Outpatient Delivery of Care Substituting for Inpatient Treatment of TB Patients in Kazakhstan

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Project implementation in 5 regions:

- Akmolinsk region
- Aktubinsk region
- Zhambyl region
- Kyzylorda region
- City of Astana
Key Project Performance Indicators

Proportion of TB and MDR TB patients including:

- Patients having started and continuing treatment in outpatient settings
- Lost to follow-up
- Cured cases of first-diagnosed pulmonary smear-positive TB
- Cured cases of MDR TB
- Regularly receiving social support at the outpatient treatment stage
Substitution of Inpatient Treatment

- TB hospital
- Home Treatment (8)
- Mobile TB Team
- DOT in PHC settings (all regions)
- DOT in policlinics (all regions)
- DOT in organized catering settings
- Daily hospitals (32, 457 bed total)
Objectives of the Central Medical Commission (CMC)

- **Decide on administration of outpatient treatment**
  - Daily hospital
  - Home treatment
  - Mobile team from a polyclinic
  - DOT points in PHC
  - DOT points in polyclinics

- **Identify type and mechanism for provision of social and psychological support to TB patients**

- **Decide on the scope of necessary social assistance, its frequency and terms**
Patients in need of 24-hour medical monitoring

**Home treatment**
- Severe co-morbidities
- Need to be accompanied to DOT
- Temporary restricted mobility: elderly, pregnant women, breastfeeding, disabled;
- HIV/AIDS

**Daily hospital**
- Adherent to continuous treatment regimen
- Additional nutrition required
- Additional treatment required

**Organized catering settings**
- Food distribution stations
- Flophouses
- Shelters
- Cafeteria

- persons with lost social contacts
- homeless
## Organizing Treatment at Home

- **Treatment provided by a dedicated doctor of the TB dispensary**

- **Services provided by nurses daily, except for Sunday (DOT 6 times a week)**

- **A vehicle and a driver to be provided for medical staff**

- **PHC doctor to visit the patient one a month, and adequate medical specialists from the PHC setting to provide advice and treatment depending on indications**

- **The number of patients receiving treatment at home should be limited to no more than 15–20 patients (max. 25 patients)**

- **Patients receiving treatment at home are not eligible for daily social support, yet they may be eligible for another kind of social support (one-time support)**

- **Psychological support shall be provided to the patients on the as-needed basis**

- **Social worker’s support shall be provided to the patients on the as-needed basis**
Funding

• Outpatient treatment is funded from the approved budget of the polyclinic that organizes the treatment

• Head of the polyclinic shall identify the number of beds in the ‘daily’ hospitals in collaboration with the local healthcare management body

• The funding allocated for social support to TB patients on outpatient treatment shall be at least 4% of the total amount of funding allocated for TB control measures
17% of MDR TB patients start treatment in outpatient settings
Treatment Success in TB and MDR TB patients

Эффективность лечения впервые выявленных случаев легочного ТБ с МТ(+) (когорты 2008-2014 гг.)

Эффективность лечения МЛУ ТБ (когорты 2007-2012 гг.)

Graphs showing treatment success rates from 2008 to 2014 for TB and MDR TB patients.
Proportion of Funding for Social Support to TB Patients (%)

WHO Standard: 4%

Funding for social support to TB patients in the country:
2014 – 553,600,8 thou tenge
2015 – 679,540,8 thou tenge
Conclusions

Decisions on the type of treatment (inpatient or outpatient) should be made individually on the case-by-case basis, and adapted to the patient’s needs: fosters effective treatment.

Outpatient treatment, also in the intensive phase, is more comfortable for patients.

Proper organization of outpatient treatment and provision of psycho-social support promote adherence to DOT treatment in TB and MDR Tb patients, which in its turn results in high treatment success.
Thank you for your attention!