

DMOC IMPLEMENTATION

SPOTLIGHT ON DECANTING

Chris Hani District | Sakhisizwe SD | Thembelihle Clinic | PHC
Average Monthly Headcount: 1700



IMPROVEMENT AREA & AIM

At Thembelihle clinic, patients experienced long wait times for their scheduled appointments due to facility congestion. To reduce congestion, we enrolled more patients into a differentiated model of care (DMOC), also called 'decanting'.

We aimed to increase the percentage of decanted patients from 60% of total retained on ART (TROA) in December 2019 to 70% by June 2020.



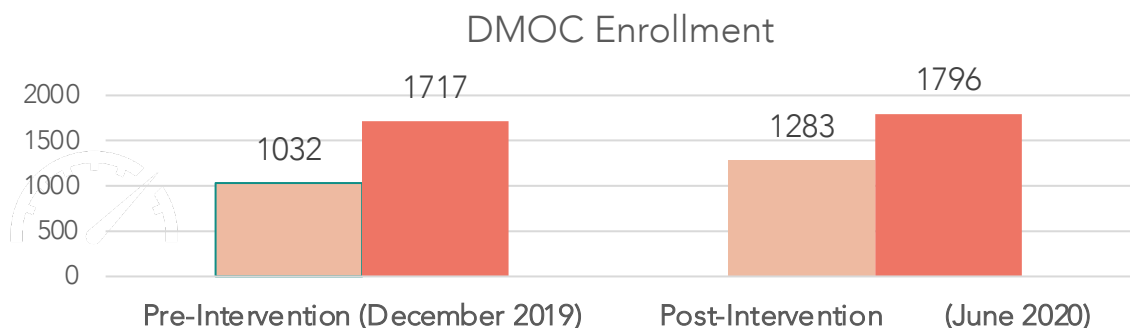
DESCRIPTION

Patients who had been virally suppressed (VS) for at least 6 months were offered enrolment in a differentiated model of care (DMOC) programme where medications and limited clinical care could be accessed at convenient locations within their communities (external pick-up points) or at a facility pick-up point. This same cohort of patients was also eligible for transition to Tenofovir, Lamivudine, and Dolutegravir (TLD) regimen. TLD was offered to patients at the same time as enrolment in a DMOC.



OUTCOMES

Enrolment in DMOC increased from 60% of TROA in December 2019 to 71% in June 2020, and remained stable from June–September 2020. As a result, the facility became less congested, with shorter wait times for clinical appointments. Once enrolled, patients were motivated to continue the programme because they spent less time traveling to appointments. Nurses also appreciated the extra time that became available to attend to patients with complex needs.



■ Number Patients Enrolled in DMOC* ■ Total Number Adult Patients Remaining in Care

*Does not include patients receiving home delivery of medicines during the COVID-19 pandemic.

STEPS TO IMPLEMENT

- ❑ At the beginning of the week, the Data Capturer (DC) pulls a list from TIER.Net of patients virally suppressed (VS) for at least 6 months.
- ❑ DC retrieves patient files for patients on the VS list.
- ❑ DC gives report to Nurse Clinician (NC).
- ❑ CO calls patients and offers enrolment in the programme.
- ❑ NC gives list of eligible patients to the Case Officer (CO).
- ❑ NC determines if patient meets DMOC eligibility criteria (per Department of Health Standard Operating Procedures).
- ❑ If patient consents, they are asked to come to the facility for orientation and education about the DMOC programme and to select a convenient external or internal pick-up point (PUP).

FACILITATORS

- Expanded eligibility criteria to include patients who have been suppressed for 6 months (previously a 12-month requirement) which further decongested the facility and decreased wait time for patients (In 2020, this was done in response to the COVID-19 pandemic).
- Support and buy-in from leadership and staff.
- Designation of a Project Champion
- Patients were more motivated because once enrolled, they spent less time traveling and waiting for appointments.

CHALLENGES & ADAPTATIONS

Patients were asked to come to the clinic to join the DMOC programme (i.e., 'decanted') for orientation, but not all patients were able to make this trip due to COVID-19 travel restrictions. → Those unable to come to the clinic received temporary home delivery of medication (up to 3-months supply).

RECOMMENDATIONS

- Know the DoH guidelines and SOPs around DMOC programmes, specifically eligibility criteria.
- Patients still need to come to the clinic for viral load (VL) blood draws at standard intervals as per national guidelines.
- Active monitoring is critical: have systems in place in advance to monitor patient interactions with the PUPs. Many patients thought to be 'lost' to care were in fact in DMOC.
- Entering data about DMOC patients into both TIER.Net and SYNCH is essential for accurate record-keeping.

ABBREVIATIONS

- ✓ DMOC – Differentiated model of care
- ✓ DoH – Department of Health
- ✓ NICD – National Institute For Communicable Diseases
- ✓ PUP – Pick-up point
- ✓ VL – Viral load
- ✓ VS – Virally suppressed
- ✓ TROA – total retained on ART
- ✓ TLD – Tenofovir, Lamivudine, and Dolutegravir

OTHER FACILITY ADAPTATIONS

Other facilities in the region went on to adopt this and included other stable patients with other chronic conditions such as hypertension and epilepsy.

EXTERNAL PUP

Each external PUP needed to have: an air conditioner, a clean and secure room, windows, shelves, electricity, a computer, a stable internet connection, and the ability to scan medication parcels.

STAFFING

- ✓ 4 nurses (including 1 CCMDD champion)
- ✓ Data Capturer
- ✓ Case Officer for tracing and outreach to patients

Disclaimer: This Spotlight was developed and implemented by TB HIV Care and DoH staff, with support from OPIQ South Africa. This resource can be freely used and distributed, with acknowledgement of TB HIV Care and DoH, so long as it does not result in commercial gain. The findings and conclusions in this Spotlight are those of the authors and do not necessarily represent the official position of the funding agencies: this project has been supported by the President's Emergency Plan for AIDS Relief (PEPFAR) through the Centers for the Disease Control and Prevention (CDC) under the terms of grant number: 6 NU2GGH002227.