

HYPERTENSION CLINIC AND HYPERTENSION SPECIALIST AS A COST-EFFECTIVE TOOL TO IMPROVE THE DISEASE CONTROL IN BELARUS

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Belarus is an Eastern European country with unique combination of the important rise in cardiovascular morbidity and mortality, highly restricted financing the state health care system, and the society experiencing permanent socioeconomic hardships. In the field of hypertension management, the key problem points are extremely low patients' adherence to long-term medications along with the highest in Europe hospital discharge rate for hypertensive emergencies and other cardiovascular diseases. Recent years Belarusian health care top-managers make attempts to control expenses for the system. Mainly, the measures used are administrative control of hospitalization rate and hospital stays duration, rationing of privileged drug prescription, and switching patients' streams to general practitioners' non-specialized service. Lack of scientifically based methodology of pharmacoeconomic evaluation of prescription practice, ignoring the principles of evidence-based medicine and decision theory accompany such efforts.

In these surroundings in October 2002 the administration of the Vitebsk Regional Cardiology Center initiated the experiment on implementing the new service for hypertensive people who interested in their hypertension control. The new structure named the Vitebsk Regional Center for Refractory Hypertension (RH-Center) was established. Vitebsk RH-Center consists of 20 beds in a specialized cardiology hospital and the consultation unit (CU) in the ambulatory department of the hospital. Primary physicians have the opportunity to direct their treated hypertensive patients with insufficient BP control to the CU, where a qualified hypertension specialist performs screening for reasons of the refractory states, including considering pseudoresistance, looking for non-adherence, assessing for associated conditions, ensuring that the medication regimen is adequate and appropriate, and modifying it empirically. Ambulatory BP monitoring, including web-based analysis of hemodynamics and arterial compliance owing collaboration with a US partner, Pulse Metric, Inc., is available in CU. The quality of life, social stress and support evaluation with validated self-questionnaires are performed to predict and correct the patient adherence level. In grounded cases, especially if secondary hypertension is suspected, a CU physician may place a patient in the hospital on specialized beds for more complicated diagnostic and treatment procedures. In result, comprehensive recommendations are forwarded to patient's general practitioner.

Local medical authority has adopted the scheme suggested due to its transparency, rationality and reasonable cost. To estimate the impact of the new service on antihypertensive treatment cost-effectiveness, we randomly selected 100 ambulatory cards of patients consulted in the Vitebsk RH-Center in January – June 2003, and performed 6-months follow-up evaluation of adherence to and effectiveness of treatment. In this sample, the recommended treatment regimen was preserved in 67 cases, and in 43 of them (64%) the treatment effectiveness was judged as sufficient (systolic BP change 10% or more). In the last 33, the recommended regimen was substantially changed by general practitioner (10 patients) or by patient himself (23 cases), the lack of grounded reasons for that being registered in 5 and 20 cases, correspondently. The rate of patients' applying for emergency service and hospitalization rate both in adherent and non-adherent portion of the sample were significantly lower compared with correspondent 6-months period preceding CU visit.

Thus, this first in Belarus experience of implementing the advantages of hypertension specialist ambulatory and hospital service is positive. The service combining hypertension specialist care with hemodynamic evaluation approaches the problem of refractory hypertension in a systematic fashion and on rational basis; hence it can improve cost-effectiveness of the most expensive and difficult for management group of hypertensive patients. Our experience may be spread to other Belarusian regions and CIS countries, where proportion of resistant hypertensives is high. The further tasks to be done are establishing cooperation with the similar centers across the Europe, implementing the ESH Hypertension Specialist Programme in Belarus, breaking overall isolation of Belarusian public health practitioners from international cooperation in the field, including WHL membership.