Strengthening Forward Backward Linkages between Palliative Care Centre and Other Tertiary Care Centers for Effective Management of Episodes of Acute Illness among People Living with HIV

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Background
HIV is now considered a chronic manageable condition, but there are still phases of acute illness during the course of life with HIV, either due to opportunistic infections or severe side effects of ART medicines. Palliative care centres need to establish effective linkages with tertiary care centre, so that there are smooth transitions in care and these phases of acute illness can be managed.

Samraksha is running Asha Jyoti, a HIV Palliative Care Centre in Koppal, Karnataka. Over the years, the centre has established good connections with some important tertiary care centres and refers patients to these services based on their needs.

Methods
A case file review was undertaken for all the patients who were referred to tertiary care services over the last two years, in order to understand the reasons for the referral, the processes through which Samraksha facilitated the referral and the outcomes of these referrals.

Tertiary Care Centres Where Referrals were Made
1. District Teaching Hospital in Koppal, Hubli and Bellary
2. Oncology centre: Kidwai Institute in Bangalore
3. NIMHANS in Bangalore
4. Ophthalmology Department of Vital Malaya Hospital, a private hospital in Bangalore
5. MS Ramiah Memorial Hospital, a private teaching hospital in Bangalore
6. CHK Hospital, a private hospital

There were 31 accompanied referrals. 23 patients were admitted to the Tertiary Care Centre. 

Referrals were made to manage different health conditions, opportunistic infections as well as for procedures or specialized services.

Discussions with patients and family members regarding the need for referral and what can be expected from the Tertiary Care Centre.

Motivating Patients and Family Members to See Services at the Tertiary Care Centre
Lakshmanava and her two daughters had been living with her parents since her husbands death. She was a daily wage laborer and was from a poor family.

Lakshmanava was diagnosed with cervical cancer and was advised to go to Kidwai Oncology Centre in Bangalore for surgery and further treatment.

At first her family was a bit reluctant to take her there. Lakshmanava herself did not want to go there, because she felt that she was already being a burden on her family and this would bother them further. When she heard that the surgery would be performed in her uterus, she also expressed fears about this process and did not agree to it. She was also worried about the costs of the treatment.

The counselor explained the need for the surgery to her and helped her understand how this intervention could substantially improve her health. Other positive women who had undergone the surgery came to share their experiences and how their health had improved after the surgery.

The importance of the surgery was also explained to her family and they agreed to it. Resources were mobilized to support their travel to Bangalore. One of the center staff accompanied them and ensured smooth admission and also briefed the doctors on her health condition. They also linked her with the Vajpayee Health Assurance Scheme to cover treatment costs. Staff from Cancer India also supported her and ensured that the costs of treatment were reduced.

This case highlights multiple economic and psychological impediments to access treatment from a tertiary care centre. Through a strategy of testimonial sharing, accompanied referral and linkages with welfare schemes, the patient was eventually motivated to seek the service and this ensured better health outcomes for her.

Conclusion:
Palliative Care Centres and Tertiary Care Centres complement each other and help in recovery of people living with HIV from acute illness. It is critical for palliative care centres to establish a good referral system and support the patient and family members as they transition between different service delivery systems.