

Integrated Care The Chronic Diseases in The Americas: Central and South America

Some examples of innovative strategies in
selected countries

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Sources of information

- Semi-structured interviews were applied to high-ranking professional in the Ministry of Health in charge of the prevention and control of the NCDS of Argentina, Chile, Mexico, Republic D ominicana and Puerto Rico.
- With the given background, and by reviewing the Web pages of the Ministries of Health in order to obtain greater details on some of its strategies.
- Unit of Noncommunicable Diseases, PAHO (Dr. A Barceló)

Support of the authorities for the prevention and control of the NCDS Scale 1-10

<p>Argentina</p>	<p>6</p> 	<ul style="list-style-type: none"> • Creation of the Department of Health Promotion and Control of Noncommunicable Diseases • Adoption of the "National Strategy for Prevention and Control of Noncommunicable Diseases" • "Protection Project of the vulnerable population against chronic noncommunicable diseases," World Bank Loan, 2015
<p>Chile</p>	<p>7</p> 	<ul style="list-style-type: none"> • National Health Strategy for Achieving Health bjectives of the Decade 2011-2020 • Regime of Explicit Health Guarantees (AUGE / GES) • APS Pharmacy Fund: hypertension, diabetes, dyslipidemia
<p>México</p>	<p>9</p> 	<ul style="list-style-type: none"> • National Center for Preventive Programs and Disease Control • National Strategy for Prevention and Control of Overweight, Obesity and Diabetes, 2013
<p>Dominican Republic</p>	<p>5</p> 	<ul style="list-style-type: none"> • Strategic Plan for Integrated Control of Noncommunicable Diseases 2014-2017
<p>Puerto Rico</p>	<p>5</p> 	<ul style="list-style-type: none"> • Action Plan for Chronic Disease for Puerto Rico, 2014 - 2020

Monitoring and evaluation of the quality of medical care to the patients with EC

País	
<p>Argentina</p> 	<ul style="list-style-type: none"> Evaluates the ability of PHC centers and provincial teams to provide continuous and programmed care for people with NCDs and their risk factors. Each of the programs under the "Protection Project" has its specific targets and indicators. Those provinces which meet those goals receive financial transfers.
<p>Chile</p> 	<ul style="list-style-type: none"> The ENS contains goals to be achieved by 2020 for priority ENT. Each establishment in APS must report the achievement of specific goals and indicators of activity associated to financial incentives (eg. Coverage and control rates of patients DM / HT / dyslipidemia)
<p>Dominican Republic</p> 	<ul style="list-style-type: none"> The EC Observatory Mexican evaluates state performance in-line and in real time, Networks of Excellence in Diabetes (NETS) and Chronic Information System (SIC). The SIC is installed in more than 12,000 health units and capture patient information and treatment outcomes.
<p>República Dominicana</p> 	<ul style="list-style-type: none"> Preliminary system which only monitors the system productivity. Currently in design stage and performance evaluation
<p>Puerto Rico</p> 	<p>The attention of indigent people is carried out in private practice (IPA: Independent Physician Association), hired by health insurance with federal funds. Do not handle information on the number of patients with CD.</p>

Demonstration areas

<p>Argentina</p> 	<p>It does not have a demonstration area. NETS program includes 12 provinces with experiences aimed at improving the management of people with hypertension.</p>
<p>Chile</p> 	<p>Chile participates with Colombia, Cuba and Barbados on the Global Standardization Project for Treatment of High Blood Pressure (GSHTP), PAHO-CDC *, which aims to achieve a significant increase in the level of control of blood pressure in hypertensive patients.</p>
<p>México</p> 	<p>There are specialized units (UNEMES) control patients with specific chronic diseases; monitoring is performed to assess the quality of patient care in these units.</p>
<p>Dominican Republic</p> 	<p>The Valdesia Region in the south-west, is a pilot project for the implementation of the components of Patient Care Model with EC area, it includes use of the Chronic Care Passport. In the province of Puerto Plata, north of the country, a joint project with two NGOs in diabetes prevention and training of the health team in the comprehensive management of these patients it is developed.</p>
<p>Puerto Rico</p> 	<p>The demonstration project on self-management diabetes, which aims to educate people in the community for the prevention and control of diabetes, in 4 municipalities of Puerto Rico: Isabela, Moca, San Sebastian and Anasco. Home 2014. Based on the educational curriculum of the Midwest Latino Health Research, Training and Policy Center, University of Illinois, Chicago</p>

Main challenges

Argentina 	<ul style="list-style-type: none">• The implementation of the recommendations of clinical guidelines for the prevention and management of NCDs• Reorienting care services to the needs of patients with CD in a federal country
Chile 	<ul style="list-style-type: none">• The low level of preventive culture that exists at all levels
México 	<ul style="list-style-type: none">• Resistance to change professionals to use information on line system.
Dominican Republic 	<ul style="list-style-type: none">• Achieve Financial Resources to support implementation of the Strategic Plan 2014-2017
Puerto Rico 	<ul style="list-style-type: none">• Achieving permanent financing for programs for prevention and control of NCDs.

Lessons learned

<p>Argentina</p> 	<p>The imperative need for an information system that allows unified and advanced monitoring the quality of care of patients with chronic diseases.</p>
<p>Chile</p> 	<p>Need to make a progressive migration of an acute care model to a model of care for chronic patients pathologies. Changes in the type of care should be provided by new structures, processes and tools with the potential to prevent unnecessary hospitalizations, reduce costs and improve the quality of life of those affected.</p>
<p>México</p> 	<p>Importance of a unified information system, the backbone of the health system, which has enabled order all actions on a system on-line, and has awarded more transparency to the system.</p>
<p>Dominican Republic</p> 	<p>Urgent need for a training program for newly graduated medical service of the University; They are not prepared to meet the needs of patients with CD.</p>
<p>Puerto Rico</p> 	<p>Importance of integrating education and self-management in clinical care for people with CD only way to improve outcomes.</p>

Principal achievements

<p>Argentina</p> 	<ul style="list-style-type: none"> • Population: Policies to reduce salt intake, smoking and eliminating trans fats. • Ministry of Health: surveillance of NCDs and their risk factors allows for timely, valid and reliable information that constitutes a basic input for public health practice based on evidence. • Health services, training of health teams in implementing the recommendations of clinical guidelines with a critical mass of change agents.
<p>Chile</p> 	<ul style="list-style-type: none"> • Public Policy: Regime of Explicit Health Guarantees (AUGE / GES) Cardiovascular Health Program: CV approach that includes people with diabetes, hypertension and dyslipidemia risk.
<p>México</p> 	<ul style="list-style-type: none"> • The measure most successful public health has been reduced by 6% in the consumption of sugar-sweetened beverages as a result of tax increases in a very short time, year and a half.
<p>Dominican Republic</p> 	<p>The institutionalization of the issue of EC in the Ministry of Health with the creation of the Division of Chronic; has allowed put the issue on the agendas of national and regional authorities.</p>
<p>Puerto Rico</p> 	<p>The self-management program based on the curricula of Stanford University (Masters Trainers) and Illinois (leaders and peer educators); It has allowed the creation of a collaborative network with a critical mass of trained professionals to do training in the workplace and thus give greater scope to the program.</p>

Argentina

Program REMEDY + NETWORKS *

Objectives

- **Strengthening Health Networks**
- *Provincial Projects and Participatory Local Projects. Each province, from carrying out a diagnosis, defines the most relevant activities to consolidate networks of provincial and municipal health. The approach from these levels is complemented by support for local programming through Participatory Local Projects that aim to promote community participation.*
- **Provision of essential drugs**
- *Strengthens the responsiveness of the first level of care by sending kits with essential medicines and other supplies Health Ministry, more than 6,600 primary care centers Health.*
- **Training of human resources in health**
- *Promotes continuous training of health human resources from different formational aimed at updating knowledge of health teams and primary care level Network*

* <http://www.msaludsgo.gov.ar/web2/?cargar=articulo&id=95>
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Chile

Health Services Talcahuano, Hospital the Fig-trees **Teleprocessing Program in Network**

- New model of Medical Care Specialized for decision-making to the distance
- It uses an on-line platform for:
 - Prioritize diagnoses
 - Answer interconsultations
 - Report radiological and electrocardiographic images
- It has contributed to:
 - ↓ Patients referrals to the hospital
 - ↓ Waiting list
 - ↓ Times of access to specialists and examinations
 - Generate greater equity

Mexico

Medical Specialty Units of Chronic Diseases (UNEMES-EC)

- **Objective:** Help to prevent and to treat the most prevalent NCDs that it tries to guarantee comprehensive and interdisciplinary care of the population, helping to reduce the saturation and operation costs of the hospitals.
- Intermediate entity between the first level of care and the hospital
- Care of people with DM, ETS, dyslipidemia, SM, and obesity by a health team
- Beginning 2007; at the end of 2011 they had 83 of these units distributed in 29 states.
- **Results ***
 - UNEMES reach greater percentages of diabetic and hypertensive patient control than the traditional units of the country
 - Motivated personnel and excellent levels of satisfaction of the patients with respect to the quality of the services that give
- **Recommendations**
 - Improve the drug supply both and of reagents diagnoses
 - Expand the hours open to the public and to improve the again location UNEMES-EC in order to facilitate the access

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• External evaluation of the UNEMES-EC. Center of Research on Health Systems. National Institute of Health Public. Cuernavaca, Morelos, Mexico.

November 2012 http://www.dged&salud.gob.mx/contenidos/des&s/descargas/estudios_especi&ales/unemes_if.pdf