Qualitative analysis of barriers to myocardial infarction care in Tanzania using an Implementation science framework.

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Background

Historically, the burden of myocardial infarction (MI) in sub-Saharan African nations has been limited, mostly due to the overwhelming impact of communicable diseases on early death. However, with improved access to treatment of communicable diseases, life expectancy has increased substantially in sub-Saharan Africa (SSA), resulting in an increase in incidence of cardiovascular disease. As SSA proceeds through the epidemiologic transition, the incidence of CVDs like MI is expected to continue to grow. There is a growing body existing evidence that MI care and outcomes are not optimal in Tanzania, with low rates of insurance, large financial burdens on patients, and suboptimal recognition and treatment of MI cases. Moreover, recent studies have found that short- and long-term mortality following acute MI in Tanzania is extremely high, with 43% of MI patients dying within thirty days and 60% dying within one year.

Methods

This qualitative study focuses on of the perspectives of three key stakeholder groups: patients, providers, and healthcare administrators. Semi-structured interviews were conducted in northern Tanzania between October 2021 and April 2022. Prominent themes in the study were identified through thematic analysis of individual interviews using the Consolidated Framework for Implementation Research (CFIR) and an iterative, study-specific codebook was constructed. The final codebook consisted of 5 overarching domains, organized into 69 themes and 11 Phases of Care (POC). Data analysis was then conducted by POC and by Theme to identify specific barriers of care through the care continuum.

Results

Stakeholder interviews revealed substantial barriers to MI care along all part of the care continuum, but most prominently in the community awareness, emergency department, and inpatient care phases of care. The most frequently reported barriers to MI care were the lack of diagnostic capabilities, the general poor patient knowledge around MI, and the lack of policy-level interventions to provide sustainable and substantial healthcare support.

Conclusion

The findings of our study demonstrated a clear need for a more comprehensive understanding of MI and CVD and better equipped facilities throughout SSA. This study successfully explored the perceived barriers to MI care that administrators, patients, and providers experienced within various healthcare facilities in northern Tanzania. With the increased prevalence of MI and CVD in SSA, this study provided important information that can facilitate the implementation of new protocols to help avoid preventable deaths in healthcare settings throughout SSA.