What is needed to implement differentiated models of care?

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### Vision for differentiated care

To support districts to achieve optimal individual and population outcomes by facilitating systems of differentiated care and adherence support

**Principles:**
- A continuum of care that empowers clients to self-manage
- Quality, person-centred care
- Efficiency
- Community-based care
- Comprehensive, integrated care

**Delivery team:**
- District, sub-district, facility management
- Clinicians
- Pharmacy staff
- Counsellors
- Administration & data clerks
- Community

### Models of differentiated medication distribution supported by Anova

**National Adherence Strategy:** how we realise differentiated care

1. **Pre-packed community-based**
2. **Pre-packed facility-based**
3. **Non pre-packed facility-based**

**Adherence clubs:** community venues, peer support & structured adherence support

**Facility pick-up points:** collect medications; don't visit pharmacy; individual support

**Pharmacy fast lanes:** fast track at pharmacy

**Alternative distribution sites:** large groups, community venues, HIV & NCDs

**CCMDD:** community pharmacies, no group element

**Level of group adherence support**
- High:
  - Community
  - Venues
  - Peer support
  - Structured adherence support

- Low:
  - Individual medication

### Elements required to successfully support implementation

**Leadership & governance**
- Change management
- Understanding purpose of differentiated care
- Quality improvement culture and strategies

**Service delivery**
- Systems in place for clients to enter and exit to clubs
- Systems for identifying stable clients; ongoing process
- Systems to identify & trace people who do not attend

**Health workforce**
- Understanding guidelines & criteria
- Understanding roles of team members
- Skills development & strategies

**Data & info systems**
- Systems in place to monitor size & number of clubs
- Systems to monitor people exiting clubs & reasons
- Systems to ensure visits & VL captured into Tier net

**Community engagement**
- Communication about purpose, functioning of clubs
- Interacting with community NGOs and community groups
- Identification of appropriate community sites
- Systems for timely rescripting

**Medicines**
- Pharmacy capacity to pre-pack medications
- Maintaining supply chain for pre-packed medications

**City of Johannesburg**
- 133 community adherence clubs
- 594 facility adherence clubs
- 16 970 adherence club clients
- 2 144 CCMDD clients
- 91 fast lane clients
- 84.9% medication from CDU
- 1.0% return to monthly facility visits

**Cape Winelands District**
- 11 alternative distribution sites
- 26 facility pick-up points
- 2 575 alternative distribution clients
- 2 487 facility pick-up point clients
- Most medication from outsourced CDU

**Mopani District**
- 382 facility adherence clubs
- 11 355 adherence club clients
- 750 fast lane clients
- No CDU - medication pre-packed at facility or hospital
- 0.1% return to monthly facility visits

*As at end Dec 2017

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### Conclusions

- Implementation of differentiated care is complex and requires system change
- Context is important and combinations of existing and innovative models of care should be used in different settings
- As with all policy implementation, planning, resources and support are required; these should not be underestimated

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