



The Catalan Health System: Le cas de la Catalogne



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On behalf of



**Institut
Català de la Salut**

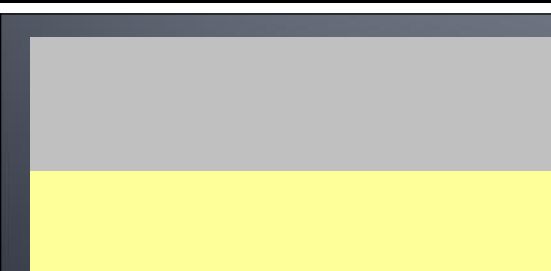
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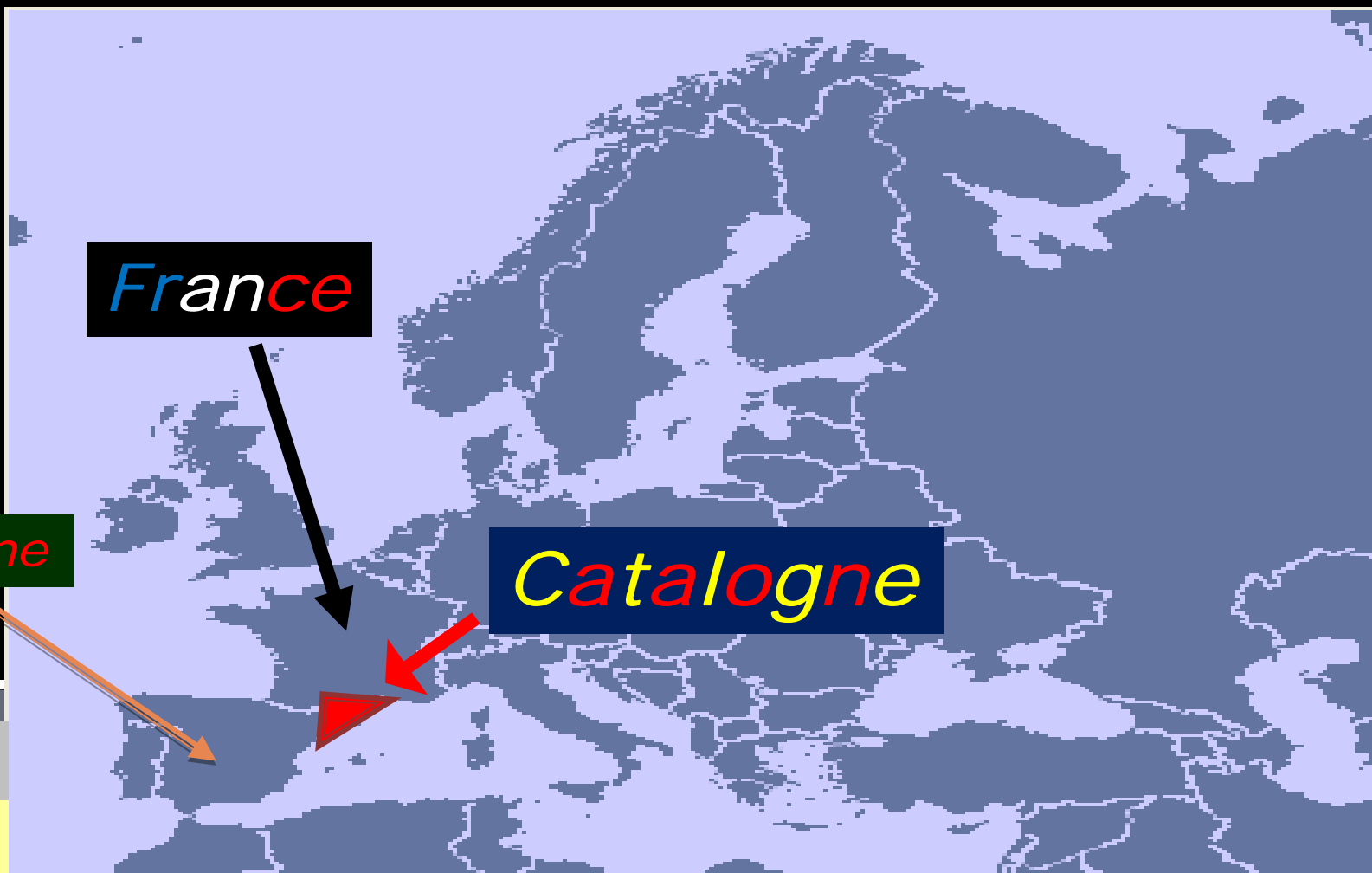


- **Background of the Spanish and Catalan Health System**
- **The Catalan Health System**
- **Primary Care in Catalonia today**
- **The Future of Primary Care in Catalonia**
- **Conclusions**





Le cas de la Catalogne



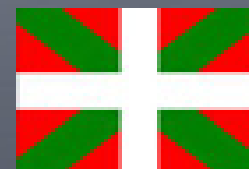
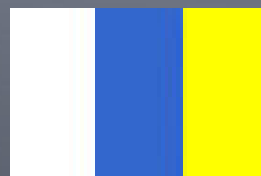
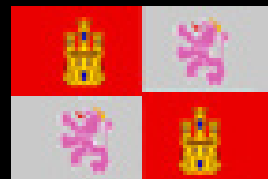
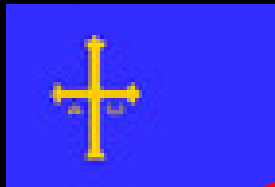


La Espagne: 'Quasi - Fédéral Model'





La Espagne: une réalité très complexe



Comparaison: La Espagne, La France et La Catalogne

Espagne

- **46.063.511**

Citizens on January the 1st, 2008

- **4 Official languages**

Spanish, Catalan, Euskera (Bask language) and Galizian . *Spanish Constitution 1978*

- **Life expectancy 2006): 79.65**

- **Death Rate per 1000 inh: 8.4**

- **GDP/Capita (2007): 32.088 US\$**

(based on purchasing power parity)

Catalogne

- **7.354.441**

citizens on January the 1st, 2008

- **3 Official languages**

Catalan, Spanish, Occitan (Aranès)

Catalan Constitution 2006

- **Life expectancy (2006): 81.35**

- **Death Rate per 1000 inh: 8.2**

- **GDP/Capita (2007): 42.291 US\$**

(based on purchasing power parity)

France

- **63.753.000**

citizens on January the 1st, 2008

- **Official languages**

Le français est la langue officielle de la République Française ([article 2 de la Constitution de 1958](#))

- **Life expectancy (2006): 79.73**

- **Death Rate per 1000 inh: 9.14**

- **GDP/Capita (2007): 33.187 US\$**

(based on purchasing power parity)

Background - Health Policy History:

The Spanish Healthcare Model & the Catalan Health System:

- **1933** **Charity System**
- **1936**
- **1939** **Spanish Civil War** (*Prelude of the 2nd World War*)
- **1944** **Dictatorship regime: Social Security based model**
(initially a poor and **basic Bismarkian** type of health care coverage. Only for workers, military and civil servants). Rest of the population: Charity or Private Insurance
- **1976** **Democracy:** Research and piloting period of which model to follow. Politicians, academics, stakeholders, trade unions and medical professional were involved
- **1979** **Family and Community Medicine Speciality**
(1 year after Alma Ata Declaration) (Family Medicine vocational training: 3 years/ currently a 4 year programme)
- **1986** **National Health Service & Primary Care Reform**
- **1986** **Quasi - Federal System** (**Autonomous Communities**)
Catalan Health Ministry and Catalan Department of Health

Spanish Model: NHS Model (1)

HEALTHCARE SYSTEM STRUCTURAL REFORM: 1986

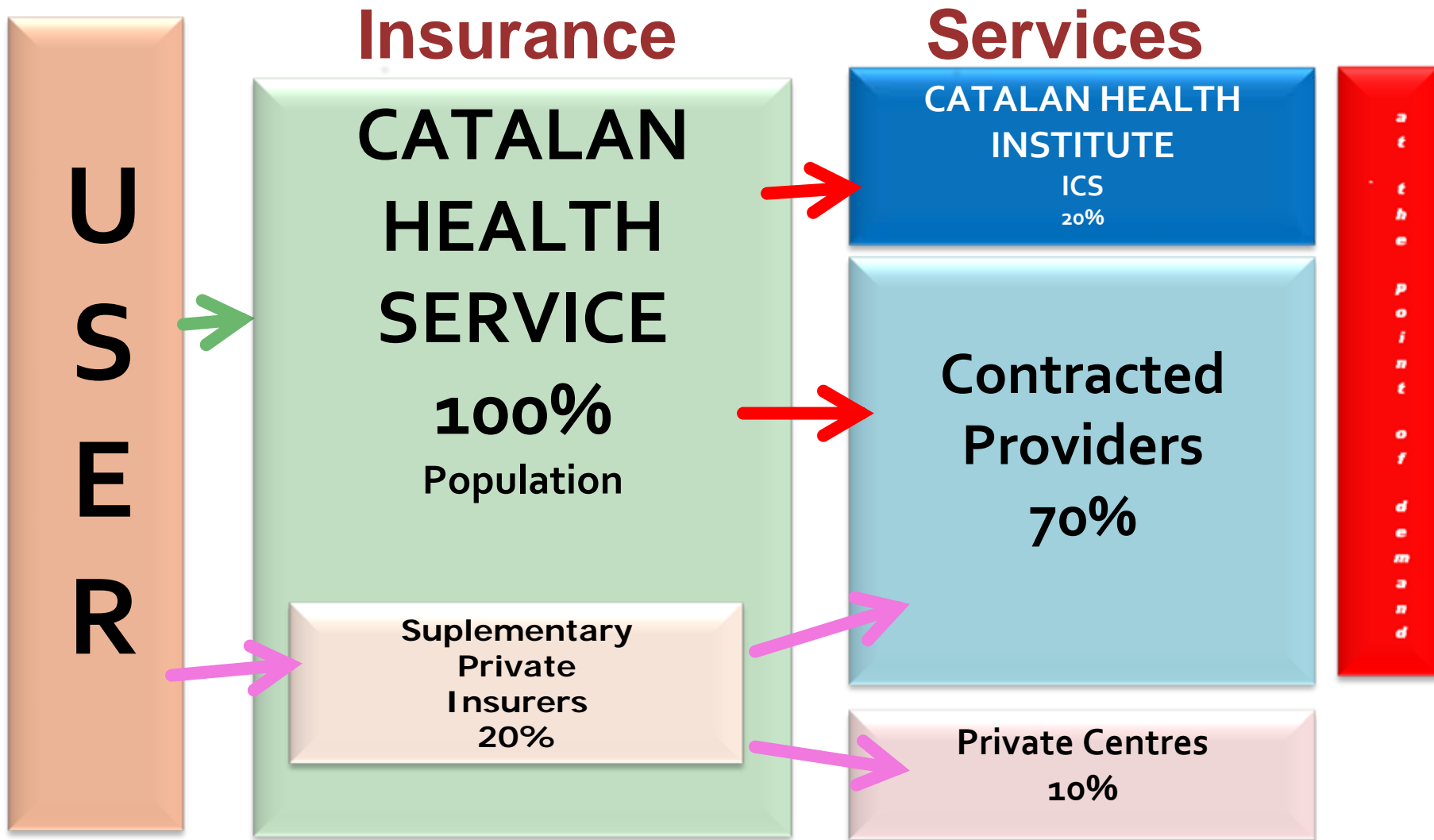
- General Healthcare Act: **Universal Coverage**
- Based on the **Beveridge model**
- Progressive transition towards a **tax funded system: NHS**
National Healthcare System
- Decentralized to Autonomous Communities (**Devolution**)
- Health services to **be free at the point of demand**
- A comprehensive **range of services**
- A **gatekeeper** system through the Family Medicine Doctor/GP to the rest of the NHS

Spanish Model: NHS Model (2)

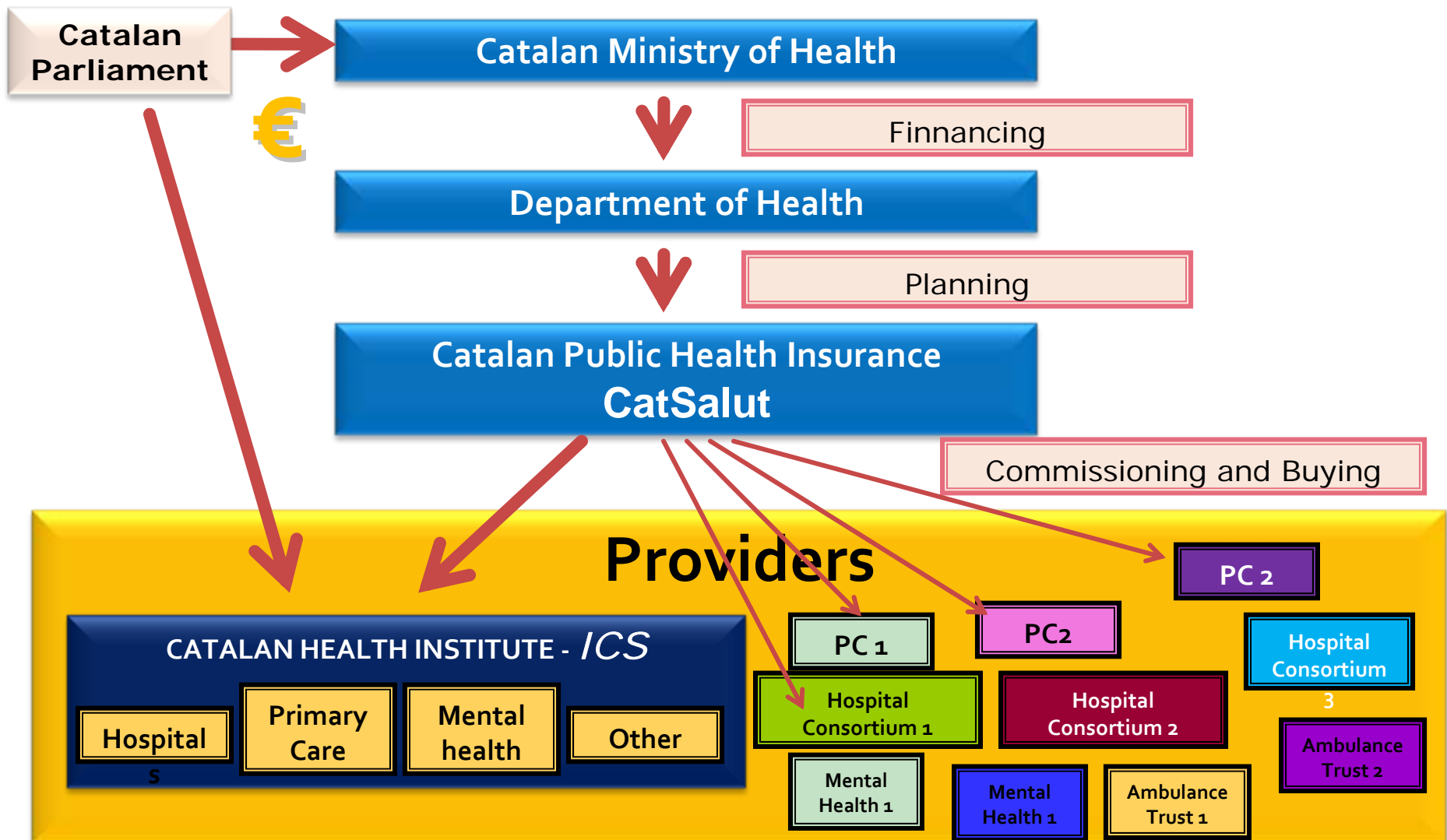
HEALTHCARE SYSTEM STRUCTURAL REFORM: 1986

- **S**ervices provided mainly in public facilities
- **C**o-payment in pharmaceutical products for out-patients with exceptions: eg. retired people, special diseases, disabled people.
- **D**ental care: limited public service basket
- **D**escription of Services Basket by OECD categories

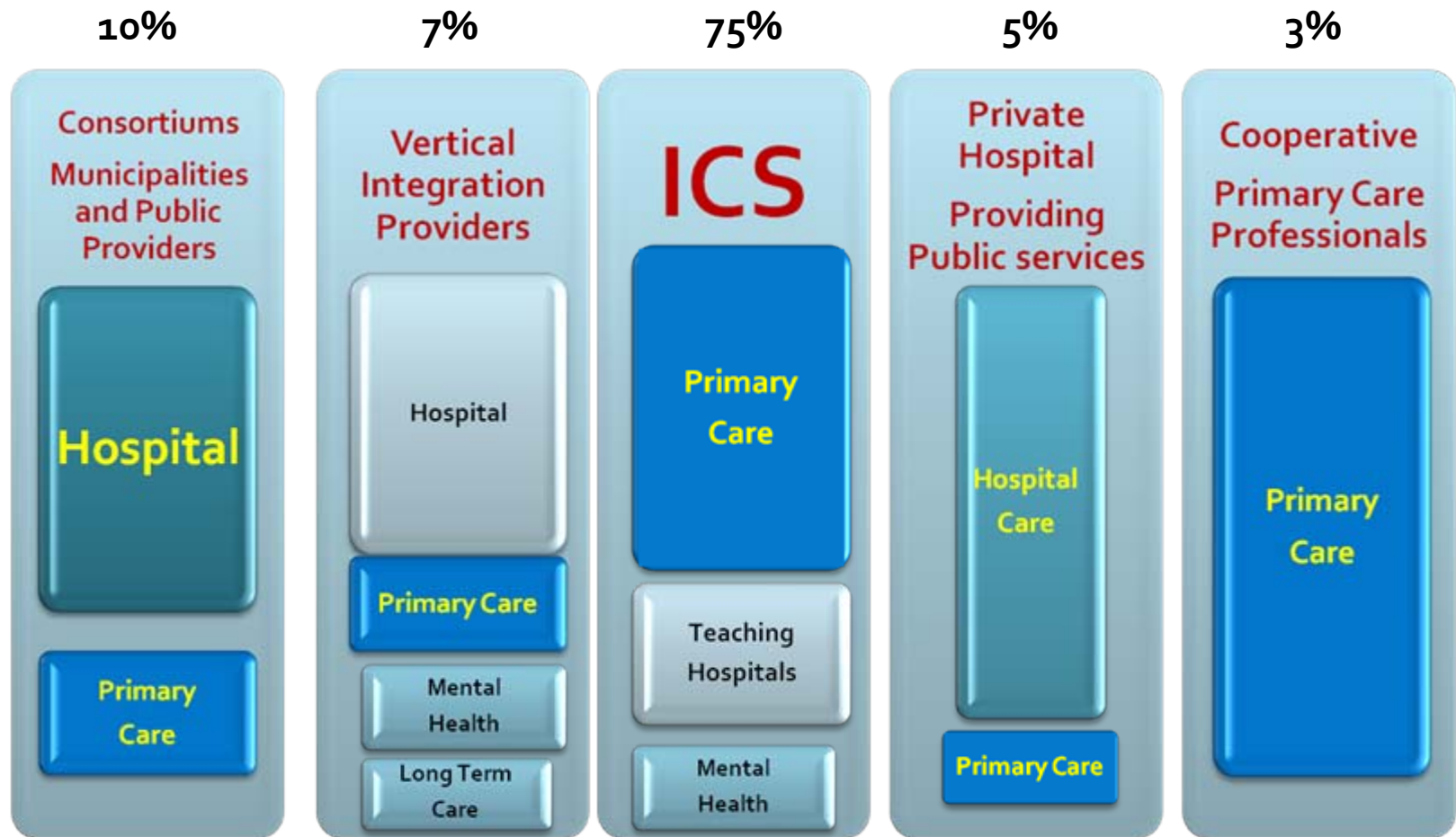
Catalan Healthcare System (1)



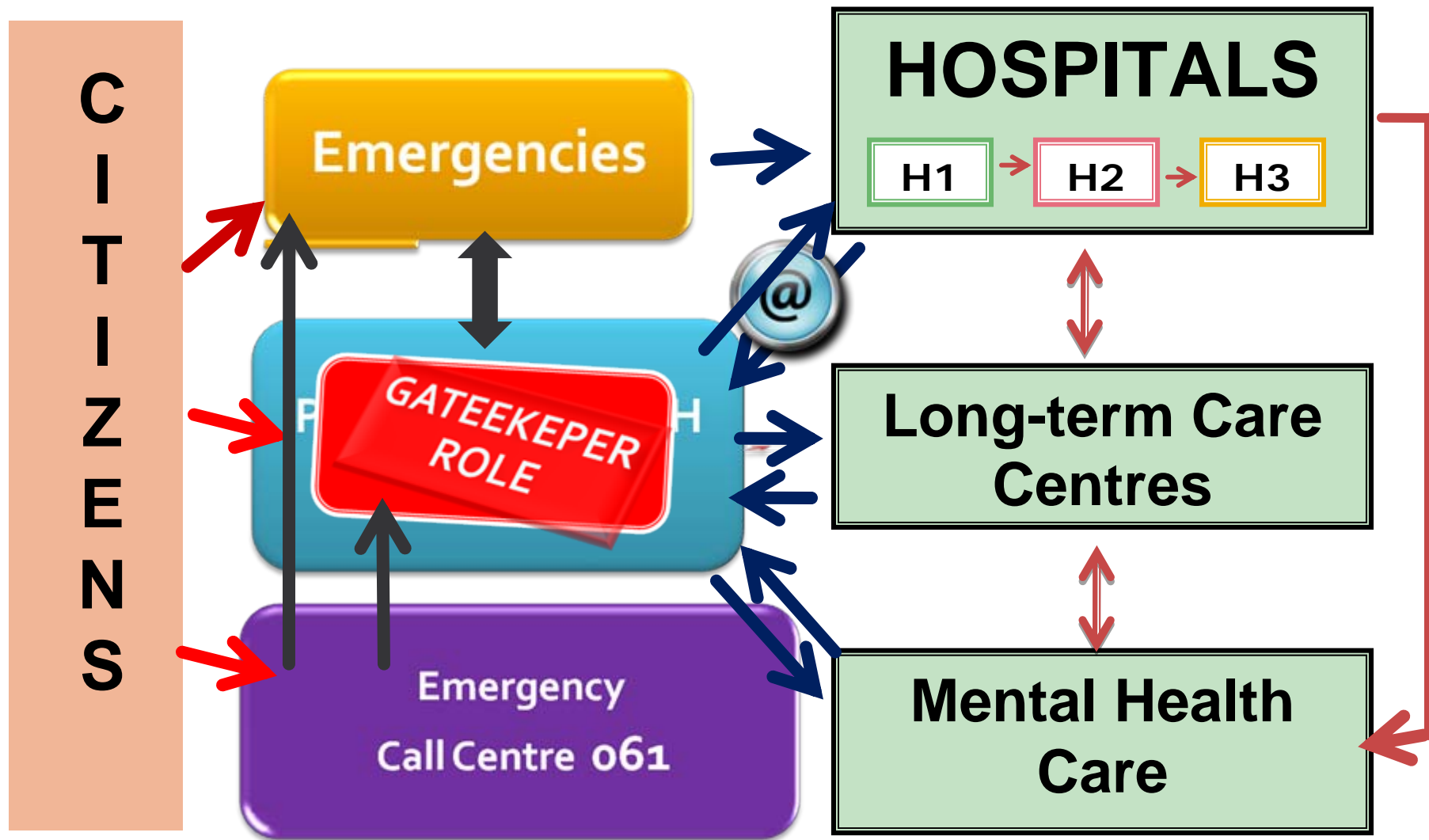
Catalan Healthcare System (1)



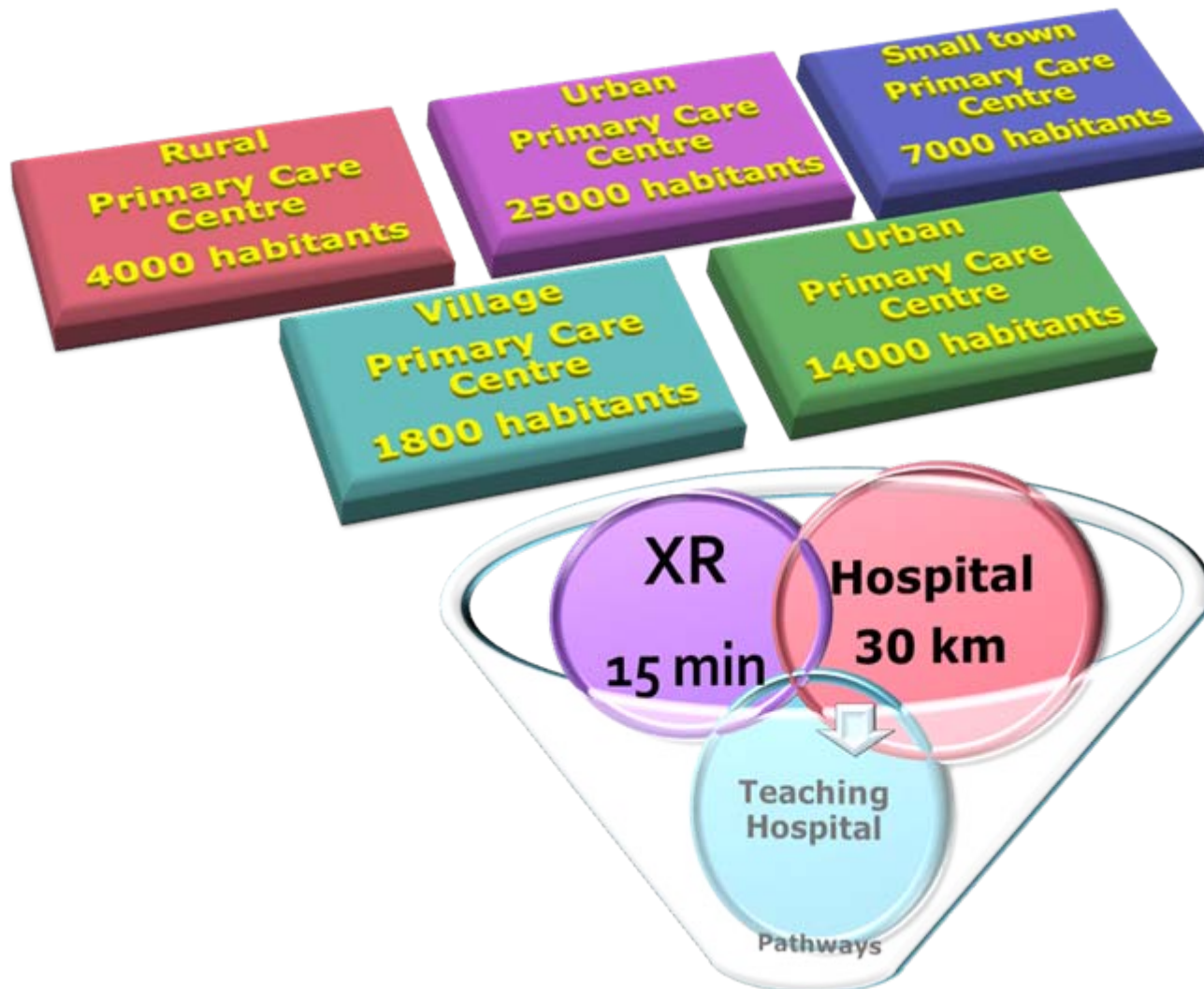
Catalan Health Care System: Healthcare Providers at Primary Care



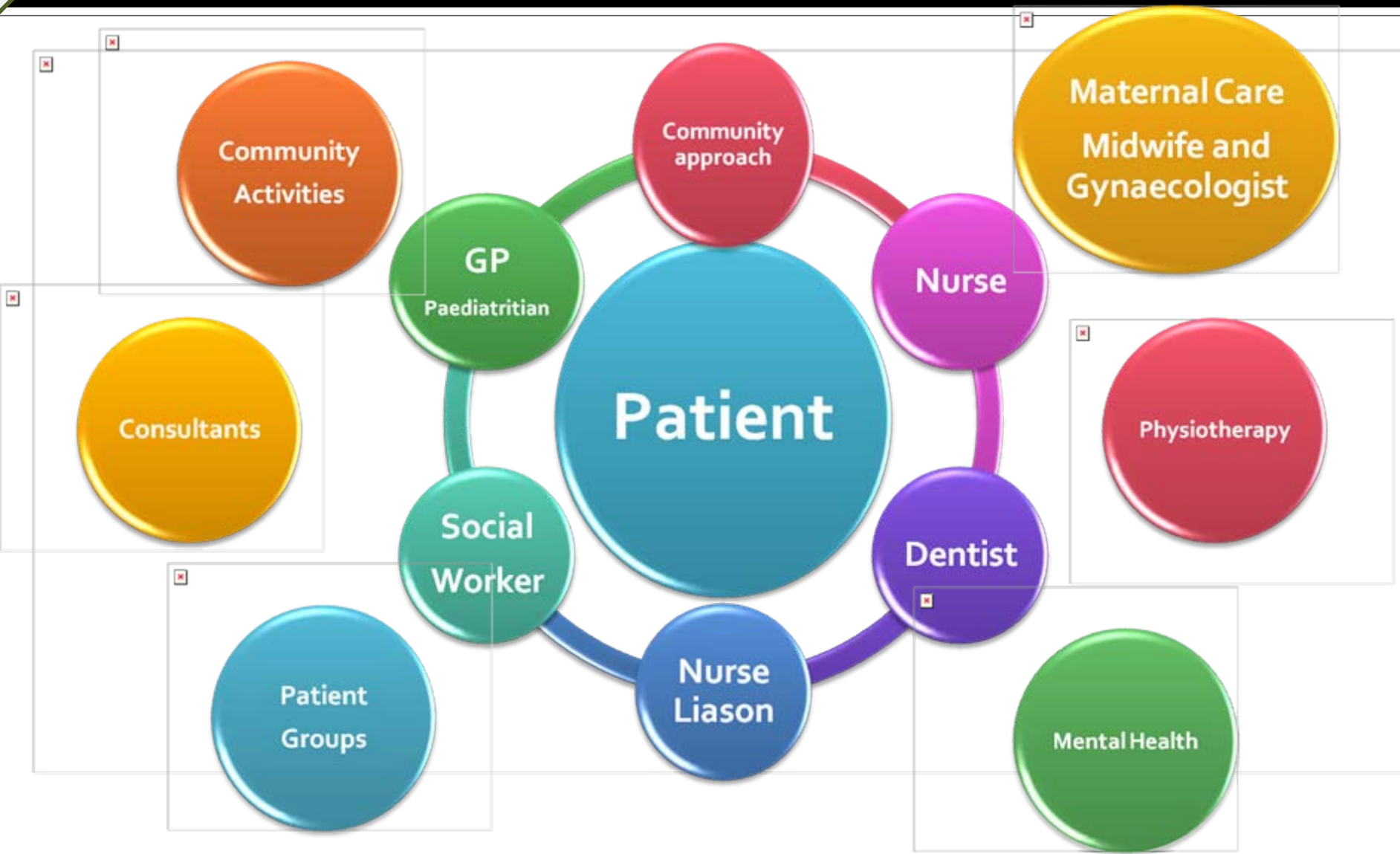
Catalan Healthcare System (2)



Catalan Health Care System: Primary Care

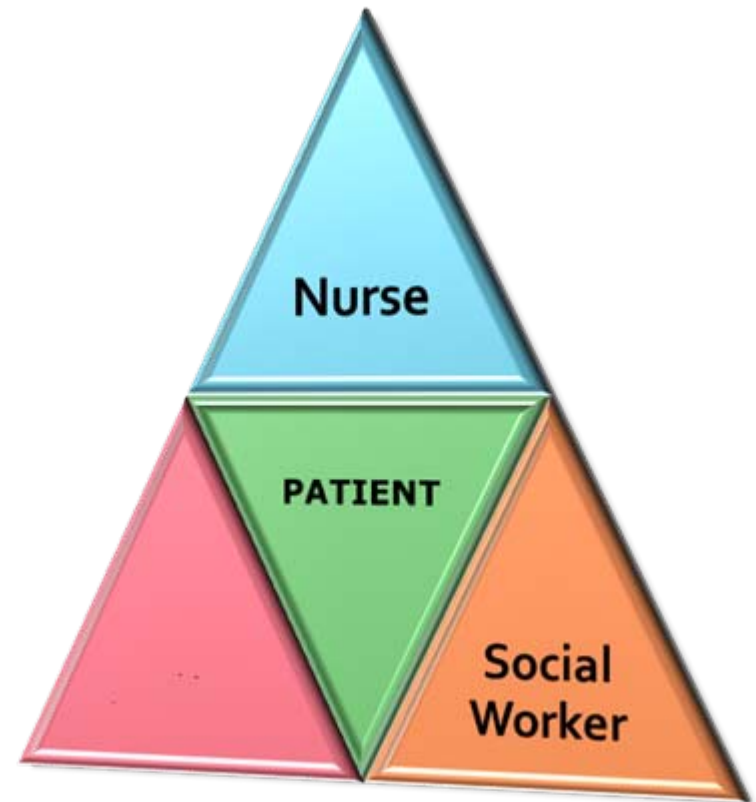


Primary Care Team



Catalan Health Care System: Primary Care Team

- Gatekeepers
- Multidisciplinary Team
 - GPs (>15 yr old)
 - Pediatrics (0 to 14 yr old)
 - Nurses
 - Dentist
 - Social Worker



Catalan Health Care System: Primary Care: Facilities and Services



Catalan Health Care System:

Primary Care: Scope of Services

- Free choice of Practice and GP, Paediatrician and Nurse
- Community Care (All the Team – Community Plans)
- Homecare (SW, GP/P, N,D)
- Acute medicine (GP/P, N, Dentist)
- Prevention of care (GP/P, N, D)
- Promotion of care (GP/P, N, D)
- Minor surgery (GP)
- Other techniques: anticoagulant control and treatment, spirometry, ultrasound, etc. (GP, N)
- Vocational Training (GP, N, Admin, SW)
- Continuous Medical Education (All the Team)
- Research (All the Team)

Catalan Health Care System: Primary Care

- **Diversity of Providers**
- **Electronic Clinical Record**
 - Internet based – All health providers at all levels
- **Fast Pathways:**
 - Cancer fast screening and treatment
 - Heat wave
 - Epidemic
- **Evidence Based Medicine**
 - Clinical Guidelines
 - CME (Continuous Medical Education)
- **Quality Assurance / Economic incentives**
 - Salaried professionals and personnel
 - Accountability – Quality Indicators (Individual and Team based)
 - Pay for Performance/Incentives
 - CPD (Continuous Professional Development)

Catalan Health Care System: Primary Care - Programmes

- **Disease Management Programmes:**
 - **CHF**
 - **COPD**
 - **DIABETES**
 - **DEPRESSION**
- **EXPERT PATIENT PROGRAMME**
- **CALL CENTER**
- **GUIDELINES**
- **ELECTRONIC CLINICAL RECORD**
- **Liaison Nurse**
- **Health Programme at School**
- **Community Health Plans**
- **Sport and Health programme**

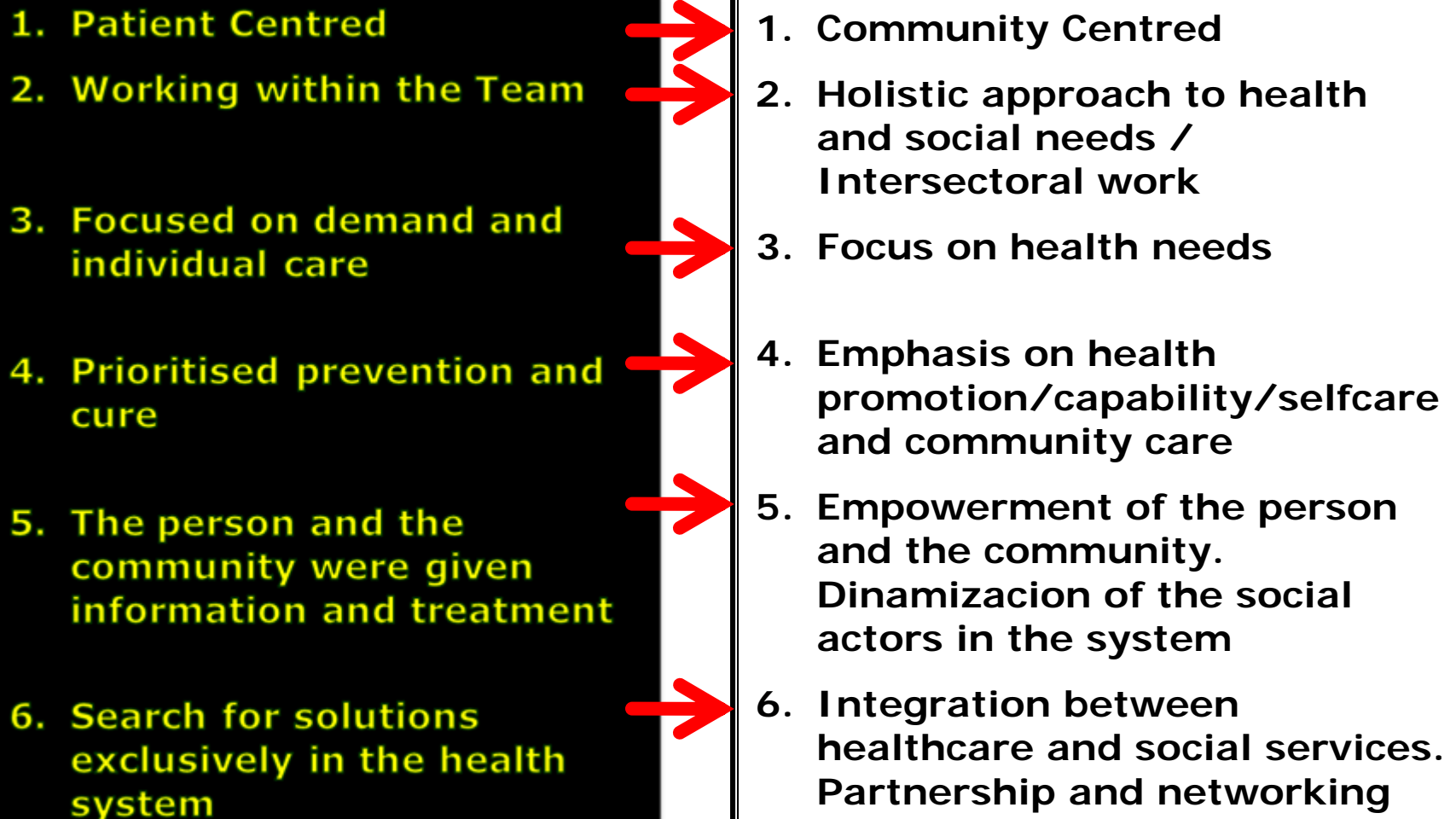
Catalan Health Care System:

Primary Care – Requires intervention

- **Civil Servant Structure. No flexibility in mobility of professionals**
- **Very High Number of Consultations x Patient x year at Primary Care level**
 - Bureaucratic 'tics'
 - Seek leave control
 - Mediatisation of the society
- **Overuse of Emergency Units at hospitals**
 - No cost No value!
- **What to do with demand?**
 - Disease Management Programmes - Policy Makers are NOT very enthusiastic
 - Development of a compatible software Primary Care - Hospital
 - "NHS Direct" Sanitat Respon
- **Rethinking of leadership and multisectoral approach**
 - 'inexistence of a Collective Leadership approach' to date. To be developed
- **No formal development of Community care. Isolated initiatives by Primary Care Teams**

Moving from Primary Care to Integrated Care

Innovation Plan for Primary Care in Catalonia



Challenges (1)

	Current Model	Towards the target Model
Orientation	<ul style="list-style-type: none"> -Reactive health care -Equal services for all 	<ul style="list-style-type: none"> -Proactive Care -Population stratification -Identification of patients with chronic diseases
Patient	<ul style="list-style-type: none"> -No choice. Patients went where were assigned -Passive patient 	<ul style="list-style-type: none"> -Patient Choice -Patient involvement and selfcare
Leadership	<ul style="list-style-type: none"> -County Hospitals 	<ul style="list-style-type: none"> -Executive Director and Support team at County level -Full "Commissioning" role: to plan and purchasing of local services
Policies and strategies	<ul style="list-style-type: none"> -Catalan Health Plan 	<ul style="list-style-type: none"> -Catalan Health Plans + Local Strategic Plans
Clinical Guidelines	<ul style="list-style-type: none"> -Each provider developed their own clinical guidelines 	<ul style="list-style-type: none"> -The same Clinical guidelines for all Catalonia (HealthTechnology Agency and Department of Health) -Interactive clinical Guidelines within electronic clinical records
Care Pathways	<ul style="list-style-type: none"> -Not defined 	<ul style="list-style-type: none"> -Local level: providers and local clinical leaders design the local care pathways

Challenges (2)

	Former Model	Towards the Current Futur																				
IT system	-Various Electronic Clinical records -IT systems not interconnected -No warnings nor calls for risk situations	-Unified Electronic Clinical Record -Warning systems interconnected withing the different care levels and professionals																				
Professionals	-Doctors + Nurses	-Professionals with a range of backgrounds																				
Care	<table><tr><td>Hospital Bed</td><td>+++</td></tr><tr><td>Office/Practice</td><td>++++</td></tr><tr><td>Homecare</td><td>+</td></tr><tr><td>Telephone/ email</td><td>-</td></tr><tr><td>Telemedicine</td><td>-</td></tr></table>	Hospital Bed	+++	Office/Practice	++++	Homecare	+	Telephone/ email	-	Telemedicine	-	<table><tr><td>Hospital Bed</td><td>++</td></tr><tr><td>Office/Practice</td><td>++++</td></tr><tr><td>Homecare</td><td>++</td></tr><tr><td>Telephone/ email</td><td>++++</td></tr><tr><td>Telemedicine</td><td>+++</td></tr></table> Development of new indicators which favour integrated care	Hospital Bed	++	Office/Practice	++++	Homecare	++	Telephone/ email	++++	Telemedicine	+++
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Telemedicine	+++																					
Relation With Social Services	-Dependency Act of Catalonia. Difficulties to be implemented. -Non existence of a cooperation model between health and social services	-Design of a cooperation model between social and health services																				



Reorganization of the Catalan Health System

1986

Federal System

Catalan Health Minister and
Catalan Department of Health



2009 Territorial Governments

*Aim: Health System and Local authorities
working together*

- ☐ 7 Health Regions
- ☐ Empowerment of the Local:
 - 37 Territorial Governments (county level)
 - Department of Health
 - County Authorities
 - Local Authorities
 - Citizen and local stakeholders' participation
- ☐ Clinical Governance



Health & Social Trends in Catalonia: Immigration

TOTAL POPULATION: 7.518.272 (1st January 2009)
SPANISH NATIONALITY: 6.281.829
Non Spanish Nationality: 1.236.443

Latin America

Africa

European
Union

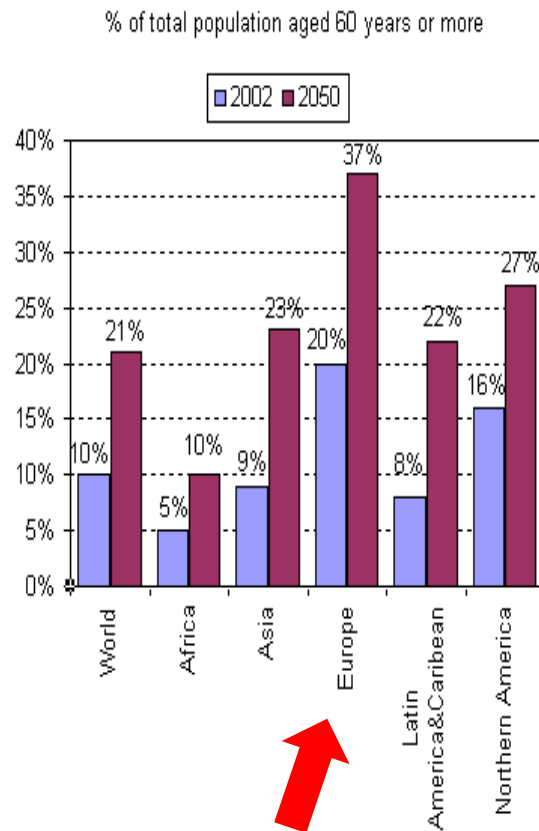
Asia

European
Non EU

1. Marroco 235.133
2. (EU-27) Romania 96.695
3. Ecuador 86.922
4. Bolivia 63.301
5. Colombia 51.684
6. (EU-15) Italia 48.360
7. China 46.765
8. Peru 37.345
9. Argentina 36.644
10. (UE-15) France 36.173

11. Pakistan 35.894
12. Brazil 30.289
13. (EU-15) Germany 24.193
14. Dominican Republic 22.261
15. (UE-15) United Kingdom 21.854
16. Senegal 19.455
17. Chile 17.693
18. (UE-15) Portugal 17.670
19. Gambia 17.180
20. Ukraine 17.078

Health & Social Trends in Catalonia: Ageing / Caring and Dependency



**Catalonia 2050: 45% total
population aged 60 yr or more**

Health & Social Trends in Catalonia: Chronic Diseases



- ✓ Osteoporosis
- ✓ Heart Disease
- ✓ Diabetes
- ✓ Dysmetabolic Syndrome
- ✓ Depression
- ✓ Immunological Disorders
- ✓ Dementia



Health & Social Trends in Catalonia: High Tech / Genomics / Tele-medicine





Thank you

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