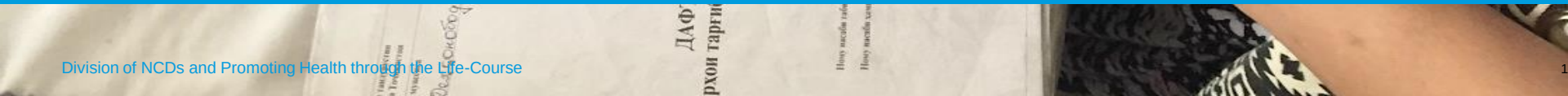
World Health Organization
REGIONAL OFFICE FOR Europe

Strengthening the management of diabetes and hypertension in primary health care

GEORGIA

May 2020 | Noncommunicable Diseases Integrated Prevention and Control Programme

www.euro.who.int



Overview of process

World Health Organization
REGIONAL OFFICE FOR Europe

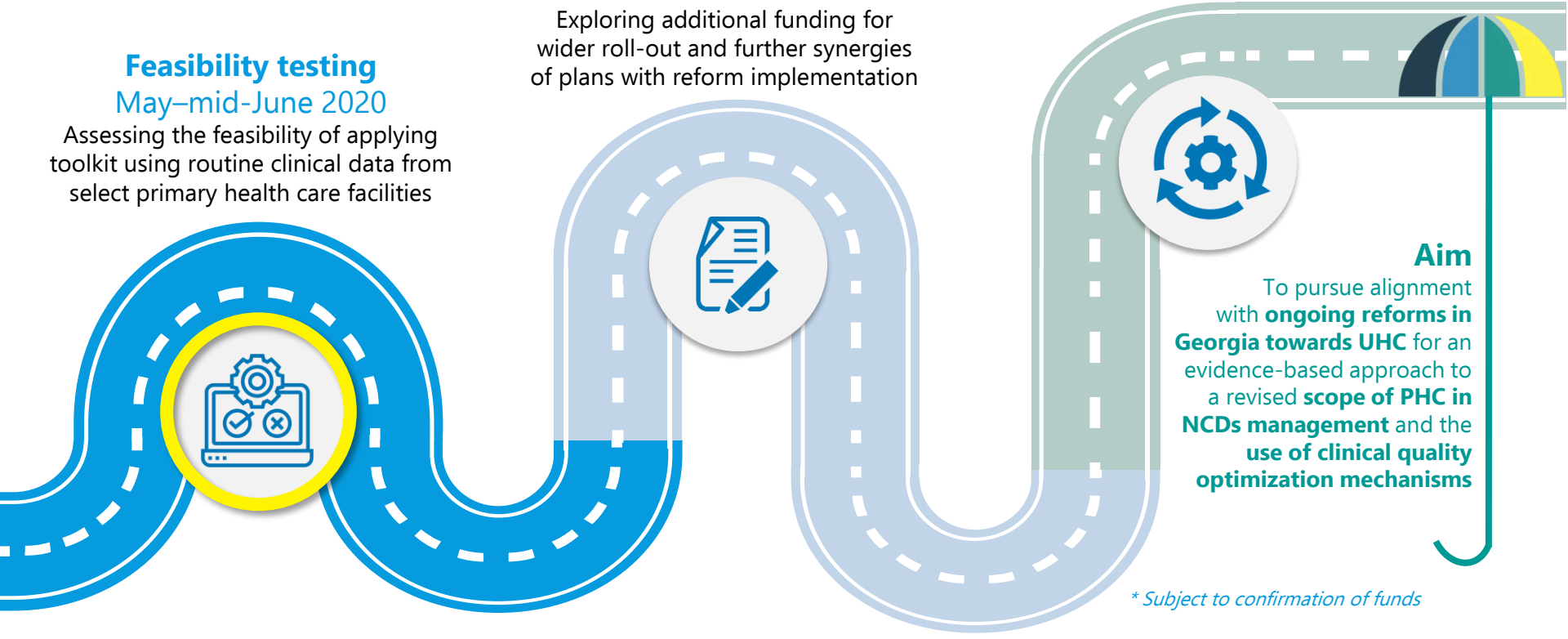
Feasibility testing
May–mid-June 2020

Assessing the feasibility of applying toolkit using routine clinical data from select primary health care facilities

Stock-taking & planning
End-June 2020

Exploring additional funding for wider roll-out and further synergies of plans with reform implementation

Possible wider roll-out
July 2020 – June 2021 *



Aim

To pursue alignment with **ongoing reforms in Georgia towards UHC** for an evidence-based approach to a revised **scope of PHC in NCDs management** and the **use of clinical quality optimization mechanisms**

** Subject to confirmation of funds*

Current phase: Feasibility testing
Stages and outputs

Starting-up
mid-May

1

Tailored protocol for the feasibility intervention with timeline, resources needed, sampling framework (e.g. family doctors, specialists), adapted technical guide (e.g. type of records, years, etc.).

Data collected, standardized, anonymized and formatted for analysis and interpretation

2

Training & reviewing clinical records
end-May

Analysing, interpreting and reporting
mid-June

3

Draft report of findings; list and baseline of possible indicators for clinical quality optimization in the management of diabetes and hypertension.

Draft proposal for a scaled-up initiative

4

Scaling-up
end-June

Rationale
Key facts and figures

16.7%.... probability of premature mortality (30-70 years) on average caused by four main NCDs within the WHO European Region[(a)]
Cardiovascular disease, diabetes mellitus, chronic respiratory disease, cancer.

34.9%.... probability of NCD premature mortality for men in Georgia; 15.9% for women in 2016[(a)]

CVDs.... are the main driver of inequality in NCD premature mortality among males[(a)]

45/100.... **on UHC index for NCD component in 2017 for Georgia, with overall service coverage score of 66[(b)]**

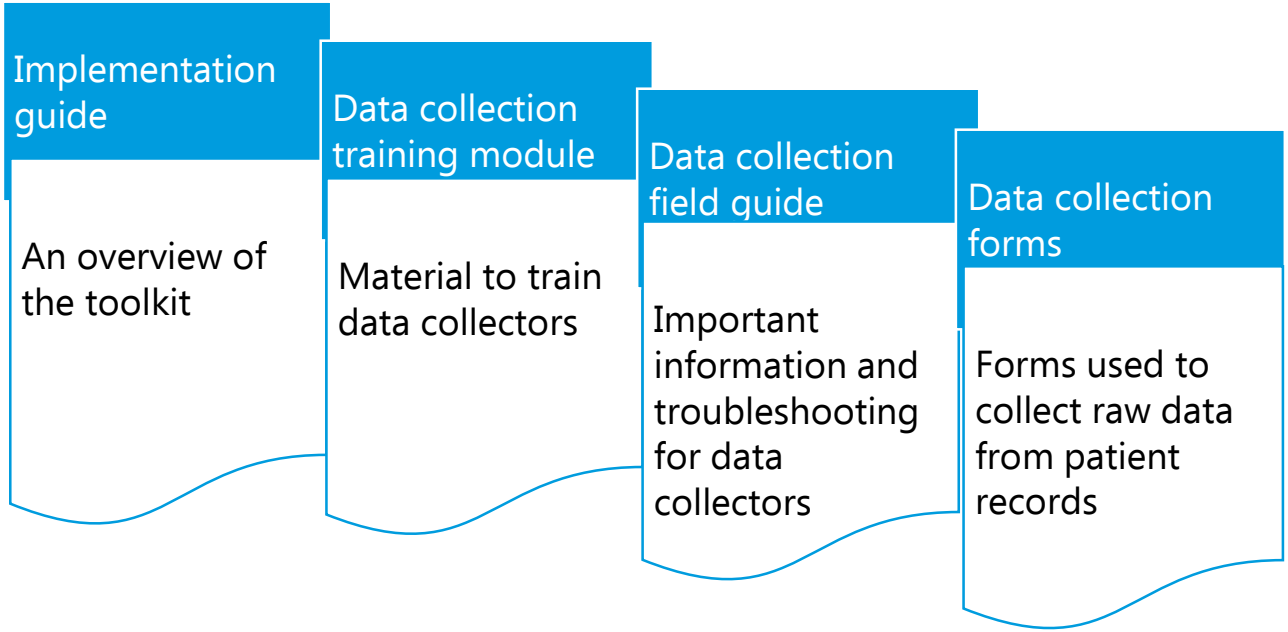
Source: (a) https://gateway.euro.who.int/en/ (b) https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4834

Purpose of Toolkit

Leveraging routine clinical data for clinical optimization of essential NCD-services in PHC

What	A free, open-source, standardized data collection methodology for use to assess essential CVD interventions in PHC using routine clinical data.
How	Data can be extracted from range of medical health record infrastructure (i.e. from paper-based records to electronic health records).
Where	The toolkit has been tested in other settings, including in health facilities with no internet or cell service coverage using paper-based data extraction forms.

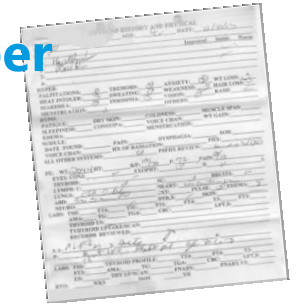
Toolkit components



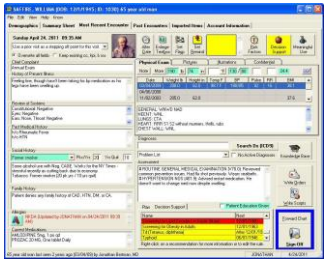
Data collection process

PHC medical records

Paper



Electronic



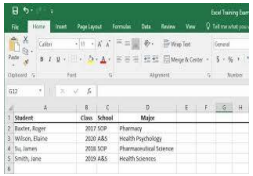
Data collection

Template

Form for manual data collection

Question	Answer
What is your name?	
Date of Data Extraction (dd/mm/yyyy)	
What is the name of the clinic you are extracting [illegible]	
[illegible] (dd/mm/yyyy)	
Sex (M/F)	
Smoking Status (Smoker, Non-Smoker)	
Has this patient been formally diagnosed with hypertension? (Yes/No)	
Date of Hypertension Diagnosis (dd/mm/yyyy)	
Can you find one or more blood pressure readings? (Yes/No)	
[illegible]	

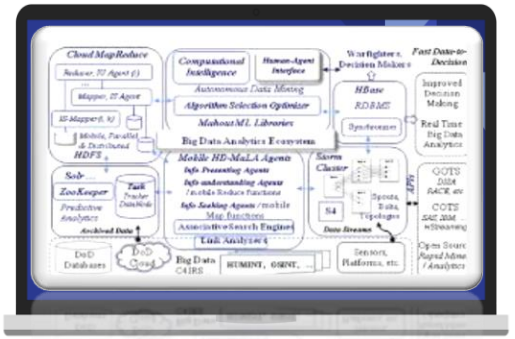
Computer



	Student	Class	School	Major
2	Barker, Roger	2017 SOP	Pharmacy	
3	Wilson, Elaine	2020 ABS	Health Psychology	
4	Su, James	2018 SOP	Pharmaceutical Science	
5	Smith, Jane	2019 ABS	Health Sciences	

Mobile phone

Data analysis



Example Indicators

Tailoring selection of indicators in alignment with UHC reform agenda

The toolkit allows to identify possible indicators to be used in e.g. pay-for-performance, peer-reviews, clinical audits, improvements and their reliability.

Examples of indicators

- Patients over 40 years with a CVD risk assessment
- High risk CVD patients prescribed a statin
- Hypertensive patients prescribed blood-pressure lowering medication
- Hypertensive patients on drug treatment who achieve blood pressure control
- Patients with diabetes receiving treatment
- Patients with diabetes who achieve glycemic control

Main activities and deliverables

1

Starting-up

This includes seeking clearance from the Ministry of Health; engaging with senior staff of the primary health care Training Centre, Tbilisi and obtaining ethical review and approval according to local practice.

Deliverables: tailored protocol for the feasibility intervention with timeline, resources needed, sampling framework (e.g. family doctors, specialists), adapted technical guide (e.g. type of records, years, etc.).

Deadline: mid-May.

Main activities and deliverables

Training and reviewing clinical records[1]

2

This includes training data collectors at-distance; reviewing routine clinical records and determine quality of care with at-distance support.

Deliverables: data collected, standardized, anonymized and formatted for analysis and interpretation.

Deadline: end-May.

[1] A team of six people could collect data on 160 records each day.

Main activities and deliverables

Analysing, interpreting and reporting

This includes creating summary tables; interpreting findings in terms of methods, procedures and clinical considerations; developing a narrative for the results and possible implications and use in a scaled-up intervention.

Deliverables: draft report of findings; list and baseline of possible indicators for clinical quality optimization in the management of diabetes and hypertension.

Deadline: mid-June.

3

Main activities and deliverables

Scaling-up

This includes strategic dialogue in relation to the scaling-up of this feasibility intervention; its contribution to the ongoing reforms; linking with other partners and stakeholders; joint interventions and future funding.

Deliverables: draft proposal for a scaled-up initiative.

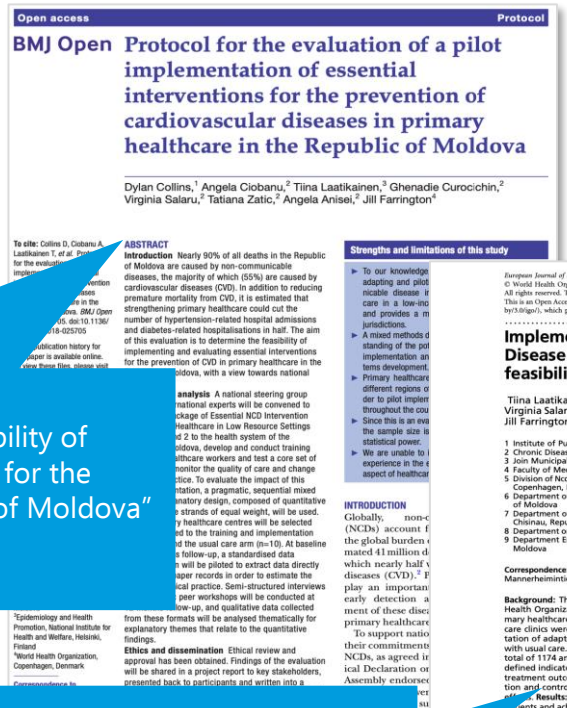
Deadline: end-June.

4

Examples of country applications to-date

"The aim of this evaluation is to determine the feasibility of implementing and evaluating essential interventions for the prevention of CVD in primary healthcare in the Republic of Moldova"

"It is feasible to evaluate the quality and management of patients with NCDs in low-resource settings from routine data. Modest improvements in risk factor identification and management can be achieved in a relatively short period of time."


Open access Protocol

BMJ Open

Protocol for the evaluation of a pilot implementation of essential interventions for the prevention of cardiovascular diseases in primary healthcare in the Republic of Moldova

Dylan Collins,[1] Angela Ciobanu,[2] Tiina Laatikainen,[3] Ghenadie Curocichin,[2] Virginia Salaru,[2] Tatiana Zatic,[2] Angela Anisei,[2] Jill Farrington[4]

ABSTRACT

Introduction Nearly 90% of all deaths in the Republic of Moldova are caused by non-communicable diseases, the majority of which (55%) are caused by cardiovascular diseases (CVD). In addition to reducing premature mortality from CVD, it is estimated that strengthening primary healthcare could cut the number of hypertension-related hospital admissions and diabetes-related hospitalisations in half. The aim of this evaluation is to determine the feasibility of implementing and evaluating essential interventions for the prevention of CVD in primary healthcare in the Republic of Moldova, with a view towards national

Strengths and limitations of this study

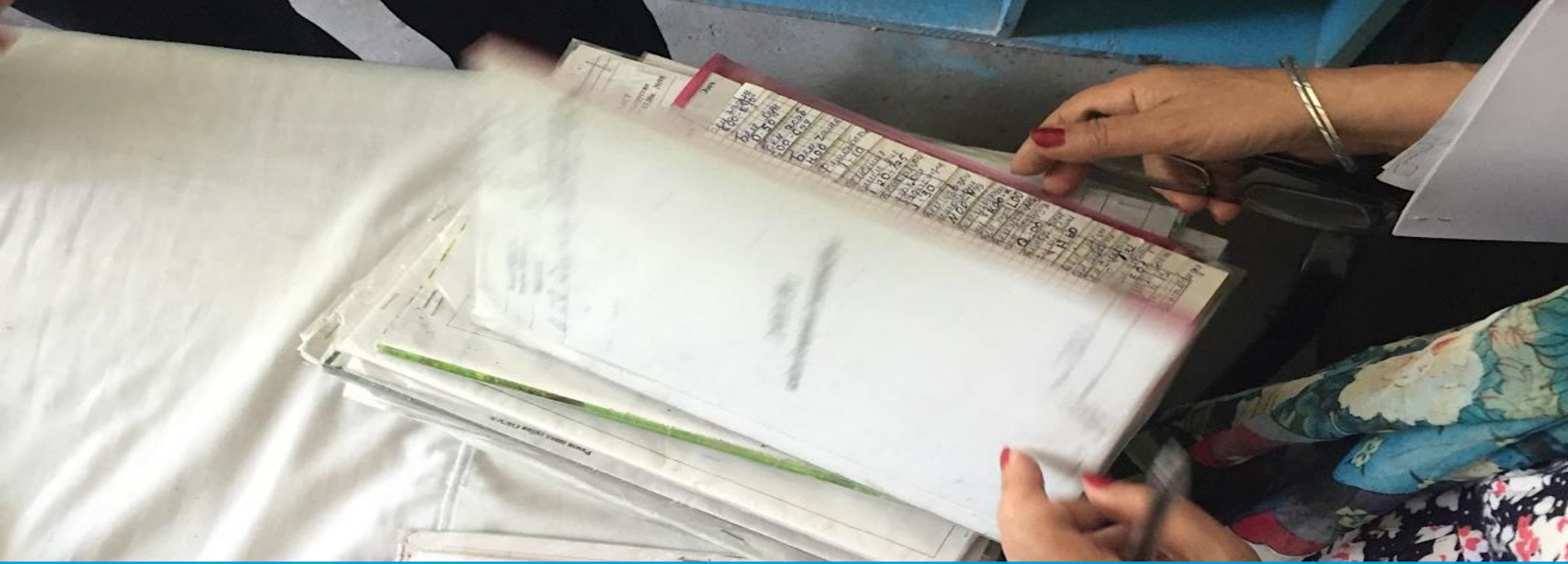
INTRODUCTION


European Journal of Public Health, 1–6

Implementing Package of Essential Non-communicable Disease Interventions in the Republic of Moldova—a feasibility study

Tiina Laatikainen [1,2,3], Laura Inglin[1], Dylan Collins[4], Angela Ciobanu[5], Ghenadie Curocichin[6], Virginia Salaru[6], Tatiana Zatic[7], Angela Anisei[8], Diana Chiosa[9], Maria Munteanu[6], Zinaida Alexa[6], Jill Farrington[5]

Introduction



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Organisation mondiale de la Santé
BUREAU RÉGIONAL DE L' Europe

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