Integrated care and Pay for Performance in TB outpatient care – an adapted intervention and innovative research in Georgia

Ivdity Chikovani 1 Akaki Zoidze 1 Sophie Witter 2 Anna Vassall 3
Bruno Marchal 4 Lela Sulaberidze 1 Karin Diaconu 2

1 Curatio International Foundation 2 Queen Margaret University
3 London School of Hygiene and Tropical Medicine
4 Antwerp Institute of Tropical Medicine

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Background - Why P4P

• High TB burden
  – High rate of drug-resistant TB (DR-TB)
• Improving but suboptimal treatment outcomes
  – Every third DR-TB patient interrupts treatment
• Main reasons of poor adherence
  – System factors - Side effect management suboptimal outside the capital city; Pill burden; Difficulties of DOT regimen
  – Personal factors - Poor awareness on the disease and treatment
  – Social & Economic factors
Background - Why P4P

- TB outpatient care provided by private service providers under the state funded program
- TB management is responsibility of TB specialists (doctor and nurse)
- Lack of coordination between Primary Health Care and TB care
- Low base salary of TB specialists
- Future gap in TB specialists supply - retirement age, not appealing profession
- Low interest of private sector to retain TB services – threat to sustainability
Background - Why P4P

• Policy options already in place to improve adherence
  – Financial incentives to patients
  – New treatment strategies (new drugs, Video Direct Observation)
  – Adherence consultants (available at regional level, not fully functional)
• Integration of TB care into UHC package – a future plan
• No incentives schemes among providers (in any health area)
How the P4P scheme was designed

• Program theory (PT) workshops with involvement of researchers, policy-makers, service providers:
  – 1st PT workshop (bottleneck and potential solutions)
  – Drafting a concept of the P4P intervention
  – Development of a Program Theory
  – 2nd PT workshop (expected effects, mechanisms of change, conditions for success, contextual constraints, conditions for sustained effect)
  – Refinement of the Program Theory

• Discussions with policy-makers, providers to refine the scheme design
What are main features of the P4P scheme

- Patient centered approach
- TB case management integration with the PHC
- Empowerment of the patients
- Performance based payments
  - distribution among the team members based on their contribution (facility, manager, TB doctor, TB nurse, Family doctor)
  - based on the facility performance measured by a adherence to treatment reported on a quarterly basis
How the P4P scheme looks

Facility Management
Integrated team
• TB doctor
• Family doctor
• TB nurse

Patient

Package
• Incentive payments
• Manager’s guideline
• New roles and responsibilities
• Trainings
• TB case management plan

Measurement: Adherence to treatment
Challenges on the way

• Complex service delivery arrangements
  – No mechanisms in place to encourage TB service provision among private service providers
  – Rural family doctors independent providers – need of addition contractual arrangements
• Public purchaser not ready to assume additional verification functions
• High turnover of key policy makers
• Skepticism towards P4P concept in general among some key policy makers
Next steps

• After pre-piloting (which is underway in two facilities) refine the scheme
• Run in 8 intervention facilities for 24 months
• Evaluate with combination of:
  – Impact evaluation (cluster randomized control trial)
  – Cost-effectiveness study
  – Realist case studies (mechanism of change, context factors that enhance or undermine the effectiveness)
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