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Poster Abstract

Defining the Ambulatory Care Sensitive Conditions in Portugal: Methodology description

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Abstract

The ambulatory care sensitive conditions (ACSC) have been widely studied as an indirect indicator of primary care access and quality (1). These are simultaneously two of the overarching principles of integrated care (2). In Portugal this indicator is especially relevant once it might allow to evaluate and monitor the transformation of the current system paradigm of hospital centred care. Previous studies in the Portuguese context (3) have concluded that the utilization of different ACSC selection methodologies have a significant impact on the results. Therefore the definition of the relevant ACSC's in Portugal is of the outmost importance.

After reviewing the literature focusing on the methodology to define the ACSCs (4–7) the selected method was a Delphi Panel. In a preliminary stage the authors will review the literature to gather all the previous ICD-9-CM diagnostic codes considered ACSC's. The Solberg and Weissman criteria will be used as the initial filter, namely an admission rate greater than 1/10.000pop and a clearly defined diagnosis and coding (8,9). The invited experts will be practicing physicians with knowledge of the Delphi panel technique (50% general practitioners, 20% internists, 20% paediatricians and 10% physicians with managerial responsibilities) recommended by the general medical council. After being presented with the previous diagnosis compilation the panel will firstly be asked to indicate further possible ACSC's. After re-filtering using the previous method, the resulting diagnosis will be re-submitted to the panel's opinion regarding the following questions: 1) Is the admission avoidable through ambulatory care?; 2) What type of action avoids the admission? a) immunization b) early diagnosis/treatment c) chronic disease control; 3) When the diagnosis is made is the hospitalization always mandatory? The expected consensus level will be 75% after 3 rounds. After this consensus, the panel will be asked if any of the following situations might withdraw the avoidability: 1) multiborbidity; 2) Age over 70 years; 3) Age over 75 years; 4) Age over 80 years. The expected consensus level will be identical to the previous phase.

It is expected that the development of the Portuguese set of ACSC might enable the implementation of this indicator as a way to monitor and transform access and quality of care.

Keywords

ambulatory care sensitive conditions; portugal; delphi panel

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