



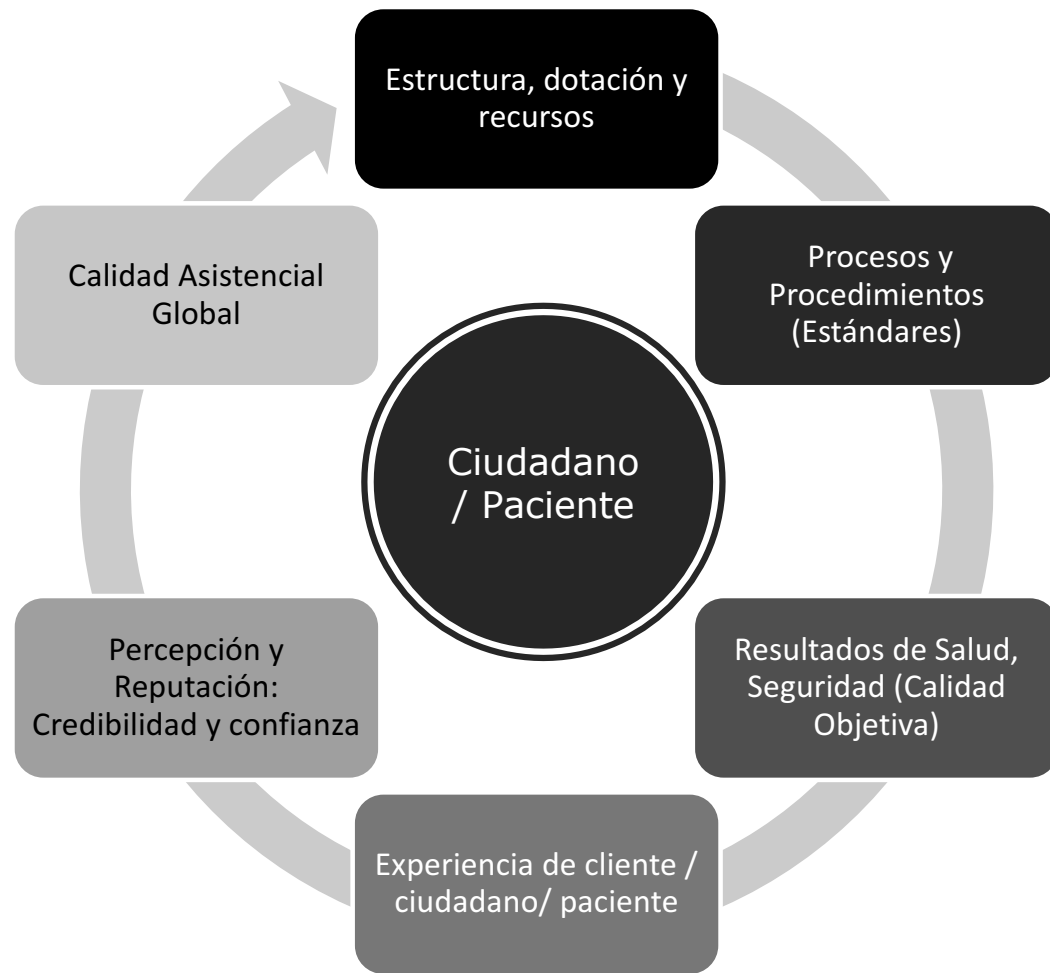
Desde el barómetro sanitario privado al modelo QH: un punto de encuentro público-privado

Dr. Manuel Vilches

Director General de la Fundación IDIS



El paciente /
ciudadano
informado
(empoderado),
con capacidad
de elección, en
el centro del
Sistema.



1 Health at a Glance – Europe 2016 -

Sanidad Privada, aportando valor

Health at a
Glance:
OECD 2016

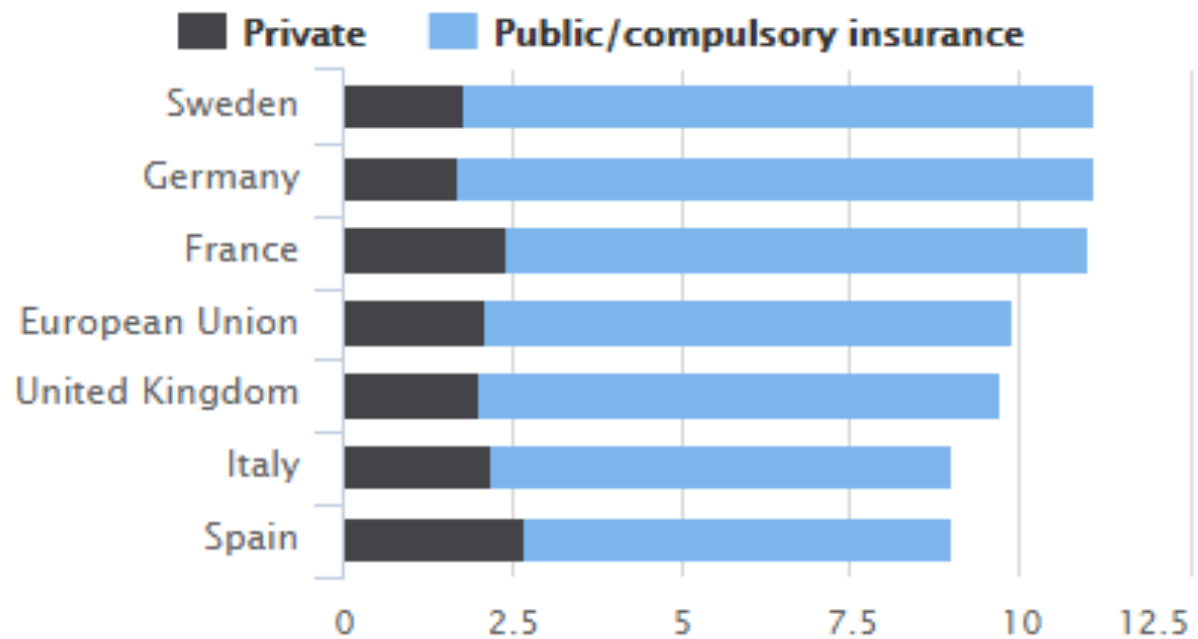


**Health at a Glance:
Europe 2016**
STATE OF HEALTH IN THE EU CYCLE



Health at a
Glance:
OECD 2016

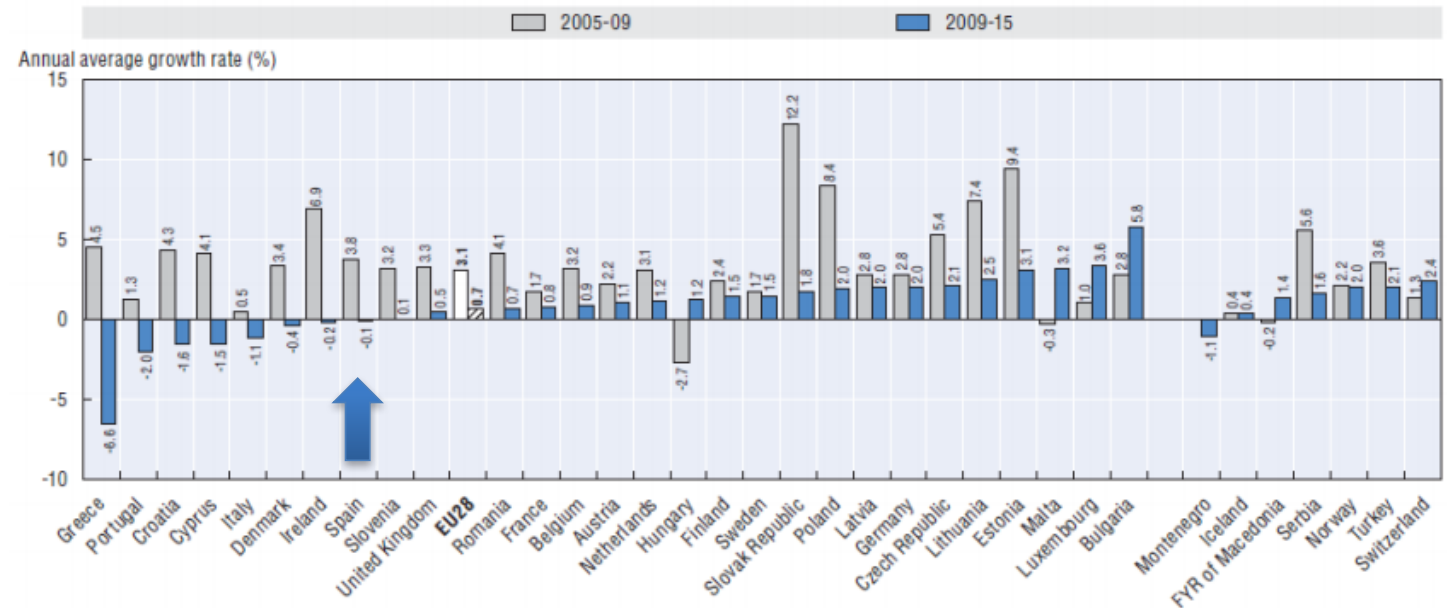
Health expenditure as a share of GDP, 2015



Source: [Health at a Glance: Europe 2016](#)

Several European countries hard hit by the economic crisis have cut their health spending since 2009

Annual average growth rate in per capita health expenditure, real terms, 2005 to 2015 (or nearest year)



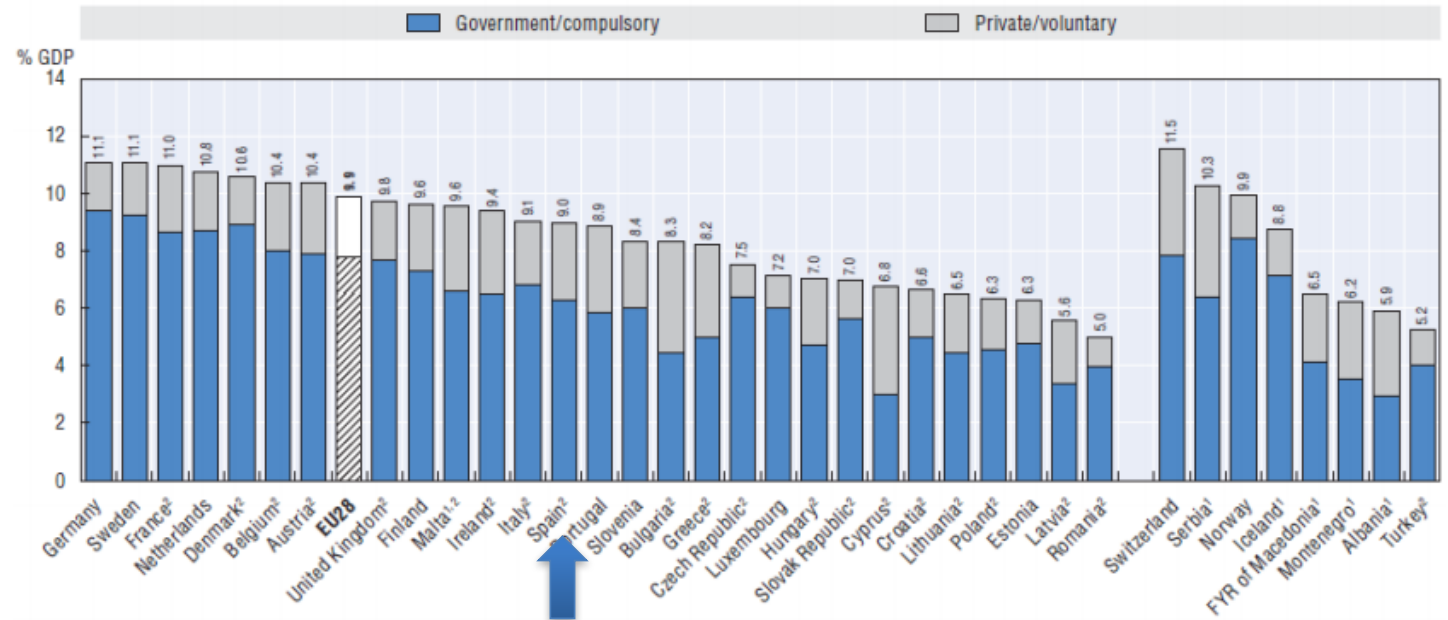
Source: OECD Health Statistics 2016; Eurostat Database; WHO, Global Health Expenditure Database

Health at a Glance: OECD 2016

Health at a Glance: OECD 2016

Health spending accounts for nearly 10% of GDP in the EU; Germany, Sweden and France allocate 11% or more of their GDP to health spending

Health expenditure as a share of GDP, 2015 (or nearest year)



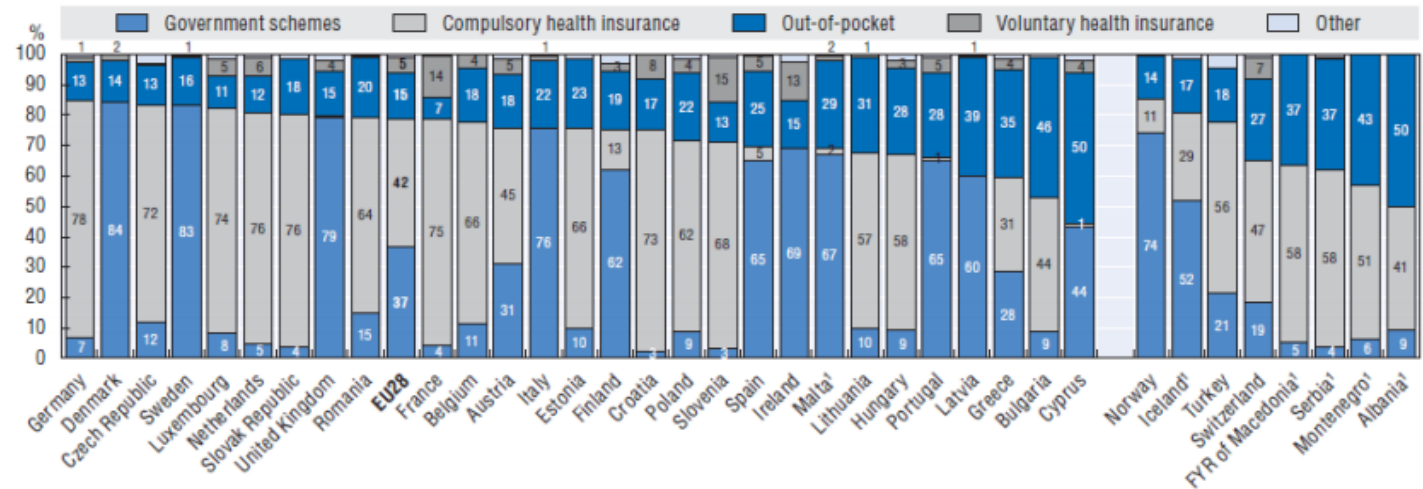
- 1. Includes investments.
- 2. OECD estimate.

Source: OECD Health Statistics 2016; Eurostat Database; WHO, Global Health Expenditure Database

Health at a Glance: OECD 2016

More than 75% of health spending is publicly financed on average across EU countries. Direct out-of-pocket payments account for 15% of the total, but represent a much greater share in some countries

Current health expenditure by type of financing, 2014



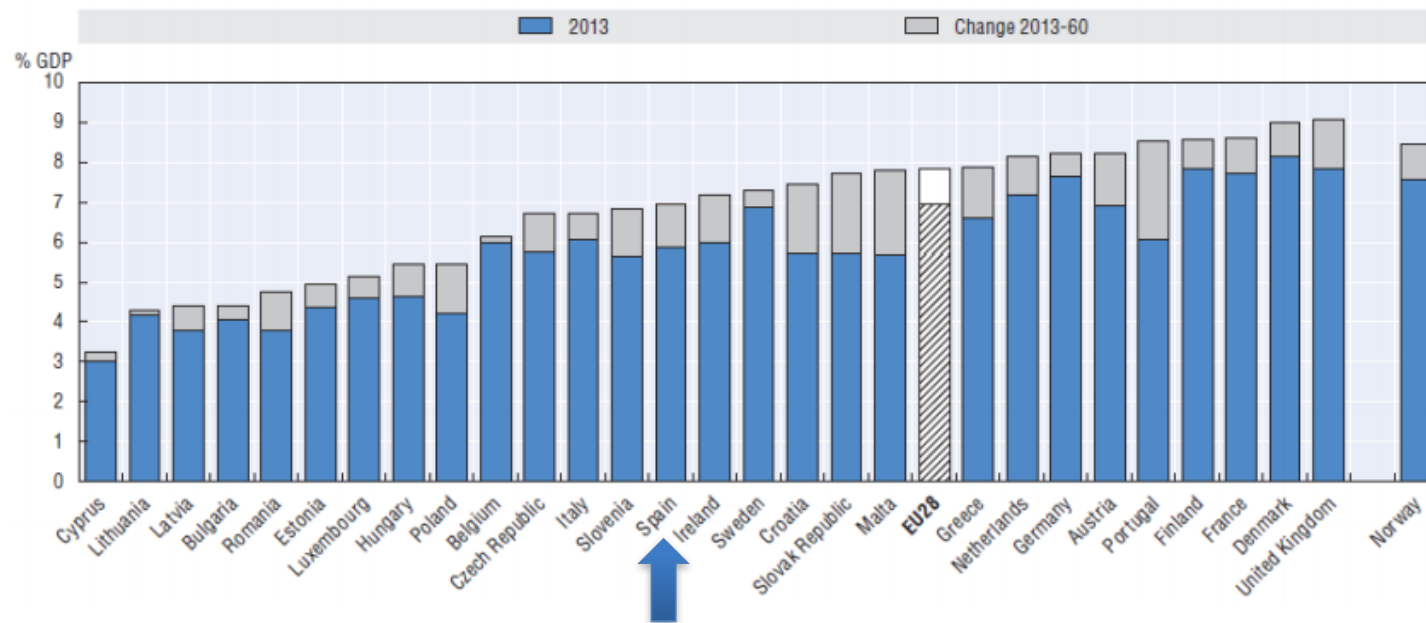
Note: Countries are ranked by government schemes and compulsory health insurance as a share of current health expenditure.
1. Includes investments.

Source: OECD Health Statistics 2016; Eurostat Database; WHO, Global Health Expenditure Database

Health at a Glance: OECD 2016

Public spending on health care as a share of GDP is projected to grow in all countries over the coming decades

Public spending on health care as a percentage of GDP, 2013 to 2060
Baseline scenario

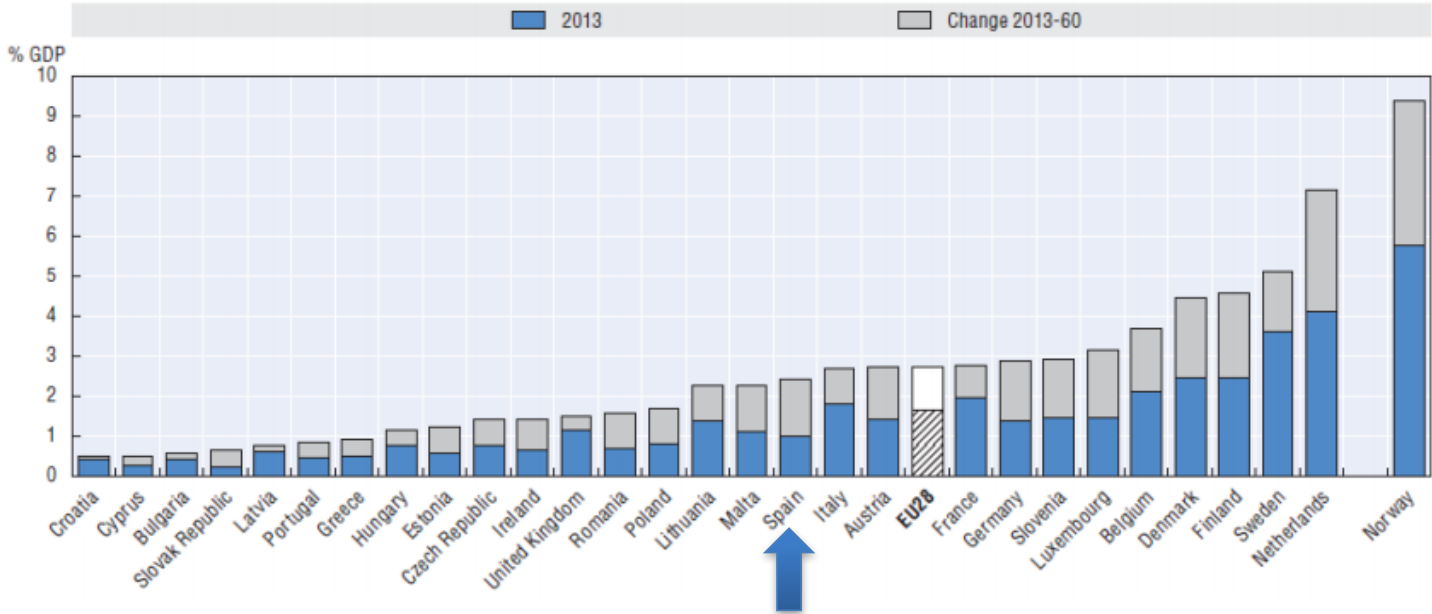


Source: EC and EPC (2015)

Health at a Glance: OECD 2016

Public spending on long-term care as a share of GDP is also projected to grow over the coming decades due to population ageing

Public spending on long-term care as a percentage of GDP, 2013 to 2060
Baseline scenario

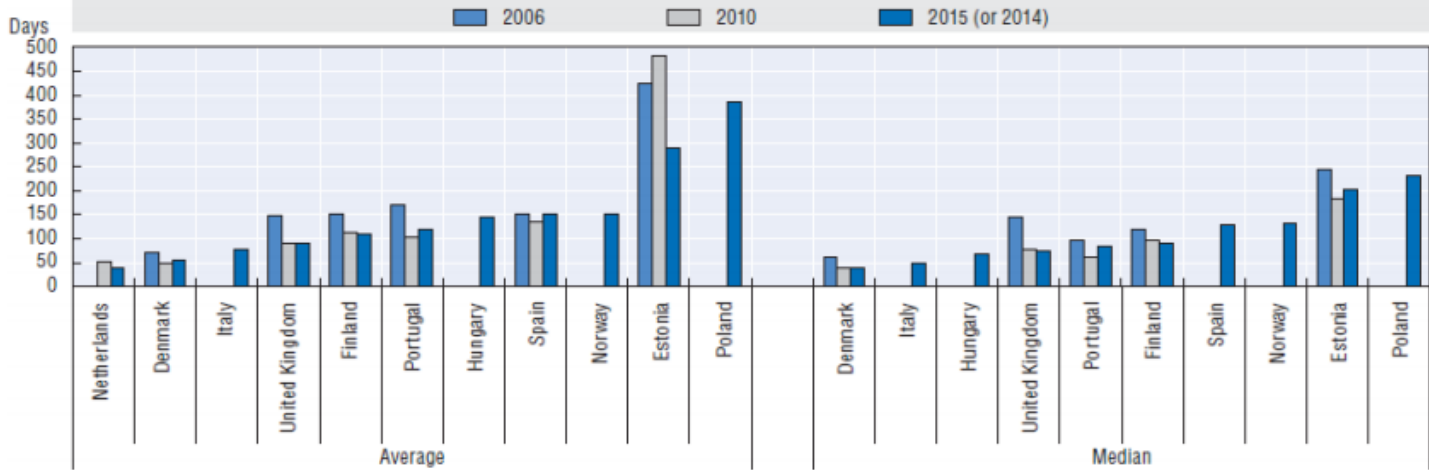


Source: EC and EPC (2015)



Waiting times for hip replacement have decreased in some countries between 2006 and 2010, but have stabilised since then

Hip replacement, waiting times from specialist assessment to treatment, 2006 to 2014/15



Source: OECD Health Statistics 2016

Health at a Glance: OECD 2016



Health at a Glance: Europe 2016

STATE OF HEALTH IN THE EU CYCLE

How does Spain compare?

- ✓ Spain ranks first in terms of life expectancy across all 28 EU countries, following steady gains over the past decades. However, more than half of the remaining years of life of Spanish people at age 65 years are lived with some health problems and disabilities, increasing the demands on health and long-term care systems.
- ✓ Further efforts are needed to reduce risk factors to health to promote more healthy ageing and to reduce health inequalities across socio-economic groups.

2 Healthcare Access and Quality Index – The Lancet -

Sanidad Privada, aportando valor

The Lancet y Fundación Gates

AL BUEN TIEMPO BUENA PLAYA HOS. 40% O.T.O. BONO-HSTA 20€ O.DÍA MELIÀ.COM RESERVA TU HOTEL

Sociedad

España, octavo país con mejor sanidad según «The Lancet» y la Fundación Gates

» El sistema de salud español supera a los de Alemania, Francia y Reino Unido

73 [Compartir](#) [f](#) [t](#) [+](#) [p](#) [u](#) Compartido 17.8k veces



Fachada del Hospital de La Paz, en Madrid - Oscar del Pozo Cordero

LUIS VENIGOSO / Corresponsal en Londres
 18/09/2017 13:04h - Actualizado: 12/05/2017 12:19h.
 Guardado en: [Sociedad](#)

A pesar de las críticas que recibe, muchas veces incluso por parte de sus propios profesionales, la sanidad pública española es la octava mejor del mundo, según destaca un amplio y riguroso informe de la revista médica británica «The Lancet» y la Fundación Bill y Melinda Gates. El sistema de salud español supera incluso a los de Alemania, Italia, Francia y el Reino Unido, también, y de largo, al Estados Unidos, que ocupa el puesto

CONTENIDOS RELACIONADOS

- » Sanidad retira un complemento alimenticio porque contenía un compuesto de la familia de la Viagra
- » Amancio Ortega dona 47 millones a Cataluña para renovar equipos oncológicos
- » Sanidad suspende la venta de 18 medicamentos por recomendación de Europa



TEMAS RELACIONADOS

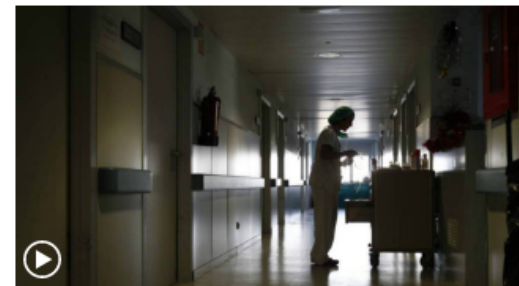
[BILL GATES](#) [SANIDAD](#) [SALUD](#)
[MICROSOFT](#) [RANKING](#)

España cae del 'top ten' global de salud

Un estudio para Naciones Unidas pone suspenso en consumo de alcohol, tabaquismo y sobrepeso infantil

[f](#) [t](#) [+](#) [p](#) [u](#) [Compartir](#) [f](#) [t](#) [+](#) [p](#) [u](#)

JAVIER SALAS 13 SEP 2017 - 16:48 CEST



Una trabajadora sanitaria en un hospital de Madrid. LUIS SEVILLANO VIDEO: ATLAS

“Todos los ministros son ministros de Sanidad”, decía la anterior directora de la Organización Mundial de la Salud, Margaret Chan, expresando la tremenda influencia que todas las decisiones políticas tienen sobre la salud de los ciudadanos. Un ejemplo de ayer mismo es el controvertido tuit que publicó el Ministerio de Agricultura y Pesca, Alimentación y Medio Ambiente en el que mostraba a la ministra Isabel García Tejerina participando en un evento de la industria cervecera que ligaba el alcohol a la salud. Hoy sabemos que España ha caído del top ten en la clasificación de países con mejores condiciones de salud precisamente por la más baja nota que obtiene en consumo de alcohol.



[VIDEOS](#) [NEWSLETTERS](#)

El podio lo forman
 Singapur, Islandia y...

España suspende también en tabaquismo y en sobrepeso infantil, dice de los 37 indicadores que tiene en...

TE PUEDE INTERESAR
 Carta abierta de un mosso al ministro del Interior

The Lancet:
Healthcare
Access and
Quality Index

THE LANCET

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Volume 390, No. 10091, p231–266, 15 July 2017

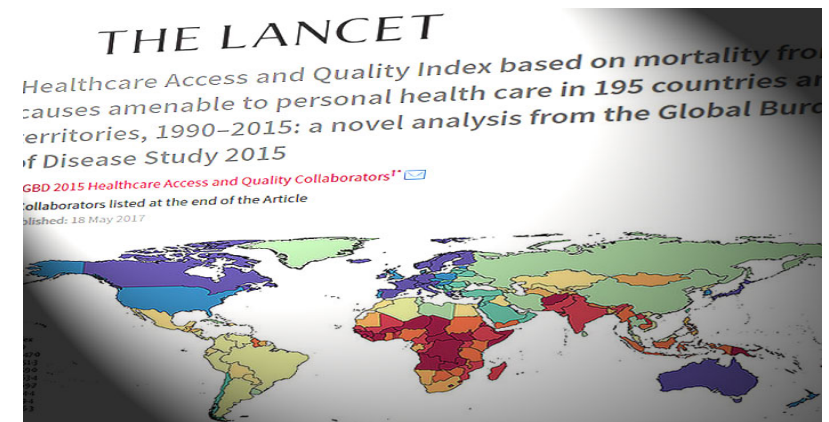
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 [Articles](#)

Healthcare Access and Quality Index based on mortality from causes amenable to personal health care in 195 countries and territories, 1990–2015: a novel analysis from the Global Burden of Disease Study 2015

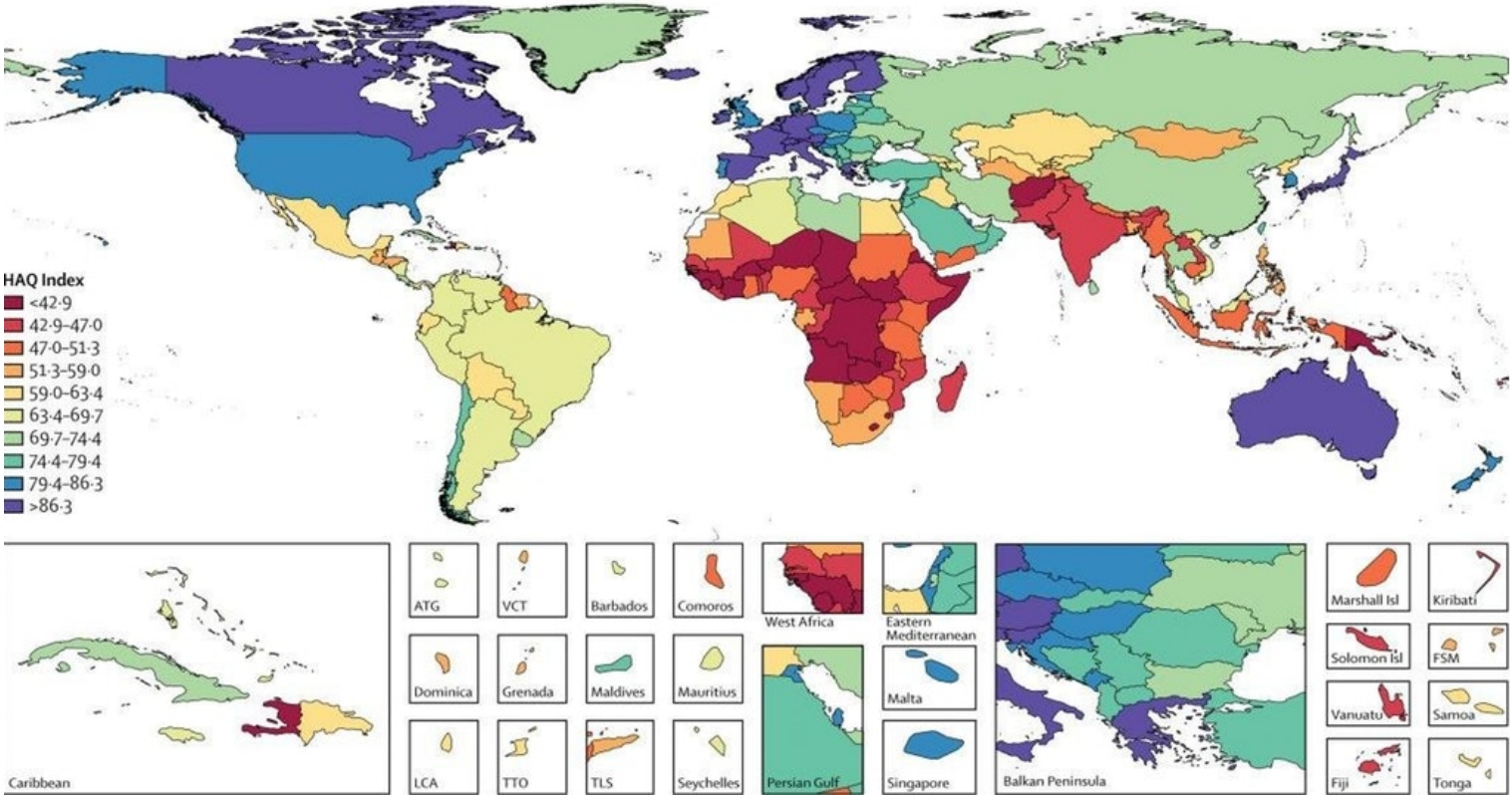
The Lancet: Healthcare Access and Quality Index

Drawing from GBD 2015, we constructed a novel measure of personal health-care access and quality—the HAQ Index—by using highly standardised estimates of 32 different causes that are amenable to personal health care. Compared with previous efforts, the HAQ Index provides a clearer signal on personal health-care access and quality over time and place because GBD provides enhanced comparability of cause of death data, helps to account for variation due to behavioural and environmental risk factors, **and includes 195 countries and territories over time.** Our analysis showed large differences in personal health-care access and quality, spanning from a low of 23.1 in Ethiopia in 1990 to higher than 90 in Andorra, Iceland, Switzerland, Norway, and Sweden in 2015.



The Lancet:
Healthcare
Access and
Quality Index

The Lancet - Map of Healthcare Quality and Access (HAQ) Index values, by decile, in 2015 (B)



The Lancet: Healthcare Access and Quality Index

	Healthcare Access and Quality Index	Tuberculosis	Diarrhoeal diseases	Lower respiratory infections	Upper respiratory infections	Diphtheria	Whooping cough	Tetanus	Measles	Maternal disorders	Neonatal disorders	Non-melanoma skin cancer	Cervical cancer	Uterine cancer	Testicular cancer	Hodgkin's lymphoma	Leukaemia	Rheumatic heart disease	Ischaemic heart disease	Cerebrovascular disease	Hypertensive heart disease	Chronic respiratory disease	Peptic ulcer disease	Appendicitis	Inguinal, femoral, and abdominal hernia	Gallbladder and biliary diseases	Epilepsy	Diabetes mellitus	Chronic kidney disease	Congenital heart anomalies	Adverse effects of medical treatment
Andorra	95	98	99	85	100	100	98	99	100	100	99	82	93	96	81	70	73	96	84	96	95	97	95	99	93	91	92	96	95	96	88
Iceland	94	95	97	72	99	100	100	100	100	100	99	90	87	91	67	63	75	94	75	95	93	98	93	99	99	84	92	100	100	98	87
Switzerland	92	99	91	87	99	100	100	100	100	97	80	76	90	94	75	72	72	96	86	100	85	97	92	96	92	86	89	94	93	85	92
Sweden	90	98	96	80	99	100	100	100	100	98	90	78	76	95	83	76	67	91	73	88	94	95	79	98	92	86	85	78	95	95	86
Norway	90	95	92	78	99	100	100	100	100	99	90	81	81	91	65	70	76	93	78	87	99	95	80	98	92	86	80	78	92	93	97
Australia	90	100	94	82	99	100	100	100	99	96	81	52	84	95	86	74	70	86	78	93	98	90	93	98	89	84	83	83	88	90	77
Finland	90	93	99	89	99	100	100	100	100	99	95	84	95	92	78	69	72	96	67	80	75	98	75	96	84	79	76	79	99	87	96
Spain	90	92	96	80	99	100	98	100	100	99	85	74	83	90	82	64	66	76	86	91	93	95	96	94	84	74	97	98	86	88	77

En Síntesis:
The Lancet



The Lancet: Between 1990 and 2015, nearly all countries and territories saw their HAQ Index values improve; nonetheless, the difference between the highest and lowest observed HAQ Index was larger in 2015 than in 1990. (Spain number 8).

THE LANCET

3 Patients perception and satisfaction – IMPORTANCE

Some examples in scientific literature.



Patients' Perceptions of Care Are Associated With Quality of Hospital Care
A Survey of 4605 Hospitals

Spencer M. Stein, BA, Michael Day, MD, MPhil, Raj Karia, MPH, more... [Show all authors](#)

First Published April 16, 2014 | Research Article

[Download PDF](#) [Article information](#)

Abstract

Favorable patient experience and low complication rates have been proposed as essential components of patient-centered medical care. Patients' perception of care is a key performance metric and is used to determine payments to hospitals. It is unclear if there is a correlation between technical quality of care and patient satisfaction. The study authors correlated patient perceptions of care measured by the Hospital Consumer Assessment of Healthcare Providers and Systems scores with accepted quality of care indicators. The Hospital Compare database (4605 hospitals) was used to examine complication rates and patient-reported experience for hospitals across the nation in 2011. The majority of the correlations demonstrated an inverse relationship between patient experience and complication rates. This negative correlation suggests that reducing these complications can lead to a better hospital experience. Overall, these results suggest that patient experience is generally correlated with the quality of care provided.

A vertical sidebar containing several icons: a document icon, a folder icon, a calendar icon, a share icon, and a quote icon. Below the quote icon is the text "Cite" and a red square icon.

The study authors correlated patient perceptions of care measured by the Hospital Consumer Assessment of Healthcare Providers and Systems scores with accepted quality of care indicators.

Do Patient Satisfaction Scores Truly Portray Quality Care?

A recent op-ed questions whether patient satisfaction scores accurately reflect quality patient care and optimal outcomes.



By Sara Heath



January 06, 2017 - Although touted as important indicators of quality patient care, patient satisfaction measures aren't an accurate portrayal of positive outcomes and effective treatment, say Justin B. Cohen, MD, MS, Terence M. Myckatyn, MD, and Keith Brandt, MD.

Patient
Engagement
HIT

- The authors acknowledged the importance of collecting patient satisfaction scores, despite the fact that current systems may be flawed and skew provider decision-making.
- Patient satisfaction should measure quality measures in a better way, putting satisfaction in the context of proven care quality improvement. Making patient satisfaction specialty-specific may help in ensuring it actually measures the quality outcomes as perceived by the patient.
- Additionally, the authors assert that providers focus on the aspects of patient satisfaction that they themselves can control: delivering high-quality, empathic care to their patients.



The screenshot shows the NEJM website interface. At the top left is the NEJM logo, a red seal with the text "THE NEW ENGLAND JOURNAL OF MEDICINE" and the year "1812". To the right of the logo is the title "The NEW ENGLAND JOURNAL of MEDICINE". Below the title is a navigation bar with links for HOME, ARTICLES & MULTIMEDIA, ISSUES, SPECIALTIES & TOPICS, FOR AUTHORS, and CME. The main content area features the article title "Patients' Perception of Hospital Care in the United States" in red, followed by the authors' names: Ashish K. Jha, M.D., M.P.H., E. John Orav, Ph.D., Jie Zheng, Ph.D., and Arnold M. Epstein, M.D., M.A. Below the authors is the citation information: "N Engl J Med 2008; 359:1921-1931 | October 30, 2008 | DOI: 10.1056/NEJMsa0804116". There are social media share icons for Facebook, Twitter, YouTube, LinkedIn, and a plus sign. Below the share icons are tabs for Abstract, Article, References, and Citing Articles (311). The "Background" section is visible, starting with "Patients' perceptions of their care, especially in the hospital setting, are not well known. Data from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey provide a portrait of patients' experiences in U.S. hospitals." The "Methods" section begins with "We assessed the performance of hospitals across multiple domains of patients' experiences. We examined whether key characteristics of hospitals that are thought to enhance patients' experiences (i.e., a high ratio of nurses to patient-days, for-profit status, and nonacademic status) were associated with a better experience for patients. We also examined whether a hospital's performance on the". To the right of the text is a section titled "MEDIA IN THIS ARTICLE" containing "FIGURE 1" (a bar chart) and "TABLE 1" (a data table).

- The authors found moderately high levels of satisfaction with care (e.g., on average, 67.4% of a hospital's patients said that they would definitely recommend the hospital), with a high degree of correlation among the measures of patients' experiences (Cronbach's alpha, 0.94).
- Hospitals with a high level of patient satisfaction provided clinical care that was somewhat higher in quality for all conditions examined.


The Relationship between Patients' Perception of Care and Measures of Hospital Quality and Safety

[Thomas Isaac](#), [Alan M Zaslavsky](#), [Paul D Cleary](#), and [Bruce E Landon](#)

[Author information](#) ► [Copyright and License information](#) ►

This article has been [cited by](#) other articles in PMC.

Abstract

Go to: 

Background

The extent to which patient experiences with hospital care are related to other measures of hospital quality and safety is unknown.




Methods

We examined the relationship between Hospital Consumer Assessment of Healthcare Providers and Systems scores and technical measures of quality and safety using service-line specific data in 927 hospitals. We used data from the Hospital Quality Alliance to assess technical performance in medical and surgical processes of care and calculated Patient Safety Indicators to measure medical and surgical complication rates.


- The overall rating of the hospital and willingness to recommend the hospital had strong relationships with technical performance in all medical conditions and surgical care (correlation coefficients ranging from 0.15 to 0.63; $p < .05$ for all).
- Patient experiences of care were related to measures of technical quality of care, supporting their validity as summary measures of hospital quality. Further study may elucidate implications of these relationships for improving hospital care.



Patient Satisfaction with Hospital Inpatient Care: Effects of Trust, Medical Insurance and Perceived Quality of Care


Linghan Shan , Ye Li , Ding Ding , Qunhong Wu , Chaojie Liu, Mingli Jiao, Yanhua Hao, Yuzhen Han , Lijun Gao, Jiejing Hao, Lan Wang, Weilan Xu, Jiaojiao Ren

Published: October 18, 2016 • <https://doi.org/10.1371/journal.pone.0164366>

Article	Authors	Metrics	Comments	Related Content
				

Reader Comments (0)
Media Coverage
Figures

Figures



Abstract

Objective

Deteriorations in the patient-provider relationship in China have attracted increasing attention in the international community. This study aims to explore the role of trust in patient satisfaction with hospital inpatient care, and how patient-provider trust is shaped from the perspectives of both patients and providers.

Methods

We adopted a mixed methods approach comprising a multivariate logistic regression model using secondary data (1200 people with inpatient experiences over the past year) from the fifth National Health Service Survey (NHSS, 2013) in Heilongjiang Province to determine the associations between patient satisfaction and trust, financial burden and perceived quality of care, followed by in-depth interviews with 62 conveniently selected key informants (27 from health and 35 from non-health sectors). A thematic analysis established a conceptual framework to explain deteriorating patient-provider relationships.

- About 24% of respondents reported being dissatisfied with hospital inpatient care. The logistic regression model indicated that patient satisfaction was positively associated with higher level of trust (OR = 14.995), lower levels of hospital medical expenditure (OR = 5.736–1.829 as compared with the highest quintile of hospital expenditure), good staff attitude (OR = 3.155) as well as good ward environment (OR = 2.361).
- The qualitative analysis showed that patient trust—the most significant predictor of patient satisfaction—is shaped by perceived high quality of service delivery, empathic and caring interpersonal interactions, and a better designed medical insurance that provides stronger financial protection and enables more equitable access to health care.

World Health Organization OMS



World Health Organization

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Bulletin of the World Health Organization

Bulletin

Past issues

How does satisfaction with the health-care system relate to patient experience?

Sara N Bleich^a, Emre Özaltın^b & Christopher JL Murray^c

Across the United States of America and Europe, consumer satisfaction is playing an increasingly important role in quality of care reforms and health-care delivery more generally. However, consumer satisfaction studies are challenged by the lack of a universally accepted definition or measure¹⁻⁶ and by a dual focus: while some researchers focus on patient satisfaction with the quality and type of health-care services received,⁷⁻¹⁰ others focus on people's satisfaction with the health system more generally.¹¹⁻¹⁴ The importance of both perspectives has been demonstrated in the literature. For example, satisfied patients are more likely to complete treatment regimens and to be compliant and cooperative.^{14,15} Research on health system satisfaction, which is largely comparative, has identified ways to improve health, reduce costs and implement reform.¹⁶

En Síntesis:
The New
England
Journal of
Medicine



N.Engl.J.Med.: Hospitals with a high level of patient satisfaction provided clinical care that was somewhat higher in quality for all conditions examined.



The NEW ENGLAND
JOURNAL of MEDICINE

4 Barómetro Sanidad Privada 2017

Sanidad Privada, aportando valor

Barómetro Sanidad Privada 2017



5ª Edición



Barómetro
Sanidad
Privada 2017
Objetivos

Determinar la imagen y establecer la valoración que tienen los usuarios de la sanidad privada a nivel nacional y por CCAA

Identificar las fortalezas y las debilidades

Sanidad privada, conocer para mejorar

Identificar las principales áreas de insatisfacción / aspectos de mejora del servicio prestado por la sanidad privada

Evaluar las opiniones y expectativas de los usuarios respecto a los distintos servicios sanitarios utilizados

Barómetro Sanidad Privada 2017 Ficha Técnica

Universo

- Mayores de 18 años con un seguro de salud

Tamaño muestral

- 2.697 encuestas

Ponderación

- Por nº asegurados por CCAA y edad, según población

Error muestral

- $\pm 1,89\%$ para nivel confianza 95,5%, en supuesto máxima indeterminación, P=Q

Trabajo de campo

- Realizado en Enero-Febrero de 2017

Metodología

- Encuesta realizada por internet a través de SMS, usuarios de la sanidad privada pertenecientes a base de datos privada propiedad de Datacentric PDM

Cuestionario

- Estructurado y cerrado en su mayor parte. Escalas de valoración tipo Likert (1 a 5 puntos y otra de 1 a 10)

Barómetro
Sanidad
Privada 2017
Resultados
más
destacados

**El 92% de los usuarios recomendaría la
Sanidad Privada**

**Valoración: "atención/accesibilidad", "calidad del servicio" y
"servicios generales"**

Agilidad realización pruebas y disponibilidad resultados 7,65	Amplia cobertura de especialidades 7,8	Tiempo de espera para intervención quirúrgica 7,6	Facilidad aparcamiento 6,4
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Valoración "atención asistencial"

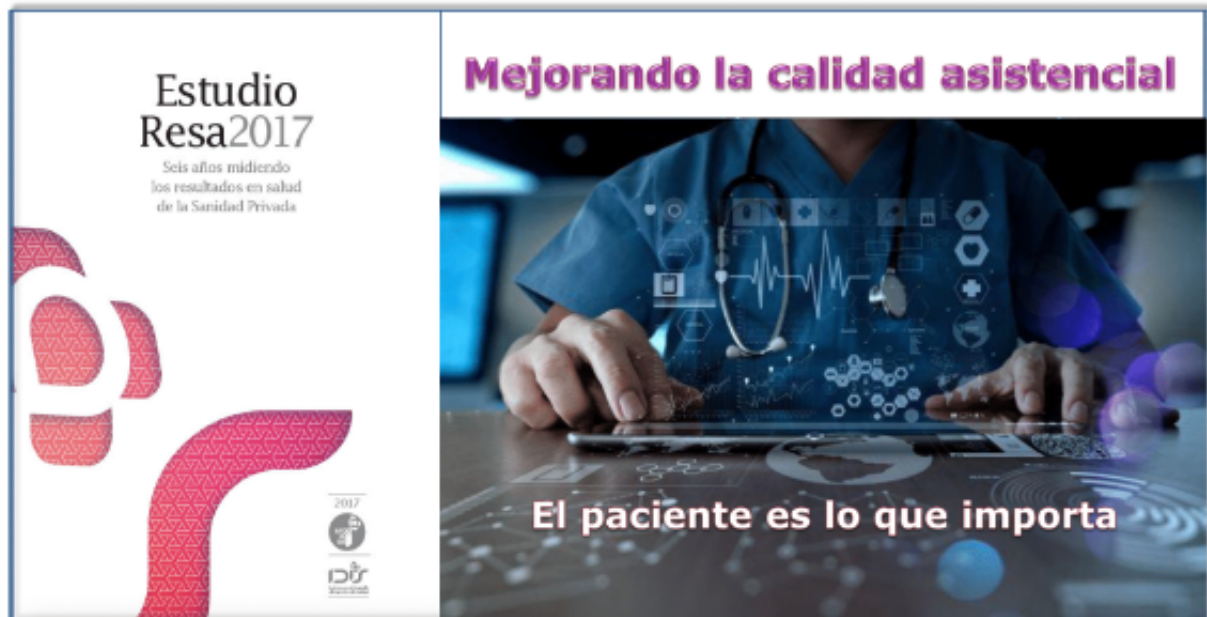
Trato personal sanitario en ingreso hospitalario 8,0	Equipamiento tecnológico 7,7	Atención y cuidados en urgencias 7,9	Confianza/Seguridad que transmite el especialista 8,0
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4 Resultados de salud – RESA - 2017

Sanidad Privada, aportando valor

RESA 2017

6 años...



RESA 2017 Objetivos

- **Obtener** datos objetivos, fiables y representativos la sanidad privada.
- **Aumentar** la participación de centros y su aportación de datos al mayor número de indicadores posible.
- **Profundizar** en la comparabilidad de la información, redefiniendo algunos indicadores, suprimiendo los de práctica ya habitual e incorporando nuevos.
- **Consolidar** la comparativa de los resultados con bases de datos públicas nacionales e internacionales.
- **Dar a conocer** estos resultados ante la sociedad de forma transparente y comprensible.

Visualizar el papel real que juega la sanidad privada en el entorno sanitario nacional

RESA 2017 Centros participantes

Estudio RESA		2016	2017	Diferencia participantes	Variación participación (%)
Centros Hospitalarios		138	148	10	7,25%
Centros Ambulatorios		73	136 (+98)	63	86,30%
TOTAL		211	284	73	34,60%

No se contabilizan los 98 centros de reproducción de los que se han obtenido los indicadores, ya que los datos se encontraban agregados y no se han podido identificar individualmente

RESA 2017 Datos Básicos

Actividad asistencial	2011	2012	2013	2014	2015	2016	% Variación 2016/2015	% Variación 2016/2011
Altas hospitalarias	586.587	706.086	843.864	894.546	929.290	1.071.989	15,36%	82,75%
Intervenciones quirúrgicas con anestesia general	240.639	245.764	268.664	284.123	543.599	772.191	42,05%	220,89%
Urgencias asistidas	3.263.959	3.581.312	3.672.205	3.939.363	4.989.552	4.977.419	-0,24%	52,50%
Recursos hospitalarios	2011	2012	2013	2014	2015	2016	% Variación 2016/2015	% Variación 2016/2011
Nº camas hospitalización convencional	8.729	10.548	11.071	11.692	14.349	14.978	4,39%	71,59%
Camas de UCI adultos	507	684	696	732	925	957	3,46%	88,76%
Camas neonatos y pediatría	274	376	372	383	505	588	16,44%	114,60%
Quirófanos de cirugía mayor	495	565	575	604	823	844	2,55%	70,51%
Salas de partos	111	137	146	154	190	215	13,16%	93,69%

**RESA 2017
Resultados
más
destacados**

**Cita para pruebas complementarias:
10 días en Mamografías, menos de 9 días en RM y 6 días en TAC (más del 50% el mismo día)**

EFICIENCIA / ACCESIBILIDAD			
Estancia hospitalaria media	Estancia media preoperatoria	Tiempos de espera en urgencias	Tiempos de intervención en cáncer de pulmón, colon y mama
3,3 días	8 horas	< 30 minutos	14, 13 y 13 días

RESOLUCIÓN ASISTENCIAL / CALIDAD Y SEGURIDAD PACIENTE			
Tasa de retorno a urgencias a las 72 horas	Tasa de reingreso hospitalario a los 30 días	Tasa supervivencia pacientes con SCA	Intervención precoz de fractura de cadera < 48hrs
3,4 %	3,9	97,2%	86,7%

5 Calidad asistencial – QH – Quality Healthcare -

Sanidad Privada, aportando valor

QH – Quality
Healthcare –
Fundación
IDIS -

LA CALIDAD ASISTENCIAL



QH – Quality
Healthcare –
Fundación
IDIS -

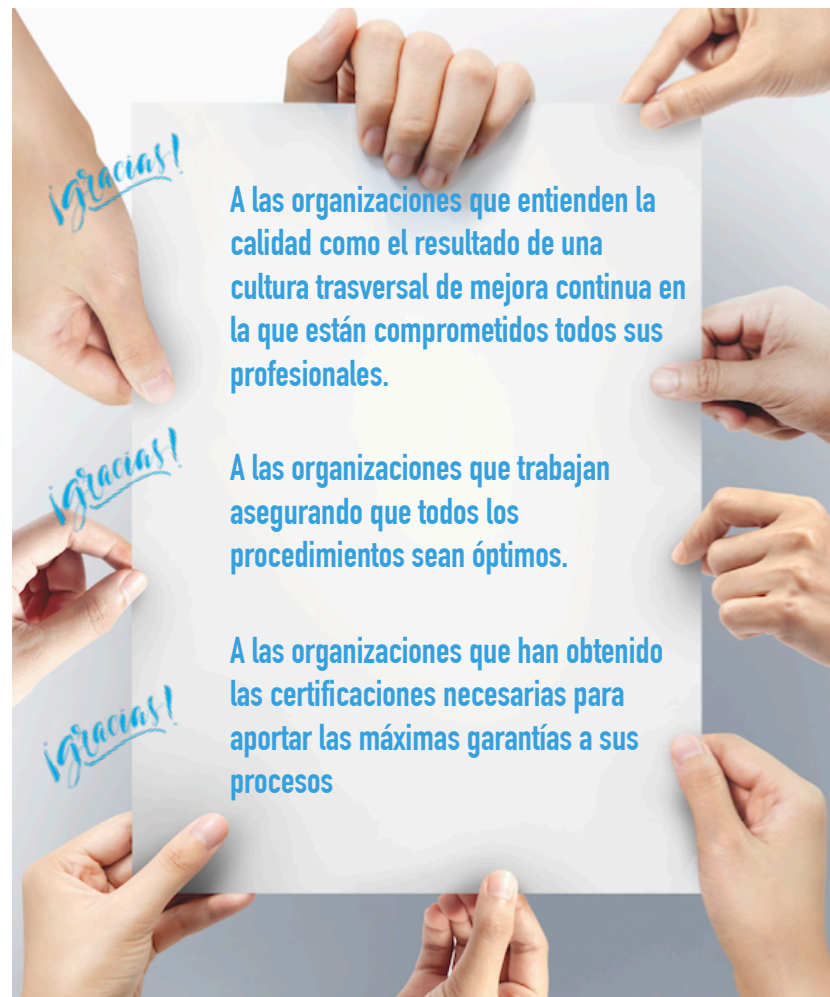


Instituto para el Desarrollo
e Integración de la Sanidad



Quality Healthcare
Excelencia en Calidad Asistencial

QH – Quality
Healthcare –
Fundación
IDIS -



QH – Quality
Healthcare –
Fundación
IDIS -

Niveles de QH (Quality Healthcare)

Indicador Sintético de Calidad que agrupa los diferentes atributos de los sistemas de calidad existentes para reconocer la excelencia y el esfuerzo sostenido de mejora



QH – Quality Healthcare – Fundación IDIS –

Acreditación QH, Factores que intervienen en la asignación del nivel

FORMULARIO AUTOEVALUATIVO

ÁREA A NIVEL CONCEPTUAL DE SISTEMAS DE CALIDAD (SC)

ÁREA B NIVEL OPERATIVO O NIVEL DE IMPLEMENTACIÓN DE SISTEMAS DE CALIDAD (SC)

Dimensión A1: Tipo de Sistema de Calidad (SC)

1.0 El área a cargo es un reconocimiento externo. SI NO N/A

2.0 El área a cargo es un reconocimiento externo basado en premios (certif. award) puntuales sobre los procesos o resultados de la institución. No requiere evidencia de implementación de un sistema de gestión de calidad que identifique áreas de mejora y registre evaluaciones periódicas. SI NO N/A

3.0 El área a cargo es un reconocimiento externo certificado/autorizado (o a institución que se somete en un proceso de mejora continua que identifique áreas de mejora y registre evaluaciones periódicas). SI NO N/A

4.0 El centro cuenta con más de un premio, distinción o reconocimiento, aunque haya no requiere evidencia de implementación de un sistema de gestión de calidad que identifique áreas de mejora, ni registre evaluaciones periódicas. SI NO N/A

5.0 El centro cuenta con más de un reconocimiento externo de un EC basado en la implementación. SI NO N/A

CERTIFICADOS DE CALIDAD ASISTENCIAL VIGENTES

Ponderación	
ALCANCE	TIEMPO
<ul style="list-style-type: none"> • ¿Un servicio? • ¿Varios servicios? • ¿Todo el centro? 	<ul style="list-style-type: none"> • 1 año • 2 años • 3 años • X • X

QH – Quality
Healthcare –
Fundación
IDIS -

Accreditación QH, Comité Auditor



QH – Quality
Healthcare –
Fundación
IDIS -

Accreditación QH, Descripción de plazos

- Validez: 2 años
- Renovación: obligatoria cada 2 años.
- Las Organizaciones Sanitarias que lo deseen se podrán autoevaluar/presentar **anualmente** si consideran que su sistema ha evolucionado y desean acceder a un reconocimiento de otro nivel.

Es posible generar mejoras significativas con rapidez



Por tiempo

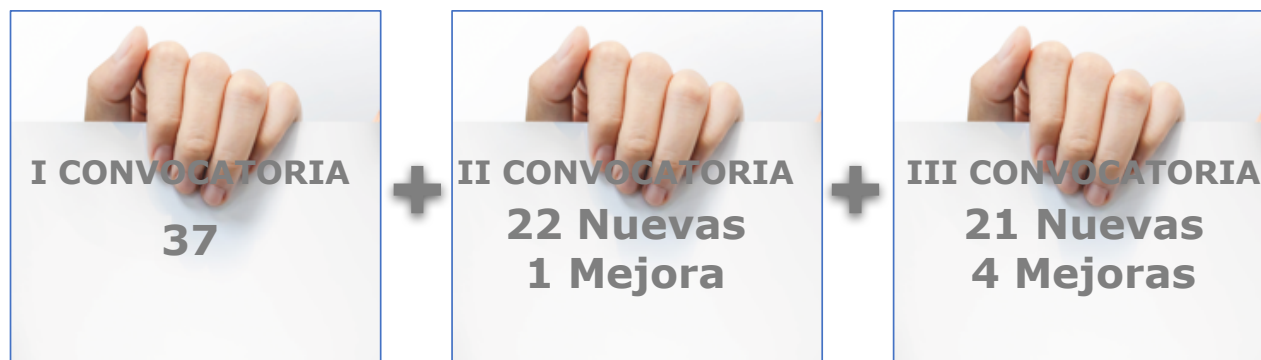


Por alcance



***Por
certificaciones***

Acreditación QH, Total organizaciones sanitarias acreditadas



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ii Ya son 80 las organizaciones sanitarias acreditadas !!



***Próxima convocatoria:
Noviembre 2016 – Octubre 2017***

Accreditación QH, IV convocatoria (Acto de entrega 6 de noviembre 2017)

123 organizaciones asistenciales públicas y privadas presentadas

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RENOVACIONES					
	PÚBLICOS	PRIVADOS	CONCERTADOS	MUTUAS	TOTAL
OBJETIVO	5	19	5	0	29
MEJORAS					
	PÚBLICOS	PRIVADOS	CONCERTADOS	MUTUAS	TOTAL
SOLICITUDES REGISTRADAS	3	5	2	2	12
NIVEL NUEVAS					
	PÚBLICOS	PRIVADOS	CONCERTADOS	MUTUAS	TOTAL
TOTAL	18	50	12	2	82

**Próxima convocatoria:
Noviembre 2016 – Octubre 2017**



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Quizá no sepas qué es,
pero seguro que **lo notas**

Eso es la calidad asistencial



6 Conclusiones

Sanidad Privada, aportando valor

Conclusiones

- Nuestro sistema sanitario con su doble titularidad, pública y privada, se sitúa en el “top ten” de los sistemas sanitarios del mundo. Un reto que no deja de ser complejo abordar y mantener en la situación actual.

- Nuestro sistema sanitario no puede dar solución a la difícil ecuación de la solvencia y sostenibilidad
 - Bajada constante del gasto en relación al PIB
 - Disminución de la colaboración público privada
 - Era de la innovación
 - Envejecimiento poblacional
 - Aumento de la cronicidad
 - Entorno sociosanitario

- Si esta situación se mantiene y no se utilizan todos los recursos disponibles asistiremos a una merma de la calidad asistencial, la seguridad y los resultados de salud.

Conclusiones

- El Barómetro de la Sanidad Privada, junto al estudio RESA de resultados de salud, han incitado a la Fundación IDIS a reconocer a aquellos centros asistenciales públicos y privados que realizan un esfuerzo especial en la senda de la calidad.
- Acreditación QH: Hoy ya 80 centros –y en breve serán más...- que han sido reconocidos en alguna de sus diferentes categorías.
- Sólo midiendo la calidad es como podemos procurar una mejora continua que tenga como objetivo al paciente
- La calidad percibida y la experiencia de cliente en el sistema sanitario son variables fundamentales que inciden en la calidad objetiva de los centros y en la consecución de los mejores resultados de salud posibles

MIRANDO HACIA EL FUTURO. TRABAJANDO DÍA A DÍA POR EL CONJUNTO DE LA SANIDAD



Adelas

analiza

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somos activos en las redes sociales



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