Alternative Chronic Medicine Access Programme for Public Sector Patients



Civil Society Stakeholder Meeting



Gavin Steel



14 April 2014





Background



- Patients with chronic diseases receive medicine every month and usually receive a repeat script for six months
- Currently they have to collect their medicine at a public sector healthcare facility every month
- This is inconvenient and costly for patients and leads to overcrowding of facilities
- The Central Chronic Medicine Dispensing and Distribution (CCMDD) programme enables medicine from repeat scripts to be dispensed and distributed every month to an alternate pick-uppoint





Process



- Stable patients on chronic medicine are identified, educated about the programme, and invited to enroll
- Patient is registered and chooses a pick-up-point that is convenient
- Patient gets first prescription from facility and is counseled on adherence
- Facility issues repeat script for 5 months





Process (cont.)



- Registration form and repeat script are submitted to CCMDD service provider
- Service provider dispenses and delivers medicine to patient selected pick-up-point
- Service provider informs patient via sms when their medicine is ready for collection
- Patient collects medicine from pick-up-point as per scheduled appointment





Process (cont.)



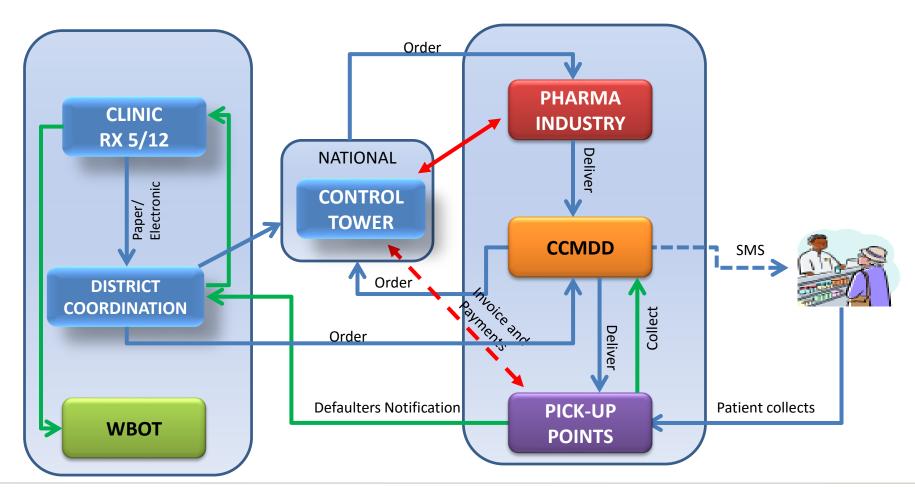
- If patient does not collect medicine within 2 days of scheduled appointment, the pick-up-point notifies CCMDD service provider
- Service provider attempts to contact patient, if fails, then facility is informed and Ward Based Outreach Team (WOBOT) is notified to trace patient
- Defaulters are referred back to facility
- Uncollected medicines are returned to CCMDD service provider after 14 days or agreed period





Process flow









Progress



- Programme roll out
- Commenced on 1 February 2014
- Currently rolled out in 10 NHI pilot districts in 8 provinces (excluding WC where similar system already exists)
- Dispensing and Distribution Service Providers

Pharmacy Direct: EC, FS, GP, MP, NC

Optipharm: LP, NW

Medipost: KZN





Progress (Cont.)



- Pick-up-Point Service Providers:
 - MediRite pharmacies have been contracted
 - Other potential sites identified include GPs and private pharmacies
 - Patient choice drives selection of Pick-up-Points
 - Potential for developing systems that are innovative and responsive to patient preferences





Progress Overview



| Province | District |
|---------------|------------------------------------|
| KZN | Amajuba, Umgungundlovu, Umzinyathi |
| Limpopo | Vhembe |
| North West | Dr Kennethe Kuanda |
| Gauteng | Tshwane |
| Mpumalanga | Gert Sibande |
| Free State | Thabo Mofutsanyane |
| Eastern Cape | Oliver Tambo |
| Northern Cape | Pixley Ka Seme |
| TOTAL | |





Envisaged Benefits



- Benefits for public sector facilities
 - Reduced workload for overburdened staff will lead to improved quality of service
 - Reduced health facility congestion
- Patient benefits
 - Reduced waiting times
 - Convenience of extended hours of service
 - Reduced travel costs due to proximity to home/workplace etc.
 - Better patient compliance and satisfaction





Role of Civil Society



- Social mobilisation and communication
 - Increase awareness about the aims of the CCMDD programme among
 - patients
 - communities
 - Assist with appropriate patient enrolment advocacy





Role of Civil Society



- Social mobilisation and communication
 - Information sharing to assist with tailoring a system that is responsive to patient preferences
 - Identify areas for innovation and collaboration between communities, civil society and the Department
 - Developing patient adherence clubs that can serve as pick-up-points for patients from that area







Thank You



