

Continuity of Care for Persons with NCDs during COVID-19: Learning from the chronic care model

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PAHO

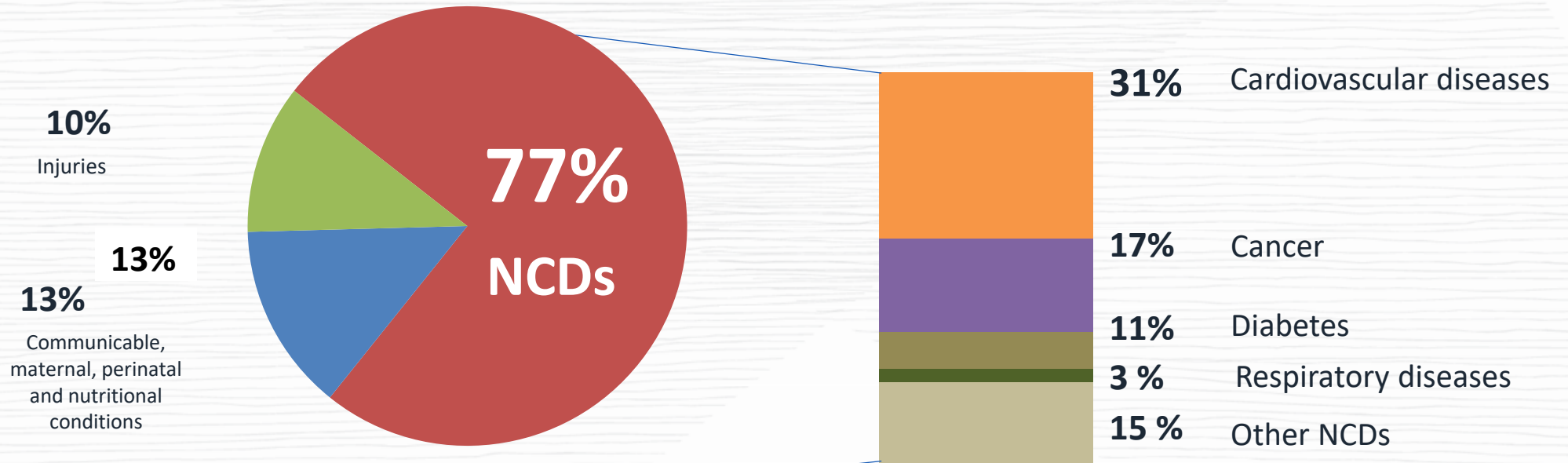
PAHO/WHO

OUTLINE



- 1. The burden of NCDs in the Caribbean**
- 2. NCD management goals**
- 3. Transforming health systems: the Chronic Care Model**
- 4. Maintaining NCD services during COVID-19**

NCDs in the Non-Latin Caribbean



NCDs: 5 diseases x 5 risk factors



**Cardiovascular
disease**



**Chronic
respiratory
disease**



Cancer



Diabetes



**Mental
health
conditions**



Unhealthy diet



Tobacco use



Air pollution

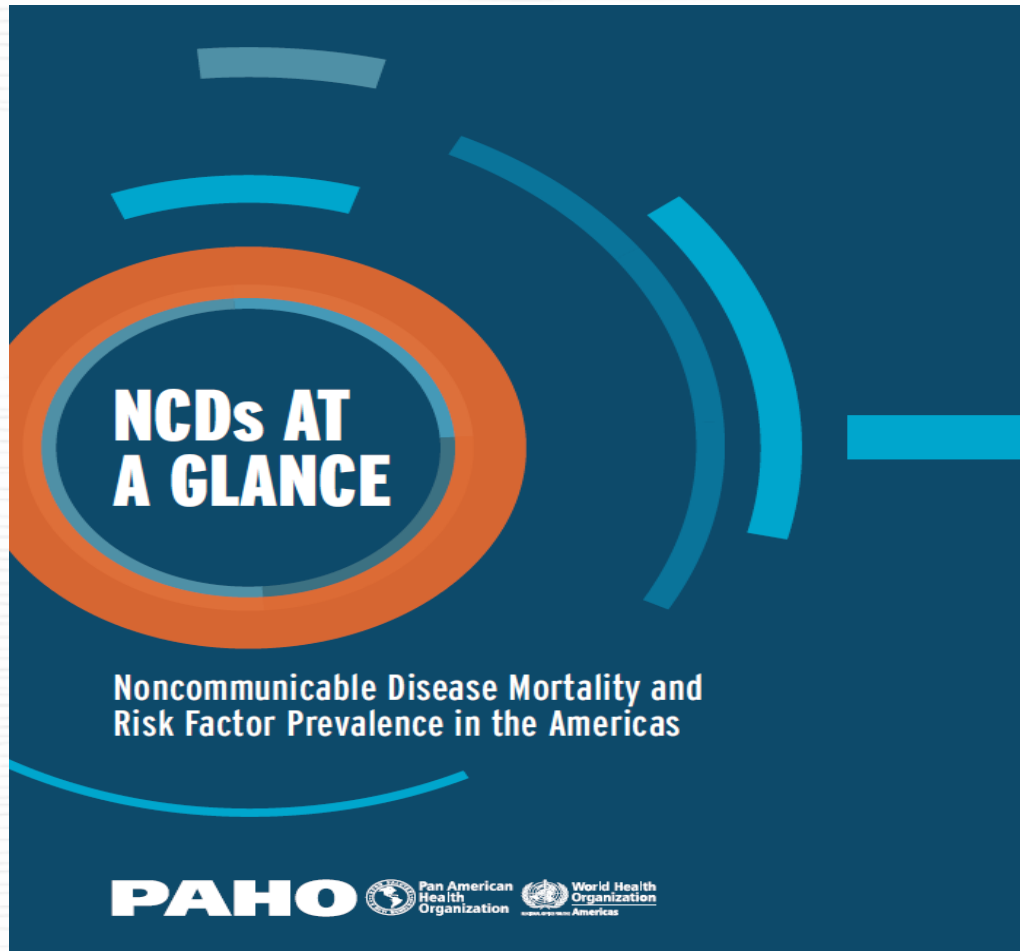


**Harmful
use of alcohol**

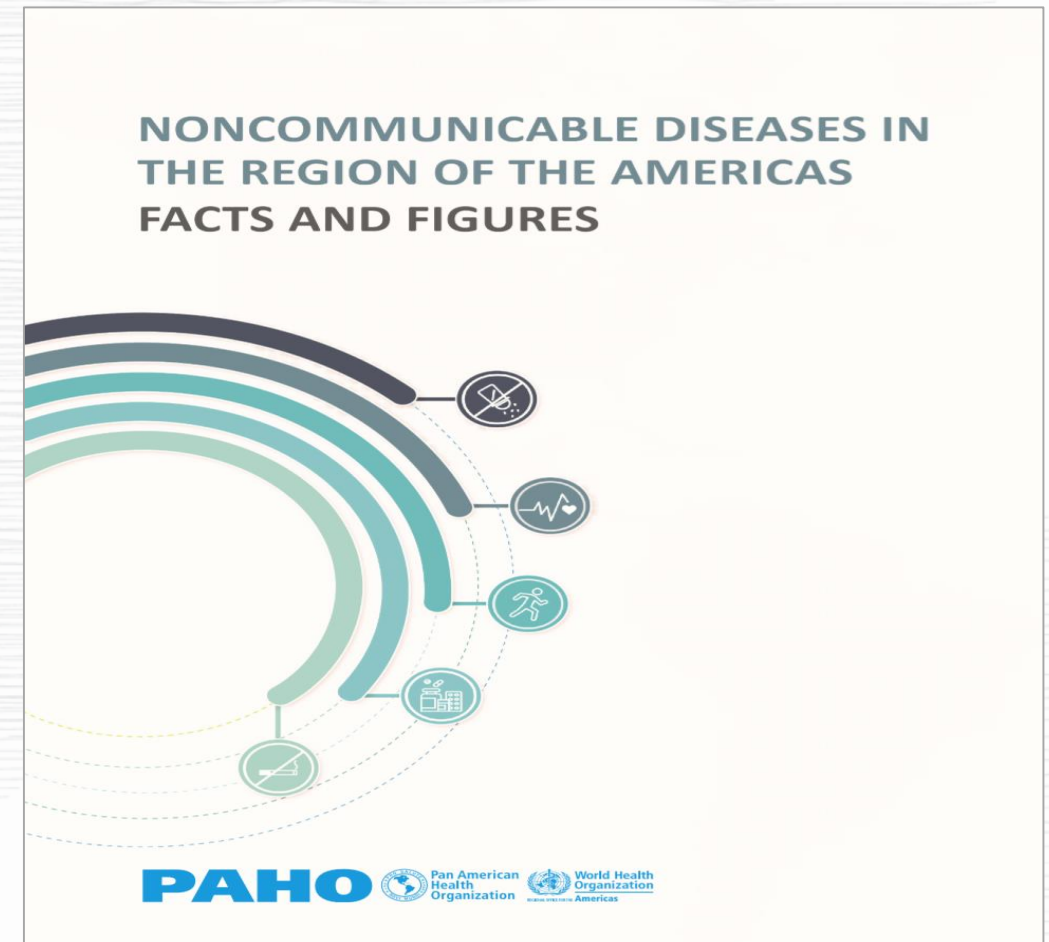


**Physical
inactivity**

THE BURDEN OF NCDs



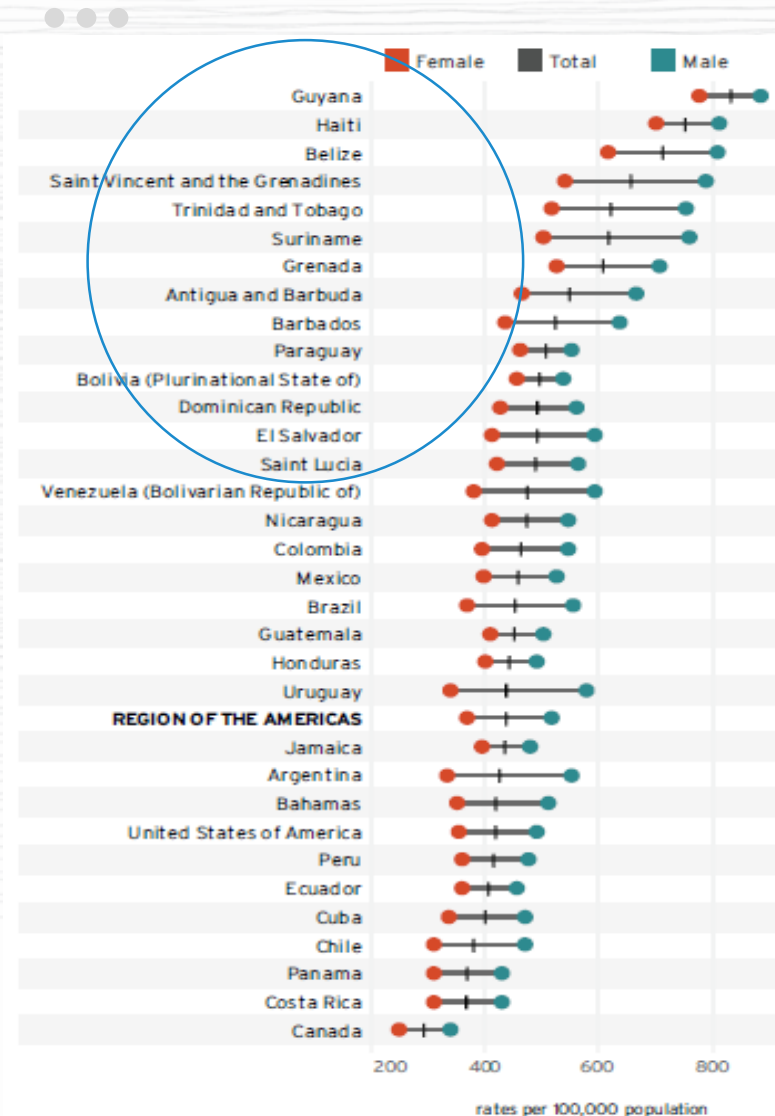
<https://iris.paho.org/handle/10665.2/51696>



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COUNTRY RANKING OF NCD MORTALITY RATES

- **9 of the 10** countries with the **highest** NCD mortality rates in the Americas are from the **Caribbean**
- NCD mortality rates **>500/100,000**



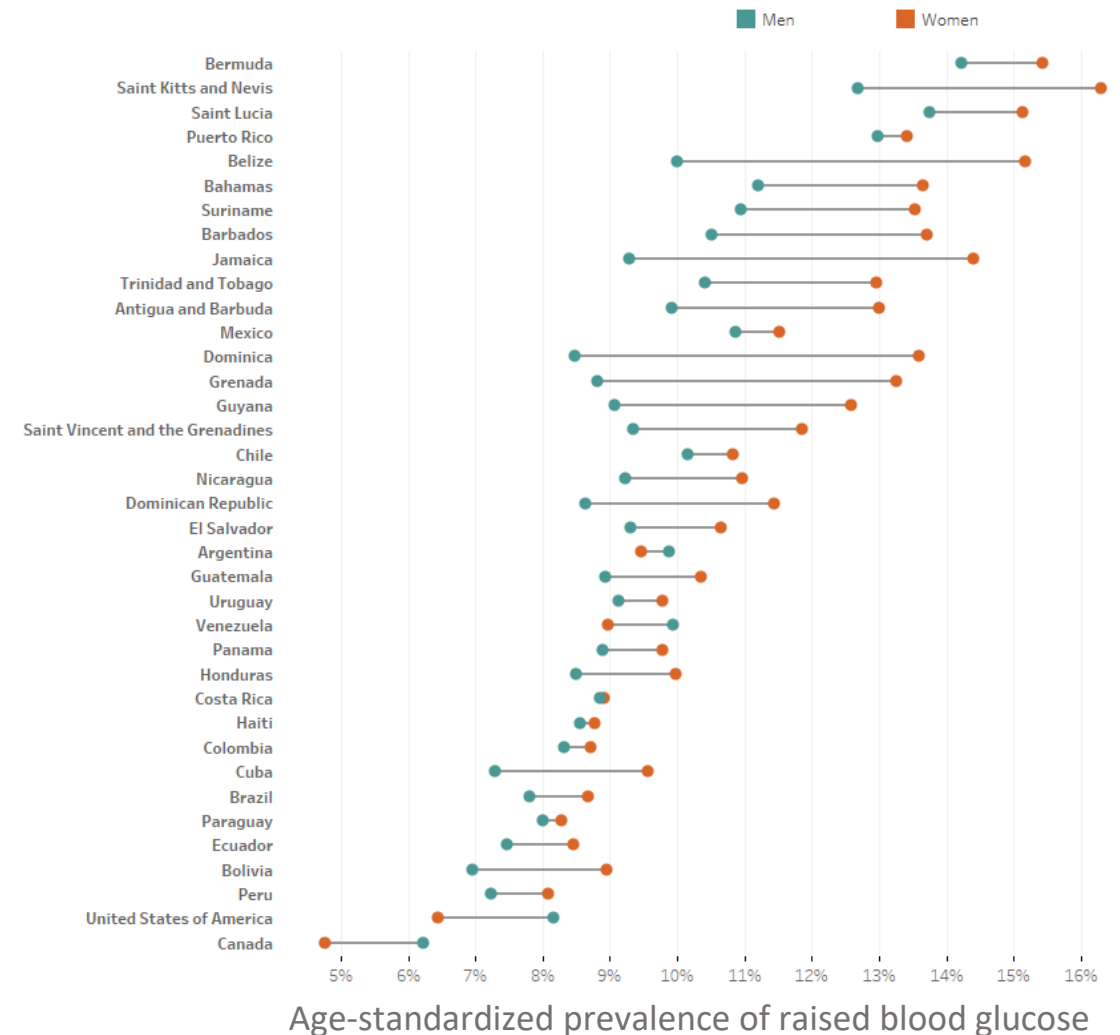
Age-standardized
NCD death rates
per 100,000
population, 2016

Source: PAHO. NCDs at a Glance, 2019. Available from:
<https://iris.paho.org/handle/10665.2/51696>

PREVALENCE OF RAISED FASTING BLOOD GLUCOSE

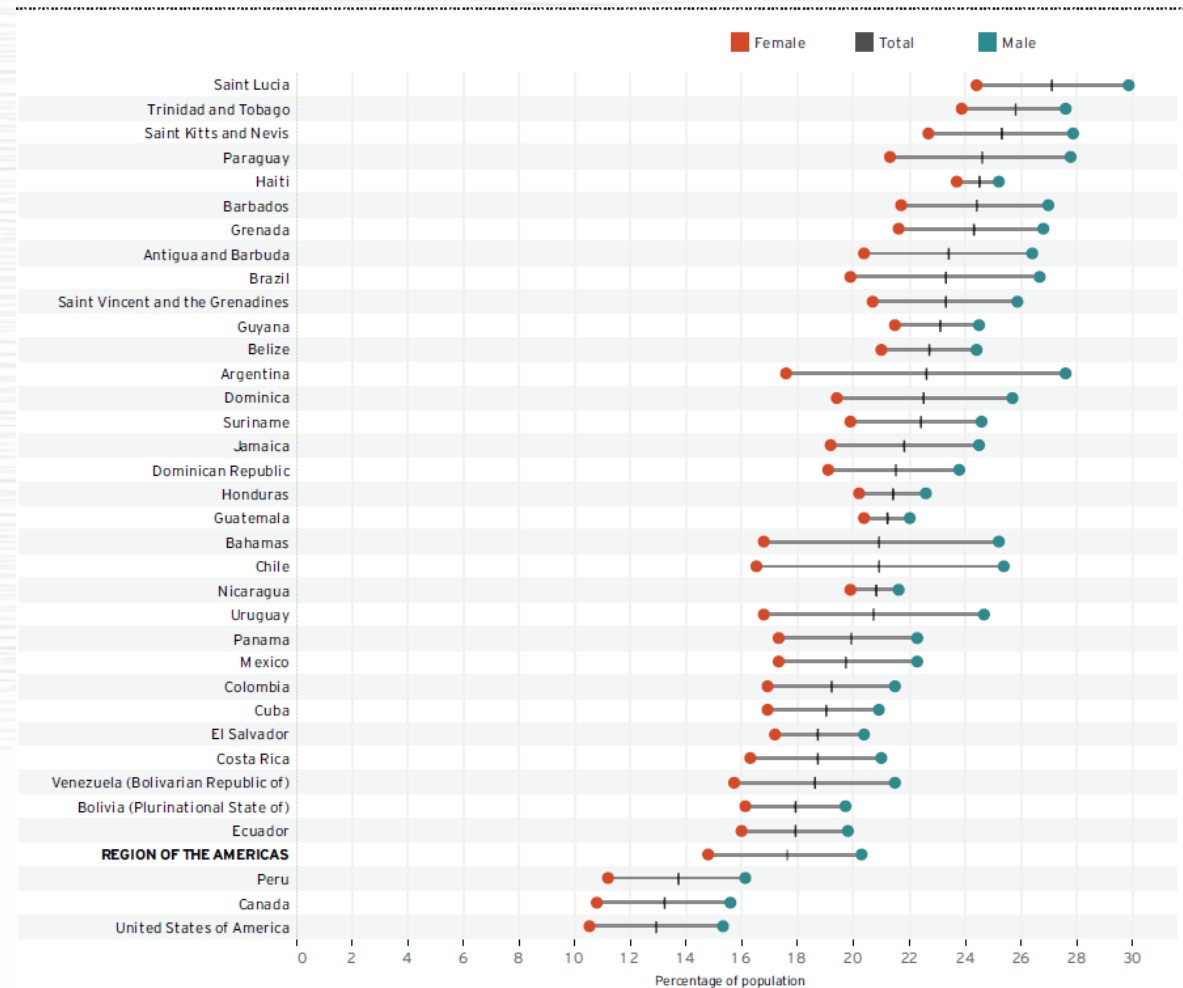
- 8.3% prevalence of diabetes in the Americas
- Highest in **Caribbean countries** (11.8%)
- **9 of the 10** countries with the **highest** prevalence in the Americas are from the **Caribbean**
- **Women** more affected than men

Source: PAHO. NCDs at a Glance, 2019. Available from: <https://iris.paho.org/handle/10665.2/51696>



PREVALENCE OF RAISED BLOOD PRESSURE

- 17.6% prevalence of raised blood pressure in the Americas
- **7 of the 10** countries with the **highest** prevalence in the Americas are from the **Caribbean**



Prevalence (%) of raised blood pressure, 2015

Source: PAHO. NCDs at a Glance, 2019. Available from:
<https://iris.paho.org/handle/10665.2/51696>

NCD MANAGEMENT GOALS

PAHO PLAN OF ACTION FOR THE PREVENTION AND CONTROL OF NCDs



<https://www.paho.org/hq/dmdocuments/2015/action-plan-prevention-control-ncds-americas.pdf>

OBJECTIVE 3: Improve coverage, access and quality of care for NCD management

- Improve **quality of care** (eg. Chronic Care Model)
- Increase access to essential **medicines and technologies**
- Implement effective **interventions** for NCD screening, treatment and control

WHO GLOBAL MONITORING FRAMEWORK



https://www.who.int/nmh/global_monitoring_framework/en/

- **80%** coverage of essential medicines and basic technologies
- **50%** of people at high cardiovascular risk receive appropriate drug therapy and counselling to prevent heart attacks and stroke

NCD MANAGEMENT GOALS



3.4 By 2030, **reduce** by one third **premature mortality** from **NCDs**

3.8 Achieve **universal health coverage**, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

3.c Substantially increase health financing and the recruitment, development, training and retention of the **health workforce** in developing countries, especially in least developed countries and **small island developing States**.

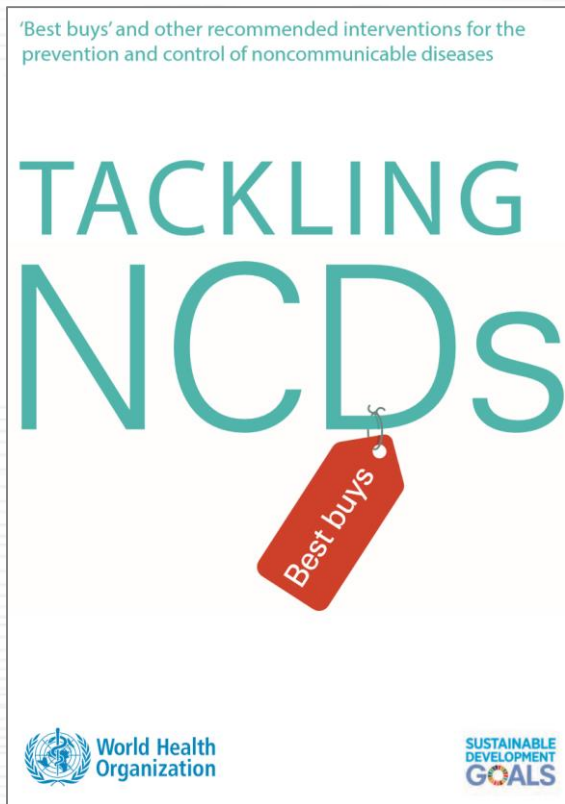
<https://sustainabledevelopment.un.org/>



UNIVERSAL HEALTH

https://www.paho.org/hq/index.php?option=com_content&view=article&id=15470:compact-30-30-30-phc-for-universal-health&Itemid=39594&lang=en

WHO BEST BUY INTERVENTIONS FOR NCD MANAGEMENT



Cardiovascular diseases and diabetes

- **Drug therapy** for hypertension control and **diabetes** control
- **Total risk approach** and **counselling** for those who have had a heart attack or stroke and those with high risk of CV event in next 10 years
- **Aspirin** for acute myocardial infarction

Cancer

- **Liver cancer prevention** by hepatitis B vaccination
- **Cervical cancer prevention** by vaccination against human papillomavirus of 9–13-year-old girls and by screening women aged 30-49 years
- **Breast cancer screening** with mammography, every 2 years for women aged 50-69 years
- **Colorectal cancer treatment** with surgery, chemotherapy, radiotherapy

Chronic Respiratory Diseases

- **Asthma** symptom relief with inhaled **salbutamol**
- **COPD** symptom relief with inhaled **salbutamol**
- **Asthma** treatment using low dose inhaled **beclometasone** and **short acting beta agonist**

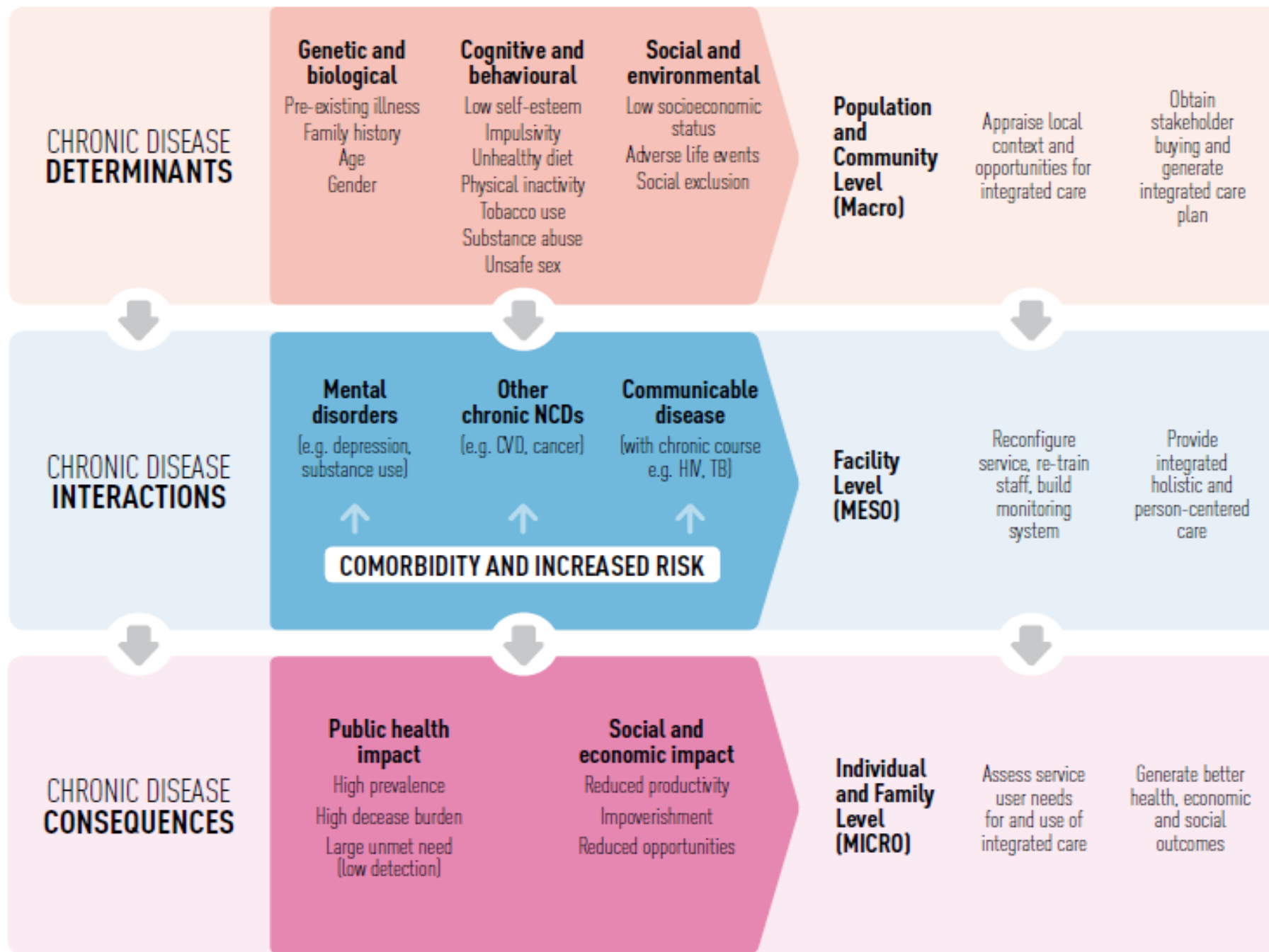
<https://www.who.int/ncds/management/best-buys/en/>

HEALTH SYSTEM CHALLENGES IN NCD MANAGEMENT



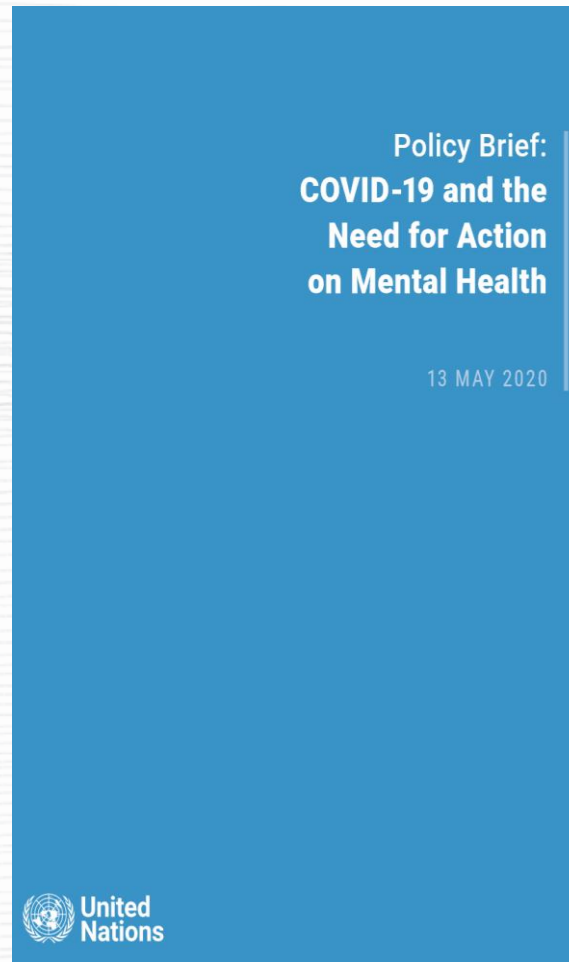
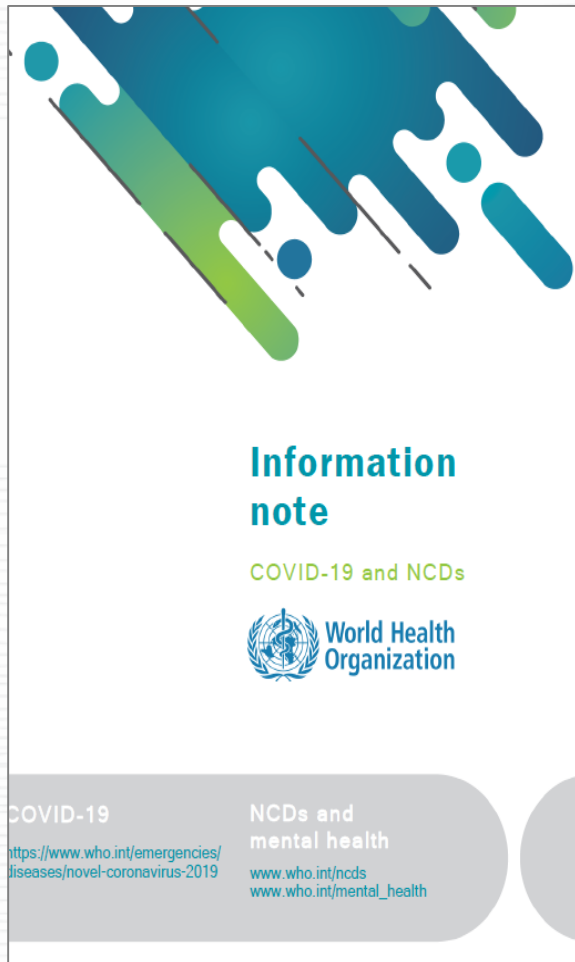
- **Weak** and **underfunded** health systems
- **Fragmentation** of care and poor referral mechanisms
- **Gaps** in **capacity** of care
- **Gaps** in **quality** of care
- **Patients unaware** of their disease, not adequately treated and inadequately informed about managing their illness
- **Poor** disease **control** and **outcomes**, though data lacking
- **Avoidable hospitalization** and **increasing costs** of care

LINKS BETWEEN NCDS, MENTAL HEALTH AND COMMUNICABLE DISEASES WITH A CHRONIC COURSE



<http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/publications/2019/integrating-the-prevention,-treatment-and-care-of-mental-health-conditions-and-other-noncommunicable-diseases-within-health-systems-2019>

COVID-19 Presents More Challenges

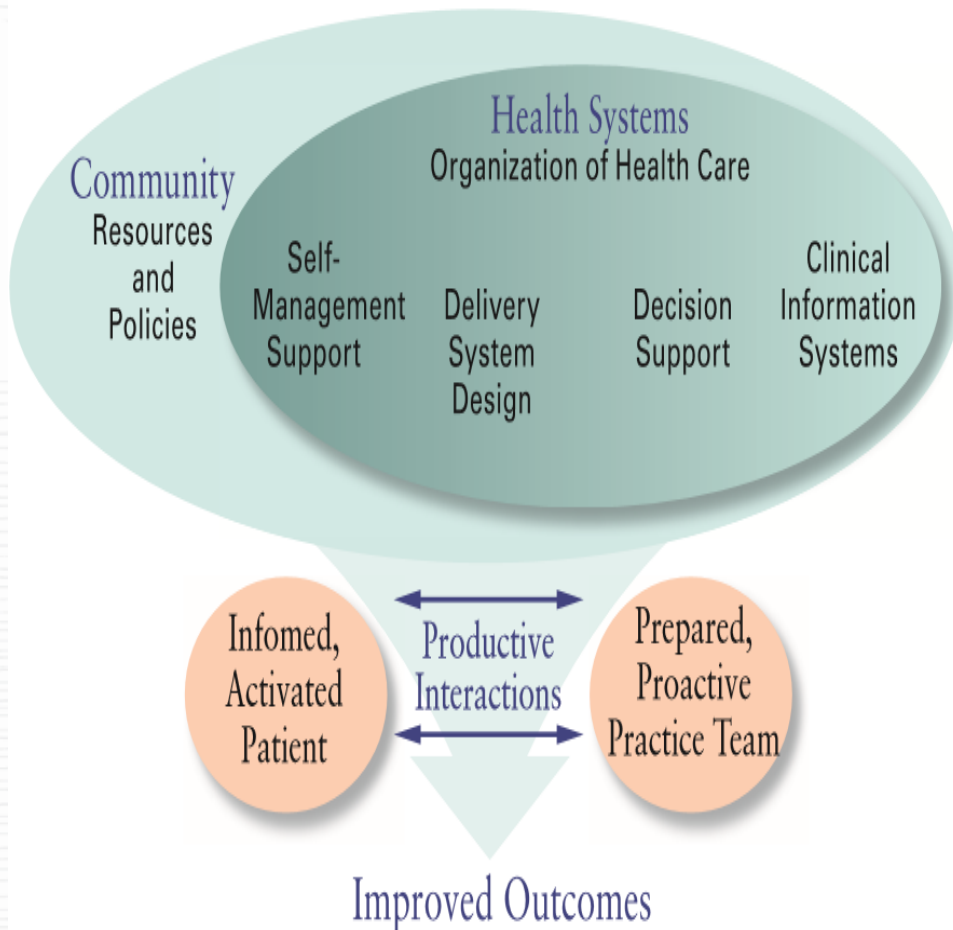


- People with hypertension, diabetes or other NCDs at **higher risk** of developing COVID-19.
- **More severe cases** of COVID-19 in those with hypertension, cardiovascular diseases, diabetes, smoking, chronic obstructive pulmonary disease, cancer, and chronic kidney disease.
- Older age, hypertension, diabetes, COPD and CVDs are associated with **greater risk of death** from COVID-19 infection.
- The COVID-19 pandemic may lead to a **major mental health crisis**, if action is not taken.

<https://www.who.int/who-documents-detail/covid-19-and-ncds>

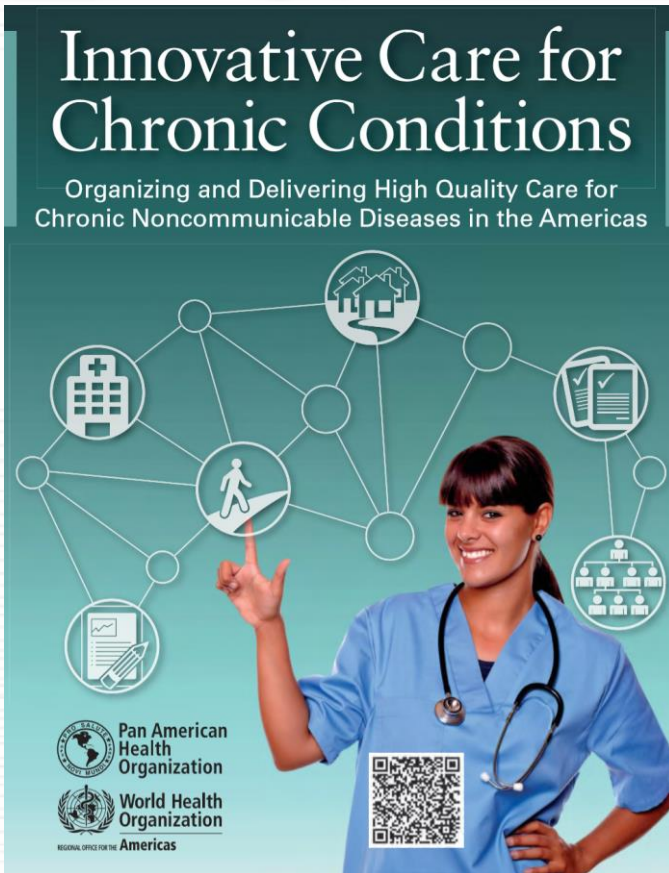
<https://unsdg.un.org/sites/default/files/2020-05/UN-Policy-Brief-COVID-19-and-mental-health.pdf>

THE SOLUTION: TRANSFORM HEALTH SYSTEMS



- Re-orient the health system so it is led by primary care
- Assure long-term care that is proactive, patient-centered, and community-based:
 - person focus across the lifespan rather than disease focus
 - continuous care rather than episodic care
 - accessible with no out-of-pocket payments
 - resources according to population needs rather than demand
 - broad range of services including preventive services and self management support
- Deliver better health outcomes, at lower cost

IMPLEMENTATION OF THE CHRONIC CARE MODEL TO IMPROVE NCD MANAGEMENT



1. Assess and **strengthen** the capacities of **primary health care** for screening, diagnosis, treatment and control
2. Develop **education, information, and counseling** messages
3. Establish **protocols** and **algorithms** of care
4. Create and train **multi-disciplinary health teams**
5. Improve **health information systems**
6. Supply **medicines** and **technologies**
7. Develop patient **self-management** support strategies
8. Implement, evaluate and extend to national level

EXAMPLES OF CHRONIC CARE IN THE AMERICAS



INTEGRATED MANAGEMENT OF HYPERTENSION AND DIABETES: HEARTS TECHNICAL PACKAGE

H
E
A
R
T
S

Healthy-lifestyle counselling

Evidence-based treatment protocols

Access to essential medicines and technology

Risk-based CVD management

Team-based care

Systems for monitoring

HEARTS D: diagnosis and management of type 2 diabetes

Implementation Guide

- 
- Argentina
 - Barbados
 - Chile
 - Colombia
 - Cuba
 - Dominican Republic
 - Ecuador
 - Mexico
 - Panama
 - Peru
 - Saint Lucia
 - Trinidad and Tobago

12 countries in the Americas have joined the HEARTS initiative; **371 health centers** are implementing HEARTS

ADDRESSING NCD RISK FACTORS

UNHEALTHY DIET | INSUFFICIENT PHYSICAL ACTIVITY | TOBACCO USE | HARMFUL USE OF ALCOHOL

HEALTHY LIFESTYLE COUNSELING



5As	What to say/do and how to say/do it									
Ask	<p>Ask the patient about the relevant risk factor(s) at every visit. Ask in a friendly way, without being judgmental. Keep the questions simple. Record the information in the patient's medical records/notes.</p>									
Advise	<p>Health workers have special authority because of their training. Patients usually respect this expertise. Provide information, key messages and advice in a clear, simple, and personalized manner. Link the advice to something that is relevant for the person. For example:</p> <ul style="list-style-type: none"> a person with hypertension may be interested in the benefits of reducing salt intake people with young children may be concerned about the effects of secondhand smoke. 									
Assess	<p>Assess the patient's readiness to start making a change by asking two questions:</p> <p>1. Are you ready to have a diet that includes more healthy options? Be more physically active? Be a non-smoker? Be a lower-risk drinker?</p> <p>2. Do you think you will be able to make the change?</p> <table border="1"> <tr> <td>Question 1</td> <td>Yes</td> <td>Not sure</td> <td>No</td> <td rowspan="2">Any answer in the shaded area indicates that the person is not yet ready to change. In this case, effort needs to be made to increase motivation for change.</td> </tr> <tr> <td>Question 2</td> <td>Yes</td> <td>Not sure</td> <td>No</td> </tr> </table> <p>Answers in the white area suggest that you and the patient can move on to the next step.</p>	Question 1	Yes	Not sure	No	Any answer in the shaded area indicates that the person is not yet ready to change. In this case, effort needs to be made to increase motivation for change.	Question 2	Yes	Not sure	No
Question 1	Yes	Not sure	No	Any answer in the shaded area indicates that the person is not yet ready to change. In this case, effort needs to be made to increase motivation for change.						
Question 2	Yes	Not sure	No							
Assist	<p>Help the person to develop a plan that can increase the chance of success. Provide practical counselling that focuses on:</p> <ul style="list-style-type: none"> provision of basic information about the risk factor identification of situations that could trigger relapse ways of coping with trigger situations. <p>Provide social support including:</p> <ul style="list-style-type: none"> providing encouragement communicating interest and concern encouraging the person to talk about the change process with family and friends. <p>Provide and ensure availability of health education materials and details about additional resources, such as support groups, quit lines, etc.</p>									
Arrange	<p>Arrange a follow-up contact, by phone or in person. Discuss timing of follow-up with patients. At follow-up for all patients:</p> <ul style="list-style-type: none"> identify problems already experienced as well as new ones that could arise remind them of the additional support that is available schedule next follow-up visit. <p>Refer to specialist services if needed and available.</p> <p>For those who have made the planned changes:</p> <ul style="list-style-type: none"> congratulate them on their success. <p>For those who have challenges:</p> <ul style="list-style-type: none"> remind them to view this as a learning experience review their circumstances and motivate them to re-commit link to more intensive support, if available. 									

- Primary health care workers play an important role in helping patients to change and maintain healthy behaviours.
- Brief interventions (3-20 min) aim to identify a real or potential problem, provide information about it and motivate and assist the patient to do something about it.
- The **5 As** is a tool used for brief interventions to help someone who is ready to change.
- **ASK | ADVISE | ASSESS | ASSIST | ARRANGE**

ADDRESSING NCD RISK FACTORS



POPULATION-BASED INTERVENTIONS

TOBACCO
CONTROL



<https://www.who.int/tobacco/mpower/publications/en/>

REDUCE THE
HARMFUL USE
OF ALCOHOL



<https://www.who.int/publications-detail/the-safer-technical-package>

SALT
REDUCTION



<https://www.who.int/dietphysicalactivity/publications/shake-salt-habit/en/>

ELIMINATE
INDUSTRIALLY-
PRODUCED TRANS
FATS



<https://www.who.int/nutrition/topics/replace-transfat>

INCREASE
PHYSICAL ACTIVITY

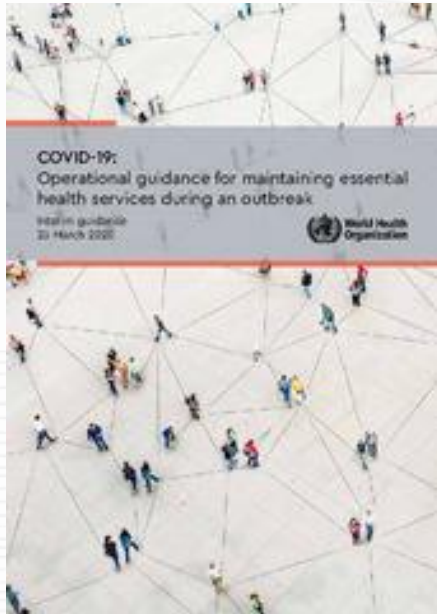


<https://www.who.int/publications-detail/active-a-technical-package-for-increasing-physical-activity>

MANTAINING NCD SERVICES DURING COVID-19



- Ensure chronic disease management in primary care maintained, if possible, via tele-medicine, or with a reduction in provider encounters
- Provide 3-month supply of medication
- Counsel on self-management
- Concentrate 24-hour acute care services at designated hospital emergency units and ensure public awareness
- Promote basic infection-prevention measures
- Maintain availability of essential NCD medicines and supplies
- Create a platform for reporting inventory/stockouts, and for coordination of re-distribution of supplies



<https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>

COMMUNITY-BASED GUIDANCE DURING COVID-19



Community-based health care,
including outreach and campaigns,
in the context of the COVID-19 pandemic

Interim guidance
May 2020



- **Offer information** to people living with NCDs and to people with other risk factors so they are aware of their risk and can take measures to prevent COVID-19 infection. Information should also be provided about what actions can be taken, including where people with NCDs and suspected COVID-19 can seek care.
- Provide clear instructions on **early warning and danger signs**, as well as **when and where to seek care** for acute exacerbations, such as of asthma or a diabetic crisis. Ensure that children with NCDs are given age-appropriate information and that their parents are also given clear information.

<https://www.who.int/publications-detail/community-based-health-care-including-outreach-and-campaigns-in-the-context-of-the-covid-19-pandemic>

MATERIALS ON NCDs AND COVID-19

COVID-19

Coronavirus Disease 2019

10 WAYS TO PREPARE AND PROTECT YOURSELF 60+ AND/OR LIVING WITH UNDERLYING CONDITIONS*



- Wash your hands often** with soap and water and regularly clean and disinfect surfaces.
- Keep taking your normal medication and follow medical advice.**
- Adopt a healthy lifestyle to help your immune system:** eat nutritious foods, get enough sleep, don't smoke, stay active and limit alcohol use.
- Maintain a distance of at least 1 meter and avoid physical contact** (handshakes, hugs, etc.) with other people.
- If COVID-19 is spreading in your community, stay home as much as possible. **Avoid going to church and other places with a lot of people.**
- Make sure you have at least a month's supply of medicines** in case you need to stay home. Plan on how to get more in case you need to stay at home longer.
- Stay in close contact with your family, friends, or neighbors** and make a plan on how you'll seek food and medical care if needed.
- Familiarize yourself with COVID-19 symptoms, like fever, cough, and difficulty breathing,** so you can quickly identify them if they appear.
- If you show flu-like symptoms, **call the assigned phone number in your country or your health care provider immediately.**
- Don't feel lonely. **Stay in touch with family and friends by phone, video chat, or email.**

*Adults over the age of 60 and immunocompromised people or those with underlying conditions, like high blood pressure, diabetes, cancer, and/or lung and heart diseases, are more at risk.

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BE AWARE. PREPARE. ACT.
www.paho.org/coronavirus

You may be more susceptible to a severe case of COVID-19 if you have a **noncommunicable disease** or pre-existing condition such as:



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#coronavirus #COVID19



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Bringing your hands to your mouth can transfer the virus into your body

Smoking can increase your chances of getting COVID-19



Sharing tobacco products such as waterpipes can transmit the virus between people

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#coronavirus #COVID19

COVID-19

If I have DIABETES, what do I need to know about COVID-19?

- Are people with diabetes more likely to get COVID-19?**
 - People with diabetes are more likely to become seriously ill from COVID-19, than those who do not have diabetes.
 - Unfortunately, persons with diabetes who get COVID-19 are more likely to die than those without diabetes.
- If I have diabetes, what should I do to avoid getting COVID-19?**
 - Wash your hands frequently, always avoid touching your face.
 - Stay away from anyone who you know is sick.
 - Ask family and friends who are sick or could be sick to kindly avoid visiting you.
 - Always stay at least 6 feet (2 meters) apart from any other person when you are outside of the house.
 - Minimize, and if possible, completely avoid, going to places with large crowds – this includes the stores, supermarkets, and pharmacies. When possible, ask a friend or relative who is healthy to purchase necessary items for you.
 - Wear a face mask for protection if you must leave the house to areas with crowds. Home-made masks are fine.
- How can I prepare myself and my family during this pandemic?**
 - Planning for essentials like food, water and medicines is critical.
 - Ensure that you have an adequate supply of all your medications; keep at least a 90-day supply on hand.
 - Ensure an adequate supply of healthy food choices.
 - Be physically active every day.
 - Have cleaning supplies in your home (soap, disinfectants, hand sanitizer).
 - Keep your diabetes under control.
 - Have some easy to take simple carbohydrates in case you need to bring your blood sugar up quickly (e.g. juice, hard candy).
 - Have your doctor's phone number handy, somewhere you and your family members can find it easily. Other phone numbers that may be helpful to have on hand are: pharmacy, medical specialists, insurance provider.
- What should I do if I feel ill?**
 - You should call your doctor right away.
 - Feeling ill can include thirst or a very dry mouth, frequent urination, constant tiredness, dry or flushed skin, nausea, vomiting, or abdominal pain, difficulty breathing, hard time paying attention, or confusion.

PAHO Pan American Health Organization **World Health Organization**

BE AWARE. PREPARE. ACT.
www.paho.org/coronavirus

WHAT ARE WE LEARNING?

Before the COVID-19 pandemic:

- The NCD response was already hampered by the **lack of investment** in the prevention, early diagnosis, screening and appropriate treatment of NCDs

During the COVID-19 pandemic:

- **People living with NCDs** are more vulnerable to becoming severely ill with the virus and to die from a co-morbidity with COVID-19.
- Many **people living with NCDs** are not receiving appropriate treatment during the COVID-19 pandemic.

Post-COVID-19 (“build back better”):

- A long-term **upsurge** in the number of people dying from NCDs is likely.
- Prevention, early diagnosis, screening, and appropriate treatment of NCDs must be the **cornerstone** of any global post-COVID response

COVID-19 has the seeds of a major NCD crisis in all parts of the world.

COVID 19 is amplifying the underlying shortcomings of health systems to respond to the health-care needs of people living with NCDs.

WHO is mindful of the need for people living with NCDs to receive treatment and care.

WHO is assessing the scale of disruptions, has developed technical guidance to sustain essential services for NCDs, and will release data on the impact of interruptions.



CHECK OUT PAHO'S COVID-19 INFORMATION

www.paho.org/en/topics/coronavirus-infections

THANK YOU!

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