

# Risk Of Treatment Failure (ROTF) Model in Khayelitsha

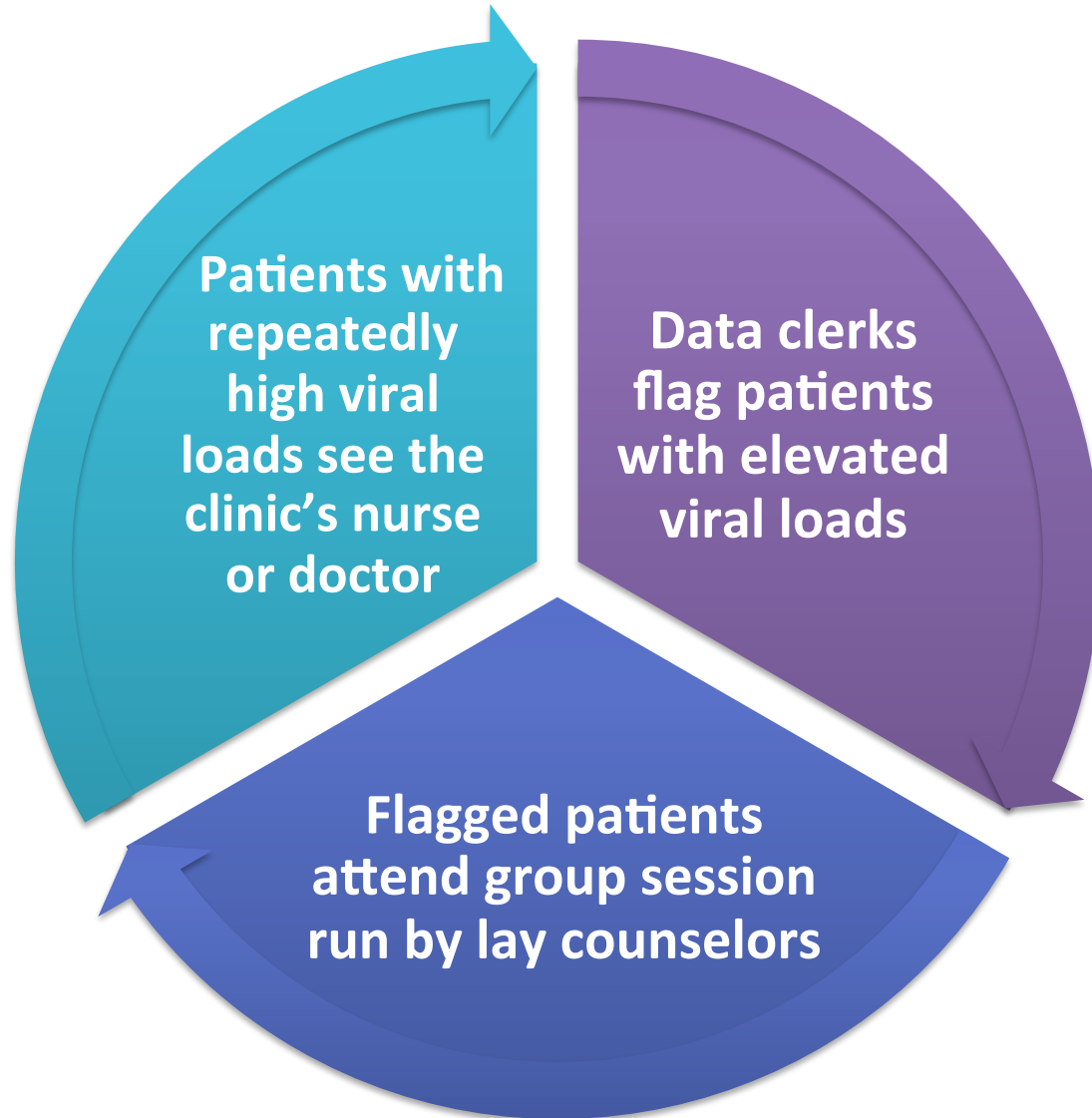
Dr Mary Ibetto  
ASLM Seminar 2014

# Khayelitsha

- Partially informal settlement
- Population ~ 500,000
- Antenatal prevalence 37% in 2012
- 10 primary health facilities providing HIV care
- Over 25,000 patients on ART
- High burden health facilities
- Routine viral load monitoring introduced with national roll out of ART in 2004



# ROTF Programme



# Approach

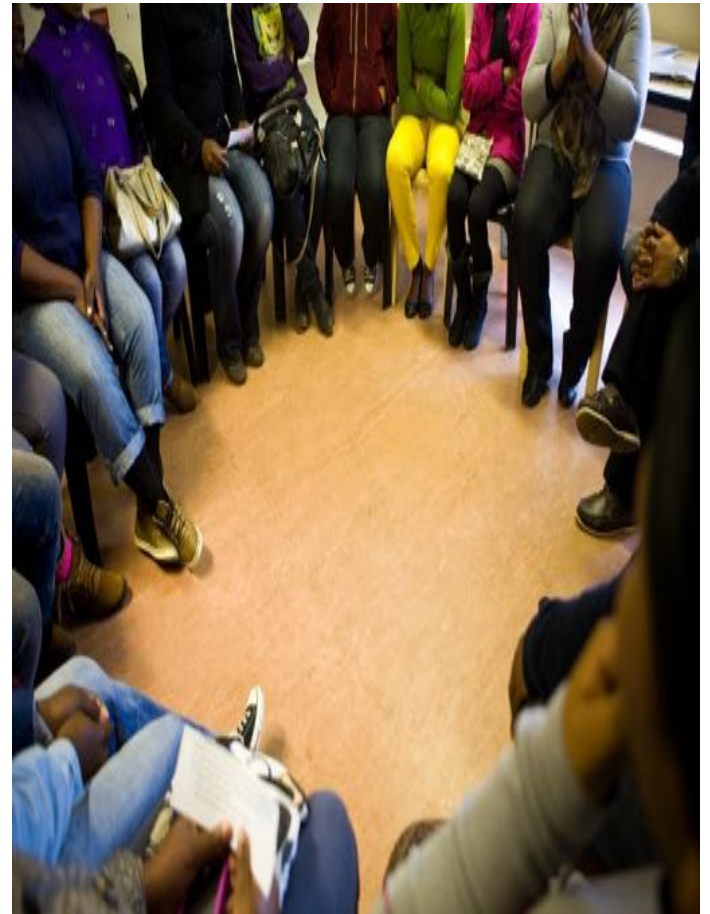
- Patient centered
- Problem solving
- Addresses common adherence barriers and misconceptions
- Helps patient plan how to continue taking their ART in the midst of their varying social circumstances



# Tools

## Group Session Guide

- Step 1: Introduction
- Step 2: Rules of ART
- Step 3: Correct misconceptions
- Step 4: Own experiences
- Step 5: Plan the way forward



# Tools

## Adherence Worksheet for combined adherence and clinical consultations

DATE SESSION 1: \_\_\_\_\_

### STEP 1: REVIEW EDUCATION

Viral load is: \_\_\_\_\_  
 High viral load is: \_\_\_\_\_  
 Suppressed viral load is: \_\_\_\_\_

### STEP 2: PATIENT'S REASON FOR HIGH VL

\_\_\_\_\_

### STEP 3: REVIEW TIME MEDS TAKEN

Problems with time: \_\_\_\_\_  
 Agreed upon time: \_\_\_\_\_  
 Late/missed doses: \_\_\_\_\_

### STEP 4: STORING MEDS EXTRA DOSES

Usual storage place: \_\_\_\_\_  
 Emergency supply will be carried in: \_\_\_\_\_

### STEP 5: MOTIVATION CARDS

Top 3 goals for the future: \_\_\_\_\_

\_\_\_\_\_

Do you think your ART can help you achieve your goals for the future?

Business places to put stickers & other reminders

### STEP 6: PATIENT'S SUPPORT SYSTEM

Members of patient's support system: \_\_\_\_\_

\_\_\_\_\_

### STEP 7: PLANNING FOR SUBSTANCE USE

Your plan to make sure you take your ART if you use alcohol or drugs: \_\_\_\_\_

\_\_\_\_\_

### STEP 8: GETTING TO APPOINTMENTS

How do you get to clinic? \_\_\_\_\_  
 Back-up plan to get to clinic: \_\_\_\_\_  
 Not able to come on date: \_\_\_\_\_

### STEP 9: HOMEWORK & WAY FORWARD

Your VL will be repeated in \_\_\_\_\_ (which month)

Next visit date: \_\_\_\_\_

DATE SESSION 2: \_\_\_\_\_

### STEP 1: DISCUSS ADHERENCE DIFFICULTIES/ PROBLEMS

Review homework  
 Adherence difficulties: \_\_\_\_\_

\_\_\_\_\_

Problem solve: \_\_\_\_\_

\_\_\_\_\_

### STEP 2: MISTAKES IN ADHERENCE

Thoughts to deal with mistakes AND learn from mistakes: \_\_\_\_\_

\_\_\_\_\_

### STEP 3: FOLLOW-UP REFERRAL SERVICES

Did you attend? \_\_\_\_\_  
 If yes, what was your experience? \_\_\_\_\_

\_\_\_\_\_

### STEP 4: PLANNING FOR TRIPS

Update green appointment card  
 Regular travel location: \_\_\_\_\_

Remind pt to plan for enough treatment

Increase of emergency:

Update phone nr on green card and into cellphone: 021 3614862

Put file number into cellphone

### STEP 5: REVIEW & PLAN A WAY FORWARD

Remind patient when VL will be repeated

Next visit date: \_\_\_\_\_

DATE SESSION 3: \_\_\_\_\_

### STEP 1: DISCUSS ADHERENCE DIFFICULTIES/ PROBLEMS

Adherence difficulties: \_\_\_\_\_

\_\_\_\_\_

Problem solve: \_\_\_\_\_

\_\_\_\_\_

### STEP 2: FOLLOW-UP ON REFERRAL SERVICES IF APPROPRIATE

How is it going? \_\_\_\_\_

\_\_\_\_\_

### STEP 3: TAKE VIRAL LOAD and any other blood tests needed

\_\_\_\_\_

### STEP 4: PLAN A WAY FORWARD

Discuss way forward if:

- VL result is low
- VL result is high

Next visit date: \_\_\_\_\_

DATE SESSION 4: \_\_\_\_\_

### STEP 1: DISCUSS VIRAL LOAD RESULTS

SUPPRESSED: VL < 400

Congratulate patient!

Cover red sticker with green sticker

Refer to Adherence club Y/N

Club nr: \_\_\_\_\_

Give 2 months ART supply

NOT SUPPRESSED: VL > 400

Refer to VL flowchart to assess regimen change

If appropriate discuss new regimen, dosing schedule and possible side-effects

Take baseline bloods, discuss with doctor

\_\_\_\_\_

\_\_\_\_\_

Review previous session

DISCUSS DIFFICULTIES/ PROBLEMS

Problem: \_\_\_\_\_

Plan: \_\_\_\_\_

\_\_\_\_\_

Next visit date: \_\_\_\_\_

\_\_\_\_\_

Next visit / Club date: \_\_\_\_\_

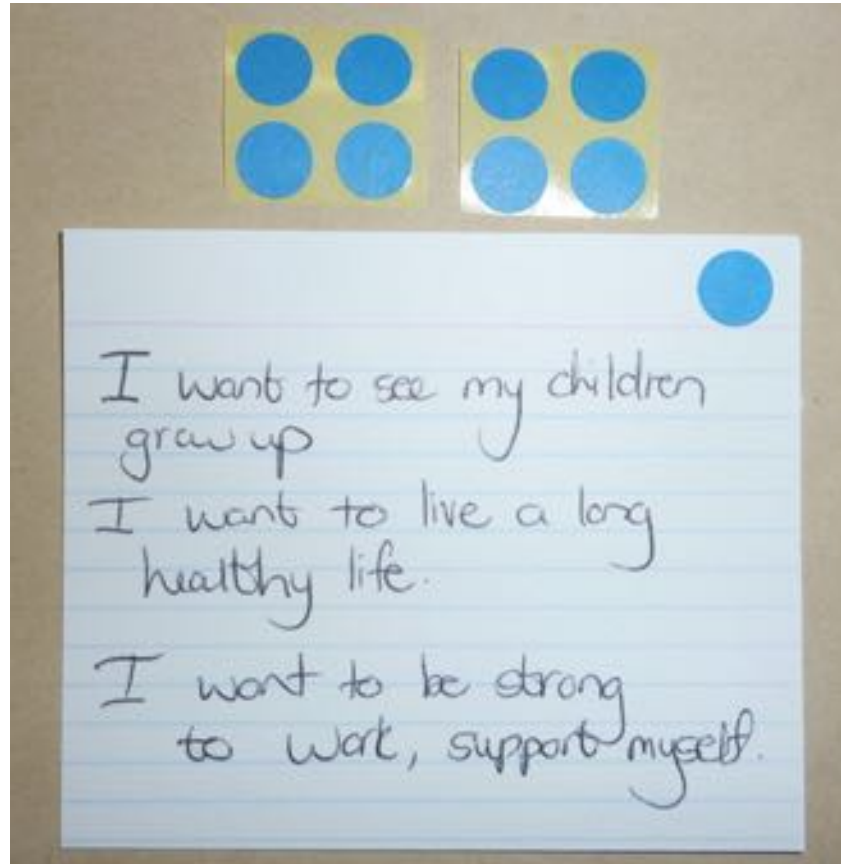
\_\_\_\_\_

\_\_\_\_\_

SAMCIS date: \_\_\_\_\_  
 Pos / Neg: \_\_\_\_\_  
 Referred to: \_\_\_\_\_

Patient sticker

# Tools

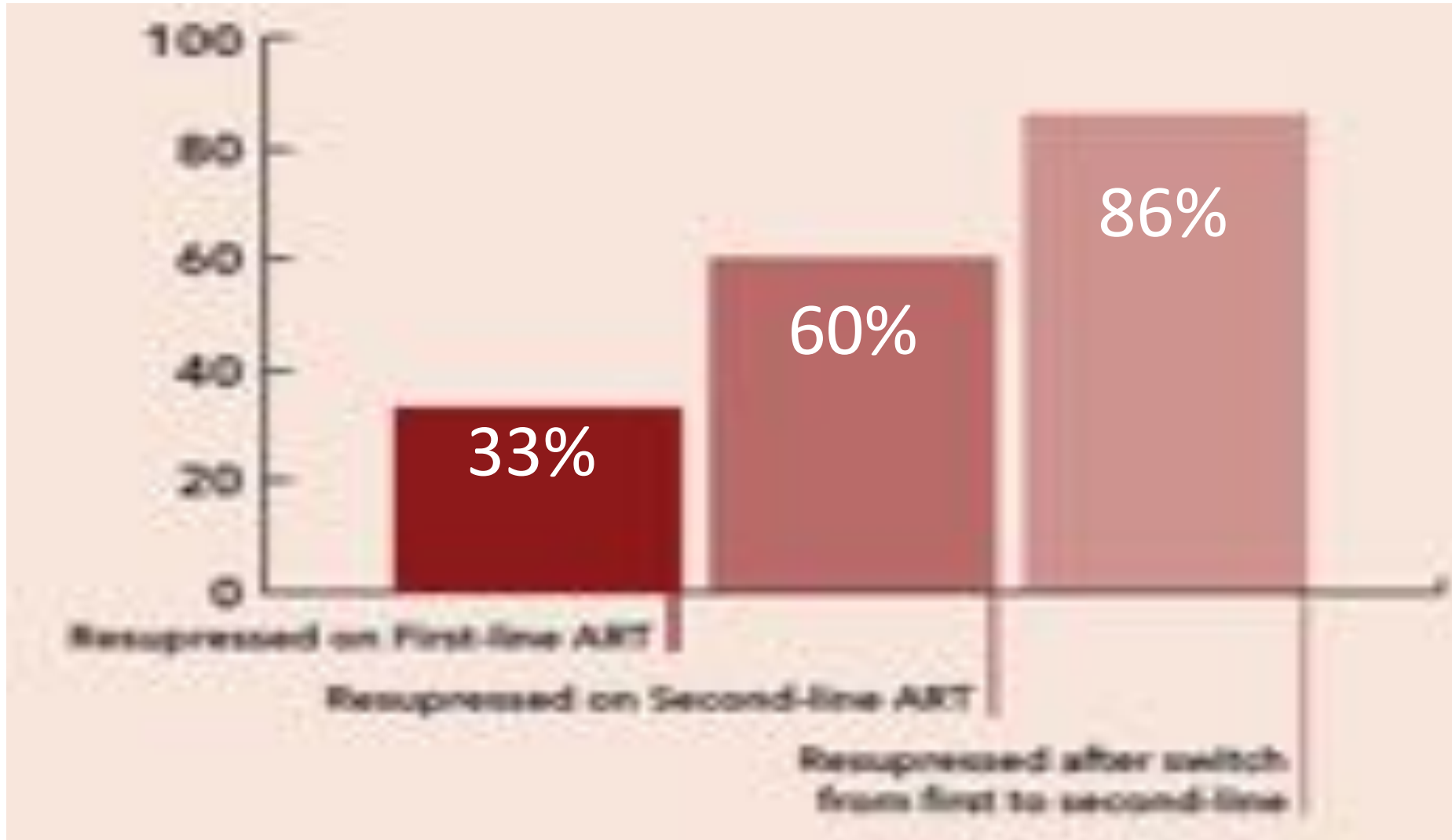








# Outcomes



# ROTF Programme Dissemination

- ROTF programme now running in all 10 of Khayelitsha's ART facilities
- Training:
  - Clinic teams trained together
  - 1 day workshop on ROTF theory
  - Followed by on the job coaching/mentorship
- Each clinic encouraged to adapt the model to suit their setting

# Operational Challenges

- Blood results not filed in patient folders
- Clinicians performing viral load testing when it is unnecessary such as when a patient is off ART
- Delays in switching patients to 2<sup>nd</sup> line despite having viral load results
- Further investigation into why these patients were not switched is needed

# Conclusions

## ROTF programme

- Simple intervention
- Can be used to reduce treatment failure in patients on both 1<sup>st</sup> and 2<sup>nd</sup> line ART
- Assists clinicians to make the best use of the routine viral load monitoring
- Can be adapted to suit different contexts/resource constraints

# Conclusion

Despite having routine viral load monitoring for a decade, the majority of PLWHIV in Khayelitsha still struggle to answer the following question

**What is your viral load?**