



“Consolidarea rețelei naționale de furnizori de îngrijiri primare de sănătate pentru îmbunătățirea stării de sănătate a populației, copii și adulți (inclusiv **populație vulnerabilă**)”

Strengthening Community Health in Romania

Payment models for preventive services in Europe

International workshop
Bucharest, 28 March 2023

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How preventive services are paid in Europe?

The case of Catalonia, Spain

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Main features of the Catalan health system



- National health service model with universal health coverage and funded by revenue taxes.
- Organization of services is decentralised at regional level since 1981.
- Catalonia is one of the 17 autonomous communities in Spain.
- 7.7 million inhabitants
- Health expenditure is 11,423 M€ approximately 1,483 euros per capita.

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Planning and regulation

- Department of Health is responsible for governing, regulating and planning.
- Catalan Health Service (CatSalut) purchases health services.
- Healthcare providers are contracted by the Catalan Health Service. Their ownership is diverse: public, private or charitable institutions.
- Health Plan 2021-2025 underscores recovery and transformation of health services. Community health is place centrally in the strategy of health and care integration, reinforcing links with public health and social work and addressing SDH.
- Implementation pivots in different mechanisms like intersectoral governance, strategic purchasing or health information systems.
- Health goals are incorporated in the health service contract.



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Preventive service providers in primary care

Preventive service	Delivered by	Purchaser/Employer	Statutory responsible
Primary care teams (including family doctors, paediatricians, dentists and nurses)	Most primary care teams are run by public organizations, but some are privately managed.	CatSalut (public health insurance fund) contracts all primary care teams.	Department of Health / CatSalut
Community health	Primary care teams in coordination with local/municipal resources.	CatSalut with guidance of the Public Health Agency	Department of Health / CatSalut / local governments
Cancer screening programmes (breast and cervical).	Collaborative work between primary care gynaecologists, image diagnostic services and hospitals.	CatSalut	Department of Health / CatSalut

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How are preventive services paid?

Preventive service	Type of payment method	Purchaser/Employer
Primary care teams	Adjusted capitation and pay-for-performance	Organizational contract with CatSalut
- Family doctors - Primary care nurses	Salary plus pay-for-performance	Primary care organizations (public or private)
Community health	These services are included in the activities conducted by primary care teams. However, some programmes have earmarked funding.	Organizational contract with CatSalut
Cancer screening programmes	Budget	Organizational contract with CatSalut

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Quality indicators used in the P4P

Area	Indicators
Arterial hypertension (AHT)	▪ Blood pressure (BP) control ▪ Blood pressure (BP) control in at-risk population (IHD, DM, CVD/TIA, CKF)
Diabetes mellitus 2 (DM2)	▪ Screening and onset prevention ▪ HbA1c control in adults ▪ Screening and prevention of diabetic retinopathy ▪ ACEI/ARB treatment in DM2 with chronic nephropathy
Cerebrovascular disease (CVD) and/or transient ischemic attack (TIA)	▪ Antiplatelet/anticoagulant treatment ▪ Lipid control
Vaccinations	▪ Flu shots in patients aged >60 years ▪ Flu shots in at-risk patients ▪ Pneumonia shots in patients aged >60 years ▪ Tetanus shots
Social assessment	▪ Of individuals who are dependent on family members ▪ Of frail elderly individuals
Addictions	▪ Screening for tobacco use in at-risk population ▪ Smoking cessation ▪ Screening for alcohol use

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Lessons learned

- Community orientation, health promotion and prevention in defined population areas (PHC zones) is incentivised by the capitation model that finance primary health care providers.
- Specific prevention activities (e.g., vaccination coverage) and health targets (NCD controlled patients) are pinpointed by the pay-for-performance scheme that complements capitation.
- Health professionals are under salary with a complement based on pay-for-performance. Annual targets are set based on the performance monitoring system that is automatically generated from EHR data. A quality standard was set compounding indicators of quality of care which include preventative, early detection and NCD management activities.
- This variable financing mechanism has allowed to align primary care providers behaviour with organizational goals and health system priorities enshrined in the Health Plan.

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Lessons learned

- Five percent of variable retribution does not confer excessive financial risk while still remaining an incentive.
- Incentives to group performance contribute to develop common purpose of primary care teams including doctors and nurses.
- Additional funding for deprived primary care zones combat inequities and has helped to enlarge primary care teams, mainly with nurses with community activities.
- Some primary care teams have received additional funding to carry out more community health activities, namely health diagnosis, community health assets identification, and social prescription.
- Screening programmes for cancer are not incentivised specifically and they have been deployed with budget allocation.

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