

1. Executive summary

The Spanish healthcare system has shown **very positive results** in recent years in terms of the health situation of the Spanish people. This, however, does not mean that complacency is in order; rather, it must be acknowledged that the system depends on many complex **factors** in order to function in a stable manner, factors that **endanger its medium-term sustainability**, not only from a cost perspective, but also from the standpoint of quality and accessibility.

Our system suffers from specific, **already-existing problems**, such as a lack of coordination among the public administrations involved in this area, or the insufficient attention given to prevention. However, of the three focal points typical of any healthcare system, i.e., cost, quality and accessibility, the latter is where problems are the greatest, as evidenced by waiting lists and the growing dissatisfaction they cause.

Apart from the circumstances unique to this case, the Spanish healthcare system is facing some of the **same challenges** as those that have been arising in other developed countries. These are phenomena that have a significant impact **on these systems' sustainability**, and **their effects will not be long in coming**.

First of all, the constant emergence of **technological advances** presents important challenges, not only from a strictly financial point of view, but also because of the difficulty in applying criteria of efficacy and efficiency to the decisions on incorporating these advances. In the absence of these criteria, the system will tend to enter a "technology for the sake of technology" spiral, which will make its financing unfeasible.

Drug research also causes pressure on the system. On the one hand, the development of new drugs is increasingly costly; on the other, phenomena such as the greater prevalence of chronic diseases or the increase in life expectancy are a source of escalated pharmaceutical spending.

The **sophistication of the demand for healthcare services** must be added to these factors, impelled by a society that is becoming more exacting in healthcare the

more it develops, and by a generalized improvement in the sources of information to which patients have access.

All of the above, along with the consequences of an increasingly ageing population, imperil **a healthcare system that will not be able to maintain its sustainability in its current form.**

Nevertheless, it should be pointed out that it is not a question of minimizing the total cost of healthcare, but of ensuring the system's sustainability and quality. The situation of the Spanish healthcare system is not unique. The fact is that **many developed countries have undertaken reform processes** in an attempt to successfully meet the challenges that the phenomena described above, both real and potential, are already posing. Given the complexity of the situation, the formula for dealing with it must also be complex.

- Measures can be taken to **increase the efficiency** of the system by applying a variety of technological advances to this end, introducing instruments to improve the system's management and fostering increased coordination among the public administrations involved.
 - The application of new technologies, such as the **implementation of a single electronic health card that would be compatible nationwide**, would lead to improved access to services, simultaneously reducing the cost of providing these.
 - The **computerization of patient record management systems** will also mean a possible improvement thanks to technology. This would make it possible for information to be shared, improving healthcare and freeing up resources, and thus preventing the unnecessary repetition of tests, for example.
 - **Telemedicine** is another instrument that can help reduce costs and improve healthcare services, as it makes it possible to take a portion of primary or even hospital care right to the patient's home.
 - There are also instruments to improve management, such as **agreements between the public and private sectors**, which make it possible to apply private management criteria to services financed with public resources.
 - **Competition mechanisms** can also be introduced in order to increase patients' freedom of choice, while at the same time **quality indicators** can

be developed to provide them with the information they need to be able to choose.

- Greater efficiency also includes applying a **vision of comprehensive care**, developing multidisciplinary teams that make it possible to properly attend to ailments that can be treated in a public health environment.
 - Another essential issue is **coordination among public administrations**, which would make it possible to take advantage of **economies of scale**, improving quality in some areas and generating more valuable and useful **information**.
 - A final way to increase efficiency is to place greater emphasis on **prevention** and on adopting healthy habits, which would contribute to streamlining healthcare spending.
- **Demand rationalization** formulas might also be applied, such as **selective co-payment**, a practice that is present in many European countries. Patient participation in financing healthcare services makes it possible to better manage demand and to streamline the system. Nevertheless, this must be **carefully designed** in order to avoid a negative impact on fairness or on certain groups of patients.
 - Finally, an **insurer perspective**, which is also present in several European countries, can be introduced. This perspective is characterized by explicit definitions of the services covered by the public system, and of the cost per covered person. It does not involve a reduction in the portfolio of services currently included in the public system, and would make it possible for additional services that may arise in the future, whose marginal profit may be smaller than their cost, to be covered privately. This would reduce pressure on the public system, improve accessibility and contribute to rationalizing demand.

The introduction of these **changes** may take place **gradually**, so that their impact on the system would be progressive; however, this cannot be delayed, because to do so would be to reduce our room to manoeuvre and would lead to traumatic solutions. The course of time and the degree to which some of the challenges become a reality will prove whether these partial reforms are sufficient, or whether, to the contrary, we will have to design a system that is substantially different from the one we know today.

