

October 2020

RICOM3 Project

WHO Quality of Care Network: Remote Learning and Coaching Webinar



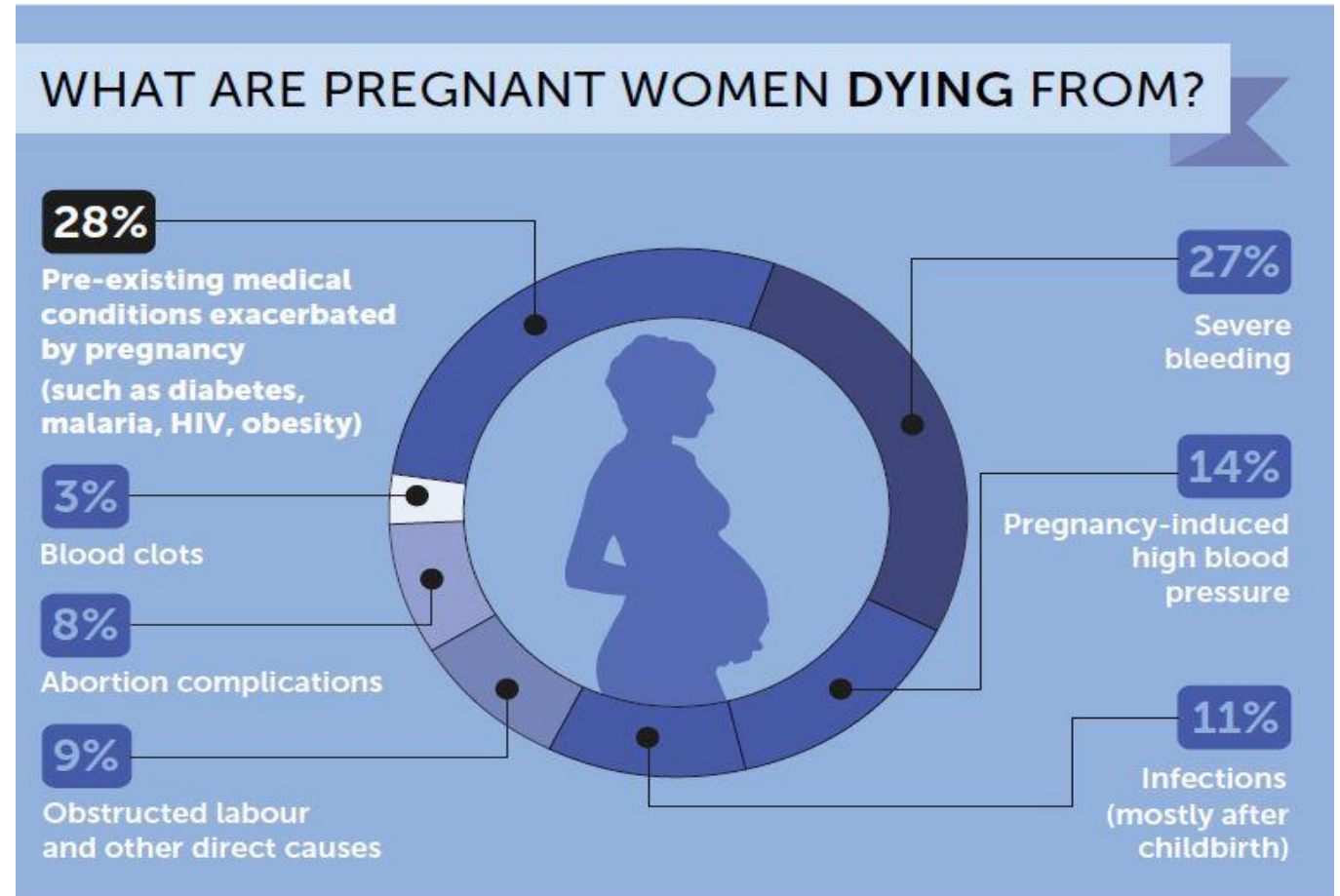
Presentation Outline

- RICOM3 – Brief overview
- Phase One Assessment High Level Findings
- Phase Two Women Centered Quality of Care Approach
- Phase Three Implementation of the Remote Learning and Coaching for Self Care
- Learning from the Digital Health Components of RICOM3 Project

Background Context

Obstetric Transition - intersection of MH & NCDs

- Proportion of maternal deaths due to indirect causes is increasing globally and in Nigeria
- Important indirect causes of maternal mortality and morbidity (MMM) in Nigeria include acute infectious causes (e.g. Malaria) and pre-existing conditions (e.g. high blood pressure, diabetes, obesity, anemia, HIV)



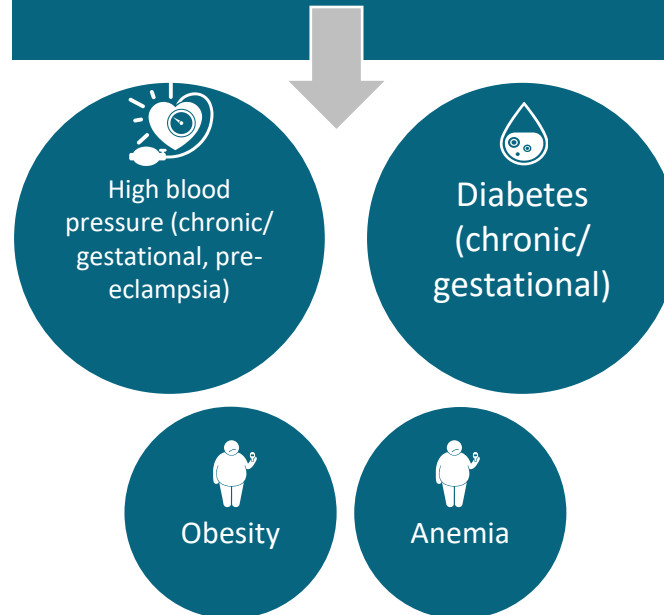
Project Overview

OVERALL GOAL:

Reduce MMM from indirect causes by applying a QoC model **to improve prevention, early detection and management of indirect causes of MMM** associated with PE/E along the continuum of public and private MH/RH care services for women of reproductive age (WRA)

Project Clinical Focus Areas :

(indirect causes of MMM that increase risk for PE/E and premature Cardiovascular Disease)



Geographic Area and Sites:

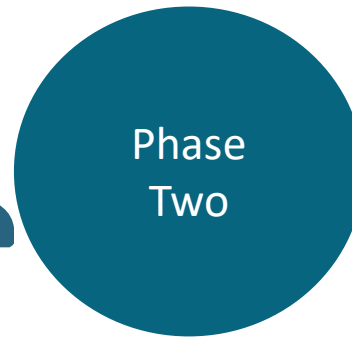
- Four LGAs (districts) in Two “States” - Lagos State and Federal Capital Territory (FCT)
- 20 Health Care Facilities (10 each state) – public and private hospitals and clinics



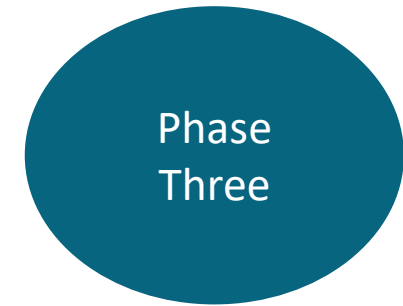
Brief Overview – project implementation phases



Assessment of risk factor
Prevalence, Women's
knowledge, Facility
Readiness to provide
quality care



Design of Women Centered
QoC Model for
implementation in phase 3



Pilot Implementation of QoC
Model (October 2019 to
September 2020)

Phase One: Assessment High-level Findings

- Women had limited awareness of risk factors for indirect causes of MMM
- Prevalence of HTN, obesity and anemia (and diabetes to a lesser extent) is of concern in this relatively young population of WRA
- Only a small % of women with identified risk factors/diagnoses were aware of their status (< than 5% in general)
- The facility assessment demonstrated many QoC gaps to (e.g. low provider knowledge/confidence for management of risk factors; weak information systems, lack of on-site guidelines.)
- Stakeholder interviews highlighted many opportunities to strengthen woman-centered policy, health systems, facility services and community interventions to reduce risk factors for indirect causes of MMM in Lagos State & FCT

QoC Model Key Implementation Approaches - LALAC

Capacity Building (clinical/QI)

- Onsite skills-based training; tele-ECHO virtual sessions to re-enforce provider learning/knowledge
- Supportive supervision and mentoring
- Access to Job aids and guidelines

Virtual Support for Women (Digital platform, WhatsApp, SMS)

- Virtual support of women to improve self care; tele-ECHO sessions for women initiated when COVID transmission started

Quality Improvement

- Identify quality gaps, set improvement aims, develop QoC measures
- Establish and support QI teams to test changes (PDSA) and monitor trends in measures to track progress toward aims
- Strengthen NCD HMIS and use for decision making

Learning Reviews

- Peer to peer learning between all selected facilities and digital platform coaches, spread of innovations
- Share successes and also learn how peers are managing challenges

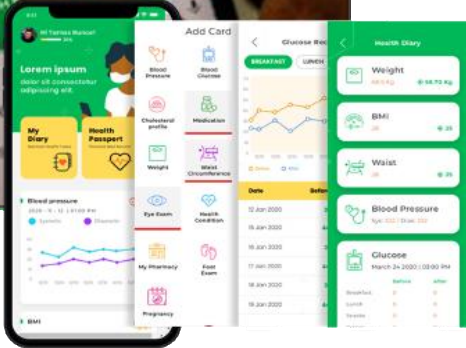
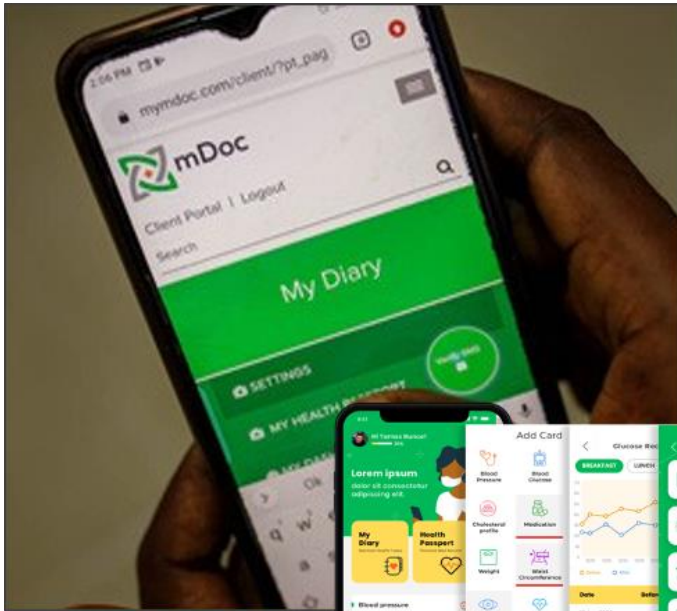
Costing of QoC Model & Fiscal Space Analysis

A close-up photograph of a young girl with dark skin and her hair in small braids. She is looking back over her right shoulder with a serious, slightly fearful expression. A wooden spoon is held near her face, and a hand is visible holding it. The background is blurred, showing a person in a green and white striped shirt. The image is partially covered by a white circular graphic on the right side.

Phase Three Pilot Implementation

The virtual component of the **RICOM3 project**, within the broader integrated care model, were targeted at:

Optimizing demand side of quality care



Virtual guidance in **self-care** and **lifestyle modifications** to **1,200 women** of reproductive age via **mDoc's CompleteHealth** platform

Improving quality of care by Healthcare Workers



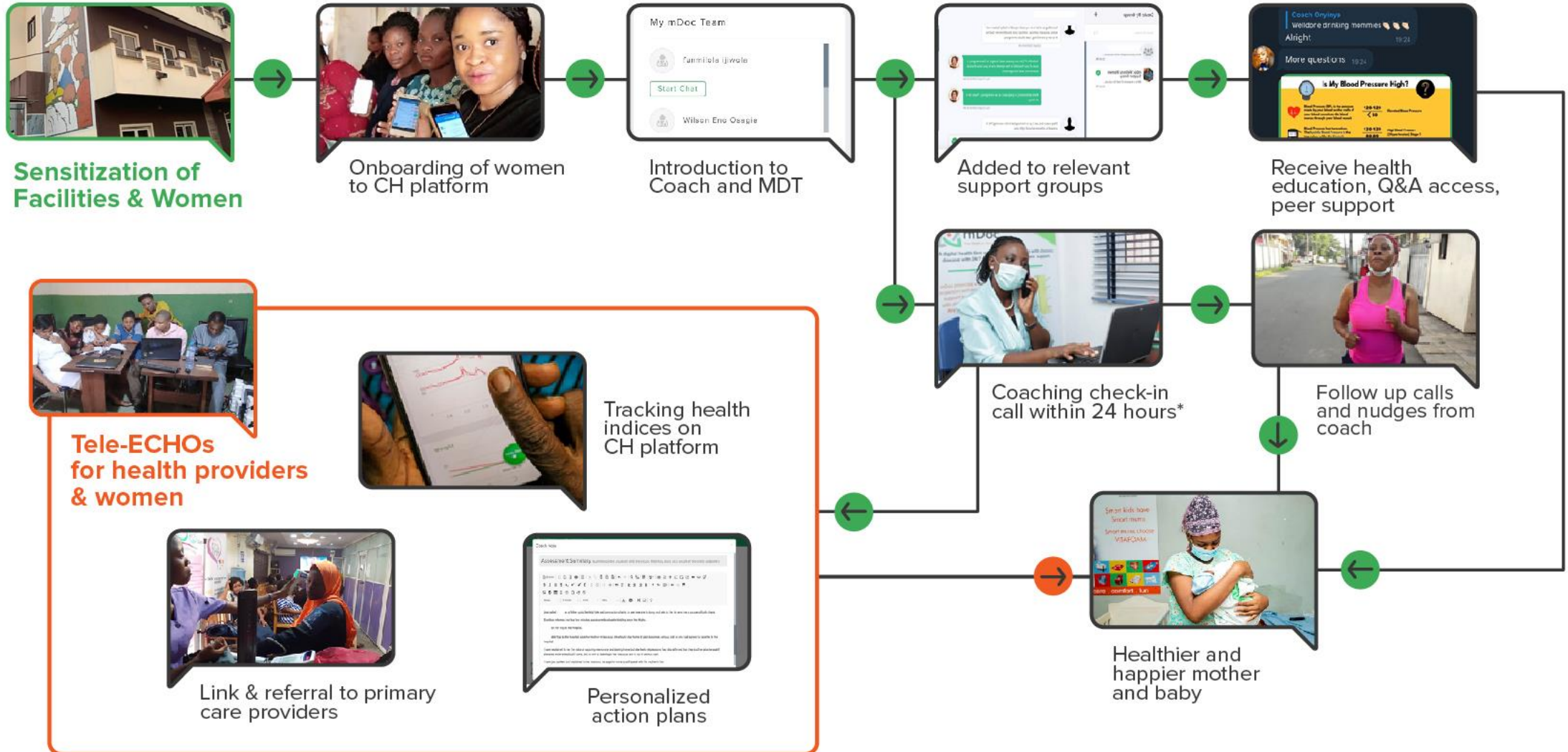
Virtual **capacity building** for **health care workers** (HCWs) through tele-ECHO sessions.



Core belief:

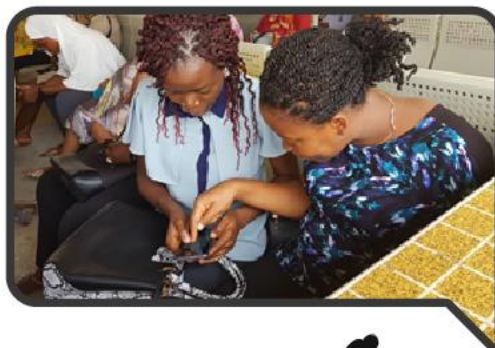
A set of digital nudges would build the knowledge and self-efficacy of women to adopt **self-care management** and **lifestyle modifications** to better manage their health.

It took a multimodal and integrated approach to improve self-efficacy of women and QoC delivered by healthcare workers



*For priority sub-groups e.g. 36 weeks

Despite the educational level and high smartphone penetration amongst the enrolled women, low health and digital literacy levels required significant investment from the coaches to build their capabilities.



6473

Total number
of women enrolled
by 30th September 2020



30
years

Average age
of women



97%

Women with
secondary school
certificate &
above



79%

Women who
own smartphones

Basic phone users are
supported via SMS and
voice calls

The **women** have been **deeply engaged**,
with **coaches providing self-care and clinical touch points** for women and their babies.



“

Dear Coaches,
Please I have been practicing
exclusive breastfeeding as
advised but my baby is not adding
weight. How do I know I have
been breastfeeding him
correctly?

”

“

Good evening Coach,
what are the ways to regulate
my BP? I had a BP of 153/95
yesterday but I have been
very stressed of late.

”



81,160 
Total Number of
Messages to the Women

8,867,525 
Total Number of Member Interactions

5764 
Total Calls Logged

3480
Total Members Called

30%
Calls after hours (5pm – 8am)
and over the weekends

9mins 22sec
Average duration of calls

1 to 20
Range of Numbers
of Calls received per woman



To launch and run successful **Tele-ECHO programs**, it is critical to involve several stakeholders in determining the 'what', 'who', 'when', and 'how'.

The What:

- Aligned with the goal of the RICOM3 project and topics were selected based on identified gaps in knowledge and practice.

The Who:

- HCWs from within and outside the selected spoke facilities
- Pregnant/nursing mothers' series was launched and often referred to as our 'Virtual ANC/PNC classes'.

The When:

- Participants were polled to select a time and day in the week that worked for majority of participants.

The How:

- Built digital literacy to enable participants access the zoom platform
- Provided data stipends to the core spoke facilities
- Selected seasoned subject matter experts across relevant specialties to deliver didactic sessions
- Used case presentations from facilities to drive learning
- Polls tracked knowledge gain



When the topic areas resonate with interests and trends, healthcare workers and patients are keen on increasing their knowledge.

13

Tele-ECHO sessions for healthcare workers



12

Tele-ECHO sessions for pregnant/nursing mothers and their care givers



2590

attendees

1177

attendees

across

11

months



across

7

months

The case-based **Tele-ECHO**s create a **shared learning platform** across patients' homes, health facilities and countries, leading to both **increase in knowledge** and **change in practice**:



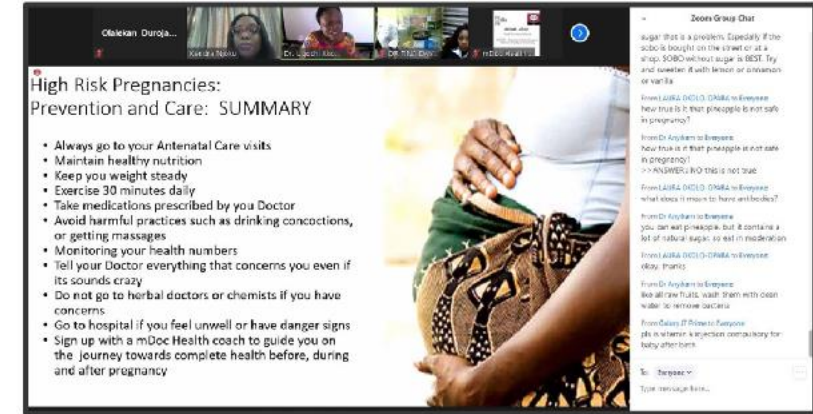
- We have over 70 health facilities participating in our ECHO sessions, mostly primary and secondary level facilities.
- 81% of participants are from Nigeria.
- Also in attendance are participants from Ghana, Uganda, Zimbabwe, Liberia, Burkina-Faso, Guinea, Kenya, South Africa, Ethiopia, Côte d'Ivoire, Madagascar, Trinidad & Tobago, Iran, USA, UK, and Canada.

15%

Increase in Knowledge for Healthcare Workers

12%

Increase in Knowledge for Pregnant/Nursing Mothers & Their Support-Givers



In the context of reduced facility care due to COVID-19, **virtual support plays an important role** - increase in undiagnosed hypertension

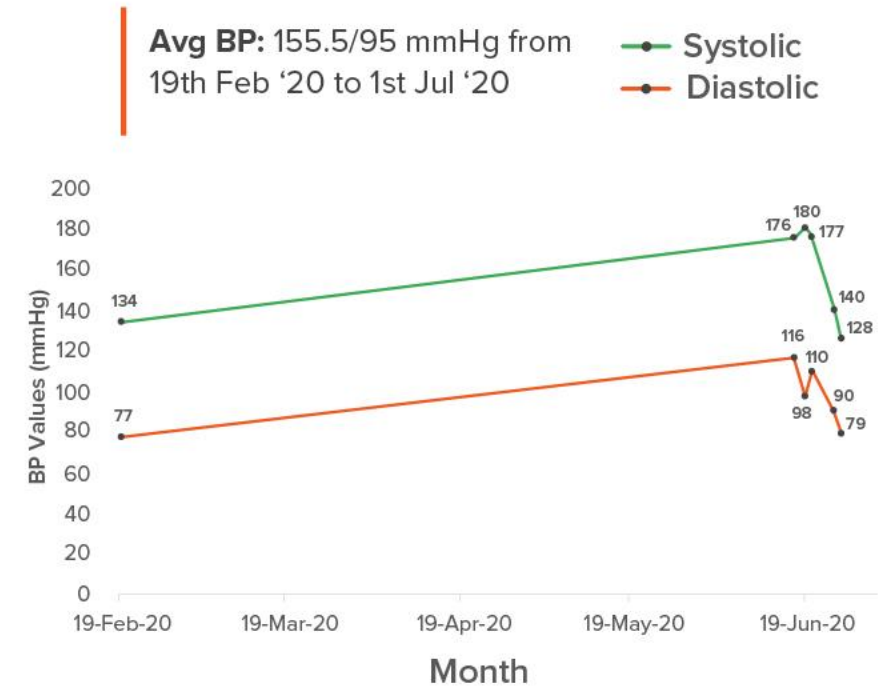
Impact of COVID-19

“ I am afraid of going to antenatal clinic because of the population ”

- > Decline in access to essential health services such as ANC and PNC, resulting in undetected changes in health conditions
- > Confusion about where to seek care
- > Fear & anxiety of contracting COVID-19
- > Increased pressure on mDoc health coaches to provide both clinical & self-care
- > Undetected changes in health conditions
- > During peak COVID-19 months coaches asked women through messages to prioritize checking their BP at pharmacies.

35%

Of women developed **high BP post-onboarding**

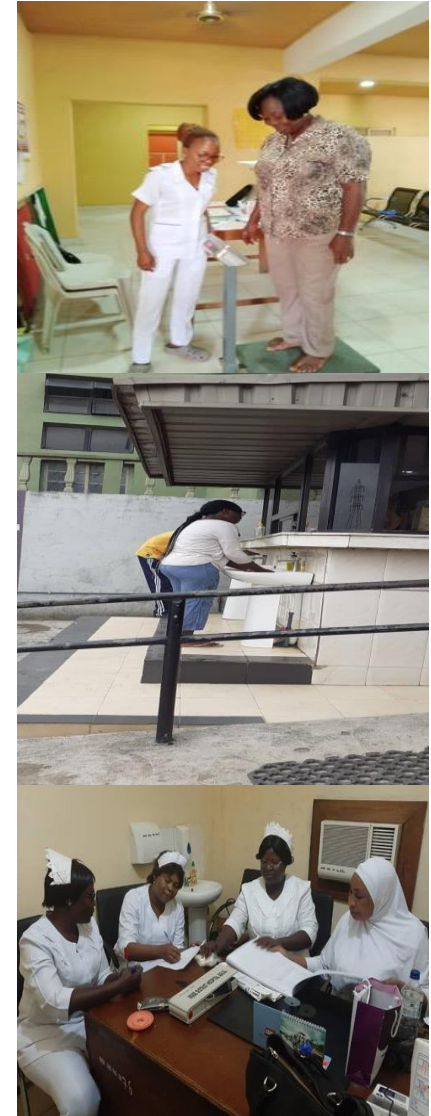


2020.02.19	Systolic: 134	Diastolic: 77
2020.06.17	Systolic: 176	Diastolic: 116
2020.06.19	Systolic: 180	Diastolic: 98
2020.06.20	Systolic: 177	Diastolic: 110
2020.06.24	Systolic: 140	Diastolic: 90
2020.06.25	Systolic: 126	Diastolic: 79

Facility Quality Improvement (QI) Teams – Maintaining Services During the COVID19 Pandemic



- Identifying context relevant services by quick mapping of current status of service provision via telephone and QI team WhatsApp groups.
- Provided support and advice via telephone on reorganizing ANC services with physical spacing in mind, prioritizing women in their last trimester and emergency cases.
- Provided leaflets/infographics on prevention of COVID19 and IPC, useful resources from WHO, NCDC & responding to HCWs questions using the facility QI teams WhatsApp groups.
- Weekly telephone calls and mentoring of HCWs (QI lead, ANC lead).
- Encouraged the discussion of the monthly ECHO sessions and the lessons learnt from the case studies presented and making changes as appropriate via telephone calls and QI team WhatsApp groups.
- Change ideas from the QI teams during the COVID19 pandemic included seeing patients in ANC in small batches, installing hand washing stations and temperature checks for all patients including helplines by some Health facilities



Our multifaceted COVID-19 response involved **expanding the breadth and depth of our services**; expanding **from digital self-care** reminders and nudges **to urgent and emergent care**; and at the **core listening** to the voices of the women and health providers

Provided virtual ANC, PNC, and Newborn care touchpoints

Increased frequency of tele-ECHOs for HCWs, focusing on COVID-19 related topics

Distributed COVID-19 infographics and materials

Provided PPE Mama Delivery Kits

Provided patient navigation services

Launched COVID-19 and Pregnancy support group

Held weekly Tele-ECHO sessions for women

Provided mental health support

Prioritized high risk pregnancies, providing more frequent touch points and interaction to these women



Improved self-efficacy, health and digital literacy was seen for majority of the 119 women surveyed following virtual support.

- **96%**

Manage their health & chronic disease (34% increase from baseline)

- **8.8/10**

Score in 'I am confident that I can ensure that my baby is properly latched on for the duration of breastfeeding'.

- **6.5/10**

Score in 'I am confident that I can achieve my physical activity and exercise goals that I set'.

- **7.7/10**

Score in 'I am confident I can add less salt when cooking my meals'.



73%

Women are more comfortable using their phone for their health than before they enrolled with mDoc



80%

Knew a blood pressure value above 140/90mmHG was not normal



85%

Knew overweight or obese women were at a higher risk of developing hypertension and diabetes during pregnancy

93%

Knew the benefits of exercising during pregnancy



85%

Could define Diabetes Mellitus as too much sugar or glucose in the bloodstream



A 28yo pregnant woman with Pregnancy Induced Hypertension

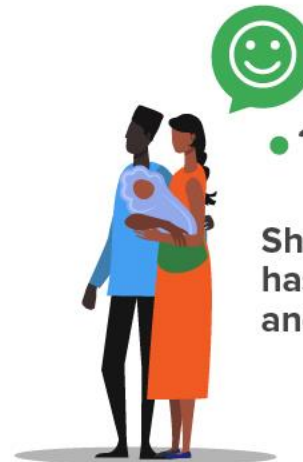


Her Health Coach supported her through behavioral changes such as

- Routine tracking of BP & presentation at hospital with any high reading
- Uptake of exercise
- Reduction of salt intake



When scared of induction of labour, her health coach play a vital advocacy role with her family



She delivered a healthy baby and has continued to receive breastfeeding and newborn care support

The testing and implementation of this **multimodal digital health** approach has led to so much learning:



With such low levels of health literacy, guidance on both self-care & clinical care is imperative in improving self-efficacy.



The role of advocacy with husbands, mother-in-laws, & community in improving women's prompt access & referral to health providers can not be underscored.



Intensified integration and linkage of virtual self-care support and facility-based care is required to achieve desired short-term and long-term health goals.



Constant upgrade of artificial intelligence and machine learning is critical in real-time tele-triaging at scale.



Leveraging behavioural science, use of a reward system drives behavioral changes for a healthy and happier life.



Having an existing integrated digital platform enabled for lifestyle management, patient navigation and virtual education enabled us to be agile and responsive to the women's needs.

