



HCAC 2023
**7TH QUALITY HEALTH CARE
CONFERENCE AND EXHIBITION**
Nov 13th-15th 2023

**Globalization Toward Quality & Patient Safety
A Future Perspective**


الجودة من منظور عالمي - تطلعات مستقبلية

**Managing Projects to Achieve Results: Using real-time
data to improve care and address health inequities**

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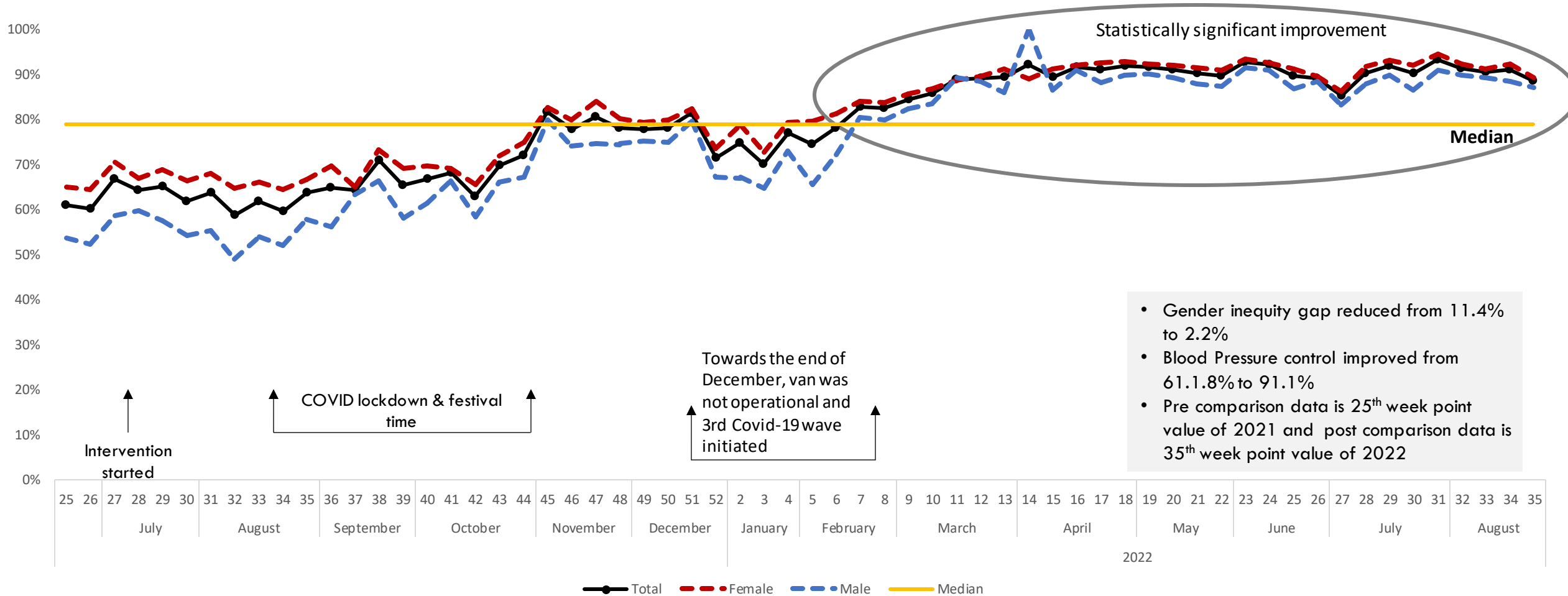


Workshop Objectives:

- Use real-time data to improve healthcare and address health equity.
 - Articulate a framework to uncover health inequities.
 - Develop a plan for engaging with patients to understand the causes of inequity and co-develop changes to address it.
 - Apply Plan-Do-Study-Act (PDSA) Cycles to test the proposed changes.
 - Develop time series charts to monitor the changes and demonstrate bridging the equity gap.
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Percent Hypertension Patients with Normal Blood Pressure - All Mobile Health Center

Percentage of hypertensive visits with controlled blood pressure



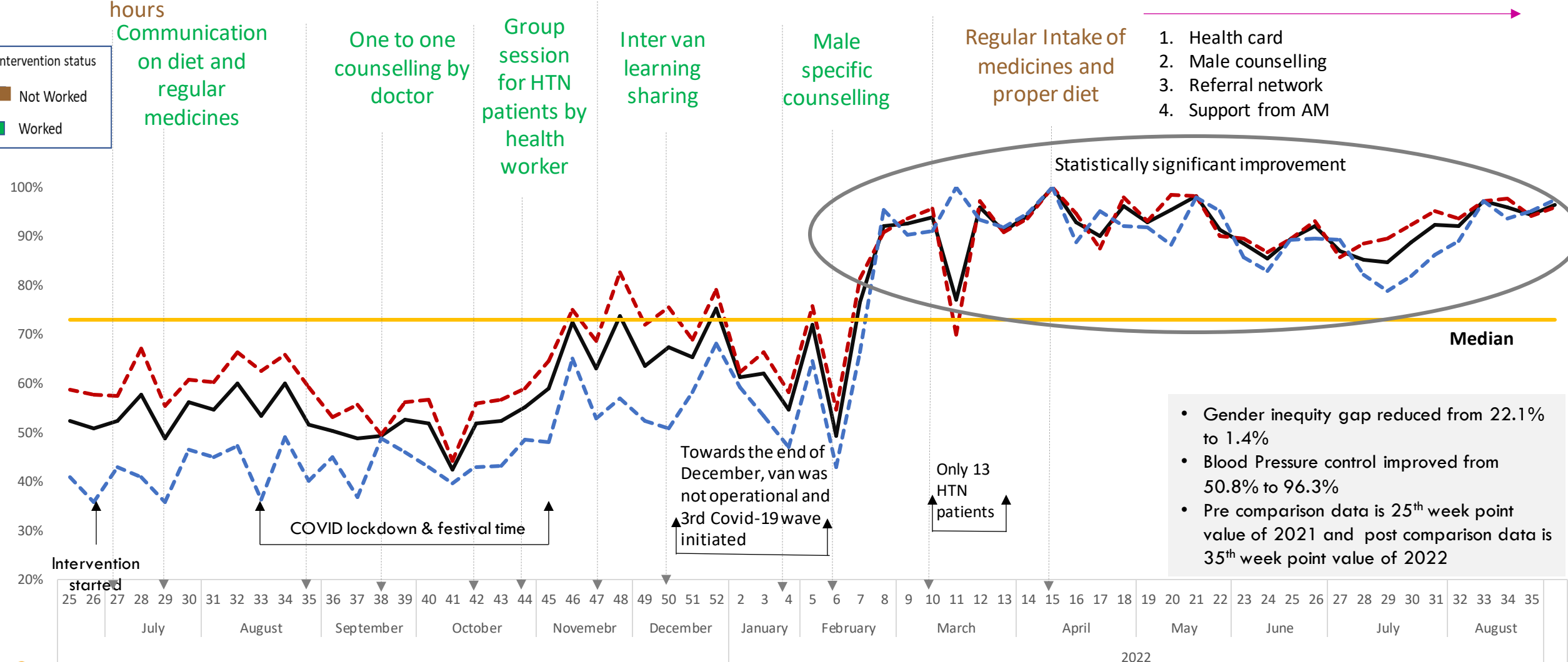
- Gender inequity gap reduced from 11.4% to 2.2%
- Blood Pressure control improved from 61.1.8% to 91.1%
- Pre comparison data is 25th week point value of 2021 and post comparison data is 35th week point value of 2022

Percent Hypertension Patients with Normal Blood Pressure - Aquarius Mobile Health Center

Prioritizing hypertension patients to early hours
 Check BP by doctor and diet counselling
 Involving Aarogya Mitra for mobilization
 Home visit by health worker
 Extensive follow up by Aarogya Mitra
 Health card
Successful interventions continued Since May 2022

Intervention status
 Not Worked
 Worked

1. Health card
2. Male counselling
3. Referral network
4. Support from AM

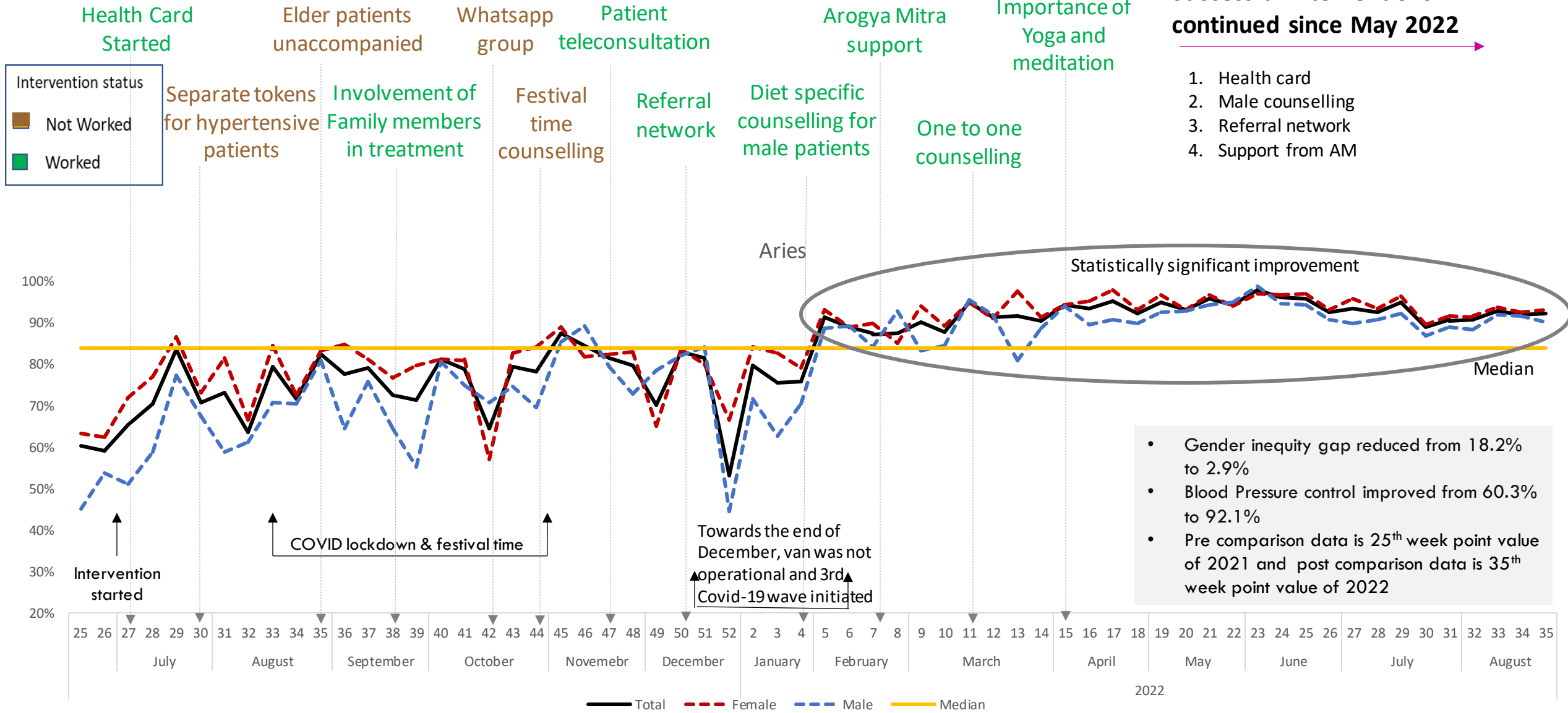


- Gender inequity gap reduced from 22.1% to 1.4%
- Blood Pressure control improved from 50.8% to 96.3%
- Pre comparison data is 25th week point value of 2021 and post comparison data is 35th week point value of 2022



— Total — Female — Male — Median

Percent Hypertension Patients with Normal Blood Pressure - Aries Mobile Health Center



Results of Changes Tested in Different Mobile Health Centers

Green = Worked

Red = Did not work

Changes Tested	Aries	Aquarius	Virgo	Pisces	Sagittarius	Gemini	Capricorn	Libra
Telephone reminder	√	×	×	√	×	√	√	×
Follow up and appointment reminder	×	×	×	×	×	√	√	×
Community Health Volunteer support	√	√	√	×	√	√	√	√
General group discussion	×	√	×	√	√	×	√	√
One on one counselling	√	×	×	×	√	×	√	×
Health card	√	√	√	√	√	√	√	√
One on one male counselling	×	√	×	√	√	√	√	×
Referral network assistance	×	×	√	√	√	√	√	√
Counselling on treatment adherence	×	√	×	×	×	√	√	√
Identifier chit for hypertensive patients	√	×	√	√	√	×	√	√
Family member involvement in treatment process	√	√	×	×	×	×	×	×
WhatsApp group	√	×	√	×	×	√	×	√
Diet specific counselling	√	√	√	×	√	×	×	√
Messaging on importance of yoga and meditation	√	×	√	×	×	×	×	×
Home visit	×	√	×	√	√	√	×	√
Medicine delivery to home through health volunteer	×	×	×	√	×	√	×	×
Post-referral follow-up & guidance	×	×	√	√	×	×	×	√
Inter-MHC learning sharing	×	√	×	×	√	×	×	×

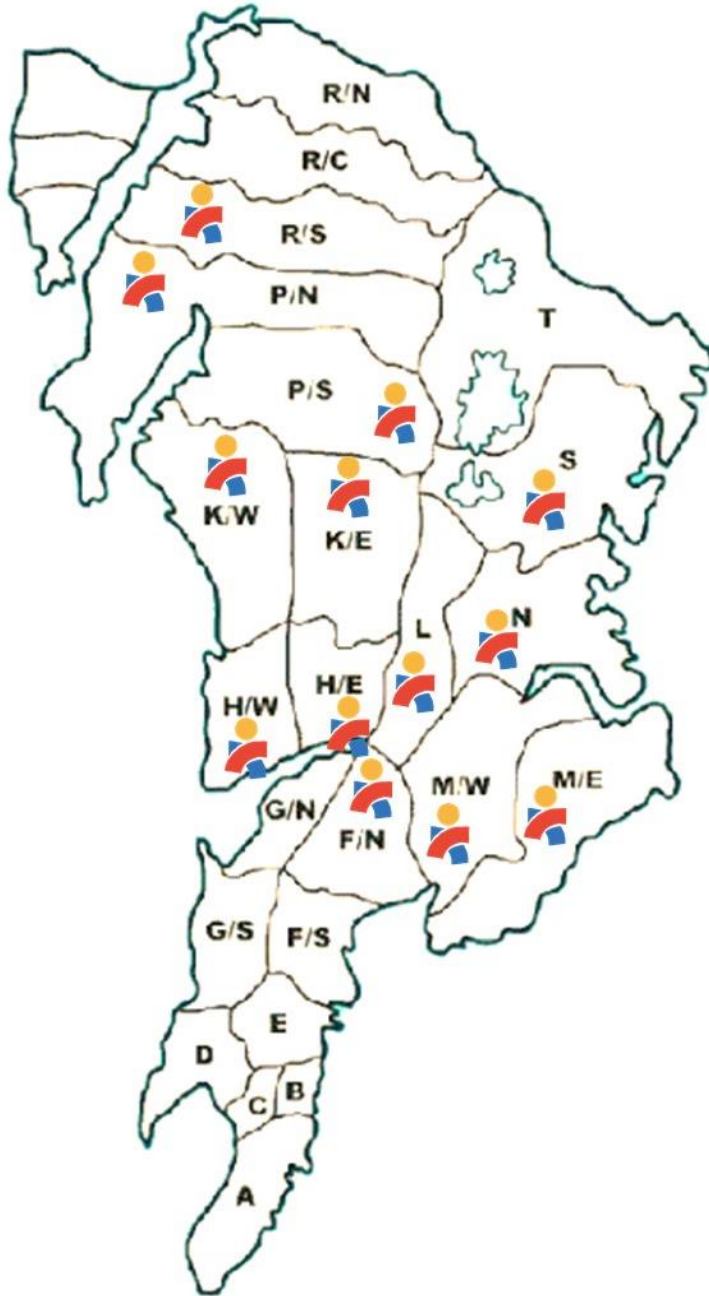
How did we get these results?



Health Equity: Mobile Health Centers in India



Mobile Health Centers Program Overview



Americares India Mobile Health Centres were initiated in 2011 and serve 13 wards of Mumbai.

Each 8 Mobile Health Vans:

- Is staffed with a Doctor, Health Educator, Data Assistant and Dispensing Assistant (driver)
- Provides free services and medicine
- Serves the same 20 communities every two weeks: two sites per day, 5 days per week.
- Uses cloud-based electronic medical record at point of care
- Provides referrals to government and subsidized services.
- Provides health education and community engagement

Mobile Health Centers in Action



Patient Registration and measurement of vitals



Doctor Consultation



Medicine dispensation



Health Education Session

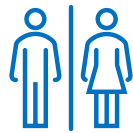
Our Approach

Uncovering Health Equity:

- Look for potential causes of inequity
- Stratify health outcomes by potential causes of inequity
- India identified 4 potential causes of inequity:



Age



Gender



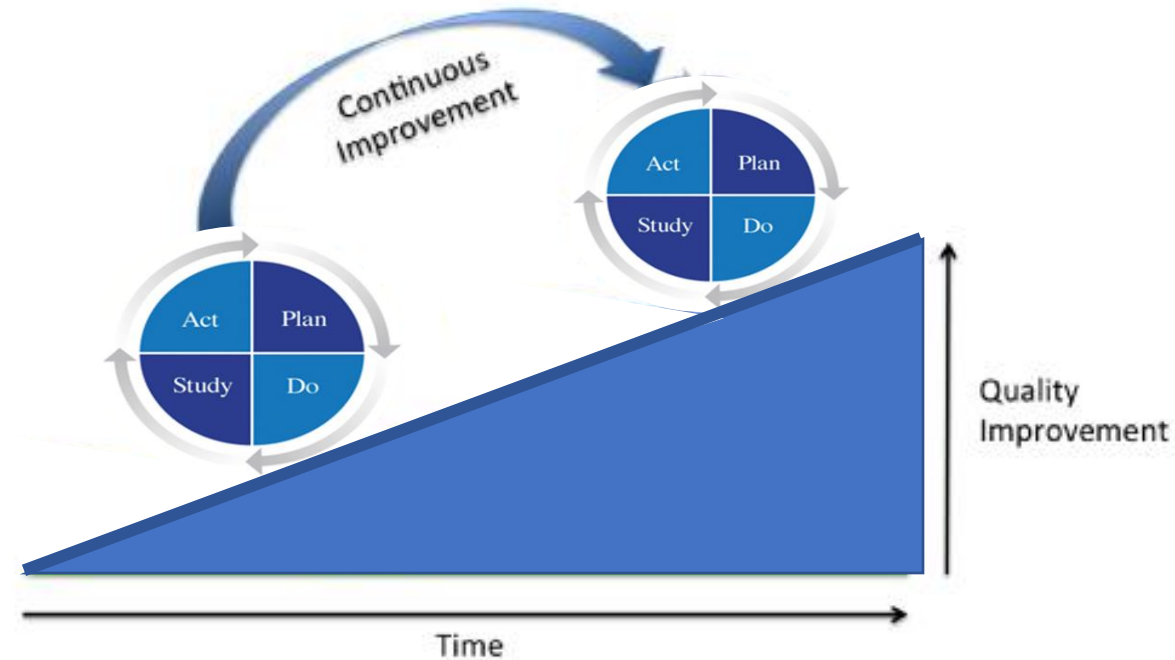
Religion



Geography

Addressing Health Equity:

Our objective is to work with people affected by inequity to **understand root causes, develop, test, and implement solutions** to close the inequity gap.



Elements of the cycle for learning and improvement: Plan-Do-Study-Act (PDSA) Cycle



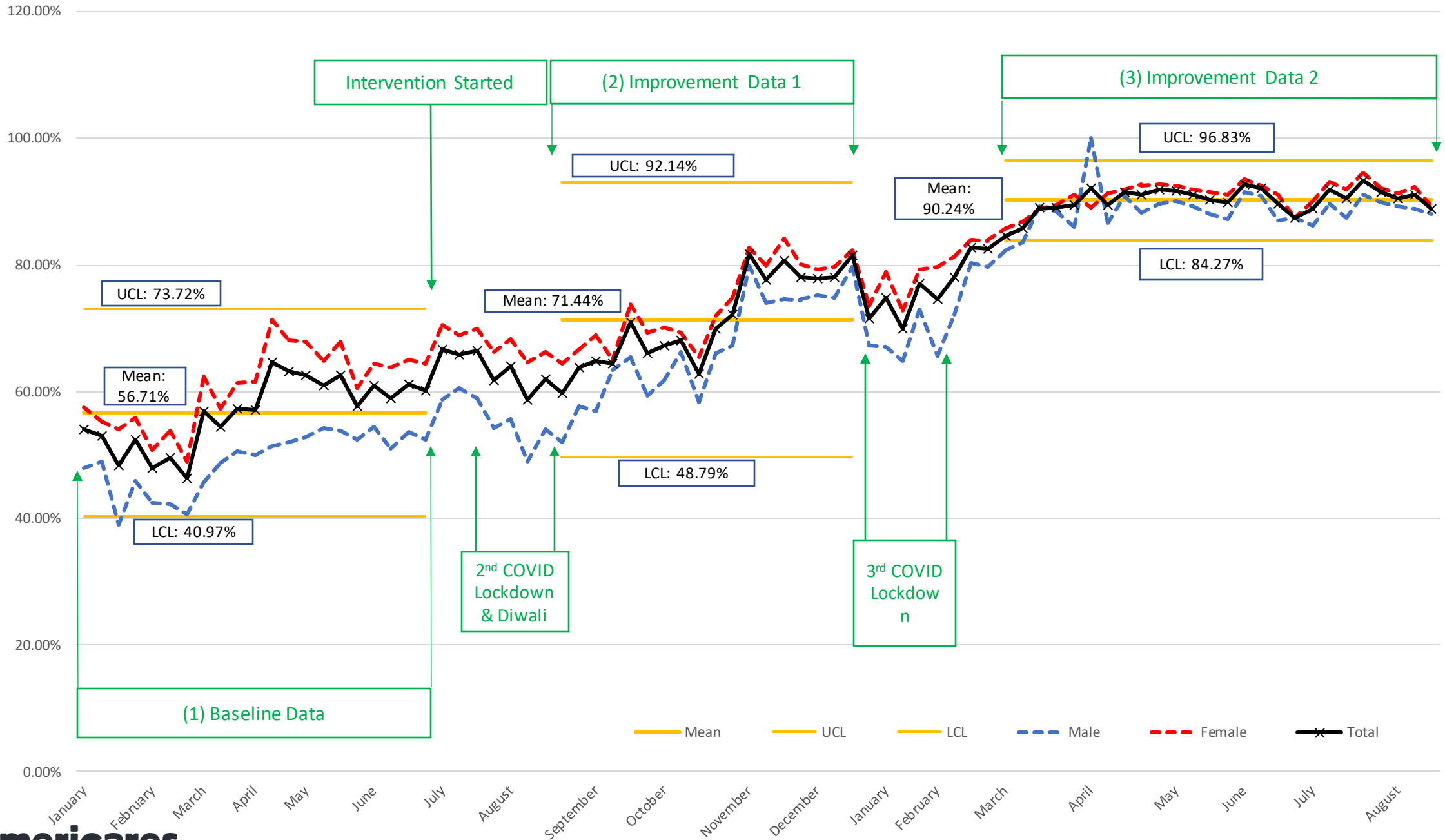
Exercise: Design your own project to improve healthcare, uncover, and bridge health inequity gaps



Concluding Remarks



Normal Blood Pressure - All 8 Mobile Health Centers



t-test results

t-Test: Two-Sample Assuming Unequal Variances		
	Baseline	Improvement 1
Mean	0.56709466	0.714369006
Variance	0.002979056	0.005219538
Observations	21	18
Hypothesized Mean Difference	0	
df	31	
t Stat	-7.087100843	
P(T<=t) one-tail	<0.000	
t Critical one-tail	1.695518783	
P(T<=t) two-tail	<0.000	
t Critical two-tail	2.039513446	

t-Test: Two-Sample Assuming Unequal Variances		
	Baseline	Improvement 2
Mean	0.56709466	0.902412197
Variance	0.002979056	0.000428816
Observations	21	26
Hypothesized Mean Difference	0	
df	25	
t Stat	-26.64670419	
P(T<=t) one-tail	<0.000	
t Critical one-tail	1.708140761	
P(T<=t) two-tail	<0.000	
t Critical two-tail	2.059538553	

t-Test: Two-Sample Assuming Unequal Variances		
	Improvement 1	Improvement 2
Mean	0.714369006	0.902412197
Variance	0.005219538	0.000428816
Observations	18	26
Hypothesized Mean Difference	0	
df	19	
t Stat	-10.74151561	
P(T<=t) one-tail	<0.000	
t Critical one-tail	1.729132812	
P(T<=t) two-tail	<0.000	
t Critical two-tail	2.093024054	

THANK YOU

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