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HE RTS IN THE AMERICAS Regional Workshop

HEARTS Implementation Guide

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Overview

- 1. Provide high level overview of the HEARTS technical packge
- 2. Introduce a step-by-step approach to implementation
- 3. Provide country level examples





HEARTS Technical Package

- Part of the essential WHO interventions to reduce NCD morbidity and mortality
- Strategic, practical toolkits for CVD management in primary care
- Standardized protocols for prevention, service delivery, referral, and monitoring







Approach to Implementation

Step 1: Engage Stakeholders

- Meet with national policymakers
- Establish a technical working group

Step 2: Select Demonstration Site

- Identify a demonstration site
- Conduct baseline assessment
- Compile a situational assessment report

Step 3: Plan Implementation

- Convene a strategic planning workshop
- Develop an implementation plan
- Obtain Ministry of Health endorsement

Step 4: Implement and Monitor

- Build capacity
- Deliver services, supervise, and monitor



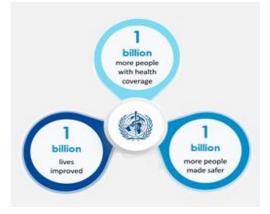


Engage Stakeholders

- Engage national policymakers
 - Global targets
 - Scale of CVD burden
 - Role of primary health care
 - Resources and gaps
- Establish a technical working group











Demonstration Site Selection

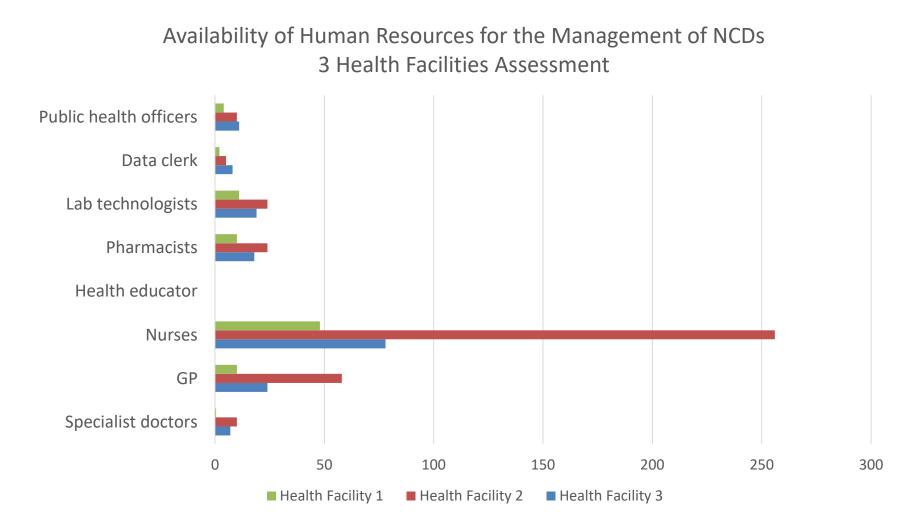
- Identify a demonstration site for initial implementation
- Conduct a baseline assessment to quantify the population and facilities
- Compile a situational assessment report
 - Summarize previous meetings and baseline assessment
 - Designate points of contacts and technical working group members







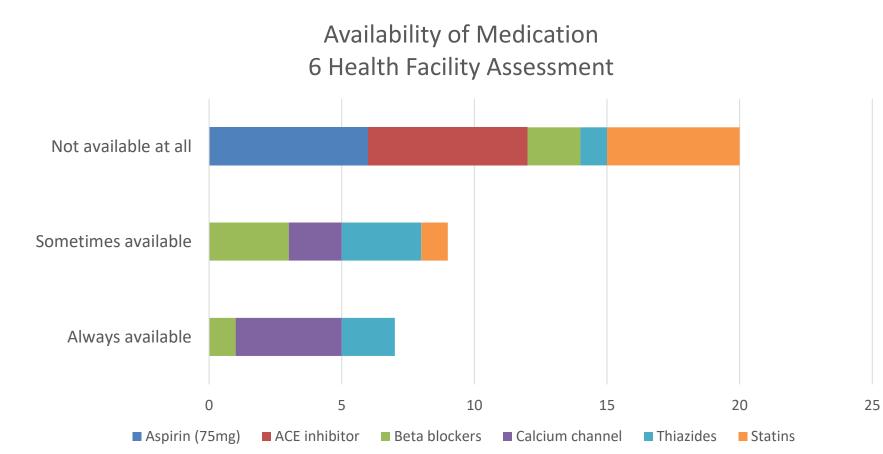
Health Facility Assessment







Health Facility Assessment

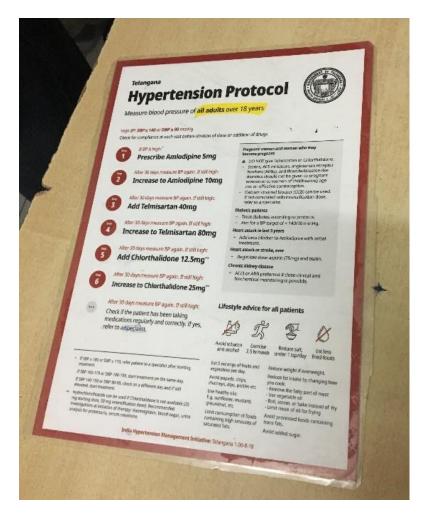






Plan Implementation

- Convene a strategic planning workshop
 - Purpose to develop a service delivery model
 - Conduct a SWOT analysis to identify adjustments and guide implementation
- Lead a consensus workshop
 - Consensus on a standard treatment protocol

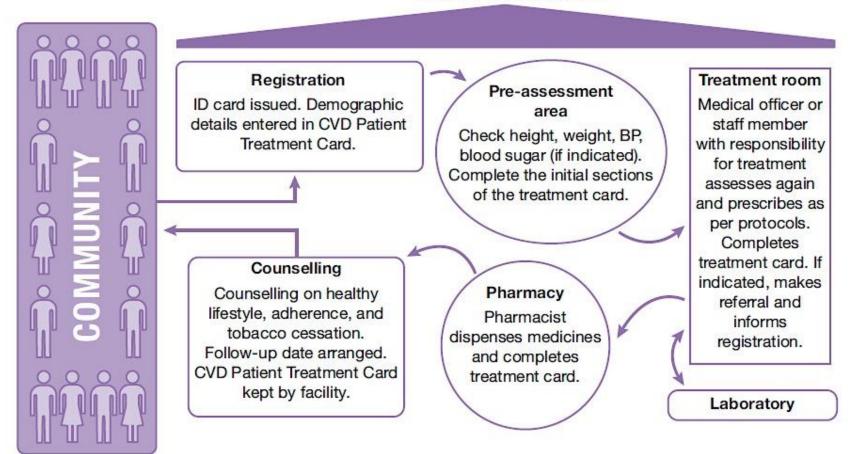






Service Delivery Model

PRIMARY HEALTH CENTRE







Plan Implementation

- Develop an implementation plan
 - Identifies resources and action steps
 - Specified roles and responsibilities
 - Provides a timelines plans for monitoring and evaluation
- MoH endorsement
 - Written agreement and designated point of contact promotes national level support





Implementation Example

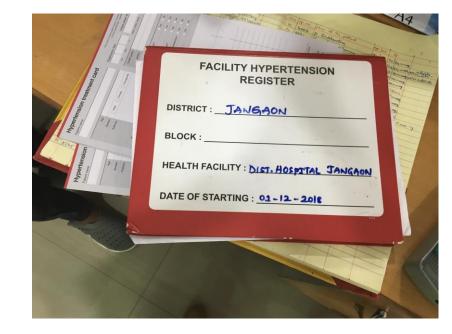
	Country 1	Country 2	Country 3	Country 4
Secured political commitment	✓	~	~	✓
Demonstration site at PHC	✓ (2)	✓ (2)	✓ (2)	✓ (1)
Expansion beyond demonstration site	4 clinics	3 provinces	5 provinces	3 provinces
Staff, trained and certified in BP measuring & PAHO virtual courses HNT and 2ry prevention	✓	✓	✓	✓
Algorithm defined	✓	✓	✓	✓
Core set of medications	\checkmark	\checkmark	\checkmark	✓
Combination of pills or FDC	O (LIS + HTZ)	✓ (VAL-AMP & VAL+ AMP) \$	✓ (LOS+HTZ)\$	0 (HTZ + ENA)
Registry	✓ (electronic)	✓ (electronic)	✓ (hybrid: manual & electronic)	✓ (manual & in transition to electronic)
Metrics M & E defined	✓	~	~	✓
Redistribution of Task well defined	\checkmark	~	\checkmark	✓





Implement, Monitor, and Evaluate

- Strengthen capacity for primary health care workers and managers
- Seven sessions of interactive lectures, case studies, and activities on how to improve the management of hypertension.
- Expected outcomes include:
 - Effectively diagnose and treat hypertension
 - Make hypertension management patient-focused
 - Strengthen monitoring of patients and hypertension programs



https://www.cdc.gov/globalhealth/healthprotection/ncd/training/hypertension-management-training.html





Implement, Monitor and Evaluate

- Supervise, monitor and evaluate to
- Identify gaps in coverage, capacity or resources
- Understand how to better provide high quality of care

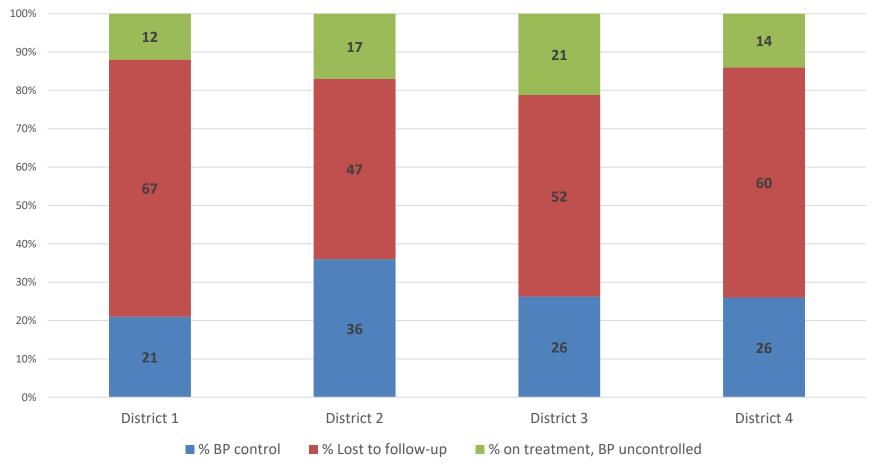
	TREATMENT SUPERVISION/AUDIT FORM				
Facil	acility name: District name:		Date:		
Nam	e of supervisor: Name of medical officer:				
Has	the facility started the hypertension treatment programme? Circle, as appropriate:	Y	Ν	NA	
N°	Indicator	С	irc	le any	
1	Screening and BP measurement				
1.1	Is opportunistic screening done for all adults?	Y	N		
1.2	Is the BP measurement protocol displayed on the wall/desk?	Y N NA			
1.3	Is there at least one functioning BP instrument in the facility?	Y	N	NA	
1.4	Are all patients with BP ≥140/90 referred to the medical officer for treatment?	Y	N	NA	
1.5	For how many patients was BP measured correctly? (Observe 5, >2 of each staff who measure BP.)	01	2	345	
2	Treatment				
2.1	Is the treatment algorithm displayed on the wall/desk?	Y	N	NA	
	Randomly audit 10 patient treatment cards (see Patient card audit form). Write for what proportion of patients:	Pr	орс	ortion:	
2.2	BP was recorded at every visit for the last three visits				
2.3	Initial antihypertensive medication was given as per protocol				
2.4	Medication was intensified or added as per protocol if BP ≥140/90 (write NA if not applicable)				
2.5	Aspirin was given if patient had prior CVD (write NA if not applicable)				
2.6	Statin was given if patient >40 yrs with diabetes or if patient had prior CVD (NA if not applicable)				
2.7	Referral to a specialist was made if BP ≥140/90 after treating with three drugs (NA if not applicable)				
2.8	BP was <140/90 at last visit				
3	Counselling and follow-up				
3.1	Is there a staff assigned for patient counselling?	Y	N	NA	
3.2	Are patient counselling tools/materials available?	Y	N	NA	
3.3	Is there a system for counselling patients individually or as a group?	Υ	N	NA	
3.4	Is there a system for tracking initial defaulters?	Y	N	NA	
3.5	Is there a functional system for patient reminder and follow-up?	Y	N	NA	
4	Service delivery. Interview 5 patients and validate (see Patient interview report card). Circle number of positive responses				





Program Monitoring

3 Month proportion among those registered between 1st April and 30th June







Monitoring Medication

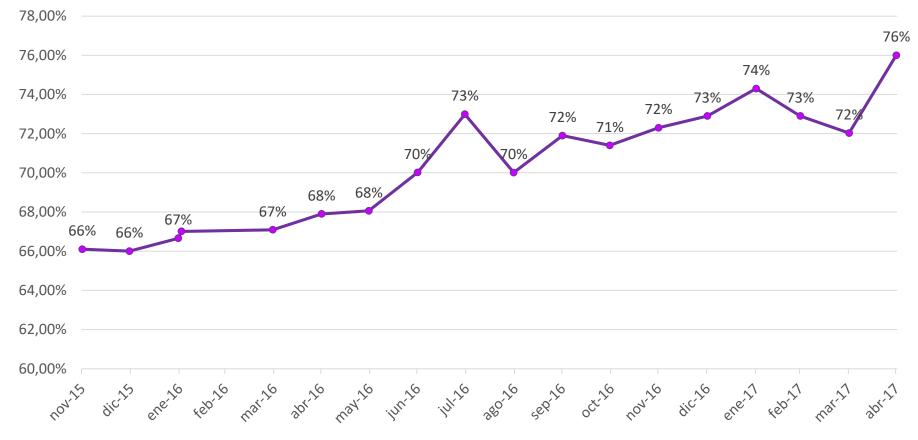






Clinical Monitoring

Percent of registerd patients with controlled BP (>140/90)







THANK YOU



