



# The Relevance of Patient-Provider Communication for Access to Healthcare

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# Context

- **Access to evidence-based healthcare** mainly addressed from the **supply side**, i.e. availability & affordability of quality health services & products;
- Yet, **patients' preferences & satisfaction** with quality of previously used health services also determine as to whether they seek access & return to a provider.



# Five Dimensions of Access – the Degree of Fit between Health Services & Patients' Resources

## ■ **Availability**

- The existing healthcare services & products meet clients' needs.

## ■ **Accessibility**

- The location of supply is compatible with the location of clients.

## ■ **Affordability**

- The prices of services fit the clients' resources & ability to pay.

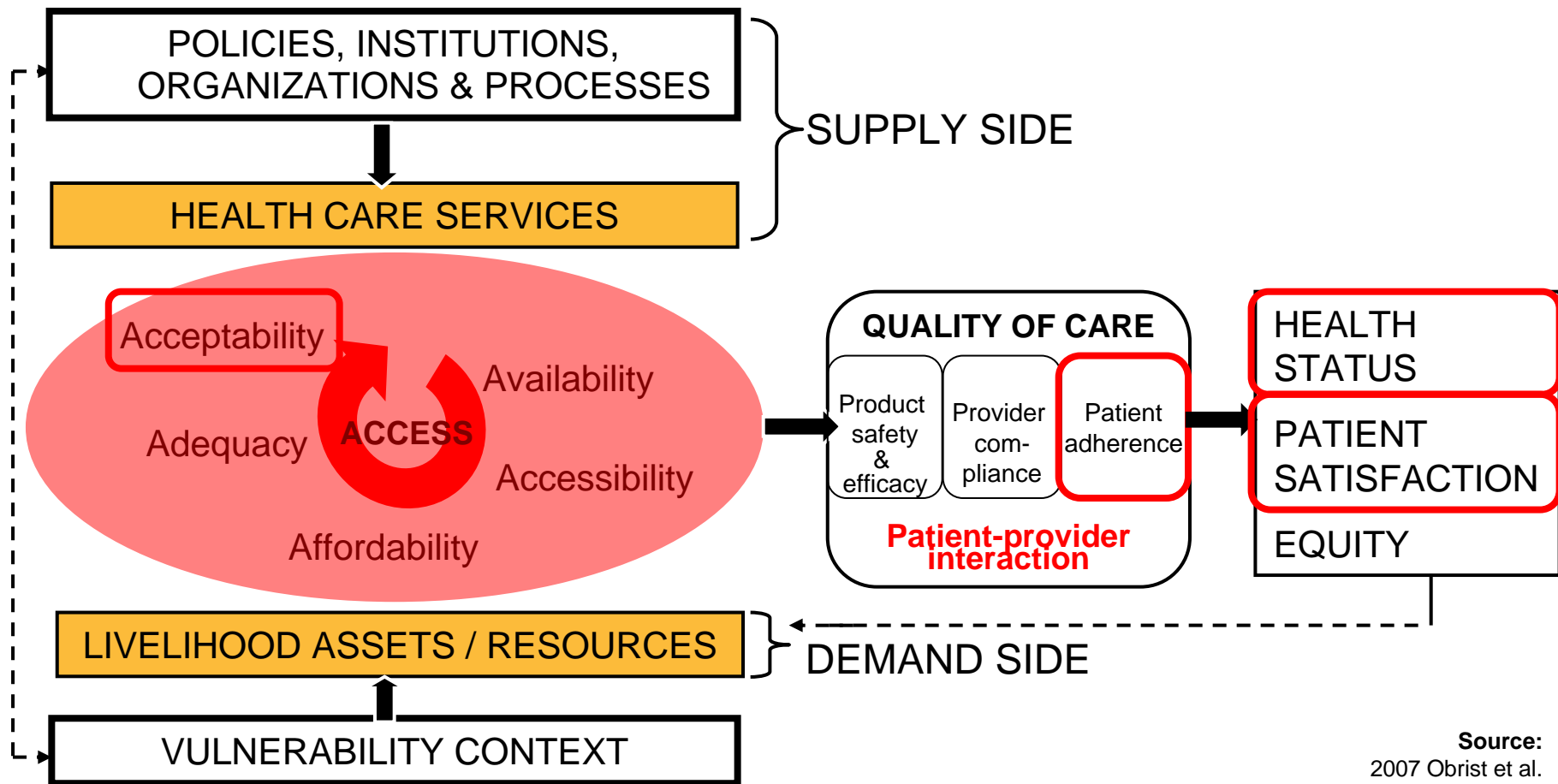
## ■ **Adequacy**

- The organization of healthcare services meets clients' expectations.

## ■ **Acceptability**

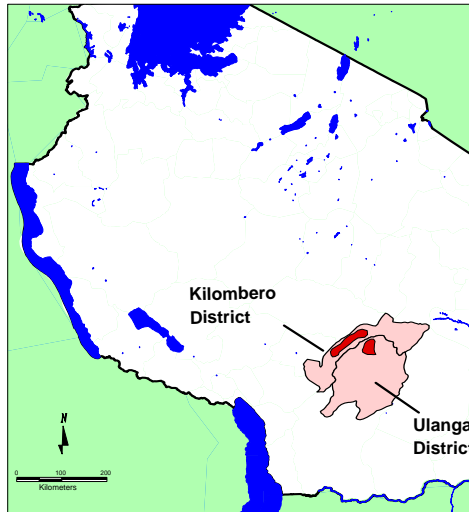
- The characteristics of providers match with those of the clients.

# Framework for Community Access to Health Care in Contexts of Livelihoods



Source:  
2007 Obrist et al.

# The ACCESS Project in rural Tanzania (1)



## Partners:

Ifakara Health Institute (IHI)  
Swiss Tropical & Public Health Institute (Swiss TPH)  
Novartis Foundation (NFSD)

## Potential beneficiaries:

Children under 5, pregnant women & population in the Kilombero & Ulanga districts (~638'000 inhabitants)

**Duration:** 2008–2011 (first phase: 2003-2007)

- **Project purpose:** Analyze & improve access to effective malaria treatment & care;
- First project phase with focus on identification of access obstacles using malaria as a tracer condition;
- Applied research combined with interventions.

# The ACCESS Project in rural Tanzania (2)

## Supply side: Improving healthcare delivery

- Quality of Care Improvement & Recognition in health facilities;
- Rapid Diagnostic Tests for malaria in pilot facilities;
- Support to Accredited Drug Dispensing Outlets.

## Demand side: Strengthening patients' resources

- Social marketing on symptoms, causes & appropriate/timely treatment of malaria in schools & communities;
- Micro-credits & business support to women's groups;
- Strengthen Community Health Funds.

# The Quality of Care Improvement & Recognition Initiative of the ACCESS Project (1)

- Regular routine assessment of 75 health facilities in two rural districts (a third one to be added in 2010);
- Assessment teams composed of members from Project Team & Council Health Management Team (district);
- Assessment across six areas (one checklist/questionnaire per area) with immediate feedback to providers & follow up visits (detailed feedback report & recommendations);
- Weighing of indicators according to their relevance for quality of care;
- Rewarding of health facility based on achieved overall quality score.

# The Quality of Care Improvement & Recognition Initiative of the ACCESS Project (2)

Area	Main question: To which extent...	No indicators
Job expectations	Do providers know what is expected from them?	5 (15)
Infrastructure, tools & equipment	Do health facilities have sufficient resources & provide a supportive environment to enable providers to meet these expectations?	13 (48)
Knowledge, skills & ethics	Do health providers have sufficient knowledge & skills to meet these expectations?	5 (56)
Management & administration	Do health facilities have a sound management system that provides supportive supervision & feedback to providers & the community?	23 (40)
Staff motivation	Are providers motivated to meet these expectations?	10 (16)
Client satisfaction	Are community expectations of health service performance met?	9 (10)

# Quality of Care Results 2009 (1)


- Areas: Knowledge, skills & ethics / client satisfaction
- 5-10 clinical observations in each health facility, n=200
- 2-10 exit interviews with clients in each facility, n=324

Area	Overall score across all facilities
1. Job expectations	72.5%
2. Infrastructure, tools & equipment	70%
3. Knowledge, skills & ethics	55.5%
4. Management & administration	60.5%
5. Staff motivation	46%
6. Client satisfaction	75%

# Quality of Care Results 2009 (2)

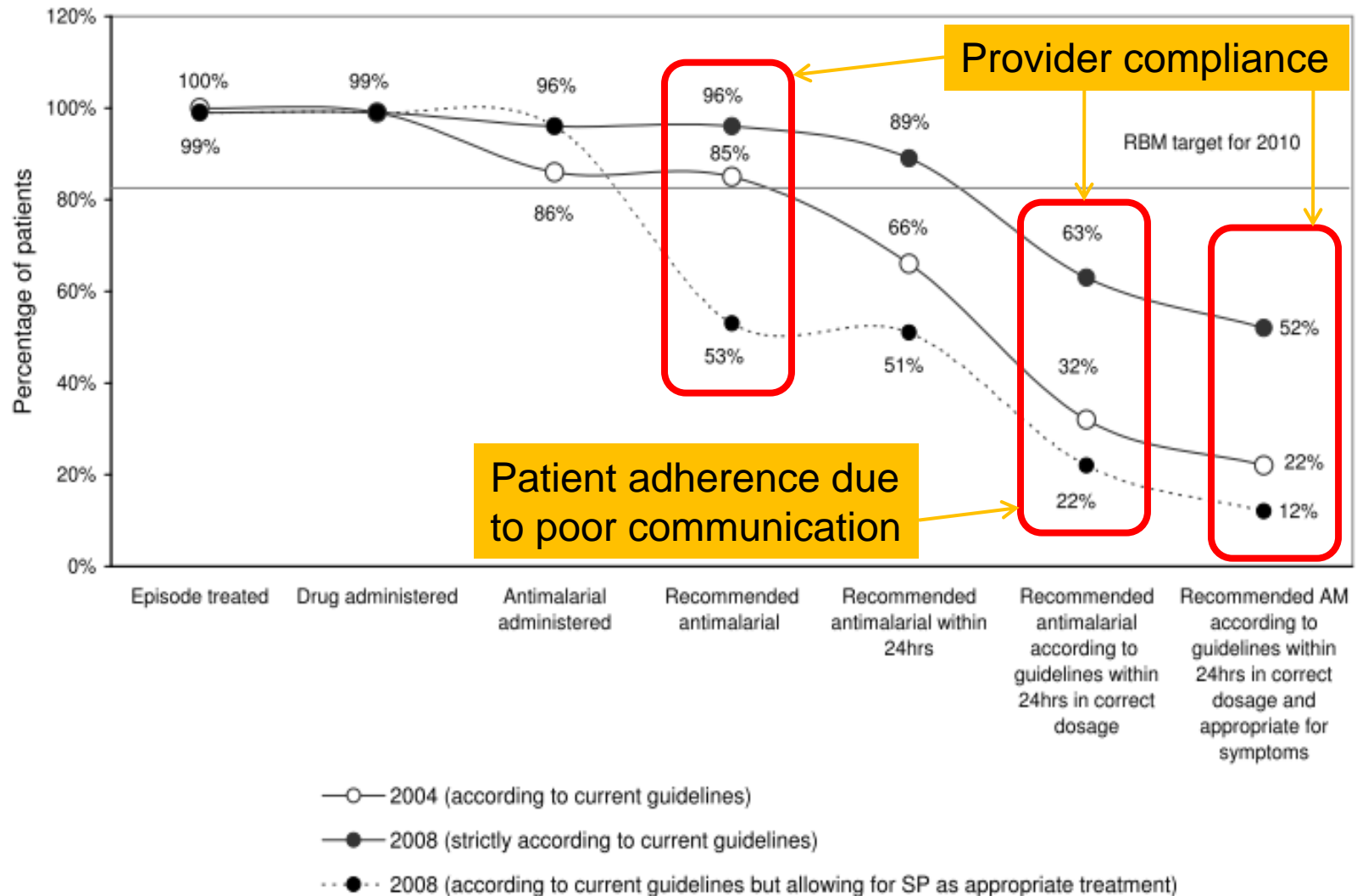
Area / Sub area	Score across all facilities
<b>3. Knowledge, skills &amp; ethics</b>	
• Patient greeted by provider	65%
• Accurate information given to patient	64.5%
• Active client participation facilitated by provider	60.5%
• Patient and illness history taken & proper physical examination done as per guidelines	54.5%
• Teaching aids/IEC material used during session	37%
<b>6. Client satisfaction</b>	
• Privacy during consultation ensured	95%
• Staff well mannered & positive attitudes	84.5%
• Chance to express concerns & ask questions	56.4%
• Explanations of diagnostic procedures & treatment instructions given	55.1%

# Conclusions (1)

- Weak communication between patient & provider evident in
  - “objective” clinical observations;
  - mixed perceptions concerning patient satisfaction with quality of health services;
- Poor communication may result
  - in fewer patients seeking access to the same provider for a new illness episode;
  - in more patients changing to another provider (e.g. traditional healer) for the same illness episode, especially when treatment instructions & information not properly given (on side effects & point in time when symptoms diminish) so that patients perceive treatment as ineffective;  acceptability gap
  - in wrong diagnosis / poor treatment adherence / poor health status.



# Conclusions (2)



(Alba et al., forthcoming)



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