



SMARThealth India: Systematic Medical Appraisal, Referral and Treatment of cardiovascular disease in rural India - November 2017



The George Institute
for Global Health India

Facts:

- In India, the number of years of life lost because of coronary heart disease deaths before the age of 60 years will increase from 7.1 million in 2004 to 17.9 million in 2030, more life years lost than is projected for China, Russia, and the USA combined.
- Indian rural primary health-care centres serve around 30,000 people, often with no more than 1-2 doctors. The doctor to patient ratio in rural India is 10 times greater than that for India as a whole and 50 times that of Australia.

Partners:

Institute of Biomedical Engineering, (IBME)

University of Oxford, UK

Centre for Chronic Disease Control, CCDC

The George Institute, University of Sydney

The George Institute, University of Oxford

Supporters:

National Health and Medical Research Council, (NHMRC)

Australia through the Global Alliance for Chronic Disease, GACD

Contact:

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Background:

- Severe workforce shortages in the Indian medical sector require innovative healthcare delivery solutions.
- Cardiovascular disease (CVD) is a major cause of premature death and disability in many low- and middle-income countries, including India.
- The use of simple, affordable preventive treatments is very low. Efforts must be made to identify high CVD risk people and offer treatments to lower that risk.

Aims:

- To develop a mobile device based clinical decision support system to help primary healthcare workers improve optimal blood pressure control in high risk individuals, and
- To evaluate the efficacy of SMARThealth program in villages in Andhra Pradesh.

Methods:

- The randomised study looked at several thousand adults aged 40 years and above in 54 villages over two years. Results are currently being finalised.

Impact:

- India's health system faces great challenges in tackling the rising CVD-related burden. Key issues include lack of health care facilities, limited access to health-care providers, and high-out-of pocket costs for consumers.
- In a limited resource environment, prioritising high-risk patients for blood pressure lowering treatment is likely to be a highly cost-efficient approach and is consistent with new national primary care guidelines in India.

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