Chapter 20
Assessment of Chronic Health Care through an Internet Consensus Tool

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ABSTRACT

“Health Consensus for the Assessment of Chronic Care Programs” (HC-ACP) is an internet based application created to promote and facilitate the participation of health professionals in the definition of a set of indicators for the assessment of chronic care and management of areas of improvement in this field. The first prototype of the application has been applied twice, first in the region of Catalonia, and in a second project in the context of the whole Spanish Health System. HC-ACP has collected contributions from more than 800 health professionals from around Spain including profiles in the fields of management, health care professional, health planning and quality assessment, allowing sharing and aggregate knowledge and clinical experience from a wide range of points of view. After a process of literature review and panel meetings with professionals who proposed a wide list of indicators, the HC-ACP application was used to select a minimum set of indicators following a participative process based on Health Consensus, an online Real Time Delphi method. The first part of this chapter is devoted to expose paradigms that define the interdisciplinary research field of the method, the second part of the chapter presents the Health Consensus method, and finally the third part exposes a detailed description of the HC-ACP application and the followed process. Besides the relevance and utility of the Health Consensus method, the HC-ACP application has facilitated the participation of health professionals from around Catalonia and Spain in an online consensus process. This process has been validated by the participating professionals as useful and relevant. The chapter concludes with a discussion on the implications of the HC-ACP application for the assessment of chronic care programs and the need for further research in this field.
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Consensus method, the action-research conducted to build the application proves the efficiency and effectiveness of getting health professionals really involved in the processes of defining the models to assess the healthcare system. The online method proposed has been accepted by participants who have expressed high levels of satisfaction during the participation process.

INTRODUCTION

Health Wicked Problems

Health care has historically suffered from a tendency toward continued costs growth. There are many reasons for this evolution reflected in historical health spending growth charts in any country, particularly the most developed. Among them, we might cite at least four: induced demand, scientific and technological progress, income elasticity and an aging population. The first two correspond to supply characteristics while the latter two belong to demand behavior.

First, induced demand or the power of healthcare providers to influence and define the quantity and type of services demanded by the market keeps healthcare expenditure with an uncontrollable inertia to grow. Second, the increases in costs resulting from the incorporation of technological and scientific innovations are difficult to avoid either for equity or quality reasons.

On the demand side, we found the income elasticity property of healthcare demand. This property makes society demands more and better health services as per capita GDP grows overtime. Finally, we have the phenomenon of an aging population. This is the most crucial factor in explaining the growth of current healthcare expenditure and its forecast for the next 50 years. Our society has dramatically changed in the last century. Simply one has to note the composition of population pyramids of the early twentieth century and early twenty-first century. Furthermore, the forecast for 2050 in the most developed countries offers a worrisome view. In the case of Spain and according to projections made by the National Institute of Statistics, it is expected that by 2049 the percentage of the aged population over 65 years will be 31.9% and over 80 years will be 11.8%. These data contrast with the current levels (2011 census) of 17.2% for over 65 years and 5.1% for over 80 years. Aging is a multifaceted phenomenon that challenges to transform our current healthcare system built under an acute care paradigm. The epidemiological burden of chronic diseases considerably grows with increases in life expectancy. Thus, diseases such as diabetes, heart failure, chronic obstructive pulmonary disease and the family of oncological diseases are now the major cost centers in worldwide healthcare system. It becomes imperative for public health systems in a post-crisis fiscal consolidation context to think over the model of care and its transformation to ensure care quality to all citizens in the long run.

For over a decade ago, different voices have been signaling which should be the basis of this transformation (Wagner, 2001; Epping-Jordan, 2004) and actually chronic care programs have become essential in any health policy reform agenda.

In Catalonia, the narrative of chronicity has been recently incorporated as a cornerstone piece of the government Health Plan 2011-2015 and has managed to align the actions of different health agents towards the goal of improving care for chronic patients.

One of the actions of the plan is to develop a measuring tool to assess to which extent the health system is being oriented to chronic care. To do so, a process of professional involvement was designed to pursue the capture of expert field knowledge of a heterogeneous set of practitioners and to extend the participatory process and use its co-design approach as a method of communicating the strategy of Department of Health.
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