PAIR
Patient Academy
for Innovation & Research

Round Table Discussion with Members of Parliament

Patient Academy for Innovation and Research (PAIR)

Exclusive Summary

Hypertension, commonly referred to as high blood pressure, is a significant public health concern in India. The Indian context of hypertension is influenced by a combination of factors including lifestyle changes, genetic predisposition, urbanization, dietary habits, socio-economic status, and healthcare infrastructure. Hypertension is a widespread health issue in India, affecting a large proportion of the population. According to various studies and surveys, the prevalence of hypertension in India varies, but it is estimated that around one-third of adults in urban areas and one-fourth in rural areas have hypertension. Urbanization and changes in lifestyle, including sedentary behavior, increased consumption of processed foods, high salt intake, and reduced physical activity, have contributed to the rising prevalence of hypertension. Urban areas have witnessed a higher incidence due to the adoption of Westernized lifestyles. Genetic factors play a role in hypertension.

Overall Goal

Strengthen the patient voices and patient leaders and build a national network of hypertension advocates from stroke and CVD survivors and caregivers.

Objectives

- Demand generation for prioritization of hypertension through sensitization and mobilization of patient groups
- 2 national level roundtables with policymakers and other influencers to present a patient demand charter and table voices of patients who are diagnosed as hypertensive or have faced a cardiovascular health crisis, or family impacted by the health catastrophe.
- Embed patient voices with professional networks – table their voices.

The Indian context of hypertension presents a complex and multifaceted scenario that demands attention and targeted interventions. The recently held round table discussion titled "Community-Based Interventions and Medication Adherence for Hypertension in India: Bringing the patient voice to inform policy and health systems strengthening" shed light on critical issues related to hypertension management within the country was conceptualized by PAIR Academy with the following objectives:

1. To understand patient journeys and explore the challenges faced in implementing community-based interventions for hypertension management in India.
2. To discuss strategies for improving patient and community participation for medication adherence and health-seeking behavior, among hypertensive patients in India.
3. To identify opportunities for collaboration and partnerships to improve hypertension management and medication adherence in India through patient voices and patient advocacy groups.

One of the primary concerns discussed during the round table was the lack of awareness and low levels of understanding about hypertension among the general population. This highlights the need for community-based interventions that focus on awareness campaigns, health education, and preventive measures. Participants emphasized the importance of engaging local communities, leveraging community health workers, and utilizing existing platforms to disseminate information about the risks, symptoms, and management of hypertension. The discussion also addressed the issue of medication adherence, a critical aspect of hypertension management. Non-adherence to prescribed medications is a prevalent challenge in India due to various factors such as affordability, availability, and cultural beliefs. The round table emphasized the significance of patient-centered approaches in addressing medication adherence, involving patients in treatment decisions, and tailoring interventions to individual needs.

Moreover, the patient's voice emerged as a central theme of the discussion. It was acknowledged that involving patients in policy formulation and health system strengthening is imperative for creating effective solutions. Patients' perspectives on barriers to medication adherence, health-seeking behaviors, and healthcare experiences provide valuable insights for policymakers and healthcare providers. During the discussion, the need for strengthening healthcare systems to accommodate hypertension management was highlighted. This includes integrating hypertension services into primary care settings, training healthcare providers, and ensuring the availability of essential medications. The round table stressed the importance of developing policies that prioritize hypertension prevention, management, and patient-centered care.

The consultation brought together members of parliament (policymakers), patients, and different stakeholders working for hypertension to deliberate on the current challenges and identify possible solutions. The workshop was centered on hearing the key findings from the field visits, global or local scenarios of HT, and government initiatives to identify and treat patients.

Outcomes from the event-

Key challenges identified in operationalizing the policy to improve its benefits for patients with hypertension were the following:

Awareness

1. Nearly all survey participants are aware of Hypertension; however, merely 40% could accurately identify the associated risk factors and complications.
2. Age-appropriate blood pressure readings remain unfamiliar to the majority of respondents.
3. Virtually all individuals surveyed have not undergone preventive screening.
4. Around 30% hold varying misconceptions, including the belief that Hypertension is benign and a natural occurrence with aging.

Tracking and follow-ups

1. Approximately 50% of patients did not return for follow-up appointments.
2. All Primary Health Centres (PHCs) had Information, Education, and Communication (IEC) materials related to Hypertension, but these materials were displayed on the walls without interactive components, videos, or other engaging formats for patients.
3. There was an absence of messages emphasizing medication adherence and follow-up.
4. ANMs (Auxiliary Nurse Midwives) maintained NCD registers in all PHCs. However, the data collection process was manual, and the data had to be manually uploaded into the portal at the PHC level, leading to challenges for ANMs and ASHAs (Accredited Social Health Activists) in monitoring and tracking.
5. A considerable proportion of male participants reported regular tobacco and alcohol consumption. The number of liquor stores has quadrupled in the past two years.

Availability of services

1. While 80% of villagers noted that the Primary Health Centre (PHC) was within a manageable walking distance and easily accessible, less than 30% reported visiting the PHC at the initial onset of symptoms.
2. People who obtained medications from private sources discovered that these medicines were not accessible at the PHCs.
3. In Alwar, medication supplies were ample, with patients receiving a stock lasting 1-3 months. In contrast, Sonipat experienced medication shortages, leading to instances where patients received only one week's supply.
4. Navigation within district hospitals was time-consuming, prompting patients to opt for private sector services due to their more rapid response.
5. PHCs were unable to provide tests prescribed by private sector doctors, such as ultrasound (USG), CT scans, and X-rays. Furthermore, certain PHCs lacked basic laboratory tests.

Referral

1. Referral systems were not well established and patients who did go to the district hospitals were not referred back to the PHCs for follow-up with the patients.

The field visits conducted as part of this project have highlighted several significant challenges. These project goals were showcased during the roundtable session through a PowerPoint presentation.

The patient charter was formally presented to Members of Parliament (MPs) by patients hailing from Alwar, Rajasthan. This significant occasion took place in the presence of esteemed dignitaries. The patients, representing Alwar, Rajasthan, took the opportunity to formally submit the Patient Charter to the Members of Parliament. The presentation was a notable moment during which the patients eloquently articulated their concerns and aspirations, aiming to bring their issues to the forefront of legislative attention. The event not only emphasized the voices of those grappling with health challenges but also underscored the need for policies and practices that prioritize the well-being and rights of patients. Some detailed points that were covered in the patient charter were:

1. Facilitate community-level blood pressure monitoring by training frontline workers and equipping them with properly calibrated blood pressure measurement devices.
2. Empower individuals to self-monitor their blood pressure by providing accurately calibrated devices for home use, coupled with telemedicine solutions to ensure precise measurements.
3. Ensure consistent and compassionate counseling from health officers and frontline workers, supporting patients and caregivers in adhering to medication regimens.
4. Establish dedicated protocols for monitoring pre-eclampsia in pregnant women with the condition or those at risk.
5. Extend doorstep delivery services for medication to the elderly and differently abled individuals, guaranteeing an uninterrupted supply of medicines.
6. Ensure the continuous availability of medicines and diagnostic interventions to prevent avoidable loss of life.
7. Develop interactive educational materials in local languages and sustain awareness campaigns focused on lifestyle changes, tobacco and alcohol cessation.
8. Implement a transportation plan for emergencies in every village through Panchayati Raj Institutions (PRIs). Trained emergency responder teams should be connected to nearby referral centers.

9. Establish and operationalize both forward and backward referral mechanisms to ensure seamless care continuity. Individuals at risk should be swiftly referred to tertiary and specialty care, while those in recovery should have follow-up mechanisms at the nearest Primary Health Center (PHC).
10. Enhance the patient-friendliness of hospitals by providing seating arrangements, drinking water, and ventilation. Establish patient support groups within each hospital.
11. Develop and institute a community monitoring mechanism through Village Health and Sanitation Committees and PRIs to enhance community health oversight

Conclusion and key takeaways

While significant progress has been achieved through the India Hypertension Control Initiative (IHCI), a substantial amount of work remains ahead. The key takeaways from this initiative are delineated as follows:

- Recognition of the most impactful community-based interventions for managing hypertension and promoting medication adherence in India.
- Comprehension of the significance of meaningful engagement and patient experiences to guide policy and program formulation.
- Formulation of strategies to enhance program adoption by involving hypertensive patients and their families in India.
- Identification of opportunities for potential partnerships and collaborations aimed at enhancing hypertension management and medication adherence in the country.
- Creation of a policy brief that succinctly encapsulates the pivotal findings and recommendations arising from the discourse.