



# LUXEMBOURG HEALTH SUMMIT



EUSKO JAURLARITZA

OSASUN ETA KONTSUMO  
SAILA

GOBIERNO VASCO

DEPARTAMENTO DE SANIDAD  
Y CONSUMO

**Rafael Bengoa. Regional  
Minister of Health and Consumer Affairs.  
Basque Government . Spain**

LUXEMBOURG 3 MAY 2012

# Complexity

2 → 22 professionals

2 hours      8758 hours

13. 000 clinical processes

Everything goes up .... except one thing...

NEW DRUGS MORE  
EXPENSIVE

THREATS AND  
DIAGNOSTICS  
MORE EXPENSIVE

NEW  
TECHNOLOGIES

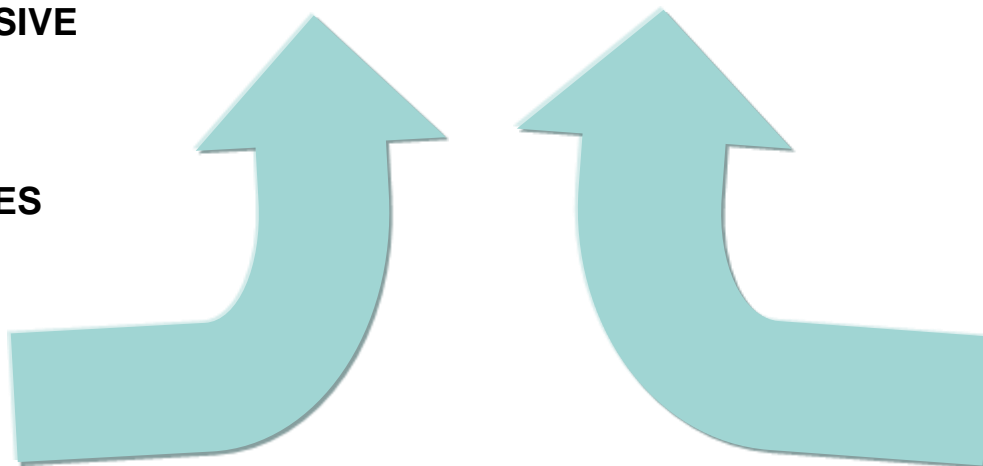
+ HEALTH  
EXPENDITURE

+ DEMAND

+ DEMOGRAPHY

+ CHRONIC DISEASE

+ INFECTIOUS DISEASES



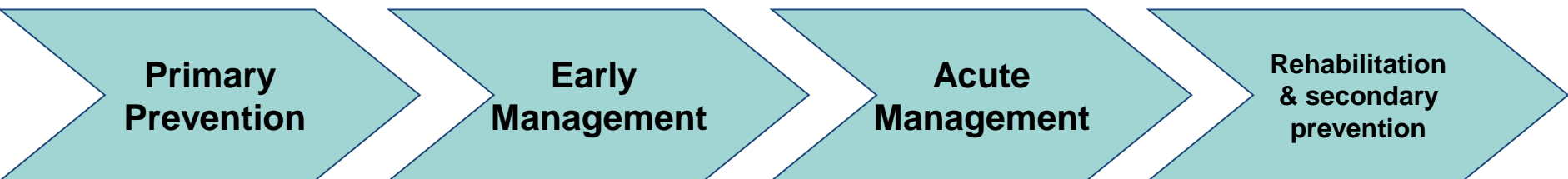
**Sustainability will come from the  
reconfiguration of the provider level ,  
not only form more financing.**

**The former is more difficult than the latter !**

# Fragmentation at the clinical level...



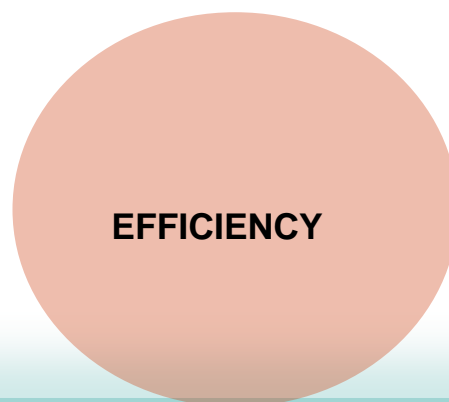
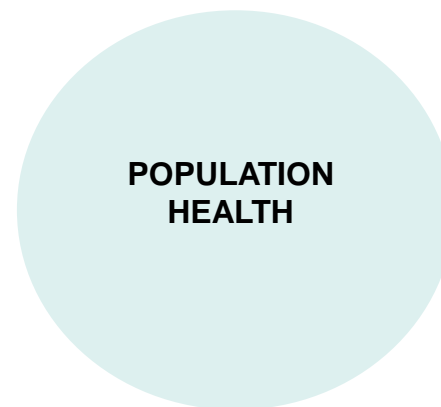
# ! ALSO FRAGMENTED ACROSS THE CONTINUUM !



Most countries are improving in each of the boxes of the continuum but not using the potential of an integrated approach across the continuum.

One of the reasons for this is that we do not have a “microsystem” operating at the local level

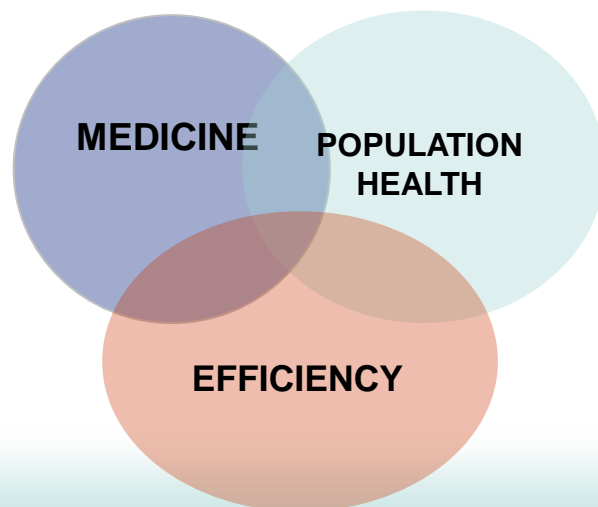
# Building some sort of Local Health “Microsystem”





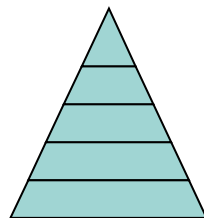
# HOW ?

# Using frameworks/models



# Need Tools for Integration Help to move towards a “System” Perspective

risk stratification...



case nurses...

routine clinical reminders...



continuum of care...

activated patient...

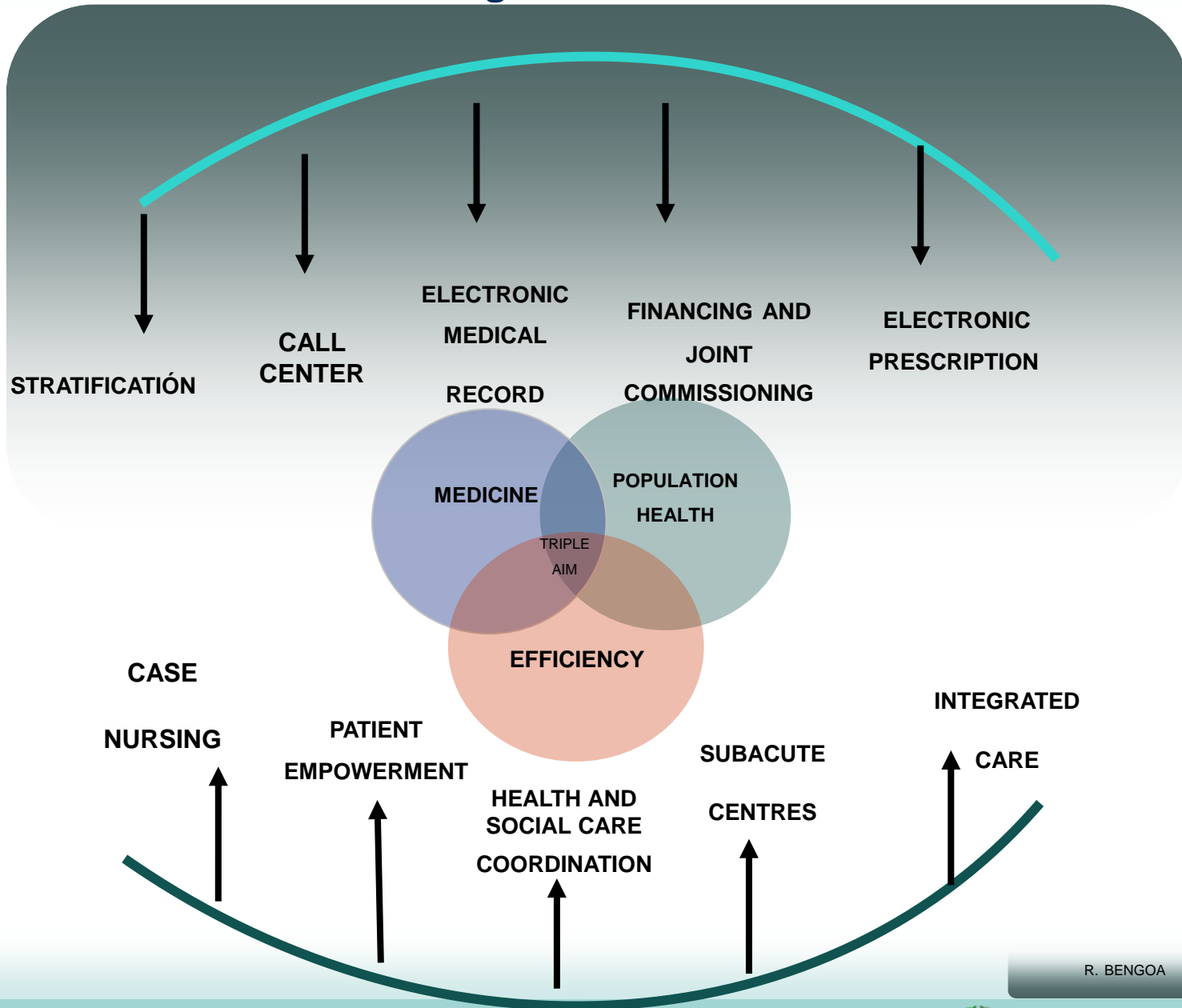


regular telemonitoring.....

# Reconfiguration of Health Care: Management Processes

## TOP- DOWN

STANDARIZABLE INTERVENTIONS

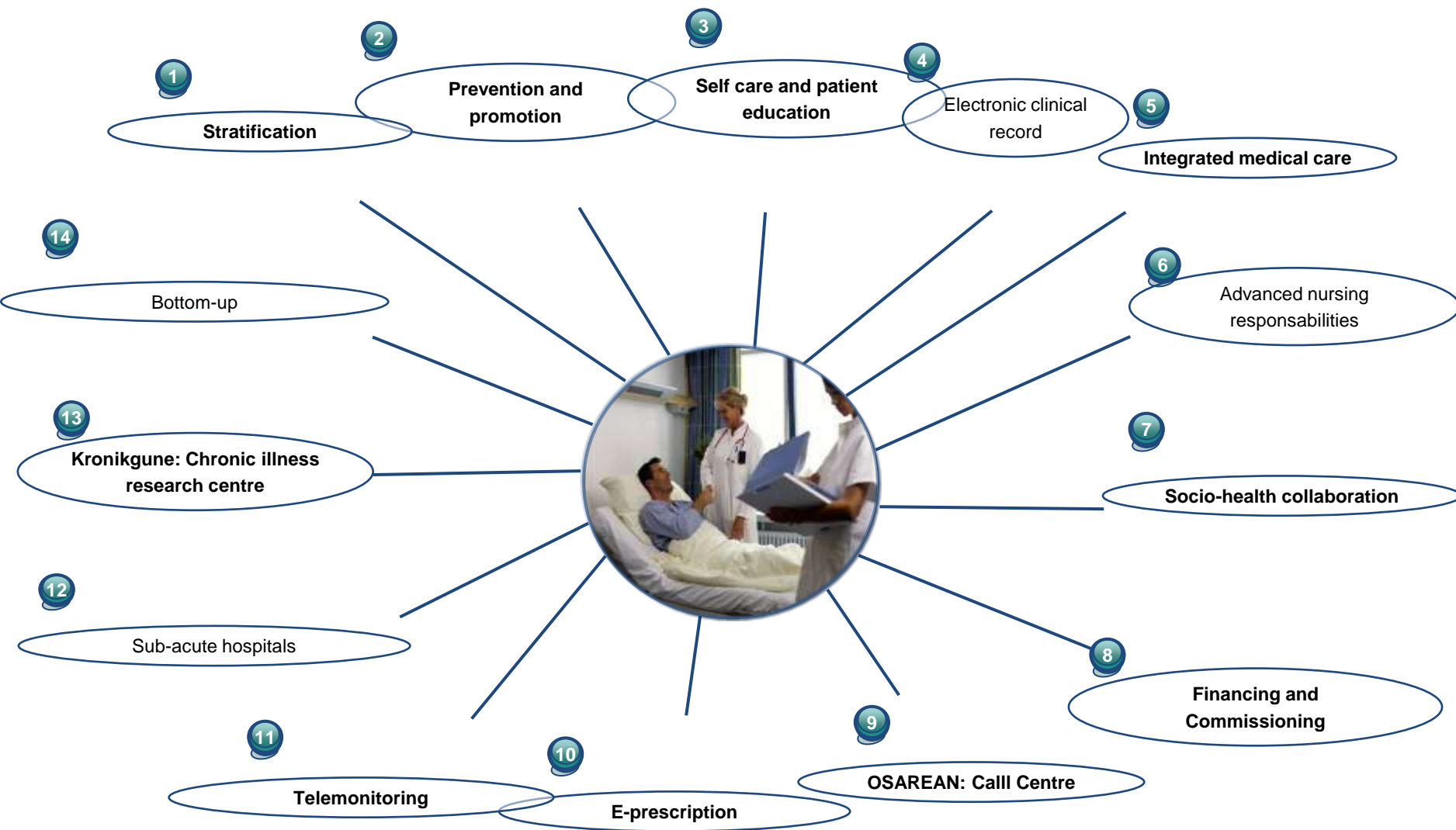


## BOTTOM UP

LOCAL INNOVATION

R. BENGOA

# Launch interventions in a coherent package: ALIGNMENT OF MANY LEVERS = PLANNING



## First Create a Narrative/ a common language ....

**PROVIDE A NARRATIVE THAT GOES BEYOND “COST CONTAINMENT”**

**A NARRATIVE WHICH PROVIDE A VISION AND A “STRUCTURE”**

**PROVIDES DIRECTION AND STABILITY IN A CRISIS ENVIRONMENT**

**THE HARDER THE EXTERNAL ENVIRONMENT IS, THE MORE COHESION CAN THE COMMON VISION PROVIDE**

IN THE BASQUE COUNTRY = THE MAIN  
STORY IS “CHRONIC DISEASES”  
AND “CLINICAL INTEGRATION”



# PROVIDE A MOTIVATING NARRATIVE... and stick to it..

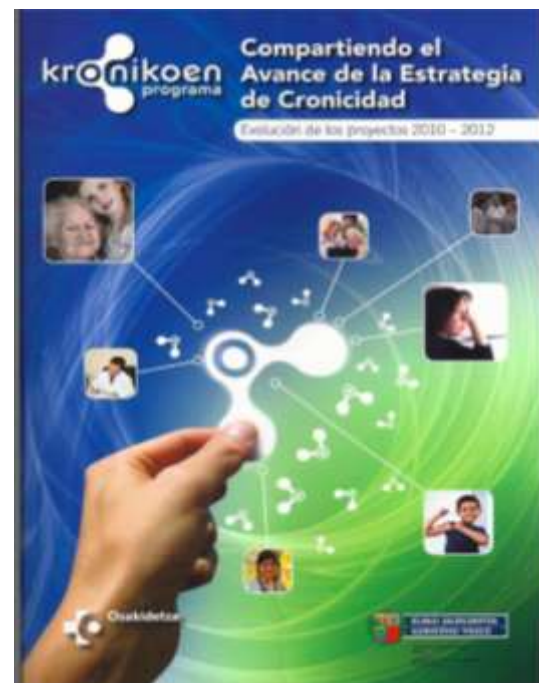
**Año 2009-2010**



**2011**



**2012**



**DEVELOPMENT OF  
THE STRATEGY**

**TRACKING  
IMPLEMENTATION**

**FIRST RESULTS**

# What results are some organizations getting?

## Is the Evidence Growing?



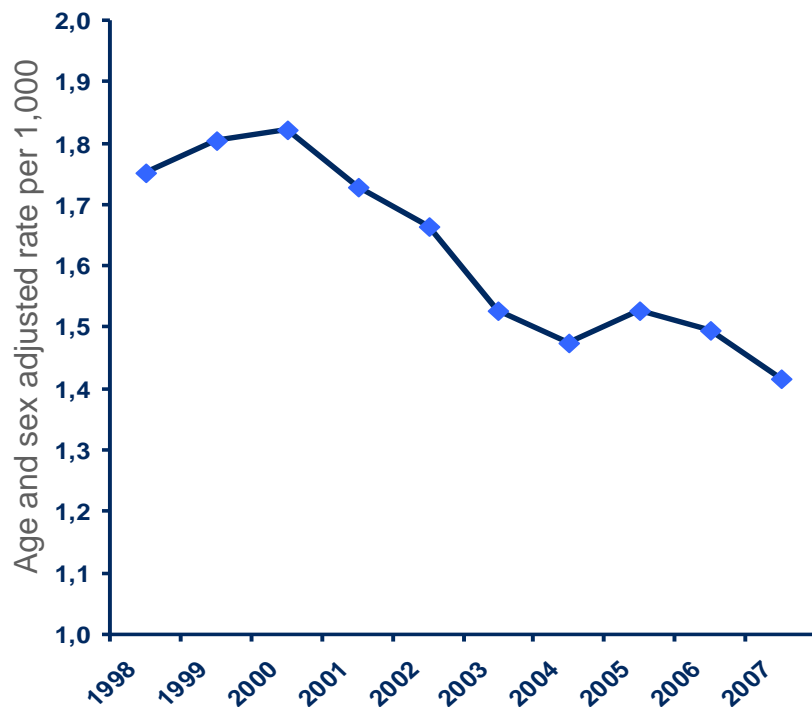
**NO CO-ORDINATION = NO CONTINUUM OF CARE**

**NO CO-ORDINACIÓN = NO SUSTAINABILITY**

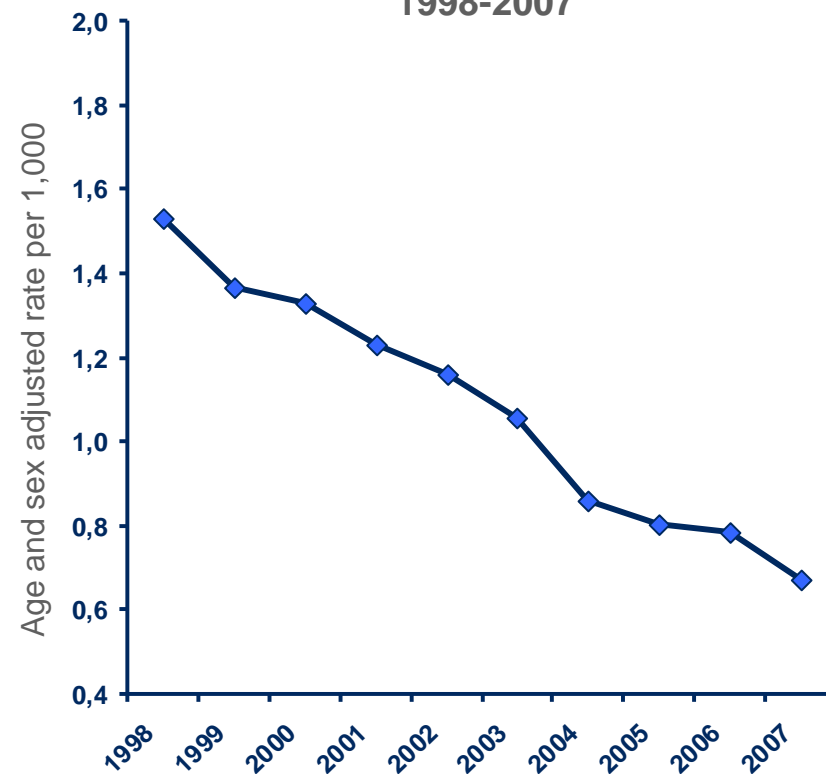
# Integrated cardiovascular care...

...is leading to reductions in heart attacks and strokes.

Stroke-related Hospitalization  
Rates in No. Cal.  
1998-2007



ST Elevated MIs in No. Cal.  
1998-2007



KP Northern California ALL program, PHASE, results.

# Results



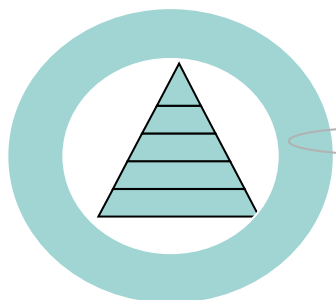
Case/illness management IC. Coordinated process between acute hospital and primary care, case nurses and self-care and patient education

RESULTS	Patients (N <sup>a</sup> )	Age	% hospitalization or death
GI	66	78 +/-12	19.7%
GC	47	79 +/-12	40.4%

# ¿ CAN ONE GO FAST AND TO SCALE ?

## SPEED ??

## FAST WITH MANAGEMENT PROCESSES....



RISK STRATIFICATION

100%  
población  
estratificada



EMR

Historia  
clínica  
unificada en  
toda la red de  
Osakidetza

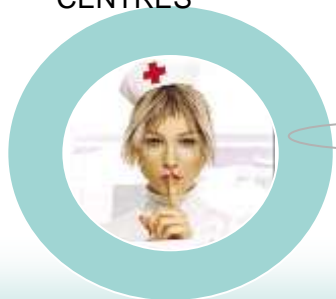
CALL  
CENTRES

Osakidetza  
no presencial  
-  
telemonitoriz  
ación en casa  
con  
resultados  
positivos

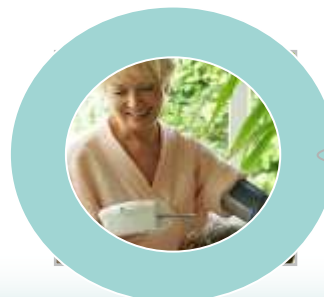


INTEGRATION

Más de 30  
proyectos de  
coordinación  
para mejorar  
la continuidad  
asistencial

CASE  
NURSING

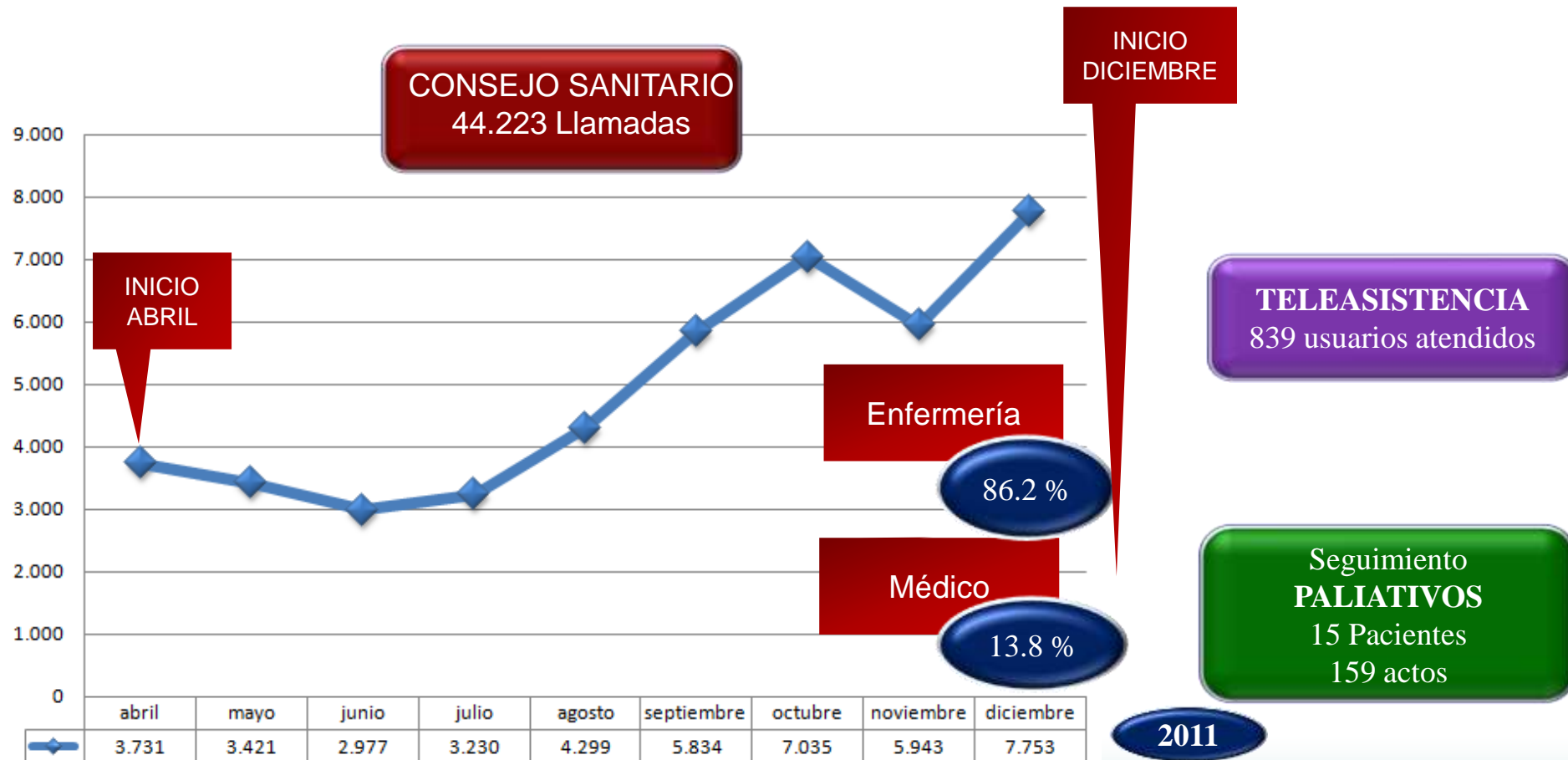
3 Nuevos  
roles de  
enfermería  
nuevos (71  
ECGA)



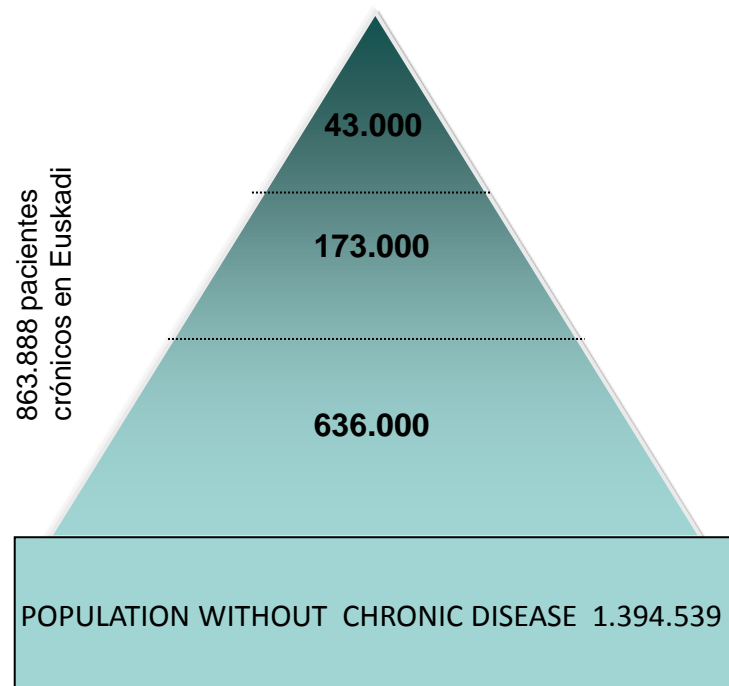
PATIENT EMPOWERMENT

Más de 500  
pacientes  
activados y  
1500 en el  
2012

## OSAREAN: CONSULTAS NO PRESENCIALES



# Identification of 2.240.000 people in relation to their risk



100% HEALTH PROFESSIONALS  
CAN NOW KNOW IN  
WHICH RISK STRATA A  
SPECIFIC PATIENT IS

# SPEED ?? BOTTOM UP ORGANIZATIONAL INNOVATION

## DIFFERENT MODELS OF INTEGRATED CARE ORGANISATIONS (systems)

### Integrated organizational structure

#### Osi Bidasoa



- **85.000** habitants
- **First integrated organizational structure (hospital and primary care center)**

### Non Integrated organizational structure

#### H. Basurto- C-Bilbao-H. Santa marina



- **384.000** habitants
- **24** primary care centers
- **1** acute hospital
- **1** medium and long term hospital



THE PROCESS WILL NOT DEVELOP IN A TIDY  
SEQUENCE OF LINEAR STEPS.  
INSTEAD IT WILL PROLIFERATE VIA GROUPS  
OF INNOVATIVE IDEAS BY DIFFERENT  
ORGANIZATIONAL UNITS.

*Van de Ven 1999*