

Top 10 issues in the Spanish Health Industry in 2017

'State Pact' or possible reforms?

Executive summary

1. Shaking the National Health System

- The National Health System has always been structurally very reluctant to any changes.
- It's deemed that a weak leadership from the Health Ministry and a tacit conservative alliance of the *status quo* are the roots of this lack of reforms.
- Nevertheless, the National Health System has a great vitality with a lot of bottom-up initiatives.
- The new political situation may allow a new transforming agreement of limited ambition but nevertheless effective, that should be balanced out with the bottom-up initiatives from the National Health System itself.

2. An eternal concern: financing

- In 2009, as a consequence of the economic crisis, the growth trend of the public healthcare expenditure in Spain changed by going down meaningfully until 2014.
- The forecast of the Stability Program (until 2019) continues being very restrictive, because the healthcare expense of 2009 will only be recovered in 2019, but without taking into account the accumulated inflation of that period (14.7%).
- There are high differences in the public healthcare expenditure per capita in the different Spanish regions, which have been maintained over time.
- The search of any financing sufficiency for the National Health System is a hard task, given the stagnation and lack of cohesion in the industry.

3. The chronic pain of the National Health System: the human resources management and its continuous ailments

- Human resources management in the National Health System is one of the big challenges, with implications in management tools, cultural changes and legal modifications.
- Job instability and temporary contracts, particularly in the public system, constitute a real personal and professional drama as well as going against efficiency, as has been shown in the recent sentence of the European Court of Justice.
- Healthcare professions will go through very thorough changes in the short and long term, with relevant modifications of certain professional roles.
- The already approved nurse prescription is a demand that we need to face and a demonstration of the changing professional roles. That needs a wide agreement among the different professions with the active support of the Health Ministry.

4. Innovative medicines and medical technologies, how should we introduce them?

- The access to new medicines is one of the most important challenges of the healthcare system. "We need to leave a place for them", which means to revise all the expense structure of the system.
- We have overcome certain delays in the introduction of new medicines in Spain, but the unequal access among regions is flagrant.
- There is a big obsolescence in medical

technological equipment, as a consequence of the economic crisis.

- A Plan of Public Acquisitions of medical equipment coordinated with the acquisitions in the private sector with public agreements is necessary.

5. Buying more effectively, buying better

- The model of public procurement is slow, inflexible and overly focused on the price.
- The implementation of the European Directive 2014/24/UE means an opportunity of improvement of public purchases in the health system.
- The following initiatives could be adapted: frameworks for purchasing solutions, rather than the product; general conditions to buy by results; tenders with a *value-based healthcare* approach, etc.
- The recent tender of the Sant Pau Hospital for the acquisition of defibrillators is an example of the possibilities offered by the current legal setting.

6. Private provision. A new spectre is haunting the Spanish healthcare system: the 'paleoprogressivism'

- The National Health System, understood as the part of the system managed directly by the Public Administrations, is very solid and enjoys great social support, although it has problems of sustainability, inequality among the regions and little presence of patients as the centre of the system.
- Coexisting with this public system, the private provision has played a substitutive or complementary role along its existence in all the regions and with steady volumes

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of activity.

- Public-private cooperation is very wide and happens in all regions, beyond the political persuasion of the governments.
- We have recently heard from certain regional governments a continuous criticism of the private sector and a questioning of the collaboration between the public and the private systems, not based in results or rigorous analysis.
- The Directive UE 2014/24 about procurement of the public sector may introduce certain problems to the free competence with possible impairment of the private healthcare industry. We need to see how this Directive is implemented in the Spanish State and if the regions, on their side, introduce additional restrictions to the free competence.
- The private healthcare industry is a good platform for innovation, as it has been shown in several cases.
- A strategy of internationalization using the “brand Spain healthcare” may have sense, especially in Latin America.
- The concentration process and development of the private healthcare providers will make it necessary to rethink the relationships with the healthcare insurance companies.

7. The patient in the centre: from the advertising slogan to the reality

- *Putting the patient in the centre* must not only be a slogan based on humanization plans or lists of patient rights, but should have a practical approach.
- The patient's access to a *health portal* is a pre-requisite to reinforce its role.
- The emphasis on shared decision-making is another very relevant aspect, which means changes in the clinical practices, to implement a methodology and redesign the clinical guidelines.
- A set of indicators of what really matters to the patients classified by clinical conditions must be defined, according to the ICHOM initiative.
- Listening and involving the patient's associations is a key issue to *put the patient in the centre*.

8. Measuring to compare results and improve

- Neither the information published by the different regions or by the Health Ministry allows for a disaggregated analysis of the supplied information by territories or healthcare centres.
- The latter is making it harder to extract one of the potential advantages of the decentralized healthcare system: the comparative analysis and emulation.
- The creation of a Healthcare Information Agency, as a public body, led by the Health Ministry, but with a good governance in order to guarantee its independence and the participation of the different regions as well as other public and private institutions, is hence proposed.

9. Digital transformation of the healthcare system: beyond the electronic record and digital prescription

- All regions have made a great effort in the digital transformation of the healthcare system, mainly in support processes for healthcare organizations or for clinical activity, although without solving the interoperability problem.
- Such efforts were partially interrupted by the economic crisis and the investment restrictions to health information technolo-

gies.

- Now it is the time to introduce a disruptive change in the system, offering online service to the patient/user, as happened in other industries.
- The services we propose to offer, as well from the public and private systems, are:
 - Facing chronicity and aging
 - Secure messaging between professionals and patients
 - Online medical visits

10. Mature governance or 'white tides'?

- There has recently been a phenomenon both in Madrid and Andalusia that in a simplified way we will call *white tides*.
- Such phenomena are characterized by reiterated demonstrations, intermittent strikes, appearance of professional leaders of radical profiles, sometimes with the emergence of new unions or platforms and with approaches full of demagoguery and populism, from which we can't expect anything positive for the system.
- In both cases such movements were extremely successful, being capable of changing or modifying long term plans of the regional governments.
- We deem these movements clearly negative and resistant to change, from a reformist perspective of the healthcare system.
- Nevertheless, the Spanish healthcare system may have weaknesses and having certain elements that could represent a breeding ground for the appearance of these conflictive outbreaks.
- The success of the *white tides* may be an indirect sign of *tiredness* in the system: wearing out of the professionals by the labour conditions, of the citizens by the cuts, by the rigidity of the system,... It may be indirect signs that the slow decline of the system is having consequences in the public perception.
- Only a mature governance both at the general level and in each of the healthcare institutions -and the solution of some of the problems feeding the conflicts- will allow to face certain problems in a realistic and positive way.

Presentation

When we speak about the problems of the Spanish Health System it is quite frequent to mention the need of a *State Pact for Health*, as the universal panacea for all its ailments.

The problem is that it gives us the impression that each proponent thinks something different -if not totally opposed to- in relation to the content of the aforementioned Pact. Maybe some may think about an *agreement to change nothing*, whereas others seem to understand by the Pact a kind of *big-bang* that puts in question all the components of the system, in order to start from scratch.

The spirit that inspires this document is very far from both positions, we rather think in a series of possible reforms giving answers to certain challenges; challenges that the Spanish Health System -as the rest of the European ones- didn't have when it came into existence, but does now:

- The aging of the population, as a consequence of an increase in life expectations;
- New diagnostic and therapeutic technologies that permit solving problems, until very recently totally unsolved by the human beings;
- The information technologies that open perspectives to give care in very different conditions from the traditional ones;
- New and demanding social requests, in front of the health systems, asking for personalized and not standardized services; and,
- The trend to increase healthcare expenses, in the framework of a less progressive tax system, that forces a prioritization of the expenses within the Welfare State.

The proposals of this document consider all these challenges taking into account an attitude of understanding of the Healthcare Administrations, of respect for the professionals, an interest with regard to the patient's experiences as well as a *business friendly* approach towards the companies that operate in the industry.

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