

# Promoting innovation in hospitals in a public healthcare system to improve healthcare delivery quality and efficiency

Innovation to meet healthcare system goals



Advancing Global  
Health & Health Care

**Unió Catalana d'Hospitals**  
**IHF Member Parallel Session**

**2015 IHFCHICAGO**  
39th World Hospital Congress

# Unió Catalana d'Hospitals (UCH)



**Healthcare providers association** (Hospitals, Primary care organizations, long term care and mental healthcare providers), mainly belonging to the network of public healthcare providers that work for the Catalan public healthcare system.

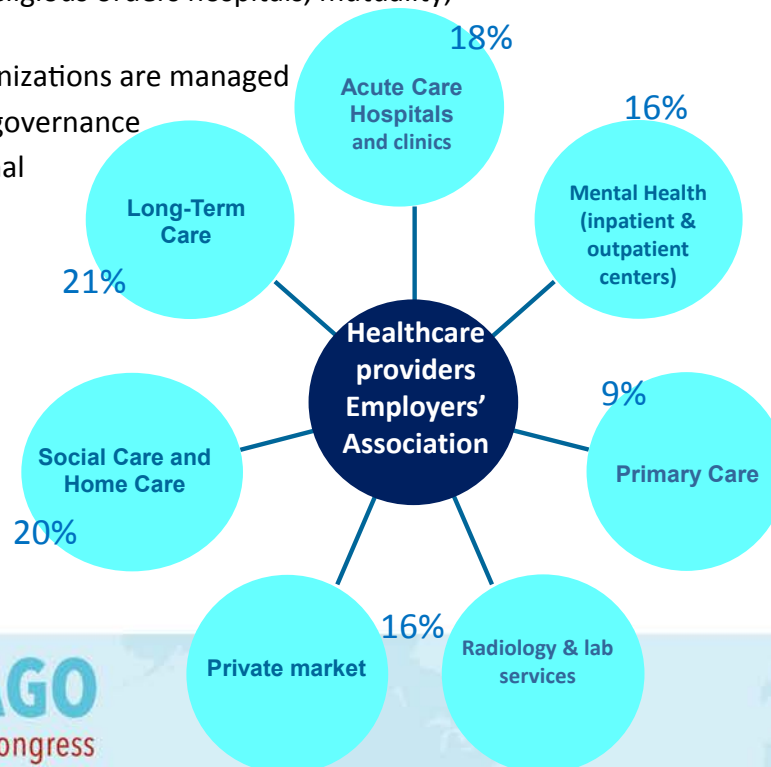
### 115 healthcare service providers.

- **Employers organization**, working conditions negotiation
- **Association**, working together, benchmarking, sharing
- **Lobby function**, influence as health sector agent

**Mixed healthcare providers organizations**, different types, foundations, consortia, religious orders hospitals, mutuality, private and so on.

Healthcare provider organizations are managed autonomously, based in governance best practices, professional management and accountability.

All together employ 60.000 professionals and manage a 3.000M€ budget.



**Anna Riera**. MD, MBA, ExM Healthcare Management, ExM Public Administration

**Director**, Healthcare, Social and Membership Management, UCH

Member of the Global Health Leadership Forum, from University of California Berkeley School of Public Health in partnership with Barcelona Graduate School of Economics and the Universitat Pompeu Fabra Economics and Health Research Center (CRES).

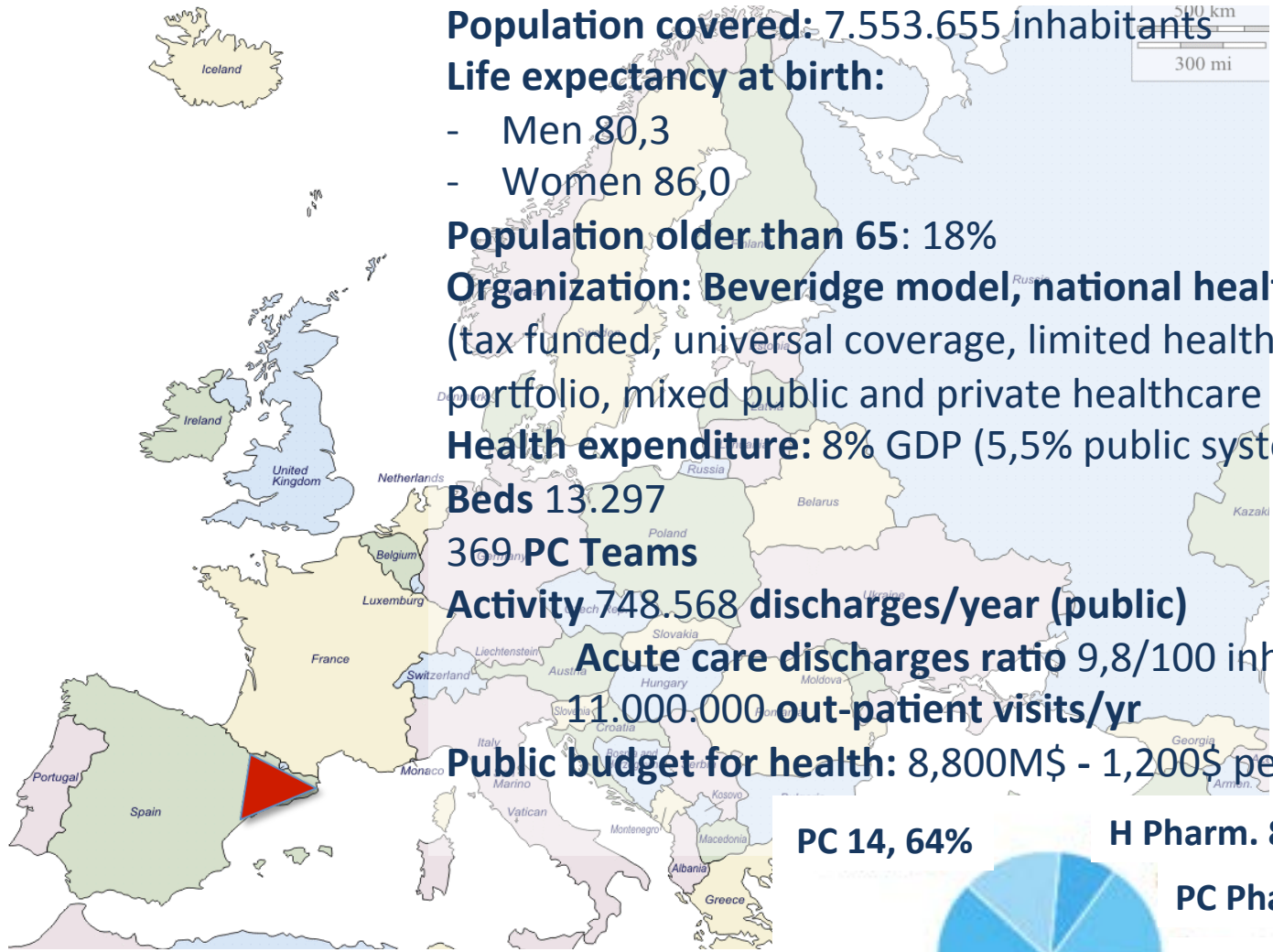
[annariera@uch.cat](mailto:annariera@uch.cat)

[www.uch.cat](http://www.uch.cat)

## Learning objectives:

- Gain an overview of the Catalonia's healthcare system, including economic challenges, changes in patient demographics and the approach to patient centered healthcare that has led to innovative changes.
- Tools and steps that public healthcare system uses to improve quality and efficiency will be shared: basically a combination of a **healthcare system that is results oriented** and **management autonomy (self-government)** that give **healthcare providers** space to innovate in search for the better solutions to meet healthcare outcome goals.
- Examine and share four examples and strategies that promoted this changes and improved access and quality of care.

# The Catalan Healthcare System: some figures



**Population covered:** 7.553.655 inhabitants

**Life expectancy at birth:**

- Men 80,3
- Women 86,0

**Population older than 65:** 18%

**Organization:** Beveridge model, national healthcare system  
(tax funded, universal coverage, limited healthcare portfolio, mixed public and private healthcare providers)

**Health expenditure:** 8% GDP (5,5% public system)

**Beds** 13.297

**369 PC Teams**

**Activity** 748.568 discharges/year (public)

**Acute care discharges ratio** 9,8/100 inh.

**11.000.000 out-patient visits/yr**

**Public budget for health:** 8,800M\$ - 1,200\$ per capita

**PC 14, 64%**

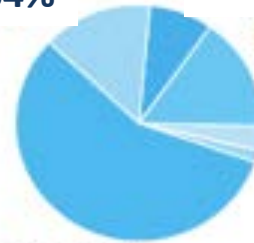
**H Pharm. 8,30%**

**PC Pharm. 15,48%**

**Other. 3.7% (transport, etc.)**

**Administration 1,52%**

**EC-H 56,69%**



# Catalan Healthcare System: structure

**HEALTH AUTHORITY:** health policies, regulation, accreditation, financing

## CATALAN HEALTH SERVICE

LOSC  
(CATALAN  
HEALTH ACT)

Public insurance: provision  
Contract, purchasing healthcare services for population  
Contract results evaluation

### PUBLIC HEALTH AGENCY:

Public Health Policies  
Health in all policies

### NETWORK of PUBLIC HEALTHCARE PROVIDERS: Healthcare services delivery

**PRIMARY CARE**

**ACUTE CARE HOSPITAL**

**LONG TERM CARE SERVICES**

**MENTAL HEALTHCARE SERVICES**

Public provider  
(Direct management)  
ICS: Publicly own and managed

Public provider  
(Contracted)  
EPiC: Publicly own and privately managed

Private provider  
(Contracted)  
Other: Privately own and managed

80% PC- 30% H

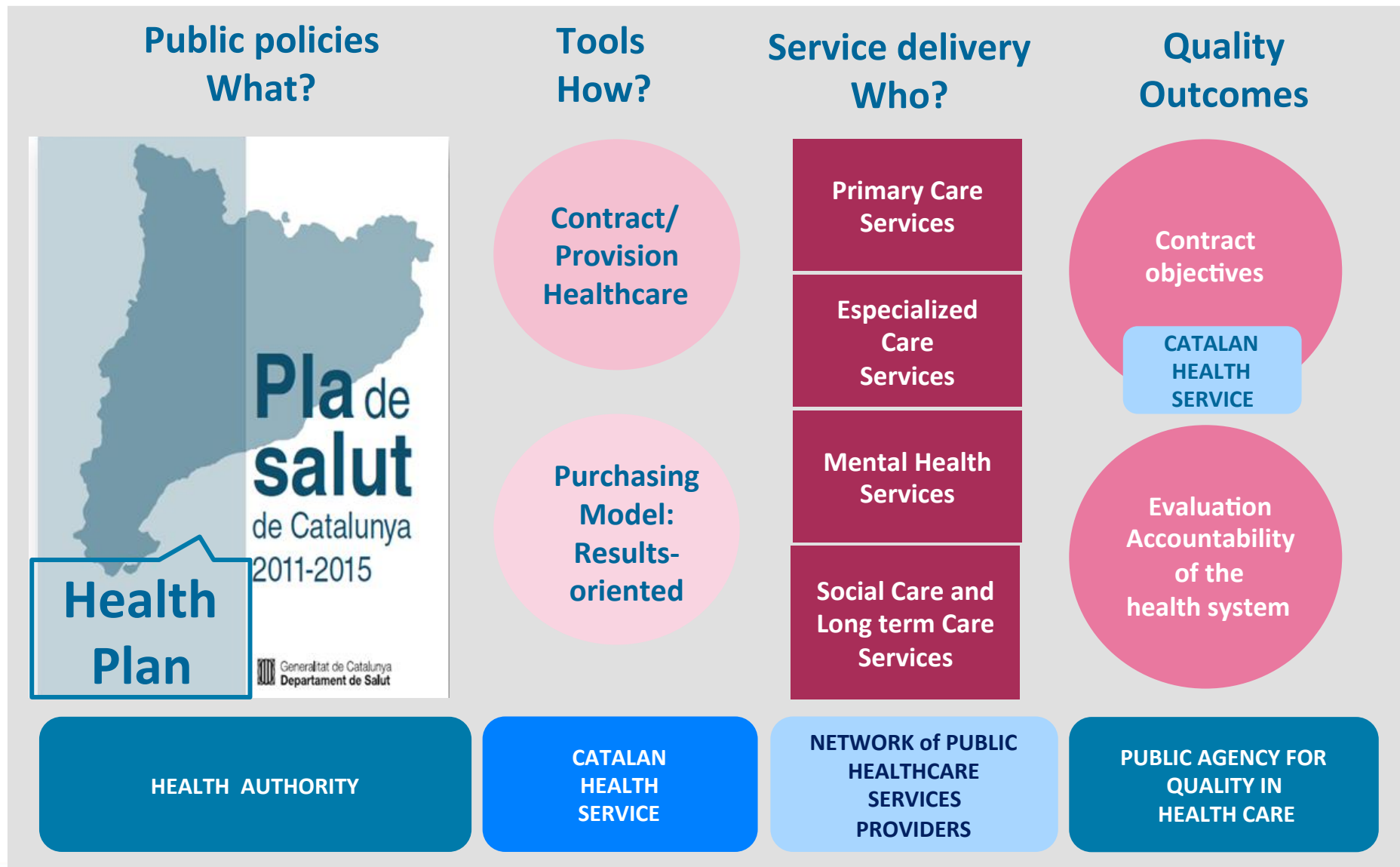
20% PC-70% H-100%LTC-100% MH

### AQuAS (Quality Agency)

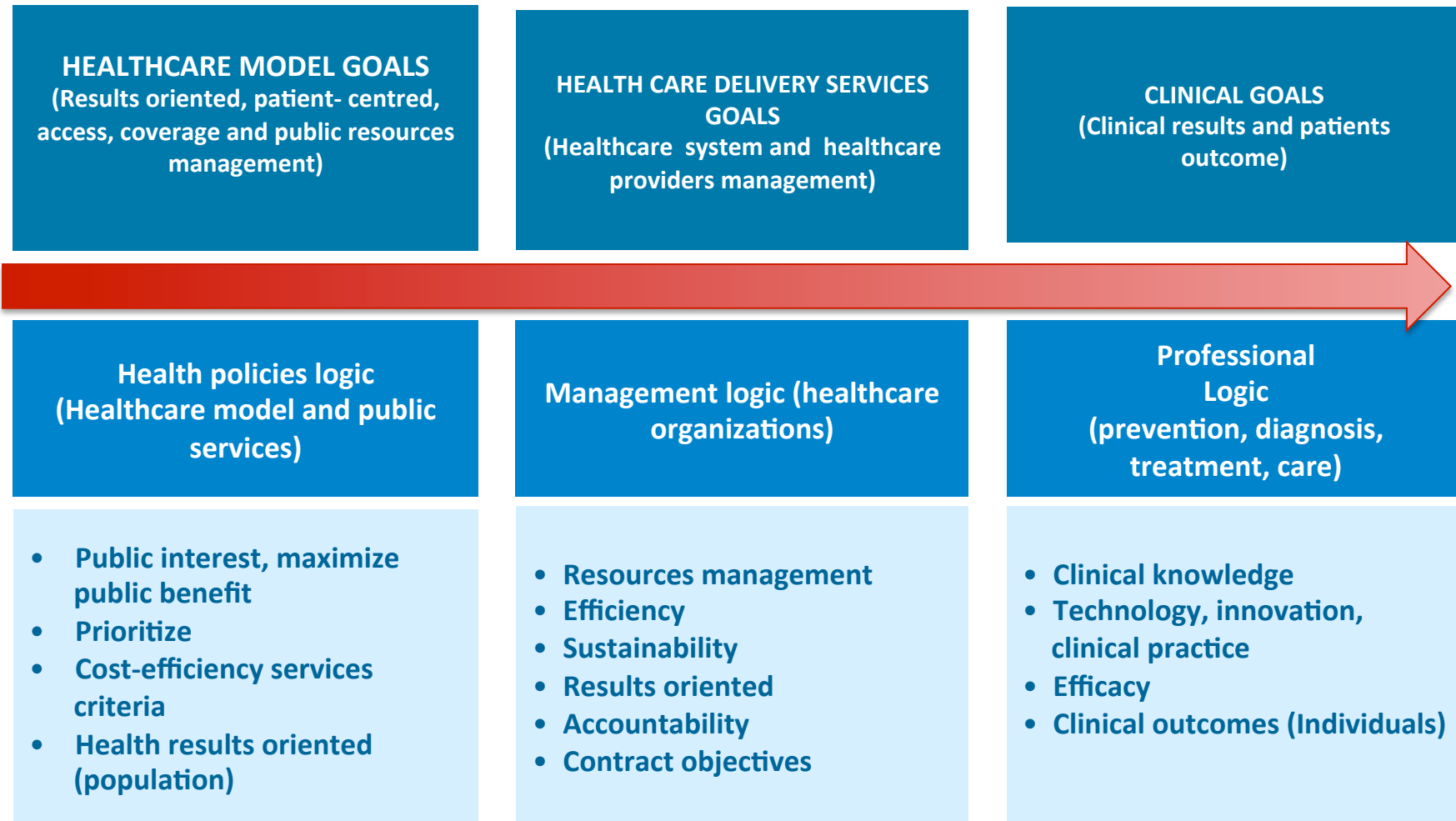
Accountability  
Results  
Open government

All working for the national health system

# Catalan Healthcare System: functions



# CHAIN OF INCENTIVES, different logics: from healthcare system goals, through healthcare services to clinical practice.





# Hospital based Health Technology Assessment: a tool for clinical management and sustainability.

## Learning objective:

To present an innovative tool for decisions making in technology investment at hospital level and to show its possibilities using pragmatic experience and examples in a community and in a teaching hospitals.



## Co-Project Responsibles.

### **Laura Sampietro-Colom (speaker) MD, PhD**

Deputy Director of Innovation and Head of the Health Technology Assessment (HTA) Unit at the Hospital Clinic of Barcelona. Member of the Catalan Agency for Health Technology Assessment (nowadays AQuAS) , founding member of the International Society for Health Technology Assessment (HTAi). Medical Doctor in Preventive Medicine and Public Health (University of Barcelona), PhD in Medicine and Surgery by the Autonomous University of Barcelona. Master of Science in Public Health by the Rolling School of Public Health (Emory University, Atlanta, USA).

[LSAMPIET@clinic.ub.es](mailto:LSAMPIET@clinic.ub.es)

### **Cristina Garcia/Forte. MD. MBA**

General Hospital Parc Sanitari Sant Joan de Déu Director. Specialist in Cardiology. Cardiology Program residency 1995-2000, Quality consultant expert FAD (EFQM). Healthcare Administration Management Program ESADE Business school, Universitat Ramon Llull

[cristina.garcia@pssjd.org](mailto:cristina.garcia@pssjd.org)



# The Liquid Hospital: a success case on using digital technologies for the empowerment of the patients.

**Learning objective:** Transform the hospital from a provider where everything happens inside its buildings to a provider that is able to offer better and cheaper services through the use of digital technologies, improving patients healthcare delivery experience, through patients empowerment, gaining efficiency, guaranteeing health results and quality of care.



## Jorge Juan Fernández.

**Director of E-Health & Health 2.0 at Hospital Sant Joan de Déu (HSJD)** in Barcelona. **Head of Academics of Moebio**, the disruptive talent development initiative by Biocat, aiming to accelerate healthcare entrepreneurship. The flagship program of Moebio is Design Health Barcelona, a postgraduate fellowship based on the successful Stanford Biodesign Program.

**Advisor to various healthcare start-ups and entrepreneurial acceleration programs across Europe:** Healthbox BioEmprendedor XXI sign program, Barcelona-MIT Mentoring Program. He is also a regular contributor to conferences such as Doctors 2.0 & You (Paris), Health 2.0 – Europe (London), Charité Entrepreneurship Summit (Berlin).

BSc degree on Economics from Universidad de Oviedo, Masters degree in Economic and Political Theory from the London School of Economics and Political Science (LSE). He also holds a GMP from IESE Business School and a GSP from Singularity University. Executive education from Stanford University, Harvard Business School, Institute for Healthcare Improvement.

[http://www.hsjdbcn.org/portal/es/web/hospital\\_liquid](http://www.hsjdbcn.org/portal/es/web/hospital_liquid)

Biocat: <http://www.biocat.cat/en>

Moebio: <http://www.moebio.org/>

[ifernandez@hsjdbcn.org](mailto:ifernandez@hsjdbcn.org)

# Multihospital thoracic surgery project: how to approach high specialization to the community.

**Learning objective:** how to organize a multihospital high specialization service (thoracic surgery) in order to ensure expertise, quality of care, optimization of resources and providing proximity healthcare services to citizen.



**Rosa Asbert. MD**

MD Faculty of Medicine University of Barcelona 1980-86. Specialist in Anesthesiology . Anesthesiology Program residency 1988-92, Hospital de Bellvitge, University of Barcelona. Health/Health care Administration Management Program ESADE Business school , Universitat Ramon Llull 2011-12 Official studies in EFQM Model and Lean Model 2012-13.

Clinical work as anesthesiologist in Hospital de Bellvitge 1992-94 and in Hospital Universitari Mútua Terrassa 1994-2010. Chief of Dep. Anesthesiology 2005-10 Hospital Universitari Mútua Terrassa. Since 2011 Medical Management of the Hospital Universitari Mútua Terrassa.

[rasbert@mutuaterrassa.cat](mailto:rasbert@mutuaterrassa.cat)

# Hospital: a key element for innovation and progress.

**Learning objective:** describe an strategy to impulse innovation pulled by demand and translational research projects, where professionals and patients have a pivotal role to generate products and services, in collaboration with other agents (public and private) to improve hospital service portfolio and ultimately benefit society.



CORPORACIÓ SANITÀRIA  
**PARC TAULÍ**

## **Lluís Blanch. MD, PhD**

Senior Intensivist and Consultant at the Critical Care Center of Hospital de Sabadell in Spain. Research and Innovation Director of Corporació Sanitària Parc Taulí and Director of the University Institute Fundació Parc Taulí at Universitat Autònoma of Barcelona.

Ph.D. Universitat Autònoma of Barcelona, fellowship at the Meakins Christie Laboratories at McGill University of Montreal.

Guest Scholar of the Pulmonary Critical Care Department at Regions Hospital University of Minnesota. He is Attending Critical Care Physician for adult patients.

Research interests involve translational research on acute lung and brain injury and innovation projects on on-line monitoring of critically ill patients. He has received numerous grants from public and non-profit organizations and has more than 160 Pub .

Member of the Executive Committee of The European Society of Intensive Care Medicine, President of the Scientific Committee of the Spanish Society of Critical Care and President of the Catalan Critical Care Society. President of the Spanish Society of Critical Care and member of the council of the World Federation of Societies of Intensive and Critical Care Medicine. Member of the board of several journals and reviewer of the top first quartile journals in the respiratory and critical care fields.

[lblanch@tauli.cat](mailto:lblanch@tauli.cat)