The Feasibility and Economic Impact of Time Designated Appointment System in a Busy HIV Care Clinic

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Family AIDS Care and Education Services

Background

❑Fifteen million people living with HIV in sub-Saharan Africa are in immediate need of ART but only about 9.5 million are actually receiving it

❑With the demonstrated benefits of treatment as prevention and early initiation of treatment, more patients are likely to enroll into care thereby further stretching health care systems resulting in long patient waiting times

❑The long waiting time is mainly caused by patients coming almost at the same time in the morning and some having to wait virtually the whole day to be seen

❑Graduating the time patients arrive at the clinic through designated time appointments may help reduce waiting time and associated negative outcomes

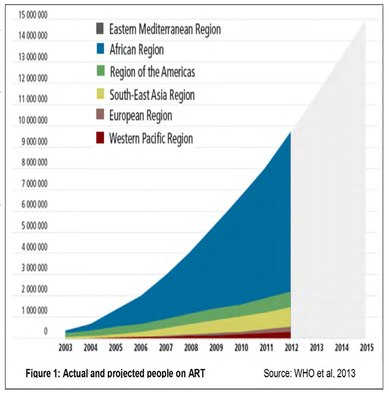


Figure 1: Actual and projected people on ART Source: WHO et al, 2013

❑This kind of scheduling has potential to substantially reduce pressure on the clinic, reduce waiting time and provide opportunities for patients to plan and engage in other gainful activities before and after their clinic visits

❑Thus, we sought to establish the perceived feasibility of a designated time appointment system in reducing waiting time at Family AIDS Care and Education Services (FACES)-supported HIV care clinic in Kisumu, Kenya

Methods

Design

❑This was a two-arm open randomized controlled trial in which patients were randomly assigned to designated time appointment system (intervention) or the standard scheduled patient drop-in system (control)

Settings

❑Formed in 2004, FACES is a PEPFAR-funded HIV/AIDS care and treatment program that uses a family model of care that focuses on identifying and enrolling all HIV infected family members and retaining and supporting them in care.

❑Currently, FACES supports a total of 140 health facilities with a cumulative enrolment of 183,632 with 56,884 on ART

❑Lumumba Health Center is one of the 140 health facilities that FACES supports



Data collection

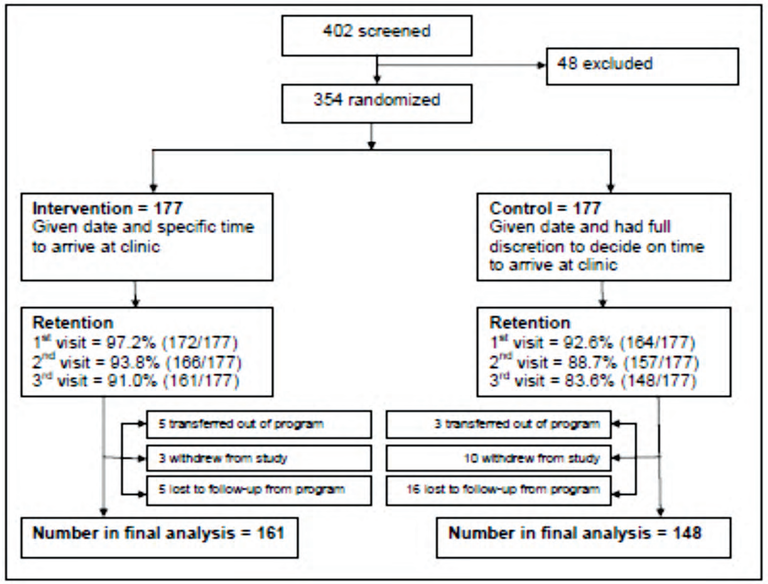
❑We screened 402 participants and enrolled 354 participants, 177 in either arm

❑Consenting participants completed a baseline questionnaire after which they were randomized to either of the arms.

❑The questionnaire covered: (a) socio-economic and demographic details; (b) residential areas and accessibility to their care clinic; (c) overall time spent at care clinics; (d) opportunity cost of attending care clinics; (e) possible enablers and barriers to arriving on time for appointment if booked for a specific time

❑Participants had three follow up visits which were synchronized with their FACES clinic return dates

❑At each follow up visit, arrival and departure time for each participant was recorded and a brief follow up administered

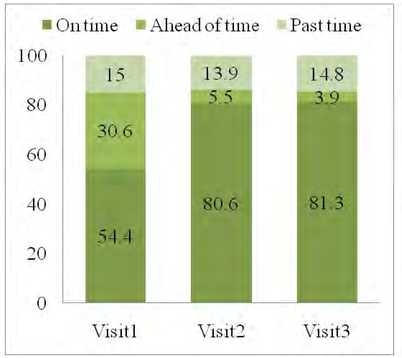


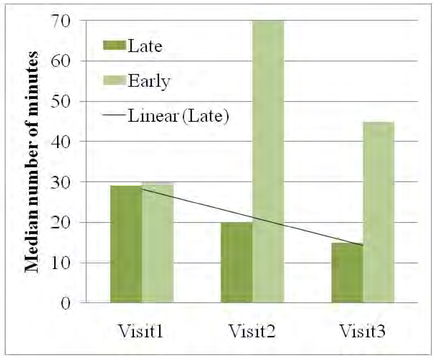
Results

❑Nearly two thirds (60.7%) of the participants were women with a mean age of 37 (standard deviation [SD] 9)

❑Over half (55.1%) used more than one means of transport and spent an average of 47 (SD 35) minutes to get to the clinic

❑ About 87% of participants were on antiretroviral treatment. The most recent mean CD4 count was 548 (SD 233)





❑In all the three visits in the intervention arm combined:
- ❑72.1% of the participants arrived on time
- ❑13.3% arrived ahead of time
- ❑14.6% arrived past scheduled time.

Variable	Control Mean(SD)	Intervention Mean(SD)	p-value
Time spent at care clinic (minutes)	198(40)	74(31)	<0.001
Value of work done before and after clinic (USD)	3.2(2.5)	4.1(3.3)	0.002

❑Participants in the intervention arm spent significantly less time at the clinic compared to those in the control arm

❑Participants enrolled in the intervention arm were more productively engaged on their clinic days compared to control participants

Conclusion

❑Designated time appointment system in HIV care clinics is feasible and provides substantial time savings, and was associated with greater economic productivity for HIV patients at a busy HIV care and treatment clinic

❑Further research is required to determine if designated time appointment system is scalable, and functions well in other settings, including within rural communities

Acknowledgement

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