

**AIDS
2020**

23RD INTERNATIONAL AIDS CONFERENCE

VIRTUAL

6 - 10 JULY 2020

Differentiated service delivery (DSD) in 2020

Responding to the needs of people living with HIV before, during and after COVID-19

Scale up and adaptation of City of Cape Town ART chronic care clubs

Dr Beth Harley
medical officer – HAST program support
City of Cape Town



CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

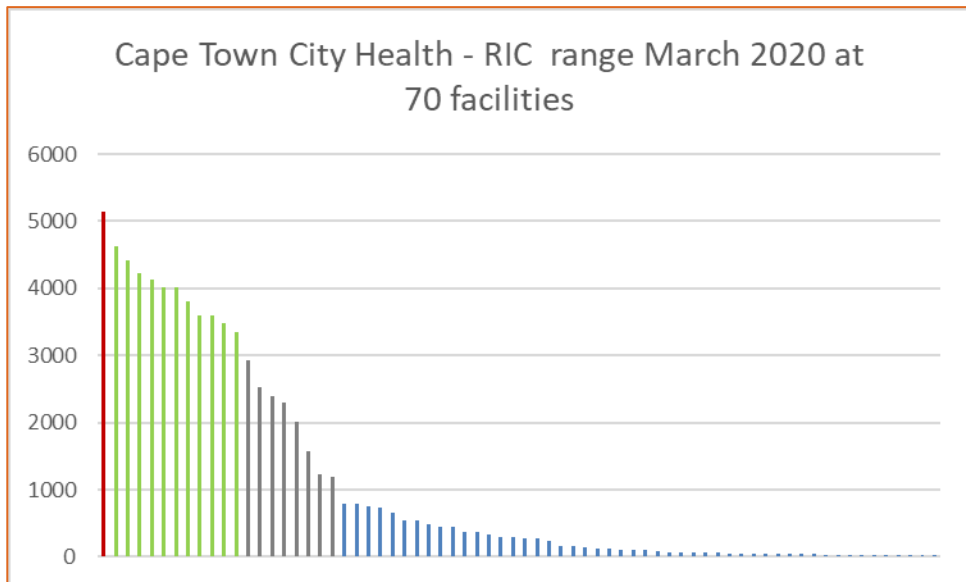
Cape Town Metro Health District

- Divided into 8 sub-districts
- POPULATION: 4.6 million with enormous socio-economic diversity across sub-districts
- Primary health ART services in the Metro (March 2020):
- >209,000 patients on ART in the district:
 - Metro Health Services: >134,000 patients on ART
 - 47,000 (35%) in clubs
 - **City Health: >75,000 patients on ART**
 - **> 33,000 (44%) in clubs**

South African Gini coefficient: 63.00 – shows severe income gap
Highest Gini coefficient in the world



City Health: 70 facilities with ART care



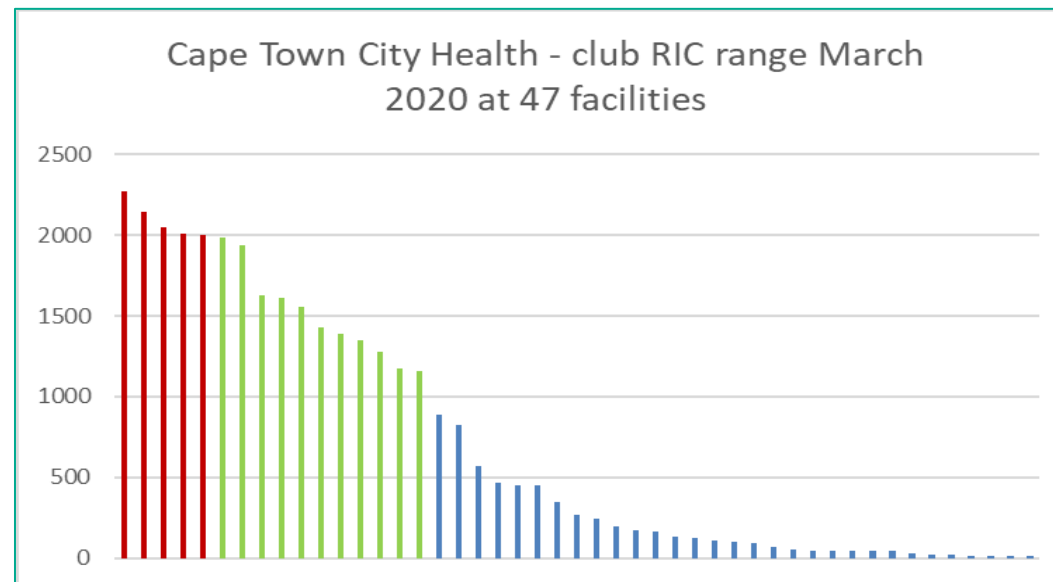
Range of Total Remaining in Care:

- >5,000 – 1 facility
- >3,000 – 11 facilities
- >1,000 – 8 facilities
- > 100 – 27 facilities
- < 100 – 23 facilities

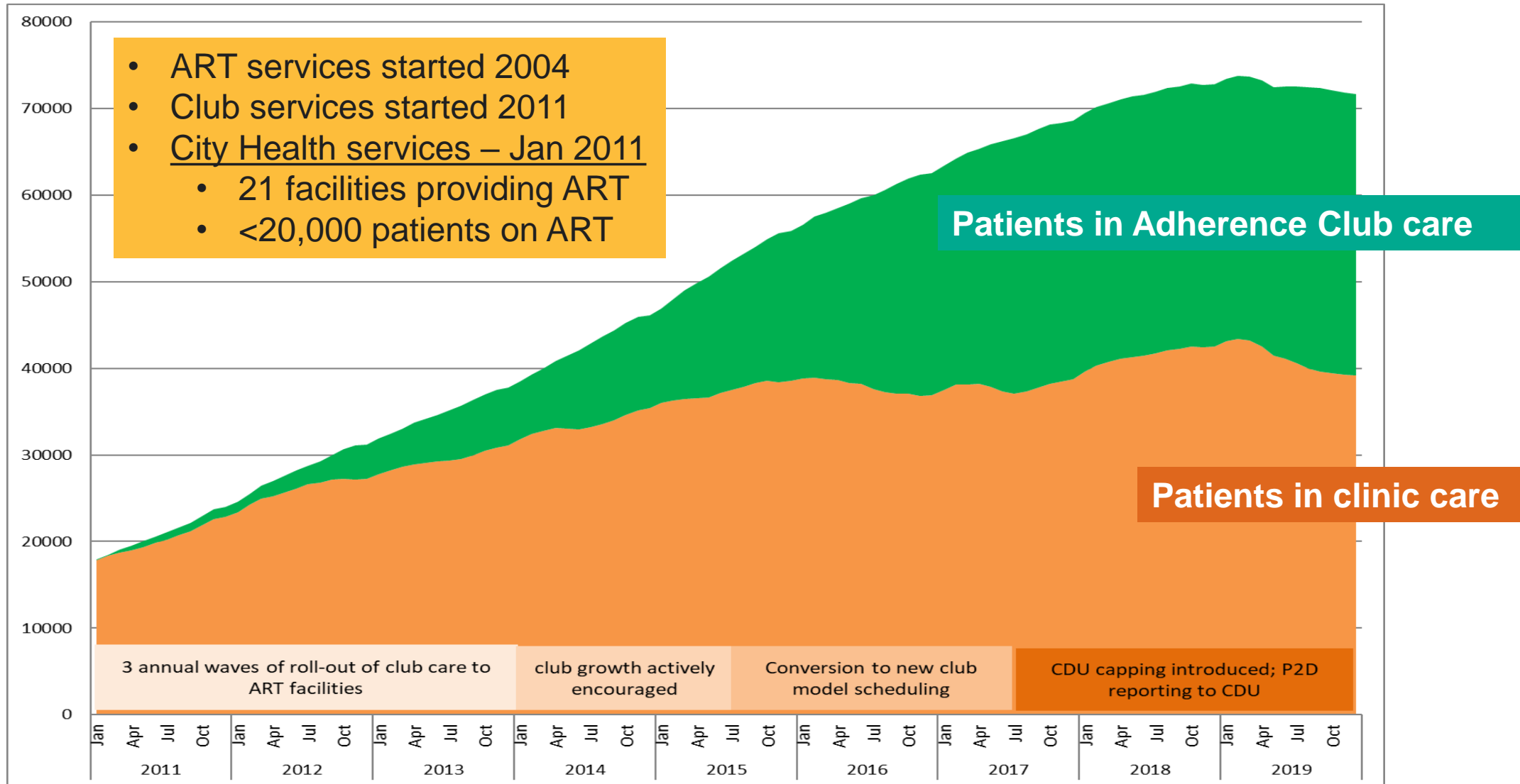
City Health: 47 facilities with clubs

Range of club RIC:

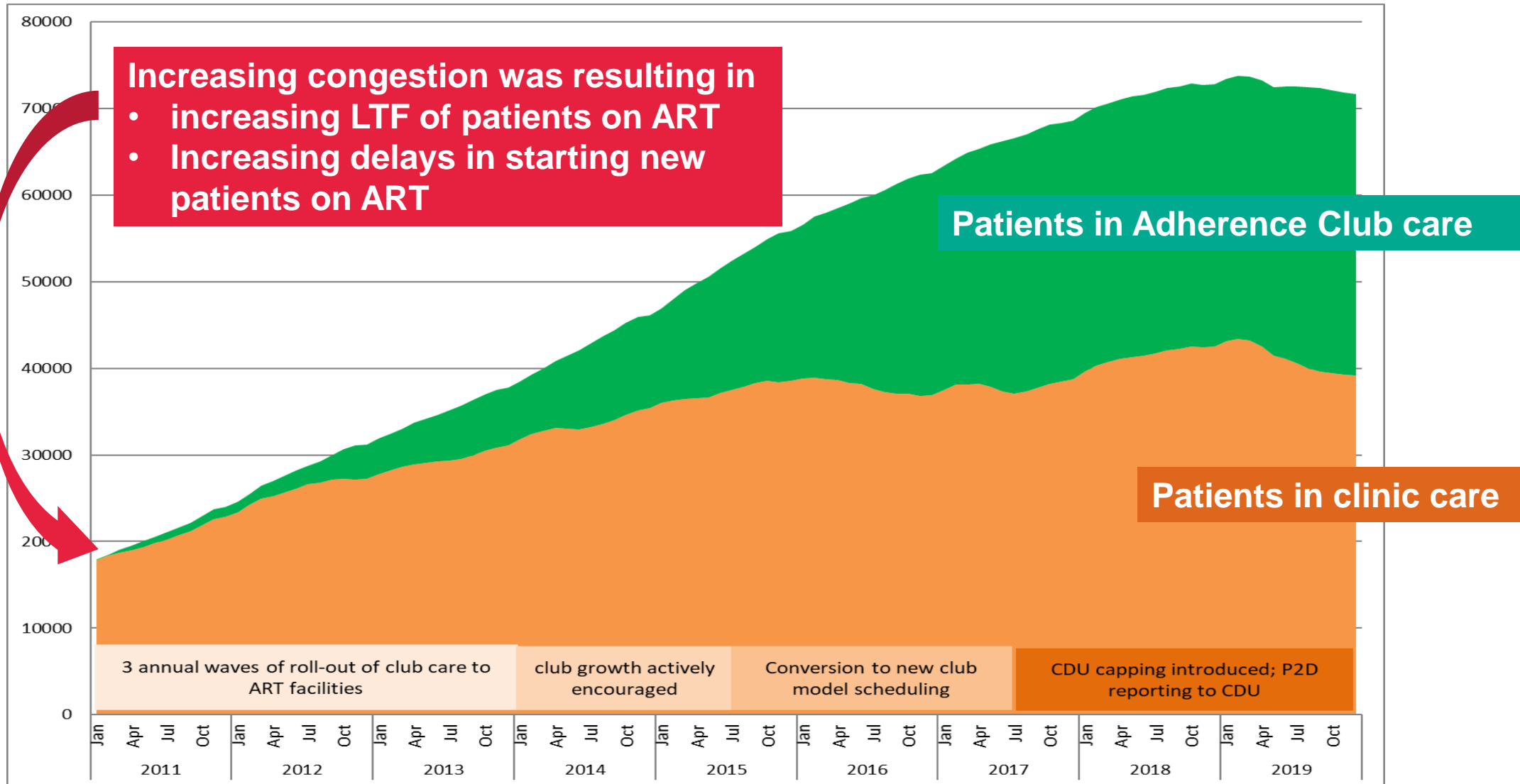
- >2,000 – 5 facilities
- >1,000 – 11 facilities
- > 100 – 15 facilities
- < 100 – 16 facilities



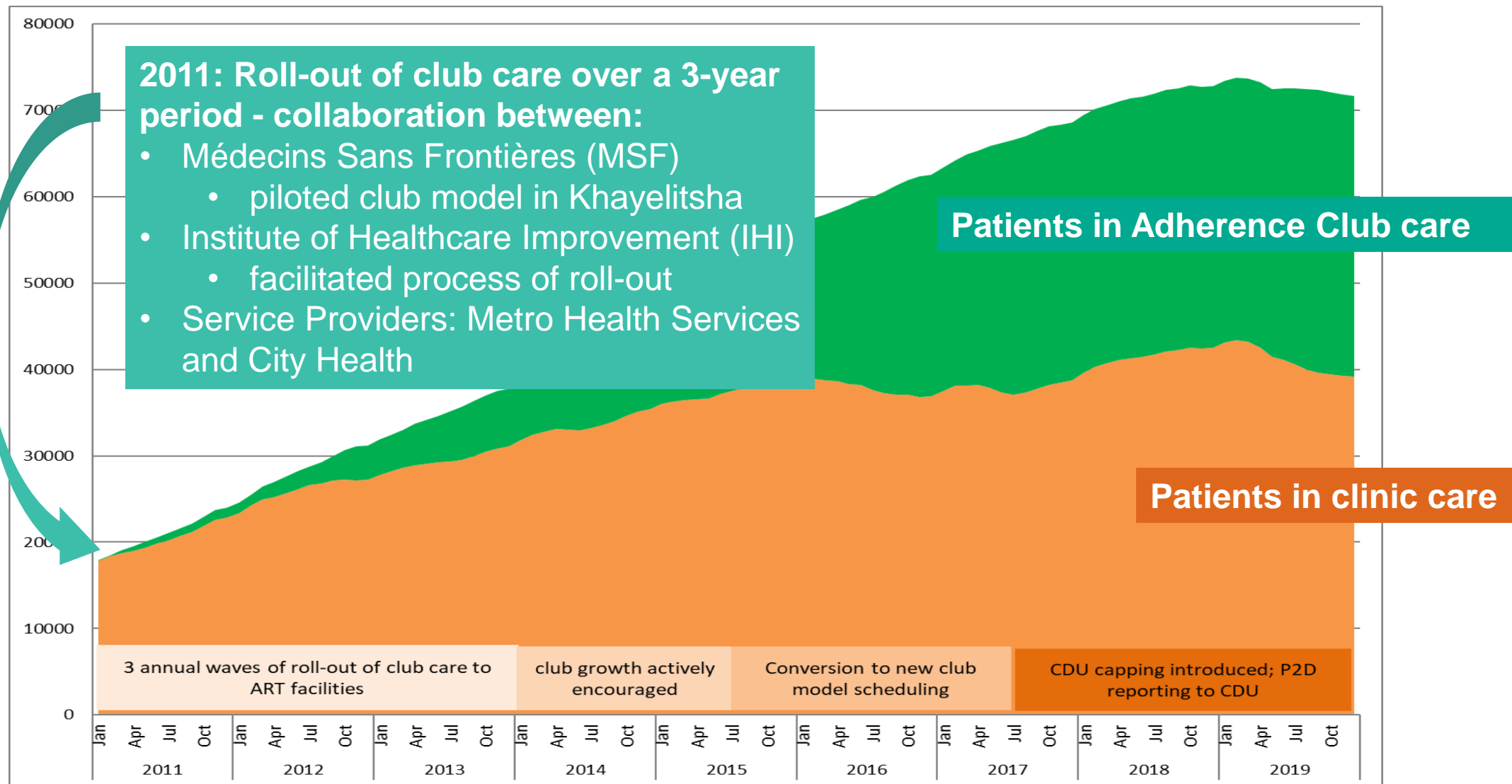
Scale up of Adherence Clubs – City Health



Obstacle 1: Congestion



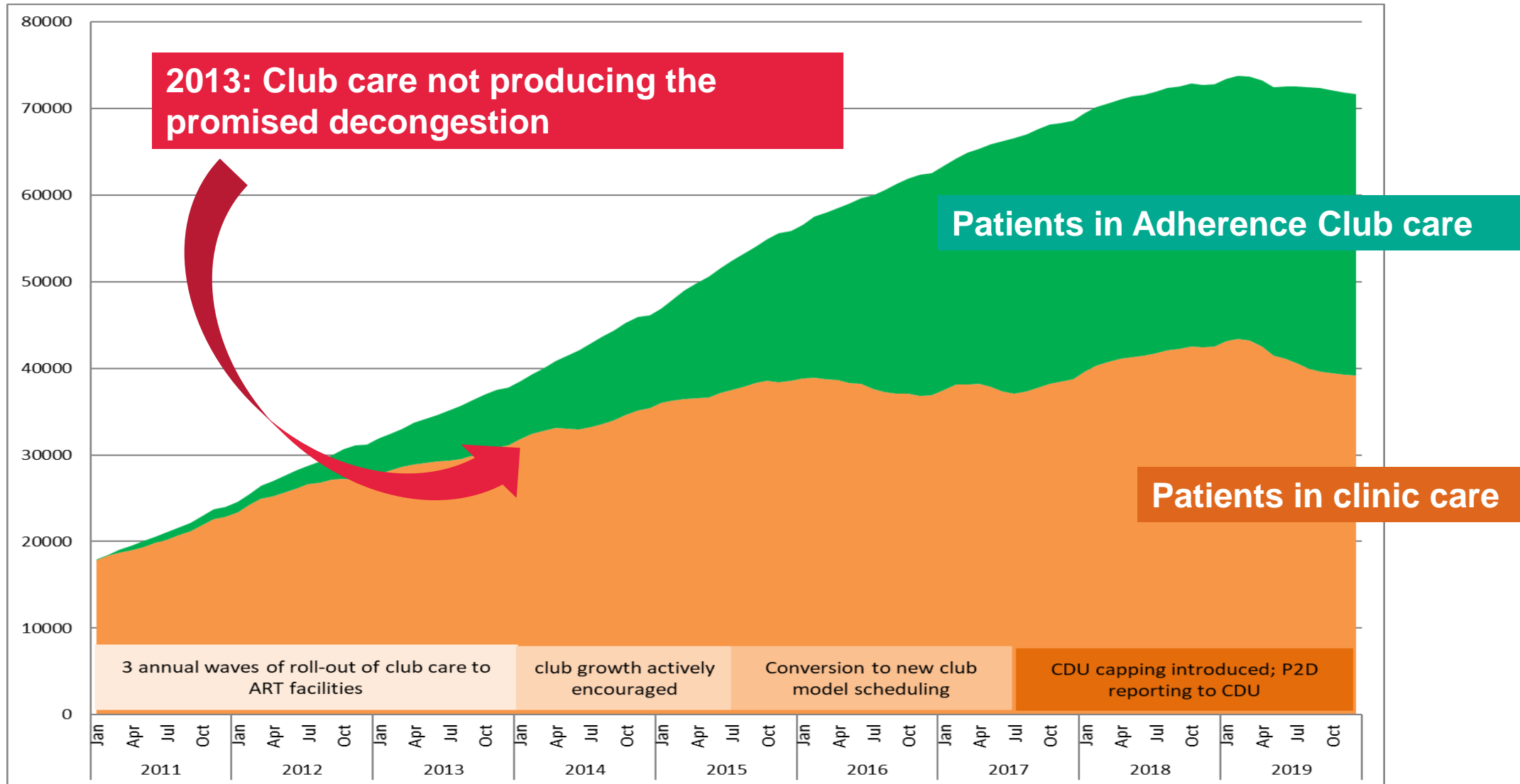
Solution 1: Rolling out Adherence Clubs



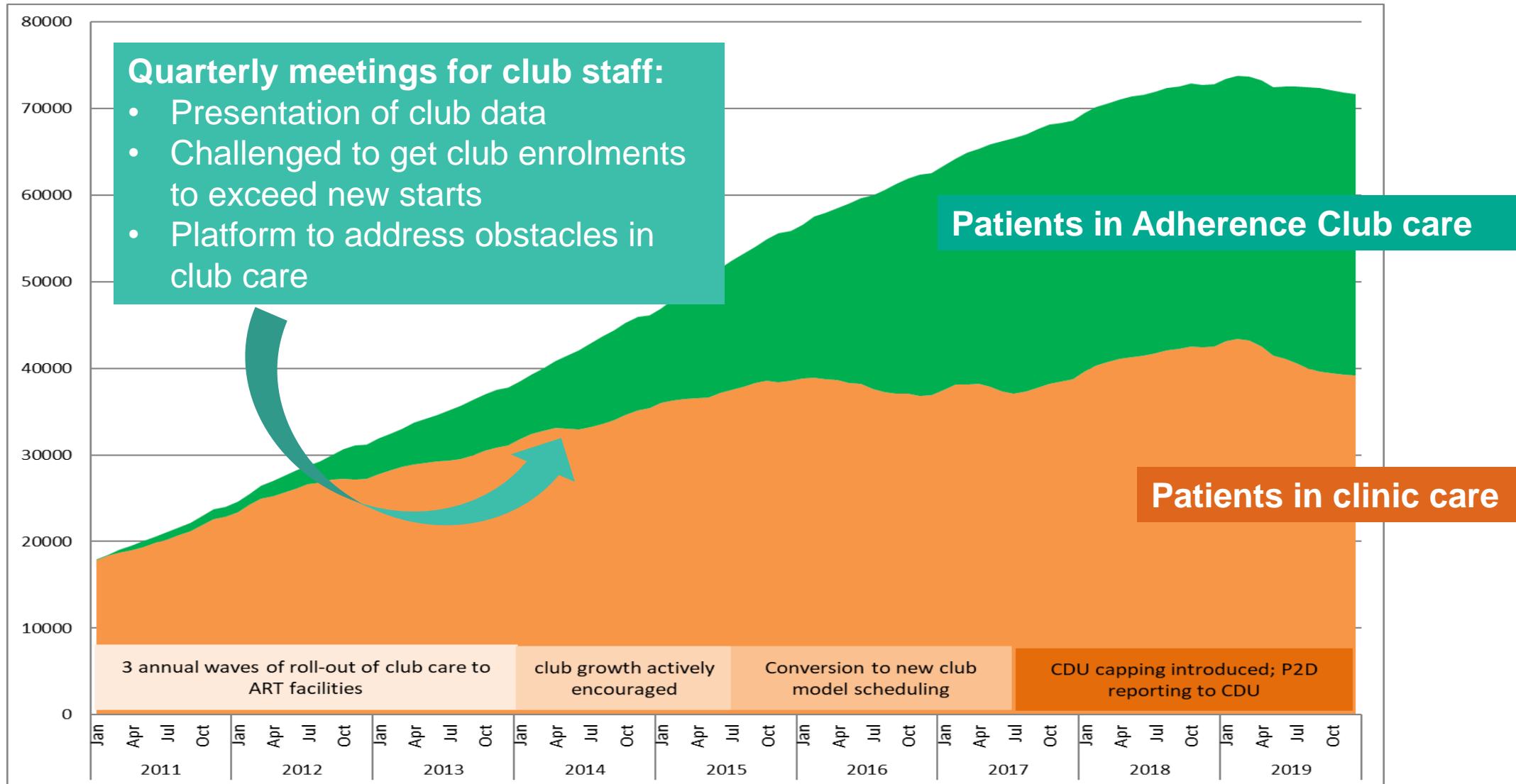


**Impumelelo award
for club system roll-
out - 2012**

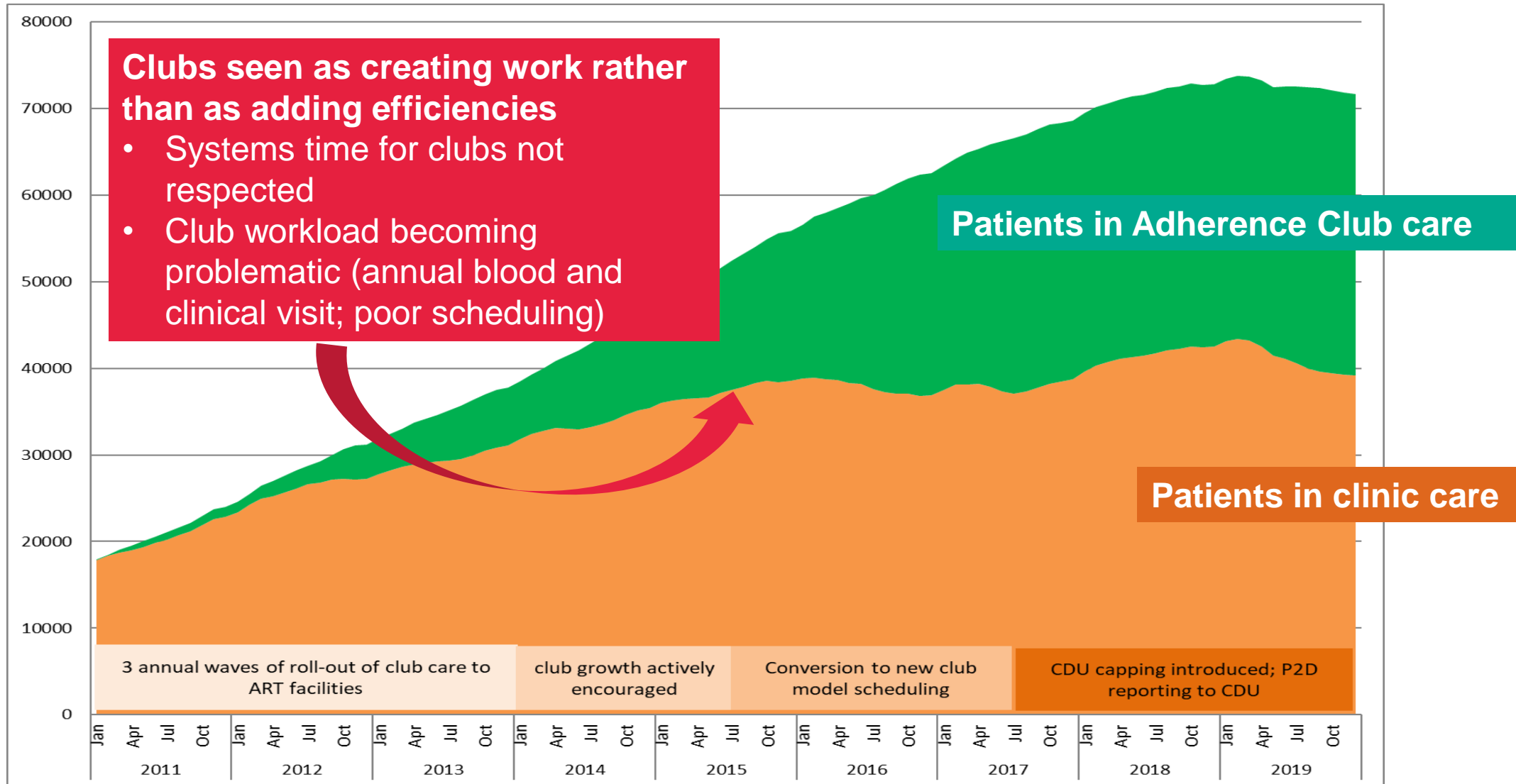
Obstacle 2: Not enough decongestion



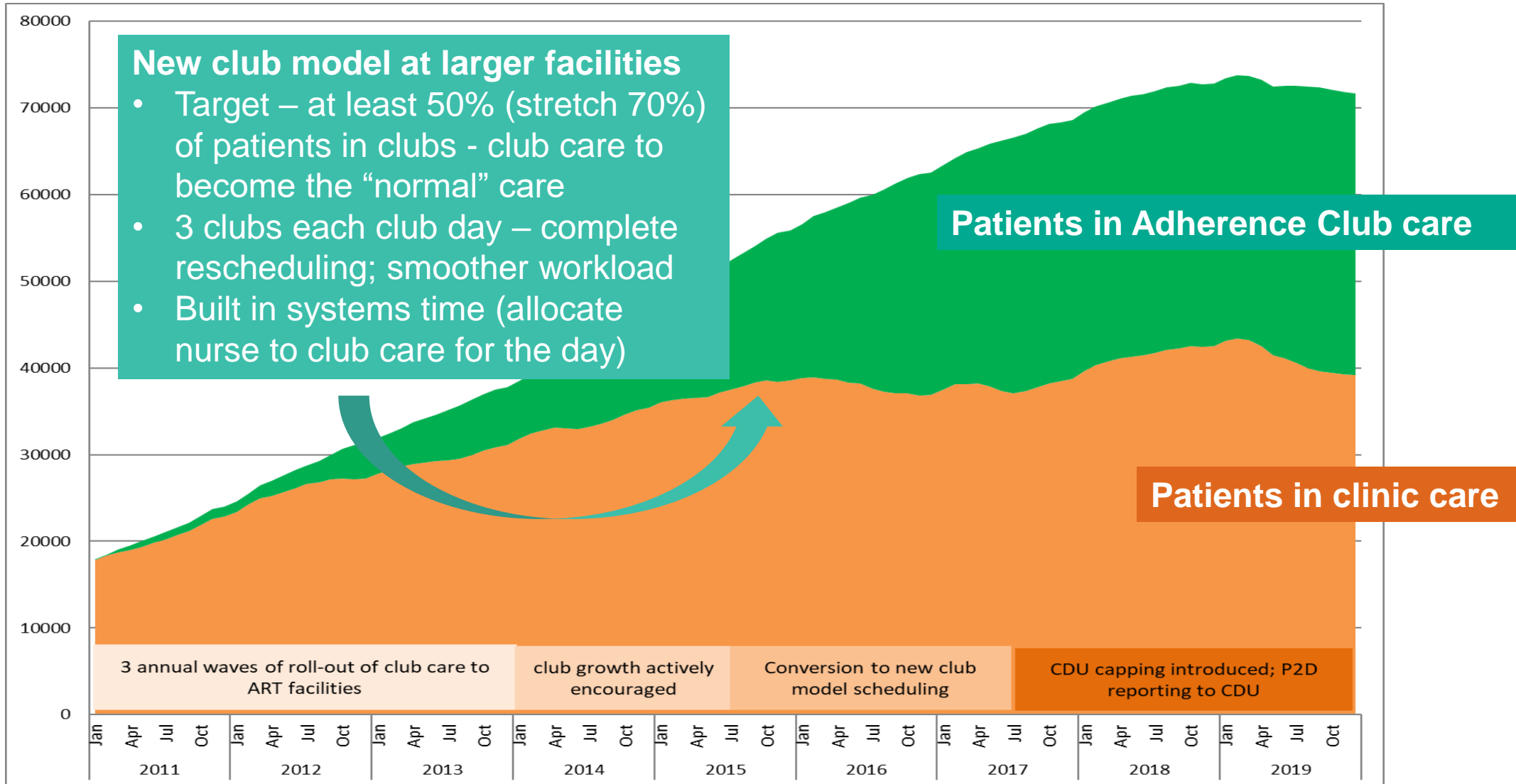
Solution 2: Quarterly meetings



Obstacle 3: Clubs creating work, not efficiencies



Solution 3: Adapted club model at larger facilities

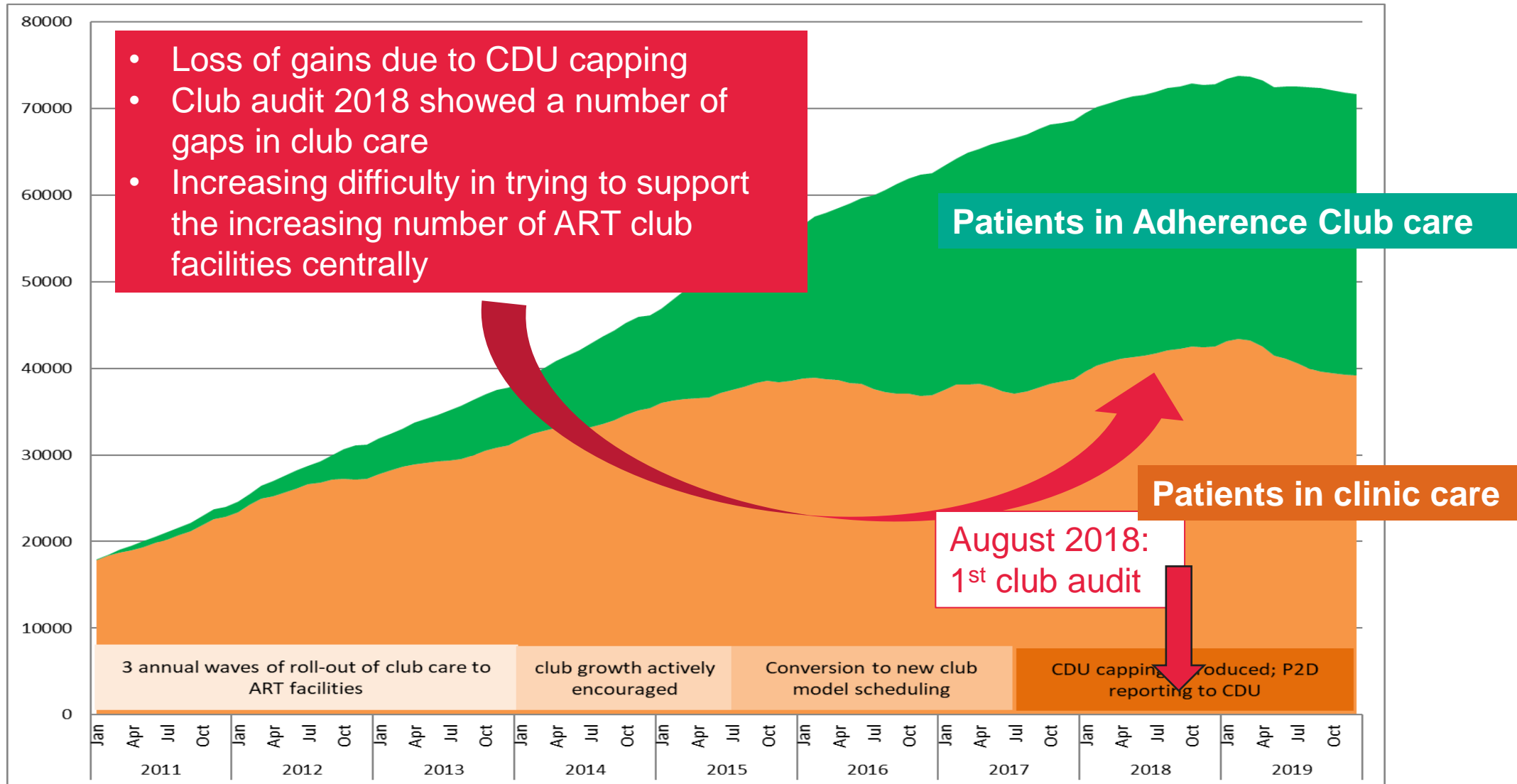


2020 ART Club Schedule - Weltevreden Valley Clinic

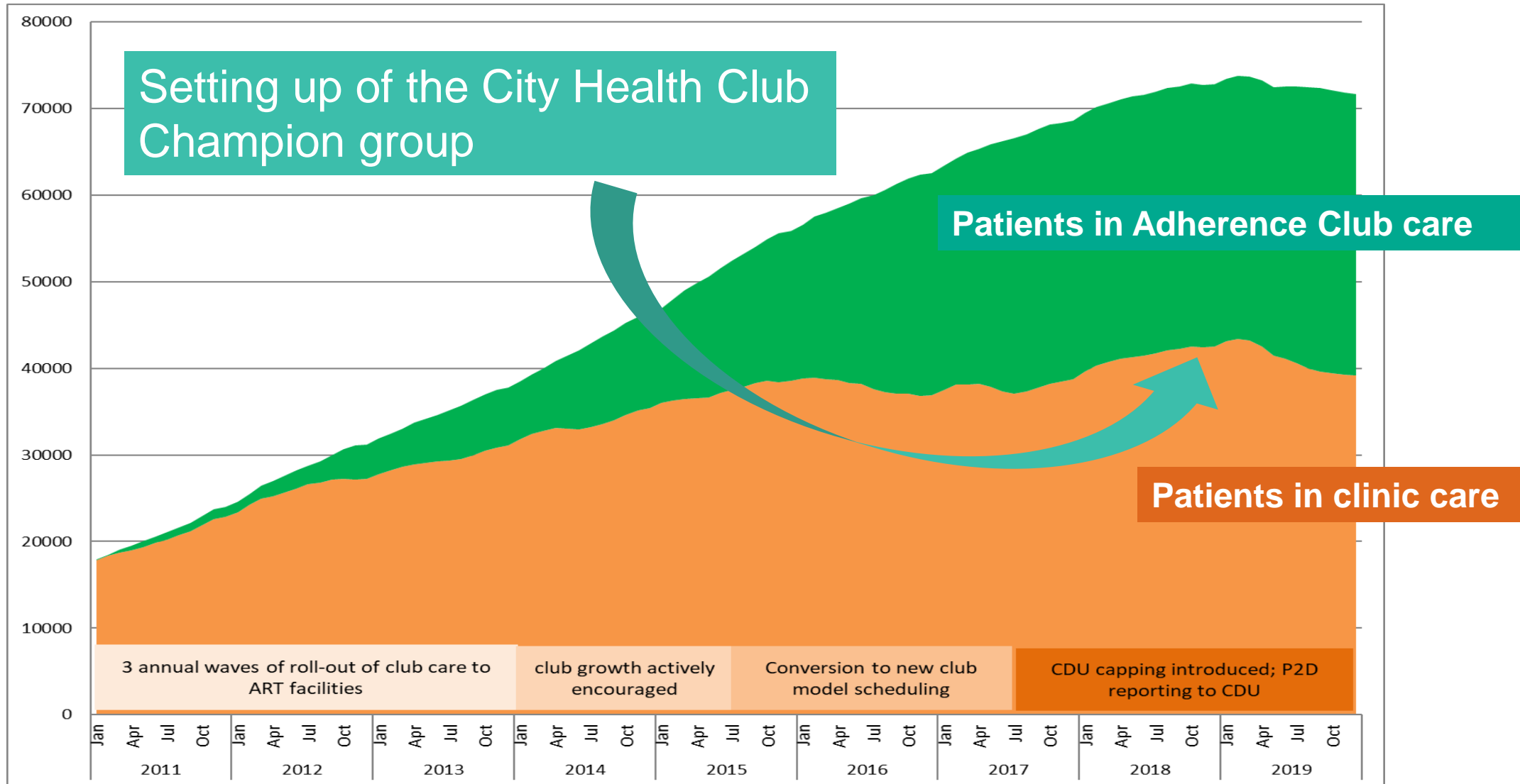
Day	Dec/Feb			Feb/Apr			Apr/Jun			Jun/Jul			Aug/Sep			Sep/Nov			Nov/Jan									
	a	b	c	a	b	c	a	b	c	a	b	c	a	b	c	a	b	c	a	b	c							
Mon	23/12/2019			17/02/2020			13/04/2020	76	77	78	08/06/2020	76	77	78	03/08/2020	76	77	78	28/09/2020	76	77	78	23/11/2020	76	77	78		
Tue	24/12/2019	13	31	32	18/02/2020	13	31	32	14/04/2020	13	31	32	09/06/2020	13	31	32	04/08/2020	13	31	32	29/09/2020	13	31	32	24/11/2020	13	31	32
Wed	25/12/2019	51	52	53	19/02/2020	51	52	53	15/04/2020	51	52	53	10/06/2020	51	52	53	05/08/2020	51	52	53	30/09/2020	51	52	53	25/11/2020	51	52	53
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Fri	27/12/2019				21/02/2020				17/04/2020				12/06/2020				07/08/2020				02/10/2020				27/11/2020			
Mon	30/12/2019				24/02/2020				20/04/2020				15/06/2020				10/08/2020				05/10/2020				30/11/2020			
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Mon	06/01/2020				02/03/2020				27/04/2020	79	80	81	22/06/2020	79	80	81	17/08/2020	79	80	81	12/10/2020	79	80	81	07/12/2020	79	80	81
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Fri	14/02/2020				10/04/2020				05/06/2020				31/07/2020				25/09/2020				20/11/2020				15/01/2021			
Key	dd/mm/yyyy	scripting			dd/mm/yyyy	4/12 supply			dd/mm/yyyy	skip			dd/mm/yyyy	PH			1	clinical			1	standard			1	blood		



Obstacle 4: Gaps in club care



Solution 4: City Health Club Champions



Setting up the City club champion steering committee:

Health Management Team (HMT) agreed that each sub-district would nominate a club champion to be part of the City club champion steering committee

Participants: Convenor (HAST program support); City pharmacist
8 SD champions: 2 MOs, 3 pharmacists, 3 TB/HIV coordinators
Meetings: champions monthly for 3½ hours from November 2018

Program aims:

Closing gaps in club care
Seeking further efficiencies

- Festive season jump priorities
 - Schedules
 - Preparing registers
 - Data cleaning
- Entrenching routine use of SOPs (updated in response to audit results)

Other aims:

Personal development of champions

Cascade teambuilding of club teams within SDs

- IHI - Joy in the workplace
- City values (*below)
- Leadership
- Understanding data
- Excel training – SD priority tables
- Presenting

*Accessibility; Accountability; Integrity; Trust; Service Excellence

IHI = Institute of Healthcare Improvement

Setting up the City club champion steering committee

Health Management Team (HMT) agreed that each sub-district would nominate a champion to be part of the City club champion steering committee

Participants: Convenor (HAST program support)
8 SD champions: 2 MOs, 3 pharmacists
Meetings: champions monthly for 24 months

Program aims:

Closing gaps in club care
Seeking further efficiencies

- Festive season jump
• Schedules
• Preparation
• Dolutegravir roll-out
• Prehmis ART club status report developed; club patient questionnaire developed; dolutegravir roll-out
• Prehmis ART club schedule developed; Audit results – 10% increase in overall score in 2019

Development of champions

- Teambuilding of club teams within SDs
- Joy in the workplace
- City values (*below)
- Leadership
- Understanding data
- Excel training – SD priority tables
- Presenting

*Accessibility; Accountability; Integrity; Trust; Service Excellence

IHI = Institute of Healthcare Improvement

Setting up the City club champion steering committee

Health Management Team (HMT) agreed that each sub-district would nominate a champion to be part of the City club champion steering committee

Participants: Convenor (HAST program support)
8 SD champions: 2 MOs, 3 pharmacists

Meetings: champions monthly for 21 months

Program aims:

Closing gaps in club care
Seeking further efficiencies

- Festive season jump point
- Schedules
- Preparation
- Development (updated in 2019)

Obstacles:
Staff movement – support gains lose momentum when staff move
Competing priorities – difficult to engage staff; change fatigue
Background – rapid growth in the number of services provided at City Health facilities
Internal restructuring of both MHS and City organograms

Development of champions

- Teambuilding of club teams within SDs
- Joy in the workplace
- City values (*below)
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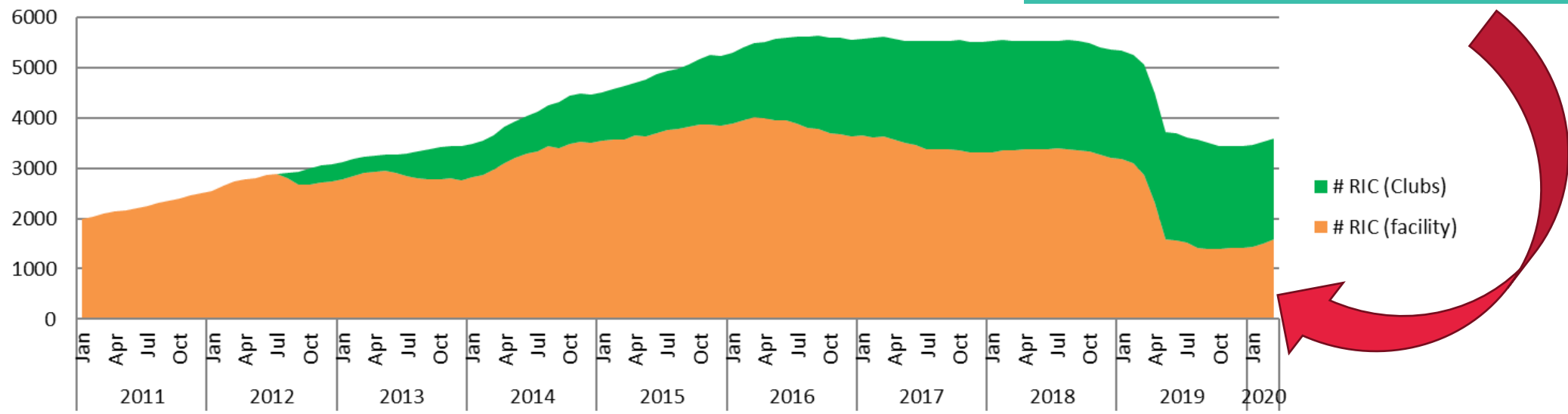
**An unintended “test” of the
robustness of club care systems**

The story of Ikhwezi *CDC

- Ikhwezi CDC – the largest City Health facility providing a comprehensive package of services
- **Fire in May 2019 resulted in closure for 7 months:**
 - ART program at that point: over 5,000 patients on ART, 47% of whom were in club care

- During closure services were provided from surrounding facilities
 - Club care was provided from a gazebo placed first at Nomzamo *CDC and then Somerset West Clinic, before moving to the grounds of Ikhwezi CDC during renovations
- Outcome:
- High loss of Ikhwezi ART patients (-56%) – data shows most now receive their ART at Nomzamo CDC
 - Limited LTF for Club patients (-8%)

Ikhwezi



*CDC – Community Day Centre



Key adaptations of Adherence Clubs in response to COVID-19

COVID-19 pandemic - Response

- **Club care already looks at maximising efficiencies and limiting the time patients spend in facilities** – most suggestions (in green) were calling to explore / optimise options already available on the “menu” for club care
- 3 – option only for mid-sized to smaller facilities where it would be possible to spread the 3 clubs on one day over more days
- 7 – folders prepared before the clinical visits – if blood results normal possible to give the refill without the patient waiting
- 8 – allows the patient to wait at only one visit; systems to follow up abnormal blood results essential

Table of Contents

SUMMARY	
1. Moving clubs out of the facility:	
2. Ensuring club systems are firmly in place to reduce waiting times:	
3. Redistributing club dates where possible	
4. Ensuring the club set-up encourages a free-flow of patients:	
5. Sending a buddy / collection for multiple patients:	
6. Staggering times for blood / clinical visits to reduce waiting times:	
7. Doing “selective” clinical visits:	
8. Combining blood and clinical visits:	
9. Home delivery of CDU PMPs (patient medication parcels) for ART club patients:	
10. Increasing the length of medication supply so that fewer visits are needed	

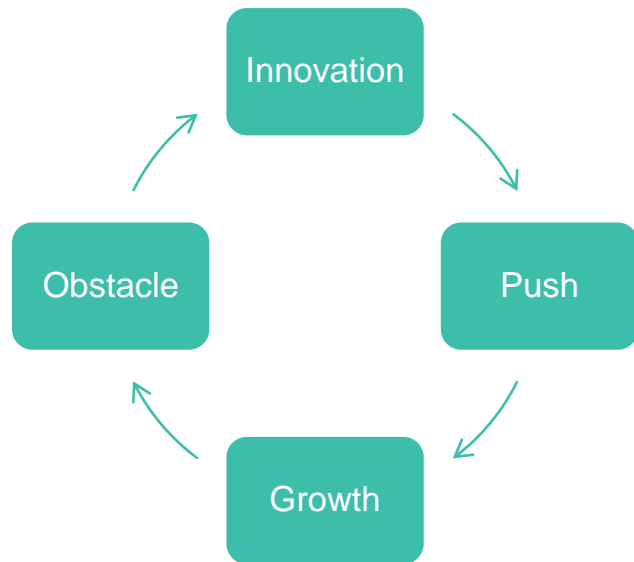
- **9 – allows home delivery of refills: but seen as more critical for NCD patients who were queuing at pharmacy rather than for club patients**
- 10 – poor ART supply issues have limited this option. However focus is being placed on switching club patients to TLD to enable 4-month supply of ART

So what next?

Once the immediate crisis of COVID-19 is over

So where to from here?

Adherence Clubs – an iterative cycle



CONTINUE:

- Continue to consider clubs as part of the solution
- Continue to audit and refine club systems
- Continue to find innovative ways to support the PEOPLE who provide club care
- Continue to find ways to address the bigger system problems within which club care functions

ADVOCACY:

- Annual scripting please!! (ACT of parliament)

NEW AREAS OF EXPLORATION:

- Effective meeting spaces in a time of social distancing, so that club support can continue
- Producing short videos to support the implementation of club care systems
- Further use of technology to improve efficiencies: e.g. changes to support the home delivery of medication; reliable laboratory results imported into our electronic data-base (works in progress)
- Explore the possibility of 6/12 clubs (once medication supplies have stabilised)

Take home messages after 10 years

The essence of supporting any DSD model

It is important to constantly remind managers and staff of the following:

1. Club care continues to be part of the solution – and after nearly 10 years we find there is so much potential still to be tapped!
2. Optimising club care systems is an iterative, continuous cycle of meeting obstacles, finding solutions and maintaining systems - you never “arrive”
3. Club care falls within bigger systems; it may be necessary to take on an advocacy role for issues outside of club care that impact on club care
4. PEOPLE remain the most valuable resource in terms of optimising club systems: time is needed to work and grow people so that their emotional attitude towards clubs matches the rational knowledge that club systems make things better

UBUNTU – I am because we are – so let us be fully human together