SCALE-UP OF A PRIMARY CARE INTERVENTION FOR CARDIOVASCULAR RISK MANAGEMENT IN MALANG, INDONESIA

PIS:
ANUSHKA PATEL
SUJARWOTO

CO-PIS:
PRAVEEN DEVARSETTY, THE GEORGE INSTITUTE FOR GLOBAL HEALTH, INDIA; ANNA PALAGYI, THE GEORGE INSTITUTE FOR GLOBAL HEALTH, AUSTRALIA; ASRI MAHARANI, UNIVERSITY OF MANCHESTER, UK; GINDO TAMPUBOLON, UNIVERSITY OF MANCHESTER, UK; SEYE ABIMBOLA, UNIVERSITY OF SYDNEY, AUSTRALIA; DAVID PEIRIS, THE GEORGE INSTITUTE FOR GLOBAL HEALTH, AUSTRALIA; BLAKE ANGELL, THE GEORGE INSTITUTE FOR GLOBAL HEALTH, AUSTRALIA; MUHAMMAD ABDURRAHMAN, MALANG DISTRICT HEALTH AGENCY, INDONESIA; JAYA CITRA, JAMINAN KESEHATAN NASIONAL, INDONESIA; AHWAN SARWONO, MALANG DISTRICT HEALTH AGENCY, INDONESIA; RATIH MAHARANI, MALANG DISTRICT HEALTH AGENCY, INDONESIA; DELVAC OCEANDY, UNIVERSITY OF MANCHESTER, UK; HENDRY WAHIJUNI, MALANG JAMINAN KESEHATAN NASIONAL, INDONESIA; LAURENT BILLOT, THE GEORGE INSTITUTE FOR GLOBAL HEALTH, AUSTRALIA; LULUS TJONDRO, MALANG DISTRICT HEALTH AGENCY, INDONESIA; SAIFUR RAHMAN, DEPARTMENT OF CARDIOLOGY FACULTY OF MEDICINE UNIVERSITY OF BRAWIJAYA, INDONESIA; SRI ANDARANI, DEPARTMENT OF PUBLIC HEALTH FACULTY OF MEDICINE UNIVERSITY OF BRAWIJAYA, INDONESIA; STEPHEN JAN, THE GEORGE INSTITUTE FOR GLOBAL HEALTH, AUSTRALIA.
WHAT IS THE PROGRAM?

The SMARThealth cycle

1. At home CVD risk factor screening
2. Cadre enters data into SMARThealth
3. Decision support provided to Cadre & patient. High risk patients referred to PHC clinic
4. Consent data uploaded to secure central server
5. Data stored on secure central server
6. Dr reviews high risk patients with their data
7. Dr receives decision support for medication prescription with care plan sent to Cadre
8. Patient prompted for follow-up and adherence
THE HISTORY OF THE SCALE UP PROGRAM

Purpose

A study involving more than 20,000 community members to determine whether SMARThealth could improve preventive treatment in primary care

A study to help understand how to address some critical system barriers for sustainable SMARThealth implementation

A program to scale-up SMARThealth across 100 villages and show that this can be done sustainably

Status

Completed. SMARThealth substantially improved preventive care for CVD, was acceptable and cost-effective

Funded by a Pfizer Independent Grant for Learning and Change – ongoing work

Supported by Malang District Health Agency and BPJS, with additional funding support sought from the Australian government – to commence mid 2019

Extension of the SMARThealth platform to address a broad range of conditions managed in primary healthcare (prioritisation by Malang District Health Agency)
WHO ARE THE STAKEHOLDERS/USERS?

RESEARCH CONSORTIUM:
The George Institute for Global Health, Brawijaya University, University of Manchester and University of Sydney
HOW STAKEHOLDERS USERS WILL BE INVOLVED?

District government
- District Health Agency
  - Planning, regulating, monitoring and evaluating

Sub-District government
- Community Health Centre
  - Treatment, referral, consultation and promotion

Village government
- Village health clinics
  - Treatment, referral, consultation and promotion

Neighborhoods
- Neighborhoods health posts
  - Screen, follow up and promotion

Target group: Individuals age 40 and older

BPJS: Funding, planning, regulating, monitoring and evaluating

RESEARCH CONSORTIUM:
- Research and knowledge sharing