

## Spain: Council recommendation June 2013

Please report on the actions highlighted in bold (where relevant).

**(R1)8** - .../...Improve the efficiency and quality of public expenditure at all levels of government, and conduct a systematic review of major spending items by March 2014. **Increase the cost-effectiveness of the health-care sector, while maintaining accessibility for vulnerable groups, for example by reducing hospital pharmaceutical spending, strengthening coordination across types of care and improving incentives for an efficient use of resources.** Take measures to reduce the outstanding amount of government arrears, avoid their further accumulation and regularly publish data on outstanding amounts. Adopt the dis-indexation law to reduce the degree of price inertia in public expenditures and revenues, in time to have it in force by the beginning of 2014 and consider additional steps to limit the application of indexation clauses. Finalise by end-2013 the regulation of the sustainability factor so as to ensure the long-term financial stability of the pension system, including by increasing the effective retirement age by aligning retirement age or pension benefits to changes in life expectancy.

## Progress made

### A. TIMING

The information provided below refers to measures undertaken along 2013.

Many of them come from the *Royal Decree-Law 16/2012, April 20th, regarding urgent measures to guarantee the sustainability of the National Health System and to improve the quality and safety of its deliveries*, which main objective is to ensure the sustainability and preserve the quality of the public healthcare system, ensuring the right of citizens to health protection and a healthcare public, free and universal.

#### 1. Start date of the measures:

*Royal Decree-Law 16/2012, April 20<sup>th</sup>.*

#### 2. Time schedule of implementation and date of full roll-out:

Depending on each specific measure.

#### 3. Legislative proposal made on (still in development):

##### - Efficiency measures regarding basket of benefits:

*Royal Decree-Law 16/2012* modified the basket of benefit in the following categories:

- A Common Basic health services portfolio fully covered by public funding and including services for prevention, diagnosis, treatment and rehabilitation that are dispensed in health or social centres, and emergency medical transport.

- The Common supplementary health services portfolio including all services whose provision is made by outpatient dispensing and subject to user input. These include dietetic and ortho-prosthesis products and non-emergency transport.
- The Common additional health services portfolio including all activities, services or techniques that are not considered essential and / or are reinforcing or support for the improvement of a chronic pathology. They will be subject to contribution and / or reimbursement by the user.

Additionally, the different Autonomous Regions can have a complementary health services portfolio for techniques or procedures not included in the above Common portfolio of health services.

In order to improve the efficiency of the health sector work is being performed for the rearrangement of the Health services common portfolio within the categories established by Royal Decree-Law 16/2012. The most current scientific knowledge and quality, cost - efficiency and safety criteria are taken into account. Inclusions of new techniques, technologies or procedures are assessed by the Spanish Network of Agencies for Health Technologies Assessment and National Health System's Services.

In this sense already adopted measures can be checked in item 4 below and additionally the following regulations are currently being developed:

- Resolution of the General Direction of the NHS basket of benefits and Pharmacy on wheel chair classification and special ortho-prosthesis and external prosthesis classification.
- Ministerial Order to update and establish the basket of benefits for Genetic, Neonatal and Cancer Screening, and assisted human reproduction and genetic.
- Ministerial Order to update and establish the basket of benefits for Common catalogues on surgical implants.
- Ministerial Order to update and establish the basket of benefits for Common catalogues on ortho prosthesis.
- Ministerial Order amending Annex VII of Royal Decree 1030/2006 of 15 September, for the update of the dietetic products of the common supplementary health services portfolio of the NHS, and amending Annexes I, II and III of Royal Decree 1205/2010 of 24 September and Ministerial Order SPI/2958/2010 of 16 November, laying the ground for the inclusion of dietary foods for special medical purposes in dietetic products portfolio of the NHS and fixing their maximum amounts of funding.

These modifications are planned in order to have an offer of more rational and efficient products, providing a portfolio of dietetic products adjusted to patients' needs.

- Ministerial Order amending Annex I, II and III of Royal Decree 1030/2006 of 15 September on the common health services basket of benefits of the National Health System and establishing the update procedure.

This amendment has the objective to define and update its content regarding efforts to detect pre-symptomatic phase in the endocrine-metabolic diseases by neonatal and cancer screening, genetics and assisted human reproduction.

- Ministerial Order to create a computerized registry of ortho-prosthetics products communications to the NHS.

The communication of ortho-prosthetics products will be performed by the companies as a first step to the establishment of the ortho-prosthetics products portfolio eligible for funding and

their maximum funding amounts, in accordance with Royal Decree 1506 / 2012, of 2 November, regulating the Common supplementary portfolio for ortho-prosthetic provision of NHS and the basis for the establishment of maximum amounts of funding ortho-prosthetic provision are set.

- **Efficiency measures regarding Pharmaceutical portfolio:**

- A Royal Decree regulating the reference price system and the homogeneous clustering of medicines in the NHS, and regulating certain information systems on funding and prices of medicines and medical devices, is currently being developed.

This Royal Decree is to regulate the system of reference prices for medicines for human use included for reimbursement by the National Health System. It also will regulate the system of homogeneous clustering of medicines, and distinguish in between low and lower prices of as a mechanism for extending the principles of the reference price system.

*Royal Decree-Law 16/2012* also amended Law 29/2006, of 26 July on Guarantees and Rational Use of Medicines and Medical Devices, establishing that the lower prices of new homogeneous groups of Medicines should be automatically set within the “Nomenclator system”, updated every three months, and distinguish in between the concepts of low and lower prices.

With this aim and regarding the prescription by active ingredient and lower prices of homogeneous clusters, a flexible management system for the optional price decrease without modification of the national code was established. Since June 2012 this system has allowed the updating of drug prices based on voluntary price decrease applications received for medicines within the homogeneous clusters.

In prescriptions of active substances, the pharmacist dispenses the product with the lowest price of the corresponding homogeneous cluster, and in case of equal price, the generic drug. The prescription by brand name is possible if the principle of greater efficiency for the system is respected. Thus if the prescribed drug has a higher price than the lowest price of its homogeneous cluster, the pharmacist must substitute it by the drug with the lowest price of the cluster, and in case of equal price, by the generic drug.

The new Royal Decree will further develop the regulation for the above concepts.

Moreover, the new Royal Decree will regulate the following information systems on funding and prices of medicines and medical devices:

- The Official Nomenclator/List of the pharmaceutical basket of benefits of the NHS which is the Database of the National Health System for prescription.
- The Information System supporting the management of pricing and financing of medicines and medical devices resolutions.
- The Information System on drug use at the public hospital network of the National Health System.

- **Efficiency measures regarding Health Professionals:**

- Royal Decree on the National Registry of Health professionals.

The creation of this National Registry was foreseen in the 10<sup>th</sup> Additional Provision of Royal Decree-Law 16/2012. The Royal Decree is currently under development and it is expected to be approved in the first half of 2014.

This Registry will facilitate the proper planning of needs for health professionals in Spain and the coordination of human resource policies in the context of the National Health System, contributing to the improvement of their effectiveness and efficiency.

- Royal Decree for the approval of a homogeneous catalogue of professional categories equivalence across the whole country. This is addressed to the NHS staff and it also regulates the update, modification and deletion of professional categories.

Royal Decree -Law 16/2012 also amended the Law 55/2003 Setting the Statute frame for regular staff of the health services, entrusting the Ministry of Health, Social Services and Equality for the harmonization of criteria on health professional categories in the National Health System. To this end we are working on this Royal Decree in order to ensure mobility of the regular staff throughout the NHS in order to ensure effective equality.

- Royal Decree Regulating the Clinical Management Units

Law 10/2013, of 24 July, amended Article 10 of the Law on the Regulation of Health Professions, in order to allow the Government to regulate the clinical management. In this sense a draft royal decree is being prepared.

#### **4. Parliament voted on (legislation already in force):**

##### **- Efficiency measures regarding Health Insurance rights:**

The above *Royal Decree-Law 16/2012* clarified and homogeneously defined the circumstances of access to public health care through the figures of the insured and the beneficiary legally regulating a recognition mechanism of these figures in terms of equity, which is applicable to both Spanish citizens and foreign nationals legally residing in Spain.

Moreover, foreign nationals that have not been registered as residents will still have access to free public health care within the NHS in the following situations:

- a) Emergency from serious illness or accident, whatever their cause, to the status of medical discharge.
- b) Assistance for pregnancy, childbirth and postpartum.
- c) In any case, foreigners under 18 years old.

*Royal Decree 1192/2012, August 3rd, establishing the condition of insured and beneficiary to receive healthcare in Spain, with public funds through the National Health System* specified some aspects not totally developed under Royal Decree-Law 16/2012. Among others, the maximum amount of income for access to free public health care provision by the NHS is established in one hundred thousand Euros per year.

- The alternative eligibility under special agreements for healthcare delivery is also foreseen and has been later regulated by the *Royal Decree 576/2013 of 26 July, establishing the basic*

*requirements of a special agreement for the provision of health care to people without the entitlement to be insured or beneficiary of the National Health System and amending Royal Decree 1192/2012.* These agreements are designed to ensure access to the basic portfolio care services under the same conditions of extension, continuity of care and SHS coverage enjoyed by the insured or beneficiaries' figures. A monthly fee of 60 Euros is set if the subscriber is under 65 and € 157 if you are over 65.

- Another legislative measure related with the Health Insurance rights is *Royal Decree 702/2013, 20th September that regulates the individual health card and amends Royal Decree 183/2004, 30th January:*

The individual health card is regulated through article 57 of the Law 16/2003, 28th May, of cohesion and quality of the National Health System as an administrative document that includes specific data of the card-holder and facilitates the access of the citizens to the health services in the NHS. To implement this regulation the Ministry of Health published the Royal Decree 183/2004, 30th January regulating the individual Health card and requiring the normalization of basic data and the possibility of reading the card content in the whole State. Royal Decree-law 9/2011, 19th August, in its article 5, requires the establishment of a unique and common format of the individual health card valid for the whole NHS. In this regards it was published Royal Decree, 20th September that regulates the individual health card and modifies Royal Decree 183/2004, 30th January.

Thus this Royal decree 702/2013 comes to complete the measures for the unique identification of each citizen as a user across the NHS, also proving their right to healthcare required for the access to public health services.

- Finally, *Royal Decree 81/2014 of 7 February, establishing rules to ensure cross-border healthcare, and amending Royal Decree 1718/2010 of 17 December on prescription and dispensing orders,* lays down the conditions to ensure patient mobility among European Member States, and establishes rules for facilitating access to safe and high quality health care in the European Union, while promoting cooperation on healthcare between Spain and the other Member States.

- **Efficiency measures regarding basket of benefits:**

Additional to what is already explained in item 3 above, efficiency measures regarding the basket of benefits have already been adopted in order to achieve the improvement in the health sector efficiency through the rearrangement of the Health services common portfolio following quality, cost - efficiency and safety criteria:

- Ministerial Order SSI/1833/2013 of 2 October, which creates and regulates the Council of the Spanish Network of Agencies for Health Technologies Assessment and National Health System's Services.
- Ministerial Order SSI/2366/2012 of 30 October, establishing a common factor for invoicing the dietetic products provision.
- Royal Decree 1506/2012 of 2 November, regulating the Common supplementary portfolio for ortho-prosthetic provision of NHS and the basis for the establishment of maximum amounts of funding ortho-prosthetic provision are set.
- Ministerial Order SSI/1640/2012 of 18 July, amending Annex VI of Royal Decree 1030/2006 of 15 September, on the common health services basket of benefits of the National Health System and

establishing the update procedure, and amending Annexes I and III of Royal Decree 1205/2010 of 24 September, laying the ground for the inclusion of dietary foods for special medical purposes in dietetic products portfolio of the NHS and fixing their maximum amounts of funding.

By this Order glutamine modules are excluded which represent around 3 million Euros annual savings.

- **Efficiency measures regarding Pharmaceutical portfolio:**

Royal Decree -Law 16/2012 also amended the patient's contribution system for ambulatory pharmaceutical services towards a new model that would ensure access for all citizens to needed medicines. Three criteria were introduced to modulate the patient's co-payment (income, age and extent of disease) thus improving equity.

In this sense, people in high vulnerable groups as: long-term unemployed, those who have lost the unemployment benefits, who previously paid 40% of the drug's price, are exempted since the promulgation of Royal Decree -Law 16/2012. The same applies to recipients of social inclusion minimum allowance; non-contributory pension and similar situations, those affected by toxic syndrome and people with disabilities in cases covered by specific legislation are also exempted like treatments arising from occupational accident or disease.

Moreover, drugs prescribed for serious illnesses or chronic conditions and medical devices for the same treatments are considered to have a reduced contribution by patient of 10% of PVP-VAT up to a maximum of 4.26 Euros per pack.

On the other hand, regarding patients' contributions three sections have been established depending on income from 0 to 60%:

Exempt groups mentioned in previous lines; 40% for patients and beneficiaries with incomes below € 18,000/year; 50% for patients and beneficiaries with incomes between 18,000 and 100,000 €/year and 60 % for patients and beneficiaries equal to or above € 100,000 / year income.

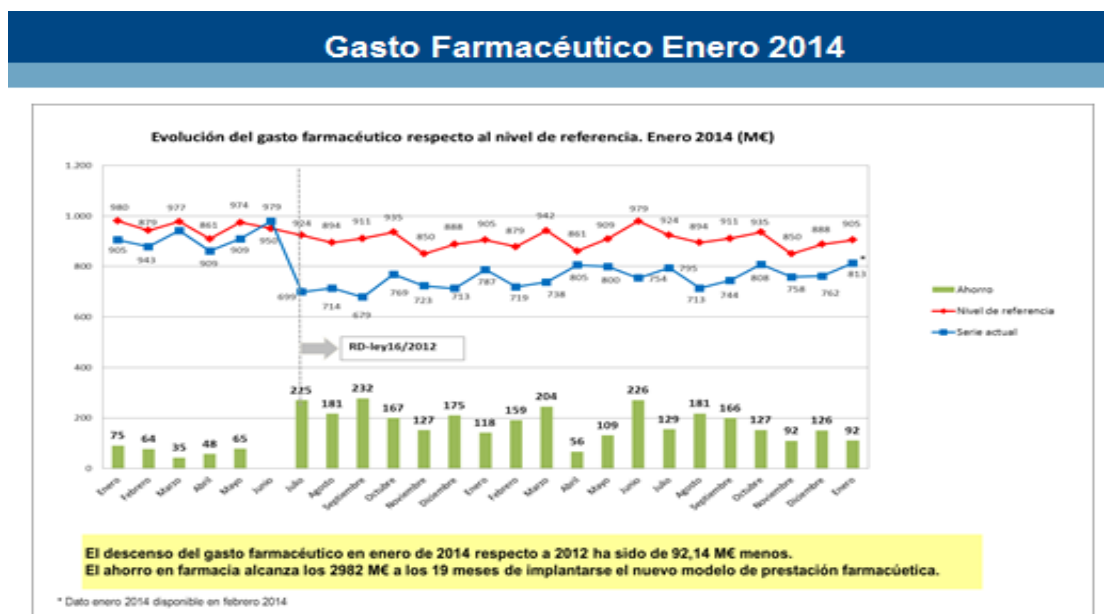
For pensioners the maximum contribution amount is set per month according to income: the contribution shall not exceed 8.26 € /month for pensioners with incomes below 18,000€/per year; 18.59€/month for pensioners with incomes between 18,000 € and 100,000 € per year and those with higher incomes to 100,000 € per year will have a maximum of 62 € / month contribution.

- Resolution of 18th of December 2013 by General Direction of the NHS basket of benefits and Pharmacy of the Ministry of Health, Social Services and Equality has updated the maximum contribution amount for drugs in ATC groups considered to have a reduced contribution (treatment for a serious illness or chronic conditions) to be applied to the whole population, and the maximum monthly contribution for pensioners and their beneficiaries in outpatient pharmaceutical services.

Finally, Royal Decree -Law 28/2012 of 30 November on measures to consolidate and guarantee the Social Security System, in its first final provision amended paragraph 1 of Article 94 bis of Law 29/2006 of 26 July, on guarantees and rational use of medicines and medical devices, in order to establish the contribution for outpatient pharmaceutical services, meaning pharmaceutical services

dispensed to patients by prescription or by hospital dispensing order through pharmacy offices or pharmacy services, including hospital for outpatient patients.

In summary since the implementation of the health reform since July 2012 to December 2013, accumulated savings due to drugs prescriptions were 2,800,000 Euros.



Evolution of pharmaceutical expenditure

## B. POLICY PACKAGE

### - Efficiency measures regarding Pharmaceutical portfolio:

#### 1. Description of the measures taken

In order to seek for a new model of sustainable pharmaceutical service that ensures access of all citizens to needed medicines, measures to increase efficiency of the health sector performed in this area, other than the mentioned at item 3 and 4 above, are the following:

- Promoting dispensing generic drugs to reach the average percentage in the European Union
- The inclusion of cost-effectiveness criteria in the process of incorporating new drugs in the pharmaceutical portfolio.
- Improving the suitability of the packaging to the most usual treatment schedules, starting with antibiotics and continuing with other drugs families.
- Updating the reference price system on an annual basis to settle the new clusters of medicines, fix their reference price and review reference prices for already existing clusters.
- Improve measures to control hospital healthcare spending through regulation and implementation of an Information System on drug use in the public hospital network of the National Health System.



- **Establishment of a Centralized Purchasing Platform** which Regions can join in order to obtain more competitive prices: Significant savings on the purchase of calendar vaccines and seasonal flu vaccines, and of medicines and medical devices have already been shown. This instrument is fundamental to achieve lower prices through economy of scale, lower administrative costs by eliminating duplication, greater transparency and control in procurement.

## **2. Body responsible for implementation:**

Within the Spanish Ministry of Health, Social Services and Equality measures on pharmaceutical services have been carried on by the General Direction of the NHS basket of benefits and Pharmacy.

Actions regarding the Centralized Purchasing Platform are managed by the National Institute of Health Management (INGESA).

## **3. Budget:**

Regarding the centralized purchasing platform supplies of medicines and medical devices have been applied involving 15 out of 17 Autonomous Regions and 3 National State Administrations. Nine tenders have been delivered, 8 of which were in 2013 with a procurement value over 869 million Euros. The savings generated by these measures exceed 49 million Euros between 2012 and 2013:

PROCUREMENT	YEAR	LENGHT	SAVING/YEAR
seasonal flu 2012-13	2012	1 season	6.782.466 €
seasonal flu 2013-14	2013	1 season	5.094.798 €
calendar vaccines and others	2013	2 years (renewable to 3).	8.873.883 €
Meningococo C vaccine	2013	2 years (renewable to 3).	2.362.740 €
Human Papiloma Virus vaccine	2013	1 year (renewable to 2).	8.630.119 €
Clotting factor 8	2013	1 year	4.500.000 €
Inmunosuppressive drugs	2013	2 years	7.300.000 €
Epoetins	2013	2 years	1.320.000 €
Medical Devices	2013	2 years (renewable to 3).	4.300.000 €
TOTAL SAVINGS			49.164.006 €



- Efficiency measures regarding electronic-Health

The goal of e-Health policy package is the best advantage in the use of information technologies for health protection and prevention of disease. The most important projects in this area being developed by the Ministry of Health (MSSSI) are: the individual health card, the electronic clinical records and the electronic prescriptions.

The implementation of these projects will contribute to improved efficiency of the NHS by reducing duplication of diagnostic tests, reducing paper use and streamlining administrative tasks performed by health professionals, resulting in a decrease in workload by reducing visits, better utilization of resources, facilitating patient mobility in the territory and increased patient safety among other direct benefits.

➤ Individual health card and Digital Record System:

Creating the individual health card database has made possible the unique and lifetime identification of each citizen as a user across the whole NHS as well as has enabled other projects based on health data, the Digital clinical Records (shared health history between Autonomous Regions) and interoperable electronic prescription.

Fifteen Autonomous regions and the National Institute of Health Management (INGESA, managing health services for Ceuta and Melilla cities) are incorporated into the Clinical Records Project in the NHS. Twenty one (21.2) million people have interoperable clinical information in the NHS. The only two Regions still in process (Andalusia and Catalonia) are expected to be incorporated in the first quarter of 2014.



➤ Electronic prescription:

With the electronic prescriptions the pharmacy offices will be able to automatically recognize patients and their prescription data through their individual health card. Once the doctor has prescribed a treatment and while it is in place patient do not need to visit the doctor for more prescription.

Some of the advantages of Electronic prescription are:

- It guarantees citizens the possibility to withdraw the medications prescribed by their doctor from any pharmacy in the country through the electronic and safe access to the prescription.
- Improving the quality of care and ensuring that NHS professionals share information on prescriptions of patients.
- Facilitates the implementation of information systems that allow Autonomous Regions to know the transactions that take place in the prescription/delivery of prescriptions for patients travelling between Regions.

In January 2014, 70 % of prescriptions were electronically dispensed. The following table, sorted by degree of implementation in the two levels of care, reflects the status of e -prescribing in the different Autonomous Regions (CCAA):

CCAA	C.S.	Cº	OF	HOS	R. ELECTRONICA
	% con RE	% con RE	% con RE	% con RE	% dispensadas
Galicia	100	100	100	100	100%
Baleares	100	100	100	100	95,85%
Andalucía	100	100	100	100	95,30%
Valencia	100	100	100	100	95,24%
Extremadura	100	100	100	100	84,14%
Cataluña	100	100	100	95	90,17%
País Vasco	100	100	100	100	88,17%
Castilla La Mancha	100	100	100	87,50	60,40%
Canarias	100	100	100	0	90,92%
Navarra	100	100	100	0	82,43%
Aragón	100	100	100	0	80,78%
INGESA	100	100	100	0	18,00%
Cantabria	100	100	99,61	0	74,88%
Madrid	28,52	96,23	19,95	0	7,58%
Asturias	25,00	11,92	38,74	0	4,18%
Murcia	1,19	0	1,06	0	0%
La Rioja	0	0	0	0	0%
Castilla León	0	0	0	0	0%
<b>SNS</b>	<b>86,23</b>	<b>49,60</b>	<b>77,78</b>	<b>66,63</b>	<b>69,75%</b>

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<span style="display:inline-block; width:15px; height:10px; background-color: #dc3545; border: 1px solid black;"></span>	PENDIENTE DE ABORDAR

## 2. Body responsible for implementation:

Within the Spanish Ministry of Health, Social Services and Equality measures on electronic Health have been carried on by the General Direction of Public Health, Quality and Innovation, and the General Subdirection of Information Technologies.

## 3. Budget:

The following interventions have been proposed in order to improve use, quality and access to information and communications technologies regarding electronic health:

- Boosting application of the electronic prescription
- Development of services for professionals and citizens based on the availability of Electronic Medical Records in the NHS.
- Online access to Electronic Medical Records for citizens through electronic Identity card.

The budget provision for 2014-2020 is:

- Ministry of Health Social Services and Equality (2013-15): 11,267,637.5 €
- RED.es, a public entity that works to take full potential of the Internet and new technologies for the Spanish society. It also encourage saving and efficiency in the public sector through the implementation of Information and Communication Technologies (ICT): 24,010,400 €

The budget provision for action in 2014:

- Ministry of Health Social Services and Equality: 4.625.244 € (out of the 11,267,637.5 € mention above).
- Transfers to Autonomous Regions from funds under 6ª additional provision Law 29/2006: 17.000.000 €
- RED.es: 12.018.400 € (out of the 24,010,400 € mention above).
- Autonomous Regions Health Services: 16.643.644 €

### - Efficiency measures regarding the health care quality and efficiency and patient safety

This line is very important because of its impact and practical implementation, the work done by the Ministry of Health, Social Services and Equality to develop different strategies in collaboration with the Autonomous Regions, is focussed on diseases that pose a greater burden to the NHS, among which we can highlight the strategy for addressing Chronicity in the NHS.

## 1. Description of the measures taken

### ➤ *Strategy for addressing Chronicity in the National Health System.*

This Strategy was adopted in June 2012 by the Inter-Territorial Council of the National Health System, with the collaboration of Autonomous Regions as well as scientific organizations and patients' organizations. The Strategy identifies objectives and recommendations aiming at guiding the organization of health services towards comprehensive care and to promote coordination between health and social services, with a focus on equity and stressing the need to "promote the

systematic implementation of personalized care plans resulting from a comprehensive evaluation of the functional and social health care needs which would determined the interventions to be carried out within each individual plan”.

The Strategy for Addressing Chronicity assumes a culture and organizational change of the health organization and health professionals, due to the a patient-centred approach, multidisciplinary work, the connection between the health sector and the social sector and between primary care and specialized health care and comprehensive health care.

- *Strategy for Health Promotion and Prevention in the National Health System (under the approach of chronicity in the NHS).*

The strategy has been developed in close collaboration with the Autonomous Regions, scientific societies and patient organizations involving in health policy to the different relevant actors.

The Strategy has the objective to increase years of life in good health and free of disability. It is an opportunity to integrate and coordinate the efforts of health promotion and prevention across all levels, sectors and stakeholders. A progressive development of interventions to prevent disease, injury and disability is proposed and is characterized by its holistic approach. Comprehensiveness refers to the joint consideration of the determinants of health for the prevention of chronic disease and disability that this strategy addresses (healthy diet, physical activity, risk alcohol consumption, tobacco consumption, emotional well-being and safety against unintentional injuries). Other key features are the positive approach to health gain, the environment approach and population focus. It presents a life course perspective, recognizing the importance of the sum of the different life events on health. At a first step action on two population groups has been prioritized: children ( under 15 years) and older than 50 years.

- *Spanish Network of Agencies for Health Technologies Assessment and National Health System's Services* created in 2012 is in charge of evaluating the new techniques, technologies or medical procedures for their inclusion, exclusion and modification of the conditions of use in the service portfolio of NHS. It is intended to manage and coordinate the preparation of reports of health technology assessment and clinical guidelines, based on rigorous scientific synthesis and quality information, ensure equity and improve the efficiency of the National Health System.
- *Network of Citizens' Health Schools* created in order to promote, share and develop tools to improve their self-management of health care and disease conditions.
- *Project "Commitment to Quality of Medical Societies in Spain"*

This project is part of the activities of the Spanish Network of Agencies for Health Technology Assessment and NHS Services and jointly coordinated by MSSSI, GuíaSalud (Aragon's Agency) and the Spanish Society of Internal Medicine, with the participation of more than 38 Scientific Societies.

The main objective of the project is to identify recommendations NOT TO BE DONE by the expert panel of each scientific society, in order to reduce the use of unnecessary clinical interventions, defined as those which have not demonstrated efficacy, have little or unclear effectiveness, or are

not cost-effective. In late 2013 the first phase of the project was presented with 50 recommendations NOT TO BE DONE identified by each of 13 scientific societies.

## **2. Body responsible for implementation:**

Within the Spanish Ministry of Health, Social Services and Equality measures on electronic Health have been carried on by the General Direction of Public Health, Quality and Innovation.

## **3. Budget:**

➤ For the *Strategy for addressing Chronicity in the National Health System*, the development of collaborative and multidisciplinary technological tools are needed to support and assist clinical decisions based on scientific evidence for the management of patient with chronic disease by the health professionals. Therefore budget funding for Information and communication technologies (ICTs) in this area is provided.

- In 2013 software licences for the *Chronic diseases management Project* received 585,640 € fundings: The objective of this project is to make available to all professionals involved in the care of a chronic disease a technological support service for the comprehensive care throughout the whole process of the disease.

Additionally, 400,000 € budget funding is foreseen in 2014 for the development of ICTs for the two following projects:

- The continuation of *Chronic diseases management Project* above.
  - The Stratification of the population in the NHS Project: aiming at building a model of population stratification that may be applied by the Autonomous Regions wishing to facilitate and guide the health care professional's interventions.
- For the *strategy for Health Promotion and Prevention in the National Health System (under the approach of chronicity in the NHS)* a budget of 1,000,000 € possibly rising to 1,300,000 € is foreseen for 2014.

Among the specific projects to be funded are the following:

- Population Training in healthy lifestyles (lifestyle web considering the literacy level of the population)
- Professionals training ("on line" training on a methodology for advice and intensive education to modify lifestyles)
- Map "on line" community resources to facilitate its use to promote healthy lifestyle.
- Communication campaigns to promote "Winning Health" aimed at children under 15 and older than 50.
- Development of Guidelines for the local implementation of the Strategy for Health Promotion and Prevention (under the approach of chronicity).

- *Spanish Network of Agencies for Health Technologies Assessment and National Health System's Services*

In 2013 budget allocated to the Work Plan of the Spanish Network Agencies for Health Technologies Assessment and National Health System's Services, which included also funding for the Project "Commitment to Quality of Medical Societies in Spain" was 4,149,510 €.

**4. Was any ex-ante impact assessment or evaluation of the new measure carried out? If yes, please provide a short summary of the results.**

With the health care reform initiated by the Royal Decree-Law 16/2012 and once all the legislative measures would be in place the total projected cost savings were estimated at 7.267 million of Euros. 3,555.4 million were achieved in the first year (July 2012 to July 2013) and 4,880.7 million Euros since the reform began and until November 2013. This contributes to the viability of the health system so that it can continue to be universal, public and free while maintaining its high quality.

These savings estimations are not seeking to reduce the budget for health but to increase the efficiency of the system, promoting its quality while ensuring economic sustainability.

**5. If no measures have been taken, please explain why. When is the action anticipated to commence?**

Not applicable

### **Luxembourg: a review of Spain's reforms**

**1. Do you think these measures constitute an adequate and relevant response to the Council recommendation?**

Legislative proposals have been made in view of improving the efficiency of the health sector, ensuring a full coverage by the public budget of health services for prevention, diagnosis, treatment and rehabilitation, including supplementary health services for outpatient care. HTA techniques are applied in order to ensure quality and cost-efficiency. Pharmaceutical provision is modernised guaranteeing their rational use. In addition, the planning for health professionals and the coordination of human resources is tackled, comprising the clinical management.

Regarding universal coverage, emergency provisions in case of serious illness, child birth and treatment of minors are guaranteed, even if citizens are not registered to the national health fund. Also legislation ensures access for all citizens to needed pharmaceutical provision.

In conclusion, a comprehensive regulatory framework is put into place to increase efficiency and control of health care expenditure, by improving measures to control hospital healthcare spending, by implementing an information system on drug use in the public hospital network and by establishing a centralized purchasing platform.

2. How do you foresee the potential (short/long-term) impact and effects of the actions undertaken?

Health care reforms are an ongoing process and short and long-term impacts are difficult to assess, even if they are to be expected to impact public finances. Public costs savings are to be based on measures taken to optimise the use and prescription of pharmaceuticals. In addition the revision of the basket of services, the introduction of co-payments, the institution of reference prices for pharmaceuticals and the centralisation of pharmaceutical purchasing are steps in the right direction.

3. What 'peer recommendation' can be addressed to the reviewed Member State?

The project on the e-Health policy package and the use of information technologies for health protection and prevention is promising. Reducing duplication of diagnostic tests, improving the utilization of resources, facilitating patient mobility and increasing patient safety are necessary in view of a continuously refining of the care provision. Populations are ageing and new and innovative technologies are key for being successful in ensuring high quality and tailor made delivery of services to those in need.