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

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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
      - **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
   - ME:
     - Meet with Khulile Moeketsi (Umtata) for possible testing pilot site & provide spare device for him to use
     - 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