

## “Our story proves that physician and user co-management is good for both”

Interview with Lluís Roda, Chairman of Societat Cooperativa d'Instal·lacions d'Assistència Sanitària (SCIAS).

### How did SCIAS's process of creation and growth occur?

SCIAS, an organisation that defends health, now unites over 170,000 users. In 1974 over 20,000 people founded the co-operative and it progressively grew until 1997. Since 1998 it has continued to grow, but at a slower rate. Despite the fact that I joined the institution when it was just 12 years old, I know that SCIAS's foundation in 1974 was the result of two basic ideas that Doctor Espriu had. First, the shortage of hospital beds of a certain quality in Catalonia, especially in Barcelona, meaning that Assistència Sanitària Col·legial could not fulfil its obligation of offering a single bed in the event of a hospital admission at certain times. Being reliant on third parties meant that care quality varied depending on the hospital or clinic that one was admitted to, though everyone actually paid for the same type of policy. But, as a result of Doctor Espriu's second idea, SCIAS came into being as an institution that united the other major players in the healthcare system: the patients. That is the fundamental thinking of Doctor Espriu; he always says every medical act involves a physician and another party, the latter being the one whose health and money are at stake. Historically speaking, healthcare users have not been able to express their opinions and have not had much of a say. That is difficult to resolve individually, because patients obviously tend to forget about healthcare management when they are well. However, it can be done collectively. So SCIAS came into being to unite the voices of users and get them to take part in healthcare management. They should also be the protagonists.

### How do users take part in SCIAS's management?

This is a challenge shared by all consumer co-operatives. People tend to associate the co-operative approach with business, consumer co-operatives with a place where a specific service is bought or acquired. But when a social event or a control meeting for the institution itself is



called, the number of members that attend is very low. That is precisely what happens in SCIAS: members come when they have a problem, but they tend to feel that it is not quite as close to their hearts when they are in good health. This is a constant concern for the governing bodies of the co-operative. We try to find ways of improving member involvement. We organise ways for them to talk to the Chairman, meetings by sector; now we have opened up social premises where complementary activities and training courses are run to try and get a certain number of members involved in



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them. We also believe that they are a good source that can be drawn on when the time comes to replace the holders of certain statutory positions on the governing bodies. So far, however, the challenge is still there: how can we encourage people to get closer to SCIAS and feel that it is theirs?

**How is day-to-day joint management by users and physicians implemented?**

At a joint weekly meeting of representatives of the governing boards of both co-operatives: the physician co-operative and the user co-operative. We pool the issues of both institutions: budgets, advertising campaigns, executive appointments, etc. In other words, any issue that cannot be resolved from one viewpoint only, either that of physicians or users.

**Bearing in mind the medical and hospital side of things and the role of the users, how is Hospital de Barcelona managed?**

A few days ago, when welcoming new members of the Governing Board who were elected at the last assembly, I told them that there are some things that you never learn at university. One of those things is being the Chairman of an institution, whether a co-operative or a football club. Sometimes it is hard to understand the

difference between a governing body and an executive body. I often remember this sentence: "An executive is someone who executes the orders of someone who can give them. The latter is the one who governs." Hospital de Barcelona, which is currently the only property belonging to the SCIAS co-operative, has a management organisation based on a manager, who is the executive and makes sure that the instructions of the co-operative's Governing Body are carried out. The Governing Body must also be tuned into the co-operative's assembly. And finally on the issue of management, the hospital has a medical structure on the one hand and an administrative structure on the other.

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Carles Roche

**International interest in health co-operation is constantly growing, and Hospital de Barcelona often receives visitors. Do any other co-operative hospitals of such significance exist?**

In Russia there are some hospitals and some spas, which form part of medical care in their culture, organised along co-operative lines. But the evolution of co-operation in Russia is currently an unknown, and in many cases those co-operatives still have major State intervention. The only news that I have got about a hospital that is completely owned by a user co-operative is Hospital de Barcelona. More and more international visitors are coming to see the hospital because we have managed to find a way of ensuring that no-one gets rich as a result of somebody's misfortune or loss of health. The non-profit formula is the most appropriate one. That is why socialist countries of the former Soviet Union, where State protection has suddenly disappeared, or advanced countries like Sweden, where the health system is 100% public, do not believe that the only possibility is capitalism, and that is why they try to find solutions. They look for solutions similar to ours, adapted to their contexts and inspired by co-operation. Solutions inspired by our management model, in which there is no big shot shareholder backing the hospital, but rather people who explain what they want and how they want it to work. The first things that foreign visitors ask after visiting the hospital is where the money comes from. Who pays? When? How? That is the first thing that intrigues them.

**Is there any specific project in other countries that draws its inspiration from SCIAS**

We always tell visitors not to be blinded by Hospital de



Carles Roche

Barcelona. A short while ago that is what I told a delegation from Maracaibo, Venezuela, who intended to set up a co-operative hospital. It is a succession of events: SCIAS operated for 15 years without a hospital, from 1974 to 1989, when the hospital was opened. The most important thing is that physicians and users come to an agreement about managing healthcare together. That can be done on the basis of a primary healthcare centre or a vaccination campaign. As they say in law, there is nothing as unfair as treating different people the same way. The SCIAS formula has worked in our context, since the year it came into being and the following years. It works in Barcelona, but we have not been able to set up similar co-operatives in the rest of Spain. Perhaps the year 1974 was very unusual here, perhaps the culture of co-operation in the rest of Spain was not the same as it was in Catalonia at that time. It is best not to worry about those things, or to try and duplicate the formula that was successful in Barcelona. Rather, it is best to try and find a suit that best fits each context in each culture. On the basis of that conviction, co-management is indeed possible. It is possible for physicians and users to become associates and it is possible for them to understand each other. **F**