Category: Strengthening the formal healthcare system

Tianjin

Training of Chief GPs of Diabetes

Training given by the CCD partners to community health professionals has meant a greater quality of medical treatment for patients with diabetes and has helped contribute to increased levels of trust with local health services. This has meant a reduction in the burden for hospitals, which until recently were perceived as the only way of accessing treatment for diabetes, leading to overcrowding and overstretch. Moreover, these community-based responses can take a stronger initiative in prevention from within the local community, rather than merely cure and treatment of diabetes. These are important steps to creating a better diabetes urban treatment environment, halting the march of deadly NCDs.

Local Partners: Tianjin Health Commission, Tianjin Human Resource and Social Security Bureau and Tianjin Medical Association

Background

For the first time in China’s history, there are now more people living in urban areas rather than rural settings. The city of Tianjin has the fourth largest urban population and is among the fastest-growing cities in China. The rapid economic and urban growth it has witnessed over the last decade has led to some serious challenges for public health. Non-communicable diseases – such as diabetes – have become the number one health threat. This is driven by underlying negative associations of urban living, such as a poor environment, bad diet, sedentary lifestyle, smoking and alcohol consumption. These are all contributing to today’s diabetes epidemic – the current rate of which sits at around 10% in China, or 105 million people.

The Cities Changing Diabetes Projection Model projects that if action is not taken now, the number of individuals living with diabetes in China could reach as many as 155 million by 2045, with the cost to the state and society amounting to as much as $71 billion a year. In the city of Tianjin specifically, the prevalence rate of diabetes increased from 6.4% in 2000 to 9.5% in 2010, with a 12% increase of rate of urbanization in the same period of time in Tianjin. The healthcare system in Tianjin is trying hard to accommodate multi-centred approaches to manage diabetes patients’ conditions, but the outcomes remain unsatisfactory. Only 50% of the diagnosed patients received subsequent medical care. Among the population receiving care, only 24% achieved the treatment target.
What the city did

Research undertaken by The Tianjin Medical University as part of CCD programme revealed that of a total 12 factors associated with participants’ vulnerability to diabetes, six themes were found in more than half of participants, with severity of disease reported in 97.8% of people, and a lack of support from family and friends in 92.2% of people. Lifestyle changes – for example moving from rural areas to an urban setting, or transitioned from a life of poverty to a well-off life, were prevalent in 84.7% of people.

Perhaps most perniciously, the research showed that there is a lack of trust in the quality and care of primary care at community health centres. Most individuals, until recently, preferred to bypass Community Health Centres, choosing to seek medical care from large hospitals. This had led to staff overstretch, with many patients struggling to gain access to treatment, and an inability to spot early detection and put prevention programmes in place.

Solution

There is strong evidence that health systems centred around community health care (CHC) systems staffed by well-trained GPs can be an effective and efficient way of providing good quality healthcare to people living with diabetes. To that end, China has made strengthening local CHCs a core priority of its “Healthy China 2030” strategy.

Through CCD, a new programme designed to train GPs in the diagnosis and management of the disease was put in place. Based in 30 training centres and led by 70 specialists, the aim was to improve the capacity of local GPs to effectively diagnose, treat and manage diabetes in their local patient populations. 300 GPs received the title Chief GPs of Diabetes by the Tianjin Health Commission.

Outcome

Indications show that this effort has already resulted in improved diabetes care from GPs, facilitating an increase in the levels of trust in the primary health care system for Tianjin residents. In addition, evaluation of the training has shown that GPs have begun to perceive that their own standard of knowledge around the disease had improved, leading to greater self-confidence and motivation to help patients manage their diabetes. These improvements have started to foster a better medical atmosphere and promote more efficient medical treatment.

What’s next

There will continue to be a strong collaboration with and among local city stakeholder to ensure continued commitment to create change. Improving training programme for primary care doctors will continue as the city continues to strengthen capacity in primary care, so that people living with diabetes in Tianjin will receive the care and support they need to live a good life at their local community health center.

References