Mini-Oral Abstract Presentations 2

#11 Does Navigated Linkage to Care Work? A Cross-Sectional Study of Active Linkage to Care Within an Integrated Non-Communicable Disease

Kathryn Hopkins, South Africa

Does navigated linkage to care work? A cross-sectional study of active linkage to care within an integrated non-communicable disease-HIV testing centre for adults in Soweto, South Africa

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Background, Methods and Aims

BACKGROUND: South Africa is experiencing a collision of epidemics – HIV/AIDS and non-communicable diseases (NCDs). We need to improve identification and initiation of care for HIV and NCDs.

STUDY DESIGN, SETTING AND SAMPLE: Two-phase prospective study of convenience sample of adults utilising a standard of care HIV testing services (HTS) centre in Soweto, South Africa.

AIMS:

1. Compare proportions of clients linked to care and initiated on treatment,
2. Investigate time to care and treatment, and
3. Understand client perceptions

Phase 1, Standard of Care

- Screening: BP measurements; symptoms screen for general STIs and TB; HIV rapid testing
- Referral: Passive linkage to care

Phase 2, HIV-NCD Integrated

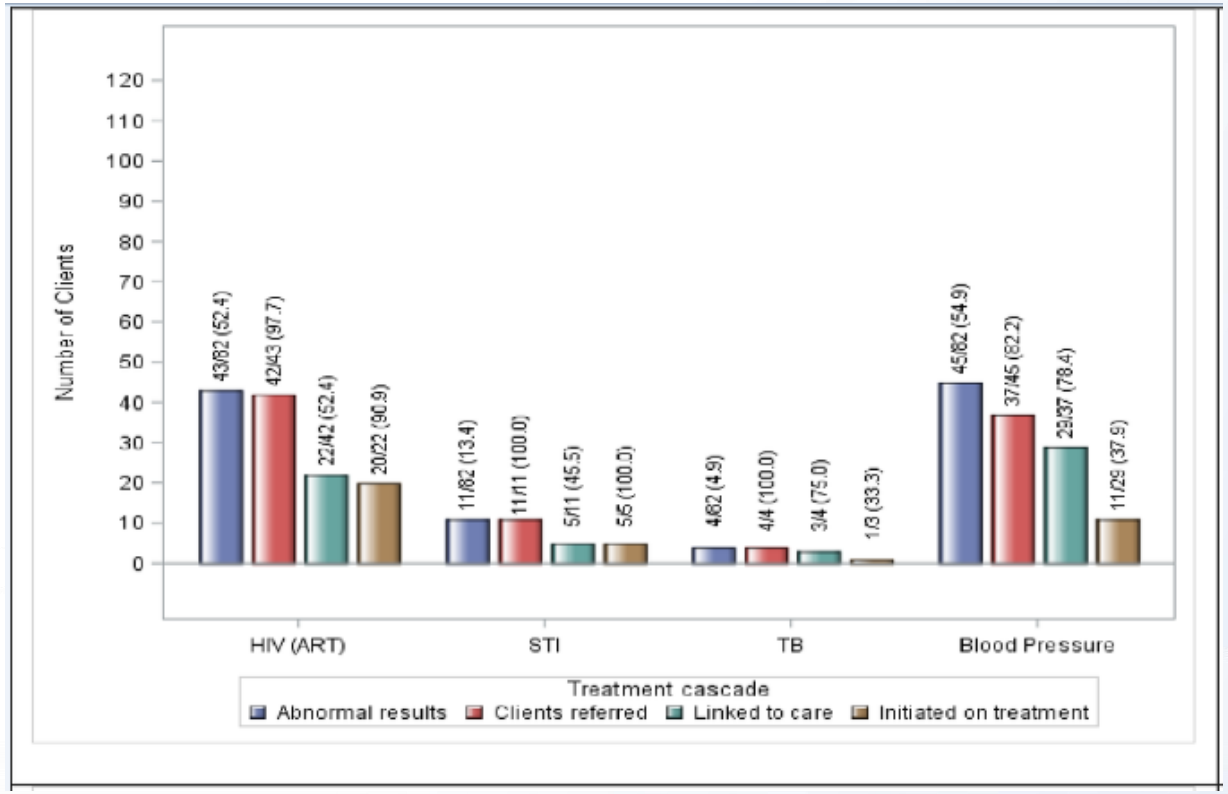
- Screening: Standard of care, rapid blood cholesterol (full lipid profile) and glucose (both average [HbA1c] and random)
- Referral: Optional peer-navigated linkage to care with driver

Telephonic Follow-up

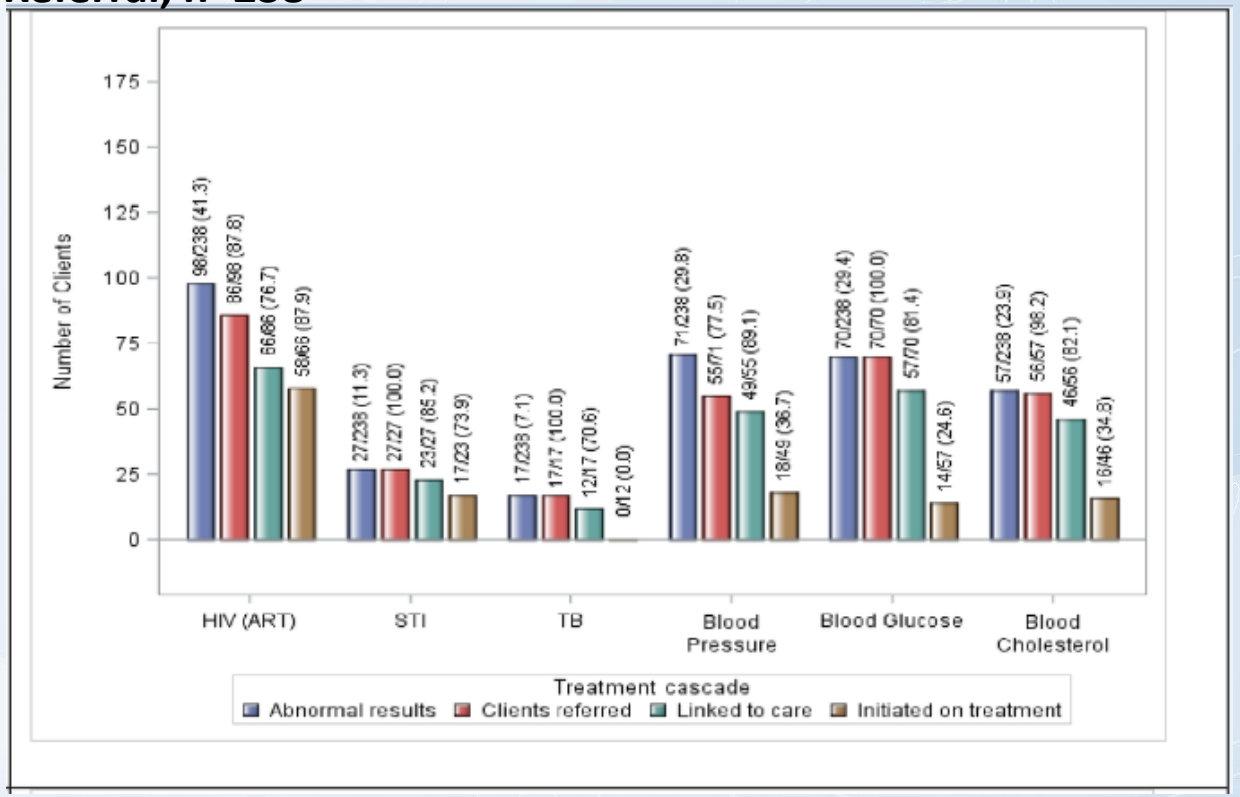
- Phase 1: At 1, 2, and 3 months post clinic visit
- Phase 2: Same-day, and at 2 weeks, 1-, 2-, and 3- months post clinic visit

Results (1)

Standard of Care HTS Care Cascade with Passive Referral, n=82



Integrated NCD-HTS Care Cascade with Optional Peer-Navigated Referral, n=238



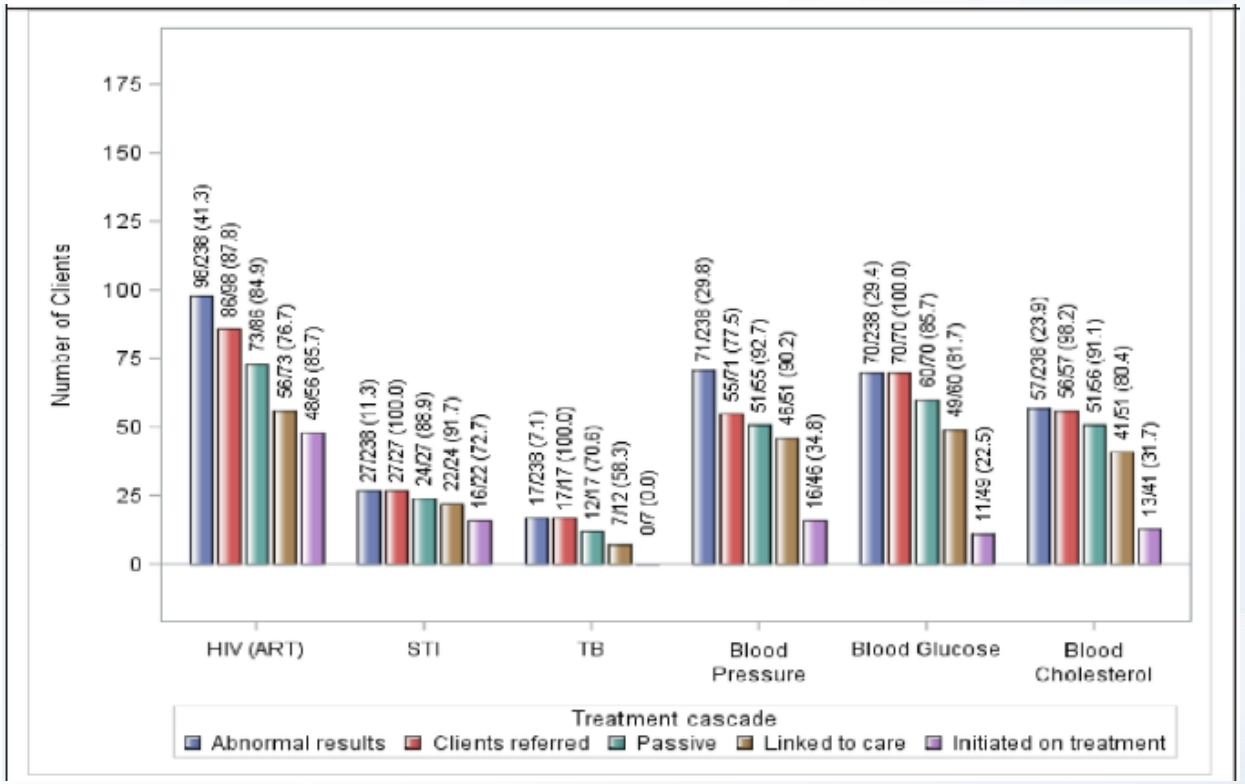
Integrated NCD-HTS had significantly more clients linked to care for HIV (76.7%[n=66/86] vs 52.4%[n=22/42], p=0.0052).

While not significant, integrated NCD-HTS clients:

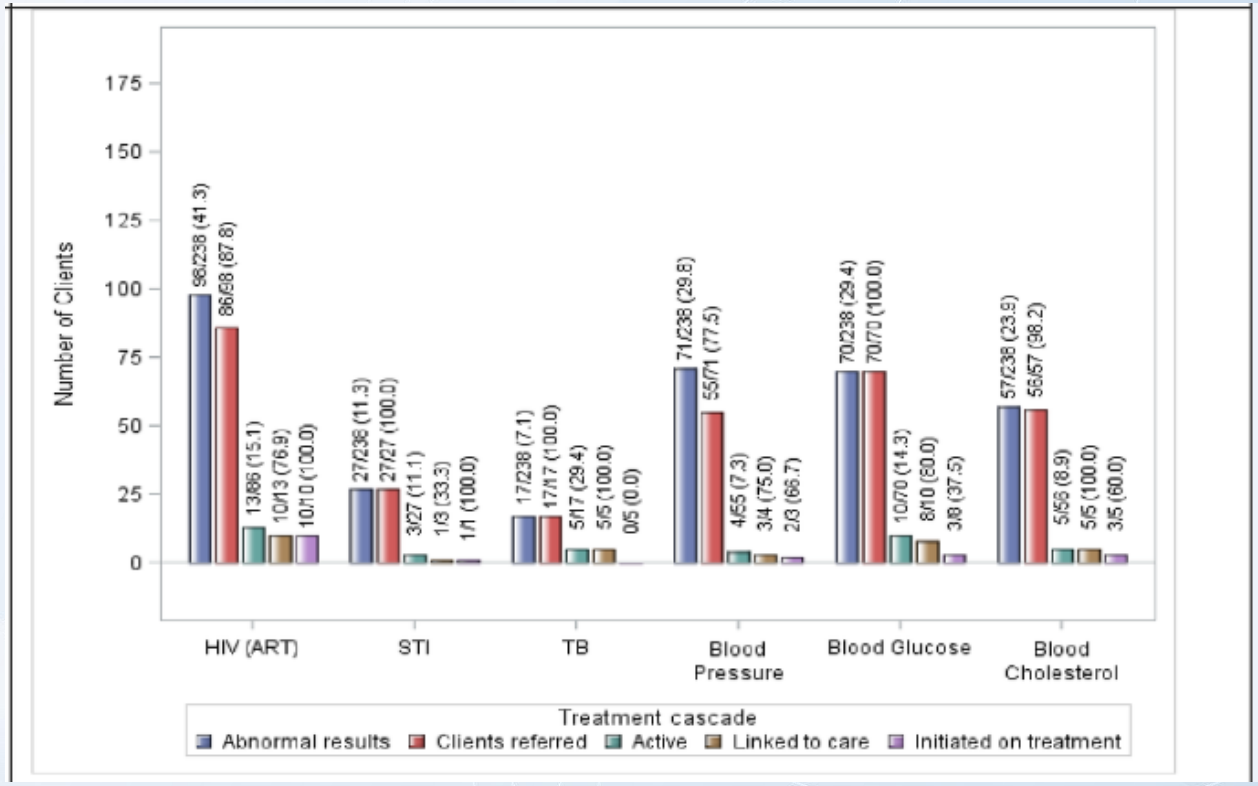
- Reached care within shorter average time across diseases (6-8 days [Interquartile range (IQR):1–18.5] vs 8–13 days [IQR:2–32]), and
- Initiated HIV/STIs/BP treatment on average more quickly (5–8 days [IQR:1–21] vs 8–20 days [IQR:2–29)].

Results (2)

Integrated NCD-HTS with Passive Referral Care Cascade



Integrated NCD-HTS with Peer-Navigated Referral Care Cascade



Significantly more clients chose passive referral over active referral (89.1% [n=212/238] vs. 10.9% n=26/238]; p<0.0001).

There were no other statistically significant differences between passive and active linkage to care and treatment worth noting.

Results (3)

Themes	Sub-themes	Frequency	Examples of HTS Client Responses
Reasons for choosing passive referral over active referral (N=70)	Prefer to go alone	55.7% (n=39/70)	'I can manage on my own.'
	Close proximity/familiar with referral clinic	11.4% (n=8/70)	'Clinic is nearby and I am familiar with it.'
	Chose to self-support	8.6% (n=6/70)	'I believe I have to take responsibility and go alone.' 'I will [have to] go to the clinic [alone] anyway for my treatment.'
	Have own transport	7.1% (n=5/70)	'I will use my car to my referral clinic.'
	Already have a support system	5.7% (n=4/70)	'I have my sister.'

Themes	Sub-themes	Frequency	Examples of HTS Client Responses
Reasons for referred HTS clients not linking to care (N=95)	Too busy	41.1% (n=39/95)	'I was busy with a part time job, but when I have time, I will go.'
	Not ready for treatment	23.2% (n=22/95)	'I still want to digest the whole thing, then I will go.' 'I am not ready to take treatment.'
	Unable to attend clinic	14.7% (n=14/95)	'I have not gone to my referral due to personal and family reasons.' '[I do not] have money to go to the clinic…'
	Treatment refuser	8.4% (n=8/95)	'[I] never went to the clinic and [I] will not go. [I am] not ready to start treatment at the clinic, they'd want to [initiate me].'
	Waiting for partner	4.2% (n=4/95)	'I am still busy discussing it with my boyfriend.' '[I] didn't go, waiting for [my] boyfriend to go with [me].'

Themes	Sub-themes	Frequency	Examples of HTS Client Responses
Reasons for HTS clients who linked to care not initiating on treatment (N=196)	Normalised condition/negative results upon reassessment	49.7% (n=97/196)	'The doctor checked [my] cholesterol and it was found to be within normal levels.'
	Prescribed healthy lifestyle modification	16.2% (n=32/196)	'[I] went to the clinic, but they didn't initiate [me]. They said [I] must boost [me] iron by changing [my] diet and eat[ing] more of the food that boosts iron.'
	Continued monitoring	14.7% (n=29/196)	'[I am] being advised to change diet and come back to clinic regularly.'
	Already on medication	6.1% (n=12/196	'[I am] already on treatment, so [my] medication was not changed…'
	Follow-up laboratory results/counselling needed	6.1% (n=12/196)	'I was given a date to come back after blood was collected, but [I haven't gone back due to hectic work schedule'. '...[I am] still attending adherence classes and still [need] to go back when free at work…'].
	Not helped	4.6% (n=6/196)	'I couldn't open file, because the clinic was full.' 'They said they won't give me treatment, because it is caused by stress - even when it was 168 over 110.'

Discussion and Conclusion

Optional peer-navigated referral has promise, however peer-navigated referral:

- Was not as popular a choice amongst HTS clients as passive referral, and
- It did not equate to significantly increased treatment uptake.

Actual time to treatment is far longer than same-day across disease platforms, even with navigated referral. We identified both **psychosocial and health systems-related barriers** which delayed or denied initiation treatment across conditions:

- Psychosocial: Stigma-related
- Health systems: Structural (e.g.; overburdened referral clinic) and policy-related (i.e.; healthcare management policies were not correctly implemented)

Pro-active patient case management approaches including both telephonic and physical patient tracing are recommended, and must address psychosocial and health systems barriers at the point of care. Additional research may identify best strategies for timely treatment initiation.

THANK YOU!

If interested, please see the published manuscript:

Hopkins KL et al. Does peer-navigated linkage to care work? A cross-sectional study of active linkage to care within an integrated non-communicable disease-HIV testing centre for adults in Soweto, South Africa. *PLOS One*, 2020. 15(10): e0241014. https://doi.org/10.1371/journal.pone.0241014