

# Integrating Public Health and Primary Care: Health Promotion Programme for CHD Risk Group Outpatients

12th NDPHS Partnership Annual Conference Side-event  
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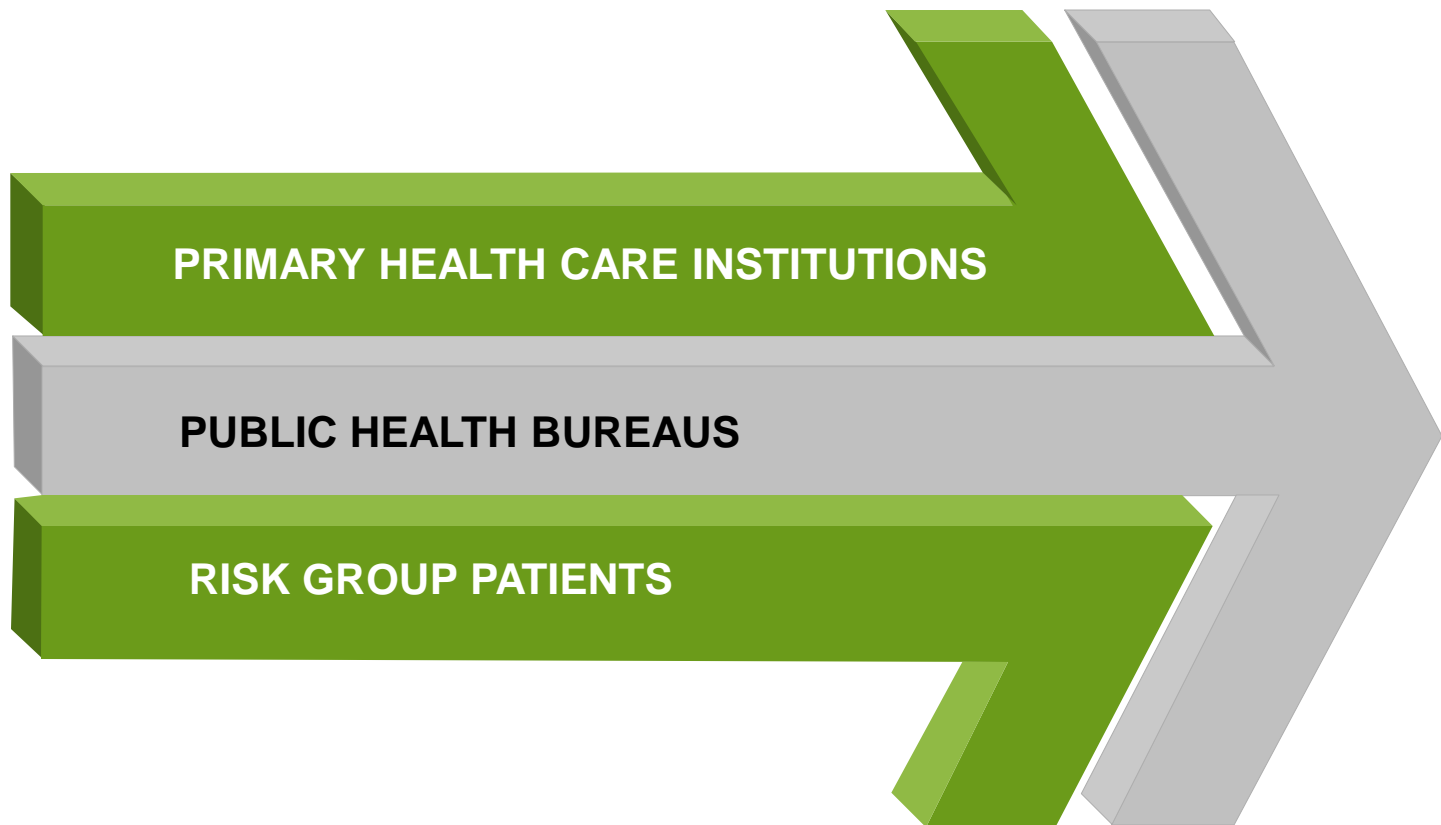


# Aim of the Programme

- \* Help people implement the needed lifestyle changes in diet, exercise and stress management;
- \* Clinical management and communication with CHD patients



# 3-POWER SYNERGY



# Key actors to transforming health promotion programme

- \* Individuals - CHD risk group outpatients
- \* Providers and practitioners –GPs
- \* Managers of services –Public Health Bureaus, Primary Health Care Centers
- \* Local authorities - Decision makers at municipality level
- \* National authorities - MoH



# Ministry of Health

- \* Ministry approves the Programme and co-ordinates its implementation at the national level
- \* Define qualification requirements for specialists, carrying out the Programme
- \* Empowers municipalities to manage the Programme at the local level
- \* Monitors, evaluates and improves the Programme



# Process of the Programme

- \* Family doctors propose their CHD risk group patients to take part in Health Promotion Programme organized by Public Health Bureau.
- \* Public Health Bureaus compose groups up to 20 people of CHD patients to attend Health Promotion Programme
- \* 12 hours programme activities carried out by: cardiologists, family doctors, dietitians, psychologists, kinesiotherapists.
- \* Key indicators of patients health status monitored at the beginning and at the end of the Programme (interval 1 year)



# Primary Care Practitioners

- \* Check out the patients health indicators at beginning of Programme (*paid by States Patients Fund*)
- \* Inform patients about acting Programme and invite them to take part
- \* Ask for signed confirmation of the patient as agreement to take part in the Programme
- \* Check the main health indicators of the patient, fill-out the form, as well re-check these indicators at the end of the Programme
- \* Forward lists of participants to the Public health bureau



# NETWORK OF PUBLIC HEALTH BUREAUS IN MUNICIPALITIES





# THE PUBLIC HEALTH BUREAU

- \* Finds and contracts the lecturers, trainers
- \* Informs participants about a schedule of sessions and compose the groups (of 10-20 persons)
- \* Organises lessons, trainings (with total duration 16 hours)
- \* Collects information about patients' health changes and their opinions about the Programme
- \* Assess the changes



# COMPLETING THE PROGRAMME

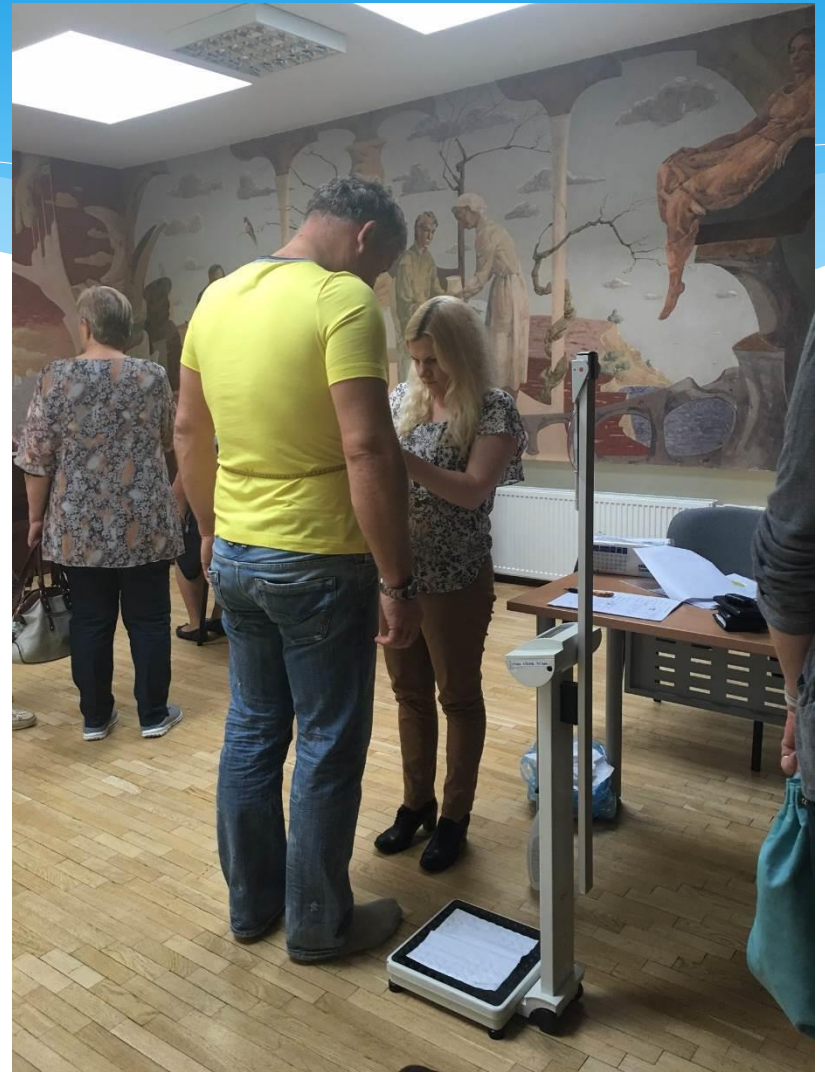
- \* At the end of the Programme, participants fill out the questionnaire about their health and lifestyles changes, provide proposals for Programme improvement
- \* PH bureaus inform Primary health centers about persons completed the Programme
- \* PH bureaus once a year fill out evaluation templates and sent them for data processing to the National Health Promotion Center.
- \* National Health Promotion Center aggregates all data, prepares national report and provides it to the Ministry of Health





LIETUVOS RESPUBLIKOS  
SVEIKATOS APSAUGOS MINISTERIJA





# RESULTS

of 1392 patients (in 2015)

Health indicators data	Improvement (percentage of patients, %)
Physical indicators	58
Blood flow indicators	47
Biochemical indicators	48
Nutritional changes	80
Physical activity changes	78
Smoking / alcohol consumption	52
General feeling changes	84
<b>AVERAGE:</b>	<b>68</b>



# Barriers and challenges

## **BARRIERS:**

- \* Low patient motivation
- \* New activity in primary care means doing less of something else
- \* Insufficient coordination of services in places
- \* Need for further analysis of the results

## **FUTURE DEVELOPMENT**

- \* From 2017 the Programme will be amended by DIABETES risk group patients
- \* Development of public health practice in GP's team
- \* New degree programme Lifestyle Medicin



Thank you

