

Spotlight: Philippines

Improving Complex Medical Management of People Living with HIV



Healthqual

UCSF

UCSF Institute for Global Health Sciences



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Background

HIV remains a pressing concern in the Philippines given a steady rise in new infections. Ensuring the quality of HIV care for people living with HIV (PLWH) stands at the forefront of healthcare challenges to achieve health outcomes and prevent onward transmission. Furthermore, notable gaps remain in achieving targets for viral load suppression particularly because of challenges with access to viral load (VL) testing and genotype testing in the Philippines to inform decisions about modifying treatment. As part of the approach to improving HIV care, four Quality Improvement Learning Network (QILN) have been launched through the University of California San Francisco-HEALTHQUAL (UCSF-HEALTHQUAL) and its partners, the Philippine Society for Microbiology and Infectious Diseases (PSMID); and Sustained Health Initiatives of the Philippines (SHIP), funded through PEPFAR/HRSA, including one QILN composed of individual physicians to address the systems in their organizations affecting medical management of patients on second- and third-line antiretroviral therapy (ART) regimens, focusing on **Complex Medical Management (CMM)**. According to the most recent available data from 2023, there are 66,657 PLWH in the Philippines on ART, out of whom 1,936 are on the 2nd line regimen and 343 are on the 3rd line regimen. As of today, the number of patients covered by the CMM Network is 217. This Network adopted indicators to measure VL suppression (VLS), genotype testing, and enhanced adherence counseling support in accordance with Philippine clinical guidelines^{1,2}.

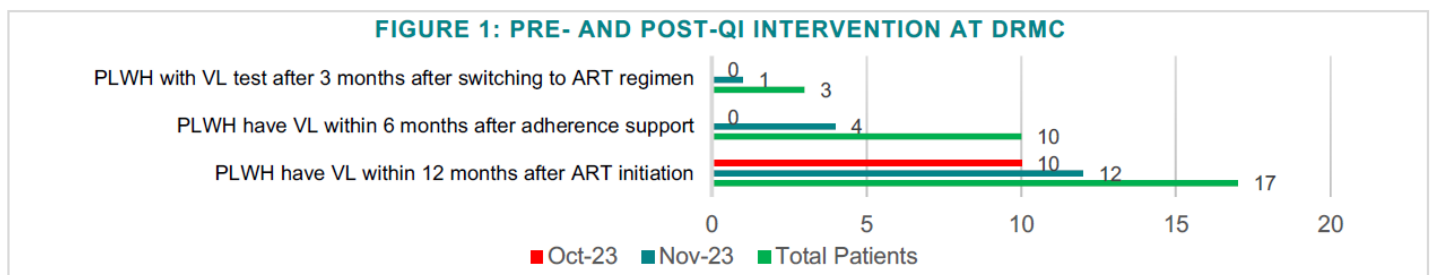
Quality improvement (QI) projects implemented by participants specifically address how to improve the management of PLWH on second and third-line ART regimens by modifying and adapting their internal processes of care in the context of constraints resulting from structural and resource limitations, particularly in terms of limited availability of VL test kits and genotype testing. Genotype tests are only performed in two national laboratories, despite their crucial role in guiding treatment decisions when initial treatment regimens fail. In this Spotlight, we showcase the CMM QI initiatives undertaken in 2024 at three treatment facilities including **Bicol Regional Hospital & Medical Center (BRHMC)**, the **Davao Regional Medical Center Red Star Clinic**, and the **Research Institute for Tropical Medicine (RITM)**. All three illustrate how individual physicians can effectively engage in QI activities and apply them to the systems in which they practice to improve the medical management of patients in their clinics.

QI Interventions and Facility-Level Implementation Steps

Davao Regional Medical Center (DRMC), Red Star Clinic

Through causal analysis, using the 5 Whys method, the Davao team identified two main areas for improvement. The first centered around **treatment literacy**, highlighting the need to educate patients about VL test timing and addressing the gaps of missed testing post-ART initiation, post-adherence counseling, and after-ART switching, as well as reaching out to those who did not show up for their test. The second brought to light the general absence of a process to **routinely embed new Department of Health (DOH) guidelines into clinic processes and procedures**, and to **regularly inform staff** in team meetings about clinical management. Based on these results and prioritization, the QI team chose interventions in several areas, including human resources, standard operating procedures, supplies management and health services. Specifically, these included:

- Adopting the new DOH guidelines on VL testing and genotyping and updating clinic policies to reflect them.
- Improving the availability of VL test kits at the facility level through the Office of HIV/AIDS Treatment and Surveillance (OHAT) reimbursement process.
- Routine case conferencing to review the status of patients who have not undergone a VL test to identify and address the causes of delays.
- Implementation of pre-screening documentation to assess language comprehension and health literacy, specifically ART, VL testing schedules, and interpretation of results.



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[adolescents.pdf](#)) accessed on 13 August 2024

¹ Guidelines on Differentiated Treatment for People Living with Human Immunodeficiency Virus (PLWH) and Prophylaxis for HIV-Exposed Infants (<https://www.ship.ph/wp-content/uploads/2022/07/ao2022-0024-ART-GL.pdf>) accessed on 13 August 2024.

QI Interventions and Facility-Level Implementation Steps (cont'd)

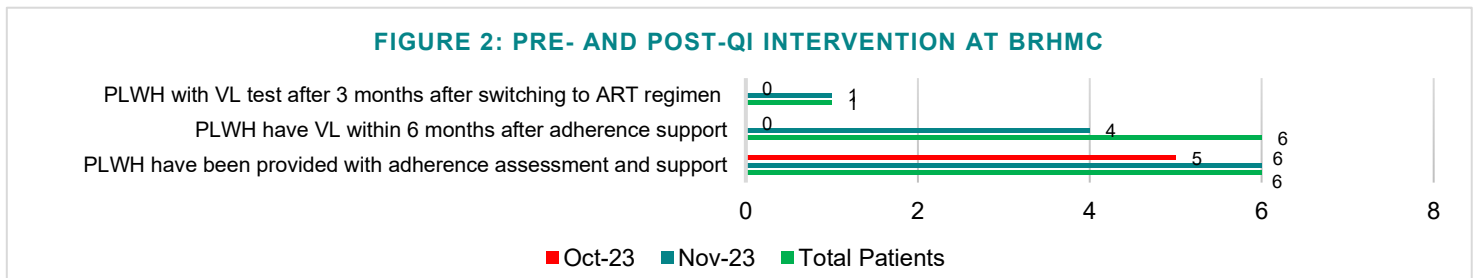
Bicol Regional Hospital and Medical Center (BRHMC)

Causal analysis revealed that there is limited access to VL testing at BRHMC because of an insufficient budget to purchase the necessary supply of test cartridges. This shortage has resulted in low rates of testing at 6 months following adherence support counseling and after changing ART regimens.

The team also identified limited access to genotyping as a barrier because of long waiting times for the test, the return of test results and fear of HIV status disclosure, especially at the agency office where qualification for indigency status for those who lacked coverage or funds for the test. To address these identified issues, the QI team executed two key interventions in the areas of budget planning, health services, and financial support policy, specifically:

- The HACT Director **secured funds** to purchase VL cartridges through reallocation from the Gender and Development Fund.
- The VL testing **schedule was increased** from two days to five days per week.

Shortly after this investigation, new regulations were issued that have eliminated the requirement for a certificate of indigency in programs requesting financial assistance for these services, obviating the need to address this problem by the Clinic. Nonetheless,



Research Institute for Tropical Medicine (RITM)

At RITM, **Clinical Audit** sessions are held on a monthly basis to review and evaluate the quality and effectiveness of the clinical care provided, aiming to identify concerns related to treatment and patient management. This activity provides an opportunity for inpatient and outpatient departments to discuss both individual patient management and identify clinic system issues that could be improved. Led by the infectious disease fellows, the clinicians convene and collaborate with a focus on improving the quality and safety of patient care. Discussion focuses on the management of treatment for a specific person, which may lead to adjustments of clinical protocols for patient management and system changes for clinical or facility processes. As part of the CMM Network, the team focused on clinician performance as a process to improve the rates of VLS, appropriateness of medication regimens, and access to comprehensive care services.

Through these audits, one issue that arose was an increase in the switching of ART regimens because of a perception of TDF nephrotoxicity, however, the regimens were not being switched according to the standardized criteria that define a specific threshold for the change. In other circumstances, regimens were switched because of stockouts of non-TDF NRTIs*. As a QI intervention, **clinic policy was changed** so that all decisions about switching regimens **involve consultation with the designated infectious disease consultant** of the day. Additionally, a **bi-monthly ARV management meeting** was established to review challenging cases related to HIV regimens and resistance, with recommendations conveyed to policymakers if issues were related to national policy or

Lessons Learned

1. **Proactive VL test kit management:** Proactive management is crucial to sustainably improve the availability of VL test kits at the facility level.
2. **Routine care management discussions:** Regular meetings facilitate communication and identification of issues that need to be addressed for the optimization of patient care.
3. **Adherence and support:** Implementation of pre-screening to determine the need for adherence serves as a preventive measure, enabling early identification to target support.
4. **Systems level approach:** A comprehensive approach to ensuring access to viral load and genotype testing, especially in the context of intermittent shortages and stockouts, requires proactive planning and adaptive solutions with coordination of adherence counseling services.
5. **Community engagement and confidentiality:** Engaging local leaders and educating them about patient confidentiality will reduce fears of disclosure and the reluctance of PLWH to attend appointments at public offices to obtain needed benefits.
6. **Collaboration and interdisciplinary approaches:** Success in addressing complex health challenges relies on effective coordination across various departments, and the active engagement of community stakeholders.
7. **Opportunities for learning and improvement:** Clinical audit sessions provide a platform for healthcare professionals to learn from each other and identify areas for improvement in patient management and treatment protocols.
8. **Establishment of referral protocols:** Developing clinic guidance and standardized criteria for referrals to clinical experts for patients with drug resistance will promote better quality of care and selection of regimens.

*tenofovir disoproxil fumarate; non-nucleoside reverse transcriptase inhibitor