

Improving HIV Patient Appointment System among Homosexual Men-A Bushenyi Medical Centre (BMC) Experience

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Introduction

Bushenyi Medical Centre (BMC) in Western Uganda has an HIV/AIDS programme with over 5000 clients in care, 3200 (60%) on ART of whom 10 are homosexual men (MSM). Uganda has about 1.9 million people living with HIV. LGBT persons are discriminated and stigmatized against in Uganda. In January 2021, BMC observed fluctuating numbers of MSM HIV positive clients receiving anti-retroviral therapy at BMC clinic on different appointment days leading to unsuppressed viral loads and loss to follow up of clients. The main reasons were:

- Appointments being given by different people on one day with other groups
- Lack of MSM specific packages
- Unmarked offices for LGBT services
- Too many unscheduled visits made by patients for minor illnesses
- Discrimination and Stigma by other positive clients

Description

The team, as part of their quality improvement activity decided to: Streamline appointments of MSM clients once per month in order to reduce patient waiting time and improve clinic organization and patient flow, reduce stigma and discrimination, offer more counselling sessions and MSM specific HIV care packages.

Interventions

An assessment was done to determine how best to package services for MSM once per month.

An appointment book was bought and a special counselor was hired and put in charge MSM HIV positive clients.

The receptionist was tasked to retrieve files a day before their special clinic day.

Patient flow charts were displayed all over the clinic to help patients on the clinic flow.

A nurse was identified to do refill drugs for MSM patients who don't need to see a doctor.

Appointment cards were used to help triage the clients.

MSM clients were advised to go to nearest health centers in case of minor sicknesses through health education sessions.

Results

By September 2021, about 80% were consistently attending the clinic daily compared to less than 40% before intervention. Waiting time reduced from 4 to 2 hours on average. Missed appointments reduced from an average of 15 to 2 per month and the clinic attracted more groups of MSM and provided services to about 30 MSM HIV negative persons. Retention in care improved from 85% to 100%.

Conclusion

HIV/AIDS clinics need to maintain special appointments and MSM HIV care packages reduce discrimination and stigma in order to retain and attract more MSM to HIV care.

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