



Instituto para la Mejora
de la Asistencia Sanitaria

25 de septiembre de 2017



Gestión Clínica 7 Días

La actualidad recogida por la Fundación IMAS

Diario Farma

FARMAINDUSTRIA QUIERE QUE LA EVALUACIÓN DE RESULTADOS EN SALUD “SEA LA NORMA, NO LA EXCEPCIÓN”

Farmaindustria está dispuesta a apoyar una transformación que, desde todas las instancias, se antoja imprescindible para afrontar los retos que tiene ante sí el sistema sanitario. Se trata de la medición de resultados en salud y el aprovechamiento de la digitalización para acelerar y permitir hacerlo realidad. Esta transformación hará posible, según la patronal de la industria de medicamentos innovadora, el acceso sostenible a la innovación biomédica disruptiva, tal y como se ha expuesto en el XVII Encuentro de la Industria Farmacéutica Española, patrocinado por Farmaindustria, que se celebra en la Universidad Internacional Menéndez Pelayo (UIMP) de Santander.

El Global

LA OMS INSTA A TODOS LOS PAÍSES A QUE GARANTICEN LA COBERTURA SANITARIA UNIVERSAL

El director general de la Organización Mundial de la Salud (OMS), Tedros Adhanom Ghebreyesus, ha instado a todos los países a garantizar la cobertura sanitaria universal a todos sus ciudadanos “como un derecho y no como un privilegio”, según ha destacado en un acto paralelo a la Asamblea General de Naciones Unidas que se celebra estos días en Nueva York (Estados Unidos). “Para mí es un escándalo que la gente deba elegir entre comprar medicamentos o comprar comida, o que una enfermedad pueda hundir a toda una familia en la pobreza porque uno de sus miembros no pueda trabajar”, ha lamentado en un encuentro en el que han participado numerosos ministros de sanidad de todo el mundo y otras autoridades de mayor rango como el primer ministro de Japón, Shinzo Abe.

Redacción Médica

“TENEMOS UNA DE LAS CARTERAS DE SERVICIOS SANITARIOS MÁS AMPLIOS DE EUROPA”

España cuenta con una de las carteras de prestaciones sanitarias más amplias de Europa. Así lo ha defendido la ministra de Sanidad, Dolors Montserrat, en el pleno del Congreso de los Diputados, tras ser preguntada por el responsable de Sanidad de Ciudadanos, Francisco Igea, sobre el acceso con equidad de todos los pacientes.

DOCUMENTOS DE INTERÉS

FOR UNIVERSAL HEALTH COVERAGE, TOMORROW IS TODAY (The Lancet)	In a Comment published alongside the Lancet Series America: Equity and Inequality in Health in April, 2017, Senator Bernie Sanders (I-VT) wrote: “Today, we must do everything we can to prevent the repeal of the [Affordable Care Act (ACA)] and oppose attempts by the Trump administration to undermine it by failing to enforce the law or promulgating regulations that would sabotage it. Tomorrow, we must work to join the rest of the industrialised world and guarantee health care to all citizens through a Medicare-for-all single-payer system.”
HEALTH INEQUALITY ACROSS PREFECTURES IN JAPAN (The Lancet)	Japan has exemplary records in human development as measured by a human development index of 0·903 in 2016 (ranked 17th in the world). ¹ Universal access to health services with no financial barrier for every citizen in Japan launched in 1961 and has contributed to nearly equitable access and relatively small gaps in health status across regions and socioeconomic groups in the country. ² Ageing is homogeneously distributed across all communities, ³ which has led to high demand for health care in all prefectures (provinces).
POPULATION HEALTH AND REGIONAL VARIATIONS OF DISEASE BURDEN IN JAPAN, 1990-2015: A SYSTEMATIC SUBNATIONAL ANALYSIS FOR THE GLOBAL BURDEN OF DISEASE STUDY 2015 (The Lancet)	Japan has entered the era of super-ageing and advanced health transition, which is increasingly putting pressure on the sustainability of its health system. The level and pace of this health transition might vary across regions within Japan and concern is growing about increasing regional variations in disease burden. The Global Burden of Diseases, Injuries, and Risk Factors Study 2015 (GBD 2015) provides a comprehensive, comparable framework. We used data from GBD 2015 with the aim to quantify the burden of disease and injuries, and to attribute risk factors in Japan at a subnational, prefecture-level. Med 2006; 17: 322–24.
THE EFFECT OF PHYSICAL ACTIVITY ON MORTALITY AND CARDIOVASCULAR DISEASE IN 130.000 PEOPLE FROM 17 HIGH-INCOME, MIDDLE-INCOME, AND LOW-INCOME COUNTRIES: THE PURE STUDY (The Lancet)	Physical activity has a protective effect against cardiovascular disease (CVD) in high-income countries, where physical activity is mainly recreational, but it is not known if this is also observed in lower-income countries, where physical activity is mainly non-recreational. We examined whether different amounts and types of physical activity are associated with lower mortality and CVD in countries at different economic levels.
PHYSICAL ACTIVITY LOWERS MORTALITY AND HEART DISEASE RISKS (The Lancet)	In The Lancet, Scott A Lear and colleagues ¹ report results from a large cohort of 130 843 participants from 17 countries (including four low-income countries and seven middle-income countries) investigating the beneficial dose-dependent associations of all forms of physical activity with reduced mortality and cardiovascular disease risks. ¹ This is another confirmation that physical activity has definite and dose-dependent benefits for lowering risks of all-cause mortality and cardiovascular disease (heart attacks, stroke, and heart failure).

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