Transforming organization's structures to improve health outcomes during a period of financial constrain

Catalan healthcare system efforts for adapting to budgetary restrictions: preserving quality in spite of lower incomes



Addressing the Challenge of Patient-Centered
Care and Safety



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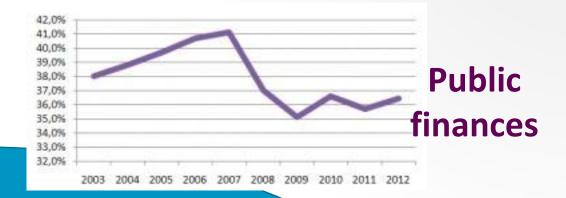








ECONOMIC CRISIS: negative growth rates, unemployment



CATALAN HEALTH SYSTEM



HEALTHCARE SECTOR

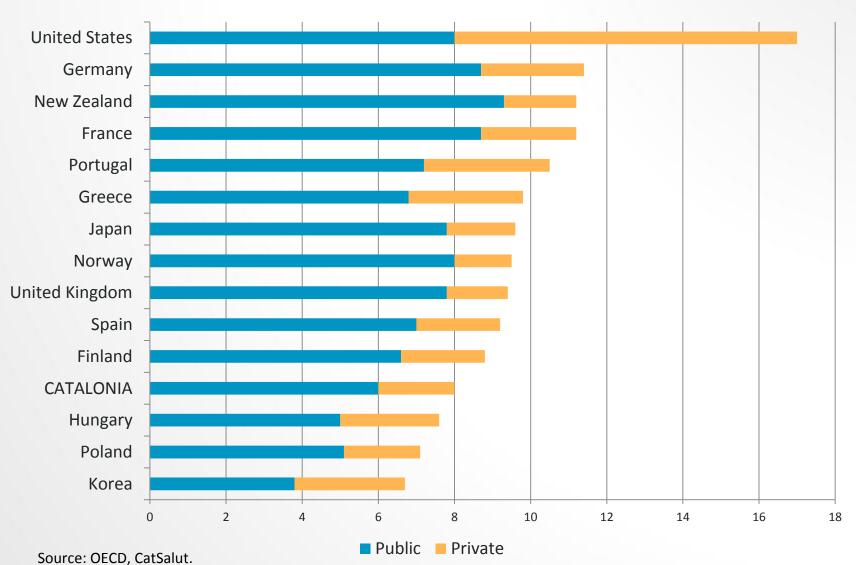




Healthcare Expenditure 2009 (% of GDP)

Adjustments began in 2010.

Expenditures among the lowest of OECD countries.



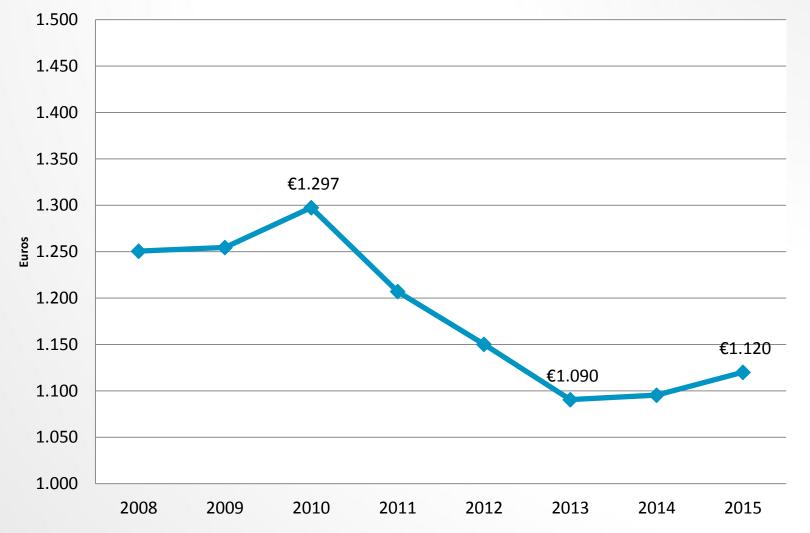




Health Public Budget per capita, Catalonia 2008-2015

Health public budget 2010: 10,000 M€.

Health public budget 2015: 8,500 M€.



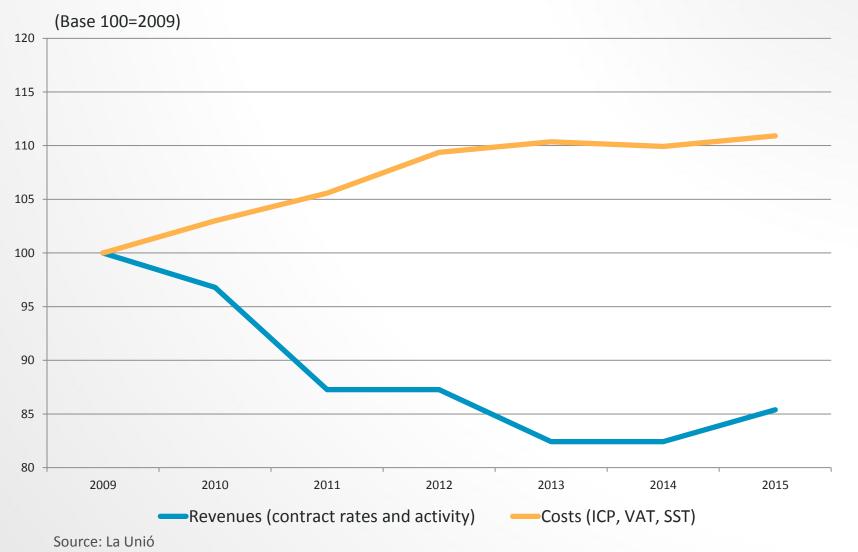


Associació d'Entitats Sanitahes i

Source: CatSalut.

Evolution of contract reduction and estimated overall cost increase due to VAT, ICP and SST in Public Healthcare Providers Network, Catalonia 2010-2015

Double pressure on healthcare providers: whilst incomes fell, costs increased by external factors.







HEALTHCARE PROVIDERS EFFORT:

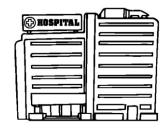
HEALTH
SERVICES AND
CLINICAL
MANAGEMENT

CLINICAL MANAGEMENT

INCREASED PRODUCTIVITY

HUMAN RESOURCES MANAGEMENT

MANAGEMENT OF PURCHASING AND USE OF GOODS AND SERVICES







Productivity improvement in Public Healthcare Providers Network, Catalonia 2010-2014

15,0% 10,0% 5,0% 0,0% -5,0% -10,0% -15,0% 2010-2011 2010-2014 (ac) 2011-2012 2012-2013 2013-2014 Production (standard units of measurement) ■ Human resources expenses

Source: CatSalut. Central de Balanços.

Human resources management (salaries, working day, employment, negotiation and agreements).

Increased productivity.





Economic Results in Public Healthcare Providers Network, Catalonia 2010-2014

150 100 50 Million euros -50 -100 -150 2010 2011 2012 2013 2014 Operating profit Financial profit ■ Net income

Source: CatSalut. Central de Balanços.

Significant management efforts, minored by higher costs and financial expenses.



Healthcare services production, Catalonia 2010-2015

(Base 100=2008) 240 220 200 180 ---Intermediate care → Mental ambulatory healthcare 160 → Major ambulatory surgery Hospital day care 140 ----Mental inpatient care -x-Emergency care 120 ----Acute inpatient care → Primary care 100 80 60 2008 2009 2010 2011 2012 2013 2014 2015

Changing population needs, shifting healthcare services



Source: CatSalut. Memòries d'activitat



Waiting lists for surgery in Public Healthcare Providers network, Catalonia 2010-2015

400000 10 8,79 350000 8,61 8,34 300000 8 7,<mark>24</mark> 250000 6,52 200000 6 150000 5 100000 4 50000 2010 2011 2012 2013 2014 → Waiting time (months) Patients Operations

But, accessibility worsened in the first years of adjustments



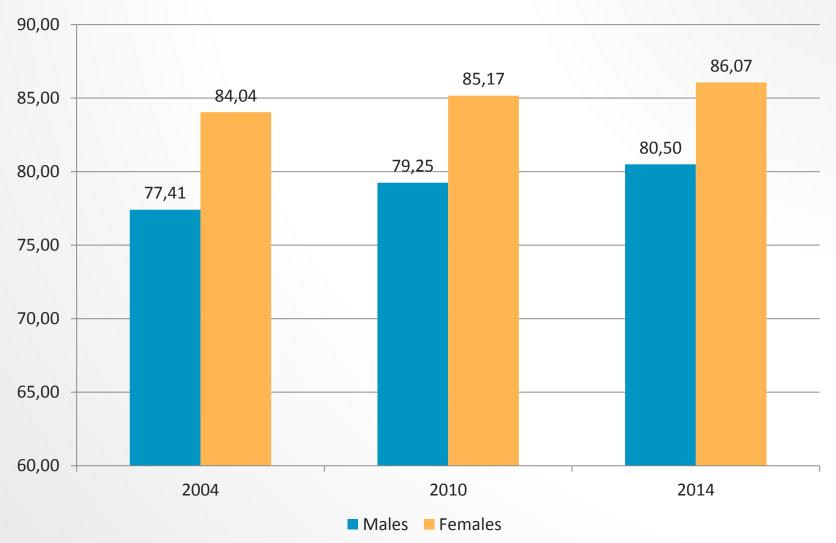




Life expectancy at birth, Catalonia 2004-2010-2014

Life expectancy among the highest in the World.

Healthy life years at birth: 67,92 males, 68,80 females.





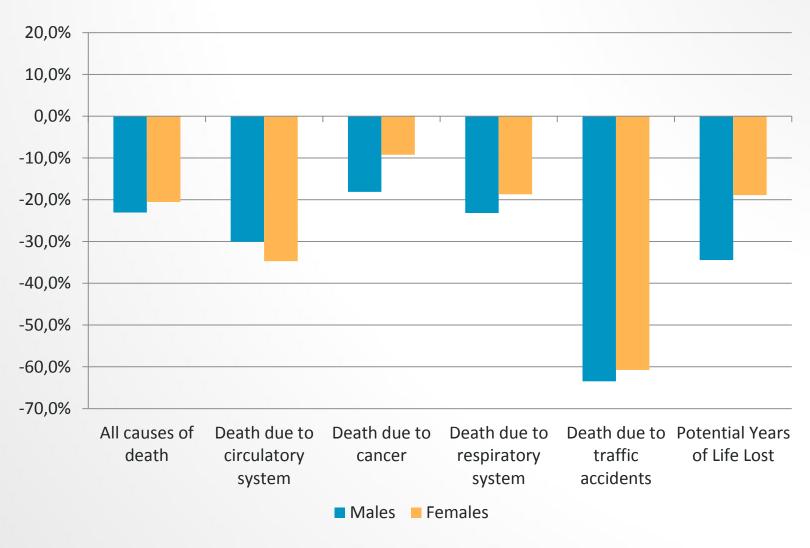
Source: Departament de Salut.





Decreased mortality in Catalonia 2004-2010-2014 (standardized rates)

Mortality rates in all major causes of death below the European average, except for male lung and colon/rectum cancer.



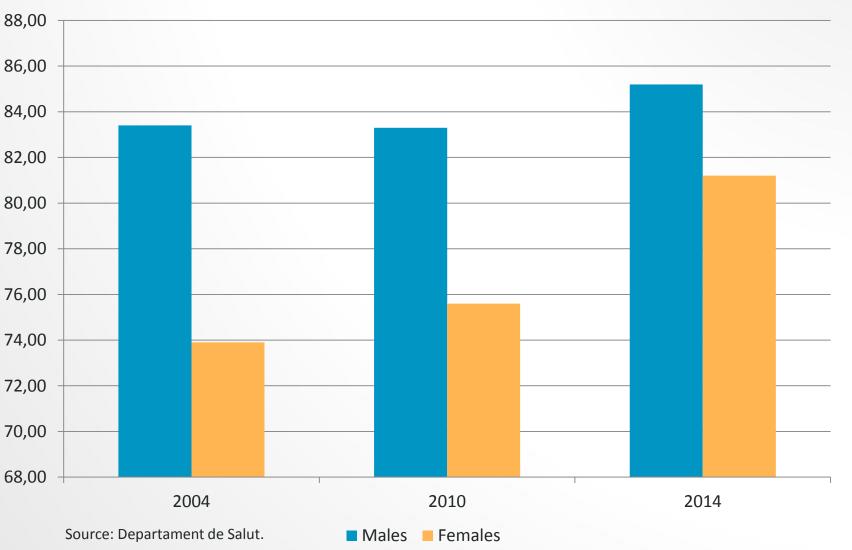


Source: Departament de Salut.



Self-perception of health, Catalonia 2004-2010-2014 (% people with positive perception)

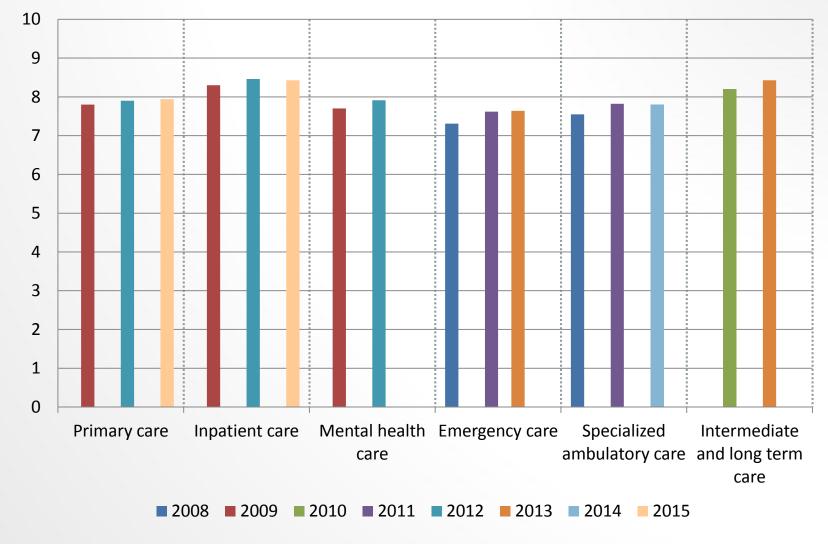
Positive perception of health has not been affected.







Patient satisfaction with healthcare, Catalonia 2008-2015 (0 to 10)



Healthcare services remain highly valued among Catalan citizens.





CONCLUSIONS:

- The Catalan Healthcare Model withstood the worst period of budgetary restrictions, thanks to management efforts, professional involvement and citizens' understanding.
- Reystone: The adaptability of a diversified healthcare network, with autonomous management capacity and a results oriented healthcare system.
- But significant risks remain: low professional remunerations, deterioration of equipment (lack of investment), possible delayed effects of social crisis on health...





THANK YOU VERY MUCH FOR YOUR ATTENTION



josepfuste@uch.cat
www.uch.cat
@uchcat



