Sediba Hope Medical Centre: Creating a Self Sustaining Model of Care

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Key message

South Africans still face economic barriers in accessing health care and treatment. At present there are predominantly only two viable options available either expensive private care or public sector services. The latter although very affordable is seldom geared for uninsured patients in full time employment due to long waiting time at facilities. In an effort to overcome these, Sediba Hope Medical Centre was established to provide affordable healthcare to people living and working in the inner city of Tshwane. This non-profit medical centre uses a hybrid model of funding to broaden access to care to include people working in the inner city as well as marginalised and indigent people who are unable to afford private health care. Such groups experience difficulties when accessing care at public health facilities due to long waiting times and negative staff attitudes.

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Summary

The Sediba Hope Medical Centre (SHMC) was initiated as a joint project of PEN, FPD, USAID and PEPFAR in 2012 to develop a self sustaining model of healthcare that provides affordable health care to people living and working in the inner city of Tshwane. It grew out of a PEPFAR funded clinic dedicated to providing free antiretroviral therapy (ART) and has expanded into providing comprehensive primary care and prevention services. The model uses a cross subsidizing approach whereby profits generated by those patients who can pay are used to subsidize marginalised and indigent patients who are unable to pay for medical care.

Challenge

In South Africa access to high quality user friendly health care services is often dictated by ability to afford private health care insurance. For the poorest of the population free to low costs public health care services are available, but the poor face several barriers in accessing such health care. These barriers include travel distances to clinics, high travel cost, co-payments for care, long queues and varying quality of care[1]. To these and other factors visiting a public sector PHC facility is often a full day excursion and for uninsured but employed South Africans the choice is often between sacrificing scarce

leave days to access affordable care or pay out of pocket for private care where the time away from work will be short. Marginalised groups such as sex workers and injectable drug users experience additional barriers to accessing healthcare "which tend to reflect the stigma attached to sex work which remains persistent in the broader society"[2]. Stigma and discrimination also limit access to public sector healthcare for the homeless and foreigners.

Solution

A Public-Private Partnership was established between FPD and PEN an inner-city faced based group to explore a different model to provide subsidised care to patients that can't afford medical insurance or who for whatever reason can't access health care at a public sector facility. Underlying this project was also the need to find an alternative model to fund the treatment of a number of patients who were supported through a PEPFAR funded USAID grant to FPD for their AIDS treatment at two NGO clinics. In this regard FPD used the two year transition period of their grant to support the development of this self-sustaining model. In the beginning of 2012, 484 ART clients were transferred from the Fountain of Hope clinic and in 2013 an additional 139 ART clients were transferred from Leratong clinic, these clients were all unable to transfer to public sector services for a variety of reasons and included migrant workers, female sex workers and injectable drug users. The following services were supported through a sub grant from FPD to the PEN operated clinic Sediba Hope Medical Centre using a capitation fee structure of approximately US$ 100 per month; a medical consultation, patient monitoring interventions, monthly supply of ARVs and adherence counselling at every visit. A monthly support group was also facilitated by the adherence counsellor to support clients on ARV adherence and ensure compliance with safe sex practices. This fee was gradually phased out and ended in September 2014.

The SHMC was established as a private health care facility in the inner-city owned and operated by PEN who provide a turnkey practice management solution to private health care practitioners who wish to establish their practice in this state of the art facility based in the inner-city or Pretoria. PEN generates income from a management fee paid by these private practices and during the transition period from the funding received from FPD. Utilising these income sources PEN then purchases services from the private practice housed at SHMC. An additional value add offered by PEN to patients of these private practices is access to a wide range of psychosocial services offered by various PEN projects.

In anticipation of the ending of the FPD funding, 70% of the ART clients who were by now stable and working were assisted to apply for membership of a medical aid. The remaining patients on ART are seen at no cost by the private practitioners at SHMC and receive their ART from the public sector through an Adherence Club (ACs) based at SHMC. ACs are an innovative approach developed by MSF and funded by the Global Fund for stable patient who are able to collect their government supplied ART near their home or work place. Adherence Clubs provide a rapid assessment, group supportive care, minimal waiting and a 2 month supply of ART. ACs have been shown to sustain good adherence and to decongest over crowded public health facilities.

SHMC has also introduced comprehensive primary medical and dental care services, optometry and physiotherapy through private practitioners based at SHMC. In addition SHMC also offers preventive services such as male medical circumcision, antenatal care, promotion of exclusive breast feeding, early post natal home visits by community health workers and screening for cervical cancer. Health counselling and screening (HIV, glucose & cholesterol).

Additional funding to assist with subsidising indigent patients is also being generated by SHMC through involvement in clinical trials.

Results

Status of USAID funded clients:

Of the 676 funded clients, 420 (70%) are now able to pay for their own treatment, the remaining clients are receiving ART through the Adherence Clubs and consultations subsidised by income generated by PEN from supplying management services to private practices based at SHMC. PEPFAR funding has been completely withdrawn without compromising the quality of care of these patients.

Preventing lost to follow up (LTFU):

Adherence to Antiretroviral Therapy and retention to lifelong HIV care and treatment are major challenges in combating the HIV epidemic, long term adherence to ART in South Africa is estimated to be 60% after four or more years on treatment[3]. SHMC (including the original Fountain of Hope) successfully managed to retain 92% of its ART patients in care over a period of 4 years (2010-2013), they achieved this by creating an appointment system with set times, the convenience of Saturday appointments if needed, , pill counts, adherence counselling plus social and emotional support at each visit where needed. Additionally if a client misses an appointment a social worker phones them weekly for up to three months to arrange a rescheduled visit[4]. The average time spent in the clinic is between 25 and 45 minutes.

Sustainable Success

To ensure the sustainability of Sediba Hope, various models and partnerships have been developed to generate additional income to subsidise high quality care for indigent patients. These include:

- **Nurofen Baby 1000 days programme:** the aim of this pharmaceutical company sponsored programme was to reduce mother-to-child transmission of HIV during pregnancy and to encourage exclusive breastfeeding after delivery. In the first 18 months of this programme there was a 100% HIV negative rate for all the babies born from HIV positive mothers enrolled in this programme.
- **Medical Male Circumcision:** in 2014 SHMC partnered with The Centre for HIV and AIDS Prevention Studies (CHAPS) to offer free medical male circumcisions, in its first six months 220 MMCs were performed successfully.
- **Pre-exposure Prophylaxis programme:** in partnership with the Women's Health Research Unit (WHRU) Sediba Hope provides a pre-exposure HIV prophylaxis programme to female sex workers with the aim of preventing HIV infection by taking an anti-retroviral tablet daily, prior to exposure.
- **Community Orientated Primary Care Initiative:** In August 2014 Sediba Hope established a health post for the COPC initiative, as such they are responsible for interacting with the community in their jurisdiction in order to promote health, prevent disease, detect diseases early and support the treatment, rehabilitation and palliation of members of the community.

- **Private Practice:** services include general practitioner services, physiotherapy, dental and oral care, prenatal and antenatal services and optometry.
- **Central Chronic Medicines Dispensing and Distribution Facility (CCMDD):** is an alternative chronic medication access programme offered by the Tshwane District Health Department which involves the use of a site other than a public health care facility to fast track the care and follow up of stable chronic patients. In 2014 SHMC became an official service provider for the Dep. of Health as a pick-up point for dispensed chronic medications.
- **Clinical Trial Sites:** SHMC has been successfully registered with the National Health Research Ethics Council of South Africa to conduct clinical trials. Funds generated from the trials will be used to cover the running costs of the medical facility.

References

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