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

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Presentation Outline

1. CNCD
   - 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
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
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%
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:
- 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 believed that CDAP drugs 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
Thank You