

Experiences from a patient defaulter tracer programme established at the Johannesburg Hospital.

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Background

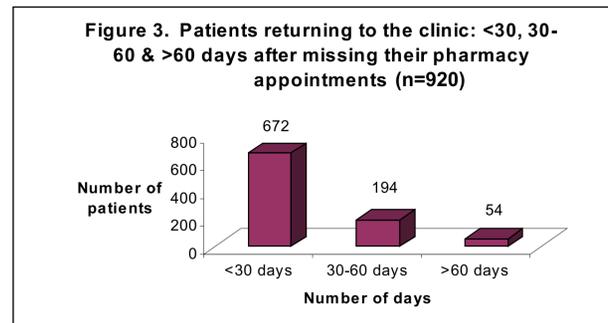
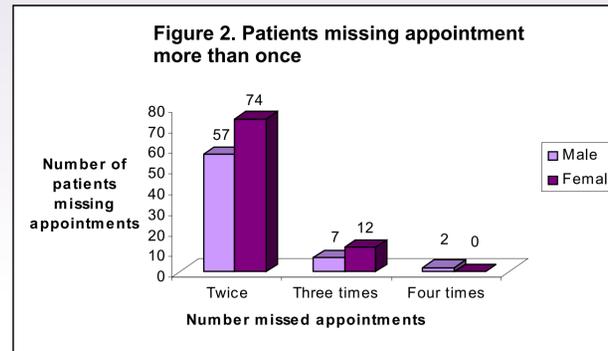
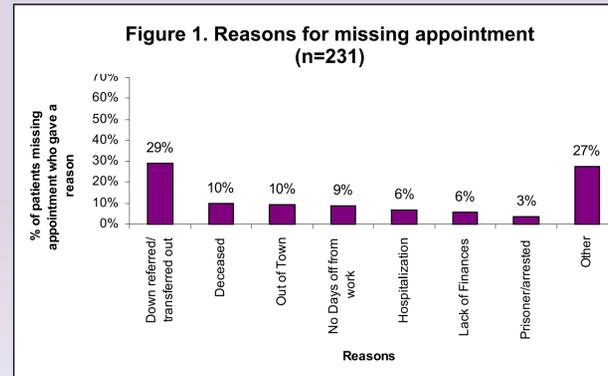
The Reproductive Health and HIV Research Unit (RHRU) provide technical assistance with HIV related clinical services to the antiretroviral (ARV) clinic at the Johannesburg Hospital. This clinic has initiated approximately 3900 patients on Antiretroviral Treatment (ART) since April 2004.¹ Studies and preliminary results from patient file audits conducted at the clinic have indicated that approximately 20% of the patients initiated on treatment since ARV roll-out at this clinic have defaulted on treatment. Results from informal studies conducted to query the scope of this problem have indicated a need for a defaulter tracer programme². A crucial component of this programme is a patient follow-up worker (PFW) who would contact patients as soon as they miss their follow up appointments and facilitate their return. In July 2006, RHRU instituted this programme at the ARV clinic at Johannesburg Hospital. This poster highlights the preliminary outcomes of this programme during period July 2006 to March 2007.

Methods

Patients at this clinic receive monthly refills for their ARV medications, and in most cases the script can be repeated for three months. After dispensing of a script it is filed in a box ready for the next months refill, and the patients are given a return date 28 days from the last visit. This date is entered onto the clinics database and on the patients' blue appointment card. The PFW is based at the Johannesburg Hospital and works in close collaboration with the ARV pharmacy, and is responsible for tracing those patients that have missed their appointment for more than three days.

Each week, the PFW obtains a list of patients who did not come to pick up their medications on their appointment date and enters the patients' demographic and contact information into a MS Excel spreadsheet. The PFW immediately contacts the patients telephonically to find out their reason(s) for missing their appointment, and informs them about the importance of adherence to ARV's and returning to the clinic. The PFW clears any misconceptions that the patients may have and gives them another date to return to the clinic. The PFW informs the pharmacy about the patient's new appointment date. The outcomes of the telephone call are entered in the Excel spreadsheet. Patient confidentiality is maintained at all times. If the patient does not return to the clinic on the new appointment date, then the PFW contacts them again, queries the reason(s), re-emphasizes the importance of them keeping their appointment and offers them a new appointment date. Patients that have not returned to the clinic in 42 days since their last visit are classified as treatment defaulters¹ and their files are labeled as such and removed from the active patients' file cabinets. Files of patients who inform the PFW that they have been transferred or down referred to other clinics or those patients that have died are labeled as such and removed from the active patients' file cabinet.

The PFW analyzes the data collected during the month and compiles a report which is given to the clinic's project manager and reported at RHRU's monthly PEPFAR management meetings.



Results

Between July 2006 and March 2007, the PFW made calls to 1197 patients who had missed their appointments for more than three days. Figure 1 shows the reasons why patients (n=231) missed an appointment, 966 of the total number of patients that was called did not give a reason for missing their appointment. The "other" category includes patients: having two months supply of ARVs, forgetting their appointment dates, having personal issues, and experiencing side effects.

As shown in figure 2, it was found that 152 patients missed their appointments more than once in the last nine months. A total of 920 patients have returned to the clinic since the defaulter tracer programme started. Of these 672 (73%) returned to the clinic within 30 days of missing their pharmacy appointment. 194 (21%) patients returned to the clinic between 30 - 60 days of missing their appointment and an additional 54 (6%) returned to the clinic after missing their appointments for more than 60 days. See figure 3.

Discussion

This clinic is one of the first ARV clinics in the country to appoint a PFW. In the past, there was no mechanism in place at the Johannesburg Hospital's ARV clinic which could identify and ascertain the whereabouts of patients who were lost to follow up. The defaulter tracer programme instituted by RHRU now allows the clinic to identify and trace these patients immediately. The above data shows the preliminary results of this project. In the short time since this programme was implemented, it has resulted in a significant number of patients returning to the clinic. The current data does not allow us to confidently claim that the PFW's contact with the patient is resulting in more than half of the patients returning to the clinic. However, the PFW has mentioned on many occasions that the patients have expressed to her their feelings that the clinic cares about their well being, thus resulting in them feeling empowered to continue with their treatment.

The outcome of this project is encouraging. However, the workload is quite demanding and we have realized that based on the total number of patients enrolled in the ARV programme, one PFW may not be able to cope with the work load. In order for the PFW to effectively conduct their job, they need to have access to a telephone and other modes of communication. This project has also raised the importance of having current contact information for the patients. This can be achieved by regular updates of the patient information. Other issues experienced are that often the PFW cannot probe the patients to provide reasons for missing their appointment dates. Good communication skills are essential for this job as the PFW is dealing with sensitive information which may be threatening to the patient. Being a PFW can be emotionally stressful, as often patients need to be encouraged and need to be made comfortable on the phone. This is especially the case when a patient has died and the PFW needs to do bereavement counseling of the family member.

More detailed studies are needed to ascertain the full impact of the PFW's contribution towards the success of the defaulter tracer programme. The future plans for this project include a detailed programme evaluation and expansion of this programme to other partnering Department of Health ARV clinics.

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Reference

¹Dalal R, MacPhail C, Mqhayi M, Wing J, Feldman C & Venter F. Characteristics and outcomes of adults patients defaulting on antiretroviral treatment at a public clinic in Johannesburg, South Africa, 2nd International Conference on HIV Treatment Adherence, 28-30 March 2007, Jersey City, New Jersey.

3rd South African AIDS Conference, 2007

