

Round Table Discussion and Stakeholder's meeting on Cardiac Rehabilitation & Heart failure

Held on 30th November, 2019

A Round Table Discussion on sustainable development of Cardiac Rehabilitation in Bangladesh; was conducted by Ibrahim Cardiac Hospital & Research Institute (ICHRI) was held on 30th November 2019 at 10:00 AM at the Hotel Sundarban, 112 Sonargaon Road, Dhaka 1205, Bangladesh



Following decision was made from this stakeholder's meeting at Dhaka that:

First of all, a PowerPoint Presentation delivered by Professor Rod S Taylor, his topic was **“Setting the scene: Presentation I -Global evidence for cardiac rehabilitation”** and Professor Ann-Dorthe Zwisler, her topic was **‘Roundtable 1: What are barriers and levers to clinically deliver manual-driven home-based cardiac rehabilitation at hospitals in Bangladesh?’**



Round Table discussion and stakeholder's meeting at Dhaka:

Prof. M A Rashid (Professor and senior Consultant cardiologist and CEO, ICHRI), was opening the discussion. He request to start round table discussion and focus on different barrier and facing problem to developing Cardiac Rehabilitation in Bangladesh.

Prof. Bashar (Cardiologist): he said:

Acute management in Bangladesh is very well but behavior of CVD is lacking behind. So, undoubtedly Bangladesh must go Cardiac Rehabilitation programme for betterment of cardiac patients.

It should be starting in hospital in a positive way first.

Most of the patient in Bangladesh who came to hospital health care professional give them negative counseling. When patient go PCI or CABG they must demonstrated positively. The patient suffering from similar disease and undergo the treatment, after the treatment patient have go to

Hundred percent functional life and biological life, this counseling is very necessary.

Home Cardiac Rehabilitation in Bangladesh is very difficult because: we do not have trained personnel. Most of the cardiac center is located very long distant from the patients. So, if give patients proper home based Cardiac Rehabilitation then must established satellite center in different placeless.

Only BIRDEM and ICHRI developed the good network for Cardiac Rehabilitation. But this is not sufficient. So, government and private sector should have coordinated effort. We must give hand together to solve the problem.

So Cardiac Rehabilitation and home based Cardiac Rehabilitation must need in Bangladesh.

This is 1st starting meeting may be much more coordination meeting should be there. So that we can achieve our goal

Prof. Nazrul Islam (Former Director and Professor of Cardiology National Institute of Cardiovascular Diseases): he said about barrier

Most of the physicians practice in the government and private hospital.

So 1st think is clinicians must think about Cardiac Rehabilitation and other Rehabilitation.

Now our mean life expectation is increasing 71-72 years in Bangladesh. Family structure is also change like western pattern. 50 years ago the people are being treated at home; there were lots of helping hand there. But at present changing family pattern Cardiac Rehabilitation much more important. Rehabilitation in hospital should be a good study but the home based Rehabilitation should be given more importance.

Recently from BSMMU pediatric department they have started a satellite programme and they have got good home delivery system mostly of the cancer related Rehabilitation.

So we must try something for this research, what should study and how it implements? How to integrate this is important.

Another important think is Bangladesh has very good infrastructure of health service delivery. But unfortunately this is not monitor properly. So that we cannot utilize properly of this facilities

Bangladesh has well health structure than other country in south Asia. Bangladesh has union level, upozilla level and district level hospital infrastructure and facilities. If we manage this and utilize this existing structure for Cardiac Rehabilitation it will be beneficial. Also this can improve manpower and utilized them for Cardiac Rehabilitation.

Most important barrier in Bangladesh is negative attitude and ignorance of necessity of Cardiac Rehabilitation by the physicians, by the government, by the people sometimes by the patients.

So we need enough education to the patient, to the family, and also physicians. We must guide the government to utilize the health services properly in Bangladesh.

Prof. Atahar (Cardiologist): he said

Transportation is another barrier. Most of the patient lives in ling distance from hospital. Cost is also another barrier.

Dr. Mithila (Public health expert and Head of NCD department, BUHS): she said

It will very difficult to implement home-based Cardiac Rehabilitation in Bangladesh. We need some procedure, some module which is followed all over the country. ICHRI already started Cardiac Rehabilitation programme but other government, non-government, private hospital need to start Cardiac Rehabilitation.

Dr polash (Public health expert and academician, BUHS) : he said

Main barrier is communication and information. Actually we avail to transfer the information of Cardiac Rehabilitations very important for the patients. Until we cannot do this we cannot achieve goal. Awareness of people is need and important.

Dr. Moly Mridha (Academician and Head of NCD, BRAC University): he said

Cardiac Rehabilitations is kind need of Bangladesh. In term of barrier one think is facilitated is who will provide the service and what frequency and which services can provided?

So we think about integration, different modalities of providing services, but there is a need for careful thoughts about how we can do this.

Cardiac Rehabilitations services pointed that 25% people suffering Ischemic heart disease and they need mental health support. Whether there is an implication with professional of mental health or hoe they can provide this services also need to be is well thought.

Urban primary health care programme run by MOHFW, LGED. This type of service is also being integrated along with the primary health care progrmme to government of Bangladesh in rural area. This will also be helpful because the treating hospital is not able to do enough unless we can integrate the service with the primary health care provider.

In term of Private and public partnership, private sector earn money to acute care, preventive care and Rehabilitations care. So we can also think about working with the same kits or private facilities are provide this type of care and they will also be able to get profit.

Professor Dr. sohel Reza (Head of Epidemiology and research , NHFH): he said

Work with Mr .Jamal Uddin and trying to develop Rehabilitations in Bangladeshi hospital with small units. Planning to improve couple of years but afraid to we have not progress as much. Over the two years we face some problems and realized the needs of Cardiac Rehabilitations. As we are provide the facilities in hospital the cost recovery is one of the ritual. We have to invest lots initially and the recovery of the cost we are mostly generated the resources and not investing it for prevention. Leadership Rehabilitations has been done with group work. Physiotherapists, nurses, cardiologist all together have to work. Somehow this combination is not form and of course leadership comes from cardiologist. Though cardiologist understand the need for the patients' problems, as a researcher we can do some research. We can setup some module is one issue but we do not have answer what is the progress of Bangladesh. My opinion is visiting the community to district hospital and start it small... in Dhaka city both private and government hospital setup a model and show it with our policy maker and that it is work. Do some economic evaluation and then go. Then we can work.

Mohammad mustasiv: he said

Agreed with satellite shelter, Agreed with integration of Cardiac Rehabilitations, Agreed with established of proper model of Cardiac Rehabilitations. What is our plane to address these people and how to develop the module in proper way?

Mr. Majedul (NGO expert, HI) : he said

Coordination of care between health and Cardiac Rehabilitations professionals is main barrier.

A study with Melbourne University Australia found that medical doctors just beside the Rehabilitations center don't know about that center. So coordination of health and Rehabilitations professionals is main barrier in Bangladesh.

Lack of knowledge of physicians about the Cardiac Rehabilitations . Right now we have do list of Rehabilitations professionals. Also need occupational therapist, speech language therapist, psychological therapist that is integrated whole services. Sometime Rehabilitations programme does not address the disabilities this is barrier.

Mr. Ripon Chakrabarty (NGO Expert, HI): he said

Talking about socioeconomic prospective, people who are not socially included

Economical solvent of patients is one of the barriers. How we can coordinate to address the socioeconomic Rehabilitations? How we can coordinate Rehabilitations overall involving the ministries and departments?

Dr. Mahfuj: he said:

Awareness among health care professionals and patients is necessary.
Thinking about Recourse constrains, financials well as manpower and infrastructure setup.

Dr. Khaled(Cardiologist, BSMMU): he said

Cardiac Rehabilitations make proper recovery and patients become economically solvent as well.
The barriers are: the knowledge and awareness about Cardiac Rehabilitations among the healthcare professionals is very low.
Lack of Patients knowledge and awareness about Cardiac Rehabilitations
Cardiac Rehabilitations programme should be include in curriculum
Lack of trained physiotherapist and other healthcare professionals for Cardiac Rehabilitations
Need good infrastructure every level of country for run Cardiac Rehabilitations programme.
BADAS has upozilla center which we can use for Cardiac Rehabilitations programme and trained people for this programme.

Dr. Mahbub Sobhan (Clinical Researcher, NHFH): he said

Those who are working in this field we don't even have the sufficient knowledge about Cardiac Rehabilitations. So we have to enrich ourselves.

We have to counseling patients as well as attendant about the awareness and necessary of Cardiac Rehabilitations. Because most of the cases they run for treatment but neglected to look after their care.It is like a team work and every team member should contribute.

Bangladesh has no proper health insurance system. Money is big matter. So we think about that. Must focus on women's health care and ensure their access for treatment

Mental health should be focused. In our society people thought that mental health means he/she become mad and not able to live society. So provide awareness about mental health also.

Dr. Jabed Iqbal (Cardiologist, ICHRI): he said

When a patient admitted in hospital she/he must awarded their disease and clinicians should set up this.
Introduced a module about Cardiac Rehabilitations
Increase trained manpower for Cardiac Rehabilitations
Whole Bangladesh start satellite Cardiac Rehabilitations center

Dr. Shahidul islam (Pediatric Cardiologist): he said

Pediatric cardiologist should give awareness to patient's parents because they are the caregiver of the patients

As cellphone is available devise in Bangladesh so Use cellphone for f Cardiac Rehabilitations facilities
We (physicians) provide clear oral and written (mother language) advise with simple language for Cardiac Rehabilitations, which is more helpful for patients.

Mr. Hannan (Patients representative): he said

Home based Cardiac Rehabilitations is must need in Bangladesh

Awareness among patients and caregivers and health care professionals is necessary.

Coordination of care between health and Cardiac Rehabilitations professionals is main barrier.

Lack of provide expertise

Dr. Prodip sen gupta (Researcher and academician, BUHS): he said

Right now Cardiac Rehabilitations is not possible because that we have to develop some module to run this programme. Module for, how to treat patients, and how to practice whole country?Lack of doctors and specialist about Cardiac Rehabilitations

Improve communications and personal relationship. Education about Cardiac Rehabilitations is needed.

Must consider about cost

Prof. Dr. Monower (Cardiologist, NICVD): he said

Bangladesh is middle and low socioeconomic country

Physicians motivation as well as knowledge is necessary

In my institutions have nutritionist, physical medicine but they are not utilized

Cardiac Rehabilitations should start tertiary center and then thana health complex

Some patients is not cardiac patient should include Rehabilitations

Need proper knowledge of health care professionals about Cardiac Rehabilitations

Access of cellphone is available in Bangladesh so use this device for Cardiac Rehabilitations

We have to pay adequate attention of basic livelihood of the poor people of our country

Modify our existing and proposed model. Utilized health care visitors for Cardiac Rehabilitations

Mr. Jamal Uddin (Senior Chest Physiotherapist, ICHRI): he said:

Currently Cardiac Rehabilitations start from hospital then home based and again monitoring in hospital.

Need team work to establish and fruitful Cardiac Rehabilitations programme for all over the country.

Dr. Biswajit Bhawmik (Research and project manager, BIRDEM): he said

Lack of knowledge of physicians about Cardiac Rehabilitations

Access to care is important issue and How to patient care receives

Prof. Dr. Mostofa Zaman (WHO, Head of research and publication): he said

We need to our won data of Cardiac Rehabilitations

15 years ago NICVD found that patients first ever heart attack was 51% but now it 55% so, life expectancy is increasing. So Cardiac Rehabilitations is necessary.