CLINICIAN-LED PICK-UP POINT

SPOTLIGHT ON RETENTION

uMgungundlovu | Msunduzi | Impilwenhle | PHC
Average Monthly Headcount: 4500

IMPROVEMENT AREA & AIM

Many patients have been unable to attend clinic appointments due to late working schedules, living far from the facility, and/or lacking the funds necessary for transportation. This resulted in interruptions in treatment, increasing rates of patients lost to follow-up (LTFU), and declining total retained on ART (TROA) rates.

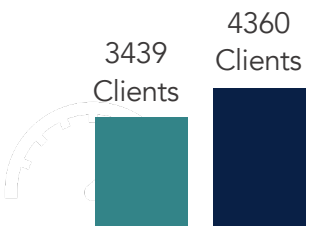
We aimed to increase retention through clinician-lead pick-up point (cPUP) programmes.

DESCRIPTION

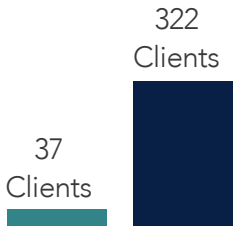
Medication PUPs are an already established method of decanting; non-clinicians distribute medications in the community to patients who are unable to come to the facility. Historically, in order to participate, patients must have been virally suppressed for at least 12 months. A cPUP, by contrast, broadens the population of patients able to receive medications within their community by deploying a Nurse Clinician (NC) to attend to the basic clinical needs of the patient, allowing patients at varying stages of viral suppression to participate.

OUTCOMES

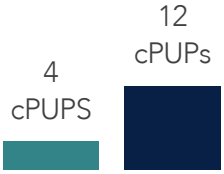
The cPUP positively impacted retention, reduced patient congestion at the facility (particularly relevant during the coronavirus pandemic), and was embraced enthusiastically by the patients who no longer needed to travel to receive their medications. Since opening the cPUP, other communities within the facility catchment area have requested similar programmes.



TROA



Clients Using cPUPs



cPUPs in Catchment Area

Abbreviations: cPUP – ART – antiretroviral therapy, clinician-led pick-up points, TROA – total retained on ART

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STEPS TO IMPLEMENT

- ❑ Data capturer (DC) identifies ART patients who have not been coming to the clinic for care and medication pick-up.
- ❑ DC captures demographic data of said patients in the Community Outreach Register to help identify reasons for non-attendance.
- ❑ From the list, DC identifies those who live in close proximity to each other (using their addresses or word of mouth) and clusters them into a group.
- ❑ DC shares the list with a NC.
- ❑ NC calls patients to recruit into cPUP programme.
- ❑ NC starts a cPUP when there are more than 10 patients in close proximity interested in community-based care management.
- ❑ NC identifies a convenient location for pick-up within the community, e.g., a mobile clinic, someone's house, a place of work, etc.
- ❑ NC seeks permission from local authority figures and community health workers (CHWs) to confirm appropriate use of identified location.
- ❑ NC develops a schedule of visits — how often depends on the community and availability of medication at that time, but is typically between 1 – 3 months.
- ❑ NC visits the cPUP at agreed upon intervals.

FACILITATORS

- Engaged early and consistently with local campaign agents (CHWs, community leadership, etc.).
- NCs kept appointment dates with patients.
- CPUP built upon previous projects using mobile units and clinical teams.

CHALLENGES & ADAPTATIONS

- Farm employers were refusing to allow patients time away from work to attend the community clinic → cPUP members engaged the farm owners and educated them on the critical necessity of consistent care for their workers.
- Some community members expected mobile clinics to deliver the full public health centre (PHC) spectrum of services including vaccinations and antenatal care → cPUP members conducted community education and sensitization campaigns to explain the limited scope of services for this programme and encouraged alternative approaches to accessing the care they needed.
- Clients preferred to be seen by certain Clinicians whom they already knew → The cPUP programme made a consistent effort to avoid rotation of staff allowing for continuity in care whenever possible.

Disclaimer: This Spotlight was developed and implemented by Health Systems Trust and DoH staff, with support from OPIQ South Africa. This resource can be freely used and distributed, with acknowledgement of Health Systems Trust 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.

ABBREVIATIONS

- ✓ ART – antiretroviral therapy
- ✓ cPUP – clinician-lead pick-up place
- ✓ DC – data capturer
- ✓ DoH -- department of health
- ✓ CHW – community health worker
- ✓ HIV – human immunodeficiency virus
- ✓ LTFU – lost to follow-up
- ✓ NC – nurse clinician
- ✓ PHC – public health centre
- ✓ PUP – pick-up place
- ✓ TROA – total retrained on ART

RECOMMENDATIONS

Blood specimen transport needs to be negotiated with the facility and a protocol put in place before beginning the cPUP programme, otherwise you risk rendering the specimens unsuitable for testing.

RESOURCES NEEDED

- ✓ Mobile clinic
- ✓ Test kits
- ✓ Essential drug list medications
- ✓ Registers
- ✓ Patient files
- ✓ Biospecimen transport case per department of health (DoH) guidelines