

Evaluating the effectiveness of care integration strategies in different health care systems in Latin America: the EQUITY-LA II quasi-experimental study

















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BACKGROUND

- Health provisions fragmentation is considered to be one of the main obstacles to attaining effective healthcare outcomes in many Latin American health systems. (1)
- It produces difficulties in access to care, poor technical quality, discontinuity of care and inefficiency. (1)
- These weaknesses are most evident in the care of patients with chronic conditions. (2,3)

OBJECTIVE

The aim of the FP7 funded Equity-LA project is to evaluate the effectiveness of different care integration strategies in improving coordination across care levels and related care quality in six healthcare systems: Argentina, Brazil, Chile, Colombia, México and Uruguay.

METHODS & ANALYSIS



Study design: Controlled before and after quasi-experimental study taking a participatory action research approach.

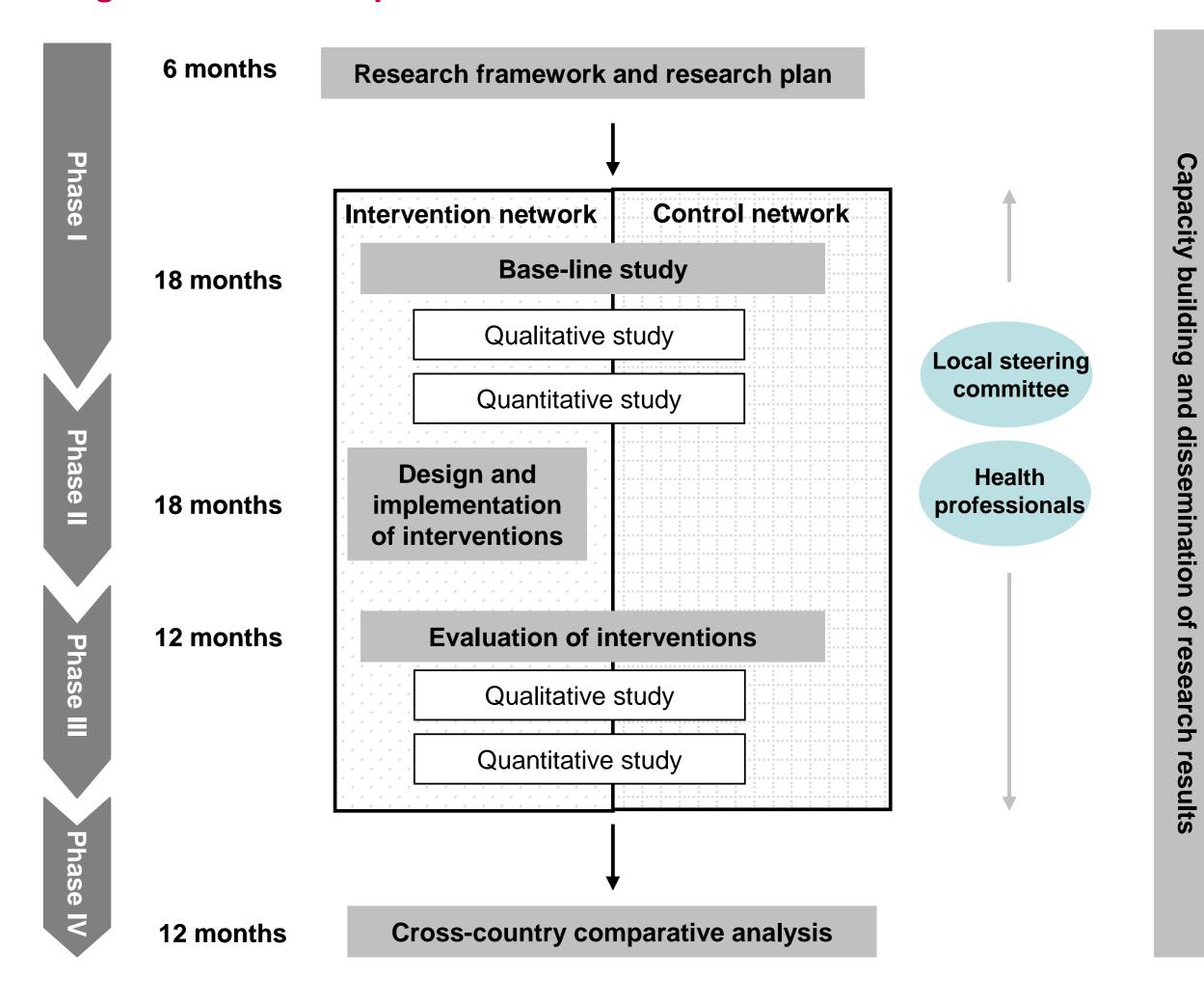
Study area: Two comparable healthcare networks (intervention and control) were selected in each Latin American country (Figure 1).

Research phases and methods (fig2): 1) Base-line study to establish network performance in care coordination and continuity, using a) qualitative methods: semi-structured interviews with health managers, professionals and users; and b) two questionnaire surveys with primary and secondary care physicians (174) and users with chronic conditions (392) per network; 2) Bottom-up participatory selection, design and implementation of shared care strategies, led by the local steering committee; 3) Evaluation of the effectiveness of interventions applying the same design as in the base-line; 4) Cross-country comparative analysis.

Dissemination: An essential component of the project to ensure that findings are used to inform policy and practice and disseminated to the greater public.

Ethics:Sstudy procedure were approved by each country's ethical committee.

Figure 2. Research phases and methods



RESULTS & RELEVANCE

The project will generate evidence to inform policy making on best practices of integration between primary and secondary care in different types of health systems in Latin America, with particular reference to chronic diseases, and on the effect of new organisational approaches on quality of care, in different health care contexts also relevant for European healthcare systems.

References:

- 1. Pan American Health Organization. Renewing primary health care in the Americas. Concepts, policy options and a road map for implementation in the Americas. Washington DC: OPS, 2010.
- 2. McAdam M. Framework of integrated care for the elderly. Ontario: Canadian Policy Research Network, 2008.
- 3. World Bank. Population aging: is Latin America ready? Washington DC: World Bank, 2011