Arch Bronconeumol. 2015;51(8):396–402

ARCHIVOS DE BRONCONEUMOLOGIA

www.archbronconeumol.org

Special article

The Role of Pulmonology in the National Health System Chronicity Strategy[☆]

Juan José Soler-Cataluña,[a,b,*] Fernando Sánchez Toril,[a] M. Carmen Aguar Benito[a]

[a] *Servicio de neumología, Hospital Arnau de Vilanova, Valencia, Spain*
[b] *CIBER de Enfermedades Respiratorias (CIBERES), Spain*

ARTICLE INFO

Article history:
Received 24 August 2014
Accepted 18 October 2014
Available online 3 May 2015

Keywords:
Chronic disease
Chronic obstructive pulmonary disease
Asthma
Integrated care program
Disease-management program
Case-management program

ABSTRACT

Longer life expectancy and the progressive aging of the population are changing the epidemiological pattern of healthcare, with a reduction in the incidence of acute diseases and a marked increase in chronic diseases. This change brings important social, healthcare and economic consequences that call for a reorganization of patient care. In this respect, the Spanish National Health System has developed a Chronicity strategy that proposes a substantial change in focus from traditional rescue medicine to patient- and environment-centered care, with a planned, proactive, participative and multidisciplinary approach. Some of the more common chronic diseases are respiratory. In COPD, this integrated approach has been effective in reducing exacerbations, improving quality of life, and even reducing costs. However, the wide variety of management strategies, not only in COPD but also in asthma and other respiratory diseases, makes it difficult to draw definitive conclusions. Pulmonologists can and must participate in the new chronicity models and contribute their knowledge, experience, innovation, research, and special expertise to the development of these new paradigms.

© 2014 SEPAR. Published by Elsevier España, S.L.U. All rights reserved.

El papel de la neumología ante la Estrategia de cronicidad del Sistema Nacional de Salud

Palabras clave:
Cronicidad
Enfermedad pulmonar obstructiva crónica
Asma
Atención integral
Gestión de enfermedad
Gestión de casos

RESUMEN

La mayor expectativa de vida y el progresivo envejecimiento de nuestra población están produciendo un cambio en el patrón epidemiológico asistencial, con una disminución de las enfermedades agudas y un pronunciado aumento de las crónicas. Este importante cambio conlleva notables consecuencias sociales, sanitarias y económicas, lo que plantea la necesidad de una reordenación en la forma de atender a nuestros pacientes. En este contexto, la Estrategia para el abordaje de la cronicidad del Sistema Nacional de Salud propone un cambio de enfoque sustancial para pasar de una medicina de rescate tradicional a una medicina centrada en el paciente y su entorno, una medicina planificada, proactiva, participativa y multidisciplinar. Algunas de las enfermedades crónicas más prevalentes son de origen respiratorio. En la EPOC, esta aproximación integral ha demostrado reducir las exacerbaciones, mejorar la calidad de vida e incluso disminuir el coste. Sin embargo, la heterogeneidad de las intervenciones dificulta las conclusiones definitivas. Algo parecido sucede en asma y en otras enfermedades respiratorias. La neumología puede y debe participar de los nuevos paradigmas de la cronicidad, aportando conocimiento, experiencia, innovación, investigación y valor añadido.

© 2014 SEPAR. Publicado por Elsevier España, S.L.U. Todos los derechos reservados.

Chronicity is a phenomenon that affects all healthcare workers without exception, and which poses complex challenges. These can only be overcome by changing the way healthcare systems are currently organized, introducing widespread use of information technologies and educational strategies, and involving individuals in their own healthcare. Respiratory medicine is not unaffected by

☆ Please cite this article as: Soler-Cataluña JJ, Sánchez Toril F, Aguar Benito MC. El papel de la neumología ante la Estrategia de cronicidad del Sistema Nacional de Salud. Arch Bronconeumol. 2015;51:396–402.

* Corresponding author.
E-mail address: jjsoler@telefonica.net (J.J. Soler-Cataluña).

1579-2129/© 2014 SEPAR. Published by Elsevier España, S.L.U. All rights reserved.

these changes, as some of the chronic diseases with greatest impact are respiratory in origin. This means that respiratory medicine teams can and must participate in these new paradigms, contributing their knowledge, experience, innovation, research, and special expertise.

Throughout the twentieth and early twenty-first century, we have witnessed the development of reactive rescue medicine focused on acute processes, in which health professionals barely interact with patients, except during unstable episodes. This type of episodic care led to the development of the hospital care network, aimed at treating acute conditions, and contributed to a certain fragmentation in continuity of care. However, improvements in social and economic levels, technological development and major breakthroughs in modern medicine have brought with them longer life expectancy and an increasingly aging population, resulting in an epidemiological transition toward chronic diseases. These conditions are generally slowly progressive and long-term. They limit the health-related quality of life (HRQoL) of patients and their caregivers, are a cause of early death and have a major economic impact on families, communities and society.[1] Within this context, traditional reactive rescue medicine appears to be inadequate. Care models for chronic disease must be redesigned around a more proactive, patient-centered (*patient management*) approach, with a greater focus on home ambulatory care and planned, multidisciplinary treatment. This will improve control of these types of diseases, facilitate coordination of care, and reduce costs.

An estimated 70% of the entire healthcare budget in Spain goes toward the care of chronically ill patients.[2] This, together with the need to rationalize resources to make the system sustainable, is prompting health authorities to reconfigure the system around a new chronic care management model. In 2012, the Spanish Ministry of Health, Social Services and Equality published their National Health System (NHS) chronicity strategy,[2] and almost all Spanish regions are presently rolling out local initiatives. An estimated 45.6% of the Spanish population aged over 16 years suffer from at least one chronic illness, and 22% of the population from two or more, with these figures increasing with age.[3] Aging and chronic illness often overlap, and this in many cases undermines the individual's functional capacity, increasing their vulnerability and frailty, and leading to more comorbidities, higher drug use and greater need for care.

Some respiratory diseases, such as asthma or chronic obstructive pulmonary disease (COPD) in particular, are among the chronic diseases that have aroused most interest due to their huge prevalence, elevated morbidity and mortality and high costs. However, there are other chronic respiratory diseases that can be managed in the same way, such as sleep apnea–hypopnea syndrome, bronchiectasis or idiopathic pulmonary fibrosis. In this article, we will attempt to explain why the chronic care model should be changed, assess general proposals for this change, and review the evidence with respect to new care models for the most prevalent chronic respiratory diseases. Finally, we will attempt to express our opinion on the role that respiratory medicine should play in this new scenario.

Reference Models for Chronic Care

Due to demographic, epidemiological and economic demands, chronic care has become a challenge for healthcare systems. The chronic care model (CCM) proposed by Wagner[4] was the first integrated chronic care initiative. The model was later expanded, modified and adapted in several countries. A review of the literature yields a variety of terms that capture the essence of the CCM to a greater or lesser extent. These include *integrated care*, *case management*, *home-based care* and *disease-management*.

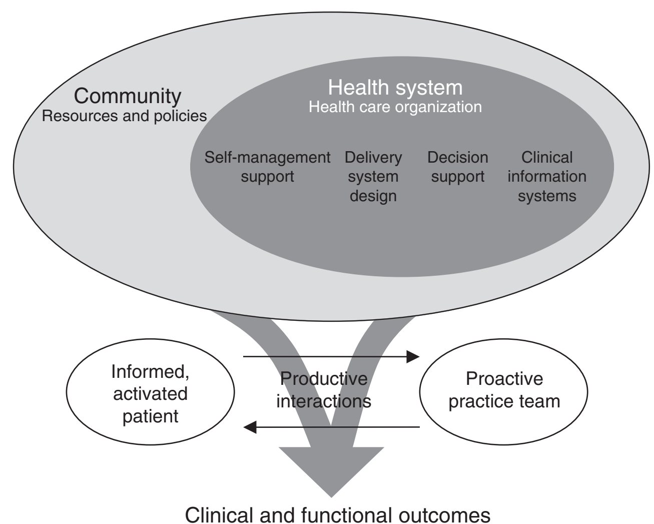

Fig. 1. Conceptual model for the care of patients with chronic diseases (chronic care model) proposed by Wagner.[4]

Chronic Care Model

In 1998, Edward Wagner, then Director of the MacColl Institute for Healthcare Innovation, developed a model for patients with chronic diseases[4] (Fig. 1). Broadly speaking, the model suggested the need to transform the health system to focus on improving the health of the population through a shared vision. This called for the health system and community resources, organizations and institutions to work together to prevent and manage chronic diseases. From a care point of view, it established the need to move toward proactive care models centered on a holistic view of the patient, with an integrated, coordinated and multidisciplinary approach. The CCM also proposed involving both patient and caregiver in disease management and care strategies as a means of strengthening their motivation, knowledge and self-care skills through structured healthcare education and psychosocial activities. The use of decision aids and professional training is encouraged in order to improve health outcomes. Finally, CCM considers the use of information systems as a support for clinical and population management.

Considerable experience has been accumulated in the last decade in the use of the CCM, showing improvements in quality of care and in the primary clinical outcomes of various chronic diseases.[5] These findings are consistent in different countries with different healthcare systems and approaches. Although simple interventions may be attractive, most studies show that the best outcomes are obtained when different elements of the CCM are implemented simultaneously. Despite this evidence, further information is required on the efficiency and economic implications of changes in the organization and functioning of ambulatory care. Most studies focus on patients with a single chronic illness, treated by highly motivated professionals. Whether these benefits are maintained in other settings remains to be seen.

World Health Organization Innovative Care for Chronic Conditions Framework

In 2002, the World Health Organization (WHO), in an effort to encourage countries to design and develop strategies to address the management of chronic illnesses, published the Innovative Care for Chronic Conditions (ICCC) Framework,[6] which added a health policy perspective to the CCM. The contributions of the ICCC framework to the CCM can be explained at 3 levels. At the macro-level,

Download English Version:

https://daneshyari.com/en/article/4205367

Download Persian Version:

https://daneshyari.com/article/4205367

Daneshyari.com