12 January 2021 DUC Meeting 6 Summary "Approaches to Patient Reminders and Tracking"

We opened our meeting with a summary of our progress so far, which has led us to the topic, "Approaches to Patient Reminders and Tracking". We revisited the discussion on Client Registries and patient linking opportunities. For more information about Open Client Registry (OpenCR), contact Cathy Pak at cathy.pak@icf.com. The slides from the OpenCR presentation can be viewed on Discourse here.

The meeting featured three presentations of solutions for patient reminders and tracking:

- Unified Data System: 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.
- Ushauri: Family AIDS Care & 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. Additionally, it includes an appointment diary for providers and a defaulter tracing module for managing patient's appointments at the facility level. The application can be used as a standalone tool or integrated into an EMR. The use of the tool has resulted in improved retention rates. As part of the COVID-19 response, they were also able to adapt the tool to ensure patients, whose travel had been limited, had adequate ARTs.
- Two-way texting (2WT): 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. 2WT provides motivational adherence messages to patients, appointment reminders, and missed appointment alerts and also records responses indicating that the patient has transferred care or if they need to change a visit date. The tool is also used to support follow-up for Voluntary Medical Male Circumcision (VMMC) patients to help identify those who require follow-up visits.

The slides for each of the presentations can be accessed from the DUC Discourse page.

During the discussion of these three presentations, we touched on the importance of aligning back-end data models from the start of the project to ensure integration with other tools. We also discussed the types of technologies used and why they were selected. Presenters emphasized the need for cost-effective solutions that supported offline capabilities. Participants also asked several questions regarding data integration and improvement on outcomes. Overall, we had an engaging discussion of these solutions. Please post follow-up questions and thoughts to our Discourse "Questions" page.