

185: ARE HIV-PATIENTS JUST LIKE OTHER CHRONICALLY ILL?

Authors:

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Objective:

The TAZO-project evaluates the quality of HIV-care. We compared patients' views on HIV-care, with the views of other chronic disease, rheumatic- and asthma patients.

Methods:

The QUOTE instruments are developed as part of the research project 'Quality of Care from the Patients Perspective'. We compared 11 general aspects of the QUOTE-HIV, QUOTE-Rheuma and QUOTE-COPD. In the questionnaires, quality of care aspects were formulated as importance and performance statements. The importance score has a range from 1 to 10 and the performance score is the proportion of patients who are not satisfied with the delivered care

Results:

Patients with rheumatic disease or asthma are predominantly women who are older and live with a partner or family unlike HIV-patients.

table 1: Importance (I) score and Performance (P) score for HIV-, Rheumatic- and Asthma- patients

	I-score HIV	I-score Rheuma	I-score Asthma	P-score HIV	P-score Rheuma	P-score Asthma
take me seriously	8.7	8.2	7.9	0.06	0.10	0.05
work efficiently	8.0	6.9	6.8	0.08	0.09	0.03
is aware of my situation at home and work	4.4	6.6	6.7	0.51	0.11	0.05
cooperate well with other social workers	7.5	6.2	6.3	0.12	0.26	0.19
can easily be reached by phone	6.6	6.5	7.1	0.34	0.21	0.17
never keep me waiting in the waitingroom longer than 15 minutes	4.1	4.0	3.3	0.38	0.43	0.50
keep their appointments	6.2	6.2	5.9	0.15	0.09	0.05
take my opinion in account	8.4	6.7	6.0	0.09	0.16	0.22
allow me to ask a second opinion	6.0	6.3	6.3	0.64	0.19	0.22
allow me to check my personal file	7.6	5.9	5.6	0.18	0.20	0.21
prescribe drugs which are free of charge	6.4	6.3	5.6	0.01	0.14	0.23

For all three disorders, the higher importance-scores (I-score >7.5) are found for the aspect "take me seriously". For people infected with HIV "take my opinion in account" seems also important. High percentages of dissatisfied patients (P-score > 0.20) are only shown for a few aspects.

Conclusion:

HIV-patients are positive about the quality of care of the HIV-specialist and do not substantially differ from other groups of patients with a chronic disease but seem to attach more importance to shared decision making.