

## **Social Assessment of the Emergency Primary Care Program (SAPU), 1994**

Summary:

The Ministry of Health commissioned the assessment of its Emergency Primary Care Program (SAPU). This program had been operating in urban areas of Chile since the mid-1990s and was aimed at providing immediate medical care in centers housed in the General Urban Clinics (CGU), including at times when these clinics are normally closed, in order to increase coverage, accessibility, and the capacity for addressing primary health care issues and thereby decongest Hospital Emergency Services (SUH).

The work group therefore proposed: (1) designing a methodology for the social assessment of the SAPU Program and determining whether or not it would be beneficial for Chilean society to continue the initial implementation strategy; (2) applying the methodology in the geographic area served by the Metropolitan East Health Service, and (3) determining the most socially profitable type of SAPU (hours of operation and particular features of supply and demand).

In order to identify the costs and benefits attributable to the SAPU program, the work group analyzed the public health care services in urban areas with and without SAPU. The designed methodology identified, as benefits directly attributable to SAPU, only those derived from true emergency care in which immediate attention was required to address risks to the physical or mental capacities or even life of the patients.

The methodology proposed by the work team made a significant contribution to social program assessment and could even be employed to assess other Ministry of Health

programs, such as the Acute Respiratory Infection Program (IRA) and the Tercer Turno (“Third Shift”) Program.