Risk Of Treatment Failure (ROTF) Model in Khayelitsha

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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

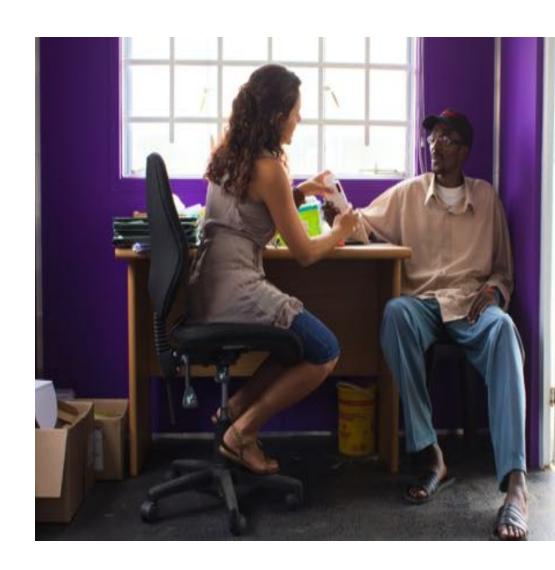
Patients with repeatedly high viral loads see the clinic's nurse or doctor

Data clerks flag patients with elevated viral loads

Flagged patients attend group session run by lay counselors

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 I	DATE SESSION 2:	DATE SESSION &	DATE SESSION 4:				
STEP 1: Review EDUCATION Varid lead in:	STEP 1: DISCUSS ADMERIENCE	STEP 1: DISCUSS ADHERENCE	STEP 1: DISCUSS VIRAL LOAD				
Nigh varid lead is: Suppressed varid lead is:	DIFFICULTIES PROBLEMS Baylew bosserock	DIFFICULTIES: PROBLEMS Adherence difficulties	RESULTS				
STEP 2: PATIENT'S REASON FOR HIGH VL	Adherence difficulties		SUPPRESSED: VL = 400 Congratulate potient*				
	Problem solve	Problem solve	Cover red sticker with green sticker Refer to Adherence club Y/N				
STEP A: REVIEW TIME MEDS TAKEN			Club as Gree 2 secreto ART supply				
Problem with time: Agreed upon time:	STEP I: MISTAKES IN	STEP :: FOLLOW-UP ON	NOT SUPPRESSED: VL > 400 Refer to VL flowchart to access regimen				
Late/passed doses	ADDRESS TO SENT ADDRESS OF THE ADDRE	REFERRAL SERVICES IF	change. If appropriate discuss new negatien.				
STEP 4: STORING MEDS EXTRA DOSES Until storage place Emergency copply will be carried in	learn from microkes	How is it going?	doung orbeitale and possible rate-effects Take buseline bloods, discuss with docto Exchangements remone DISCUSS DIFFECULTIES: PROBLEMES Problem.				
(1)		STEP I: TAKE VIRAL LOAD					
Top 3 goals for the future	STEP Is FOLLOW-UP REFERRAL SERVICES Did you amount?	and any other blood texts needed					
	Byec what was your experience?	STEP & PLAN A WAY FORWARD					
Do you think your LRPs can help you achieve your gools for the fature?		Discuss way forward if: VL result is low					
Brainstorm places to put stickers & other reminders	STEP 4: PLANNING FOR TRIPS	VL result is high	W				
STEP 6: PATIENT'S SUPPORT SYSTEM Members of puttent's support cystem.	Update green appointment cord. Regular travel location.	Next visit date:	New doring				
STEP 7: PLANNING FOR SUBSTANCE USE	Remand pt to plan for enough beentoent.	Ned tyal date					
Your plan to make sure you take your ARF's g'you use alcohol or drugs:	Durate of emergency: Ubunta phone or on green cord and into cellphone021 3614862		Nest visit / Club date:				
STEP 8: GETTING TO APPOINTMENTS	Put file number into cellphone						
How do you get to climic?	STEP & REVIEW & PLAN A WAY FORWARD						
For able to crepe on date	Record potient when VL will be						
STEP 9: HOMEWORK & WAY FORWARD Four FZ will be represend in (which month)	Next your date: SANCING Peo / No		Patient sticker				
Sent yout date:		w					

Tools

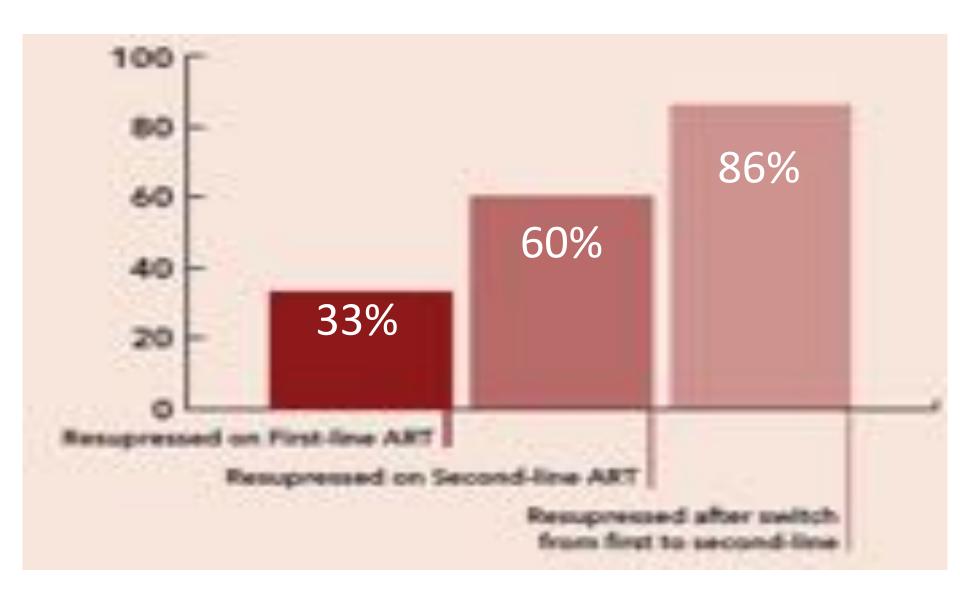


Objective	The image cannot be displayed. Your computer may not have enough memory to open the image, or the in if the red x still appears, you to the set it again.
3. To assess previous problems of adherence and recent adherence	Check whether the patient had previous problems of adherence and/or missed appointment. Check adherence since last visit. Check adherence with treatment buddy, if available.
4. To explore barriers to adherence	To explore barriers to adherence a patient-centred approach is needed. Therefore the list of questions below will have to be adapted to each individual.
	"What do you think could be the reason for this detectable viral load?"
	"Together we will explore any challenges to treatment adherence that you may be facing, and that could explain a high viral load."
behavioural barriers	"Can you explain how you take your drugs and what you do to remind yourself how to take your drugs?"
	"Everybody faces situations where it is difficult to take their drugs. Can you tell me when you find it most difficult to take your drugs?"
	"Some people tell me they sometimes find it difficult to take their drugs because of the side effects. How do you manage side effects and does that influence how you take your drugs?" "Do you take others drugs than ARVs? Did you discuss it with your health provider? "Can you tell me what you do when you are not at home when you need to take your drugs/when you have visitors/when you need to travel?"
	"Can we have a look at your alcohol consumption, because sometimes this also causes adherence problems."
	How often do you have a drink containing alcohol (bottle of beer, glass of spirits, glass of wine,)?

Tools Session guide **EAC** Register High Viral **Load Form**

CI Number	First Name and Surname	Age	Sex	Date first VL taken	Firef VL Recut	First EAC on day result given (Date)	Second EAC (Date)	If further sessions write date	If further sections write date	Date Repeat VL taken	Recuit Repeat VL	Date 2nd Repeat VL taken	Recuit 2nd Repeat VL	1. Switched to second line 2. Remain on disk line	Outcome date

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 2nd 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 1st and 2nd 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?