MAKING QUALITY HEALTHCARE AFFORDABLE AND ACCESSIBLE

THE MANISES INTEGRATED HEALTHCARE MODEL

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ACKNOWLEDGEMENTS

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FOREWORD

Healthcare systems around the world are facing huge challenges in ensuring quality healthcare is accessible and affordable for the long term. These challenges are the result of rising demand for healthcare resources, increasing healthcare costs, fragile economic landscapes, and pressure on funding.

Bupa is committed to working with healthcare stakeholders around the world to make a material contribution to tackling these challenges. This report shows how healthcare systems that are structured to deliver patient-centred, holistic, integrated healthcare benefit both people and healthcare systems alike.

Healthcare Public-Private Partnerships (PPPs) are one way of achieving this multi-layered integration – they offer an innovative, long-term, sustainable approach that overcomes many of the challenges facing healthcare systems around the world, while providing patients with high quality, accessible and affordable care. They are flexible models that can be adapted to meet a population’s unique needs.

Importantly, PPPs are a vehicle for aligning incentives with high quality health outcomes and driving changes in how healthcare is delivered.

In Spain, through a PPP agreement, Bupa-Sanitas is responsible for providing primary, specialised and long-term healthcare to the whole population of Manises (the Manises Integrated Healthcare Model). Our experience in operating this model has proven just how powerful bringing numerous healthcare settings and healthcare professionals together can be. A system like this is specifically designed to promote integrated, efficient and quality healthcare that is centred on the specific needs and preferences of patients.

Patient satisfaction and clinical quality indicators are both high and healthcare is delivered at lower cost. For these reasons we believe greater integration is key to giving more people better access to quality healthcare that is sustainable for the long term, and that the Manises Model could be adapted and deployed successfully in other healthcare systems around the world.

All healthcare stakeholders have a role to play in making sure health systems are sustainable for future generations, so Bupa-Sanitas is committed to seeking partnerships with healthcare funders and providers around the world.

By working together, we can provide people with holistic, patient-centred healthcare that is high quality and sustainable. Crucially, we can also work together to invest in prevention, empowering people to make healthy behaviour choices and more informed decisions that will help them live longer, healthier, happier lives.

Stuart Fletcher
CEO Bupa

Inaki Ereño
MD of Bupa Spain and Latin America Domestic Market Unit (SLA)
EXECUTIVE SUMMARY

This report describes the Manises integrated Healthcare Model, a sophisticated approach to the provision of healthcare through a Public-Private Partnership (PPP), run by Bupa-Sanitas in the Valencia region of Spain. This is the only PPP to integrate primary care, specialised care and long-term care for nearly 200,000 people within the same agreement.

The Manises Model is a fully integrated healthcare system which has been shown to benefit patients and their funders. This approach is supported by an innovative per-capita funding mechanism, which covers all the services likely to be needed by each person in the area. This ensures that financial incentives for Bupa-Sanitas are completely aligned with the outcomes provided for patients, who receive excellent quality care, centred on them and their needs, and a high degree of choice in the way they receive their treatment. This in turn drives ongoing improvements in healthcare quality.

The Valencian Government benefits from lower healthcare costs, greater budget predictability, and the significant investment in healthcare infrastructure that Bupa-Sanitas is making over the course of the agreement.

In 2013, the Manises Hospital ranked fourth out of the 35 national general hospitals, which have been categorised as high quality general hospitals. Patient satisfaction is also very high – on average, those treated at the Manises hospital rated their experience at 8.17, out of a possible mark of 10. Likewise 91.7% of the patients who visited a Manises primary care centre felt the experience met their expectations.

The Manises agreement is a pioneering approach and there have been challenges in developing the most effective model. This report describes in detail how the model works, and what has been learned. Bupa-Sanitas is using this experience to refine and improve the model going forward, and there are also useful lessons to be learned for other PPPs in the healthcare sector.

1. IAS/IST Hospitals TOP 20 Benchmarks Para La Excelencia 2013
2. Manises Barometer 2013
INTRODUCTION

Healthcare systems around the world are under acute strain. A combination of rising costs, slower economic growth, demographic change and budget constraints are converging to present huge challenges in delivering healthcare. We have to face the possibility that the healthcare we all rely on is unsustainable in its current form.

In many developed countries populations are ageing, and treating the long-term conditions that come with advancing years is placing an ever-greater demand on finite resources. In developing economies, economic growth and urbanisation are creating a new and well-informed middle class, who expect higher standards of care and treatment, and more choice about how they receive it.

“Reorienting the health system from acute patient orientation, to chronic patient orientation, is one of the main challenges of the public health sector.”

Luis Rosado, Ex-Regional Health Minister of Comunidad Valenciana

Governments, meanwhile, face severe budgetary constraints, especially in the wake of the financial crisis, and in many healthcare systems these scarce funds are wasted by poor coordination between different levels of care and an over-reliance on specialised and acute care, which pushes up costs overall. The way some systems have evolved over time can also leave them burdened with complex and expensive bureaucracies, which absorb cash that could be invested in frontline care.

While innovations in medical technology could help bring down the cost of treating some conditions, only radical new approaches to healthcare provision will streamline administrative costs. Scientific innovation is more likely to increase healthcare costs over time, with providers struggling to pay for the increased costs of new drugs and treatments.

All these factors mean many existing healthcare systems are simply not sustainable with the demand for care outstripping the money available to fund it.

The challenges, then, are enormous, but not insurmountable. One answer can be found in innovative collaborations between the public and private sectors.

The PPP lifecycle

THE MANISES APPROACH

The Manises agreement is one of the most advanced examples of a Public-Private Partnership in healthcare anywhere in the world.

BACKGROUND

The Valencia Government first started using PPPs in healthcare in the 1990s, in response to escalating costs and budgetary constraints which became even more marked after the financial crisis of 2008. The population of the area was rising, and demand was growing for hospital and long-term care beds, better access to emergency care and elective surgery, and more doctors and nurses. Factors like these often drive the decision to look at a PPP approach, and having decided that a new hospital was needed in the Manises area, the Valencia Health Authority Government elected to use a PPP.

One reason why a PPP was an attractive option was the relative density of population in Valencia. PPPs in healthcare tend to work best in areas of dense population - the population in Valencia is 210 inhabitants per km², which is significantly above the Spanish average of 89. This level of population density allows for a clear definition of the catchment area, makes it easier for patients to access facilities, and provides the ‘critical mass’ required to deliver a diversified range of services.

“Location has been critical to the success of the Manises Model.”

Antonio Cerdá, Manises Hospital Controller

“We initiated the Manises operation in the middle of the economic crisis that affected the whole public sector. Nonetheless, we were successful in contributing to the control of Valencia’s public expenditure.”

Jesús Bonilla, Provision, PPPs and New Services General Manager, Bupa SLA

Growth index of health expenditure

Once the decision to opt for a PPP was made, a public tender was launched and different providers were invited to take part. The tender included the construction of a new hospital, as well as operating the existing primary care centres and two specialised centres. Bidders had to submit administrative, technical and financial proposals, and were evaluated on price, quality and ability to deliver. The scope of the agreement was later revised to include long-term care. The technical documentation required a management plan covering the mission, range of services, governance, and organisational proposals, and a quality plan dealing with how performance would be measured.

As the successful bidder, Bupa-Sanitas is now responsible for managing all aspects of healthcare for the 200,000 people living in 14 towns in the Manises area, on the outskirts of Valencia. Besides Manises, there are four other PPP hospitals in the Valencia region: Alzira, Torrevieja, Denia and Elche.

The agreement began in 2009 and runs for 15 years, with an option to extend for another five years.

The agreement began in 2009 and is based on four core principles, as set out below: public funding, public control, public ownership and private management.

**PUBLIC FUNDING**
The government pays the private operator an annual fee to manage and provide health services to the population of the designated catchment area.

This enables the government to anticipate the likely annual cost of healthcare for the life of the PPP contract.

**PUBLIC OWNERSHIP**
The hospital is built on publicly owned land and, although the private partner can make the initial investment in construction, equipment and human resources, when the contract expires, the hospital becomes entirely the property of the public sector.

This means that the healthcare infrastructure is a public asset.

**PUBLIC CONTROL**
The private operator must comply with the terms set out by the government in the PPP contract. These include quality and performance indicators which must be adhered to.

This ensures that healthcare is designed to meet the population’s healthcare needs, and that it is high quality.

**PRIVATE MANAGEMENT**
Healthcare services are managed by the private partner during the contract period, in exchange for a fee.

This significantly reduces the government’s healthcare budget exposure risk as the private partner is responsible for providing efficient, high quality healthcare.
THE AGREEMENT

What it covers

- Manises Hospital, which provides specialised acute care. It consists of 219 single rooms.

- 20 primary care centres providing basic healthcare via multidisciplinary teams composed of family doctors, paediatricians, nurses and social workers.

- Two centres that provide specialised outpatient care, improving the hospital’s ability to provide acute care.

- Mislata Hospital, a medium- and long-term hospital, with 21 beds, which provides care to patients who are recovering or in remission, and require specialised medical attention before returning home.
How the agreement works

The Manises Model’s funding mechanism is one of its most innovative features. Unlike the fee-per-service payment models which are used by many healthcare systems around the world, Manises uses a per-capita model: an annual fee is multiplied by the number of people in the catchment area. The rate is raised every year, in line with the increase in the Valencia Government’s health budget, but the fee is fixed and does not vary according to the number of treatments provided, as it would in a fee-per-service model. This means it is in Bupa-Sanitas’ interest to operate at maximum efficiency, and to invest in health improvement and disease prevention, because a healthier population needs fewer treatments.

The other distinctive feature of the agreement is what is called ‘inter-centre balance’. This means that people in the Manises area can elect to go to a hospital other than their local one, which increases choice for patients. If a patient does choose to be treated outside the Manises catchment area, the Manises Hospital pays the treating hospital a standard fee determined by the Government. And if the Manises Hospital treats someone from outside its catchment area it receives 85% of that fee. In other words, the hospitals in the region receive additional funding if they attract patients from outside their district, and lose money if their own patients receive treatment elsewhere.

This ensures that there is healthy competition between hospitals, which drives up standards for everyone. The per-capita principle also incentivises hospitals to ensure that everyone living in their area is registered, ensuring greater access to healthcare.
How performance is measured

When the agreement was first put in place, Bupa-Sanitas agreed a set of objectives with the Government of Valencia, and defined how quality and overall performance would be measured. This annual assessment covers a broad range of indicators, including waiting times, readmissions, expenditure on pharmacies and medical supplies, and delays. Other indicators include management of risk factors within the population, and rate of incidences, for instance hip fractures.

“The holistic approach, which includes both primary and specialised care, is key to the success of the model. Another essential component of success has been our focus on two compatible and essential priorities: highest quality of care and management efficiency.”

Mónica Paramés, People Director & General Counsel, Bupa SLA

INTEGRATED CARE

The Manises agreement is the only PPP in Spain to integrate the three levels of care: primary, specialised, and long-term care, including end-of-life care.

Public sector healthcare has conventionally been organised geographically, around the locations where care is offered: the doctor’s surgery, the clinic, the hospital. As healthcare has become more complex, this approach has often led to fragmentation and duplication, which not only drives up costs but makes the experience significantly worse for the patient. More worryingly, it can result in ‘gaps’ as the patient is passed between these different locations, which can lead to a greater risk of errors, and missed opportunities for early diagnosis and prevention. This is particularly relevant for patients with chronic conditions, or those suffering from more than one health problem.

Traditional vs. integrated healthcare systems

Source: PWC, based on information from Sanitas
Integrated IT systems: Improving the patient experience

With a camera, and drawing on the IT services used in the hospital, a primary care physician can photograph a patient’s injury or condition and send it directly to the specialist (dermatologist). The dermatologist analyses the images and responds to the primary care physician, within a 48-hour time frame, with an assessment and information about the necessary treatments. This approach is called teledermatology.

This integration and use of technology means patients can be treated without going to the hospital, which saves them valuable time. More importantly, it allows patients with serious conditions to be referred and diagnosed as quickly and efficiently as possible, which is critical for their recovery.

However, a diagnosis cannot always be provided with only a photograph and if the photos are in the least bit ambiguous or unclear, the patient attends an appointment with a specialist. Similarly, there are many conditions, such as boils, skin discolouring, or reddening, for which other methods must be applied because a photograph is not sufficient to make a diagnosis.

Teledermatology has been introduced in Manises Hospital thanks to the technical developments and smart use of IT systems that make it possible for professionals to share information in this way. The IT system provides an environment where information can be shared safely and securely, guaranteeing the confidentiality and integrity of patient information at all times.

A fully integrated system, by contrast, is centred on the patient. Under the Manises Model, every aspect of an individual’s care is planned and delivered on a holistic basis. From diagnosis to treatment, rehabilitation and health promotion – everything is aligned to meet the needs of the patient; coordinating primary and specialist care, actively sharing information, and using telemedicine.

For example when patients arrive at the Manises Hospital emergency room, their needs are assessed by the Immediate Assistance Unit and a dedicated team is then assigned to manage their care depending on the nature and severity of their condition. This ensures that the right specialist physicians treat each patient and take responsibility for their care, providing a more seamless service for patients, reducing waiting times, and also making better use of hospital resources. The more efficient use of resources benefits patients in other ways too: for example, the hospital offers longer hours for operating theatres and have reduced the time it takes to deliver test results. Many of Manises’s facilities are also open at weekends and in the evenings, which is not the case in publicly funded hospitals.

“The Manises Model could be defined as a success of micro-management; there is a permanent effort to optimise every aspect related to patient satisfaction and service delivery, and a focus on nurturing the relationship with professionals and other stakeholders.”

Gabriela Pueyo, Chief Financial Officer, Bupa SLA
If patients require a longer stay in hospital they can be transferred from the main acute facility at Manises to Mislata, which caters for people needing long-term care. It is an obvious win-win: the patient gets more appropriate care, the costs are less than in the main hospital and an acute bed is made available for another person who needs it.

The Manises approach deliberately shifts the focus from expensive acute and specialised care to community-based primary care. This makes it easier to detect and prevent problems at an early stage, and gives healthcare professionals more opportunities to promote good health, as well as treat disease.

According to Iñaki Ereño, MD of Bupa’s Spain and Latin America Market Unit, in addition to an extremely efficient management, the key to success of the Manises Hospital lies in two areas:

- Attracting leading professionals to Manises Hospital, such as Dr. Pedro Cavadas, a world-renowned reconstructive surgery specialist. This excellent clinical care attracts people outside the catchment area to Manises Hospital.
- By capturing demand outside the catchment area, which generates additional earnings. The additional earnings offset the cost that Manises bears if residents within its catchment area choose to be treated at large competing hospitals nearby, such as Hospital La Fe in Valencia.
Consider the case of a 56-year-old man with diabetes and follow his journey as he accesses the care he needs. His diabetes is monitored regularly at the Mislata Health Centre in Manises where he takes part in a programme to reduce the risk factors that contribute to his condition, one of which is his sedentary lifestyle. He can also consult his primary care physician and usually obtains an appointment within 24 hours. Last year, he visited his local health centre because he was experiencing chest pain and sweating, and after being given an electrocardiogram he was quickly diagnosed with a heart attack. He was transferred immediately to Manises Hospital, which was alerted in advance through the infarction code activated by his health centre. When he arrived at the hospital, a multidisciplinary team including a hemodynamics specialist, emergency and intensive medicine staff, and specialised nurses were waiting to receive him. He was transferred directly to a coronary intervention room for a coronary angiography and emergency angioplasty. This surgery used a radial approach, which reduces the risk of bleeding and facilitates faster recovery. After a few hours of observation in the intensive care unit, he improved rapidly and left the hospital a few days later. He then followed a programme of cardiac rehabilitation at the Mislata Specialist Care Centre, which helped him make a full physical recovery. His primary care team then followed up by intensifying his cardiovascular risk control programme, arranging check-ups with a cardiologist, and encouraging him to join the ‘healthy ways’ exercise initiative. When he felt discomfort in his chest a few months later he went straight to the emergency room at the Manises Hospital, and after spending the night under observation he was evaluated by a cardiologist who performed an electrocardiogram and an exercise test which ruled out a cardiac cause. Since then he continues to attend regular primary care check-ups, and his doctor is in contact with the cardiology team at the hospital and has access to his full medical history. He continues to control his cardiovascular risk factors, has incorporated more physical activity into his lifestyle and has returned to work.

CASE STUDY
A patient’s journey in Manises

*Fictional character*
CHARACTERISTICS OF THE MANISES MODEL

The Manises Model is designed to work for everyone – the patients who use it, the government which funds it, the professionals who work for it and the taxpayers who contribute to it.

### WELL-QUALIFIED STAFF
Staff from each medical service undergo training at least once a year.

### RESULTS-ORIENTED INCENTIVES
Payments and financial incentives are results-oriented - remuneration is linked to clinical quality outcomes.

### STANDARDISED PROCEDURES
Clinical protocols and procedures are standardised and monitored closely to reduce clinical variance.

### TECHNOLOGY
Manises Hospital is technologically advanced, responding to the population’s needs with the most up-to-date medical equipment.

### MANAGING CLINICAL INFORMATION
Robust IT systems support the Manises ‘paperless hospital’ philosophy. Medical records are electronic, making them more efficient, less wasteful, and well-connected to other sites of care.

### ADHERENCE TO BEST PRACTICE GUIDELINES
Best practice guidelines are followed in the use of medicines, prevention of hospital-acquired infections, safety in surgical procedures, risk management and the prevention of adverse events.

BENEFITS FOR PATIENTS

The patient is at the heart of the Manises Model: delivering high quality care and more patient choice.

### High quality care
The care offered by the Manises Model is of a consistently high standard. Bupa-Sanitas has been investing heavily in medical equipment and infrastructure, and as a result the Manises Hospital benefits from state-of-the-art technology. It is also an appealing and rewarding place to work, where staff receive excellent ongoing development. This attracts talented and experienced professionals across a range of disciplines.

We also invest in training, education and research by providing undergraduate courses in our own 130-person teaching unit, and at partner universities, including an ADEIT (Fundación Universidad-Empresa de la Universitat de València) programme. The papers published by our professionals, and the increasing number of clinical trials underway at the hospital are proof of Manises’s growing prestige, and its reputation for clinical excellence.

As the following table demonstrates, the hospital has particular expertise in areas such as spinal care and heart treatments, reconstructive surgery, and inflammatory bowel disease.
MANISES HOSPITAL – AREAS OF CLINICAL EXCELLENCE

- **Reconstructive surgery:** Manises Hospital is well-known in Spain for reconstructive surgery, particularly following the recruitment of an internationally renowned physician.

- **Trauma centre:** The trauma centre is modelled on advanced American facilities, and offers an approach to the care of complex trauma cases which is unique in Valencia.

- **Hepatopancreatic surgery:** In 2012, Manises Hospital introduced a state-of-the-art technology that allows the removal of parts of the liver while minimising bleeding.

- **Inflammatory Bowel Disease unit:** This multidisciplinary unit is recognised internationally and currently has 400 patients under treatment, many of whom come from all over Europe.

- **Spinal unit:** In 2012, Manises Hospital opened a new spinal unit specialising in microsurgery. Patients treated with this procedure do not need to be admitted as inpatients.

- **Heart unit:** The Manises Hospital cardiology unit is part of the heart attack programme which operates across Valencia. It uses advanced surgical techniques that reduce the risk of bleeding and promote faster recovery. The programme also ensures rapid and coordinated assistance to patients who suffer a severe stroke.

- **Gynaecology:** Manises Hospital is the only publicly funded hospital in Valencia to offer a non-surgical method for treating uterine fibroids. This treatment preserves the patient’s uterus and promotes faster recovery.

- **Childbirth:** Manises has developed a pioneering natural childbirth programme. It aims to be a leader in the region in this area of maternity care and offers mothers the choice of a non-medicalised birth.

- **Vascular surgery:** Manises Hospital applies the newest surgical techniques for the treatment of diabetic foot. The hospital adopts a holistic approach to treatment, which reduces amputations by half and heals ulcers in 85% of patients.
The integrated model in Manises also means that there is a strong emphasis on prevention and the promotion of good health and wellbeing. This is good for patients, giving them a better quality of life, but it is also good for the Government, since healthcare costs over the long term will be reduced. It is also particularly relevant in Valencia, where the population is ageing, as a result of increasing life expectancy and declining birth rates. This means the Manises region has a higher prevalence of long-term conditions, which drives up costs, making positive prevention measures especially important.

In Manises, prevention starts – like everything else – with the individual patient. Drawing on extensive research about the prevalence of certain conditions in the Valencia area, our primary healthcare professionals assess each patient’s specific risk profile. The aim is to reduce the likelihood of heart failure, stroke, acute coronary syndrome and cancer, as well as other serious conditions such as hypertension, diabetes, and dyslipidaemia, a condition associated with high cholesterol. They also advise on diet, exercise and giving up smoking.

“Integrating and providing holistic care is the best way to apply our hospital’s purpose: longer, healthier, happier lives.”

Vicente Gill, Manises Hospital Director

Bupa-Sanitas has also run educational programmes for the whole population, covering issues such as colorectal and breast cancer, hypertension and diabetes. This work demands a high degree of cooperation between different parts of the Manises system, and close collaboration with the Valencian Government on specific public health campaigns. Examples include AIDS, cervical cancer, breast cancer, and smoking.

### Manises colon cancer prevention programme

Colon cancer has become one of the most common cancers affecting people in Manises. In a little over a year, Manises Hospital diagnosed more than 350 people with colon cancer or polyps.

Manises Hospital has launched a colon cancer prevention programme in collaboration with the regional Government, which aims to monitor the recurrence of this disease and to reduce associated mortality rates by 35%. To date, 43,000 people in the area have been invited to be tested for the disease, and given information about early prevention.

### Promoting healthy lifestyles at Manises

A number of healthy lifestyle programmes have been organised in schools as part of the Manises Model. These include the importance of a healthy breakfast, sex education and advice on better posture.

It has also been a priority to engage local media in our health campaigns. For example, the Healthy Walks programme was a joint effort between Bupa-Sanitas and local media, which encouraged people to get fitter by walking more.
More choice

People in the Manises area can choose to be treated either in the local hospital, or elsewhere if they prefer, giving them maximum choice and flexibility in their care.

In practice, relatively few people in the area have chosen to be treated elsewhere for anything other than very complex procedures such as organ transplants. In fact, the prestige of the Manises Hospital is attracting patients from neighbouring areas, which is a testimony to the quality of care at the hospital.

“We are very proud of the care we deliver in Manises. We think that the highest level of transparency is needed, in order to make available to the public those quality indicators that systematically validate the success of the model.”

Mónica Paramés, People Director & General Counsel, Bupa SLA

Average waiting time (days) for specialised consultation, Manises Hospital vs. national average, 2009-2013

Waiting times for 2009 are the average of waiting times registered from June to December.
Waiting times for 2013 are the average of waiting times registered from January to August.
Source: Primary Care. Manises PPP; Spanish Ministry of Health. Data for 2013 is an estimation based on data for 2012.

4. Primary Care. Manises Health Department.
COORDINATING PRIMARY CARE AND SPECIALISED CARE
Specialist consultants visit primary care centres and work closely with general practitioners.

SHARING INFORMATION
Electronic medical records allow clinical and administrative information to be shared through different levels of care.

USING TELEMEDICINE
Treatment is being made more accessible through the use of remote consultations, called teleconsultations. This also encourages greater teamwork among our multidisciplinary consultants. Telemedicine has been implemented in many services including nephrology, haematology, endocrinology and a pilot dermatology project, launched in May 2013.

COMPREHENSIVE CARE FOR PEOPLE WITH CHRONIC CONDITIONS
People with chronic conditions are treated holistically and are provided with both primary and specialised care.

PROACTIVE PREVENTION
We hope to raise awareness, promote healthier lifestyles and prevent illness and long-term conditions by educating the public about risk factors.
The evidence

The Manises Model is underpinned by high standards of clinical excellence. It uses a robust governance system to monitor and continually improve the quality of all clinical services. In 2012 Manises adopted the European Foundation for Quality Management model, or EFQM. This is designed to identify areas for improvement and develop action plans to address them. In 2013, Bupa-Sanitas was named an Award Finalist by the EFQM, for creating an organisation that puts the patient first, while delivering sustainable profits and growth.

Patients rate the quality of the care they receive under the Manises Model very highly – they like the choice offered and value the flexible access to services. The fact that so few locals choose to be treated elsewhere speaks for itself.

Manises also scores consistently high in more formal patient satisfaction surveys. According to the Quality Barometer survey 2013, the average satisfaction score was 8.17, out of a possible 10, and these scores have been improving year-on-year. In 2012, the annual Valencia Ministry of Health report on patient satisfaction showed that 90.6% of our patients were satisfied with the treatment at Manises Hospital, and 91.7% of those who visited Manises primary care said their expectations were met.

The Patient Information Service of the Valencian Ministry of Health showed that compliments from Manises patients increased by 46% in 2013, and complaints reduced by 21%, compared to 2012.

Perceived quality indicators (out of possible 10), 2012-2013

Source: Quality Barometer survey 2013
The Manises Model also has its own quality measures built in, which were agreed with the Valencian Government at the start of the agreement. According to these, Manises ranked third out of 24 health regions in 2012, for improving access to healthcare, and scored an extremely high 96.02% in this area.

**KPIs on accessibility**

Source: Manises Management Agreement 2010

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<tr>
<th>MANISES MANAGEMENT AGREEMENT BENCHMARK</th>
<th>VALUE ACHIEVED</th>
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<tr>
<td>Overall % score for “improving accessibility”, in accordance with the Manises Management Agreement benchmarks</td>
<td>96% COMPLIANCE</td>
</tr>
<tr>
<td>Waiting time (days) for first specialist consultation</td>
<td>&lt;32 19 DAYS</td>
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<tr>
<td>Percentage of patients who wait more than 3 days for a specialist consultation</td>
<td>&lt;42% 16% PATIENTS</td>
</tr>
<tr>
<td>Average wait time (days) for surgery</td>
<td>&lt;45 41 DAYS</td>
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<td>Percentage of patients who wait more than 180 days for surgery</td>
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IASIST TOP 20 RANKINGS

IASIST is a professional service company that produces clinical and economic information. Since 2000 it has published an annual ranking of Spanish hospital quality. More than 150 Spanish hospitals voluntarily participate in the ranking process. Each hospital is evaluated on a set of objective indicators, obtained from data that is routinely recorded.

In 2013, out of 35 high quality general hospitals, Manises ranked:

- 2nd for the provision of outpatient surgery;
- 3rd for productivity, which is measured by how efficiently the hospital deploys its staff;
- 6th for risk-adjusted stays, which looks at the length of time it takes for a person to be discharged from hospital following their treatment; and
- 9th for mortality, which looks at predictors of mortality and the actual mortality rates experienced at the hospital.
BENEFITS FOR GOVERNMENT

The Manises Model provides patients with high quality care and wider choice, while offering the Government improved efficiency, higher investment in healthcare infrastructure, greater budget predictability and lower costs. It also encourages information sharing between the public and private sectors, which is not common in Spain. In all, the model offers excellent value for money for the taxpayers of the region.

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<th>CLINICAL EXCELLENCE</th>
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<tr>
<td>Clinical excellence is assessed against expected mortality indices. These are based on actual in-hospital mortality rates, adjusted for factors such as age, sex, the presence of other conditions, and case complexity.</td>
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<th>PATIENT SATISFACTION</th>
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<tr>
<td>Patient satisfaction is routinely monitored. In 2013 the result was very high, with patients on average scoring their satisfaction with treatment at 8.17 points, out of a possible 10.</td>
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<th>PRODUCTIVITY</th>
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<tr>
<td>Productivity indicators, such as the average length of time per hospital stay, are measured, after being adjusted to account for risk or the operating theatre performance.</td>
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<th>FINANCIAL PERFORMANCE</th>
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<td>Revenue is measured, as is expenditure on pharmacy and clinical materials.</td>
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<th>INNOVATION</th>
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<td>Indicators are reviewed and inform the development of protocols and healthcare processes for quality assurance.</td>
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Efficiency

The Manises Model is designed to promote the development of efficient and cost-effective services. In particular we have focused on employee productivity, the best use of equipment and resources, smarter procurement, and ensuring that care is provided in the most appropriate and cost-efficient setting.

“Our focus is on working efficiently, but most importantly, with a sharp focus on the patient. We love that everyone, including supervisors and managerial personnel, plays an extremely important role in healthcare delivery.”

Iñaki Peralta, Health Funding General Manager, Bupa SLA

- Employee productivity

Among its many other innovations, the Manises Model offers a new and more dynamic approach to assessing and rewarding employee performance. In the Spanish public healthcare system promotion is usually based on length of service; in Manises it depends on achieving agreed objectives. Salaries and bonuses for hospital employees are linked to both individual and group performance in five key areas: clinical excellence, patient satisfaction, productivity, financial performance, and innovation.

Linking pay to performance in this way incentivises health professionals to provide a better service to patients. It is also a reflection of Bupa-Sanitas’ culture, which values meritocracy, entrepreneurship and accountability, and aims to foster an agile and flexible workforce.

“The main contributor to the high productivity levels is our organisational culture. Medical professionals are attracted to it, even while knowing that this environment can be more demanding.”

Pedro Rollán, Manises Hospital Medical Director

This positive working environment also facilitates innovation and stimulates people to find new and better ways to help our patients.

“Effective management is a feature of the Manises Model. Departments and clinical services are encouraged to introduce and develop new initiatives.”

Carlos Jaureguizar, Strategy and M&A Director, Bupa SLA

- Use of equipment and resources

One of the most important ways efficiency has been improved at Manises is by maximising use of hospital facilities and equipment, resulting in significant economies of scale. Manises’s imaging diagnosis department, for example, is open from Monday to Saturday for more than 16 hours a day. Whenever necessary, the hospital opens on Sundays as well. This also benefits patients by making the facilities available to the largest possible number of people. Some of the utilisation rates are as high as 100%, as the table below shows:

<table>
<thead>
<tr>
<th>AREA</th>
<th>UTILISATION RATE (JUNE 2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient facilities</td>
<td>88%</td>
</tr>
<tr>
<td>Operating theatres</td>
<td>80%</td>
</tr>
<tr>
<td>Medical imaging</td>
<td>100%</td>
</tr>
</tbody>
</table>

Facility utilisation rates

Source: Medical Direction, Manises Hospital
The PPP also uses specialised IT software to monitor utilisation rates, which allows it to manage its available capacity in the best way possible. The emergency department at Manises Hospital has its own sophisticated IT system to manage the patient’s journey through the department, providing doctors with up-to-date information about waiting times and the condition of each patient.

• **Procurement**
The Manises approach has resulted in real cost savings through centralised procurement, and outsourced services. For example, laboratory services have been contracted to a specialist company, while haemodialysis remains in-house, as that proved to be the best option. Bulk discounts have been negotiated, stock management has been improved and internal processes. Where patient care will not be affected, expensive products have been replaced with cheaper one of the same quality. Solar power is being utilised and a number of other energy-efficient and recycling initiatives have been launched, which are saving money and helping to reduce environmental damage.

• **Targeting care**
One of the great advantages of the Manises approach is that it allows care to be provided in the most appropriate setting, so we can avoid using expensive specialist or acute services unless these are medically necessary. This is important because specialised care is the single largest cost within the Spanish healthcare system, accounting for about 57% of total expenditure.5 In the Manises Model, primary and specialist doctors work alongside one another, and decide together where care can best be provided. Wherever possible, there is a preference for providing care locally, in the community, which is better for patients, and allows specialist units to treat patients in more acute need. This approach was piloted in paediatrics, trauma and psychiatry, and has proved to be extremely effective, as well as providing useful experience and improved training opportunities for professionals working in primary care.

In 2010, 51% of patients who visited a Manises primary care facility were referred to a specialised unit, but by 2013 this had dropped to 32%.
Investment in healthcare infrastructure

Bupa-Sanitas has invested extensively in the healthcare infrastructure of the Manises area, and these assets will return to public ownership at the end of the partnership period. This investment is a key part of the Manises Model: as well as agreed levels of investment set out in the original agreement, we must reinvest any profits in excess of 7.5% per year in building and improving infrastructure, and replacing equipment. This approach ensures that the Manises system has a sustainable future for the long-term.

Budget predictability

A PPP model such as the Manises agreement can significantly reduce the financial risk a government faces in providing healthcare. A per-capita fee structure makes it easier to predict costs over time and minimises the impact of rising healthcare costs and volatility in demand.

PPP Agreements Publicly managed health departments

37% 33% 30% 31% 31% 31% 31%
423 458 501 535 593 622 632
668 680 717 770 857 899 913
2004 2005 2006 2007 2008 2009 2010

PPPs in Valencia save the Government approximately 30-37% per capita compared with public sector alternatives.

Notes:
- Costs have been standardised to allow comparisons: costs of pharmaceutical products dispensed in pharmacies, prosthesis, transportation and oxygen therapy were excluded from these calculations.
- At time of publication, data available only up until 2010.

Sources: Valencia Health Department, consolidated cost per health department and fee per-capita of PPP agreements, 2012; and Human Resources Department, Manises Department.

Information sharing

The Manises Model actively encourages positive cooperation between the public and private sectors, which ensures that both sides benefit from new developments in best practice, and each contributes its own skills and experience to make the whole healthcare system a success. Private sector input can also help in situations where existing public sector managers may be inhibited by rigid frameworks or a cultural resistance to change. Likewise there is no sector where innovation is more important than in healthcare, and new ideas often result from positive collaboration.

The evidence

In 2012, Manises was in the top ten of the 24 health districts in Valencia, and ranked very highly for improving health outcomes (see below). It was ranked number one for the improvements made to maternal and palliative care.

<table>
<thead>
<tr>
<th>SUMMARY OF OBJECTIVES</th>
<th>DEGREE OF COMPLIANCE</th>
<th>RELATIVE POSITION (rank out of 24 health areas)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve health outcomes</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Improve maternal health outcomes</td>
<td>100%</td>
<td>1</td>
</tr>
<tr>
<td>Improve health outcomes in palliative care</td>
<td>100%</td>
<td>1</td>
</tr>
<tr>
<td>Improve health outcomes in cardiovascular diseases</td>
<td>80%</td>
<td>6</td>
</tr>
<tr>
<td>Improve health outcomes in oncology</td>
<td>88%</td>
<td>9</td>
</tr>
</tbody>
</table>

Manises: Improving health outcomes, 2012

Source: Manises Management Agreement 2012
MANISES MODEL: 2013 ACCOLADES

- IASIST and ISO top 20 award for Best Global Management
- IASIST and ISO top 20 award for Women’s Healthcare Services
- IASIST and ISO distinguished diploma for the Provision of Emergency Care
- Nomination for a best-in-class award for digestive healthcare services (an initiative launched by the Department of Health and Innovation at Rey Juan Carlos University, in partnership with communication group, wecare-u).
- IASIST and ISO certification for the management and quality of the emergency and inpatient processes (iso9001: 2009)
- IASIST and ISO certification for environmental management throughout the Manises Hospital (iso14001: 2004)
- Accredited by a body launched by the World Health Organization and Unicef to promote good practices in birth and breastfeeding.
BENEFITS FOR SOCIETY

Under the Manises Model, everyone wins: not just patients and the Government, but wider society.

An effective and well-run PPP, like the Manises Model, ensures that patients receive high quality care which is free at the point of need, while government funders gain greater certainty over medium- to long-term costs. At Manises, we have also created new jobs, and invested in excellent facilities which will remain in public ownership after the contract ends.

In general, PPP arrangements can help foster innovation in healthcare, both in terms of patient care and ways of working. They can help break down the silos that can characterise public sector bodies, and are more flexible when it comes to issues like organisational change, remuneration schemes, incentive schemes and staff mobility. All of these factors make a PPP a more productive model, especially when specific efficiency measures are built into the contract, as they are in Manises.

PPP projects also deliver greater accountability and transparency in the delivery of healthcare, partly because of the tight management controls built into these contracts, and the pre-agreed targets and objectives.

According to Iñaki Ereño, managing Manises has been a challenge, and the model still has room for improvement:

“The amounts due between the regional government and the private operator, the majority of which are derived from services performed for the covered population in other regional health facilities and vice versa (services provided to non-capita patients in the concession’s infrastructure) are subject to an increasingly complex set of rules. This makes it difficult to agree and settle the payments due between both parties in a timely and efficient manner. Clear, objective criteria to manage this would simplify the process.”

That said, it is a model that generates many benefits for the patient: it provides high quality healthcare with shorter waiting lists. It also benefits the Valencia Government because it allows it to manage the health of the population with a predictable budget. At the same time, it provides the region with the investment capacity of a third party. And lastly, this third party focuses on managing the hospital efficiently and providing an outstanding medical service.

Key benefits of health PPPs to society:

- Governments can improve services while lowering costs.
- Services remain free for the patients at the point of access.
- Although privately managed, the public sector retains ownership of the assets.
- There is constant public monitoring and control, which ensures quality.
- The project will not result in additional debt burdens for the Government.
- The public budget becomes more predictable.
- Employment is generated.
- Quality and patient satisfaction are improved, as a result of increased access to healthcare and clinical excellence.
LEARNING FROM MANISES

The Manises Model is a sophisticated and effective example of how a healthcare PPP can work in practice. It has useful lessons to offer for other providers and funders, both in Spain and elsewhere.

An integrated PPP model is a major project which involves substantial financial investment and requires a long-term commitment of ten or more years. It also involves a multiplicity of different stakeholders, all with different priorities. This makes proper planning and groundwork especially important. Based on experience in Manises there are four key considerations:

• the viability of the project, and the value for money it offers
• stakeholder involvement
• effective change management
• good communications.

Value for money

For government funders, value for money is always a combination of quality and cost; individual PPPs will also include features unique to their particular circumstances, such as the provision of new infrastructure. Both governments and their private sector partners need to undertake a comprehensive due diligence analysis of these factors – and the potential risks – before entering into any PPP project. A clear and well-defined tender process is another important element of the planning for a PPP.

In Manises, we have delivered better value for money for the Valencia Government by incorporating specific efficiency incentives such as the per-capita payment model, taking on the financial risks that Valencia would otherwise have faced over the extended life of the project, and ensuring rigorous performance evaluation.

Stakeholder involvement

PPPs need a ‘supportive environment’, which means the active involvement of all relevant stakeholders is an essential part of the process. This can sometimes be challenging, as PPPs have their opponents as well as their advocates, but in our experience support grows over time when these arrangements are shown to provide high quality care for patients.

Evidence in Spain and elsewhere shows that PPPs with strong government support are most likely to be successful, and this has proved to be the case in Valencia, where the Partido Popular has been in power since 1995 and all the local PPP models have been launched under its leadership. Because this approach has been shown to benefit patients, there was relatively low public opposition to the idea of setting up a new PPP in Manises.

Healthcare professionals are another crucial stakeholder group. Some oppose PPP initiatives because they can be reluctant to change, or wary of reforms that could impact their status or employment terms, especially if jobs are to be transferred from the public sector to the new PPP. These groups can influence public opinion, and the PPP approach can sometimes be presented as ‘privatisation’. This is why it is important to involve healthcare professionals from the outset, to explain the nature of the project and gain their support.

In Manises, the healthcare system made the transition from a publicly managed system to the integrated healthcare model that exists today. During this process a number of healthcare professionals took on new roles in the PPP. In each case they retained their status as civil servants, with their salaries paid by the Government through the PPP. Their professional status was also safeguarded and they benefit from the enhanced training and development the Manises approach provides. Under the terms of the agreement, all new employees are hired under private sector employment contracts.
The change management programme we initiated at Manises was a crucial success factor. It began before the model commenced, by addressing employees’ concerns about their positions in the new organisation. This was a particular issue for the public sector staff, who made up approximately 58% of the workforce.

We spent a great deal of time explaining the PPP model and how it would affect employees, and provided additional training to help people meet the challenge of the change. A special area of focus was collaboration – for the integrated model to work well, people working in primary care have to work actively with those elsewhere in the system, and we provided training and support to help achieve this cultural change. And it worked: the transition went smoothly, and the new collaborative way of working is one of the great success stories of the model thus far.

Communication

It is essential that any communications are a two-way process. Bupa-Sanitas spent a long time listening to the people of Manises: their priorities, concerns and needs. This made it easier to address misconceptions and tailor our services to what people want.

“The support of the public is critical. In general, the public is not adequately informed about PPP models. Much is said about the disadvantages but there is limited information about the benefits.”

Yolanda Erburu, Communication & Marketing Director, Bupa SLA

We set up a dedicated website explaining the PPP model in simple terms, and engaged actively with local media. Everything was done according to the communication policies and procedures established by the Valencia Government, and in collaboration with them wherever possible.

Bupa-Sanitas also communicated with other stakeholders, including patients and patient associations, trade unions, and other opinion-shapers. Many of these groups were represented on the Manises Local Health Board, which was set up to help build public trust and ensure public accountability. It consists of representatives from the regional ministry, professional associations, neighbourhood groups, local government, and various trade unions.
CONCLUSION

Integrated PPP healthcare models like Manises allow governments to provide their citizens with high quality, affordable care in the face of rising demand, increased costs, and constrained budgets. They can also benefit the healthcare system as a whole, by promoting best practice, and improving efficiency, innovation, competition, accountability and transparency.

The incentives built into integrated PPP models can also drive better health outcomes: the Manises Model is structured so that long-term profitability for Bupa-Sanitas depends on keeping the population well and promoting good health as well as treating disease. Individual staff incentives are also aligned with these same objectives, and healthcare professionals benefit from excellent training and development and a culture that rewards high performers.

Of course, no two healthcare systems are the same, and each government provider of healthcare faces different challenges and circumstances. The Manises Model has been tailored to meet the needs of its own specific catchment area, but it can nonetheless provide other PPP projects with valuable insights, and a useful and proven template for success.
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ABOUT US

ABOUT BUPA

Bupa’s purpose is longer, healthier, happier lives.

As a leading international healthcare group, Bupa offers health insurance and medical subscription products, runs care homes, retirement villages, hospitals, primary care centres and dental clinics. Bupa also provides workplace health services, home healthcare, health assessments and long-term condition management services.

Bupa has many millions of customers in 190 countries. With no shareholders, Bupa is free to invest its profits to provide more and better healthcare in fulfillment of its purpose.

Bupa has operations around the world, principally in Australia, Spain, the UK, Poland, New Zealand, and Chile, as well as Saudi Arabia, Hong Kong, India, Thailand and the USA.

For more information, visit www.bupa.com.

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Sanitas, Bupa’s Spanish brand, is Spain’s health insurance and service provider. It offers products and services adapted to customers’ healthcare needs throughout the stages of their life by providing comprehensive health insurance for individuals and businesses, hospitals, medical centres, dental clinics, other wellness services and care homes.

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The PwC Public Sector Center at IE Business School’s primary goal is to contribute to the transformation of government and public sector organisations. It works to generate and spread knowledge about the necessary modernisation of institutions.