

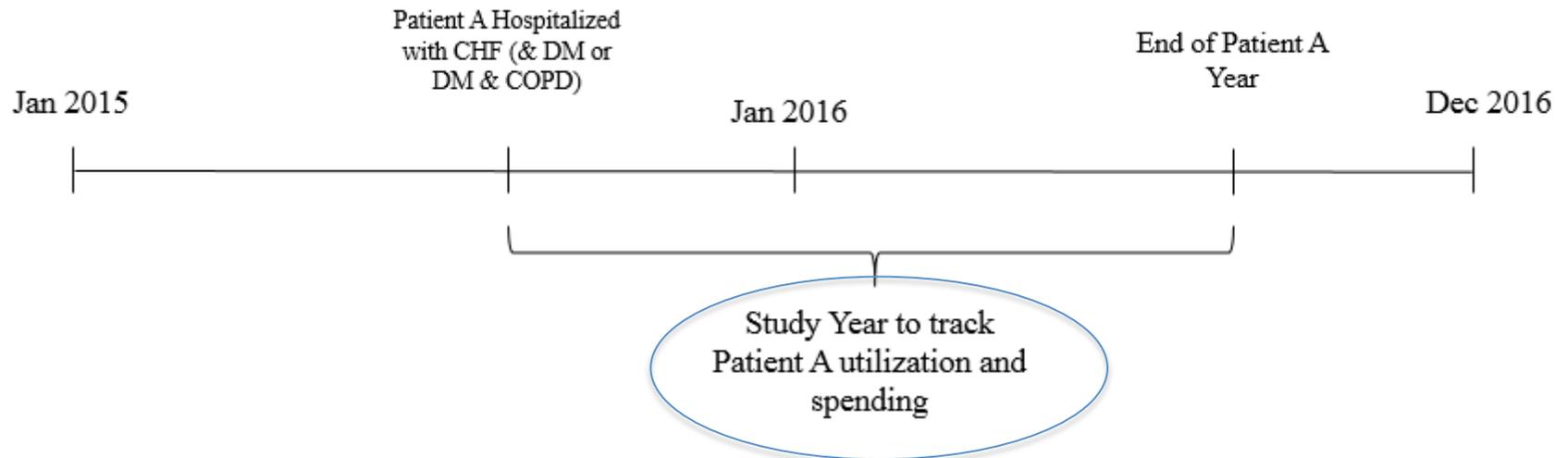
Care of high need patients: Insights from Spain

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Case definition

Findings

Potential explanations



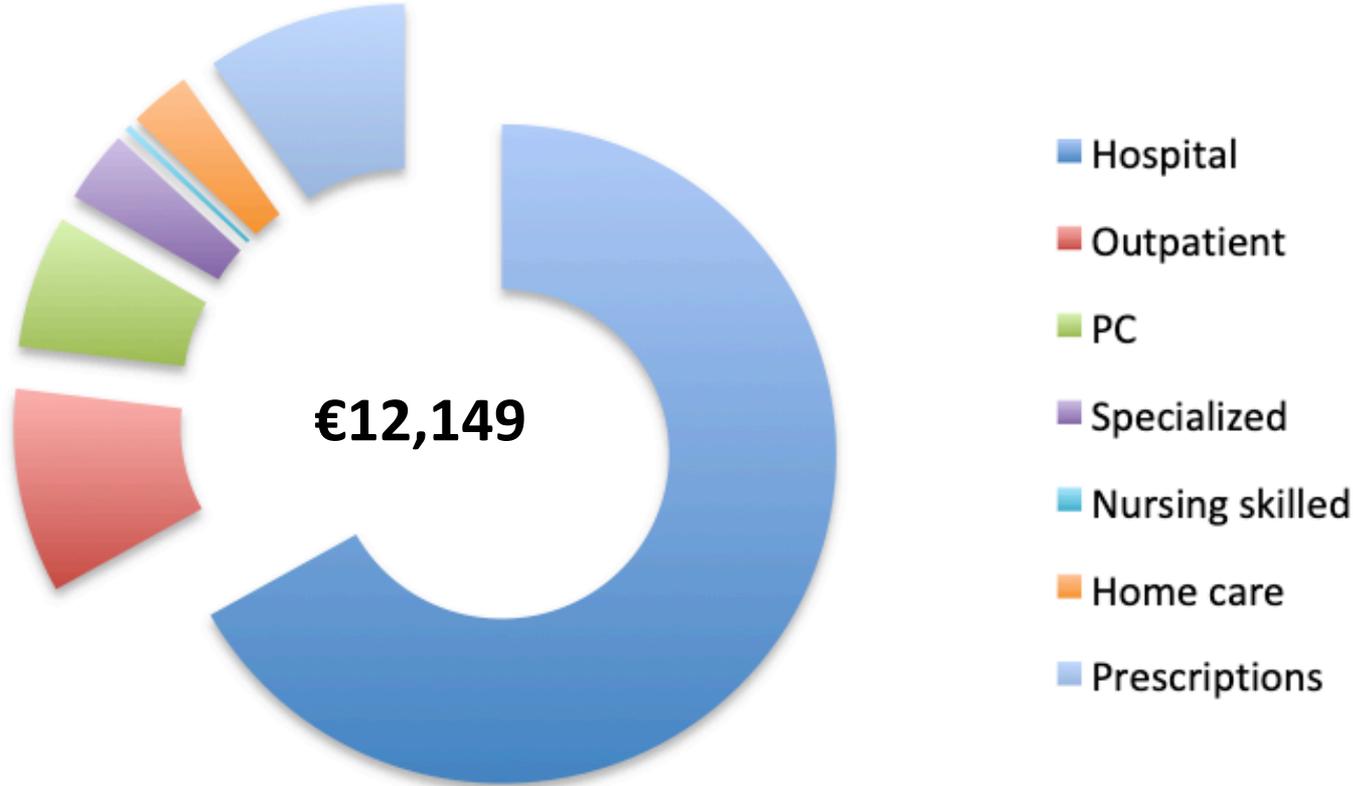
- **Patients aged 65-90 hospitalized with primary diagnosis of Congestive Heart Failure and Diabetes;**

All hospitalized within one year are followed 12 months after hospitalization

Population features

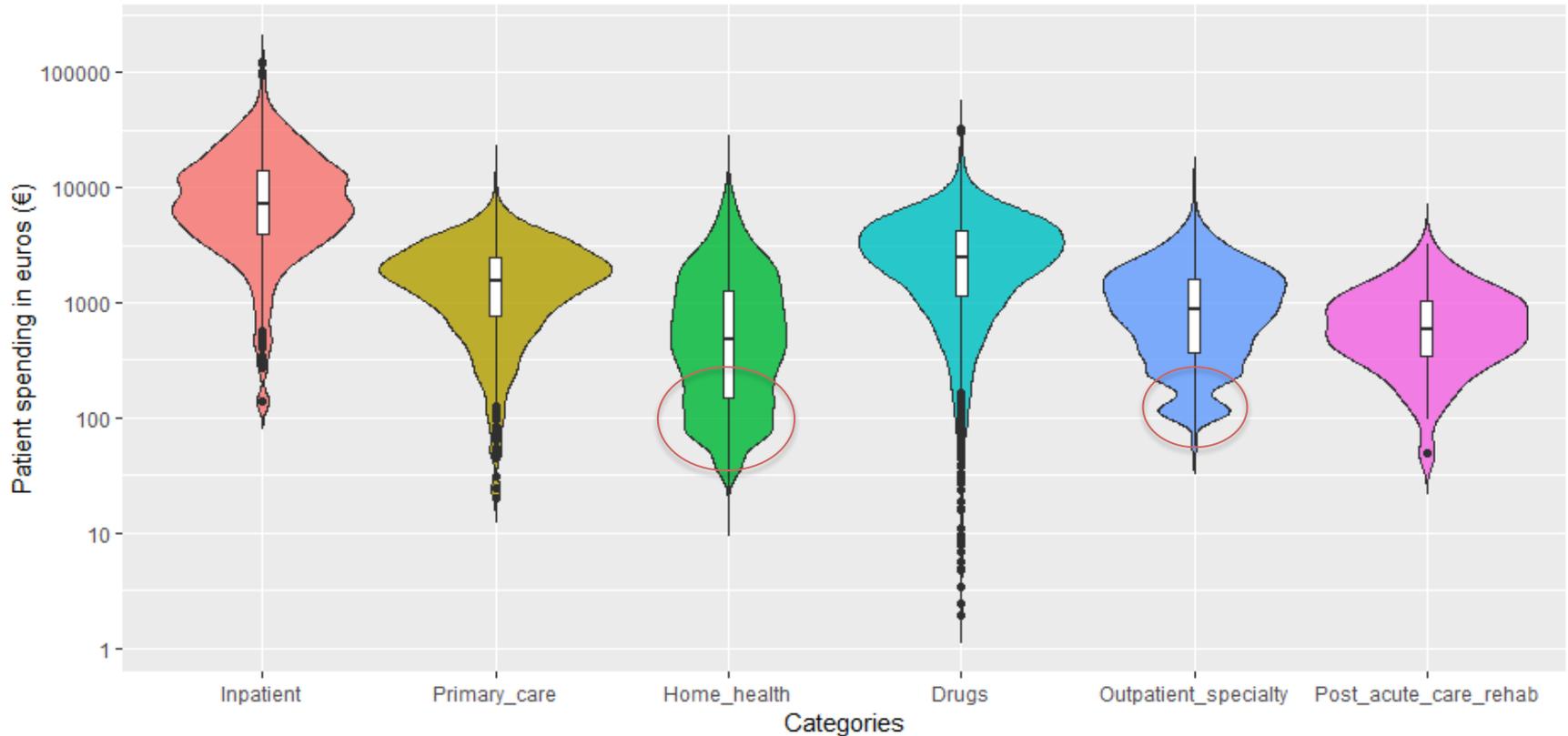
Patient Characteristics	Spain	England	Germany
n	2,951	1,630	14,536
Median age	81	80	79
% male	52.3	57.4	49
Median of comorbidities	6	6	10

Categories of expenditure

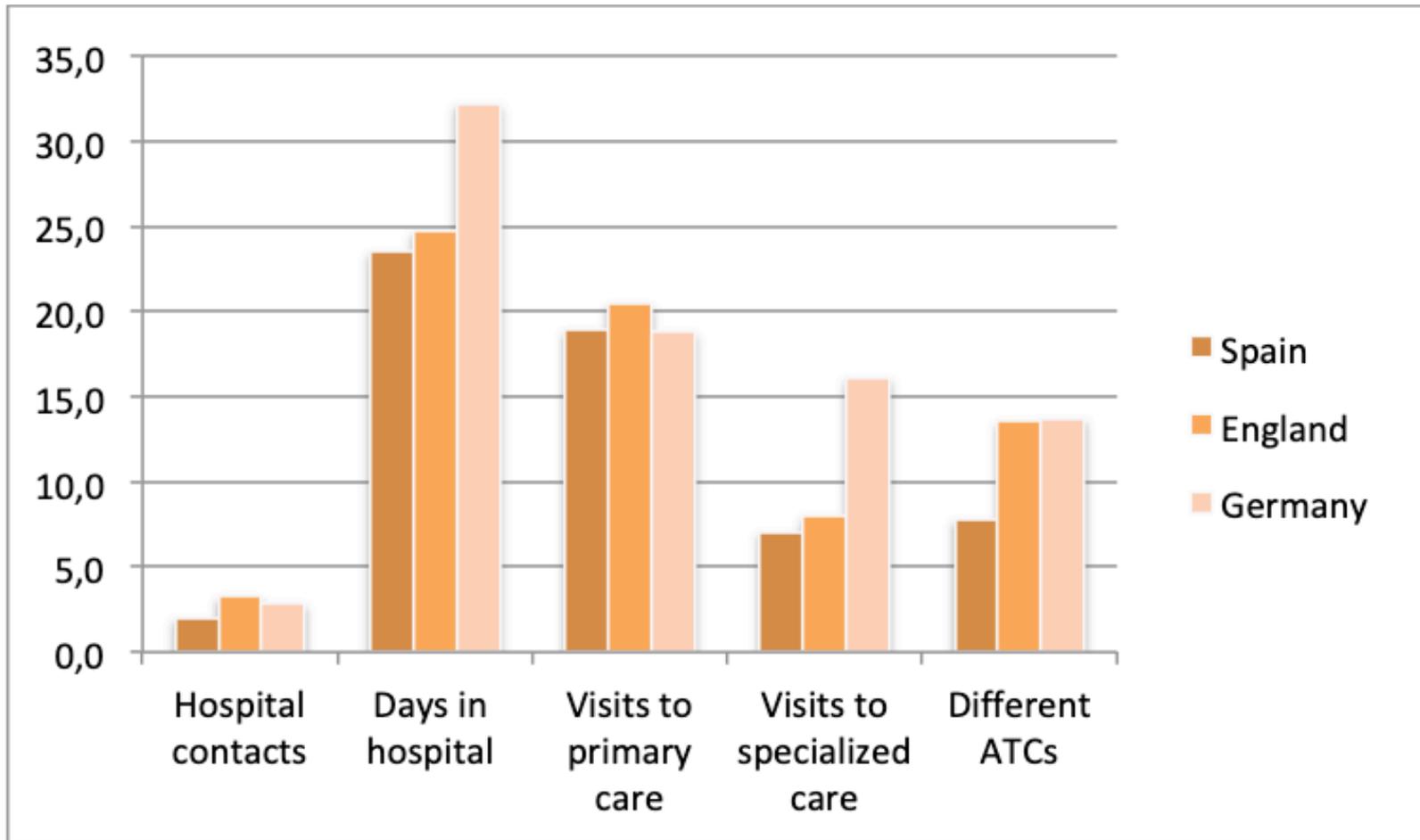


Spending distribution per category of expenditure (n= 2,951 patients, log scale)

Aragon (Spain) NHS spending on fragile patients with congestive heart failure and type II diabetes (2015-16)

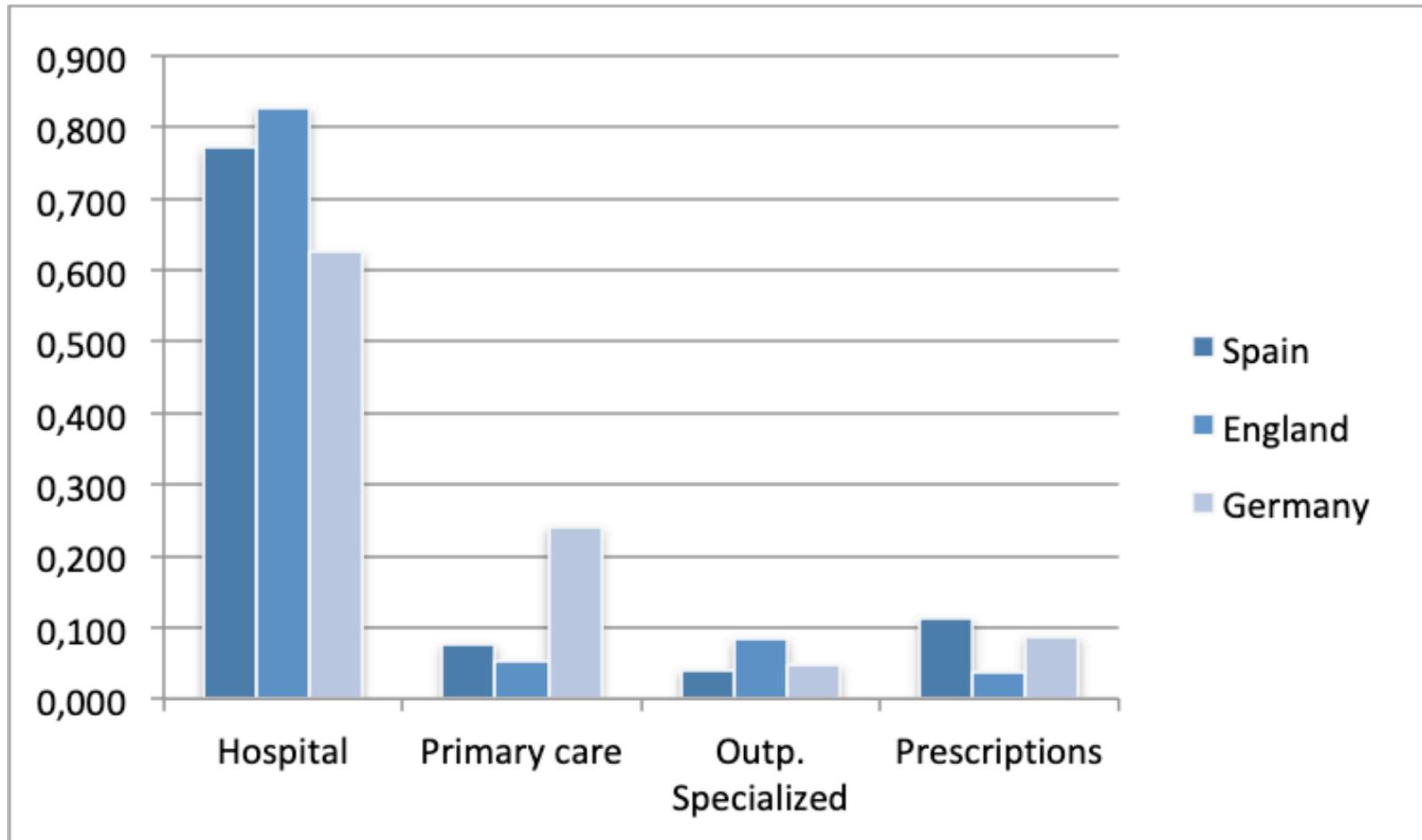


Cross-country comparisons (Utilization)



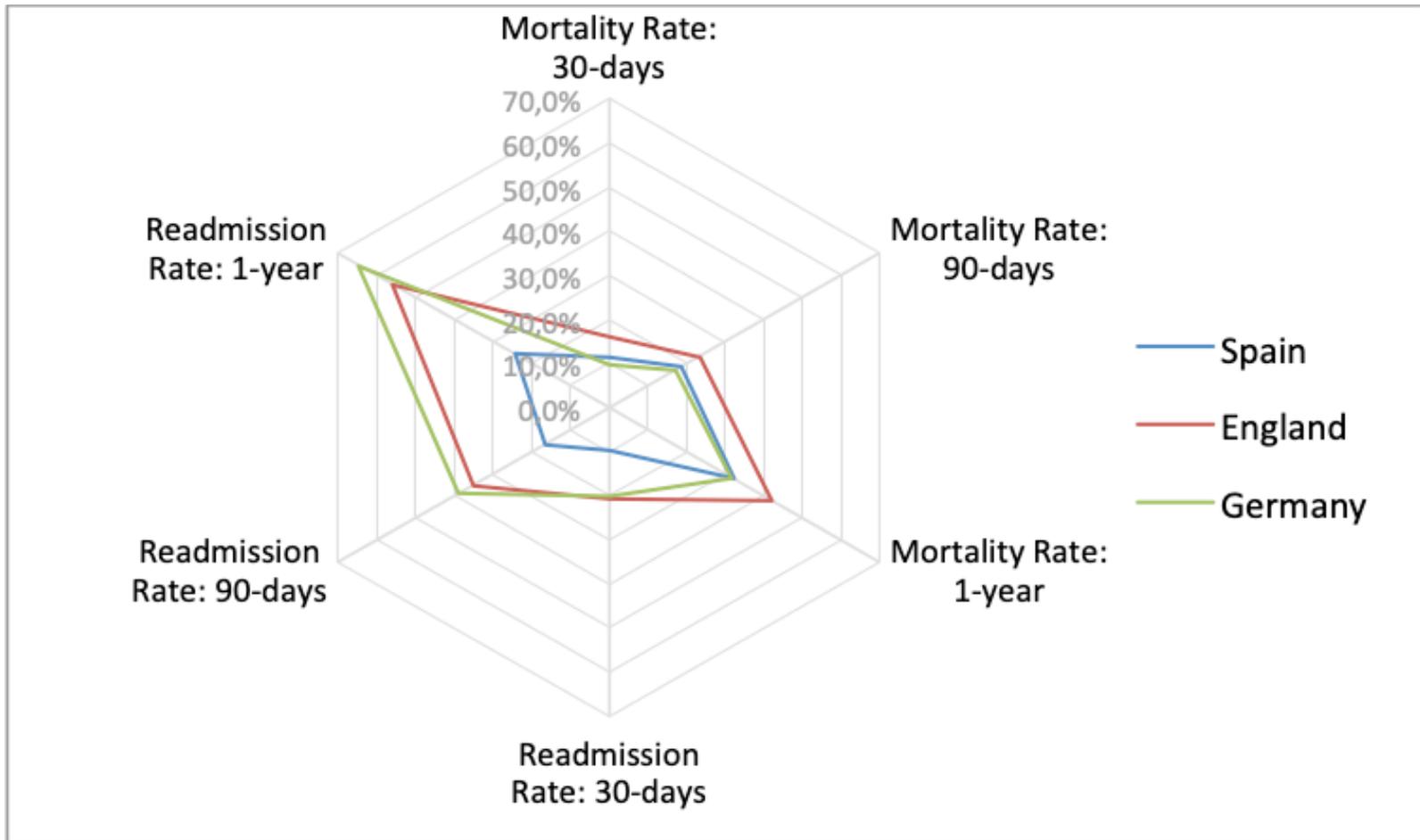
Cross-country comparisons

(Distribution of costs per category*)

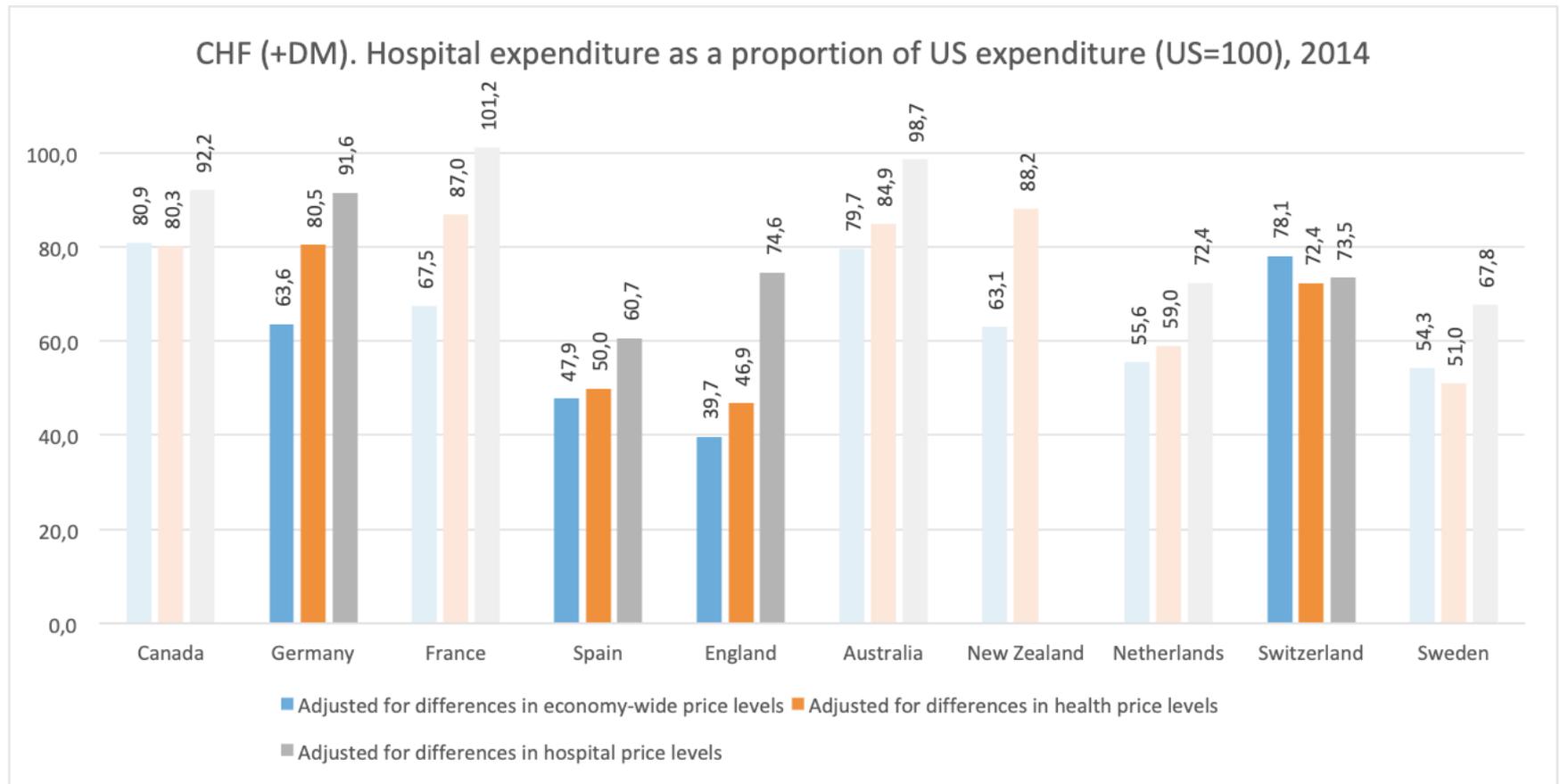


(*) Those categories for which the three countries provide information

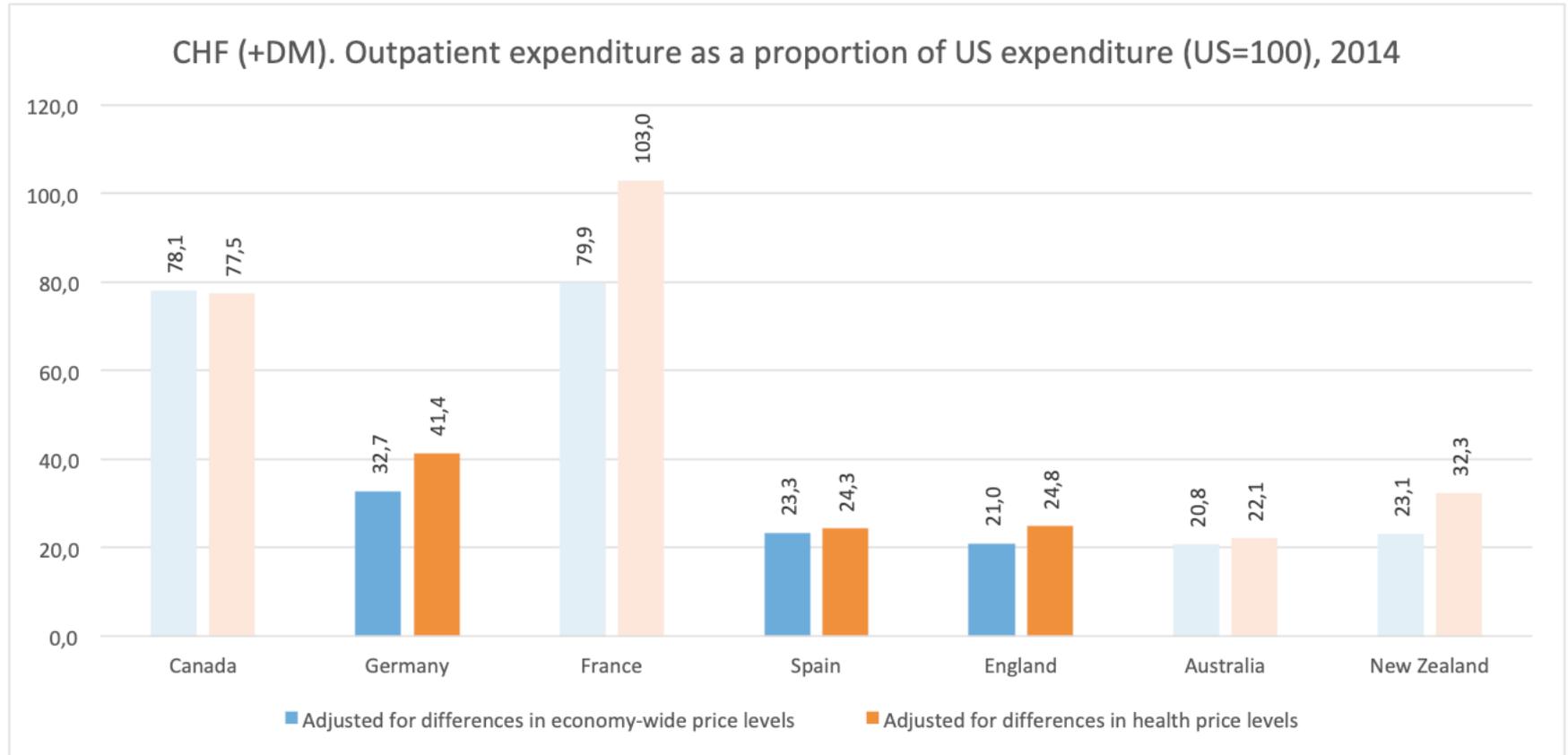
Cross-country comparisons (outcomes)



Cross-country comparisons (hospital costs)



Cross-country comparisons (outpatient costs)



Potential explanations

- Is there any issue with methods and data?
 - Effective identification of individuals (index case onwards)
 - Semantic interoperability (miss-classification?)
 - Covering the actual exposure (all contacts)
 - Covering all the population (or a representative sample)
 - Covering all cost categories
 - Costing systems
- Are populations / patients similar?
 - Clinical and socioeconomic features
 - Complexity, severity
- Are professionals using the best available evidence?
- Is care continuity granted?
- Do systems share similar institutional features?

Worlds of Healthcare: A Healthcare System Typology of OECD Countries

Nadine Reibling, Mareike Ariaans, Claus Wendt

Health Policy, 2019

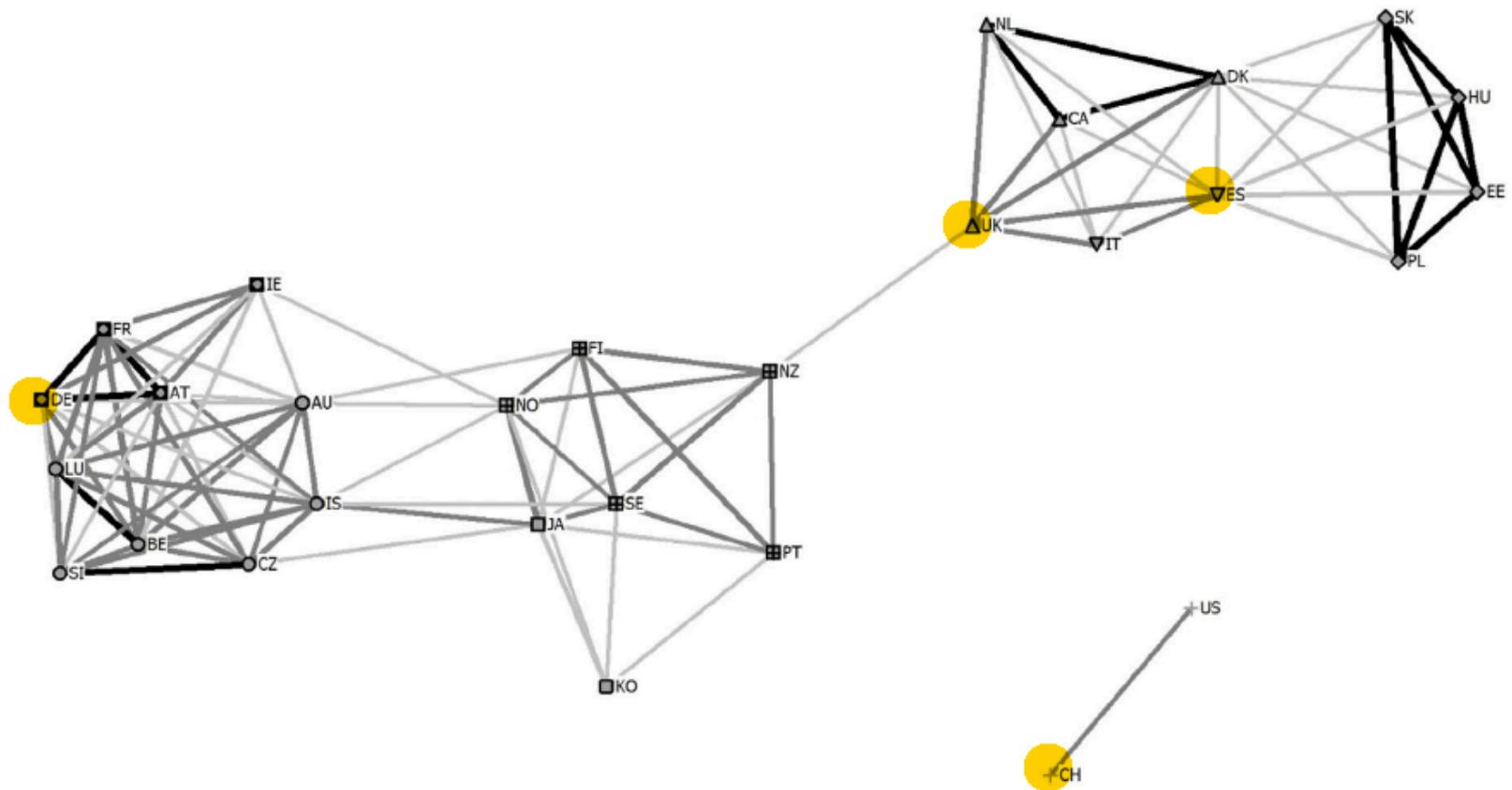


Fig. 1. Network of OECD healthcare systems.

Light grey: $\geq 50\%$; Full grey: $\geq 66\%$; Black: $\geq 90\%$.

Clustering Based on access regulation, cost-sharing, choice restrictions and professional remuneration mechanisms

Spanish NHS

- Universal coverage, based on the condition of resident
- Wide basic basket of benefits (although 25% OOP)
- HTA is required before inclusion (non-binding though)
- ✓ Limited access barriers (no geographic, no copayment, but waiting lists)

- ✓ Single-payer (17), taxation (52% indirect, free in the point of service)
- Limited impact on household budgets (highly redistributive, yet 3.8%)
- ✓ Allocation of resources to providers (no incentives for risk selection)
- Personnel: public servants paid essentially by salary

- Governance based on public regulation, small room to market forces
- ✓ Providers do not compete for the population (admin. areas, 'no' choice)
- ✓ Gatekeeping: specialized primary care servants
- ✓ Integration across care levels by design (continuity is somehow granted)
- MD & Staff nurses: strong barriers to entry

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