Clinical Management in the Healthcare Service of Asturias. A quick approach

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Principality of Asturias is an autonomous community situated in the northwest of Spain with a population of 1,100,000 inhabitants.
SESPA² is the public healthcare service depending on the Regional Ministry of Health and Healthcare Services³, the health policy authority in Asturias.
Both are committed to the development of Clinical Management in order to reach the best quality health services to citizens and, eventually, the healthcare service sustainability.
This report shows the most important steps done in the last four years for the clinical management promotion in the public healthcare network.
The document follows a chronological order to a better understanding of process.

The role of professionals

The core of the strategy was to increase the role of professionals working in SESPA, give them new responsibilities and autonomy in the taking of decisions concerning no only the clinical issues but the management of resources.
The final decision was to develop a Clinical Management System involving the whole Healthcare Service (primary care, hospitals and administrators).

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¹ Clinical Management, CM
² SESPA, Servicio de Salud del Principado de Asturias
³ Consejería de Salud y Servicios Sanitarios
Stage 1.- Political Decisions and Legislation

In 2007, SESPA, developed a new flow chart including, for the first time in Asturia, a new Division devoted to Clinical Management and Quality. The main mission of this division was to state the principles of this new way to work. On the other hand it was needed to develop a legal support to this initiative, so from 2007 to early months of 2009 an interdepartmental group worked to define the key legal aspects. Finally, the Decree was published on July 2009 in the Principality’s Official Gazette.

Stage 2- Clinical Management Principles

During 2008, the Clinical Management and Quality Division developed all tools needs to put in practice the health policy regarding the Clinical Management; so at the end of 2008 all things were prepared to start the pilot experience.

The main six principles of the model were:

1.- Clinical Management Agreement
Agreement becomes the principal tool for the daily life of CM teams. It was signed for the CM Unit Manager and for all professionals involved in the Unit, and includes all relevant facts: CM Unit description, Services menu, Budget, CM Unit mims, Assessment procedure and Incentives.

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La Subdirección de Gestión Clínica y Calidad

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2.- Services Reorganization
In Primary Care (PC) each PC centre becomes in a CM Unit (CMU).
In Hospitals the reorganization varied. For example one Hospital Service could becomes a CMU, the union of two services becomes in a CM Area, etc.
Mental Health was treated in a singular way, given that Asturias territory is distributed in eight Mental Health Areas and it was possible a quick transformation of theses in CM Areas.

3.- Autonomy of Management in a progressive way.
CM Unit must demonstrate a good management in some aspects to reach new aspects to manage.
Taking into account the quality management too, a Categorization of CMU and Areas was stated. So all Units and Areas started at “1A” level (basic management autonomy and basic level of quality management)
4.-A Quality Model for the quality management
Inspired on ISO, EQFM and JCI, but implemented to specific needs of the Asturias Healthcare system, and categorized in three levels of difficulty\(^5\).

5.-Normalized Information Systems
NI Systems were the cornerstone of this process allowed to give accuracy information to CMU in the three key areas: (a) services to citizens, (b) quality, and (c) economic aspects.

6.-Incentives
This new project requires a lot of work clearly beyond the standard job, so it is needed to push the activities with some kind of compensation according to final results.
Incentives only will be obtained if CM Unit-CM Area reach positive results in services indicators and quality management indicators and save money in its annual budget.

Stage 3.-Pilot Experience
The Asturias Government Council decision was to put in practices this new model in five Primary Care Centers. Pilot experience taken place in 2009 and involved a total of 86 professionals attending 32.000 citizens.
The voluntary signing of Agreement by professionals was of 95%, as a proof of clear commitment to this process.

\(^5\) SINOC. Normalized Information System for Quality Objectives
It was developed an Education Program for CMU professionals, so each one received at least twelve hours of education on CM and Quality Management.

A Communication Policy directed to citizens and the rest of the organization included an open policy of information (through the portal website astursalud.es) and the organization of Working Days to presents CMU results (March 2010, 215 participants).

Besides, SESPA creates the Innovation, Management and Quality Awards to foster the knowledge on these issues (Working Day on December 2009, with 61 candidates to awards and 318 participants).

Pilot CMU received permanent support from both local health administration and SESPA Central Services.

Stage 4.-Pilot Experiences Results

Results Evaluation was made on January 2010.
Assessment included five aspects: (a) citizens satisfaction, (b) leadership and work in group, (c) services to citizens, (d) quality management, and (e) economic and human resources management.

a) Citizens Satisfaction Survey

Survey was developed by external interviewers using a standardized questionnaire.

The overall results showed a higher citizen satisfaction about care received in CMU than the Asturias global results.

6 Gerencia de Area
### Satisfaction Survey

Answer “overall level of satisfaction at the end of visit to CMU”

<table>
<thead>
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<th></th>
<th>Worst</th>
<th>Bad</th>
<th>Good</th>
<th>Best</th>
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<td>CMU B</td>
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<td>60</td>
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<td>81</td>
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<tr>
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<td>34</td>
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</tr>
</tbody>
</table>

**b) Leadership and work in group**

This was assessed using an anonymous and normalized questionnaire. So in Asturias this feature never was assessed we decided to compare the results obtained between CMUnits.

Results showed a good-very good leadership role and some kind of gaps between CMUnits regarding motivation inside the teams. So CMU-D had poorer results in this area than the rest of CMU.

**c) Services to citizens**

It was measured using 55 indicators (activity and clinical results\(^7\)). CMU had access to results evolution month by month thanks to SIAP (Information System in real time accessible through the SESPA intranet).

Each CMU needed: (i) to reach 75 points (55 indicators, 100 points) to advance in the CM categorization and (ii) to have a higher results than the District and Asturias results.

Four out of five reached the two requirements and the other one (CMU-B) just the first one.

\(^7\) For example: rate of diabetic patients con HBa1c less than 7; vaccination at 14y ...
d) **Quality Management**

The SESPA Quality Model includes 93 indicators to achieve the quality excellence. These indicators are organized in three levels (a, b, c). Pilot CMU must to develop 27 indicators (regarding Patients Safe, Patients Rights and Leadership). CMU were required to reach 75 points or more (maximum value 100 points) to advance in CM categorization.

All CMU reached the result needed to go to “B” level.
**e) Economic and Human Resources Management**

CMU managed a relevant part of the budget. To total amount of budget (five CMU) was fifteen million euros.

The final result was that CMU saved 615,403 euros.

That means a total of 19,2 euros saved per citizen and 7151 euros per professional involved in the pilot experience.

**Overall results**

According to previous results, 4 out of five advanced in categorization to “2B” level and received the total of incentives. The fifth CMU advanced to “1B” level and perceived partial incentives.

**Stage 5.-Model Expansion**

Once the Pilot Experience was in progress, the Asturias Government Council approved the constitution of five new CMU in Primary Care, 7 CM Areas in Mental Health and 23 CM Areas in seven hospitals.

On November 2010 the Asturias CM Model includes 10 CMU involving 229 professionals attending 86,000 citizens (8% of Asturias population), with a total annual budget of 43 million euros; Seven CM Areas in Mental Health (attending 98% of Asturias population) and 23 CM Areas in hospitals, involving 1547 professionals, 629 beds and a total budget of 123 million euros.

It is remarkable to say that the new Central University Hospital of Asturias HUCA (to be launched in 2011) will work using CM Strategy in all services.

In a next future SESPA and Regional Ministry are committed to transform the Public Health Network using the CM Strategy, to improve the quality of services to citizens and contribute in the Sustainability of the Healthcare System.
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