Strengthening IPCC Skills as a Means of Reducing Treatment Default

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PATH’s TB/HIV Work in Ukraine

• PATH is international NGO doing both HIV and TB work in Ukraine
• Since 2001, pilot and expand DOTS introduction
  ✓ Advocacy, lab and surveillance strengthening
  ✓ Public awareness and patient education
  ✓ Provider training, clinical and counseling
  ✓ Prisons (as of 2006)
  ✓ Strengthening HIV/TB service integration
Stigma – Major Barrier

- 69% of PLHA report being denied health care
- 70% believe confidentiality has been violated
- 18% feel comfortable revealing HIV status to medical provider

Exit Survey of TB Outpatients

**Goal** – collect information on aspects of provider performance that could be improved through communication and counseling training

- ✔ emotional support
- ✔ active listening
- ✔ providing information
- ✔ privacy and confidentiality

- Baseline in 2004 – N=312, 10 facilities, Kyiv and Donetsk
- Final in 2006 – N=313
IPCC Training

Goal - strengthening interpersonal communication and counseling skills

Four sections:
1. Interpersonal communication
2. Main steps of effective counseling
3. Counseling on TB
4. DCT of TB patients on HIV
Effective Counseling

Counseling – is a partnership of experts

- Client-centered vs. physician-centered
- Private and confidential
- Interactive
- Individualized for each client
IPCC Trainings

From 2004 to 2006, PATH staff trained 358 TB doctors in 5 regions (including 186 in Donetska Oblast and Kyiv City)

Training methods:
• Brainstorming
• Role playing
• Video
• Video playing
• Case study
## Patients’ Satisfaction re: Interaction with Medical Provider

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<tbody>
<tr>
<td>Medical provider’s ability or willingness to:</td>
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<tr>
<td>Make patient feel comfortable</td>
<td>60%</td>
<td>70%</td>
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<tr>
<td>Allow patient to share concerns and questions</td>
<td>34%</td>
<td>86%</td>
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<tr>
<td>Understand patient’s concerns</td>
<td>43%</td>
<td>63%</td>
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<td>Explain health information in simple language</td>
<td>51%</td>
<td>88%</td>
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<tr>
<td>Explain the treatment options</td>
<td>33%</td>
<td>84%</td>
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<tr>
<td>Provide advice about how to talk with family about TB</td>
<td>31%</td>
<td>74%</td>
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<tr>
<td>How doctor dealt with disruptions during visit</td>
<td>15%</td>
<td>74%</td>
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<tr>
<td>Ensuring patient of confidentiality</td>
<td>21%</td>
<td>42%</td>
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“We are tired of everything; we are working because there is nothing else we can do. I don’t want to go to work. I go because there is no other option. I need to earn money to live.”

“Why do we need to pay attention to our patients if no one pays attention to us?”

“We are pressured by multiple demands; work with our patients is ungrateful and difficult.”
Impact of the Trainings

An important indicator for measuring success of the IPCC trainings is treatment default rate and indirect evidence – treatment failure.

Data of cohort analysis in Donetska oblast

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<th>2004</th>
<th>2005</th>
<th>2006</th>
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<tr>
<td>Treatment default</td>
<td>16%</td>
<td>10%</td>
<td>11.7%</td>
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<td>Treatment failure</td>
<td>15%</td>
<td>8%</td>
<td>7%</td>
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“I want to say thank you to your training program for my new attitude: before the training, I felt I had to treat anti-social, unpleasant, hopeless, homeless people and felt that they were not people at all. Now I come to my office to take care of real people who need my help.”
Challenges

• Perception of priority
• Prevailing stigma
• Underpaid and undervalued providers
• A slow and labor-intensive process