

practice guidelines. Before the document was considered finished a large number of experts reviewed it and gave feedback, and their contributions were mostly included. The final text³ was published in 2002 and is available along with other health plans and the previously mentioned guidelines at <http://www.csalud.junta-andalucia.es>. During the same year the plan was implemented in Andalusia, indicators and information systems were designed to allow its evaluation and continuous improvement.

This administrative strategy of organizing health care through procedural plans pursues an integrated approach that provides coordination and continuity amongst professionals at the various care levels involved with patients suffering from a given disease. From this point of view, the patient is the axis around which the whole health care organization revolves. This approach uses such concepts as prevention and treatment optimization, and aims to standardize clinical practice with the aid of the best available scientific evidence.^{4,5}

In our community, the implementation of the Integrated COPD Health Plan is of special relevance because it represents administrative recognition of the importance of the disease as well as a tool to improve the detection of COPD and the quality of care offered to the patients with this disease.

In summary, the content of this letter is intended to underline the importance of the message of the editorial cited. Very likely, with initiatives like the ones mentioned in the editorial and in this letter, the coming years will be better for patients suffering from COPD.

Chronic Obstructive Pulmonary Disease in 2002

To the Editor: In relation to the editorial "2002: A Good Year for Turning Our Approach to COPD Around,"¹ I must draw the attention of readers to several events that support its message. In 2001 the Health Ministry of the regional government of Andalusia (*Consejería de Salud de la Junta de Andalucía*) made chronic obstructive pulmonary disease (COPD) a priority by making it the object of one of the first 20 health care procedural plans to be implemented in Andalusia. To that end, the ministry assembled a task force consisting of pneumologists, family physicians, emergency physicians working in and out of hospitals, nurses at various health care levels, and an expert in processes methodology. The main objective of this group was to design a COPD care plan for our community. The plan was devised in accordance with guidelines for the design and continuous improvement of health care processes,² and its scientific content was based upon the most recent national and international consensus reports on COPD and on clinical

A. León Jiménez
 Coordinador del equipo de trabajo
 del Proceso EPOC.
 Sección de Neumología y Alergia.
 Hospital Universitario Puerta del Mar.
 Cádiz. Spain.

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