



Differentiated service delivery adaptations during COVID-19 for **Same-Day Antiretroviral Therapy Initiation Hub Bangkok, Thailand**

Institute of HIV Research and Innovation (IHRI) Foundation

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Institute of HIV Research and Innovation (IHRI)

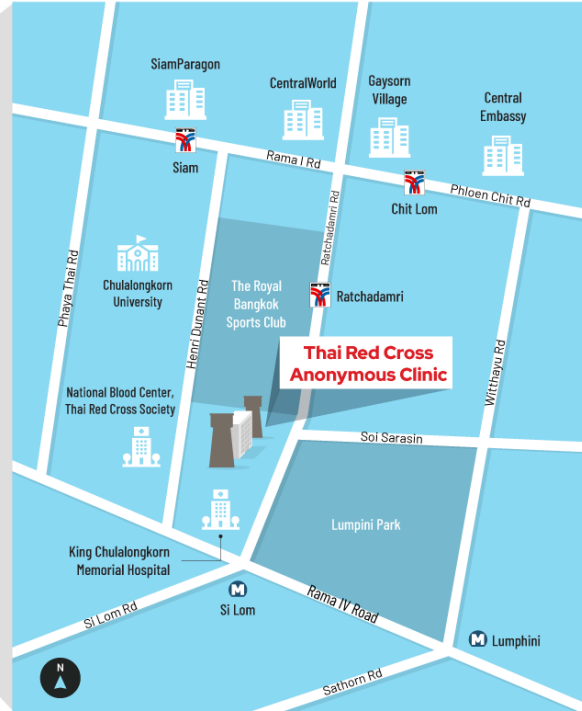
Our mission:

- Conduct **clinical and implementation research** concerning prevention of HIV and other health priorities.
- Strengthen **client-centered health services** through capacity building of community and facility-based health care workers.
- Be the **regional center** of HIV education and research.
- Promote and advocate evidence-based **public health policy change**.





OUR LOCATION



Thai Red Cross Anonymous Clinic
(13°44'05.4"N 100°32'17.7"E)

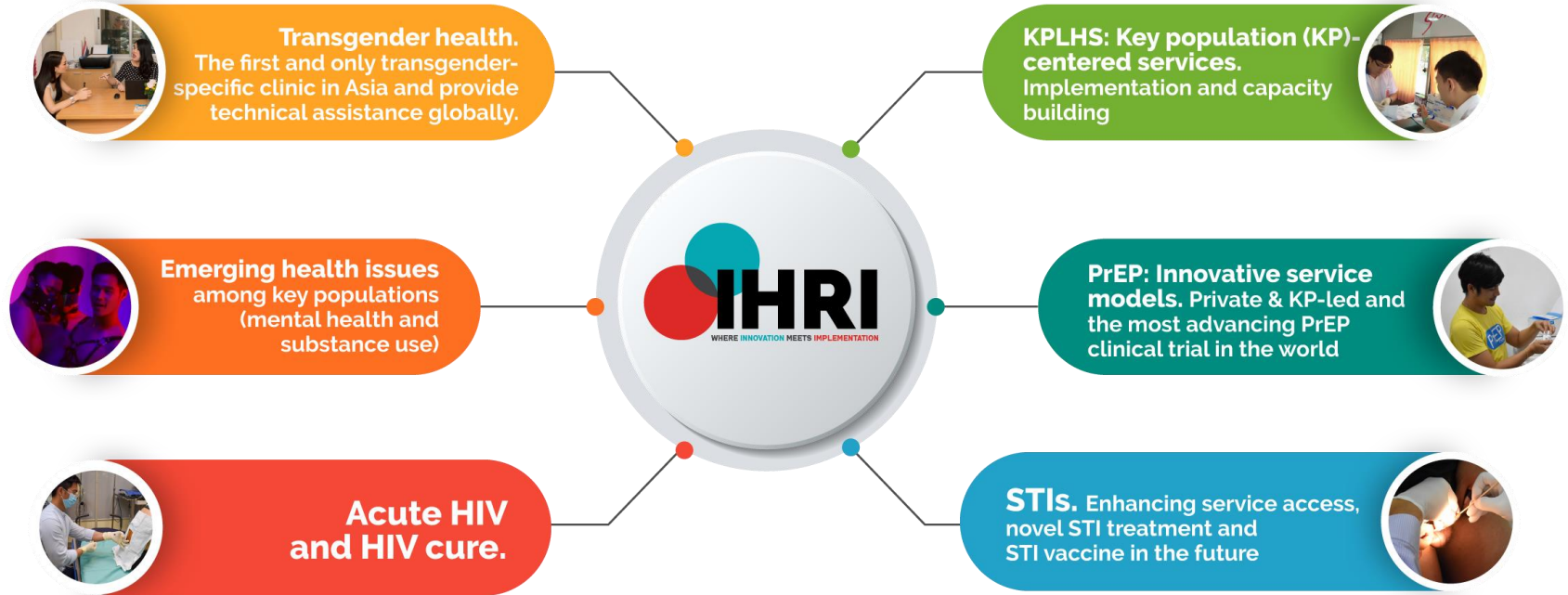
**104 Ratchadamri Rd., Pathumwan
Bangkok, Thailand 10330**

**An HIV testing center
and ART initiation hub in
the center of Bangkok**





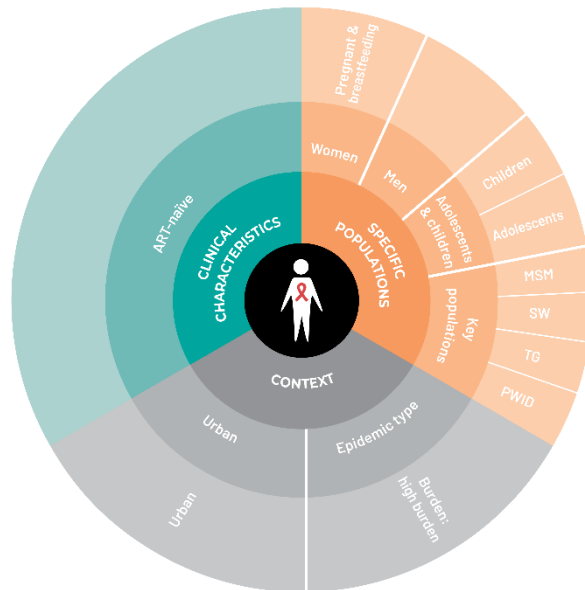
IHRI's current practice areas





POPULATIONS SERVED

ART naïve clients who agreed to SDART and are clinically eligible (i.e. no clinical symptoms which indicates tuberculosis and/or cryptococcal meningitis) regardless of their gender identity in high-burden urban area at TRCAC, Bangkok, Thailand.

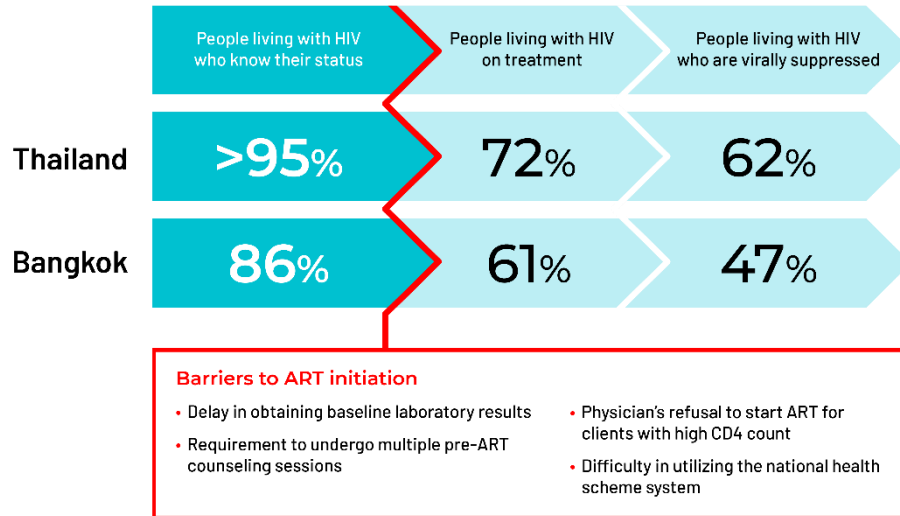




PRE-COVID-19 PURPOSE OF THE DSD MODEL

- ART initiation regardless of CD4 was recommended since 2014.

UNAIDS' 90-90-90 Progress in 2017



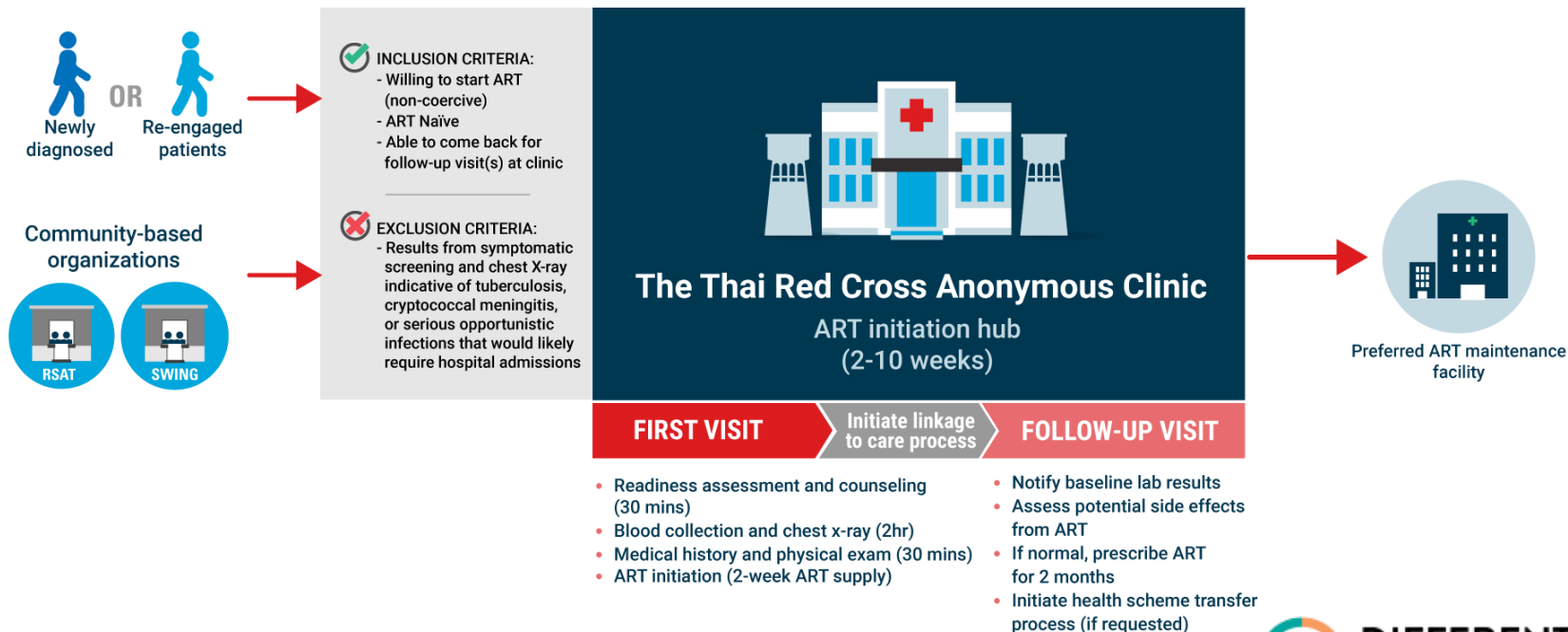
SDART has been implemented at the Thai Red Cross Anonymous Clinic since 2014 to close the UNAIDS' 2nd and 3rd 90's targets in Bangkok, Thailand.

Data sources: UNAIDS Data 2018, Fast-Track Cities: Bangkok Data





SDART INITIATION HUB MODEL: PRE-COVID-19





PRE-COVID-19 BUILDING BLOCKS FOR SDART MODEL

	ART preparation	ART initiation	Post initiation follow-up
WHEN	• On the same-day as HIV diagnosis		• Follow-up 2 weeks after initiation
WHERE	• In person at the clinic		• In person at the clinic
WHO	• Physician • Nurse • Peer navigator	• Counsellor • Pharmacist	• Physician • Peer navigator • Pharmacist
WHAT	• In-person clinical consultation • Adherence counselling • 2 weeks of ART supply		• Clinical consultation • Adherence counselling • 8 weeks of ART supply • Health scheme transfer • Referral to long-term ART maintenance facility



**DIFFERENTIATED
SERVICE DELIVERY**



ADAPTATIONS IN SDART MODEL

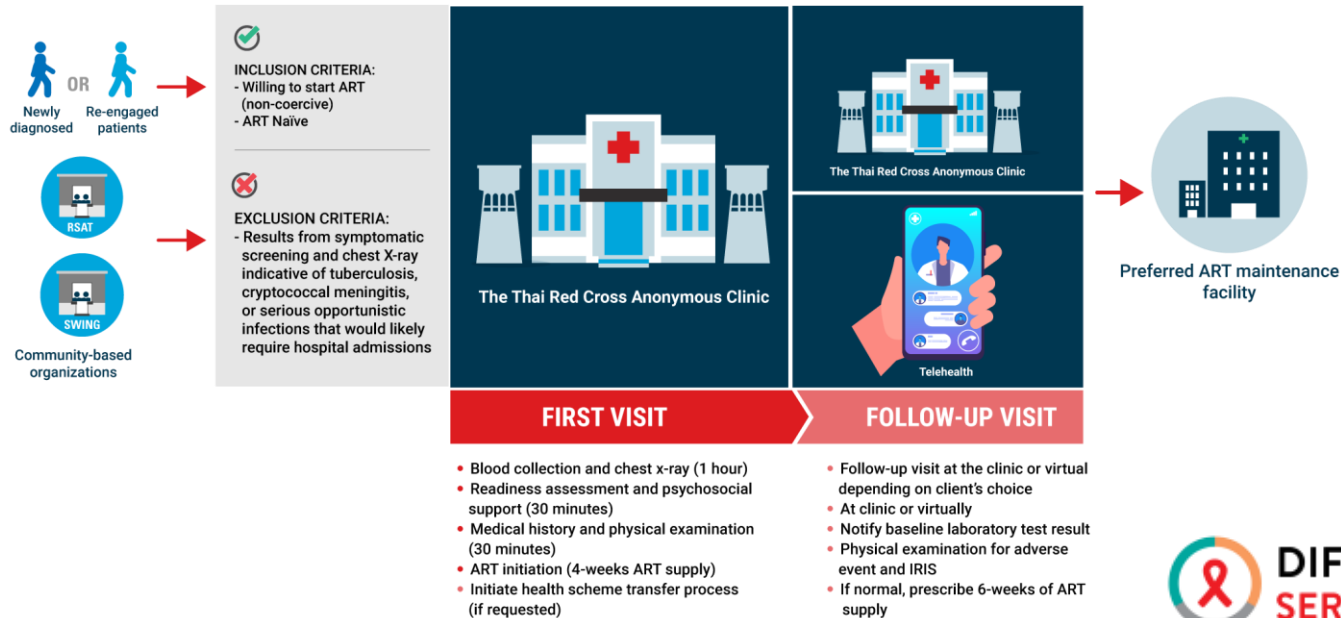


	Pre-COVID-19	During COVID-19	Post-COVID-19
Eligibility criteria for SDART	ART naïve + willing to start ART + able to return for follow-up visit at clinic	ART naïve + willing to start ART	ART naïve + willing to start ART
Once enrolled to SDART			
First ART supply:			
Location (where)	At clinic	At clinic	At clinic
ART supply length (when)	2 weeks	4 weeks	4 weeks
Provider (who)	Physician/nurse/ counselor/peer navigator/pharmacist	Physician/nurse/ counselor/peer navigator/pharmacist	Physician/nurse/ counselor/peer navigator/pharmacist
Package of care (what)	In person clinical consultation, adherence counselling	In person clinical consultation, adherence counselling, health scheme transfer (if requested)	In person clinical consultation, adherence counselling, health scheme transfer (if requested)
Follow-up visit after 2 weeks			
Location (where)	At clinic	Virtual at home or at clinic	Virtual at home or at clinic
ART supply length (when)	8 weeks	6 weeks	6 weeks
Provider (who)	Physician/peer navigator/pharmacist	Physician/peer navigator/pharmacist/ courier	Physician/peer navigator/pharmacist/ courier
Package of care (what)	Clinical consultation, ART refill, adherence counselling, health scheme transfer (if requested), referral to long-term ART maintenance facility	Clinical consultation, ART refill, adherence counselling, referral to long-term ART maintenance facility	Clinical consultation, ART refill, adherence counselling, referral to long-term ART maintenance facility



SDART MODEL IN RESPONSE TO COVID

Eligibility criteria for the DSD model: In response to COVID-19 pandemic, “Able to come back for follow-up visit(s) at clinic” was removed from the inclusion criteria as telehealth filled this logistic gap.





POST-COVID-19 BUILDING BLOCKS FOR SDART MODEL

	ART preparation	ART initiation	Post initiation follow-up
WHEN	• On the same-day as HIV diagnosis		• Follow-up 2 weeks after initiation
WHERE	• In person at the clinic		• In person at the clinic or virtual at home
WHO	• Physician • Nurse • Peer navigator	• Counsellor • Pharmacist	• Physician • Pharmacist • Peer navigator • Courier
WHAT	• In-person clinical consultation • Adherence counselling • 4 weeks of ART supply • Health scheme transfer		• Clinical consultation • Adherence counselling • 6 weeks of ART supply • Referral to long-term ART maintenance facility



REASON FOR ADAPTATIONS DURING COVID-19

- In March 2020 a state of emergency and country-wide curfew were announced in response to the COVID-19 outbreak
- The lockdown and travel restrictions severely impacted access to ART facilities
- The popularity and availability of digital information and communication technologies as well as home service delivery in Thailand set the trend towards telehealth
- A telehealth option for FU visit after ART initiation was incorporated to continue the service while minimizing travel and clinic visits

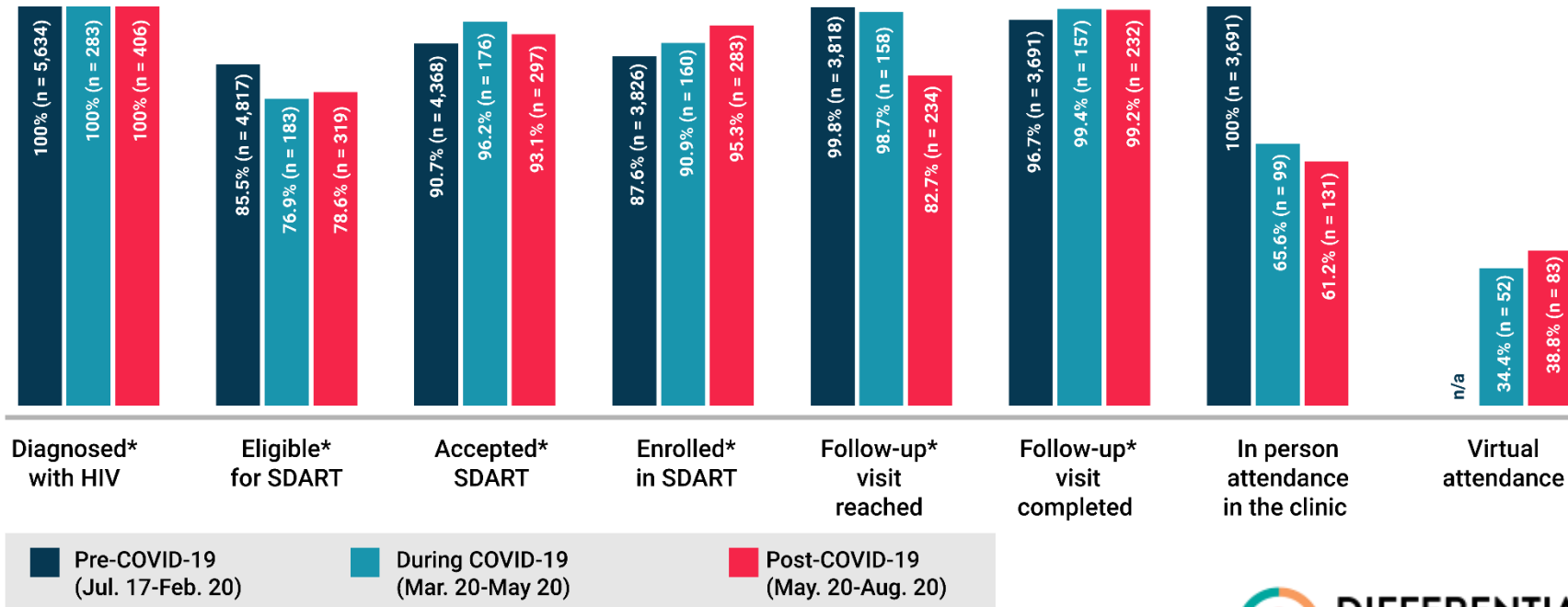


SUMMARY OF ADAPTATIONS

1. Follow-up visit relocated from in-person at the clinic to virtual at home, if preferred
2. Eligibility criteria expanded to allow clients to follow up via video call
3. Role shifting to Pharmacist and courier for ART package preparation and delivery to client's home, respectively
4. Initial refill duration was adjusted from 2 weeks to 4 weeks to ensure adequate ART supply until the next ART refill via mail
5. Health scheme transfer is now offered at the initiation visit instead of follow-up visit in a one-stop service model



QUANTITATIVE OUTCOMES



*The percentages are calculated as a cascade



QUANTITATIVE OUTCOMES

TIME FROM CARE ENGAGEMENT TO HEALTH SCHEME TRANSFER (median, interquartile range)

Pre-COVID-19
(Jul. 17-Feb. 20)



During COVID-19
(Mar. 20-May 20)



Post-COVID-19
(May. 20-Aug. 20)





FEEDBACK FROM CLIENTS AND PROVIDERS

Providers

“Telehealth increases the level of clients privacy, makes the clients more at ease, and reduces social pressure.” - Pharmacist

“I like telehealth service because it’s easy for us and for clients. When there was no clients in the clinic, I would work on the computer like answering LINE messages or calling to check up on clients. I didn’t need to accompany clients to this room and that room. It’s more efficient” - Navigator

“It allows providers to continue to deliver services identical in quality to regular services.” - Physician

“Telehealth service is considered the new normal and It restricts travel and reduces the number of clients inside the clinic, thereby enabling social distancing and stopping the spread of COVID-19.” - Nurse

“Telehealth should be continued as an option to provide follow-up visits even after the COVID-19 outbreak, because of the benefits.” - Counsellor



Clients

“Convenient for people who can’t go to or do not want to wait in the clinic. I think it’s good to have this.” - Female

“No need to travel.” - TGW.

“Very convenient for the patient including myself. Save traveling cost, and time. Don’t have to take leave from work to see doctor. This makes it more convenient.” - TGW

“I’m in a different province, it’s not convenient to pick up drugs in Bangkok.” - MSM

“It is very convenient to follow up via Video call, I can follow up without leaving work. But the sound during a video call is a little quiet.” - MSM

“It’s good for people who are inconvenienced by traveling to the clinic. I have to thank the staff and the doctors who took great care of us.” - Female





IMPACT OF COVID-19 ON OUR SERVICES

Impact of COVID-19 on Same-Day ART at Thai Red Cross Anonymous Clinic

Risk of acquiring COVID-19 of clients and clinic staff

The number of clients, including Same-Day ART clients, at the Thai Red Cross Anonymous Clinic was reduced up to 50% during COVID-19 due to lockdown and travel restrictions and recommendation to avoid unessential travel, including to healthcare facilities

Adaptations

- COVID-19 protective measures were in place (e.g. physical distancing, compulsory to wear face mask, temperature check upon entry into public space)
- One-stop service at the initiation visit
- Health scheme transfer conducted at ART initiation visit
- Follow-up visit via video call
- ART home delivery via mail



**DIFFERENTIATED
SERVICE DELIVERY**



GOING FORWARD

- Telehealth allows Same-Day ART service to continue without disruption during COVID-19 and will continue to be an option for follow-up visit.
- Future directions:
 - Refine eligibility criteria for telehealth follow-up to maximize its benefits to clients
 - Build a network of telehealth providers to support clients with adverse events from ART initiation and non-ART related care
 - Adopt a more secure and official platform for video calls
 - Create a support fund to provide free ART delivery to ensure access to low-income clients who request financial aid
 - Expand and adapt Same-Day ART initiation service with telehealth follow-up to hospital setting in Thailand
 - Explore beyond ART e.g. ART maintenance, PrEP follow-up, or management of stable NCDs related to HIV.



CONCLUSION

- Telehealth is **highly acceptable** as an additional option for follow-up.
- **It is safe and a promising** differentiated option for ART initiation, even in a Same Day ART setting.
- **Due to the telehealth option, the rate of successfully completed follow-up visits increased** without severe adverse events
- **Telehealth reduced** the overall cost and time to travel, and **eliminated** unnecessary processes at the clinic