Identifying and Addressing Barriers to Primary Health Care for Cardiovascular Disease & Diabetes in India, South Africa and the United States

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Presenter Disclosures

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The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

“No relationships to disclose”
Presentation Overview

- Non-Communicable Diseases (NCDs)
- HealthRise Program
- Needs Assessment Methods & Findings
- Promising Practices & Program Characteristics
$17M, 5-year program (2014-2018) to expand detection and management of cardiovascular disease (CVD) and diabetes in underserved communities.
Why non-communicable diseases (NCDs)?

- In 2015, 71% of global deaths were attributable to NCDs, half of which were in low and middle income countries (LMICs).
- By 2020, 80% of global disease burden will be due to NCDs.
- Nearly half of those w/diabetes and 48% of those living with hypertension in LMICs are undiagnosed.
- Associated catastrophic health expenditures, high opportunity costs, lost productivity – threatens development and economic growth.
- Global response to the emerging crisis of NCDs has been inadequate and receives little global aid funding.
GOAL: Contribute to WHO’s goal of 25% reduction in premature mortality associated with hypertension/CVD and diabetes among underserved populations

Objective 1: Increase screening and diagnosis (detection)

Objective 2: Increase management and control of CVD and diabetes (improved clinical outcomes)

Approach 1: Empower Patients

Approach 2: Strengthen Frontline Health Workers

Approach 3: Advance Policy and Advocacy
Program Development Process

- IHME-led needs assessments
- Stakeholder engagement
- Competitive grant process
- Regional independent grant review committees
Needs Assessment Process

1. Review all available evidence from
   • Published literature
   • Household surveys (existing datasets)
   • Facility surveys
   • Interviews with key stakeholders
2. Identify gaps along continuum of care.
3. Identify demand- and supply-side barriers that contribute to these gaps.
4. Synthesize into recommendations for areas interventions should target.
HealthRise India – Gaps in Care Shimla & Udaipur

**HYPERTENSION**
Diagnosis and Treatment Status of Patients by District

- Under treatment, controlled (Target 1)
- Under treatment, uncontrolled (Target 1)
- Diagnosed, not treated (Target 2)
- Not diagnosed (Target 3)

**DIABETES**
Diagnosis and Treatment Status of Patients by District

- Under treatment, controlled (Target 1)
- Under treatment, uncontrolled (Target 1)
- Diagnosed, not treated (Target 2)
- Not diagnosed (Target 3)
HealthRise South Africa
Gaps in Care - District in Northern Cape and in KwaZulu-Natal

Hypertension-Pixley ka Seme
- 49% of the population has hypertension
- 46% of those with hypertension have been diagnosed
- 35% of those with hypertension have received treatment
- 11% of those with hypertension are meeting treatment targets

Diabetes- Umgungundlovu
- 9% of the population has diabetes
- 85% of those with diabetes have been diagnosed
- 82% of those with diabetes have received treatment
- 42% of those with diabetes are meeting treatment targets
HealthRise United States
Gaps in Care
Minnesota: Hennepin, Ramsey, Rice Counties

RESEARCH ARTICLE
Identifying High-Risk Neighborhoods Using Electronic Medical Records: A Population-Based Approach for Targeting Diabetes Prevention and Treatment Interventions

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HealthRise Brazil – Gaps in Care
Bahia & Minas Gerais

Self-Reported Hypertension Prevalence and Treatment by Sex

Self-Reported Diabetes Prevalence and Treatment by Sex
Commonalities in Barriers: Demand Side

- Limited awareness of risks, symptoms, and need for regular check-ups
- Limited or no educational materials for patients
- Distrust of health system and providers
- Adherence and clinic visits challenged by transportation, employment, substance use
- Discouraged by long waits and inconvenient facility hours
Commonalities in Barriers: Supply Side

- Inadequate follow-up services and social support for patients
- Under-staffed and over-burdened primary health care facilities
- Providers lacking skill, time, and resources to counsel and monitor chronic patients
- Limited integration of care across providers and facilities
- Drug shortages and costly medications
- Limited availability of diagnostic equipment and supplies
Local Barriers

- NCD preventative services not available
- NCD services not typically covered by insurance
- Lack of standardization in diagnosis and management
- Long distances for some to access services
- Free public health services but trade-offs in wait times and inconsistencies in services
- Low level of public effort and resources targeting health promotion
- Unpredictable lab services
- Tensions within primary healthcare teams
- Poor coordination resulting in “patient loss” in the system

India

Brazil
Local Barriers

South Africa
- Confusion about who is 1st point of contact
- Transportation challenges
- Lack of communication between CCG and facility providers
- Multiple clinical guidelines

United States
- High cost of care and lack of insurance
- Difficulty in navigating health system
- Lack of patient f/u with emergency department users
- Lack of culturally relevant health education and engagement
It's not just about getting ill patients to a clinic or health facility, but rather...
HealthRise
Connecting for Community Care

Bridging the gap between patients and services in a locally-appropriate manner, customizing services and care to address unique patient needs, and empowering patients to manage chronic care.
CHWs used to facilitate “connecting for community care”
Promising Practices in HealthRise

- CHWs and other frontline health workers (Community Paramedics, patient advocates)
  - Visit patients in their home and community
  - Embedded into primary care clinics
- Community health campaigns, mobile screening and health education at tents and vans located in community hubs
- Counseling and patient support groups
- Pharmaceutical follow-up
- eHealth solutions, distance learning and teleconsulting
- Call-center and SMS messaging
HealthRise Projects

Designed to:

- Leverage existing platforms through integration with existing public health and community systems
- Ensure alignment with government priorities
- Build capacity of frontline health workers, including medical officers, CHWs and others
What we hope to achieve by 2018

- Improved CVD and diabetes detection and management
- Identify best-practices and models for integrating NCD care into existing structures and services
- Knowledge-sharing across the country programs
- Local ownership to support sustainable programs
- With diffusion, collateral benefits to other NCDs that would respond to similar innovations
Thank you for your attention