

HIV/AIDS disease managers in South Africa are faced with some unique and ever evolving challenges when it comes to enrolling patients onto their programmes. While the effects of stigma continue to be an obstacle in accelerating enrolment, Aid for AIDS, the leading developer and administrator of HIV disease management programmes in SA, is having to pioneer new ways of doing just that. Early enrolment onto an HIV/AIDS disease management programme is critical to achieving the best clinical results for the patient and indirectly, in controlling the spread of the disease.

One such pioneering approach is that of making direct contact with patients who are HIV positive (evident by profiling pathology results and or hospital admissions) in order to convince them of the benefits of enrolling on the programme provided by their scheme or company. The question was posed to Senior Counsel whether it would be permissible for a consultant working for a Medical Scheme to approach a member of that scheme who had been identified on the patient profile as a high risk patient to contract HIV/AIDS and to disclose to the member the reason for their high risk profile and the medical scheme's suggestion for their inclusion on a disease management programme.

Interestingly, Senior Counsel answered the question in the affirmative. The opinion was based on the fact that both the statutory obligations of a medical scheme (provided in the Medical Scheme Act) and those of the Constitution of South Africa would be met. Those obligations would respectively be:

1. that a medical scheme render a health service which is defined as any health care treatment which treatment has as its object the *diagnosis, treatment or prevention* of any physical or mental defect, *illness* or deficiency and the *giving of advice* in relation to any such defect, *illness* or deficiency
2. that the Constitutional rights which are listed below, would in no way be impinged upon but would in fact be upheld by the implementation of such a proactive approach to HIV/AIDS management. The relevant constitutional aspects are –
 - The right to equality
 - The right to human dignity
 - The right to privacy
 - The right to access of information

Aid for AIDS Director, Rodney Cowlin, said although it was true that great care needed to be exercised when embarking on this process of direct contact, it was proving to be a valuable tool in reaching HIV positive people in time to get them onto a programme which provided appropriate care. He explained what was necessary in order for a disease manager to implement this plan.

The first component is to have a Treatment Support team in place made up of highly trained individuals not only in the clinical sense but also in terms of specific patient interaction skills. They would need to be able to cover the many languages of South Africa, including English, Afrikaans, Xhosa, Zulu, Sotho, Tswana & Pedi.

In addition to this, they would need several mechanisms available for profiling claims in order to identify a 'high risk patient'. These involve the profiling of pathology claims, hospital claims and certain other specific procedure codes.

In any engagement with patients, Treatment Support staff would need to have the skill to develop a conversation which is non-invasive, respectful of the patient's confidentiality and their right to refuse further engagement. They would need to agree with the patient, if possible, on the need to enrol onto the programme and motivate them as to why it is in their best interests, listing *inter alia* the access they would have to the following:

- Wider ranging HIV benefits
- Treatment support and care
- Clinical expertise
- The monitoring of their condition and flagging of follow-ups

Once the patient has agreed, the next critical step would be to pre-register them onto the programme, taking their choice of Doctor into account. The pre-registration process is one that Aid for AIDS have developed as a result of their 11 years' experience that showed this "on the spot" commitment from the patient to be all important. It has been proven that employees and members who are not committed to enrolment immediately have, for various reasons, second thoughts (distrust of the process, confidentiality issues etc). They end up not enrolling for care and treatment via the disease management programme which in turn leads to a quicker journey from HIV to AIDS, higher treatment costs and no return on investment for companies and schemes.

Aid for AIDS believes this direct contact process, still in its infancy, will prove to play a major role in reaching people with HIV and convincing them to enrol on a disease management programme. The goal for everyone, companies, medical schemes and government is to get the right care to the people who need it, at the right time.