

Carles Torner

“Professionals are jointly responsible for the management of our group”

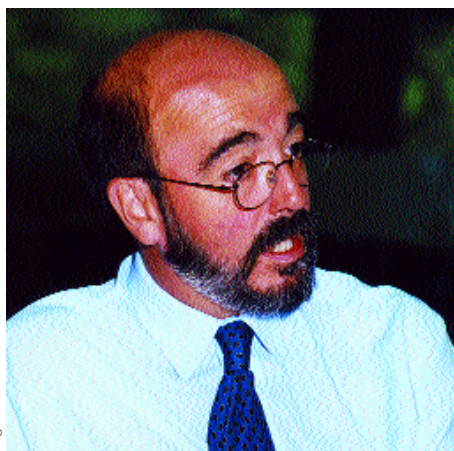
An interview with Doctor Ignasi Orce, Chairman of Autogestió Sanitaria and Chief Executive of Assistència Sanitària Col·legial.

How does co-operative working and user co-management limit the freedom of physicians?

We scrupulously respect free professional judgement. We are an open group. We work with very advanced management systems light years ahead of any other medical or hospital institution in Spain. Fee administration systems, useful information systems for physicians so that they can find out how their professional practice compares to their specialism, and also so that they can find out what financial link exists between their personal decisions and the system as a whole, what degrees of practice variability are meaningful from a global viewpoint, etc. We have started to publish several action protocols to unify and share references about the use of certain tests. We work with a level of complexity in terms of information management that gives very good results and we are sure will become a point of reference for many people.

How have these advanced management systems been articulated?

We have always had our own IT company. Doctor Espriu had a clear long-term vision of that over 25 years ago. Within Grup Assistència there is a large IT company with 80 or 90 employees. It is also self-managing, so it meets all the IT needs of the group. The IT approach to Hospital de Barcelona is all our work. We have an integrated IT systems that does not exist in practically any other hospital in the world. It has been visited by Americans, the Japanese, the Dutch, the British, and many of them have wanted to buy the concept of this unique system. But that isn't our business. We have been able to do it because we have the human resources, clear criteria and the



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independence of action that allow us to do so. If we could make the meaning of co-management visible, which is not a simple thing to do, people would see that we are like a small republic: we make our own bread, our own roads, and our own means of transport, too. We have to find a reasonable balance to live with our capacity to act in the best way possible.

Why is it so hard to duplicate this scheme in other places?

Duplicating the Barcelona experience in the rest of Spain is very hard. We are experiencing a time when many specific factors come together. We are moving in an environment where there is a lot of healthcare supply, with the ability to do important things, with many professionals who can cover virtually a whole range of options. We have a civil society that has sufficient financial capacity to implement a project of this type. And we also have an associative tradition: an intelligent, utilitarian, reasonable association capable of finding solutions to problems that arise. In this fertile situation, Doctor Espriu's ideas were able to grow rapidly and forcefully, because it must be said that those of us who have followed him, like myself, have not made any significant ideological contribution to the thoughts on Espriuan integral health co-operation. In addition, we have probably been lucky, since Doctor Espriu's vision of the future came at a time when society was able to push his project forward. That project is still in the search stage, because we believe that the Barcelona model of health co-operation should finally take the shape of an institution that combines the whole Grup Assistència, like a second-degree co-operative for example. At the moment our laws do not provide the ideal legal formula to express what we are, but we aren't in a hurry.

How can the success of the ASC model with physicians be explained?

Physicians, like any other professional group, want to exercise their profession in the best possible environment. Our system first of all gives them the choice of not working for others, that is, of being able to take initiatives in terms of the way they want to work. For example, into our policies' cover we incorporate all technological advances whenever possible, which provides enormous facilities from a professional practice viewpoint. Second, it provides them with the chance to get involved to express anything they agree with, or disagree with, an opinion to which they are fully entitled. Third, the ratio between the work that physicians do and the money that the system can allocate to paying them is fortunately higher than any other similar institution. Without going any further, we are the only ones who increase physicians' fees in line with the consumer price index every year. Fourth, many physicians can contribute their professional criteria to improve practice in their specialism throughout the system, through commissions that evaluate the current situation, the desired advances, the need and deadlines for incorporating new technologies, etc. They do their work as physicians, but they are also jointly responsible for the management of the whole thing. Finally, they benefit from the creation of a pension fund, a feature that has no equal. The pension fund now pays 800 physicians who have reached the age of 70 the sum of 1,200,000 pesetas each per annum, and that is one of the great joys of our system. That links physicians to the overall operation of ASC, because they know that at the end of their careers they will be able to receive an extra payment that is separate from their work.

How can the growth of Grup Assistència be explained from the users' viewpoint?

As far as users are concerned, the thing that has grown most is an awareness of belonging to their own system. We are living in a world that encourages supermarket policies: buying, using and throwing away. That is a trend that can also be perceived in terms of medical insurance policies. It is hard to make people loyal. Our approach is almost like a family one. We say: "Listen, bring our group into your life if you want. Place your provision for health problems that you and your loved ones might have in our organisation. And help us if you want and would like to." We must be honest: users were forced to become part of the co-operative if they wanted to carry on receiving ASC's services. But belonging to SCIAS, the user co-operative, shared ownership of Hospital de Barcelona and the chance to take part in meetings, assemblies and social events have clearly created an awareness of belonging to their own system. We have



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social premises and eight groups. In addition to that, of course, the most important thing is user satisfaction in relation to the operation of ASC and Hospital de Barcelona. Users feel much more at home than anywhere else. That's why our best form of advertising is by word of mouth.

What relationship does Grup Assistència have with the public healthcare system?

We are staunch defenders of the importance of the victories of welfare States which, particularly in Western Europe, have produced powerful public health systems. Keeping them is an irrefutable right. We also believe, as can already be seen in other countries, that demographic circumstances, the increase in life expectancy and technological advances probably mean that the funding that these countries can devote to health will become less and less sufficient. A scenario in which all the health resources in a country, whether public or private, need to be taken advantage of in order to respond to the needs of the population as a whole is already on the cards. In some places there are suggestions of changing the basic public Social Security system, which is free and universal, or of introducing co-payment systems for certain aspects, or of cutting back on the basic range of public healthcare services. That is the debate as it stands today, which is obviously not what the public wants to hear, but the financial logic is unquestionable. A country has financial resources allowing it to set aside a budget for health, and it can get considerably into debt, but there is a limit to everything in economics. However, the foreseeable cost increase in this sector has no limits whatsoever. Spain will undoubtedly experience one process or another that other European countries are already experiencing. We will probably be forced to make more realistic public budgets. Politicians ignore this debate because it has a high electoral cost, and they will probably wait for the sign to come from Brussels. **F**

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Jordi Sabat

What moment in time do you particularly remember about your initial years at the helm of ASC?

Setting up Hospital de Barcelona, which coincided with my full involvement in ASC. That was a school of co-management, with frequent meetings between the representatives of physicians and users. We designed the hospital together. I had lunch with physicians for a whole year to convince them to transfer their surgeries from their usual place to Hospital de Barcelona. It was difficult because they could only attend to the people insured by us at Hospital de Barcelona, but in exchange we made them an excellent offer with many differential values in comparison to other places. It should be understood that initially there was a degree of uncertainty and many people felt that we would not manage to get ahead. It was something

new: a 400-bed hospital practically without any of its own physicians, only those that were essential to core services, because all of the hospital's business was being done by well over a thousand physicians that came from outside and were previously selected by the users.

Now it has been in operation for so many years, how does the day-to-day co-management of physician and user co-operatives work?

Here in Barcelona, shared governance of our institutions is a superb reality. To check that out, all you need to do is talk to the users and physicians involved in it. It was Wednesday yesterday, and like every Wednesday throughout the year, we spent the afternoon in a meeting with representatives of physicians and users. We gave guidance as to how much premiums should be increased next year,

what investments need to be made in Hospital de Barcelona, by what deadlines the incorporation of new technology should be planned, etc. We have to take an overall financial approach: the users, the ones who pay, must agree on the amounts we will be asking from them as from 1 January to maintain the style of medical care; and we must agree on the conditions required to provide that care. On paper that seems easy, but in reality it is very difficult because there are opposing interests at first sight. Users want the best care at the most reasonable price, and physicians want to work with the highest degree of freedom and be paid as much as possible. We have to meet on middle ground, and that is co-management, where both parties wholly participate in the healthcare system that they have chosen for themselves and their families.