

# Session 6A

## 6.1 It's time for differentiation at re-engagement

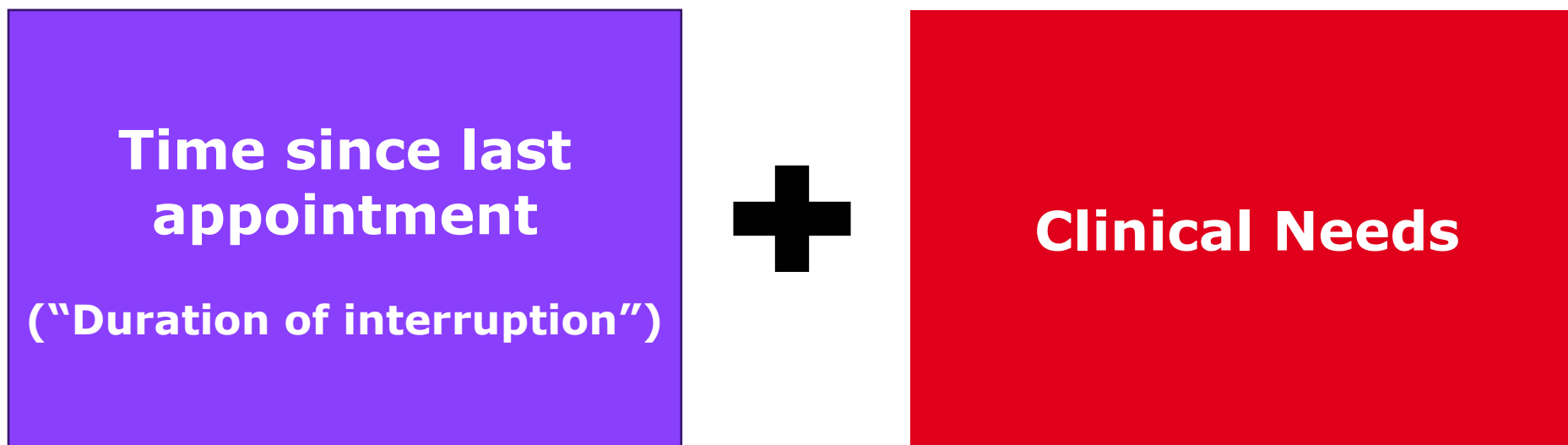
»Do all people who are re-engaging need the same package of care?

# Why do we need to differentiate at re-engagement?

**TO IDENTIFY WHO  
CAN RETURN  
DIRECTLY TO A DSD  
MODEL**

**TO IDENTIFY WHO  
NEEDS SOME  
ADDITIONAL SUPPORT**

»What are the key factors to consider to differentiate who needs what package at re-engagement ?



# Clinical needs

**IDENTIFY WHO HAS  
CLINICAL NEEDS  
(OR NOT)**

- Presenting with symptoms (any stage 3 or 4 conditions= AHD)?
- Does time since last appointment indicate need for CD4 (>3 months) in order to deliver AHD package?
- When was last viral load and was it suppressed?
  - Previous demonstration of adherence
  - Timing of viral load post re-engagement

# Questions

CAN CLINICAL NEEDS BE SELF IDENTIFIED?

CAN A NON-HEALTHCARE WORKER PERFORM A CLINICAL ASSESSMENT CHECKLIST?

WHO NEEDS AN ASSESSMENT BY A CLINICIAN?

WHERE CAN THIS ASSESSMENT BE PERFORMED?

# Psychosocial needs

**IDENTIFY WHO NEEDS  
PSYCHOSOCIAL SUPPORT  
PACKAGE  
(OR NOT)**

- Known history of severe psychiatric disorder, alcohol or substance misuse
- Use of a two question screening tool (e.g., PHQ-2 and GAD-2)
- BUT does this mean they need more visits and shorter refills?



# Time since last appointment ("duration of interruption")

**IDENTIFY WHO HAS  
HAD A TREATMENT  
INTERRUPTION (OR  
NOT)**

- After what duration from the last appointment (or how late) is it likely the person interrupted treatment?
  - More than a month (30 days)?
  - More than three months (90 days)?
- Does the client self-identify as interrupting treatment?

# Why do we need to differentiate at re-engagement?

**TO IDENTIFY WHO  
CAN RETURN  
DIRECTLY TO A DSD  
MODEL**

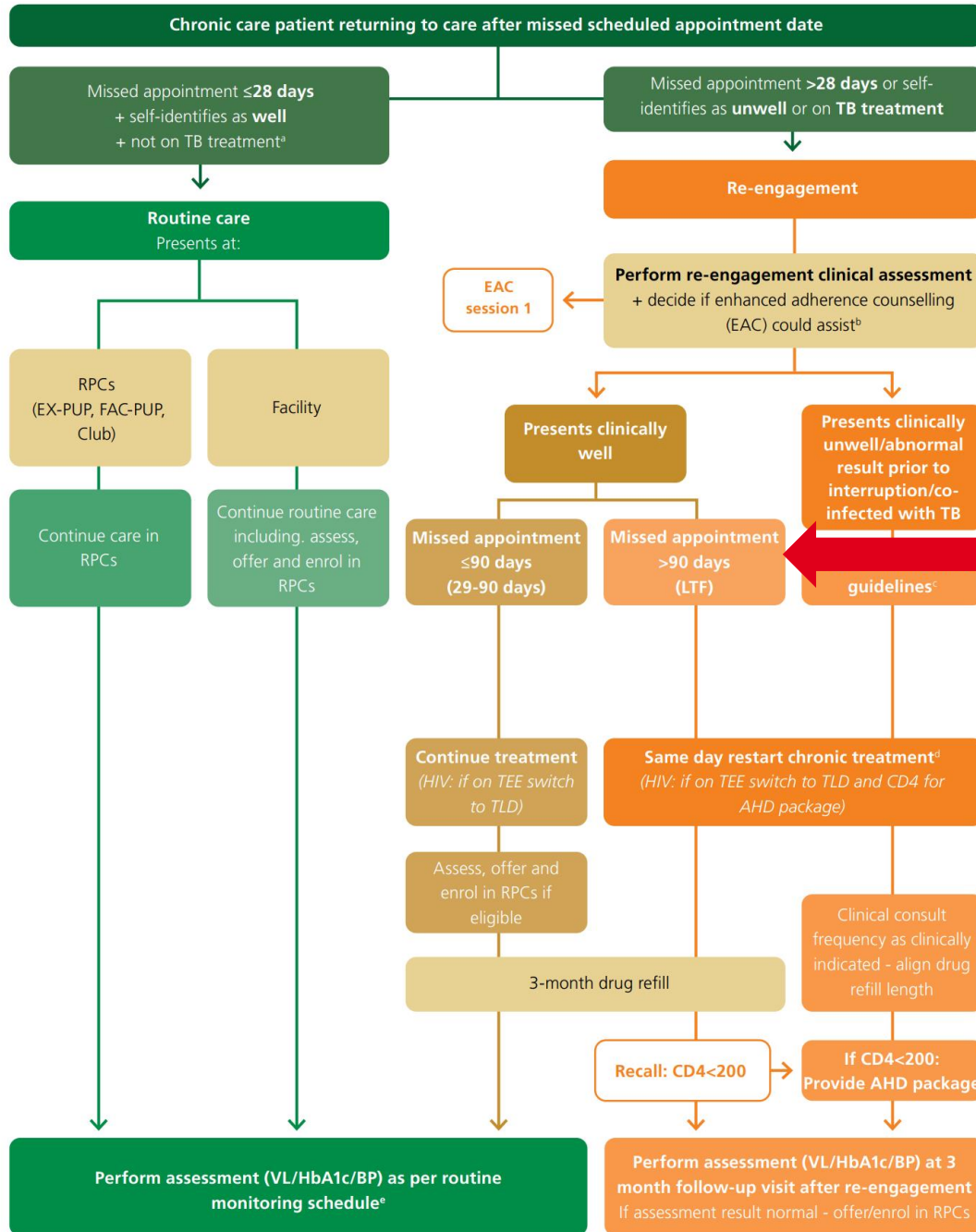
**TO IDENTIFY WHO  
NEEDS SOME  
ADDITIONAL SUPPORT**

Let's now learn  
from South Africa  
and Zimbabwe



# ANNEXURE VII: RE-ENGAGEMENT ALGORITHM

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Initial differentiation based on missed appointment (< > 28 days with self identification of being well/ unwell)

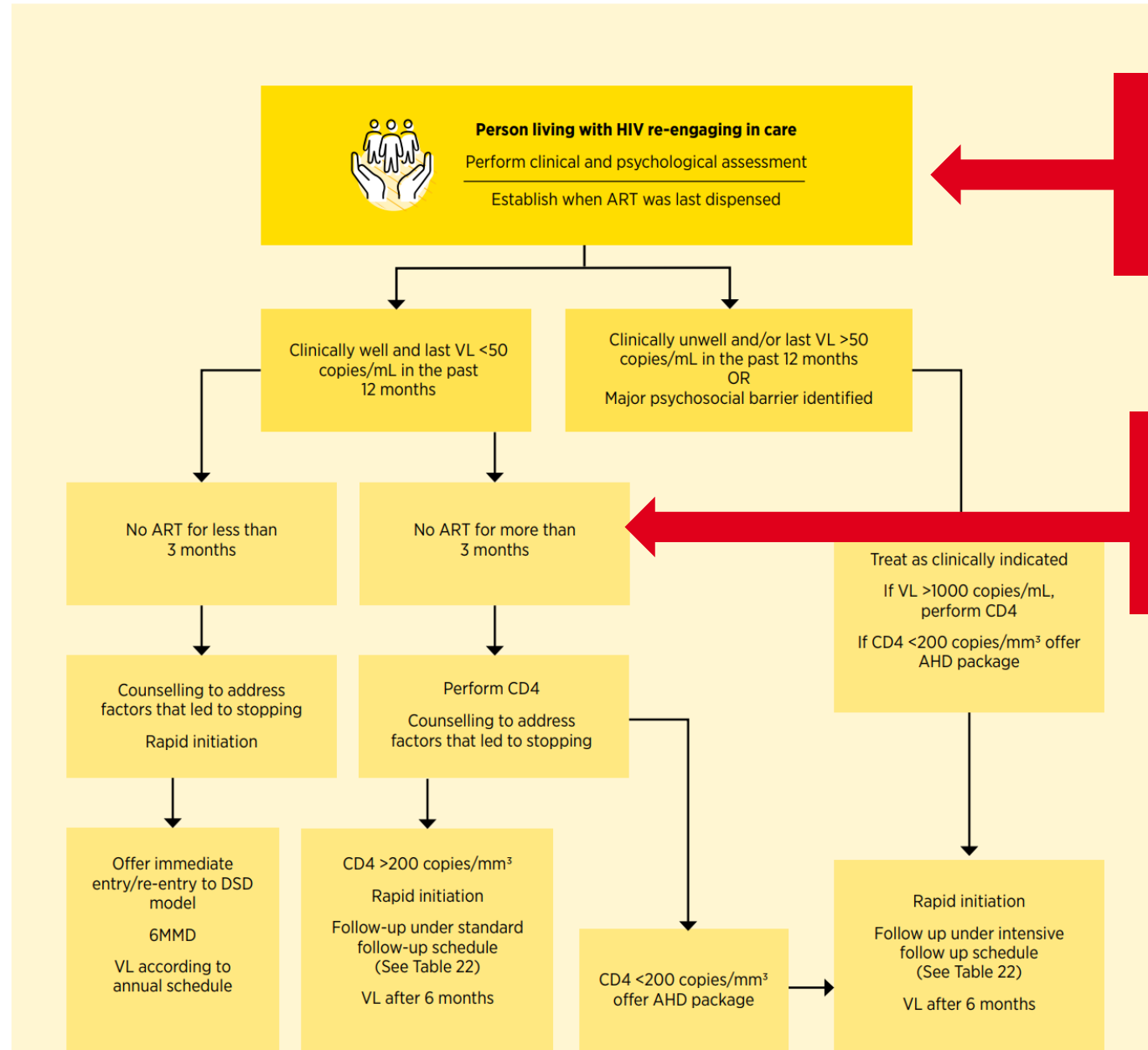
Second differentiation based on clinical and psychosocial assessment

Third differentiation based on missed appointment (< > 90 days)

ANNEXURE VII: RE-ENGAGEMENT



**Figure 17: Algorithm for the management of a RoC re-engaging in care**



Initial differentiation based on clinical and psychological assessment for all

Second differentiation based time since last appt < > 3 months



At DSD Refill Location  
Q: Date of last ART pick up ?

<3 months

No  
checklist

Continue DSD model  
Adjust duration of refill given/ pick up dates

>3 months

Refer to Facility  
Clinician Assessment  
CD4



At DSD Refill Location  
Q: Date of last ART pick up ?

<3 months

Check list- who can do this?  
Clinical symptoms  
Last VL suppressed  
Psychosocial Risk Factors, perform PHQ2  
GAD 2?

N  
O

Continue DSD model  
Adjust duration of refill given/ pick up dates

YES

>3 months

Clinician Assessment  
CD4 and AHD package if eligible

At DSD Refill Location  
Q: Date of last ART pick up ?

<28 days  
(=late)

No  
checklist

>28 days <3 months

Check list- who can do  
this?  
Clinical symptoms  
Last VL  
Psychosocial Risk  
Factors, perform PHQ2  
GAD 2?

>3 months

Clinician Assessment  
CD4 and AHD package if  
eligible

Continue DSD model  
Adjust duration of refill given/ pick up dates



# Who can return directly to a DSD model for clients established on treatment?

**IDENTIFY WHO CAN  
RETURN DIRECTLY TO  
A DSD MODEL FOR  
CLIENTS ESTABLISHED  
ON TREATMENT  
(OR NOT)**

- Anyone <28 days since last appointment?
- Anyone >28 days but < 3 months since last appointment with:
  - No clinical symptoms
  - Last viral load performed no more than 12 months ago and suppressed
  - No history severe psychiatric disorder or alcohol or substance misuse
  - Negative MH screen

Logistics for those returning directly to DSD model for client established on treatment?

For out of facility models how long can refills be kept before return to pharmacy / linked facility?

For out of facility models if checklist needed who can perform this?

Matching refill duration to next pick up or clinical visit?

» Differentiating follow-up schedules

(different follow-up schedules after the initial re-engagement/return visit)

# Follow up schedule post re-engagement

- If referred to facility based re-engagement, follow standard follow-up schedule post initiation
- Viral load at 6 months still current guidance
  - Should this be earlier for those re-engaging (e.g., at month 3)?
- Follow up in first 3-6 months can be differentiated according to specific population and AHD diagnosis

# Follow up schedule post re-engagement

- If direct return to DSD model for clients established on treatment, when do we do first VL?
  - Maintain routine VL schedule
    - Unless routine annual VL is due less than 3 months after re-engagement, and then reschedule

# Key points

Are we **addressing clinical and psychosocial needs** for those with problems?

Are we **enabling easy return to DSD** for those clients who do not have clinical or psychosocial issues?

**Time since last appointment** is a key determinant of differentiation