Global Standardized Hypertension Treatment Project

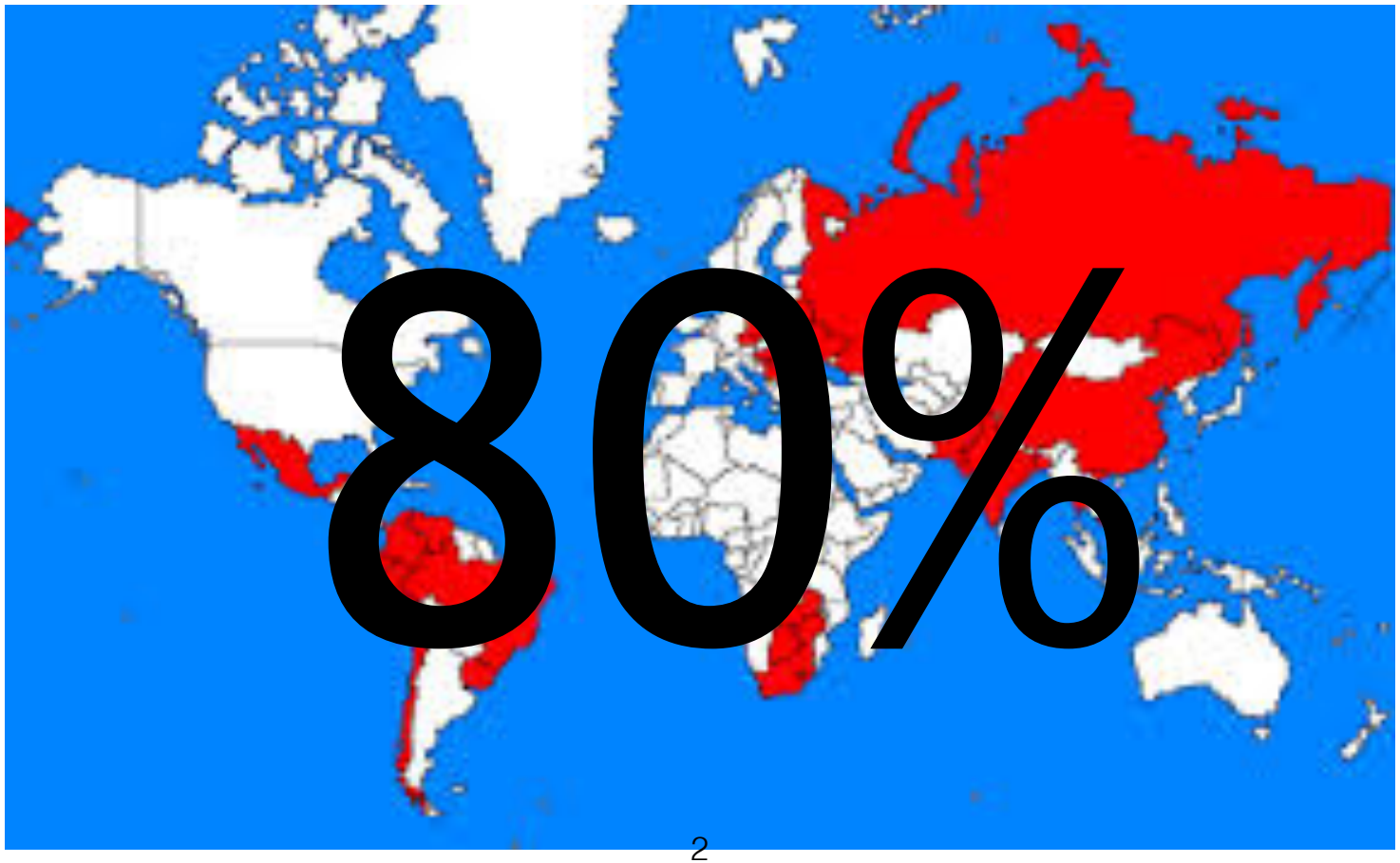
HCC Health Systems Strengthening 22nd October 2014 Dominica

Dr. Kenneth Connell
GSHTP Principal Investigator

Global Standardized Hypertension Treatment Project

On the current Trajectory. . .

2020



Dollars & Sense??

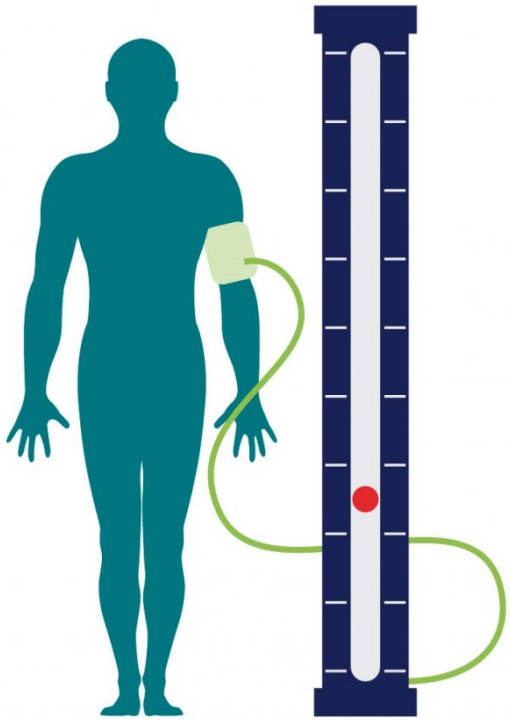
60%

30%

WHO Global Action Plan 2013-14

- "*Strengthening and orienting* ***health systems*** *to address the prevention and control of NCDs . . . through people centred primary health care . . .*"

World Health Organization



GLOBAL 2025 TARGET

RAISED BLOOD PRESSURE

25%

REDUCTION

25 by 25

HEALTHY CARIBBEAN COALITION
"a civil society alliance for combating chronic diseases"

THE UNIVERSITY OF THE WEST INDIES

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CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

MINISTRY OF HEALTH BARBADOS

Pan American Health Organization
Regional Office of the World Health Organization

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Pilot Objective

- **Improved control** of patients with HTN in Barbados applying approaches determined at GSHTP Workshop, Miami, 2013.

The GSHTP Approach – Standardize & Simplify

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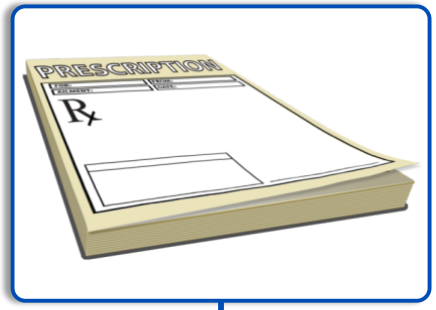
Identification of a Core Set of Medications



Widespread Medication Availability

Improved Care Delivery and Medication Use

Improved Hypertension Control

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Challenges to Optimal Care

- **Patient Challenges**
  - Limited access and poor adherence to treatment

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Challenges to Optimal Care

- **Health Care Provider Challenges**
  - Raised blood pressure attributed to “white coat” hypertension
  - Reluctance to treat an asymptomatic condition
  - Lack of adequate time with patient
  - Therapeutic inertia
  - Lack of adherence to current treatment guidelines

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Challenges to Optimal Care

Health Systems Challenges

- Failure to delegate responsibility to non-physicians
- Inappropriate follow-up
- Absence of feedback to clinicians
- Issues related to supply, distribution, and cost of medications
- Complex medication regimens
- Accountability - How well is BP controlled the doctor?

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How could we improve care?

- Strategy
- Guidelines
- Registries/Information Systems
- Medications
- Patient-Centeredness (including self-management interventions)
- Care System (organizational management to implement a primary health care-led system)
- Community

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Barbados Pilot

- Baseline data was gathered from the Winston Scott Polyclinic and the Edgar Cochrane Polyclinics

- Baseline data:

  - Direct observation of practice
  - Medical Records
  - HCP Questionnaires
  - Interviews with stakeholders
  - Hypertension Masterclasses hosted by the GSHTP

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What has been done to date?

- Formal discussions and Approval from MoH
- Initial engagement of “buy in” from stakeholders
- Initial Project defining meeting
- Development and use of Baseline data collection tool
- Completion of Baseline data & Preliminary analysis
- Completion of *Health Care Provider* training tools

Achievements to Date . .

1. Launching of a standardized EBM Hypertension Treatment Protocol
2. Complete system analysis of existing practices in hypertension management
3. Healthcare provider training through Hypertension Masterclasses
4. Creating a hypertensive registry

Achievements to Date . .

5. Creation of a customized hypertension prescription

6. Seamless incorporation into the BDF with national expansion

7. Training of doctors nurses and pharmacists

8. Implementation of a hypertension screening programme at the clinic sites

Customized Rx

Customized Prescriptions of Antihypertensive Medications

001020

Patient's Name: .....National ID No: ..... Age: .....

Patient's Address: .....

.....

ACE Inhibitors		Duration	Sign
Lisinopril 5 mg po od	☐	_____	
Lisinopril 10 mg po od	☐	_____	
Ramipril 5 mg po od	☐	_____	
Ramipril 10 mg po od	☐	_____	

Calcium Channel Blockers		Duration	Sign
Amlodipine 5 mg po od	☐	_____	
Amlodipine 10 mg po od	☐	_____	

Angiotensin Receptor Blockers		Duration	Sign
Valsartan 160 mg po od	☐	_____	
Valsartan 320 mg po od	☐	_____	
Losartan 50 mg po od	☐	_____	
Losartan 100 mg po od	☐	_____	

Diuretics		Duration	Sign
Chlorthalidone 12.5 mg po od	☐	_____	
Chlorthalidone 25 mg po od	☐	_____	
HCT 12.5 mg po od	☐	_____	
HCT 25.0 mg po od	☐	_____	

Beta Blockers		Duration	Sign
Bisoprolol 2.5 mg po od	☐	_____	
Bisoprolol 5.0 mg po od	☐	_____	
Bisoprolol 7.5 mg po od	☐	_____	
Bisoprolol 10 mg po od	☐	_____	

Other	Duration	Sign

For Physician Only

Physician Name: .....

Physician Registration Number .....

Signature .....

Date .....

Stamp

For Pharmacist Only

Pharmacist Name: .....

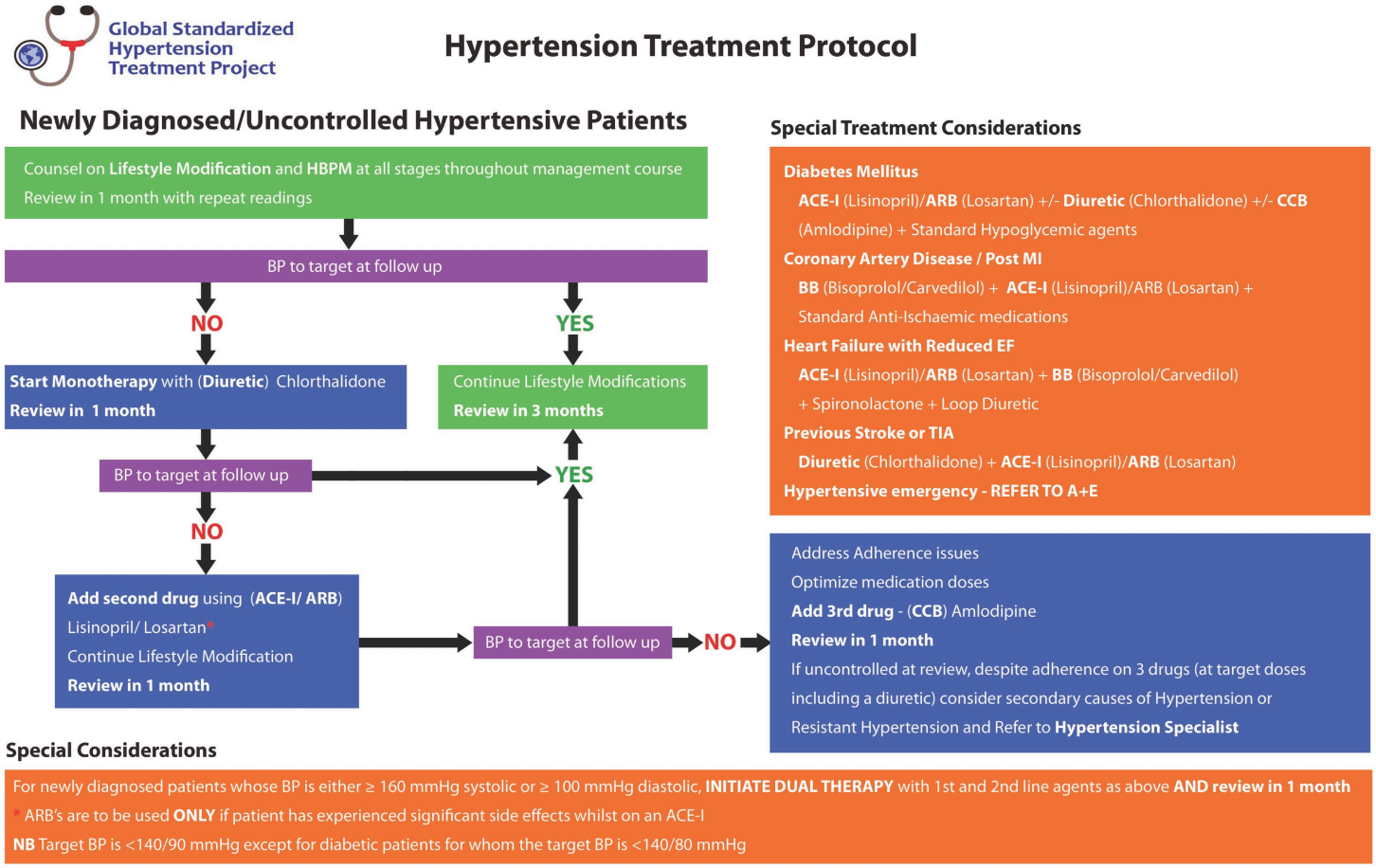
Physician Registration Number .....

Signature .....

Date .....

Stamp

Standardized Protocol



Regional Conversations

- Key mandate - better BP control in Caribbean & Latin America
- Engagement with key regional stakeholders
- CARPHA

Take Home Points

Better Hypertension Health Care delivery model could lead to:

- ✓ Better BP control with more affordable drugs
- ✓ A better health care team approach model
- ✓ Overall reduction in COST for the management of HTN
- ✓ A template model for other NCDs - Diabetes

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OECS Ministers of Health meeting St. Vincent October 2014

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The GSHTP Team