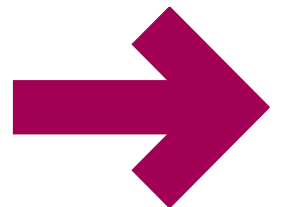


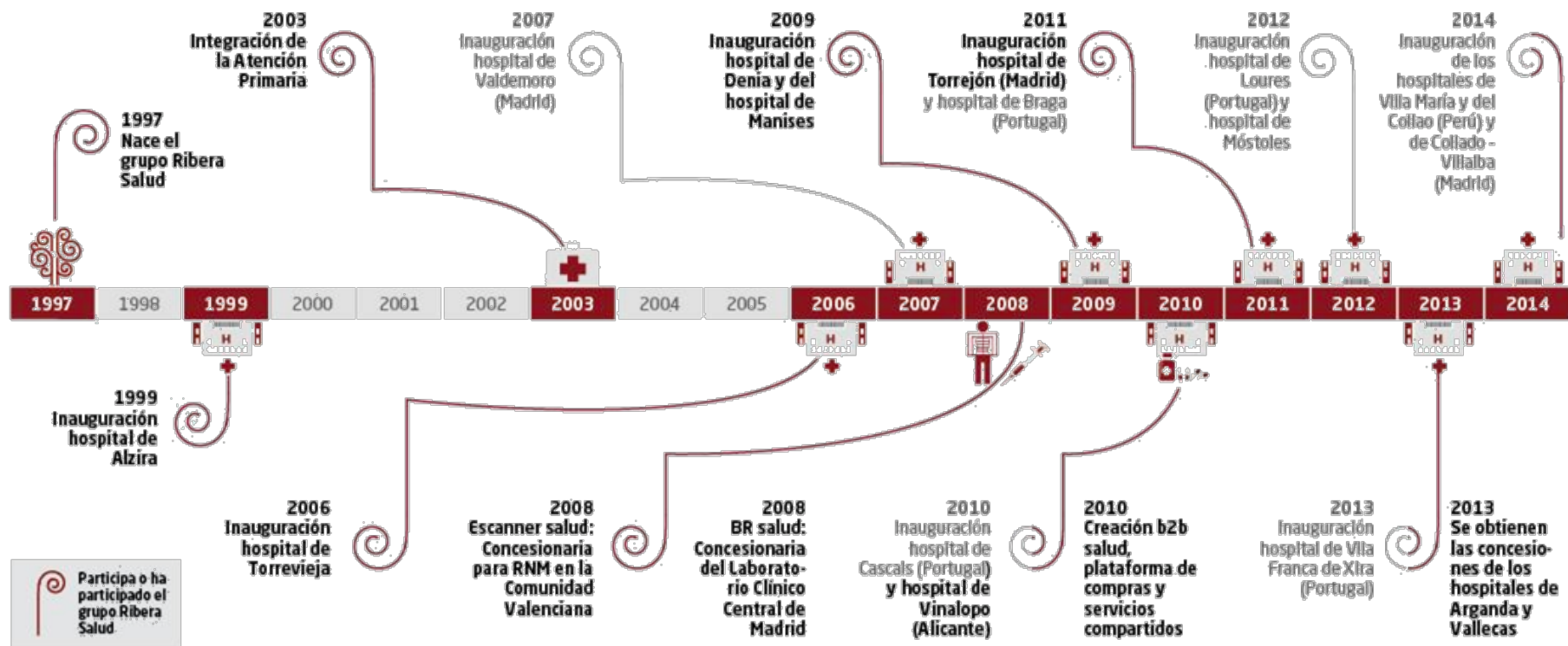
# New Management Models: The Experience of Ribera Salud

Alberto de Rosa, CEO

6<sup>th</sup> November 2014

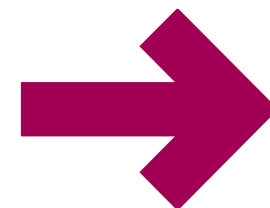


# The expansion of the Alzira Model



FUENTE: Ribera Salud

Pedro Jiménez / EL MUNDO



# Leading a process of change



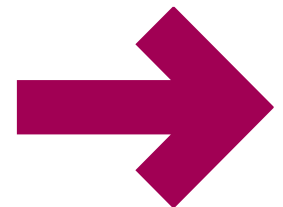
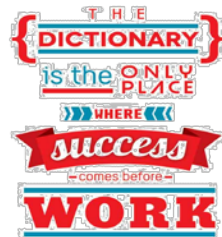


# What we do

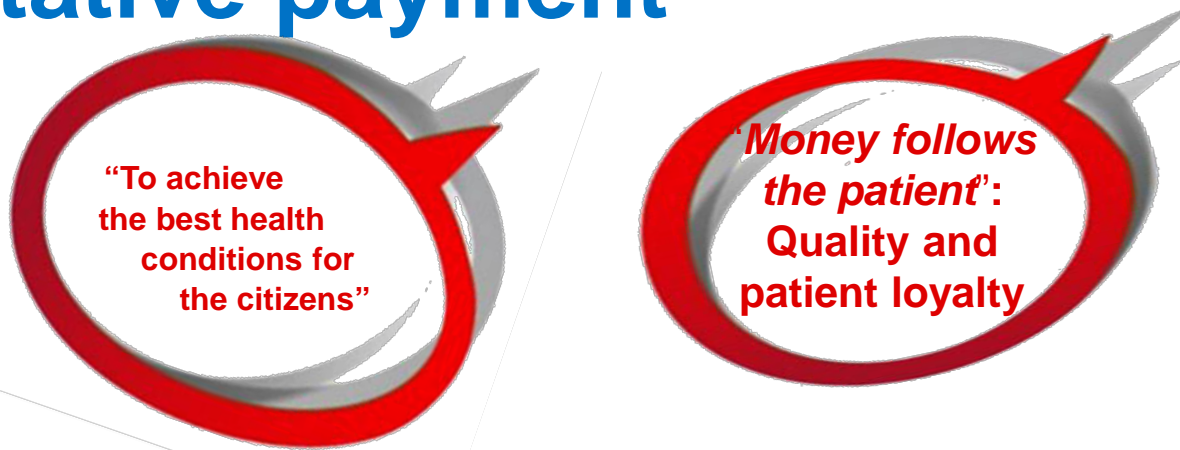


# How we do it

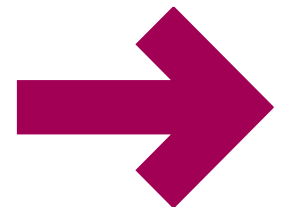
- ✓ **LONG TERM** vision. A job well done, a successful project means a market growth.
- ✓ **DIVERSITY** is the key to success: doctors, decision makers, civil servants, private employees...
- ✓ To understand each other's position: **CONSENSUS**.
- ✓ Facing new problems: **EDUCATE AND TRAIN STAFF** and listening to others.
- ✓ Search for the **BEST PROFESSIONALS** to lead the process of change.
- ✓ **CLEAR OBJECTIVES, TRANSPARENCY, and DEFENSE OF PRINCIPLES AND VALUES.**
- ✓ **COURAGE.** Do what you must do, and accept the consequences.



# Capitative payment



## ALIGNMENT BETWEEN PUBLIC AND PRIVATE INSTITUTIONS



# Ribera Salud Healthcare Integration Model



## Capitative payment .... Objective

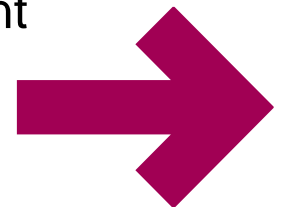
**“To achieve the best health conditions for the citizens”**

## Strategic Tool: healthcare integration

**Most importantly:** cultural change of the politician and healthcare organisation 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

## Proactivity





# Triangle for success

**Chronic Health Plan:** From health promotion to terminally ill and complex patient care.

**Proactivity in Care:**

Home care, social and healthcare network.

**Patient Safety:**

Strategic transversal plan.

**Demand Management:** algorithms for patients referrals and complementary testing, benchmark regarding the frequency of use of services. Patient care plan to prevent readmissions.

**Efficient management**

**of beds:** Clear objectives of usage of hospital beds, average stay, discharge processes.

Networking accessible from the Internet and mobile phone.

**Abaco Project.** Cost based analysis.

**Florence-U Project.** Professionals can access Florence through the internet and mobile phone

**E-spacio de salud.** Extensión of the patient's portal services, enhancing direct communication patient/doctor.

## People Management:

**Incentives system.** The variable salary (20%) is linked to the performance, commitment, involvement, efficiency etc, and also to the Organization's results.

**Career and professional development.**

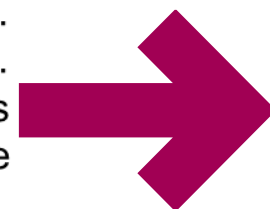
**Training and Research** financed by the Organization

**University Hospitals**

14 specialities for Resident Medical Interns

## E-Health Plan 2014:

**CORE Project.** CSR.

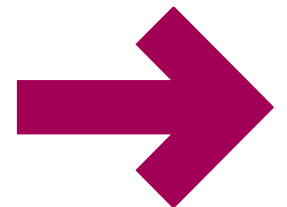


# Satisfaction survey

- ✓ 91% of the patients show their satisfaction with the health care provided.
- ✓ 94% do not know the Alzira Model.

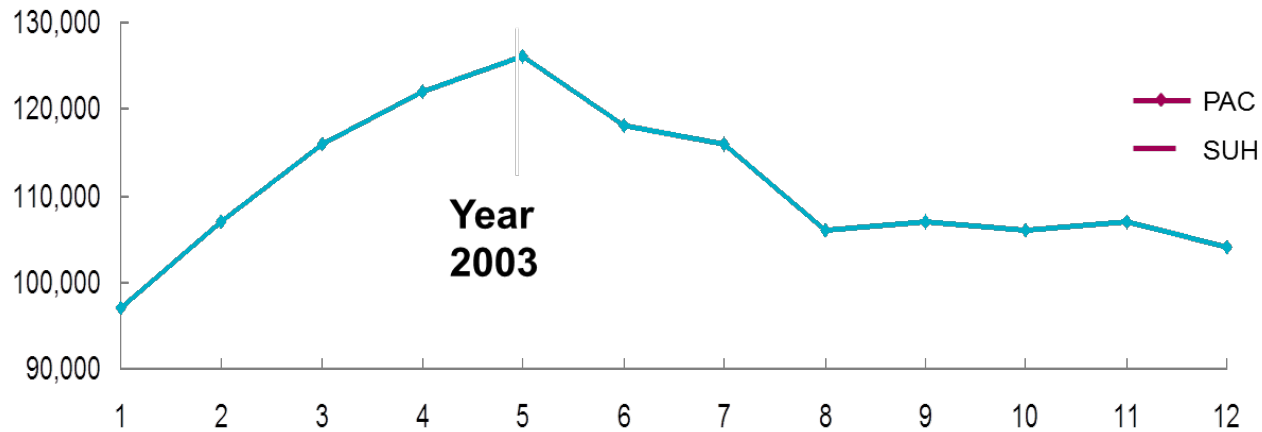


The citizen is not concerned about WHO manages the hospital, but HOW it is managed

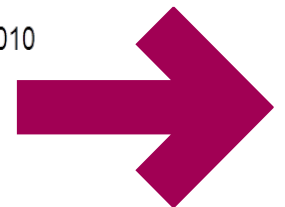
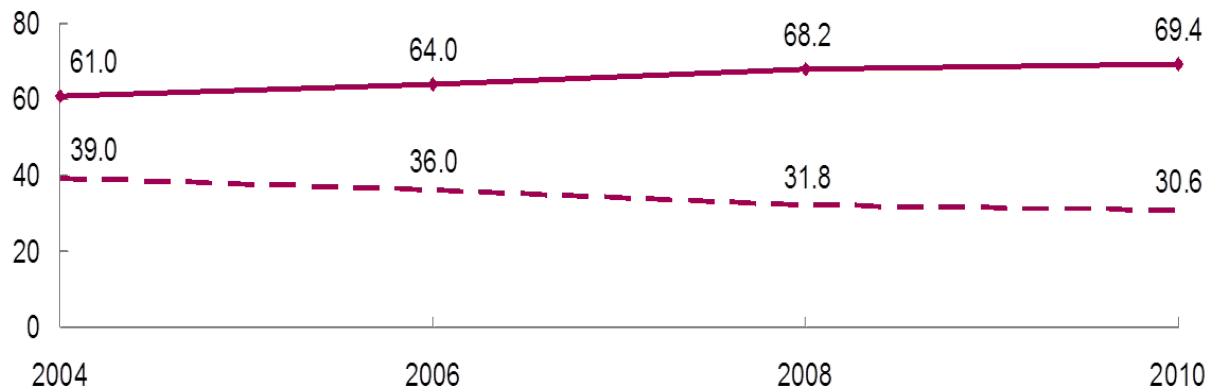


# A&E activity

**Hospital  
Emergency**

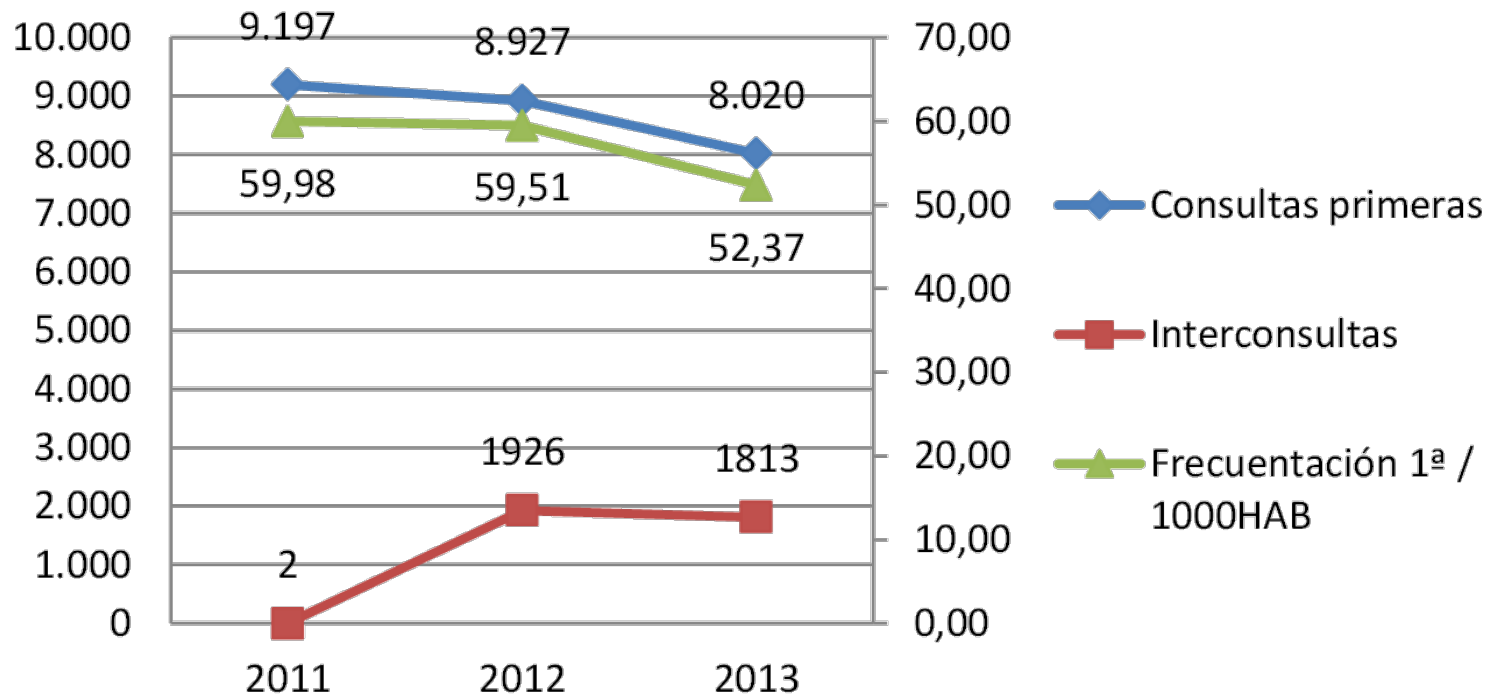


**Emergency  
distribution  
Hospital/  
Primary  
Care**

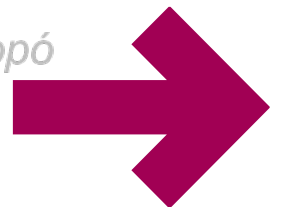


# Demand evolution

## From Primary Care to locomotor system Vinalopo Salud 2011-2013

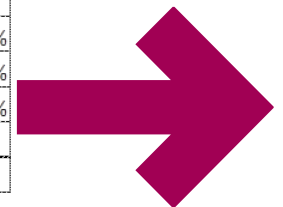


*Hospital del Vinalopó*



# Health Department Evaluation

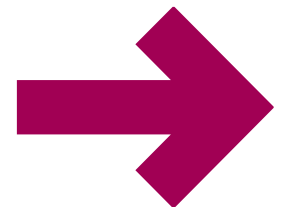
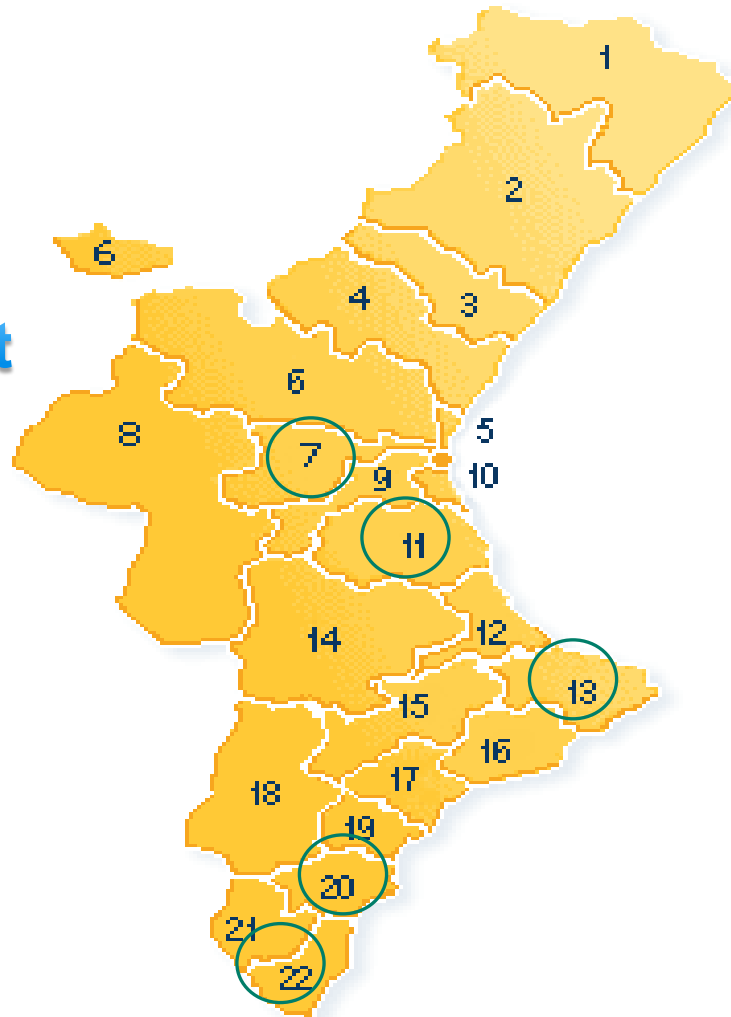
INDICADOR	Tema	RIBERA	TORREVIEJA	DENIA	VINALOPÓ
		Valor	Valor	Valor	Valor
Prestar atención sanitaria que responda a las expectativas de la población.					
Satisfacción: Prestar atención sanitaria que responda a las expectativas de la población.					
1 Índice sintético de satisfacción.	Calidad	97,58%	98,45%	98,85%	92,67%
Ciudadanos: Generar confianza y seguridad en el sistema.					
Ciudadanos: Generar confianza y seguridad en el sistema.					
2 Índice de calidad de la información.	Calidad	97,05%	95,10%	95,75%	89,57%
3 Índice de percepción de mejora.	Calidad	86,97%	93,09%	100,00%	96,11%
Penalización OE.3- Ciudadanos: Generar confianza y seguridad en el sistema	Penalizaciones				
Promover la salud					
4 Indicador de Cobertura vacunal de polio a los 6 meses.	Salud Pública	100,00%	94,48%	100,00%	97,23%
5 Indicador de Cobertura vacunal de Triple Vírica a los 15 meses.	Salud Pública	100,00%	93,49%	100,00%	100,00%
6 Indicador de Cobertura vacunal DTP a los 18 meses.	Salud Pública	92,59%	80,09%	92,13%	91,82%
7 Cribado de HTA de riesgo elevado	Salud Pública	30,67%	39,81%	30,46%	34,41%
8 Control de hipertensión	Salud Pública	25,44%	39,84%	25,17%	33,23%
9 Indicador de Cribado de diabetes.	Salud Pública	65,60%	62,94%	45,15%	55,82%
10 Control de diabetes	Salud Pública	34,91%	48,62%	30,91%	33,03%
11 Calidad en el Seguimiento del Embarazo en Atención Primaria.	Salud Pública	97,17%	93,52%	95,19%	95,81%
12 Niños con examen de salud completo en SIA por Atención Primaria.	Salud Pública	81,59%	77,28%	71,01%	86,19%
13 Valoración del riesgo vascular	Seguridad	1,17%	4,84%	0,07%	4,11%
14 Indicador de abandono tabáquico en pacientes de alto riesgo	Salud Pública	3,31%	4,09%	1,56%	4,00%
15 Indicador de registro del Índice de Masa Corporal	Salud Pública	38,24%	44,23%	33,86%	44,75%
16 Pacientes con diagnóstico correcto de EPOC	Seguridad				
17 Seguimiento del puerperio	Registro AP				
18 Indicador de cobertura vacunal del VPH	Salud Pública	72,12%	43,23%	44,49%	71,17%
19 Indicador de cobertura vacunal del virus de la gripe	Salud Pública	65,73%	38,75%	47,18%	59,95%
20 Cribado de tabaquismo	Salud Pública	2,11%	5,09%	0,84%	6,81%
Penalización OE.3- Promover la salud - Vacunaciones	Penalizaciones				
Penalización OE.3- Promover la salud - Niño y embarazo	Penalizaciones				



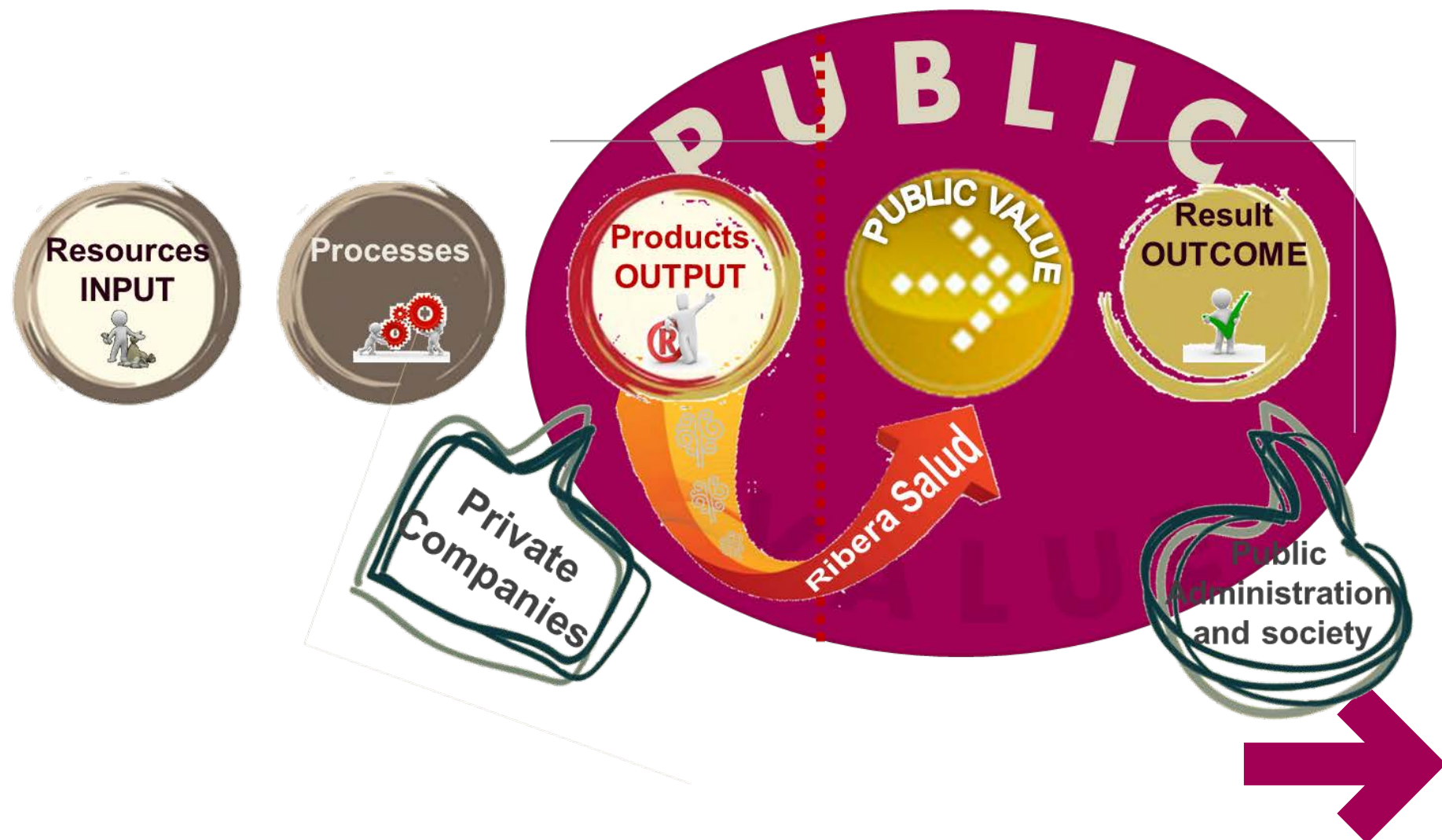


# Health Department Evaluation

- **Quality**
- **Health Results**
- **Accessibility**
- **Demand Management**
- **Patient Safety**
- **Sustainability**



# Conceptual framework



# Conclusion and challenges

## Challenges faced 16 years ago

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

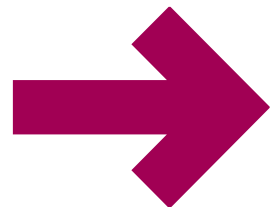
- ✓ To assume that a change, an unprecedented new management model was possible. To start from square one.
- ✓ Alignment of Private sector and Public Administration objectives.
- ✓ Long-term business perspective. No short-term profit. Transparency.
- ✓ Alternative financing methods, constant innovation in management, new integration models.

## 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.

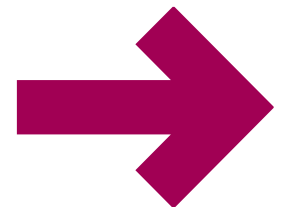
## Challenges for the near future

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



# Conclusion

Pressure  
on the costs  
will be increased:  
**REFORMS**



# Thank you !!!



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