Involvement of Private Practitioners in RNYCP – What Physicians Must Know

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The private health sector may be defined as comprising of all providers who exist outside public sector, whether their aim is philanthropic or commercial and whose aim is to treat illness or prevent disease. They include large and small commercial companies, groups of professionals such as doctors, national & international non-governmental organizations and individual providers and shopkeepers.[1]

The use of private health care providers in low and middle-income countries is widespread and is the subject of considerable debate. There is rapid increase of private providers of all denominations and is used by a wide cross-section of the population. The emphasis is mostly on curative aspects rather than public health. The higher use of the private sector is partly due to the inaccessibility of public services, but in urban areas it might be because of convenient opening hours, perception of greater privacy, speed of service, quality of diagnosis, prescribing and counseling.[2]

In India, private practitioners comprise a vast majority of registered doctors. Apart from licensed allopaths, private practitioners are a mix of licensed and unlicensed practitioners of traditional systems of medicine and include a considerable number of quacks. In absence of a comprehensive system of quality control in the health sector, each private health care provider enjoys considerable freedom in dispensing his or her own 'brand' of care. This is particularly true for diseases of public health importance such as Tuberculosis, Malaria, and STDs.[3]

Public-Private-Mix for TB Control- Need of the hour:

Public-private mix has been defined by WHO as strategies that link all healthcare entities within the private and public sectors (including health providers in other governmental ministries) to national tuberculosis programmes for expansion of DOTS activities.[4]

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In India, which has almost one fifth of the incident global burden of TB, almost half of patients with tuberculosis may initially seek help from the private health sectors.[4] Unfortunately, in the private sector TB is often inaccurately diagnosed and ineffectively treated.[5-12] This can result in diagnostic delay, prolonged infectiousness, drug resistance, poor treatment outcomes and high rates of relapse. The findings of these studies warrant involvement of private health sector in Revised National Tuberculosis Control Programme (RNTCP) to maintain uniformity of diagnosis and treatment of TB.

Experiences from pilot projects in the country and elsewhere show that such partnerships can increase TB case detection rates and improve patient adherence.[4, 13-20] Such partnerships reduce diagnostic delays and cost to the patients, who get quality RNTCP services from the Private Provider of their choice.

First and foremost challenge facing RNTCP is to bring forth uniformity in treatment among all medical practitioners - both at government and private levels.[21]

Current Schemes for involvement of Private Health Sector in RNTCP:

RNTCP recognizes the need for involvement of all sectors – public and private to create an epidemiological impact of Tuberculosis control.[22]

The Government of India developed guidelines for involvement of NGOs and Private Practitioners in TB control which were published in 2000 and 2001 respectively. In 2008 these guidelines were revised in view of the newer initiatives like DOTS plus, TB- HIV collaboration as well as to reach special groups like migrants and slum dwellers.[22]

Revised guidelines enlist following Schemes for involvement of NGOs and Private Practitioners in RNTCP:

1. TB advocacy, communication, and social mobilization scheme (NGO)
2. Sputum collection centre/s Scheme (NGO/Collaborating partner)
3. Sputum pickup and transportation Scheme (NGO/Collaborating partner)
4. Designated Microscopy Centre Scheme (NGO/Private lab)
5. Laboratory Technician Scheme (NGO/Collaborating partner)
6. Culture-DST Scheme (NGO/Private facility)
7. Treatment Adherence Scheme (NGO/Private practitioners)
8. Urban Slum Scheme (NGO/Collaborating partner)
9. Scheme for Tuberculosis Unit (NGO)
10. TB-HIV Scheme (NGO/Collaborating partner)

Above schemes which are being implemented by the States/UTs as per guidelines are also available on the website www.tbcindia.org.[22]

Must know Schemes for Private Practitioners:

Private Practitioner is often the first point of contact for a significant number of TB suspects and patients. Because of their flexibility and easy accessibility, Private Practitioners have gained credibility and are popular among patients. Their strength can be utilised to supplement the government's efforts to control TB.[23]

To the Private Practitioner participating in the programme, the RNTCP provides:

- Technical training
- Laboratory consumables
- Registers and forms
- Health education materials and
- Free drugs in patient-wise boxes

Following are the roles of the Private Practitioner as a partner of RNTCP:

- Referral for diagnosis
- Diagnosis
- Referral for treatment
- Treatment initiation
- Provision of Directly observed treatment (DOT)
- Health education and related activities

Private Practitioner can get involved in a single activity or in multiple activities depending on his capacity, interest and the requirements of the programme. RNTCP will provide supportive supervision. All Private Practitioners as partners have to ensure that each patient with a history of cough for more than two weeks undergoes sputum smear examination for TB and patients diagnosed to have TB, receive treatment as per RNTCP guidelines. It is also essential that all patients put on DOTS, receive treatment under direct observation (DOT).[23]

There are different schemes for participation of Private Practitioners in RNTCP.[22] Must know Schemes for Private Practitioners are as follows:

Designated Microscopy Centre (DMC) Scheme:

A. Designated Microscopy and Treatment Centre for a NGO/Private Lab

The private lab provides AFB microscopy and TB treatment services free of charge and is designated as such by the RNTCP.

Requirements/Eligibility Criteria

- The Private Lab must be registered and should have a minimum of 3 years experience in the area of operation
- Availability of necessary infrastructure including a room of at least 10' x 10' size with laboratory facilities (water, sink, etc.).
- Necessary equipment including a Binocular Microscope to undertake smear microscopy
- Necessary staff including at least one Medical officer and one Laboratory technician and/ or volunteers required in the field.
- The Microscope (if provided) and unused materials and reagents will have to be returned to DHS in the event that the Lab ceases to function as a microscopy centre.

Role of Private Lab

Technical policy for collection and examination of sputum and for providing anti-TB treatment is strictly as per RNTCP policy. Record-keeping and quality control are also to be done as per RNTCP policy. The private facility is responsible for ensuring the treatment or referral of all patients found to have a positive AFB smear, and for ensuring follow-up treatment and sputum examinations for all patients placed on treatment. All sputum smear-negative cases should be given two weeks of antibiotics, free of cost, before they are sent for

X-ray examination, as laid down in the diagnostic algorithm.

Commodity Assistance

In kind
The RNTCP will provide commodity assistance of laboratory materials and reagents (including sputum containers, equipment for waste disposal and civil works) as needed, as well as laboratory forms and TB Laboratory Register. Anti-TB drugs will also be provided for patients, started on RNTCP treatment, who live in the catchment area of the private facility. If needed, the TB Programme may provide a microscope.

Grant-in-Aid
Annual grant-in-aid of Rs 1,50,000/-

B. Designated Microscopy Centre - Microscopy only
A private health facility having its own laboratory serves as an approved microscopy centre and is designated as such by the RNTCP. Patients are not charged for AFB microscopy and the materials for microscopy are provided to the microscopy centre. In general, this should be considered for heavily utilized laboratories already having a large volume of patients being examined for diagnosis.

The health facility must strictly adhere to RNTCP policies on sputum microscopy, proper maintenance of a TB Laboratory Register. Preserve slides for cross checking by STLS as per quality assurance protocol of RNTCP. All diagnosed TB patients must be informed of the availability of free services and referred to Government DMCs or DOT centres for categorization and treatment. It is the laboratory's responsibility to ensure that the results of microscopy are conveyed to the referring institution/worker/doctor, generally within one day.

Grant-in-Aid – Rs. 25 per slide

<u>Adherence scheme: Promoting treatment adherence:</u>
Private Practitioner provides Directly Observed Treatment strictly as per RNTCP policy, free of charge to TB patients.

Eligibility
Private Practitioner should preferably have undergone training in at least the RNTCP module for Private Practitioners, or at least staff from the clinic should have undergone RNTCP DOT provider module training.

Role of Private Practitioner

i. Ensure initial home visit for address verification, and counselling of patient and family members if appropriate
ii. Provide DOT at least in the premises of the PP clinic/hospital as per RNTCP guidelines (including ensuring follow-up sputum examination at DMCs)
iii. Provide INH chemo-prophylaxis as per RNTCP policy
iv. Conduct initial retrieval actions for patients who miss doses, with notification to RNTCP staff if initial retrieval actions fail to return patient to regular treatment
v. Recording and reporting as per RNTCP guidelines

Grant-in-aid

- Rs 400/- per patient successfully treated with all services (i) – (v) listed above for Private Practitioners i.e. treatment including initial home visit and default retrieval.
- Rs. 250/- per patient successfully treated, where initial home visit and default retrieval (activities (i) to (iv)) are the responsibility of General Health staff / District Tuberculosis Centre staff.

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For Category IV patients (Treatment of MDR-TB under DOTS plus), Rs.2,500/- per patient successfully treated with all the services (i) to (v) listed above [Rs 1000 after completion of IP and Rs 1500 after completion of CP].

Private Practitioners should voluntarily participate in the above schemes of RNTCP under a formal agreement (Signing Memorandum of Understanding) to maintain uniformity in diagnosis and treatment of TB and thereby genuinely contribute in TB control efforts.

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