

---

## CONFERENCE ABSTRACT

### International Health: Exchange of Views between Hospital and Primary Care

16<sup>th</sup> International Conference on Integrated Care, Barcelona 23-25 May 2016

Ethel Sequeira Aymar<sup>1</sup>, Vanesa Mauri<sup>1</sup>, Anna Peña<sup>1</sup>, Ana Franco<sup>2</sup>, M<sup>a</sup>Jesús Valderas<sup>2</sup>,  
Rosa Gorgot<sup>2</sup>, Encarna Sánchez<sup>1</sup>, Inés Oliveira<sup>3</sup>, Jose Muñoz<sup>3</sup>

1: CAPSBE, Spain;

2: ICS, Spain;

3: Hospital Clínic de Barcelona, Spain

---

**Introduction:** The global world in which we live reminds us, in a more or less constant way, that health and disease know no borders or laws. Old infectious diseases that in the past had been diagnosed only in the tropics, have in recent times become reemerging diseases that could be suspected in any context. The movements of people that are currently taking place for leisure, work, economic or social reasons are changing their flows with consequences on changes in the determinants of health.

Movements of people entail movements of diseases and this, in turn, calls for prevention needs and training of professionals who care for patients, whatever their origin.

**Description:** In 2009 a working group was created that brought together professionals from the hospital setting (AH) and primary care (AP) in order to work together in the field of international health. The territory where the group was created covers an area of 45 square kilometers with an assigned urban population of 540,000 people spanning four municipal districts. In this area, activity is concentrated in four hospitals and nineteen AP centres of four different suppliers. There is a reference service in tropical medicine and international health in only one of the hospitals. The objective of the creation of the group was, in its beginnings, to standardize performance against imported tropical disease in the territory.

**Results:** The group has been growing progressively since its inception, incorporating doctors and nurses of AP and AH and trying to give representation to all the territory. There is a base of professionals who provide stability, and a wide representation of professionals in training (residents) brings dynamism to the group.

The work dynamic is based on regular meetings with the following objectives:

- Increase awareness of international health
- Improve clinical management of imported diseases: clinical safety, consensus, efficiency and pragmatism
- Start research in the field of the working group.

The tools we work with are:

- Coordination and shared vision
- Standardization of clinical practice of the territory
- Self-training and external training groups in the territory
- Exploring possibilities in the field of research.

It is structured in three areas: health care, training and research

**Healthcare:** Improving communication between AP and AH and the quality of care to patients with imported diseases. Clinical routes of major imported diseases have been created, and communication through email and telephone contact have been provided. In AH the number as well as the reason of the queries proceeding from AP are recorded and AP professionals are assured "feed-back" with discharge reports that record procedures performed and diagnosis.

**Training:** Improve academic training and exchange of ideas between AP and AH. An annual day of International Health and AP in symposium format with free access is held. Communication via mail and/or groupWhatsApp has been set up among group members to share news and items of interest in international health.

**Research:** Start simple research work within AP with a practical focus on improving clinical practice. Currently we are working in the screening of infectious diseases in immigrants.

**Discussion:** Healthcare activity is enabling us to improve attention to imported pathology and to conduct patient flow between levels in a coordinated and efficient way. We must improve implementation throughout the territory and ensure the safe transfer of information from one level to another.

Educational activity is meeting the needs that are perceived by conducting symposiums. Pressure exerted by healthcare and the difficulty to have access to training are the most important problems detected.

Research activity has its main obstacle in the difficulty to extract data from computerized medical records in the various centers because of inefficient records and the few hours available to primary care professionals to perform this activity.

**Conclusions:** Combined work between AP and AH has allowed the homogenization of attention against imported pathology.

Channels of communication have been created between both areas to provide safer and more efficient management of patients.

Training offered to professionals in the region has met with good response and a high level of satisfaction.

We are working on research related to international health to improve clinical practice.

The model is transferable to other contexts in which the two levels of action coexist.

---

**Keywords:** international health; primary care; integrated care; immigration; travel medicine

---