Innovation in the future of Healthcare
Health System of CATALONIA

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Joint AIM – EHTEL Telehealth Study Visit

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Health care financing - Sustainability

1. Health systems perform a vital social function

2. HS mitigate health and financial risks and contribute to the social and economic welfare

3. Economic and fiscal sustainability

Health financing policy encompasses a range of functions:

- Collection of funds
- Pooling funds
- Purchasing health services
- Coverage, benefits and cost sharing

About Catalonia
Catalonia

Europe

Catalonia

Barcelona

7,611,711 inh
Departament de Salut

Catalan healthcare system

Catalonia
Area: 32,106 km²
Population: 7,611,711 inhabitants*
Life expectancy: 81.4 years
Birth rate (2007): 11.68/1,000 inhabitants
Gross Mortality rate (2007): 8.28/1,000 inh.
Infant mortality: 2.7/1,000 live births
GDP/Capita(2008)¹: 110.4

High urban concentration
Own language and culture

Tourism(2008): 17,335,800 visitors

Employment by sectors:
• Services 65.42%
• Industry 21.43%
• Construction 11.40%
• Agriculture 1.74%

Source: IDESCAT
• RCA 2009
(1) UE-15=100
Population over 60 years (2009): **21.7%**

Immigrant population (2010) **19%**

High urban concentration (5M citizens around BCN)

**Middle size cities** spread in the territory

Geographically diverse and well communicated

Distance between towns – **less than 10 km**

**98%** of the population has a Primary Health Centres closer than 10km
3

The Catalan Healthcare System

Context
Devolution process to AA CC

31 years Devolution

Generalitat de Catalunya
Departament de Salut
## Health System Decentralization

<table>
<thead>
<tr>
<th>Central Government</th>
<th>Autonomous Government</th>
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</table>
| ▪ Basic legislation and coordination  
▪ Minimum package funded through NHS  
▪ Pharmaceutical policy  
▪ International health policy  
▪ Educational requirements  | ▪ Subsidiary legislation  
▪ Organizational structure of the Health System  
▪ Accreditation and planning  
▪ Purchasing and service provision  
▪ Public health / Agency Public Health  
▪ Quality evaluation / Agency for Quality |
The Catalan Healthcare System
Catalan Healthcare System

- NHS based system - Beveridge
- Universal coverage and free
- Public financing of the services
- **Purchaser - Provider split**
- **Providers with various ownership formula**
- **Access equity (365 Primary Health Centers and 69 hospitals – towards a cluster formula)**
Catalan Healthcare System

Providers

CATALAN HEALTH INSTITUTE - ICS
- Hospitals
- Primary Care
- Mental Health
- Other

Catalan Government
- Financing

Ministry of Health
- Planning

Catalan Public Health Insurance - CatSalut

Contract

Commissioning and Buying

Social-Health Care
- Hospital Consortium 3
- Ambulance Trust 2
- Other

Hospitals
- PC 1
- PC 2
- Hospital Consortium 1
- Hospital Consortium 2
- Mental Health 1
- Mental Health 1
- Ambulance Trust 1
Contract of health services

Catalan Health Service
CATSALUT

Providers

Long term (Pluriannual)
Yearly Revision (clauses)

Health Plan
Portfolio of services

Health objectives
Activity
Economic Amount
Rate (Pricing)
Invoicing system
Evaluation system
## Ownership of healthcare facilities

<table>
<thead>
<tr>
<th>Service</th>
<th>State Property or Management</th>
<th>Non State</th>
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</thead>
<tbody>
<tr>
<td>Hospital care</td>
<td>20.18%</td>
<td>79.82%</td>
</tr>
<tr>
<td>Primary care</td>
<td>77.06%</td>
<td>22.94%</td>
</tr>
<tr>
<td>Mental Health care</td>
<td>27.79%</td>
<td>72.21%</td>
</tr>
<tr>
<td>Long-term health care</td>
<td>38.43%</td>
<td>61.57%</td>
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</tbody>
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Source: Office of General Direction of Healthcare Resources. Department of Health of Catalunya
General diagram of the Catalan Healthcare System

**Insurance**
- CATALAN HEALTH SERVICE (CatSalut) 100%
- SUPPLEMENTARY PRIVATE INSURERS 20%

**Services**
- CATALAN HEALTH INSTITUTE (ICS) 20%
- CONTRACTED PROVIDERS 70%
- PRIVATE CENTRES 10%

**User**
- PSN
Catalan Healthcare System
Citizen’s Pathways. Gatekeeping based

Emergencies

HOSPITALS
H1 ➔ H2 ➔ H3

Social & Healthcare Services

Mental Health Care

Citizens

GATEKEEPER ROLE

Emergency/ Triage
Call Centre 061 /112

061 /112
Sustainability in the Catalan Health System
Strategies for Economic sustainability in Catalonia

Introduction Innovation in the health sector

- Population growth (immigration)
- Ageing (more chronic)
- New model of doctor-patient relationship
- New styles of life (new diseases)
- Shortages of medical professionals
- New medical technologies

Pressure to increase spending

Pressure for cost containment

Need to reach consensus

Economic crisis:
- Negative impact on health spending, health services and health outcomes
- Need to maintain economic competitiveness

NEED FOR A SUSTAINABLE HEALTH CARE SYSTEM

Tools / Strategies / Policies / Health Plan
Health Plan for Catalonia 2011 - 2015
Challenges – from 2011 to 2020

- **Ageing population**
  - 300,000 people more elder than 65 yr in 2020

- **People suffering from chronic diseases**
  - will double in 2020

- **Shortage of economic resources**
  - Expensive treatments. Cytostatic treatments have tripled in 5 years

- **Demand of health services by population**
  - Constant increase of healthcare costs
  - Chronic financial tensions

Strategic axes for change
Priorities and Projects
9 priority areas and 31 projects

1. Objectives and Health Programmes
   - 2. Chronic Care Orientation
   - 3. Performance improvement at primary care level
   - 4. Improvement of quality at high specialization level

5. Focus to patients and their families and carers
6. New purchasing and commissioning of health services
7. Clinical and professional knowledge at the front line
8. Governance improvement and professional and citizen’s participation
9. Strengthening the information system, transparency and evaluation
Health Plan of Catalonia 2011 - 2015

Aims

- **Sustainability** and evolution of the Catalan Health System
- Efficiency and improvement in the **healthcare administration**
- Health care model adapted to the **new needs of the population**
- **Management improvement**
- Improvement of **health results** and search for the excellence
- New role of the professionals in the **governance** and **management** of the system
- **Citizens** involvement and co-responsability about their health
- **Private health sector**, new role as a complement of the system
- **Research** and **Innovation**
- **Quality** of the services provided
Healthy years to life
- To increase 5% life expectancy with good health by 2020

To reduce by year 2020 (6 health problems prioritised)
- 20% cardiovascular diseases
- 10% global mortality due to cancer
- 10% mortality due to mental health diseases ...

Disease risk reduction (3 health problems prioritised)
- To reduce tobacco addiction below 28%
- Overweight reduction at the level of 2010

Quality and patient safety (7 outputs prioritised)
- In 2015 to reduce 15% of the hospital readmissions in diabetic patients
- To reduce prevalence of nosocomial infections below figures of 2010, ...
Priorities and Projects
9 priority areas and 31 projects

1 Objectives and Health Programmes

2 Chronic Care Orientation

3 Performance improvement at primary care level

4 Improvement of quality at high specialization level

5 Focus to patients and their families and carers
6 New purchasing and commissioning of health services
7 Clinical and professional knowledge at the front line
8 Governance improvement and professional and citizen’s participation
9 Strengthening the information system, transparency and evaluation
Priorities and Projects
9 priority areas and 31 projects

1. Objectives and Health Programmes
   - Chronic Care Orientation
   - Performance improvement at primary care level
   - Improvement of quality at high specialization level
   - Focus to patients and their families and carers
   - New purchasing and commissioning of health services
   - Clinical and professional knowledge at the front line
   - Governance improvement and professional and citizen’s participation
   - Strengthening the information system, transparency and evaluation
Primary Care: Facilities and Services

Facilities

Community Oriented

Facilities

Multidisciplinary Team

Patient Centred

Performance improvement at primary care level
Primary Healthcare Multidisciplinary Team

- Patient
- Community approach
- Multidisciplinary Team
- Nurse
- Dentist
- Social Worker
- Physiotherapy
- Consultant
- Community Activities
- Maternal Care Midwife and Gynaecologist
- Nurse Liason
- Mental Health
- Pharmacists
- GP Paediatrician
- Patient Groups
Primary Care: Scope of Services

- **Free choice of Primary Health Centre, GP, Paediatrician and Nurse**
  - Acute medicine (GP/P, N, Dentist)
  - Acute homecare (GP/P/N/SW/D)
  - Chronic Care (All the Team + Call Center + Nurse Liaison + Coordination + ...)
  - Promotion and Prevention of care (GP/P, N, D)
  - Homecare (SW, GP/P, N,D)
  - Minor surgery (GP)
  - Other techniques: anticoagulant control and treatment, spirometry, ultrasound, etc. (GP, N)
  - Vocational Training (GP, N)
  - Continuous Medical Education (All the Team)
  - Research (All the Team)
  - Community Care (All the Team + Community agents /Community Plans)
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High performance in:
- Dematology
- Ophtalmology
- ENT (Ear Nose & Throat diseases)
- Mental Health
- Mucolosketetal diseases
Priorities and Projects
9 priority areas and 31 projects

1. Objectives and Health Programmes

2. Chronic Care Orientation

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9. **Strengthening the information system, transparency and evaluation**
Key ICT Projects – Governing characteristics

- Telemedicine
  - Networking Model

- Catalan Shared Medical Record
  - Interoperability

- Personal Health Folder
  - Co-responsibility

- Medical Image Digitization Plan
  - Resources Sharing

- Electronic Prescribing
  - Collaboration Model
Catalan Government Agenda
In the Catalan government’s agenda

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<tr>
<th></th>
<th>1 Clustering of services among providers</th>
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<td>Cost Effectiveness, Patient safety, Quality</td>
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<th>2 Rationalisation of out of hours services at Primary Care level</th>
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<td>Cost Efficiency</td>
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<th>3 New purchasing of services –</th>
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<td>Economic sustainability</td>
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<td>Coordination and continuity of care</td>
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<th>4 Redefinition of the services provided publicly based on cost-efficiency</th>
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<th>5 Health Plan 2011 – 2015</th>
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<td>Specific programmes for Chronic Care, Strategic Plan for ICT</td>
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Sustainability

- Universal coverage
- Public financing of the services
- Purchaser-Provider split
- Citizen’s participation
- Patient choice
- Continuity of care
- Integration and coordination
Gràcies
Thank you

www.gencat.cat/salut  tdedeu@gencat.cat