

A pioneering alliance between two scientific societies and one pharmaceutical company was presented at the VI National Congress of Chronic Patient Care

ESTEVE, SEMI and semFYC create CRONEXA, an alliance devoted to the development of new strategies to meet the actual needs of chronic patients

- **The objective is to generate a new vision among healthcare professionals in their approach to chronic diseases, one of the main challenges of the health system.**
- **CRONEXA focuses on patients with multiple diseases and will develop activities in research, innovation, education, and scientific and health training, in line with the chronicity plans of the National Health System.**
- **In addition to in-person activities, the website www.cronexa.com will be an open-access meeting point for all healthcare professionals.**

ESTEVE, the Spanish Society of Internal Medicine (SEMI) and the Spanish Society of Family and Community Medicine (semFYC) just signed an agreement that, under the name of CRONEXA, will develop new actions to facilitate the implementation of the new strategies on chronicity issued by the SNS and their CCAA. The objective of this pioneering alliance between these two scientific societies and this pharmaceutical company is to promote change both in the healthcare professional's vision and in the present healthcare model –now based on treating acute patients– in order to achieve excellence in the approach to chronic patients and contribute to the future sustainability of the health system. CRONEXA was presented at the VI National Congress of chronic patient care held in Seville. Patients with several chronic diseases will be primarily addressed in the year 2014.

Today, the health system is mostly designed and oriented to treat acute processes (infections and communicable diseases). This approach, however, should be reoriented to address chronic diseases (diabetes, pain, cardiovascular diseases, nervous system diseases, etc.), already the world's leading cause of death and disability, and the main cause of health expenditure in Spain (two thirds of the total). Also, according to the WHO, 78% of Spaniards will have a chronic condition in 2020, thus placing a burden on the health system.

This is the main challenge faced by the National Health System (SNS), one that can only be met through the active participation and commitment of all the groups concerned, including the administration, healthcare professionals, and patients.

This is also the objective of **CRONEXA**, a strategic alliance just created by ESTEVE, the SEMI and the semFYC with the motto ***Moving forward together in chronicity***. CRONEXA will operate as a virtual platform and attempt to become a benchmark in this setting by ensuring the implementation of new strategies in chronic patient care to promote change in the attitude of healthcare professionals, who should seek excellence in the approach to chronicity and thus change the care model for best clinical effectiveness and sustainability.

In the words of Dr. Pere Fernández, ESTEVE's Medical Corporate Development Manager, *“the aim is to help healthcare providers acquire new capabilities and organizational skills to face the reality of chronic diseases in daily clinical practice with utmost efficiency and quality.”*

“At the same time, an alliance such as Cronexa will also allow raising awareness among chronic patients –the system’s core– about the importance of active participation and indispensable commitment to the self-management of their disease”.

CRONEXA: Lines of action

CRONEXA will develop projects likely to generate and manage knowledge on chronic patient care, in line with the strategies established by the SNS in its approach to chronicity.

The guidelines of this agreement between ESTEVE, the SEMI and the semFYC basically include managing knowledge by way of a training project addressed to healthcare professionals, the dissemination of related strategies, plans, models and experiences, and research and innovation.

In the year 2014 CRONEXA will focus primarily on patients with multiple diseases. In this sense, four main lines of action have been designed. One, rational use of medicines, with particular emphasis placed on patient adherence to the recommendations of healthcare professionals; two, relationship and communication between professionals and patients; three, care based on attaining the health objectives set; and four, identification of the needs of the different agents that participate in the approach to chronicity.

As Dr. Josep Basora, chairman of the semFYC, points out, *“the health system has long focused on acute conditions and must now address chronic diseases, which have very different characteristics and needs. We family doctors have always managed chronic diseases. These, however, are increasingly common and call for better control. The key to better control is to improve therapeutic adherence and avoid clinical inertia”.*

“New ways of managing chronic diseases have yielded good results, for example the Chronic Care and the Kaiser Permanente models. Key elements to be improved include patient risk stratification, i.e. identifying patients at higher risk who require more customized care as opposed to patients at lower risk who require training and autonomy. Another key element is the improvement of communication among professionals —through a unique electronic medical record— and with patients —through shared decision-making. In chronic diseases, the patient is yet another component of the health team; indeed, the decisions patients make are key to disease control. That is why patients must be informed and motivated to implement the changes that will ultimately improve or maintain their health. In other words, patients must be able to manage their disease and adapt it to their daily lives. Social services are gaining increasing importance in the follow-up of chronic diseases and must be duly considered to best meet the patient’s needs”.

Also according to Dr. Basora, *“the pharmacist’s role, particularly in community pharmacies, is essential to detect the lack of adherence to medication or possible interactions, and to provide information to the patient on drug-related indications and precautions.”*

Another significant aspect according to Dr. Basora is the continuity of care from primary care to hospitalization, this being a strategic approach whose proper development is still pending. *“Primary care teams should be provided with information on discharged chronic patients through the new healthcare plan, and ways of communication to facilitate hospitalization as required by patients with multiple diseases must be offered. The CRONEXA platform should help implement all these initiatives.”*

For her part, SEMI's chairwoman Dr. Pilar Román says that *“super-specialization is a consequence of the expansion of knowledge and has achieved very effective treatments of very serious diseases. However, these advances have lacked safety and quality healthcare because the emphasis has been placed on the disease rather than on the person and his/her desires, values and needs. The prevailing culture whereby techniques and specialization constitute excellence in healthcare has resulted in around 30% of actions being unnecessary or detrimental to the patient.*

“Presently, most sick people suffer from several chronic diseases and are attended to by several specialists who address each disease separately. Consequently, the patient has to consult several physicians, undergo different examinations, and receive a large number of general or pharmacological recommendations. All this places a significant –and frequently unbearable– burden on the patients and their families”, Dr. Román adds.

A treatment that proves optimal for a specific disease frequently poses a risk in the presence of another disease or other treatments. Drugs interact with one another and result in side effects that impair the quality of life of patients. And, for many people, their quality of life can be as important as, if not more important than, their own lives.

That is why SEMI's chairwoman Dr. Román points out that people need to be attended to in a global, continuing basis throughout their lives. *“They need specialized general practitioners who act as a reference to simplify care and reduce risks connected with poor communication among healthcare professionals and with conflicting advice and recommendations; they need practitioners who will take their preferences into consideration and share decisions with them. Also, general practitioners must form teams to include the rest of disciplines, all of which are necessary to actually put people at the center of care”.*

“Professionals and patients alike need to learn how to change the healthcare model. Cronexa is devoted to help achieve this by implementing all these premises in daily practice and by innovating, investigating and evaluating healthcare initiatives”, Dr. Román concludes.

All activities performed by CRONEXA will be gathered at www.cronexa.com, with open access by all groups concerned with chronicity.

ESTEVE's commitment to chronicity

ESTEVE, the main sponsor of the National Congress of Chronic Patient Care for 3 years, maintains alliances with several bodies: a framework agreement for collaboration, signed with the Health Department of the Generalitat of Catalonia, to foster research and training activities to improve chronic patient care; the ADHERE Program, promoted with the General Pharmaceutical Council, to evaluate adherence to treatment in elderly patients with chronic diseases; and actions to be undertaken by community pharmacies, organized with the General Pharmaceutical Council of Catalonia, to improve chronic patient care and the rational use of medicines. Also, chronicity-related research and scientific training is being promoted with the Galician Healthcare Service (SERGAS) and the International University of Catalonia (UIC).

Also made available by ESTEVE is *expertSalud*, a free mobile app endorsed by the SEMI and the semFYC that allows patients to manage medicine intake, set up reminders, and control their most relevant clinical variables (such as weight, physical exercise or blood pressure). This app also allows physicians to visualize real time information, perform complete follow-up, and adapt prescribed treatments.

About ESTEVE

ESTEVE (www.esteve.com) is a leading chemical-pharmaceutical group in Spain and has a strong international presence, with subsidiaries and production plants in several European countries, USA, China and Mexico, and in-house products marketed in more than 90 countries. Ever since its foundation in 1929, ESTEVE has been firmly committed to innovation and excellence in the healthcare setting and has used its best efforts to promote health and improve the quality of life of people.

Within this framework, and specifically regarding chronicity, ESTEVE's intention is to collaborate in the prevention of chronic conditions by promoting and facilitating innovation to healthcare providers, by fostering participation among the system's different actors and levels, and by encouraging research, training and knowledge management in this area.

About the SEMI

The Spanish Society of Internal Medicine www.fesemi.org was constituted in 1952 and became a Federation of Autonomic Societies of Internal Medicine in 1992. This scientific and professional organization gathers more than 6,500 internists with the mission of promoting and disseminating research and knowledge on medical conditions in adults by providing an overview of the sick person, by fostering its application in clinical practice, and by adding value to associates, patients and general population alike.

About the semFYC

The semFYC (www.semfy.com) is the federation of the 17 Societies of Family and Community Medicine in Spain and gathers more than 19,500 family doctors. Its purpose is to look after the proper development of family and community medicine, and primary care, in Spain. Most of its activities focus on improving the knowledge, the skills and the attitudes of family doctors, and hence the quality of healthcare.

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