

Telephone follow-up of defaulters on ART in a rural hospital in Swaziland

J. Vandelanotte, R. Chekenyere, S. Sithole, V. Okello, X. Keke, F. Gennari, C. Costa and E. Abrams



Background

- Population: 950,000
- HIV prevalence 26% (15-49 year) (Source: Swaziland Demographic and Health Survey 2007)
- Rapid scale up of HAART: 32,349 patients initiated HAART (2004-2007)
- 12 major ART sites



International Center for AIDS Care and Treatment Programs
Columbia University Mailman School of Public Health

Mankayane Hospital

- Rural hospital (100 beds)
- 1,683 patients initiated HAART (2004-2007)
- ICAP has been providing technical and program support since Feb 2006:
 - Care and treatment for pregnant women and their families
 - Improvement of Quality of Care in ART centre

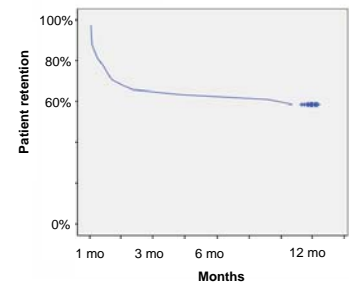
International Center for AIDS Care and Treatment Programs
Columbia University Mailman School of Public Health

Low patient retention Mankayane Hospital

Record review to establish retention rate:

101 patients initiated on HAART Jan – Mar 2006

61 patients remained in care 1 year later



International Center for AIDS Care and Treatment Programs
Columbia University Mailman School of Public Health

Reasons for lack follow up system

- Staff were not aware of the magnitude or the implications of the defaulter problem
- No attempts to identify patients who miss appointments
 - No available tools or systems to identify defaulters
 - Lack of resources to contact and reach out to patients
 - No transport for staff to visits patients
 - No direct outside telephone lines (measure to avoid misuse of telephone)

International Center for AIDS Care and Treatment Programs
Columbia University Mailman School of Public Health

Intervention: Ongoing and systematic follow up system

- Sensitize site staff to loss to follow up problem and jointly design follow up program
- Development support tools:
 - database query
 - call register, telephone interview form
- Procure cell phone and pre-paid air time
 - Checks and balances to avoid misuse of the phone
- Part of a broader strategy to improve adherence and patient follow up

International Center for AIDS Care and Treatment Programs
Columbia University Mailman School of Public Health

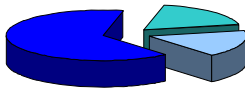
Implementation

- Started in June 2007
- Initial list was very long: restricted the follow up to patients who started ART after 1 April 2007
- Once a week:
 - Print out of the missed appointment list
 - Review of patient files to confirm and to obtain contact details
 - Call patients or their treatment supporter (3 attempts)
 - Reasons for missing appointments
 - Record call in register
 - Document outcome in patient file and update database

Results

- 395 patients started ART between 1 April and 30 Nov 2007
- 74 (18.7%) patients were identified as having missed their appointment for over 7 days

Identified patients (n=74)



- patient or supporter contacted: 49 (64%)
- no contact number: 14 (18%)
- phone not working/no answer: 13 (17%)

Calls

- 123 calls (June – November 2007)
- Average of 1.8 calls per patient (range 1 – 7)
- Average cost per call: \$0.71 (range \$0.11 - \$3.20)
- Total cost of all calls: \$77.44

Note: exchange rate US\$ 1 = SZL 7.8

Outcome of patients reached (n=49)

Patients wrongly identified	15
Visit not entered in patient file	
Patient had received treatment for 2 or 3 months	
Patients correctly identified	34
Died	15 (44%)
Returned to clinic after call	5 (15%)
Agreed to return but did not	4 (12%)
Patient stopped ART	2
Other (self transferred (2), relocated (2), hospitalised (2))	6

Discussion

Feasibility and low cost of a telephone follow up system to identify and contact patients who miss appointments

- Good access to a working cell phone
- Easy and cost effective way to obtain client outcome
- Workable checks and balances to prevent misuse
- Helped improve overall appointment and follow-up system, and data quality for reports

Discussion

- 26% of 'eligible' patients returned into care and treatment
- High death rate (44%) reported for patients with follow up information
- Increased staff awareness and motivation around defaulters and the importance of adherence support and follow up

International Center for AIDS Care and Treatment Programs
Columbia University Mailman School of Public Health

Limitations

- Limited impact on improving adherence to appointments
- Identification of patients who missed appointments is crucial:
 - Database needs to be up to date
 - Other paper based systems may be a good alternative
- complemented by home visits

International Center for AIDS Care and Treatment Programs
Columbia University Mailman School of Public Health

Next steps

- Advocate for increased availability of telephones in health facilities as part of a broader adherence package
- Explore use of telephone for other types of follow up:
 - DNA PCR test results (especially positive children)
 - Patients who don't collect CD4 cell count

International Center for AIDS Care and Treatment Programs
Columbia University Mailman School of Public Health

Acknowledgements

Ministry of Health and Social Welfare, Swaziland

USAID

Mankayane ART centre staff
(Thembi Dlamini, Thabang Maswangane, Susan Mkhabela)

Patients and their treatment supporters



International Center for AIDS Care and Treatment Programs
Columbia University Mailman School of Public Health