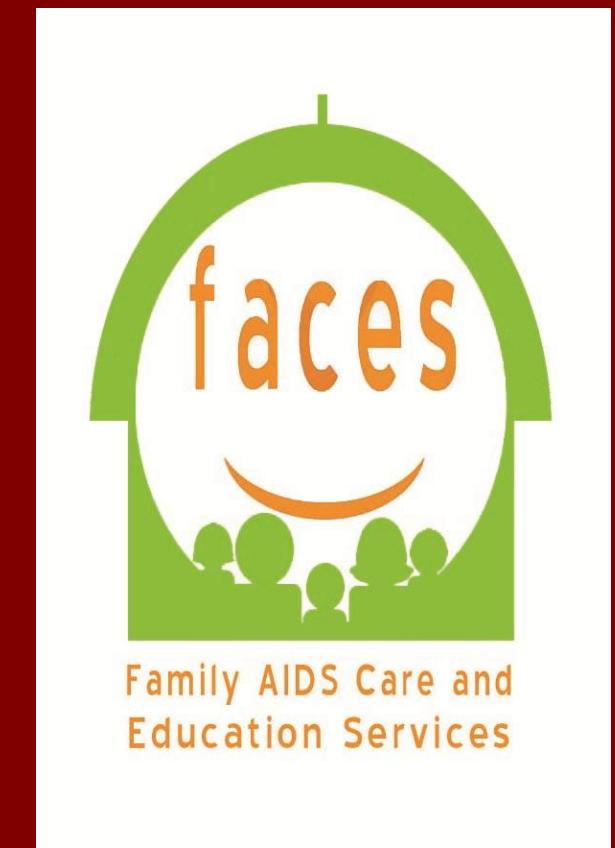
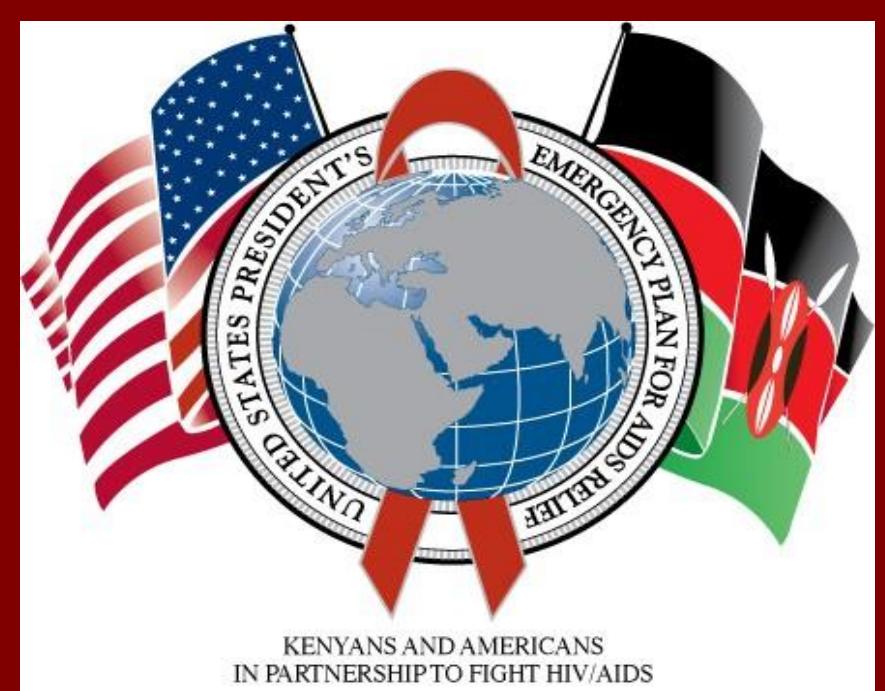


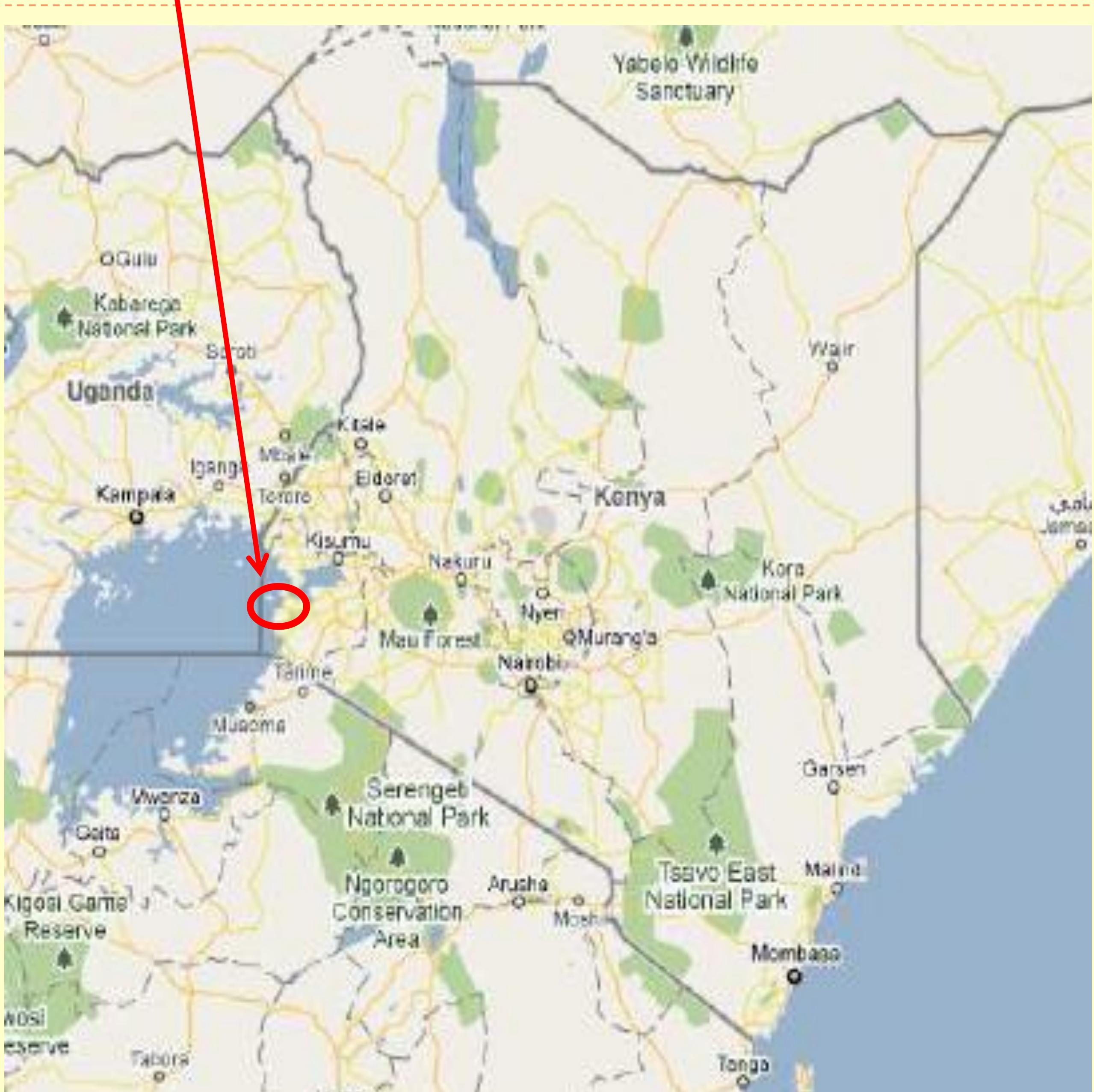
Integration of HIV Care with Primary Care Services: Impact on Patient Knowledge, Satisfaction and Stigma in Rural Kenya



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SUBA DISTRICT: HIGHEST HIV PREVALENCE



METHODS

- At two rural health centers, HIV services were offered at OPD as part of usual OPD care (previously HIV services were run as a separate clinic at these facilities)
- Clinical mentorship for HIV care included all clinicians
- All patients, regardless of HIV status, shared same waiting bay and heard the same health messages
- Pharmacy and lab were integrated
- Patients were served by the same clinical providers, pharmacy staff, and laboratory staff, regardless of HIV status
- Before integration, baseline surveys were done in the OPD and HIV clinic for patient HIV knowledge, satisfaction, and perception of stigma
- Three-months after integration follow-up surveys were conducted



Patient Education Session



Integrated Nursing

INTRODUCTION

- Funding for vertical HIV programs has allowed for specialized staff training, better-equipped facilities, and rapid program implementation and scale-up of HIV services
- Suba District, a high-HIV prevalence region in rural Kenya with a shortage of health care workers, has benefited from rapid HIV scale-up
- An integrated approach for HIV and non-HIV services may improve clinic efficiency and infrastructure
- Integration of HIV services into the outpatient department (OPD) was piloted in Suba District and evaluated between December 2008 and March 2009

INTEGRATION

- Integration of HIV care is being adopted and adapted at mother-child-health clinics, TB clinics, and STI clinics

PROS

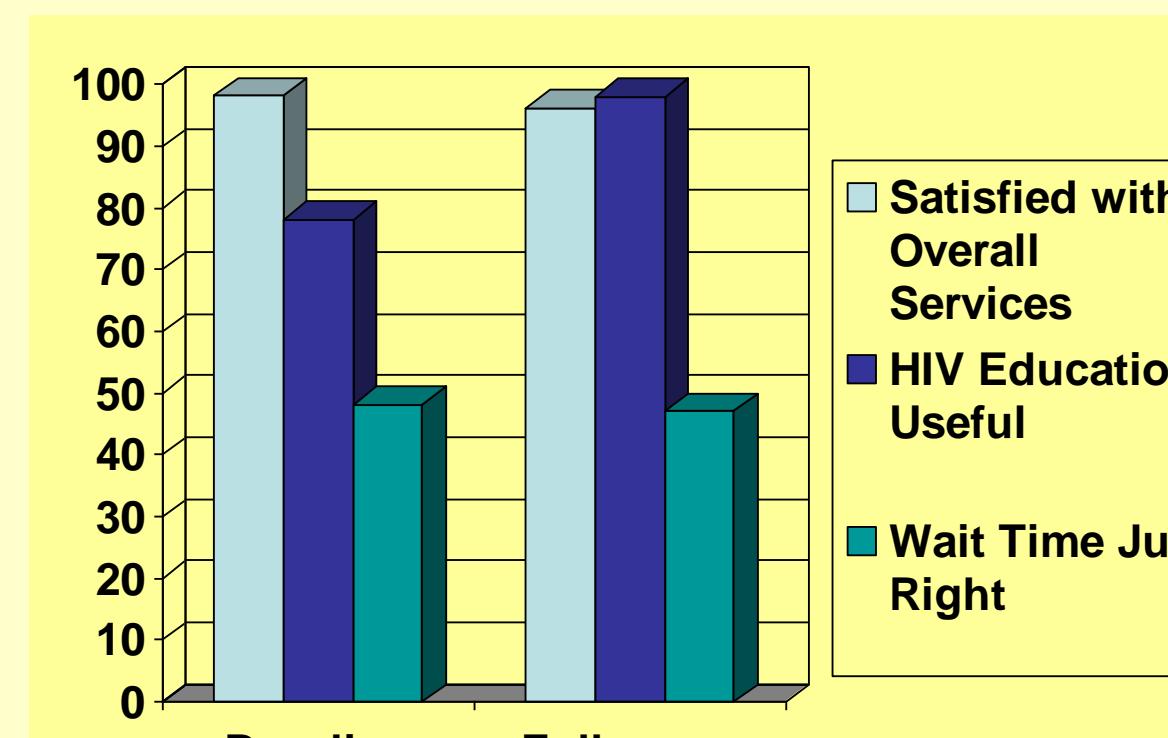
- Equity of services
- May be more efficient in high-prevalence areas with staff shortages
- Spread resources to other services, which may increase quality of non-HIV care
- May reduce stigma

CONS

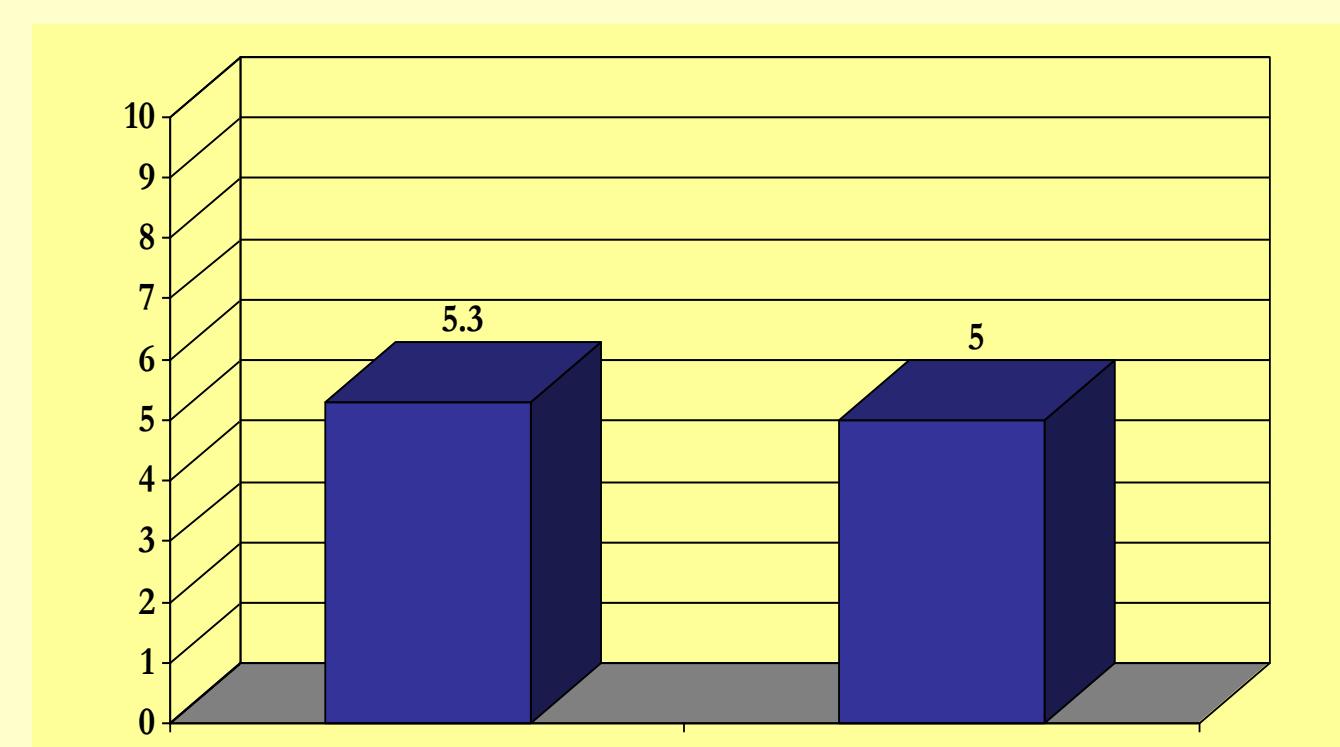
- Need to train more staff
- Slower scale-up
- Dilute HIV-specific resources, so may decrease quality of HIV care
- May increase stigma

RESULTS

- No difference before and after integration: patient HIV knowledge ($p=0.98$), patient satisfaction ($p=0.66$), and patient perception of stigma ($p=0.49$)
- District health managers reported improved clinic systems: drugs and medical supplies, scope of laboratory tests available for HIV-negative patients, and improved patient flow despite staff shortages at facilities



Patient Satisfaction



Median Score: HIV Knowledge

CONCLUSIONS

- Results are inconclusive for supporting or arguing against an integrated approach to out-patient services
- Pilot project expanded to include follow-up data 12 months post-integration, as well as quality of care indicators and provider satisfaction surveys

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