



Promoting innovation by scaling up: myth or fact?

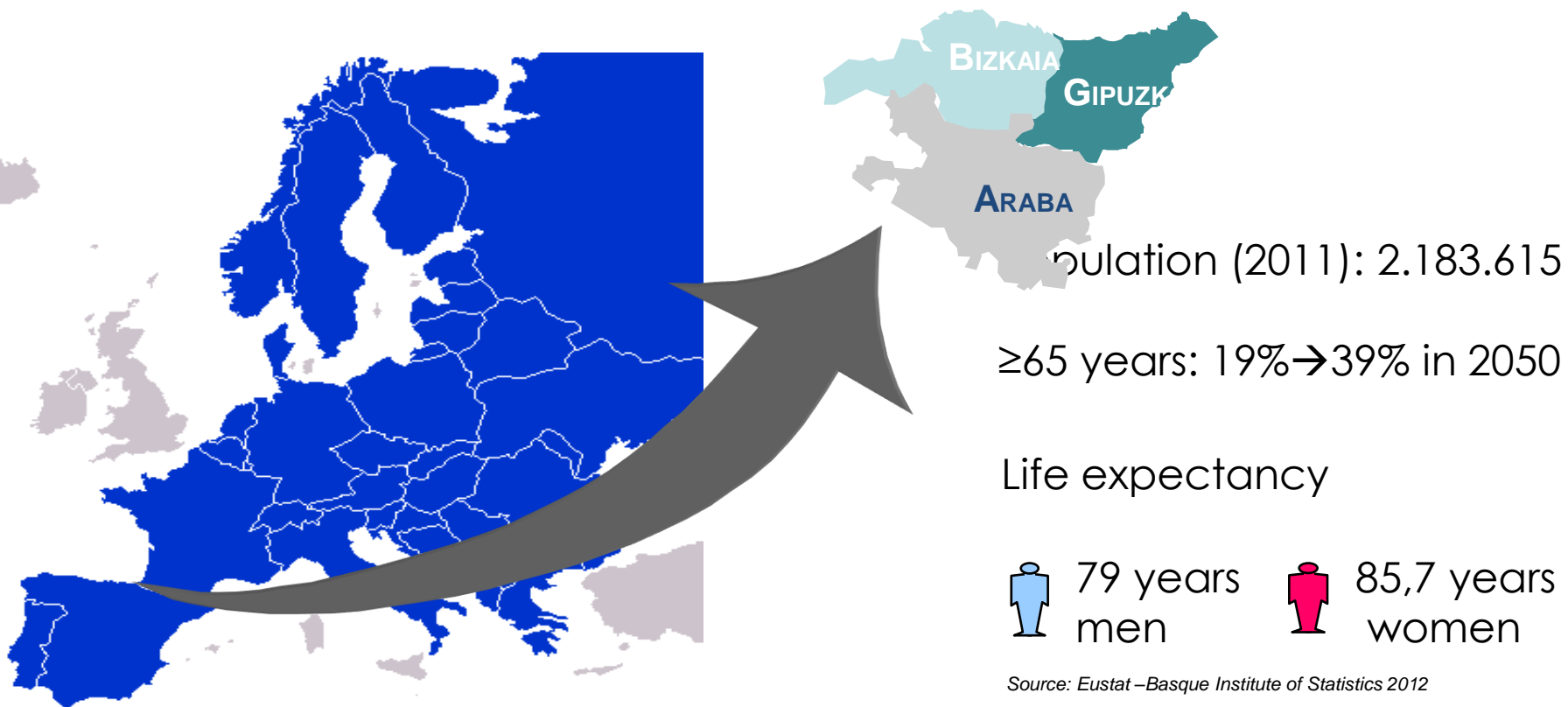
CHALLENGES IN SCALING UP SOLUTIONS: THE BASQUE COUNTRY EXPERIENCE

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Director Kronikgune

AAL Forum 2014
Palace of the Parliament
Bucharest, Romania

Basque Health System

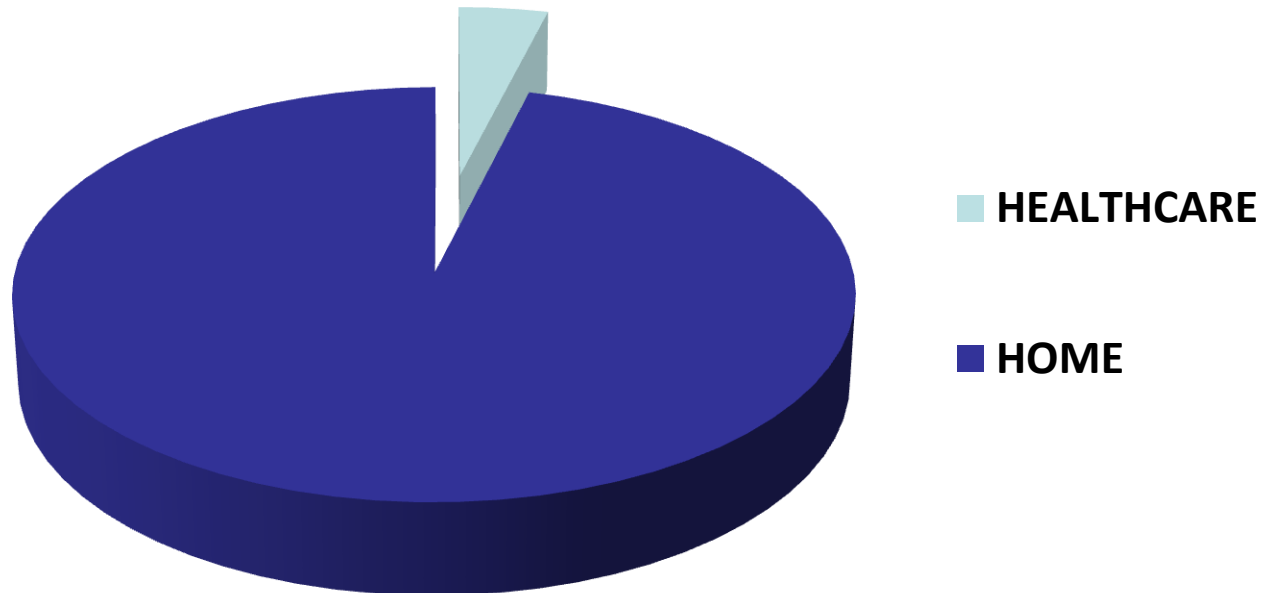
Demographic and epidemiological context



Chronic diseases 80% of medical consultations
75% of the Health Budget

In a system designed to treat acute problems:
episodic care

8.760 HOURS/YEAR

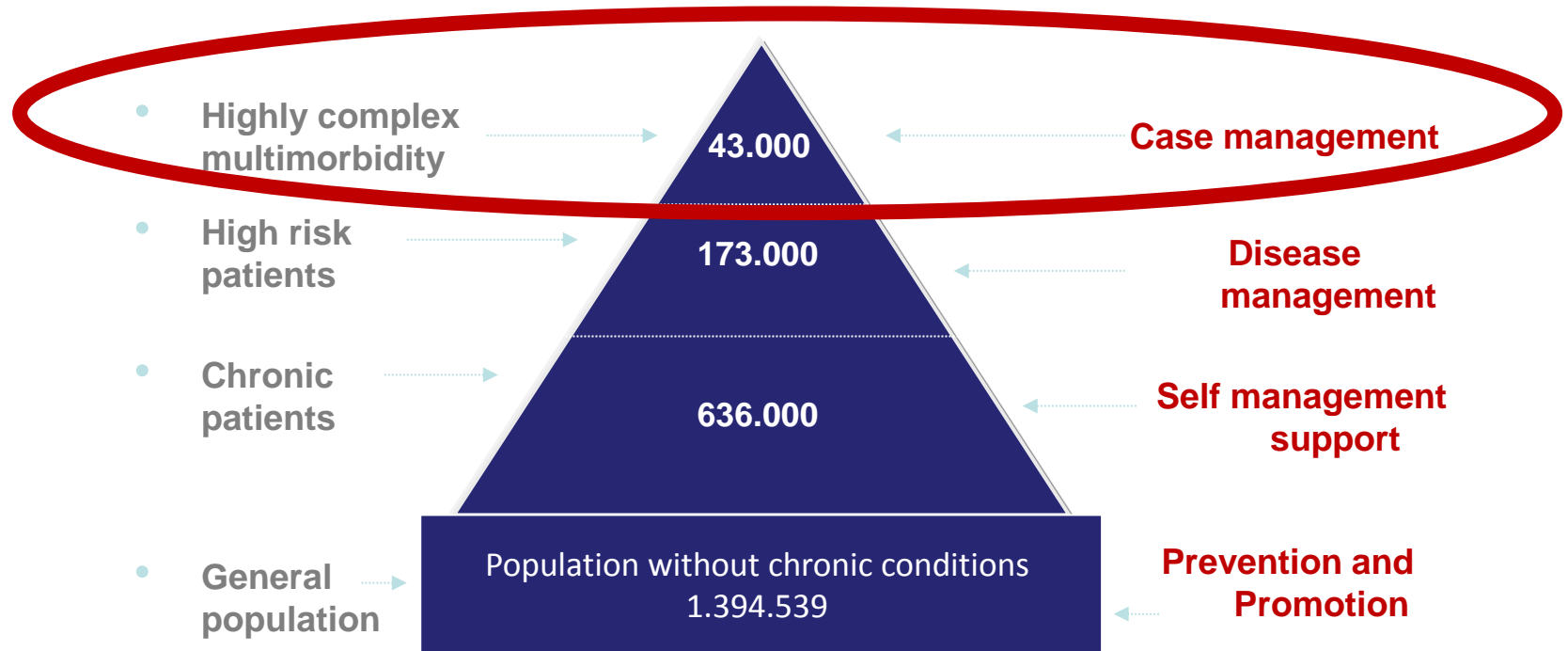


1-2% contact with Healthcare System

" More at home and PHC and less in hospitals"

- Technology key driver in Health Care change.
- Productivity gains for Health Care Systems
- Have to be aligned with complex Health System

STRATIFICATION: 100% population stratified



Telehealth Pilots



Respiratory rehabilitation

Telbil A
Telbil T FRAIL

Telepoc COPD

U4H CHF



Frail Patients

ARABA

GIPUZKOA

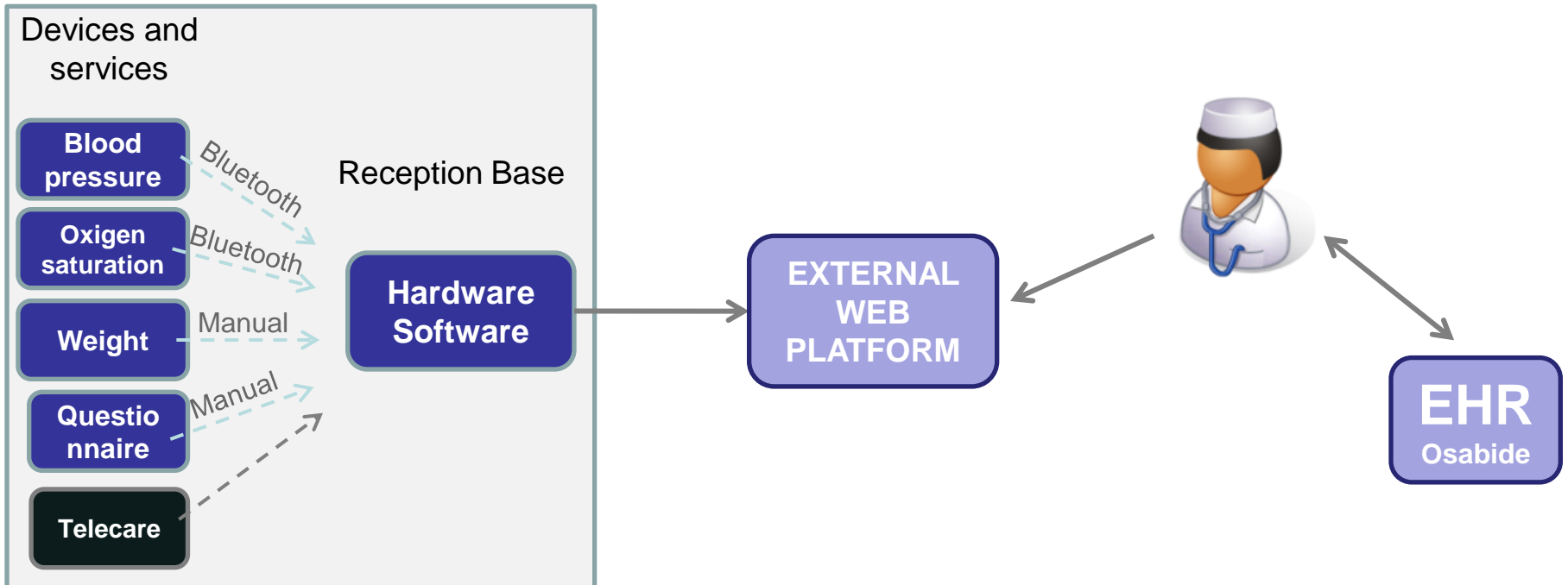
CHF
COPD
FRAIL MM
DIABETES

Teki COPD

Tele diabetes

SYSTEMS

HOME



Main findings

- Facilitates clinical decision making.
- Better relationship with professionals
- Sense of security and easeness, patients and caregivers
- Patients greater role in self-care.
- Greater adherence to treatment.
- Increased satisfaction
- Avoid admissions and increases patients quality of life.

BUT EXTENSION AND SCALING UP?

CHF Management Protocol



HOME

Activation alarm

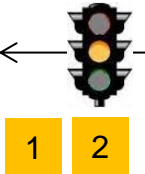
Telecare call centre
BetiOn

Technical

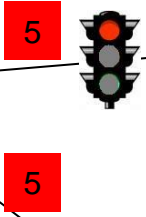
Social alarm

Validated
Health related alarm

HACC Resolution



24X7 Health Counseling
call centre HACC



Emergencies



Referral to
Primary Care
(appointment)



Specialist Consultant



Primary Care



Referral to Specialist Consultant

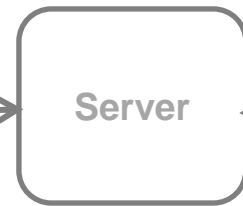
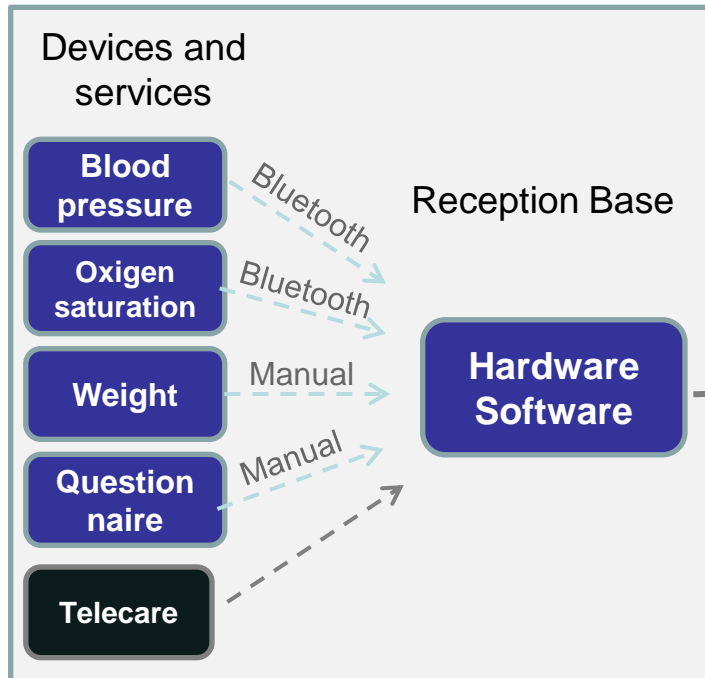
PC Resolution

Resolution
With Specialist consultant
(teleconsultation)

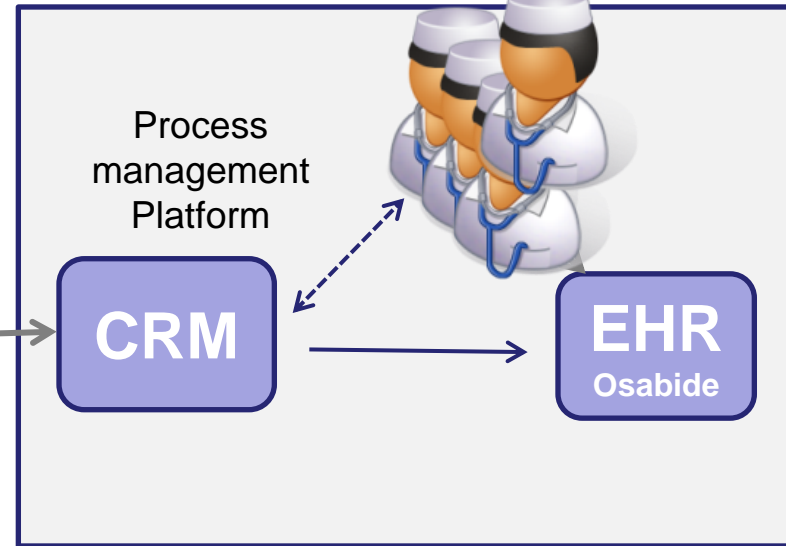


Scaling up telehealth projects

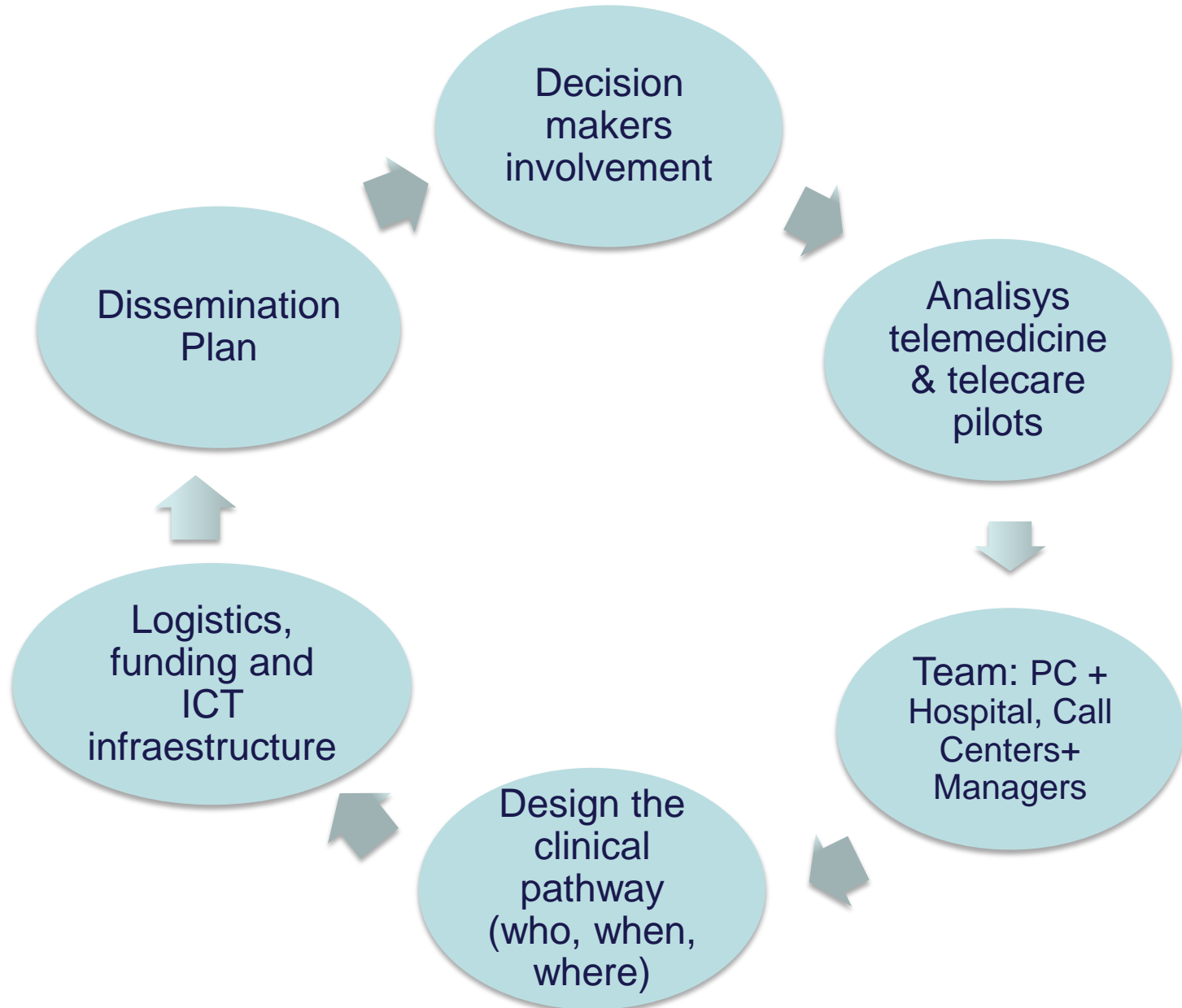
HOME+ BETI ON



HEALTH SERVICE



Scaling up telehealth projects



Lessons learnt

- **Fragmented care delivery inertia** protected by laws, norms and interest groups
- **Health care practices highly stable:** network of influences and constraints (knowledge, beliefs, attitudes, habits, systems, incentives, ...)
- **No substitution effect** in Service: new models require extra resources and additional health workers, the former practice remains!
- **Integration** telehealth and process management & EHR platforms takes time
 - **Commitment** and active role of politicians
 - **Involve** managers and clinicians
 - **Integrate** in clinical practice and information systems
 - Combined top-down and bottom-up actions

Two points of view:

Health System View

Provider's View

Pre- start:

- Solve most problems
- Matches Health System needs
- Promises a short development and deployment process

Pre- start:

- Single Payer Healthcare systems predicts Economies of scale.
- Historic Business Models based on individual projects
- Fidelization gives market advantage

In the long term...

- It requires larger funding and time for adapting and updating
- Significant Transactional costs development and deployment

In the long term:

- Each Health system has different strategies, systems and processes
- Higher Transactional costs
- Budget shortages reduced margins

Crisis is an opportunity

Need to reallocate funding

PPIs : co-create global products and services

Redefine targets and timelines

It is not easy, ¡Keep going!

Thank you!