

Davis Peace Project 2011 Proposal

Digitizing Medical Records: Advocating for ARV Treatment information Security

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Background Information:

Mitchell's Plain, a township formed as result of the forced removal of non-white South African by the apartheid government in its implementation of the group area act, is one the poorest settlement in Cape Town. It is marked by high rates of gangsterism, crime, drug abuse and HIV/AIDS. The Mitchell's Plain Community Health Centre (MCHC) one of the few public clinics in the area, suffers from poor service delivery due to general government underfunding. As result, even with the implementation of what is regarded as the largest free antiretroviral therapy treatment in the world¹, the country as a whole continues to battle with high Prevalence of HIV/AIDS. In the Mitchell's plain community alone 1 to 5 people are HIV positive².

While volunteering at the HIV/AIDS and trauma clinics at MCHC over the summer, our counterpart Nandipha observed prime examples of the effects of underfunding in health institutions. The HIV/AIDS clinic caters to 2976 with 38 new enrollments into the treatment per month but only two permanent doctors. Furthermore, it uses a paper-based system to record patient information and this system proves to be problematic in many ways.

Problem Description

As consequence of the above mentioned system, patient folders habitually get misplaced or permanently lost. In the event of misplacement, the patients have to wait for a prolonged time lapse, often the entire day, till their folders are found. When permanently lost, patients are obliged to commence treatment from ground zero. This greatly retards treatment progress especially since patients often don't remember what regimen they were using. Initiating them into any random regimen can have serious effects to their health because the different regimens have severe side-effects. Though some patients often recover, for those at the AIDS stage and those with CD4 counts below 100, this becomes a matter of life and death. Secondly the beginning stages of treatment require that a patient make frequent visits to the doctor. Many patients complain that this gets them into trouble with employees and often puts them at risk of losing their jobs. In a province where 21% are considered ultra-poor³, 16.2% of the economically active portions are unemployed and 64.6% of five-children households are earning below \$438 a month², this no longer concerns just their health but their livelihood as well. In addition, in this paper-based system, often the folders are in the hands of patients, as they move from one section of the clinic to the next. This induces rapid wear-and-tear and loss of

¹ Avert.org:HIV/AIDS in South Africa

² WC-NAOSA.co.za: Mitchell's Plain Service Delivery

³ saldru.uct.ac.za: Southern Africa Labor and Development Research unit

documents within the folders or the entire folder itself. It goes without saying that the other problem with patient documents going missing is loss of privacy, and this could lead to prejudice and negative treatment of the individual especially in a country where there is still massive HIV/AIDS -related stigma.

The second major issue that the clinic is facing is the government's requirement that patients present their national ID's at the pharmacy. This is a result of recent problems with fraud, where corrupt individuals falsely obtain ARV drugs and sell them as illicit drugs. The majority of the patients live in informal settlements and tend to lose their belonging including ID's to fires, floods and even robberies and so patients often have to be turned home without treatment. Since ARV treatment requires strict adheres in order to function properly, this is a huge impediment.

Our Proposal:

In an effort to solve the problem of displacement and damage to patients' files, we propose an establishment of a system whereby there will be little to no movement of files and also less patient contact with files. We plan to achieve this by providing computers to doctors, counselors, the pharmacy, and x-ray sectors. These computers would be equipped with unique a software that is very user friendly and allows the users to enter patient information in real time so that the records can be available immediately through the intranet system. Our project does not intend to eliminate files permanently but rather it focuses on ensuring the safety of the files and patient information. The files will function as backup and at the end of each day a summary of the patient activities will be printed and placed in these files.

To help with the problem of patient identification, we propose that each patient have a recent photograph that is integrated into the system together with the patient's information. This way, patients will not need to provide an ID card and will be identified through facial recognition and name. This system will simultaneously eliminate identity theft an issue that the clinic recently experienced. Throughout the project, we will take photos of the patients and integrate them into the system. This will also present us with the opportunity to get more patient contact, and to get patient feedback and feelings about the new system.

Our dream is to implement a much simpler process that will save time and energy from not having to search for files. We want to provide a much smoother alternative and as a result give the patients the prompt focus they need, and make the clinic a highly systematic, organized setting for them to arrive into. Most patients feel like HIV/AIDS defines them as they have to centre their lives around it. We want to help them gain back control by making their treatment process hassle free. We want to help restore their dignity and peace of mind.