

Extending Adherence Club ART refill intervals from 2 to 6 monthly: A cluster randomized trial

SA AIDS 2019

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Adherence club model



One of the differentiated models that has been successfully implemented country-wide is the adherence club model, where patients meet with a facilitator to receive education and their medication. This has task shifted the treatment refill visit to these facilitators, who are usually lay counselors. The standard of care for adherence clubs is to receive ART refills every 2 months (with a 4 month refill over December) in the Western Cape

This makes 5 visits a year, one of which includes drawing blood for yearly monitoring, and one of which is a clinical visit where the patient is reviewed by a nurse.

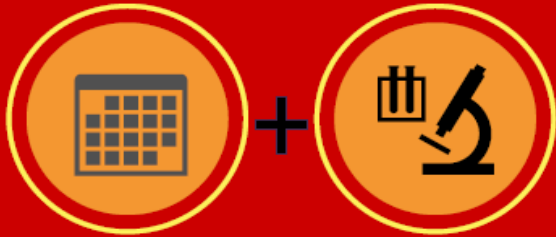


Viral load and creatinine monitoring



Patients who cannot attend on their appointment date can either send a buddy to collect their medication (on alternate visits and not for visits aligned with the blood draw or clinical review) or come within a 5 day grace period.

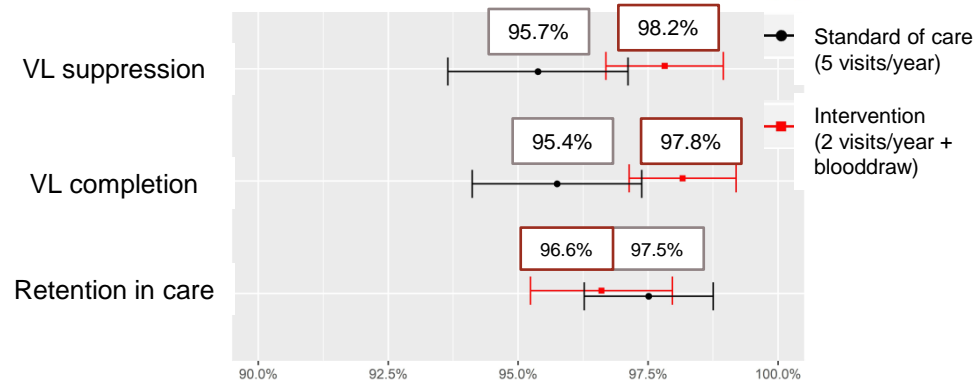
6 months model



The 6 months model has adapted this to two full club visits a year, where the patients receive 6 months of ART, one of which is aligned with the clinical review. Before the clinical visit, patients attend the clinic just for a blood draw (for yearly monitoring) so that the results are available for the clinical visit. Patients who cannot attend their appointment do not have the buddy option, but can attend the visit within a 5 day grace period.

Preliminary 12-month Outcomes

N=1284 (~60% of full study cohort)



Non-inferior VL completion, suppression and retention in care

Concerns

- "People will lose their drugs" and "patients can't store drugs properly"
- "Longer refills will mean we have stock outs"
- "We need to see people frequently, at least every 2 months, for them to adhere"
- Few drugs were lost, only 9 cases in the intervention arm (<0,5% of those distributed)
- Longer refills should be done through a gradual rollout in consultation with supply chain
- Outcomes in the 6-month arm were non-inferior – less frequent visits were not detrimental

Conclusion

Clinically stable patients can sustain good outcomes with fewer visits
 Longer term outcomes and qualitative findings of the full cohort will be released at the end of the study



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