Reorienting Health Systems Towards People-Centered Integrated Care in the Pacific for Tacking Non Communicable Diseases (NCDs)

WORLD BANK GROUP

Aparnaa Somanathan

Shuo Zhang

Ajay Tandon

Aneesa Arur

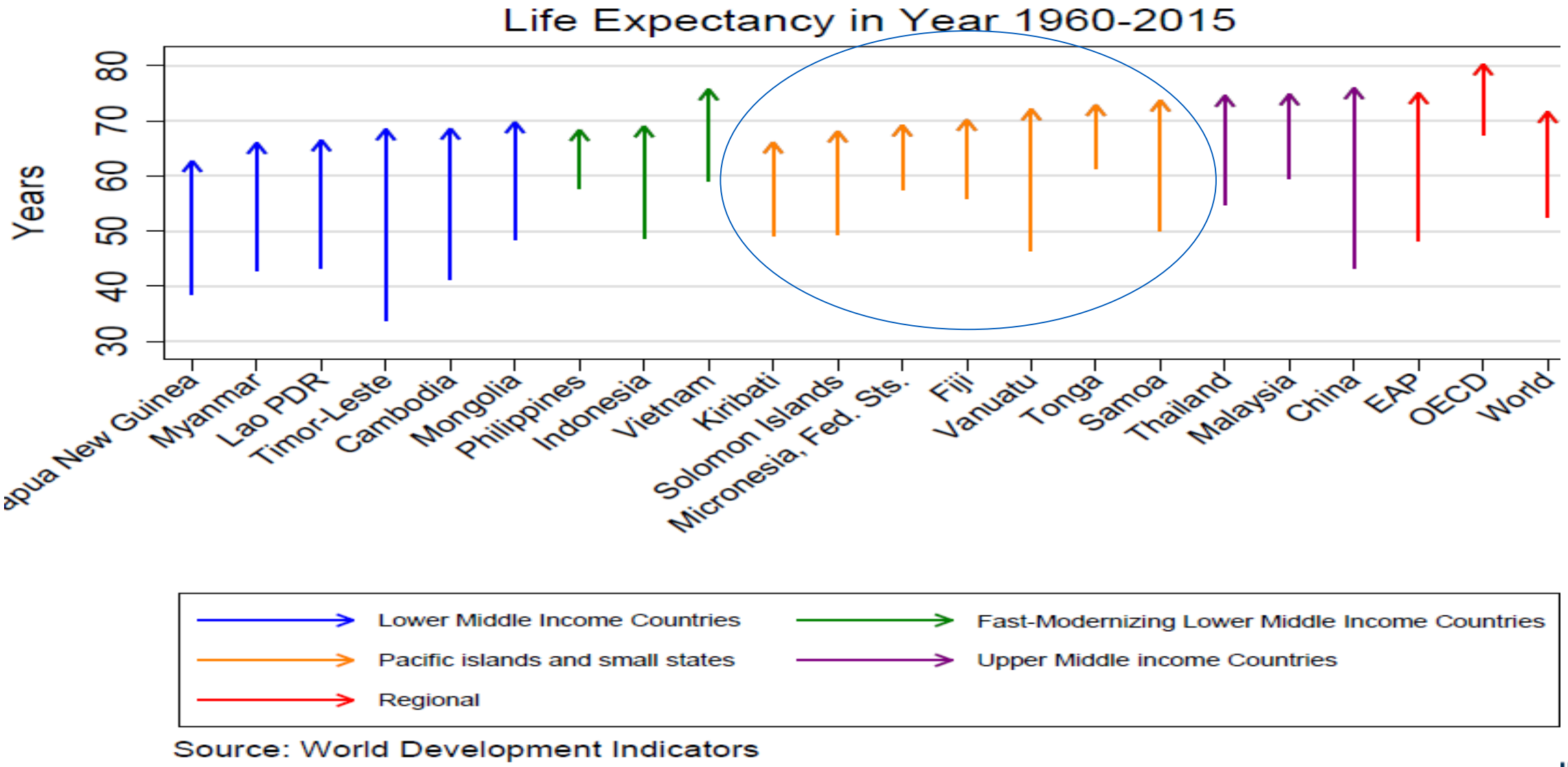
Overview

1. The changing disease burden in the Pacific- an NCD crisis
2. The health service delivery system is not well prepared to tackle the NCD crisis
3. Reorienting service delivery systems towards People Centered Integrated Care (PCIC)

Overview

1. The changing disease burden in the Pacific- an NCD crisis
2. The health service delivery system is not well poised for tackling NCD crisis
3. Transforming service delivery system towards PCIC

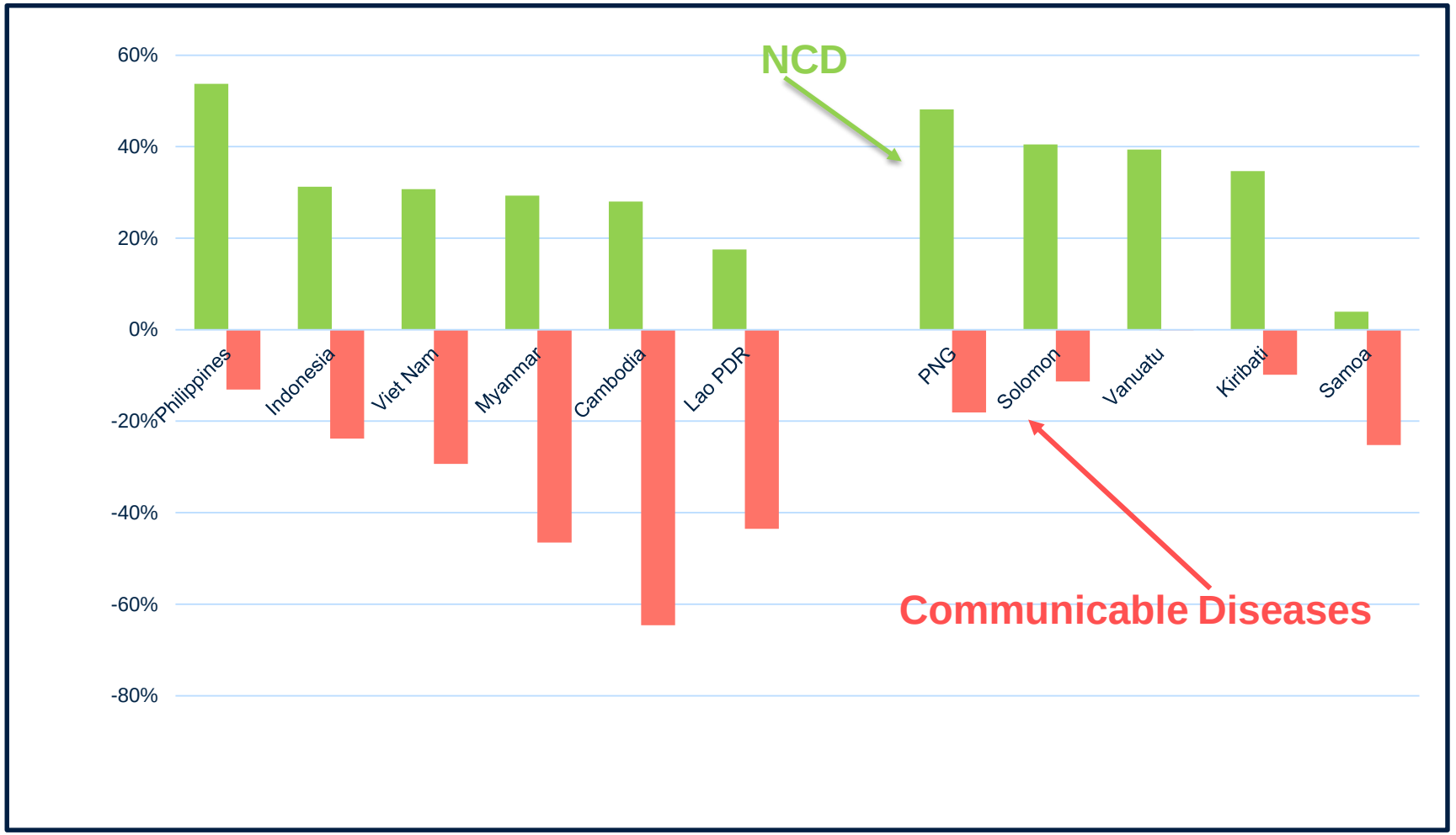
HEALTH STATUS IN PACIFIC COUNTRIES HAS IMPROVED IN THE PAST DECADES, BUT THE MAGNITUDE VARIES



Source: World Development Indicators

THE BURDEN OF NCDs HAS INCREASED SUBSTANTIALLY IN THE PACIFIC, HOWEVER

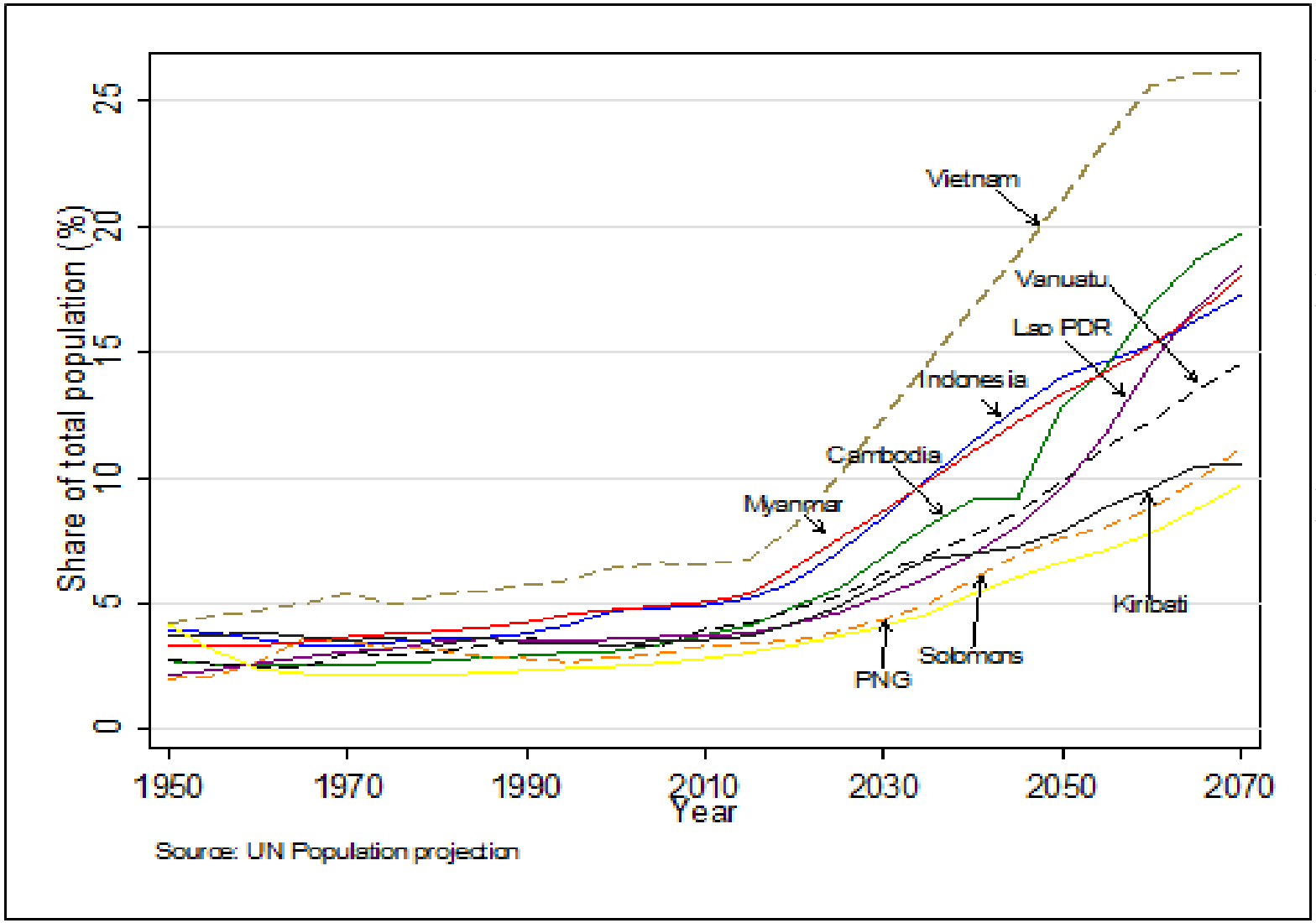
Percentage Change of total burden of Disease 2000-2015



Data source: WHO burden of diseases

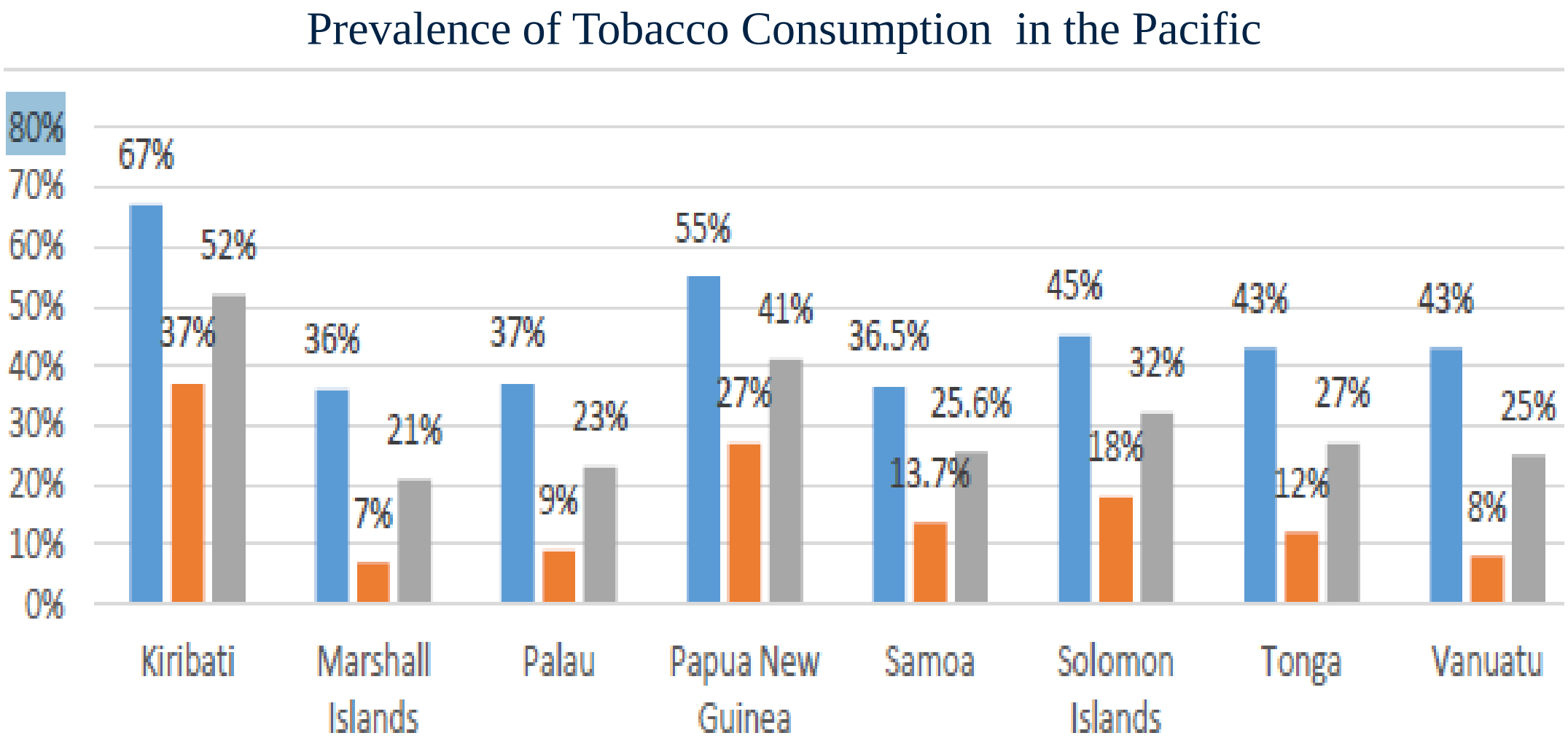
- The burden of NCDs increased substantially in nearly all Pacific countries
- While the burden of communicable diseases declined across the board, the magnitude of this decline was less substantial pointing to unmet MDG targets

PACIFIC POPULATIONS ARE AGEING, THE BURDEN OF NCDs IS LIKELY TO RISE IN THE FUTURE

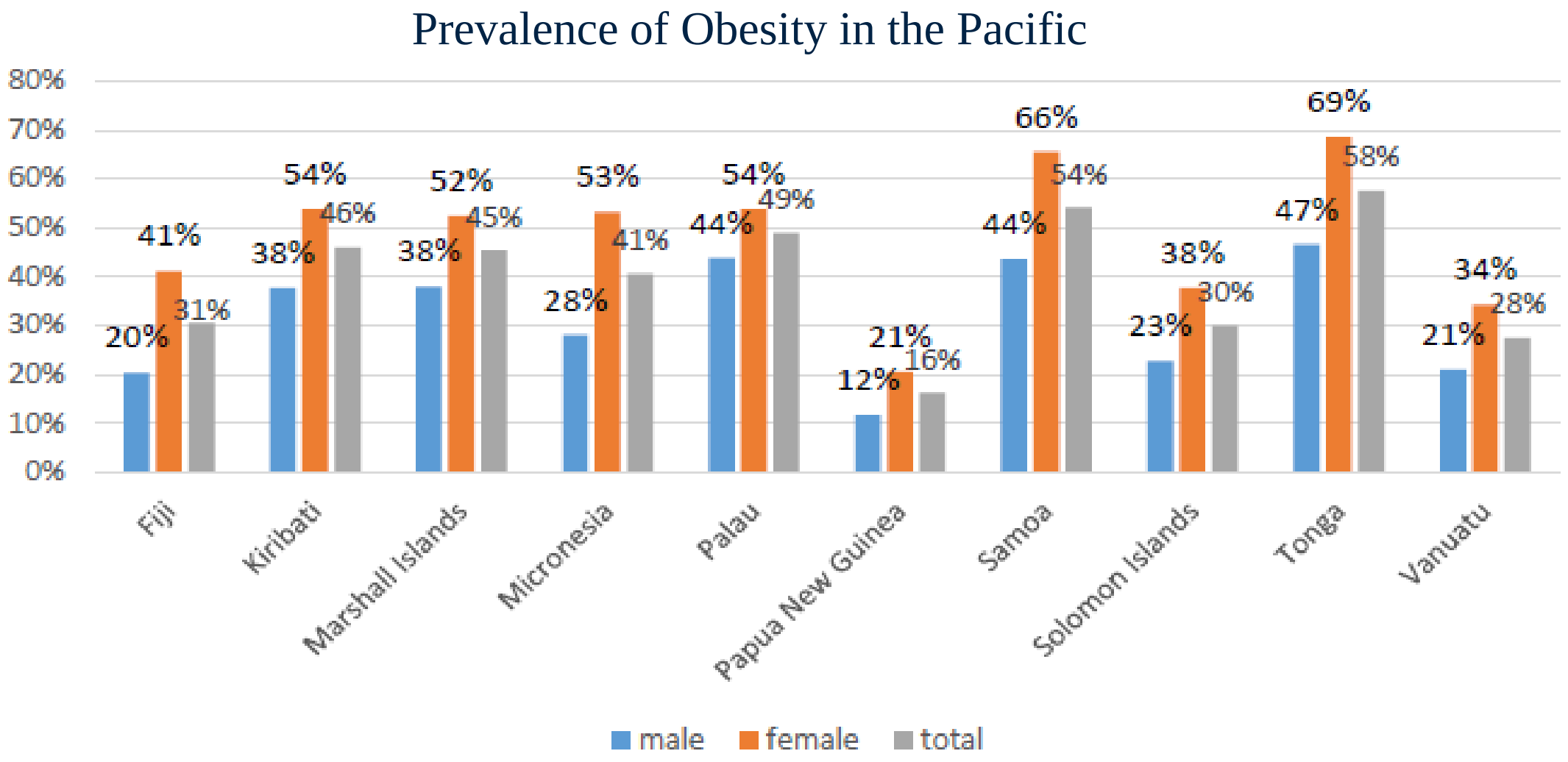


- The share of the cohort of age 65 years and above will continue to increase
- The share of the cohort of age 14 years and below will continue to shrink
- The sharp increase starts in mid-2010s, and the trend is projected to continue for the next several decades

RISK FACTORS INDICATE THE BURDEN OF NCDs IS LIKELY TO RISE: TOBACCO CONSUMPTION



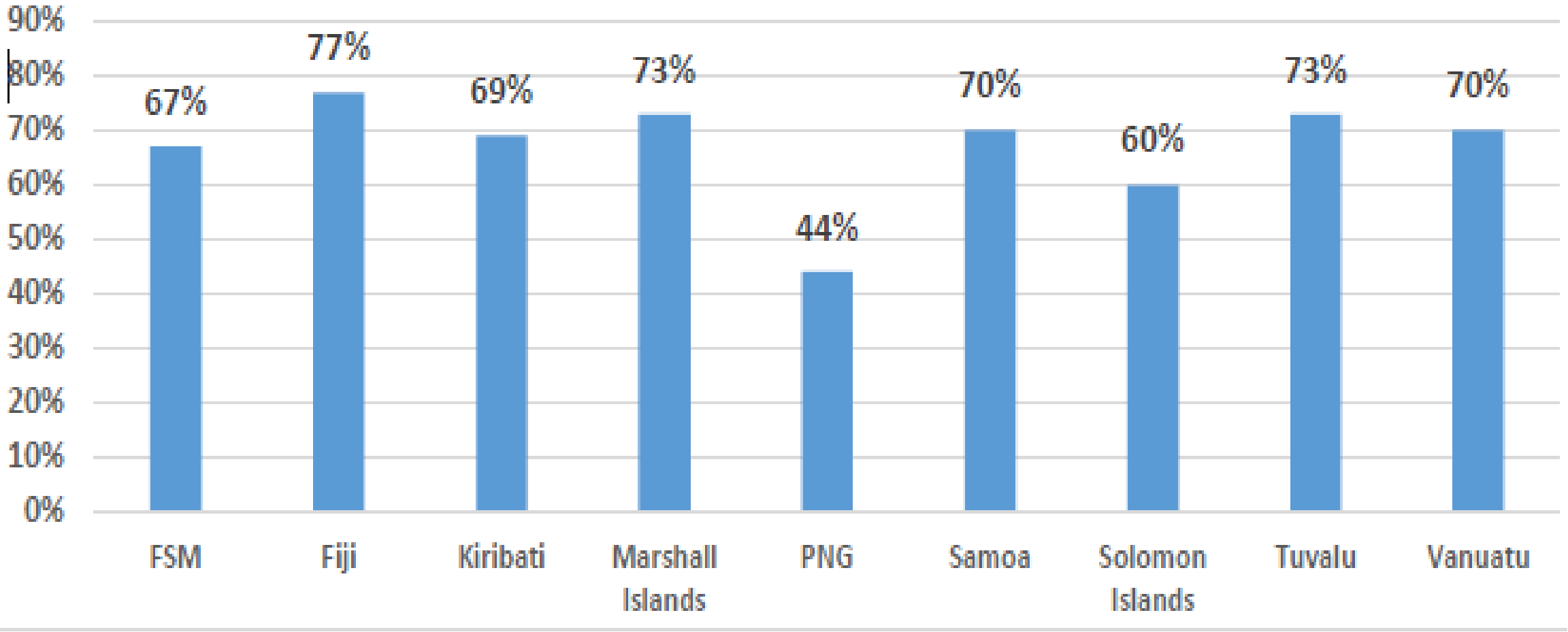
RISK FACTORS INDICATE THE BURDEN OF NCDs IS LIKELY TO RISE: OBESITY PREVALENCE



Source: World Health Organization (WHO), Noncommunicable Diseases Country Profiles 2014.

PACIFIC COUNTRY LEADERS HAVE DECLARED AN NCD CRISIS

Estimated % of Total Deaths Caused by NCDs (WHO)



Overview

1. Shift of disease burden in Pacific- a NCD crisis
2. The health service delivery system is not well prepared to tackle the NCD crisis
3. Transforming service delivery system towards PCIC

HOSPITAL CENTRIC HEALTH SYSTEMS WITH WEAK AND FRAGMENTED PRIMARY HEALTH CARE

Fast expanding hospitals and weak primary care

Greater proportion of government health expenditure goes to curative services

Fragmented service delivery-- uncoordinated care

Under resourced/staffed, Low capacity to diagnose and treat

- Limited ability to make accurate diagnoses and correct treatment for hypertension (<50%)
- Low capacity in offering appropriate treat/prescription with high rate of harmful prescription diabetes (32%), and hypertension (44.6%) (Vietnam)

Out of total $79.3 million tala health budget allocation in 2015/2016, $6.1 million was earmarked for the National Kidney Foundation; $63.8 million was provided for the NHS for the hospital's operations- accounting for 88% altogether (Samoa)

DELIVERY PERFORMANCE

Diabetes care readiness 2015
General availability of medication and test at primary care settings

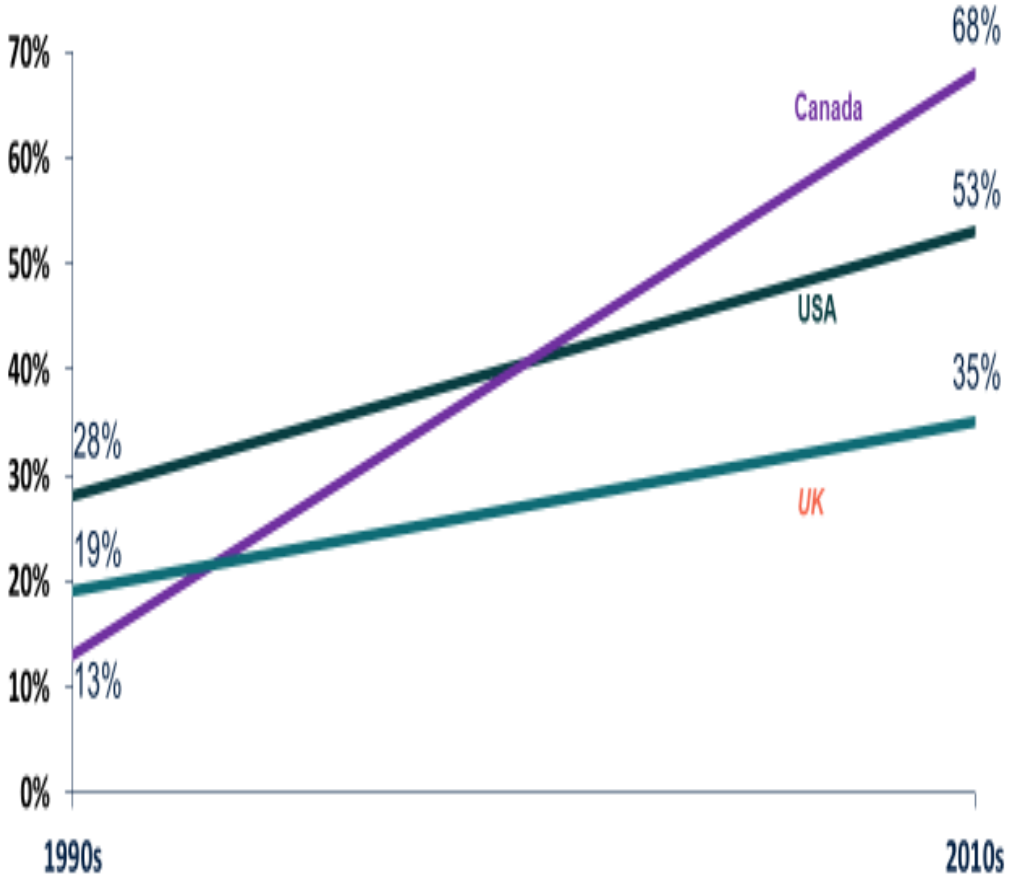
Country	Insulin	Metformin	Blood Glucose Test	Oral glucose tolerance test	HbA1c test
Kiribati	.	.	Yes	No	No
PNG	Yes	Yes	No	No	No
Samoa	.	.	No	No	No
Solomon Islands	No	Yes	Yes	No	No
Vanuatu	No	Yes	Yes	No	No

NCD surveillance and registry 2015

Country	Diabetes registry	Has a STEPS survey every 5 years	Cancer registry
Kiribati	Yes	Yes	No
PNG	No	No	No
Samoa	Yes/No.	Yes.	No.
Solomon Islands	Yes	No	No
Vanuatu	No	No	No

Hypertension control in the US, Canada, and the UK

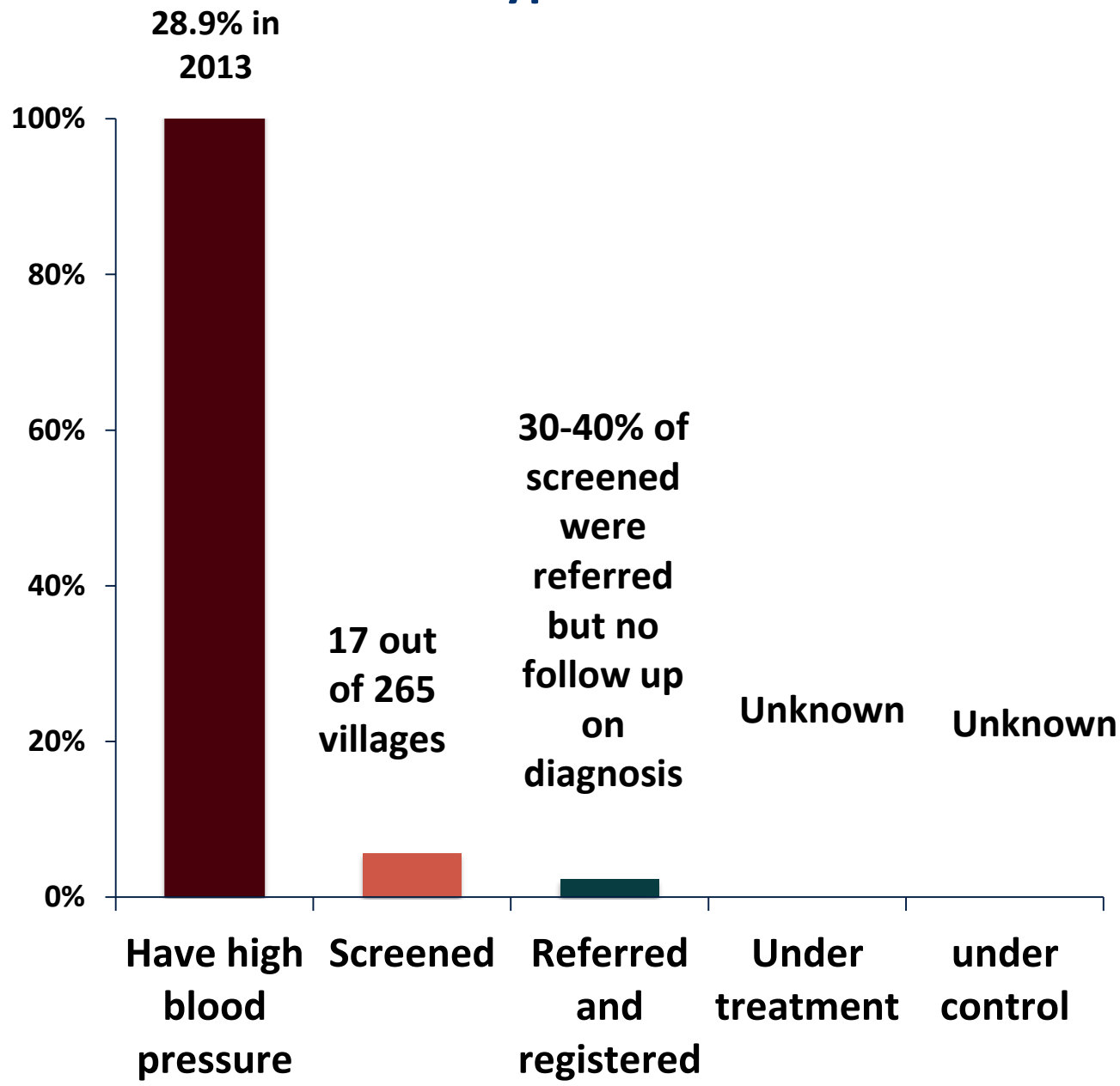
Percentage of people with hypertension under control



Data for Canada: McAlister et al. CMAJ, June 14, 2011, 183(9) & Padwal RS et al. Can J Cardiol 2016;32:687-694.
Data for UK: Ramsey et al. BMJ 1999;319:630-635 & Health Survey for England 2015.
Data for US: CDC Vital Signs, Sept. 2012; NHANES 2003-2010 & NCHS Data Brief 220, November 2015.

WORLD BANK GROUP

Where Samoa Stands in the case of Hypertension



Overview

1. Shift of disease burden in Pacific- a NCD crisis
2. The health service delivery system is not well poised for tackling NCD crisis
3. Reorienting service delivery systems towards People Centered Integrated Care

WHO: PEOPLE-CENTERED AND INTEGRATED HEALTH SERVICES

People-centered health services are an approach to care that consciously adopts the perspectives of individuals, families and communities, and sees them as participants as well as beneficiaries of trusted health systems that respond to their needs and preferences in humane and holistic ways. People-centered care requires that people have the education and support they need to make decisions and participate in their own care. It is organized around the health needs and expectations of people rather than diseases.

Integrated health services are health services that are managed and delivered in a way that ensures people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services, at the different levels and sites of care within the health system, and according to their needs, throughout their whole life.

REORIENTING HEALTH SYSTEMS TO PEOPLE-CENTERED INTEGRATED CARE

Conventional Care		People Centered Integrated Care
Focus on illness and disease treatment		Focus on maintaining health, disease control and prevention
Patient provider relationship limited to consultation		Patient provider relationship is enduring and personal
Focus on episode care/discrete intervention		Comprehensive, Continuous and people-centered long term disease management
Users are passive recipients of medical intervention		Residents are partners in managing their health participate in the development of their own disease management plan
Disjointed care; fragmented 'stand along' facilities/programs		Integrated care delivered across different providers at different levels
Physician & hospital based		Team and service network based
Incentives for volume based care		Incentives for care management, population health , quality and efficiency

Adapted from WHO, 2008; Porter, 2010; Sanigest, 2010

KEY ELEMENTS FOR PCIC

Reorient the care model

- Care is oriented toward improving population health and achieving the best value for the money spent
- shift focus to strengthening primary care providers and people receive the appropriate care at the best setting
- Hospitals have new roles in integrated care networks as providers of complex care and leaders in workforce development
- Responsible for the care for a life cycle
- Innovating and incorporating new technologies

People centered:

- Engage the citizens in its health maintenance, self-management. Citizens/patients are partners and work together with service providers to formulate their health maintenance or disease management plan
- Citizens/patients are responsible for their own health,
- Care is organized and provided around the need of citizens- tailor-made health maintenance or disease management plan

Integrated care provision

- Care is integrated vertically (i.e., across provider levels) and horizontally (i.e., among curative, preventive and palliative care)
- Coordinating across providers and citizens
- Coordinating across sectors

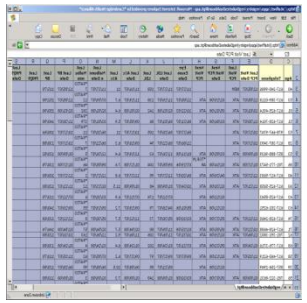
WORLD BANK GROUP

STRENGTHENING PRIMARY CARE UNDER THE FRAMEWORK OF PCIC

Strengthening Primary Healthcare Model

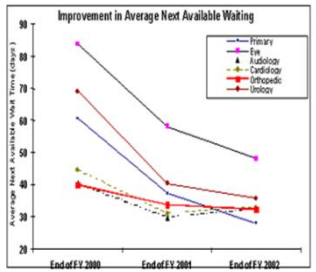
Team-based Care

Care Management



screening & Registries (community risk stratification)

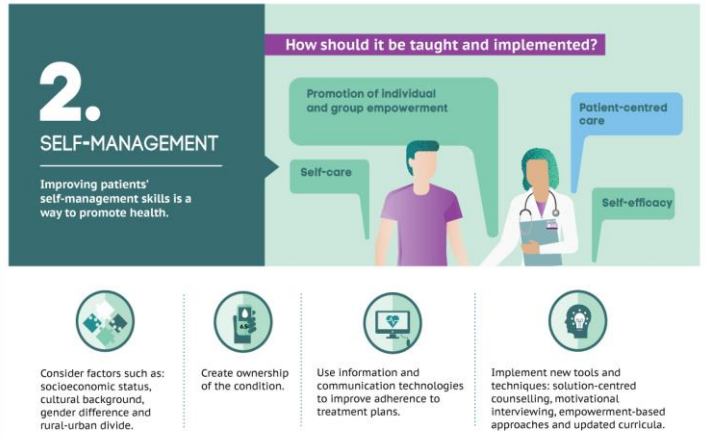
Coordination with Hospital and Specialists



Easy Access

Responsible for a Population

Empanelment



Personalized disease management plan

Source: Janett (2017)

CREATING AN ENABLING ENVIRONMENT--- TOOLS TO REORIENT THE HEALTH SYSTEM FOR INTEGRATED CARE

Service integration based on integrated disease or care management pathway

Integrated payment to incentivize the provision of integrated care

Inclusive implementation process with engagement from medical personnel, patients to policy makers.

Integrated IT system to facilitate integrated care

Organizational integration for shared interests/objectives and HR supports

WORLD BANK GROUP

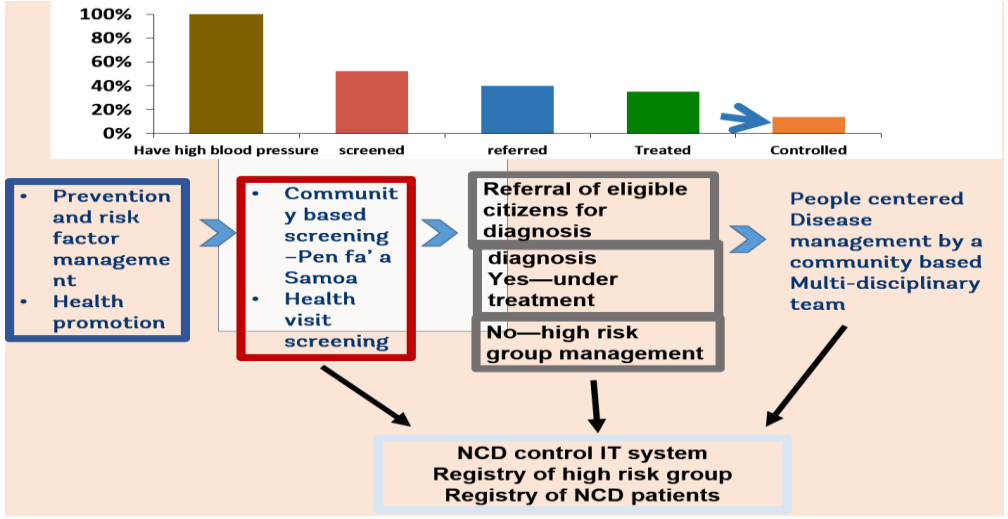
ONGOING WORK

Tonga

Tonga Tobacco Tax study

Samoa

- NCD costing study
- Hypertension Control Cascade Study
- WB Project—Samoa Health system Strengthening for NCD control



Regional

Regional Study on Strengthening Service Delivery Systems

Health Financing Systems Assessment

Thank you! Questions?