

Why we need an SIG on NCDs

NCDs accounts for more than 80% of health care spending (1). The role of Primary care settings is crucial for managing NCDs. That's why the primary care reform is now a worldwide imperative. National health care systems with strong primary care infrastructures have healthier populations, fewer health-related disparities and lower overall costs for health care (2).

Most of the more prevalent chronic diseases as diabetes mellitus, hypertension, COPD, heart failure, arthritis or mental disorders are now in debate looking for innovations to improve the level of control, the efficiency of its management and to avoid avoidable in-hospital admissions. Although medication adherence and lifestyle changes coupled with evidence-based practice guidelines are effective tools to control chronic diseases, half of patients have not reached their respective goals (1). So a new approach is needed.

Different new models have been spread through the world trying to improve the NCDs management. The Chronic Care Model published in 2002 (3,4,5) and the Kaiser Permanente published in 2010 (6,7,8) are probably the better known.

1. Willard-Grace R, DeVore D, Chen EH, Hessler D, Bodenheimer T, Thom DH. The effectiveness of medical assistant health coaching for low-income patients with uncontrolled diabetes, hypertension, and hyperlipidemia: protocol for a randomized controlled trial and baseline characteristics of the study population. *BMC Fam Pract*. 2013 Feb 23;14:27. doi: 10.1186/1471-2296-14-27.
2. Starfield B. Toward international primary care reform. *CMAJ*. MAY 26, 2009 • 180(11).
3. Bodenheimer T, Wagner EH, Grumbach K. Improving primary care for patients with chronic illness. *JAMA*. 2002 Oct 9;288(14):1775-9. PubMed PMID: 12365965
4. Ladden MD, Bodenheimer T, Fishman NW, Flinter M, Hsu C, Parchman M, Wagner EH. The emerging primary care workforce: preliminary observations from the primary care team: learning from effective ambulatory practices project. *Acad Med*. 2013 Dec;88(12):1830-4. doi: 10.1097/ACM.000000000000027. PubMed PMID: 24128622.
5. Bodenheimer T, Wagner EH, Grumbach K. Improving primary care for patients with chronic illness: the chronic care model, Part 2. *JAMA*. 2002 Oct 16;288(15):1909-14. PubMed PMID: 12377092.
6. Schilling L, Dearing JW, Staley P, Harvey P, Fahey L, Kuruppu F. Kaiser Permanente's performance improvement system, Part 4: Creating a learning organization. *Jt Comm J Qual Patient Saf*. 2011 Dec;37(12):532-43. PubMed PMID: 22235538.
7. Schilling L, Deas D, Jedlinsky M, Aronoff D, Fershtman J, Wali A. Kaiser Permanente's performance improvement system, part 2: developing a value framework. *Jt Comm J Qual Patient Saf*. 2010 Dec;36(12):552-60. PubMed PMID: 21222357.
8. Schilling L, Chase A, Kehrli S, Liu AY, Stiefel M, Brentari R. Kaiser Permanente's performance improvement system, Part 1: From benchmarking to executing on strategic priorities. *Jt Comm J Qual Patient Saf*. 2010 Nov;36(11):484-98. PubMed PMID: 21090018.