Differentiated Care to Simplify HIV Services and Reduce Unnecessary Loss-To-Follow-Up

Mpande Mukumbwa-Mwenechanya
Centre for Infectious Disease Research in Zambia (CIDRZ)

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Differentiated Service Delivery (DSD)

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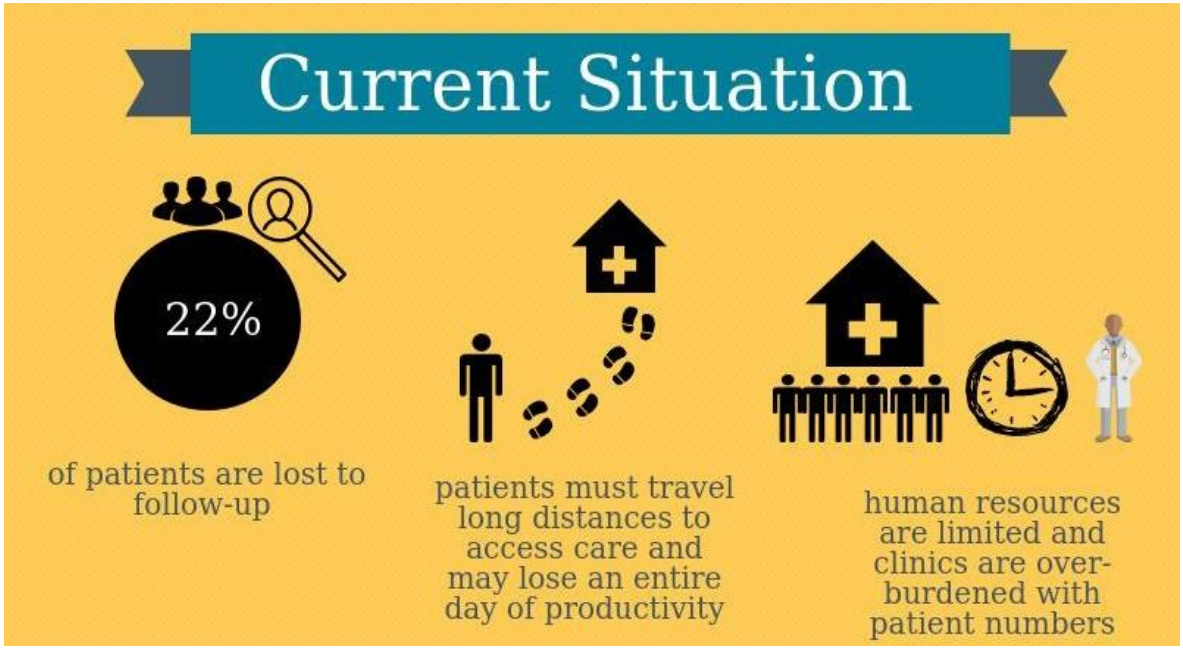
"A client-centred approach that simplifies and adapts HIV services across the cascade, in ways that both serve the needs of PLHIV better and reduce unnecessary burdens on the health system" [1]

1. IAS, https://www.iasociety.org/Differentiated-Service-Delivery

Guiding Principles

- Patient-centeredness
  - Delivery of different care packages based on patient's **needs**, **preferences** and **expectations**
- Health systems efficiency

Rational of DSD in Zambia



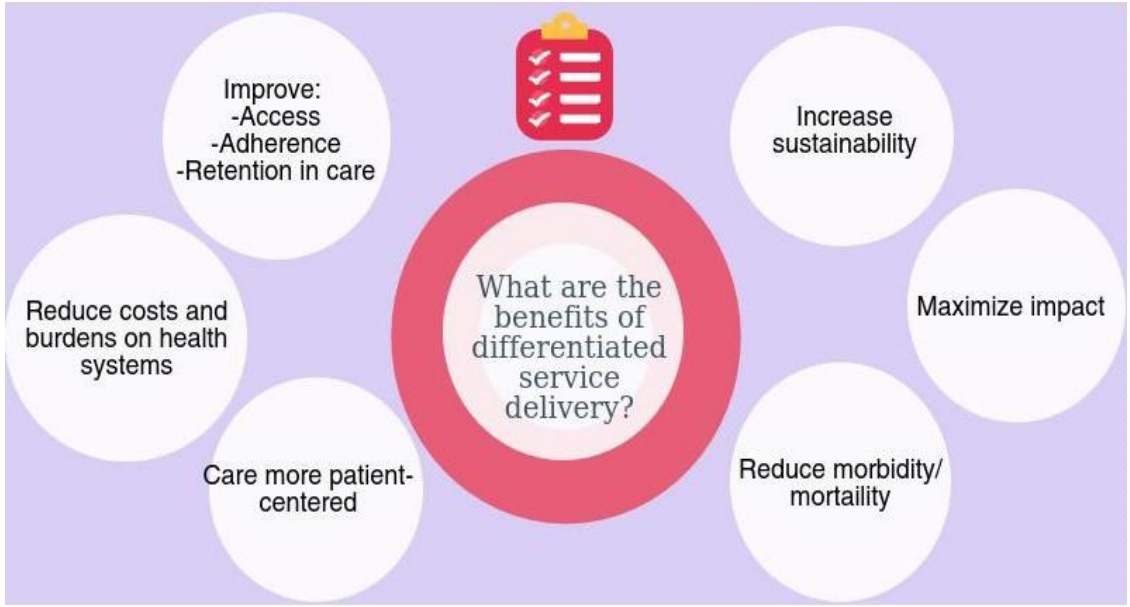
Source: BetterInfo Study, CIDRZ

Operational characteristics of antiretroviral therapy clinics in Zambia: a time and motion analysis

Radhika P. Tampi[1], Taniya Tembo[2], Mpande Mukumba-Mwenechanya[2], Anjali Sharma[2], David W. Dowdy[1], Charles B. Holmes[2], Carolyn Bolton-Moore[2], Izukanji Sikazwe[2], Austin Tucker[1] and Hojoon Sohn[1]*

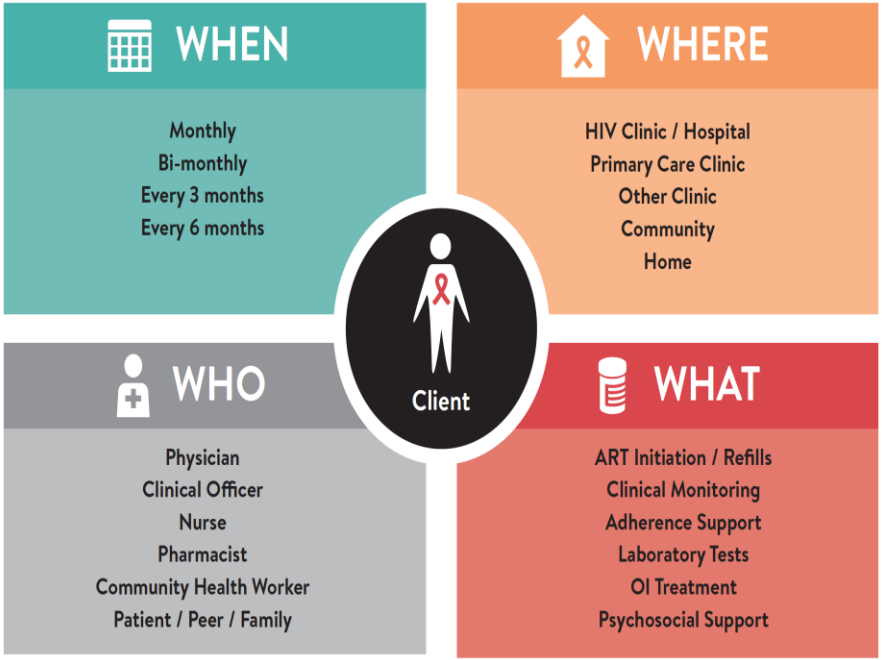
- Time and motion (TAM) study from both healthcare worker (HCW) and patient perspectives at 10 ART clinics throughout Zambia.
- Findings:
  - Substantial inefficiencies for both patients and HCWs
  - Workloads heavily concentrated in the first few hours of clinic opening, limiting HCW and patient interaction time
  - DSD may help to redistribute workloads more evenly and prevent patients queuing for hours before clinic opening

‘BENEFITS’ OF DSD



DSD Model Categories

- **Client-managed groups** (known as community adherence groups or CAGs)
- **Healthcare worker-managed groups** (known as adherence clubs)
- **Facility-based individual models** (known as the six-monthly appointment or SMA programme)
- **Out-of-facility individual models** (known as points de distribution communautaires or PODIs)



Gaps in knowledge

- Which DSD elements do patients prefer?
- How do preferences vary?
- What model should we choose for which setting?

J Acquir Immune Defic Syndr. 2019 Aug 15;81(5):540-546. doi: 10.1097/QAI.0000000000002070.

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Differentiated Care Preferences of Stable Patients on Antiretroviral Therapy in Zambia: A Discrete Choice Experiment.

Eshun-Wilson I[1], Mukumbwa-Mwenechanya M[2], Kim HY[3], Zannolini A[4], Mwamba CP[2], Dowdy D[5], Kalunkumya E[2], Lumpa M[2], Beres LK[5], Roy M[1], Sharma A[2], Topp SM[6], Glidden DV[1], Padian N[7], Ehrenkranz P[8], Sikazwe I[2], Holmes CB[2,6,9], Bolton-Moore C[2,10], Geng EH[1].

- Asked patients to choose from different combinations of DSD attributes and attribute levels
- Conclusions:
  - Overall preferences vary
    - Reducing frequency of visits most valued
  - Urban participants
    - Want to receive ART at the Clinic
  - Rural participants
    - Want to receive ART in the community

Better Retention on DSD (CommART)

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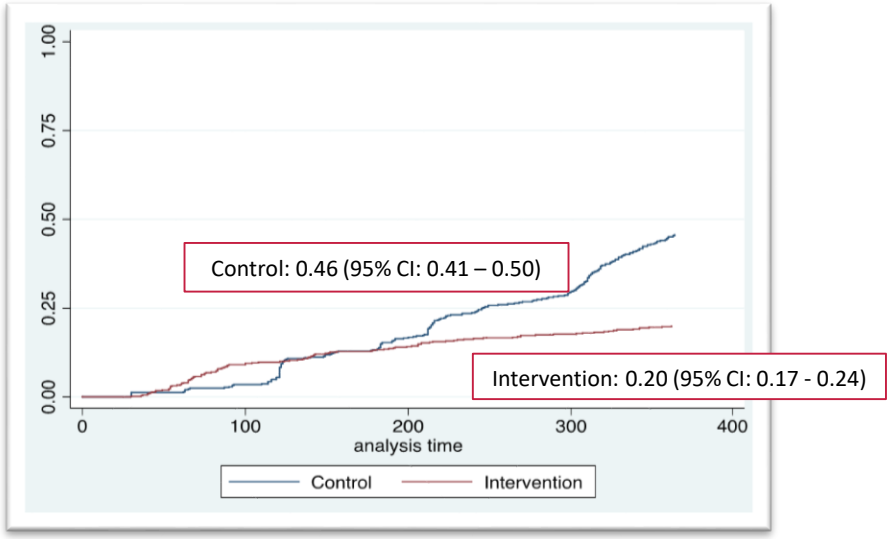
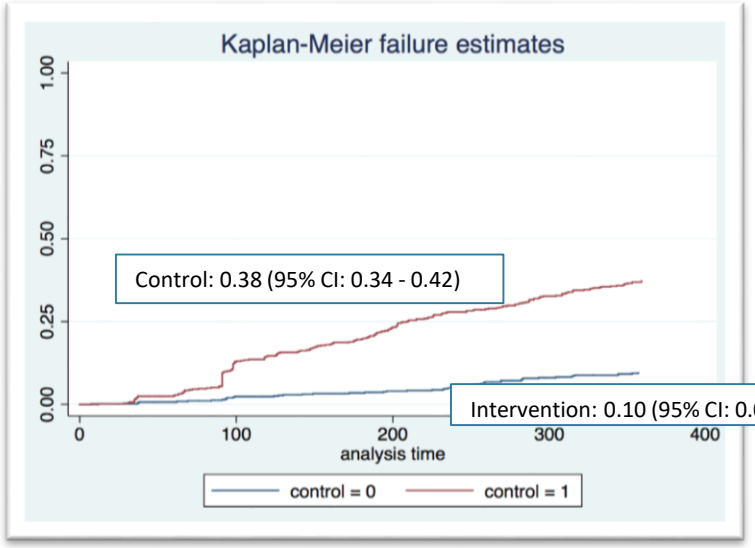
Assessed 3 DSD Model Effectiveness in cRCT;
Cumulative incidence of first late drug pickup at 12 months, 28 days late

UAG Model



CAG Model



Log-rank test: $p < 0.0001$

Better Retention on DSD (CommART), Cont'd

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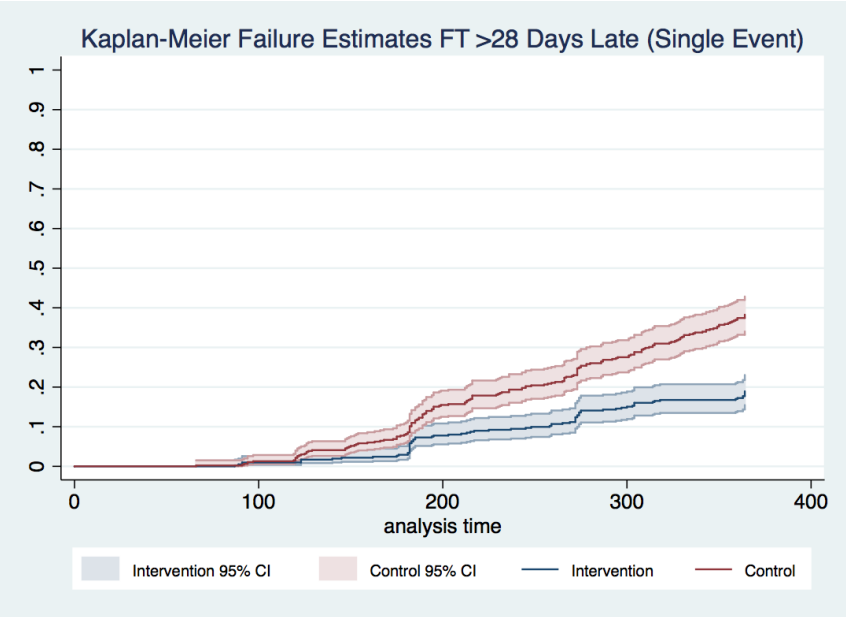
FT Model



- Significant benefit in intervention at 180 and 365 days of follow-up time

Evidence Limitations

- Beyond stable adults: impact for key and vulnerable populations
- What services to integrate in DSD?
- Very few RCTs to support evidence
- There is little evidence on scale-up
- Retention past 24 months
- The effect on the health system not well documented
- Viral suppression
- Cost effectiveness of DSD not known

Future directions for DSD

- Cost – to the health system and clients/families
- DSD from prevention to viral suppression
- Client choice, satisfaction and quality
- Integration of co-interventions within HIV DSD to care for co-morbidities and co-infections
- Strengthening of health information systems to track patients between service delivery points to monitor, evaluate and report HIV care as a continuum instead of a silo approach

Conclusion

- Minimizing the burden of frequent appointments improves retention – a lesson that may have broad implications for innovative health services outside of HIV as well as within HIV.
  - **Business cannot continue as usual!**
- The choice of effective DSD options will depend on the context and clinic population

Thank You

- Acknowledgements:
  - Zambian MoH, DSD Task Force, Facility Staff, Patients
  - PEPFAR/CDC
  - BMGF
  - CommART Team
  - CIDRZ HIV care and treatment team

http://www.cidrz.org/toolkits/commart-toolkit/