Reconfiguring primary care for the era of chronic diseases

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A few numbers

• 44 million
• 80%
• 1 in 3
A few numbers

- 44 million deaths from CVD, diabetes, cancer, chronic respiratory disease in 2010
- 80% of NCD deaths in low- and middle income countries
- 1 in 3 NCD deaths in LMICs are under the age of 60
Shifting epidemiology: Brazil 1930-2004
Primary care

- first-contact care
- promotes ease of access
- care for a broad range of health needs
- continuity
- involvement of family and community
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Ideal platform for tackling NCDs
Many NCD services can be provided in primary care

- Primary prevention: Hepatitis B and HPV immunization, smoking cessation
- Diagnosis: BP, cholesterol, glucose testing, mammography, opportunistic screening for depression
Many NCD services can be provided in primary care

• Management: CVD therapy, inhaled corticosteroids/beta-2 agonists, hypoglycemics, antidepressants, retinopathy screening

• Palliation: home-based care for terminal cancer, opiate therapy
But primary care in LMICs not able to meet NCD challenge

Historic orientation to infectious diseases and maternal and child health
But primary care in LMICs not able to meet NCD challenge

Chronic underfunding and human resource crisis
The NCD imperative

- Integration and continuity of care
- Innovative service delivery
- Inclusion of patients and communities
- Information and communication
- Evaluation for accountability
Integration and continuity

- Reorganize of care delivery with patient as the central node
- Move from vertical programming to investing in health systems
- Borrow from HIV care: a chronic, communicable disease
- Team based care (e.g., Brazil’s family health teams)
- Integration with referral care
Innovative service delivery

• Shift tasks to non-physicians (Cameroon’s nurse-led CVD program)
• Use algorithms and clinical guidelines
• Diagnose at the point of care (e.g., Peru’s see and treat cervical cancer screening)
Inclusion of patients and communities

• Reduce financial barriers to care for NCDs (e.g., diabetes in Cameroon, CCTs in Mexico)

• Improve fit between patient expectations and reality in health service provision

• Reach out to community and engage peers
Information and communication

- Use mobile phones to promote healthy lifestyles (e.g., smoking cessation in Britain)
- Use mobile and internet technology to bridge distance between home and primary health clinic (e.g., text test results, appt reminders)
Evaluation is a crucial underpinning

• Learning what works across different settings
• Making necessary course corrections
• Enhancing accountability to funders and patients
Need for a reset of primary care to realize its potential to tackle NCDs in low- and middle-income countries