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Spanish SAP and i.s.h.med experience

Matěj Adam **IBM Healthcare EMEA**



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The general elements of the Spanish Healthcare System



Decentralization in 17 Regions



Distribution of the management responsibility and the service performance

3 key roles	Who is responsible (it can vary depending on the region)
"Regulating body"	Ministry of HealthHealthcare Councils (regional)
"Buyer of services"	Healthcare Councils (regional)Healthcare Services (regional)
Healthcare provider "Seller of services"	Healthcare Services (regional)Other public providersPrivate providers

In all Spanish regions the Healthcare Services represent the predominant entity (in some cases even monopolistic) for the Sanitary Service.



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Extremadura: Information Services Transformation









Servicio Extremeño de Salud





SES is the institution responsible of the care activities offering in the Extremadura autonomous region.

- Population: 1.050.000 citizens
- 8 Healthcare areas
- 104 Primary Care units
- 300+ additional centers
- 14 Hospitals
- 14.000 employees
- Global budget: 1.600 million Euros (approx.)





SES – Extremadura (Spain)



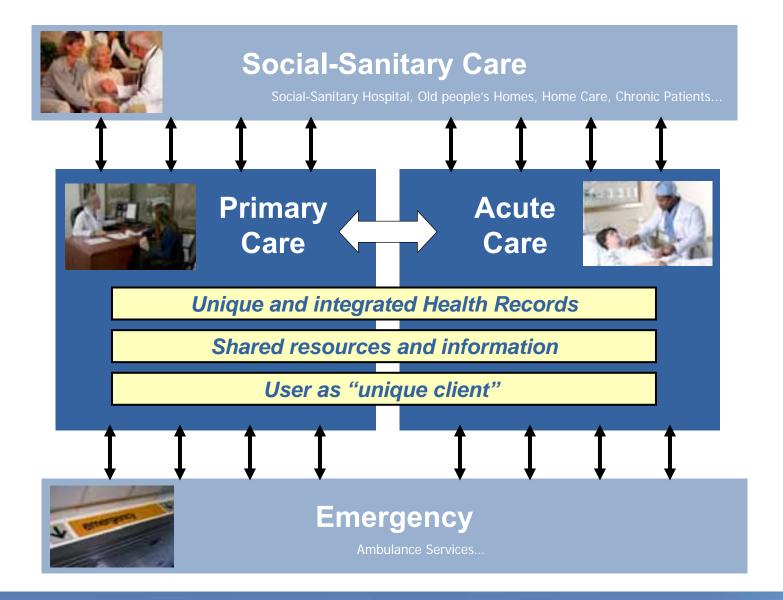
Scope: All key business processes: back-office (Finance and Accounting, Logistics, Human Resources) and clinical.





Integration between Care Levels





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ARGOS: Institut Català de la Salut **Modernization Project**



Programa de Modernització de l'ICS ITe à P 1 b





Catalonia Healthcare



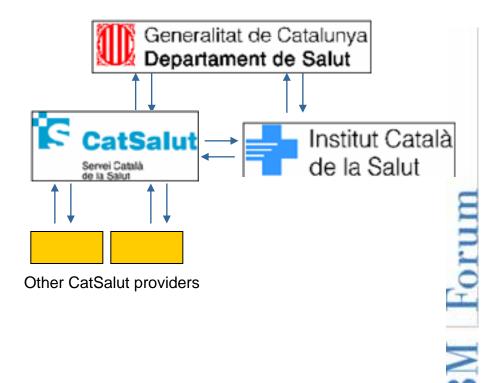
Catalonia statistics:

Population: 7.134.697 inhabitants

Surface: 32.000 km²

Population density (pop/km²): 190







Institut Català de la Salut (ICS) is the biggest public provider of Health Services in Catalonia





- More than 39.000 professionals
- 50 millions of care interventions per year
- 8 Hospitals
- 460 Service Units of Primary Care
- Budget of 2.500 million €
- ICS represents the 80% of Primary Care and the 32% of Acute Care in Catalonia
- Purchase is about 700 million €

Institut Català

de la Salut



Modernize: what for?

Institut Català

de la Salut



To improve the care quality

- Advanced technological equipments
- Care coordination
- Electronic Medical Records
- To achieve a greater efficiency
 - Costs reduction
 - Resources reassignment
 - Shared services
 - Purchases center
- For the "public management" to have the same "level" as private management
- For the citizen to get the best attention possible

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Some Lessons learnt in Change Management



- A project success does not only mean that the system works, but also that the organization assimilates new ways of working (and this is not always easy for public organizations).
- For this kind of projects, the change management has to become a primary task.

Some Lessons learnt in the system development

- No matter the time or the resources devoted to a development, incidences will always be generated. The number of incidences increases proportionally to the number of code lines.
- A good incidences management is fundamental for this type long-term projects with several roll-outs.
- The consultants adaptation processes to the healthcare modules is slower and more complicated than for the rest of modules. For instance, in six months a MM consultant with several years of experience can be replaced. But the same cannot be done with a consultant with two years od experience in IS-H.





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Thank you!

