B4  Spain

B4.1  Current situation

Telecare

Social alarms

In Spain, social alarms are referred to as tele-alarms and telecare is known as tele-assistance. Tele-alarms are the most common form of ICT-based technology for independent living, and are available throughout the country. Take-up is estimated at between 3% and 3.5% of the population aged 65 years and older. The main providers are municipalities under the Autonomous Communities of Spain, who subsidise the service.

The Law on the Promotion of Personal Autonomy and Care of Those in Dependent Situations (39/2006) defines and sets the remit for tele-alarm and tele-assistance services. The aim of tele-alarms and tele-assistance under this policy is to contribute to ensuring that vulnerable people remain in their normal living environment, avoiding the important personal, social and economic costs which their uprooting from this setting would entail, making contact with their social and family network possible and ensuring immediate intervention in the event of a crisis and to avoid unnecessary admission to residential care.

As regards charging/reimbursement, each Autonomous Community determines the price of the tele-alarm service and the requirements for users to qualify for the different discounts available. Full cost might be between 15 and 20 euros per month, with a range of actual costs depending on level of discount (100%, 80%, 40% etc.).

More advanced Telecare

Tele-assistance (telecare) services are also available nationally, at least in principle, although apparently only installed in the cases of greatest need. Take-up is estimated at less than 0.5% of tele-alarm users. Tele-assistance is an extension of the tele-alarm service and service provision and reimbursement arrangements are the same. Tele-assistance services are allocated according to the degree of dependence of the user, rather than according to their age. Where the service provider is a public entity, the service costs the same as the basic tele-alarm.

Home telehealth

Telehealth is at an early stage of development in Spain and provision consists mainly of pilot projects. There has, however, been some mainstreaming in a number of regions.

In Catalonia, some hospitals have developed hospital-in-the-home services. There is also some telemonitoring available through health centres in Castile and Léon, Extremadura and Castile-La Mancha. These are public services.

In Spain, telephone consultations are available via the Regional Health Councils. They are publicly funded and free of charge. These services have only recently been developed and it is expected that provision will continue to expand. Online consultations are available, however they are more focused on providing information and medical appointments than on achieving a diagnosis.

The AVANZA 2006-2011 Plan sets out an online health work-plan that includes telehealth, consisting of actions to improve the quality of life of patients, to reduce costs, to develop tele-consultation and diagnosis in under-resourced areas and to connect primary and specialist care. The AVANZA Plan is coordinated in each Autonomous Region in accordance with their own Regional Strategy for the development of these services. The Regional Health Ministries of the different Autonomous Communities implement different programmes, mainly information and prevention focused.

Smart homes

In the general area of home automation (domotics), there are many technologies available at a mature stage of development which have been tested. However, their implementation in homes, both those
being built and those already built, is limited and there has apparently been little direct attention to supporting independent living of older people through these technologies. The promotion of useful applications of domotics is being addressed in the efforts of various associations, such as CEDOM and ASIMELEC through the Smart Home Multi-Sector Commission, with the aim to facilitate the installation of domotics and for it to be both useful and in demand by users. Web portals are also appearing that are specifically directed towards the Smart Home Sector, such as Casadomo.

More advanced Smart Homes only exist in the form of pilot projects, one of which is in Madrid.

**B4.2 Reimbursement**

For social alarms, each Autonomous Community determines the price of the tele-alarm service and the requirements for users to qualify for the different discounts available. Prices therefore vary between regions. However, each Autonomous Region establishes different discounts according to the type of user and generally the service is not paid at 100% of the cost.

The discounts applied to the tele-alarm service provided by the Autonomous Community of Andalucia can be used as an example:

- **100% Discount, free of charge:** holders of the Andalucian Government “sesentaycinco” Gold Card who live alone or who live only with another holder of a gold card; holders of the Andalucian Government “sesentaycinco” Card at any level, who are aged over 80 and who live alone; persons in dependent situations, aged over 80, regardless of their economic ability; persons in dependent situations, aged under 80, with an economic ability of less than 75% of the Public Income Indicator with Multiple Effects (IPREM).

- **80% Discount, a cost of 3.60 Euros/month:** holders of the Andalucian Government “sesentaycinco” Gold Card who live with people who are not holders of the card; persons in dependent situations who are aged under 80, with an economic ability equal to or more than 75% of the Public Income Indicator with Multiple Effects (IPREM).

- **40 % Discount, a cost of 10.80 Euros/month:** holders of the Andalucian Government’s “sesentaycinco” Card who are not included in any of the situations above.

For more advanced telecare, where the service provider is a public entity, the service costs the same as the basic tele-alarm. Everything is included in this service: the tele-assistance service, the rental of devices and their maintenance. Each Autonomous Community sets its own charges as per the tele-alarm service.

Home telehealth services are at a very early stage of development and generalised charging/reimbursement principles appear not yet to have been established. If telehealth to become mainstreamed it will need to fit within the publicly funded, universal, free health services at the time of use model in Spain. Within this, there is devolution of health affairs to the Autonomous Communities. Most services are provided in publicly owned facilities (primary care centres and hospitals), staffed with public employees.

**B4.3 Drivers and barriers**

For social alarms, key drivers have been the inclusion of social alarms as an explicit element of social care policy, and their public provision and financing. More generally, demographic change is affecting the country along with many other EU Member States, and this, in combination with changes in family size and structure, is leading to increased demand for services and supports to provide care that once would have been provided by family carers. This situation is compounded by increasing numbers of women joining the labour force. Another driver is the policy focus on reducing unnecessary admission to long-stay care. Finally, migration of the population from urban to rural areas has also driven demand.

Geographical barriers play a significant role in Spain. In some cases, geographical barriers are linked to technological barriers and, although it is relatively uncommon, there are some municipalities in mountainous areas that cannot yet access tele-alarm or tele-assistance services. In smaller, more
isolated communities, awareness of tele-alarm services is low, and this is compounded by wariness of technology, per se. The traditional family structure, now rare in urban centres, is still in existence in rural areas. This means that the infrastructure of informal caring is still intact, reducing demand for assistive services. Finally, one of the main obstacles to the development of services is the IP telephone whose new landline providers offer cheaper services than the traditional phone.

As regards telecare, there seems to have been only very low levels of provision/take-up of more advanced telecare to date, so no strong drivers as such seem yet to have been operating. More generally, it is suggested that the future development of tele-assistance in Spain is closely linked to the launch of the digital household. In this regard two main factors have been identified as affecting the take up of these technologies: factors linked to the market and factors linked to technological development.

Factors linked to the market are mainly related to aspects of cost, quality, security requirements, public policy, expectations and acceptability. Although the market penetration of tele-assistance in Spain has not yet reached significant levels, public policy and use expectations are seen as very relevant for market development. They can be listed in order of importance as follows:

- Increase in demand for home security and social care
- Increasing focus in public policy on home care, cost reduction and service quality improvement
- Increasing awareness of consumers and providers regarding the right to accessible tele-assistance services through the use of public financing and/or out-sourcing of private providers
- Conclusive clinical and social studies regarding the advantages of tele-assistance for citizens and professionals
- Motivation and training of the professionals and institutions responsible for the care of citizens at home.
- Technological factors include those linked to cost and access to technology (devices, networks and applications) and those linked to inter-operability. These include:
- Reducing the cost of tele-assistance devices, services and applications
- Increase in user friendliness and accessibility of tele-assistance equipment and services, particularly for older people
- Convergence between tele-assistance terminals and networks and the information and communication technologies (land-line telephones, mobile devices, TV and Internet in particular)
- Advances regarding the interoperability, standardisation and maintenance of equipment.

The main reported barriers are:

- The resistance of large organisations to change work practices to incorporate new routines and management models
- The capacity to personalise, maintain and update the systems based on the different and changing needs.
- From an economic perspective, the issue is more to do with the organisation of business models than with the actual cost. It is difficult to ascertain who pays and the payment mechanism, while determining the cost is relatively straightforward.
- Social and professional acceptance is a barrier in the sense that some groups may see these services as a step backwards rather than an opportunity for social inclusion.

There has been only very limited implementation and take-up of home telehealth to date in Spain. Support for hospital-in-the-home has been one key objective in the initiatives taken to date. In the main, the efforts to date have been driven by local initiatives by hospitals and others.

The lack of policy focus and lack of financing have been reported to be barriers. More generally, the absence of a clear ‘business case’ seems to be a factor limiting implementation to date.