

13 October 2020 DUC Meeting 4 Summary “Engaging and Building Impact Squads”.

In this meeting, we reviewed the [emerging themes](#) that our Impact Squads are currently forming around:

1. [Appointment management](#) – The ability to know which patients are supposed to return and when they are supposed to return.
2. [“Missed Appointment” identification](#) – Identification patients that have missed an appointment or a medication pick-up and require an intervention.
3. [“Missed Appointment” resolution](#) – The methods for documenting the status of a patient that has missed an appointment or a medication pick-up and integrating this data into appointment management and defaulter tracing strategies.

Within these three impact squads, and as new themes emerge, we will use Discourse to share best practices, document gaps and needs, and propose ideas and recommendations. As we test and implement solutions, we will also share our learning on Discourse.

As we start on this journey, we are asking community members to share their experiences via our meetings and via Discourse. During this month's meeting several members shared their experiences:

- Edwin Mulwa of the [FACES](#) (Family AIDS Care and Education Services) program in Kenya discussed the frequency of missed appointments and the lack of concordance between paper systems and the EMR. They made use of Ushauri, a digital appointment reminder system developed by [m Health Kenya](#). The automatic messaging has helped reduce the burden of sending reminders but there is a need for additional analytics to be built into the system. This would allow them to examine how many patients are being booked and what is the rate they are keeping appointments. They noted that the early adoption process was challenging, but worth the effort, particularly through adaptations made to ensure the patients do not run out of medication during the COVID19 pandemic.
- Sara Van Rompaey of Friends in Global Health in Mozambique noted similar challenges that Edwin had. Most health facilities have [OpenMRS](#) and they are implementing this with [iDART](#) (Intelligent Dispensing of Antiretroviral Treatment) at dispensaries as a means of tracking medication compliance. While the program was successful so far with long term retention, those new to ART needed additional follow-up for retention. This is challenging in Mozambique where cell phone penetration is low, particularly in rural areas making contact tracing intensive. However, she noted these efforts resulted in both improved retention rates and increased viral suppression.
- Nicky Kimaina of [AMPATH Kenya](#) uses a point-of-care system built on top of OpenMRS. The system allows them to verify if a patient has moved between facilities (150 facilities total, 46 are using MRS, about 80 using [KenyaEMR](#)), so they are not incorrectly counted as LTFU. The system allows for improved appointment management, which has decreased wait times and crowding at the clinics. There are processes to make that data available for report consumption in real-time so users can distribute the load between facilities of when appointments will be.
- Elizabeth Wetzel and Alex Kabwinja shared the experiences of Baylor College of Medicine Children's Foundation in Malawi, which supports 120 facilities. There is a point of care EMR used by providers and a back-end system, eMastercard, used for retrospective data entry. They noted that gaps in data make it difficult to quantify true LTFU.
- Osoiti Osoiti of the [Afya Nyota ya Bonde](#) project in Kenya noted that almost half of their 65 sites are using KenyaEMR. He noted that having a POS system improves data use giving access to real-time data though they are not able to share data with non-KenyaEMR systems.
- Steven Wanyee of Kenya developed a proof of concept for the implementation of a digital health solution focused on HIV/TB/Family planning programs, specifically targeting cross-border health service delivery. This is an issue not only for interoperability but legal ramifications of sharing data between countries.

Finally, the facilitation team closed out the meeting by encouraging community members to post any unanswered questions to Discourse and to get involved in [Impact Squads](#).