

Hospital-based case management, a strategy to expedite initiation of antiretroviral therapy

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Background:

The period between a patient's qualification for and the initiation of antiretroviral therapy (ART) is a time of high mortality risk. A recent focus on the problem of early mortality during the first three months of ART has highlighted the even higher risk of mortality during the period immediately preceding ART initiation. Hospitalized patients with advanced immunodeficiency are in particular need of expedited ART initiation. For such patients in Johannesburg, repeated hospitalizations, systemic barriers, and the treatment of concurrent opportunistic infections may delay ART initiation and prolong this high risk period. We performed an assessment of the needs of such patients and piloted a case management program to expedite ART initiation among patients hospitalized on the infectious disease ward at Charlotte Maxeke Johannesburg Academic Hospital.

Methods:

A daily assessment of the patients on the infectious disease ward was performed over a six week period, from October 1 – November 15, 2008. The assessment captured each patient's HIV and ART statuses at admission and discharge and assessed each patient's need for expedited ART. During the same period, a pilot case management program enrolled all patients in need of expedited ART initiation. The case manager made ART clinic appointments and collected contact information for all enrolled patients. After discharge from the hospital, patients were supported telephonically until they attended an ART clinic appointment, moved away, became lost to follow-up, or died.

Acknowledgments:

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Results

In 6 weeks, 133 patients were assessed by the pilot program. 88% of the patients were HIV-positive. 14% of HIV-positive patients were on ART at admission. Of those who required expedited ART initiation, 19% initiated ART during admission and 81% were discharged without ART. The median CD4 count of patients requiring expedited ART initiation was 55 cells/mm³ (IQR 16-106). Active follow-up of these patients showed that after hospitalization: 40% attended an ART clinic appointment, 26% died (15% during hospitalization, 11% after discharge), 22% were lost to follow-up, and 12% moved away from Johannesburg without a clear plan for ART initiation.

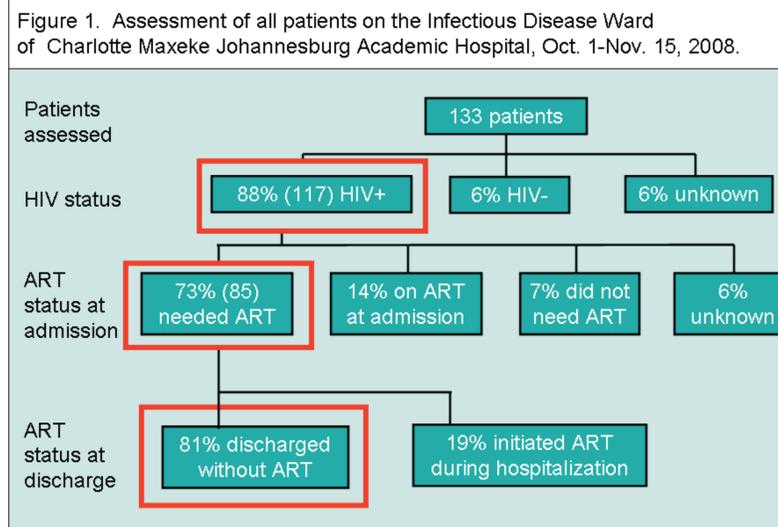
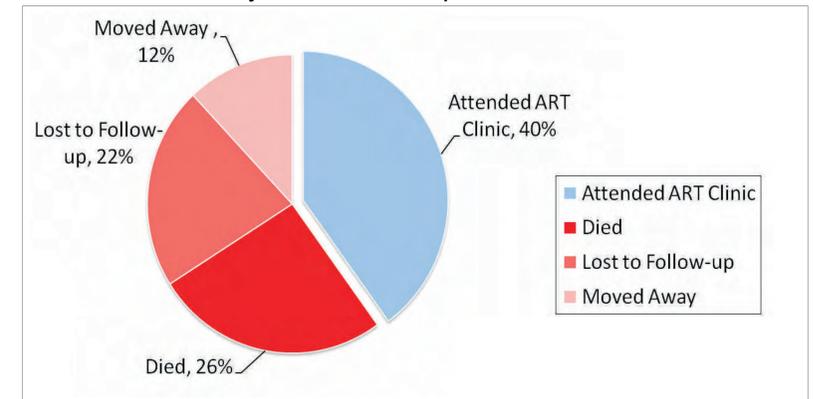


Figure 2. What happened to hospitalized patients who needed expedited ART upon discharge from the hospital. Outcome was determined by active follow-up.



Conclusions:

The large majority of patients on the infectious disease ward were HIV-positive, needed expedited ART and were discharged from the hospital without ART. Less than half of the patients successfully attended an ART clinic and more than a quarter died during or immediately after hospital admission. Hospitalized HIV-positive patients are at extremely high risk of mortality and require additional support to successfully and quickly initiate ART. Scale-up and region-wide implementation of a system of active follow-up for recently discharged patients is urgently needed. A program to fill this need in the Inner City region of Johannesburg is currently being developed by RHRU in partnership with the Gauteng Department of Health.