Introduction

The centers of excellence are the response to a virtuous strategy that is determined by the following elements: a directly proportional relationship between the best quality and the highest efficiency of a health service, along with its sustainability throughout time and its capacity to maintain the fulfillment of high quality standards that mark the difference as related to the competition. They are, likewise, centers of reference for building knowledge, and for obtaining outstanding clinical results, while at the same time they are the foundations for economic models and models for hiring the payers and they take full advantage of the high volumes of patients and expertise that their management generates in the case of the treating specialists.

Additionally and bearing in mind that during the past few years the issues of patient safety and the empowerment of the patient that enables him to select the best health center, as well as the healthy competition between institutions and services, have acquired such a significance in the public agenda throughout the world that, as a result of this, health providers and those in charge of direct assistance offered to the patients, see the clear need to evolve towards a culture of continuous improvement of quality -which is, indeed, one of the pillars of the implementation of the centers of excellence.

Furthermore, the creation of centers of excellence is a process that can be developed in the case of different types of either services or pathologies. However, currently and according to the demographic transition of most countries in Latin America, there is a clear need to focus the attention on chronic and high cost diseases, thus contributing, as treating specialists, to the harmony and balance of the health system -going from the implementation of models based on the best clinical practices to guaranteeing the pertinence of our actions- always triggered by and bearing in mind the improvement of the quality of life of our patients.

The methodology of these centers of excellence is a cost-effective alternative for managing rheumatoid arthritis. It can indeed have a significant impact on public health throughout Latin America because it goes beyond a simple certification of an institution as a center of excellence. In other words, this methodology is aimed at ensuring that the result derived from measuring the impact on public health is precise and that it is framed within the implementation process of a high quality health assistance model, based on an effective risk management and intervening in the efficient patient coverage with high performance treatments, accessibility and offering the patient due safety. In this way, it will
be possible to offer the best health intervention, while at the same decreasing the economic impact on the health systems of each and every country.

As an institution that brings together the rheumatology associations of the Americas, PANLAR acknowledges the importance of all these factors and believes that the time has come to progress towards excellence, ensuring minimum health assistance quality standards in the case of rheumatoid arthritis and generating the necessary thrust to and momentum to achieve the certification of centers of excellence for the management of rheumatoid arthritis in its member countries.

Certification process

1. Request for the Accreditation

Bearing in mind that the favorable professional culture is another pillar of the implementation of centers of excellence, it is clearly absolutely necessary that the intention of those who are willing to request the certification and to comply with the high-quality standards set forth by PANLAR for the management and care of rheumatoid arthritis, is the result of the voluntary decision of each institution. It must be derived from their own free will. On account of all this, the first step that must be taken into account is the following:

- Filling out the intention form for obtaining the certification.
- Sending an electronic mail message enclosing the form duly filled out and the contact data of the process leader.
- After the information that has been sent has been duly analyzed, a space for meeting and agreeing on the details of the process and the schedule to follow with the advisory and accrediting institution will be coordinated.
- Once the institution has defined what type of center will it opt for, in order to further pursue the accreditation, it must participate in the Web seminar on Quality Management and Health Accreditation.

2. Self-evaluation

Based on the analysis of the information that was furnished in the certification request form, the following steps will be taken:

- A self-evaluation form that is tailored to the type of center that will be certified will be sent, in agreement with what is set forth in the Manual of Standards defined by REAL - PANLAR for the accreditation of each type of center.
- The advisory and accrediting institution in charge of complying with the requirements of the tool will be available permanently for the necessary support.
- A deadline will be assigned for sending the information.
• The information that is submitted in the self-evaluation will be analyzed in order to determine what items should be improved and worked upon and what aspects must be strengthened (initial improvement plan).

3. Pre-Visit of the REAL - PANLAR Local Verifier

Whenever the support for complying with the standards is available, a pre-visit of the local verifier will be requested. This will not be a visit for corrective purposes, but simply one for follow up and verification of the support and processes. This will guarantee that the center complies with all the standards and fulfills all the requirements for the implementation of the initial improvement plan proposed by the accrediting institution.

The cost of the pre-visit of the Local REAL - PANLAR Verifier will be US$ 200, $300 and $500, respectively, depending on the type of center that will be accredited. The travelling costs of the verifier will be taken up by the aspiring center.

In common agreement with the local verifier, the aspirant center will program the pre-visit within a period of the six weeks following the date when the initial improvement plan was designed.

4. Improvement Plan

A final improvement plan will be designed based on all the findings derived from the pre-visit and it will contain all the improvement actions that are aimed at meeting the objective of managing the non-conformities that were identified by the local verifier. To this end, the following requirements will be complied with:

• The improvement plan must be sent in the format that has been designed for that purpose and it must identify all the actions, those responsible for them and the schedule that must be completed.
• Starting at that point, the aspirant institution will count on a maximum term of six months in order to comply with every aspect that is defined in the final improvement plan.
• The accrediting institution and the local verifier will be in charge of following up the activities and of supervising up during the improvement process.

5. Accreditation Visit

This is the official visit for verifying the standards that have been defined for each type of center, as contained in the Manual of Accreditation Standards of the special REAL - PANLAR group.
The cost of the Final Accreditation Visit will be US$200, US$300 and US$500 respectively, depending on the type of center that will be accredited. The travelling costs of the verifier will be the responsibility of the aspirant center.

In agreement with the accredited institution, the aspirant center will program the visit of the expert at the end of term assigned for complying with the final improvement plan and before the six-month term after the date when it was designed was elapsed.

If the visit does not take place during this period of time, the aspirant center will lose the opportunity to be accredited and will have to wait for the following summons, 24 months after its initial application.

Concept of the Visit
The evaluation panel must give their feedback in situ after the end of the visit. Furthermore, in a period of a time ranging between four and eight weeks after the visit, the CARPAR committee must give an answer as to whether the applicant institution fulfilled all the requirements for the accreditation, or not. Within a period of two weeks after this notice is given, the audited center must give its opinion regarding its conformity with the evaluation. In case it is not in agreement, it should state this upon writing and, in that case, CARPAR will count on a period of between two and four additional weeks for reaching its final decision. This decision will be made by the accreditation board of CARPAR and it will be final.

Follow up of the Accreditation
The accreditation of the CoE in RA will be valid for three years. After this period of time, the center will request a new accreditation and the subsequent periods will also cover a three year term. CARPAR may carry out non announced visits to the accredited CoE in order to evaluate its compliance with the accreditation criteria. In case there is an evident difficulty, CARPAR will evaluate the possibility of revoking the accreditation.

Requirements for Local Verifiers
The candidates applying to the position as Real - Panlar local verifiers must be nominated by each country. Taking all of them into account and after having duly analyzed their curricula vitae, the Executive Committee of Real - Panlar (EC - RP) will chose three local Real - Panlar verifiers per country (in the case of those countries with a number of rheumatologists that is higher than 300, we suggest that five verifiers should be appointed). Those who are nominated for the position as local Real - Panlar verifiers must fulfill the following requirements:

1. Being nominated by the rheumatology association of each country.
2. Clearly stating the intention to nominate the candidacy by means of a written communication addressed to the EC - RP.
3. Being a rheumatologist duly accredited in his / her own country.
4. Preferably, accrediting any type of publication in RA, specially abstracts for the international congress or, at least, in a medical journal of one of the association members of Panlar.
5. They must attend and pass the Web seminar on Quality Management and Health Accreditation.
6. They must certify their knowledge about the Manual of Accreditation Standards of REAL - PANLAR.

The deadline for nomination of the candidates by the national associations will be June 30th, 2018. After this date, the EC - RP will have a period of time covering until July 05th, 2018 to appoint the local Real - Panlar verifiers. Their appointment will be for a period of two years, after which they can be appointed again, provided they comply with the requirements as may apply at that time.

### Schedule

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<th>Activity</th>
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<td>Nomination of local REAL - PANLAR verifiers</td>
<td>March 17th, 2018</td>
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<tr>
<td>Appointment of local REAL - PANLAR verifiers</td>
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<td>Request for Accreditation made by the nominating centers</td>
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<td>Self-evaluation</td>
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<td>Joint design of the initial improvement plan</td>
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<td>Pre-Visit of the REAL - PANLAR Verifier</td>
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<td>Accreditation Visit</td>
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<td>Delivery of Accreditation Certificates</td>
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