Are remote consultations in low-middle income countries feasible, safe and trustworthy? A process evaluation alongside the stepped wedge RCT of REaCH

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REaCH TRAINING For Remote Healthcare Consulting

Background

- Accessing healthcare for non-COVID conditions during the pandemic risked the lives of health-workers and patients.

- We developed and piloted remote consultation training (REaCH) (April-Aug 2020) in rural Tanzania.
- Then, we conducted the main REaCH training in a step-wedge trial (Sept 2020-March 2022) in urban Nigeria and rural Tanzania. We provided airtime support to health workers. Training happened remotely. Facilitators trained Tier 1 trainees. Tier 1 trainees cascaded training to Tier 2 trainees in their facilities.
- Here, we present findings from process evaluation of the trial.

Methods

Mixed-Method Evaluation

Survey
Facilities: Nigeria (35), Tanzania (21)
We assessed:
- Number of trainees (Tier 1 and Tier 2)
- Acceptability, Appropriateness and Feasibility

Interviews
Facilities: 10 (5 per country)
Participants: Patients (38), Health workers (40)
We asked about:
- Facility adaptation to Remote Consulting
- Patients and health workers experiences

Results- Survey

1. Number of Tier 1 and Tier 2 Trainees

	Nigeria		Tanzania	
Trainees	**Tier 1**	**Tier 2**	**Tier 1**	**Tier 2**
Medical Doctors	10	-	24	5
Assistant Medical Doctors	_	-	7	6
Clinical Officers	_	_	11	21
Nurses	10	20	_	38
Community Health Workers	_	33	_	_
Community Health Extension Officers	_	42	_	_
Technical staff	_	_	_	27
Total	**20**	**95**	**42**	**97**

2. Acceptability, Appropriateness and Feasibility (score out of 20, mean)

	Acceptability	Appropriateness	Feasibility
Nigeria	17.8 (2.7)	17.5 (2.8)	17.5 (2.5)
Tanzania	17.5 (3.4)	17 (3.6)	17.5 (2.5)

Results- Interviews

Interview themes

- **Remote consultation delivery approaches**

"The nurse will be receiving the calls as well as solving the minor cases but the patients with complicated cases will be connected to the doctor" (TAN, Cluster 2, Trainee C)

- **Resources for remote consultation**

"Airtime is very important[…] if you to initiate a communication you must have credit on phone[…]it, it is very important." (Nig, Cluster 17, Patient 4)"

- **Mobile prescription**

"[Patients] call. I do prescription on phone, it's convenient it's easy to do" (NIG, Cluster 4, Facility Manager 02)

- **Cost-implication**

"This service has assisted me to cut off some costs like transportation costs and other hospital costs like registration fee " (TAN, Cluster 15, Patient 01)

- **Quality of healthcare**

"It's confidential and I trust them and also the treatment. They are very effective whenever I call them and they also call me back to check on me. I can't keep anything from them"
(NIG, Cluster 04, Patient 01)

Conclusion

Training health workers in remote consulting is feasible.
Patients using remote consultation felt it was safe and trustworthy and efficient, similar to face to face consultation.
Remote consultation complemented physical consultation to improve access to care.
Availability of airtime for patients and health-workers will facilitate remote consultation.

This project was funded by the UKRI collective fund UK Research and Innovation