

LESS EXPANSIVE HEALTH CARE REFORMS

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Health care leaders are always trying to find out how the most famous and best – resourced hospitals in the world do the things. Large scale reforms in US, such as the medical homes, are building integrated care systems to improve quality of health. Evidence from the literature suggests that this may not be how it works in the developing world. But the present literature shows time and again that great ideas often come from unlikely places in the developing countries.

As health systems around the world struggle to do more with less, solutions are coming from developing countries, which have been finding innovative and inexpensive ways to care for their populations.

There's a lot of literature that suggests General Practitioners (GPs) should be at the center of the integrated approach, and policy makers may build models around them. This makes sense if we think practical.

Few Teaching Institutions in less developed / less rich countries are now reaching to their patients outside their teaching hospitals by launching the Commu-

nity – Based Chronic Disease Management (CCDM) program with General Practitioners in the core, Community Nurses, Paramedics and Religious Community Leaders. They perform medical assessments, adjust medications, and provide prescriptions and arrange screenings, give preventive education, and coordinate specialist health care services. CCDM engages General Practitioners who are the most independent group of health care professionals

As result of CCDM practice, on average, 61% of patients with hypertension achieved a reduction in both systolic and diastolic BP of at least 5 mmHg, diabetic patients saw an average 15% reduction in A1c levels.

Given that each 5 mmHg reduction in diastolic BP has been shown to reduce the risk of stroke by 34% and ischemic heart disease by 21%, we can imagine the impact of CCDM on care costs and patients' quality of life.

I hope the readers will find this information stimulating for reforming health care.



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