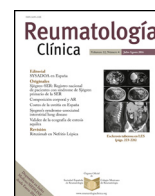




Sociedad Española  
de Reumatología -  
Colegio Mexicano  
de Reumatología

# Reumatología Clínica

www.reumatologiaclinica.org



Original Article

## Status of Private Rheumatology in Spain<sup>☆</sup>



Beatriz Yoldi Muñoz,<sup>a,\*</sup> Antonio Gómez Centeno,<sup>b,c</sup> José Vicente Moreno Muelas<sup>d</sup>

<sup>a</sup> Servicio de Reumatología, Hospital Universitari Dexeus-Grupo Quirón Salud, Barcelona, Spain

<sup>b</sup> Servicio de Reumatología, Hospital Universitari Parc Taulí, Sabadell, Barcelona, Spain

<sup>c</sup> Servicio de Reumatología, Hospital Quirón, Barcelona, Spain

<sup>d</sup> Servicio de Reumatología, Hospital Universitario Valle de Hebrón, Barcelona, Spain

### ARTICLE INFO

#### Article history:

Received 16 May 2016

Accepted 11 August 2016

Available online 22 September 2017

#### Keywords:

Private practice  
Private rheumatology  
Rheumatology

### ABSTRACT

**Introduction:** Rheumatologic care is offered by the National Health System in Spain. However, more than a quarter of health spending is carried out in private medicine. Currently, there are no data about the number of rheumatologists with private activity in Spain.

**Objectives:** To evaluate the number of rheumatologists with private activity in Spain and to describe the profile and location of these professionals.

**Material and methods:** A survey was developed and sent from the SER Commission on Private Practice to all SER active members. Data collection ends in December 2014. A descriptive statistical analysis and comparison of results was done.

**Results:** 759 answers from a total of 980 surveys sent (77.45%) were obtained; 38% of Spanish rheumatologists have private activity; 13% exclusively private practice and 25% private practice shared with his or her public activity. The private practice rheumatologist profile is: male, 49 years old with 19 years of experience after finishing the specialty and with a working day of 42 h per week. There is a clear predominance of private practice in the Autonomous Community of Catalonia with 28% of the total, followed by Madrid 18%, Andalusia 12% and Valencia 8%.

**Conclusions:** 38% of Spanish rheumatologists are working in private practice. The profile of professionals working in private practice is different from that of those who work exclusively in public health.

Private rheumatology is located in all regions, although most private rheumatologists are located in the regions of Catalonia, Madrid, Valencia and Andalusia, representing more than 50% of the total.

© 2016 Elsevier España, S.L.U. and Sociedad Española de Reumatología y Colegio Mexicano de Reumatología. All rights reserved.

## Estado de la reumatología privada en España

### RESUMEN

**Introducción:** El Sistema Nacional de Salud ofrece en España la atención reumatológica. Más de una cuarta parte del gasto sanitario se realiza en medicina privada. En la actualidad no existen datos sobre el número de reumatólogos con actividad privada en España.

**Objetivos:** Evaluar los reumatólogos con actividad privada en España describiendo su perfil y localización. **Material y métodos:** Desde la Comisión de Práctica Privada de la SER, se elaboró una encuesta que se envió a todos los socios reumatólogos en activo. La recogida de datos finalizó en diciembre del 2014.

Se analizaron los datos mediante estadística descriptiva y se realizó una comparación de los resultados.

**Resultados:** Se obtuvieron 759 respuestas de un total de 980 encuestas enviadas (77,45%). El 38% de los reumatólogos españoles tienen actividad privada; el 13% en exclusiva (privada) y el 25% compartida con su actividad pública (mixta). El perfil del reumatólogo que trabaja en la medicina privada es: género masculino, 49 años de edad con 19 años de experiencia, su jornada laboral es de 42 h semanales. Existe un claro predominio de la práctica privada en la CC.AA. de Cataluña (28% del total), seguida por las CC.AA. de Madrid con un 18%, Andalucía con un 12% y Valencia con un 8%.

#### Palabras clave:

Medicina privada  
Reumatología privada  
Reumatología

<sup>☆</sup> Please cite this article as: Yoldi Muñoz B, Gómez Centeno A, Moreno Muelas JV. Estado de la reumatología privada en España. Reumatol Clin. 2017;13:313–317.

\* Corresponding author.

E-mail address: [yoldi.ser@gmail.com](mailto:yoldi.ser@gmail.com) (B. Yoldi Muñoz).

**Conclusiones:** El 38% de los reumatólogos españoles trabajan en la medicina privada. El perfil profesional en reumatología privada es distinto del que trabaja exclusivamente en la sanidad pública. Existe reumatología privada en todas las CC.AA, aunque la mayoría de reumatólogos privados se localizan en las CC.AA. de Cataluña, Madrid, Valenciana y Andalucía, representando más del 50% del total.

© 2016 Elsevier España, S.L.U.  
y Sociedad Española de Reumatología y Colegio Mexicano de Reumatología. Todos los derechos reservados.

## Introduction

Rheumatology is the specialty that studies and treats medical diseases of the musculoskeletal system. Its importance is validated by studies that establish the worldwide prevalence of these diseases as 1 of the 3 major causes of morbidity and mortality, and the fact that they affect 30% of the people in the world.<sup>1</sup>

Rheumatology care in Spain is vertebrated within specialized care of the Spanish Health System (SHS), protected by the Spanish constitution of 1978 in articles 43 and 49, and regulated by the General Health Care Law 14/1986, by the General Social Security Law, and Law 16/2003 on the Cohesion and Quality of the SHS.<sup>2</sup>

The SHS, as in the majority of the European countries, is mixed (it adheres to the Scandinavian model and the British Beveridge), in which public and private health care coexist and collaborate.

Public and private health care are related in 4 distinct ways<sup>4</sup>:

**Contracts:** in which health services are offered by employing means others than those provided by the health administration. Examples of contracts include outsourcing of diagnostic or therapeutic tests and procedures, and others involving certain health care provisions such as respiratory therapy, dialysis, rehabilitation, speech therapy, etc.

**Agreements:** in which a privately managed center is fully integrated into the public hospital network.

**Concessions:** in which the private sector administers the health care service in accordance with its own criteria. There are 2 models of concessions: (1) the private finance initiative (PFI) model, in which the construction of the infrastructure and the maintenance of nonclinical services are financed by private concession (to banks, construction companies and insurance companies); and (2) the public-private partnership (PPP) model, in which the concession includes clinical health care services.

In 2013, the total health care cost in Spain was €93,048 million, which represents 8.9% of the gross domestic product (GDP). This includes €26.527 million (2.5% of the GDP) that corresponded to private health costs, that is, 28.5% of the health care costs of Spain originate in the private sector.<sup>5</sup>

Private health care, or the private health market, is health care provided by entities that do not belong to the public health system. They are private companies that are sustained by the direct payment of the citizens for their utilization. This payment can be made either without intermediaries (direct payment of the resources utilized) or by subscribing to health insurance. In 2015, Spain had a total of 7.4 million private policyholders (after a gradual increase in the number since 2011, a rise that was most marked between 2014 and 2015, for a growth of 1.5%)<sup>5</sup> distributed into 3 large groups of health care insurance holders: government employees, who received provision via insurance carriers MUFACE (civil service mutual insurance society), MUGEJU (social security for justice administration personnel) and ISFAS (social institute of the armed forces), which represented 22% of private services; 35% comprehends individuals with collective insurance through their employers; and the remaining 43% comprises those who had individual policies.<sup>6</sup>

Although the SHS provides universal public coverage for musculoskeletal diseases, a review of private health costs revealed that more than a fourth of requests for health care corresponded to

the private medical sector. At this time, we do not know how many Spanish rheumatologists are working in private medicine, either exclusively or combining public service with private practice. Therefore, we proposed conducting this study with the primary objective of evaluating, for the first time, the number of rheumatologists practicing in private rheumatology in Spain. As secondary objectives, we proposed to describe the characteristics (profiles) of the professionals working in private practices: basically their sex, age, years of experience, working schedule, type of center in which they worked—full-time or part-time work in public health—and their geographic distribution.

## Material and Methods

The Commission on Private Practice of the Spanish Society of Rheumatology (SER) drafted a survey requesting participants to provide information on the following variables: age, sex, years working in the specialty, type of practice, hours worked per week in both the public and private sectors, place of work, type of center and Spanish province in which they worked.

### *Types of Practice*

An exclusively private practice (private) was considered to be that in which the professionals worked exclusively in a private medical center or worked freelance, with no contract with the public administrations.

Mixed private practice (mixed) was considered to refer to rheumatologists who worked in both the public and private sectors regardless of which of the 2 was predominant.

Exclusively public practice (public) was considered to be that in which professionals worked exclusively in public institutions.

### *Type of Workplace*

Workplaces were divided into teaching hospitals, private teaching hospitals, general hospitals (public), regional hospitals (public), private hospitals and private clinics (private clinics included shared private medical centers that did not have facilities for the admission of inpatients).

The survey was sent by e-mail to all the members of the SER who had the following profiles: rheumatologist practicing in Spain who had an address for e-mail contact. Contact data were obtained from the SER database which includes 1618 members, 1090 of whom were practicing (81 in training) and engaged in their professional activity in Spain.

The survey was accompanied by an explanatory letter that detailed the motive and objective of the inquiry, and that the response of the addressee would be taken as implicit consent to participate.

We had no contact data for 110 members who, thus, were not included in the sample. As of September 2014, we had received 980 surveys. The members who did not respond within the following 2 months were contacted by a telesales operator who invited them to complete the survey by telephone. Data collection was ended at the end of December 2014.

Download English Version:

<https://daneshyari.com/en/article/8742303>

Download Persian Version:

<https://daneshyari.com/article/8742303>

[Daneshyari.com](https://daneshyari.com)