



Original Article

Health Planning in Rheumatic Diseases. Elaboration of a Master Plan for Rheumatic and Musculoskeletal Diseases of Catalonia[☆]

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ABSTRACT

Background: Rheumatic diseases (RDs) are among the most common chronic health problems of the Catalan adult population. They cause important problems for individuals, their families and for the society overall, with high direct and indirect economic costs. The Department of Health of Catalonia promoted the creation of a Master Plan for the rheumatic diseases, as a tool for planning an integral approach to these problems.

Objective: To present the work methodology that has been used in the development of the Master Plan and its final proposals.

Methods: First an analysis of the burden caused by these problems in our community was performed and the objectives of the Plan were established. Later, strategic lines were defined and work groups organized to analyze proposals for improvement, which after consensus were accepted.

Results: The proposals of the Plan comprise actions in the scope of prevention, rationalization in the use of resources and the formation of professionals among others. Changes in the health care model for RDs were proposed in order to improve specialized and primary care coordination with clinics and musculoskeletal functional units.

Conclusions: The Master Plan recommends actions to improve the attention of the population through operative planning and the services to different providers. The Master Plan will establish the health policy action lines directed against these disorders.

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Planificación en enfermedades reumáticas. Elaboración del Plan director de las enfermedades reumáticas y del aparato locomotor de Cataluña

RESUMEN

Introducción: Las enfermedades reumáticas son el problema de salud crónico más prevalente de la población adulta catalana. Conllevan importantes problemas para el individuo y para la sociedad, con elevados costes económicos directos e indirectos. Desde el Departamento de Salud de Cataluña se propuso la creación del Plan director de las enfermedades reumáticas y del aparato locomotor, como herramienta de planificación para abordar de forma integral estos problemas.

Objetivo: Presentar la metodología de trabajo que se ha utilizado para el desarrollo del Plan y las propuestas finales de este.

Métodos: Inicialmente se realizó un análisis de situación de estos problemas en nuestra comunidad y se establecieron los objetivos del Plan. Posteriormente, se definieron las líneas estratégicas y se organizaron grupos de trabajo para analizar las diferentes propuestas de mejora que fueron consensuadas con los actores implicados.

Resultados: Las propuestas del Plan incluyen aspectos que van desde la prevención a la rehabilitación con el objetivo de racionalizar el uso de los recursos y aumentar la eficiencia en la atención. Se propone un nuevo modelo asistencial que acerca la asistencia especializada a la atención primaria en forma de consultorías y la organización de unidades funcionales de aparato locomotor, entre otras propuestas.

Palabras clave:

Enfermedades crónicas
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Conclusiones: El Plan director establece las líneas de actuación de la política sanitaria y de la planificación en relación con estos trastornos a partir del análisis de la situación, el establecimiento de objetivos de mejora de la atención y la propuesta de acciones concretas para conseguirlos.

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Introduction

Rheumatic diseases are a prevalent health problem. According to the 2006 Catalan Health Survey (ESCA2006), dorsal and lumbar pain, neck pain and more rheumatoid arthritis, among other types of arthritis are the three chronic health problems most frequently reported by our population.¹ The prevalence of these problems is higher in women and increases with age and low socioeconomic status.¹ The impact of these diseases can be enormous for the individual who presents them, as well as for her/his family and society in general, both socially and economically. These disorders are one of the main reasons for work disability and the leading cause of lost work days,³ while in the elderly often they often involve dependence on others. The cost to health systems is between 1% and 1.5% of European countries gross national income.⁴ In Catalonia, the activity related to these processes occupies 32% of the time of primary care physicians (PC), generates a large volume of activity in rheumatology, orthopedic surgery and traumatology (TOC), and is the main consultation reason in pain units and rehabilitation⁵ services. Attention to these disorders is characterized by high fragmentation of care with inadequate flow of patients between different specialties and levels of care, duplication of visits, additional examinations and dissatisfaction of patients and professionals.

In order to improve the care of rheumatic diseases, the Department of Health launched in 2008 the Master Plan for rheumatic and musculoskeletal diseases (MP), in line with previous⁶ master plans, constituting the planning tool to comprehensively address these problems. The aim of this paper is to describe the methodology that was used and the final proposals that have been finally approved. The prioritization criteria of health problems to be addressed have resulted from population prevalence and impact on health services studies rather than specialty clinics. In this sense, some rheumatic processes with significant impact on affected individuals have a low prevalence population and have not been specifically addressed in this MP. The description of the operational lines of the MP and subsequent evaluation are not the subject of this article.

Methods

The structure of the MP (Fig. 1) is organized according to the Directorate for Planning and Evaluation, Department of Health, in coordination with the Directorate General of Public Health and the CatSalut Management Services Quality Area. Two rheumatologists (ML and XS) joined the Directorate General to direct it and who were responsible for promoting, directing and coordinating the process of developing the MP. It was an Advisory Board with two chairs, a specialist in TOS and a rheumatologist, and 70 members linked to the field of rheumatic diseases from universities, health centers, scientific societies, professional associations, patient associations, suppliers and representatives of Public Administration. There was also a standing committee with 18 members of the advisory council, chosen for their expertise in musculoskeletal diseases and who eventually formed working groups, coordinated by an orthopedic surgeon (JA). Together with them worked 114 professionals in the groups and the final proposals were endorsed by patients, professionals, planners and managers.

The work was carried out in phases (Table 1), the first of which an analysis of the overall situation of rheumatic diseases in Catalonia. For the analysis of morbidity were used ESCA2006¹ data, which also allowed evaluation of the impact of these diseases in the quality of life, restriction of activities and use of health services.² Hospital activity data was analyzed by recording hospitalization and social health (MDS-AH and SS), while the impact on work disability was obtained from the Catalan Institute of Medical Assessments records.³ Data were also obtained of the medications and joint replacement registry of Catalonia (official registry established to collect information on patients undergoing arthroplasty).⁷ Simultaneously, we conducted a literature search to compare the epidemiological and health services use in Catalonia with those published in other environments. From the initiative of the MP two studies were derived: a study on the current delay in surgery of osteoporotic hip fracture through the Catalan Society of TOS and an opinion survey among primary care physicians and related specialties with the musculoskeletal system (TOS, rheumatology, rehabilitation and medical pain units), to obtain qualitative information on aspects of care organization, relationship between levels of care and some improvement proposals.⁵

The outcome of this analysis derived from the MP targets was chosen and the strategies were prioritized based on the following criteria: magnitude of the problem, social importance (impact on activity and work disability, processes that cause dependence) and impact on the use of health services. The problems identified related to the management of health services led a strategic change in a specific health care model.

In a second phase, we developed the working groups, in the case of clinical trials, made by experts in the specific issue in question and both PC and medical specialties as mentioned above and others (geriatrics, pediatrics, neurosurgery, pharmacology, psychology, occupational health, public health), and representatives of nursing and physiotherapy. Patients' associations, as well as being represented in decision-making bodies of the plan (advisory council and standing committee) participated in a working group that drafted their own proposals that were discussed at the Standing Committee and incorporated into the final conclusions. They were also members of the working group on health care model. Each group had one or two officials, with the functions of directing and coordinating the group, who set the work plan and the proposed actions, always within the framework of the general objectives as defined by the MP. The working methodology consisted of regular meetings for discussion and evaluation of the proposals made by members of the group. The established care model working group was a team of people representing relevant scientific societies (rheumatology, family medicine, TOS, physical medicine and rehabilitation, anesthesia and pain management), schools or companies (physiotherapists and nurses), patient associations, entities providing different services and areas of the Department of Health. The objectives of this group were to evaluate existing models of care in other settings and make a proposal for a new model of care.

The proposals from each working group were presented in a technical report that was given to the team manager and, if approved by the Permanent Commission, presented to the advisory board for approval. The results of the MP were collected in a final document, currently available on the website of the Department of Health.⁸

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