

Understanding Family Medicine model (approach) into the Spanish Health Care System'

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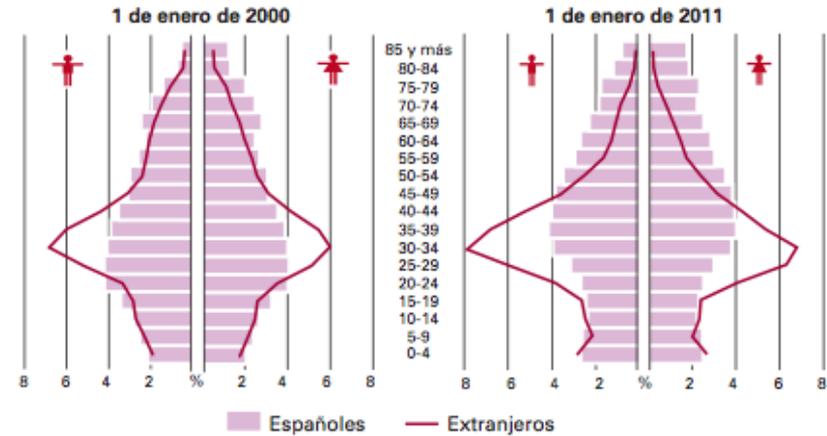
Barcelona, May, 10th, 2014

National Spanish Health System

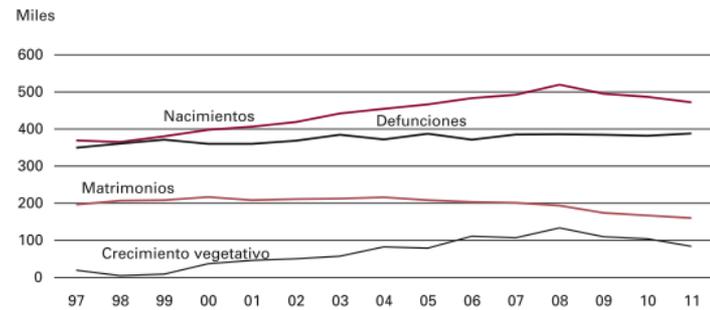
Sistema Nacional de Salud, SNS, was established through and structured by the Ley General de Sanidad (the General Health Law") of 1986

- 47.2 mill inhabit.
- 50,7% women, (12.1 % foreigners)
- EU member
- Kingdom of Spain. A democracy. Parliamentary government under a constitutional monarchy.
- Capital: MADRID
- Extensión: 505.991 km² Second largest country in Western Europe
- Density: 91,2 H/km²
- 17 Regions (autonomous communities)

Pirámide de población española y extranjera



16% of population is under de 16 years of age
17% of population is over 65 years of age



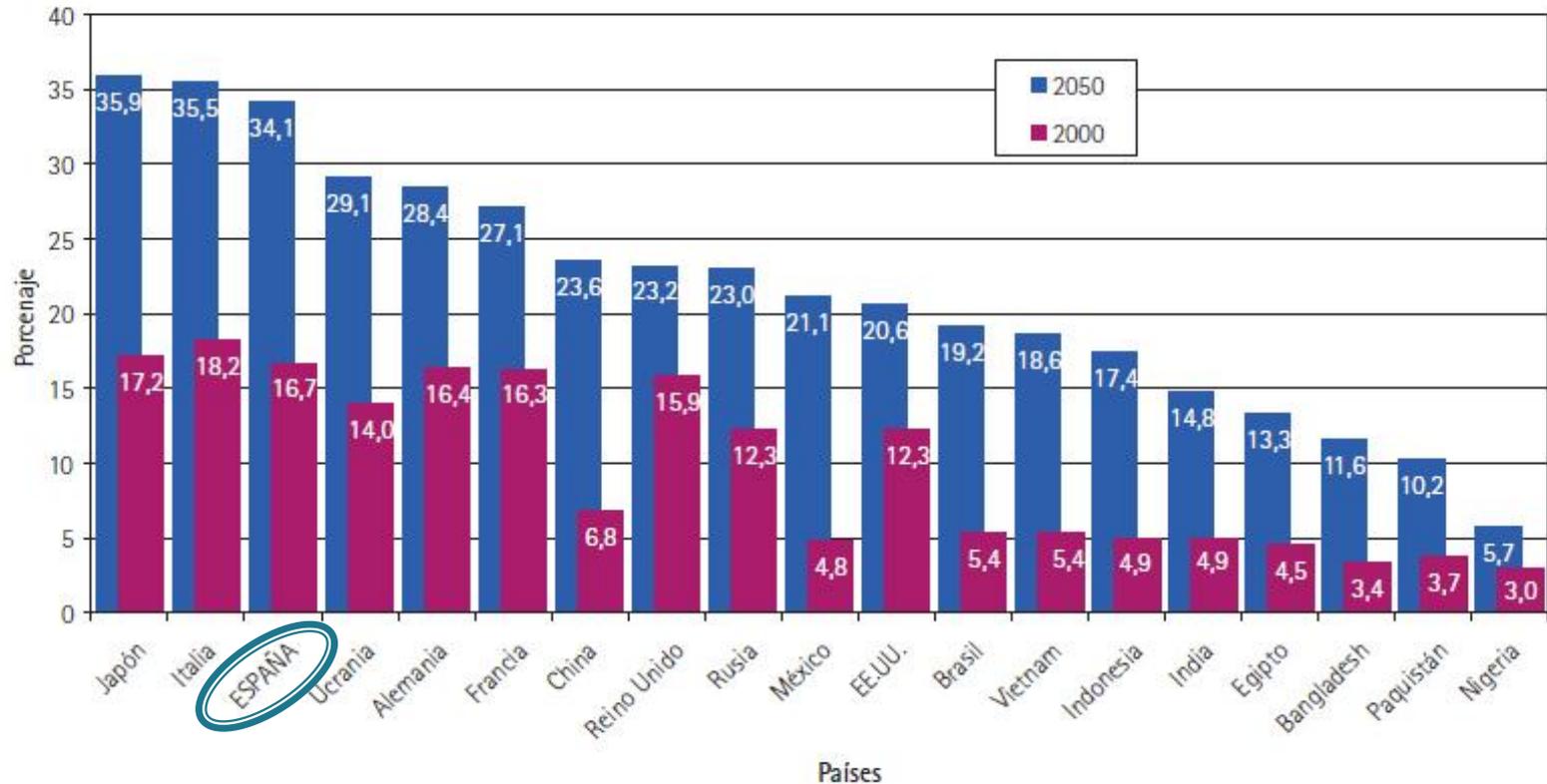
Fuente: Movimiento Natural de la Población Española. INE.

Constitution of regional health services

Autonomous community	Royal Decree constituting	Identification of the Autonomic Health Service	Population served ^[15]
 Catalonia	1517/1981, 8 July	Servei Català de Salut (CatSalut)	7,467,423
 Andalusia	400/1984, 22 February	Servicio Andaluz de Salud (SAS)	8,285,692
 Basque Country	1536/1987, 6 November	Osakidetza	2,155,546
 Valencian Community	1612/1987, 27 November	Agència Valenciana de Salut	5,094,675
 Galicia	1679/1990, 28 December	Servizo Galego de Saúde (SERGAS)	2,794,796
 Navarre	1680/1990, 28 December	Servicio Navarro de Salud-Osasunbidea	629,569
 Canary Islands	446/1994, 11 March	Servicio Canario de la Salud (SCS)	2,075,968
 Asturias	1471/2001, 27 December	Servicio de Salud del Principado de Asturias (SESPA)	1,085,289
 Cantabria	1471/2001, 27 December	Servicio Cántabro de Salud (SCS)	582,138
 La Rioja	1473/2001, 27 December	Servicio Riojano de Salud	321,702
 Region of Murcia	1474/2001, 27 December	Servicio Murciano de Salud (SMS)	436,870
 Aragon	1475/2001, 27 December	Servicio Aragonés de Salud (SALUD)	1,326,918
 Castile-La Mancha	1476/2001, 27 December	Servicio de Salud de Castilla-La Mancha (SESCAM)	2,081,313
 Extremadura	1477/2001, 27 December	Servicio Extremeño de Salud (SES)	1,102,410
 Balearic Islands	1478/2001, 27 December	Servei de Salut de les Illes Balears (IB-SALUT)	1,071,221ae
 Community of Madrid	1479/2001, 27 December	Servicio Madrileño de Salud (SERMAS)	6,271,638
 Castile and León	1480/2001, 27 December	Sanidad Castilla y León (SACYL)	2,553,301

Aged people in Spain

Países con mayor envejecimiento. Población de 65 y más años, 2000 y 2050

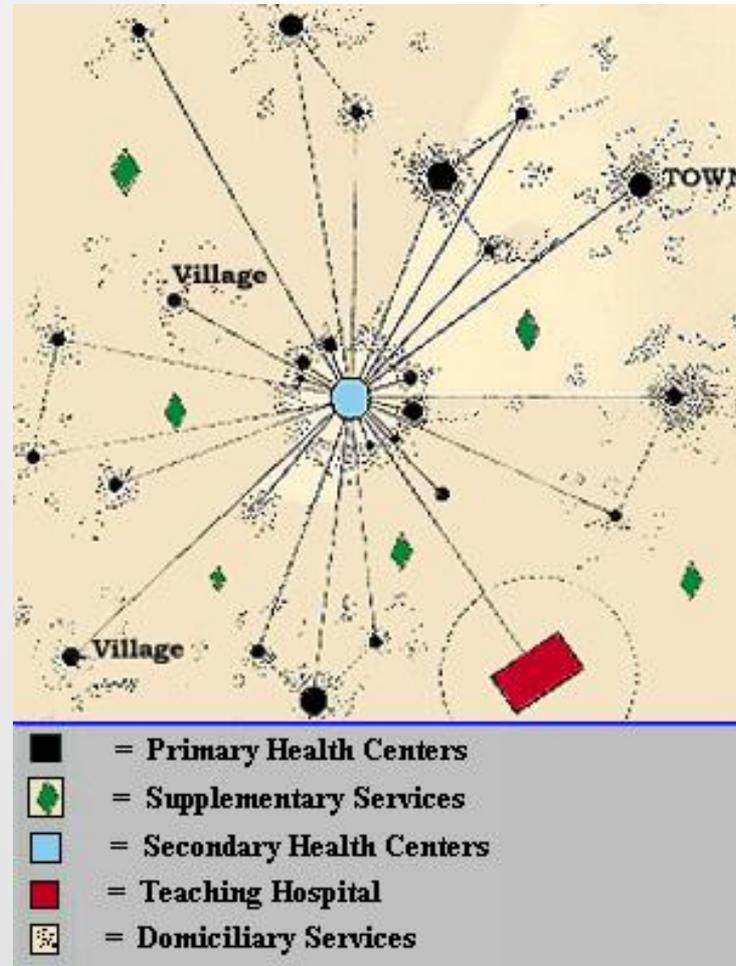


Fuente: N.U.: World Population Prospects: The 2004 Revision. N.U., consulta en julio de 2006.

Characteristics

- ▶ Extension of services to the entire population.
- ▶ Adequate organization to provide comprehensive health care, including promotion of health, prevention of disease, treatment and rehabilitation.
- ▶ Coordination and, as needed, integration of all public health resources into a single system.
- ▶ Financing of the obligations will be met by resources of public administration, (taxes)
- ▶ The provision of a comprehensive health care, seeking high standards, properly evaluated and controlled

Map of Health Structures Dawson Report. WHO. 1920



Health Structures

Spain



17 Regions
(autonomous communities)

Region of Valencia

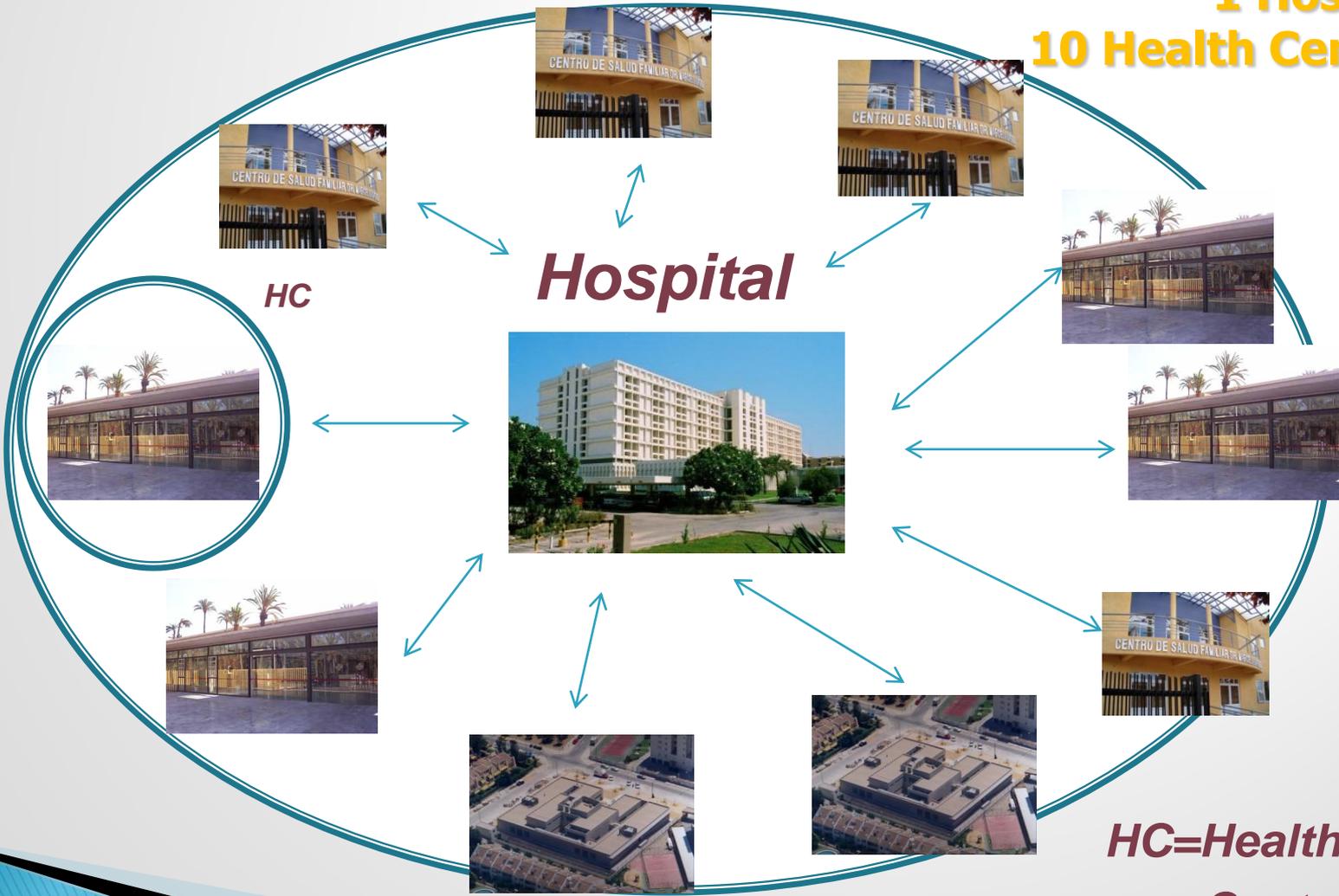


23 Health Areas

1 Hospital
10 Health Centers

Health Area (Área de Salud) 250000 inhab.

1 Hospital
10 Health Centers



**HC=Healthcare
Center**

Health Zone (Zona de Salud) 5000- 25000 inhab.

Small Center



**6 Family Physicians
3 Pediatrician
10 Nurses**

Large Centers



**12 Family Physicians
6 Pediatrician
20 Nurses
Mental Health Unit
Rehabilitation
Obstetrics Unit
Socialworker**

Typical Healthcare Center



Patient List
Average: 1426
over 14 years old

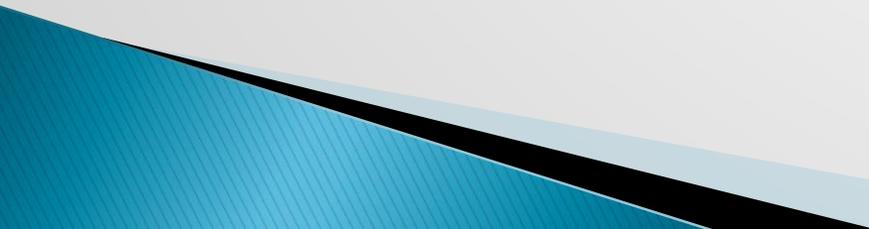


Services
Diagnosis and treatment,
Preventive care,
Health promotion,
Minor surgery
INR Control
Obstetrics, Mental Health
Rehabilitation
Patient's home VISITS



***Trainer and
Trainee***

30-40 patients
/day



People Satisfaction

84.47% of people are satisfied with primary health care (their family doctor)

81.61% of people are satisfied with secondary care

76.97% of people are satisfied with emergency care



83.34 % of people are satisfied with in-hospital care



- ▶ 158 health care areas
- ▶ 2679 basic zones
- ▶ 2914 health care centers (846)
- ▶ 10202 Consultories
- ▶ 315 Public Hospitals (212)



Activity

418 millions FM pointments

279 mill no FM apointments

8,9 AP atendimento / MF
5,6

5.2 mill Discharges (80.7% SNS)

82,6 milhões ambulatorial

26.2 mill Emergency apointments

- ▶ 272.000 physicians and nurses in Spanish NHS.
- ▶ 18.000 residents (6800 Family Medicine)
- ▶ 29.000 Family Physicians (50% women) out of 114.000 Physicians (25.4%)
- ▶ 6.000 pediatricians in PHC
- ▶ 34.126 nurses
- ▶ 1426 Patients/ Fam Physician
- ▶ 79.000 Physicinas at Hospitals

CHARACTERISTICS

MULTIDISCIPLINARITY

- ❖ Family Physicians
- ❖ Pediatrician
- ❖ Nurses
- ❖ Matrons
- ❖ Health workers
- ❖ Administratives
- ❖ Other

← Other Units

- Mental Health
- Fisiotherapy
- Dentistry

Training in Family Medicine

MIR SYSTEM

MIR System

Ministry of Health and
Autonomous Communities CCAA
(Not University)
Paid by Health Services

National Board on
Family Medicine
Training
Programme

Teaching Units
and Teaching
Commissions

UNIQUE ACCESS
For all specialities
and for the whole
country
(questionnaire with
225 test)

Trainer:
Individualized
teaching plan



GENERAL CHARACTERÍSTICS OF THE SPECIALITY:

Stablished
in 1978

One out of 47
Medical
Specialities in
Spain

6.800 trainees
(medicos
residentes) out of a
total of 18000

2013

1775
FM
(26,5%)

6689
total/
year

From
2005

Training
period:
4 years

Family
Medicine
Training
Programme

- ✓ Better clinical care
- ✓ Preventive activities
- ✓ Information Systems
- ✓ Teaching Included in PHC
- ✓ Research
- ✓ Team work
- ✓ Family Level
- ✓ Community Level
- ✓ Benchmarking

Advantages from PHC as a gate keeper
Impact on efectivity, efficiency, equity and people satisfaction

STRENGHTS: Impact

Consolidated Structures
(for Clinical Care and for Training)

FAMILY MEDICINE AND UNIVERSITY



*“Nihil volitum, nisi praecognitum”
(no se ama lo que no se conoce).
Adagio escolástico*

“To teach Medicine only at
Hospitals would be as to teach
Veterinary only at the Zoo”.
Anonymous

RECOMENDATIONS FROM SCIENTIFIC SOCIETIES and NATIONAL BOARD on FM

- ▶ To establish Family Medicine as an Official Area of Knowledge at Spanish University
- ▶ To create Family Medicine Departments
- ▶ To consolidate teachers in family medicine in all Faculties.
- ▶ To create a University Health Centers Network
- ▶ Family Medicine as a mandatory subject (6 ECTS)
- ▶ Practicum in PHC (60 ECTS).

PhD programmes in Family Medicine: A new university service for primary care doctors

Aten Primaria. 2009;41(3):163-167



Atención Primaria

www.elsevier.es/ap



ARTÍCULO ESPECIAL

Programas de doctorado en Medicina de Familia: un nuevo servicio de la universidad para los médicos de atención primaria

PhD programmes in Family Medicine: A new university service for primary care doctors

Vicente Gil-Guillén^{a,*}, M. Concepción Carratalá Munuera^a, Domingo Orozco-Beltrán^a, Fernando Quirce Andrés^a, M. Luz Rentero Caño^b y Jaime Merino Sánchez^a



UNIVERSITAS
Miguel Hernández

ACCESO A
*Curso de
Diabetes*
ON LINE

ACCESO A
Máster

INVESTIGACIÓN
EN ATENCIÓN PRIMARIA



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Lines of Research

Validity of Diagnosis Tests

Health Outcomes

Therapeutic Adherence

Share Decision Making

Preventive activities

Clinical Management

Bibliometry

Patient - Doctor relationship



Since 1995, a total of 420 pupils have finished the PhD Programme.

Chronic conditions

Chronic conditions in Primary Health Care

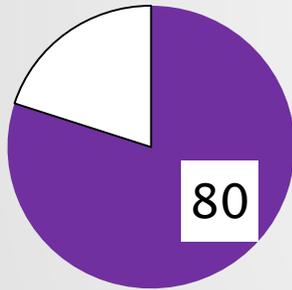
	n
Diabetes, type 2	126
COPD	64
Hypertensión	416
Asthma	39
Dyslipidemia	420
Isch Heart Disease.	95
Heart Failure	68
Arrythmia	48
Stroke	18
Smoking	410

	n
Thyroid disease	73
Ulcus	44
Colon Cáncer	13
Depression	133
Anxiety	118
Eschizophrenia	23
Alzheimer	34
AIDS	3
Chron	10

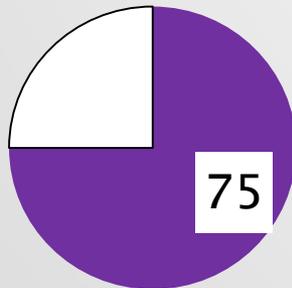
1500 patients. Diez J, Orozco D. Unpublished data

Chronic Conditions

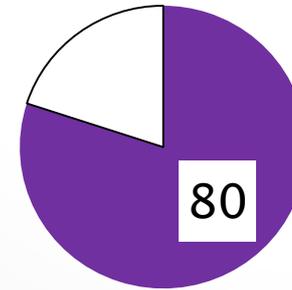
Health Expenditure



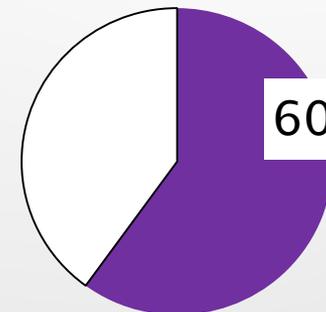
Emergency



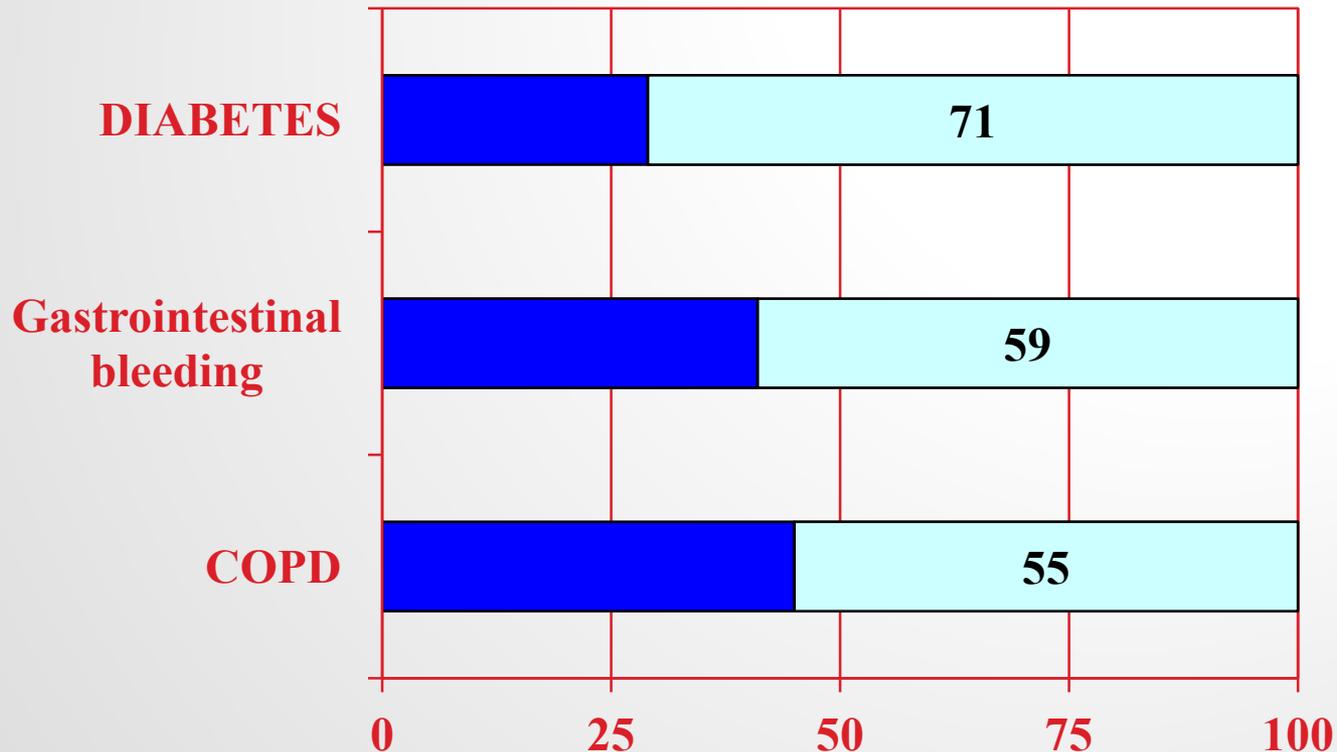
PHC Consultation



Hospitalizations



Avoidable Hospitalizations with a high quality Primary Health Care



- J. Caminal, B. Starfield, E. Sánchez, C. Casanova, M. Morales.
- EUROPEAN JOURNAL OF PUBLIC HEALTH 2004; 14: 246–251

NATIONAL SPANISH ESTRATEGY FOR CHRONIC DISEASES

Madrid, October 16th, 2012

Estrategia para
el Abordaje
de la Cronicidad
en el Sistema Nacional
de Salud

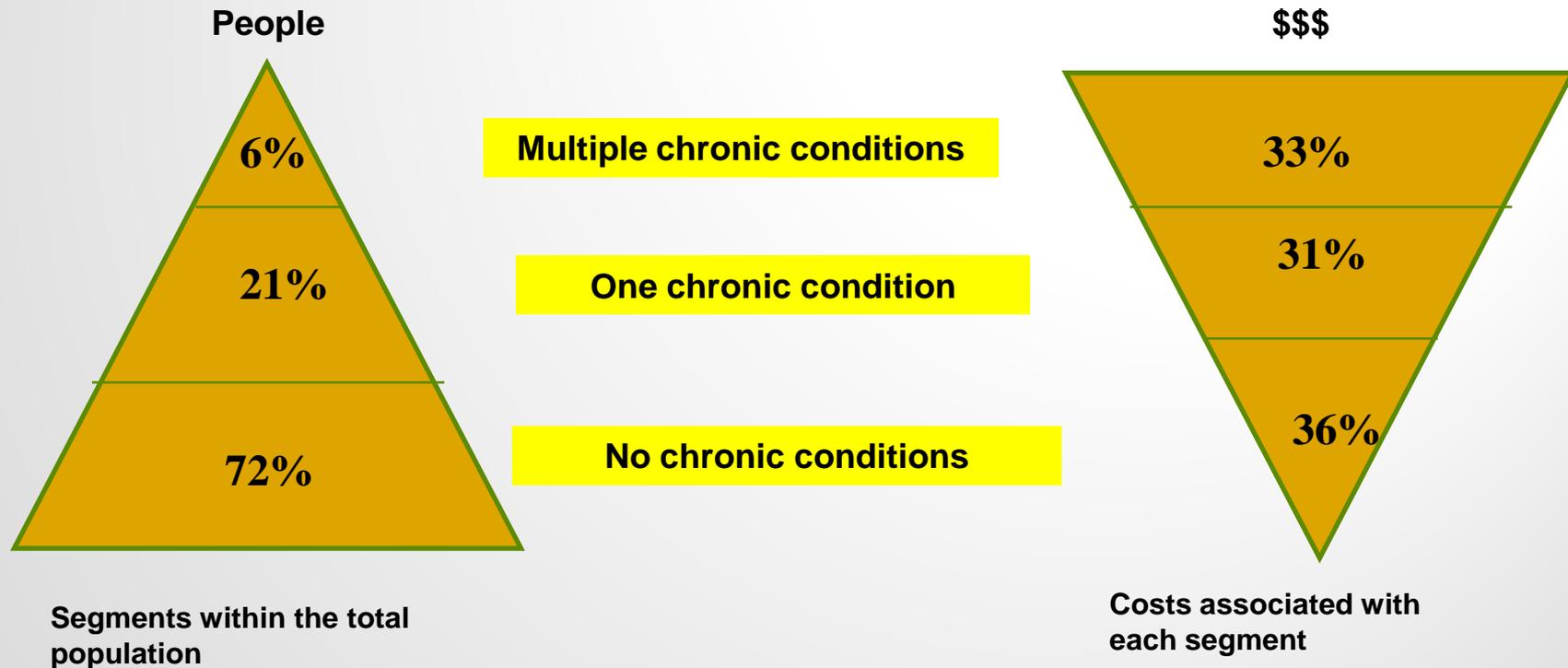
SANIDAD 2012
MINISTERIO DE SANIDAD, SERVICIOS SOCIALES E IGUALDAD

IMPROVING CARE FOR CHRONIC DISEASES

IDENTIFICATION OF PATIENTS AT RISK

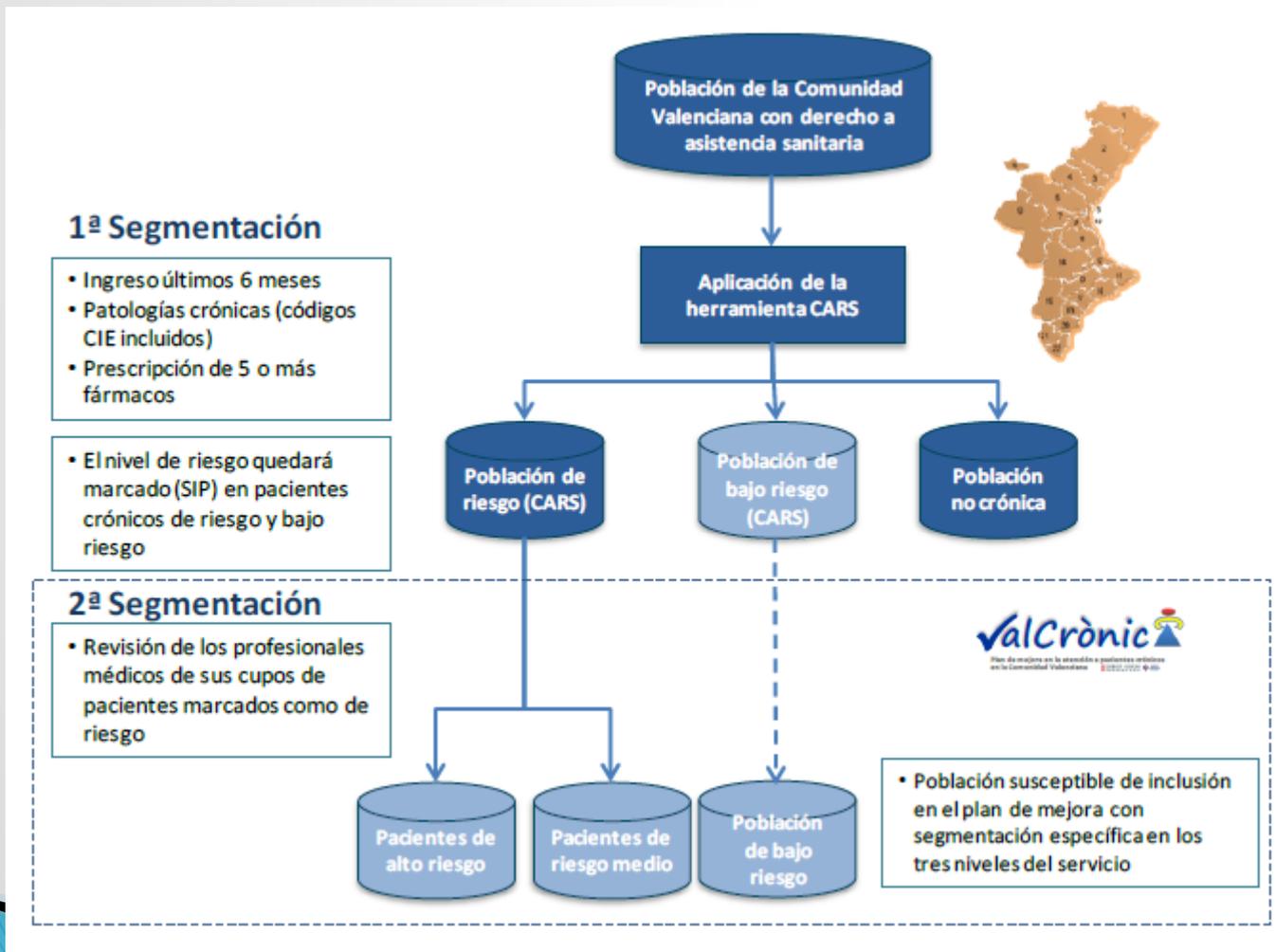
**COMMUNICATION
BETWEEN PRIMARY AND SECONDARY CARE
WITH PATIENTS**

IDENTIFICATION OF PATIENTS AT RISK



Source: Kaiser Permanente Northern California commercial membership, DxCG methodology, 2001.

IDENTIFICATION OF PATIENTS AT RISK in Valencian Community

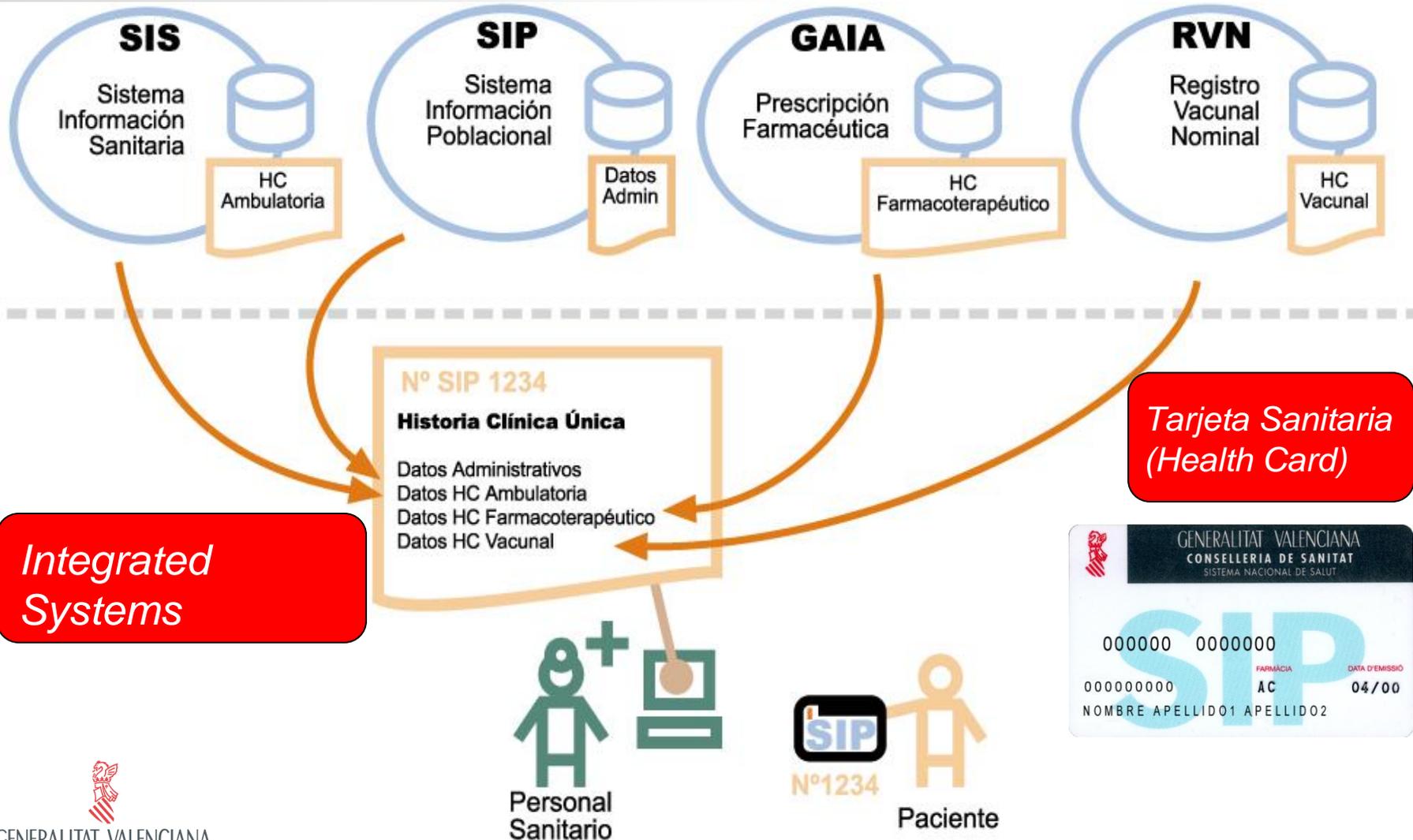
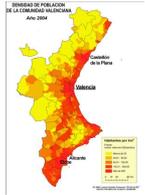


COMMUNICATION BETWEEN PROFESSIONALS

INTEGRATION : A UNIQUE HEALTH RECORD PER PATIENT



Electronic Health Records ABUCASIS



Improving communication with patients

SELF CARE



TELE
HEALTH

- Empowerment. Share decisions making.
- Primary Health Care Team. Proactive. Preventive Activities.

TELE HEALTH

ValCrònic

A stylized human figure logo consisting of a red circle for the head, a yellow curved line for the arms, and a blue triangle for the body.

Plan de mejora en la atención a pacientes
crónicos en la Comunidad Valenciana

 GENERALITAT VALENCIANA
CONSELLERIA DE SANITAT  AGÈNCIA
VALENCIANA
DE SALUT

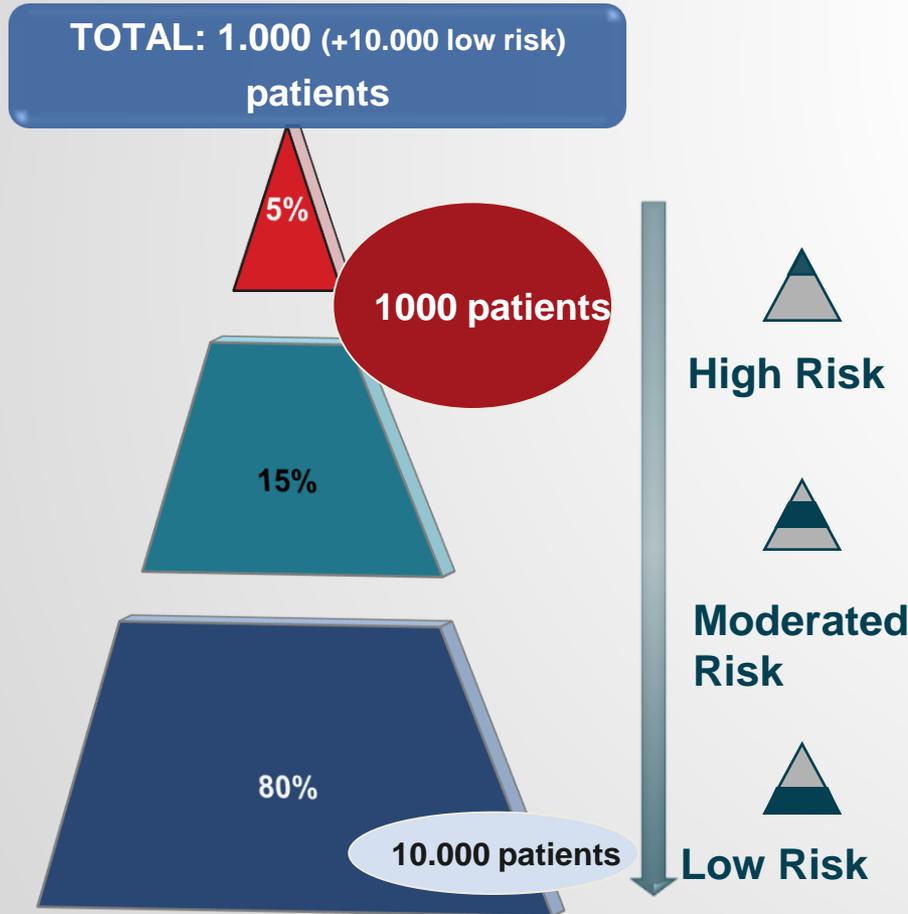
Valcrònic focuses on the 4 most prevalent and costly pathologies, and the combination between them

- 1 TYPE 2 DIABETES MELLITUS
- 2 CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)
- 3 HEART FAILURE (HF)
- 4 HYPERTENSION (HT)



Combination of conditions	Risk Level		
	High	Moderated	Low
ISOLATED HF (except HT)	●	●	
ISOLATED COPD	●	●	
ISOLATED DIABETES		●	●
ISOLATED HYPERTENSION			●
FH+ COPD	●		
HF+ DIABETES	●		
DIABETES + COPD	●	●	
COPD+ AHT	●	●	
HF+ COPD + DIABETES	●		
DIABETES + HT	●	●	

Patients are segmented by three risk levels, applying the most adjusted plans to each segment

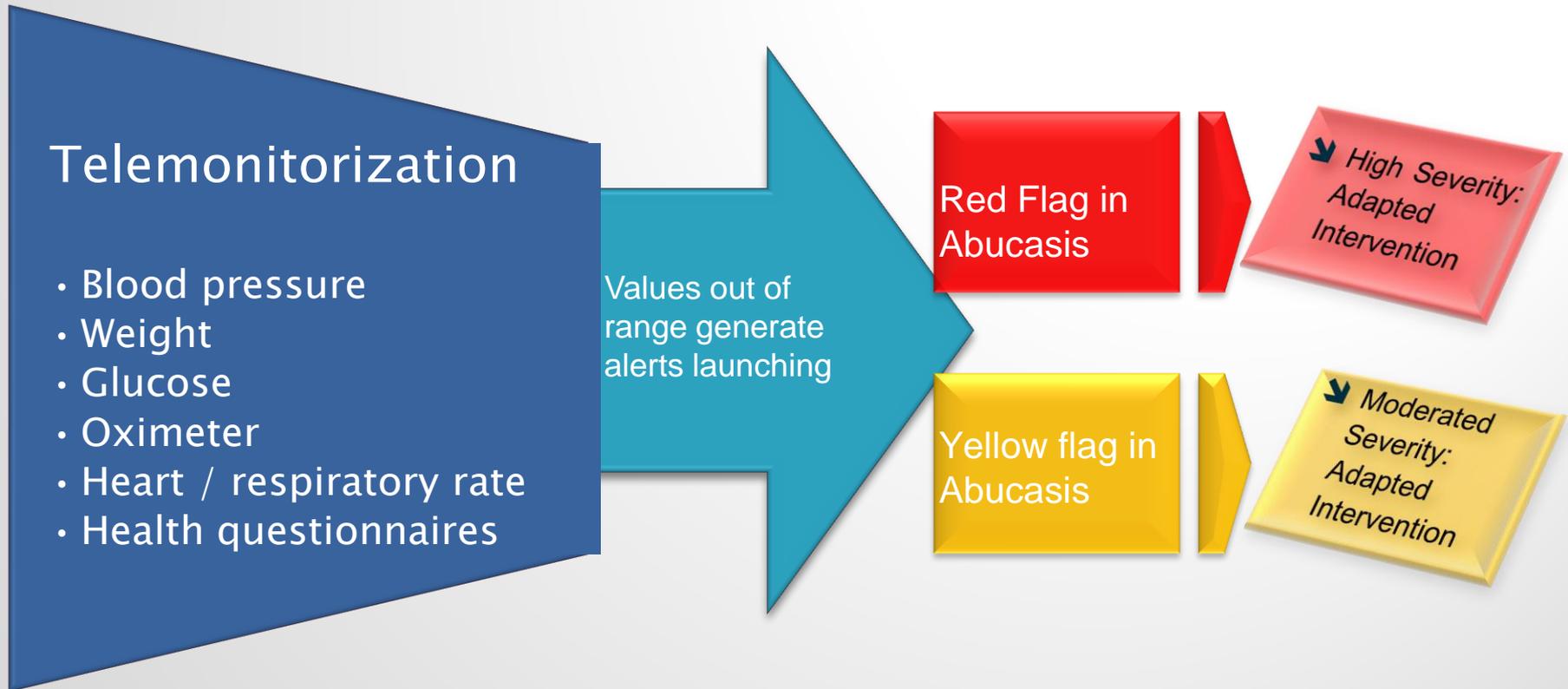


Education and self-care support

Devices	Biometric devices
 <p>Tablet Pc</p>	
 <p>Smartphone</p>	
 <p>Web Site</p>	

There is a full Integration with client's

Patient's home-generated data is sent to professionals at health centers through the corporate official Electronic Health Record (Abucasis)



Results

- **545** patients enrolled
- **456** Patients receiving the service
 - 388 High risk programme.
 - 68 Moderate risk programme
- **Dropout rates 15%**
- **High level of patient's satisfaction and their families .**
- **More than 150 primary care professionals (nurses, doctors).**

WHOLE POPULATION STUDIES



Estudio Cardiometabólico
Valenciano

WHOLE POPULATION STUDIES



Escarval

Estudio
Cardiometabolico
Valenciano

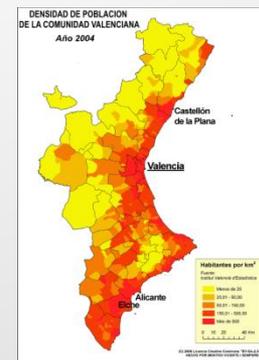


AGE AND SEX DISTRIBUTION AT THE BEGINING OF THE STUDY (2008-2013)

Age	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85 -	Total
Total	9890	9890	9890	9890	9890	9890	9890	9890	9890	9890	98900
M	5032	4962	4886	4818	4788	4734	4540	4192	3778	3038	44764
F	4860	4930	5004	5072	5104	5158	5350	5698	6112	6852	54136

- A Cohort Study based on Electronic Health Records in Real Clinical Practice
- Aiming to establish a new Cardiovascular Risk Scale from Primary Care real Practice
- More than 50000 people from Primary Care Settings in Valencian Community (5 mill people).
- In Collaboration with Loyola University of Chicago (Prof Richard Cooper)

www.escarval.info



Conclusions

1. It is necessary to increase 1% of GDP for Primary Care in our Health System.
2. To prestige the Primary Care Level. This is a specific aim from Health and Educationa Ministries. Internal and external Marketing.
3. To increase the proportion of PHC doctors Strafield recomends 50% and WHO 60%.
4. To Avoid burocratic activities in PHC settings. To increment resolutivity in PHC (acces to all diagnostic tests).
5. To improve the relationship and communication with secondary care.
6. To improve family medicine teaching at the University (pre-graduate)
7. To improve the kwoledge about PHC for other specialists.
8. Empowement research in PHC.

De nada sirve al hombre lamentarse de los tiempos en que vive.

Lo único bueno que puede hacer es intentar mejorarlos.

Thomas Carlyle

Useless man lament the times in which he lives. The only good thing you can do is try to improve.

Thomas Carlyle



THANK YOU