A PATIENT-CENTRED APPROACH TO TB CARE

World Health Organization

Recommended TB patient care and support interventions to enhance treatment effectiveness

WHAT IS A PATIENT-CENTRED APPROACH?

Patient-centred care can be defined as "providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions"(1).

Pillar one of the End TB Strategy explicitly adopts a patient-centred approach, which puts "patients at the heart of service delivery".

A patient-centred approach recognizes that the direct beneficiary of TB care is the individual who is sick, and that strategies must be designed with this individual's rights and welfare in mind.

The objective is to provide high-quality TB diagnosis, treatment and care to all patients without their having to incur catastrophic costs.

(1) TB Control Assistance Program (CAP), *Patient-Centered Approach Package.*

Delivering truly integrated patient-centred care can produce significant benefit to tuberculosis (TB) patients globally.

To this end, a patient-centred approach should **enable patients to exercise their rights and fulfil their responsibilities with transparency, respect and dignity, by giving due consideration to their values and needs**.

Through patient-centred care, **the patient** is the central figure in the continuum of care, and the social and personal circumstances of the person – not just the immediate requirements of medical treatment – are a priority consideration.

To ensure systematic implementation of patient-centred approach, attention is also drawn to establishing and/or expanding **social protection schemes** to prevent and alleviate the burden of poverty, vulnerability and social exclusion, that often affect people with TB and their households.

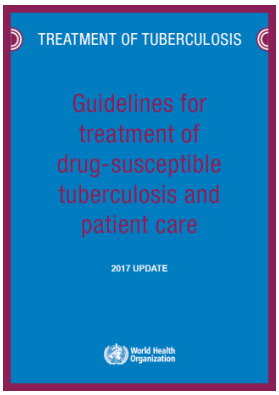
Guidelines for treatment of drug-susceptible TB and patient care

In **2017** the WHO Global TB Programme formulated new recommendations for the treatment of drug-susceptible TB and for patient care and support of all people with TB (regardless of whether the disease is drug-susceptible or drug-resistant).

In line with Pillar 1 of the END TB Strategy – integrated, patient-centred care and prevention – the guidelines include specific recommendations on patient care and support.

Key aspects of the updated guidelines:

- Include additional evidence-based policy recommendations on patient care and support;
- Recommend individual interventions – or a package of interventions – to support care for all patients on TB treatment;
- Use digital technology such as SMS or phone calls (as a communication option), medication monitors, and video supported treatment, according to local circumstances and in line with existing evidence for their best use;
- Implement effective approaches to treatment administration, such as community or home-based treatment, instead of facility-based treatment.
- Decentralize care for drug-resistant TB patients.



RECOMMENDATIONS

Health education and counselling on the disease and treatment adherence should be provided to patients on TB treatment.

A package of treatment adherence interventions may be offered for patients on TB treatment in conjunction with the selection of a suitable treatment administration option.

A decentralized model of care is recommended over a centralized model for patients on MDR-TB treatment.

TREATMENT ADHERENCE INTERVENTIONS

PATIENT EDUCATION
Health education and counselling

COMMUNICATION
(e.g. home visit, digital medication monitors, communication via SMS or telephone calls)

MATERIAL SUPPORT
(e.g. meals, food baskets, food supplements, food vouchers, transport subsidies, living allowance, housing incentives, or financial bonus)

PSYCHOLOGICAL SUPPORT
(e.g. counselling sessions or peer-group support)

STAFF EDUCATION
(e.g. adherence education, chart or visual reminder, educational tools and desktop aids for decision-making and reminders)

TREATMENT ADMINISTRATION OPTIONS

Community- or home-based directly observed treatment (DOT) is recommended over health facility-based DOT or unsupervised treatment

DOT administered by **trained lay providers or health-care workers** is recommended over DOT administered by family members or unsupervised treatment .

Video supported treatment (VOT) may replace DOT when the technology and internet provision are available and can be operated by health-care providers and patients.

Digital Technologies for patient-centred DOT

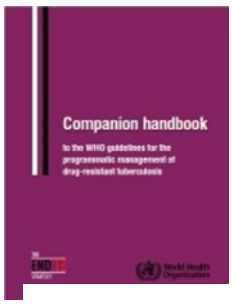
- SMS, applied for communication with outpatients, either via regular, automated messages to take their medications, or by supplying information related to their health or condition, or by providing interaction about care.
- MEMS BOXES, automated electronic devices that record and inform the health-care provider about the regularity with which a medicine container is opened.
- 99DOTS (www.99dots.org), each time a patient expresses a pill from a specially fitted medication blister packs a different free-phone number is disclosed which the patient calls. A record of the numbers called provides a history of patient adherence to the caregiver.
- VOT, remote video communication to deliver care (real-time or reordered). VOT allows remote adherence support in real-time or via recorded video, fitting patient schedules, cutting down on costs and other inconvenience related to daily travel to the health centre.

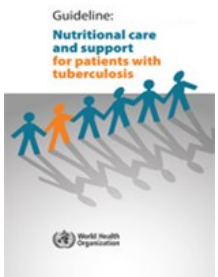
Further information is provided in the "Handbook for the use of digital technologies to support Tuberculosis medication adherence".

From recommendations to action:

Adopting a patient-centred approach means understanding the needs and circumstances of each patient, without imposing a "one size fits all" system.

Therefore, the interventions should be selected on the basis of the assessment of the individual patient's needs, values and preferences. Resources and conditions for implementation should be developed.





<u>Overall, the following principles can be followed:</u>

1. Focus on patient's concerns and priorities.
2. Refer to the 5 A's aspects of care: Assess, Advise, Agree, Assist and Arrange.
3. Link the patient with a suitable DOT provider trained in patient-centred care.
4. Screen, assess and manage undernutrition.
5. Recognize and address poverty and food insecurity by linking TB patients to national social protection measures and ensure their inclusion in appropriate national legislations.
6. Organize proactive follow-up, maintain regular communication with the patient, in order to work as a team.
7. Involve former patients, peer educators and supporting health care workers in health facilities or in communities.
8. Link the patient to community-based resources and support.
9. Provide integrated care in collaboration with other public health programmes, such as HIV, diabetes care, maternal and child health, lung health, and mental health services.
10. Assure continuity of care, including palliative and end-of-life care whenever needed.

See also the "Companion Handbook to the WHO guidelines for the programmatic management of drug-resistant tuberculosis" and the "Guidelines for nutritional care and support for patients with tuberculosis".

END TB