

# Technology-enabled expert clinical decision making to fast-track HIV-1 viral load result uptake among the network of providers at antiretroviral treatment centers, Maharashtra, India

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## Background

In Maharashtra state, HIV treatment services are delivered through a tiered pyramidal network of an Adult and Pediatric Centre of Excellence (CoE) at the Apex, 14 ART plus centers, and 91 ART centers catering to 383,790 people living with HIV (PLHIV).

## Role of CoEs and ART plus centers:

Mentoring the clinical network of providers and supporting clinical decision-making regarding ART switching through designated State AIDS Clinical Expert Panels (SACEP).

Previously, PLHIV would need to be physically present at the SACEP, which led to a cascade of challenges, including decreased access to SACEP due to expenses, delays, and the rescheduling of appointments.

The COVID-19 pandemic aggravated challenges for in-person consultations and delayed critical expert input.

## Intervention

Since April 2020, the **Tele-SACEP intervention** was initiated by I-TECH India to provide timely e-consultations for clinical decisions from medical experts at SACEP.

- Data of pending SACEP consultations collated.
- Standard Operative Procedure as per national guidelines developed for e-SACEP.
- Patient confidentiality was ensured.
- Meeting calendar for patient appointments created.
- Zoom® platform used to facilitate case discussions between the ART center staff and SACEP Panels with patients who could attend their closest ART center.
- SACEP decision shared with referring ART center providers on the same day for appropriate action for patient care.

## Result

**Reporting period:** April 2020 to December 2021

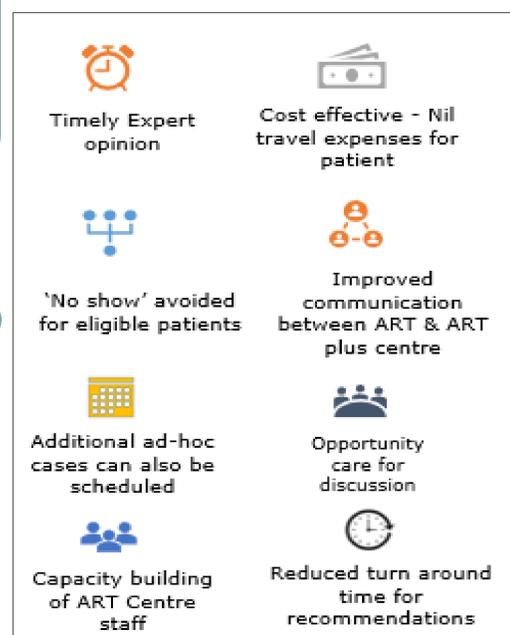
- Total Tele-SACEP meetings held = 390
- Total cases reviewed = 6,641
- Total cases recommended for ART switch or substitution with a short turnaround time (TAT) = 4,678 (70%)
- Median turnaround time between April 2020 to December 2021 (intervention period) was **7 days** compared to **31 days** between January 2016 and March 2020
- There was significant difference from referral to the actual SACEP meeting and required recommendations

## Conclusion

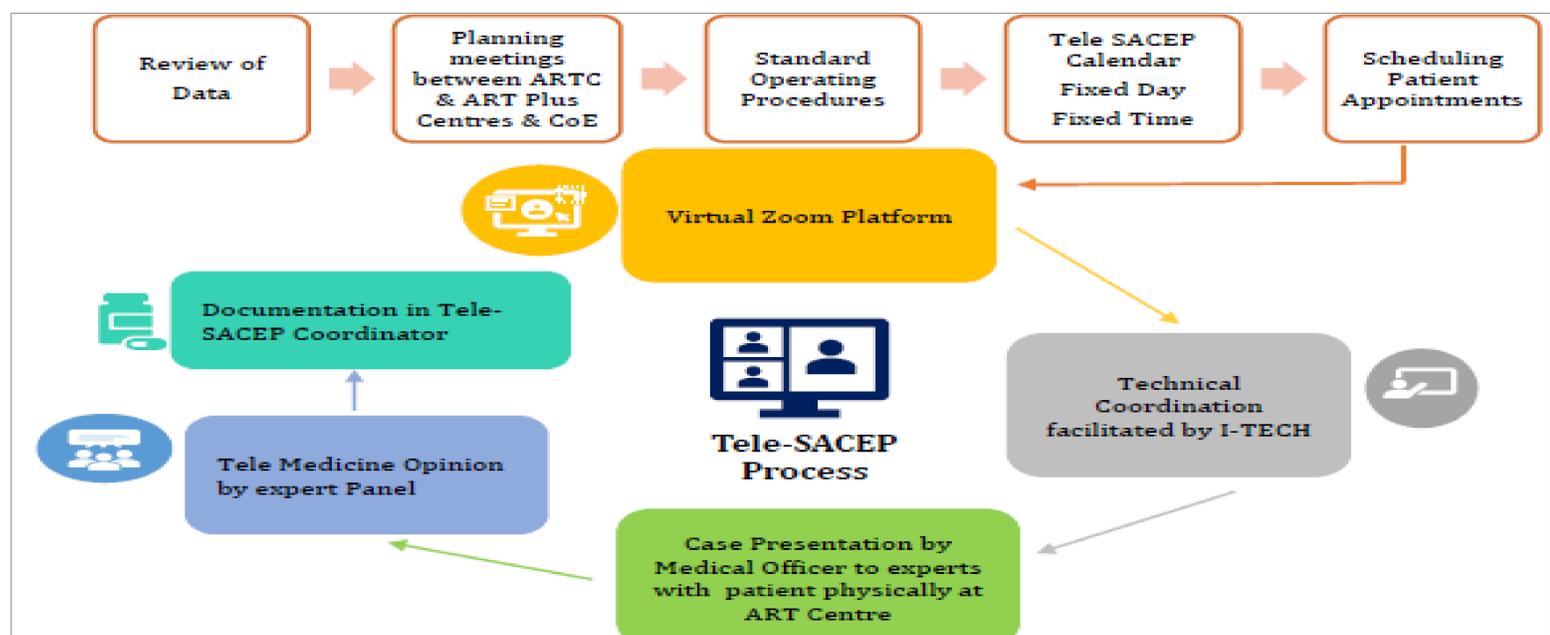
Technology-enabled SACEPs resulted in the provision of **timely clinical decisions** and **increased the number of referrals** for required expert consultation.

In addition to providing critical connections during the COVID-19 pandemic, the process intuitively strengthened the clinical acumen of the involved clinicians through case discussions and aided in easy access to the SACEP.

**Benefits of Tele-SACEP**



**Process of Tele-SACEP**



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