Health systems and the polypill

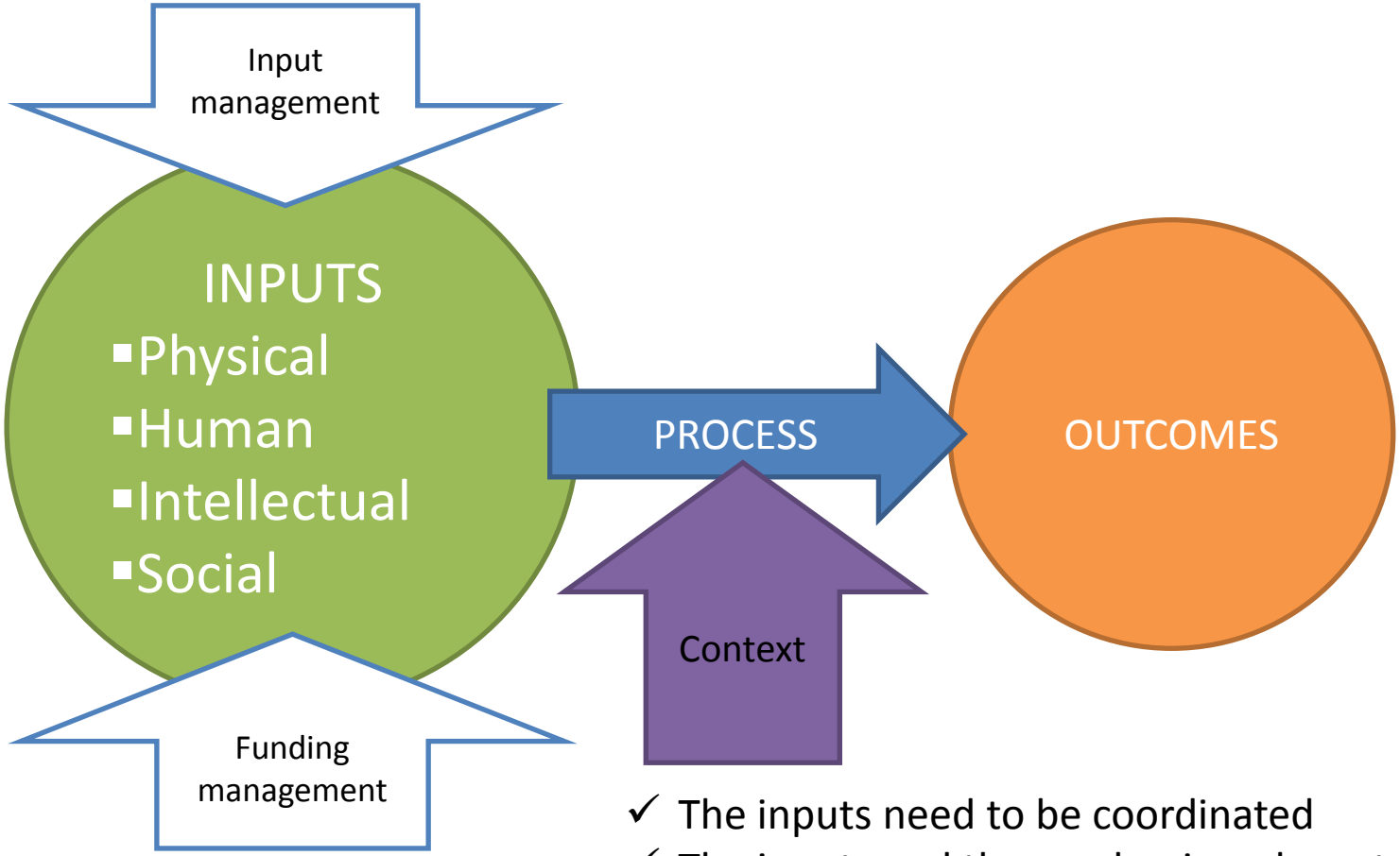
Martin McKee

(with Helena Legido-Quigley and Dina Balabanova)

London School of Hygiene and Tropical Medicine/

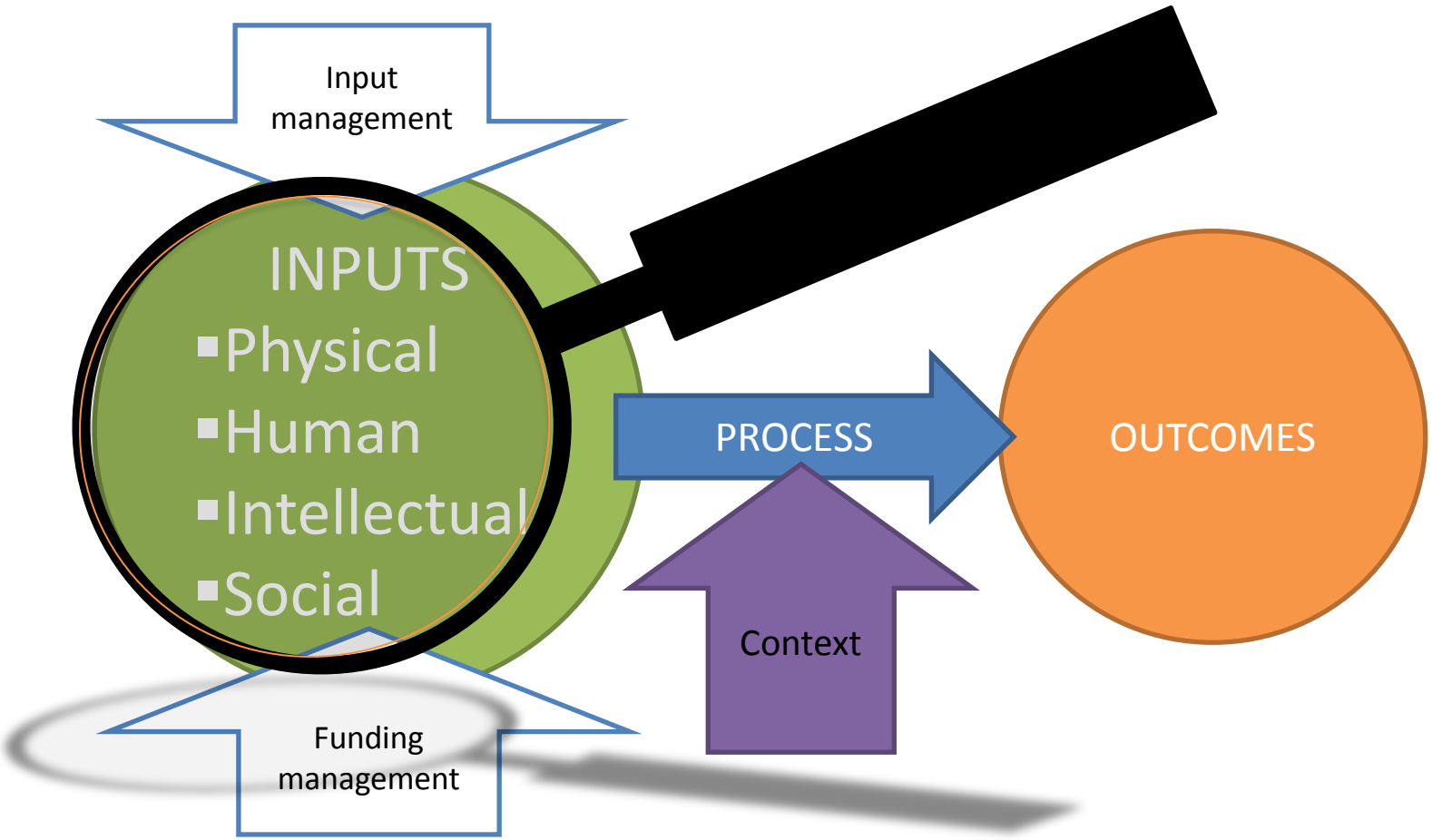
European Observatory on Health Systems and Policies

Prerequisites for effective care: health systems inputs



- ✓ The inputs need to be coordinated
- ✓ The inputs and the mechanisms have to be adapted to the context

Prerequisites for effective care: health systems inputs



Physical resources

- The polypill
  - Availability
    - Licensing
    - Prescription only or over-the-counter
  - Distribution
    - Wholesale/ retail pharmaceutical system
    - Stock-outs
  - Regulation
    - Prevention of counterfeit medicines
  - Marketing of competing products
    - Payments/ other financial incentives/ corruption
  - Pricing
    - Inclusion in benefit package
    - Mark ups (often 3 x or more international prices)

Physical resources

- Facilities
  - Accessibility
    - Clinics/ pharmacies
    - Distances/ travel times
    - Opening hours
  - Equipment
    - Sphygmomanometers
    - Other tests (urine glucose/ protein/ lab tests)

Human resources

- Physicians
  - Knowledge, attitudes, practice in relation to hypertension
  - Acceptability of polypill concept
- Nurses/ non-physician health workers
  - Skills
  - Ability to prescribe
- Patients
  - Knowledge, attitudes, practice in relation to hypertension
  - Acceptability of polypill concept

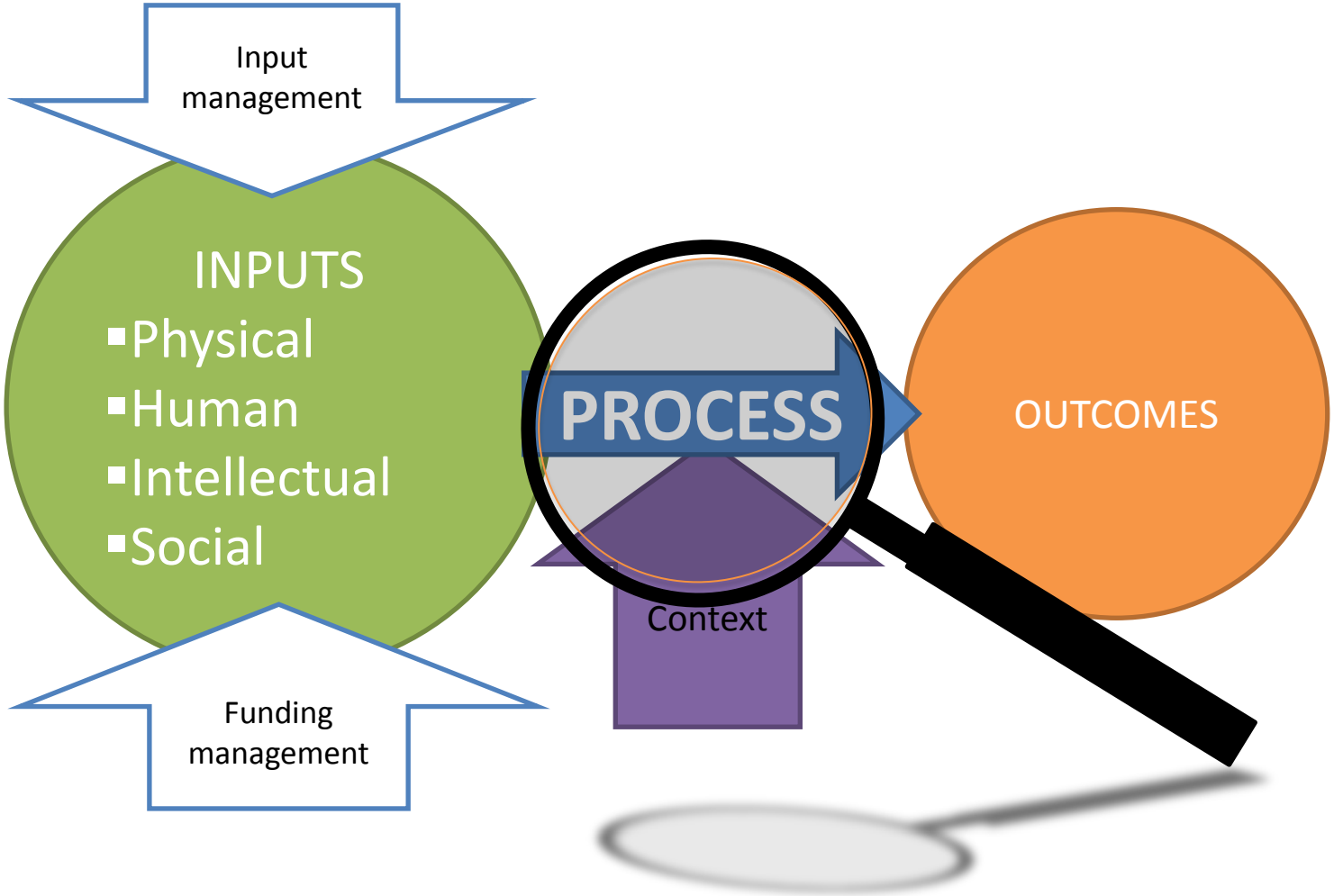
Intellectual resources

- (Evidence-based) guidelines
- Protocols
  - Feasible
  - Simple
- Understanding of the importance of treating hypertension
- Intellectual property issues

Social resources

- Referral/ support systems
  - How do those with complications get appropriate treatment?
- Patient issues
  - Affordability
  - Stigma

Prerequisites for effective care: health systems inputs



Process

- Customers - beneficiaries of the system
- Actors - who carry out, or cause to be carried out, the transformation
- Transformation process - the means by which defined inputs are transformed into defined outputs
- Weltanschauung -the vision of the world assumed for the system to function
- Ownership of the system - someone with prime concern for it and the power to cause it to cease to exist
- Environmental constraints - in the environment (geography, national wealth) or related systems (educational, legal, governmental, financial)

System diagnosis

- Multi-method evaluation
  - Documentary analysis
  - Semi-structured interviews
  - Focus group discussions
  - Natural observation

Selection of sites

- Purposive but pragmatic sampling
- Include:
  - Region with poor health outcomes (mortality with CVD or else, high rate of complications, coma, mortality from complications, etc.)
  - Region where people experience major access issues (either remote locations, high proportion of rural population, high level of poverty, economically worse off etc.)
  - Region with poorly performing health system – less government investment, worse infrastructure, higher turnover of medical staff.
- Feasibility: in terms of transport costs and local contacts.

Documentary analysis

- Laws:
  - drug approval and licensing
  - prescribing
  - professional regulation
  - Health care financing
  - Essential drugs procedures
- Regulations
  - Lists of essential drugs
- Policies
  - National CVD plan etc.
- Guidelines
  - Clinical practice guidelines
  - Referral guidelines

- Statistics on:
  - Mortality (e.g. from stroke)
  - Surveys of hypertension and its control, if existing
  - Drug sales
  - Facility surveys

Semi-structured interviews

- Sampling
  - Purposive, informed by documentary analysis
  - Snowball, starting from purposive sample
- Supplement by focus groups and natural observation

- Categories
  - Officials, professional leaders etc.
  - Health care providers
  - Patients, starting with those attending facilities but extending to those getting no or intermittent care

Guiding principles for patient interviews

- Take patient perspective and follow the patient as they move through the health system
- Triangulate and ‘put all the pieces together’
    - Compare data by source of information: patient, providers, managers
    - Compare data by method
- Start broadly, identifying a range of problems then gradually narrow down to the key obstacles
- Look for unintended consequences of policies and procedures

Hypertension in Colombia: The rhetoric and the reality

- Free treatment
- Wide availability of Insurers
- All insurers provide the same treatment

- Failure of supply system meant that people do not access treatment
- Fragmented system with people falling through gaps
- No access to pharmacies
- INEQUALITIES depending on your possibilities of paying for a better insurance.
- The poor don’t have access to appropriate treatment

Physical resources

- Erratic availability of drugs
- No community pharmacies a major constraint
- Patients stop looking for drugs when they realise they are unavailable
- Access is a major problem as they have to pay for transport and most pharmacies are far away
- Some patients bought alternative medicines
- Major problems with accessing secondary care
- Fragmentation of the heath care system
- The patient gets lost, the health care professionals do not communicate
- The patient does not return as s/he does no think their condition is important.

Physical resources

- *“Patients are not well educated, they don’t have symptoms, they do not know it is a chronic condition, they don’t come back to the pharmacy, medicines are not available, they never come back. The problems is the socioeconomic status of patients, they don’t have money for transport. And they have to travel long distances. The other problems is that we don’t have a network of pharmacies, or community pharmacies...”*

  (Pharmacist)

Knowledge resources

- In general doctors understand the treatment of hypertension
- Doctors do not understand properly why patients do not adhere to treatment.

Knowledge resources: health professionals

“Patients find it very difficult to adhere to treatment. Unfortunately we don’t have a “ Vade Mecum” . We are giving them too many pills, three or four, and if they don’t have someone in the family to help them, this becomes very difficult. If we put more resources into it, it would be better. But the problem is the corruption...”

Doctor

Social resources

"The problem is the diet, poverty promotes obesity, people used to work in the fields, but now they moved to the cities because of violence, insecurity, and they continue eating unhealthy diets and not doing exercise."

Doctor

"We have a culture or not eating properly. We have learnt from our parents, this is a huge hurdle, our food is full of carbohydrates!! There are very few patients that manage to change their diet."

Doctor

Social resources

“ I ask the patient, what condition or illnesses do you have?”

He answers, “none”... then I insist, and then they say “I am hypertensive, I take this and this”. They don’t care, there is so much carelessness, in general as a society...

Doctor

Patient's Experiences

"There is no thorough treatment, the insurer thinks that it is not serious...I have pain in the arm, my head is hurting, they look at my pressure, they give me syrup, that's it! They can't give you what you need, they can't prescribe, I am lucky that the doctor likes me ...otherwise"

(Patient)

"I asked for what I needed, and the doctor said "I can give you two things", but the rest you have to buy, do you know how much they cost? 2800 [suggesting it is expensive]..."

(Patient)

Patient's Experiences

I: And one last question: do you think the situation is going to improve?

P1: Hospitals don't have beds...the government takes everything from the people...

P2: They should give good medication, you never get good drugs, we lived better before.

I1: Do you have the impression that everybody gets the same health care in Colombia?

All: NOOOOOOOOOOOO

P3: The one that pays less, gets worse healthcare

P2: The poor people cannot pay, we are not all at the same level...

P4: Health is not the same for everybody.

(Focus Group)