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# Good Practices in Social Security

Good practice in operation since: 2007

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## **Global health care for senior citizens**

A case of the State Employees' Social Security and Social Services Institute

Special mention, ISSA Good Practice Award – Americas competition 2009

State Employees' Social Security and Social Services Institute  
Mexico

## **Summary**

*Demographic and epidemiological changes in the country have had an impact on the health services; health care for senior citizens is expanding as is the need for heterogeneous medical and laboratory analyses and examinations, while the family is less available to accompany patients to hospital when required. This means that medical services of the State Employees' Social Security and Social Services Institute (Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado (ISSSTE)), need to be reorganized to find ways of reducing the time needed to provide global care for each patient.*

*The strategy for the provision of health care (global care for elderly patients) is designed to bring hospital services closer to patients and to encourage families to participate in their treatment with the help of constant medical support based on house calls; these house calls facilitate health protection measures and prevention activities and enable doctors to assess the effects of the treatment without forgetting social and emotional factors.*

*We have used the number of hospital readmissions as the basic indicator to evaluate impact and improvements in the quality of care.*

## **CRITERIA 1:**

### **What was the issue/problem/challenge addressed by your good practice?**

Global health care for patients following discharge from a geriatric hospital.

Longer life expectancy means constant growth in the number of elderly patients and the development of chronic degenerative diseases; patients need to consult various specialists in order to take care of their health and sometimes do so only after complications have appeared.

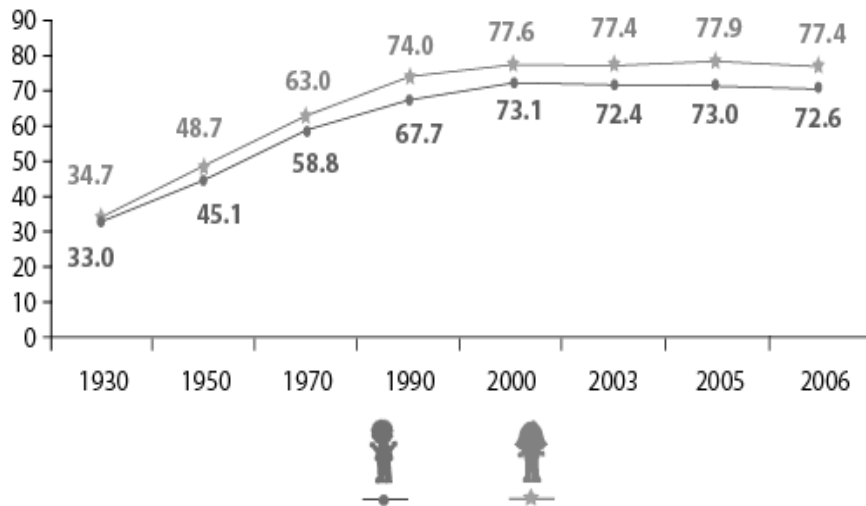
After the age of 60, certain beneficiaries depend heavily on their families for transport to get to the hospital, to walk, to understand medical instructions.

On some occasions the family member who accompanies them has to take leave of absence from work in order to take the patient to a doctor's surgery or a medical laboratory and if the patient has complications and remains in hospital, that family member may have to take more leave.

This problem has direct repercussions on the patient and his or her family environment which may lead to family neglect, poor conditions of hygiene, lack of care or inability to take proper medication and the presence of complications which may lead to the death of the patient.

The following figure shows life expectancy for Mexican patients; the average figure is currently 72.6 years for women, which is the age when beneficiaries experience the greatest number of problems.

Years



## CRITERIA 2:

### What were the main objectives and the expected outcomes?

Reduce hospital readmissions, encourage families to participate in the provision of care for the elderly, reduce the cost of medical care.

Provide beneficiaries with global care, taking into account their socio-cultural level and family environment, using available resources to provide care and including health prevention activities.

## CRITERIA 3:

### What is the innovative approach/strategy followed to achieve the objectives?

- Establishment of health teams making house calls to the patient's home in close collaboration with the hospital services as the foundation for health protection and prevention activities.
- Eligibility for ISSSTE benefits.
- Patient is an elderly person.
- The pathology is such as to make ambulatory treatment and transportation difficult.
- Medical opinion is in favour of continuing health care at home.
- At least one member of the family is able to participate.

## **CRITERIA 4:**

### **Have the resources and inputs been used in an optimal way to implement the practice?**

- A home visit is made to evaluate clearly defined elements in order to assess the state of health of the patient, adherence to the treatment and nutritional and emotional factors affecting the patient in order to provide appropriate global health care.
- The social services, in collaboration with the attending physicians, screen patients to discover senior citizens with a hospital condition which could be treated outside the ward.
- The family is provided with information concerning the global care programme and fills in a form.
- The attending physician provides the diagnosis, prescriptions and instructions concerning medical treatment.
- A home visit is carried out by staff from the social services and a doctor. A social survey is carried out to assess conditions of hygiene in the patient's home.
- The frequency of house calls depends on the diagnosis. They may be monthly, fortnightly, weekly, or every three days.
- Doctor uses the house calls to check that medical instructions are being followed correctly, to examine the patient and to provide new prescriptions.
- If a patient requires laboratory analyses and examinations they are programmed for the same day as the consultation with a medical specialist; this ensures that full information is available for diagnosis at the time of the medical consultation and that only one visit to the medical centre is required.
- When another specialist opinion is required, the service for the coordination of health care requests the global care programme for senior citizens to take the necessary administrative measures and make the appointment, again ensuring that on the day of the consultation the patient has all the information required for diagnosis.

## **CRITERIA 5:**

### **What impact/results have been achieved so far?**

- The implementation of this strategy has led to a reduction in hospital re-admissions; the number of days spent in hospital has also fallen.
- Better surveillance of the health status of elderly patients.
- Earlier diagnosis of health problems and complications.
- Providing easier access to services for elderly patients facilitates global care.

- Beneficiaries and their families are happier knowing that the doctor will make a home call.
- More frequent examinations of patients means fewer complications and avoids the need for long periods of hospitalization, hence the reduction in the number of days in hospital.
- More patients can make use of the resources.
- There is no need for special palliative care wards requiring equipment and multidisciplinary staff.
- Cancer patients are not the only ones who are covered.
- The family is directly involved in caring for the patient.

## **CRITERIA 6:**

### **What lessons have been learned?**

That proper coordination of health services enables quality care to be provided for patients, while reducing costs and improving efficiency.

## **CRITERIA 7:**

### **To what extent would your good practice be appropriate for replication by other social security institutions?**

This practice could be replicated by all institutions which provide health care.