Highlights of dissemination meeting of the WHO Integrated Management of Adult and Adolescent Illness (IMAI) approach, Chennai: February 7, 2009

BACKGROUND: In collaboration with district administration and health services, WHO India office, TANSACS, KSAPCS, St. Johns Medical College, KHPT, and SAATHII; the IMAI public-health model of decentralized HIV services was piloted in Tamil Nadu (Karur district) and Karnataka (Davangere district) April-December 2007.

Key learnings were shared at the IMAI dissemination meeting held February 7, 2009 in Chennai. Presenters included:

Dr. DCS Reddy, WHO
Dr. S. Vijayakumar, TANSACS PD
Dr. K. Karthikeyan, Director, Engender Health (formerly WHO)
Dr. John Jude Joshua, ART MO Karur
Dr. Kathari, ART MO Davangere
Ms. Padmavathy, President Karur District Positive Network
Dr. John Stephen, St. Johns Medical College
Dr. Balu Palicherla, Davangere Medical College (formerly KHPT consultant)
Dr. L. Ramakrishnan, Country Director (Programs and Research) SAATHII
Dr. Shilpa Modi, WHO consultant

LEARNING 1: COSTS OF IMAI

It was explained during the dissemination that the average cost of training health-care providers using IMAI works out to about Rs. 8000/- per health care provider for a five-day package. This is twice the cost of comparable training programs. However, this includes the cost of training Master Trainer and Expert Patient Trainers, both categories that can be used for further training and scale-up, thus making the per-capita cost lower due to economies of scale.

Analysis is underway by WHO to quantify the economic benefits in terms of reduced hospitalization due to timely management of clients at peripheral levels, benefits to clients in terms of reduced necessity to travel to ART Center, and benefits to ART Center with respect to lowered client burden when fewer numbers of clients need to be on ART as their pre-ART care at peripheral levels delays disease progression.

LEARNING 2: APPLICABILITY OF IMAI TO PRIMARY CARE – HIV AND BEYOND

IMAI offers an integrated approach to patient management at the primary care level:

- A public health approach to strengthening services at district and sub-district through a standardized, structured training package
- Integration of prevention of illness and care of the adult in a single health care package (Malaria, TB, pneumonia, STI, sexual health, chronic diseases, HIV etc.)
- Emphasizes core competencies and skill-based learning
- Introduces chronic care (applicable to HIV, Diabetes Mellitus, Hypertension.)
- Uses the ‘user’ i.e. patients in the training of healthcare workers through the Expert Patient Trainer (EPT) concept.

IMAI package consists of standardized, simplified guideline modules and training manuals on Chronic Care, Acute Care and Palliative Care. All technical guidelines are consistent with NACO protocols.

Chronic care course is based on **5 As** and **10 General Principles** of good chronic care, which are applicable to HIV, Diabetes Mellitus, Hypertension, among others.

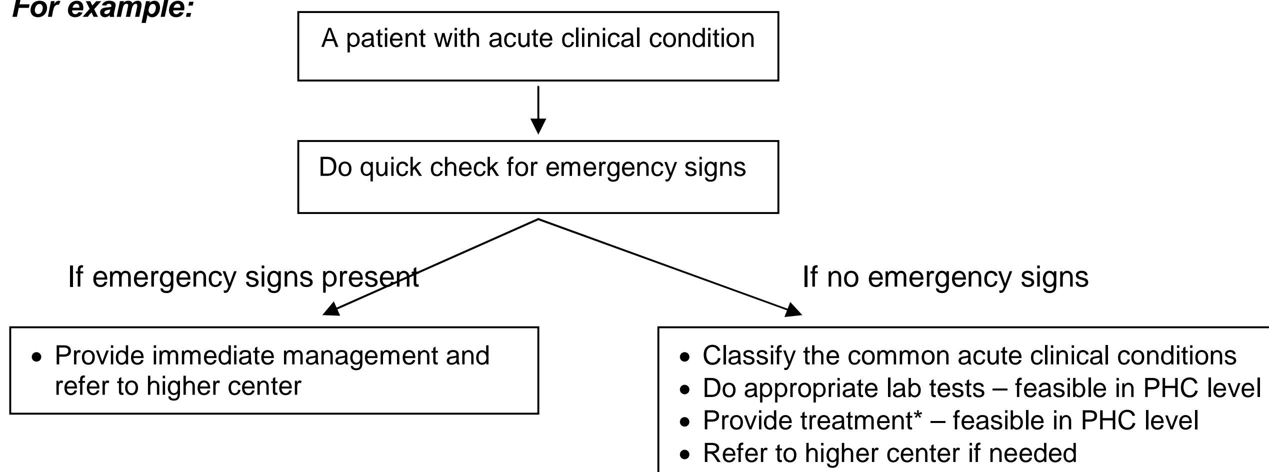
Acute care course provides a structured approach to the primary health care doctors in managing common acute clinical conditions (adult and adolescent), which they come across daily in their healthcare facilities. Acute care helps the medical officer to check for the following in all patients:

a) Cough or difficult breathing
b) Malnutrition and anemia
c) Genital or anal sore, ulcer, wart
d) Genito-urinary symptoms or abdominal pain in men and women
e) Mouth or throat problem
f) Pain
g) History of medication
h) Fever
i) Diarrhea
j) Skin problem or lump
k) Headache or neurological problem
l) Mental health

Follow up care for acute illnesses:
a) Pneumonia
b) TB
c) Malaria
d) Persistent diarrhea
e) Oral or Oesophageal candidiasis
f) Anogenital ulcer
g) Urethritis
h) STIs

The approach in the acute care guideline module differs from regular medical textbook approach (which is based on systems) and trains health care providers to use a more **clinical/practice-based approach**.

For example:



* Provision of care is based not only on presenting complaints alone, but based on whole person care – for example, though the patient presents with fever, looking into mouth/oral cavity, genital examination etc, is emphasized in this approach.

LEARNING 3: LINKING PREVENTION WITH CARE, CO-INFECTION MANAGEMENT, AND TREATMENT LITERACY

The IMAI roll out has enabled strong linkages between prevention activities (motivating clients at field level to go to ICTC, and referral to care-continuum and positive prevention services) through the involvement of people living with HIV. The treatment literacy and health-seeking behavior of PLHIV communities has also been increased.

Some key outcomes presented at the dissemination include

- Increased referrals to ICTC from PHC by health-care providers, and from community by Expert Patient Trainers.
- Increased referrals from ICTC to ART center for timely initiation of ART
- Back referral from ART center to PHC for management of minor OIs / other illness.
- Teamwork and collaboration between RNTCP – ICTC that facilitates mutual referrals for testing for HIV and TB.
- Positive prevention among their peers, through Expert Patient Trainers.
- Availability of PEP in all health settings.
- Provision of prevention related information at Primary health center level by IMAI trained paramedical staff and the medical officer.
- OI management at Primary health center level.
- Prophylaxis treatment at PHC level.
- Positive deliveries at Block PHCs.
- Maintenance of Patient treatment record at all health facilities, which facilitates continuum of care.
- Access to stigma free treatment services across all health settings in the district.
- Early diagnosis at primary level health center reduces disease progression

LEARNING 4: IMAI STRENGTHENS ART AND LINK ART CENTER SERVICES

The Karur ART Center, started in April 2007, has a zero lost-to-follow-up rate, due to diligence of IMAI-trained doctors, paramedical staff, strengthened documentation, and involvement of Expert Patient Trainers and other PLHIV for follow-up. The Karur ART M.O. Dr. John Jude Joshua explained the process of monitoring of client appointments and follow-up in detail at the dissemination meeting.

Implementation of IMAI also helped formation of Link ART center at Karur district in two of the Taluk level hospitals. The LAC is functioning well as both the hospitals have a team of health care providers trained on IMAI. In addition to the NACO-mandated support to clients on ART, PLHIV who are pre-ART are also able to avail of frequent monitoring and OI management at these facilities.

LEARNING 5: GIPA IN ACTION

Greater Involvement of People Living with HIV/AIDS, which is a key principle of NACP-III, is seen in the IMAI approach through the involvement of Expert Patient Trainers, and involvement of district-level network in follow-up of clients registered at the ART Center to maintain zero LFU, as explained above.

LEARNING 6: IMAI FACILITATES TASK-SHARING WITHIN FACILITIES, REFERRALS ACROSS FACILITIES, AND IMPROVED DOCUMENTATION

IMAI roll out has facilitated task sharing and task shifting at the primary level, block level and Taluk level hospitals selected for the pilot. Such task sharing and task shifting allows clients with less serious conditions to be seen by paramedicals, which reduces patient load to the doctors and facilitates quality provision of treatment services. Those patients come for regular diabetic and hypertension care are seen by the staff nurse and channeled to the medical officer on need basis. This task shifting (sequence of care) is achieved through the team of HCP trained in the health facility.

Further, the training of lab-technicians in counseling as part of the IMAI roll-out (requested by the District Collector in Karur) allowed lab-technicians to assist in providing pre-test and post-test counseling in situations where ICTC counselors were deputed from block to additional PHC.

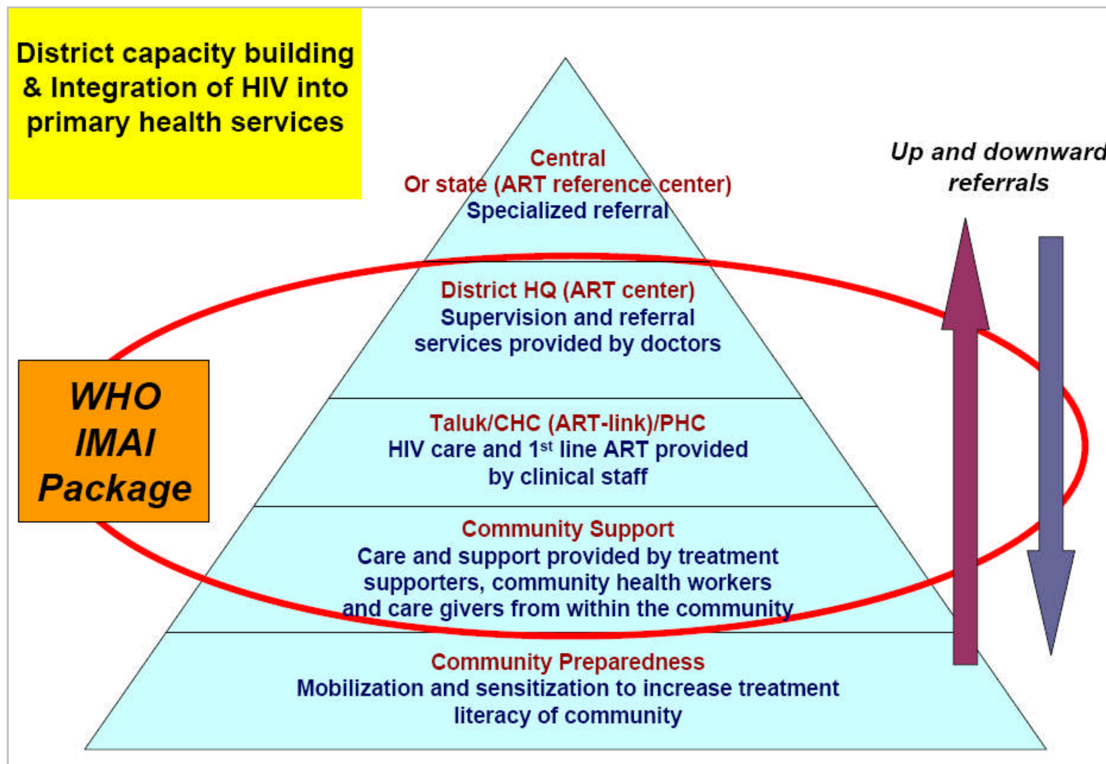
Building integrated approach and a clinical team
Principles of training the integrated approach in districts and improving networking, referrals and linkages

In order to get <u>good referral and linkages</u>, need to train people together to act as a team	*People need to have shared common experiences to network amongst each other*
In order to have <u>sharing of tasks & enable task-shifting</u>, the clinical team must understand each other and know they can trust each other	*The foundation knowledge base is the same. Depth and emphasis will be according to the service delivery level/cadre of healthcare provider*
In order to ensure there is no vacuum when Dr/nurse leaves the health center, the new person should have the <u>same core competencies</u> when joining that center	*Use a standard structured package to train healthcare providers in the district/state to ensure core foundation of knowledge and skills*
In order to have good linkage and network as well as ownership of the community of the services at primary level, need to <u>involve the community</u> as part of the solution to problems and for linkage and referrals	*Use the 'end-users of the health services' as part of the training of the 'providers of the services' – effectively linking the 'supplier' and the 'demand'*
To <u>translate knowledge to practice</u>	*Strategies for follow-up post-training including mentoring (facility-based/ individual), district-based CME/coordination meetings etc*

Improved documentation: IMAI has both strengthened existing documentation and helped established new documentation in terms of PTR, referral slips and patient notebook at PHC level, for both pre-ART and on-ART clients. This has helped in tracking ICTC-diagnosed positive clients and bringing them to ART center, and in tracking forward and backward referrals within the health system. The following data for Karur were collected using the combination of referral slip verification and registers.

SL.NO	Name of the Health Facility	Referrals from ART Center			Referrals to ART (	
		Male	Female	Total	Male	Female
1	Aravakuruchi	4	2	6	10	8
2	Chinnadarapuram	0	3	3	2	4
3	Corporation Hospital	0	0	0	1	5
4	Govindampalayam	1	1	2	0	0
5	Kadavur	0	0	0	3	0
6	Karur GH	0	0	0	15	8
7	Panjapatty	0	1	1	5	1
8	K. Paramathy	0	2	2	0	0
9	K.R. Puram	0	0	0	2	3
10	Kulithalai	7	4	11	9	12
11	Malaikoviloor	1	1	2	6	3
12	Manmangalam	2	2	4	2	2
13	Mylampatty	1	3	4	7	4
14	Pallapatty	2	1	3	1	1
15	Sengal	2	0	2	0	1
16	Sepalapatty	1	0	1	0	0
17	Thogaimalai	3	1	4	3	5
18	Uppidamangalam	1	3	4	0	1
19	Vangal	0	1	1	0	0
20	Velayuthampalayam	3	1	4	2	4
Total		28	26	54	68	62

District capacity building paves the way for system strengthening and community participation, whilst integrating HIV into health services.



LEARNING 7: TRAINING MATERIALS ADAPTED AND PRE-TESTED

The IMAI rollout has resulted in the development of materials customized to the Indian context, with materials for paramedicals and Expert Patient Trainers available in local languages.

Guidelines (used as Job Aids too)	Training manuals	Toolkit and Job aids	Clinical Mentoring kit
• Acute Care • Chronic Care • Palliative Care	• Acute Care course for Doctors - Facilitators' guide - Participants' manual • Chronic Care course for Doctors - Facilitators' guide - Participants' manual • Nurses and Paramedical Staff - Facilitators' guide - Participants' manual • Course Director's manual with CD • Expert Patient Trainers' course - Facilitators' guide - Participants' manual - Handouts	• Flipchart for patient education • Posters • Photo booklet • Desk reference flipchart • Yes/No cards • Side effects cards • ART regimen cards • ART indication cards	• Pocket guidelines • Participant manual

SUMMARY: Presenters suggested that IMAI would be a useful tool for district- and sub-district level capacity building, including doctors and paramedical staff at PHCs, taluk-level hospitals, ART Link Centers, Community-Care Centers; and also for building patient literacy and engendering greater involvement of people living with HIV/AIDS.