Mini-Oral Abstract Presentations 2

#12 For Each Hour a Patient Living with HIV Spends in the Health Facility, the Probability of Being Retained in Care Decreases: Results from a Patients' Satisfaction Survey in Mozambique

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For each hour a patient living with HIV spends in the health facility, the probability of being retained in care decreases: results from a patients' satisfaction survey in Mozambique

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Introduction

- In Zambézia Province, Mozambique, the HIV prevalence is 15.1% (IMASIDA, 2015) and within the province, approximately 256,000 HIV-positive adults and children are receiving potentially life-saving combination antiretroviral therapy (ART) (MOH, June 2020).
- The study aimed to understand the relationship between time spent in the health facility, patient satisfaction, and sixand twelve-month retention.

Methods

- Exit-interviews with HIV-positive adults were completed between August 2017 and February 2019, in 20 VUMC/FGH-supported health facilities (HF) in Zambézia.
- Patient satisfaction surveys, using a 4-tiered Likert scale, assessed eight components: wait time, availability of health professionals, respect, attention received, information received, opportunity to ask questions, usefulness of providers, and overall evaluation.
- The indirect effect of total time spent in the HF on six- and twelve-month retention via the self-reported satisfaction score was estimated.
- Definitions:
 - <u>Time spent at the HF</u>: the time from arrival at the HF to the completion of all services on the day of the clinic visit.
 - Retention:
 - 6-month retention: having an ART pick-up in the period between 5.5 8.5 months from interview date.
 - 12-month retention: having an ART pick-up in the period between 11.5 14.5 months from interview date.







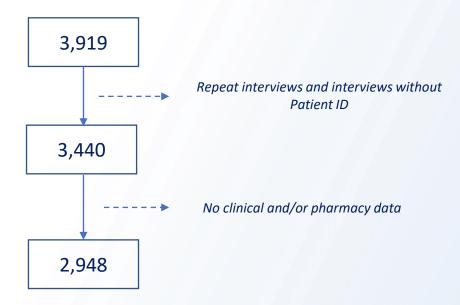




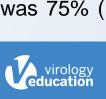
Results

Patient flow

Restricted Use/Any User (No encryption)



- A total of 3,919 were interviewed, and data of 2,948 adults were analyzed.
 - Median age at survey date was 31 years (IQR 24-38)
 - 2,104 (71.4%) were female;
 - 950 (22%) had no formal education;
 - 1,958 (66%) resided in urban areas.
- Overall, the median patient satisfaction score was 75% (IQR 50%-81%).



	n(%)
Gender	
Female	2104 (71.4%)
Male	844 (28.6%)
Age at enrolment to HIV Services, years (Median, IQR)	28 [22;35]
Age at survey, years (median, IQR)	31 [24;38]
Marital status	
Living with partner	1039 (35.2%)
Married	395 (13.4%)
Single	572 (19.4%)
Widowed	140 (4.75%)
Separated	2 (0.07%)
No information	800 (27.1%)
Education	
No education	340 (11.5%)
Primary	1254 (42.5%)
Secondary	615 (20.9%)
Technical education	13 (0.44%)
University	18 (0.61%)
No information	708 (24.0%)
Rural/urban	
Rural (HF)	990 (33.6%)
Urban (13 HF)	1958 (66.4%)
CAG membership	
No	2589 (87.8%)
Yes	359 (12.2%)

Results (2)

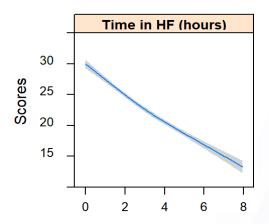


Figure 1. Correlation of time spent in health facility with satisfaction score

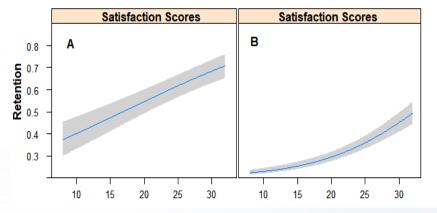
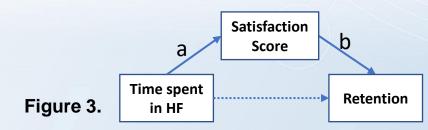


Figure 2. Correlation of satisfaction score with retention at 6 month (A) and 12 months (B)

- Time spent at the HF was inversely correlated with satisfaction (Spearman correlation = -0.63): varying the time spent in HF from 1.7 to 4 hours (first to third quartile) led to a decrease in the overall satisfaction score of 18% (95% CI: 17% 19%) (**Figure 1**).
- Satisfaction score was positively associated to retention (OR = 1.037, 95% CI = (1.025, 1.050); OR = 1.136, 95% CI = (1.108, 1.165) for sixand twelve-month retention, respectively (**Figure 2**).
- The **indirect effect of time spent in HF** on retention is approximately the **product** between the two effects (**Figure 3**, *a* and *b*), where for **each hour** a patient spent at the HF, the probability of being retained at 6 months **decreased** by **8%** and **17%** at 12 months.









Conclusions

- Patient satisfaction was relatively high and driven largely by time spent at the health facility, which was also associated with retention in care.
- Differentiated models of care to decongest crowded health facilities (e.g. 3-monthly drug dispensation, 6-monthly clinical consultations, extended clinic hours, community drug dispensation or other models) need to be urgently taken to scale to decrease patient wait times and time spent at health facilities.







Thank you!

Photography by Rui Esmael, FGH





