

NCD early detection and periodic
health examination in at-risk
patients
Roadmap

20th of January, 2017



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THE EU-HF project on NCD and quality management at grassroots level

- Producing a tool to increase NCD early diagnosis at grassroots level, with a focus on communal health stations
- Developing a tool to implement periodic health examination in at-risk persons accessing grassroots level facilities
- Developing the outlines of a quality management system for communal health stations



Leaders and partners

- Under the direction of the MSA
- Managed by the European Union Health Facility
- Financed by the European Union Delegation
- Developed in conjunction with leading clinical care facilities from Hanoi



Spirit

- A progressive development with high level of participation and validation from Vietnamese clinical experts
- With a final validation from the MSA's technical review board.

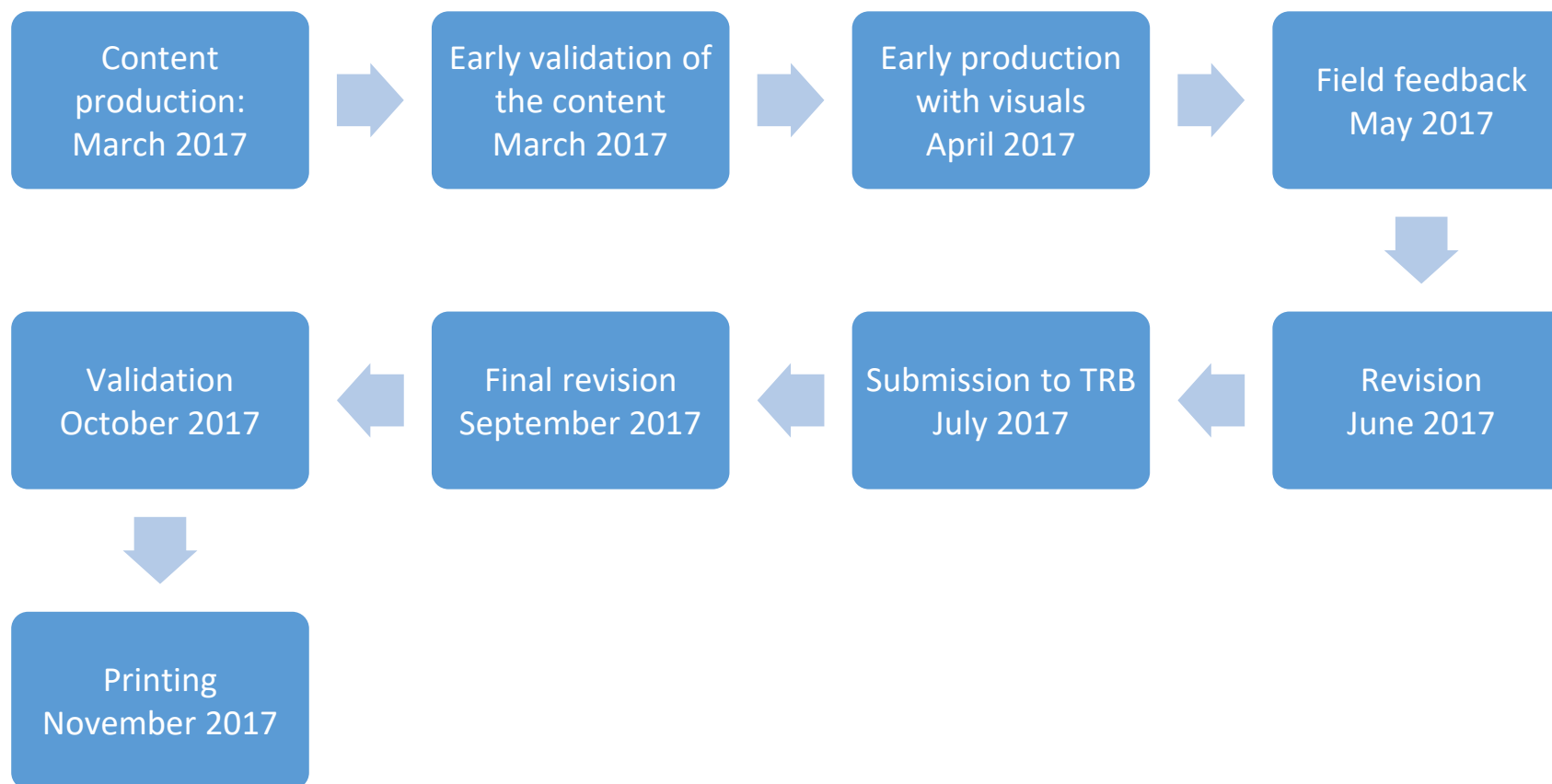


NCD early detection and periodic health examination

- Boosting capacities at grassroots level to improve patients detection and referral to higher level
- Implementing a medical record and follow-up practices to improve the quality of management of at-risk patients:
 - Age
 - Gender
 - Medical history, including family history, weight, co-morbidity, nutrition profile
 - Exposure to dangerous agents (such as pesticides)



Timeline for NCD related material

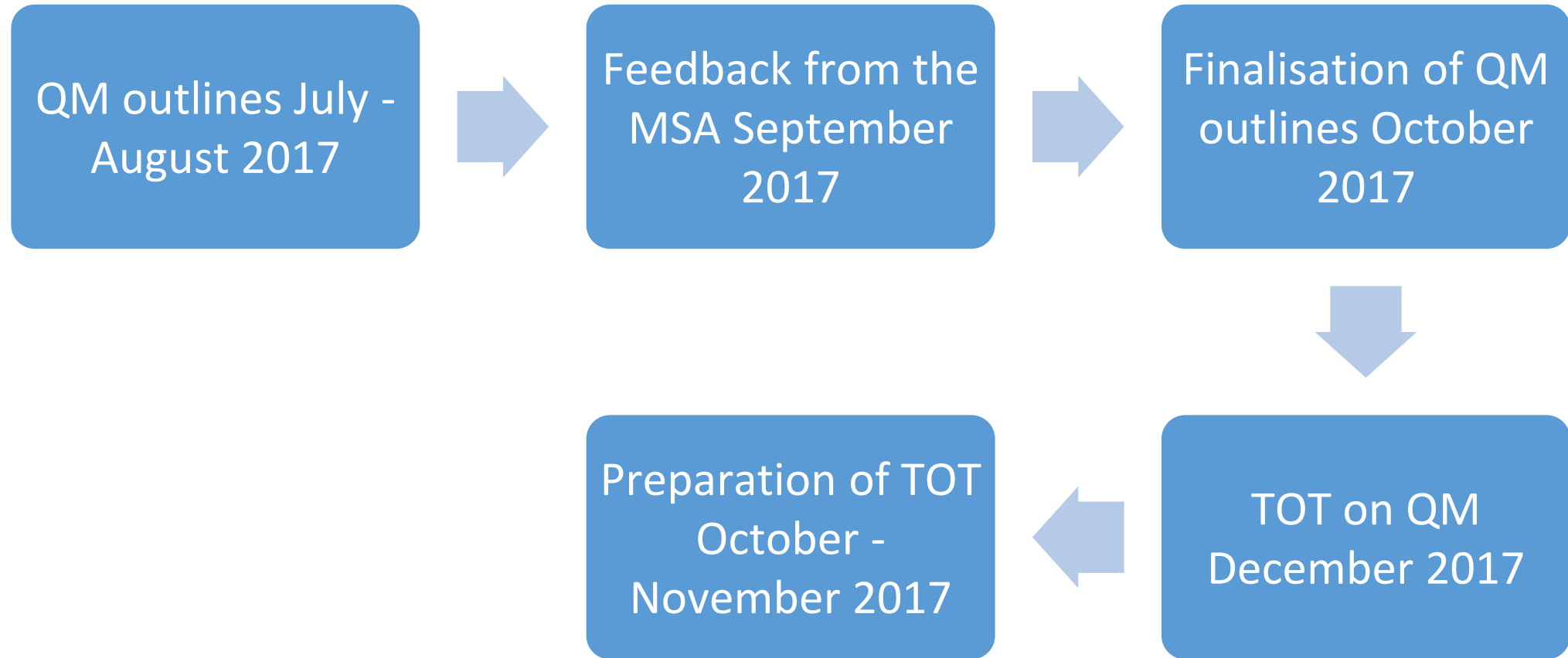


Designing quality management criteria

- Drawing from the current implementation of QM criteria at hospital level
- Encompassing all 3 aspects of quality:
 - Inputs
 - Processes
 - Outcomes



Schedule for QM



Contextual analysis

Where we start from



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A growing burden

- 70% of the global burden of disease in Vietnam
- Continuous changes in Vietnamese population habits:
 - Change in physical activity level
 - Change in the nutrition profile
 - Ageing population
- Contributing to increased costs for the Vietnamese health care system



A wide network of grassroots facilities

- 11,000 communal health stations nationwide
- Wide distribution, with no geographic gap
- Close to any population of the country



An objective of developing family medicine

- Although in its early stage, the MoH is prioritizing the development of a real family medicine system in Vietnam
- The grassroots level will be foundational in this effort
- Despite a great recourse to hospitals by the Vietnamese public to seek ambulatory care



But low diagnostic capacities

- Sites visits and a recent survey from the World Bank are pointing to challenges in grassroots facilities:
 - Low time spent per patient (no more than 5 minutes on average)
 - No medical record
 - Low diagnosis capacities
 - Low prescription capacities
 - High level of tests prescription, certainly more than necessary



And no continuous medical education yet

- Few mechanisms to support medical staff at communal health stations level
- No formal clinical mentoring
- No feedback after referral
- No continuous medical education nor certification of medical staff after medical school
- Heterogeneous initial medical education



The proposed way forward: a visual handbook for primary care professionals

Being pragmatic



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Urgent need to shore up capacities at grassroots level

- Practical
- Visual
- All necessary elements to come to a diagnosis
- All elements to lead a medical consultation



Practical content

- Stating clearly the steps of a medical consultation
- Maximising the use of visual information
- Presenting minimal epidemiology with respect to local catchment area
- Risk factors and periodic health examination recommendation
- Diagnosis points and pathways
- When applicable: emergency identification
- Spin-off product for nurses and CHW



Technical references

- WHO PEN package for essential conditions
- Some international guidelines from the Canadian task force and the British NHS
- And some documents and decisions from the MoH
- And as a final material: recommendations from you and the technical review board



Example from the international literature

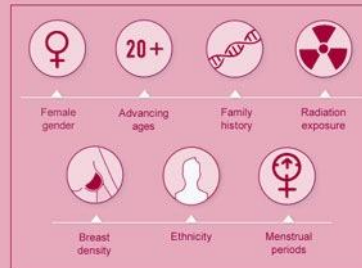
BREAST CANCER

Breast cancer is a malignant growth that begins in the tissues of the breast. It is the second most common cancer among American women. About 1 in 8 women in the US will develop invasive breast cancer during their lifetime.

The most common types of breast cancer are: Invasive Carcinoma, Ductal Carcinoma in Situ, Infiltrating Lobular Carcinoma and Lobular Carcinoma in Situ.

RISK FACTORS

Although some women who have one or more risk factors may never develop breast cancer, we can use the knowledge of these risk factors to target higher-risk women with increased breast surveillance and breast cancer prevention strategies.

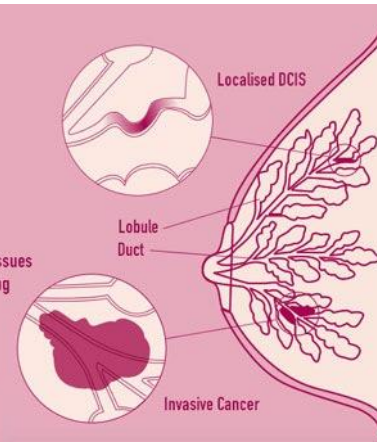


ALWAYS PAY ATTENTION TO YOUR BODY.

PREVENTION

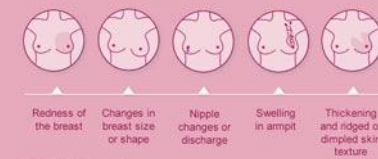
The best time to check your breasts is about a week after your period ends. It's important you check at the same time every month.

- STEP 1** Lie down on your back with one hand behind your head. Use the pads of your three middle fingers from your opposite hand to examine each breast.
- STEP 2** Move your three fingers in dime-sized circles. Do three circles in one spot, starting with light pressure, then medium and lastly use deeper pressure. Then "walk" your fingers to the next area - do not lift your fingers off your breast.
- STEP 3** Starting at your breast bone, work your way down your breast and back up in dime-sized circles. Spend extra time in the armpit.
- STEP 4** Gently squeeze each nipple and look for discharge or pain.
- STEP 5** Call your doctor if you notice anything abnormal.



SYMPTOMS

Breast cancer carries the most common indicator being a lump in the breast tissue. The earlier the cancer is caught, the less likely it will spread to other parts of the body.



TREATMENT

Breast cancer is treated in several ways. It depends on the kind of breast cancer and how far it has spread. Breast cancer fighters often receive more than one kind of treatment.

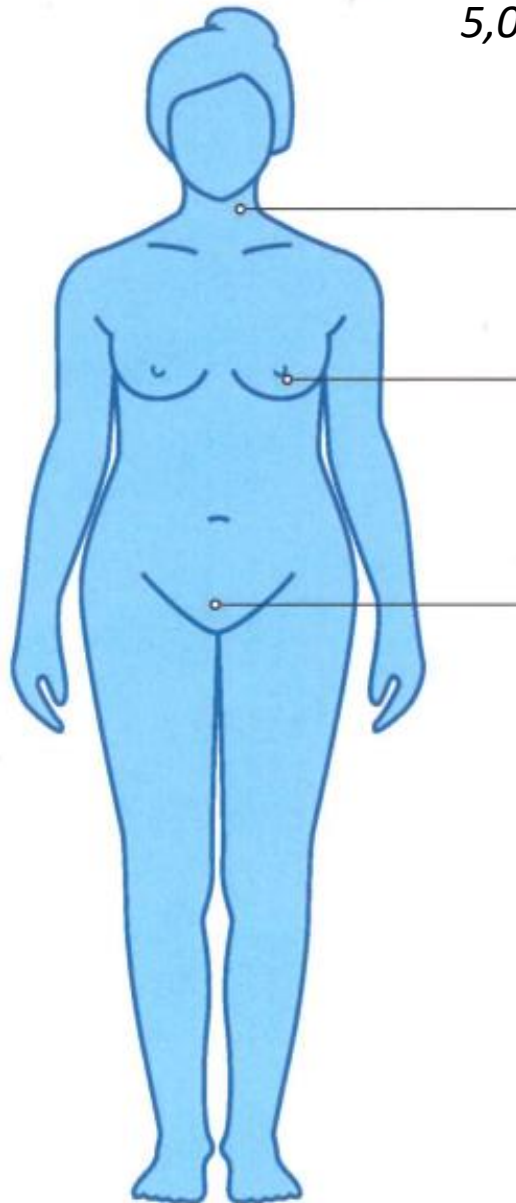
CONVENTIONAL METHODS



COMPLEMENTARY THERAPIES



Morbidity in No. of people per 5,000



Stethoscope

Carotid auscultation



Heart

Heart auscultation



Microscope

cervical screening test



Weighing scale

Weight loss



Stethoscope

Full description of the symptom and how to find it



Heart

Full description of the symptom and how to find it



Microscope

Full description of the symptom and how to find it

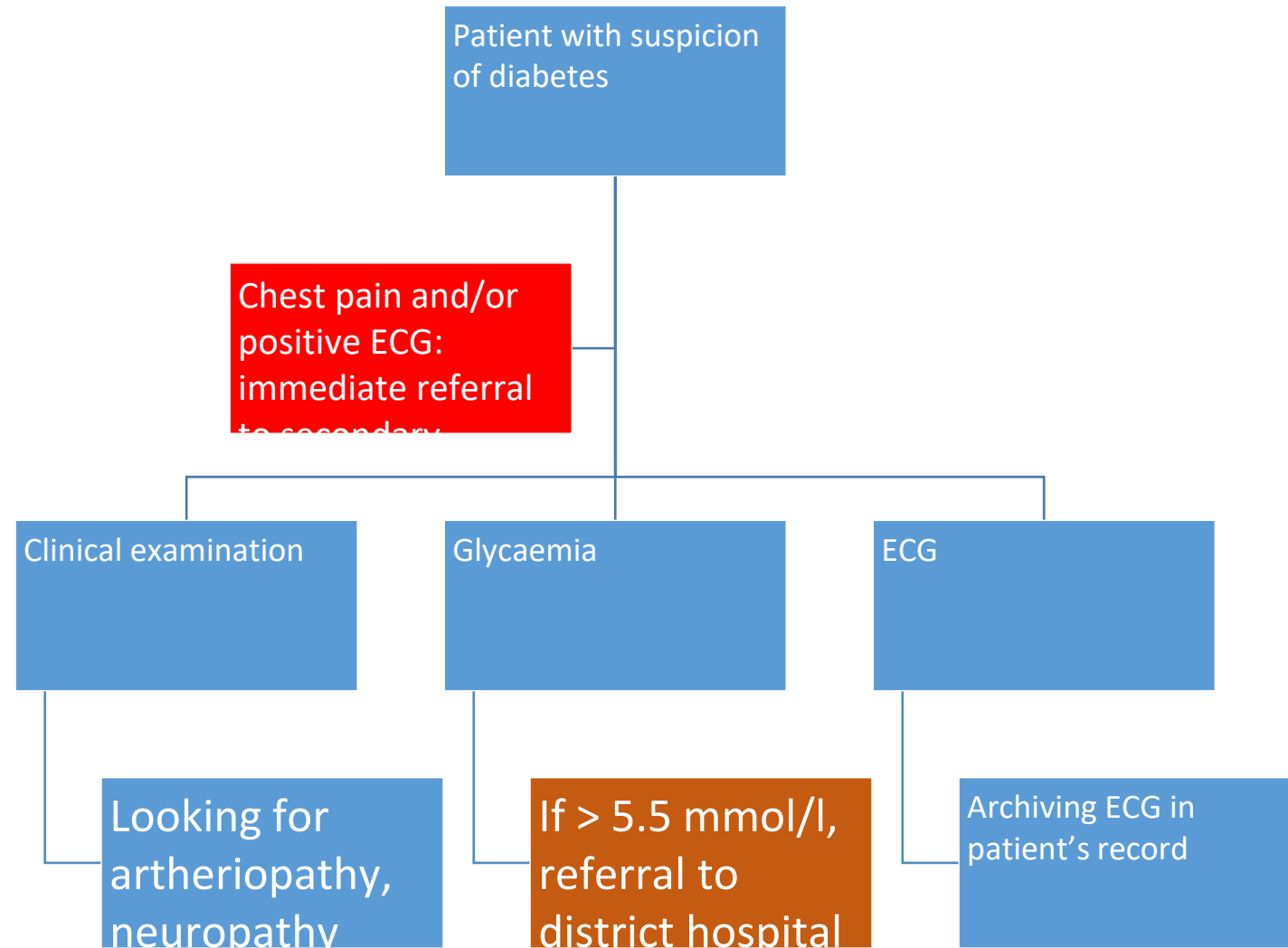


Weighing scale

Full description of the symptom and how to find it



Clinical pathways



Group sessions

collecting your recommendations



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3 sub-groups

- Heart and diabetes
- cancers
- Mental health



Key questions

- What symptoms and lab exams to integrate in the handbook to lead primary care professionals?
- Based on key risk-factors, for each condition, which signs to identify to recommend a periodic health examination and how often?
- What to integrate on the medical record to improve patient's follow-up?
- Can we give a restricted information summary to a patient when s/he is recommended a periodic health examination?



List of conditions

- Group 1:
 - Diabetes, high blood pressure, COPD
- Group 2:
 - Cancers in women (breast and cervical)
 - cancers in men (prostatic and mouth)
 - colo-rectal cancers
- Group 3:
 - Mental Health (with a sub-question: what conditions can be identified at grassroots level?)

