

Decisive Integrated Care for an Efficient National Health Service (NHS)

Cuidados Integrados Decisivos para um Eficiente Serviço Nacional de Saúde

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Dear Editor,

We read with interest the article, recently published in your journal, titled “Decisive Integrated Care for an Efficient NHS” by Dr João Araújo Correia, which remarks on the importance of promoting integrating care models to face the growing number of complex chronic patients and analyzing both the potential impact and limitations of the creation of Local Health Units (LHU) in Portugal.¹

I would like to share some comments and reflections about our experience regarding the implementation of integrating care models in Spain.

Since its description by Wagner more than two decades ago,² there is a wide consensus that Chronic Care Models (CCMs) improve health outcomes, patient satisfaction, and efficiency on using healthcare resources.³

Spain, like Portugal, has a public healthcare system highly decentralized, so the regional governments are the direct providers of healthcare services. The Strategy for the Approach to Chronicity of the Spanish Ministry of Health defines the priorities and the general lines of action but the 17 Spanish Regional Health Departments design their own CCMs.^{4,5} The implementation and success of CCMs can vary significantly across the country. Some regions have developed robust integrated care pathways, while others face challenges due to resource allocation and regional governance differences. This heterogeneity generates problems of discoordination and

potential inequity but, on the other hand, gives the opportunity to compare the effectiveness and efficiency of the different models.

In general, all the Spanish CCMs share the following characteristics: a) Primary Care (PC) is considered the cornerstone of the system; b) Continuity of care through the coordination between PC and hospital services is an essential goal; c) Reference Nurses, in hospitals and PC, play a basic role to ensure this continuity of care; d) Internal Medicine is considered the reference hospital medical specialty, especially for complex patients with chronic multimorbidity, facilitating comprehensive care for patients; e) Multidisciplinary teams that include healthcare professionals (doctors, nurses, physiotherapists) and social workers are highly recommended; f) Different systems are used to identify chronic complex patients in the electronic health records (EHRs) facilitating the continuity of care in PC and hospitals; g) Alternative care models to hospitalization (home care, day hospital, teleassistance) have been developed with the aim of avoiding/reducing hospitalization and visits to Emergency Departments; h) Orientation to Patient-Centered Care, emphasizing self-management education, caregivers support, lifestyle modification, and the use of technology for monitoring health; i) Development of personalized care plans that are tailored to individual patient needs, preferences, and circumstances, to increase adherence to treatment and improving satisfaction of patients. However, integrated care models, named Health Management Areas (HMA), like the Local Health Units (LHU) in Portugal, that unify the resources and management of PC district and a reference hospital are uncommon in Spain⁶ and, although it looks theoretically a logical structure, there are no comparative studies that analyze if these HMA are more efficient than the classic model where PC and hospitals manage independent resources.

In summary, while the implementation of CCMs in Spain has shown positive effects in improving health outcomes in chronic disease management, challenges remain, including continuity of care, training for healthcare professionals, and ensuring equitable access to services across different regions. Research and evaluation would be crucial to understanding the effectiveness of these models in different contexts, adjusting strategies and improving care, but unfortunately, there are no comparative studies among CCMs from different Spanish regions due mainly to politics reasons. Finally, our experience about HMA is limited and there are no studies that support the generalization of this integrating model. ■

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