INTEGRATING CLINICAL ASSOCIATES INTO SOUTH AFRICA’S HEALTH SYSTEM

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PRESENTATION OBJECTIVES

By conclusion of this session, participants will be able to:

1. Describe at three of elements of an effective multi-pillar approach to health systems strengthening and how these interlink to create a stronger, more supportive system for delivery of quality care.

2. To discuss three challenges, conclusions and/or best practices for integrating a new mid-level health cadre into an existing health system in a low- or middle-income country.
PRESENTATION OVERVIEW

- AIHA Background & Overview
- Our Multi-pillar Approach to HSS
- Our Work with Clinical Associates in South Africa
- Case Study: Positive Deviance
- Q & A
AIHA VISION & MISSION

**AIHA’S VISION** is a world with access to quality healthcare for everyone, everywhere.

**AIHA’S MISSION** is to strengthen health systems and workforce capacity worldwide through locally-driven, peer-to-peer institutional partnerships.
175+ partnerships established

34 countries supported

205+ US hospital, health system, and university institutional partners

$326 million in US government awards

$292 million in matched contributions by US partners
WHAT WE DO TO IMPROVE HEALTH OUTCOMES

1. Collaborate with host country governments to identify local needs, implement responsive programs, and ensure long-term sustainability

2. Strengthen health systems by establishing new cadres and developing health workforces to fill critical human resource gaps

3. Build capacity among local institutions and organizations to improve the quality of care

AIHA achieves this through our unique partnership model.
KEY ELEMENTS OF OUR PARTNERSHIP MODEL

- Peer-to-peer relationships built through institution-to-institution partnerships
- Emphasis on professional exchanges and mentoring
- Voluntary contributions and leveraging of resources
- Non-prescriptive but rigorous approach to process
- Demand driven; recipient investment and ownership
OUR APPROACH TO HEALTHCARE WORKFORCE DEVELOPMENT

- National Authorities
- Professional Associations
- Educational Institutions
- Regulatory Bodies
- Health Needs

Health Services and Outcomes
SOUTH AFRICA: BACKGROUND & CONTEXT

- Population: 51+ million people
- Fewer than 40,000 medical practitioners (average of 7.7 healthcare workers per 10,000 people)
- 70-80% of medical practitioners work in the private sector
- Only the wealthiest 20% of the population can afford private medical care
- Actual provider/patient ratio for the majority of the population is 2.0 per 10,000 people
- This population also carries the greatest burden of disease
- South African medical schools graduate 1,200-1,400 medical practitioners every year
- Still, more than half of the country’s 14,000 medical practitioner posts remain unfilled
AIHA’s Work in South Africa

First Generation Partnerships & Initiatives

- Brits Hospital / Foundation for Professional Development (2005 - 2007)
- Foundation for Professional Development / University of California – San Francisco School of Nursing (2007 - 2010)
- University of the Free State, Centre for Health Systems Research and Development / State University of New York Downstate Medical Center (2007 - 2010); CDC-funded Public Health Evaluation as a result of partnership

AIHA launched operations in South Africa in 2005 through our PEPFAR-supported HIV/AIDS Twinning Center Program.
AIHA’S WORK IN SOUTH AFRICA

Next Generation Partnerships: Focus on Mid-level Cadres

- Walter Sisulu University / University of Colorado - Denver (2010 - Present)
- University of Witwatersrand / Emory University School of Medicine (2010 – Present)
- University of Pretoria / Arcadia University (2011 - Present)
- Nelson Mandela Metropolitan University / St. Louis College of Pharmacy (2013 - Present)
in 2008, South Africa’s National Department of Health launched a new mid-level medical cadre called Clinical Associates to fill HRH gaps at under-resourced district hospitals.

Since 2010, AIHA has applied its peer-to-peer institutional partnership model to help local universities better train this new cadre and integrate graduates into the health system.

Using our multi-pillar approach, we’re helping this new profession take root and grow!
WHAT IS A CLINICAL ASSOCIATE?

- Similar to a Physician Assistant in the United States
- Trained to provide a broad range of medical care:
  - Observe patient histories
  - Perform physical exams
  - Order and/or perform diagnostic or therapeutic procedures
  - Interpret findings and diagnose common emergency conditions
  - Develop and implement treatment plans
  - Monitor efficacy of therapeutic interventions
  - Assist with surgeries
  - Provide patient education and counseling
  - Make appropriate admissions, discharges, and referrals
HOW ARE CLINICAL ASSOCIATES TRAINED?

Clinical Associates earn a Bachelor of Clinical Medical Practice from an accredited university

- 3-year program emphasizing hands-on clinical skills
- Competency-based curriculum
- Year 1: students learn clinical theory and practice with a strong focus on learning how to take patient histories and conduct a clinical exam
- Years 2-3: students learn through actual practice at clinical sites – primarily hospitals in rural settings
Clinical Associates are playing a critical role in South Africa’s HIV/AIDS response by:

- Performing HIV counseling and testing
- Increasing ART uptake and managing treatment
- Providing linkages to care and support services
- Providing patient education services
- Performing VMMC and other combination prevention services
### SPOTLIGHT: ROLE IN VMMC

<table>
<thead>
<tr>
<th>Post Operation complications</th>
<th>Clinical Associates</th>
<th>Doctor</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swelling</td>
<td>731 (35.09%)</td>
<td>114 (34.55%)</td>
<td>848 (35.03%)</td>
</tr>
<tr>
<td>Pain</td>
<td>36 (1.73 %)</td>
<td>7 (2.12%)</td>
<td>44 (1.82%)</td>
</tr>
<tr>
<td>Bleeding</td>
<td>13 (0.62%)</td>
<td>7 (2.12%)</td>
<td>20 (0.83%)</td>
</tr>
<tr>
<td>Infection</td>
<td>10 (0.48%)</td>
<td>1 (0.30%)</td>
<td>11 (0.45%)</td>
</tr>
<tr>
<td>Wound destruction</td>
<td>6 (0.29%)</td>
<td>0</td>
<td>6 (0.25%)</td>
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AIHA SUPPORT FOR CLINICAL ASSOCIATES

Clinical Associates: South Africa’s New Mid-level Medical Cadre

PILLAR 1
Pre-service Education & Training

PILLAR 2
Professional Association Development

PILLAR 3
Regulation & Policy Development

PILLAR 4
Advocacy & Awareness Raising
PILLAR 1: PRE-SERVICE EDUCATION & TRAINING

- Establish partnerships for the three South African universities offering BCMP training
  - Walter Sisulu University / University of Colorado - Denver
  - University of Witwatersrand / Emory University School of Medicine
  - University of Pretoria / Arcadia University
- Focus on building institutional and human resource (faculty) capacity
- Establish Clinical Associates Forum
  - Encourage cross-university collaboration
  - Introduce new or expanded learning resources, technologies
  - Support clinical mentorships
  - Develop uniform national examination
PILLAR 2: ASSOCIATION DEVELOPMENT

- Launch and provide ongoing support for PACASA (the Professional Association of Clinical Associates in South Africa)
  - Provide organizational capacity building
  - Develop suite of marketing and outreach materials
  - Support participation in key national and international events
  - Strategize ways to expand and sustain membership
  - Collaborate to raise the profile of this new profession
PILLAR 3: REGULATION & POLICY DEVELOPMENT

- Collaborate with national authorities to integrate and support this new cadre
  - Work with supervisory authorities to ensure student bursaries, rapid deployment upon graduation
  - Help develop strategy for national and provincial HRH planning
  - Contribute to development of Scope of Practice
Redrafting of Clinical Associates Scope of Practice began in 2012

**Collaboration included:**
- All three universities
- PACASA
- National Department of Health
- Health Professions Council of South Africa
- AIHA Twinning Center
- Other key stakeholders

Based on BCMP curriculum and clinical practice needs in South Africa

Promulgated on 25th May 2015 by Health Minister

The Scope of Practice is intentionally broad, serves to guide practice, and provides protection for Clinical Associates, as well as other clinicians, because it clearly defines roles, responsibilities
PILLAR 4: ADVOCACY & AWARENESS RAISING

- Raise profile of new profession to facilitate awareness and integration
  - Develop and disseminate overview booklet
  - Create posters for display in district hospitals, health centers
  - Produce documentary film
  - Develop web portal (www.clinicalassociate.co.za)
Given a free choice: % students preferring to work in a rural area

<table>
<thead>
<tr>
<th>Year</th>
<th>MBChB 2011 (n=984)</th>
<th>BCMP 2011 (n=146)</th>
<th>BCMP 2014 (n=114)</th>
</tr>
</thead>
</table>
CLINICAL ASSOCIATES

Where Are They Now?

Status of Clinical Associate Graduates (2010-2014 graduates)

- Government Hospitals: 424
- Military Hospitals: 52
- NGOs: 25
- Private: 1
- Left the Profession: 14
Clinical Associates are currently working in all provinces across South Africa.

Deployment numbers indicate how many have been placed in each province as of May 2015.

To date, 637 Clinical Associates have been graduated and 1,048 are enrolled in training.
SELECTED ACCOMPLISHMENTS

- Development of a National Exam for Clinical Associates
- Increased awareness of the Clinical Associates profession
- Established and supported PACASA
- Use of AIHA’s Volunteer Healthcare Corps to place experienced Physician Assistants to mentor faculty and assist in teaching
- Digital Integration of Clinical Associate Studies (DICAS) at Wits
- Data collection on HIV/AIDS-related service delivery provided by Clinical Associates
- Collaboration with governmental, advocacy, and healthcare stakeholders
CASE STUDY: “POSITIVE DEVIANCE”

The first Clinical Associate at 2 Military Hospital, Wynberg, Western Cape

Positive deviance …

- Is defined as a “problem solving, asset-based approach grounded in the fact that communities have assets or resources they haven’t tapped”

- Look for what is working, and learn from it, rather than look for what isn’t working and focus on trying to fix it
POSITIVE DEVIANCE: FACTORS IN CLINICAL ASSOCIATE INTEGRATION

- Individual factors
- The Introduction and the process of integration into the clinical team
- Flexible leadership and open organizational culture
INDIVIDUAL FACTORS: WHAT MADE IT WORK

Clinical Associate training and attitude on the job

✓ Not a “stepping stone” to becoming a doctor
✓ Willing to “fill the gap” as a mid-level worker
✓ Passionate and dedicated to patient care; asks questions, learns on the job

How to integrate a Clinical Associate into the team

✓ Overcome skepticism, confusion about training, scope of practice and capabilities
✓ Leadership willing to “throw her into the deep end,” lets department heads decide on capability
✓ Colleagues do not pre-judge, rather help ClinAs learn on the job (including nurses, who were technically beneath ClinAs on the clinical hierarchy)
LEADERSHIP & ORGANIZATIONAL CULTURE
WHAT WILL IT TAKE TO OPEN THE DOORS?

- Clinical leadership that is willing to take a risk, set clear expectations, offer respect and support for Clinical Associate professional growth

- Leadership that supports Clinical Associate professional growth to reach full potential; push the limits of their capabilities

- The Proof: Once clinical ability and judgment is demonstrated, colleagues and supervisor “loosen the reins” to allow for more independence

- Values: teamwork, mutual respect, effective communication
OUTCOMES AND LESSONS OF CASE STUDY
WHAT CAN CLINICAL ASSOCIATES OFFER?

High quality of care: “Some of the staff refer to her as ‘Doctor Sanderson.’ She functions at that level. They don’t know the difference.” — Dr. Riaz Ismail

Effective task sharing: “It takes a big load of work off of us... sick parade essentially comes to a standstill unless you have someone who can mop up those last patients, and she’s been extremely efficient at doing that.” — Dr. Charleen Burger

Increase cost-effectiveness: Sanderson “fulfills a role you would require a doctor to fulfill [but] I don’t have to pay a doctor’s salary... If you’re talking about cost-effectiveness, that’s extremely cost-effective.” — Dr. Ismail Patel
CHALLENGES, CONCLUSIONS

Challenges: Provider resistance, unfamiliarity of a new cadre, uncertainty about their role and abilities, and the process of establishing a meaningful scope of practice

Conclusions:

- A multi-pillar approach to introducing the new cadre has proven effective
- Partnerships and collaborations contributed to the success of the cadre to date
- Clinical associates have the potential to meet population health needs
- Can play a key role in prevention, care, and treatment of HIV/AIDS
- Can task-share and provide quality, cost effective care in clinical settings.

Best Practices: High quality, relevant curriculum; careful selection of students; developing a meaningful scope of work; consistently supporting the introduction of new cadre; and providing an opportunity to prove capabilities
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