The Pan-African Society of Cardiology (PASCAR)
Department of Medicine Faculty of Health Sciences
University of Cape Town
Observatory 7925
Cape Town, South Africa

PO Box 26716, Monument Park, 0105 South Africa

African Union Communiqué on Eradication of ARF and RHD

Action Group 1 Meeting Minutes

22 March 2017, Skype - Time: 16h00 – 17h00 (CAT)

1. **Welcome and Opening Remarks –** Mark Engel
2. **Attendees**: Mark Engel (ME), Jonathan Spector (JS), Bongani Mayosi (BM), Sherri Schwaninger (SS), Lwazi Mhlanti (LM), George Nel (GN) and Janette Lombard (JL)

3. **Summary of meeting**
   - E-Register App
     - ME: App as it stands versus clinical management potential – what purpose should it fulfil?
       - BM: Original content should prevail until we have sufficient pilot data, clinicians should use it in their routine practise to manage patients - not in research way, but more routine as the follow patients
       - JS: App didn't convince me that it would be maximally usable & effective in patient management capacity
         - Feedback from previous group meeting was that app wasn't actually designed for patient management that but more in research perspective
       - ME: Original intention was for clinical management tool - original extensive document/app was based on Remedy Registry (with variable fields)
         - App was looked at by various clinicians a few times – some data was taken out (as it was too extensive)
         - We ended up with this bare minimum tool (to also help collect data for WHO stats purposes)
         - We didn't want it to be too complicated for people to use
         - We still have old versions, can bring back more extensive clinical management functionality – brings us back to variation of tool & how much do we need to include
       - BM: People will use the tool if it will benefit them in their work and their patients
         - Supplying data to WHO AFRO would be secondary
         - Management tool more important

   - Pilot sites feedback
     - ME: two types of feedback: functional & user friendly always gets the thumbs up (with few changes made along the way)
       - We have not asked if app is sufficient to motivate them to use as their sole clinical practise tool
       - We should have a minimum amount of data with minimum functionality to manage patients clinically
         - Otherwise we sit with all the different extra needs people want (cross-over point never been explored)
         - Can add clinical aspects back into app (filling in takes longer & can only see one screen at time)
     - Pilot sites:
       - Tanzania (John Meda)
       - Botswana (Muita)
       - Maputo - Portuguese version (Geoffrey Madeira)
       - Angola (Gloria)
         - LM: They are capturing CRF's
         - Waiting for our " go-ahead" with their project spaces

info@pascar.org www.pascar.org Tel +27 83 458 5954 Fax +27 86 603 9885

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- Dylan written to few people trying to ID people who could use the App (received some responses)
  - Gambia: keen to have some way to capture information of their patients

- Way forward
  - ME: Ramp up clinical management component (we've got the information) then to do dummy role-play, to be user friendly as clinically management tool (what variables to be added)
    - Extend testing with added clinical management component to app & give their opinion on the clinical utility to their practise

  - JS: Balance between sufficiently robust & not overly complex
    - Not easy, but aiming for the 80% use case
    - Right balance & flow, that in end it achieves adding utility to practise
    - It may not just be to add back certain fields/questions, process might be more complex (different exercise)
    - Approaching it from clinical management tool (flow, way to access data – different structure)

  - BM: problem/limitation: not having proper testing site for different versions to use it properly
    - Cape Town team not using it (involved in research)
    - We need an experimental site that allows us to strike right balance between detail & practicality of device
    - Have ongoing feedback from field – adopting places that can work with us continually to create usable product that we can scale up
      - BM: **Zambia** should be one of the testing sites (idea originally came from there)
        - JS: Zambia not currently using this app
        - John Musuku (JM) target user? Should be willing
        - SS: LM must please help with hands on training & assistance
        - ME: Zambia already has data – JM & LM spoken about uploading current data, to use as clinical management app
      - ME: **Perhaps rural site** – Polokwane?
      - BM: Should consider **Umtata** as pilot test site, Khulile Moeketsi just returned (cardiologist)
        - Trying to set up systems & databases (ask them to test app in clinical management of patients)
        - Khulile Moeketsi in Cape Town this week (LM should meet with him) for possibility to test app & ID right fields
        - Already using Invictus – but in need of databases
        - Keep in separate project space
      - **Mozambique** (Geoffrey Madeira) could prove test it on ongoing basis to finalise on field experience

  - JS: Giving either version of app to pilot site as starting point – where they can work from
    - Watch they go through clinic visits
      - Flow – patient usability (to maintain)
      - User-friendly

  - ME: We could send out a survey amongst the people already tested the app to ask for features they would like to see to manage their patients better
    - JS: Difficult to manage input (several approaches)

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- JS: Take 1 or 2 smart clinicians who are managing RHD patients (and know the potential of the app) - have them build it? Possibilities:
  - J Musuku could be one? (but would need something to start with) might not be able to design it
  - L Zuhlke (managing patients)
  - John Stevens – not right patients
  - Johann Baard (already involved in few apps) natural choice

- Dimagi
  - GN: On financial side:
    - Countries (sites) will move to Freeware version from 1 April 2107
    - Do we need higher level of access for the foreseeable future?
      - ME: LM looked at various subscriptions options (as long as we have less than 4 higher order subscriptions – no point in going for expensive option)
      - UCT as development site need 3rd tier subscription, will test again in community site
      - Cost at 3rd tier $500 (?) – 1 licence needed for development interface
        - GN: Take financial implications to leadership meeting at next week for budgeting
    - ME: 3rd is the lowest tier we should have
      - Won't be able to go for lower tier – but will have further discussions with GN

- Zambia
  - LM: Had discussion with Aaron Katongo (working with John Musuku) on importing data into their e-register project space
    - In community version they cannot import – but we imported data from our side & giving them app with data already in community version (will test if it works)
  - SS: We have Remedy data on tablet (data from clinics), not CommCare database
    - Experiencing some access issues, not sure how to transfer tablet data into actual registry
    - Concerned about data being visible to people outside of Zambia
      - Need help from LM to upload data
      - Cannot view data, trapped in tablet
    - Project space for Zambia/John Musuku – need one-on-one meeting with details on project space

4. **Next steps, specific tasks:**
   - LM:
     - Liaise with John Musuku
     - Meet with Khulile Moeketsi (Umtata) for possible testing pilot site & provide spare device for him to use
   - ME: Will look at tablet, check for problems & see how to transfer data – give JL feedback
   - JL: Share tablet transfer data information with group

5. **Any other business**
6. **Closed with thanks**

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