

# Implement new approaches to patient education and counselling for NCDs



Patients with chronic conditions queuing for primary care. Source: SU Climate change, migration and health network

## Rising prevalence of NCDs

Non-communicable diseases (NCD) are becoming more prominent in the burden of disease in South Africa. Diabetes is now the leading cause of death in women and second overall. Patients with NCDs (i.e. diabetes, hypertension, asthma and chronic obstructive pulmonary disease) need treatment and education to self-manage their condition. To help patients control their NCDs and avoid complications, we need to find ways of empowering them within a busy and resource constrained environment.

## The vicious circle of not empowering patients

High workload and low human resources for health characterize the public primary care system in South Africa. This means that large queues of patients with chronic conditions, must be seen quickly in order to manage the load.

Health professionals spend little time on empowering or educating patients in a comprehensive way that supports effective self-management. Counselling is often ad hoc, fragmented, brief, directive and judgmental. In addition, primary care providers may be poorly informed about lifestyle modification and lack skills in behavior change counselling.

The end-result is patients who are poorly controlled, poorly adherent to their medication and who do not understand how to manage their own conditions. This leads to more frequent visits to clinics and hospitalisations for avoidable complications. Life expectancy and quality of life suffers as a result.

Between 2019-2022 Stellenbosch University researchers explored how to implement comprehensive patient education and counselling (PEC) for people with NCDs at two primary care facilities in the Western Cape of South Africa through participatory action research.

## Priority actions for district managers 2023-24

1

### Prioritize

empowerment of patients with NCDs in district plans and goals. Equip clinicians and managers to achieve these goals.

2

**Scale up** the use of group empowerment and training (GREAT) for people with diabetes and other NCDs in primary care facilities.

3

**Support** the implementation of novel digital solutions for patient education and counselling that complement facility-based activities.

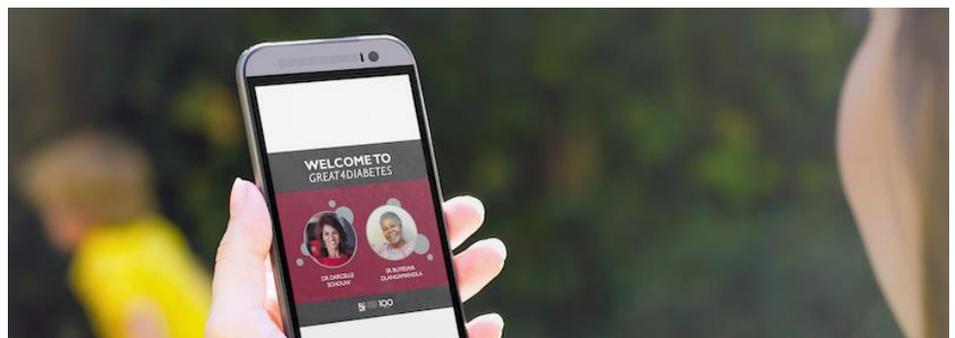
# Implications

District and facility managers need to prioritise PEC for NCDs in their annual plans and goals. The key inputs required to support this should be identified and provided. Primary care providers will need *training* to be experts in NCDs, lifestyle modification and communication skills that motivate and empower patients. A guiding style of communication is needed. Such PEC should be supported by the necessary *educational resources and supplies*. The *health information system* should document the reach of effective PEC and the medical record should record what PEC has been given and support continuity of care. *Infrastructure* and space will be needed for group work. A *budget* should be allocated to support effective PEC.

Taking GREAT for diabetes<sup>1</sup> to scale requires attention to a number of issues: who will be trained to facilitate group sessions (typically a health promoter or nurse), where will groups meet, which patients will be targeted (typically new patients and very uncontrolled), how will sessions be linked to their appointments/visits, how will sessions be integrated into the flow of patients through the facility. GREAT for hypertension, asthma and COPD is available but will need further testing before scale-up.

All primary care providers should be trained in brief behavior change counselling.<sup>2</sup> On-line courses are available through eCPD (<https://healthcare-ecpd.co.za>). Where even brief counselling is difficult in short consultations, then the approach can be split between a clinicians and a supporting lay counsellor or health promoter.

Digital solutions for PEC show promise. Managers should support the introduction of technology that engages patients directly such as the WhatsApp Chatbot.<sup>3</sup> Some PEC with groups may also be possible using virtual means. These approaches complement face-to-face PEC.



Patient accessing the WhatsApp Chatbot on their cell phone. Source: JMIR for diabetes



Group empowerment for diabetes  
Source: GREAT project at SU

## Key findings

- 1 Initiatives to improve PEC must not disrupt the flow of patients if they are to be successfully implemented.
- 2 Brief behaviour change counselling provided clinicians with useful skills, but was not always implemented as this added time to consultations.
- 3 Group empowerment for people with diabetes was effective and feasible. This can be extended to other NCDs.
- 4 Implementation requires effective management and leadership to prioritise and organise PEC.
- 5 Digital solutions for PEC need to be further developed and evaluated.

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2. Fouché J, Mash R, Malan Z. The psychometric properties of a tool to assess brief behaviour change counselling in South Africa. *Afr J Prim Health Care Fam Med*. 2020;12(1), a2540. <https://doi.org/10.4102/phcfm.v12i1.2540>  
3. Mash R, Schouw D, Fischer AE. Evaluating the Implementation of the GREAT4Diabetes WhatsApp Chatbot to Educate People With Type 2 Diabetes During the COVID-19 Pandemic: Convergent Mixed Methods Study. *JMIR Diabetes*. 2022 Jun 24;7(2):e37882.

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