The challenges of the first cross-border hospital in Europe

Two healthcare models under one roof



Addressing the Challenge of Patient-Centered Care and Safety

Signature Barbon Barbo

The hospital

Cross-border





Territorial characteristics



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Where?

In Puigcerdà, Catalonia, Spain



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Together: Catalonia and France



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The Territory

Characteristics



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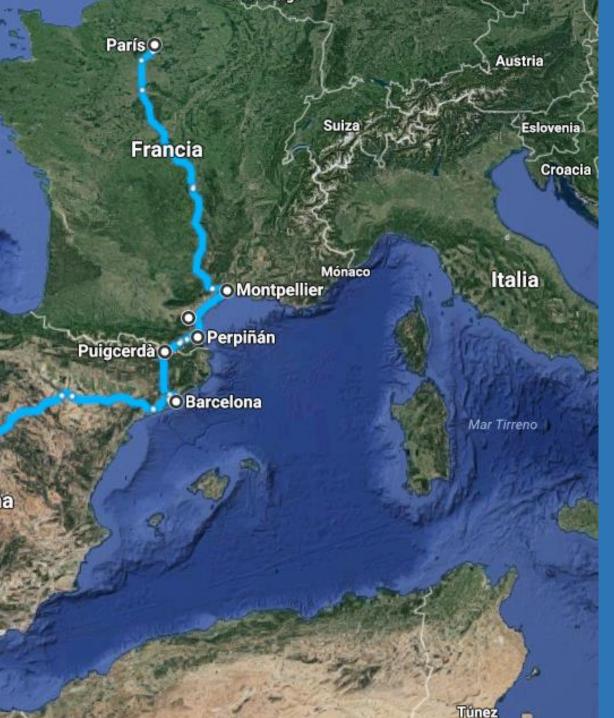
Catalonia: Lower Cerdanya France: North Cerdanya Capcir

Madrid O

Portugal

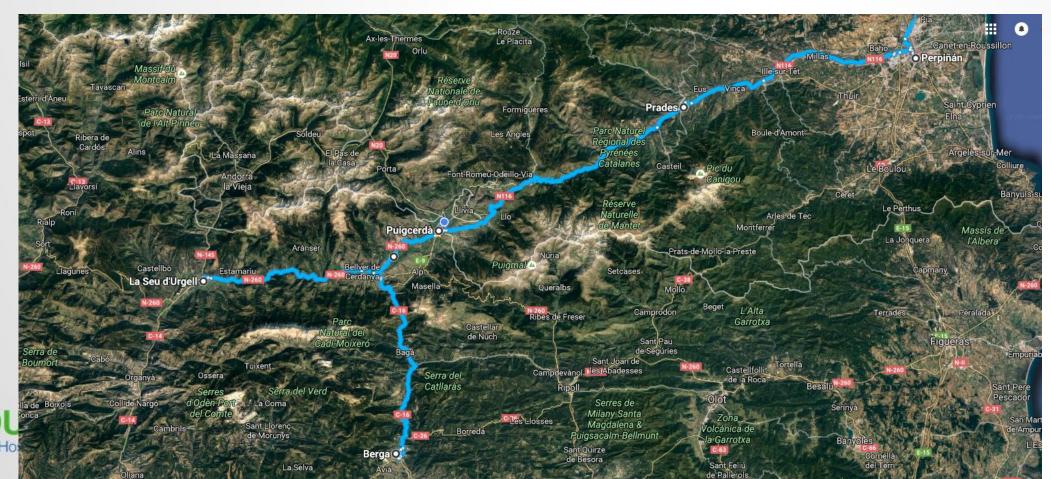
España

Gibraltar



Historical and social background

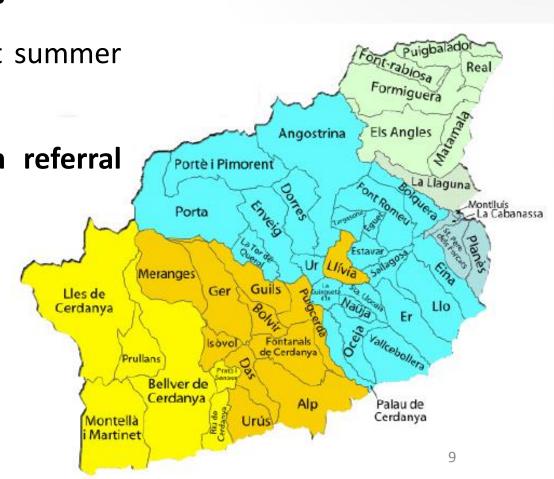
- In 1659 Catalonia was divided between Spain and France by the Treaty of the Pyrenees
- The Spanish part is "Catalonia" and the French part is known as "Northern Catalonia"
- 3 languages are spoken in the area: Catalan, French and Spanish



The Territory

- Located at the intersection of 3 countries: Catalonia (in Spain), France and Andorra
- Located in the Pyrenees region, with **13 Ski Resorts**
- The population **doubles or nearly quadruples** at summer and winter high season
- The area is at a long distance from the main referral hospitals:
- 2h 05m to Perpignan (France) and
- 1h 45m to Barcelona (Catalonia)
- Population, 32.000 inhabitants





The Project

One hospital/Two models



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The Hospital's Project

1986 Catalan Health Service began to study the project

2002 First agreement to provide <u>emergency services</u>

2003 Agreement for pregnancy and childbirth services

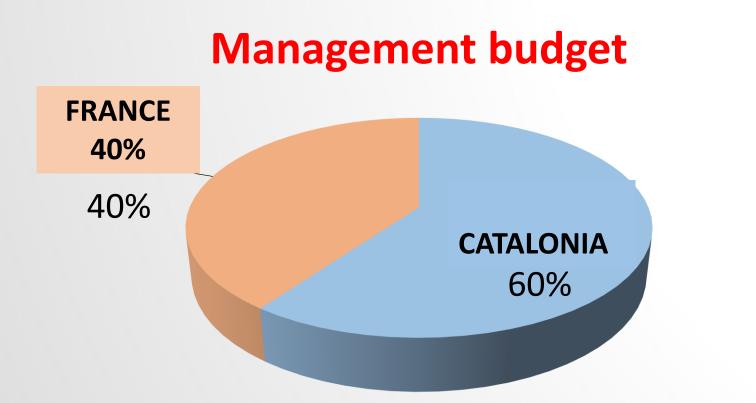
2009 Building work begins.

2014 The hospital starts its activity





Funding model





* Building costs: 60% from EU funds ERDF (European Regional Development Fund)



The Project's Mission

- To guarantee a response to health needs of the population
- Guarantee healthcare provision
- Under the European Union surveillance
- Facing challenges:
 - Geographic
 - Cultural

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- Linguistics
- Legal and administrative



The Hospital

Governance

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A legal instrument **EGTC**: European Grouping of Territorial Cooperation

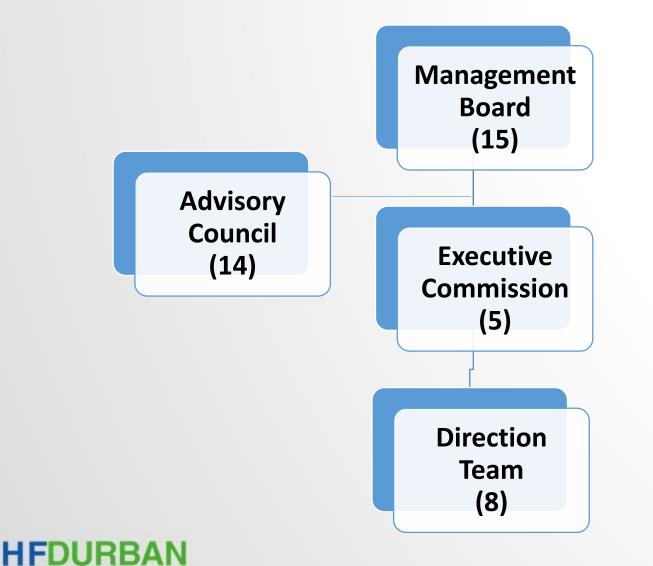
• Established by the European Parliament



- Designed to promote a more effectively cooperation between countries
- Discrepancies between legislation and administrative procedures of the countries involved.
- It's under Catalan/Spanish legislation and European laws



Governance: European Grouping of Territorial Cooperation



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The Hospital

Resources

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Equipment

9 million € invested in:

- 64 beds
- 4 operating theatres
- 2 delivery rooms
- 5 beds of Day hospital
- Heliport
- Laboratory
- Pharmacy
- Imaging diagnosis
 - 3 Conventional radiology
 - 1 CT scan
 - 1 MRI

HFDURBAN

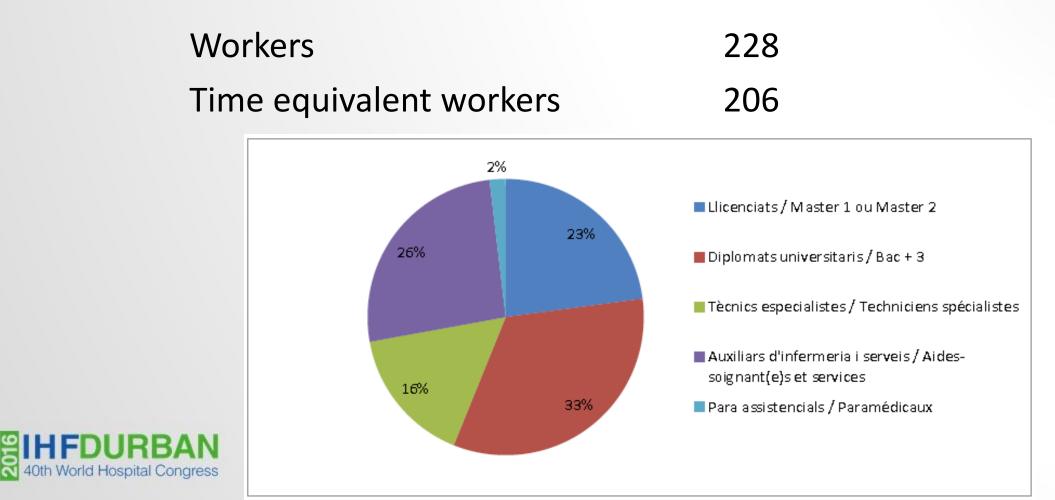
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- 1 mammography
- 4 Echography /1 Echo cardiology



Human Resources





The Hospital

Activity 2015

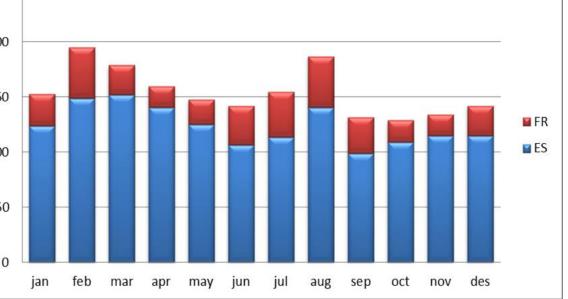
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HOSPITAL DISCHARGES	2015	%	
TOTAL DISCHARGES	1.856	100,0%	250
CATALONIA	1.491	80,3%	
FRANCE	365	19,7%	200
MEDICAL DISCHARGES	1.014	54,6%	
SURGICAL DISCHARGES	842	45,4%	
AVERAGE STAY	4,10		150
SPECIALTY DISCHARGE			100
ORTHOPEDIC SURGERY	609	32,8%	
INTERNAL MEDICINE	505	27,2%	50
GYNECOLOGY AND OBSTETRICS	257	13,8%	50
GENERAL SURGERY	237	12,8%	
40th World Hospita PEDIATRICS	154	8,3%	0
OTHER SURGICAL SPECIALTIES	94	5,1%	

Discharges 2015





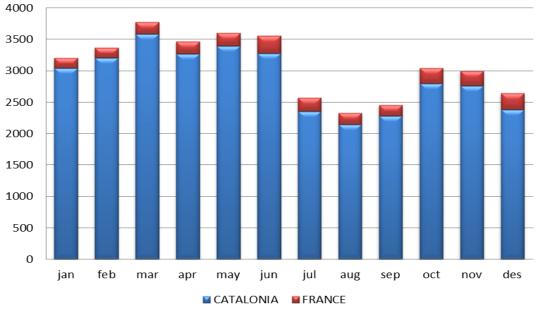
	EMERGENCY	2015	%	4000				E	mer	genc	ies 20	15				
	TOTAL URGENCIES	23.997	100,0%	3500												
	CATALONIA	20.192	84,1%									896				
	FRANCE	3.805	15,9%	3000								890				
	PEDIATRIC URGENCIES	7.063	29,4%									_				
	URGENCIES/DAY	65,7		2500								455				
	AVERAGE STAY	02:07														
				2000												0.05
	LEVEL				1014		_				908					985
	EMERGENCY	222	0,9%	1500		925										
	URGENCY	5.849	24,4%		207		958	879	070	970				962		396
	LESS URGENT	12.734	53,1%	1000	297	357			979	57.5	466	2178	782	902	942	550
	NOT URGENT	5.192	21,6%			557	255	100								
				500	979			196	269	277	877		280	283	274	970
	DESTINATION					733	612	561	374	424	077		428	399		
The second second	HOME	22.135	41,8%	0	22	-28			7	13	-26-	27	8	8	288	10
BIHFDURB	OTHER HOSPITAL	452	1,9%		jan	feb	mar	apr	may	jun	jul	aug	sep	oct	nov	des
40th World Hospital Co	DEATH	5	0,0%					FOREI	SN 🗖 TO	DURIST	FRENC	H 🖬 LO	CAL			
	ADMISSION TO HOSPITAL	1.405	5,9%							501(151						

	2015 % Surgery 2015	1.181 100,0%	992 84.0%	SS2 S4,076 189 16,0% 41% 34%	365 30,9%	352 29,8%	464 39,3%	162 100,0%	119 73,5% AMBULATORY	43 26,5%	25%
	%	100,0%			30,9%	29,8%	39,3%	100,0%			
I VAL	2015	1.181		189	365	352	464	162	119	43	29
	SURGICAL INTERVENTIONS	TOTALS	CATALONIA	FRANCE	MINOR SURGERY	AMBULATORY SURGERY	CONVENTIONAL	BIRTHS	CATALONIA	FRANCE	CAESAREANS
									BIHEDUR	40th World Hospital	



EXTERNAL CONSULTATIONS	2015	%	
			400
TOTAL EXTERNAL CONSULTATIONS	42.450	100,0%	350
CATALONIA	39.555	93,2%	300
FRANCE	2.895	6,8%	
INDEX REITERATION	1,5		250
			1

External consultation 2015

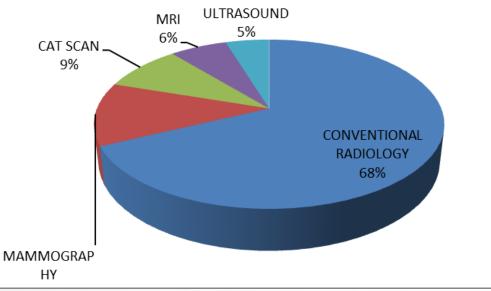






DIAGNOSTIC IMAGING	2015	%
TOTAL DIAGNOSTIC IMAGING	27.701	100,0%
CATALONIA	20.658	74,6%
FRANCE	7.043	25,4%
RADIOLOGY DEVICES	27.701	100,0%
RADIOLOGY DEVICES	27.701	100,0%
CONVENTIONAL RADIOLOGY	18.832	68,0%
CONVENTIONAL RADIOLOGY	18.832	68,0%
CONVENTIONAL RADIOLOGY MAMMOGRAPHY	18.832 3.341	68,0% 12,1%

Diagnostic Imaging Device 2015





Challenges

Approach

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Challenges: Governance and organization

DIFFICULTY

- ✓ EGTC Complex, duplicity, slow
- ✓ Wide organization

APPROACH

- ✓ Delegation of functions to the CEO
- ✓ Empowerment vs control

Management Style



✓ Process management
 ✓ Management by Objectives
 ✓ Incentive systems

Challenges: Geographic location

DIFFICULTY

APPROACH

- ✓ Pyrenees mountain territory.
- Low population, aged and dispersed
- Long distances
- ✓ Communications
- ✓ High mountain climate
- ✓ Heavy touristic region. Fluctuating population

✓ Information systems

- Technological platform (exchange medical information)
- Telemedicine (Remote medical consultation)
- ✓ SEM / SAMU
- ✓ Mountain Rescue





Challenges: Dual administration

DIFFICULTY

APPROACH

- ✓ Two Healthcare Models
- ✓ Two procedures and formalities
- ✓ Financing: 5 years budget

- ✓ National health Service (wide)
- ✓ Agreements
- ✓ Purchasing Services





Different Health Systems

Catalonia National Health Service Beveridge model

- Universal access
- Doctors salaried
- A litlle cooperation with private sector
- Government Control
- Some co-payment by users

France Social Security System Bismarck model

- Mixed system, more like Bismarck
- Private GP / Public and private specialists
- Reimbursement
- Several insurance and mutuals
- More copayment by users



Challenges: Dual Labour legislation

DIFFICULTY

- Sectorial agreement vs liberal professionals
- ✓ Remuneration

- ✓ Recognition academic degree
- ✓ Recognition competences & skills
- Double membership in collegial organizations



APPROACH

- \checkmark New contracts by the EGTC –HC.
- ✓ Liberal practitioners
- French personnel provision of services
- ✓ Contracting services
- ✓ Training programs



Challenges: Birth and Death

DIFFICULTY

APPROACH

BIRTHS

- Nationality: to obtain documents can take months
- ✓ Health insurance



✓ In negotiation

✓ Agreement take 1-2 weeks

DEMISES

 ✓ Repatriation (costs could be € 6.000)



 ✓ Regulated by EU law. Allows neighboring countries to simplify matters in border areas (€ 300)



Challenges: Cultural

DIFFICULTY

APPROACH

- ✓ Language
- ✓ Working hours,
- ✓ Patient's diets,
- ✓ Courtesy rules and formalities



- Three official languages translation
- ✓ Confluence in middle
- ✓ Mediterranean diet.. Single dish
- ✓ Knowing and use rules by country



Challenges: clinical management

DIFFICULTY

APPROACH

- ✓ Shared clinical protocols
- ✓ Double prescription forms
- ✓ Approach to screening
- ✓ Commissions and committees

Before approval:

- any **protocol** or procedure
- guidelines or
- prescription
 are consulted and adapted to our dual
 reality



Differences in drug prescription

- Differences in authorization for some drugs : Metamizole, ketorolac.
- Differences on **prescription and dosages**: morphine vs fentanyl, corticosteroids vs NSAID
- France includes Kinesitherapy, chiropractor, and hydrotherapy
- Splints and orthopedic material highly financed in France.
- Prescription system: Catalonia, electronic/France, paper
- Different co-payment System





Differences in cancer screening

Catalonia

- Breast cancer: 50 to 69
- Colorectal cancer: 50 to 69
- Double-blind
- Greater control by the health authority
- State funding

France

- Breast cancer: 50 to 74
- Colorectal cancer: 50 to 74
- No double-blind
- Patient decides more freely
- Double funding: state and social security

Differences in Hospital Commissions and committees

✓ Both countries apply European quality directives

- ✓ Regarding to contents, the same topics are covered in both countries.
- ✓ Both countries updates clinical practice guidelines (evidence-based medicine)
 - ✓ In France, the *Haute Autorité de Santé* (HAS),
 - ✓ In Catalonia, the quality agency (AQUAS)







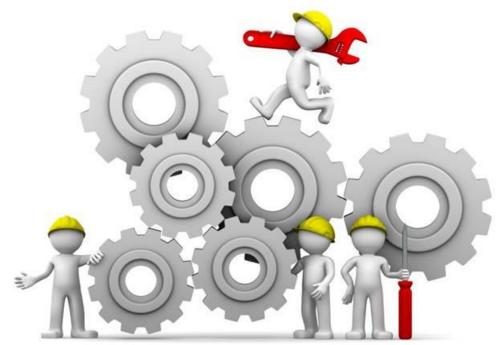
Strategies and tools

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Strategies and tools

- European Instrument: law and EGTC
- Double funding
- News resources
- Strategic design plan: collaborative and participated
- Cross-border Commission (evaluating differences)
- Cooperation at many levels:
 - strategic alliances whit other providers
 - Work with French and Spanish universities
 - Specialized training provided.





- International Diploma of Mountain Medicine
- Course on pediatric emergency transportation



Thank you!

PL CERDANNY A CERDAGNE

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