

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 PLWH 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 services and support that would augment and complement ART;
- Care is not patient-focused; and
- Widespread HIV-related stigma and discrimination.

Currently, fewer than 50 percent of all people who have been diagnosed with HIV in Russia are registered at AIDS Centers.

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 used in the United States to facilitate the timely, coordinated provision of medical and social services for PLWH in the target regions of Orenburg and Saratov oblasts and the cities of St. Petersburg and Togliatti.



Case Management Model

Case management is a partnership between patient and provider. A case manager works with a patient to determine his or her needs then coordinates medical care and social services, helping each individual access treatment and support in a timely manner.

Working closely with local health administrations, AIHA and its partners developed case management job descriptions and adapted and translated patient intake forms and assessment tools. URC supported integration of case management positions within existing institutional structures.

AIHA HIV/AIDS Twinning Partnerships in Russia



AIHA's twinning partnerships adapted a US case management model to improve patient access to treatment and support services. The client-centered model facilitates coordination of care and has resulted in improved patient outcomes and retention rates at all project sites.

Individuals from target communities were selected and trained by experienced HIV/AIDS case managers from the United States. Follow-up training and mentoring was conducted at the institutions involved to evaluate quality of care, assess the knowledge and skills of new case managers, and determine areas requiring additional training.

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 450-600 PLWH referred per year at a representative project site (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 PLWH 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 PLWH with the comprehensive, integrated care and support they need.

The case management model offers a framework for providing PLWH 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 PLWH 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.

Figure 1: Percentage of Patients Referred for Case Management at Orenburg Oblast AIDS Center (2005 – 2007)

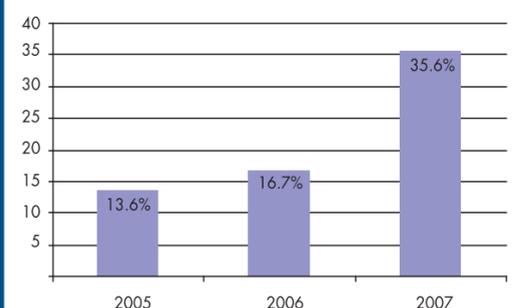


Figure 2: Number of Patients Receiving ART at AIHA Partnership Sites 2007 – 2008

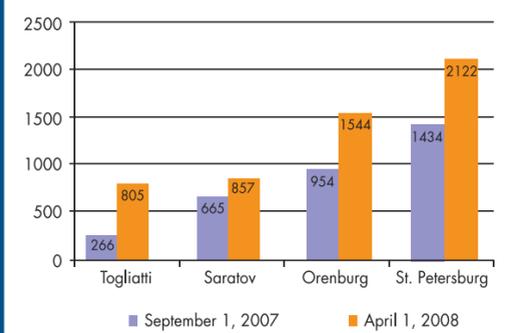


Figure 3: Patient Adherence to ART at Selected Partner Sites

