

## ORIGINAL RESEARCH ARTICLE

**Patients' views on the care they receive in Express Care, a task-shifting model in HIV care, at AMPATH, Western Kenya**

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## ABSTRACT

The AMPATH programme has successfully operationalized task-shifting in their Express Care (EC) model utilized in the HIV care programme, which is a clinician-supervised-nurse model. In this model, the clinician and nurse share patient visits, with majority of the visits offered by the nurse in an integrated one-stop-shop principally attending to stable patients. This model has resulted in a 50% reduction in the risk of death or lost-to-follow up in the high risk population. The views of the patients receiving EC care have not been evaluated as a measure of quality of care. The objective of the study was to explore patient views on quality of care received from the EC after implementation of the task shifting model in HIV care in Western Kenya. Cross-sectional descriptive research design was used. The study population comprised patients managed in the EC model during the study period in January and February 2011. A sample of 16 patients at saturation was selected. Data collection was by in-depth interviews and observation of patients attended to in EC. The collected data was then transcribed, categorized and coded to identify emerging themes relevant to their perceived quality of care. Of the 16 respondents interviewed majority were 40 years and above, others below, 13 were female three were men, 10 had primary education and below, 13 being stable and half of them married. Majority of the patients interviewed viewed services offered to them to be of good quality regarding patient flow, services provided and clinic environment. Only a minority of patients' views suggested dissatisfaction on care offered during the mid-morning hours, unscheduled visits and some did not understand why they were in the EC program. It was concluded that the EC model is acceptable to patients. Task-shifting and integration used in this model is feasible and high volume HIV clinics should consider incorporating this model in their care programmes. Patient' views should be included in improving quality of services provided to them.

**Keywords:** HIV, Express Care, Task-shifting Patient Views.

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**INTRODUCTION**

The HIV pandemic in the sub-Saharan Africa has led to a strain on the existing resource.<sup>1; 2</sup> This region is particularly facing a crisis in human resources due to critical shortage, emigration of

trained professionals, difficult working conditions and low motivation of healthcare providers, with detrimental effects to the patients. This is compounded by a high burden of infectious and non-infectious conditions. Specifically, amongst HIV-infected patients, whom the advent of combined Antiretroviral therapy (cART), has resulted in chronicity of the disease mandating frequent interaction and follow up.<sup>3, 4</sup> The World Health Organization (WHO) advocates for task-shifting which is the rational re-distribution of tasks amongst health work force teams from specialized to less specialized workers in order to maximize their efficient use.<sup>5-7</sup>

The USAID-Academic Model Providing Access to Health Care (AMPATH), hereafter known as AMPATH programme, has successfully operationalized task-shifting in their Express care model utilized in the HIV care programme, which is a clinician-supervised-nurse model. In this model, the first contact is with the physician who evaluates patients for stable and high risk status. A stable patient is one who is  $\geq 18$  years of age, stable on a cART regimen for  $> 6$  months, CD4 counts  $\geq 200$  cells/ $\mu\text{l}$ , has absence of opportunistic infection or chronic illness and has a history of perfect adherence. On the other hand, a high risk patient is one who is  $\geq 18$  years of age, has an initial CD4 cell count of  $\leq 100$  cells/ $\mu\text{l}$  and newly initiated on cART.

For stable patients after the clinician evaluation, subsequent two monthly visits are conducted by the nurse and the third visitation by the physician again. The high risk patient is seen every week for the first three months after cART initiation: by a clinician at cART initiation, two weeks after initiation and then monthly. Interim weekly visits are conducted by the nurse.<sup>8</sup> The Express Care model resulted in a 50% reduction in the risk of death or lost-to-follow up in the high risk population.<sup>9</sup>

Patient satisfaction is a measure of quality of service where individual expectations have been met. Satisfaction comprises both cognitive, emotional facets and relates to previous experiences, expectations and social networks.<sup>10, 11</sup> It is important that quality of health care takes into account the outcomes that are important to people. The authors of this paper explored patients' views as a measure of quality of care received from the Express Care (EC), a task shifting model in HIV care, Western Kenya.

## MATERIALS AND METHODS

The study used a cross-sectional descriptive design which was suitable in getting the views of the patients from their own lenses. The study was conducted at the Eldoret AMPATH HIV clinic, Western Kenya. AMPATH is a Partnership between Moi University School of Medicine, Moi Teaching and Referral Hospital and a consortium of

North American academic Universities led by Indiana University School of Medicine, in collaboration with Kenyan Ministry of Health. AMPATH has demonstrated a successful model of HIV/AIDS control and prevention in Western Kenya, currently caring for over 150, 000 HIV-infected patients across 52 Ministry of Health facilities.

Patients not enrolled in the Expressed Care model, on arrival to the clinic are triaged by the nurse, attended to by the clinician, collect medications from pharmacy and other auxiliary services which include nutrition, psychosocial support, laboratory, tuberculosis care and reproductive health services. Those in the AMPATH Express Care model except during clinician visits, have all the services integrated and provided by the Express Care nurse.<sup>8</sup>

The study population comprised patients who were being managed in the Express Care Model during the study who gave written informed consent. The total number of patients enrolled in the AMPATH Eldoret clinic is about 8000 active patients. The total number of patients ever enrolled in express care in MTRH are 3,824 are stable patients and 1,264 are high risk. Of the high risk group 20% have become stable patients. Purposive and judgmental sampling techniques were used to identify study respondents. At saturation, 16 respondents were interviewed.

In-depth interviews were used to collect data. The interviews captured individuals' point of view, examining aspects of everyday life like, opinions, beliefs, emotions, relationships. The interview process lasted 45 minutes for each respondent with note taking and audio recording. Socio-demographic data for the study participants were also collected during the study period of January and February 2011. For data analysis, all recorded interviews were transcribed and where relevant translated. Thematic analysis, categorization, and coding were performed. Constant comparative analysis approach was used to analyze the data. The authors thematically compared and contrasted data collected during the study. This was done repeatedly to ensure accuracy of the analyzed data.

The Ethical approval for the study was provided by Moi Teaching and Referral Hospital Institutional Review and Ethics Committee.

## RESULTS

Of the 16 respondents who participated in the study: 13 were female, 8 were married, 10 were over 40 years of age, 12 were employed, 6 had above primary education level and 13 were stable patients (Table 1).

**Table 1:** Socio-demographic characteristics of patients in Express Care model, Western Kenya

Characteristic	N=16
<b>Age group:</b>	
20-30	3
30-40	4
40 and above	9
<b>Sex:</b>	
Female	13
Male	3
<b>Education:</b>	
Primary and below	10
Above Primary	6
<b>Marital Status:</b>	
Married	8
Widowed	2
Divorced	1
Single	4
Cohabiting	1
<b>Employment:</b>	
Informal	4
Business	6
Not Employed	
<b>Express care risk status:</b>	
Stable	13
High Risk	3

We identified three thematic areas from the study: Patient flow, quality of services of EC and clinic environment. Generally, majority of the patients

were satisfied with the services of EC indicating that the quality of the services is good.

**Patient Flow**

The study sought both the positive and the negative views from the respondents regarding patient flow.

**Positive Views Regarding Patient Flow**

A majority of the patients (13/16) indicated that Express Care was faster as compared to routine care services. Respondents reported that they had shorter queues, spent shorter time, and the process was less complicated and less stressful.

You come here quickly, there is no queue. The other side (referring to routine care) there are more people, here you come, go in, you are helped quickly and you leave. (Patient D)

Respondents, who had some form of employment, appreciated the convenience of being attended to in the Express Care model. They indicated that one could seek services at Express Care without worrying of being away from duty for long, since the services were fast. They also mentioned that, it helped to keep their diagnosis and prescriptions confidential because they don't have to seek for permission from their work place.

If someone is at work you can come early in the morning and they write for you, give you medicine and you leave and go to your work (Patient F).

So you just steal some time to come here quickly so if I come here for Express Care and I have other

things to do so no one can know my secret (Patient P).

The time taken in Express Care services, as indicated by majority of the respondents in the, was between 20 to 30 minutes.

Express Care may take me approximately 20-30 minutes because you must explain to the doctor the position in which you are (Patient K).

**Negative Views regarding Patient flow**

A minority (3/16) of the respondents, however, indicated that there were delays during the mid-morning hours.

It depends on what time I get here. If I come early I will also leave early but if I come late like today I know I'll leave around 1 P.M (Patient O).

In addition, they indicated that patients who were in need of clinicians review, stayed for a longer time since they had to go through routine care queues. They also rose concern that seeking for medicine in the pharmacy other than antiretrovirals, after prescription, took them a long time.

It will depend. If maybe I have a problem which will need a doctor's attention, it will take longer.....otherwise it takes a very short time. It can take even 20 minutes (Patient E).

**Express Care Services**

With regard to EC services, the study also sought to find out both the positive as well as the negative views from the study respondents.

### **Positive Views Regarding Express Care Services**

Most respondents (15/16) appreciated the Express Care model services. They described the services as good, convenient, efficient, and with extra services such as guidance and counselling on personal issues, nutrition, diet, and lifestyle. These respondents indicated that services were very organized and smooth because their files would be retrieved faster, their prescriptions given on time. The 15 respondents also reported that, nurses at Express Care, were courteous, welcoming, and mindful of the patients' health conditions. They indicated that these nurses would not only patiently ask them about other additional symptoms that they may have experienced, but would also provide them with the necessary attention on the same.

They are good because if you come with a problem which you yourself wonder how to go about explaining it, the manner in which they will ask you questions, they will bring you to a position of explaining that problem which you are experiencing. In fact they are handling us well (Patient K).

A majority of the respondents (13/16) revealed that nurses at Express Care were so concerned about patients' medication. They indicated that the nurses

ensured medications given to patients, were matching with the information given on their respective cards, files and prescription sheets. These respondents also indicated that the nurses at Express Care, and took time to listen to the patients' concerns and advised them accordingly. They ask you very valid questions especially when they are prescribing. They ask you what other problem you have, do you feel sickness. So sometimes, like me, I don't have appetite so they give me a prescription for multivitamins. So they normally ask you what other problem you have and if you don't have any problem they will just give you a prescription (Patient B).

At least when you come to Express Care, they remove your file, they write for you your medicine, you go to the pharmacy and get your medicine and then you go so it is the best way if you are working and you have asked for permission, at least you take limited time (Patient D).

They ask you about everything and if you have a problem, maybe at home or food, they really care so they ask you whether you know how to use your drugs then they write for you the prescription then you pick your drugs. I've not had a problem with them so far; so far, so good (Patient J).

### **Negative Views Regarding Express Care Services**

One respondent reported harassment by a nurse for not attending to scheduled appointments.

When I came the other time, on 31st, there was a lady who harassed me because I did not attend on 24th as I'd been told. She harassed me and I felt bad in fact even I was feeling like I preferred the other side because one of the nurses talked to me well after she (name withheld) harassed me. She used a bad name to harass me in front of the... (Patient C).

Some participants did not understand why they were enrolled into the Express Care model. But I don't know the criteria that are used for one to be brought for Express Care; that is what I haven't understood. I don't know why I was enrolled for Express Care (Patient E).

### **Clinic Environment**

The find study further sought to find out the positive and the negative views from the study respondents regarding clinic environment.

### **Positive Views regarding Clinic Environment**

Majority of study participants (15/16) indicated that the environment at Express Care is clean, organized, well arranged, private and confidential and provides uninterrupted care compared to routine care. These respondents also reported that, there were clean washrooms and available water points.

When you go to the room everything is always arranged in order so that when you go in the file is removed since you are scheduled for that day. Also everything in the Express Care room is arranged accordingly. Toilets are clean, they are washed; when you go in they are clean..... The environment is good. The place is private because when I'm in here with the doctor (referring to Express Care Nurse) the door is closed and you can share what you have with the doctor (Patient M).

### **Negative Views regarding the Clinic Environment**

Despite appreciating that the toilets are clean, they may not be adequate in terms of numbers.

The physical facilities are good. We are now getting to the heart of the matter. There is the problem of I think in terms of ablutions they are not enough, they need to be increased. We all go to that side, you see the far end. We sometimes find we have to scramble for the staff toilets so I think there is a need to increase the toilets, the ablutions; they are not enough (Patient B).

### **DISCUSSION**

The patients cared for in Express Care, a task-shifting model in HIV care viewed services offered to them to be of good quality regarding patient flow, services provided and clinic environment. These results are in keeping with findings in an Indian HIV care programme [12], where patient

provider interaction, physical facilities, waiting time and total time spent in the hospital were associated with patient satisfaction.

Patient flow was viewed as more efficient in queue management, patient waiting time and duration of time taken for services provided. This was particularly appreciated by those who were employed because they were able to conceal the visit from the employer, still indicative of the stigma associated with HIV, this needs addressing. Patients' views indicate attributable elements of task shifting, integration and the one-stop-shop approach to care. A few participants, noted delays in mid-morning hours and for patients who require clinician review.

Express Care services, were described as good, convenient, efficient and of added value. In addition, extra services such as guidance and counselling on personal issues, nutrition, diet, and lifestyle are also provided. This clearly reflects soundness of using an integrated approach. A minority of respondents, were dissatisfied when they had an unscheduled clinic visit and did not understand why they are cared for in the expressed care model.

Express Care environment was viewed as being organized, well arranged, private, confidential, had clean wash rooms, water points available and provided uninterrupted care. This clearly indicated that the clinical environment and patient rights

were observed. The only concern expressed was inadequate numbers of toilets.

One limitation of the study was the fact that most of those interviewed were women and stable patients. This did not affect the results of this study because, routinely more women are HIV-infected than men and the majority of patients in express care model are stable. However, the study has demonstrated quality of express care through the lens of the patients.

The results from the study can be replicated in other high volume HIV clinics in resource limited settings.

## CONCLUSION

The Express Care model is acceptable to patients. Task shifting and integration used in this model is feasible and high volume HIV clinics should consider incorporating this model in their care programmes. Patient' views should be included in improving quality of services provided to them.

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