CARDIO approach – Access

Highlights from recommended interventions



Ensure access



Goal

Bringing health and care closer to where people live and work involves engaging with non-health players to optimize blood pressure (BP) measurements within and outside health facilities, assuring early detection is followed by prompt and adequate cardiovascular (CV) risk management, and guaranteeing a regular and affordable supply of medicines

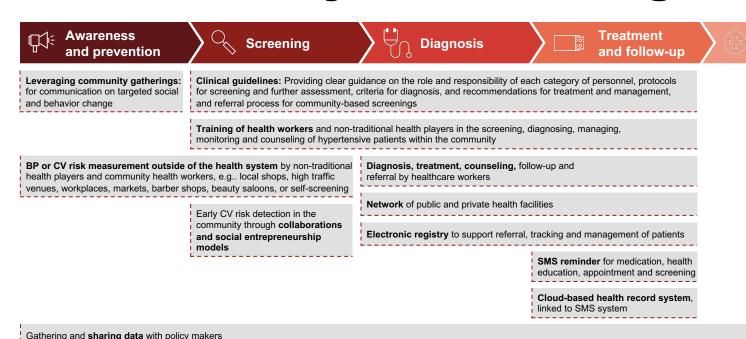


Contents

Key interventions to improve access (slides 3-11)



Pallet of interventions that can improve access to early CV risk management





Secondary and

tertiary care

Install CV risk screening corners in all primary health centers









Secondary and tertiary care

In São Paulo, screening corners were implemented in 70 primary healthcare centers to systematically track CV risk factors in all people visiting the facility – increasing BP measurement and stimulating selfcare. This screening is targeting all visitors to the health center, regardless their reason (as a patient, caregiver or parent), with direct referral to the consultation where necessary.

Download reference manual (in Portuguese):



Manual Cantinho Cuidando de Todos (PDF)







Maximize BP measurement opportunities at high traffic venues





Diagnosis



Treatment and follow-up

Secondary and tertiary care

In Ho Chi Minh City, Vietnam, the Communities for Healthy Hearts program **trained and equipped community collaborators** with tools to conduct BP screenings during their routine outreach activities



Motivated volunteers and non-traditional outlets were identified to offer free BP measurements, counselling and referrals through BP checkpoints in shops





Leverage existing community gatherings to offer BP measurements and assess CV risk



Improve accessibility to screenings by training and equipping community collaborators in the community during their routine outreach activities, and identify motivated volunteers and non-traditional outlets to offer free blood pressure measurements, counseling and referrals through checkpoints



See video on program in Itaquera district in São Paolo (in Portuguese):



Projeto Better Hearts Better Cities – Cuidando do seu coração (YouTube)



Mobilize local champions to optimize early detection





Diagnosis



Treatment and follow-up

Secondary tertiary ca



Better Hearts Better Cities engaged local champions such as Football Clubs and Samba Schools to increase awareness of heart health, with screening campaigns during match day and carnival parades



Ensure optimized detection of hypertension is followed by adequate treatment











Canada has an extremely successful hypertension detection and treatment program. The aim of this review was to highlight the historic and current infrastructure and initiatives that have led to this success, and the outlook moving forward into the future. We discuss the evolution of hypertension awareness and control in Canada: contributions made by organizations such as the Canadian Hypertension Society, Blood Pressure Canada, and the Canadian Hypertension Education Program; the amalgamation of these organizations into Hypertension Canada; and the impact that Hypertension Canada has had on hypertension care in Canada. The important contribution that public policy and advocacy can have on prevention and control of blood pressure in Canada is described. We also highlight the importance of population-based strategies, health care access and organization, and accurate blood pressure measurement (including ambulatory, home, and automated office modalities) in optimizing hypertension prevention and management. We end by discussing how Hypertension Canada will move forward in the near and longer term to address the unmet residual risk attributable to hypertension and associated cardiovascular risk factors. Hypertension Canada will continue to strive to enhance hypertension prevention and control rates, thereby improving the quality of life and cardiovascular outcomes of Canadians, while at the same time creating a hypertension care model that can

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BLOOD PRESSURE CANADA AND THE CANADIAN HYPERTENSION **EDUCATION PROGRAM**

generally requires a referral from a family physician, were only 13% in the late 1980s.

the vast majority of HTN care occurred, and still occurs at a primary-care level. Screening, diagnosis, and control of HTN historically had been carried out in an uncoordinated manner, almost solely by Historically, management of chronic conditions such as hypertension (HTIN) was left to the discre-ment from secondary and tertiary care providers tion and initiative of individual family physicians The poor outcomes of this laissez-faire approach and specialists. Because specialist access in Canada are well known in Canada where HTN control rates

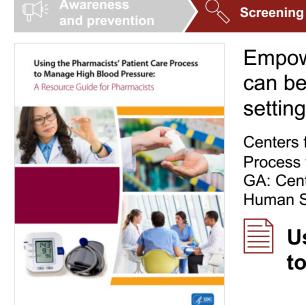
Canada has an extremely successful hypertension detection and treatment program that demonstrates both the feasibility and benefits of implementing community-based and pharmacy-based interventions:



Hypertension in Canada



Involve pharmacists in the care pathway





Treatment and follow-up

Empowering pharmacists in the management of blood pressure can be an effective approach in improving CV outcomes across settings (i.e. High and Low-income countries)

Centers for Disease Control and Prevention. Using the Pharmacists' Patient Care Process to Manage High Blood Pressure: A Resource Guide for Pharmacists. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2016.



Using the Pharmacists' Patient Care Process to Manage High Blood Pressure (PDF)



Guarantee continuous and affordable medicine supply



Screening





Secondary and tertiary care

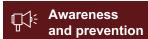


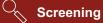


Medicines delivered in a setting as close as possible to where patients live or work



Leverage workplaces and schools to bring health and care closer to people









Secondary and tertiary care



Novartis Foundation programs facilitated the implementation of health workplace initiatives in several companies and introduced physical and nutritional education in schools



This NCD Alliance report (2017) highlights the importance of the workplace in addressing NCDs:



Tackling noncommunicable diseases in workplace settings in LMICs

