

Chronic Disease Assistance Programme in Trinidad & Tobago: Stakeholders' Perspective

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Presentation Outline

1. CNCDC
 - Overview (significance, causes, burden)
2. CDAP
 - Description, Objectives, Operational Framework
3. Research Findings of Study on CDAP
 - Research Objectives and Methodology
 - Limitations and Challenges
 - Stakeholders' Perspectives
4. Recommendations for Improvements of CDAP

CNCDs Overview (1)

- CNCDs – Chronic Non-communicable Disease – are the leading cause of mortality in the world, representing 63% of all deaths (WHO)
 - In 2008:
 - 36 million persons died from chronic diseases, of which 9 million were under 60 years (WHO 2012)
 - 90% of these premature deaths from chronic diseases occurred in low and middle income countries (WHO 2012)
- By 2015, CNCDs will account for 70% of all world deaths, with 80% occurring in developing countries
- CNCDs are the predominant cause of morbidity and mortality in developing countries
- CNCDs present among all socio-economic groups
- Major Risk Factors – lifestyle & behavioural factors related to:
 - tobacco & alcohol consumption
 - diet and nutrition
 - level of physical activity; obesity
 - mental stress
 - ageing process

CNCDs Overview (2)

○ Burden of CNCDs:

- premature death and disability
- reduced quality of life
- economic cost on:
 - individuals & families - high treatment costs therefore forego consumption on other necessities, premature death
 - businesses - lost work days, lost productivity, early retirement
 - Society / Gov't - large financial outlays to manage & treat disease conditions

○ Caribbean Statistics on CNCDs:

- 1 in 4 persons affected, with varying levels of severity, by 1 or more CNCDs (CAREC, 2005)
- 4 leading causes of death – heart disease, cancer, stroke, diabetes – accounted for 51% of deaths in 2000 (CAREC, 2005)

○ Latin America and the Caribbean:

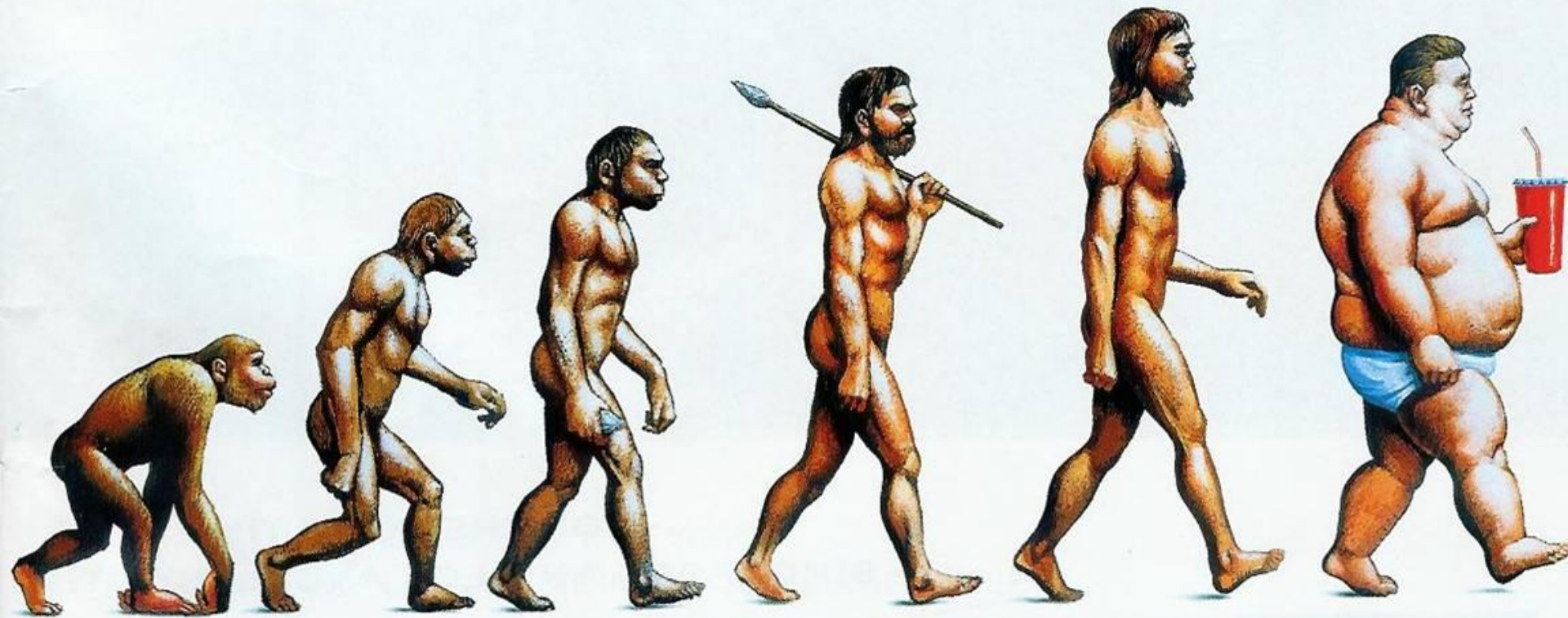
- Projected that 338 million persons will die from chronic diseases in next 10 years

CNCDs Overview (3)

- T&T Statistics on CNCDs:
 - Approx. 200,000 unique persons with CNCDs presented through CDAP in 2009 (1 in 7 persons in pop)
 - Coverage gap – estimated at 43% (if matched with Caribbean stats of 1 in 4 persons)
 - Gender mix – 60% females; 40% males
 - Most common disease conditions (2009) - Hypertension, cardiac diseases, diabetes
 - 3 leading causes of death (2000-2006) – heart diseases, diabetes, malignant neoplasms
 - For period 2004-2008 (Gov't of T&T, 2012):
 - positive overall change in deaths from CNCDs (from 751 to 673 per 100,000 persons)
 - cancer mortality rate increased from 105.2 to 108.7 per 100,000 persons
 - diabetes mortality rate increased from 106.3 to 108.5 per 100,000 persons
 - 2015 target – to reduce mortality rate from CNCDs by 20%

The Shape of Things to Come

The Economist, Dec. 2003



Responses to CNCDs

○ Caribbean Level Response:

- Resolution on CNCDs by Caribbean Heads of Government (CARICOM Summits 2001 and 2007)
- PAHO – working with Govts to strengthen surveillance of CNCDs
- 2006 – Regional Strategy and Plan of Action developed

○ Country (T&T) Level Response:

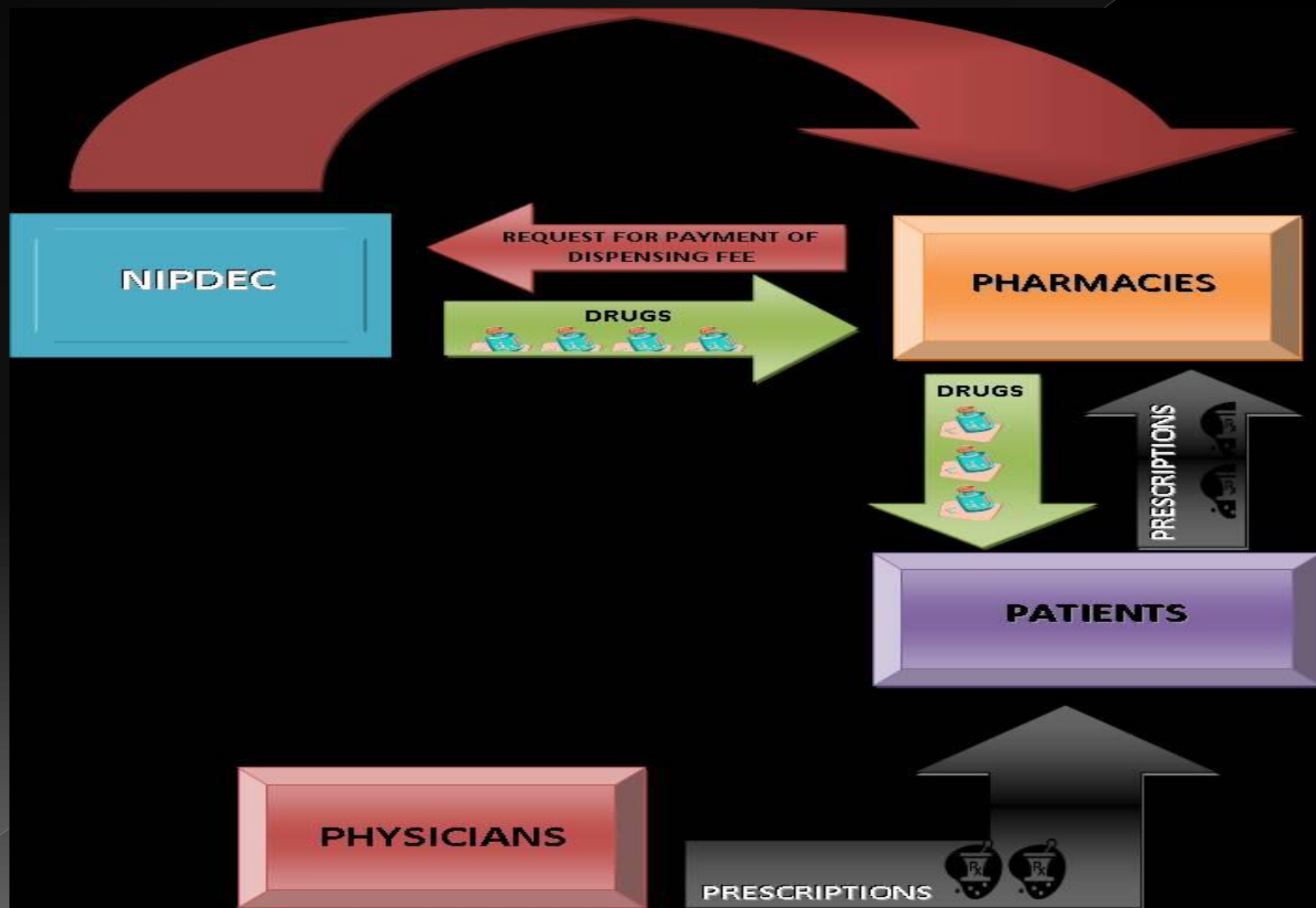
- 2003 – implemented the Chronic Disease Assistance Programme (CDAP)
- 2006 – appointed National Focal Point on CNCDs
- 2007 – implemented the National Plan for Risk Factor Reduction in the Prevention and Control of CNCDs
- 2008 – Cabinet appointed a CNCD Technical Committee
- 2012 – produced PANAM STEPS CNCD Risk Factor Survey
- Other - school and community-based initiatives, etc

CDAP: T&T's Response to CNCDs

○ What is CDAP?

- Free prescription drugs programme established in 2003
- Gov't programme with objective of expanding distribution network for prescription drugs and medical supplies via private contracted pharmacies (public-private partnership arrangement)
- National programme in which all citizens with CNCDs are eligible regardless of age, income or other socio-economic factors (*"right to health care for all"*)
- Programme provides coverage for 12 chronic disease conditions
- Programme funded by grant from Government (from Consolidated Fund)
- No copayments or contributions required by beneficiaries
- "Loose" application or registration process (except for diabetics wanting free glucometers)

Operational Framework of CDAP



Study Objectives & Methodology

○ Study Objectives:

- To conduct a preliminary investigation on performance of CDAP
- To present qualitative results of stakeholders' perspectives on the performance of CDAP
- To provide new data to assist decision-making by policy-makers
- To contribute to the knowledge pool on managing CNCDs

○ Study Methodology:

- Random administration of questionnaires to stakeholders (beneficiaries, prescribing physicians, pharmacies in provider network)
- Discussions with CDAP officials
- Review of secondary data/reports
- Use of SPSS for data analysis

Study Limitations & Challenges

- Study Limitations

- Survey findings reflect the views and perceptions of survey participants

- Study Challenges

- Short timeframe for field work
- Constrained budget, which limited the scope and depth of the survey
- Declined participation by some stakeholders (for perceived notions of political or ethic biases to CDAP)

Field Survey on CDAP

○ Survey design:

➤ Sample size:

- Pharmacies (private) – n=27 (approx. 10% of participating pharmacies)
- Physicians – n=25 (approx 3% of the number of physicians writing prescriptions for CDAP medications)
- Beneficiaries – n=405

➤ Base year: 2009

➤ Sampling approach:

- 5 geographic regions (north, south, east, central, Tobago) identified
- Key towns/population centres within each geographic region selected
- Respondents randomly selected

Stakeholders' Perspective: Pharmacies (1)

- Prescriptions Filled:
 - 48% of Pharmacies surveyed reported that CDAP prescriptions account for >50% of the total prescriptions filled per week
- Stock Replenishment:
 - 41% - delivery never prompt
 - 37% - sometimes prompt, but at other times too slow
 - 22% - always on time
- Payment of Claims:
 - 78% waited > 4 weeks for payment
 - 11% reimbursed within 2-4 weeks

Stakeholders' Perspective: Pharmacies (2)

- Dispensing Fee (TT\$10 per CDAP drug dispensed):
 - 63% found dispensing fee too low
 - 67% felt that CDAP was financially beneficial to business
- Copayments:
 - 74% did not agree to the introduction of copayments by CDAP beneficiaries
- Quality of Drugs:
 - 56% - satisfactory
 - 33% - not satisfactory (because drugs are generics and changed frequently)
- Compliance by Beneficiaries:
 - Observed improved compliance by beneficiaries to quantities of prescribed medication

Stakeholders' Perspective: Pharmacies (3)

- Overall Satisfaction with CDAP:
 - 78% - satisfied with Programme
 - 7% - very satisfied
 - 11% - dissatisfied (4%) and very dissatisfied (7%)
- Recommendations for Improvements:
 - Improvements to current system before expansion considered
 - Quality of drug supplies
 - Timeliness of drug supplies
 - Administrative arrangements (fee reimbursement process)
 - Expansion in the range of drugs offered

Stakeholders' Perspective: Physicians (1)

- Relative Significance of CDAP:
 - On average, 46% of patients seeking care per week were CDAP beneficiaries
- Awareness of CDAP by patients:
 - 96% of physicians stated that patients were aware of CDAP
 - 80% of physicians stated that patients aware of chronic disease conditions covered by CDAP
 - 20% of physicians stated that patients NOT aware of chronic disease conditions covered by CDAP
- Quality of Drugs:
 - 4% - very satisfied
 - 56% - satisfied
 - 36% - dissatisfied (20%) and very dissatisfied (16%)

Stakeholders' Perspective: Physicians (2)

○ Health Benefits to Patients:

- 88% of physicians found improvements in patients' health with use of CDAP drugs
- 68% found drugs were effective in treatment of chronic condition targeted
- 24% do not believe that CDAP drugs are effective in patients' treatment regime

○ Recommendations for Improvement:

- Drugs: Use of fewer generic drugs or more reliable generic brands; greater use of brand drugs
- Expansion in the range of drugs offered (e.g. for hypertension)
- Increased availability of CDAP prescription forms
- 3-month drug supplies to patients at one time (instead of 1 month)
- Expansion of programme to cover non-chronic disease conditions
- Implementation of national networked database for CDAP users

Stakeholders' Perspective: Beneficiaries (1)

- Filling Prescriptions at Preferred Pharmacies:
 - 60% - filled prescriptions at preferred pharmacy at all times
 - 26% - filled prescriptions at preferred pharmacy most of the time
 - 62% of respondents cited convenience of access as reason for selecting pharmacy
- Highly Demanded Medication:
 - Hypertension and Diabetes were the top 2 chronic disease conditions for which persons received medication in the last year (2008/2009)
- Service Received at Pharmacies:
 - 88% - satisfied and very satisfied with service
 - 5% - dissatisfied with service

Stakeholders' Perspective: Beneficiaries (2)

- Financial Benefit of CDAP (Monthly \$TT Savings):
 - 37% - do not know
 - 10% - no savings
 - 53% - experienced savings (with savings used to purchase other drugs and/or consumer goods)
- Quality of Drugs Provided Under CDAP:
 - 32% - inferior when compared to other available drugs
 - 53% - just as good as other drugs
 - 3% - superior to other drugs
- Health Improvements since accessing CDAP drugs:
 - 65% - believed their health improved
 - 25% - experienced no health improvements
 - 10% - did not know

Stakeholders' Perspective: Beneficiaries (3)

- Advocacy for CDAP:
 - 87% of respondents would encourage others to use CDAP because of its financial benefit (re: free drugs)
- Recommendations for Improvements:
 - Improvements in quality of drugs provided
 - Improvements in supplies (to counteract shortages in pharmacies)
 - Expanded to cover other conditions

Stakeholders' Perspective: Government (1)

- Public-private partnership arrangement successful in attaining programme objective of expanded access to prescription drugs to population. (Equity in access has significantly improved)
- Programme Expenditure:
 - Dispensing fees to pharmacies exceed cost of drugs (possibly reflecting efficiency in securing better drug prices in tender process combined with larger increase in dispensing activity levels)
- Gap between coverage and health-seeking behaviour
 - Persons aware of conditions and not seeking treatment
 - Education/promotions targeted at persons unaware of conditions to get regular checks
 - Males under-using CDAP benefits

Stakeholders' Perspective: Government (2)

- 2010 – review of CDAP commissioned in light of reports of:
 - Leakages
 - Duplications of prescriptions at pharmacies; Abuse
 - Lack of accountability
 - Poor drug quality

Recommendations for Programme Improvement

- Need for defined membership rules and procedures
- Need for Chronic Disease Registry or structured database of users of CDAP
- Implementation of an IT System (linking all major stakeholders – physicians, pharmacies, NIPDEC/Govt) – to track impacts, savings to health system, etc
- Implementation of a smart card (linking prescriptions from physicians to pharmacies' dispensing of drugs)
- Coordination with private health insurance providers (re: prescription drugs benefit) – coordination of benefits, better premium prices

