



HEARTS IN THE AMERICAS

Regional Workshop

Punta Cana, Dominican Republic
May 14-17, 2019





HEARTS

IN THE AMERICAS Regional Workshop

HEARTS in the Americas

A Strategic approach to improving the CVD management in
Primary Health Care

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PAHO/WHO

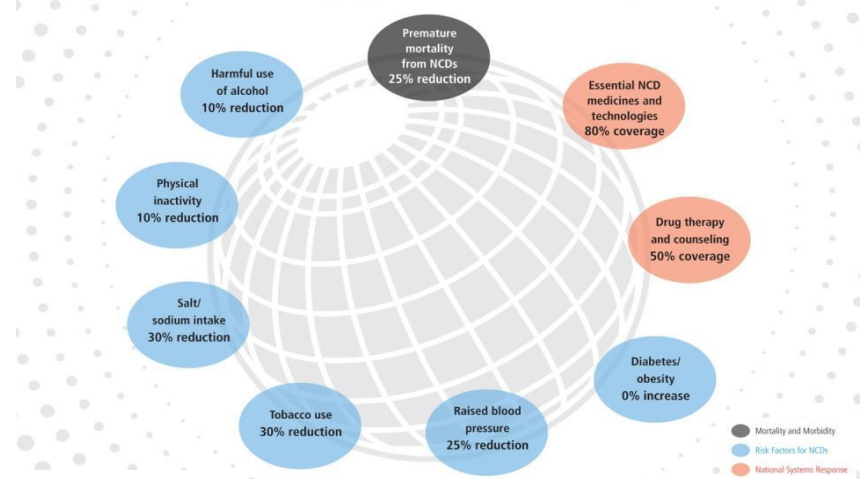
HEARTS in the Americas



Agendas: Political timing and targets

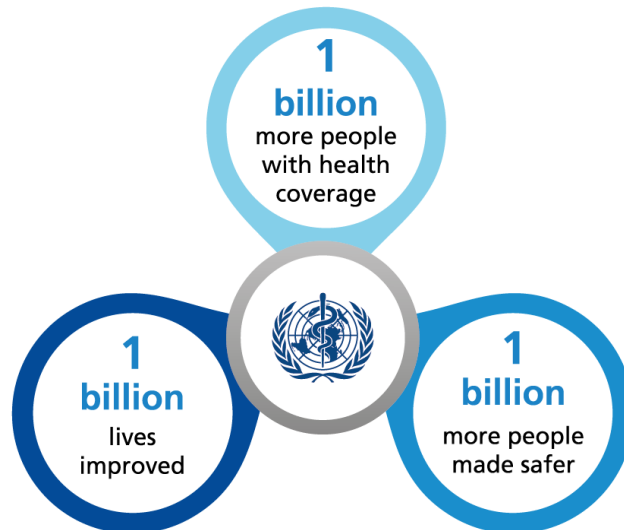


Set of 9 voluntary global NCD targets for 2025



Target 3.4

1/3 reduction in premature mortality from NCDs



13th WHO General Program of Work

Target 18
20%

relative reduction in premature mortality from NCDs through prevention and treatment

Target 28
20%

relative reduction in prevalence of raised blood pressure

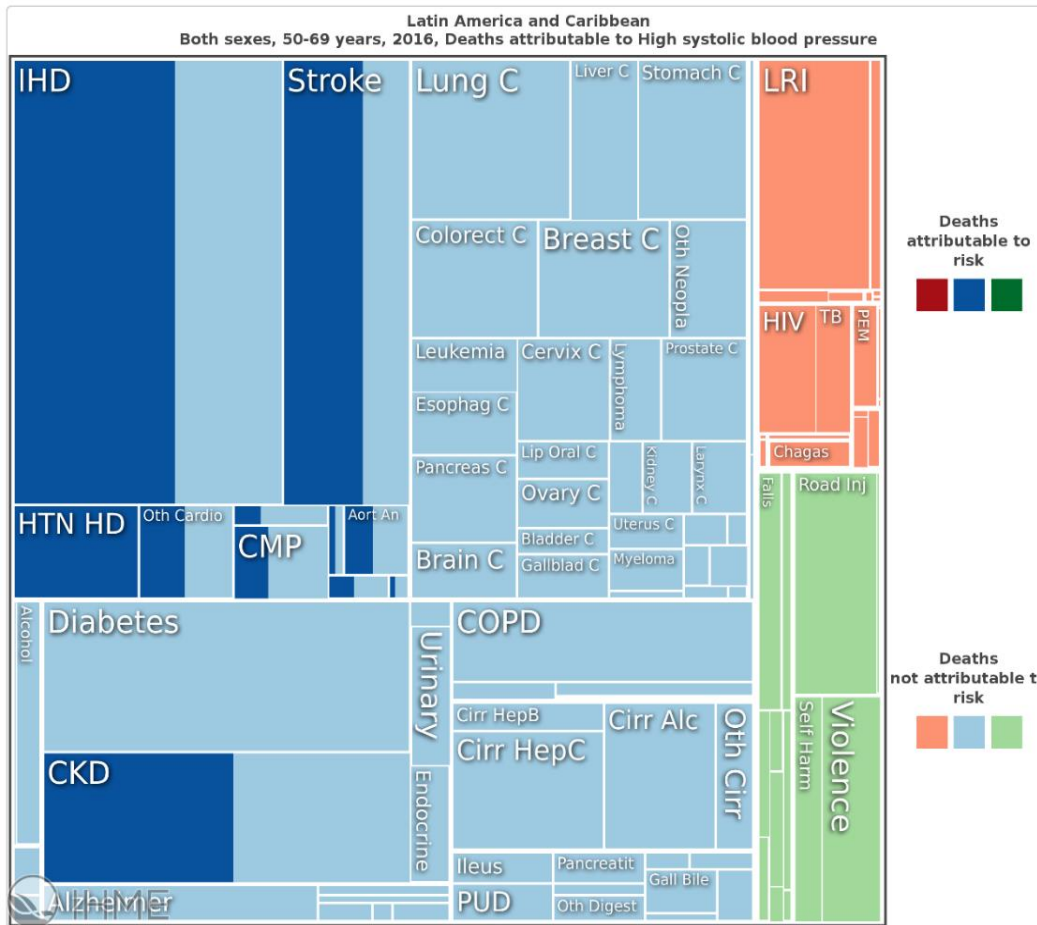
Step 1. Decomposing the Problem into Smaller Pieces

CVD & NCD. Size of the problem in the Americas

Rank	Main causes NCDs	ASYR	% of change 2000-2015
1	Isquemic Heart Diseases	1,720.2	- 32.5
2	Stroke	723.7	- 35.7
3	Diabetes Mellitus	668.4	- 2.7
4	Trachea, bronchus and lung cancer	513.9	- 27.8
5	COPD	503.3	- 19.6

Step 2. Identify the key/common factor behind this problem

Deaths attributable to High Blood Pressure. GBD 2016



Hypertension

50 – 69 years

- 60.1% of all IHD.
- 63.7% of all stroke

Step 3. Defining what are the challenges

Hypertension

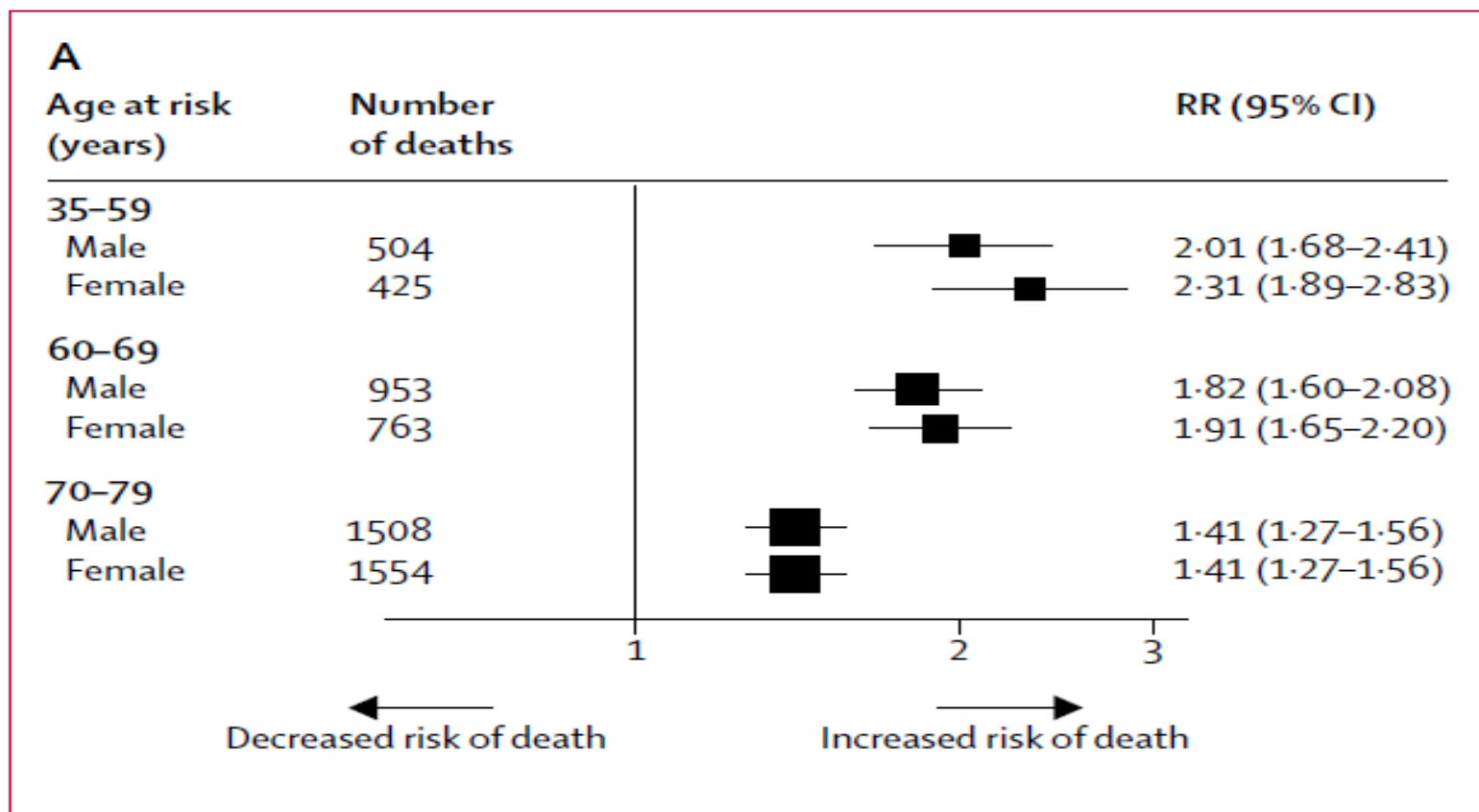
Percent

	HIC	UMIC	LMIC	LIC
Prevalence	41%	50%	40%	32%
Awareness	49%	52%	44%	41%
Treatment	47%	48%	37%	32%
Control	19%	16%	10%	13%

Chow C PURE study JAMA 2013



RRs for deaths in people with uncontrolled hypertension and cardiovascular mortality in Cuba for 2015

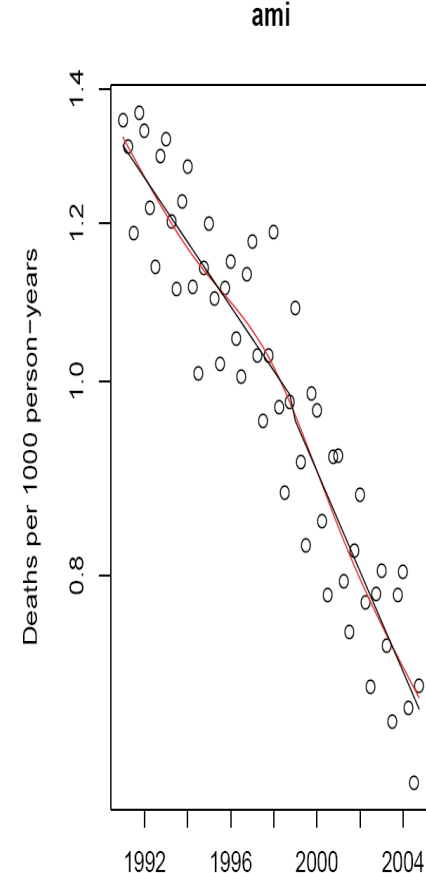
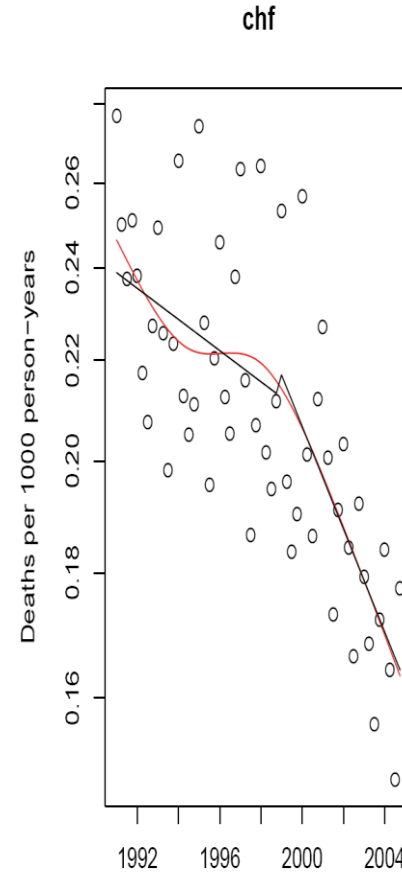
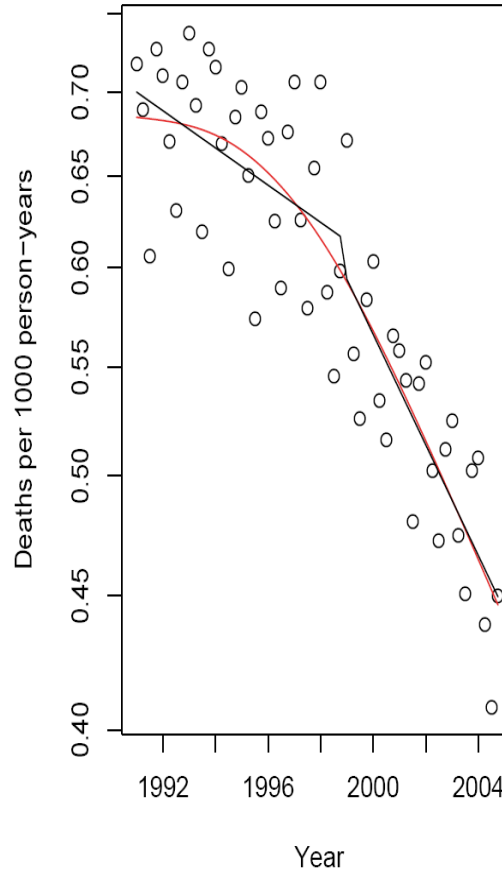
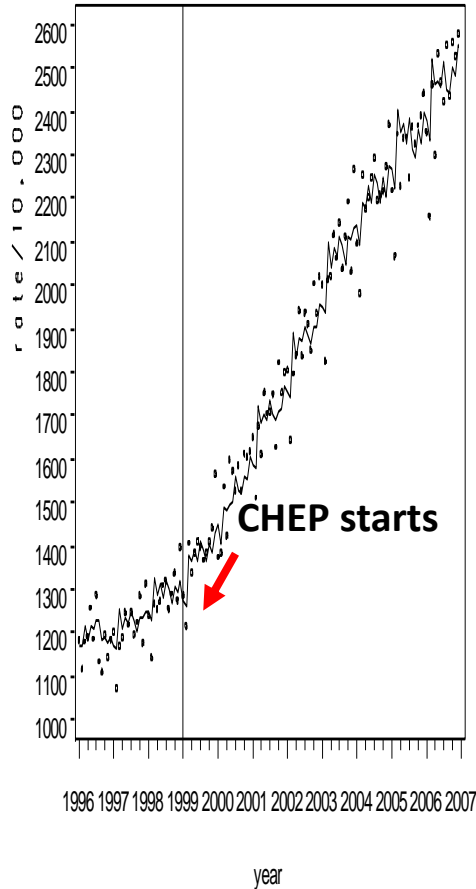


Premise of HEARTS interventions

The scaling of a successful and an innovative hypertension control program should lead to a significant reduction of the CVD burden including morbidity, mortality and disabilities

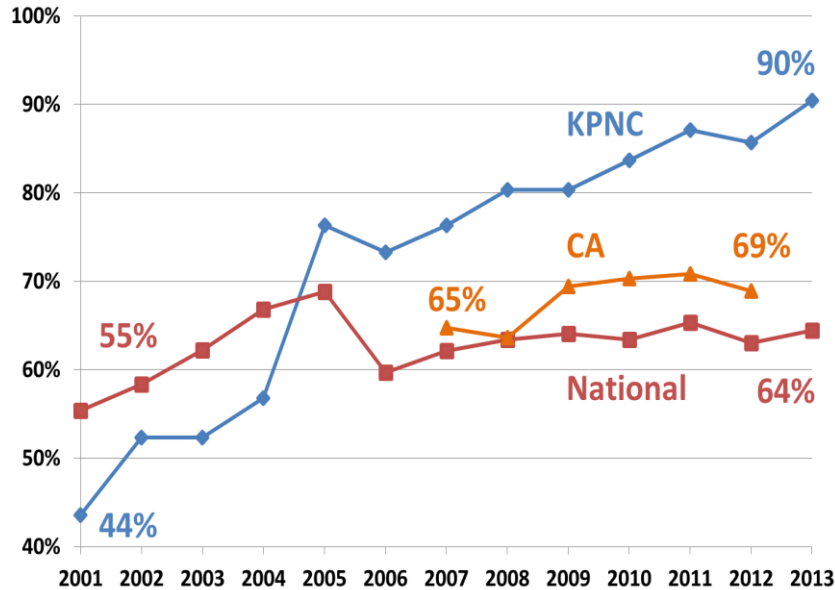
Canadian Hypertension

Education Program

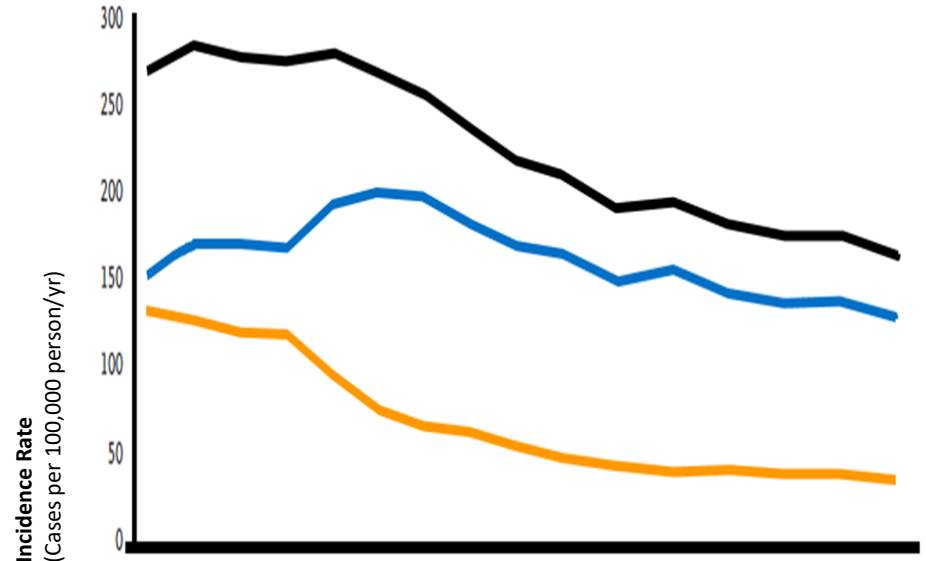


Outcome indicators on Hypertension Control

KPNC vs. National and California HTN Control



Falling Heart Attack Rates 1999-2014 - KPNC



Courtesy of M Jaffe
 Yeh RW. Engl J Med 2010;362:2155-165.
 Solomon MD. J Am Coll Cardiol. 2016;68(6):666-668.

Secondary prevention: Treatment cascade

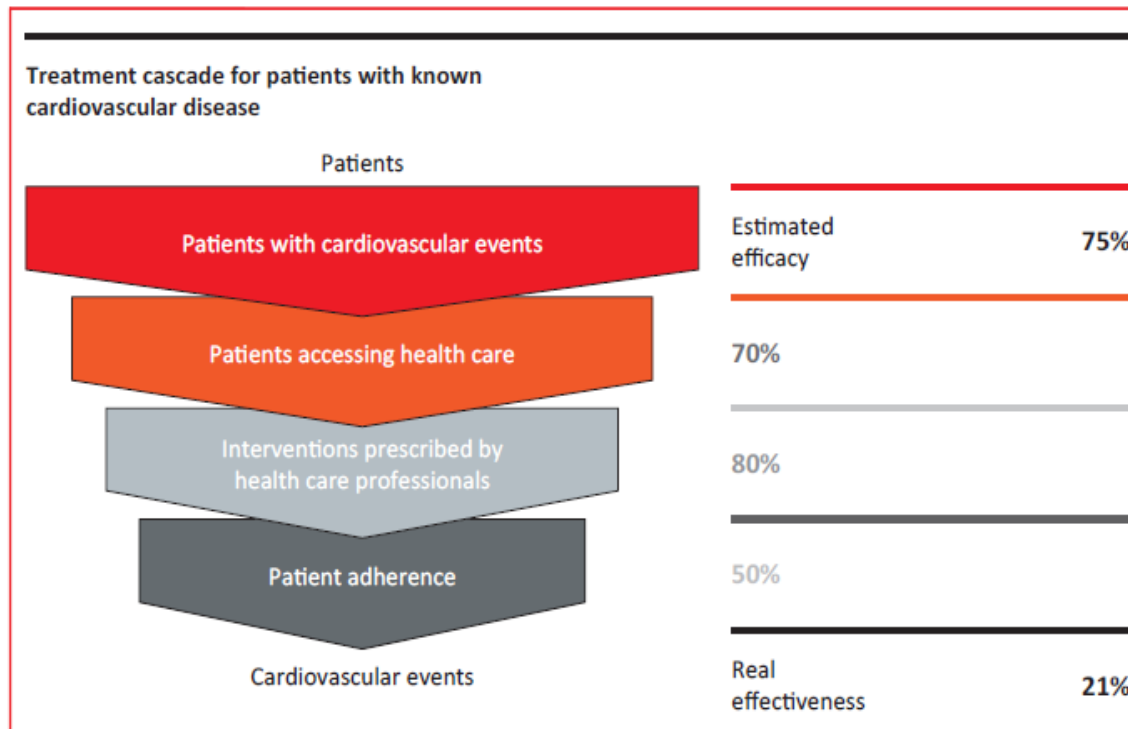


FIGURE 2. Four proven secondary prevention medications*: from efficacy to effectiveness Estimated efficacy of multi-drug therapy in preventing recurrent cardiovascular events [1]; other proportions are theoretical scenarios for illustration. *Statin, aspirin and ≥ 1 blood pressure-lowering agent.

Step 4. The 80/20 rule.

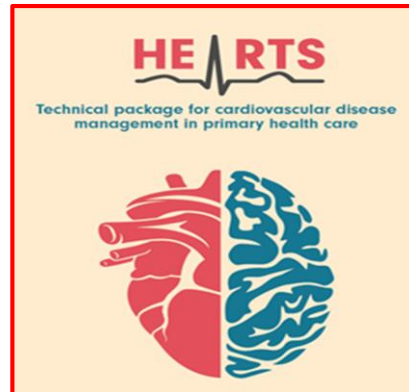
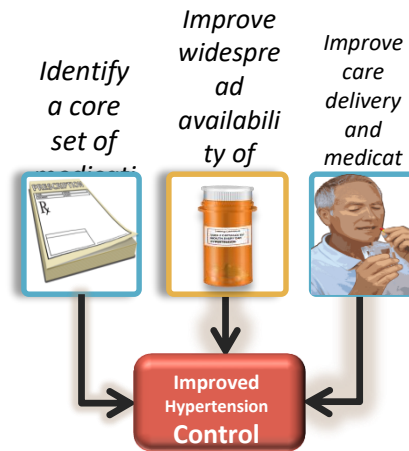
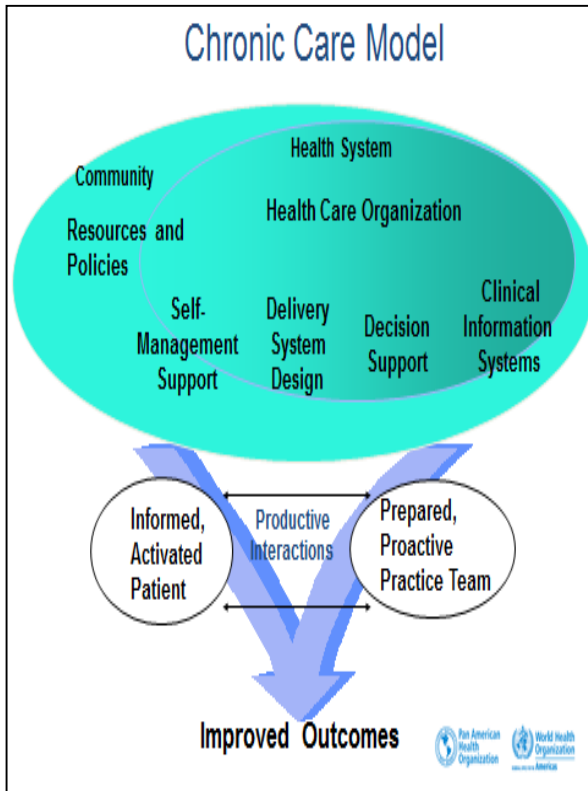
Number (%) of Major All CVD for Different Sub-Groups in PURE (n=152,609)

Baseline Condition	Total no. with Condition (%)	Follow-up Major CVD N = 3,488 (2.23 %)
Prior CVD	7,743 (5.1)	673 (19.3)
Hypert (History or 140/90)	62,034(40.7)	2,317 (66.4)
Current Smoker	31,397 (20.6)	1,021 (29.4)
CVD, HTN or Smoker	84,078 (55)	2,822 (80.9)
Diabetes(History or FPG >7mmol)	16,071(10.5)	905 (26.0)
CVD, HTN, Smoker or Diabetes	88,326 (57.9)	2,929 (84.0)

Hypertension, the integrative piece to CVD care at PHC


Step 5. Define simple, essential and integrated interventions.

HEARTS in the Americas



- Healthy lifestyle**
Counsel on tobacco cessation, diet, harmful use of alcohol, physical activity and self-care
- Evidence-based treatment protocols**
Simple and standardized protocols
- Access to medicines and technologies**
Access to a core set of affordable medicine and basic technology
- Risk-based management**
Total cardiovascular risk assessment, treatment and referral
- Team-based care and task sharing**
Patient-centered care through a team approach and community participation
- Systems for monitoring**
Patient registries and program evaluation

Cascade of treatment to improve control hypertension promoted by HEARTS

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- Detection/Diagnosis of persons with hypertension
 - Treatment among detected with hypertension
 - Control among treated

Key Elements of a Successful HTN Program

Element	Description
Hypertension Registry	Validated and comprehensive
Clinic Level Performance Feedback	Facilitates operational and system level change, transparent & visible
Treatment Algorithm	Based on evidence-based guidelines, simple & implementable
Medical assistant visits for BP measurement	Appropriate use of staff skills and reduced barriers to patients
Single Pill Combination Therapy	Increased efficiency and increased adherence

HEARTS in the Americas

An initiative of the countries

- It is an initiative of the countries, led by the MoH with the participation of local actors with the technical cooperation of PAHO and international partners,
- It seeks to integrate smoothly and progressively to already existing health delivery services to promote the implementation of chronic care model and the adoption of global best practices in the P & C of CVD,
- And to improve the performance of the services through better control of Hypertension and promotion of 2ry prevention with emphasis on the PHC.

HEARTS is the Americas: from Demonstration Projects to the Adoption of new practices

First Cohort 2016

- Barbados
- Colombia
- Chile
- Cuba

3rd Cohort 2019

- Dominican Republic
- S Lucia
- Peru

2nd Cohort 2018

- Argentina
- Ecuador
- Panama
- Trinidad & Tobago

Candidates

- Mexico
- Jamaica





Thank you

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No industry relationship to disclosure