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## Brief Report

### Private Rheumatology in Catalonia, Spain<sup>☆</sup>

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#### ABSTRACT

**Objective:** To establish the percentage of Catalanian rheumatologists who attended to private patients, to understand the most common processes in private practice, to determine the dedication to patient care and the necessary activities to guarantee proper care, such as continuing education and office management, and to know what techniques were most widely used.

**Material and methods:** A personalized survey of Catalanian rheumatologists whose e-mail addresses were made available to us. Fifty-two responses were analyzed.

**Results:** The percentage of men (52%) and women (48%) was similar; 33% worked exclusively in private rheumatology (PR), most of them in hospitals or medical teams; 11% worked alone; 27% were in training. The disease most frequently treated was osteoarthritis; 51% were involved in studies or clinical trials in the field of RP.

**Conclusions:** The concept of RP as a private business is changing and is progressively being transformed into working units with a structure similar to public hospitals with formal training.

This report provides new data on the activities and characteristics of private rheumatologists.

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### La Reumatología privada en Cataluña

#### RESUMEN

**Objetivo:** Conocer el porcentaje de reumatólogos de Cataluña que atienden a pacientes privados, los procesos reumatológicos más comunes en la consulta privada, determinar la dedicación a la asistencia y las actividades necesarias para garantizar una correcta asistencia: formación continuada, gestión de la consulta y conocer que técnicas son usuales.

**Material y métodos:** Mediante encuesta personalizada a los reumatólogos de los que pudimos conseguir sus datos de correo electrónico. Se sometió a análisis 52 respuestas.

**Resultados:** El porcentaje de varones (52%) y mujeres (48%) es similar, un 33% trabaja exclusivamente en reumatología privada (RP), la mayoría en hospitales o equipos médicos y un 11% trabaja solos. El 27% realiza formación; la enfermedad más frecuentemente atendida es la artrosis, el 51% realiza estudios o ensayos clínicos en el ámbito de la RP.

**Conclusiones:** El concepto de RP como un negocio particular va cambiando y se está convirtiendo en unidades con una estructura de trabajo similar a los hospitales públicos con formación reglada.

Este trabajo aporta nuevos datos sobre la actividad que se realiza y características del grupo.

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## Introduction

REUMATOLOGÍA CLÍNICA published a study by Yoldi Muñoz et al.<sup>1</sup> on the status of private rheumatology (PR) in Spain, and demonstrated that PR is most prevalent in Catalonia. The Catalan Rheumatology Society (SCR) commissioned us to undertake a study on this subject.

In order to define and create an appropriate framework for our study objective, we must clarify that we understand private medicine as being directly user or company financed with no support from the public administrations; in other words, the doctors' income is directly related to the care activity they undertake.<sup>1</sup>

The results of this study might be relevant in several respects:

- To work out the number of rheumatologists that need to be trained to cover these little-known areas of work in the future.
- They might also help us to establish the differences between the training that our junior doctors receive, currently in state hospitals, and the care differences that might be found if their work were in private centres.

We set out to discover the percentage of rheumatologists in Catalonia attending private patients, the most common rheumatological conditions encountered in private practice, to determine the rheumatologists' dedication to each of the 2 large areas that we will consider in this study, the care and activities necessary to ensure appropriate care, continuous training, practice management, and to find out the routine techniques used in the practices.

## Material and Methods

An individual survey was given to all the rheumatologists whose emails were available to us, created by the author, and unanimously agreed with 8 rheumatologists from the author's environment.

We obtained the email addresses of the SCR members who gave their authorization to receive communications, performed a search of the websites of health insurance companies, and asked colleagues who received the survey to forward the email to their colleagues.

## Results

We obtained a list of 231, 147 from the area of Catalonia: 123 from Barcelona, 9 from Girona, 4 from Lleida, and 11 from Tarragona. We received 63 responses, 52 of which were valid for analysis, one was eliminated because all the responses were left blank, and 10 because the respondents did not practice PR.

There were 27 (52%) men and 25 (48%) women; 9 were aged from 30 to 40 (17%), 21 from 41 to 50 (40%), 17 from 51 to 65 (33%), and 5 were aged over 65 (9%). In the under-forty age group, the male to female ratio was 9:1, from 41 to 50 it was 8:11, and in the older age group the ratio changed to 14:4. The average age was 49, similar to other countries such as Canada.<sup>2</sup>

With regard to years in PR practice, 13 (26%) had fewer than 5 years, 4 (8%) between 6 and 10 years, and 33 (66%) more than 10 years, a third of those who started PR practice had not continued with it.

Only 13 (26%) of the respondents worked exclusively in the private sector, 37 (74%) worked in both private and public medicine.

There were 17 (33%) rheumatologists working exclusively in the private sector. Most, 20 (39%), worked in multidisciplinary teams or in a team with several rheumatologists, 14 (27%). Twenty-seven (53%) worked in private hospitals, 18 (35%) worked in shared practices, and 6 (11%) had their own practice.

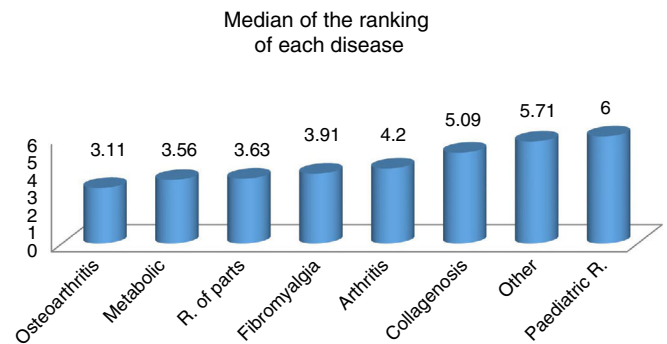


Fig. 1. Median of the ranking of the most frequent diseases attended.

Table 1

Techniques Used in Private Rheumatology With Reference to the Percentage of Rheumatologists Using Them.

Activities performed in private practice	%
Injections	98
Ultrasound	59
Capillaroscopy	44
Physiotherapy	25
Densitometries	23
Blocks	21
Biopsies	15
Arthroscopy	3
Complementary or alternative treatments	3
Acupuncture	0

In terms of place of work, 14 (27%) worked for themselves, 8 (15%) were members of a society of doctors, 8 had an employment contract, and 22 (42%) worked for another person in professional collaboration.

Practically all of them, 48 (94%), had staff in their practice, 3 had neither administrative nor nursing staff, 41% had only administrative staff, and 53% had both administrative and nursing staff.

The hours devoted to their practice were very variable, most, 19 (37%), devoted less than 5 h/week, 20% between 5 and 10 h, 14% from 11 to 16 h, 6% from 26 to 32 h, 8% from 33 to 40 h, and 2% devoted more than 40 h/week.

The number of annual medical visits ranged from 63% arranging fewer than 1000 to 9% arranging more than 4000 visits, there being 2 extremes: one of 3 visits per year, and the other 5000 visits per year.

Fourteen (27%) were in training, the majority through clinical sessions with other specialties, 2 had training of junior doctors (MIR), and 2 undergraduate sessions; 73% undertook took no training of any type.

Osteoarthritis was the disease most commonly treated in PR, according to 37%. The median frequency of the various entities is shown in Fig. 1.

The medical activities performed in practice specific to rheumatology were not routine in all of the PR centres, as can be seen in Table 1.

Seventeen (51%) were involved in studies: 47% clinical trials, 58% clinical studies, 29% epidemiological studies, and 18% basic studies.

Of those surveyed 100% belonged to a medical society: 88% to the SCR and the Spanish Rheumatology Society (SER), 25% to international societies, and 12% to the Spanish Society for Bone and Mineral Metabolism Research.

## Discussion

Two scientific societies, the SER and the SCR, have commissioned two simultaneous studies on PR in their catchment areas;

this is a reflection of the importance that our specialism's activity is acquiring outside the single-payer regulated framework.

According to the publication by the private practice commission of the SER,<sup>1</sup> 52% of Catalan rheumatologists work in PR from the responses received; in our survey it was 42% from 123 emails sent.

Eleven percent of Spanish rheumatologists who are members of the SER practice PR exclusively, compared to 26% in our survey.

The average age in the survey conducted by Yoldi Muñoz et al.<sup>1</sup> was 49, which is similar to the mean. In terms of age group, 71% in the SER were under 50, who comprised 57% of our population, although there was a measurement difference of 5 years in each group. Those over the age of 55 constituted 29% in Spain, and 42% in Catalonia. In other words, our private rheumatologists were older.

The profile of the rheumatologists was similar: the male:female ratio was 53:47, and 52:48 in our survey. In terms of years of service in the specialty: for the SER it was an average of 19 years, and in our survey 84% had been practising for more than 15 years; the number of hours devoted to their practice varies greatly: in the SER it was 42 h per week, and in our population the majority, more than 70%, devoted less than 30 h per week.

Grados et al. published a study in 2013 on rheumatology care in the public health sector in Catalonia; from a sample of 38 rheumatologists they report that 4% were in private practice exclusively, which contrasts with the 13% of the current SER survey, and the 26% of our survey.<sup>3</sup>

The sex ratio was equivalent in the 3 surveys: in public rheumatology, Grados 48:52, Yoldi et al. 53:47, and in this survey 52:48, although with some trend towards males predominating in the private sector.

Most of the public-sector rheumatologists (96%) worked full or part-time in a hospital, and only 35% of those working in the private sector did so in a hospital.

In their private practice, 53% had nursing help, when only 33% in the public sector had nursing help in 2013.

Of the private rheumatologists, 88% practised in the province of Barcelona compared to 78% of those in the public sector.<sup>3</sup>

The results show that a major percentage of Catalan rheumatologists, 35% according to Grados et al.,<sup>3</sup> work in PR, with a level of care activities that we believe is similar to that undertaken in the public hospitals, although this data has not been compared, and 51% undertake research of some type, however only 27% are in training.

All of the above indicates that the concept of PR as a private business is changing and being transformed into units with a similar working structure to public hospitals with formal training.

All the epidemiological data reported by Yoldi et al.,<sup>1</sup> and which are very similar to those of our study, indicate a natural generational

renewal and inclusion of new specialists.<sup>2,4,5</sup> Therefore, MIR training could include learning about the differences between the care given in university hospitals, and that given in private practice.

The time devoted to consultation differs between the SER committee and our study. They state 40 h/week and we found it to be very diverse: most did not devote 20 h weekly, and this influences admissions, since these take place per action undertaken.

This paper is complementary to the 2 cited in the references on public rheumatology in Catalonia<sup>3</sup> and PR in Spain,<sup>1</sup> and provides new data on the activity undertaken and the features of the group.

## Ethical Disclosures

**Protection of people and animals.** The authors declare that no experiments were performed on humans or animals for this investigation.

**Data confidentiality.** The authors declare that no patient data appears in this article.

**Right to privacy and informed consent.** The authors declare that no patient data appears in this article.

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## Conflict of Interests

The authors have no conflict of interests to declare.

## References

1. Yoldi Muñoz B, Gómez Centeno A, Moreno Muelas JV. Estado de la reumatología privada en España. *Reumatol Clin.* 2016. <http://dx.doi.org/10.1016/j.reuma.2016.08.00>. pii:S1699-258X(16)30103-6.
2. Grados D, Marsal S, Olivé A. Asistencia reumatológica en el sector sanitario público de Cataluña: año 2012. *Reumatol Clin.* 2014;10:85–8.
3. Barber CE, Jewett L, Badley EM, Lacaille D, Cividino A, Ahluwalia V, et al. Stand up and be counted: measuring and mapping the Rheumatology Workforce in Canada. *J Rheumatol.* 2017;44:248–57.
4. Deal C.L., Hooker R, Harrington T, Birnbaum N, Hogan P, Bouchery E<ET AL>. The United States rheumatology workforce: supply and demand, 2005–2025. *Arthritis Rheum.* 2007;56:722–9.
5. Lázaro y De Mercado P, Blasco Bravo AJ, Lázaro y de Mercado I, Castañeda S, López Robledillo JC. Rheumatology in the community of Madrid: current availability of rheumatologists and future needs using a predictive model. *Reumatol Clin.* 2013;9:353–8.