

# Model for effective non-communicable diseases prevention and care: "Total Care Cycle Model"



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## INTRODUCTION

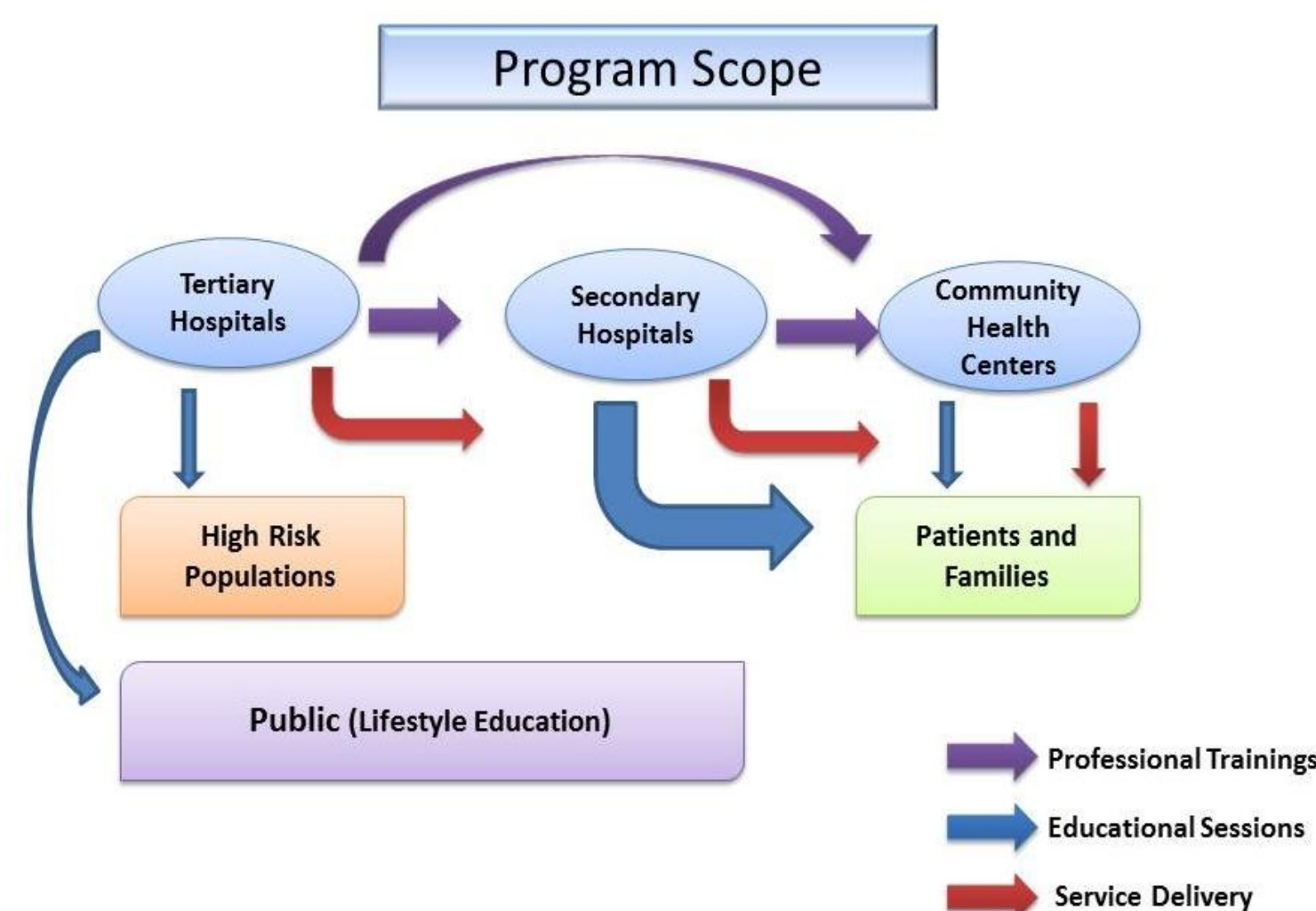
### A New NCD Model for China:

Non-communicable diseases (NCDs) are the leading cause of death worldwide. Nearly 80% of these deaths occur in low- and middle-income countries. NCD deaths are projected to increase by 15% globally between 2010 and 2020, especially in developing regions. In China, 85% of deaths are caused by NCDs and NCDs account for 70% of the total disease burden.

In response to the NCD crisis in China, Project HOPE launched a three-year program in four cities to improve the accessibility and quality of care for people with the following conditions:

- Coronary Artery Disease (CAD)
- Stroke
- Chronic Obstructive Pulmonary Disease (COPD)
- Obstructive Sleeping Apnea Syndrome (OSAS)

The program built capacity at community health centers, benefited patients and strengthened the health system.



## METHODS

### A Community Based-Approach to NCDs:

Project HOPE developed a "Total Care Cycle" model that emphasizes continuity of care from the acute to post-discharge phases. The model involves a broad spectrum of stakeholders including health professionals from hospitals and community health centers (CHCs), patients, families and high-risk individuals.

Using a community based participatory method, the program conducted the following activities:

- Trained community health workers (CHWs) on clinical skills
- Provided community or home-based services
- Taught disease self-management skills to patients and families
- Educated high-risk populations

## RESULTS

### Improved Patient Health Outcomes and Enhanced Health Services

All patient indicators measured showed improvement over time.

#### CHRONIC OBSTRUCTIVE PULMONARY DISEASE

☆ 27% improvement on Quality of Life Evaluation

#### CORONARY ARTERY DISEASE

- ☆ 44% improvement on Self-Efficacy Assessment
- ☆ 40% improvement on Quality of Life Evaluation
- ☆ 17.3% increase of patients practicing healthy lifestyle

#### STROKE

- ☆ 53.8% of participants improved upper limb function
- ☆ 37.5% of participants improved hand function
- ☆ 49.5% of participants improved lower limb function
- ☆ 25% increase on Activities of Daily Living (ADL)
- ☆ 12% improvement on Mini-Mental State Exam (MMSE)

- Established network of **15** hospitals and **41** CHCs;
- Improved clinical and service skills of **7,636** health providers;
- Improved community health workers' training scores by **20-31%**;
- Provided community or home-based rehabilitation services to **3,232** families ;
- Improved self-management skills of **5,258** patients and family members;
- Reached **11,805** at-risk people with educational messages.

## CONCLUSIONS

- **L**ow-cost community based NCD interventions improve quality of life for patients and ease the burden on the health system.
- Multi-sectoral cooperation and community mobilization are key elements in combating NCDs.
- The effective and sustainable "Total Care Cycle" Model should be scaled up in other areas of the world to benefit more people.



## ACKNOWLEDGEMENTS/CONTACT

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Find program details at [www.projecthope.org](http://www.projecthope.org)

Scan the Quick Response Code below by cell phone to find the website quickly.

