Innovation roll out

Valencia's experience with public-private integrated partnerships

Healthcare public-private partnerships series, No. 3
Executive Summary

pwc

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UCSF/PwC report series on public-private partnerships

About the report series

This report on public-private integrated partnerships (PPIPs) in Valencia, Spain is the third in a series of publications on public-private partnerships (PPPs) jointly authored by the UCSF Global Health Group and PwC.

This series aims to document and raise awareness of innovative PPP models in health globally, and to disseminate lessons learned to inform current and future healthcare partnerships.

"Innovation roll out" explores the experience of the Valencia Community of Spain, as it developed and expanded the PPIP model to address the health needs of its population in five health departments between 1997 and 2013. The report discusses the successes and challenges encountered, and examines the range of innovations in patient care, management practices, performance management and use of technology put in place to achieve financial efficiencies and improved access to integrated health care for target populations. Finally, the report explores several opportunities for both the public and private sectors, to optimize the success and sustainability of the model in the future.

About public-private partnerships

PPPs are a form of long-term contract between a government and a private entity through which the government and private party jointly invest in the provision of public services. PPPs are distinguished from other government private contracts by: the long-term nature of the contract (typically 15+ years); the shared nature of the investment or asset contribution; and the transfer of risk from the public to the private sector.

Under a PPP arrangement, the private sector takes on significant financial, technical and operational risks and is held accountable for defined outcomes. PPPs provide governments with alternative methods of financing, infrastructure development and service delivery. By making capital investment more attractive to the private sector, PPPs can reduce the risk for private investment in new markets and ease barriers to entry.

In the past three decades, governments from low-to high-income countries have increasingly sought long-term partnerships with the private sector to deliver services in sectors such as transportation, infrastructure and energy.

Healthcare partnerships have emerged more cautiously, but have rapidly expanded since the early 2000s. The emerging partnerships have tackled a range of healthcare system needs—from construction of facilities, to provision of medical equipment or supplies, to delivery of healthcare services.

Most PPPs operate under a "DBOT" model (design, build, operate, transfer), under which the private partner is responsible for maintaining the infrastructure throughout the life of the contract. The private partner then transfers this responsibility back to the government upon expiration of the contract. The private partner is responsible for operating the hospital, including services such as laundry and cafeteria. The government retains responsibility for the delivery of healthcare service throughout. The most common form of PPPs in health has been the private finance initiative (PFI) model used to build many hospitals in the United Kingdom.[1]

Since the early 200s, an increasing number of governments have been exploring more ambitious models such as public-private integrated partnerships (PPIPs), under which the private partner is additionally responsible for delivering all clinical services at one or more health facilities, often including an acute care hospital, as well as one or more primary care facilities. The private partner designs, builds and operates the facilities, and delivers clinical care, including recruitment and staffing of healthcare professionals.[1, 2] This model is commonly called the "DBOD" (design, build, operate, deliver) model.

Methodology

Study researchers conducted qualitative interviews in Spain—mostly in the Valencia region—during September and October 2013. Interviewees included: the Government of Valencia (primarily the Valencia Health Agency); key actors in the five PPIP health departments; employees from Ribera Salud; the Madrid Health Agency and several insurance companies involved in PPPs; members of the Society of Spanish Health Directors; representatives of The World Bank Group/ International Finance Corporation; external advisors to the projects and other key individuals with relevant history and experience with the Valencia PPIP projects. The authors also reviewed grey and peer-reviewed literature on PPPs and PPIPs to inform the study.

Audience

The primary audiences for this report are the governments of low- and middle-income countries (LMICs), including policymakers in ministries of health and finance, who wish to consider PPPs and PPIPs as models for health system strengthening, as well as the wide range of private sector actors who seek to engage with government.

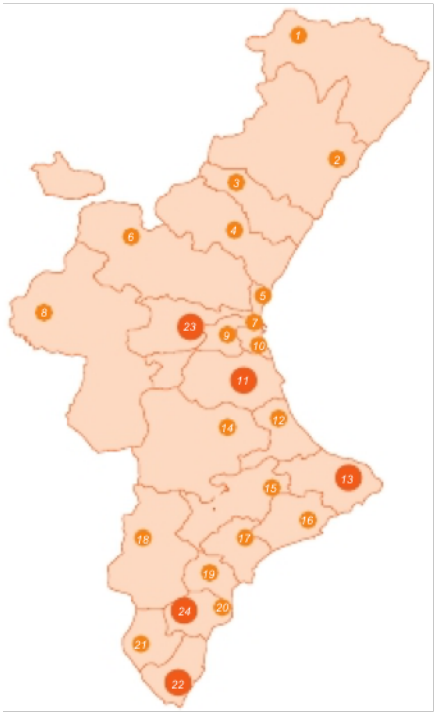
Lessons and findings may also be helpful to others studying how best to leverage the private sector to strengthen health systems, including donor agencies, non-governmental organizations, academic institutions and private health entities.

Executive summary

In the late 1990s, the Valencia Community (an administrative region) in Spain embarked on a new model for managing its hospitals, engaging with the private sector to expand capacity and improve quality and cost effectiveness. Since then, the region has continued to lead and innovate in the public-private partnership (PPP) arena—renegotiating its original project tender to address lessons learned and adapting the original business model to address evolving population, healthcare access and management needs in other facilities.

The rich history of the La Ribera Hospital has been well documented over the last 15 years; the history of the subsequent PPIP projects in Valencia are less well known. The authors hope that the information included in this report will provide a useful reference for governments, private actors and other policy makers who are considering PPPs as a potential mechanism for improving or expanding healthcare services in their local, regional or national contexts.

Figure 1: Map of Valencia Community health departments, including the five managed as PPIPs



Department	Population	Type of management
1 Vinaròs	93,756	Public
2 Castellón	281,921	Public
3 La Plana	187,592	Public
4 Sagunto	151,154	Public
5 Valencia Clínico Malvarrosa	343,323	Public
6 Valencia Arnau de Vilanova-Llíria	309,797	Public
7 Valencia La Fé	281,485	Public
8 Requena	53,170	Public
9 Valencia Hospital General	256,806	Public managed consortium
10 Valencia Dr. Peset	277,315	Public
11 La Ribera	259,399	PPIP (1999)
12 Gandia	180,490	Public
13 Dénia	168,868	PPIP (2008)
14 Xàtiva-Ontinyent	198,171	Public
15 Alcoi	137,385	Public
16 Marina Baixa	185,618	Public
17 Alicante Sant Joan	219,890	Public
18 Elda	190,501	Public
19 Alicante Hospital General	268,406	Public
20 Elche Hospital General	164,135	Public
21 Orihuela	165,964	Public
22 Torrevieja	192,656	PPIP (2006)
23 L'Horta Manises	203,322	PPIP (2009)
24 Elche-Crevillent	153,317	PPIP (2010)

Source: Generalitat Valenciana, Consellaria de Sanidad: Data Warehouse SIP, Sistema de Information Poblacional, November 2015: SIP Informe Mensual. http://chguv.san.gva.es/portal-de-transparencia/poblacion-atendida-e-informes-anuales, viewed on April 19, 2016

Spain – political organization and health system design

Spain is a constitutional monarchy, with a hereditary monarch and a parliament of two houses—the Cortes. Its 50 provinces are organized administratively into 17 autonomous (self-managed) communities and two autonomous cities, each with its own elected authorities. Following major reforms in the 1980s, the Spanish National Health System was decentralized, with each community's Ministry of Health taking on responsibility for healthcare delivery for its population. Each Ministry of Health is responsible for selecting and employing its preferred delivery model(s); the central government sets overarching policy and provides inter-regional coordination.

In the Valencia Community, located on the east coast of Spain, health services are organized under 24 distinct "health departments," which were established in 1982 (see Figure 1). Each health department is responsible for providing comprehensive healthcare services, including inpatient, primary and specialty care, for up to 250,000 residents. The health department also provides health promotion, disease prevention and social-health support.[3] In 2003, the Valencia Health Agency implemented a further reform, known as the "one-head" model, under which management of primary and specialty care for both outpatient and inpatient care—traditionally structured under different functional divisions within the health department—was consolidated under the manager of each health department.

The La Ribera Hospital – innovative public-private collaboration in Valencia

In 1986, following severe flooding of the Jucar River that left a large portion of the local population without access to healthcare, the Valencia Community Ministry of Health decided to build a new regional hospital in the city of Alzira. Under the innovative leadership of the Health Minister and the leader of Adeslas, a leading Spanish health insurer, the Community embarked on a new vision, of opening the new hospital through a public-private partnership. This new vision went beyond the typical model of engaging the private sector to simply finance and construct a new hospital, and instead contracted the private partner to also manage and deliver clinical services in the new hospital.[1,2] Today this model is often referred to as a public-private integrated partnership, or PPIP. The goal of this new approach was to leverage private sector expertise in hospital management and systems, and use carefully designed payment incentives and performance management clauses in the contract to achieve improvements in efficiency, quality and access to care.[1]

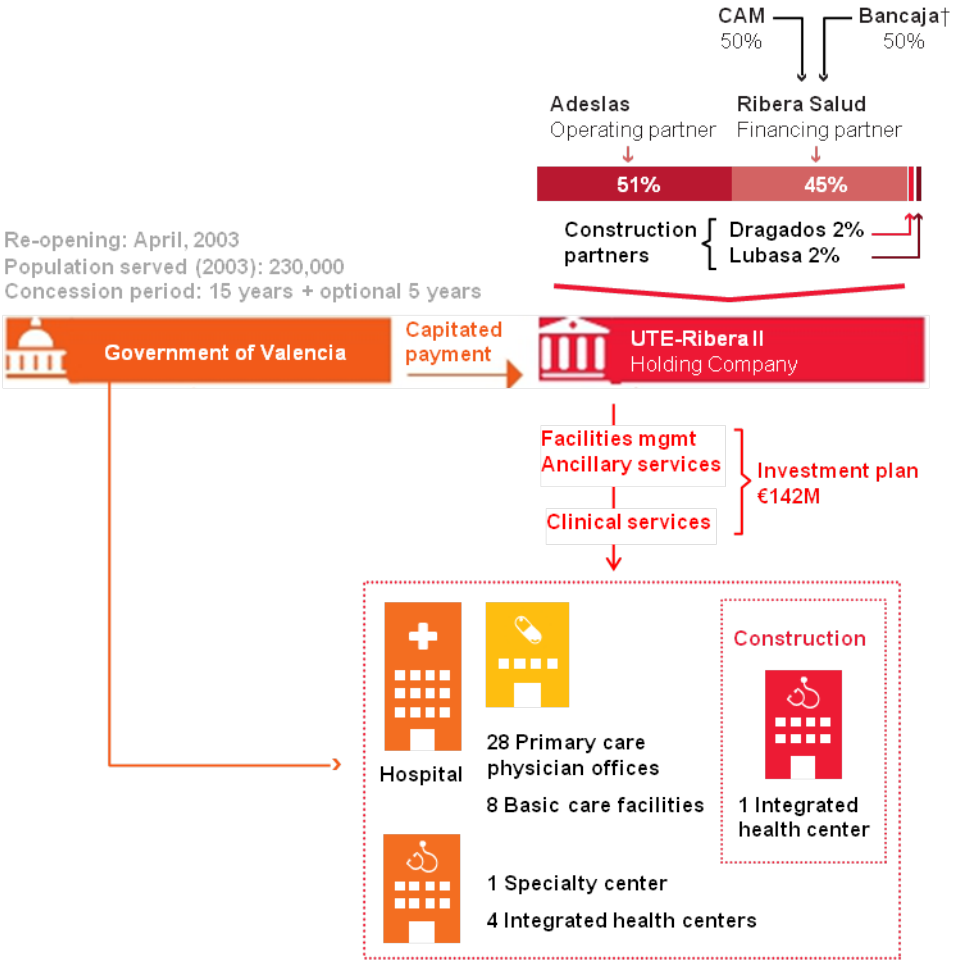
Construction of the new La Ribera Hospital (also referred to as the Alzira Hospital) was tendered in 1997. A private consortium led by Adeslas and financing partner Ribera Salud was contracted to design, finance, build, operate and maintain the hospital, and to deliver specialized clinical care to an initial population of 230,000 residents.[4]

The La Ribera Hospital opened in 1999, with an original contract term of 10 years and financing based on a per capita payment of 204 euros. Although a much more conservative arrangement than the private consortium had expected, it was the maximum that the government would approve at the time.

After three years of operation, the parties agreed to adjust the contract to address several critical sustainability issues. Key design changes included incorporating primary care services from other parts of the health department into the PPIP to help manage patient demand and referrals, and making improvements in infrastructure management. The changes also resulted in an increase in the per capita fee to better finance the expanded operations, and an extension of the contract period to 15 years (with an option to extend to 20 years).

The project was re-tendered in 2002 with these updates; the Adeslas-Ribera Salud consortium was again awarded the contract.

Figure 2: La Ribera PPIP design and configuration, following the 2002-03 re-tender process



Source: La Ribera Department of Health. Activity Report (2012).

† In 2014 Centene Corporation acquired Bancaja's 50% share in Ribera Salud.

In 2015 Ribera Salud acquired Adeslas' 51% stake in UTE-Ribera II. The new shareholders of UTE-Ribera II are Ribera Salud (96%), Dragados (2%) and Lubasa (2%).

Money follows the patient

The Valencia PPIP model approach is based on the principle that "money follows the patient." The private provider is paid an annual fee based on the size and anticipated health conditions of the population to be served; patients are then allowed to choose where they seek medical care.

The goal of the PPIP model is to achieve the same or better healthcare for 80% of the cost. Thus, if a patient lives in a health department that is run as a PPIP, but chooses to seek care at another public hospital or facility, the PPIP health department must pay the government facility 100% of the cost of the patient's treatment. However, if a patient lives in a publicly-managed health department and seeks care at a PPIP facility, the government reimburses the PPIP facility for the patient's care, but only at 80% of the cost. This approach was developed to incentivize PPIP facilities to provide high quality services to attract and retain patients.

To foster patient engagement, each of the Valencia PPIPs implemented significant community outreach campaigns to encourage the use of PPIP hospitals, and educate patients about the services offered.

Innovation roll out

Building on the initial success of the La Ribera project, the Valencia Ministry of Health decided to replicate and innovate on the model, to address facility and service delivery needs in other health departments.

Between 2002 and 2006 the Ministry issued four additional PPIP tenders, each geared toward a particular regional challenge or circumstance (see Figure 3 and Table 1). Three of the tenders were for new hospitals; one involved the replacement of an aging district hospital. In each case, the 2003 La Ribera Hospital contract was adopted as a blueprint, with adjustments made for the different patient care needs of each health department's population.

This period was marked by widespread European economic stability, which allowed the Valencia government to issue new tenders with confidence, and double the population covered by PPIP healthcare services to 18% of the Valencia Community.[5]

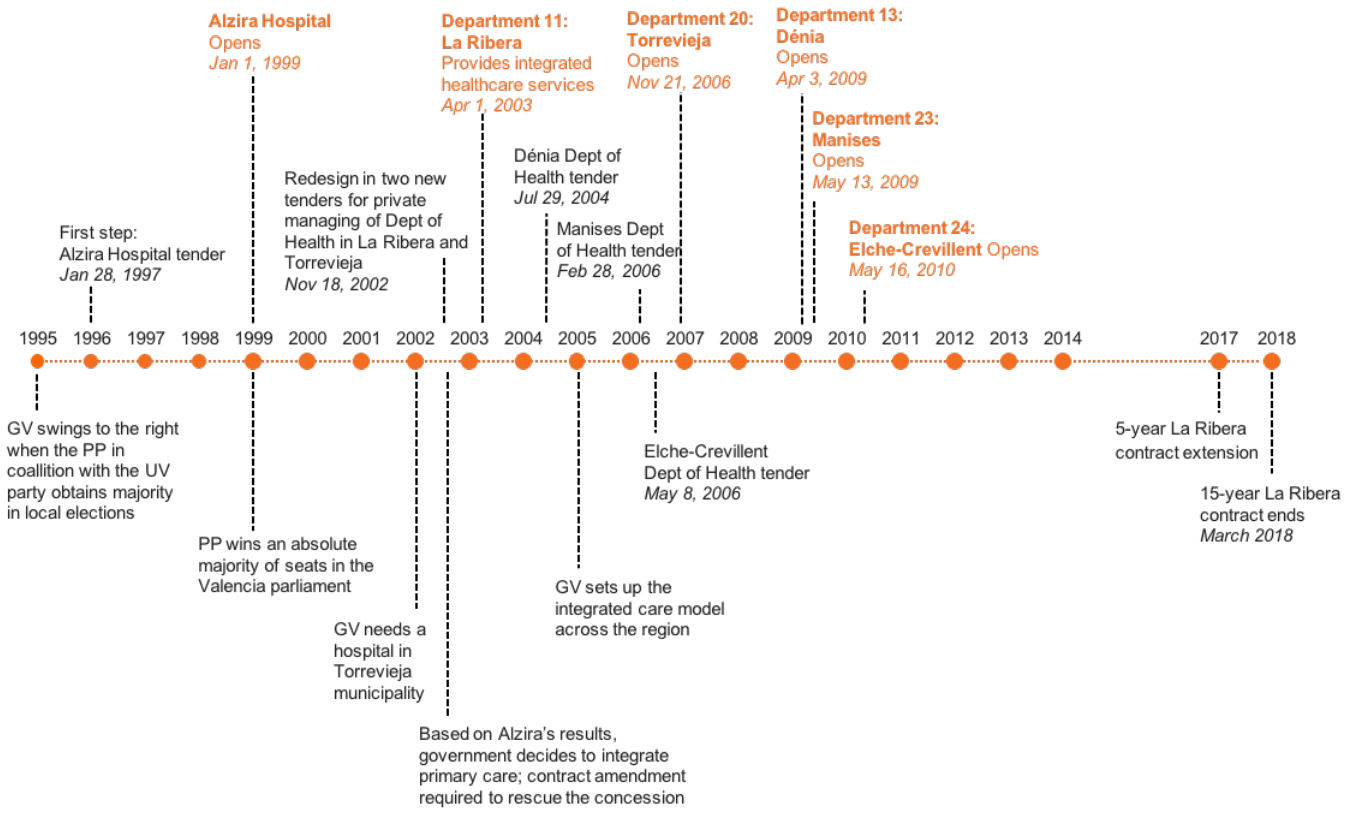
By laying out an expansive and longer-term vision for implementing PPIPs across a series of projects, the Ministry was able to promote greater private sector engagement and increase competition for the subsequent tenders.

Broader implementation of the PPIP model also required the government to develop additional management skills and capacity to supervise and implement the contracts.

Despite its initial popularity, however, many public entities within Valencia did not support further expansion of the PPIP management model. Frequent changes in government leadership, followed by the economic crisis in 2008, ultimately halted new funding for PPIPs after 2006.[6]

In the 2015 Regional Elections, Spain's Popular Party (Partido Popular) lost its absolute majority in Valencia after 20 years. As this report went to print, the new regional coalition government announced that it will not extend the La Ribera Health Department PPIP contract when it ends in 2018. It remains to be seen whether the government will choose to bring the Health Department back under public management, or whether it will pursue a new contract with Ribera Salud or other private parties.

Figure 3: Timeline of the Valencia PPIP rollout



GV: Government of Valencia
PP: Popular Party (political party)
UV: Valencian Union (political party)

Source: UCSF/PwC Fellowship analysis

Highlights of the subsequent PPIP projects

- ***Torrevieja*** is Valencia's primary tourist destination, with a population that almost triples during the summer. To meet this peak demand, the Valencia Ministry of Health issued the Torrevieja Hospital tender in 2002. Although initially successful, the project suffered from changes to its covered population: in 2007, the Valencia government decided that only residents of the Torrevieja Health Department could be counted toward capitated payments; services rendered for non-residents had to be reimbursed under the "money follows the patient" model where the home municipality of the visitor would reimburse the cost of services to the Torrevieja Health Department.
- ***Dénia***. Flanked by Valencia and Alicante, the two largest cities in the Valencia Community, the Dénia Health Department was supported by a small district hospital, insufficient for its growing population and fluctuating tourist population. Residents with specialized treatment needs were regularly referred to hospitals in the larger nearby cities.

  To address this gap, the Valencia Ministry of Health initiated a tender in 2004 to expand and convert the existing government district hospital into a PPIP hospital. A challenge in Dénia was the transition of existing hospital staff to the new PPIP.

  Following extended negotiations, a solution was agreed to allow existing staff to retain their government status, while all new staff were hired by the private consortium. Through close negotiations and perseverance, this approach largely succeeded. The PPIP also included a significant investment in information technology (IT) infrastructure and systems to help coordinate care.
- ***Manises*** is a suburb of Valencia that experienced high population growth in the early 2000's, with further projections of future growth. The region's suburban population also suffered a high rate of complex chronic conditions and had become accustomed to seeking treatment at the well-known La Fe Hospital 10 miles away. The Manises PPIP Hospital was tendered in 2006 to address these challenges.

  In addition to building a new hospital, the scope of the Manises PPIP contract was expanded over time, to include building of a second general hospital, a chronic disease hospital and a hospital specialty center with 21 medical specialties. This expansion required an aggressive personnel recruitment strategy. New talent management approaches were employed, including the sharing of staff and schedules across the three facilities.
- ***Vinalopó.*** Although the Elche-Crevillent Health Department already had a general hospital, population growth demanded additional services. The Vinalopó PPIP Hospital opened in 2010, a few blocks from the existing public hospital. The close proximity of the two facilities opened up care choices for patients and motivated healthcare improvements through competition.

  By the time of the Elche-Crevillent/Vinalopó Hospital tender, private sector engagement had been sufficiently stimulated that the project received multiple bidders. Key features of each PPIP are listed in Table 1.

Table 1: Key features of the Valencia PPIPs

PPIP health department	La Ribera (Alzira)	Torrevieja	Denia	Manises	Elche-Crevillente (Vinalopó)
Private partners* (operating/financing)	Adeslas / Ribera Salud	Asisa / Ribera Salud	DKV / Ribera Salud	Sanitas / Ribera Salud	Ribera Salud / Asisa
Year tendered	1997/2002	2002	2004	2006	2006
Year opened	1999/2003	2006	2009	2009	2010
Driver	Floods cutting off populations from care	Summer population influx	Need to expand the district hospital	Reduce demand on central hospital	Shrink specialty services gap in the southern part of the health department
Feature/ innovation	First PPP to include private management of clinical services	Expansion of the PPIP model	Transformation of a public health department to a PPIP	First suburban health department PPIP	Leveraging economies of scale
Committed investment	€142M	€80M	€96.6M	€137M	€146M
Population served	276,976	222,334	186,907	213,307	161,413
Hospital beds	301	269	266	354**	233
Clinical staff	1,625	1,037	911	883	925
Outpatient facilities	28	23	45	22	15

* In 2012, Sanitas acquired Ribera Salud's 40% stake in the Manises Hospital. In 2015 Ribera Salud acquired Adeslas' 51% stake in the La Ribera UTE. In 2015 Ribera Salud acquired Asisa's remaining 35% stake in the Torrevieja UTE. In 2015 Ribera Salud acquired Asisa's remaining 40% stake in the Vinalopó Salud UTE.

** The 354 beds in Manises include those of the Mislata Hospital.

Improvements in efficiency

In the years since the five PPIP projects were implemented, the private sector partners continued to pursue mayor efficiencies. Some of these were achieved through delivering comprehensive healthcare services as required by National Health System reforms; others were accomplished through implementation of outcome-focused practices, including flexible recruitment, performance incentives, continuous assessment of patient experience and 'loyalty strategies.' The private partners were also able to reduce administrative costs through more comprehensive approaches, including establishment of shared service centers.

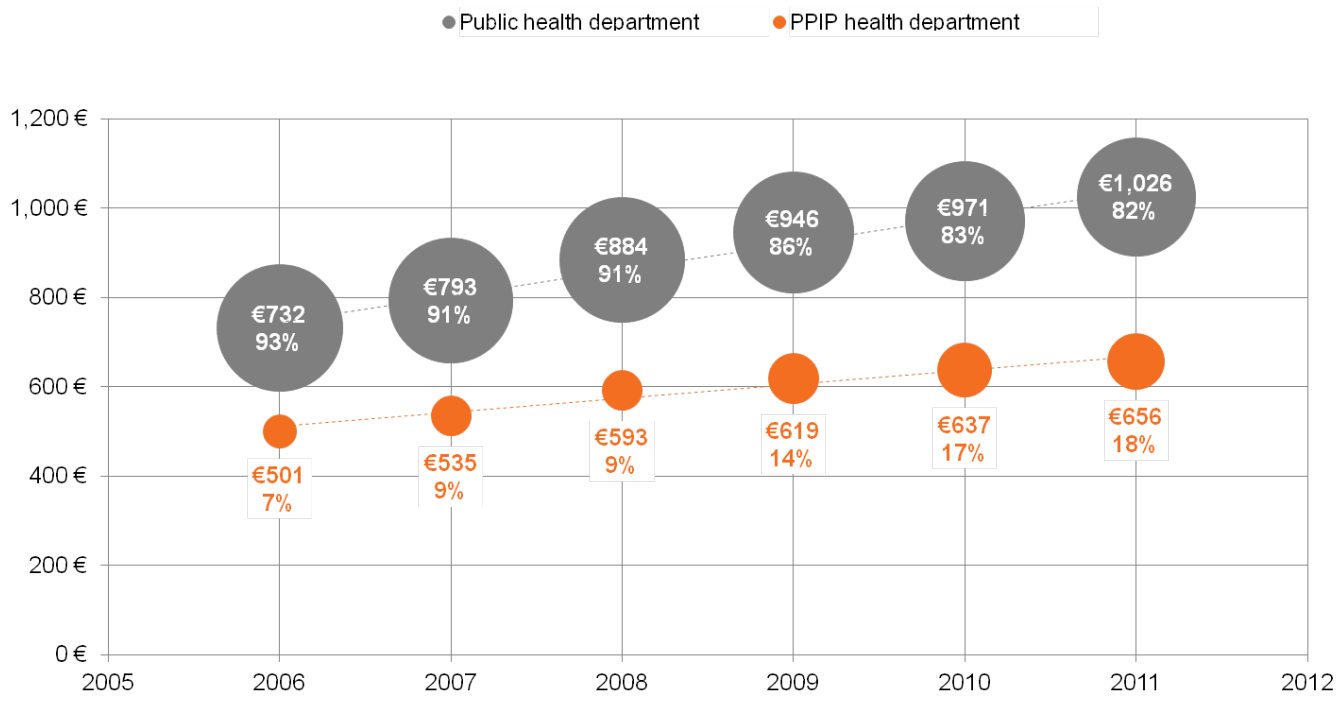
Some of these efficiencies were implemented across health departments—for instance the Dénia Hospital coordinated with the La Ribera Hospital to provide highly specialized care services to their combined populations. Vinalopó and Torrevieja—both managed by the same private entity—instituted shared IT, procurement and human resource systems to allow them to coordinate care, share staff across specialty units, and jointly procure medical supplies. All of the PPIP hospitals

also continued to enhance their patient outreach strategies and IT infrastructure to better coordinate primary and specialty care and give patients greater access to, and control over, their health records.

The Valencia Community PPIP model is based on payment of an annual per-person fee linked with the growth of public health spending. To encourage efficiency, the annual per capita fee for each PPIP is set at 80% of the annual government expenditure per person for Valencia citizens.

As envisioned, the five health departments managed as PPIPs have achieved significant cost efficiencies compared to their government-managed counterparts: as of 2011 the five PPIPs were responsible for delivering care to 18% of Valencia's population, yet they accounted for only 13% of health expenditures (see Figure 4).

Figure 4: Comparison of health expenditures per person in PPIP vs. publicly-managed health departments



Source: F.Campoy, Jornadas de Economía de la Salud, May 16, 2012

Note: Bubble size represents the percent of the total Valencia population covered by each managerial model

Strengths and opportunities

In expanding its health services through the PPIP model, the Valencia Community was able to address key challenges in healthcare delivery and bend the rising curve of medical expenditures. Its experience, and future opportunities, can be grouped under six major headings (see Table 2).

Table 2: Valencia PPIP strengths and opportunities

	Strengths	Opportunities
Information services	• Each PPIP health department has highly reliable information systems with up-to-date patient data that is shared as required with healthcare providers within the department	• Increase sharing of patient services data across all health departments to support and comply with the "money follows the patient" principle
Strategy	• The PPIP model is a resource efficiency-centered model rather than a traditional budget-based model • Response time to address health issues is shorter due to a less complex management structure	• Establish a benchmarking system to allow comparison and facilitate sharing of best practices among health departments, both publicly and privately run
Government supervision	• Each PPIP has a government Compliance Officer to ensure quality and affordability standards in the delivery of healthcare	• Consider establishing a single government entity to supervise all PPIPs within the Valencia Community over the lifetime of the concessions, to increase consistency and coordination • Increase the government's role in planning, sharing lessons learned, and facilitating/encouraging efficiencies such as shared procurement • Establish an evaluation program to continuously assess PPIP benefits and outcomes
Operational flexibility	• PPIPs have policies that allow them to be flexible and scalable in human, economic and material resources management	• Implement mechanisms to allow for planned, periodic adjustment of per capita fees to match the changing needs of the covered population • Ensure that the conditions of the PPIP concession are sufficiently flexible to accommodate changes in the environment without the need for a new contract
People and change	• Investments in health promotion and preventive medicine have reduced healthcare costs • Promotion of good health practices has generated a long-term engagement effect on PPIP patients with their healthcare • Human resource policies have aligned employee incentives with the desired outcomes of the PPIPs	• Increase both government and private partner communications with potential patients around the benefits of the PPIP model in order to increase trust in the benefits of this type of healthcare model • Some staff do not support the PPIP model; efforts are needed to engage with them about the model and their role in achieving successful outcomes
Communication and sponsorship	• The government maintained a close relationship with the private sector that helps share risk and encourages win-win situations	• Create formal communication channels to demonstrate transparency and achievement of health outcomes to the public

Source: UCSF/PwC Fellowship analysis

Conclusion

Since 1997, the Valencia Community has radically transformed the way in which public healthcare is provided. The PPIP model has allowed it to achieve a significant return on its health investment for nearly 20% of its population, while increasing access to high quality medical care, expanding and upgrading health infrastructure, and encouraging innovative practices for improving healthcare management.

To be successful, PPIPs must be designed around the unique needs of the populations to be served, as well as the strengths and capabilities of the public and private sector players. This success can be furthered through active private sector involvement and strong public sector leadership, coming together to work toward a clear and common set of social and health objectives.

This study of the five Valencia Community PPIPs highlights four main factors for public-private collaboration:

1. Economic stability helps to whet private sector appetite for investment and sustain major government initiatives.
2. Standardized and scalable business models allow greater operational and financial benefits for the government.
3. A capitated funding model, along with the "money follows the patient" principle, allows for predictable health spending for governments, and provides leeway for private partners to increase system quality, efficiency and profitability.
4. Trusted relationships between public and private partners, with appropriate allocation of risk and reward, are critical to long-term project success.

Some members of the public health community have argued that PPIP solutions are not scalable or generally applicable to health systems, especially in politically and economically unstable countries. While these conditions signal the need for careful assessment of the investment, Valencia's experience in sustaining its PPIPs through two economic downturns demonstrates that PPIP solutions can be viable even in uncertain environments.

Although cost effectiveness research is ongoing,[6] the Valencia PPIP model has achieved positive economic results, while providing high quality healthcare services. It has also demonstrated how the private sector can be leveraged to strengthen public service delivery.

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About the UCSF Global Health Group

The Global Health Group at the University of California, San Francisco (UCSF) Global Health Sciences is an "action tank" dedicated to translating major new paradigms and approaches into large-scale action to positively impact the lives of millions of people. Led by Sir Richard Feachem, founding Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Health Group spans a wide spectrum of activities ranging from research and analysis, policy formulation and consensus building, to the catalyzing of large-scale program implementation in collaborating low- and middle income countries.

One of the Global Health Group's programmatic focus areas is the role of the private sector in health systems strengthening. The Global Health Group studies a variety of innovative delivery platforms that leverage the strengths of the private sector to achieve public health goals. The Global Health Group has identified public-private partnerships (PPPs) in general, and public-private integrated partnerships (PPIPs) in particular, as a promising model to improve health systems globally, including in developing countries.

For more information visit: *http://globalhealthsciences.ucsf.edu/public-private-partnerships*.

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