

Reconfiguring primary care for the era of chronic diseases

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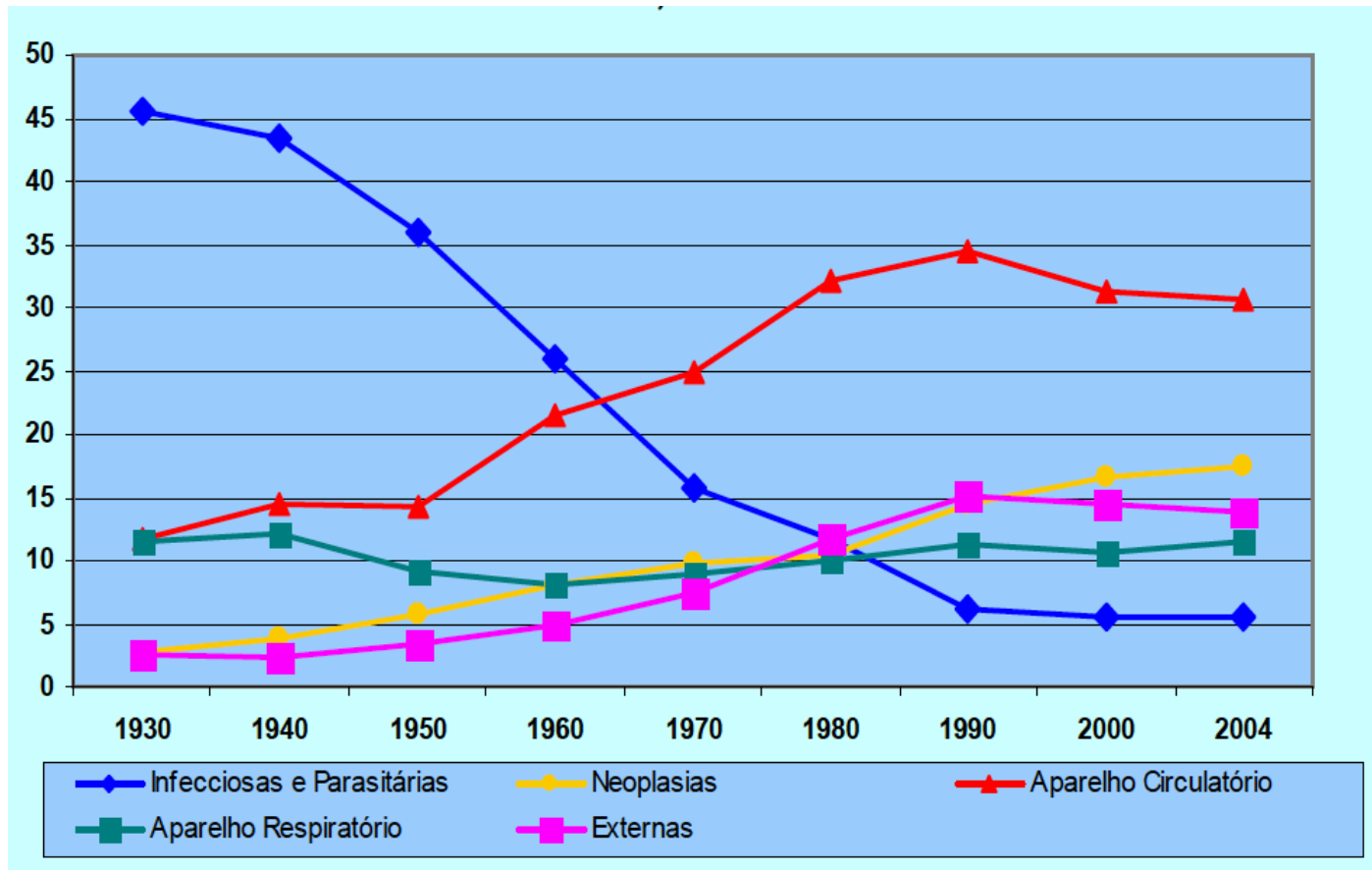
A few numbers

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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

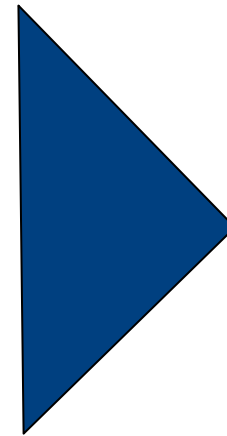


Primary care

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- care for a broad range of health needs
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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

08/08	27/10/08	JENNIFER NDAKE	02	M	E	LSCS (CPD)	DR D. Sumbano
08/08	5/11/08	MATILDA TEMBO NDAKE	02	M	E	CPD (PREGNANCY SIC)	DR D. Sumbano
08/08	15/10/08	NEGRESS CHIKUMBI NDAKE	02	21	M	E	LSCS Prolapsed 2 nd stage
08/08	28/10/08	BEATRICE NDAKE	01	21	M	E	LSCS Prolapsed 2 nd stage
08/08	9/10/08	Margaret Phiri	02	A	M	E	intrauterine haemorrhage
08/08	9/10/08	TUPANY MUKUYA	01	17	M	E	LSCS 2 nd CPD
08/08	26/10/08	Judith Lungu Chapman	03	23	M	E	LSCS 2 nd Prolapsed 2 nd stage
08/08	26/10/08	ABETINA ALISON MOZAMBICQUE	03	33	M	E	Sarcoma of (RH)
08/08	24/10/08	GEORGE PHIRI CHIREMSE	05	26	M	E	LSCS/uterus repair
08/08	29/10/08	LEAZONA NYENDISA CHIREMSE	02	A	M	F	CATARACT EXTRACTION (L)
08/08	29/10/08	RENEMERON MWANZA	02	68	M	F	Test for glaucoma
08/08	29/10/08	LAVION BANDA CHIREMSE	02	83	M	F	CATARACT EXTRACTION
08/08	29/10/08	EDINI CHIRIXA CHIREMSE	02	64	M	F	CATARACT EXTRACTION (L)
08/08	29/10/08	ALHUSA PHIRI CHIREMSE	02	78	M	F	CATARACT EXTRACTION (R)
08/08	29/10/08	VICTORIA LUNGU CHIREMSE	02	82	M	F	CATARACT EXTRACTION (L)
08/08	29/10/08	NDELS PHIRI HIREMSE	02	64	M	F	CATARACT EXTRACTION (L)
08/08	29/10/08	NDAH LUNGU MULLA	02	72	M	F	BILATERAL CAT EXTRACTION
08/08	29/10/08	MIPANAIKA NGULUBE CHALLIBILI	01	A	M	F	CATARACT EXTRACTION (R)
08/08	29/10/08	NADOM NDAKE LUNGU	02	83	M	F	CATARACT EXTRACTION (L)
08/08	29/10/08	WHITE LUNGU MWANJE WANISHE	01	A	M	F	CATARACT EXTRACTION (R)
08/08	29/10/08	EVELANDE LUNGU MOZAMBICQUE	04	50	M	F	BILATERAL CAT EXTRACTION

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
- and
- 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