Patients’ Vision on Ambulatory Patient-Centered Model of Care

Mr Bunyad Khasmammadov
Ms Gulmira Akbarova

Azerbaijan Patient Organization “World Free of TB” , NGO

Wolfheze Workshop, KNCV. 27-29 May 2015
Why ambulatory treatment?

1. It prevents acquisition of heavier forms of TB, drug resistant TB (MDR/XDR)
   - Risk of getting infected with other infections is higher in TB hospitals
2. Helps us to continue taking our pills as prescribed and get a complete treatment
3. It stops waste of money on hospitalization
Why ambulatory treatment?

2. It helps us to continue taking our pills as prescribed and get a complete treatment

- Patients attend DOT centers daily to take drugs because it is easy accessible and feasible

- Patients meet DOT giver every day and get moral support and get answers to his problems. If the patient does not understand the importance of finishing treatment, adherence will be very difficult.
Why ambulatory treatment?

3. Stop wasting money on hospitalization and support more patients

- a lot of money is spent every year from government budget to keep TB hospitals running;
  - construction/renovation of buildings
  - Beds
  - Food
  - Housing
  - Admin and technical staff

Instead, it can be used to treat more patients and cut transmission of TB infection
Advantages of Ambulatory model of TB care

1. Allows patients to integrate themselves into community and family life.
2. Continue to work and make their family’s living.
3. Start treatment as soon as diagnosed with TB. (No waiting list for insufficient hospital beds)
4. Drug intake flexibility. Allows patients to choose an appropriate schedule and a DOT center to take his/her drugs.
5. DOT nurse knows the patient individually and respects his/her views, which improves working relationship and make the patient more likely to be adherent to his treatment.
I was shocked when I heard that I had got TB.

First, I had been given the wrong dosage of pills which had triggered the vomiting.

It was not easy to swallow handful of pills every day for over 6 months period which gives terrible side-effects.

I was ambulatory patient. I refused to get treatment in hospital TB wards where I could had developed MDR/XDR TB because of poor infection control, where many patients with more severe forms of TB.

If I had stayed at hospital, my family members should have stayed with me by shift. And that is how TB is usually transmitted.

My treatment was organized at DOT center, though difficult, I took 8 months of treatment to get rid of TB completely.

People who have not experienced TB could hardly imagine how terrible it is, BUT WE KNOW!

(read more http://www.fighttb2015.eu/azerbaijan-testimony/)
Main problems patients face during hospitalization

1. Poor airborne infection control measures.
   - no mechanical and natural ventilation during cold winter season

2. More money is spent by patient’s family members on better hospital services.

3. Patients need to work because family is financially depending on him

4. STIGMA; Patients want to hide that he’s got TB (while in ambulatory treatment it is very easy)
Patients’ vision – Why M/XDR TB is increasing in Azerbaijan

- Often many patients interrupt their treatment or stop treatment in half way. Because;
  - do not understand the importance of taking full course of treatment
  - TB drugs cause side effects
- Lack of side-effect drugs at DOT centers.
- Outdated TB law (year 2000) to protect patients rights
- Low salary of TB doctors/nurses (no stimulus)
- TB affects mainly vulnerable communities who are in need of social support
Patients’ vision – Ambulatory Model of TB care

It is recommended that -

- TB should be diagnosed at primary health care level;

- Ambulatory model is to be promoted among patients and doctors as a better option to cure TB;

- DOT points should be set at every local health care facility and an experienced TB specialist should be designated there.

- TB drugs and other auxiliary medication should be available at every DOT points every time
Our contribution, as a patient organization in stopping TB epidemic

- Meeting with TB patients and TB affected communities and communicating their problems to decision makers;
- Holding trainings for peer educators
- Participating country dialogues, concept note writing, national strategic plan development
- As a member of country coordination mechanism (CCM) attend TB related meetings and working group discussions
- Providing psycho-social support for TB affected people
Thank you!

“World Free of TB”, patient organization, Azerbaijan

Mr Bunyad Khasmammadov
Ms Gulmira Akbarova

E-mail: h_bunyad@hotmail.com & gulmira.ekberova@mail.ru