

POTENTIAL FIELD QUESTIONS FOR THE CARDIOVASCULAR DISEASE / HEARTS TECHNICAL PACKAGE SMALL GRANTS PROGRAM

Heart Focus Area	Q#	Potential Project Questions
<p>Healthy-lifestyle counseling.</p> <p>Assess the effects of health education and counseling on lifestyle change, including increased physical activity, tobacco cessation, reduction in harmful use of alcohol, reduction in the consumption of salt, trans-fatty acids, and sugar-sweetened beverages, and adherence to essential medicines.</p>	H1	<p>How effective are education methods X, Y, and Z in improving (an outcome such as blood pressure control, or medication adherence) compared with no education?</p> <p>What is the efficacy of patient education methods X, Y, and Z compared to no education?</p>
	H2	<p>How does ongoing medication adherence counseling improve continuity of care and blood pressure control compared with a single counseling session offered at the treatment initiation?</p> <p>Is ongoing medication adherence counseling associated with improved continuity of care and blood pressure control compared with a single counseling session offered at the treatment initiation?</p>
	H3	<p>How effective are mobile phone reminders compared to home visits by a health worker in improving treatment continuity?</p>
<p>2. Evidence-based Protocol</p> <p>Evaluate the effects of simple, standardized hypertension treatment and care protocol in adults at health facilities.</p>	E1	<p>What are the blood pressure control trends in a cohort of treated patients at follow-up intervals of 6-months, one-year, two, three, four, and five-years?</p>
	E2	<p>What percentage of patients with blood pressure reading of SBP 140-159 mmHg or DBP 80-89 mmHg do not return to the health facility for a second blood pressure measurement needed to confirm their diagnosis (place, time)?</p>
	E3	<p>What are the reasons patients with blood pressure reading of SBP 140-150 mmHg or DBP 80-89 mmHg do not return to the health facility for a second blood pressure measurement needed to confirm their diagnosis (place, time)?</p>
	E4	<p>What factors improve the efficiency of blood pressure measurements based on a time motion study?</p>
	E5	<p>What percentage of patients treated with 5 mg Amlodipine are at blood pressure control, by baseline characteristics (time frame, place)?</p>
	E6	<p>What percentage of patients controlled on Amlodipine 10 mg develop pedal edema or symptomatic pedal edema, by baseline characteristics?</p>

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	E7	What are the characteristics of subtypes of hypertension care "defaulters" (lost to follow up, spotty follow up, sought care in the private sector)?
	E8	What proportion of patients who started on the standard treatment protocol has controlled their BP by a combination of two drugs?
	E9	What proportion of patients who started on the standard treatment protocol has controlled their BP by a combination of three drugs?
	E10	What proportion of patients who started on the standard treatment protocol has controlled their BP by a combination of three drugs and referred to higher level?
	E11	What factors are associated with discontinuation of treatment (lost to follow-up)?
	E12	What are the differences in treatment adherence and blood pressure control among patients receiving single pills (fixed-drug combination) compared with those receiving multiple pills?
	E13	What are the factors associated with refusal to initiate treatment (initial defaulters) among patients newly diagnosed with hypertension?
	E14	What are the factors associated with the adherence of newly diagnosed patients to prescribed medication regimen over six, nine, twelve months?
<p data-bbox="191 777 520 878">3. Access to Essential Medicines and Technology</p> <p data-bbox="191 919 520 1377">Assess the patterns and barriers to medical treatment access and adherence to essential medicines and technology. Evaluations may include the availability, affordability, quality, and accessibility of essential medicines and diagnostic and basic technology.</p>	A1	How do hypertensive patients with low treatment adherence differ from those with high treatment adherence?
		What are the predictors of low treatment adherence among patients with high blood pressure?
	A2	How do patients with private insurance compare with patients without private insurance in the continuity of care, treatment adherence, and blood pressure control?
	A3	What is the rate of continuity of care and blood pressure control among hypertensive patients treated in the private sector, compared with patients treated in public sector?
	A4	Does visit spacing with multi-month refills lead to similar or higher levels of retention in care and control as compared to standard of care?
	A5	Do patient-led community-based drug distribution groups lead to good levels of retention in care and control as compared to standard of care?
	A6	How does the continuity of care differ among primary, secondary, and tertiary (or other country-specific) levels of care?

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4. Risk-based CVD Management Evaluate use of cardiovascular risk prediction charts and/or integrated management of total CVD risk at primary health care facilities.	A7	Are cardiovascular risk prediction charts (laboratory and/or non-laboratory) used among populations with increased risk factors within primary health care facilities?
	A8	What are the health outcomes among primary care facilities who conduct assessments of total cardiovascular risk for routine management of hypertension and diabetes compared to facilities where cardiovascular disease risk assessments are not conducted?
5. Team-based Care Evaluate the effectiveness of team-based care on hypertension control and continuity of care at primary health care facilities.	T1	How does a team-based approach improve patients' blood pressure control and continuity of care compared with predominantly doctor-led care? Is team-based care associated with improved blood pressure control and continuity of care compared with predominantly doctor-led care? Does blood pressure control and continuity of care improve among patients treated with team-based approach (non-physician health worker and doctor) compared to predominantly doctor-led care?
	T2	What are the benefits of engaging community pharmacists (or other healthcare professionals) in improving treatment adherence among patients with high blood pressure?
	T3	What is the nurse adherence to correctly following algorithm cascade of care for nurse-initiated and managed patients?
	T4	Are community health workers able to appropriately check blood pressure? Do community health workers recommend appropriate follow-up based on blood pressure reading (e.g., continue meds, return to health facility etc.)?
6. Systems for Monitoring Pilot or evaluate locally appropriate, systematic monitoring of patients with hypertension, or	S1	What is the prevalence of comorbidities associated with elevated blood pressure thresholds (SBP 130-139 mm Hg; or DBP of 80-89; SBP 140-159 mmHg or DPB of 90-99 mm Hg; and SBP >160 or DBP>100 mm Hg) among patients at (place/time)? What is the distribution of patients with elevated blood pressure (SBP 130-139 mm Hg; or DBP of 80-89; SBP 140-159 mmHg or DPB of 90-99 mm Hg; and SBP >160 or DBP>100 mm Hg, and what are the associated comorbidities in each group?

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evaluate a hypertension surveillance system.		What is the prevalence of comorbidities associated with elevated blood pressure thresholds (130/80-139/89 mmHg; 140/90-159/99 mmHg; and >160/100 mmHg) among patients at (place/time)?
	S2	<p>What is the prevalence/rate of complications among patients being treated for hypertension (place/person/time)?</p> <p>What is the prevalence of complications among treated patients in (place/person/time)?</p>