

Combining global budgeting with other purchasing instruments to strengthen the quality of chronic care in Spain

Summary

- Global budgeting and framework agreements normally used to purchase services in the Spanish National Health System do not provide sufficient incentives to improve care quality. As such, regional governments have implemented a range of initiatives that aim to deliver integrated person-centred care, promote value through providing appropriate care for high-need patients and improve health outcomes for patients with chronic illnesses.
- Integrated Health Care Organizations, phased in from 2010 to 2016 in the Basque Country, cover 2.2 million people with a special focus on patients with chronic disease. The population's risks are identified, and services and access conditions are specified under a framework agreement that includes a risk-adjusted global budget.
- The Strategy on Integrated Care for Patients with Chronic Conditions and Multimorbidity, implemented in 2013 in Navarre, covered approximately 3500 high-need patients. A risk stratification tool is used to determine the appropriate services to be purchased at each level of the health system (i.e. primary, secondary or tertiary) under a global budget.
- In 2014, the Regional Health Department in Aragon implemented the Plan for Integrated Diabetes Care; by 2021, 94 000 patients had been enrolled. Global budgeting is complemented with guidance identifying which high-value services and from which providers care should be purchased, specifying rules for referring patients.

- No formal evaluations have been done. Monitoring data from early during implementation show trends towards reducing avoidable hospitalizations in the Basque Country and Navarre and increasing the utilization of targeted services in Aragon.

Key elements of the programme

- Global budgeting and framework agreements between Regional Health Departments and health facilities were blended with other purchasing instruments to target patients with chronic disease and the need for high-value services.
- Risk stratification was used in the Basque country and Navarre to identify patients at highest risk and the most appropriate services for addressing their care needs.
- Health information systems were used extensively for monitoring and for informing programmatic decisions.

Results

- In the Basque Country, trend data indicate a reduction in potentially avoidable hospitalizations, hospital admissions and emergency department visits. Patients reported good coordination between care levels and with social services.
- In Navarre, trend data showed reductions in emergency department visits and specialist consultations and an increase in outpatient visits, with a smaller increase in their average annual cost of care compared to the matched control group.

- In Aragon, trend data showed an increase in the utilization of targeted services critical to people with diabetes, including foot and eye examinations, and reductions in avoidable hospitalizations.

Facilitating factors

- Political agreements to implement integrated care were translated into binding strategic plans and dedicated resources.
- Fit-for-purpose information systems and the deployment of electronic health infrastructure allowed for data collection and sharing across care levels. Health information systems enabled monitoring of implementation and supported managerial and clinical decision-making across different care levels.

Inhibiting factors

- The lack of complete mutual trust and recognition between primary care and hospital care professionals hindered the implementation of purchasing mechanisms for integrated care that were meant to define referral rules and role-shifting between primary care and hospital care.
- The rigid legal framework for allocating resources to hire civil servants (e.g. doctors and nurses) does not sufficiently address the required competencies for developing new roles. In particular, the resourcing of professionals relies more on the length of their professional careers than on the specific competencies required to care for chronic patients. As a result, the need for highly qualified professionals may not be met.

Lessons learned for other settings

- Successful implementation of purchasing instruments requires wide consensus and commitment, as well as professional leadership from the main actors, including health professionals, technical staff and executive managers.
- Strong regulatory instruments can facilitate implementation, but they do not guarantee sustainable change towards integrated care, which is key to maintaining institutional and professional commitment.
- Fit-for-purpose information systems are key to foster improvements in the quality of care. These allow for clinical follow up across care professionals and all levels of the system, continual clinical and organizational learning and the continual evaluation of purchasing policies. Investments in technological infrastructure are required.

This policy brief is based on Bernal-Delgado E, Angulo-Pueyo E. *Purchasing arrangements to strengthen the quality of chronic care in three Spanish autonomous communities: case study*. Geneva: World Health Organization, Organisation for Economic Co-operation and Development; 2023.