Data Use Community Meetings Summaries and Recordings

Need to join a call happening now?

Join from computer or mobile:  https://datausecommunity.org/meeting

Meeting ID: 828 2453 9607
Password: 1

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<th>Date</th>
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<th>Meeting Overview</th>
<th>Summary - What was shared</th>
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</table>
| 25 October 2023   | Identity Management      | Identity Management Collaborative Session: Ethiopia Experience | Dawit Birhan & colleagues from Ethiopia shared about the patient identity management initiatives taking place in Ethiopia. They discussed their work to uniquely identify patients, use of biometrics, challenges / successes, and more! After the presentation, there was an open discussion lead by the community members questions. | - Recording  
- Collaborative Notes Page  
- Slides  
  - Intro & Next Steps  
  - Ethiopia Presentation |
| 12 October 2023   | Treatment Continuity     | DUC HIV Treatment Continuity Gap: Palladium Kenya             | The community discussed how the Palladium Kenya team is using data/technology to support individuals currently within a HIV treatment continuity gap to return to services, including activities such as targeted counseling and/or training on prevention and wellness to address patient missed appointments. Community members from Palladium Kenya shared their current efforts and we invite others to join the discussion. | - Collaborative Notes Page  
- Recording  
- Slides  
  - DUC Intro & Next Steps  
  - Palladium Presentation |
| 27 September 2023 | Identity Management      | Identity Management: Implementing Person Matching Workshop    | 90 minute session where the community continued the conversation on the Patient Identity Management Toolkit module focused on Implementing Person-Matching: Key Steps and Considerations. This draft outlines key steps for designing and implementing an effective approach for matching person-level records within and across health-related datasets. You can use the first draft here. There was no presentations during this session. Community members provided input based on their experiences to validate, enrich, & improve the usefulness of the approach. With community input, this approach will be refined over time & will serve as a shared knowledge base for patient matching activities. Please add your comments directly in the Matching Module Google document. | - Slides  
- Miro Board  
- Notes Page  
- Recording  
- Matching Module Google document |
| 14 September 2023 | Treatment Continuity     | Treatment Continuity: The Nigerian Experience                 | This session consisted of a 60 minute sharing session to learn about the Nigerian experience with treatment continuity. They shared how they are using data/technology to support individuals currently within a HIV treatment continuity gap to return to services including activities such as targeted counseling and/or training on prevention and wellness to address patient missed appointments. Immediately following the 60 minute presentation, there was a 30 minute workshop to discuss the Technology Intervention Framework (TIF). The goals of this session were to share challenges when assessing the feasibility of technology-based solutions for a given health challenge; Offer feedback on what technical attributes would be helpful to document/capture about digital health interventions; and Contribute to the refinement of the TIF. | - Collaborative Notes Page  
- Recording  
- Technology Intervention Framework  
- Slides  
  - DUC Intro  
  - PHIS3  
  - TIF Working Session |
| 30 August 2023    | Patient Identity Manage- ment | Identity Management: Implementing Person Matching Working Session | A 90 minute community meeting that looked at key steps for designing & implementing an effective approach for matching person-level records within & across health related datasets. The intended audience was health IT systems managers, developers, data analysts, & program implementers with the objectives to describe the key phases in the patient matching process & the specific actions in each phase. Subject matter experts, Dr. Shaua Grimmis & Dr. Toan Ong, walked through the phases of this approach & asked the Community to provide input based on their experience to validate, enrich, & improve the usefulness of the approach. With the community input, this approach will be refined over time & will serve as a shared knowledge base for patient matching activities. | - Collaborative Notes Page  
- Recording  
- Patient Identity Toolkit  
- Matching Module document  
- Slide deck |
| 26 July 2023      | Patient Identity Manage- ment | Presentation on Rwandan Patient Identification Management in Zimbabwe | Technical Project Lead Blessings Manyiyo along with Data Scientist Simbarashe Chapatira & System Architect Patrick Mapuranga shared insights into the progress Zim-TTECH has made with unique patient identification management in Zimbabwe. Zim-TTECH is a Zimbabwe local partner for Technical Assistance, Training, & Education for Health. A robust Q&A session followed this presentation where they expanded upon challenges, policies, accuracy, and more. | - Recording  
- Slides  
  - Zim-TTECH  
  - Zimbabwe  
  - DUC Intro  
- Collaborative Notes |
| 28 June 2023      | Patient Identity Manage- ment | Presentation on Rwandan Patient Identification Management | Loici Nwall & Frank Kihema shared insight into the identity management work that is happening in Rwanda regarding health information exchange. Rwanda uses national ID number to identify patients within the system. They are able to query this system to search for a matching record & pull the information for patients. This has greatly improved the speed of their registration process, but still has challenges ensuring all records contain complete & accurate information and are not duplicates. | - Recording  
- Slides  
  - Rwanda  
  - DUC Intro & Next Steps  
- Collaborative Notes |
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<th>Date</th>
<th>Session Title</th>
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<th>Notes</th>
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| 8 June 2023 | Treatments for Continuity                     | Amy Fimnagan and Lucy Mphunu from IntraHealth shared about the READI approach and how it has been used within Central America for management of HIV clients and their lessons learnt. READI stands for Rapid, Efficient, and Data-Driven Implementation. READI monitors program performance, accelerates project start-up, and conducts precision analyses that helps solve implementation problems before they start. | • Recording  
• Slides  
  - Duc Intro / Next  
  - Intrahealth  
  - READI  
  - Approach  
  - Collaborative Notes  |
| 26 April 2023 | Patient Identity Management                  | Gbiri Gormez with PHIS3 shared about the National Biometrics Collaborative work happening in Nigeria. Nigeria is working to move away from traditional biometric fingerprint capturing to a national Patient Identity Management System (PIMS) implementation.                                                                                                         | • Recording  
• Slides  
  - Duc Intro / Next  
  - Collaborative Notes  |
| 29 March 2023 | Patient Identity Management                  | Christina White and Piotr Markowski of DIGI ITECH-UW shared about the Client Registry work in Haiti to improve the ability to provide high quality care to patients to move between services, facilities and networks. Brot Onions from Luke International shared about the Demographics Data Exchange (DDE), the Master Patient Index (MPI) for Malawi, currently being developed by EGPAF in Malawi. Both presentations provided an overview of the current implementations and the attendees had the opportunity to ask questions that ranged from details on the technology and matching process. | • Recording  
• Slides  
  - Duc Intro / Next  
  - Collaborative Notes  |
| 9 March 2023 | HIV Treatment Continuity                      | • Lighthouse Trust’s Innovations for Client-Centered Care: Community-based ART Retention and Suppression (CARES) App in Malawi. Lighthouse Trust clinics in Lilongwe, Malawi, use EMRs in static sites. But Lighthouse’s differentiated service delivery (DSD) programs, like its nurse-led community-based ART program (NCAP), do not benefit from EMRs. Lighthouse Trust, ITECH, and Medix, with support from the National Institutes for Health, will share their experience with their Community-based ART Retention and Suppression (CARES) App. CARES aims to provide a high-quality, point-of-care EMRs app in NCAP settings, enabling improved patient care and program-level M&E while reducing workload.  
• Differentiated Service Delivery Models in UgandaEMR to decongest facilities. Samuel Lubwama and Edward Bichetero in Uganda will share the experience functionalizing the guidelines for Differentiated Service Delivery Models in UgandaEMR as a method for decongesting facilities. | • Recording  
• Slides  
  - Duc Intro / Next  
  - Haiti  
  - Duc ITECH UN  
  - Malawi  
  - CARES  
  - Collaborative Notes  
• Meeting Summary  |
| 9 February 2023 | Metrics & Reporting                          | Community metrics and reporting workshop  
This 90 minute virtual workshop was designed to take a deeper look at the metrics calculation and reporting processes with the goals of supporting and strengthening countries as they work toward using patient-level data for generating metrics for program planning, patient care and decision making.  
Goals of the session included:  
1. Understanding the different goals and needs for metrics reporting  
2. Sharing experiences and learning from others on calculation and metrics reporting processes  
3. Opportunities to build relationships and linkages between teams working on reporting challenges  
4. Gathering common challenges and practices  
5. Identifying ways the DUC can facilitate the teams in collectively moving forward | • Recording  
• Jamboard  
• Summary & Findings  
• Introduction Slides  
• Collaborative Notes  |
Uniquely identifying patients is a critical component of Kenya’s efforts to deliver Universal Health Coverage (UHC) to everyone living within the country. Dr. Sitienei shared the strategy and the steps that the Kenyan government took to help ensure the implementation and acceptability of a UPI system to uniquely identify patients and deliver optimum health care. These steps included leveraging the country’s national person identification system and involving the community to ‘own’ the process. Dr. Sitienei also shared various challenges faced throughout this process and solutions. As a next step the government and MOH will work to implement the UPI policy country-wide and eventually expand it include biometric identifiers. | • Recording  
• UPI in Kenya  
• Slides  
• Kenya MoH Patient Identity National Policy  
• Duc Introduction Slides  
• Collaborative Notes  |
| 29 November 2022 | Patient Identity Management                  | No specific session or details provided. | • Meeting  
• Recording  
• Meeting Slides  
  - Duc  
  - Jembi  
  - Collaborative Notes Page  |
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<td>Community Meeting</td>
<td>Where has the DUC been and where is the DUC going?</td>
<td>• Meeting Recording, • Collaborative Notes Page, • Meeting Slides</td>
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<td>7 Septemb er 2022</td>
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<td>Data Use Acceleration and Learning (DUAL)</td>
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<td>29 Septemb er 2022</td>
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<td>Evolution and Use of National Systems</td>
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<td>24 August 2022</td>
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<td></td>
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<td>The call consisted of community members sharing information and experiences regarding using Biometrics for identity management.</td>
<td>► DUC Introduct ion and Next Steps, ► Simprints Team Slides, ◄ Côte d'Ivoire Team Slides</td>
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<td>• Alexandra Grigore, CPO with Simprints shared a general overview of biometrics use for Patient Identity Management. They addressed drawbacks (ex. duplicates and unreliable data), examples of types of biometric data (ex. fingerprints, facial recognition), how they are used, and a couple specific case studies regarding biometric use. Link to slides shared.</td>
<td>► Simprints Team Slides, ► Côte d'Ivoire Team Slides</td>
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<td>• Nicolas de Kerourgan a Contractor for CDC/CGH/DGHT/HIDMSB/Health Informatics Team and Franck Aghan a Software engineer SEJEN based in Côte d'Ivoire shared lessons learned from the use of fingerprint biometric technology in Côte d'Ivoire. They discussed background information, challenges associated with fingerprint use, and direct observations from their work. Link to slides shared.</td>
<td>► Simprints Team Slides, ► Côte d'Ivoire Team Slides</td>
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<td>27 July 2022</td>
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<td>DUC &amp; OHIE Collaborative Session for Patient Identity Management Toolkit</td>
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<tr>
<td>13 June 2022</td>
<td>Patient Identity Management</td>
<td>DUC Collaborative Session for Patient Identity Management Toolkit</td>
<td>• Meeting Recording, • Meeting Slides, • Collaborative Meeting Summary, • Session Jamboard</td>
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</table>
30 June 2022  Patient Identity Management DUC Collaborative Session for Patient Identity Management Toolkit

11 May 2022  Patient Identity Management DUC Collaborative Session: Patient Identity Management

31 March 2022  Patient Identity Management Patient Identity Workshop The following is a summary of the current identity practices that were shared:

- The group first established an overview of the current state of HIV identity practices:
  - Although most countries have a national ID, there are challenges with using it for HIV care
  - Countries are using or planning to use human adjudication and algorithmic matching.

8 February 2022  HIV Treatment Continuity Data Integration Across Facilities: Determining a Patient’s Real Treatment Continuity This meeting focused on the topic of “Data Integration Across Facilities: Determining a Patient’s Real Treatment Continuity.” The community participated in a conversation on identified patterns used to integrate patient-level data across facilities to better discern true HIV retention for an individual.

- Morrison Ikiadunye, CHiEB Regional Software Developer, and Stephen Okahau, CHiEB Director of Health Informatics, with CHiEB Nigeria shared the Nigeria National Data Repository as the unified data storage and analysis facility that houses de-identified patient level data for HIV tx data.
- Kamar Celestin, HI Coordinator with CHAIRESS Haiti, shared on secondary use of data from Haiti’s IsantéPlus National Electronic Medical Record system to reduce loss-to-follow-up via alerts, routine data to analyze implementation and site-level performance, as well as by carrying out national-level program and policy evaluation.

Following these presentations was a Q&A to dive deeper into the details shared and the speakers also spoke to more technical-level processes from their experience.

9 November 2021  Metrics & Reporting From Patient-Level Data to Indicator Reporting: Exploring Country Patterns This meeting focused on the topic of “From Patient-Level Data to Indicator Reporting: Exploring Country Patterns.” The community took a look at the state of metrics reporting, promoted learning across contexts by hearing from individual country experiences on reporting patterns and data flows. We also heard some impact reporting standards and processes.

Community members Jennifer Shivers and Jason Knueppel lead this call. Jason shared more on the PEPFAR and Ministry of Health Data Alignment Activity as an example to help understand the full HIV landscape and better define targeted interventions. We were then introduced to community members who shared more about the approaches they are involved in for indicator reporting on this call:

- Dominique Vita with PEPFAR in Mozambique
- Victor Kabwe with PEPFAR in Zambia
- Jason shared about Namibia’s processes with information provided by Michael De Klerk.

12 October 2021  Community Meeting Synthesizing & Shaping: Where We’ve Been and Where We’re Going This meeting synthesized conversations from previous meetings that dug deeper into the working model which was first introduced in the March 2021 community meeting. The October meeting focused on sharing an overview of the interventions that have been shared with the community to date. The meeting was also designed to get feedback and input from community members on additional needs and topics that the community would like to see addressed.

Paul Biondich, a community lead for the Data Use Community, started the presentation by sharing background on the formation of this community along with its mission, purpose, and the progress we’ve made to date. Paul then shared how we’ve organized this through the field experiences that have been shared on this call by creating a framework/working model now titled, “Technical Interventions Framework (TIF): HIV Treatment Continuity.” The TIF was made to start creating common understanding of implementer approaches through agreement on a common way to talk about / look at HIV treatment continuity. Next, Olvia shared about a project to create canvases across interventions in the TIF. The Touchpoint Canvas is a visual framework for understanding different components of an intervention. Following this presentation, Kasey Upchurch, led a feedback session for input on how community members have felt about this community so far and the direction they would like to see for the future of the DUC.

14 September 2021  HIV Treatment Continuity Touchpoint Interventions: Proactive Adherence Counseling Teams presented on the following:

- Palindrome is a data science implementer specializing in machine learning, predictive analytics and alternative data services. Alongside their partner, Right to Care, the two teams shared how they are using AI to create a model that can predict whether a patient will miss their next scheduled appointment and become LTTFU. The machine learning work was tested in six facilities in one district in South Africa, using paper adherence scorecards and digital adherence scorecards.
- Data4H, Data for Implementation, is a consortium of partners. The team shared their work in Mozambique to deploy a predictive model as part of a software solution connected to OpenMRS, the EMR used at ECHO-supported facilities. They will be creating a software plugin to generate patient risk scores through the EMR. The project work can be described in four stages: 1) data collection, 2) machine learning, 3) systems integration design and implementation (the current project stage), and 4) assessment and scale up. One of the project partners, Macro-Eyes, developed the OpenMRS module that will be deployed at facilities.
**Data Based Community:** Do we have the Data to use?” and how they from the Rwanda Biomedical Center shared their appointment management strategy. This team utilizes an EMR

There are also times where a patient is deceased and it is not noted in

In facility interviews, the team found that those who had missed appointments were related often related to

from CIDRZ - Zambia presented on a project called “Leveraging Person-Centered Public Health for HV Treatment in Zambia (PCPH)”. In facility interviews, the team found that those who had missed appointments were related often related to clinic-based barriers and structural barriers. Through other survey data, there were other reasons for missed appointments they dig deeper into like patient’s experience with staff.

**10 August 2021**

**HIV Treatment Continuity**

Using Patient Record Systems to Generate M&E Reports for HIV Treatment Continuity

These two presentations shared on the following:

- Clement Marcel from CINEB Tanzania shared on the “Care and Treatment Analytics Tool” and how it is used to provide additional deep dive analytics to ensure that HIV care and treatment data informs and supports the programs and the National EMR. This tool is able to link with different tools for triangular data and allows cross-monitoring analysis. The data elements in this tool are deidentified patient-level data, such as visit date. Currently this tool is used in 31 regions and 1,300 facilities where three million clients and 155 million records were tested.

- Kaggio Sebina from CINEB Botswana shared their presentation on “Data Based Community: Do we have the Data to use?” and how they addressed challenges with unique ID use, high mobility with patient populations, and matching and de-duplicating records.

**8 June 2021**

**HIV Treatment Continuity**

Touchpoint Interventions: Missed Appointment Reminders

These three presentations shared on the following:

- Santiana Munzoro from the Rwanda Biomedical Center shared their appointment management strategy. This team utilizes an EMR system structure through OpenMRS to maintain patient information from registration through follow-ups and retention practices. The appointment management for HIV patients includes a model for scheduling and the process following a missed appointment: 1) identification, 2) contact tracing, and 3) updating records. A few challenges were also noted; the appointment module is not ideal in meeting requirements for HV appointments, only paper tools are used by providers for A.R.T. pickup, and local servers at facilities have not been easy to use.

- Evelyn Too from AMPATH - Kenya shared they have found that clients miss appointments due to forgetting the appointment, self-transferring, transit-related challenges, and a busy work schedule. There are also times where a patient is deceased and it is not noted in their management system. A team of experts planned how they could automate their processes including developing reports, automating the default tracing registers that were formerly paper-based, and training retention staff on accessing AMRS and generating missed appointments daily. Evelyn also shared the missed appointment management process.

- Jacob Mutale and Komba Sikombo from CIDRZ - Zambia presented on a project called “Leveraging Person-Centered Public Health for HIV Treatment in Zambia (PCPH)”. In facility interviews, the team found that those who had missed appointments were related often related to clinic-based barriers and structural barriers. Through other survey data, there were other reasons for missed appointments they dug deeper into like patient’s experience with staff.

**11 May 2021**

**HIV Treatment Continuity**

Touchpoint Interventions: Pre-Appointment Support

These three presentations shared on the following:

- Desalegn Bekadami from I-CAP-Ethopia shared the EMR-ART system and how it tracks clients who have missed their appointment. This list is shared with adherence counselors and clinicians who use color coded displays to identify patients to call with reminders.

- Ashley Sorgi from EGPAF shared the digital solutions for quality improvement (QI) and pre-appointment strategies. There was a QI evaluation on HIV care in South Africa. The Qi-PM application is both a mobile and web based tool that enables EGPAF staff to track site-level QI projects over time.

- David Mukungi and Esther Kanyang’onda from IntellISOFT presented on eHospital, a client management module project in Kenya that ran from June 2019 to September 2019. This is an adaptation of Bahmni, is powered by OpenMRS to track patients, support clinical decisions, report and document management, support an entire facility, and is interoperable. They also shared on SSEMR, a project in South Sudan. This system connect Bahmni and syncs offline to register patients, view records, and enter patient data. This system also identifies missed appointments and viral loads as well as flag patients for the physician until they are enrolled.

**13 April 2021**

**HIV Treatment Continuity**

Touchpoint Intervention: Reactive Adherence Counseling

Three presentations were featured on this call to share experiences with this touchpoint:

- Nancy Puttkammer from I-TECH at the University of Washington presented about experience from the InfoPlus Adherence Project in Haiti. This goal was to develop an EMR based alert to signal patients at high risk of HIV treatment failure and to incorporate the story telling culture by animating a provider-led brief counseling approach called “My Adherence Stories”

- Pinto Shukuru from LVCT Health in Kenya presented on the STEPS Project. This project aims to increase the availability and demand for comprehensive quality HIV prevention services to priority populations in high HIV-burdened counties of Western Kenya. One solution that was explored was the use of flags in the EMR. When a service provider accesses a patient’s chart, key items are flagged on the patient’s dashboard; missed appointment, due for viral load, pending viral load results, high viral load, and instability. The EMR also allows a facility to see the number of clients expected and those with an unsuppressed viral load as well as a list of clients with missed appointments for tracking.

- Limbani Thengo from Partners in Health presented on Electronic Tracking Retention and Client Enrollment (TRACE) in the Neno District of Malawi. This project includes community health workers and staff members to make home visits to patients who have missed visits and those who are enrolled in programs that identify patients at risk of falling out of care due to location and other programs.

**9 March 2021**

**Community Meeting**

Bringing it Together: Lessons Learned So Far

This meeting was a collaborative working session to look at version one of our working model. The model is an attempt to describe the care process around HIV treatment continuity, rather than a formal model that describes the entire care cascade and the way data flows. The purpose of the model is to help build a common language and understanding of what we are learning through the DUC and provide a framework for sharing that information.
### 9 February 2021

<table>
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<tr>
<th>HIV Treatment Continuity</th>
<th>Medical Records and Continuity of Treatment (Retention)</th>
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<tbody>
<tr>
<td><strong>Project.</strong> The system is implemented in over 800 facilities. They identified four core components: (1) clinically oriented features, such as appointment reminders; (2) support for clinical appointment keeping; and custom reporting. The data is shared into a national cohort dataset allowing decision-makers to identify gaps in retention and where to support interventions.</td>
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<tr>
<td><strong>Ushauri:</strong> This project was presented by Otieno Bonard of Palladium’s <a href="https://www.kenyaphmis.org/">KenyapHMIS II Project</a>. The system is implemented in over 700 facilities. The system supports custom notifications for appointments, medication pick-up, and lab reminders. The community pharmacy allows patients who are stable and receiving care to pick up medications and nearby pharmacies.</td>
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<tr>
<td><strong>LAMIS:</strong> This project was presented by Alexander Azike of <a href="https://datafi.org/">Data FI</a>. LAMIS has been implemented in over 700 facilities. The system supports a number of treatment continuation features including: SMS Reminders for clinic visits, drug refills, and viral load investigations; case management; client status notifications; and LAMISLite which works on a mobile device and supports CHWs in the community.</td>
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*KenyaEMR* was presented by Otieno Bonard of Palladium’s [KenyapHMIS II Project](https://www.kenyaphmis.org/). The system is implemented in over 800 facilities. They identified four core components: (1) clinically oriented features, such as appointment reminders; (2) support for clinical appointment keeping; and custom reporting. The data is shared into a national cohort dataset allowing decision-makers to identify gaps in retention and where to support interventions.

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**KenyaEMR** supports a number of reporting tools that allows providers to see lists of patients that have missed appointments, if they are due for viral load testing, or need medications. The Continuum of Care document provides a summary of all the care the patient has received and allows the data to be transferred to between iSantéPlus sites.

**NigeriaEMR** presented by Gbibi Drame of [ITiplusi](https://www.itipaisi.com/) and implemented in 1000 hospitals. The system supports custom notifications for appointments, medication pick-up, and lab reminders. The community pharmacy allows patients who are stable and receiving care to pick up medications and nearby pharmacies.

**Lamis:** Management Information System (LAMIS) presented by Alexander Azike of [Data FI](https://datafi.org/). LAMIS has been implemented in over 700 facilities. The system supports a number of treatment continuation features including: SMS Reminders for clinic visits, drug refills, and viral load investigations; case management; client status notifications; and LAMISLite which works on a mobile device and supports CHWs in the community.

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**PHILMalaemriEMR** presented by Limbari Thengo. Patient’s identified in the appointment report as being missing for two or six weeks are then put into the Tracking Retention and Client Enrollment (TRACE) process. First they will verify the missed appointment is not due to missed data entry, then they signal CHWs via a mobile app to conduct outreach to bring the patients back to care.

**eswatini CMS** presented by Mzwandile Vlakati. The system integrates with the national system allowing registered patients demographics to be accessed from any facility. The system provides 92% of the data needed for monitoring the 95-95-95 goals.

**Twain:** This project was implemented by i-Tech and Medic Mobile in Zimbabwe and Malawi to improve retention efforts and reduce wasted effort related to poor retention data quality.

### 12 January 2021

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<th>HIV Treatment Continuity</th>
<th>Approaches for Patient Reminders and Tracking</th>
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<tr>
<td><strong>Unified Data System:</strong> Project HOPE and Dimagi presented their tool, which is being used in Ethiopia to standardize data capture and case management systems for all PEPFAR and USAID-funded community HIV activities. The tool allows Community Engagement Facilitators (CEFs) to document and share tracing efforts and outcomes. This has resulted in improved retention in care through re-engagement and reduced attrition.</td>
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<tr>
<td><strong>Ushauri:</strong> Family AIDS Care &amp; Education Services (FACES) and mHealth Kenya presented the Ushauri project, a mobile and web-based platform for improving health outcomes of people living with HIV by providing timely and reliable messages including appointment reminders, treatment adherence, and wellness.</td>
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<td><strong>Two-way texting (2WT):</strong> This project was implemented by i-Tech and Medic Mobile in Zimbabwe and Malawi to improve retention efforts and reduce wasted effort related to poor retention data quality.</td>
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### 11 November 2020

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<th>Patient Identity Management</th>
<th>Identity Linking and Opportunities for Partnership</th>
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<tr>
<td><strong>Richard Stanley of IntraHealth</strong> gave a presentation on identity linking. Richard explained that tools to link patients across systems will make it easier to use clinical data for care coordination, reporting, monitoring, surveillance, and research. For example, being able to determine that a patient is receiving care in another facility without having to rely on direct outreach efforts. Dr. Stanley described a client registry, or enterprise master patient index (EMPI), which is an industry standard, authorized, and up-to-date list of patients that uses matching methods that compare demographic identifiers to link patient identities.</td>
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### 13 October 2020

<table>
<thead>
<tr>
<th>HIV Treatment Continuity</th>
<th>Sharing Field Experiences: Engaging and Building Impact Squads</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sharing Field Experiences:</strong> <a href="https://www.duc.ohio.edu/">Engaging and Building Impact Squads</a> was presented by Kemar Celestin of <a href="https://charest.org/">Centre Haïtien pour le Renforcement du Système de Santé (CHARESS)</a>. The EMR was presented by Otieno Benard of Palladium’s <a href="https://www.kenyaphmis.org/">KenyapHMIS II Project</a>. The system is implemented in over 800 facilities. They identified four core components: (1) clinically oriented features, such as appointment reminders; (2) support for clinical appointment keeping; and custom reporting. The data is shared into a national cohort dataset allowing decision-makers to identify gaps in retention and where to support interventions.</td>
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### 6 September 2020

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<thead>
<tr>
<th>HIV Treatment Continuity</th>
<th>Community Formation Moving Forward - Structured for Impact</th>
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<tbody>
<tr>
<td><strong>TIF</strong></td>
<td><strong>Meeting Summary</strong></td>
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**Meeting Summary**

### 21 July 2020

<table>
<thead>
<tr>
<th>HIV Treatment Continuity</th>
<th>HIV/AIDS Treatment Retention Outcomes: Field Perspectives on Data Use</th>
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<td><strong>Speakers from Kenya and Nigeria who discussed electronic medical record (EMR) implementations where patient-level data is collected and merged into a shared health record and/or data warehouse that allows for analysis and reporting of data.</strong></td>
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### 16 June 2020

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<tr>
<th>Community Meeting</th>
<th>DUC Meeting - Kick-off</th>
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<td><strong>Practitioners presented their experiences and research from Mozambique, Uganda, and Zambia on viral load suppression, root causes of missed appointments, understanding LTFU, and clinical mentoring to health care providers. This led to a rich discussion on the role of patient experience and satisfaction in retention in care as well as information systems investments made to improve retention, given limited resources. Several practitioners on the call noted that rudeness and poor treatment of patients are common in many facilities. These negative experiences occur from reception through provider interactions. There are little data available to practitioners on patient experience and its impact on LTFU. Further, practitioners noted that interventions to improve health workers’ attitudes towards patient and patient satisfaction have not been widely disseminated.</strong></td>
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