New Management Models: The Experience of Ribera Salud

Alberto de Rosa, CEO

6th November 2014
The expansion of the Alzira Model
Leading a process of change

Alzira Hospital, first public hospital in Spain with electronic clinical history and digital radiology (1997).

Alzira Hospital, first public hospital in Spain with individual rooms and a bed for the companion (1997).

Alzira was the first hospital to develop an integration model Hospital / Primary Care.

Alzira Model is the first project with a per capita finance system, whose objective is the health promotion.

Torrevieja and Vinalopó Hospitals have implemented a shared services system to foster the multi-hospital vision.

Torrevieja Hospital developed FLORENCE (electronic clinical history), which is implemented in 15 Hospitals in Chile.

Ribera Salud is committed to CSR. Alzira Hospital, first public hospital in Spain with sign language interpreter (1997).

Ribera Salud has implemented an interactive health portal Patients/professionals.

Ribera Salud is the only Spanish Company exclusively dedicated to the Administrative Concessions in healthcare sector.

Establishment of Integrated Healthcare Centers (CSI), joining Primary Care and technology to Specialized Care.

Alzira Model is the first PPP considered as a case study by Harvard University.
What we do

- More than 1,500 scientific publications and 600 research projects
- More than 100 National and International Awards
- More than 350 National and International Conferences (World Bank, BID etc.)
- More than 6,000 professionals. More than 500 doctors trained
- More than 30 Quality Certifications
- More than 7 Million € committed investment
- Visits from more than 100 countries (Governments, Universities, Institutions)
- More than 3,000 Healthy Activities (Promotion Plans)
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.

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Capitative payment

“To achieve the best health conditions for the citizens”

Money follows the patient”: Quality and patient loyalty

ALIGNMENT BETWEEN PUBLIC AND PRIVATE INSTITUTIONS

The company is answerable to its shareholders

The Administration achieves objectives

01 PROMOTING HEALTH

02 IMPROVING HEALTHCARE QUALITY

03 IMPROVING ACCESSIBILITY

04 IMPROVING EFFICIENCY

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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

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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.

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**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

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**E-Health Plan 2014:**

- **CORE Project.** CSR.
  - 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.
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

Year 2003

Emergency distribution
Hospital/Primary Care

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Demand evolution

From Primary Care to locomotor system
Vinalopo Salud 2011-2013

Hospital del Vinalopó

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# Health Department Evaluation

<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>
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<tr>
<td>1. Índice sintético de satisfacción</td>
<td>Calidad</td>
<td>97,58%</td>
<td>98,45%</td>
<td>98,85%</td>
<td>92,67%</td>
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<tr>
<td>Ciudadanos: Generar confianza y seguridad en el sistema.</td>
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<tr>
<td>2. Índice de calidad de la información.</td>
<td>Calidad</td>
<td>97,05%</td>
<td>95,10%</td>
<td>95,75%</td>
<td>89,57%</td>
</tr>
<tr>
<td>3. Índice de percepción de mejora.</td>
<td>Calidad</td>
<td>88,97%</td>
<td>93,09%</td>
<td>100,00%</td>
<td>96,11%</td>
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<tr>
<td>Promover la salud</td>
<td></td>
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<tr>
<td>4. Indicador de Cobertura vacunal de polio a los 6 meses.</td>
<td>Salud Pública</td>
<td>100,00%</td>
<td>94,48%</td>
<td>100,00%</td>
<td>97,23%</td>
</tr>
<tr>
<td>5. Indicador de Cobertura vacunal de Triple Virica a los 15 meses.</td>
<td>Salud Pública</td>
<td>100,00%</td>
<td>93,49%</td>
<td>100,00%</td>
<td>100,00%</td>
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<tr>
<td>6. Indicador de Cobertura vacunal DTP a los 18 meses.</td>
<td>Salud Pública</td>
<td>92,59%</td>
<td>80,09%</td>
<td>92,13%</td>
<td>91,82%</td>
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<tr>
<td>7. Cribado de HTA de riesgo elevado</td>
<td>Salud Pública</td>
<td>30,67%</td>
<td>39,81%</td>
<td>30,46%</td>
<td>34,41%</td>
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<td>8. Control de hipertensión</td>
<td>Salud Pública</td>
<td>25,44%</td>
<td>39,84%</td>
<td>25,17%</td>
<td>33,23%</td>
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<tr>
<td>9. Indicador de Cribado de diabetes.</td>
<td>Salud Pública</td>
<td>65,60%</td>
<td>62,94%</td>
<td>45,15%</td>
<td>55,82%</td>
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<tr>
<td>10. Control de diabetes</td>
<td>Salud Pública</td>
<td>34,91%</td>
<td>48,62%</td>
<td>30,91%</td>
<td>33,03%</td>
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<tr>
<td>11. Calidad en el Seguimiento del Embarazo en Atención Primaria.</td>
<td>Salud Pública</td>
<td>97,17%</td>
<td>93,52%</td>
<td>95,19%</td>
<td>95,81%</td>
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<tr>
<td>12. Niños con examen de salud completo en SIA por Atención Primaria.</td>
<td>Salud Pública</td>
<td>81,59%</td>
<td>77,28%</td>
<td>71,01%</td>
<td>86,19%</td>
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<td>13. Valoración del riesgo vascular</td>
<td>Seguridad</td>
<td>1,17%</td>
<td>4,84%</td>
<td>0,07%</td>
<td>4,11%</td>
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<td>14. Indicador de abandono tabáquico en pacientes de alto riesgo</td>
<td>Salud Pública</td>
<td>3,31%</td>
<td>4,09%</td>
<td>1,55%</td>
<td>4,00%</td>
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<td>15. Indicador de registro del Índice de Masa Corporal</td>
<td>Salud Pública</td>
<td>38,24%</td>
<td>44,23%</td>
<td>33,86%</td>
<td>44,75%</td>
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<tr>
<td>16. Pacientes con diagnóstico correcto de EPOC</td>
<td>Seguridad</td>
<td></td>
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<tr>
<td>17. Seguimiento del puerperio</td>
<td>Registro AP</td>
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<tr>
<td>18. Indicador de cobertura vacunal del VPH</td>
<td>Salud Pública</td>
<td>72,12%</td>
<td>43,23%</td>
<td>44,49%</td>
<td>71,17%</td>
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<tr>
<td>19. Indicador de cobertura vacunal del virus de la gripe</td>
<td>Salud Pública</td>
<td>65,73%</td>
<td>38,75%</td>
<td>47,18%</td>
<td>59,95%</td>
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<tr>
<td>20. Cribado de tabaquismo</td>
<td>Salud Pública</td>
<td>2,11%</td>
<td>5,09%</td>
<td>0,84%</td>
<td>6,81%</td>
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<td>Penalización OE.3- Promover la salud - Vacunaciones</td>
<td>Penalizaciones</td>
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<tr>
<td>Penalización OE.3- Promover la salud - Niño y embarazo</td>
<td>Penalizaciones</td>
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</table>
Health Department Evaluation

- Quality
- Health Results
- Accessibility
- Demand Management
- Patient Safety
- Sustainability
Conceptual framework

Resources
INPUT

Processes

Products
OUTPUT

PUBLIC VALUE

Result
OUTCOME

Private Companies

Ribera Salud

Public Administration and society

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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.
- 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.

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Conclusion

Pressure on the costs will be increased: REFORMS
Thank you !!!

www.riberasalud.com
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@modeloalzira

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