

Understanding reasons for CCMDD patients missing their scheduled appointments in PHC clinics in Ehlanzeni District, Mpumalanga

Rofhiwa Mulibana, Chuka Onaga, Kgadi Moremi, Saul Maunatlala, Kylie King, Emeka Okonji, Admire Chirwodza, Pappie Majuba, Charles Chasela, Waasila Jassat

Right to Care, South Africa

Background and objectives

Retention in care is required for optimal clinical outcomes in people living with HIV (PLWH). Right to Care (RTC) supports the Centralised Chronic Medicines Dispensing and Distribution (CCMDD) programme to assist stable patients to access chronic medicines. The study aimed to determine reasons for missed appointments and if patients subsequently returned to the clinic for their prescriptions.

Methods

RTC team in Ehlanzeni district conducted file audits of dormant patients (who missed scheduled appointments with no new prescription received 11 weeks after last medicine collection). The list was checked against the Synchronised National Communication in Health (SyNCH) and Tier.Net systems in the facilities to determine if patients subsequently returned. Reasons for missed appointments were determined through interviews with a sample of patients and clinicians in all facilities. The reasons were discussed with the facilities to help mitigate the findings.

Results

21125/N (26%) of active patients were identified as dormant in November 2020 and 21689/N (16%) in September 2022. The audit findings indicated that 34% of patients had eligible prescriptions that were not renewed and 24% had their prescriptions renewed on File and Tier.net only and not on SyNCH. Reasons for not renewing prescriptions were mainly due to missed appointments, clinicians waiting for blood results before renewing prescriptions, placing patients in cohorts and staff shortage. Some clinicians expressed that it is a tedious exercise to record on the clinical stationary, file and still capture on SyNCH. For some facilities, clinicians' computer literacy as well as network and connectivity issues also affected SyNCH utilisation.

Conclusion

File audits assisted in determining reasons for non-renewal of prescriptions and targeted interventions to prevent patients from becoming dormant were implemented.