
CONFERENCE ABSTRACT

Effects of integrated community services on vulnerable groups in rural Moldova – Evidence from service data

ICIC20 Virtual Conference – September 2020

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Community Medical Assistants (CMA) could be a welcome extension of family medicine services for elderly people living with NCDs within an integrated community services approach in the Republic of Moldova. The present study analyses service data of a pilot integrated care project strengthening multi-sectoral collaboration in 3 Moldovan districts (Orhei, Falesti and Ungheni) carried out since April 2019.

The purpose of this study is to show the benefit of integrated community services in terms of access to care, reaching vulnerable groups, quality of services and satisfaction of beneficiaries.

Integrated community care services were organised in three rural Moldovan districts. Every district prepared a health action plan based on locally available data and an initial assessment to identify health and social vulnerability amongst patients with NCDs. Although action plans varied between districts, all interventions included awareness raising sessions, messages for primary and secondary prevention, reducing risk factors and adjusting lifestyle factors, healthy nutrition and others. A common monitoring and data collection instrument was identified for all three districts.

722 persons of all districts with diagnosed NCDs (582 women (80%) and 140 men (20%)) were identified with some signs of social vulnerability and need for additional support. A joint assessment of medico-social teams using wellbeing and functional status indicators was carried out for approximately 50% (284 women and 88 men) of that group. From those patients, 25% were identified to require additional social support and 35% needed complementary health services. For another 17% (65 persons) who required home care services and personal assistance, a case management approach was developed. This entails the development of care plans, specifying specially targeted multi-sectoral interventions over a minimum duration of six months.

Key findings

- Inter-sectorial mechanisms for elderly people living with NCDs are largely non-functional in Moldovan communities, due to a lack of participation of the health component in multi-disciplinary case management work.
- Although officially one community medical assistance (CMA) position is foreseen for every 2000 population, in reality CMA is just a small additional function to medical

assistants in family doctors cabinets. Those medical assistants, who partly have CMA functions, have not followed any training, enabling them to do their job.

- Joint medico-social and home based assessments of patients with NCDs considered at risk revealed a total service gap of up to 25% (42% of those, where joint assessment was done) compared to current identification practices.
- The vast majority of patients perceived the integrated medico-social needs assessment at home as beneficial to their wellbeing status.
- Patients with complex needs, who were previously not identified, benefit substantially from this innovative approach.
- Early detection and joint follow-up of patients with complex needs and their caregivers may reduce the need for emergency services in rural Moldova.

Integrated assessment and management of critical NCD cases with complex needs show clear advantages compared to traditional service patterns, particularly in terms of early identification and access to services. However, a much stronger role of community medical assistance within a multi-sectoral community team is required.