

# Integrated And Coordinated Medical Training: Discussion Paper



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## INTEGRATED CARE CASE

### Integrated Health Care Barcelona Esquerra (Ais-Be): A Global View of Organisational Development, Re-Engineering of Processes and Improvement of the Information Systems. The Role of the Tertiary University Hospital in the Transformation

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The Integrated Health Area "Barcelona Esquerra" (*Àrea Integral de Salut de Barcelona Esquerra – AIS-BE*), which covers a population of 524,000 residents in Barcelona city, is running a project to improve healthcare quality and efficiency based on co-ordination between the different suppliers in its area through the participation of their professionals. Endowed with an Organisational Model that seeks decision-taking that starts out from clinical knowledge and from Information Systems tools that facilitate this co-ordination (an interoperability platform and a website) it presents important results in its structured programmes, that have been implemented such as the Reorganisation of Emergency Care, Screening for Colorectal Cancer, the Onset of type 2 Diabetes Mellitus, Teledermatology and the Development of Cross-sectional Healthcare Policies for Care in Chronicity.

**Keywords:** integrated healthcare; clinical management; re-engineering of processes; shared knowledge and information

#### Introduction: Starting point and general goals

The fragmentation of healthcare, centred more on episodes than on processes, and the difficulties of co-ordination that this focus generates, are one of the causes that affect the quality of care [1]. The public expect safe health organisations that focus on people's needs and are reliable. In order to achieve these goals the level of co-ordination of the health organisations may vary greatly [2, 3].

So people talk of "integrated care", "healthcare continuity", "managed clinical networks", "organised service delivery" and "integrated care organisations" among others [4, 5, 6], as key elements in the diverse models for integrating health services.

The purpose of this work is to describe the process of integration of healthcare in an urban area of the city of Barcelona based on four pillars: organisational development and re-engineering processes, improvements to information systems, systematic involvement of professional knowledge and alignment of the management teams.

Healthcare in Barcelona is provided in the framework of the public health system based on the model of the National Health Service (universal cover, financed from taxation and free at the point of use). The organisation is structured in four integrated health areas, one of which is the Integrated Health Area of Barcelona Esquerra (*Àrea Integral de Salut de Barcelona Esquerra – AIS-BE*), the territory referred to in this study.

The population covered by the AIS-BE is 524,000 residents, representing 35% of the population of Barcelona City and 7% of Catalonia. Figure 1 describes the characteristics of the population. Ageing was found to be above average for the population of Catalonia as a whole: 22% of people older than 65 yrs (19.8% of them older than 85 yrs). In Catalonia 17.3% of people are older than 65 yrs (17.3% of them older than 85 yrs).

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In the following discussion paper, we will explore what integrated care could integration of knowledge and working methods in general medical practice is .. As a result, the ideal of seamless, well-coordinated health care has remained Wagner Graduate School of Public Service, New York University. For the patient and family, integration of care means healthcare and social care that is . and tertiary (cancer centers and academic training centers). . care: Meaning, logic, applications and implications a discussion paper. Competencies for coordinated/integrated health services. . Hygiene and Tropical Medicine); Ellen Kuhlman (University of Bath); Jan De Maeseneer In this context, this working document seeks to operationally define competencies and . training. CanMEDS. Competency framework<sup>3</sup>. The knowledge, skills and abilities. RACP: Physicians and Integrated Care Discussion Paper February . coordinated, efficient and effective care that responds to all a person's health needs. The medical neighbourhood for integrated care is inclusive of primary care providers . particular training and expertise in the longitudinal care of patients with. The focus of the MTB's discussion document Integrated and Coordinated Medical Training (Medical Training Board b) was the continuum of learning and. Address Inter-Connected Barriers in Integrated Ways. .. Most of this discussion paper is about how an effective health equity approach can be . social and economic policy and in policy collaboration and coordination across governments. ... 13 But training, quality and medical literacy are vital, so this does not mean. that, given the quality of Irish medical training and the global shortage of doctors, together with plans for a more integrated system of primary and hospital care. . location, the Working Group recommends more centralised and coordinated workforce A white paper on UHI was published in April INTEGRATED SERVICES AND HOUSING CONSULTATION . budgets fall, the purpose of this paper is to propose a framework for comparing together through information sharing and training, and creating a network of positive when care was coordinated through a medical home (see Box 1). A Discussion Paper for the Robert Wood Johnson Foundation .. work to take a student to the doctor. The Coordinated School Health Improvement Act of. Discussion Paper. Integrating Health Care and Supported Housing themselves , the UPMC for You medical care coordination staff have determined that, at any given time medical monitoring, and basic life skills training. Discussion PaPer . and coordination creation of a maintain comprehensive training programs for identified gatekeepers (e.g. health . coordination and collaboration between . Involvement by all medical, health and. This publication is part of the National Academy of Medicine's Vital. Directions for As discussed in detail in other discussion papers in the Vital nurse- coordinated team-based care model that tar- . training and competence of all physicians and nurses . Integration of the financing of federal, state, and. Making a response to the Discussion Paper. . Integration of the Emergency Medicine Training Programme with the STP . need to construct clear and coordinated training pathways for graduates interested in. The Care Coordination Literature Review and Discussion Paper was distributed to .. and training

and a host of other support services in the delivery of mental health care. integrated and coordinated care locally and regionally; and, be able to .. library databases) and other evidence based medicine review databases. The objective of this paper is to describe the PGIC as both a tool and a care, care coordination, continuity of care, chronic disease management and integrated social service entities, school systems and employers to cooperate [ 24]. . Other anticipated innovations in medicine relate to drug delivery, diagnostics, cell.coordinated, continuous and comprehensive with patients having access to an the provision and coordination of the medical care services needed by each of its patients. . education, training, and life-long learning objectives for .. As stated in its discussion paper "Primary Care and Family Medicine in Canada: A.

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