RESOLVE TO SAVE LIVES

Cardiovascular Health Initiative
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IMPROVING RETENTION IN CARE FOR PATIENTS WITH HYPERTENSION

Change Package: Overdue Patient Management

Purpose: To provide evidence-based interventions that large-scale hypertension control programs can use to track patients overdue for a hypertension follow-up visit and return them to care.

Background: Reducing loss to follow-up is a leading way to improve hypertension control and reduce deaths from heart attacks and strokes. Only 20% of people with hypertension worldwide have their blood pressure controlled, and 50% or more of patients with hypertension fail to attend their follow-up visits. Calls, text messages, and home visits are effective ways to improve follow-up visit rates.

Aim statement: By X date, X facilities will have reduced 3-month loss to follow-up by X%

Example: By December 2024, reduce 3-month loss to follow-up from 48% to 43%

Outcome indicator: percentage 3-month loss to follow-up

% 3-month loss to follow-up

High-impact Change	Activities	Process Indicators	Tools

1. **Overdue patient phone calls**	**1.1** Identify which patients are overdue
	1.2 Identify staff to make overdue calls (Facility health workers or centralized call center)
	1.3 Create digital or paper overdue line lists and tool for tracking data
	1.4 Train health workers to use Guide and counseling techniques
	1.5 Review data each month
		• # and % overdue patients called each month
		• % overdue patients called that returned to care
			• Guide for management of overdue patients with hypertension
			• Establishing a call center
			  • PATH call center: India
			  • Case study: Bangladesh call center*
			• Digital Toolkit for Management of Overdue Patients with Hypertension*

* This tool is still under development. Hyperlink will be added when available.

High-impact Change	Activities	Process Indicators	Tools
2. Overdue patient text message reminders	**2.1** Develop and translate text message script **2.2** Identify local text message vendor and set up digital infrastructure **2.3** Determine message frequency **2.4** Review data each month	• # and % overdue patients sent text message • % overdue patients sent text message that returned to care	• Guide for management of overdue patients with hypertension • Digital Toolkit for Management of Overdue Patients with Hypertension*
3. Overdue patient home visits	**3.1** Identify staff for home visits **3.2** Establish digital or paper tools for home visit line listing and tracking data **3.3** Train health workers to use SOP and counseling techniques **3.4** Review data each month	• # and % overdue patients with home visit each month • % home visit patients that returned to care	• Guide for management of overdue patients with hypertension
4. Facility Interventions	**4.1** Counsel patients on return visit date at each visit, and give a reminder card with their next visit date **4.2** Verify correct phone number, address and contact details at each visit **4.3** Document each visit in the information system (paper or digital) **4.4** Reduce clinic wait times **4.5** Maintain friendly, empathic service	• % of patients with working phone number • % of patient visits recorded in the information system	• Guide to facility-based interventions* • India Hypertension Control Initiative training module: Section 4.6.3-7

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