



ORGANIZING AND DELIVERING HIGH-QUALITY CARE FOR CHRONIC NON-COMMUNICABLE CONDITIONS IN THE AMERICAS: A REGIONAL WORKING GROUP

PLACE: PAN AMERICAN HEALTH ORGANIZATION (ROOM 1017) 525 23rd ST NW WASHINGTON DC, 20037

DATE: DECEMBER 13-14, 2012

DOCUMENTS:

HTTP://PFTP.PAHO.ORG/PUBLIC/FORMS/ALLITEMS.ASPX?&&P SORTBEHAVIOR=0&P FILELEA FREF=MURTHY%202012%2EPDF&&ROOTFOLDER=%2FPUBLIC%2FCRONICARE&PAGEFIRST ROW=1&TREEFIELD=FOLDERS&TREEVALUE=CRONICARE&PROCESSQSTRINGTOCAML=1&&V IEW={B9B59EE1-E24F-4A75-8826-6B6128274B00}

LIVE SESSIONS: http://www.paho.org/virtual/hsd-nc-eng



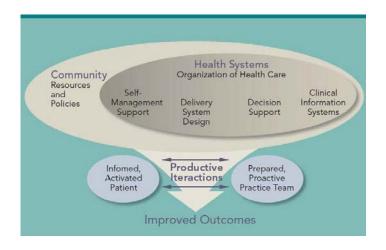






Introduction

CARE FOR CHRONIC NON-COMMUNICABLE DISEASES (CNCDS) SUCH AS CARDIOVASCULAR DISEASE, DIABETES, CANCER, AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE IS A GLOBAL PROBLEM. RESEARCH DEMONSTRATES THAT THE VAST MAJORITY OF PEOPLE WITH CNCDS DO NOT RECEIVE APPROPRIATE CARE. ONLY AROUND HALF ARE DIAGNOSED; AND AMONG THESE PATIENTS, ONLY HALF ARE TREATED. AMONG THE QUARTER OF PEOPLE WITH CNCDS WHO DO RECEIVE CARE, ONLY HALF ACHIEVE THE DESIRED CLINICAL TREATMENT TARGETS. CUMULATIVELY, ONLY AROUND ONE IN TEN PEOPLE WITH CHRONIC CONDITIONS ARE TREATED SUCCESSFULLY. THIS IS MAINLY THE RESULT OF INADEQUATE MANAGEMENT, BUT ALSO OF INSUFFICIENT ACCESS TO CARE AND THE EXISTENCE OF NUMEROUS FINANCIAL BARRIERS.



SEVERAL ORGANIZATIONAL MODELS OF CNCDs management have been proposed and implemented internationally. Perhaps the best known and most influential is the Chronic Care Model, which focuses on linking informed, activated patients with proactive and prepared health-care teams. According to the CCM, this requires an appropriately organized health system linked with necessary resources in the broader community.

IMPLEMENTING INTEGRATED EVIDENCE BASED CHRONIC CARE CONTINUES TO BE A CHALLENGE FOR MOST DEVELOPING COUNTRIES.

AIM: PRODUCE A SET OF EVIDENCE BASED RECOMMENDATIONS TO GUIDE TECHNICAL COOPERATION WITH PAHO MEMBER STATES FOR ORGANIZING AND DELIVERING HIGH-QUALITY CARE FOR CHRONIC NON-COMMUNICABLE CONDITIONS IN THE AMERICAS.

OBJECTIVES:

- 1. REVIEW THE EVIDENCE FOR THE IMPLEMENTATION OF EACH COMPONENT OF THE CCM, NAMELY ORGANIZATION OF HEALTH CARE, DECISION SUPPORT, SELF-MANAGEMENT SUPPORT, DELIVERY DESIGN, HEALTH INFORMATION SYSTEM AND COMMUNITY RESOURCES.
- 2. Translate the evidence in practical recommendations that PAHO Member States can use for the implementation of the Chronic Care Model.

PARTICIPANTS:

1	MICHAEL PARCHMAN	Seattle, USA
2	JoAnne Epping Jordan	Seattle, USA
3	SANDRA DELON	CALGARY, CANADA
4	Maria Cristina Escobar	CHILE
5	TAMU DAVIDSON SADLER	JAMAICA
6	SEBASTIAN LASPIUR	ARGENTINA
7	Anand Parekh	USA
8	RAFAEL BENGOA	Spain
9	LIZETH GUTIERREZ	Mexico
10	Sonia Angell	USA
11	Anselm Hennis	BARBADOS
12	MICHELINE MEINERS	Brazil
13	Frederico Guanais	IDB, USA
14	Montserrat Meiro-Lorenzo	World Bank

SECRETARIAT PAHO

- 15 A BARCELÓ (MEETING COORDINATOR)
- 16 J HOSPEDALES
- 17 S LUCIANI
- 18 P Orduñez
- 19 E Prieto
- 20 M Perez
- 21 R TASCA
- 23 Tomo Kanda
- 24 J FITZGERALD
- 25 E VEGA

VIRTUAL CONTRIBUTION

E VILACA, BRAZIL

E PEREZ FLORES, PAHO-FEP

AGENDA

THURSDAY, DECEMBER 13TH 2012 (ELLUMINATE SESSIONS: 8:30-9:45 AM; 2:00-2:30 PM; 4:30-5:30 PM)

08:30-08:45 AM	OPENING: JAMES HOSPEDALES, SENIOR ADVISOR, CHRONIC DISEASES; MARCOS ESPINAL, AREA MANAGER, DISEASE SURVEILLANCE, PREVENTION & CONTROL
08:45-09:15 AM	Improving Chronic Care in the Americas. Alberto Barceló, Advisor, Chronic Diseases
09:15-09:45 AM	PRESENTATION: REVIEW OF THE HISTORY, DEVELOPMENT AND APPLICATION OF THE CHRONIC CARE MODEL. MICHAEL PARCHMAN, USA
9:45-10:30 AM	Working groups (group 1: Room 1017, Group 2: Room 207, Group 3: Room 209)
10:30-10:45	Coffee Break
10:45-12:30 PM	Working groups Cont'd
12:30-02:00 PM	Lunch Break
02:00-02:30 PM	PRESENTATION: EVIDENCES FOR POLICY DEVELOPMENT SUPPORTING THE IMPLEMENTATION OF THE CHRONIC CARE MODEL. RAFAEL BENGOA, SPAIN
02:30-03:30 PM	Working groups (group 1: Room 1017, Group 2: Room 207, Group 3: Room 209)
03:30-03:45 PM	Coffee Break
03:45-04:30 PM	Working groups Cont'd
04:30-05:30 PM	GROUP WORK REPORTS (THE HEALTH CARE ORGANIZATION; SELF-MANAGEMENT SUPPORT; DECISION SUPPORT). CHAIR: MONTSERRAT
	MEIRO-LORENZO.

FRIDAY, DECEMBER 14TH 2012

(ELLUMINATE SESSIONS: 8:30-9:30 AM; 2:00-5:30 PM)

8:30-09:00 AM PRESENTATION: EVIDENCES SUPPORTING MANAGEMENT OF MULTIPLE CHRONIC CONDITIONS. ANAND PAREKH, SUB SECRETARY OF HEALTH,

HEALTH AND HUMAN SERVICES, USA

9:00-10:30 AM	Working groups (group 1: Room 1017, Group 2: Room 207, Group 3: Room 209)
10:30-10:45	Coffee Break
10:45-12:30 PM	Working groups Cont'd
12:30-02:00 PM	Lunch Break
02:00-03:00 PM	Presentation of Results of Working groups (Clinical Information System; Community Linkages; Delivery System Design). Chair: Sonia Angell
03:00-05:00 PM	EXPERT RECOMMENDATIONS. DISCUSSION & REVIEW. JOANNE EPPING-JORDAN, USA
05:00-05:30 PM	CONCLUSIONS. JAMES HOSPEDALES, PAHO
05:30 PM	Adjourn

WORKING GROUPS

GROUP 1: THE HEALTH CARE ORGANIZATION/CLINICAL INFORMATION SYSTEM ROOM 1017

- 1. M PARCHMAN
- 2. T DAVIDSON SADLER (RAPPORTEUR, CLINICAL INFORMATION SYSTEM)
- 3. S DELON (RAPPORTEUR, HEALTH CARE ORGANIZATION)
- 4. J FITZGERALD
- 5. S ANGELL
- 6. S Luciani (Facilitator)
- 7. F GUANAIS

GROUP 2: SELF-MANAGEMENT SUPPORT/ COMMUNITY LINKAGES ROOM 207

- 1. A HENNIS (RAPPORTEUR, COMMUNITY LINKAGES)
- 2. MC ESCOBAR (RAPPORTEUR, SELF-MANAGEMENT SUPPORT)
- 3. | Epping-Jordan
- 4. E VEGA
- 5. M Meiro-Lorenzo
- 6. T KANDA
- 7. A BARCELÓ (FACILITATOR)

GROUP 3: DECISION SUPPORT/ DELIVERY SYSTEM DESIGN ROOM 209

- 1. R Bengoa
- 2. S Laspiur
- 3. P ORDUÑEZ (FACILITATOR)
- 4. L GUTIERREZ (RAPPORTEUR, DECISION SUPPORT)
- 5. M Meiners (Rapporteur, Delivery System Design)
- 6. R TASCA
- 7. E Prieto (Facilitator)