

IHCI India Hypertension Control Initiative Newsletter

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Decentralization of health care services means bringing health care closer to its users. It's one of the key pillars of patient-centred care under the India Hypertension Control Initiative (IHCI).

Availability of services closer to its users in the community increases uptake, improves health outcomes, decreases the burden on higher health facilities and reduces the patient's overall out-of-pocket expenditure. Upgrading subcentres to Health & Wellness Centres (HWCs) with trained Community Health Officers (CHO), enhanced infrastructure and services under the Ayushman Bharat Yojana has provided a timely opportunity for the IHCI to implement decentralised care for patients with hypertension and diabetes.

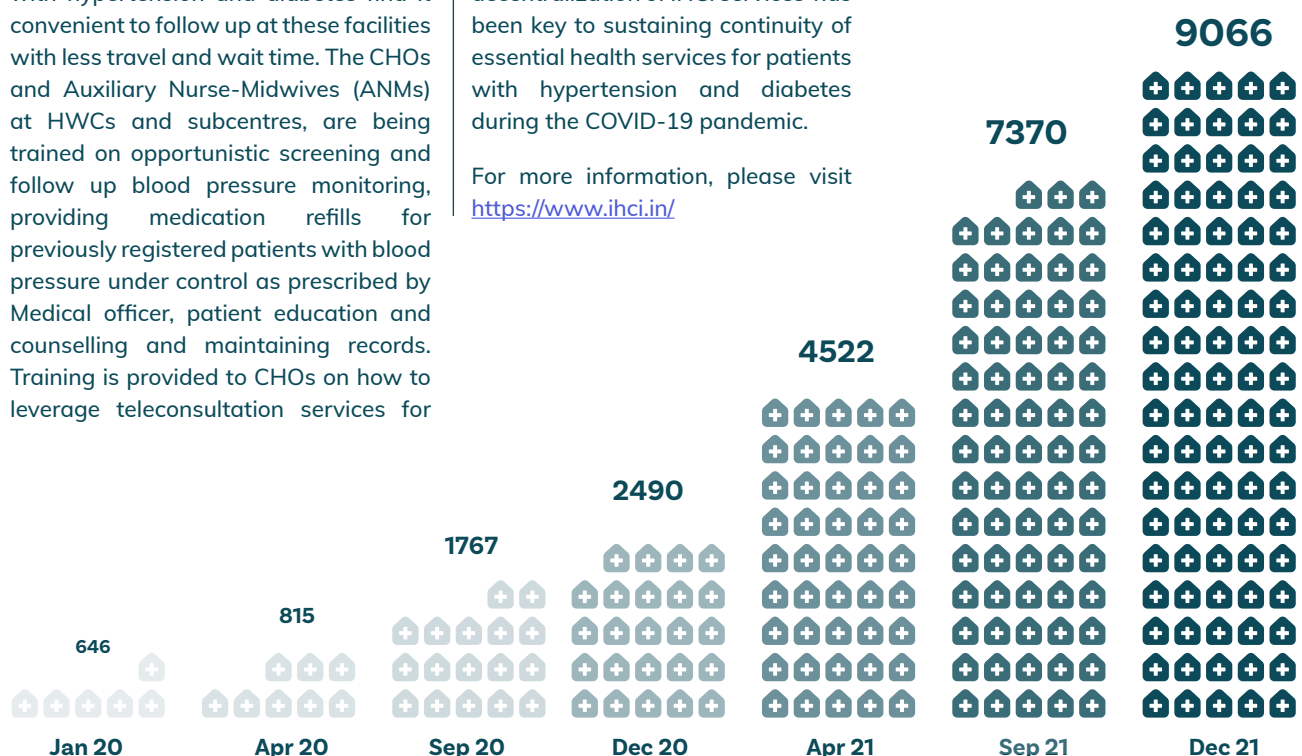
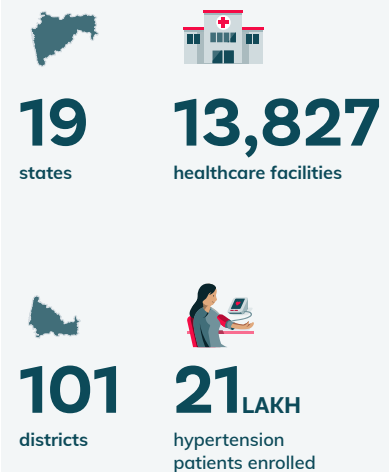
Under the IHCI, the patient care service delivery is being decentralized to subcentres and SC-HWCs. Patients with hypertension and diabetes find it convenient to follow up at these facilities with less travel and wait time. The CHOs and Auxiliary Nurse-Midwives (ANMs) at HWCs and subcentres, are being trained on opportunistic screening and follow up blood pressure monitoring, providing medication refills for previously registered patients with blood pressure under control as prescribed by Medical officer, patient education and counselling and maintaining records. Training is provided to CHOs on how to leverage teleconsultation services for

patients with uncontrolled blood pressure or referring these patients to higher-level facilities.

CHOs and ANMs also track patients who miss follow-ups, through telephone calls or home visits by ASHAs. Patients who are unable to visit health facilities due to old age or mobility issues are delivered services at their doorstep, which enhances the patient-provider relationship and improves treatment adherence. Analysis of data has shown improved patient retention rates and blood pressure control rates at HWCs compared to PHC and higher centres. In addition, decentralization of IHCI services has been key to sustaining continuity of essential health services for patients with hypertension and diabetes during the COVID-19 pandemic.

For more information, please visit <https://www.ihci.in/>

At a glance



Number of SC- Health & Wellness Centres/Sub centres implementing IHCI



ALAPPUZHA, KERALA

NCD treatment in a boat clinic

#decentralizedcare #mobileclinic

The IHCI was launched in the state of Kerala in April 2018 and initially operationalised in four districts: Thiruvananthapuram, Thrissur, Kannur and Wayanad. In January 2021, the program was further expanded to five additional districts including Kollam, Alappuzha, Ernakulam, Kozhikode and Kasaragod.

Of the 4,14,312 patients registered under the IHCI in Kerala as of Dec 2021, 17,927 patients are registered in 41 public health facilities in Alappuzha district. Accessing health facilities in certain district regions is challenging, as a major part of Alappuzha is surrounded by the backwaters, with limited transportation modalities. One such facility is PHC Kuppapuram under block CHC Chempampuram, which lies in the pristine Kuttanad area of Alappuzha district, surrounded by backwaters.

With an aim to providing sustained medical care to remote villages, the State Health Department has provided boat clinics to cater to the villages surrounded by backwaters. One such boat clinic serves the patients of PHC Kuppapuram area by conducting more than 40 health camps every month across various locations. From 9am to 4pm at the Alappuzha boat station, the boat clinic provides general medical services, including NCD medicines for patients with high blood pressure and diabetes.

The IHCI team leveraged the opportunity to collaborate with the district NCD division and the boat clinic health team to successfully provide IHCI services to the remote villages in the district. The health team of the boat clinic was trained on IHCI protocols for patient registration, documentation and cohort monitoring. IHCI treatment cards and facility hypertension registers were supplied to the team. This not only helped reach patients with hypertension and diabetes in remote areas, but also created a mechanism to ensure regular follow-up and blood pressure control.

Currently, blood pressure measurement at the sub-centre clinics is a prerequisite for receiving medication. Efforts are underway at the district NCD division's boat clinic to provide a digital blood pressure apparatus that facilitates on-site blood pressure measurement.

With the goal of ensuring a sustainable continuum of care, for patients at the boat clinic, we are looking forward to providing quality NCD care.

Dr. Anu Varghese
District NCD Nodal Officer,
Alappuzha, Kerala



GURDASPUR, PUNJAB

Telemedicine makes a difference in hypertension care

#Telemedicine

Improved accessibility and availability of health services is key to hypertension management and control and can significantly impact treatment outcomes. This was demonstrated by Ranjit Kaur, a community health officer at HWC Kahlwan in Punjab. With no medical officers posted in nearby health facilities in the Parisahad district, she had to refer patients for doctor consultation at health facilities like PHC Bham and CHC Qadian located far away. Patients were hesitant to visit the PHC and the CHC as it required them to spend more travel time and increased costs. This eventually resulted in missed visits, low out-patient attendance and uncontrolled blood pressure.

As patient care during the COVID-19 pandemic became increasingly challenging, the IHCI looked for strategies to ensure continuity of care. In July 2020, telemedicine service with a hub and spoke model was introduced at HWC Kahlwan. Ranjit Kaur was trained on the IHCI and Simple App and she was linked to two medical officers, Dr. Ramneet Kaur from Shri Hargobindpur Sahib Rural Hospital and Dr. Jaspinder Chahal, RMO from Rural Dispensary at Village Mallowali, for patient consultation. Availability of telemedicine helped provide patient consultations at the HWC itself, resulting in a significant increase in patient attendance, better blood pressure control and reduced risks of nosocomial infection for patients with comorbidities due to the reduced need for travel.

"It was previously difficult to manage NCD patients as our HWC did not have any medical officers. With a

growing number of patients with high blood pressure from adjoining villages, there was an increasing demand for services from HWC Kahlwan. Telemedicine services have been a boon, as patients no longer have to travel long distances and can avail doctor consultations at the Health and Wellness Centre closer home," said Ranjit Kaur.

"We can discuss many other problems with the doctor during the teleconsultation. These can be addressed easily during the video call by them," shared a patient who recently used telemedicine services from the HWC.

The community-based HWCs are responsible for delivering comprehensive primary care to communities that are far from PHCs. Telemedicine is one of the key services that has improved patient care in these remote locations and has helped restore faith in the healthcare system.

We can discuss many other problems with the doctor during the teleconsultation. These can be addressed easily during the video call by them.

Patient
Gurdaspur, Punjab



BHADRADRI-KOTHAGUDEM, TELANGANA

Improving hypertension outreach through decentralized care

#successstory

Decentralization of patient care by involving HWCs and Sub-centres has been critical in delivering essential health services and ensuring a continuum of care under the IHCI. However, Bhadradi Kothagudem, — an expansion district in the state of Telangana — faced several obstacles while decentralizing the program due to competing, state-specific health priorities. This delayed implementation and initiation of registration across health facilities.

Though district-level trainings of health officials were completed between February and July 2021, several factors led to a delay in service delivery. Moreover, as Bhadradi - Kothagudem is a tribal district under the Integrated Tribal Development Agency (ITDA), the district administration had other important health priorities, such as pandemic surveillance and control activities, control and prevention of seasonal diseases, such as Malaria, and flood relief. Due to the delay in IHCI implementation, a series of meetings and interactions with the district administration were conducted to advocate the importance of the IHCI and a suitable time was sought for continuing trainings at health facilities without disruption. This included meeting with the Program Officer-ITDA, District Medical & Health Officer, Addl. District Medical & Health Officer, Deputy District Medical & Health Officer and Program Officers of various programs. The IHCI project staff (CVHO and STS) played a key role in these meetings and stayed in close touch with the health facilities to monitor the status of COVID-19 vaccination, the COVID-19 positivity rate, and incidence of seasonal diseases, etc. in order to determine a feasible time for program activities.

Continuous monitoring and on-the-ground analysis of various parameters across health facilities helped identify a suitable schedule for conducting trainings in 11 facilities in the Bhadradi division. Several factors were considered while organizing trainings, such as feasibility of travelling to the health facilities for trainings, the number of staff at each facility to be trained, and clubbing facilities that were in close proximity.

The decentralization trainings on IHCI across the Bhadradi division of the district gathered media attention and received wide coverage in print and electronic media, highlighting the importance of hypertension and diabetes prevention and control in the community.

These innovative strategies helped initiate decentralized IHCI services across 50 percent of health facilities in the district and registered patients in the NCD clinics.

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Publications

1. Interventions to Ensure the Continuum of Care for Hypertension during the COVID-19 Pandemic in Five Indian States– India Hypertension Control Initiative. Global Heart. 2021; 16(1): 82.
2. Validation of a Practical Approach to Blood Pressure Measurement: Secondary Analysis of Data from a Nationally Representative Survey in India. Global Heart. 2021;16(1):87.

About India Hypertension Control Initiative (IHCI):

The IHCI was launched in 2017 as a multi-stakeholder initiative between the Ministry of Health & Family Welfare, Government of India, State Governments, Indian Council of Medical Research, and WHO India, with Resolve to Save Lives as the international technical partner.

Acknowledgements

The IHCI newsletter was developed with contributions from Dr. A Branch Immanuel (Cardiovascular Health Officer, Kerala), Dr. Vijay Kumar (Cardiovascular Health Officer, Punjab) and Dr. Suresh Uppirella (Cardiovascular Health Officer, Telangana).