

RESOLUCIÓN DE LA ONU SOBRE EL PAPEL DE LA ATENCIÓN PRIMARIA EN LAS ENFERMEDADES CRÓNICAS

IV Congreso Nacional de Atención Sanitaria al Paciente Crónico

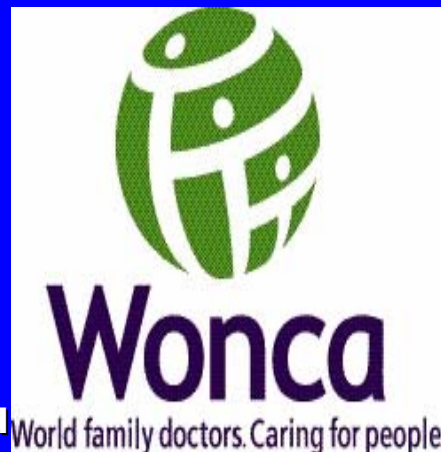
9 de Marzo de 2012
Alicante, Spain

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**United Nations High Level Meeting
on Non-Communicable Disease
9-11 September 2011
New York, NY USA**

www.un.org/en/ga/president/65/issues/ncdiseases.shtml

Chronology - 2010

13 May A/RES/64/265 – decision to convene high level meeting

9 Dec A/RES/65/95 – resolution on global health and foreign policy

24 Dec A/RES/65/238 – set out scope and detail of meeting

Chronology – 2011

**28-29 April Moscow Declaration –
First Global Ministerial Conference
on Healthy Lifestyles and
Noncommunicable Disease Control**

**16 June Informal interactive
hearing with civil society, New York**

**19-20 Sep UN High Level Meeting,
New York**

www.ncdalliance.org

Steering Group

International Diabetes Federation

Union for International Cancer Control

World Heart Federation

**The International Union Against
Tuberculosis and Lung Disease**

NCD Alliance

UN Summit Partner Group

- **Alzheimer's Disease International**
- **American Cancer Society**
- **American College of Cardiology**
- **American Heart Association**
- **Framework Convention Alliance**
- **GlobalHealthCouncil**
- **International Diabetes Federation**
- **LIVESTRONG**
- **Norwegian Cancer Society**
- **The International Union Against Tuberculosis and Lung Disease**
- **Union for International Cancer Control**
- **World Heart Federation**
- **World Lung Federation**

NCA Alliance Supporters

- **Medtronic**
- **Merck**
- **Pfizer**
- **Sanofi**
- **Abbott Fund**
- **Eli Lilly and Co.**
- **Johnson & Johnson**
- **Novo Nordisk**
- **Roche Diagnostics**
- **Takeda
Pharmaceuticals**
- **World Diabetes
Foundation**

NCD Alliance: Member Associations

	<u>Countries</u>	<u>NGOs</u>
Africa	42	117
Asia	45	243
Europe	45	257
North America	23	137
Pacific	8	30
South&Central America	<u>18</u>	<u>104</u>
TOTAL	181	888

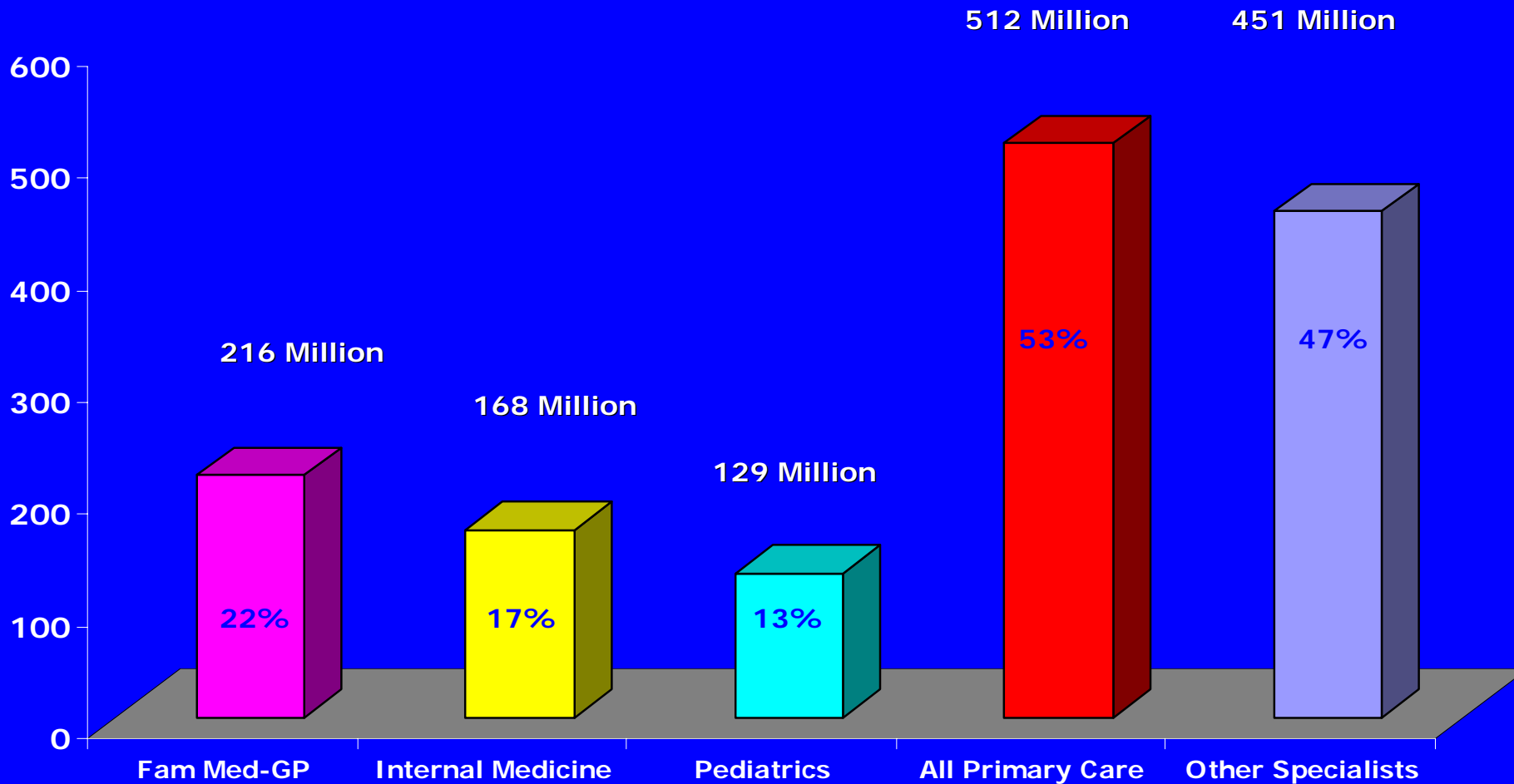
Healthcare services

U.S., 2005

Physician office visits	963,617,000
Emergency dept visits	115,223,000
Hospital outpatient dept visits	90,393,000
Hospital discharges	34,667,000

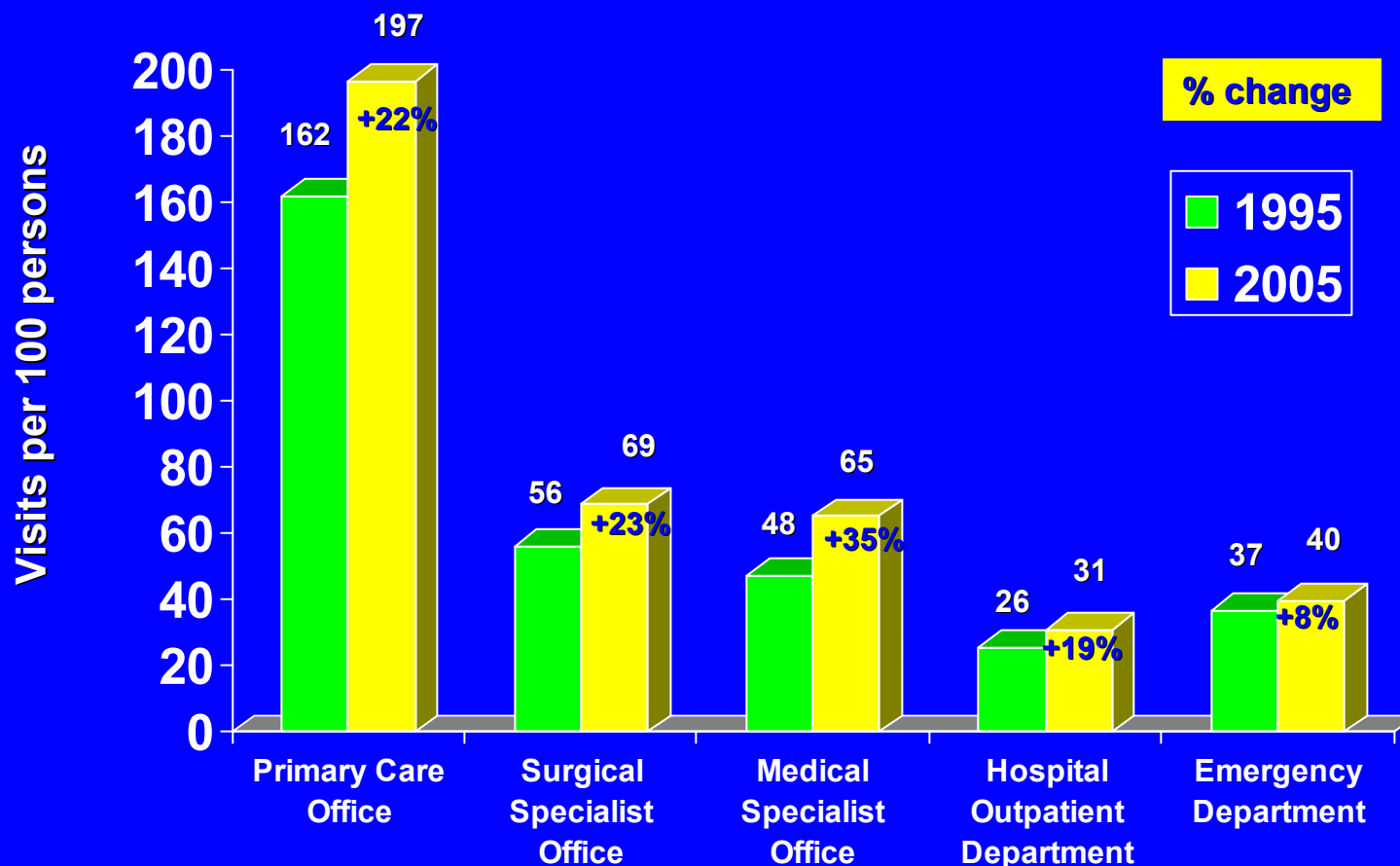
Source: National Ambulatory Medical Care Survey, 2005
<http://www.cdc.gov/nchs/data/ad/ad387.pdf>

U.S. Physician Office Visits 2005¹



¹Excludes anesthesiology, pathology & radiology.
Source: <http://www.cdc.gov/nchs/data/ad/ad387.pdf>

Visit rates by setting type: United States, 1995 and 2005

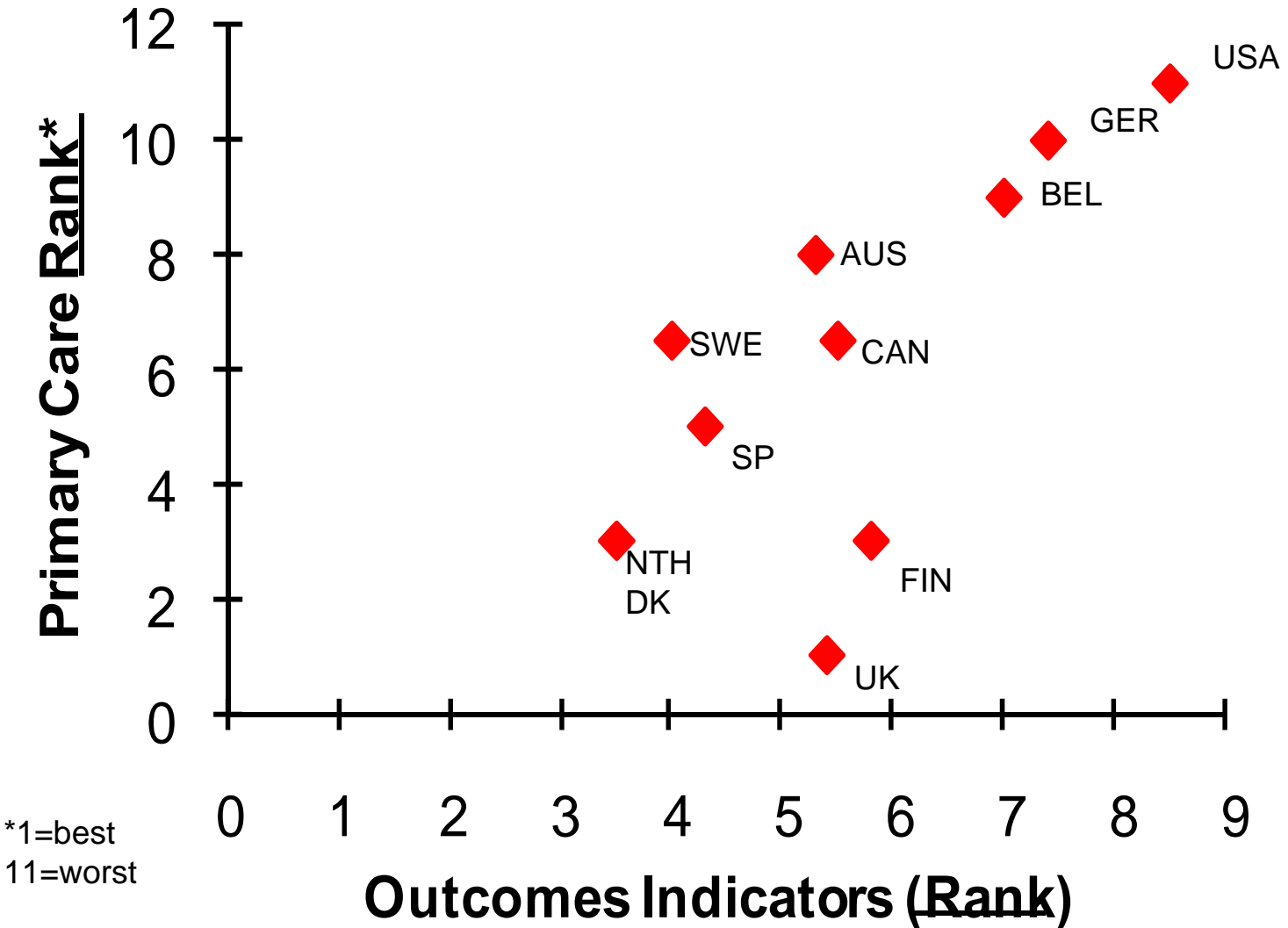


Sources: National Ambulatory Medical Care Survey and National Hospital Ambulatory Care Survey. <http://www.cdc.gov/nchs/data/ad/ad388.pdf>

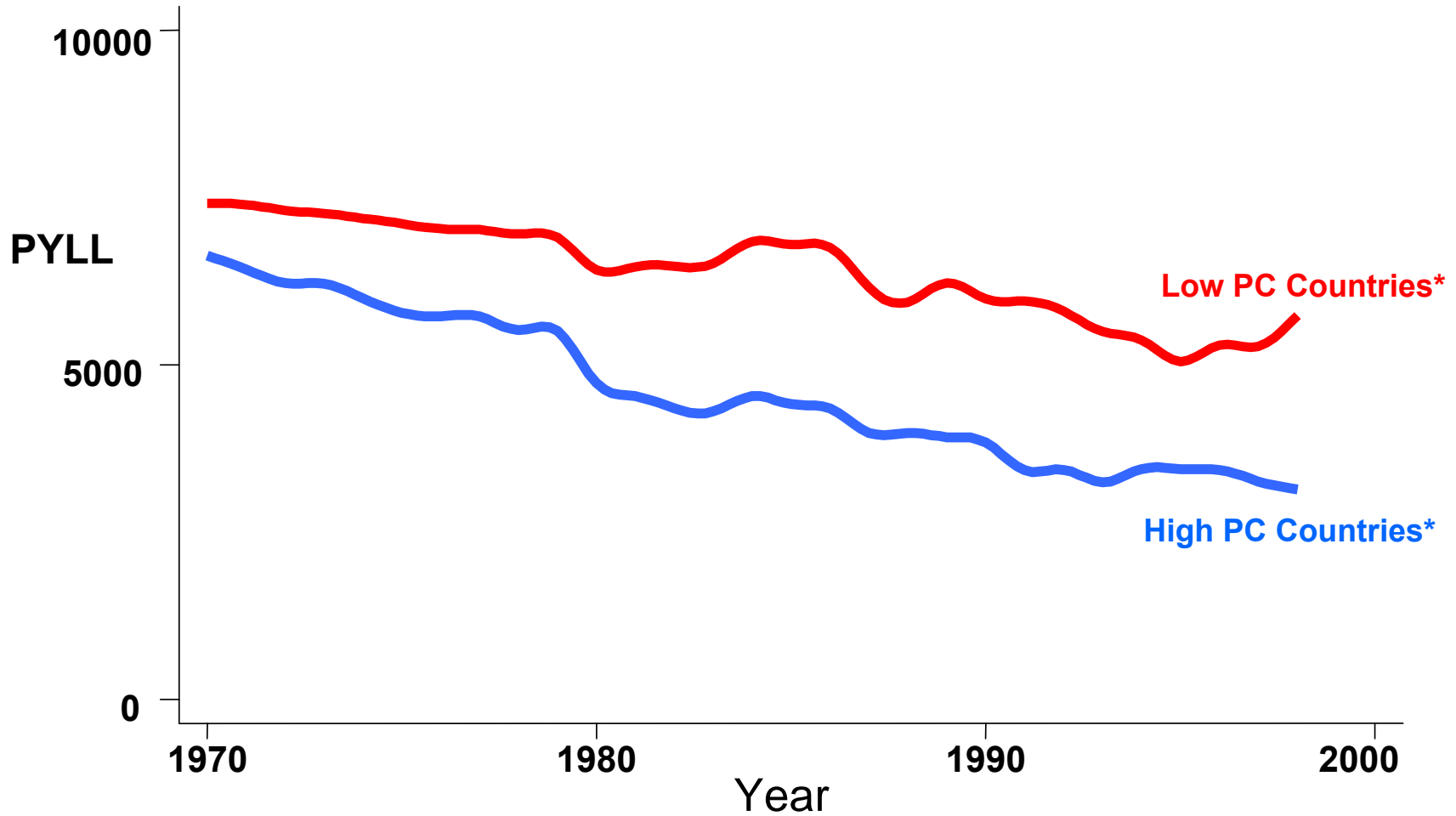
Family Physicians

- **Doctors of first & last resort – e.g., cancer**
- **Continuous & comprehensive care**
- **Responsible for total health needs**
- **75% of complaints are self-limited**
 - **80% < 65 years; 40% > 65 years**
- **Time and relationship as diagnostic and therapeutic tools**

Relationship between Strength of Primary Care and Combined Outcomes



Primary Care Strength and Premature Mortality in 18 OECD Countries



*Predicted PYLL (both genders) estimated by fixed effects, using pooled cross-sectional time series design. Analysis controlled for GDP, percent elderly, doctors/capita, average income (ppp), alcohol and tobacco use. $R^2(\text{within})=0.77$.

Source: Macinko et al, Health Serv Res 2003; 38:831-65.

Mortality Outcomes

- Primary care physicians: 1 per 10,000 (20%) more primary care physicians *decreases* mortality by 40 per 100,000 (5% fewer deaths).
Family Physicians: 1 per 10,000 (33%) more family physicians results *decreases* mortality by 70 per 100,000 (9% fewer deaths).
- Specialists: 1 per 10,000 (8%) more specialists *increases* mortality by 16 per 100,000 (2% more deaths).

Indonesia Infant Mortality

	<u>1996-1997</u>	<u>1997-1998</u>	<u>1998-1999</u>	<u>1999-2000</u>
Primary care*	10.3	9.6	8.5	8.2
Hospital*	4.1	4.1	4.6	5.3
Infant Mortality	70% improvement in all provinces 1990-1996		14% worsening in 22 of 28 provinces	

*constant Indonesian rupiah per capita, in billions

Personal physician: primary care vs specialist

- **33% lower cost of care**
- **19% less likely to die**

Frank et al. J Fam Pract 1998;47:105-9

Increasing physicians 1 per 10,000 population

- **Specialists**
 - **Decrease 9 states in quality**
 - **Increase costs \$526/beneficiary**
- **Primary care**
 - **Increase 10 states in quality**
 - **Decrease costs \$684/beneficiary**

Complexity

- **Average visit: 1.4 – 8 problems**
- **Diagnoses:**
 - **“ologist”**: top 5 = 90%
 - **family doctor**: top 25 = 60% total

Stange KC, et al. J Fam Pract 1998;46(5):363-8.

Primary Care Patients

- **40% of new presentations never fit criteria for any known diagnosis**
- **40% have multiple co-morbid conditions**
- **About half over 65 years have at least 3 conditions**
- **20% over 65 years have 5 or more conditions**

Number of problems in primary care patients (ICPC)

<u>Age (years)</u>	<u>Male</u>	<u>Female</u>
0-14	4.9	5.0
15-44	4.5	7.3
45-69	4.6	9.1
65+	10.4	12.3

Van der Werf GTH et al. *Spiegel op de huisarts*. Groningen, 1998.

Relative Complexity

	<u>FM</u>	<u>Card</u>	<u>Psych</u>
Est. total complexity	44.04	42.78	17.49
Duration of visit (min)	15.79	20.47	33.63
Complexity per hour	167.31	125.40	31.21

Total relative complexity and complexity density are greatest in primary care.

United Kingdom - QOF

- 2004 – 146 metrics
- 2006 – 135 metrics
- £ 1 billion additional funds

Campbell et al. Ann Fam Med 2008;6:228-234

United Kingdom - QOF

- **Improved disease-specific care**
- **Improved data capture**
- **Changed behavior regardless of values**
- **Improved physician income**

Campbell et al. Ann Fam Med 2008;6:228-234

United Kingdom - QOF

- **Dual QOF-patient agenda**
- **Deskill doctors**
- **Decrease continuity**
- **Disgruntled staff if not rewarded**
- **Impact of performance culture**

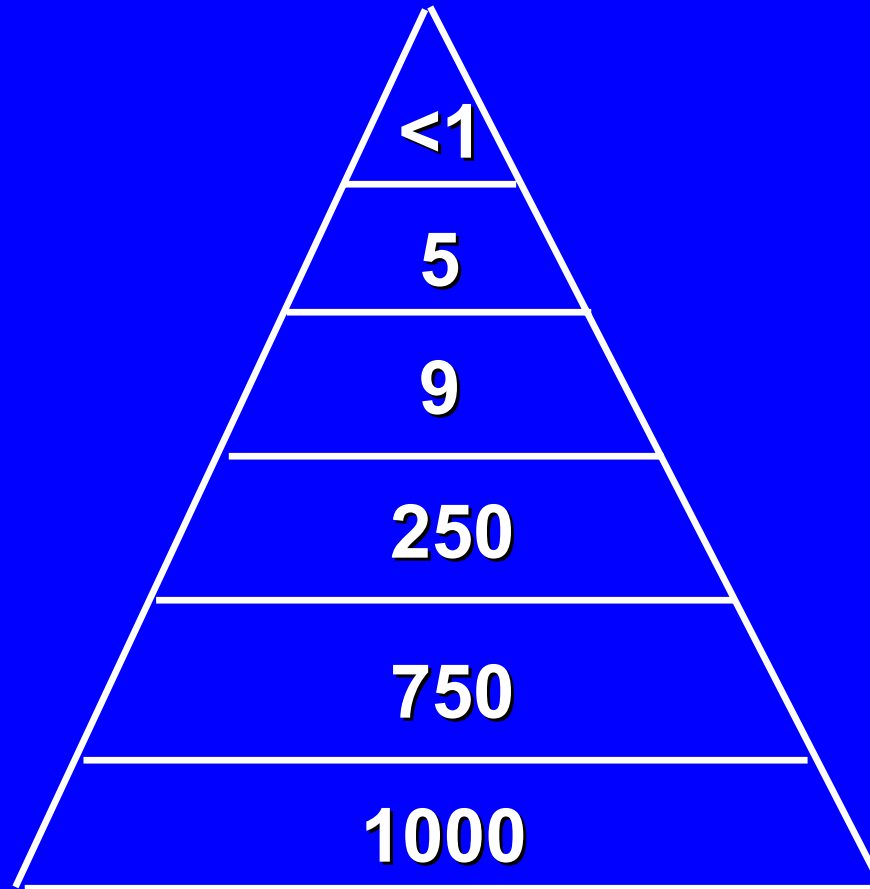
Campbell et al. Ann Fam Med 2008;6:228-234

Paradox of Primary Care

- Specialists do better on disease focused measures, but no different in health outcomes.
- Primary care clinicians achieve better health, more effective health care, and greater equity.

Stange KC, Ferrer RL. The Paradox of Primary Care. *Ann Fam Med* 2009; 7: 293-299.

Pyramid of Care



Taken from White KL, et al. N Engl J Med 1961;265:885-92 and
Green LR, et al. N Engl J Med 2001;344:2021-25.

How good is the evidence?

Design: Review of all original clinical research in 3 major general clinical journal or high-impact specialty journals from 1990-2003 that were cited more than 1000 times.

Results: Of 49 highly cited studies, 45 claimed that the intervention was effective.

- 7 (16%) contradicted by subsequent studies
- 7 (16%) found effects stronger than those of subsequent studies
- 20 (44%) were replicated
- 11 (24%) remained largely unchallenged

Source: Ioannidis JPA. JAMA 2005;294:218-228.

Case of Hemoglobin A1c

- **ACCORD (N=10,251)** NEJM 2008;358:2545-59.
- **ADVANCE (N=11,140)** NEJM 2008;358:2560-72.
- **VA Trial (N=1791)** NEJM 2009;360:129-39.

Personal

Professional

Primary Health Care

Public

Population

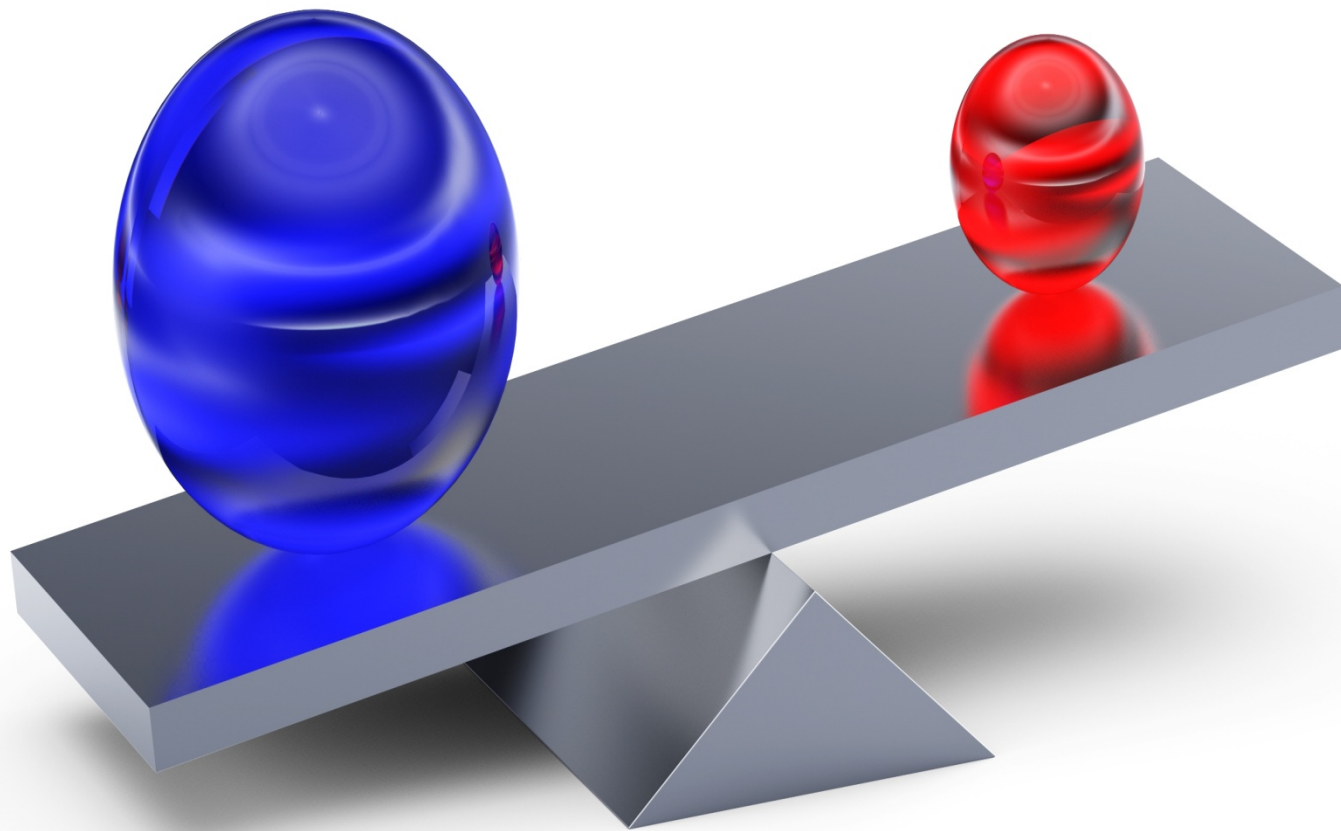
Personal
Tar Wars

Professional
Counseling,
medication

Primary Health Care
Tobacco-related disease

Public
Tobacco control

Population
Registry,
immunization



<http://www.15by2015.org/>