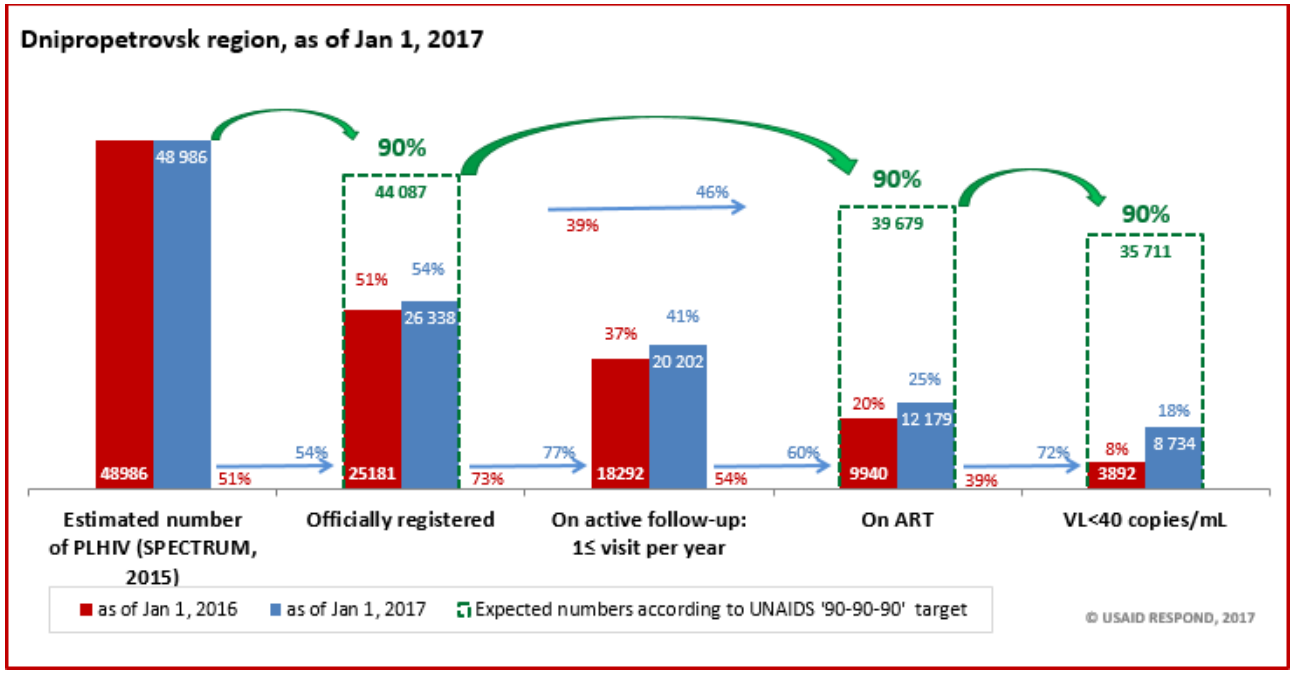
Successful QI Change, Dnipropetrovsk region, March 2017

Change: **Transfer patients on ART from AIDS Centers to local ART sites**
Gap: **Treatment gap**

Problem Statement & Improvement Objectives

In Dnipropetrovsk region, as of January 1, 2016, the gap between the number of PLHIV registered with the AIDS service and the number of those receiving ART was over 15,200 people, or 60%. The objective of the regional QI team is to increase the proportion of PLHIV receiving ART to 72% by March 2017.



System issues and changes tested

The regional QI team identified the concentration of services at three big ART sites as one of the main reasons for low ART coverage. Although there are 40 ART sites in Dnipropetrovsk region where physicians initiate treatment and provide adherence support, three sites cover 70% of all patients with ART services. As of July 2016, the Dnipropetrovsk regional AIDS Center had over 1,200 patients on ART, the Dnipro City AIDS Center had over 2,500, and the Kryvy Rih City AIDS Center had over 3,000 patients on ART. Such disparity has been historical, as AIDS Centers pre-date ART sites, and for many years they were the only facilities providing ART.

The concentration of services at the three AIDS Centers results in long and expensive travel for clients, which is a barrier to access. It also results in a ratio of over 1,000 ART patients per physician. For example, three staff physicians at the Kryvy Rih City AIDS Center serve over 9,500 PLHIV, of whom 3,125 are on ART, while other sites may have 20 to 100 ART patients per physician. High doctor workload results in long patient lines,

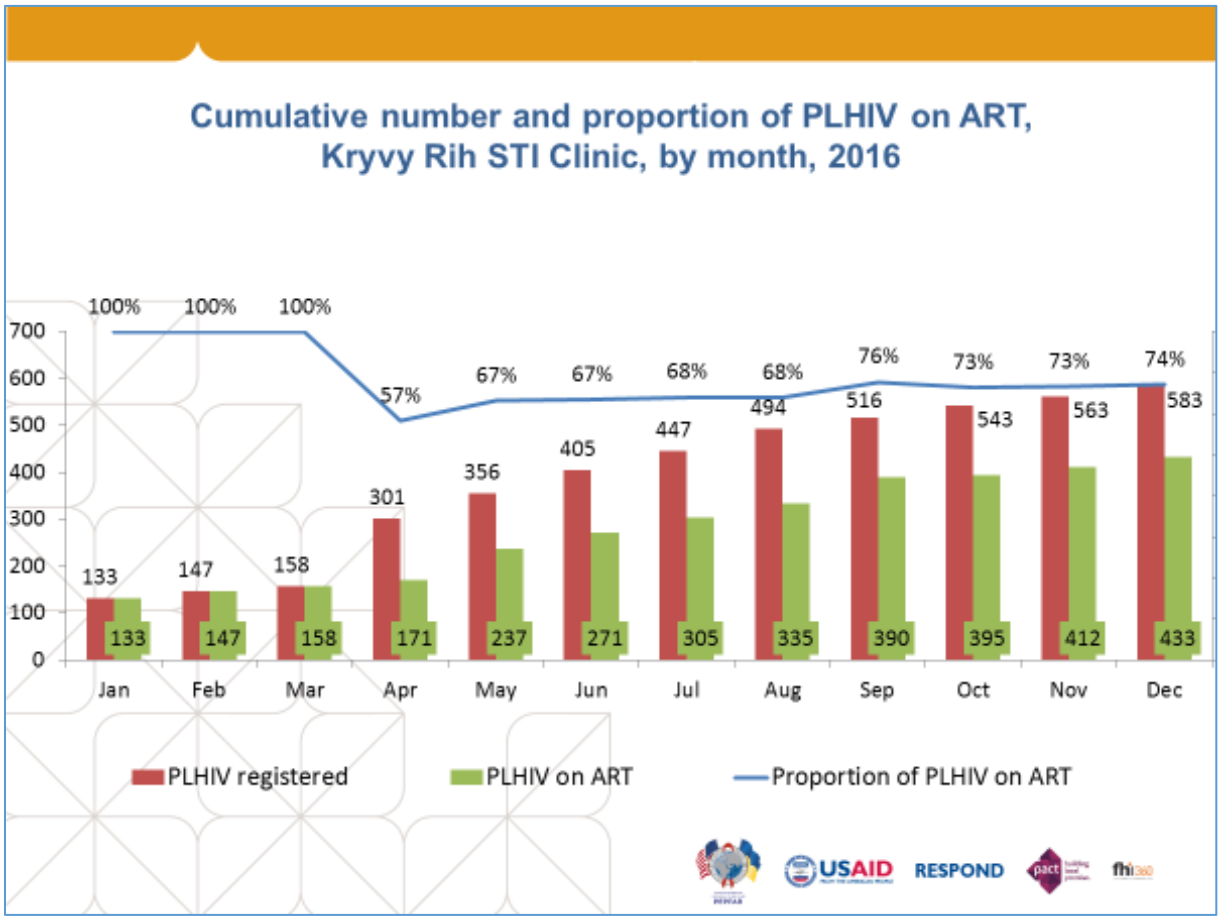
short patient visits, few patients initiating ART, and poor adherence in those already on treatment.

To initiate more people on ART, the regional QI team planned to decentralize the HIV services by transferring consented PLHIV, regardless of their ART status, from the AIDS Centers to local ART sites, closer to patient place of residence or work. The patients not yet on ART would initiate treatment at their local ART site; those already on ART would continue their treatment locally. AIDS Center physicians having their workload alleviated would also be able to register and initiate new patients on ART.

Scale of the improvement effort

The decentralization of HIV services from the three AIDS Centers to 37 local ART sites started in January 2016, and it is still in progress. One of the most successful examples, the transfer of PLHIV from the Kryvy Rih City AIDS Center to an ART site at the Kryvy Rih STI clinic is illustrated in this story.

Improvement measures, results and interpretation



Decentralization of HIV services to the ART site at the Kryvy Rih STI clinic was tracked monthly by the cumulative number and proportion of PLHIV registered and receiving

ART. The number of PLHIV registered at this ART site increased 4.4 times between January and December 2016, from 133 to 583 patients. At the same time, the proportion of PLHIV on ART increased from 57% at the start of the transfer in March, to 74% in December 2016.

To implement these changes, the local QI team put in place the following: (1) An agreement between the Kryvyi Rih City AIDS Center and the STI clinic ART site on the decentralization effort; (2) Weekly office hours for the ART site physician from the STI clinic at the City AIDS Center to see patients from the relevant city districts and encourage them to transfer; and 3) Adding another staff physician to the ART site from February 2017.

As a result of decentralization efforts, physicians at the Kryvyi Rih City AIDS Center were able to decrease their workload from 1,067 patients on ART to 917 patients per physician. They were also able to almost double the number of new patient initiated on ART every month from 46 in January to 82 in December.

On the regional level, this QI change contributed to closing the gap between the number of PLHIV registered with the AIDS service and the number of those receiving ART from 61% on Jan 1, 2016 to 54% on Jan 1, 2017 (see the cross-sectional cascades).

Learning & Next Steps

The decentralization effort resulted in a more even distribution of patients between the ART sites and a redistribution of work load from high volume sites, to lower volume sites. It also increased the capacity of the AIDS Centers to put new patients on treatment.

The number of new patients initiated on ART in Dnipropetrovsk region every quarter increased 2.5 times between January and December 2016 (see graph below). In large part, this was because of the arrival in July-August of PEPFAR-funded ARVs designated for new patients initiating ART. Meanwhile, this scale-up was facilitated by the decentralization efforts.

Given the initial success of the decentralization, the regional QI team will extend this change into 2017. Activities will continue focusing on the three AIDS Centers with the highest patient-physician ratio. Additional efforts will be necessary to ensure confidentiality of patient information and reduce stigma and discrimination towards PLHIV at local sites. At same time, to encourage patients to transfer, they need to be assured of the high quality of treatment and personal experience at local ART sites.

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