
Reform processes in primary healthcare in selected countries of the European Region

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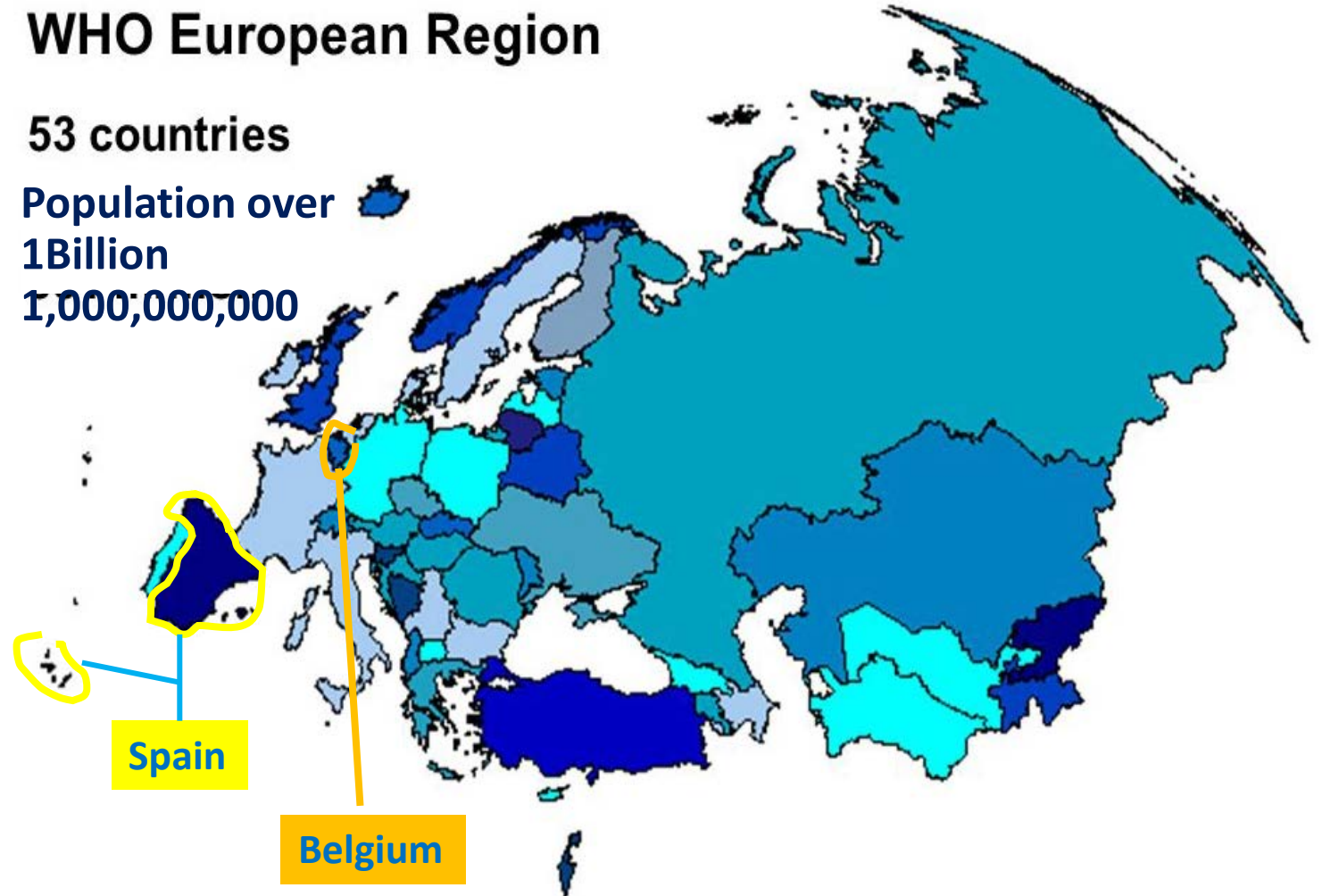
Common characteristics of both countries

1. PHC Reform / Model of Care
2. Decentralized Countries
3. Strong Family Medicine
4. Community engagement
5. Multidisciplinary teams
6. Population Health Management – Pro-active vs Reactive approach

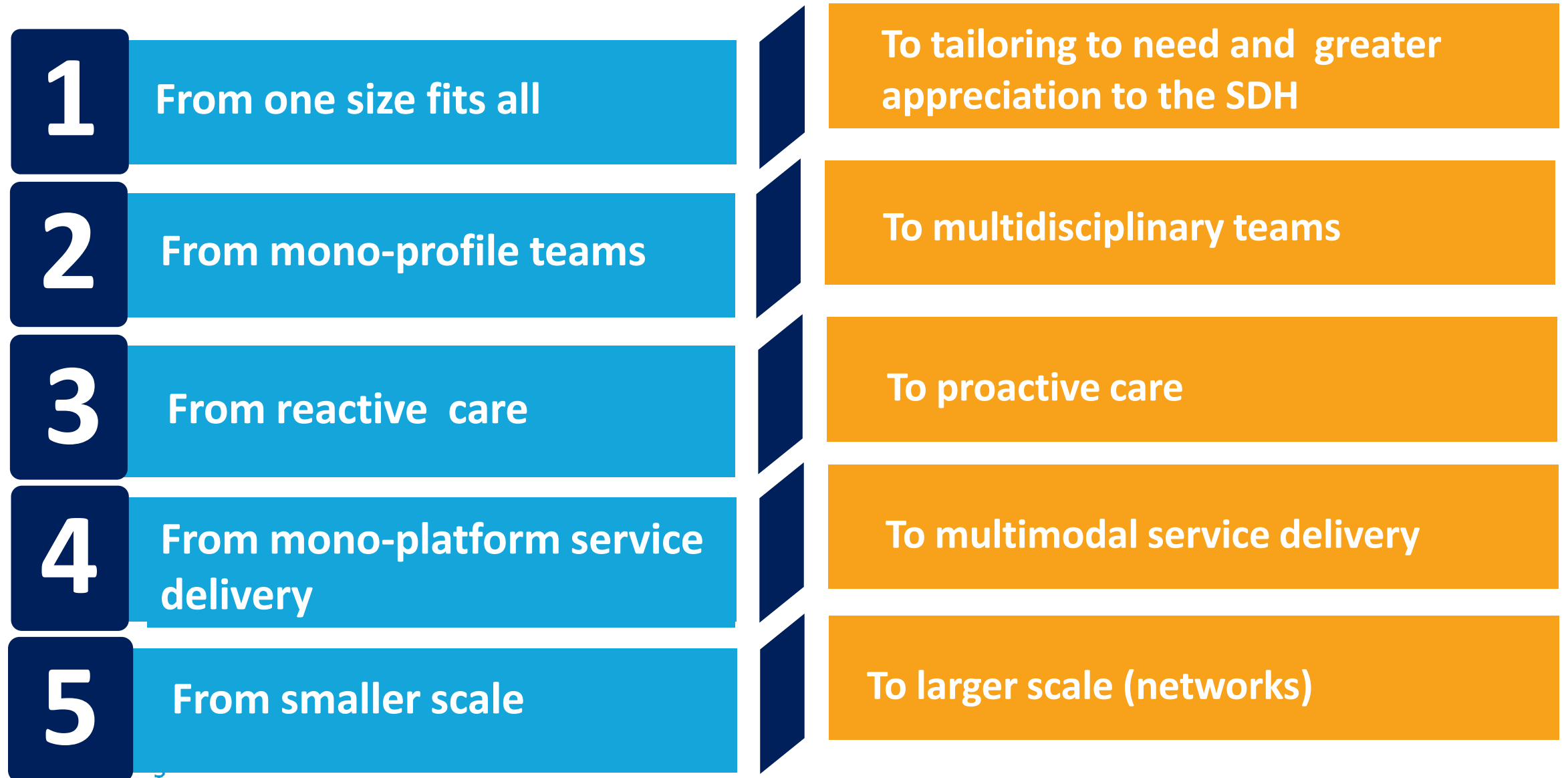
WHO European Region

53 countries

Population over 1Billion
1,000,000,000



PHC models of care are **moving forward**



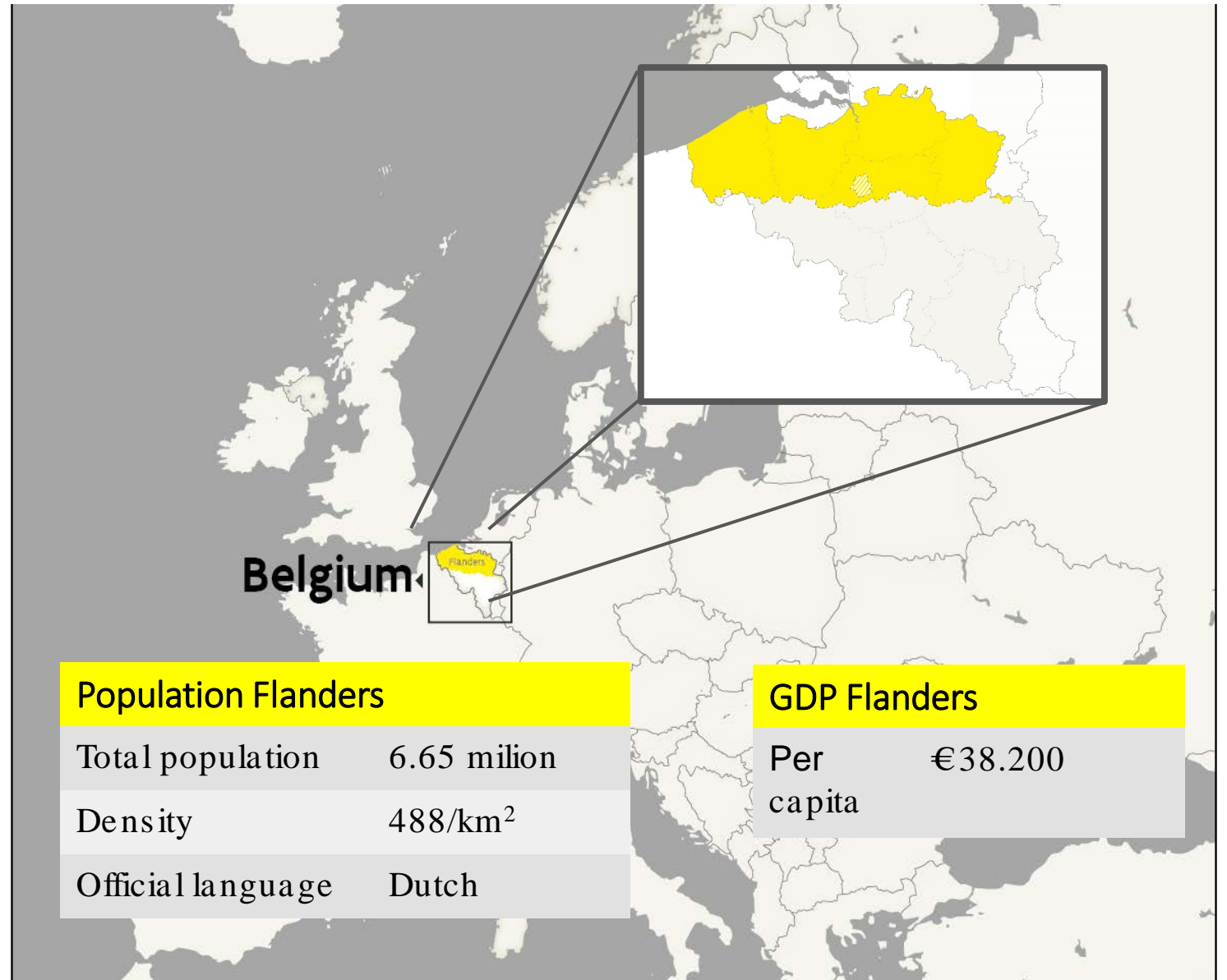
Belgium

Flanders PHC Reform:
Coordinating Health
and Social Care

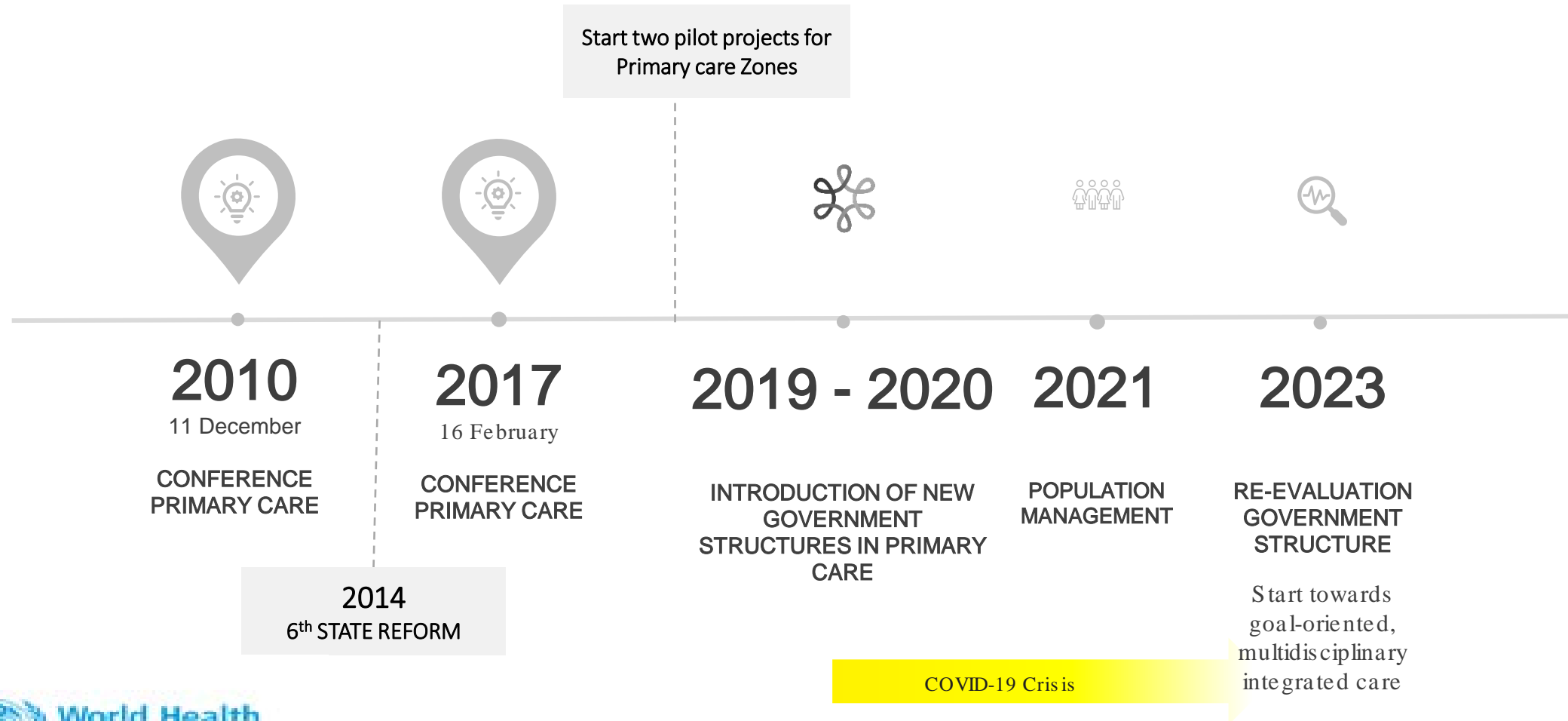


Characteristics of the Belgium health system

- 1 Solidarity in financing
- 2 Freedom of choice for patients
- 3 Independency for physicians
- 4 Private NFP & state controlled
- 5 Fee-for-service payments
- 6 Multi-payer health care system



Primary Care Reform Process in Flanders



Paradigm shift PHC Flanders

<input type="checkbox"/> Supply-led care	_____	Person-centred care
<input type="checkbox"/> Passive client	_____	Active client
<input type="checkbox"/> Fragmented	_____	Care and welfare are linked
<input type="checkbox"/> Care vs. Welfare	_____	Integrated care
<input type="checkbox"/> Sickness and cure	_____	Health and behaviour
<input type="checkbox"/> Monodisciplinary	_____	Multi-/pluri-/transdisciplinary
<input type="checkbox"/> Cure	_____	Prevention, cure & care
<input type="checkbox"/> Input	_____	Outcome
<input type="checkbox"/> Institutional/Residential	_____	In familiar surroundings/home
<input type="checkbox"/> Silo-organisation	_____	Comprehensive organisation

Transition programme

1. **Content:** changing the way care is provided
2. **Structure:** new structures to support the changing care
3. **Instruments:** how to facilitate the desired changes



13
projects

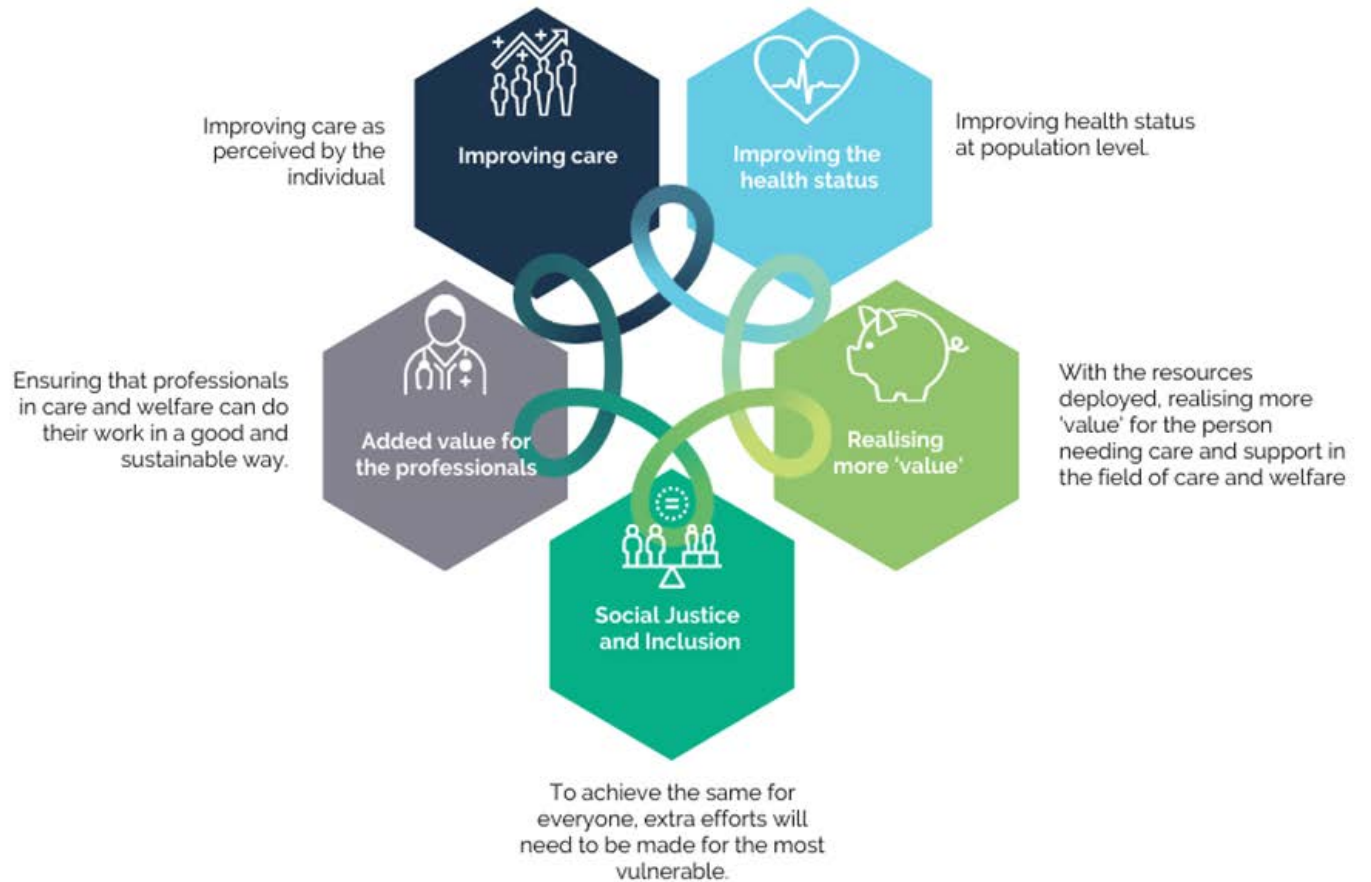


Flemish Institute for Primary Care (VIVEL): roles

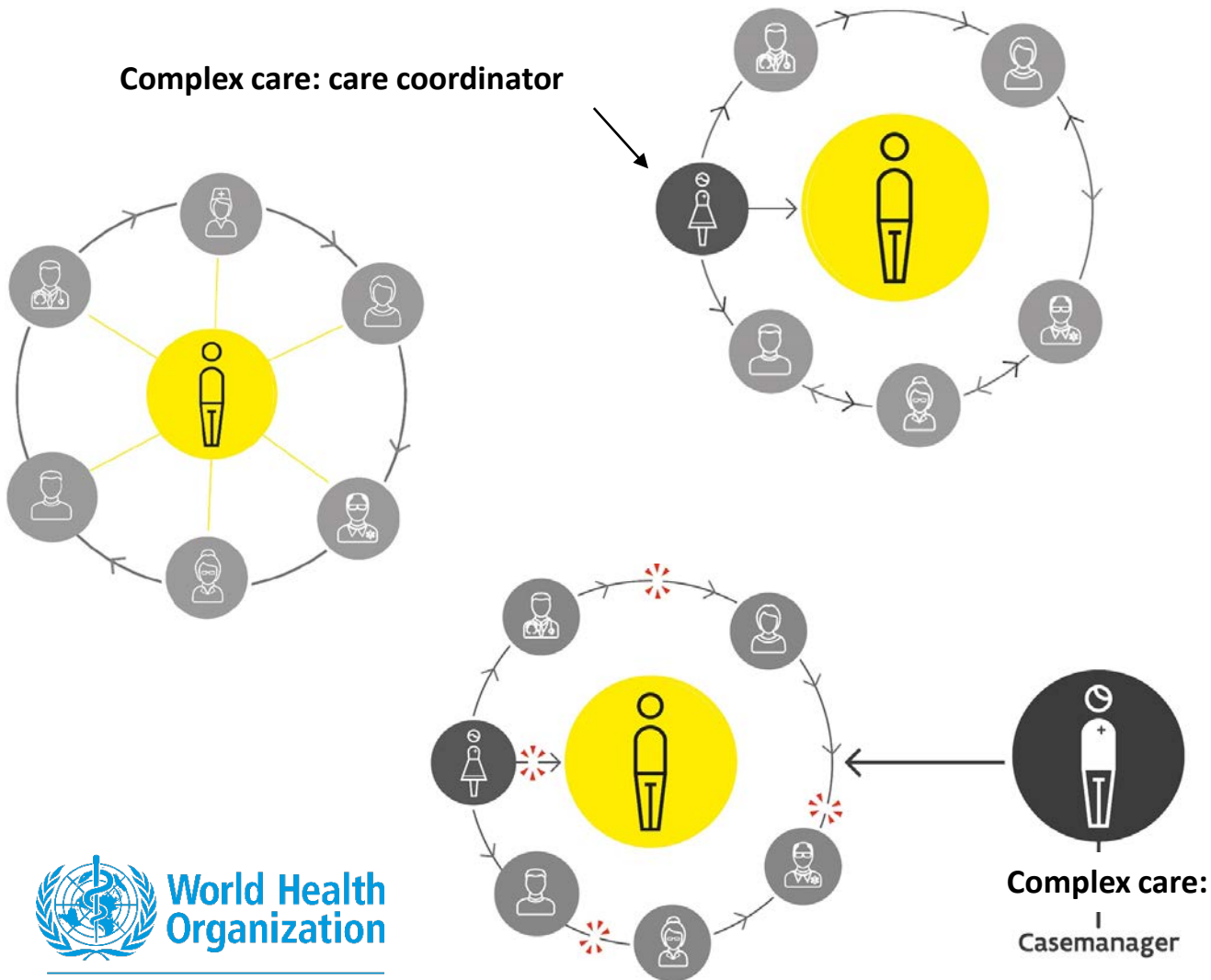
- Centre of expertise
 - First point of contact
 - Dialogue, a forum for stakeholders
 - Improve care for people
 - Support
- Collect and share data
 - Develop methodologies
 - Coach
 - Conduct innovation
 - Support quality
 - Advise

Flemish Institute for Primary Care (VIVEL)

► **Quintuple Aim**
as a touchstone for
all strategies and
decisions



Person-centred care



- ▶ Self-management and health literacy
- ▶ Informal care providers as a full partner in the care process
- ▶ Care goals in a care plan
- ▶ More neighborhood care
- ▶ Wide and integrated single point of access/contact
- ▶ Integration of prevention, mental health care, family care, social policy

SPAIN

Devolution Process to Autonomous Communities

- **National Health Service**
- **Universal Health coverage** and free access at the point of use
- Funded by **taxes**
- **Co-payment** in pharmaceutical products (free for pensioners and people with certain conditions)



Population of Spain
47,473,373

17
Autonomous Communities

Health System Decentralisation

General Health Act 25 April 1986

Role of PHC within the Health System

PHC and person-centred oriented system



European Region

Central Government



- Basic Legislation and interregional coordination
- Minimum package funded through NHS
- Pharmaceutical policy
- International health policy
- Educational requirements

Autonomous Governments

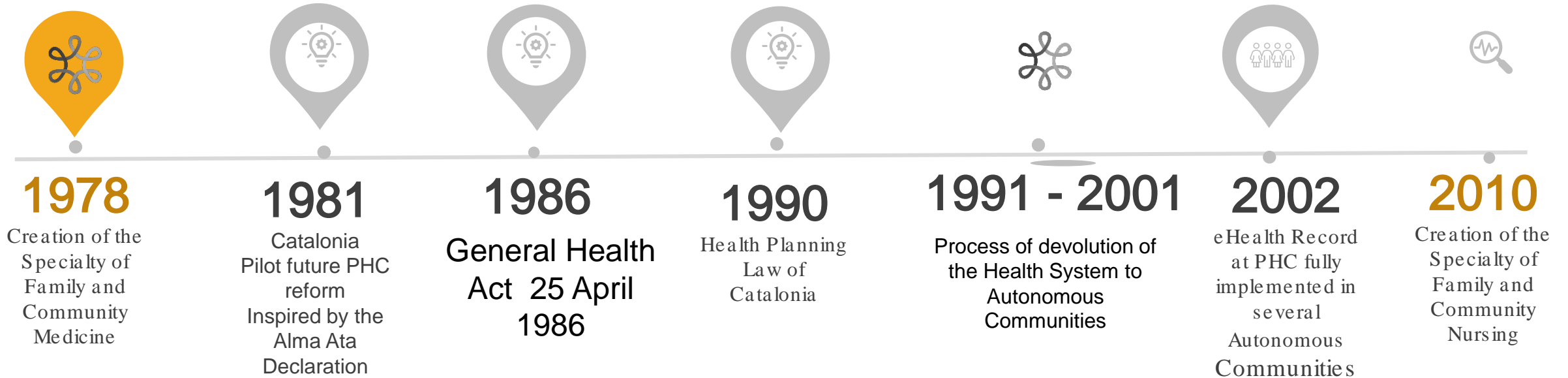
Example of one Autonomous Community



Generalitat de Catalunya
Government of Catalonia

- **Subsidiary Legislation**
- **Organisational structure of the health system**
- **Accreditation and Planning**
- **Commissioning, Purchasing and Provision of health services**
- **Public Health**
- **Digital Health and information systems**
- **Research & Innovation**
- **Quality Assurance – Agency AQuAS**

Primary Care Reform Process in Spain



1978
Creation of the Specialty of Family and Community Medicine

Alma Ata Declaration

1981
Catalonia Pilot future PHC reform
Inspired by the Alma Ata Declaration

1986
General Health Act 25 April 1986

1990
Health Planning Law of Catalonia

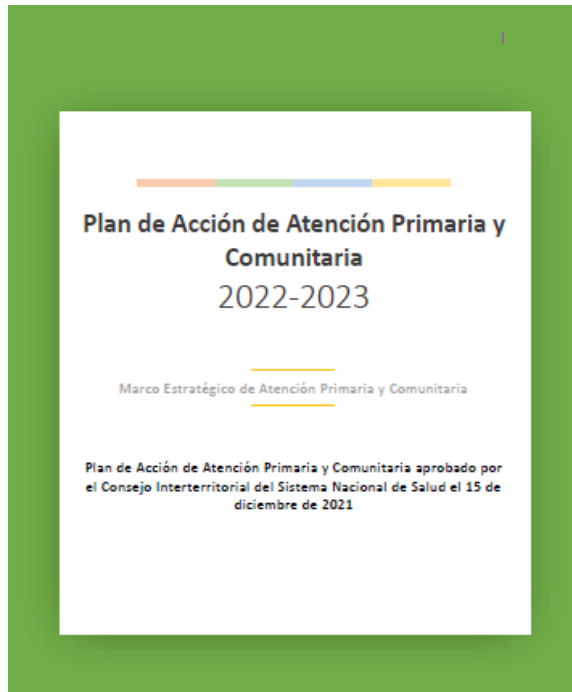
1991 - 2001
Process of devolution of the Health System to Autonomous Communities

2002
eHealth Record at PHC fully implemented in several Autonomous Communities

2010
Creation of the Specialty of Family and Community Nursing

Process of introduction to the new PHC Model

Innovation is the focus in the Primary and Community Healthcare Plan

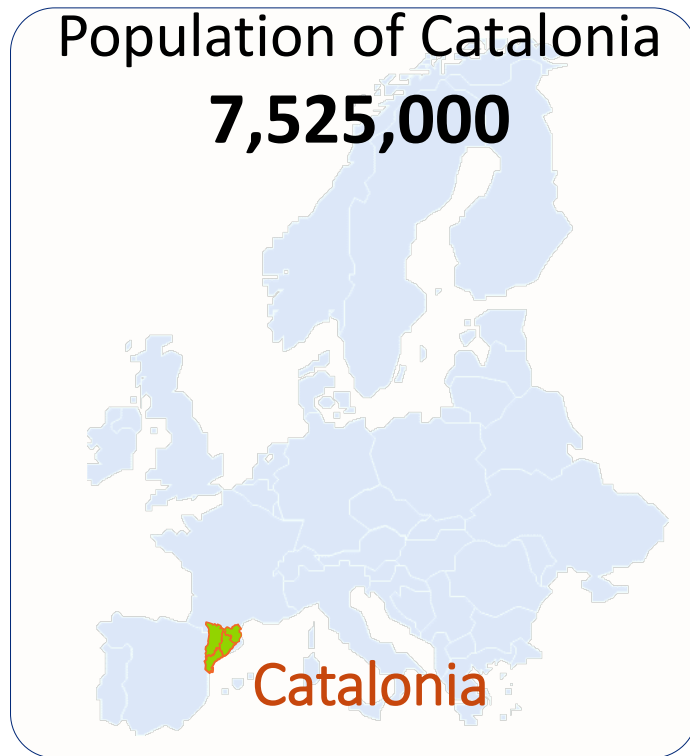


Primary and Community Health Care Plan 2022-2023

- ❑ Knowledge and experience shared among Autonomous Communities
- ❑ Innovations in the PHC system
 - Demand management
 - Performance management
 - Community care
 - Digital Health
 - PHC Team and expansion of healthcare professionals' roles
 - Basket of Services
 - Population Health Management
 - Other



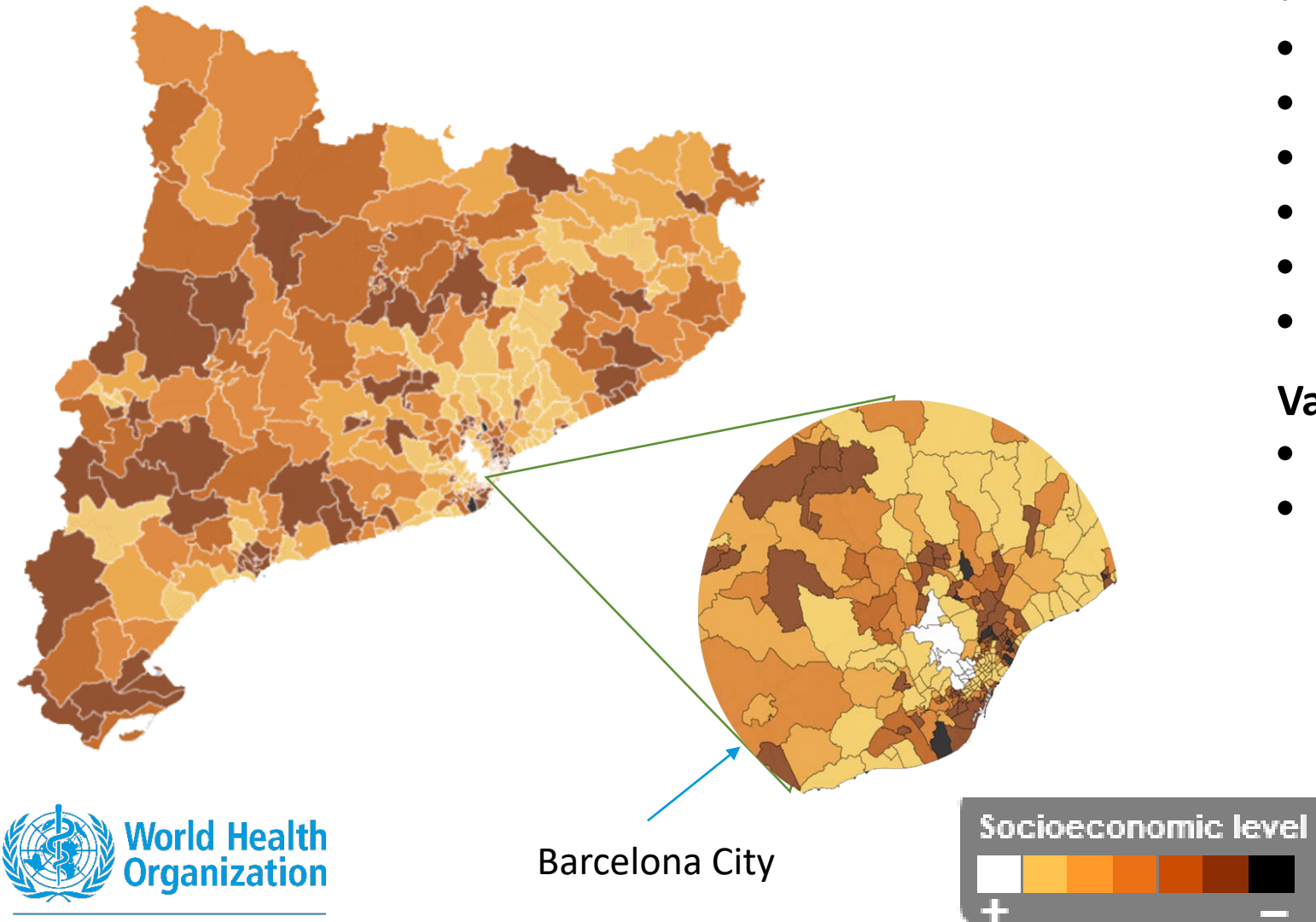
Overview and key figures of the Catalan healthcare system



- Spending **11.0 %** of Catalan GDP in healthcare
- **30%** of the Health care budget for PHC
- **Multi-provider (NFP) system publicly funded**
- **Relationship between Catalan Health Service** (public insurance) **and providers contractually full accounted** (health objectives, activity, economic amount, pricing, invoicing system, evaluation system).
- **Providers** have the **duty to share information** with both the **Catalan Health Service** and the **other providers**

Payment system to PHC Teams

Distribution of PHC Areas in Catalonia and its socioeconomic level



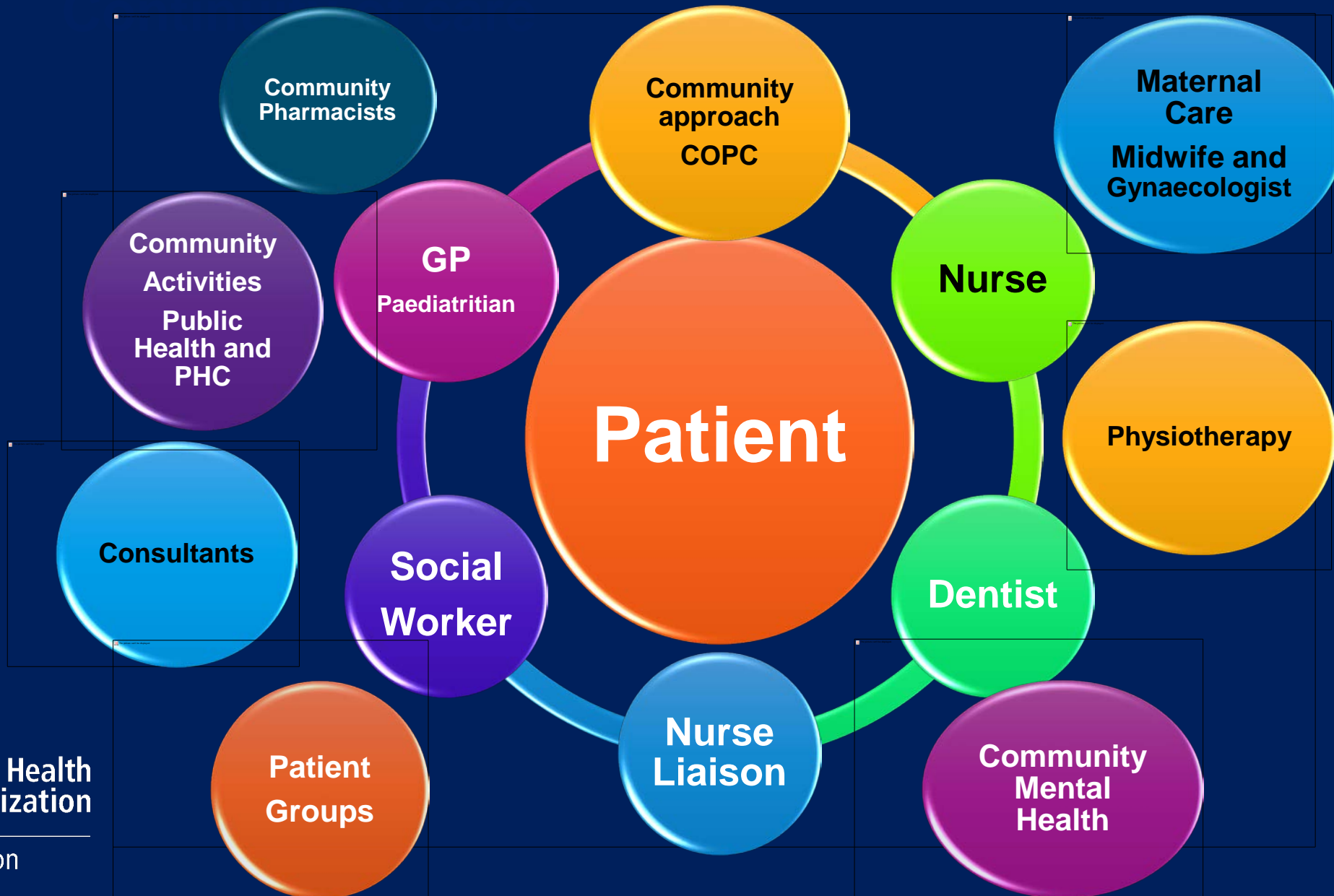
Fixt part (95%):

- Assigned population (Empanelled)
- Capitation
- Geographic factor
- Morbidity
- Ageing
- Socioeconomic level
- Territorial dispersion

Variable part:

- Performance
- Objectives

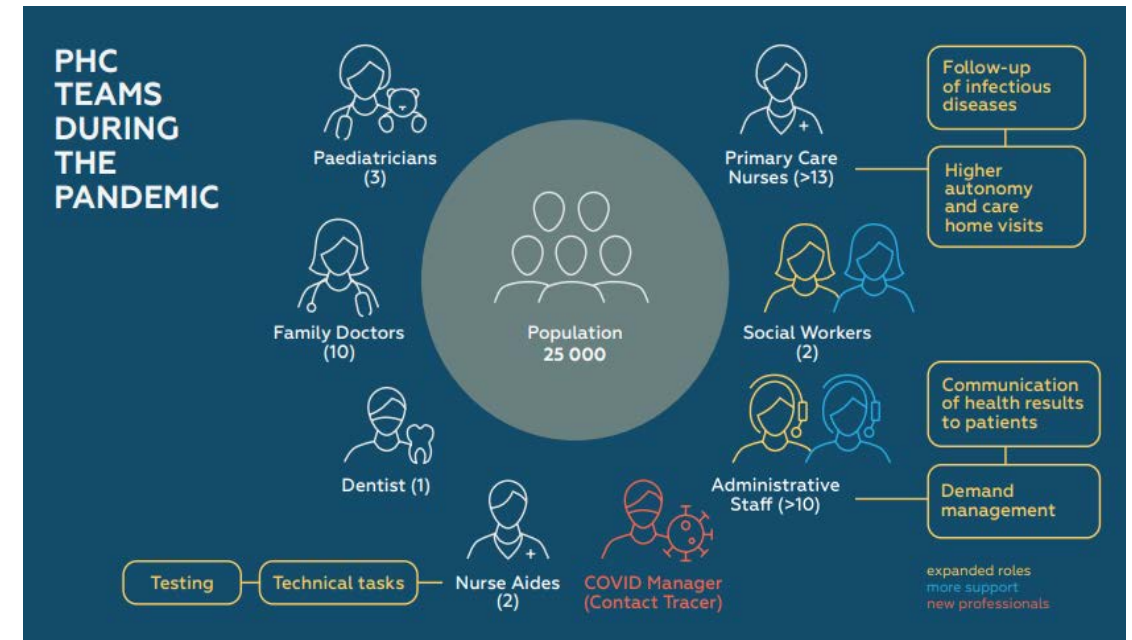
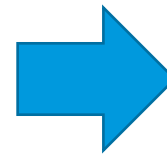
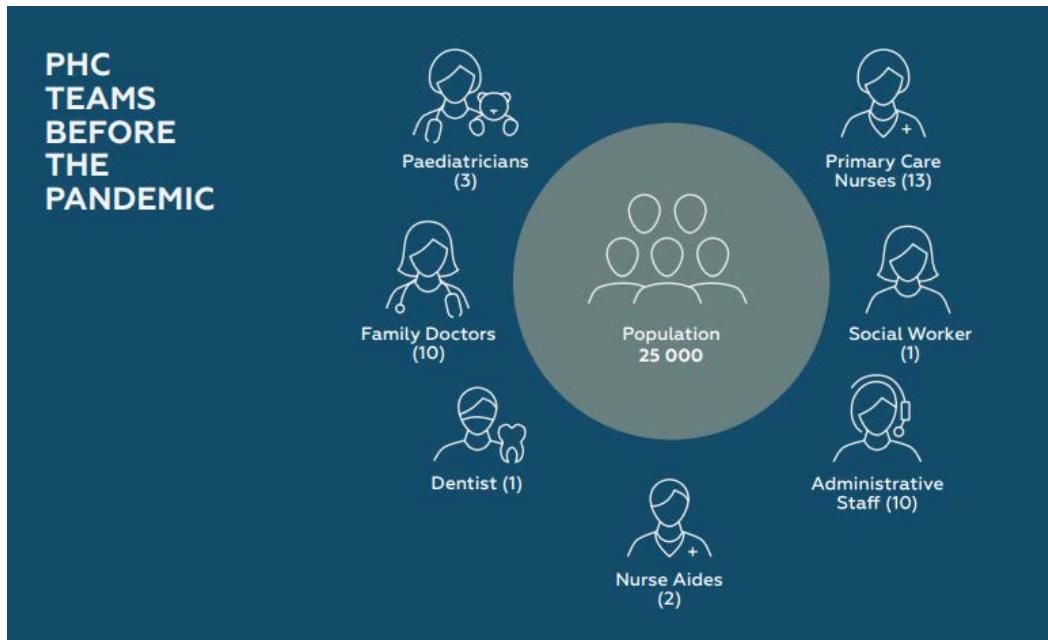
Multidisciplinary Primary Health Care Teams



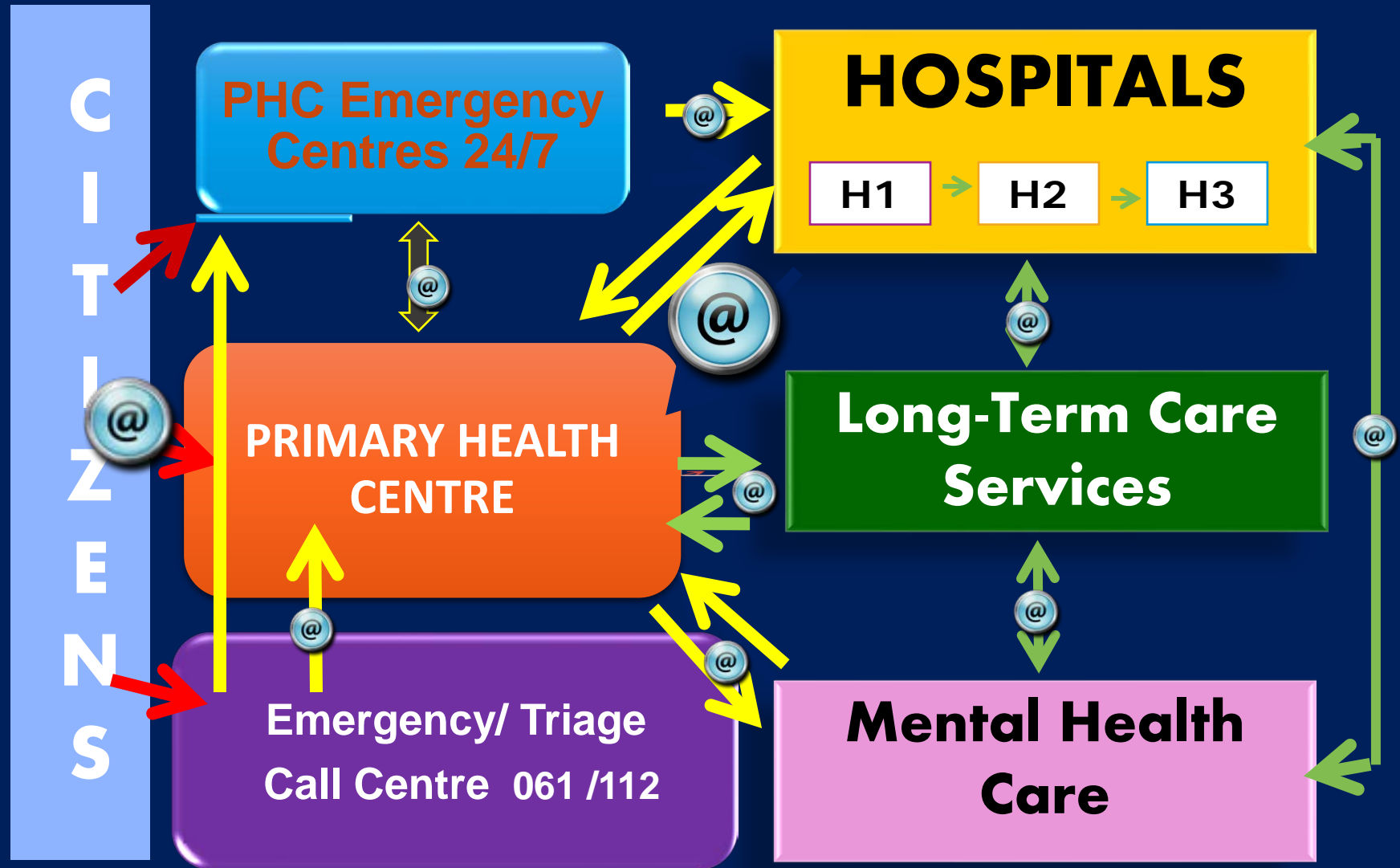
SPAIN - Lessons learned from COVID-19

Health workforce composition, competencies, skills

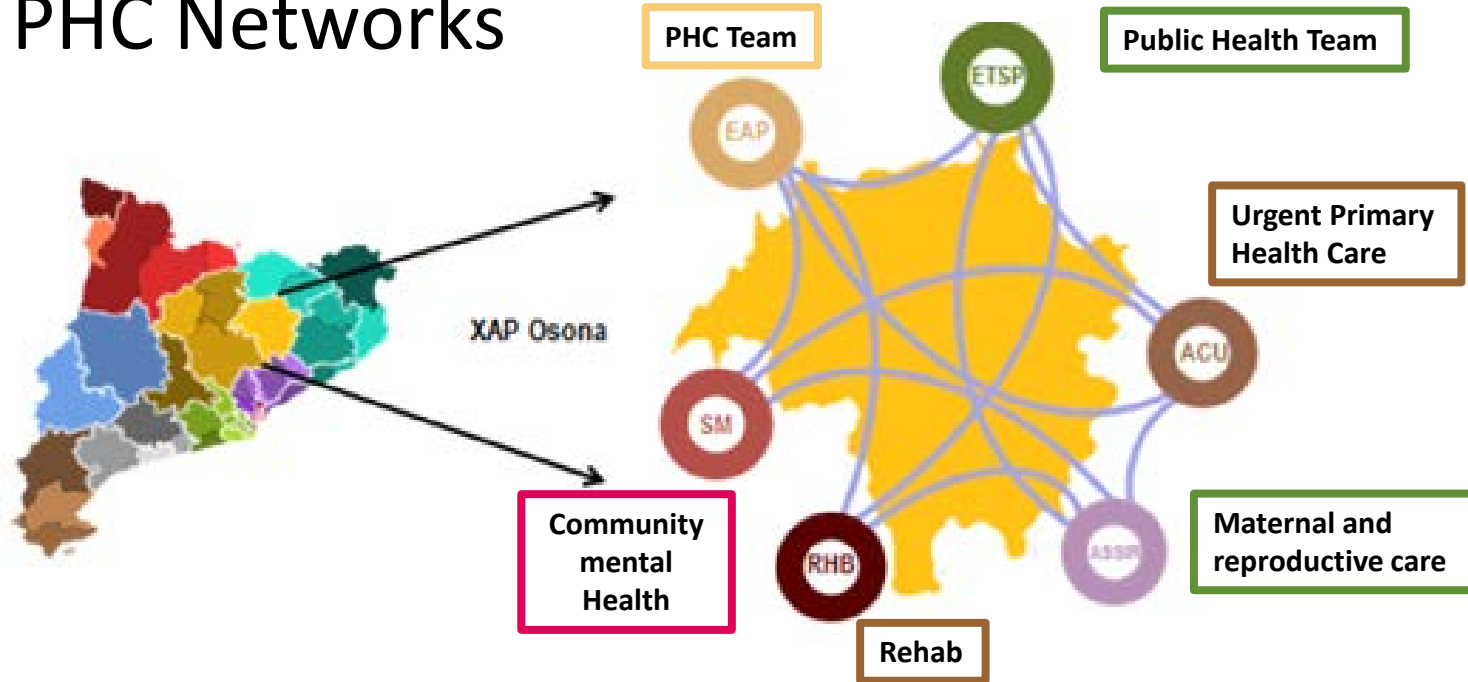
Accelerating multidisciplinary teamwork to address emerging primary care needs



Catalan Healthcare System Citizen's Pathways



PHC Networks



Objectives of the PHC Networks


- Health service coordination and integration
 - Hospital
 - Social care
 - Other services
- To improve management structures and efficiency
- Research, innovation and health professionals teaching
- Community Care

Person-centred care

- Care based on the persons' and population's needs
- Care focused on quality-of-life improvement
- Organisation in a horizontal structure
- Shared decisions among professionals, patients and families
- Continuity of care
- Evaluation associated with health indicators and health outcomes



Enabling performance measurement through digital solutions

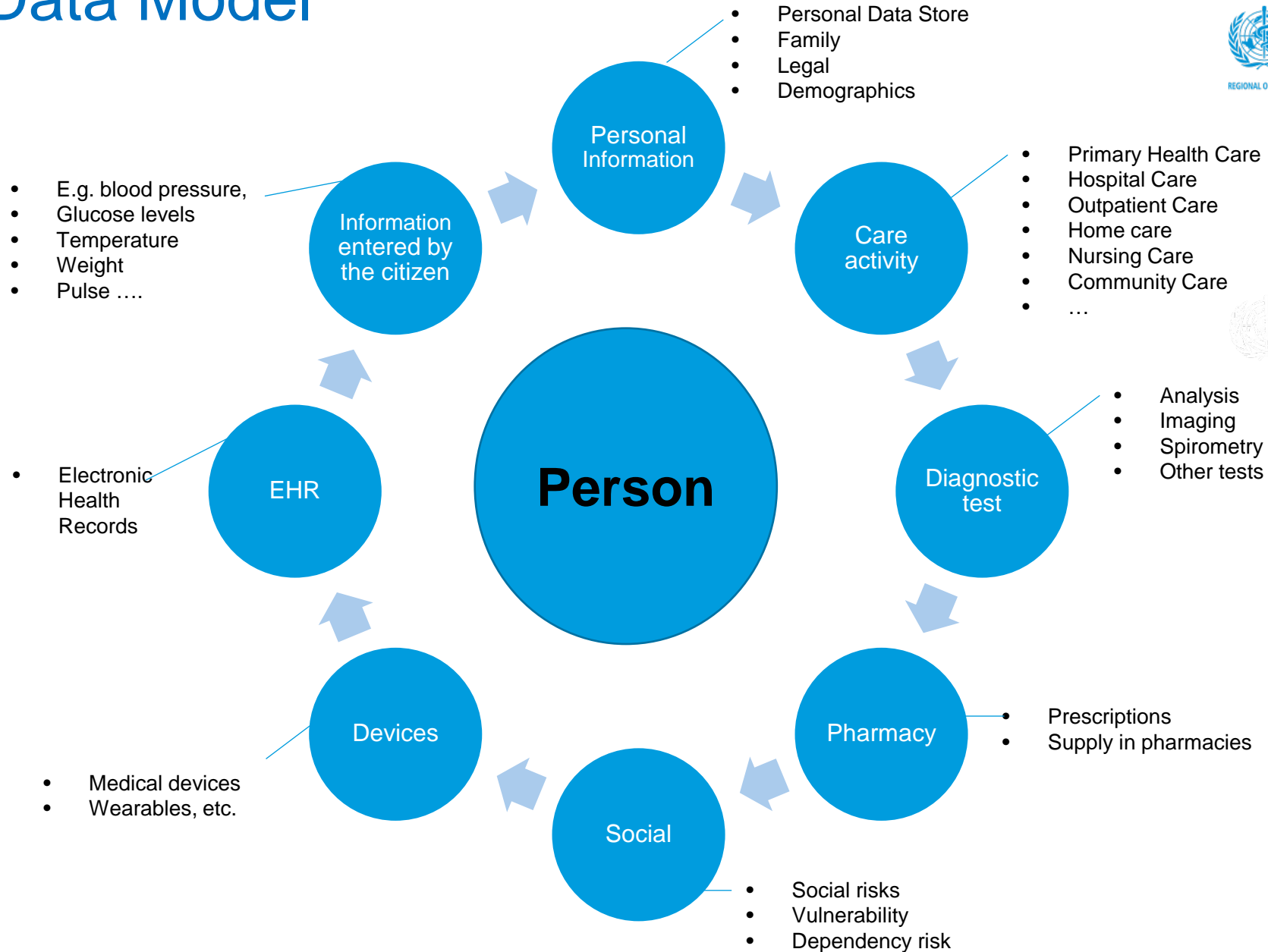
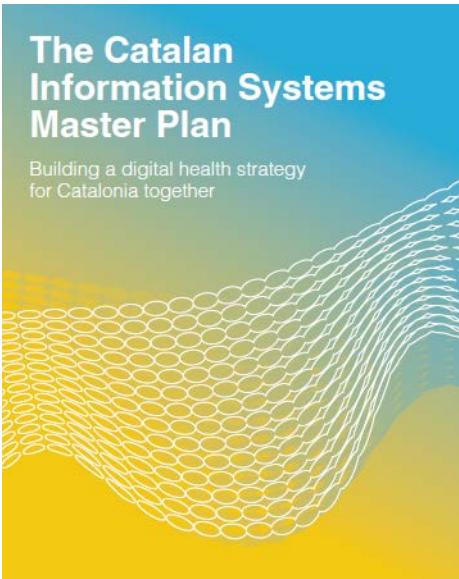



Digital Transformation

2024

- Mobile devices akin to computers
- Processing and mass data analysis
- IoT
- Artificial Intelligence and robotics

Example of Data Model in Catalonia

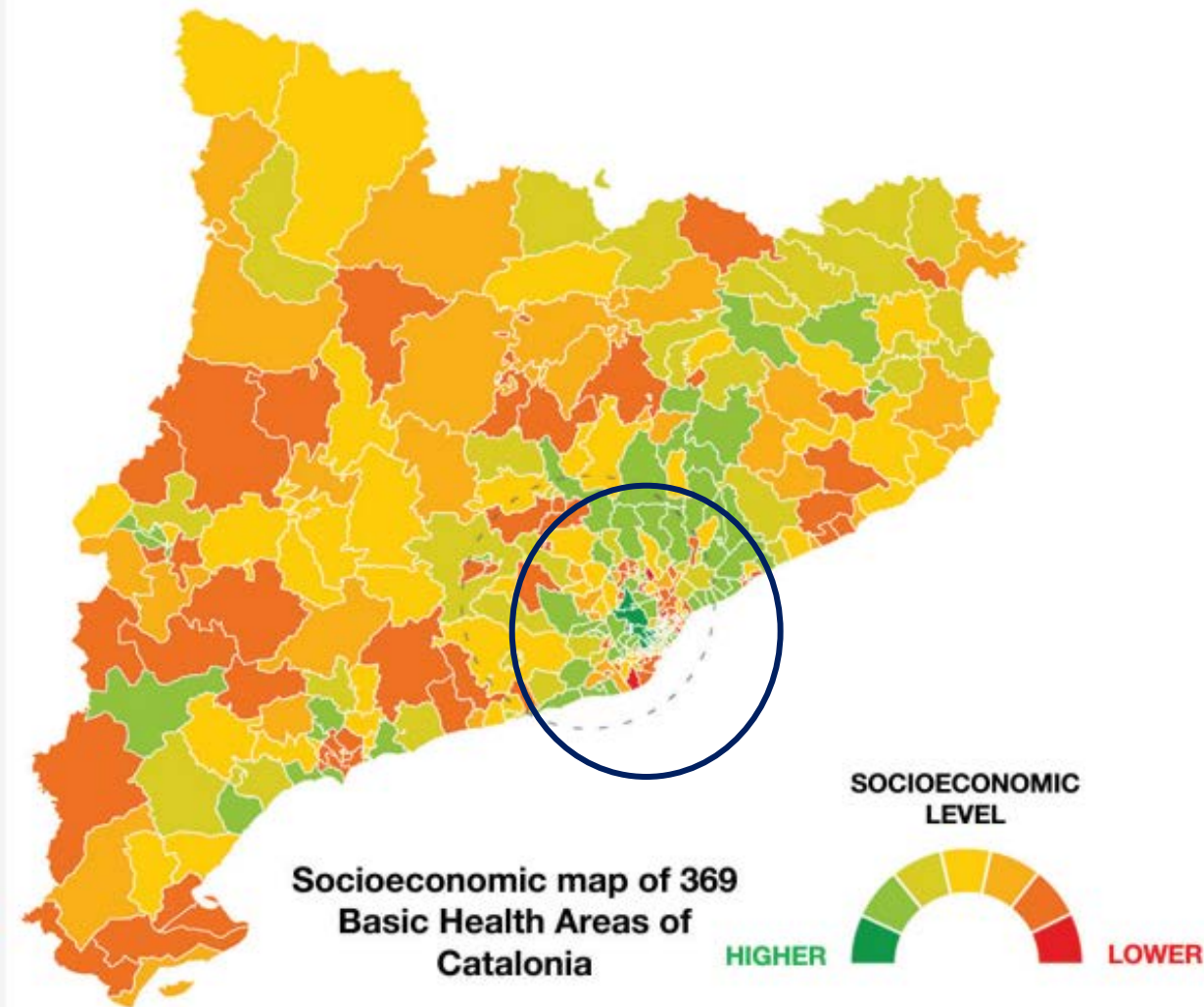


Regional experience for the benefit of a whole country

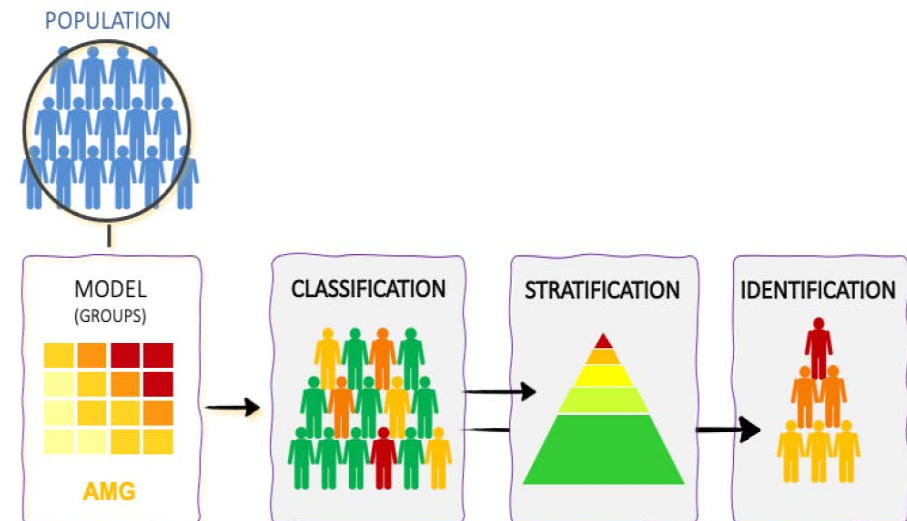
- Risk stratification and population grouping tool – **Adjusted Morbidity Groups (AMG)**
- Developed in Catalonia and adopted by most of the Spanish regions
- By 2015, 38 Million people had been grouped by AMG
- Factors taken into account:
 - Multimorbidity
 - Complexity

Population health management

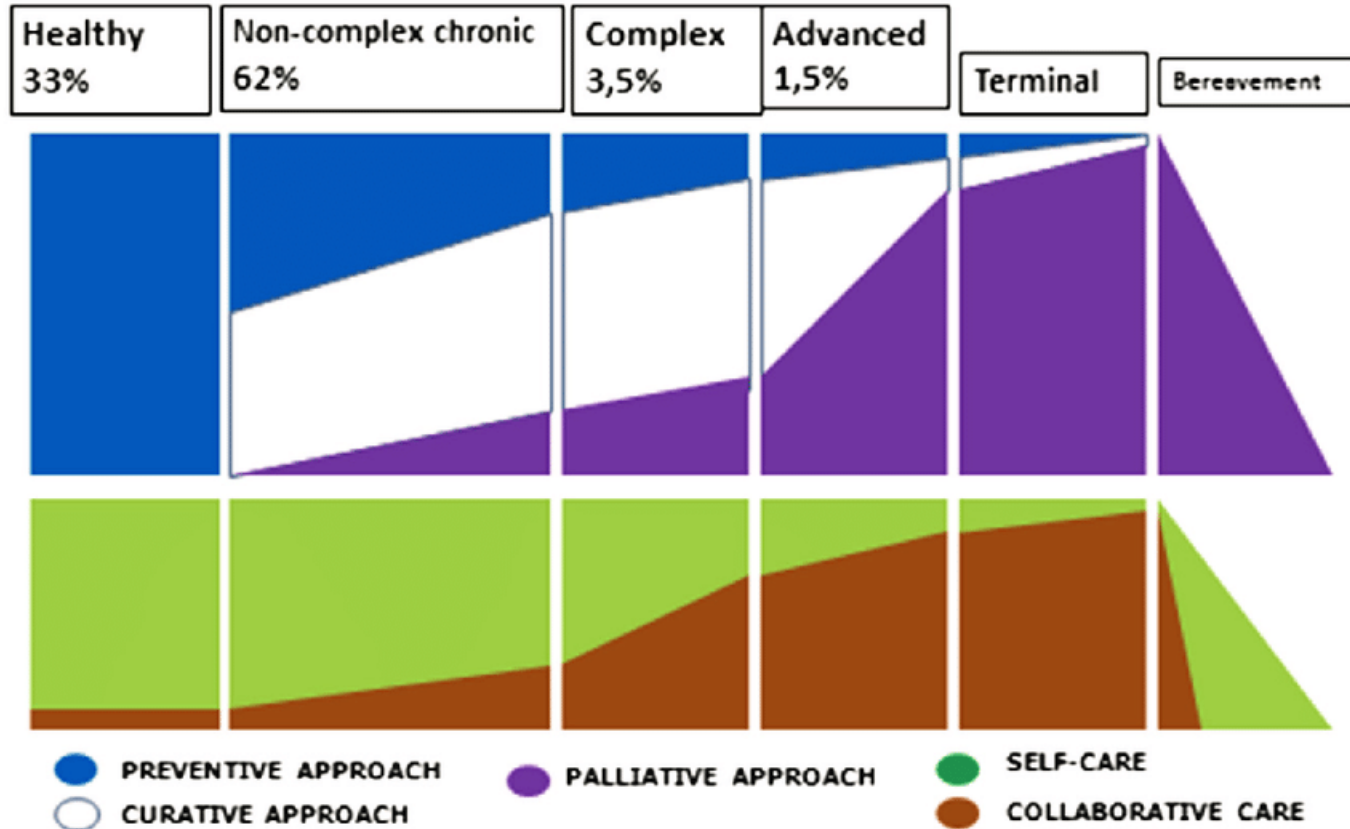
- Understand population needs
- Health and social needs
- Identify and reach the high-risk
- Provide tailored services (clinical and non-clinical)



Barcelona, Spain : one city **multiple** socioeconomic realities



IMPACT AND APPLICATIONS OF Adjusted Morbidity Groups



- Population Health Management and case findings
- Proactive case management of high-risk patients in primary health care
- Resource planning
- Strategic purchasing
- Health workforce planning
- Research and decision-making in public health
- Performance assessment

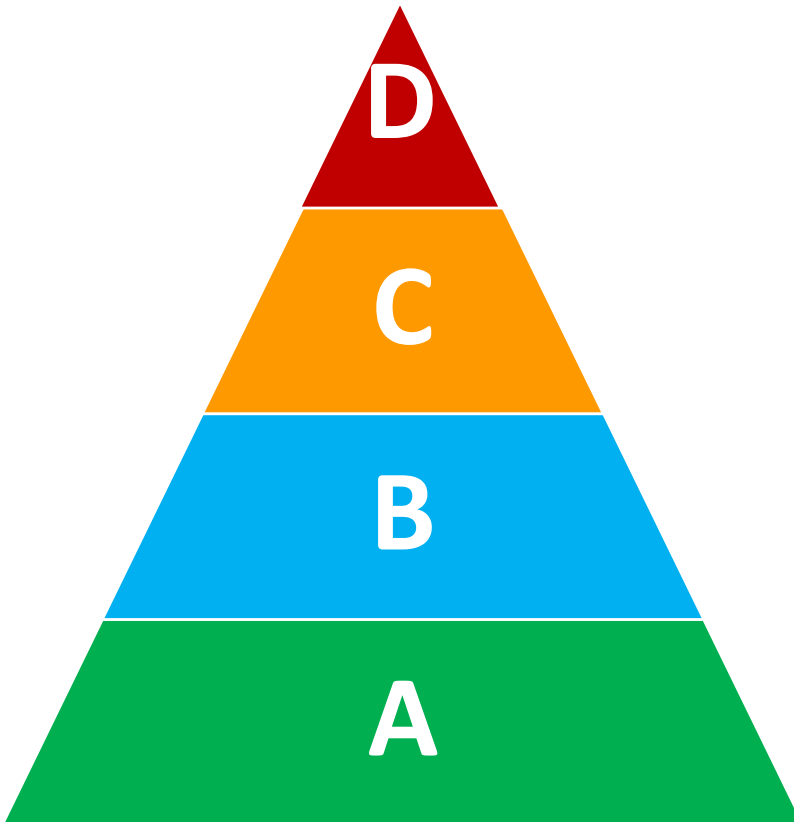
POPULATION DISTRIBUTION BY AGE, GENDER AND RISK STRATUM

D - High-risk population

C - Moderate-risk population

B - Low-risk population

A - Population with no chronic disease



Population (%)	Mortality rate (x 100)	Visits to PHC (mean)	Emergency admission rate (x 100)	Emergency visit rate (x 100)	Dispensed drugs (mean)	Health care expenditure (mean)
5	16.6	22.2	58.1	160.8	13.4	7067€
15	1.1	12.4	7.5	72.5	8.0	2121€
30	0.2	7.0	2.9	51.9	3.6	779€
50	0.1	2.0	0.6	17.3	1.0	164€

Thank you



World Health
Organization

REGIONAL OFFICE FOR Europe



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European Region

75⁺

HEALTH
FOR ALL