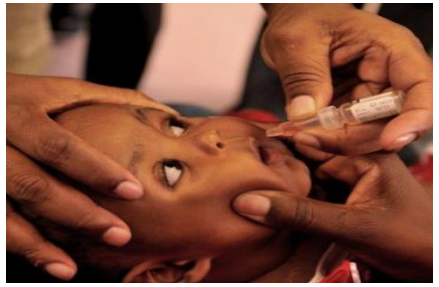

Differentiated Models of Care (DMOC) Updates

Minimum Differentiated Models of Care Package of Interventions to Support Linkage to Care, Adherence and Retention in Care Updated April 2023

Webinar Session 6 – HIV updates 29 October 2024

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Key DMOC Modalities – More Intensive and Less Intensive Models

More intensive models

- Conventional or Standard Care for patients that needs regular care,
- Fast Track Initiation Counselling (FTIC), Enhanced Adherence Counselling (EAC), Tracing and Recall, Re-engagement
    - **Example**: Advanced HIV Disease, TB, Poorly controlled Diabetes, Hypertension and pregnant women

Less Intensive Models – for patients stable on treatment (decanted), receiving the Repeat Prescription Collection Strategies (RPCS):

- Facility Pick Up points
- Adherence Clubs – Youth Friendly clubs encouraged
- External Pick -up points
- CCMDD – as treatment access supplies treatment for these modalities
- Clients not registered on CCMDD, receiving treatment packs from their facilities or Central Dispensing Unit (CDU)

- **DMOC is not only limited to the decanting modalities**

Overview of Key Revisions

THEN

- Decanting of stable patients
- 12 Months (in 2016) and 6 Months (in 2020)
- Decanting Criteria:
- VL 400 copies/ml; Fasting blood glucose <7%
- RPCS Modalities - in 2016
- Spaced and Fast Lane Appointment (SFLA)
- Central Chronic Medicine Dispensing and Distribution (CCMDD)
- No criteria for return to regular care

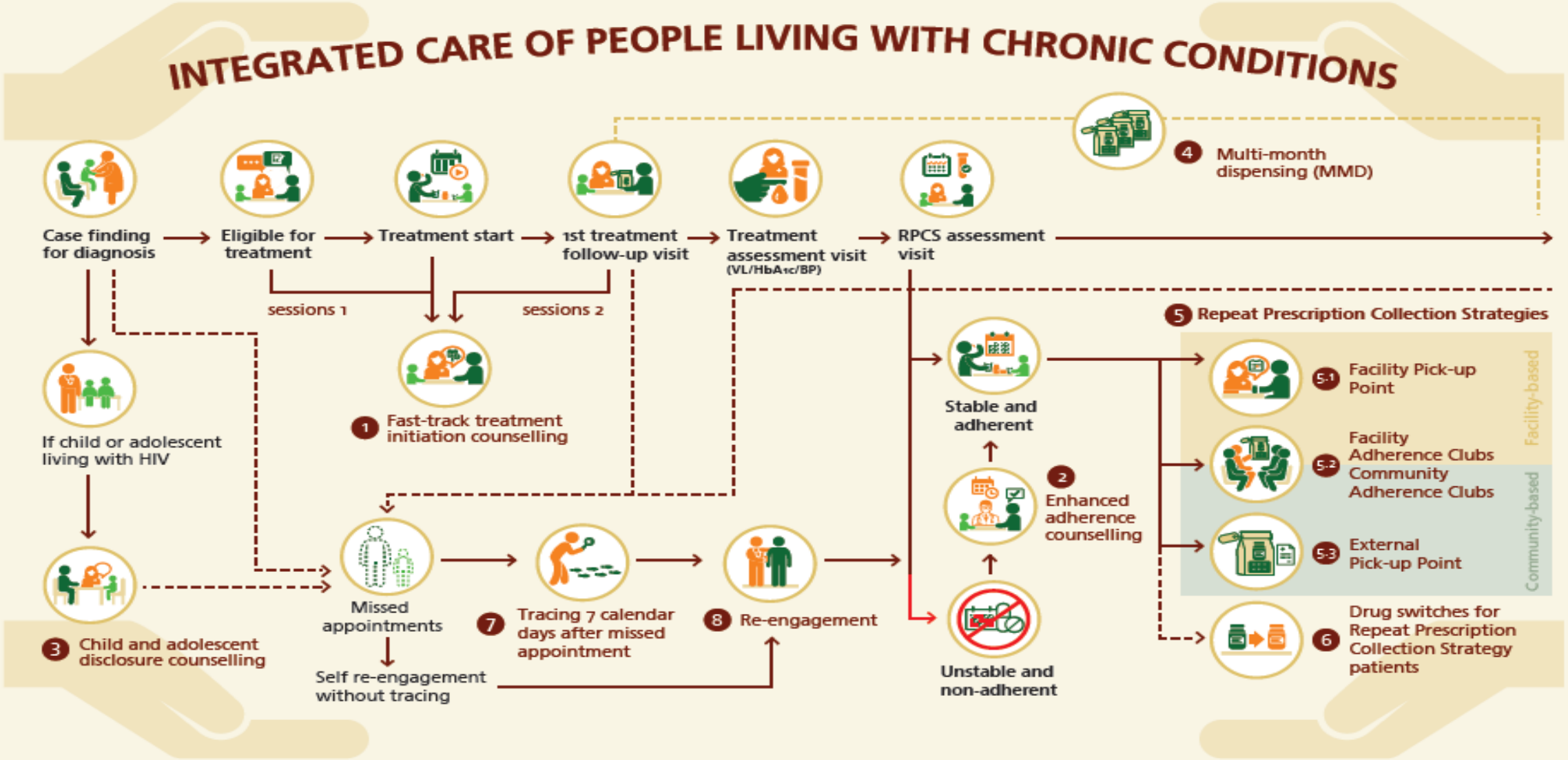
NOW

- Decanting of stable patients
- 04 Months on Treatment
- Decanting Criteria:
- VL < 50 copies/ml; HbA1c<8% for Diabetes
- RPCS Modalities - in 2020 and in 2023
- Facility Pick Up Points – FAC-PUP
- CCMDD not a Modality but Treatment Access
- Revised Re-Engagement SOP
- Criteria for children and adolescent included

Adherence Clubs (AC) and External Pick up Points (EX-PUP) Remains

NOTE: Language Use: Calling patients as **"Defaulters"** discouraged = Instead call **"patients who missed appointment"**

The DMOC Care Package – Integrated Care Diagram



The DMOC Care Package To Support Linkage To Care, Adherence To Treatment and Retention In Care Table

DMOC Care Package – Interventions	SOPs	Summary
• **Standardised education sessions and counselling approach for i) treatment initiation, ii) patients struggling with adherence (while in care or when re-engaging in care) and iii) supporting child and adolescent disclosure.** • **(More Intensive / Standard Care Models)**	**SOP 1** - Fast Track Initiation Counselling (FTIC) **SOP 2** - Enhanced adherence counselling (EAC) **SOP3** - Child and adolescent disclosure counselling	• Includes adaptation for rapid initiation and post initiation • Counselling aligned with treatment supply return date for patients struggling with adherence • **Change in age bands:** ○ Non-disclosure (<5 years) ○ Partial disclosure (5-9 years ○ Full disclosure (>10 years) **AGL 2020 (Previous)** – Non- Disclosure (3 - 5 yrs.) – Partial Disclosure (6 -9 yrs.) – Full disclosure (10 -12 yrs.)
• **Longer treatment supply to reduce patient burden and support continued engagement in care (More Intensive / Standard Care Models)**	**SOP 4** - Multi-Month Dispensing (MMD)	• Guides multi-month dispensing (MMD) by the facility, including 6MMD once operational capacity and stock availability is confirmed (New SOP)
• **Differentiated models of care for stable patients on chronic treatment (Less Intensive Models)**	**SOP 5** - Repeat Prescription Collection strategies (RPCs) – DMOC for stable clients **SOP 5.1** - Facility pick-up point **SOP 5.2** - Adherence Club **SOP 5.3** - External pick-up point **SOP 6** – Drug Switch (Switching to newly endorsed drugs for stable patients utilizing a RPCs)	• Health facility-based individual RPCs • Health facility or community-based group RPCs • Out-of-facility individual RPCs • Treatment is pre-dispensed by the Central Chronic Medicine Dispensing and Distribution program (CCMDD) or a Central Dispensing Unit (CDU) or the facility pharmacy.
• **Patient tracing and re-engagement**	**SOP 7** - Tracing and Recall **SOP 8** - Re-engagement in care	• Tracing and recall missed appointments in order of priority • Re-engagement in care involves assessing clinical condition and time since missed scheduled appointment and differentiating follow-up management including accelerated access to MMD and RPCs

SOP 4: MMD - Overview of the Procedure

→ There is no separation of clinical consultation and treatment supply visits – these are combined and provided by the facility (Not RPCs)

→ Drug supply length and clinical visits aligned to support clinical management more regularly than 6-monthly while increasing patient convenience

NB: The Difference between SOP 4 MMD Approach and SOP5 RPC – MMD Approach:

✓ Treatment supply only

✓ Clinical consultation visits separate NOT COMBINED!

OVERVIEW OF PROCEDURE

FACILITY MMD

Dispensed by facility pharmacy

3MMD or 2MMD or 6MMD*

	Combined clinical consultation + treatment supply**
WHEN (service frequency)	3-monthly/2-monthly/6-monthly
WHERE (service location)	Health facility
WHO (service provider)	Clinician (dispensed by facility pharmacy)
WHAT (service package)	Clinical review Adherence check Rescript Treatment supply (3MMD or 2MMD or 6MMD*)

RPCS (SEE FURTHER DETAIL IN SPECIFIC RPCS SOP 5-7)

Dispensed by facility pharmacy or CCMDD or CDU

3MMD

	Treatment supply only	**Clinical consultation**
WHEN (service frequency)	3-monthly	6-monthly
WHERE (service location)	FAC-PUP/adherence club/ EX-PUP	Health facility
WHO (service provider)	RPCs service provider	Clinician
WHAT (service package)	Treatment supply (3MMD)	Clinical review Adherence check Rescript for 6 months Treatment supply (3MMD)

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Next Session SOP 5 Details the RPCs MMD Approach

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Revised Eligibility Criteria for DMOC for Stable Clients – Repeat Prescription Collection Strategies (RPCs)

Who qualifies for Repeat Prescription Collection Strategies?

- ✓ No current Medical condition requiring regular clinical consultations more than once every 6months
- ✓ Clinician confirms eligibility
- ✓ Patient voluntarily opts for RPCs option

Adults	Children and Adolescent
• **Above 18 years**	• 5 to 18 years old
• **Most recent assessment results normal:** ○ **Most recent viral load (VL) taken in past 12 months <50 copies/ml for HIV** ○ **Most recent HbA1c taken in past 12 months ≤8% for Diabetes** ○ **2 consecutive BP <140/90 for Hypertension**	• No regimen or dosage changes in last 3 months • Most recent VL taken in past 12 months <50 copies/ml • Clinically stable with no current TB, malnutrition, mental health disorder,
• **Clinician confirms the patient's eligibility for RPCs option**	• Clinician confirms the patient's eligibility for RPCs option. • Caregivers counselled on disclosure process where age-appropriate disclosure not yet achieved
• **Patient voluntarily opts for the RPCs option**	• Patient (>12 years/caregiver if patient <12 years) voluntarily opts for the RPCs option

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Stable family members should be encouraged to join the same RPCs option with the same treatment supply collection location and appointment date to support family adherence.

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Criteria For Return to Regular Care For RPC (Decanted) Clients (Including HAST Circular 03/2023)

Criteria for Return to Regular Care for Decanted Patients

1. RPCs patient did not return to the FAC-PUP, AC or EX-PUP within 28 calendar days of their scheduled RPCs appointment date.
2. RPCs patient is assessed as clinically unstable requiring more frequent clinical management, including diagnosed with TB or any other opportunistic infection
3. Other safety lab test results are abnormal:
   - For HIV: VL ≥ 1000 copies/ml (unless clinician confirms persistent viraemia) – See HAST Circular 03/2023
   - For Diabetes: HbA1c >8%
   - For Hypertension: BP >140/90
4. RPCs patient becomes pregnant and is referred to integrated MNCWH services.

✓ **All patients must be advised that they are being returned to regular care to ensure more frequent clinical care until they are stable again.**

✓ **Patients can return to their RPCs (or alternative preferred RPCs) after a single normal result and meeting other RPCs criteria (also see Re-engagement SOP 8).**

HAST CIRCULAR 03/2023

GUIDANCE ON THE RETURN TO REGULAR CARE CRITERIA FOR HIV POSITIVE CLIENTS THAT ARE DECANTED TO REPEAT PRESCRITION COLLECTION STRATEGIES (RPCs) PRESENTING WITH LOW LEVEL VIREMIA

This circular seeks to address the misalignment to avoid congestion of the health care facilities as reflected in **table 1** below:

Viral Load Range	Current Guidelines	Amendments
>50-999 copies/ml	Recall back to care, and de-register from RPCs	• Do not recall back to care and do not de-register from RPCs. • Conduct the thorough A, B, C, D, E assessment according to page 22 of the 2023 ART guidelines to establish the cause of high VL. • Provide adherence support. Also, as per page 22 of the 2023 ART guidelines
>1000 copies/ml	Recall back to care and de-register from RPCs	• Still to be recalled to care and de-registered from RPCs. • Enrol on Enhanced Adherence Counselling according to the DMOC/Adherence Guidelines SOPs and repeat Viral Load test after three months to ascertain the status of viral load suppression as per the ART Guidelines.

NB: Kindly note that if a client in RPC misses an appointment, efforts should be made to remind the client within 14 days to the maximum of 28 days collect their treatment before the medicine parcel is returned to the pharmacy/ facility.

MONITORING, EVALUATION AND REPORTING (MER)

Monitoring DMOC Decanting Performance: Indicator And Definition

- **Indicator**: Number of ART patients decanted to Differentiated Model of Care (DMOC) (FAC-PUP, AC,EX-PUP)
- **Indicator Definition**: Total number of eligible ART patients decanted to Repeat Prescription Collection Strategies (RPCs) of Facility Pick-up Point (FAC-PUP), Adherence Clubs (AC) and External Pick-up Points (EX-PUP).

- **Data Elements**:
  - ✓ Patients on ART enrolled in the Repeat Prescription Collection Strategies (RPCs) of Facility Pick up Point (FAC – PUP)
  - ✓ Patients on ART enrolled in the Repeat Prescription Collection Strategies (RPCs) of Adherence Club (AC)
  - ✓ Patients on ART enrolled in the Repeat Prescription Collection Strategies (RPCs) of External Pick up Point (EX-PUP)

- **Data Source**:
  - ✓ For 2024/25 the data source is DHIS: Data is transcribed from Tier.Net HIV Monthly Report (or Sinjani for WC) into the DHIS Monthly Data Input Form
  - ✓ Reported on DORA quarterly

Data Flow Process for Reporting DMOC Decanting Data in the DHIS

Step	What	Who	NB
1	Document the modality of care that the patient is enrolled in, in **the ART Clinical Stationery/Patient Record, i.e Facility Pick-up Point, Adherence Clubs, External Pick-up Point**	Clinician	There are only three options for modality of care for stable patients
2	Daily capture of DMOC information from the ART Clinical Stationery/Patient Record in **TIER.Net**	Admin/Data Clerk	Admin/Data Clerks MUST be supervised
3	Generate the **HIV Monthly Report** in TIER.Net at the end of each month	Admin/Data Clerk	
4	Copy the total **"Adherence Clubs, Fac-PuP and Ex-PuP** onto the DHIS Monthly Data Input (MDI) Form	Facility Information Officer	
5	Capture MDI into DHIS within the Facility OR Submit the MDI Form to the (sub) District Information Officer (DIO), after it is signed off by the Facility Manager, for capture into DHIS	Facility Manager	

Data from DHIS is then reported on DORA

HIV Monthly Report in TIER.Net

Example

Differentiated Models Of Care (DMOC) Total patients enrolled in Repeat Prescription Collection Strategies (RPCs)				
Adherence Clubs	Fac-Pup*	Ex-PuP*	Total	% of patients on ART enrolled in RPCs
483	7	836	1326	55.53

* Fac-Pup - Facility pickup points * Ex-PuP - External pickup points

Monthly Data Input (MDI) Form in DHIS

Decanting Data Elements on DHIS – Monthly Data Input Form

HIV (DO NOT INCLUDE ANTENATAL CLIENTS IN THIS SECTION, CAPTURE THEM IN THE MATERNAL SECTION)		
Person exposed to HIV who tested HIV negative and was issued with Post Exposure Prophylaxis (PEP)		
Patients on ART enrolled in repeat prescription collection strategies of Adherence clubs		
Patients on ART enrolled in repeat prescription collection strategies of Facility Pick Up		
Patients on ART enrolled in repeat prescription collection strategies of External Pick up		
Male circumcision performed by medical professional in the traditional sector (10-14 years)		
Male circumcision performed by medical professional in the traditional sector (15 years and older)		
Total clients Start on PrEP		

Thank You!

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