CARdiovascular Disease: Identification of Obstacles to MAXimize secondary Prevention Policy and Strategies

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Background

• Cardiovascular disease (CVD): coronary, cerebrovascular or peripheral arterial disease, or heart failure

• Secondary prevention (SP): risk reduction by lifestyle strategies (tobacco cessation, diet, physical activity) and drugs (aspirin, beta-blockers, ACE-inhibitors, statins)

• SP strategies for CVD have proven efficacy, however utilisation is suboptimal in all countries
Rationale

• Policy approaches and legislative changes may be efficient means to overcome barriers to SP uptake for CVD
Aims

Primary aims

• To identify obstacles to the uptake of SP for CVD:
  Project A: systematic review and scoping review
  Project B: landscaping at administrative unit level and situational analysis
• To estimate economic costs of obstacles to SP and potential economic benefits of overcoming obstacles
• To prepare policy brief to inform policymakers and raise awareness

Secondary aim

• To establish the role of the lay health workers in overcoming the obstacles identified in primary aim 1
Methods (1)

- Study settings
  - Health administrative units of the chosen countries
- Stakeholders
- Policymakers
- Health system workers
- Healthcare professionals
- Patients and caregivers
- Other stakeholders
Methods (2)

• Mixed methods
  – Quantitative- systematic review [+ scoping review]
  – Qualitative – Key informant interviews, focus group discussions, Delphi

• Economic Analysis

• Policy brief preparation
<table>
<thead>
<tr>
<th>Stakeholder group</th>
<th>Qualitative approach</th>
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<tr>
<td>Policymakers</td>
<td>key informant interviews</td>
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<td>Health system workers (e.g. hospital administrators, ministry of health bureaucrats)</td>
<td>key informant interviews</td>
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<td>Healthcare professionals (e.g. doctors, nurses, ancillary professionals)</td>
<td>focus group discussions and Delphi methods</td>
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<td>Patients and caregivers</td>
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<td>Other stakeholders (e.g. private sector, pharmaceutical and device industry, NGOs, civil societies)</td>
<td>focus group discussions and Delphi methods</td>
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Methods (3)

• Sampling
• Statistical analysis
Vanguard phase/feasibility

• Evaluated in two countries initially in the vanguard phase- India (Delhi) and Canada (Ontario).

• Refining of study protocol and then roll-out to ≥10 countries of differing income
Budget ($40 000)

- **Personnel**: 2 qualitative RAs in India (fte 1.0) and Canada (fte 0.5 for 6 months) (~$30000 subtotal)
- **Travel**: Travel costs of participants ($1000 subtotal).
- **Overheads**: Institutional costs ($5000 total)
- **Equipment**: Digital recorder and laptop per country ($4000 total)
Dissemination plan

• Peer-reviewed publication of systematic review(s) and methodology
• Context-specific policy briefs and full reports
• Pro-active engagement with media
• Use existing knowledge networks and the World Heart Federation
Limitations

- Generalisability within country
- Prioritisation of barriers
Future plans

• Development of tools to advise evidence-informed policy
• Roll-out of programme to more countries
• Quantitative analysis
• Trials of evidence-based strategies developed from hypotheses generated by the present study
• Full cost-effectiveness analysis