I. Introduction

RETURN TO CARE PACKAGE	
Version Number:	04.2022
Effective Date:	Next revision date:
Signed by COP	

Continuity of care and treatment is associated with good patient outcomes, a positive patient experience with the health care system and/or provider is also associated with reduced interruption in treatment. It is therefore essential to build a supportive positive relationship/alliance with patients and normalize struggles with ART. Therefore, the goal of this package of care is to establish norms and standards to guide health care providers in HIV clinics within AMPATH UZIMA in re-engaging patients who return to care and ensure sustained continuity in care.

II. **Definitions of terms:** Patients who interrupt treatment are categorized into two broad categories:

a) Based on the duration of disengagement from care i.e.:

i. Those who interrupt treatment for less than 28 days "***Defaulters***" and those who interrupt treatment for more than 28 days "Interruption In Treatment" - ***IIT***"

b) Based on the duration on care and treatment before disengagement i.e.:

i. Patients who disengage from treatment early on after initiation on ART (*6 months or less*) * and those that disengage after being on treatment for a while (*more than 6 months)*

Regardless of the above categories, key to the process of improving patient experience with the health care providers/system for HIV care, is to ensure opportunities for shared decision-making, mutual trust and respect and acknowledging that in most cases reasons behind disengaging from care are unintentional.

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RECEPTION

a) **Welcome the patient back** to care focusing on positive reinforcement e.g congratulating the patient for coming back to care. Avoid labeling terms such as defaulter and accusatory statements such as "where have you been all this time"

b) **Create rapport by** addressing the patient by name, re-assuring the patient that they are in a safe space, doing active listening and being empathetic towards their situation.

c) **Manage disengagement from** care by normalizing struggles with taking ARV's and acknowledging if they had difficulties with taking medication in the past. Re-establish motivations for taking medication and establish the barriers to engagement. Use supportive and open language e.g "What are some of the challenges that made you not come to the clinic?" As opposed to "Why didn't you come to the clinic?"

d) Offer support by engaging the patient on the next steps of care they should expect which includes: **1.)** Attachment to a case manager **2.)** Treatment literacy classes **3.)** Enhanced adherence counseling sessions focusing on overcoming barriers **4.)** Psycho-social support groups

e) Empower the client by providing information on HIV and ART (treatment literacy). Discuss future clinic appointments.

f) Administer the **Return To Treatment survey**

Escort for clinical review.

CLINICAL REVIEW

a. **Fast track** patients to see clinician (in settings where available this can be a specific clinician designated to see clients who return after interrupting treatment)

b. Conduct a clinical review focusing on:

   a) Patient and past history and **ART regimen.**

   b) Review the client for **Opportunistic infections** or other **Co-morbidity.**

c. Screen for **1)** TB, **2)** Mental Health -PHQ9 **3)** Substance Abuse - CAGE/CRAFT **4)** Gender Based Violence -GBV

d. If patient had discontinued treatment follow NASCOP guidelines (Re-initiate treatment and follow **NASCOP guidelines** for VL testing).

e. Ensure Regimens for appropriate **weight** and **Age*** for children (**NASCOP guidelines**).

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LAB/OTHER TESTS

a) Based on clinical review, if patient has **Advanced HIV disease** or has been disengaged from **care and ART** for more than a year do a **CD4 test** to guide other interventions (**Refer to AHD Package of care**)

b) In cases of suspected TB, collect samples/refer for TB diagnostic tests (**Gene X pert, TB LAM, CXR***)

c) Arrange for other screening tests like **Ca Cx** in the case of women of reproductive age.

d) Conduct **Pregnancy tests** guided by the clinical review for women of reproductive age, and refer for PMTCT module.

APPOINTMENT MANAGEMENT

a. **Create awareness** of the **differentiated service delivery** models to allow a shared decision making and patient centered care.

b. **Discuss appointment scheduling for the next 3 months** - for patients who have been disengaged from treatment for a longer time (IIT) need intensive enhanced adherence counseling before transitioning to Multiple Month Dispensing and eventually DSD once they are stable. As part of the intense EAC, develop a **adherence improvement plan** together with the patient and monitor in the subsequent visits.

c. Update patient **locator information** especially for the IIT's.

d. Obtain **consent for a home visits*** within the next 3 months.

e. Obtain consent for **SMS reminders** or calls from the case manager

III. Special considerations for vulnerable groups

a) CHILDREN.

i. All children who have been disengaged from care should be linked with **OVC services** and/or department of children services for further support.

ii. Their care givers should get support through caregivers' support groups.

iii. Assess for disclosure readiness with care giver and provide help through the disclosure process (Refer to the **Disclosure process guide**).

iv. Linkage and enrollment into an **OTZ group.**

v. Once all barriers to adherence have been addressed and good adherence established, children should benefit from multiple-month dispensing.

vi. Enroll in family centered clinics where applicable

b) MEN

i. Assign male peers/case managers where available for Men who default. In high volume health facilities book specific clinic days for men and have male clinicians and peers for male friendly services.

ii. Link to male support groups where available and explore community drug delivery models where applicable (Refer to DSD guide).

iii. Discuss convenient clinic hours/days for Men.

c) ADOLESCENTS

i. Enroll into OTZ clubs.

ii. Provide case manager, preferably a peer.

iii. Regimen review and switch where appropriate depending on Age and ART history (Optimization).

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