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Facts and Figures: The Spanish Healthcare System

Healthcare System & Administration

Spain has a public healthcare system, mainly financed by taxes. As a result, healthcare in Spain is either free or low cost for residents (and their dependents) paying social security. The national healthcare system covers 99.7% of the Spanish population. The remaining 0.3% only has access to private medical care. In addition to this, voluntary private health insurance has been contracted by 13.5% of the population.

Public hospitals in Spain are generally managed by the health departments of the Autonomous Communities. The regulation of hospital activities is also the responsibility of these Autonomous Communities. While certain hospitals have independent management (foundations), there are other management models in the different Autonomous Communities.

Spain at a Glance	
Population:	41.6 million
Live birth:	10.0%
Death rate:	0.8%
Life expectancy:	76 years for men and 83 years for women
GDP:	741 billion
GDP per capita:	10,000
Total healthcare expenditure:	7.6% of GDP
Healthcare expenditure per capita:	1,600 PPP
Inpatient care expenditure per capita:	750 (20% of healthcare expenditure)
% of healthcare system financed by public funds:	71%
Number of equipment & consumables per million population:	5.7 MRI, 3.8 Radiology equipment, 12.5 Scanners
Number of hospitals:	793 hospitals, 353 public, 296 private non-profit, 144 private for-profit
Number of beds:	122,000 acute care beds (public beds 67%, private beds 33% of all beds)
Number of beds per 1,000 population:	2.9%
Rate of occupancy:	76%
Length of stay:	7.3 days
Number of acute care hospital admissions:	114 admissions, % population
Waiting list:	Significant

Healthcare Facilities, Services & Staff

Throughout Spain, there are public hospitals, private non-profit hospitals and private for-profit hospitals. Of these, two categories of acute care public hospitals exist: provincial hospitals and general hospitals. Public hospitals and private hospitals are financed by the Autonomous Communities, while private for-profit hospitals are partly or entirely financed by the autonomous Communities when they are under contract. Otherwise, they must fund their own activities. Each Autonomous Community has the freedom to decide how its hospital financing should be managed. Public hospitals are generally financed through a contract programme that identifies objectives and is based on an estimate of care "units".

Financing of private hospitals is a little more complicated, depending on how care was contracted. When private hospitals are used to make up for the inadequacies of the national healthcare system, financing is based on ordinary contracts (i.e., day rate, payment per service, per pathology, etc.). However, when private hospitals are utilised as a member of the network of national healthcare system hospitals, financing is arranged by special contracts.

The Role of IT

Significant advances have been made in developing advanced IT infrastructures and services throughout the Spanish healthcare system. Some notable examples of this are:

- In 2003, the La Palma General Hospital digitised radiological images and implemented an electronic clinical records computerised system;
- The Son Llàtzer Hospital (Mallorca) is considered one of the most innovative in Europe
 - electronic medical records combined with the use of mobile devices has resulted in the design of a mobility project consisting of equipping nursing staff with Tablet PCs and doctors with PDAs;
- In 2004, the Doctor Preset Hospital (Valencia) inaugurated an operating theatre equipped with the latest medical and communications technology for the purpose of carrying out laparoscopic surgery;
- A tele-appointment system was introduced in the Community of Madrid that provides networked access for patients to their appointment information; and
- The Andalucía Health Service (Servicio Andaluz de Salud – SAS) and the Andalusia Board of Pharmacists have created a Virtual Private Network (VPN) that enables the electronic prescriptions from pharmacies (see the preceding interview with María Jesús Montero, page 42).

