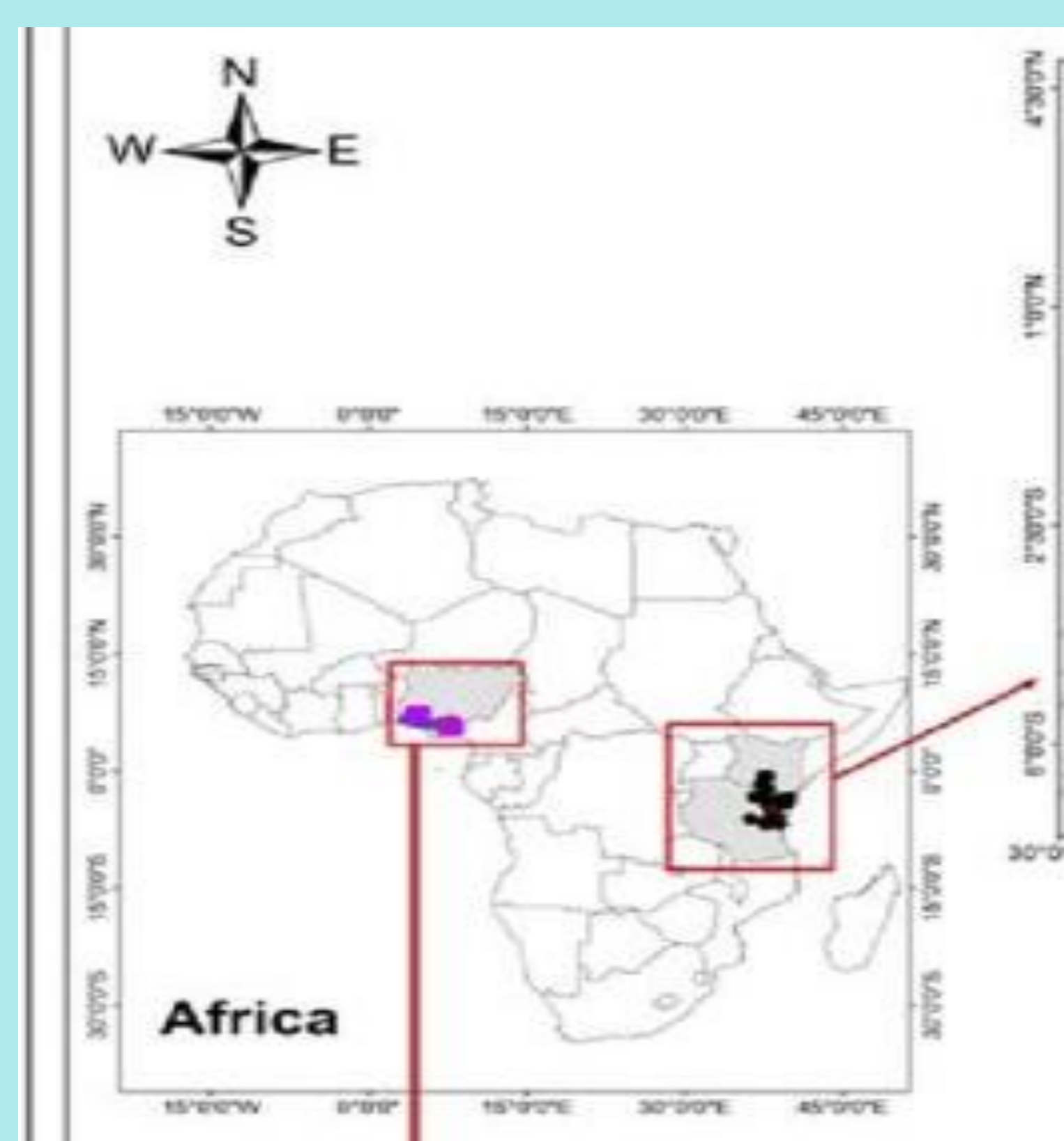


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1. Introduction

Low-Middle-Income Countries experience challenges of infrastructure, devices and skills in delivering remote healthcare to people with diabetes and other non-communicable diseases during pandemics. This risks people's access to routine healthcare. Online and cascaded Remote Consulting Training for Primary Healthcare (REaCH) was developed to address skills using available infrastructure.

4. Study setting



- 35 urban/peri-urban primary healthcare facilities in Oyo State (NG)
- 21 rural/ remote facilities in Morogoro Region (TZ).

6. Results

- Two open cohorts comprised 8,776 NG participants and 3,246 in TZ.
- 2,717 and 1,417 patients were surveyed in NG and TZ respectively.
- In NG, no evidence of change in the rate of face-face consulting (RR 1.06, 95% CI: [0.98, 1.09]), however, **remote consultation increased four-fold** (RR 4.4, [1.34, >10*]). No difference in prescribing (1.05, [0.60, 1.14]) and investigation rates (1.06, [0.23, 2.12]) were found. Trustworthiness scores (0.05, [-0.45, 0.42]) were unchanged.
- In TZ, all primary outcomes remained unchanged between the intervention and control periods.

2. Hypothesis

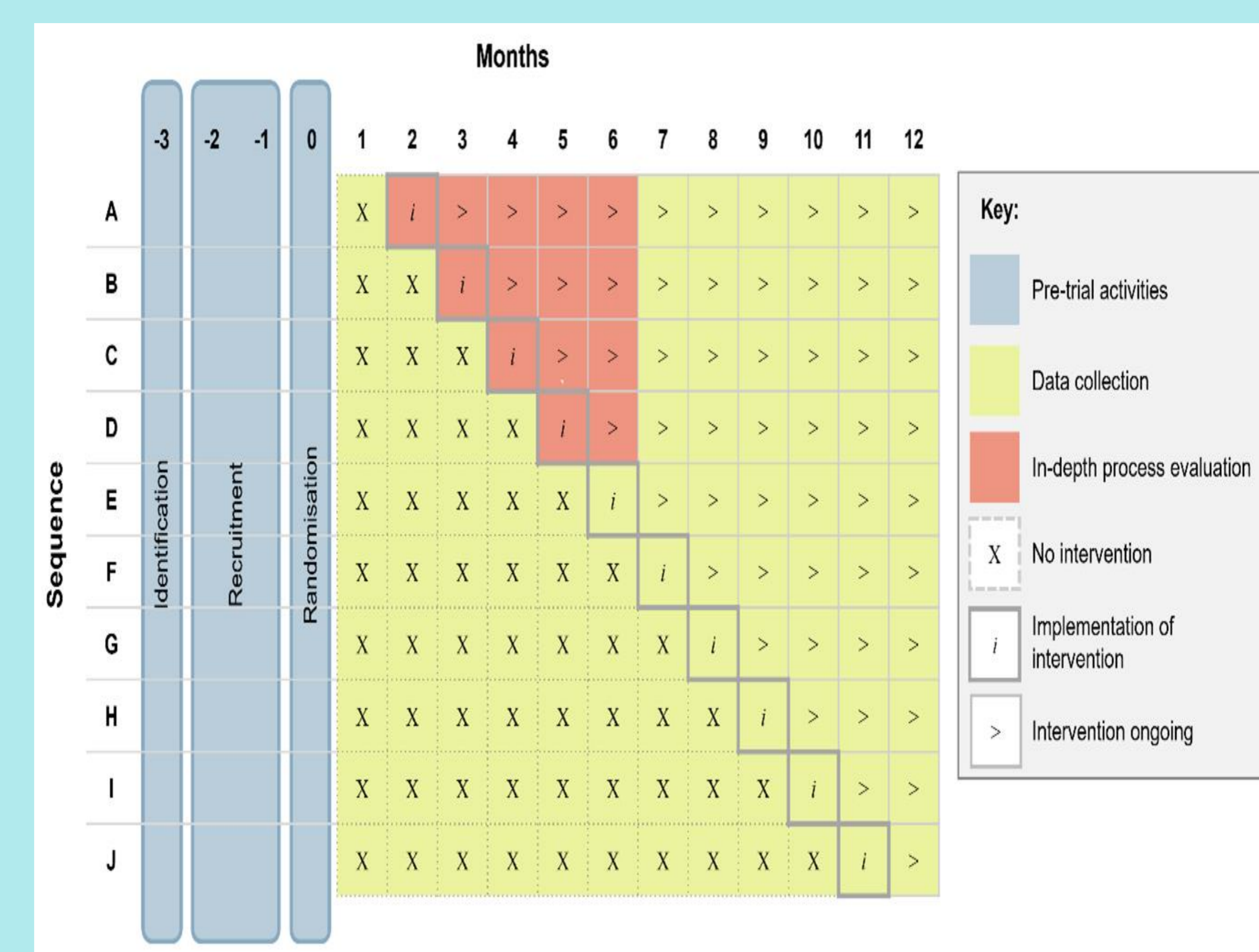
REaCH intervention will increase the rates of remote consultations and these remote consultations will be both safe and trustworthy.

5. Primary outcomes

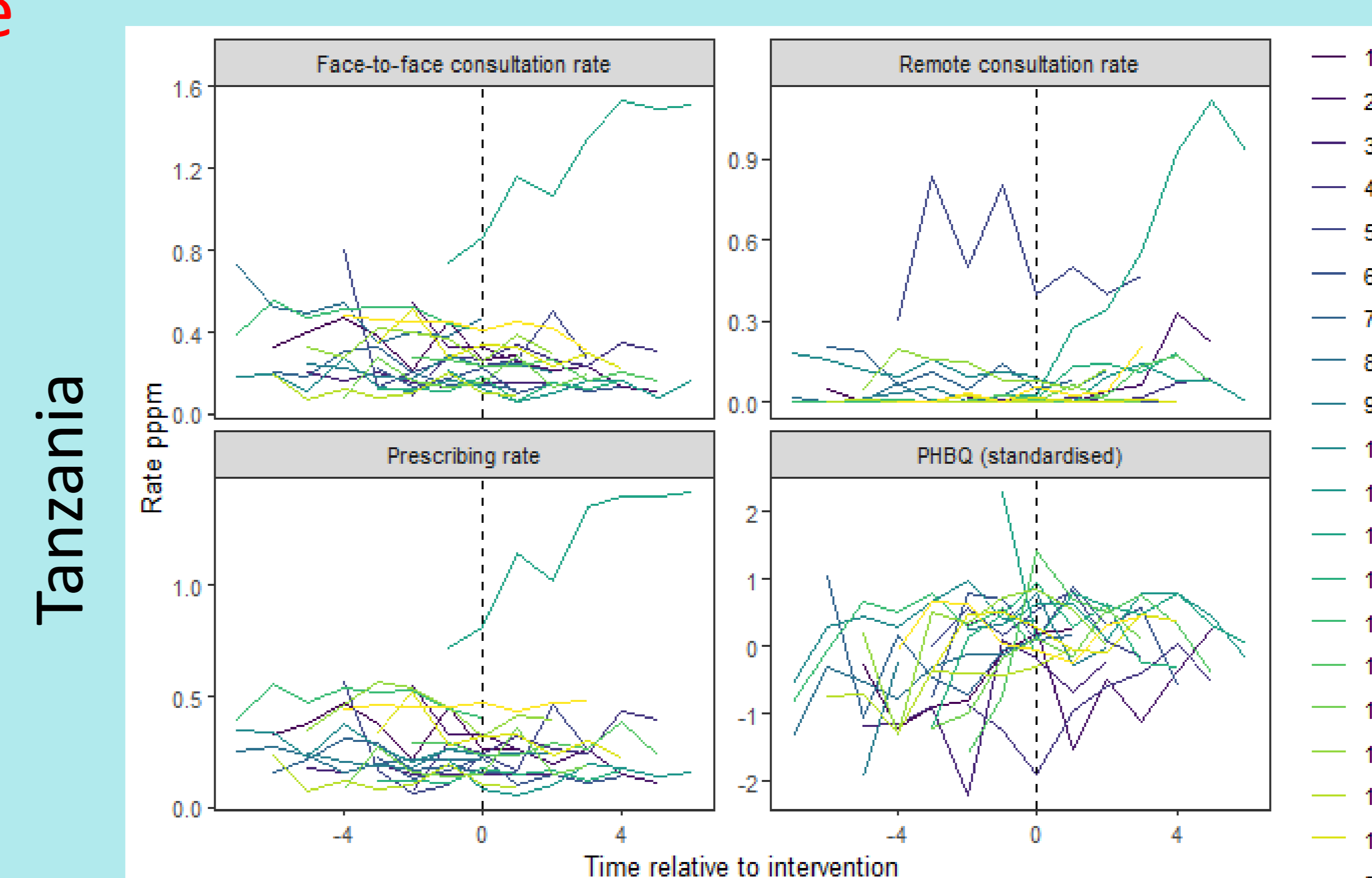
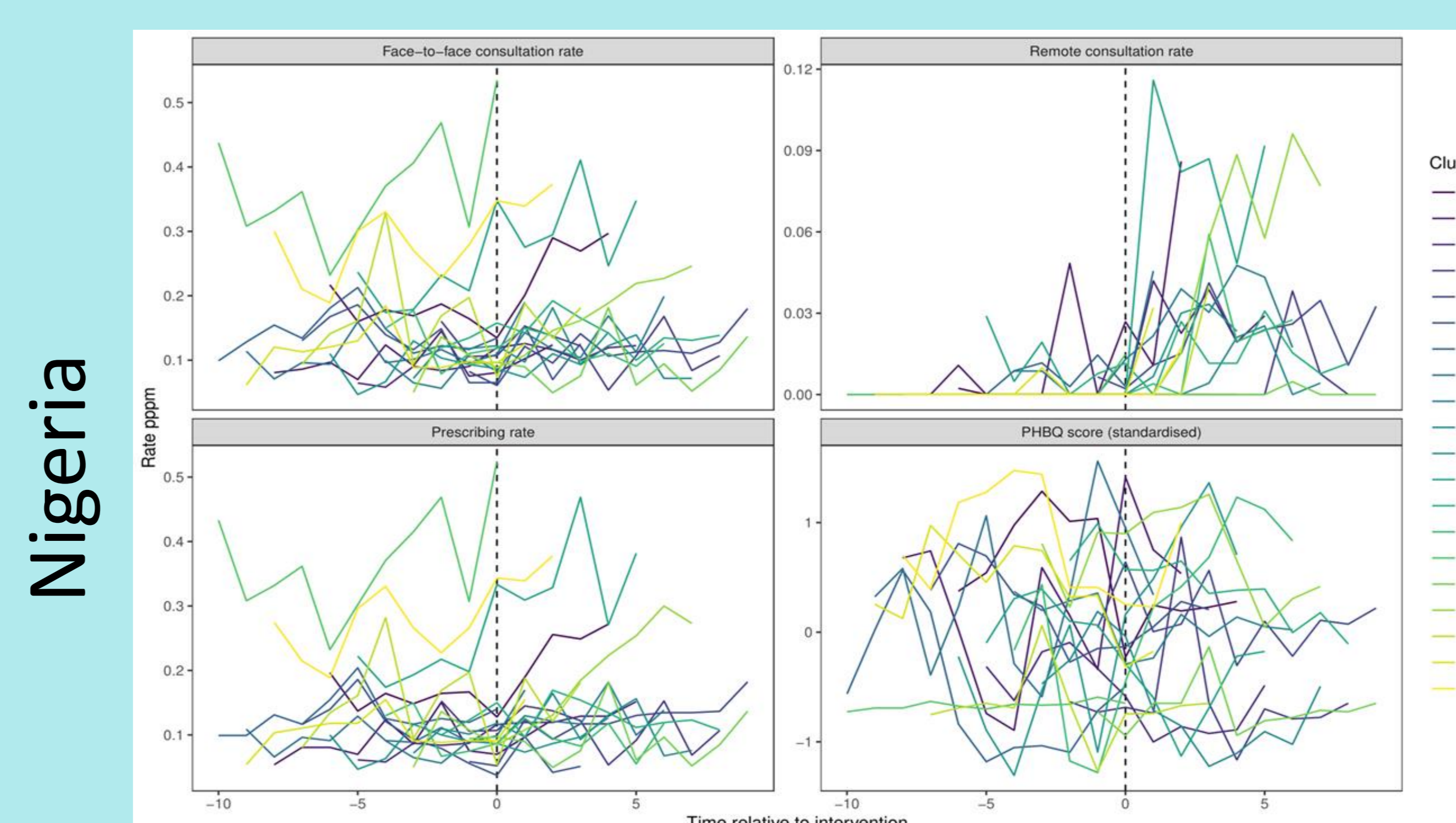
- 1) Rate of face to face and remote consultations per month
- 2) Rate of prescriptions issued per month to assess safety
- 3) Consultation trustworthiness assessed by Physician Humanistic Behaviour Questionnaire (Weaver et al 1993).

3. Trial design

Two independent, parallel, open cohort stepped wedge trials over 12 monthly steps in Nigeria (NG) and 8 in Tanzania (TZ). The intervention of REaCH training plus mobile phone data was delivered to 254 health workers.



7. Summary statistics for primary outcomes



8. Conclusion

Training health workers in remote consulting can increase access to healthcare. Safety and trustworthiness of remote consultations is comparable to face-to-face consultations.

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Funding: The UKRI Collective Fund
Reference: Weaver, M.J., Ow, C.L., Walker, D.J. et al. A questionnaire for patients' evaluations of their physicians' humanistic behaviors. J Gen Intern Med 8, 135–139 (1993).

