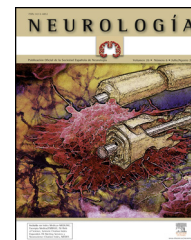




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ORIGINAL ARTICLE

Study of outpatient neurological care in the Region of Madrid: The impact of implementing free choice of hospital[☆]



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KEYWORDS

Outpatient
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Abstract

Introduction: A new model permitting free choice of hospital has been introduced in the Region of Madrid. This may result in changes in how outpatient neurological care is provided and managed. The purpose of this study is to analyse initial visits to a general neurology department in the Region of Madrid and record the health district corresponding to each patient's residence. **Methods:** Observational and prospective study of a cohort of patients making initial outpatient visits to a neurology department between 16 September 2013 and 16 January 2014.

Results: The study included 1109 patients (63.8% women, mean age 55.2 ± 20.5). The most frequent diagnostic groups were periodic headache, cognitive disorders, and neuromuscular diseases. Non-neurological diseases were diagnosed in 1.1% of the cases. The mean time of delay was 7.2 ± 5.1 days. Residents within the hospital's health district made up 73.8% of the total, while 26.2% chose a hospital outside of the health district corresponding to their residences. In the latter group, 59.5% made the choice based on the level of care offered, while 39.7% changed hospitals due to shorter times to consultation. The patients who came from another health district were younger (50.7 vs. 57.3 , $P < .0001$) and had a lower rate of discharges on the first visit (16.4% vs. 30.1% , $P < .0001$).

Conclusion: The model of free choice of hospital delivers significant changes in healthcare management and organisation. Reasons given for choosing another hospital are more ample experience and shorter delays with respect to the home district hospital. Management of patients from outside the health district is associated with greater complexity.

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PALABRAS CLAVE

Asistencia
nerológica
ambulatoria;
Gestión sanitaria;
Epidemiología

Estudio de la asistencia neurológica ambulatoria en la Comunidad de Madrid: impacto del modelo de libre elección de hospital

Resumen

Introducción: En la Comunidad de Madrid se ha desarrollado un nuevo sistema de libertad de elección de área sanitaria, que puede suponer un cambio en la asistencia sanitaria neurológica y su gestión. El objetivo de este estudio fue analizar las primeras visitas de Neurología general atendidas en un área sanitaria de Madrid, teniendo en cuenta el área sanitaria de procedencia del paciente.

Métodos: Estudio observacional, prospectivo, de una cohorte de primeras visitas de neurología ambulatoria realizadas entre el 16 de septiembre del 2013 y el 16 de enero del 2014.

Resultados: Se incluyó a 1.109 pacientes (63,8% mujeres, edad media $55,2 \pm 20,5$ años). Las categorías diagnósticas más frecuentes fueron cefalea periódica, trastornos cognitivos y patología neuromuscular. El 1,1% se consideró patología no neurológica. El tiempo medio de demora fue de $7,2 \pm 5,1$ días. El 73,8% perteneció a la propia área sanitaria del hospital, mientras que el 26,2% procedió de otra área por libertad de elección. De estos, el 59,5% acudió por excelencia, mientras que el 39,7% por una menor demora. Los pacientes que acudieron por libre elección tuvieron una edad media menor (50,7 vs. 57,3 años; $p < 0,0001$) y una menor tasa de altas en la primera visita (16,4% vs. 30,1%; $p < 0,0001$).

Conclusión: El modelo de libre elección de la asistencia neurológica implica un cambio relevante en la gestión sanitaria. La búsqueda de centros a los que se atribuye mayor excelencia y con menor demora son motivos para la libertad de elección, asociándose los pacientes de otra área a una mayor complejidad.

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Introduction

The last few years have witnessed significant improvements in outpatient and non-hospital neurological care.^{1–4} The rising frequency of neurological diseases, their growing social and care-related repercussions, and deeper knowledge of the diseases themselves all contribute to the higher demand for neurological consultations.⁵ In Spain, the General Law on Healthcare of 1986 established creating health care districts to serve as the basic building blocks of the healthcare system, whether for primary care or specialist care.⁶ Since then, several studies have examined outpatient neurological care in different regions of our country.^{7–22} These studies were conducted as a means to improving health planning and care.^{23,24}

In 2010, the Region of Madrid implemented a system in which patients may freely choose their doctors and hospitals, including specialists; this change resulted in the unified health district of the Region of Madrid.^{25–27} This system differed greatly from the previous one that had been established by the General Law on Healthcare. Within the new framework, the patient may freely consult with specialists or a department from another health district, and this may mean major changes in health planning. These changes in turn may affect outpatient neurological care, which is a relevant consideration for healthcare management.

The purpose of this study was to analyse the first neurological consultations in one health district in Madrid to obtain demographic, diagnostic, and care-related data. We noted whether patients resided in the same health district

in which the study was carried out, or if they had specifically chosen to seek care in that district.

Material and methods

Specialist neurological care in the Region of Madrid is provided in 27 zones that are geographically equivalent to the health districts established by the previous system. Each health district is headed by a hospital, and care is provided in that hospital or in its corresponding specialist care centres.

Outpatient neurological care in District 7 is headed by Hospital Clínico San Carlos. Care is provided in that hospital's facilities, at the Modesto Lafuente specialist care centre, or at the Avenida de Portugal specialist care centre. Throughout 2013, care was provided to 38,214 patients; 6311 were seen by general neurologists for the first time following a referral from primary care doctors, and 1063 of them had opted to use our healthcare centres. The rest of the patients received care from more specific units within the neurology department.

This observational prospective study examined a cohort of patients receiving outpatient general neurology care for the first time. Patients seen between 16 September 2013 and 16 January 2014 were recruited consecutively. Our team recorded demographic and clinical variables (age, sex, diagnostic category) for all patients examined during this time period in the consulting rooms of 3 neurologists at either Hospital Clínico San Carlos (JAM, JM) or at the Modesto Lafuente specialist care centre (JAM, RG). Diagnostic categories included the following:

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