13 April 2021 DUC Meeting 8 Summary "Intervention Touchpoint: Reactive Adherence Counseling"

This meeting built on the conversations that happened in March meetings on the working model. The model features several intervention touchpoints that need to be examined further to define best practices and document the experiences of those working in HIV care and treatment.

For April, we focused specifically on reactive adherence counseling: *Attempting to support someone who previously has demonstrated a gap in treatment continuity to prevent further gaps from occurring.*

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 enacting 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 tracing.
- **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.

This meeting was particularly effective at sparking conversations to share ideas and ask questions of the presenters and has certainly set a standard for how we hope to drive these meetings forward in the future; allowing space for multiple presenters to share their experiences and knowledge as well as time for the community members on the call to ask questions, share ideas, and their own perspectives.

If you didn’t get a chance to attend this meeting or you need to leave the call a little early, we hope to see you at the upcoming DUC Debrief (April 20) to resume this topic. We will also be posting slides and a recording of this meeting on this wiki page.