Integration of Social Case Management Model in HIV Care and Treatment in the Russian Federation

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ISSUES
Russia’s healthcare system is characterized by a structural separation between medical and social support systems that presents significant barriers to care for PWIH and contributes to poor retention rates among patients who do seek treatment. Other barriers include:
- Fragmentation within the medical and social support systems;
- Poor coordination of care;
- Lack of any institutionalized referral system for related care—as well as retention rates for patients already receiving ART—partners implemented a case management model to improve patient access to treatment and support services. The demonstrated model facilitates coordination of care and has resulted in improved patient outcomes and retention rates at all project sites.

DESCRIPTION
In close collaboration with the Russian Ministry of Health and Social Development, the American International Health Alliance (AIHA) used its highly effective twinning methodology to develop replicable models of integrated HIV/AIDS care, treatment, and support to assist Russia’s ART scale-up efforts. Launched in August 2004, this project was funded by USAID and coordinated jointly with University Research Co. LLC (URC).

To improve the quality and accessibility of HIV-related care—as well as retention rates for patients already receiving ART—partners implemented a case management model. Below is a summary of the key recommendations and lessons learned:

LESSONS LEARNED

Introduction of HIV case management began in 2005 with more than 250 individuals receiving services in the first year. Periodic clinical chart audits indicate that as of May 2008, the number of case management clients has increased dramatically with 450,000 individuals receiving services (see Fig. 1).

The level of integration of the case management system within hosting institutions was the key determinant of success. Integration within substance abuse services proved most difficult. Likely due to registration and follow-up requirements. Integration into social services was also difficult because of a historic lack of connection with treatment facilities. Integration within AIDS service or primary care institutions was most efficient. Using PWIH as case managers proved effective, although concerns remain about burnout and health-related pressures.

Peer-to-peer collaboration between the US and Russian partners helped Russian institutions quickly and efficiently lay the groundwork for positive change. Exchanges served to introduce healthcare professionals and policymakers to a variety of methods for providing PWIH with the comprehensive, integrated care and support they need.

The case management model offers a framework for providing PWIH clinical care coupled with important social, legal, employment, adherence, and other support services. Ongoing M&E efforts indicate that case management effectively improved quality of care, increased patient access to social support services (see Fig. 2), and increased patient adherence to ART at the target sites (see Fig. 3).

KEY RECOMMENDATIONS
With prerequisite government and donor support, case management represents a sustainable strategy for scaling up treatment, care, and support services for PWIH in Russia. As the country continues its ART scale-up efforts, the case management model’s emphasis on patient-focused care can help ensure complex socio-medical needs are met while at the same time improving access, retention, and adherence. When replicating the model, it is important to select appropriate hosting institutions and ensure alignment with their missions, goals, and objectives.