



The Catalan healthcare model: a system of governance and professional management focused on results

The Results Center, a tool for improvement by all and for all

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#EHMA2025

Who we are

La Unió Catalan Hospital, Health & Social Services Association

We are an association of health and social care entities

Plurality

+115

Associated entities with diverse public and private ownership

- Associations
- Cooperatives
- Publicly-owned corporations
- Foundations
- Mutual insurances
- Religious orders
- Commercial companies

Transversality

+750

Health and social care centers

- Primary and community care
- Acute hospital care
- Sociosanitary care
- Care of mental health and addictions
- Social services care
- Outpatient rehabilitation
- Other

Territoriality

We are present throughout Catalonia



70.000
Professionals

95%
of state-subsidised private health centers

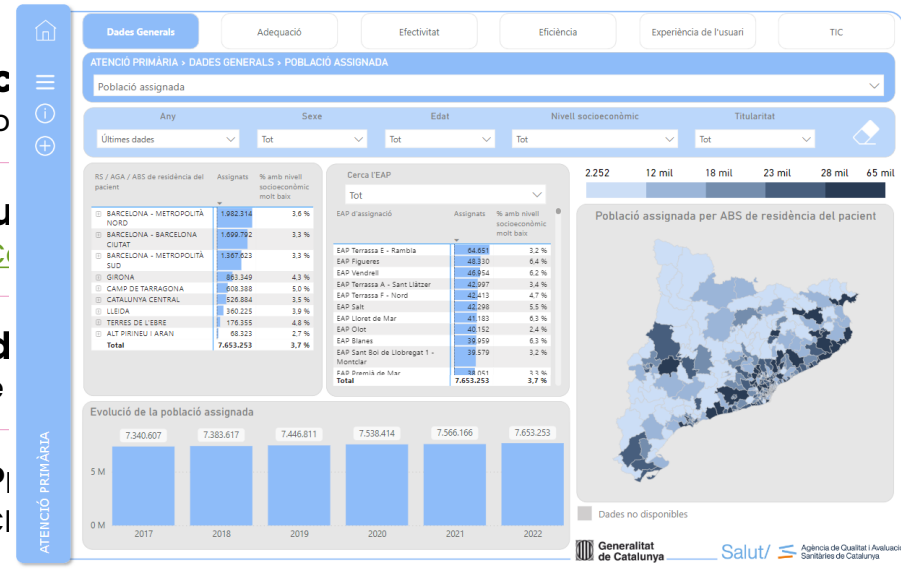
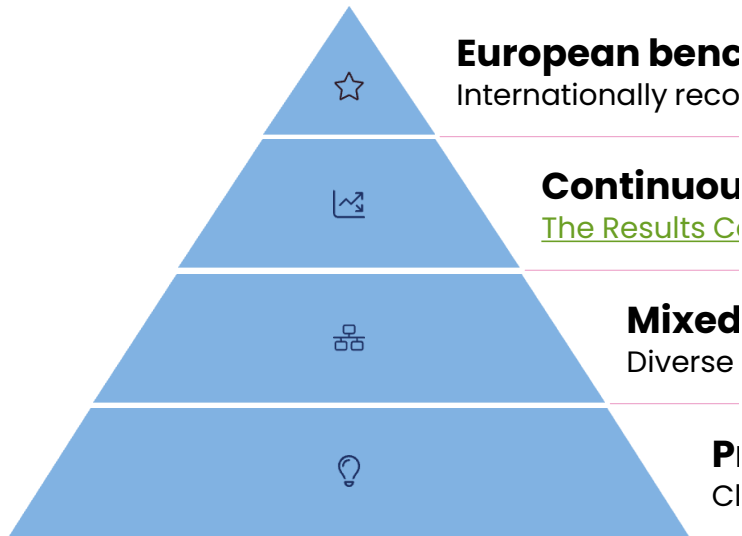
65%
Public health system

81%
Provide services to the public system

64%
Dependency

45
Companies of the Innovation forum

The Catalan Healthcare Model



The diversity of healthcare providers facilitates innovation and cross-organizational learning, contributing to the overall improvement of healthcare outcomes

Study objectives

Main purpose

To analyze whether health outcomes depend more on the quality of management than on the legal ownership of the centers

Working hypotheses

- Good results come from good management, not from ownership status
- Management tools can affect good results

Scope of the analysis

Study of the indicators from the Central Results Registry in hospital and primary care, broken down by dimensions and entity categories. The data correspond to the most recent year available, which for most indicators is 2022

The study seeks to confirm that management autonomy and results evaluation facilitate adaptation to the specific needs of each territory

Methodology

Methodology

1

Selection of indicators by service lines and dimensions of analysis

Outcome-oriented indicators

2

Classification of centers by category

- By type of management
- By hospital level

3

Graphical and numerical analysis by category

Analysis of results by quartiles

4

Identification of outliers

Boxplot graphical representation

5

Comparison of averages by category

ANOVA Model
Fixed-effects

Interpretation

Service lines

- Hospital care
- Primary Care

Dimensions of analysis

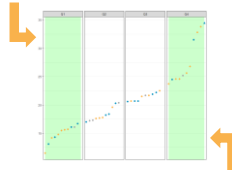
- Effectiveness
- Adequacy
- Efficiency
- Patient assessment
- Sustainability

Type of management

- **Direct management** (Catalan Health Institute)
- **Indirect management** (contracting)
 - Public enterprises, consortia, and other public sector entities
 - Private entities (Foundations and others)
 - Associative-based entities (EBA)

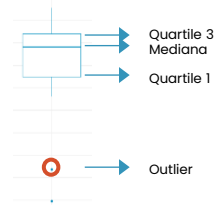
Hospital level according to the Central Results database

- The **quartile with the best results** is shaded in **green**
 - **Q1**. The best results are located at the lower end of the distribution



- **Q4**. The best results are located at the upper end of the distribution

Graphical representation of the distribution using a box and whiskers plot



- **H₀**: There is no statistically significant difference in the indicator by category
- **H₁**: There are statistically significant differences in the indicator by category
 - **Si p < 0.05** We reject the null hypothesis (H_0) and accept the alternative hypothesis, which implies that there are statistically significant differences by category (type of management or hospital level)

Selected indicators

Primary Care

Adequacy

- Inappropriate use of antibiotics in pharyngitis in adults
- Potentially avoidable hospitalizations for congestive heart failure – O/E ratio
- Potentially avoidable hospitalizations for Chronic Obstructive Pulmonary Disease– O/E ratio

Effectiveness

- Good control of Type 2 Diabetes Mellitus
- Comprehensive ATDOM assessment
- Good control of anticoagulant treatment

Efficiency

- Cost per patient with antidepressants
- Loyalty

User Experience

- Satisfaction index
- Ease of access to appointments
- Loyalty index

Hospital Care

Adequacy

- Cesarean deliveries

Effectiveness

- 30-day readmissions for congestive heart failure – O/E ratio
- 30-day readmissions for selected conditions– O/E ratio

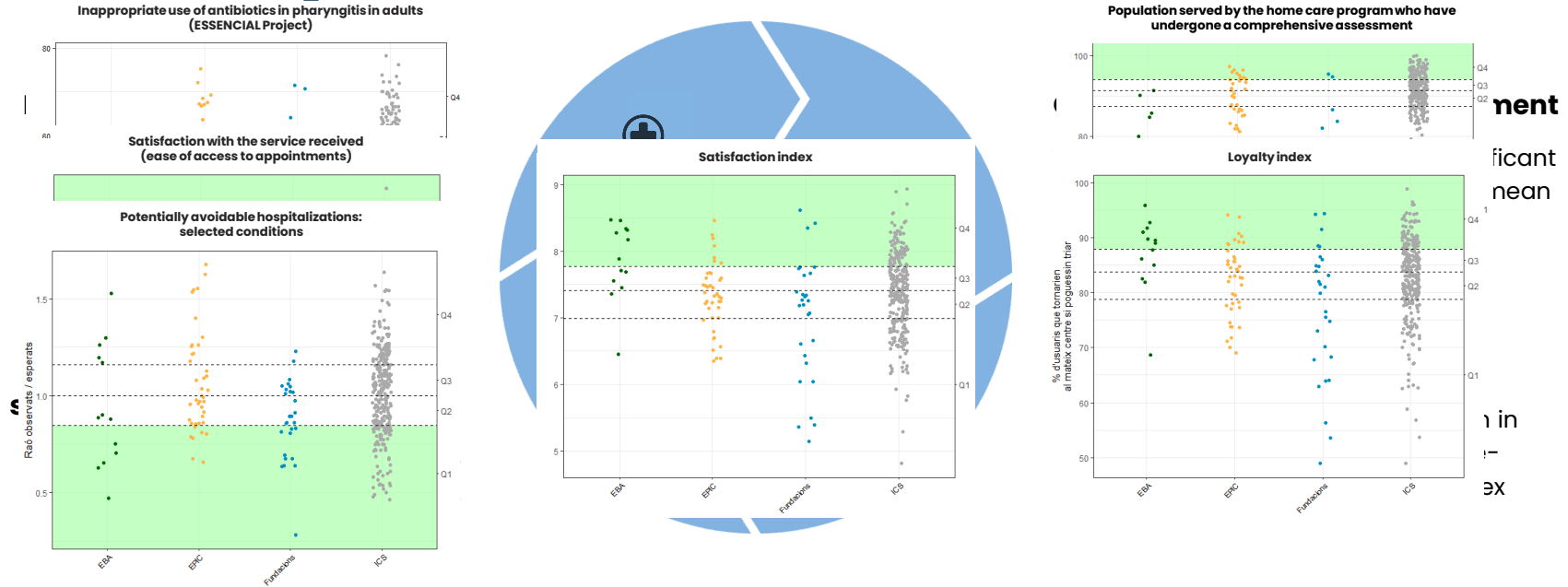
User Experience

- Satisfaction
- Loyalty

Sustainability

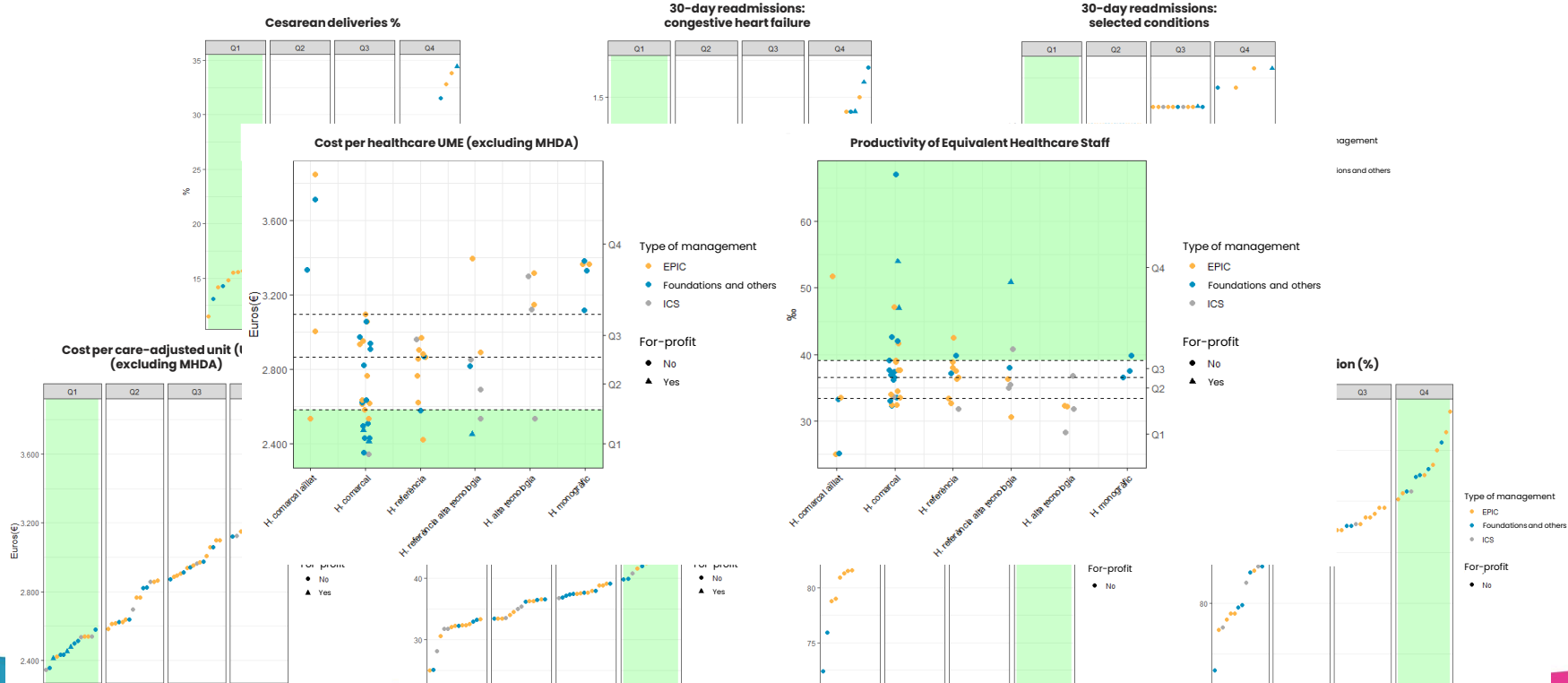
- Cost per care-adjusted unit (UME)
- Healthcare staff productivity

Primary Care Outcomes



In primary care, significant differences were observed based on the type of management in indicators such as inappropriate use of antibiotics, avoidable hospitalizations and patient satisfaction.

Hospital Care Outcomes



Conclusions



Outcomes depend on good management, not on ownership

For most indicators, there are no significant differences between ICS-managed centers and publicly contracted centers. The different types of healthcare providers are distributed across all quartiles, with no observable clustering of outcomes based on ownership



Management tools impact outcomes

Autonomy, capabilities and management instruments are associated with better performance across various indicators. In terms of sustainability, 62% of the centers in the top quartile for clinical staff productivity are foundations, highlighting the importance of effective management tools



Diversity adds value

The comparison of results and best practices generates learning that improve the overall quality of the public system



Results-based decisions

Data must support decisions and debates, overcoming biases between ownership structures

The study confirms the initial hypotheses and demonstrates the value of the Catalan healthcare model with a diversity of providers

Limitations



Volume of observations



Geographical distribution

The geographical distribution of the diversity of centers belonging to different categories



Sources of information

The representativeness of the sample used in these surveys, as well as the timing and frequency of the survey administration, may influence the responses collected and, consequently, the results obtained



Isolated analysis

It should be noted that, for certain indicators, considering and analyzing them in isolation may lead to a partial and potentially biased analysis

Recommendations



Strengthen instruments

Provide all entities with the necessary management tools and capabilities to deliver agile responses



Incentive policy

Implement incentives that are consistent with the results of good governance and good management



Expand the analysis

Validate results with longitudinal studies using data from multiple years



Socialize the model

Disseminate the value contribution of the Catalan healthcare model in improving health and well-being

We must be resilient in strengthening the Catalan healthcare model, overcoming populism and prejudice to focus on evidence and results

Efficiency in the management of public resources is not only an economic concept, but an ethical imperative for the entire healthcare system



THANK YOU

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