VI Congreso Internacional Dependencia y Calidad de Vida
*"Atención Integrada y Centrada en la Persona"*
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# La Estrategia Global de la OMS en Servicios de Salud Integrados y Centrados en las Personas

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Organización Mundial de la Salud

# Contenidos

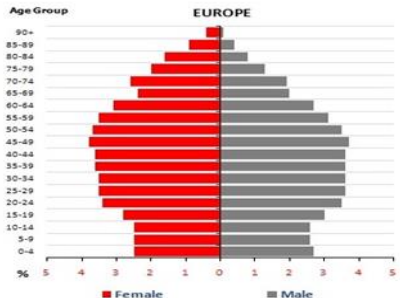
- Desafíos y oportunidades de los servicios de salud a nivel global
- Experiencias y lecciones aprendidas
- Políticas orientadoras de la OMS
- Estrategia OMS de Servicios de Salud Integrados y Centrados en las Personas (SSICP)
- Apoyo de OMS a la implementación de SSICP

# El contexto global cambiante

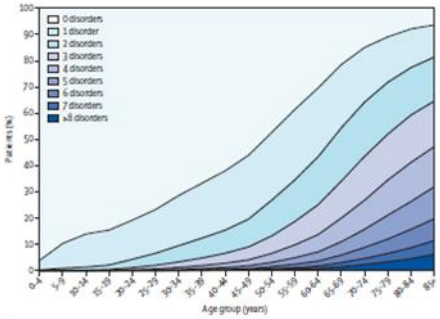
SDGs

Globalization

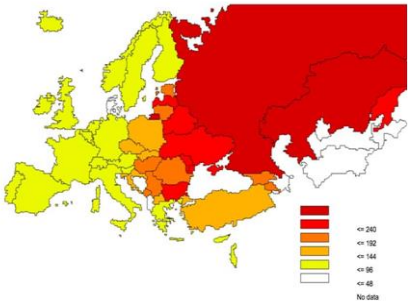
Migration



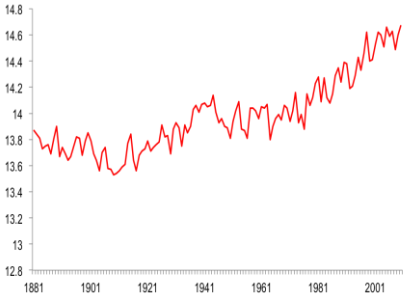

Ageing



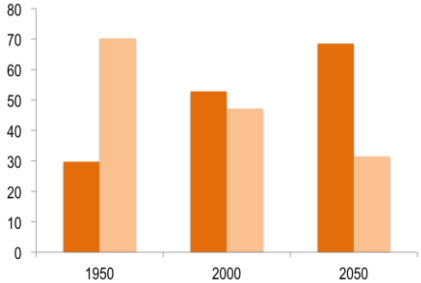

Multi-morbidity



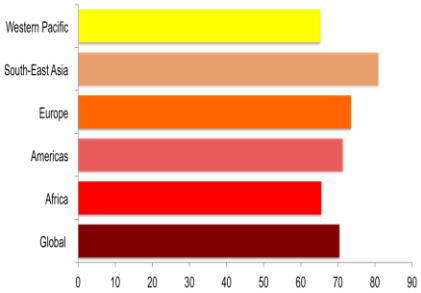
NCDs



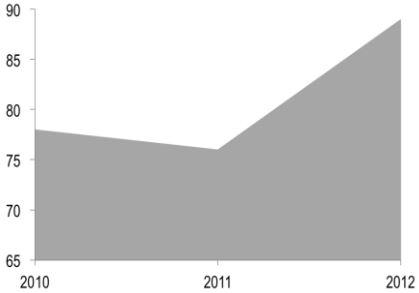

Climate change



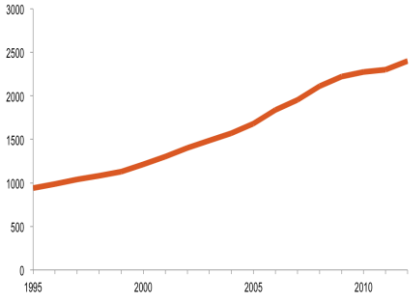

Urbanization




Citizen voice




Innovation

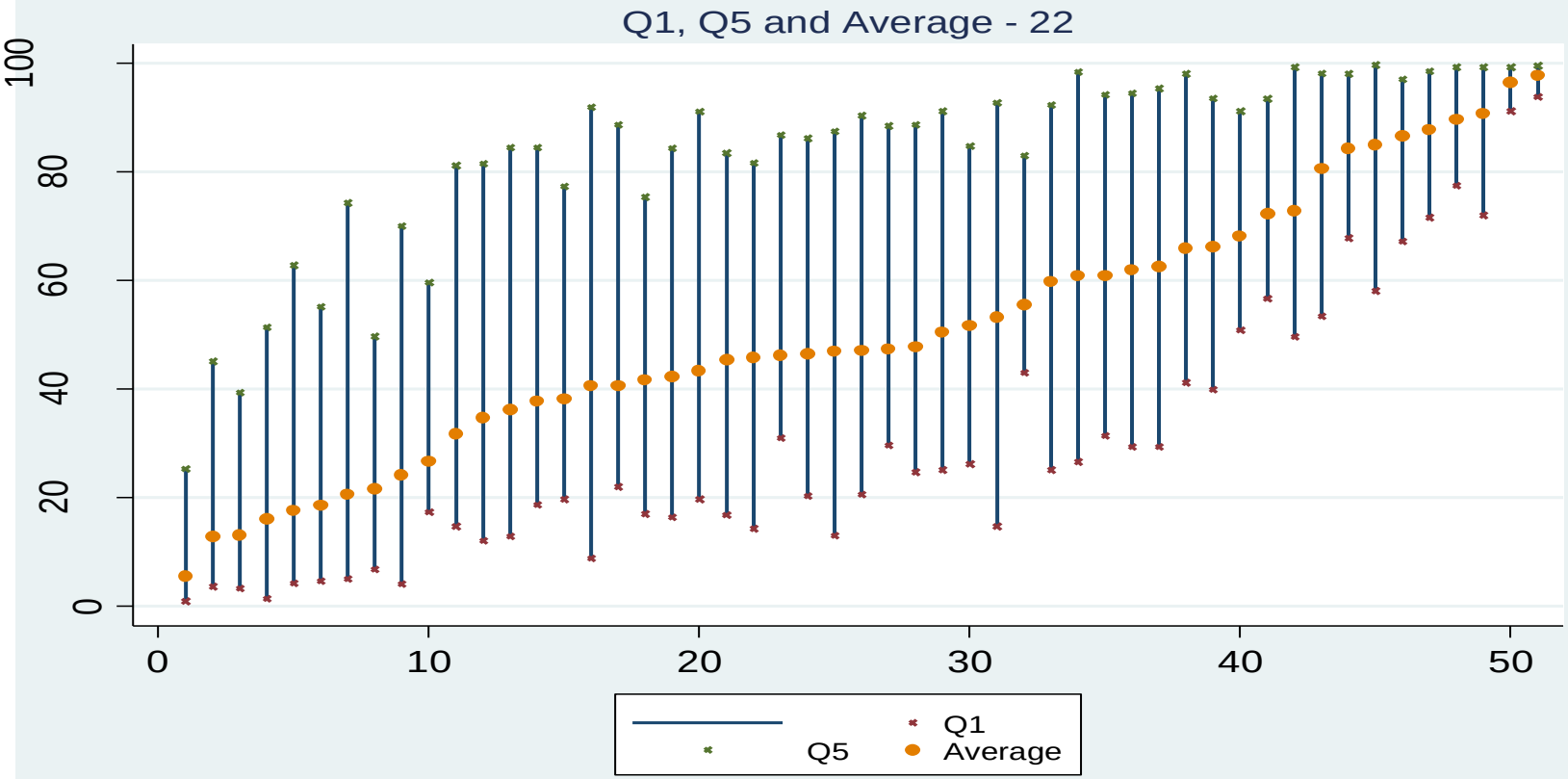



Rising costs

Source: WHO Global Health Observatory Data Repository, 2015

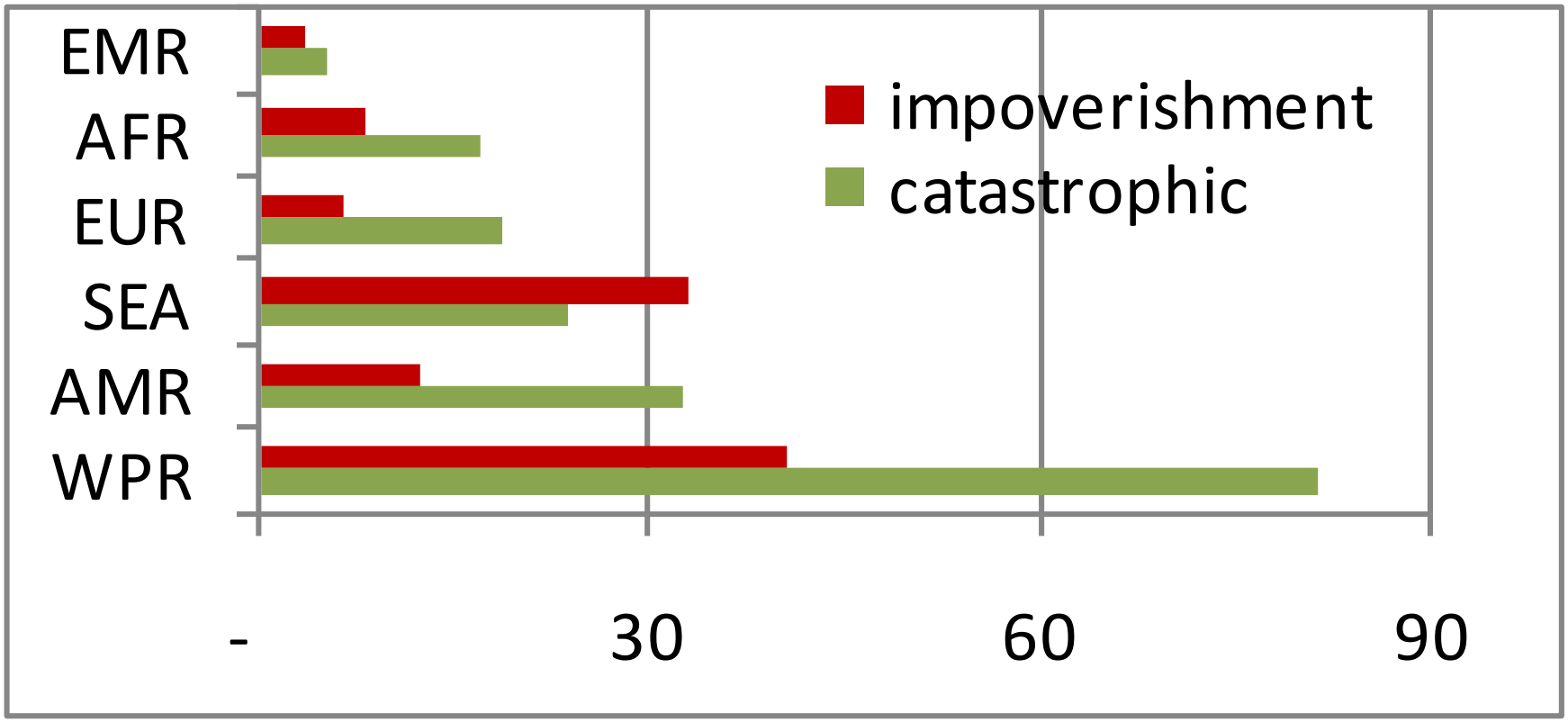
# Millones de personas en el mundo todavía no cuentan con acceso a servicios básicos

## Percentage of Skill Birth Attendants




Source: Latest available DHS for each country (excl. CIS countries)

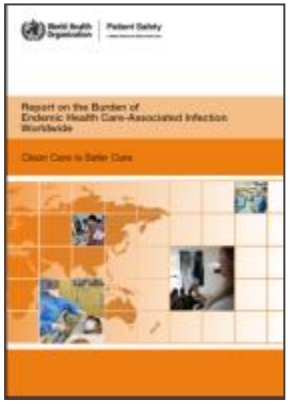
# Millones mas sufren financieramente cuando usan los servicios




**Number of people (million)**

# Burden of endemic health-care-associated infection in developing countries: systematic review and meta-analysis

Benedetta Allegranzi, Sepideh Bagheri Nejad, Christophe Combescure, Wilco Graafmans, Hama Attar, Liam Donaldson, Didier Pittet



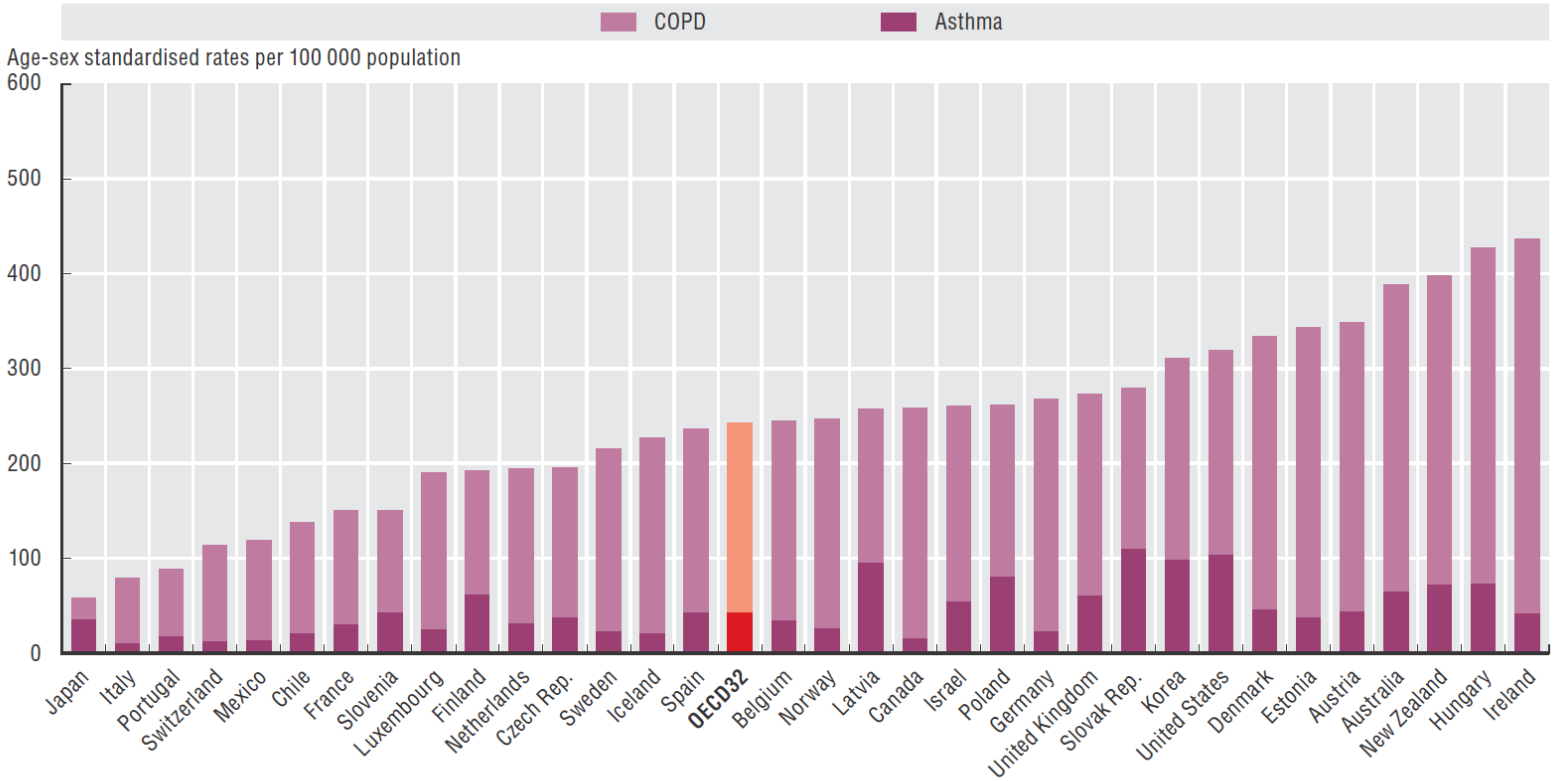

- HAI pooled prevalence: **15·5 per 100 patients [95% CI 12·6–18·9])** was much higher than proportions reported from Europe & the USA.
- Pooled overall health-care-associated infection density in adult intensive-care units was 47·9 per 1000 patient-days (95% CI 36·7–59·1), at least 3 times as high as densities reported from the USA.
- Surgical-site infection was the leading infection in hospitals (pooled cumulative incidence 5·6 per 100 surgical procedures), strikingly higher than proportions recorded in developed countries.

"The burden of health-care-associated infection in developing countries is high."

Source: Allegranzi et al. Lancet. 2011 Jan 15;377(9761):228-41.

# Admisiones hospitalarias prevenibles

**8.1. Asthma and COPD hospital admission in adults, 2013 (or nearest year)**




*Note:* Three-year average for Iceland and Luxembourg.
*Source:* *OECD Health Statistics 2015, http://dx.doi.org/10.1787/health-data-en.*

StatLink http://dx.doi.org/10.1787/888933281105

# Coordinación del cuidado asistencial

**Care Coordination And Safety Among Adults Age Sixty-Five Or Older In Eleven Countries, 2014**

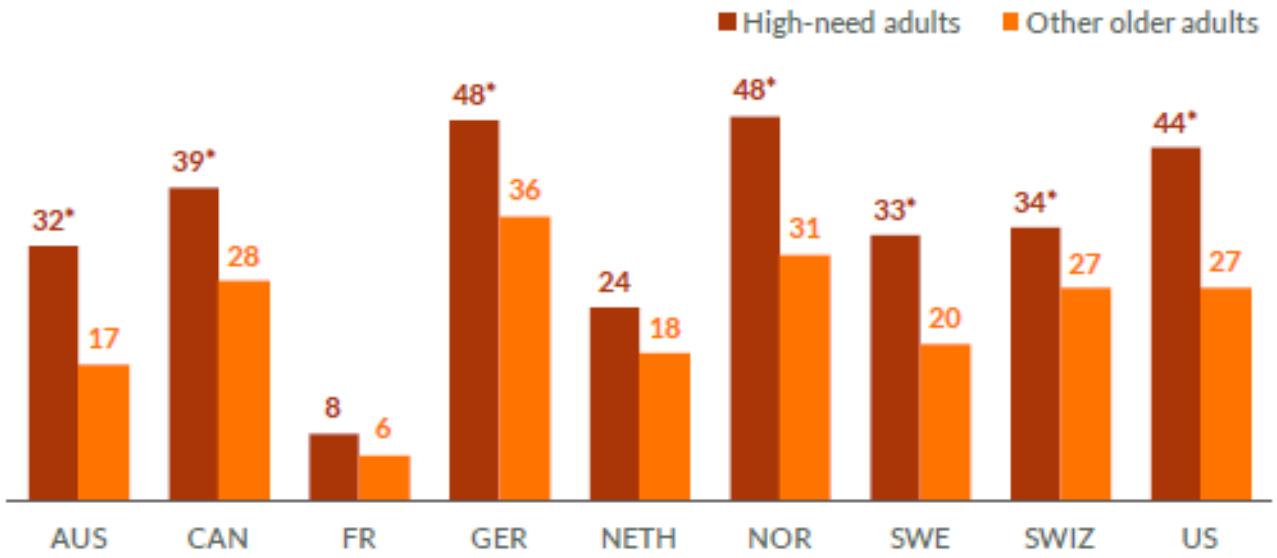
| | Percent of respondents who: | | | | | | |
|---|---|---|---|---|---|---|---|
| | Experienced coordination problems in the past two years | | | | | | |
| Country | Test results/ records not available at appointment, or duplicate tests ordered | Received conflicting information from different doctors | Specialist lacked medical history, or regular doctor not informed about specialist care[a] | Had any coordination problem | Reported health care professional did not review Rx in past year[b] | Experienced gaps in hospital discharge planning in past 2 years[c] | Reported regular doctor seemed uninformed about hospital care after discharge in past 2 years[d] |
| Australia | 13% | 10% | 15% | 21% | 16% | 41% | 10% |
| Canada | 15 | 12 | 29 | 32 | 16 | 44 | 14 |
| France | 4 | 2 | 6 | 7 | 47 | 54 | 15 |
| Germany | 15 | 14 | 31 | 41 | 19 | 56 | 9 |
| Netherlands | 9 | 7 | 18 | 21 | 37 | 59 | 4 |
| New Zealand | 9 | 9 | 14 | 20 | 23 | —[e] | —[e] |
| Norway | 9 | 11 | 43 | 37 | 36 | 70 | 8 |
| Sweden | 10 | 12 | 23 | 24 | 48 | 67 | 31 |
| Switzerland | 17 | 9 | 19 | 29 | 27 | 56 | 10 |
| UK | 12 | 10 | 20 | 24 | 21 | 38 | —[e] |
| US | 23 | 16 | 19 | 35 | 14 | 28 | 11 |

**SOURCE** 2014 Commonwealth Fund International Health Policy Survey of Older Adults. **NOTES** Excludes respondents who declined to answer or who answered "don't know" or "not applicable." Between-country significance tests are available in online Appendix A7 (see Note 5 in text). For sample sizes, see Exhibit 1. [a]Base: had a regular doctor or place of care and saw or needed to see a specialist in the past two years; Australia ($n = 1,060$), Canada ($n = 1,763$), France ($n = 524$), Germany ($n = 453$), the Netherlands ($n = 385$), New Zealand ($n = 190$), Norway ($n = 392$), Sweden ($n = 2,439$), Switzerland ($n = 698$), United Kingdom ($n = 252$), United States ($n = 753$). [b]Base: taking four or more prescription drugs regularly. [c]The question read as follows: When discharged from the hospital, you did not receive written information about what to do when you returned home and symptoms to watch for; hospital did not make sure you had arrangements for follow-up care; someone did not discuss with you the purpose of taking each medication; or you did not know who to contact if you had a question about your condition or treatment. Base: hospitalized overnight in the past two years. [d]Base: hospitalized overnight in the past two years and had a regular doctor or place of care. [e]Omitted because of small *N* (fewer than 100 respondents).

# Coordinación del cuidado asistencial en pacientes con altas necesidades

## High-Need Patients Experience Poorly Coordinated Care

**Had any coordination problem[a] in the past two years (percent):**




[a] Test results/records not available at appointment or duplicate tests ordered; received conflicting information from different doctors; and/or specialist lacked medical history or regular doctor was not informed about specialist care.

Notes: High-need adults—Adults age 65 and older with 3+ chronic conditions or a functional limitation; Other older adults—All other adults age 65 and older.

* $p < 0.05$, denotes significant differences between high-need adults and other older adults within country.

Source: 2014 Commonwealth Fund International Health Policy Survey of Older Adults.

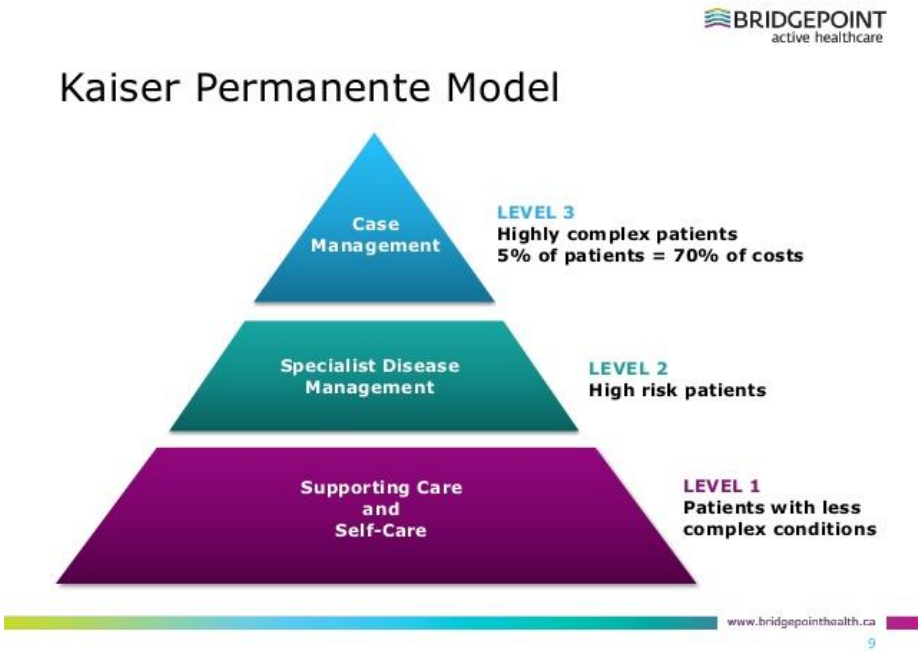
# Manejo de pacientes con necesidades complejas

**Primary Care Doctors From Ten Countries Report On Whether Their Practice Is Well Prepared To Manage Care Of Patients With Complex Needs, 2015**

| Country | Patients with multiple chronic conditions | Patients needing palliative care | Patients with dementia | Patients needing long-term home care services | Patients needing social services in the community | Patients with severe mental health problems | Patients with substance use-related issues |
|---|---|---|---|---|---|---|---|
| AUS ($n = 747$) | 85% | 48% | 46% | 47% | 41% | 34% | 19% |
| CAN ($n = 2,284$) | 70 | 42 | 42 | 40 | 28 | 24 | 15 |
| GER ($n = 559$) | 88 | 58 | 67 | 68 | 71 | 32 | 14 |
| NET ($n = 618$) | 88 | 92 | 65 | 80 | 25 | 44 | 16 |
| NZ ($n = 503$) | 81 | 62 | 41 | 54 | 48 | 24 | 20 |
| NOR ($n = 864$) | 86 | 54 | 69 | 78 | 41 | 56 | 36 |
| SWE ($n = 2,905$) | 66 | 25 | 57 | 51 | 45 | 14 | 6 |
| SWIZ ($n = 1,065$) | 80 | 48 | 49 | 64 | 55 | 26 | 25 |
| UK ($n = 1,001$) | 79 | 81 | 64 | 60 | 44 | 43 | 41 |
| US ($n = 1,001$) | 76 | 41 | 47 | 46 | 32 | 16 | 16 |

**SOURCE** 2015 Commonwealth Fund International Health Policy Survey of Primary Care Physicians. **NOTE** Excludes physicians who reported that they "never" see these patients.

# Gestión de base poblacional



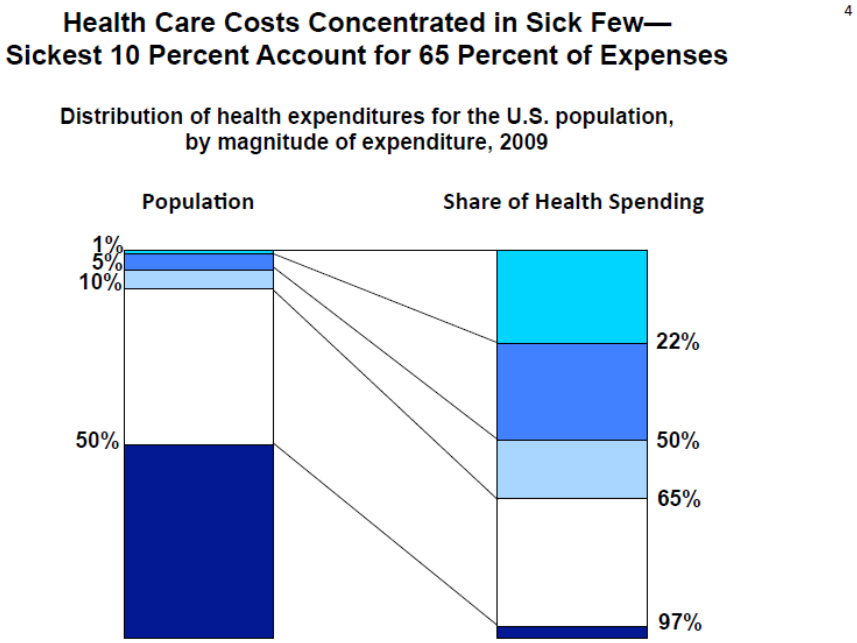
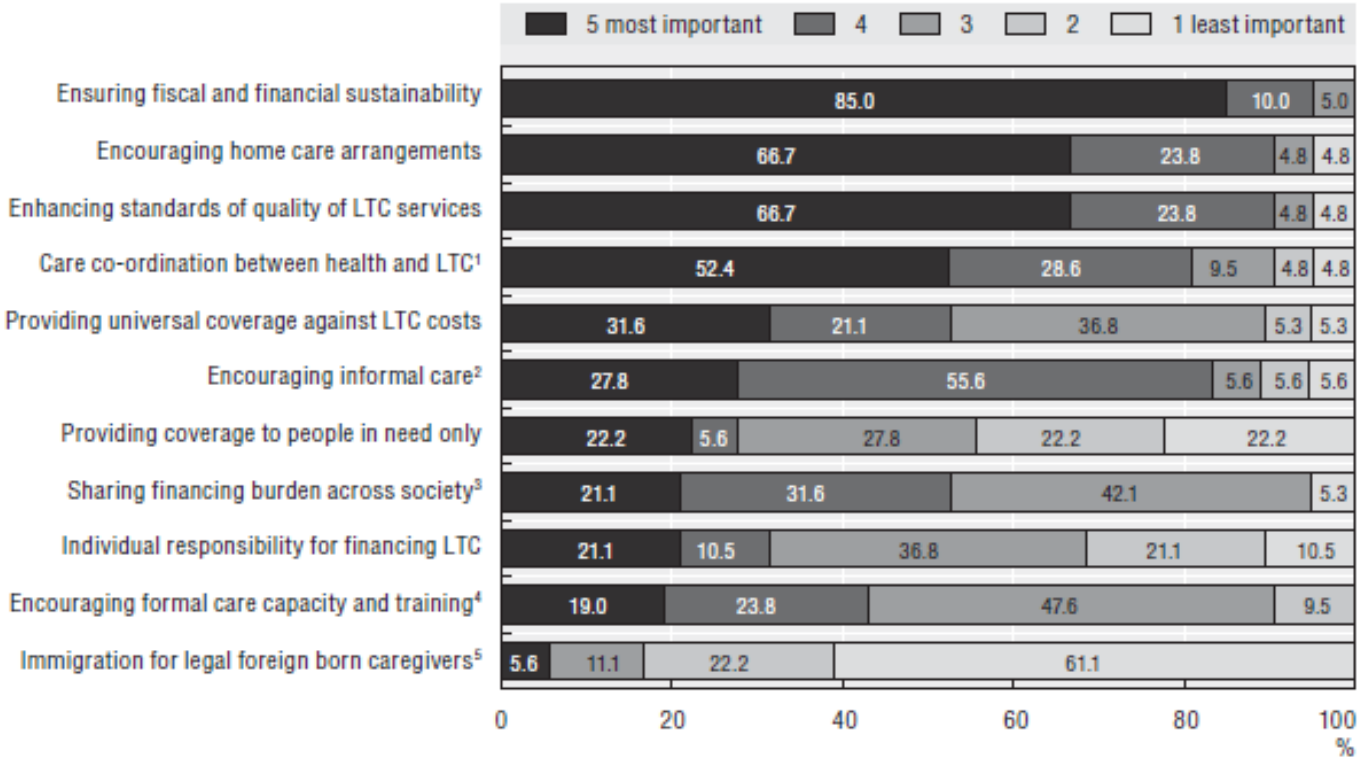



Figure 1.1. **Financial sustainability is the most important policy priority for LTC systems in the OECD, 2009-10**




*Note:* Includes responses from 28 OECD countries. Four countries identified other policies and reforms than the ones listed above, including: improving functional needs assessments and international co-operation.

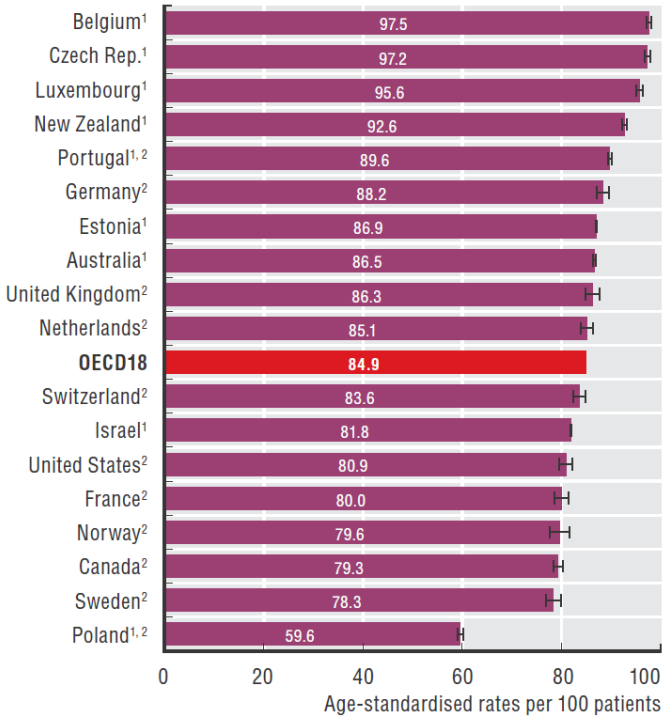
1. Harmonising LTC and health systems, support care co-ordination.
2. Encouraging informal care and support for informal carers (including family members).
3. Sharing the burden of LTC financing across society as a whole, including seniors or retired high-income individuals.
4. Encouraging formal care capacity and training to caregivers, for example in order to reduce the burden on informal caregivers.
5. Encouraging or facilitating the immigration of legal foreign-born caregivers.

*Source:* OECD 2009-10 Questionnaire on Long-term Care Workforce and Financing.

StatLink http://dx.doi.org/10.1787/888932400589

# Experiencia del paciente

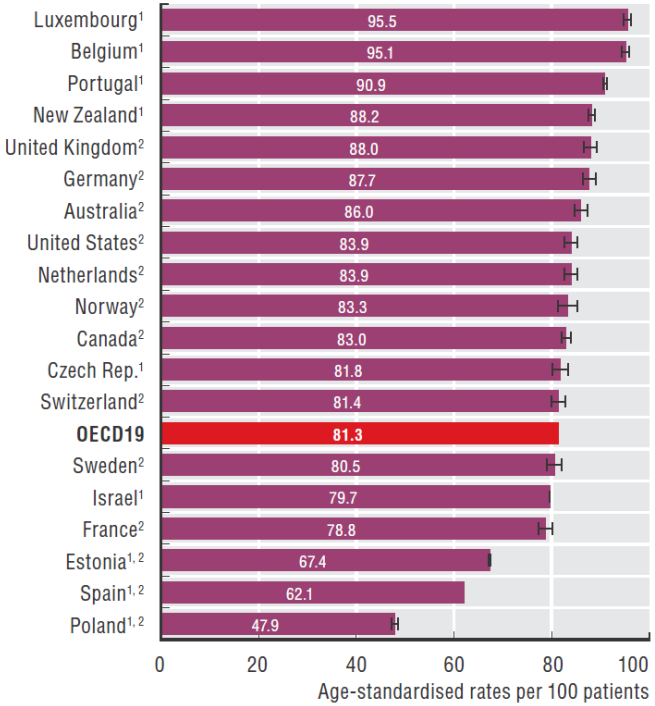
**8.39. Doctor spending enough time with patient in consultation, 2013 (or nearest year)**




*Note:* 95% confidence intervals represented by H.
1. National sources. 2. Data refer to patient experiences with regular doctor.
*Source:* Commonwealth Fund International Health Policy Survey 2013 and other national sources.

StatLink http://dx.doi.org/10.1787/888933281241

**8.42. Doctor involving patient in decisions about care and treatment, 2013 (or nearest year)**




*Note:* 95% confidence intervals represented by H.
1. National sources. 2. Data refer to patient experiences with regular doctor.
*Source:* Commonwealth Fund International Health Policy Survey 2013 and other national sources.

StatLink http://dx.doi.org/10.1787/888933281241

# Participación Comunitaria

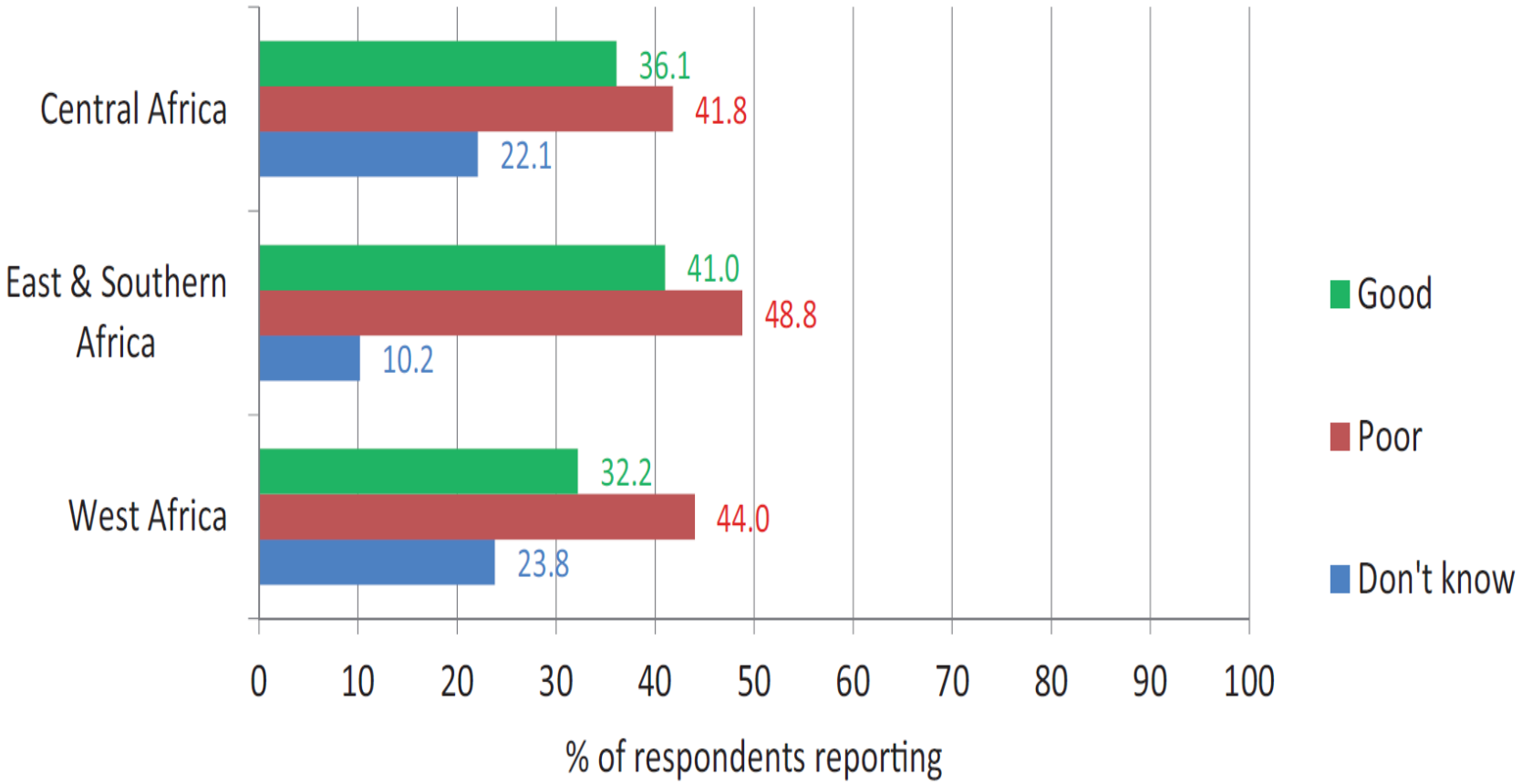



**Figure 21:** Rating of involvement of communities in decision-making in Central, East and Southern, and West subregions

WHO AFRO, 2012

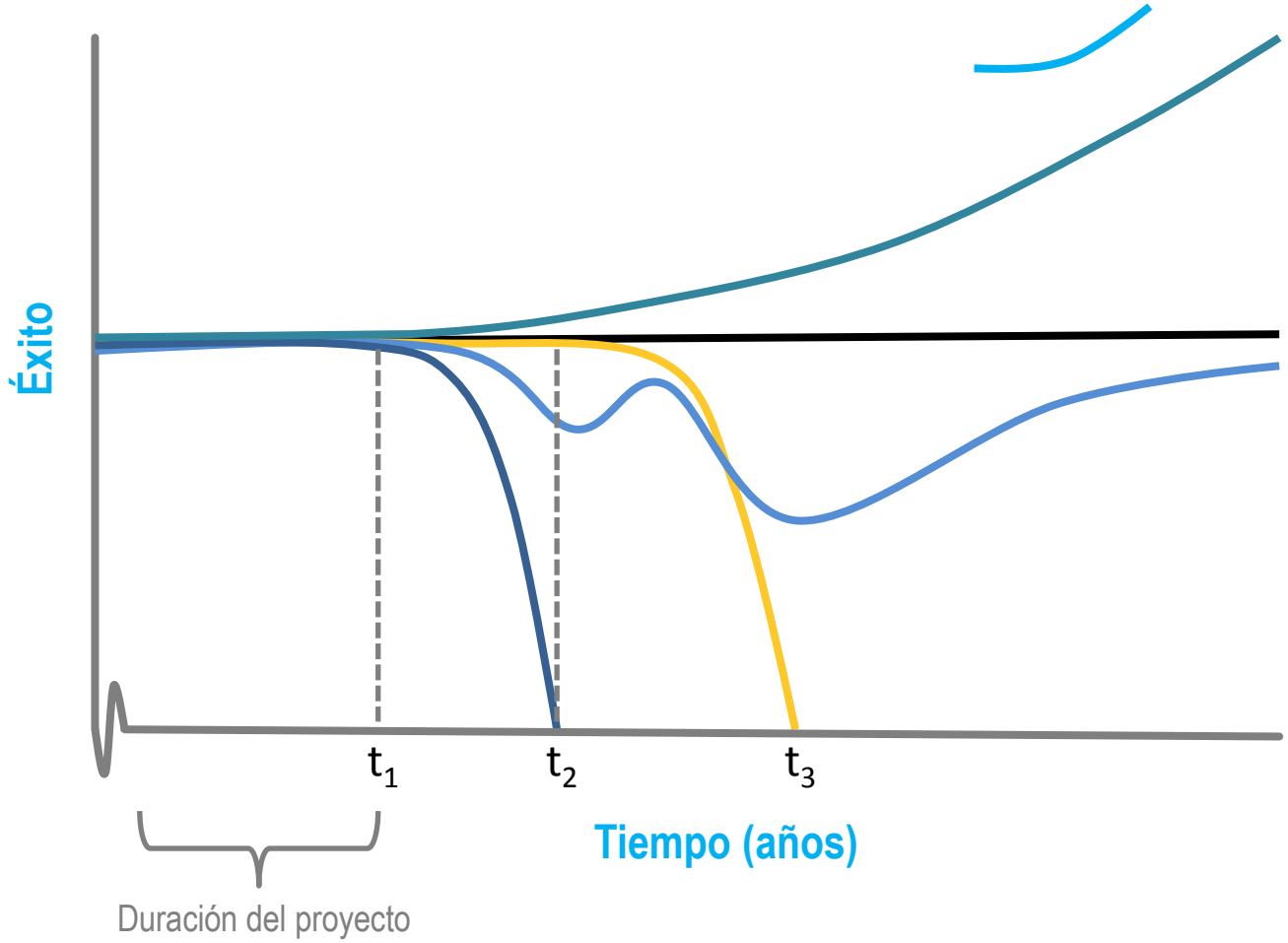
# ¿Qué experiencias se han llevado a cabo?

- Servicios de salud integrados y centrados en las personas en el sistema sanitario de Nuka Alaska, EEUU
- Gestión de casos en Torbay, Reino Unido
- Contrato de responsabilidad compartida para resultados en salud poblacionales, Kinzigtal, Alemania
- Promoción de la coordinación de servicios en Lituania
- Cuidados integrados en Carelia del Sur, Finlandia
- Cuadro de mando integral para promover la rendición de cuentas, Afganistán
- Promoción de la educación en VIH/SIDA en Angola
- Redes integradas en servicios de salud en Brasil
- Integración de la medicina tradicional y complementaria en Asia
- Redes integradas en servicios de salud en Chile
- Participación social en Tupiza, Bolivia
- Integración de VIH/SIDA y tuberculosis en Mali
- Movilización de las comunidades para reducir la mortalidad maternal y neonatal en Malawi
- Medicina de familia en Tailandia como parte de la Cobertura de Salud Universal
- Redes de Atención Primaria propias de las comunidades en Mali

# ¿Qué resultados se han conseguido?

- Mejora en el acceso a cuidados por parte de grupos marginados
- Reducción de hospitalizaciones no planificadas
- Mejora en la capacidad de auto-manejo
- Promoción del rol de los Recursos Humanos en salud
- Reducción de costes
- Mayor compromiso de la comunidad y representación participativa
- Toma de decisiones conjuntas
- Cambios en el modelo de cuidados, asignando recursos allí donde están las necesidades
- Mejor coordinación de cuidados
- Mayor acceso a cuidados
- Mayor influencia de la comunidad y mejor relación con los proveedores de cuidados para la generación de conocimiento y confianza
- Mejora de la alfabetización en salud
- Reducción de la mortalidad perinatal y neonatal
- Aumento de la cobertura de salud
- Mayor calidad de vida

# Lecciones derivadas de la implementación: desafíos de sostenibilidad y escala




1 Fracaso del proyecto

2 Muerte lenta

3 Proyectos "en apuros"

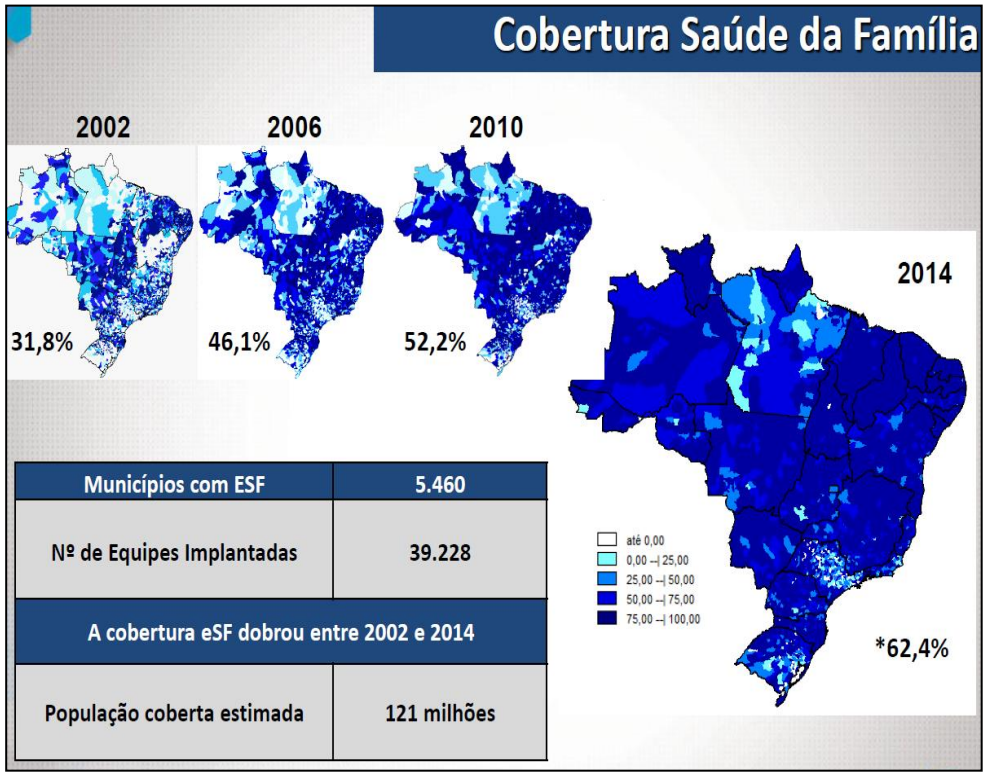
4 Proyectos sostenibles

5 Escalabilidad

6 Transformación del sistema

Fuente: Adaptado de Amelung et al. 2014, Propuesta "Transform"

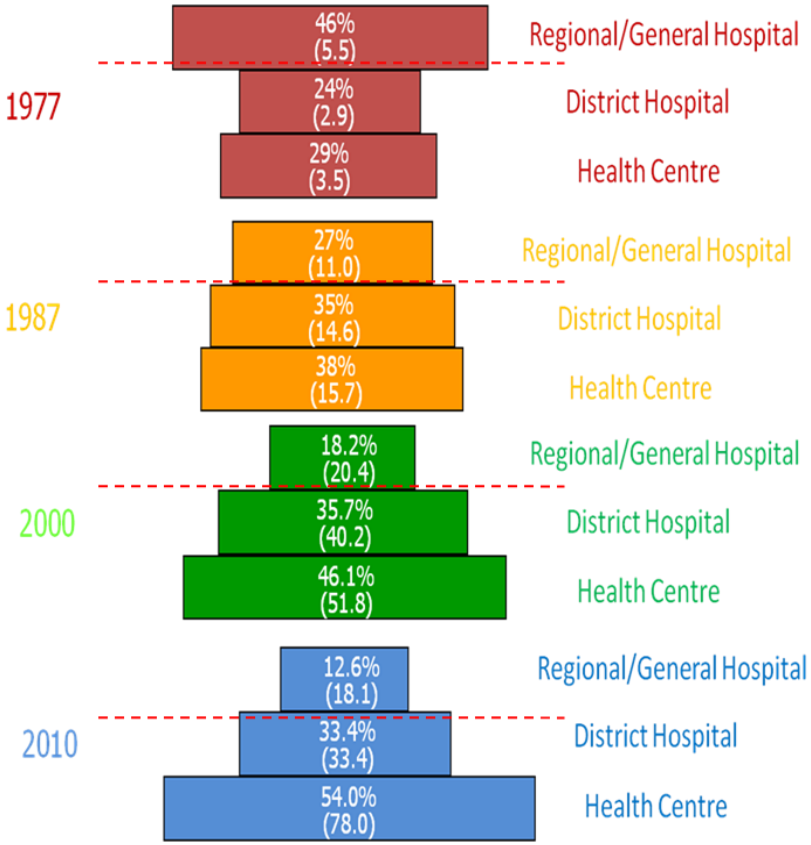
# Brasil: Estrategia de Salud de Familia




| Municípios com ESF | 5.460 |
|---|---|
| Nº de Equipes Implantadas | 39.228 |
| A cobertura eSF dobrou entre 2002 e 2014 | |
| População coberta estimada | 121 milhões |

(Portal da Saude, 2016)

# Tailandia: Atención primaria de base distrital




(NHSO, 2012)

# China: Profundizando la reforma del sector salud

(IBRD, 2016)

# Escocia: Integración de los servicios de salud y sociales

## Public Bodies (Joint Working) (Scotland) Act 2014

- **People are supported to live well at home or in the community for as much time as they can and have a positive experience of health and social care when they need it**

- All adult care groups +/- children's services & criminal justice

- Principles for integrated health and social care
- Strategic and locality planning based on population needs
- Integrated governance : body corporate or lead agency
- Integrated budgets for health and social care
- Nine national outcomes for health and wellbeing
- Chief accountable officer has integrated oversight of delivery

The Scottish Government



منظمة الصحة العالمية 世界卫生组织 World Health Organization Organisation mondiale de la Santé Всемирная организация здравоохранения Organización Mundial de la Salud

# Fortalecimiento del compromiso global en la provisión de servicios de salud integrados y centrados en las personas

# Un marco analítico para la provisión de servicios de salud integrados y centrados en las personas

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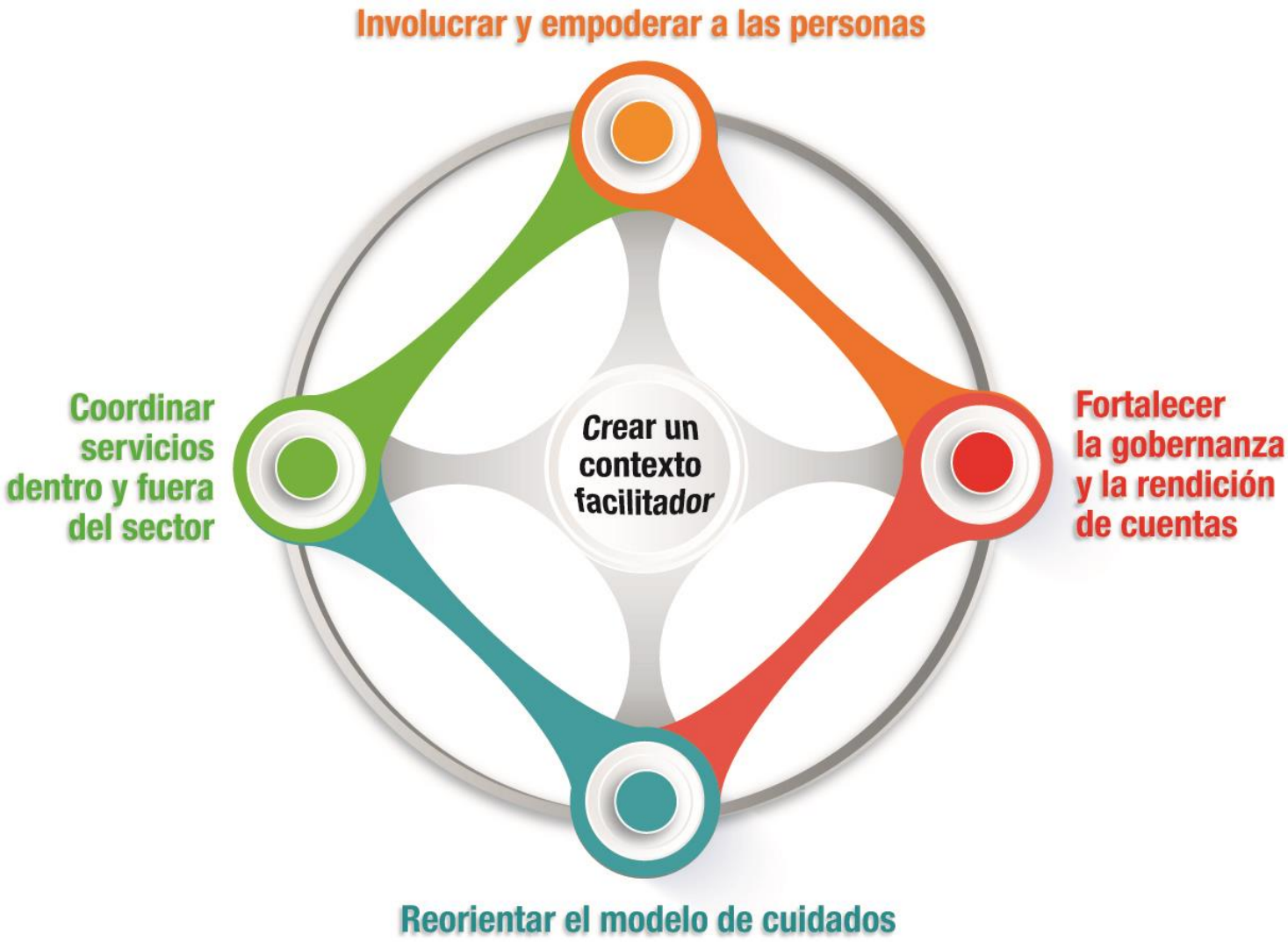
# Visión

***“Que todas las personas tengan acceso equitativo a servicios de salud de calidad, coproducidos de forma tal que respondan a sus necesidades a lo largo de la vida y respeten sus preferencias, que estén coordinados a través del continuo de cuidados y sean integrales, seguros, efectivos, oportunos, eficientes y aceptables; y que todos los prestadores de servicios de salud sean motivados, competentes y operen en un entorno favorable"***

# El camino hacia adelante: cinco direcciones estratégicas

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# El camino hacia adelante: cinco direcciones estratégicas

## Empoderar e involucrar a las personas

- Empoderamiento y compromiso de las personas, cuidadores y familias
- Empoderamiento y compromiso de las comunidades
- Empoderamiento y compromiso de los cuidadores informales
- Atención a poblaciones desfavorecidas y marginadas

## Coordinar servicios dentro y fuera del sector

- Coordinación de cuidados alrededor de la persona
- Coordinación de programas y prestadores de salud
- Coordinación a través de sectores

## Crear un contexto facilitador

- Fortalecimiento del liderazgo y la gestión para el cambio
- Fortalecimiento de los sistemas de información y la gestión del conocimiento
- Apuesta por la mejora de la calidad y la seguiridad
- Reorientación de los recursos humanos
- Alineamiento de macros regulatorios
- Mejora de la financiación y reforma de los sistemas de pago

## Fortalecer la gobernanza y la rendición de cuentas

- Fomento de una gobernanza participativa
- Promoción de la rendición mutua de cuentas

## Reorientar el modelo de cuidados

- Definición de prioridades de servicios en base a las necesidades a lo largo de la vida
- Revalorización de la promoción, prevención y salud publica
- Creación de sistemas basados en una atención primaria fuerte
- Orientación hacia cuidados ambulatorios
- Innovación e incorporación de nuevas tecnologías

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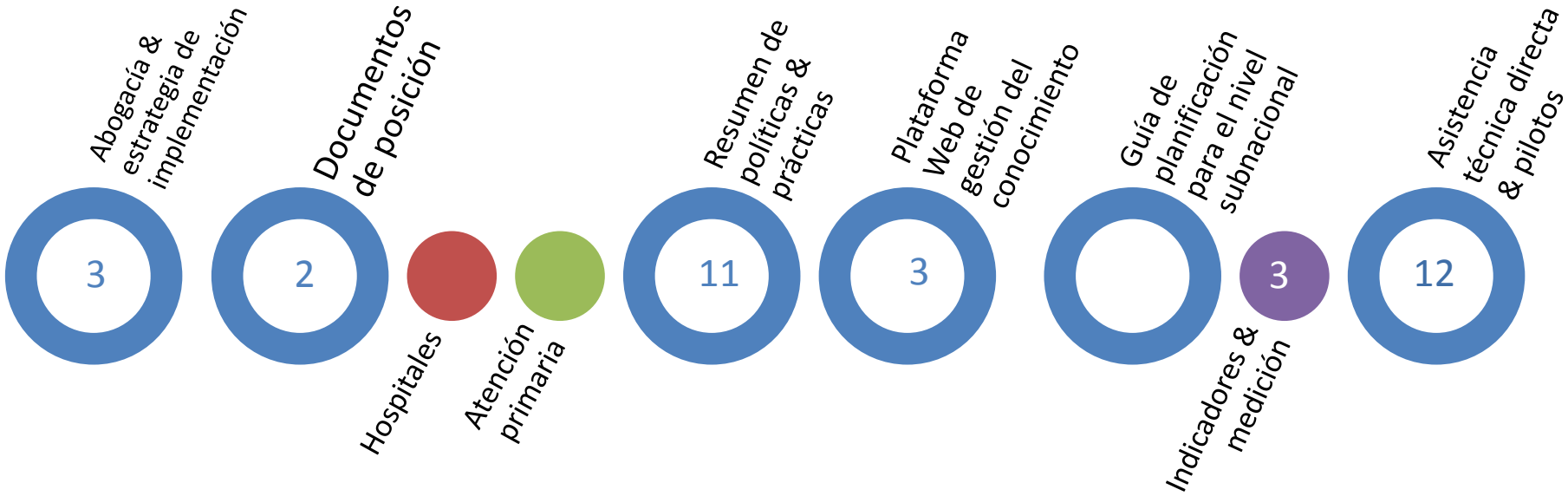
# Apoyo de OMS a la implementación de SSICP

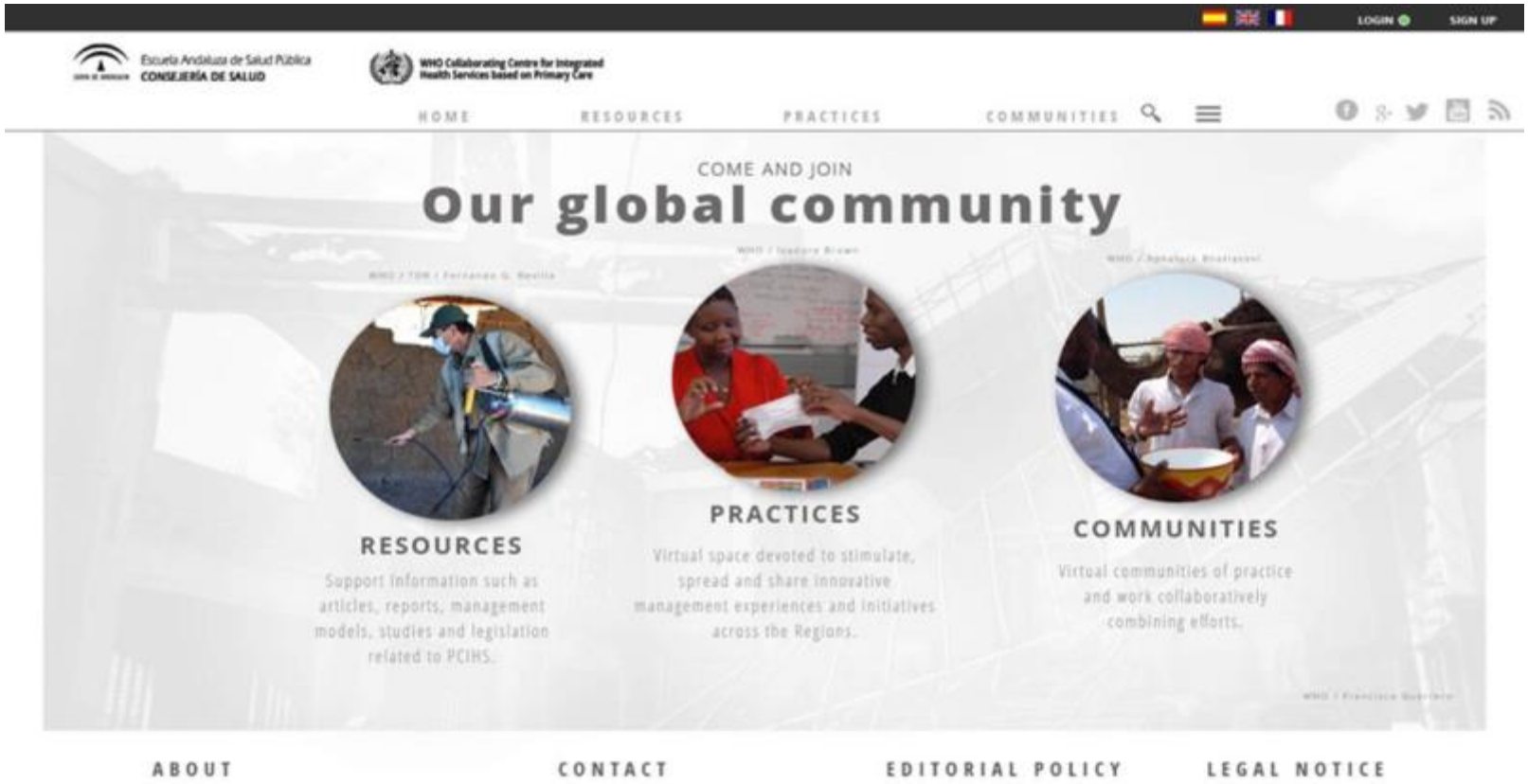


# Dare to transform

## INTEGRATED PEOPLE-CENTRED HEALTH SERVICES

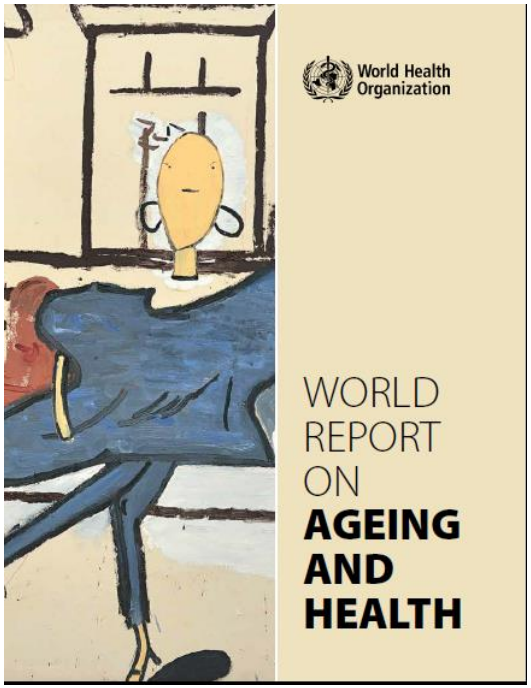
World Health Organization

# www.integratedcare4people.org



# Esferas de acción prioritarias en materia de *Envejecimiento Saludable:*

- Adaptar los sistemas de salud a las poblaciones de edad que estos atienden actualmente
- Crear sistemas de cuidados a largo plazo
- Crear entornos amigables con las personas mayores
- Mejorar la medición, el monitoreo y la comprensión




(OMS, 2015)

“Trata a cada paciente como si fuera de tu propia familia. Muestra compasión, cariño y dales esperanza…No les trates como si fueran ganado. Pasa más tiempo con ellos. Lo más importante, no trates al paciente como si fuera un número en una “fábrica” de pacientes. Trátalos como personas, como si fuera tu madre/padre/hermano. Muestra compasión, cariño y empatía”.

*Hijo de paciente, Región de las Américas*

Organización Mundial de la Salud

## INFORMACION DE CONTACTO

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http://www.who.int/servicedeliverysafety/areas/people-centred-care/en/