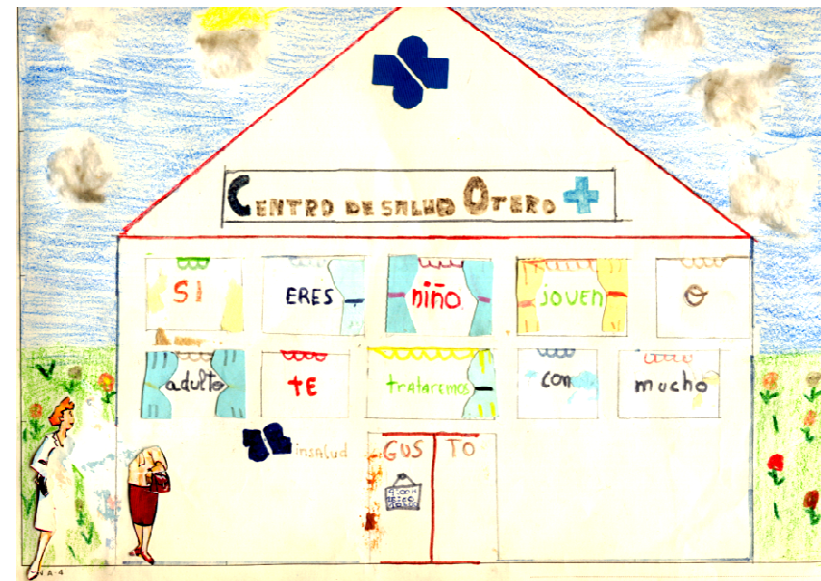


# Primary Care Pediatrics in Spain



B. Domínguez  
Aurrecoechea (Asturias,  
Spain), C. Valdivia  
Jiménez (Málaga, Spain),  
M. Aparicio Rodríguez  
(Madrid, Spain), C.  
Sánchez Pina (Madrid,  
Spain), C. Villaizan Pérez  
(Toledo, Spain), A.  
Martínez Rubio (Sevilla,  
Spain).





CENTRO DE SALUD OTERO +

SI

ERES →

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JOVEN

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adulto

TE

trataremos

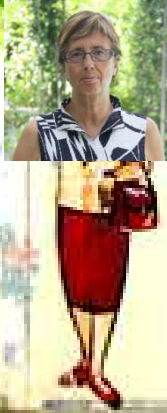
con

mucho

insanidad

GUS TO  
[Small house icon]

U2



## Diapositiva 2

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**U2**

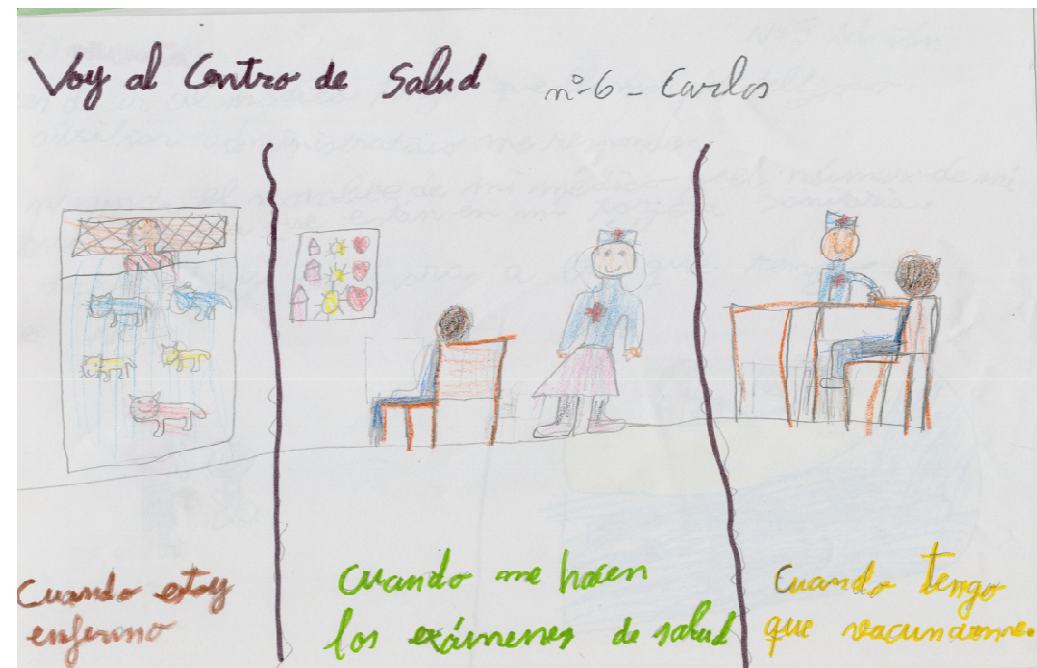
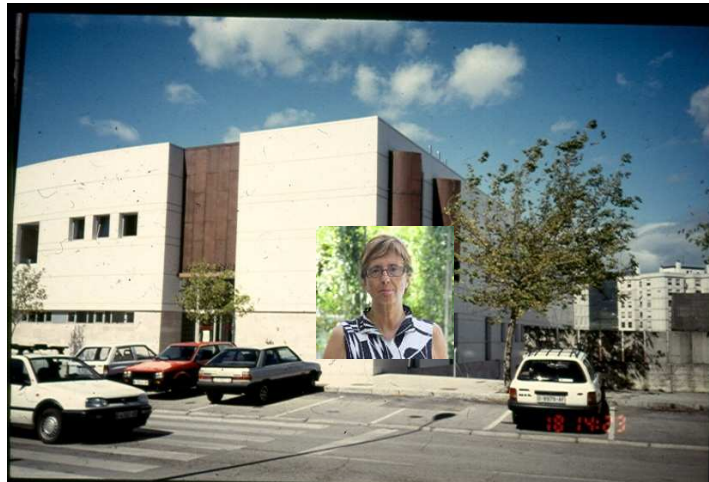
I am Begoña Dominguez, Pediatrician

User; 16/06/2013

# Spanish Public Primary Care (PC) health model



## INTEGRALITY



Integration of office activities with prevention,  
health promotion and rehabilitation

# Primary Care Pediatrics in Spain

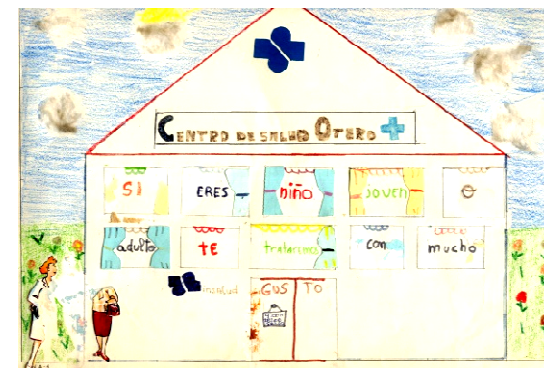


COMPREHENSIVENESS

FREE ACCES

LONGITUDINALITY

EQUITY



# PCP in SPAIN



- PCP is **the first contact** children make with the health system.
- PCP is a **highly resolving specialist** that solves over 90% health demands of his/her population.
- She **monitors growth and development** which requires a deep understanding of the variations within the normal and narrow limits between normal and pathological.
- She participates in all activities of **prevention, promotion and health education within primary care** teams with family doctors, nurses, midwife, social workers...

# PCP in SPAIN

Considers environmental characteristics

Close to the child and family

Provides an efficient and human healthcare



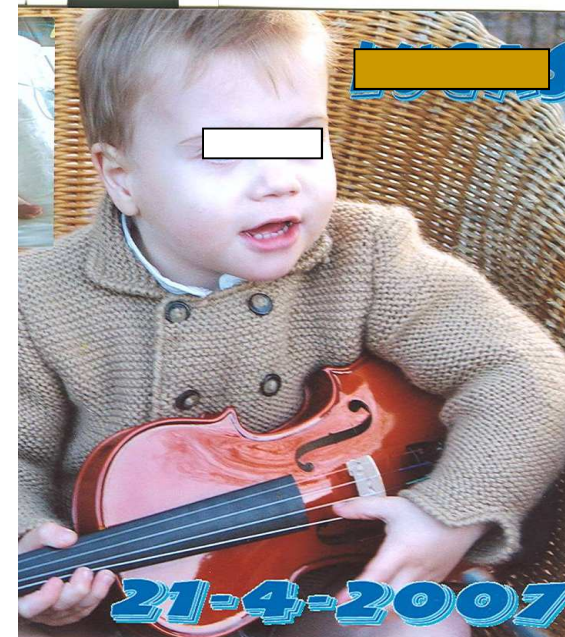
The main objective is not the disease but the child at all stages



Contributes to good health outcomes for our children. It is considered as a social conquest

## PCP IN SPAIN PEDIATRICIAN PROFILE

It is also in charge of health care for the assigned population, coordinating and administrating resources from children and families in their health problems and their care itinerary in the health system, acting as case manager, case coordinator and flows regulator





# Spanish Public Primary Care (PC) Health model



**Objective:** To ascertain data on pediatric practice in the Spanish National Health System

**Methods:** We reviewed the following data sources:

- OECD Yr. 2011 Health Data (Organization for Economic Co-operation and Development)
- Primary Care Information System (SIAP) from Spanish Ministry of Health and Social Security (MSSSI).
- BIFAP (Database for Pharmacoepidemiological Research in Primary Care (MSSSI)
- National Health Survey 2006 and 2012

# PCP RESOURCES IN SPAIN

## Estructural Resources

Health Areas	Basic Health Zones	Health Centers	Local Offices
157	2700	3006	10116

## Pediatric resources and ratios

PCP in Health Centers	MT Paediatrician	Area Paediatrician	Total PCP	% Females	Ratio Children Per PCP
6104	166	154	6424	67%	1033

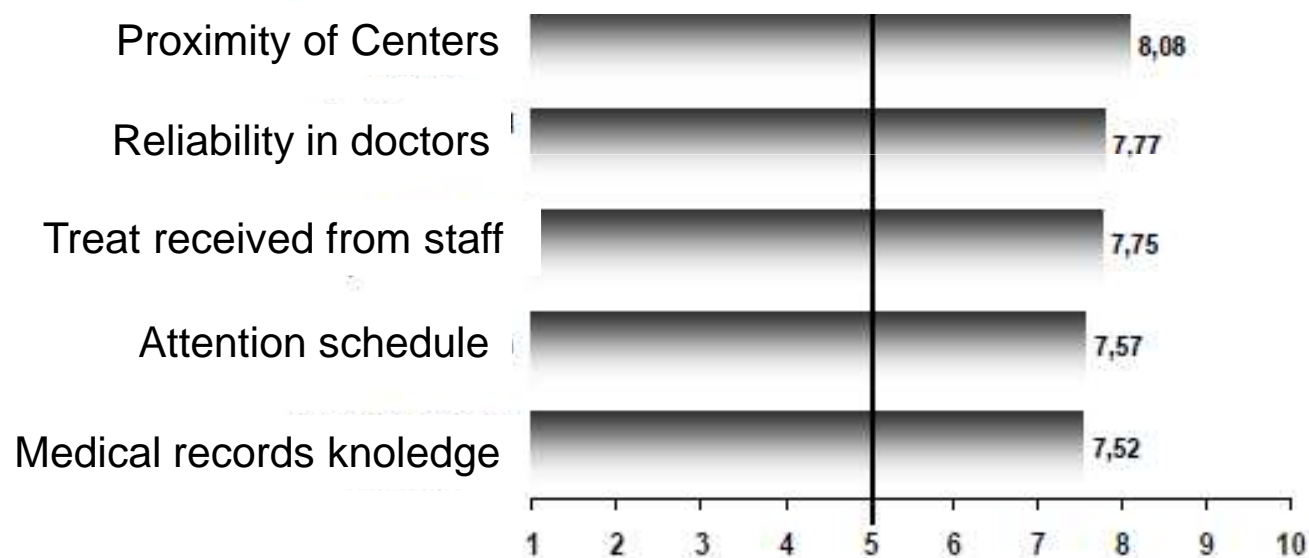
[s/ConsultaSIAP/mttoDatosGlobales.do?metodo=crearDatosGlobales](https://www.ssi.gob.es/ConsultaSIAP/mttoDatosGlobales.do?metodo=crearDatosGlobales)



## HEALTH BAROMETER 2011

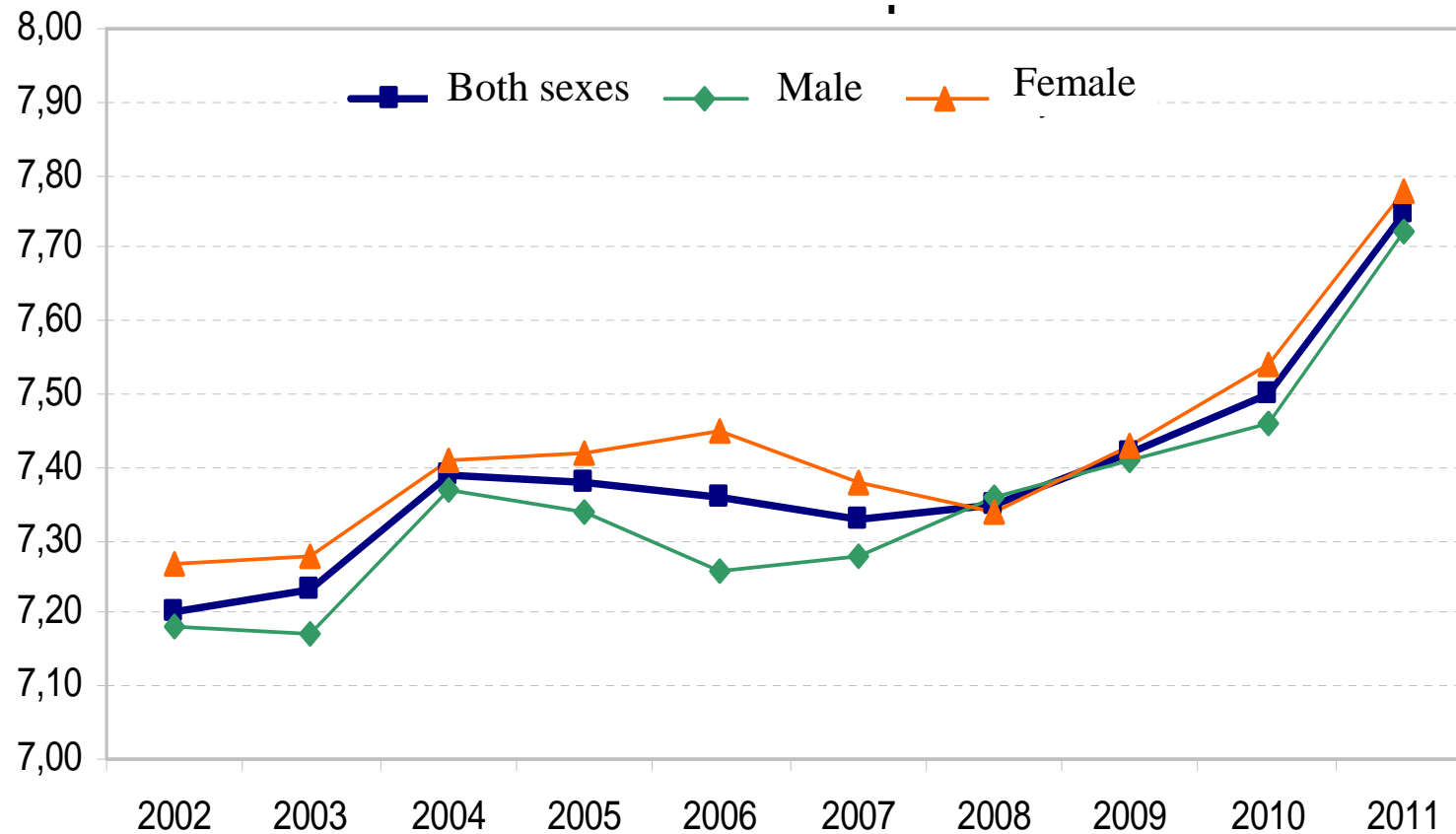


### Rating survey of visits to family doctor and pediatrician in public Health Centers.



# Health in children population

## Treat from sanitary staff rating



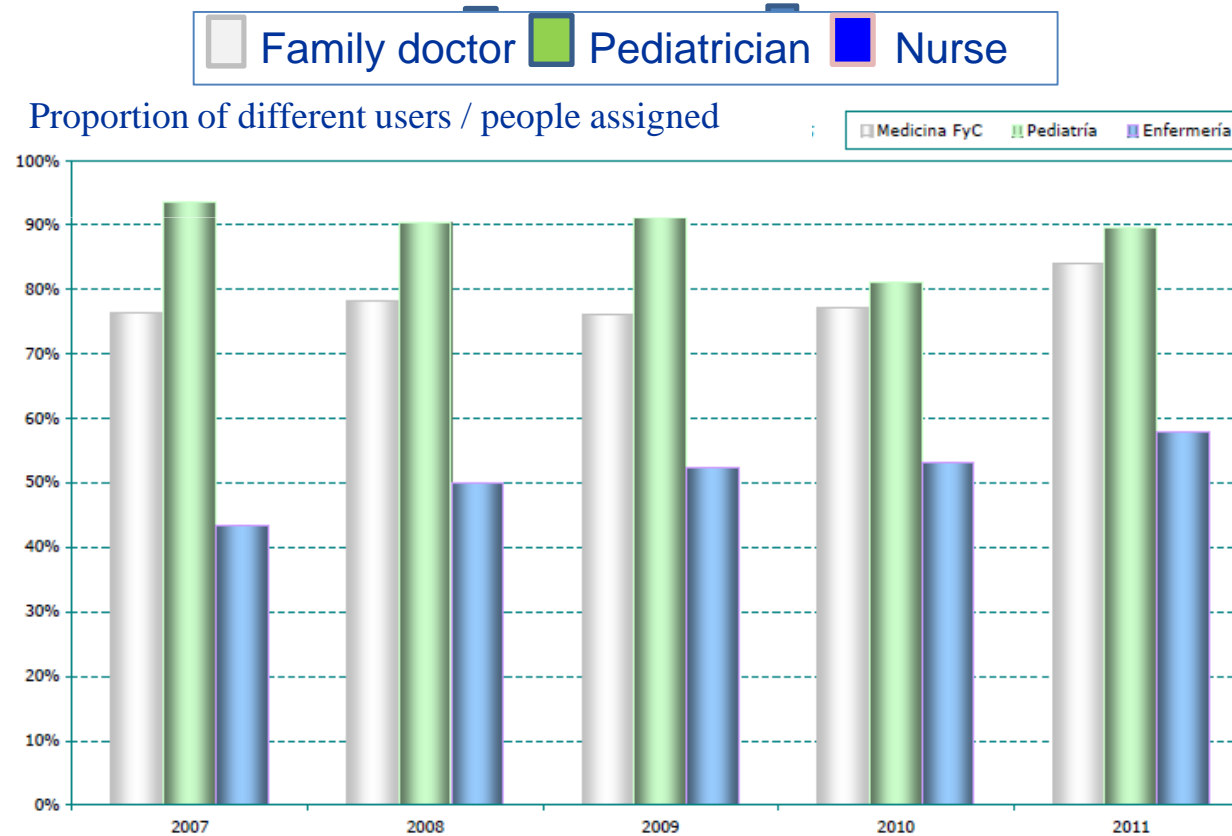
Sanitary Barometer MSSSI

## PCP RESOURCES AND ATTENDED POPULATION

2008 **Population** from 0 to 14 years old: 6.815.082

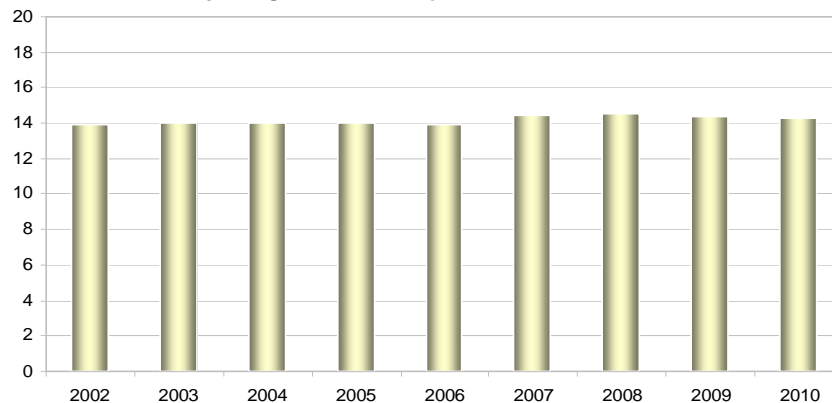
36.1% **Population increase** between 2001 and 2008 in the age group 0 to 4 years

2009: 34,7 millon **Visits**

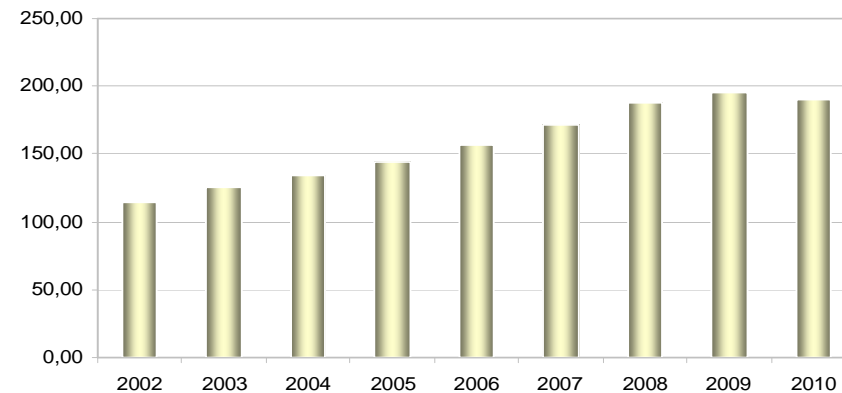


# PCP IN SPAIN RESOURCES AND FINANCING

Percentage of public health expenditure in primary care



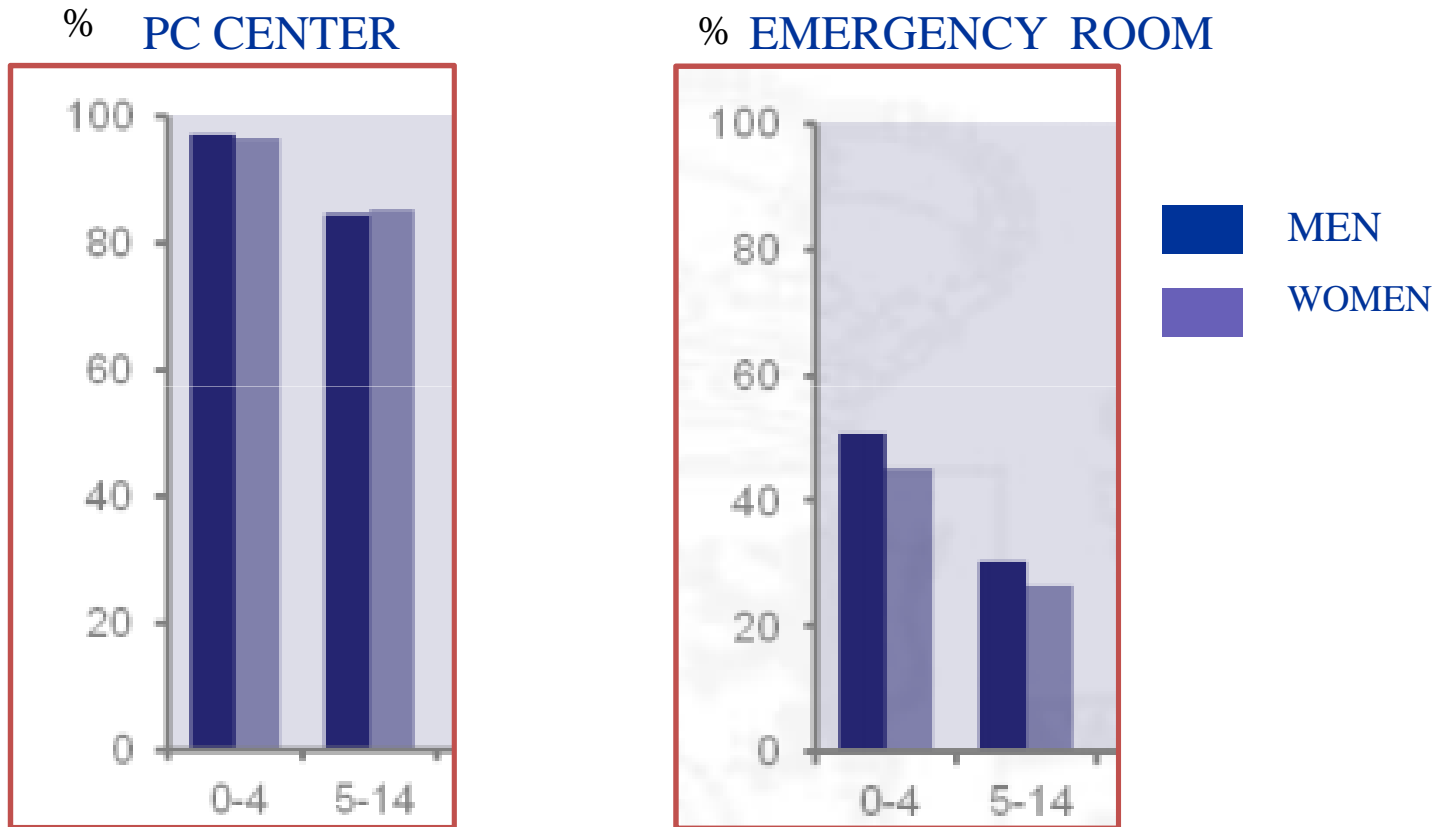
Public health expenditure per capita in primary care



The funding of a service is interpreted as an indicator of real importance assigned to it.

The Autonomous Regions manage 89.8% of health resources and 3% is for the Central Administration

# POPULATION % VISITS TO PCP HEALTH SERVICES USED LAST YEAR



Children from 0-4 and 5-14 years old

# HEALTH STATUS IN CHILDREN POPULATION



## Quality of life

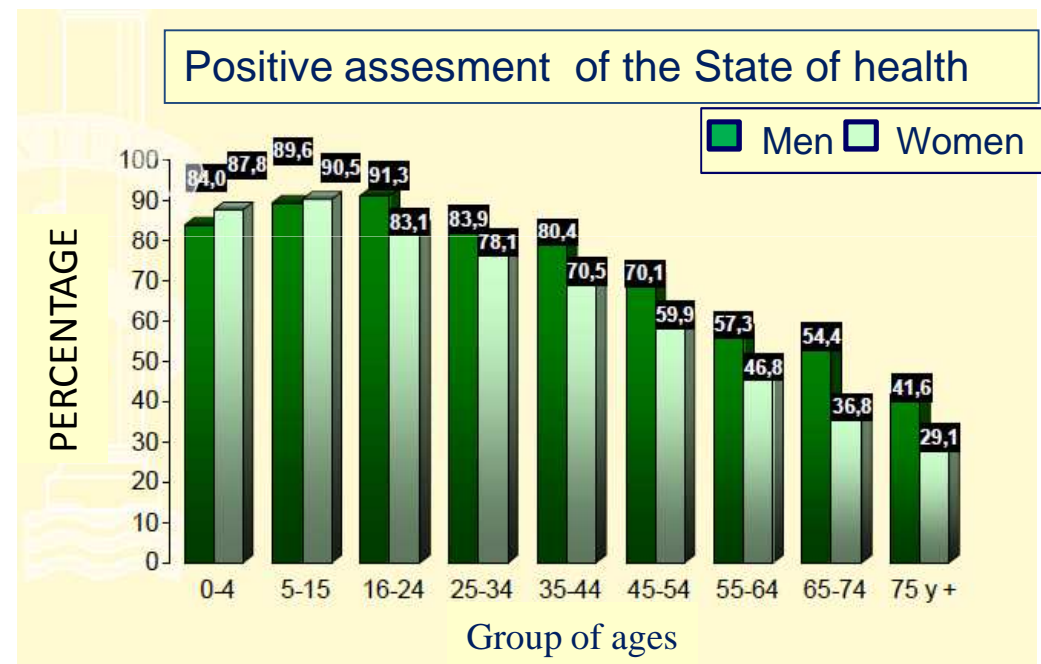
**Quality of life** related with health in children in Spain.

The index of KIDSCREEN-10 (children between 8 and 15 years) was used for the titration:

Media: 61,81

Typical Deviation: 13,08

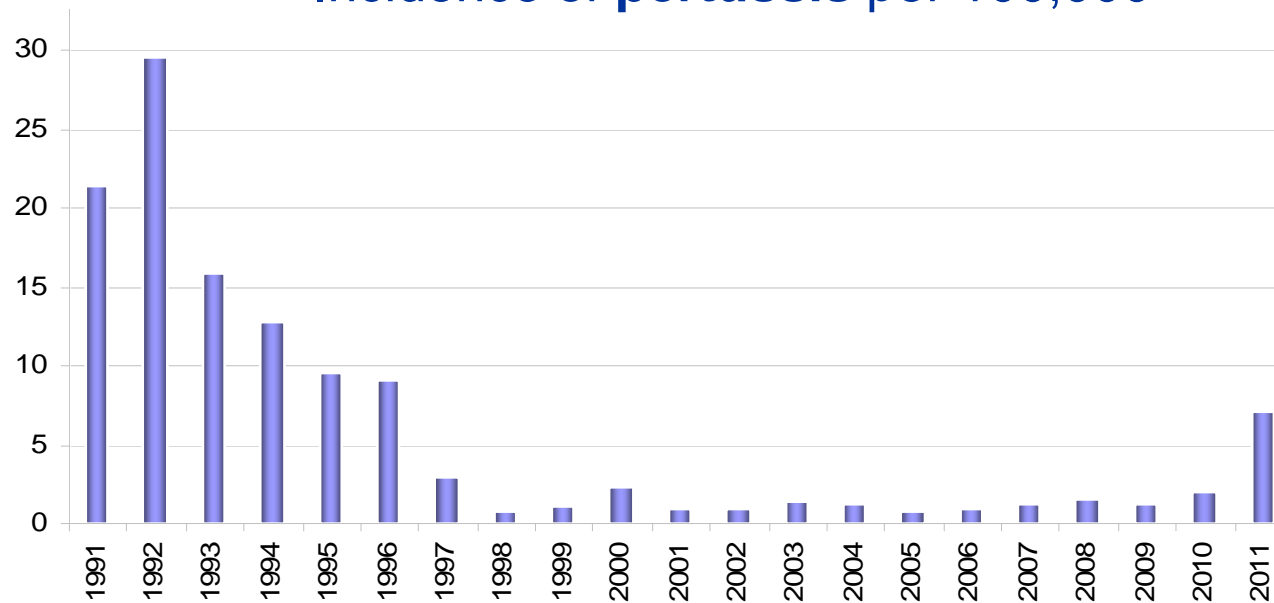
Media in Europe: 50



Sources: European Health Database Survey  
Made between 2006 and 2007



## Incidence of pertussis per 100,000

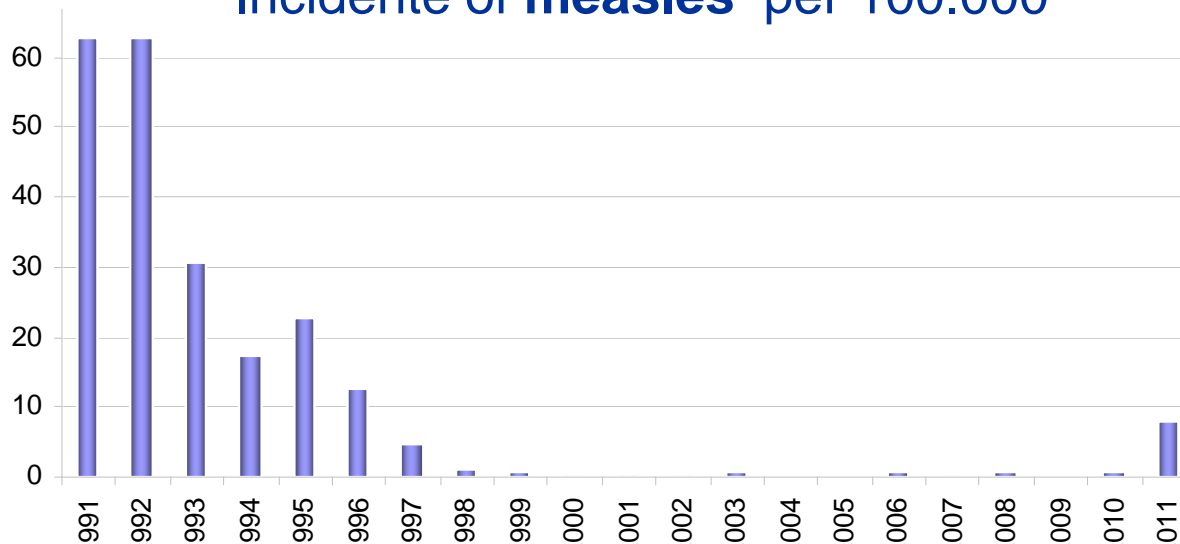


HEALTH IN  
CHILDREN  
POPULATION

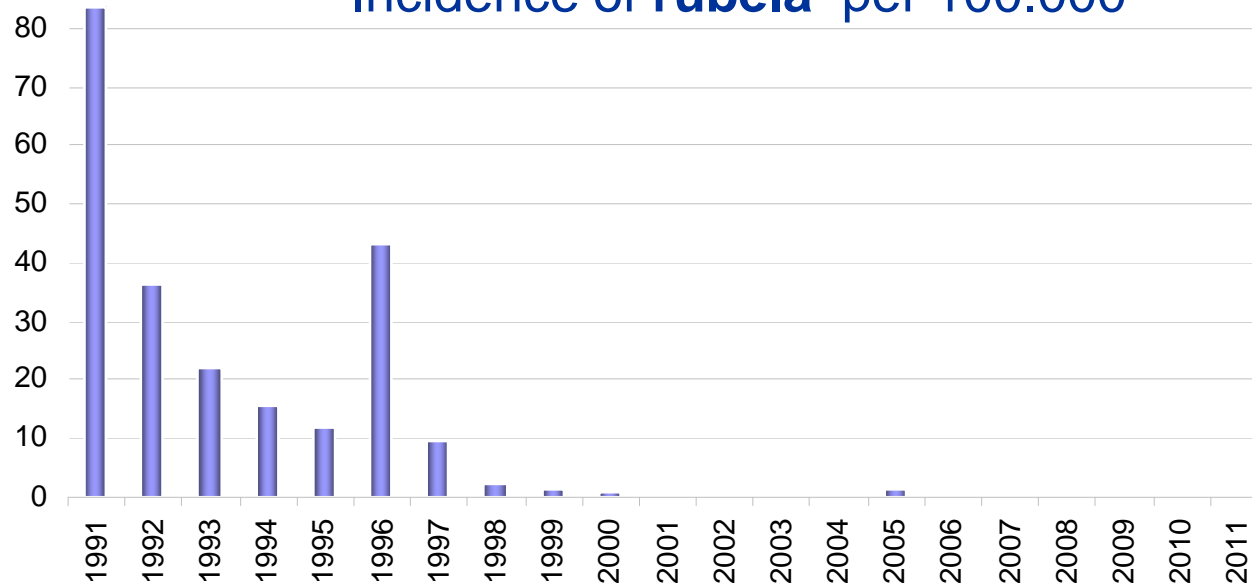
MORBILITY



## Incidente of measles per 100.000



## Incidence of rubela per 100.000

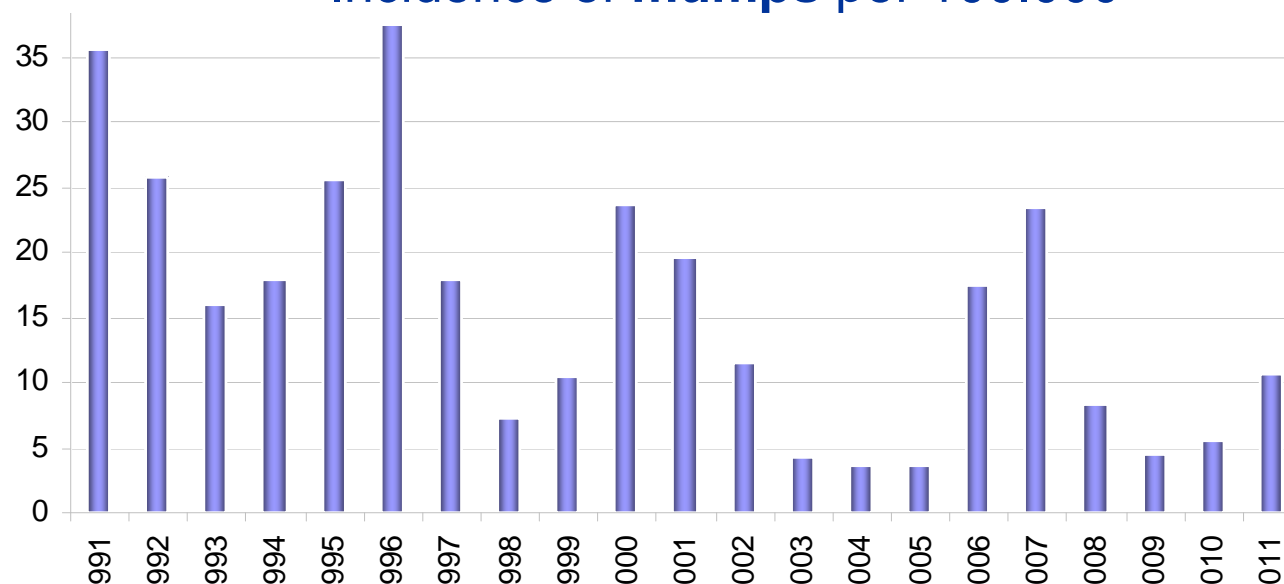


**HEALTH IN  
CHILDREN  
POPULATION**

**MORBILITY**



## Incidence of mumps per 100.000

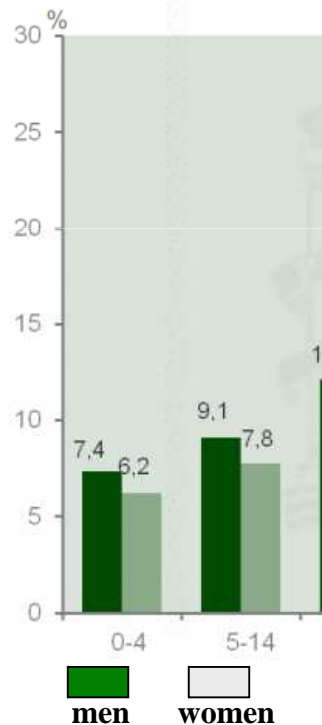


## MORBILITY

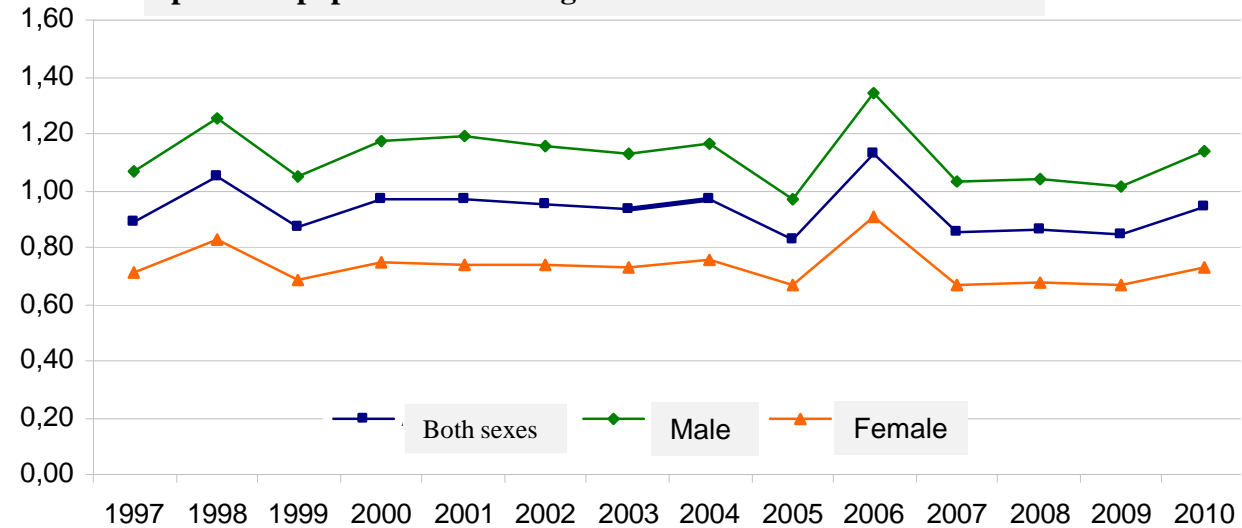
## HEALTH IN CHILDREN POPULATION



% Accidents last year.  
Children from 0-4 and  
5-14 years old



Hospital discharge rates for asthma in children under 15 years per 1000 population in this age



<http://www.mssi.es/estadEstudios/estadisticas/estadisticas/estMinisterio/siap.htm>

## HEALTH IN CHILDREN POPULATION

## MORTALITY

Evolution of mortality rates per 100,000 all causes by age

Years old	1981	2000	2001	2002	2003	2004	2005	2006	2007
<1	1.211,4	448,2	410,3	419,4	403,4	406,5	388,0	368,5	357,0
1 to 4	62,7	26,0	24,6	25,4	27,2	22,4	21,7	19,9	20,8
5 to 14	29,6	16,2	15,0	14,8	14,7	13,1	12,5	12,1	11,9

## EVOLUTION OF MORTALITY RATES

Source: <http://www.msps.es/estadEstudios/estadisticas/inforRecopilaciones/indicadoresSalud2009.htm#salud>

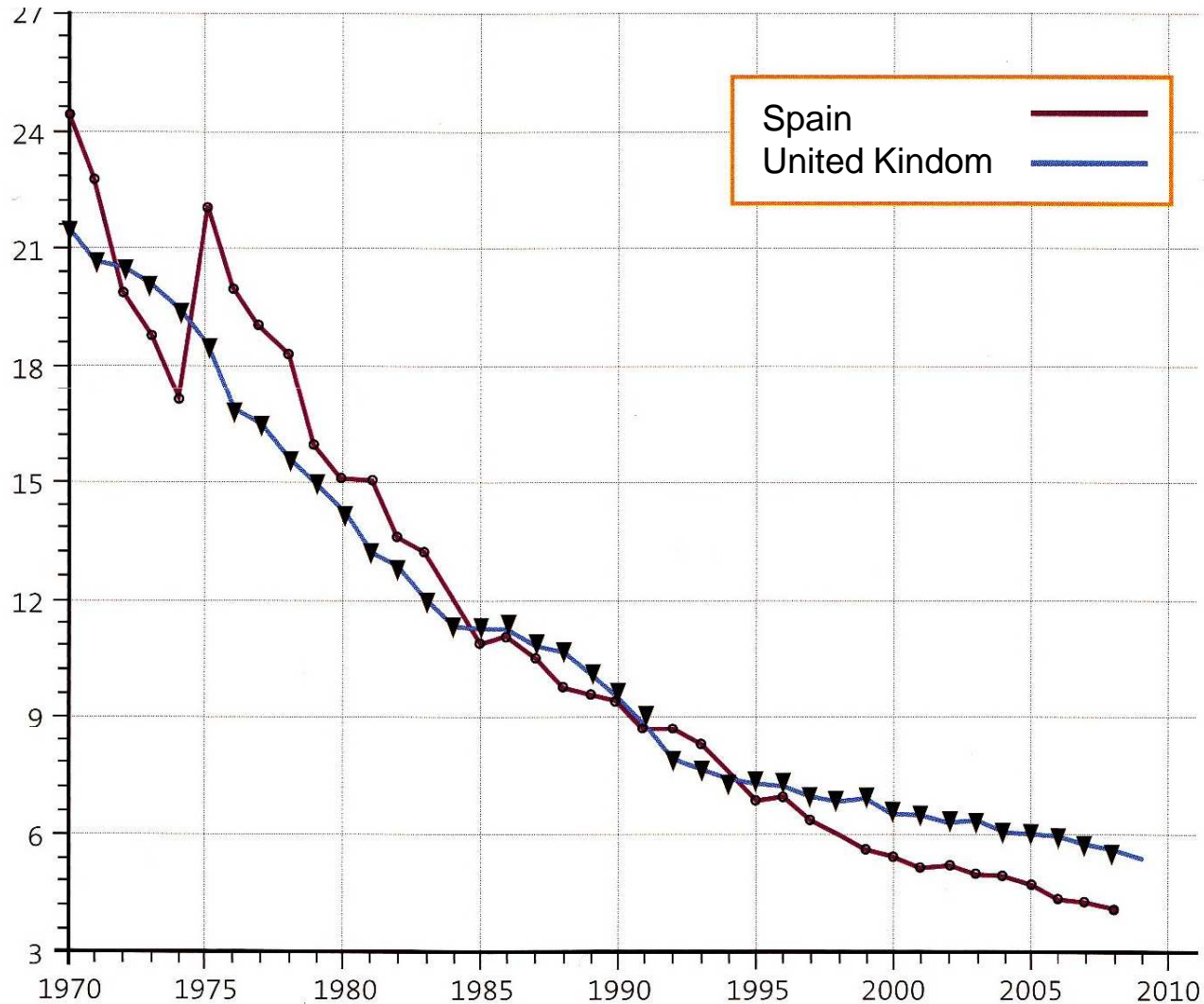
Evolution of mortality rates per 100,000 population by age Pneumonia and influenza

AGE Years	1981	2000	2001	2002	2003	2004	2005	2006	2007
<1	44,7	3,3	0,5	2,2	2,6	0,9	1,5	2,4	1,5
From 1 to 4	3,2	0,3	0,3	0,3	0,6	0,3	0,5	0,5	0,3
From 5 to 14	1,2	0,1	0,1	0,1	0,2	0,1	0,1	0,1	0,1

Source: <http://www.msps.es/estadEstudios/estadisticas/inforRecopilaciones/indicadoresSalud2009.htm#salud>

## Compared mortality between U.K. and Spain

Probability of dying before 5 years of age per 100,000 live new born



Countries with low infant mortality rate and United Kingdom. Source: [OECD Health Data: Health status: OECD Health Statistics \(database\)](#). 2010 Data

Country	Infant Mortality	Health expenditure per capita	Public health expenditure per capita
Czech Republic	2,7	1884	1578
Finland	2,3	3251	2422
Norway	2,8	5388	4607
Portugal	2,5	2728	1795
Slovenia	2,5	2428	1768
<b>Spain</b>	3,2	3056	2267
Sweden	2,5	3758	3046
<b>United Kingdom</b>	4,2	3433	3433



Jaime García Aguado AMPap President



Jaime García Aguado AMPap President



Jaime García Aguado AMPap President



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**NEWS**

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**Largest healthcare privatisation plan in Spain is to go ahead, despite massive opposition**

Aser García Rada

Madrid





# Strategic ECPCP Plan Jun 2013



## PROBLEMS ARISING IN PEDIATRIC PRIMARYCARE ATTENTION DUE TO THE PRIVATIZACION PROJECT OF MADRID HEALTHCARE SERVICES

The Spanish healthcare system is considered one of the most efficient in the world and its cost is lower than the average of the surrounding countries. Faced with declining tax revenues resulting from the economic crisis, the Government of the Autonomous Region of Madrid announced in late 2012 a plan for sustainability of the health system in order to save health costs and adjust according to the decrease income. The plan proposes, among other measures, to privatize the management of healthcare in six hospitals (including specialty care outpatient) and 27 primary care centers. This proposal, which has generated a wave of protests known as the "white tide", is done without any technical study which supports it and without considering that there are no external evaluations conducted with methodological rigor, to analyze the effectiveness and efficiency of concessional formulas. Nor have considered other alternatives, such as increasing revenue by combating tax fraud or improving efficiency in health care governance maintaining

In Spain, Primary Care Centers are public management and in them work family physicians, pediatricians and nurses. The privatization project aims to give the management of this centers to private companies, established with legal personality and financial gain. The center staff would be hired by the private company. The capitation payment would not include the provision of pharmacy, although it is planned that in case of savings in the drug budget, part of it could go back to the management company, which could raise an ethical conflict.

The decision to privatize health centers implies that they will have less money for health activities, since the objective of this measure is saving. In primary care, the cost of a health center takes place basically in staff and pharmacy, so budget cuts may only be at the expense of having less professional, worsen working conditions and / or reduce pharmaceutical provision.

In Madrid there is a deficit of pediatricians that results, in certain areas, in pediatricians having 1800 children assigned for their care. In some cases, due to the shortage of specialists, pediatric vacancies at the health care centers are occupied by no pediatric physicians. In this situation, the reduction of personnel in health centers can lead to a deterioration in the quality of care provided to children.

The privatization of hospitals can cause problems in the referral of children from primary care to pediatric specialties. The privately run hospitals will be responsible for a given population and receive an annual capitation, and must pay for the care of patients assigned to them that are attended by other hospitals or specialists. In this

situation, the difficulties are foreseeable for freedom of choice of specialist, and maneuvering to try to reduce as much as possible referrals to specialists would be the rule.

The Madrid Government, in May 2012, took the decision to stop the pneumococcal conjugate vaccine finance, adding purely economic criteria and for the sole purpose of saving. Since that time, families must buy the 13 pneumococcal conjugate vaccine if they want to follow vaccine recommendations of the Spanish Association of Pediatrics. Following the suspension of public funding of the vaccine is expected the decline in coverage rates, the lower group immunity and the increase of pneumococcal infections.

All these difficulties are added to those already faced by children in Madrid and the rest of Spain, as a result of the economic crisis, such as an increase in poverty. Currently, 27% of Spanish children live under the poverty line. Another problem caused by the crisis is the withdrawal of free health care to foreigners without residence permits. Although the regulations remains the guarantee of health care to foreign minors under the same conditions as Spanish, many experiences and European studies confirm the difficulties of foreign children to access to health services when their parents have limited health care .

Jaime García Aguado AMPap President  
María Aparicio Rodrigo AMPap Vice - President

May 2013, Madrid, Spain