RIBERA SALUD: From Hospitals to Population Health System

Adapting International Care Models Conference
London, May 12th, 2016
We have to face big challenges in the short and medium term in our health systems.

These challenges are not only for Europe or Spain, they are global challenges. In fact, many countries all over the world are already carrying out reforms.

In my opinion, the common objectives of these reforms in progress are:

- To provide quality healthcare and social welfare to all citizens. In one word: public values.
- To make this healthcare system sustainable in the long term. In one word: responsibility.
- To apply the best practices, using technology and coordinating all levels of care as well as social services: in one word: change/specialization.

Therefore, the main objective of the reforms in healthcare is to move forward in a system with public values, economic responsibility, and highly specialized.
The Spanish NHS is a universal system that covers the entire population.
- It is financed by taxes.
- It is inspired by the British NHS.
- Decentralized system. 17 regions are in charge of its management.
- Each region is divided into health departments. In the Valencia Region there are 24 health departments.
- Each health department consists of 1 hospital + PC centers.
- The employees of the Spanish NHS are civil servants.
The Ribera Salud Model. Key Ideas

01 PPP Model

02 Capitated Payment

03 Healthcare Integration

04 Networking
A POPULATION HEALTH MANAGEMENT
Capitated payment ....

Objective:

“To achieve the best health conditions for the citizens”

Most importantly: cultural change of the politician and healthcare organization managers.

- The most important thing is not the hospital.
- What really matters is to stand by the whole healthcare network, its professionals and other agents involved (City Councils, Schools, Nursing homes, old people’s homes, etc)
- To create a corporate culture: Population Health Management

Ribera Salud is the precedent for the ACO’s in US
The Evolution of our Health Model Approach

1999

CITIZEN

HOSPITAL

PRIMARY CARE

CITIZEN
The Evolution Of Our Health Model Approach

2003

CITIZEN

PRIMARY CARE
The Evolution of Our Health Model Approach

TODAY

HOSPITAL

PRIMARY CARE

NETWORKING

CITIZEN-PATIENT
**1 Clinical Management:**
To achieve stronger professionals' commitment in decision-making processes.

Do the correct in the best place with the best quality & Efficiency

Chronic Health Plan. Proactivity in Care
Home care, social and healthcare network.
Patient Safety
Demand Management

**Information Technologies:**
Full EMR (all departments and levels integrated)
Relationship doctors-patients (Health Portal)
Relationship between professional (hospital-Primary Care)
Business Intelligence System (from professional to corporate manager).

**Benchmarking.** Cost analytics and what-if capabilities.

**2 - People Management:**
Training financed by the Organization,
Teaching (University and MIR) and Research Incentives system.
Career and professional development

**Triangle for Success**
Citizen Patient Care Giver
Population Healthcare Management:

1. Proactivity
   - To promote preventive and health promotion activities
   - To be proactive in patient’s care
   - Healthcare management of demand and needs
   - Challenge: Chronic Diseases Management
   - Segmentation of population

2. Professional Alignment: Primary Care Doctor – Hospital Doctor

3. Nurses: new roles, competences and responsibility: emergency triage case history management, etc.

4. Health objectives alignment across the whole organization

Clinical Management

Objective: Achieving a stronger professionals’ commitment in decision-making processes

5. Variability decrease in clinical practice
   - Healthcare processes, Medical paths
   - High resolution

6. Healthcare continuity
   - Care longitudinally
   - IT integration

7. Management of Demand vs Needs
   - Self management tools
     - Health website
     - Florence Direct. To know “all” about your patient
     - Inter-consultation
     - Algorithms; Specialist Consultant (link doctor)
     - Predictive models

Best Quality & Efficiency
H.R. Strategy

Diversity Management

Financed by the organization

Hospitals with MIR (Resident Medical Intern) and University accreditation; Professionals as University teachers.

03

Research projects and performance of clinical trials

Flexible incentive schemes

Personalized compensation

Quantitative work objectives
Variable salary depending on activity and aims achieved by the professional.

Qualitative work objectives
Healthcare quality and efficiency criteria: mean stay, readmission rate...

Retribution based on post and professional’s development: training and experience retribution basis
Technological Development

For the Citizen
- SMS notice
- Touch screen
- Emergency waiting time
- Simultaneous translation
- Family patient information
- Health Portal

For the Professional
- Electronic medical history and digital radiology
- Integrated processes. "Florence directo"
- Medical History access from mobile phone
- Telemedicine. Teleworking in radiology

For the Manager
- Quality evaluation
- Emergency response time
- Services and professionals workloads
- Technology and management
- Systems innovation
Results

Emergency Activity - Hospital

Emergency Distribution Hospital/ Primary Care

Referrals from PC to specialities. Utilization rate per 1,000 inhabitants

Source: Ribera Salud
Waiting lists Results

Surgical waiting list in 2014 (in days)

- Alzira: 52 days
- Torrevieja: 39 days
- Denia: 32 days
- Vinalopó: 32 days

Specialized waiting list in 2014 (in days)

- Alzira: 18 days
- Torrevieja: 31 days
- Denia: 28 days
- Vinalopó: 29 days

### Complexity Results

**Average complexity (DRG) per age group**

![Graph showing average complexity per age group](image1)

- **0-4 AÑOS**: 0.00
- **5-14 AÑOS**: 0.50
- **15-44 AÑOS**: 1.00
- **45-64 AÑOS**: 1.50
- **65-74 AÑOS**: 2.00
- **<75 AÑOS**: 2.50

**Complejidad media (peso GRD) global y por grupo de edad**

- **Alzira**: 1.66
- **Torrevieja**: 1.86
- **Denia**: 1.78
- **Vinalopo**: 2.03
- **España**: 1.74

**Average weight (in red RS concessions, in black Spanish benchmark) per age group. Source: RS MBDS, Spanish benchmark from DRG Ministry of Health 2013 database.**

**Number of bypasses**

![Graph showing number of bypasses](image2)

**Gross and adjusted mortality rate**

![Graph showing gross and adjusted mortality rate](image3)

**Mortality in Bypass and Valve Surgery 2014. Source: BMSD of 29 hospitals. Elaborated by IASIST.**
Satisfaction Survey

Global satisfaction in Primary care in 2014

- Vinalopó: 8,0
- Denia: 7,7
- Torrevieja: 7,8
- Alzira: 7,8

CV 7,8

Global satisfaction in Hospital care in 2014

- Vinalopó: 9,0
- Denia: 8,7
- Torrevieja: 8,6
- Alzira: 8,6

CV 8,5

Source: Conselleria de Sanitat 2014
## Chronic Patient Plan Results

<table>
<thead>
<tr>
<th>Measure</th>
<th>Before the inclusion in the Complex Care Plan (2012)</th>
<th>After the inclusion in the Complex Care Plan (2014)</th>
<th>Variation (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First outpatient visits</td>
<td>5,688</td>
<td>5,190</td>
<td>-8.76%</td>
</tr>
<tr>
<td>Ongoing outpatient visits</td>
<td>15,700</td>
<td>16,122</td>
<td>2.69%</td>
</tr>
<tr>
<td>Hospital emergencies</td>
<td>6,752</td>
<td>5,680</td>
<td>-15.88%</td>
</tr>
<tr>
<td>Hospital admissions</td>
<td>2,933</td>
<td>2,123</td>
<td>-27.62%</td>
</tr>
<tr>
<td>Hospital readmissions</td>
<td>266</td>
<td>197</td>
<td>-25.94%</td>
</tr>
</tbody>
</table>

Fuente: Brookings
“Spain: Global Accountable Care in Action”
MBA Class at the University of Harvard in Boston (Massachusetts), where our management model was presented as a business case study.
91% of the patients show their satisfaction with the health care provided.

94% do not know the Alzira Model.
93% of our employees recommend Ribera Salud centers as a place to work in.

84% consider that the organization provides the required information to do their job in optimal conditions.

The pride in belonging to this Group is the most highly rated indicator. 8 out of 10 employees are satisfied or highly satisfied.

90% of our employees consider they are contributing in a positive way to the society welfare, 6 points over the average in the healthcare sector.
<table>
<thead>
<tr>
<th>INDICADOR</th>
<th>Tema</th>
<th>RIBERA</th>
<th>TORREVIEJA</th>
<th>DENIA</th>
<th>VINALOPÓ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prestar atención sanitaria que responda a las expectativas de la población.</td>
<td>Satisfacción: Prestar atención sanitaria que responda a las expectativas de la población.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Índice sintético de satisfacción.</td>
<td>Calidad</td>
<td>97,58%</td>
<td>98,45%</td>
<td>98,85%</td>
<td></td>
</tr>
<tr>
<td>Ciudadanos: Generar confianza y seguridad en el sistema.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Índice de calidad de la información.</td>
<td>Calidad</td>
<td>97,05%</td>
<td>95,10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ciudadanos: Generar confianza y seguridad en el sistema.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Índice de percepción de mejora.</td>
<td>Calidad</td>
<td>96,07%</td>
<td>93,09%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Penalización OE.3- Ciudadanos: Generar confianza y seguridad en el sistema</td>
<td>Penalizaciones</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promover la salud</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Indicador de Cobertura vacunal de polio a los 6 meses.</td>
<td>Salud Pública</td>
<td>100,00%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Indicador de Cobertura vacunal de la gripe a los 15 meses.</td>
<td>Salud Pública</td>
<td></td>
<td>91,82%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Indicador de Cobertura vacunal DTP a los 18 meses.</td>
<td>Salud Pública</td>
<td></td>
<td>94,49%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Cribado de HTA de riesgo elevado</td>
<td>Salud Pública</td>
<td></td>
<td>88,98%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Control de hipertensión</td>
<td>Salud Pública</td>
<td>65,19%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Índice de Cobertura de HTA</td>
<td>Salud Pública</td>
<td>74,88%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Control de diabetes</td>
<td>Salud Pública</td>
<td>3,11%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Calidad en el Seguimiento del Embarazo en Atención Primaria.</td>
<td>Salud Pública</td>
<td>5,00%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Indicador de abandono tabáquico en pacientes de alto riesgo</td>
<td>Salud Pública</td>
<td>3,31%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Indicador de registro del Índice de Masa Corporal</td>
<td>Salud Pública</td>
<td>38,24%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Control del diagnóstico del EPOC</td>
<td>Seguridad</td>
<td>81,55%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Seguimiento del puerperio</td>
<td>Registro AP</td>
<td>1,17%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Indicador de cobertura vacunal del VPH</td>
<td>Salud Pública</td>
<td>72,12%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Indicador de cobertura vacunal de virus de la gripe a los 15 meses.</td>
<td>Salud Pública</td>
<td>65,73%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Indicador de cobertura vacunal de virus de la gripe a los 18 meses.</td>
<td>Salud Pública</td>
<td>2,11%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Penalización OE.3- Promover la salud - Vacunaciones</td>
<td>Penalizaciones</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Penalización OE.3- Promover la salud - Niño y embarazo</td>
<td>Penalizaciones</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Health Department Evaluation**

**Quality**

**Health Results**

**Accessibility**

**Demand Management**

**Patient Safety**

**Sustainability**
About RIBERA SALUD
Leading a Process of Change

RIBERA SALUD...
- Is the only Spanish Company exclusively dedicated to the Administrative Concessions in healthcare sector.
- Torrevieja Hospital developed FLORENCE (electronic clinical history), which was implemented in 15 Hospitals in Chile.
- Torrevieja and Vinalopó Hospitals have implemented a shared services system to foster the multi-hospital vision.
- Has implemented an interactive health portal Patients/professionals.
- First project of patients segmentation according to the risk level.

Alzira Model...
- Is the first project with a per capita finance system, whose objective is the health promotion.
- Establishment of Integrated Healthcare Centers (CSI), joining Primary Care and technology to Specialized Care.
- Is the first PPP considered as a case study by Harvard University.

Alzira Hospital, first public hospital...
- In Spain with electronic clinical history and digital radiology (1997).
- In Spain with individual rooms and a bed for the companion (1997).
- That developed an integration model Hospital /Primary Care.
- Committed to CSR Alzira Hospital, first public hospital in Spain with sign Language Interpreter (1997).
### Ribera Salud Contribution

- **580** Millions Euros of Investment
- **650** Professionals Trained (Resident Medical Intern etc...)
- **625** Research Projects
- **+80** Countries Visited Our hospitales
- **6.200** Employees (85% permanent)
- **3.200** Promotion and Prevention Activities
- **1.500** Scientific Publications
- **25%** Saving for the Administration
- **91%-94%** Satisfaction and Unfamiliarity
- **34** Quality Certifications
- **110** National and International Awards
- **45.000** Patients Use Our Health Portal

### Datos de actividad asistencial 2015

<table>
<thead>
<tr>
<th></th>
<th>Hospitales de La Ribera</th>
<th>Hospitales CV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demora media quirúrgica</td>
<td>42 días</td>
<td>71 días</td>
</tr>
<tr>
<td>Demora media CC.EE.</td>
<td>20 días</td>
<td>41 días</td>
</tr>
<tr>
<td>% pacientes atendidos en tiempo en Urgencias</td>
<td>93,51</td>
<td>81,08</td>
</tr>
<tr>
<td>Tasa de cesáreas de bajo riesgo*</td>
<td>7,32</td>
<td>8,39</td>
</tr>
<tr>
<td>Tasa de fracturas de cadera intervenidas antes de 48 horas</td>
<td>81,21</td>
<td>51,24</td>
</tr>
<tr>
<td>Control de factores de riesgo cardiovascular</td>
<td>52,19</td>
<td>41,21</td>
</tr>
<tr>
<td>Rendimiento quirúrgico</td>
<td>77,79%</td>
<td>76,26%</td>
</tr>
</tbody>
</table>

Source: Conselleria de Sanidad Oct. 2015
The Expansion of the Alzira Model
CONCLUSIONS
Conclusions & Challenges

Challenges Faced 16 Years Ago:

For the first time in a NHS, a capitated model in healthcare management was implemented

- To assume that a change, an unprecedented new management model was possible. To start from square one.
- Alignment of Private sector and Public Administration objectives.

Challenges at present

- To be able to adapt to the circumstances. The private sector adapts to Government’s needs. To take advantage of public-private partnership to innovate. To question the bases of the Model (services portfolio, capita including incentives for health results, etc.).
- Corporate identity. “Think globally and act locally”. To attract and train new professionals aligning objectives.
- To face 21st century challenges, with 21st century tools. New action plans for chronicity, benchmarking, best practices...
- Patients’ needs have changed. We must adapt to a competitive scene.

Challenges for the Near Future

- Shared services.
- Multi-hospital management models.
- Global approach to the patient, citizen and caregiver.
- Development of networked management model.
**For the Professionals**

Job security. Innovative salary system.
Opportunity for development and a professional career.
Teaching and Research.
Commitment to technology.

**For the Local Government**

Offloading of the public budgets.
A lower-than-average costs public management of a public service (25% less).
Investments are the concessionaire’s responsibility during the management period.
Capitative payment. Transfer of financial risk.
Innovation in technologies and systems management.
Contribution of complementary HR.

**For the citizen/patient**

Perceived quality. Humanization of care.
Personalized treatment. Greater privacy and comfort.
Greater accessibility. Quicker response time.
Free choice of hospital and doctor.
Technology informs and educates the patient.
94% do not know the Alzira Model.
91% are satisfied with the health care provided.
Conceptual Framework

Resources

Processes

Products

OUTPUT

PUBLIC VALUE

Result

OUTCOME

Private Companies

Public Administration and society

Ribera Salud
Pressure on the costs will be increased: REFORMS
There's a healthcare tsunami coming!

What's the problem?

It's a global challenge...

...but we do have answers...

Ageing population (20% over 65)

Med costs

10% GDP

20% company costs
www.riberasalud.com
www.albertoderosa.com
www.modeloalzira.com
@riberasalud

Thank You !!!