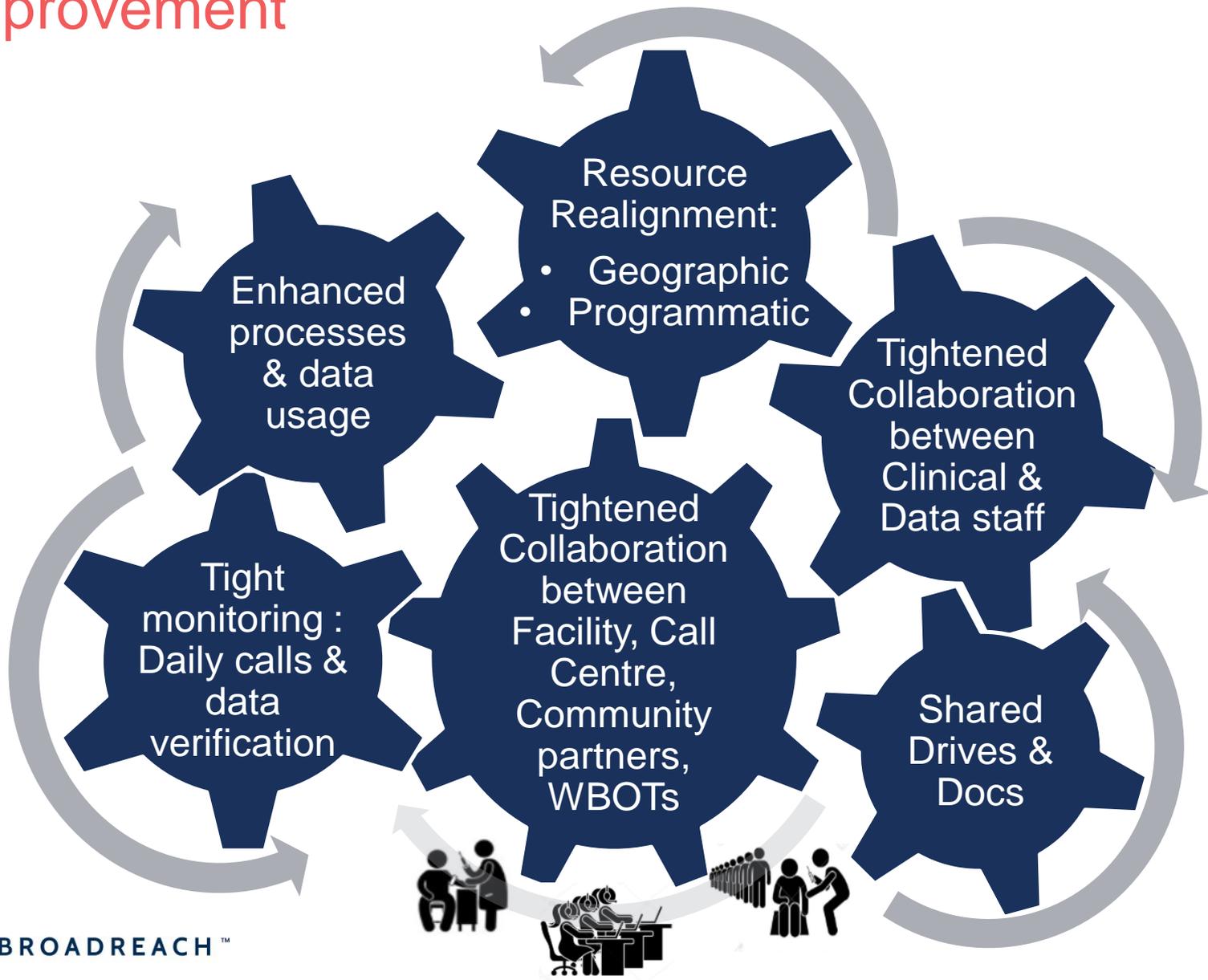
28 March 2019



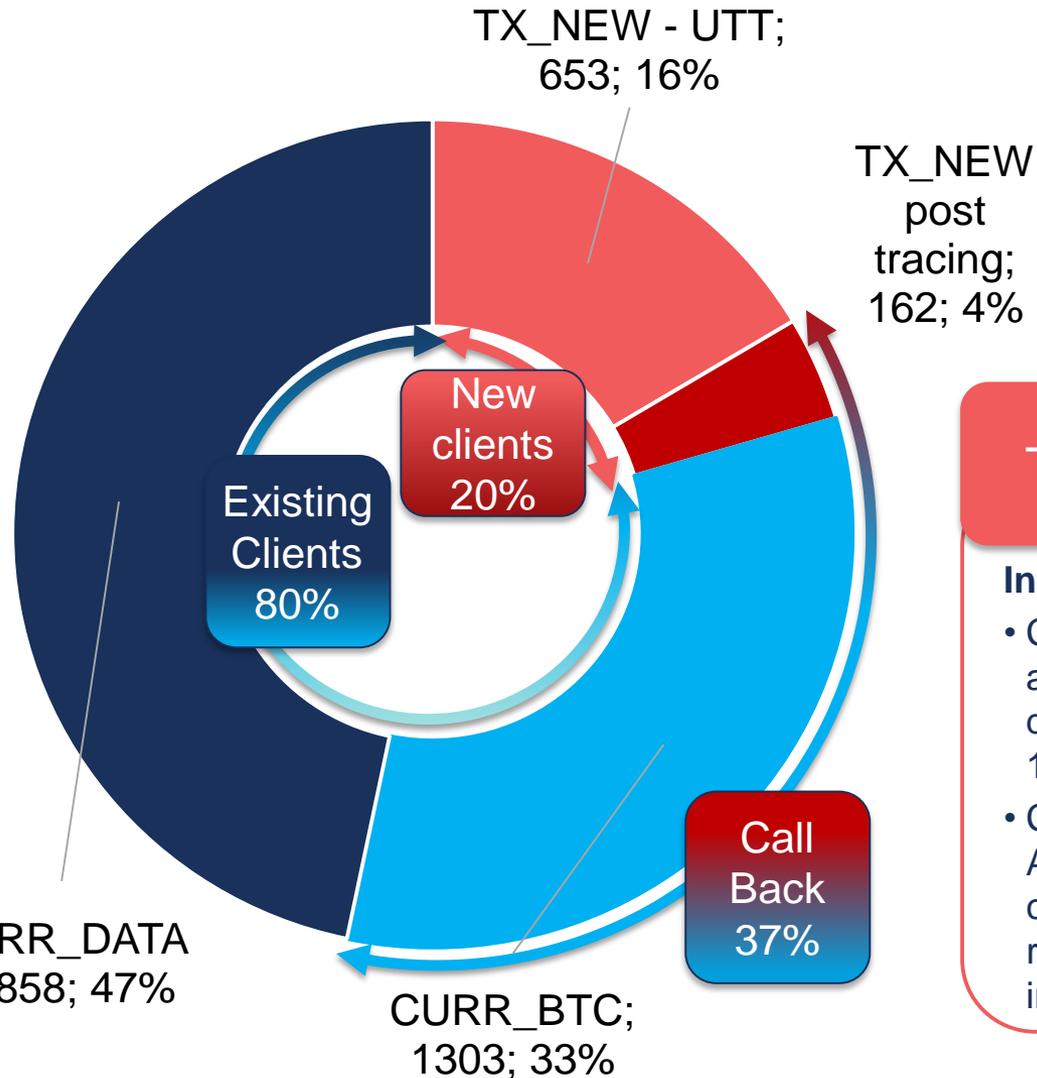
BROADREACH™



Key Contributory Factors to Return to Care Improvement



Existing patients comprised 80% of gains towards TX_NET_NEW in Feb.
 Call back initiatives account for over a third of the gains
 Data cleanup alone responsible for 47%



Data Cleanup Alone 47%

Includes

- Appointments not captured
- Corrected CCMD and AC return dates

TX_NEW 20%

Includes

- Clients identified and linked same day and within the 14 day period.
- Clients waiting for ART that were called back and returned for initiation

CURR_DATA Clean Up Processes

Facility DC,
DQUO

Generation of early and late missed appointment lists; uLTFU, LTFU lists.

Facility DC, LC,
EN

File retrieval

Facility EN PN

Patient File review: confirm really missed appointment or uLTFU – or patient in care Check for:

- Appointment notes in file
- Prescription notes in file
- CCMDD / Adherence Club current membership with incorrectly recorded or captured return dates

Facility DCs/
DQUOs

If patients in care with uncaptured appointments, or incorrect dates – update outcomes on TIER.Net

OVERSIGHT

Facility reports into daily district calls. focused DATIM and process monitoring indicators

Submission of dispatches, update on central tracker for district level monitoring

Reassignment of Data staff depending on data backlog

Temporary allocation of clinicians from district or national staff depending on size of file review backlog



DC	Data Capturer
DQUO	Data Quality & Use Officer
LC	Lay Counsellor
EN	Enrolled Nurse
PN	Professional Nurse

CURR_BTC Processes

First steps as per preceding slide

List generation: missed appointment, uLTFU, LTFU

File retrieval and review

Files pre retrieval for appointments

TIER updates of patients in care

Facility DC,

Track and trace lists of uLTFU, LTFU, confirmed missed appointment, IPT

Patients on no-show list called by facility staff same day. Sent to call centre if not returned

Facility & Call Centre (BR & DOH)

Telephonic track and trace initiated

Facility & Call Centre

Patient status and actions taken updated on shared online tracing list

If trace unsuccessful (3calls) list handed to sub-partners or to facility to send to WBOT /DOH community partners for tracking

Call Centre

Appointments booked with facility to patient requested date & time. Patient reminded

Facility

Update tracking list on patient return

TIER.Net updates

Additional Oversight
Call Centre DC verification of facility DC TIER.Net updates utilising online tracking lists

OVERSIGHT

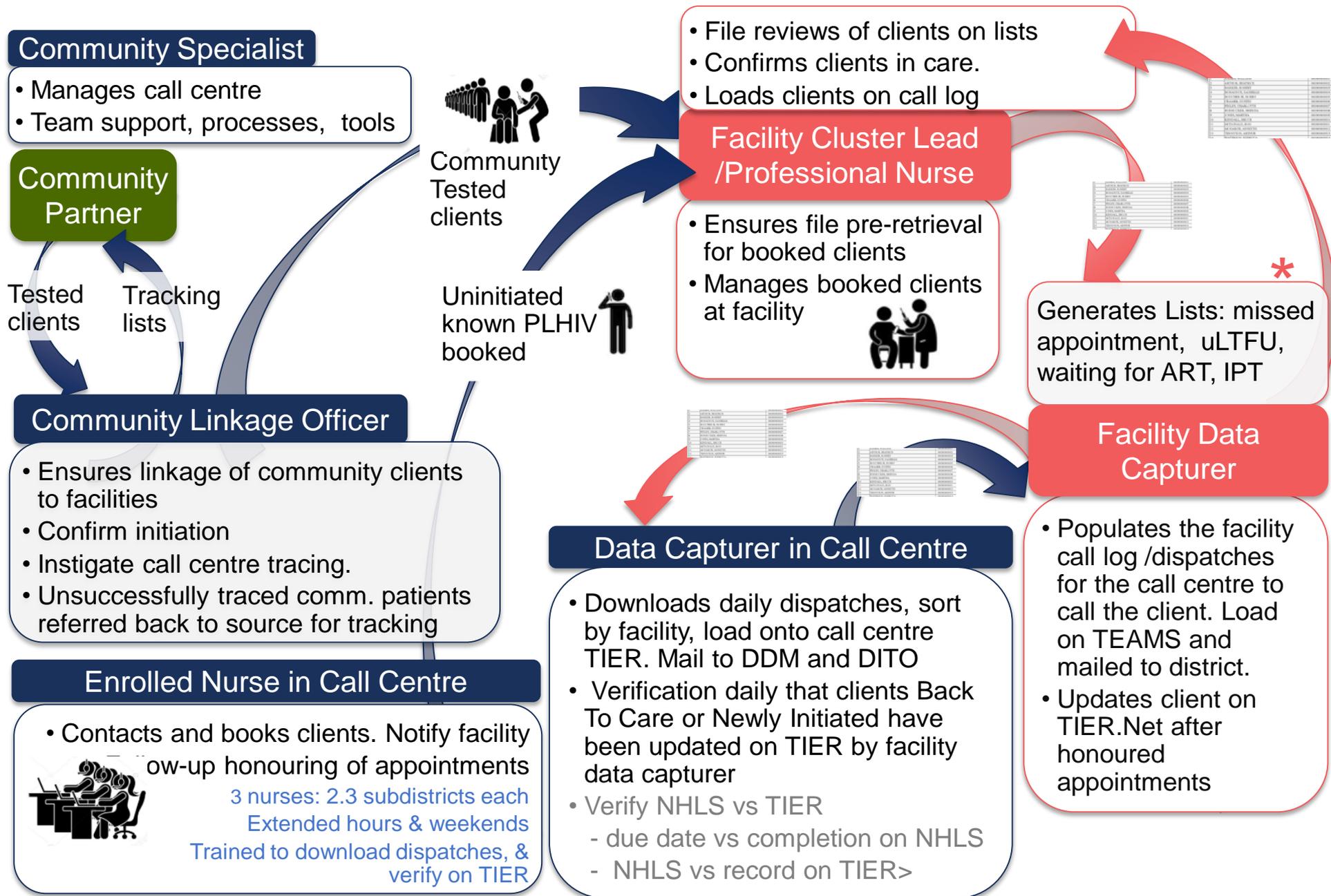
Facility reports into daily district calls. focused DATIM and process monitoring indicators

Submission of dispatches, update on central tracker for district level monitoring

Reassignment of Data staff depending on data backlog

Temporary allocation of clinicians from district or national staff depending on size of file review backlog

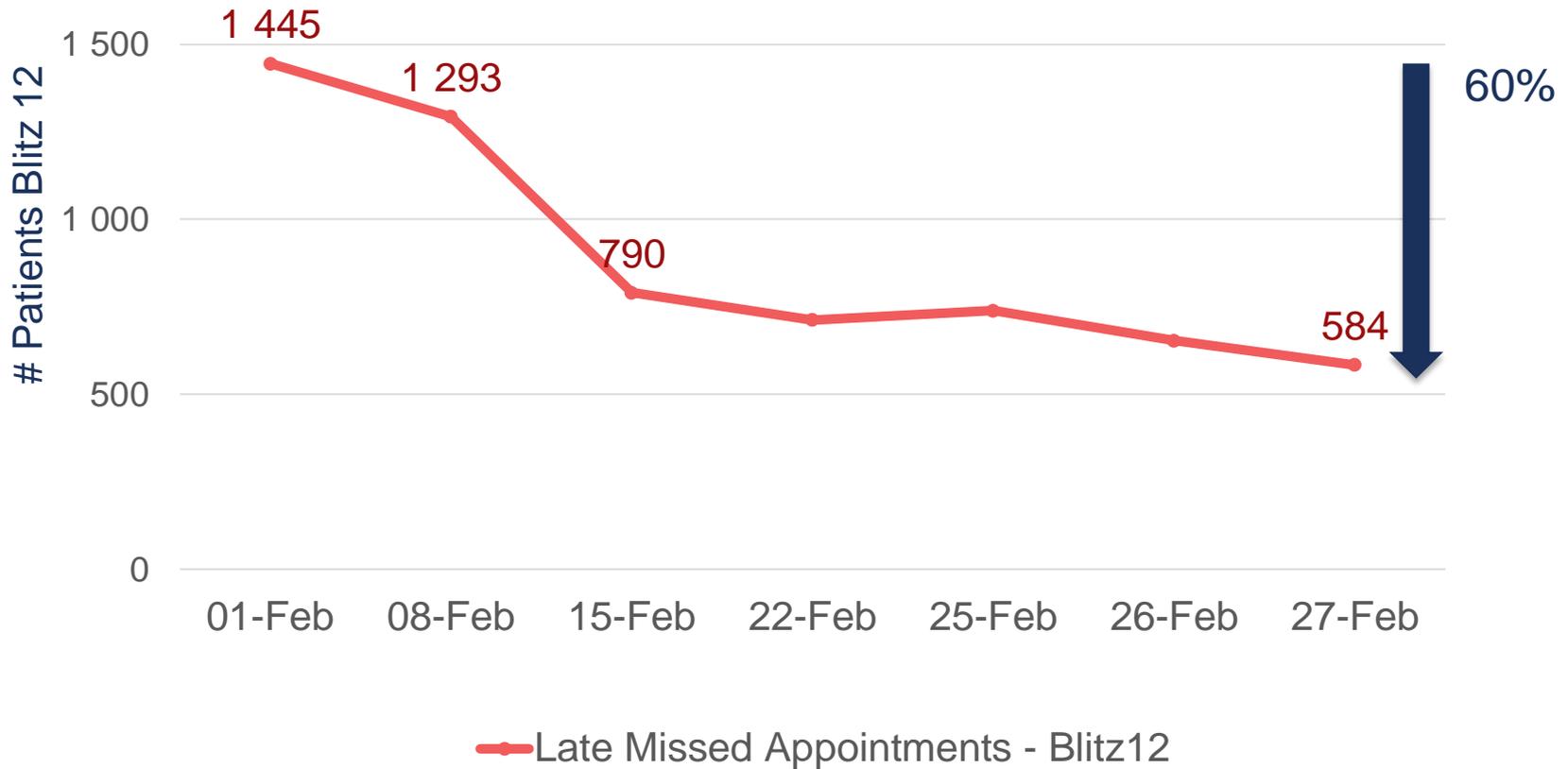
Detailed Roles in the Linkage and BTC Process



Impact of the Interventions

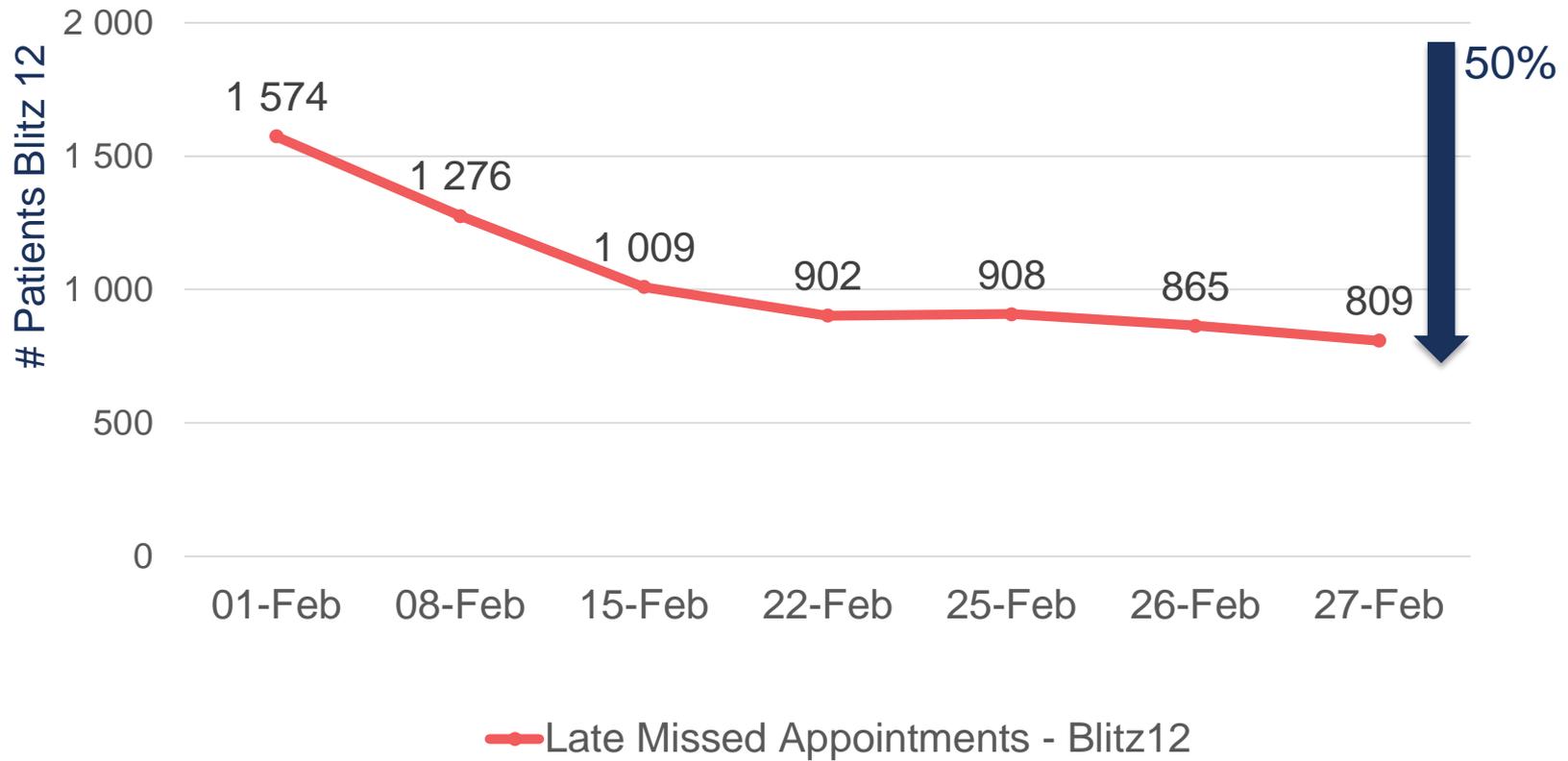
Late missed appointments was reduced by 60% over the month of February for blitz facilities

The most significant drop off occurred in the second week of focussed call back effort.



uLTFU was reduced by 50% over the month of February for blitz facilities

- The drop over the month of January from above 2600 at Dec 31st – an overall drop >78% over 2 months
- ULTFU across the district also fell by 68% over the 2 months.



Some tools utilised

DAILY DISTRICT CALLS: DISCUSSION GUIDE

FACILITIES

Work done previous day

- HTS_TS, HTS_Pos (Detail streams – Index, Presumptive TB, STI, FP, Male, ANC, etc)
disaggregate by BR and DOH contribution respectively)
- Implementation of High yield case finding Modalities
- TX_NEW and IPT Initiation
- # Waiting for ART
- # Early and Late Missed appointments (Morning vs at COB); #uLTFU
- Progress on TROA Mop Up.
 - #Files to be reviewed; # of files reviewed to date; # of files updated on TIER.Net

CALL CENTRE

- # calls made vs confirmed appointments disaggregated to the following:
 - Index Clients; Waiting for ART
 - Missed appointments
 - ULTF
 - # of queries raised; # of pending queries
 - VL Due
- Linkage to care:
 - Number of appointments with confirmed visits in the past week.

MANAGEMENT

High level priorities for the day / week

CALL CENTRE QUERY LOG

On shared drive in Microsoft Teams

District Name	Sub District	Facility Name	Query Raised by (Call Centre)	Query #	Date Query Raised	Query Description	Patient Folder # if Applicable	Responsible Team Name	Responsible Cluster Lead (BR)	Feedback from Team	Query Status	Query Close Date
Gert Sibande	Chief Albert Luthuli	Nhlazatshe 4	1 TS	Other	20-Oct-18	The patient was at the facility and confirmed that her next visit is in December but on the system it doesn't show, may you assist with actioning it	XXX-XXX-XXXX	Fixed Team	Dan Mogane	File updated on Tier.Net	Closed	29-Oct-18
Gert Sibande	Msukaligwa	Kwazanele CHC	2 AM	Other	31-Oct-18	Patient gender is incorrect, she is female not male	XXX-XXX-XXXX	Fixed Team	Mpumelelo Mkhathswa	File updated on Tier.Net	Closed	
Gert Sibande	Chief Albert Luthuli	Carolina town clinic	3 AM	Other	31-Oct-18	Patient tested positive at Carolina but she requested to initiate ART at Mayflower CHC	XXX-XXX-XXXX	Roving Team	Molefe Letsoko			
Gert Sibande	Mkhondo	Kempville/Piet Retief Clinic	4 TS	Other	02-Nov-18	Patient is on ART she started Rx at the Hospital and she was transferred to Kempville this year but she appears as HTS patient.	XXXXXX XXXX XXX	Fixed Team	Mahlatse Tshangase	The query has been resolved. The patient has been called and requested to go to the hospital to collect her referral letter or continue taking her treatment there, and she said she would go and collect the letter. She is also removed from tier since there are no records of her in the clinic.	Closed	13-Nov-18
Gert Sibande	Lekwa	Sakhile Clinic	5 TS	Other	08-Nov-18	Patient on Tier.Net appears as a lost to follow but when the call center traced the patient she says she has been to the facility and her next visit is in December.	XXXXXX XXXX XXX		Tshikani Mafanele	The file was pulled from the facility and the last visit date was 10-05-2018. The call center will arrange with the patient to visit the facility earlier in December.	Closed	9-Nov-18
Gert Sibande	Chief Albert Luthuli	Hartebeeskop Clinic	6 TS	Other	Dec-18	PHARMACY:No 10- valid script RANITADINE 300:MAKONDO PV	XXXXXX XXXX XXX	Roving Team	Trueboy Dlamini / Goodman Ntshangase			
Gert Sibande	Govan Mbeki	Evander Clinic	7 TS	Other	Dec-18	Patient Transferred 10- out to Evander Hospital but still appears at the facility.	XXXXXX XXXX XXX	Fixed Team	Thandiwe Maseko/ Zama Ntuli	Client transferred out to Evander Hospital	Closed	13-Dec-18

- District Name,
- Sub-District Name
- Facility Name
- Query #
- Query raised by
- Date query raised
- Query description eg:
- Patient folder #
- Responsible team name
- Responsible cluster team lead
- Feedback from team
- Query status
- Query closed date

Example: Patient on TIER.Net appears as a lost to follow but when the call center traced the patient she says she has been to the facility and her next visit is in December.

Example: The file was pulled from the facility and the last visit date was 10-05-2018. The call centre will arrange with the patient to visit the facility earlier in December.

Call Centre Staff: Messaging guidance

Return to Care of Patients on ART

KEY MESSAGES : UNCONFIRMED LOST-TO-FOLLOW-UP Scenario 4

Probing questions	Key Message
When last did you pick up your medication; from which facility?	Importance of adhering to treatment
If taking treatment from another clinic, discuss the reasons for changing facilities	Importance of and official method of securing a transfer note for changing facilities

KEY MESSAGES : EARLY AND LATE MISSED APPOINTMENT SCENARIO 3

Probing questions	Key Message
When last did you pick up your medication?	Importance of treatment. Make you healthy and enjoy long life. Reduce illness. Reducing chances of transmitting the virus
Is there any difficulty you are experiencing in picking up your medication?	Respond to these issues: Transport issues, clinic times, CCMDD locations, nursing attitude, long waiting time
Is there any difficulty in coming to the clinic for your appointments?	Respond to these issues: Transport issues, clinic times, CCMDD locations, nursing attitude, long waiting time
Do you have any fears about taking the medication?	Importance of adherence and taking medication; it suppresses your Viral Load, prevent drug resistance
Reluctant to propose appointment	Use persuasive skills to get client to commit to an appointment date. Then call the client on the day of the appointment as a second reminder

Linkage of ART-Naïve PLHIV

KEY MESSAGES : PRE-ART SCENARIO 1

(Tested positive but not yet on treatment)

Probing questions	Key Message
"Does your partners know their HIV status? Does your children know their HIV status?"	If Partners or Children know they are HIV+, ask if they are on treatment? If they do not know their status, <i>can you please bring them</i>

KEY MESSAGES : PRE-ART SCENARIO 1

(Tested positive but not yet on treatment)

Probing questions	Key Message
You were recently tested for HIV, do you know your HIV status?	Provide benefits of knowing their status and early treatment
Are you on treatment? [it might happen that the client is on treatment	Return to the clinic to be initiated if not on treatment If on someone else's medication, explain the importance of not

Targeted Case Finding

KEY MESSAGES : Testing of Partners of Index clients Scenario 5

Probing questions	Key Message
Confirm client's name and	Advise the client that you have got his/her contact details from the

KEY MESSAGES : PRESUMPTIVE TB SCENARIO 2

(Patient who presents with symptoms and or signs suggestive of TB with unknown HIV status (previously known as a TB suspect))

Probing questions	Key Message
Do you know your HIV status?	Benefits for HIV Testing, Know your status, access treatment, instantly and prevent transmission.
Do you have any fears about testing?	Stigma, partner fears, fear of testing in this community. Give them a list of other facilities so they initiate and get onto CCMDD. Explain the benefits of CCMDD collection and only 6 month visit to facility
Are you aware of the benefits of starting treatment early?	Make you healthy and enjoy long life. Reducing chances of transmitting the virus
Do you have any fears about starting treatment?	Respond to the fears; stigma and disclosure, financial issues, religious beliefs, clinical staff attitude, long waiting queue, clinic working hours
"Does your partners know their HIV status? Your children know their HIV status?" If yes, do you mind sharing their HIV status with me (if HIV+, are they on ART?)	If Partners or Children know they are HIV+, ask if they are on treatment? If they do not know their status, <i>can you please bring them to the clinic with you for testing and counseling to support disclosure and your treatment plan?</i>

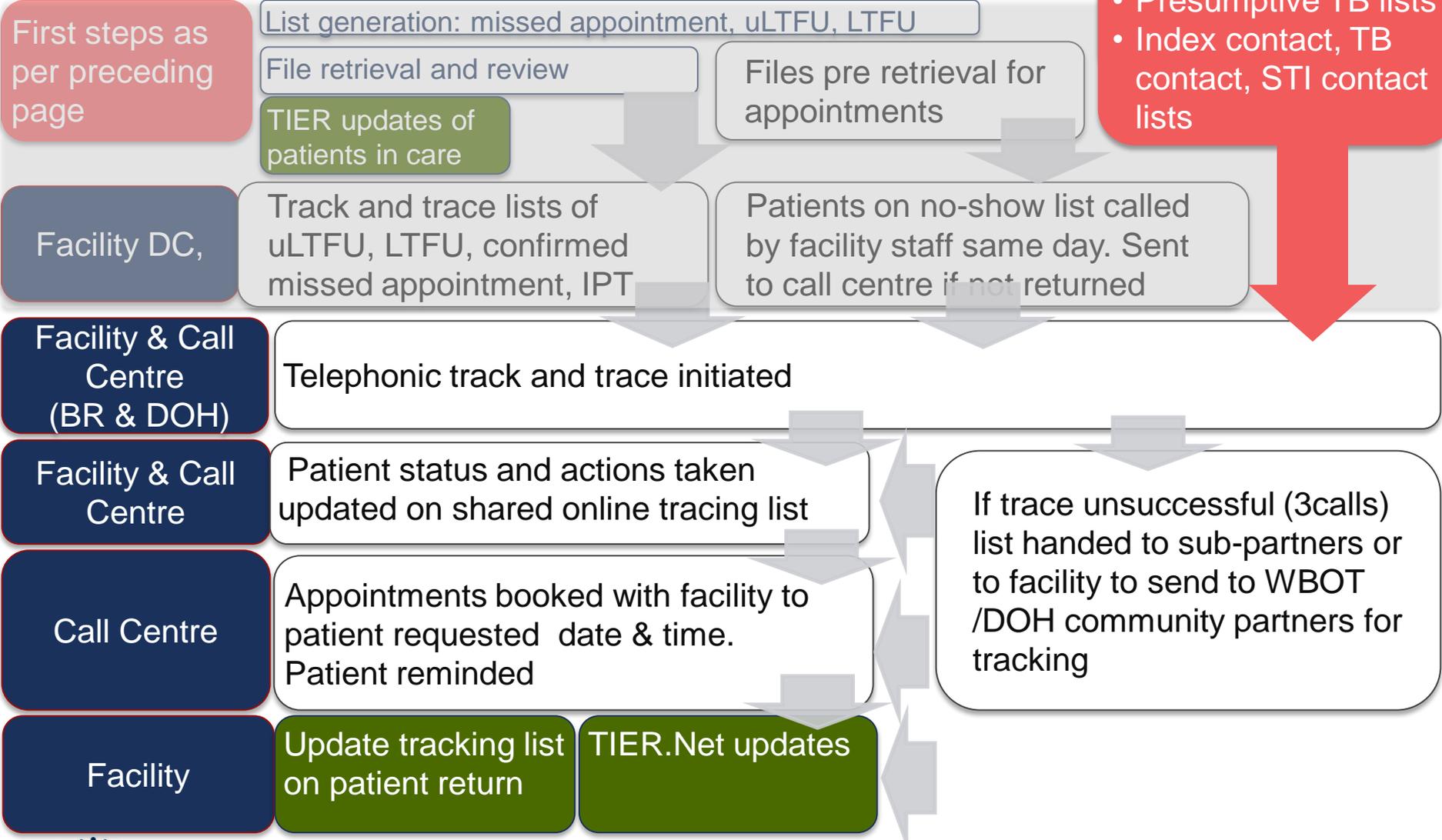
TX_NEW

- 🔧 **Data Usage to Enhance Linkage**
- **Increased TX_NEW achieved**

Finding PLHIV & Linking Diagnosed PLHIV To ART

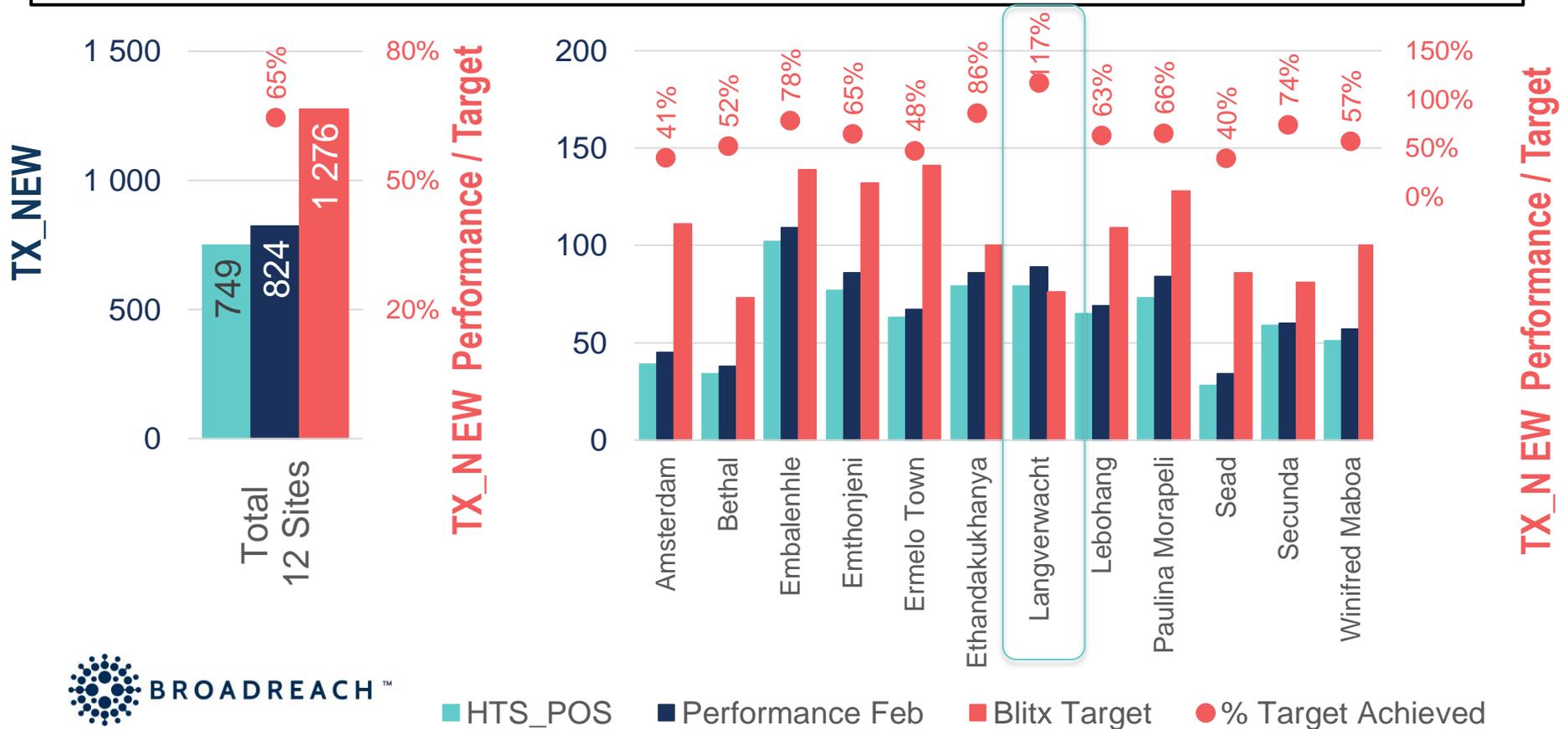
TX_NEW SUPPORT

- Waiting for ART list
- Presumptive TB lists
- Index contact, TB contact, STI contact lists



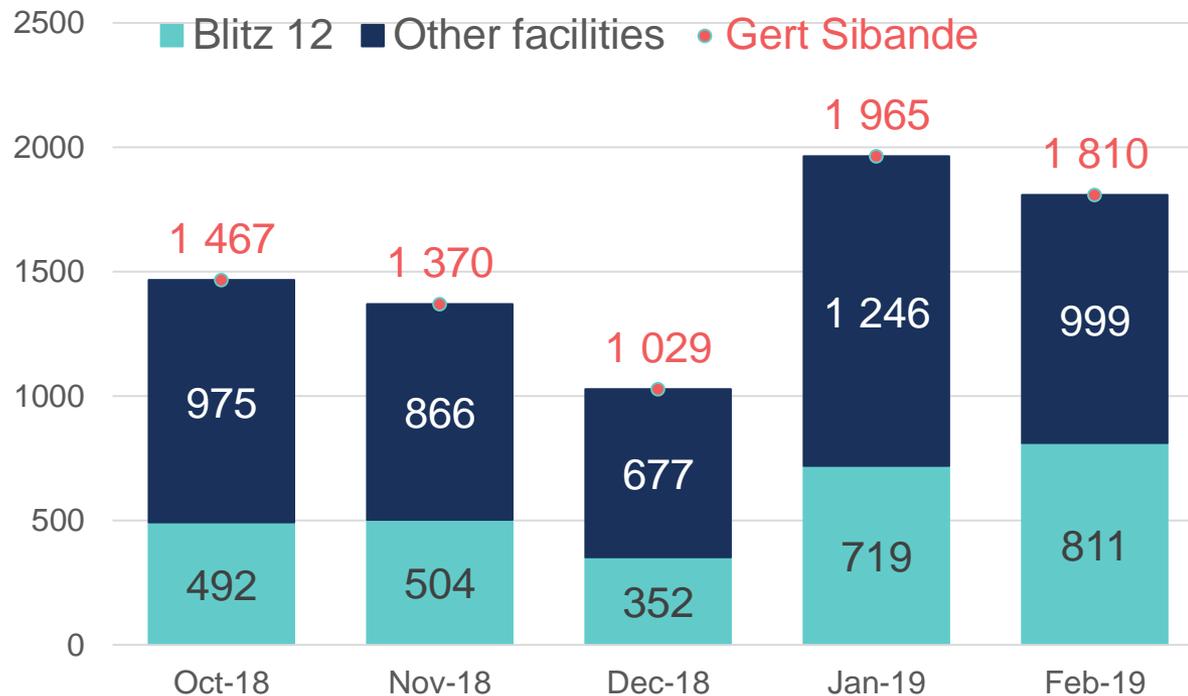
TX_NEW – 65% of Blitz Target Achieved

- 65% of the Blitz TX_NEW target was achieved across the 12 Blitz facilities in Feb
- This exceeded the HTS_POS numbers by 10% on average due to a combination of direct linkages ranging between 80% and 100% and active tracking and tracing of those on the Waiting for ART list
- Performance vs target at individual facilities ranged from 40% to 117%



TX_NEW: Monthly average increased by 70% from Q1 to Q2 for Blitz sites and by 46% for the district

Monthly average	Q1	Q2	% increase
Gert Sibande	1289	1887	46%
Blitz 12	449	765	70%
Other Facilities	839	1122	33%



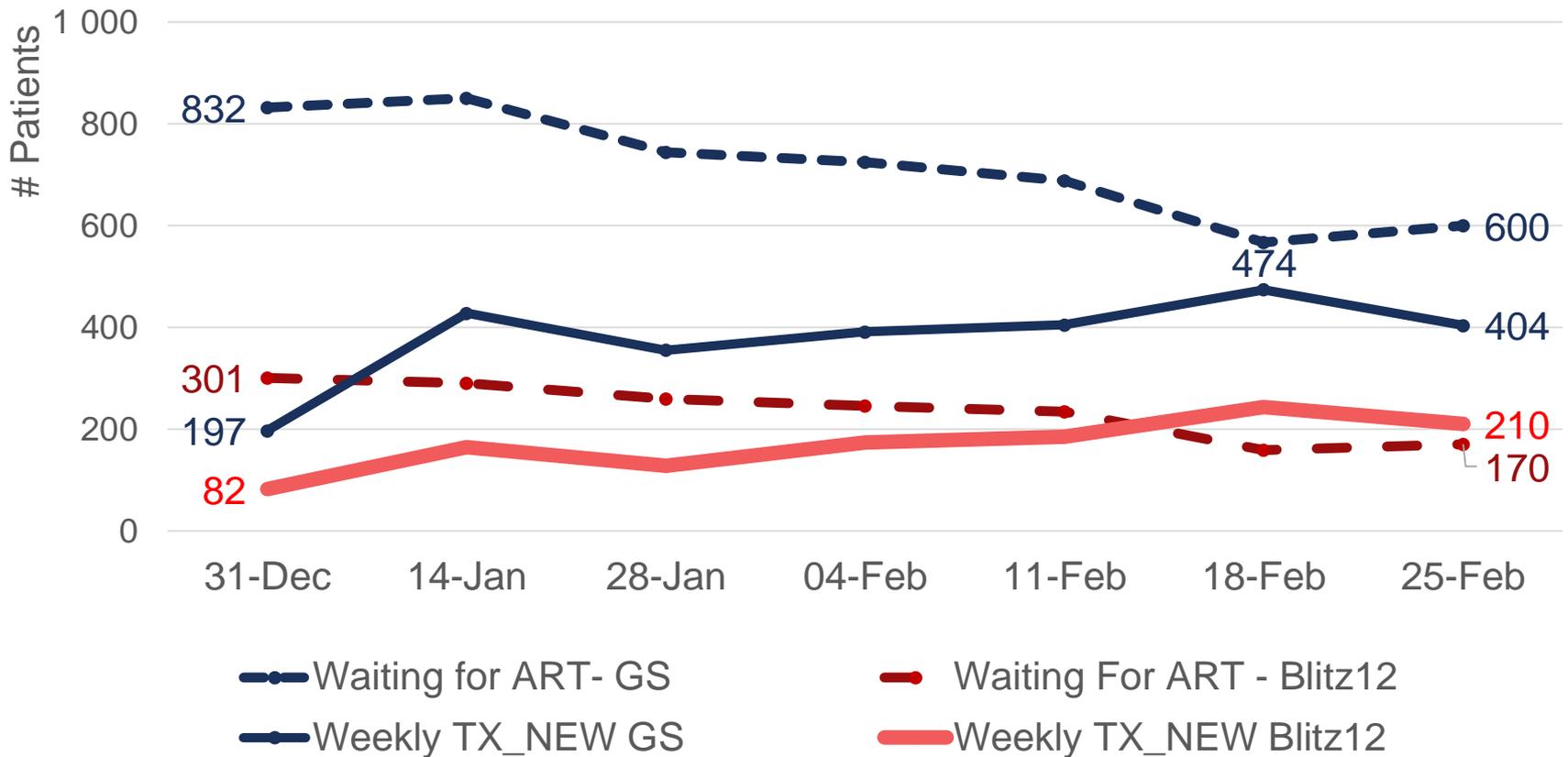
- Increased focus on TX_NEW and BTC across all facilities: 46% increase in district TX_NEW monthly average

- Blitz facilities: 70% increase in monthly average

- Non-Blitz facilities: 33% increase in monthly average.
- No decrease due to resourcing reallocations

Weekly TX_NEW more than doubled in Blitz sites and also across the district compared to 8 weeks prior

More rapid linkage with a 35% reduction in patients waiting for ART over an 8 week period in Blitz facilities (19% drop in district)



USAID Disclaimer

The creation of this material was made possible by the support of the American People through the U.S. Agency for International Development (USAID) under the Cooperative Agreement No. 72067418CA00024. The contents are the responsibility of BroadReach and do not necessarily reflect the views of USAID or the United States Government.

BroadReach

BroadReach is a health solution company focused on improving the health and well-being of underserved populations. Using almost two decades of experience and foremost Vantage technology, we design and deliver effective solutions to healthcare problems in emerging markets, empowering stakeholders to make the right decisions and implement the right actions that improve health outcomes and change lives.

Founded in 2003, BroadReach is at the forefront of supporting African governments, donors and Ministries of Health in the implementation of Health Systems Strengthening programs. We have worked in over 20 countries worldwide.

Contact telephone number

Cape Town: +27 21 514 8300

Johannesburg: +27 11 727 9500

www.broadreachcorporation.com



www.broadreachcorporation.com

Park Lane Office Park, Block B
Lobby 1, First Floor,
cnr Alexandra Road & Park Lane,
Pinelands, 7405
Cape Town, South Africa



BROADREACH™

Summary slides for facilitation groups

Improving Back to Care: Data-Driven Strategies and Tools in Gert Sibande

Dr. Claire Serrao. BroadReach

Challenges Faced and Solutions Developed When bringing the Intervention to Scale

- × Facility staff buy-in to blitz targets
 - × Supervisory capacity.
 - × Resourcing
 - × Access to filing systems during the day,
- Communication from DOH & BR management, USAID
 - In-facility mentoring of team leads, facility managers and teams
 - Facility redistribution of data and/or clinical staff
 - Temporary reprioritisation of effort to focus on activities addressing TROA (and IPT initiation pre end March)
 - File retrieval afternoons & weekends

Strategies used to Implement the Programme with Fidelity and High Quality

- Tight Monitoring: Daily District calls tracking performance, uncovering and addressing gaps at each facility
- Cross-cadre and cross-team processes developed and refined; including increased coordination and verification tasks centrally by call centre
- Increased management and technical advisors in-facility presence, including weekly senior management monitoring visits

Improving Back to Care: Data-Driven Strategies and Tools in Gert Sibande cont.

How the Data was Collected to Monitor the Success of the Intervention

- De-identified patient lists are run almost daily to review the change in the missed appointment numbers per facility and reduction in uLTFU
- Daily data update on a centralised Tracker
- This report is utilised to cross reference
- the daily calls with staff who reported on number of files pulled, the number of files that required updating in TIER.Net and the number of files/patient that required tracking and tracing

How Data was used to Inform the Intervention

- Direct the teams as to progress in facility
- Address the need for additional staff to support the TROA mop up process
- Guide us the implementation of functional appointment system where this was not in place