

编号: YY002-20190909001

标题: Australian medical college could lose charitable status amid governance concerns

简介: The Royal Australasian College of Physicians faces being stripped of its charitable status amid concerns that it has inappropriately managed funds and failed to adequately investigate complaints.

全文链接: <https://www.bmj.com/content/366/bmj.15365>

编号: YY002-20190909002

标题: Integrating diabetic retinopathy screening within diabetes education services in Australia's diabetes and indigenous primary care clinics

简介: Summary Significant prepayment of health care is Integrating diabetic retinopathy screening within diabetes education services in Australia's diabetes and indigenous primary care clinics a crucial factor to ensure that all individuals have access to effective health services at affordable prices. The research questions we address here are as follows: What role does economic growth play in changing the level of health care prepayment? Does government's willingness to spend more on health mean higher prepayment rates in the health financing system? What are their dynamic relationships? These questions are addressed in China over the 1978 to 2014 period by employing the continuous wavelet analysis. We focus in particular on their correlations and lead-lag relationships across different frequency bands. Our findings clearly show that overall government willingness has a positive effect on health care prepayment level, while the impact of economic growth varies in the time-frequency domain. This variation could be demonstrated in 1980 to 1998, when the positive correlation between economic growth and health care prepayment level in the short term turned negative in the medium and long term, which indicated that China could not achieve mutual development of economic growth and social welfare within the market-oriented health system. Notably, the time-varying analysis indicates that China's new round of medical system reform since 2006 plays an important role in changing the correlations and lead-lag relationships. In particular, health care prepayment tended to lead government willingness during the 2006 to 2012 period since the increase of health subsidies and expenditures strengthened government responsibility over the health sector, and there existed a persistent mutual stimulation between economic growth and health care prepayment level across all frequency bands along with the reform.

全文链接: http://pan.ckcest.cn/rcservice//doc?doc_id=43968

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标题: Burden, Access, and Disparities in Kidney Disease

简介: Kidney disease is a global public health problem, affecting over 750 million

persons worldwide. The burden of kidney disease varies substantially across the world. In many settings, rates of kidney disease and the provision of its care are defined by socioeconomic, cultural, and political factors leading to significant disparities. World Kidney Day 2019 offers an opportunity to raise awareness of kidney disease and highlight disparities in its burden and current state of global capacity for prevention and management. Here, we highlight the need for strengthening basic infrastructure for kidney care services for early detection and management of acute kidney injury and chronic kidney disease across all countries and advocate for more pragmatic approaches to providing renal replacement therapies. Achieving universal health coverage worldwide by 2030 is a World Health Organization Sustainable Development Goal. While universal health coverage may not include all elements of kidney care in all countries, understanding what is locally feasible and important with a focus on reducing the burden and consequences of kidney disease would be an important step towards achieving kidney health equity. 全文链接: http://pan.ckcest.cn/rcservice//doc?doc_id=43970

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标题: Assessing the cost-effectiveness of a fluoride varnish programme in Chile: The use of a decision analytic model in dentistry

简介: Objectives This study illustrates the use of a decision analytic model (DAM) to evaluate whether fluoride varnish application (FV) increases the proportion of caries-free children in the Chilean preschool population, at an acceptable cost. Methods Different FV interventions were compared with an oral health counselling-only intervention. The FV interventions were tested (with and without screening) every 6 months over 2 years, in either a preschool setting or during a well-child programme appointment in a primary care setting. A Markov model was developed to simulate the FV performance. The model was populated with data obtained from Chilean epidemiologic studies, a systematic review and a costing study. The counselling-only intervention was compared with FV interventions to estimate the incremental cost per child. As there was uncertainty in terms of precise parameter values both probabilistic and deterministic sensitivity analyses were performed. Results Delivery of FV in a primary care setting without screening was the most effective and the least costly intervention. Compared with counselling-only intervention, this intervention increased the prevalence of caries-free children in the population by 3.7%, with an extra cost (in March 2015) of 3 pound per caries-free child. The results were sensitive to the starting age of FV application; increasing age would reduce the cost-effectiveness of the FV intervention. Furthermore, cost-effectiveness improves if some

equipment such as an oral hygiene kit was not used and if less costly but qualified staff applied FV rather than dentists. Conclusions This analysis allowed the comparison of the performance of FV in realistic scenarios incorporating important aspects of health and education policies. The application of FV in a primary care setting was the most cost-effective strategy. The work demonstrated that both the methodology and results are useful for decision-makers.

全文链接: http://pan.ckcest.cn/rcservice//doc?doc_id=43969

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标题: **The use of hospital-based services by heart failure patients in the last year of life: a discussion paper**

简介: Individuals with chronic heart failure have high utilisation of hospital-related services towards the end of life and receive treatments that provide symptom relief without improving life expectancy. The aim of this discussion paper is to determine chronic heart failure patients' use of acute hospital-based services in their last year of life and to discuss the potential for palliative care to reduce service utilisation. A systematic search of the literature was conducted. Medline, Cumulative Index for Nursing and Allied Health (CINAHL) and SCOPUS databases were used to systematically search for literature from database commencement to September 2016. Specific inclusion criteria and search terms were used to identify relevant studies on heart failure patients' use of hospital services in their last year of life. There were 12 studies that evaluated the use of hospital-based services by chronic heart failure patients at the end of life. In all studies, it was found that chronic heart failure patients used acute hospital-based services as death approached. However, only two studies examined if palliative care consultations were obtained by patients, and neither study assessed the impact that these consultations had on service utilisation in the last year of life. Heart failure negatively impacts health status, and this is a predictor of service utilisation. Further research is needed to determine the efficacy of both primary and secondary palliative care in reducing resource use towards the end of life and improving the quality of end of life care.

全文链接: http://pan.ckcest.cn/rcservice//doc?doc_id=43975