



XLV

Jornadas de

Economía de la Salud

Datos, evidencia, decisiones:
generando valor para la gestión
y las políticas sanitarias

Sevilla, 17 al 19 de junio de 2026

Time, prioritisation and equity:
evaluation of the program of surgical
waiting list improvement in
Catalunya

Título

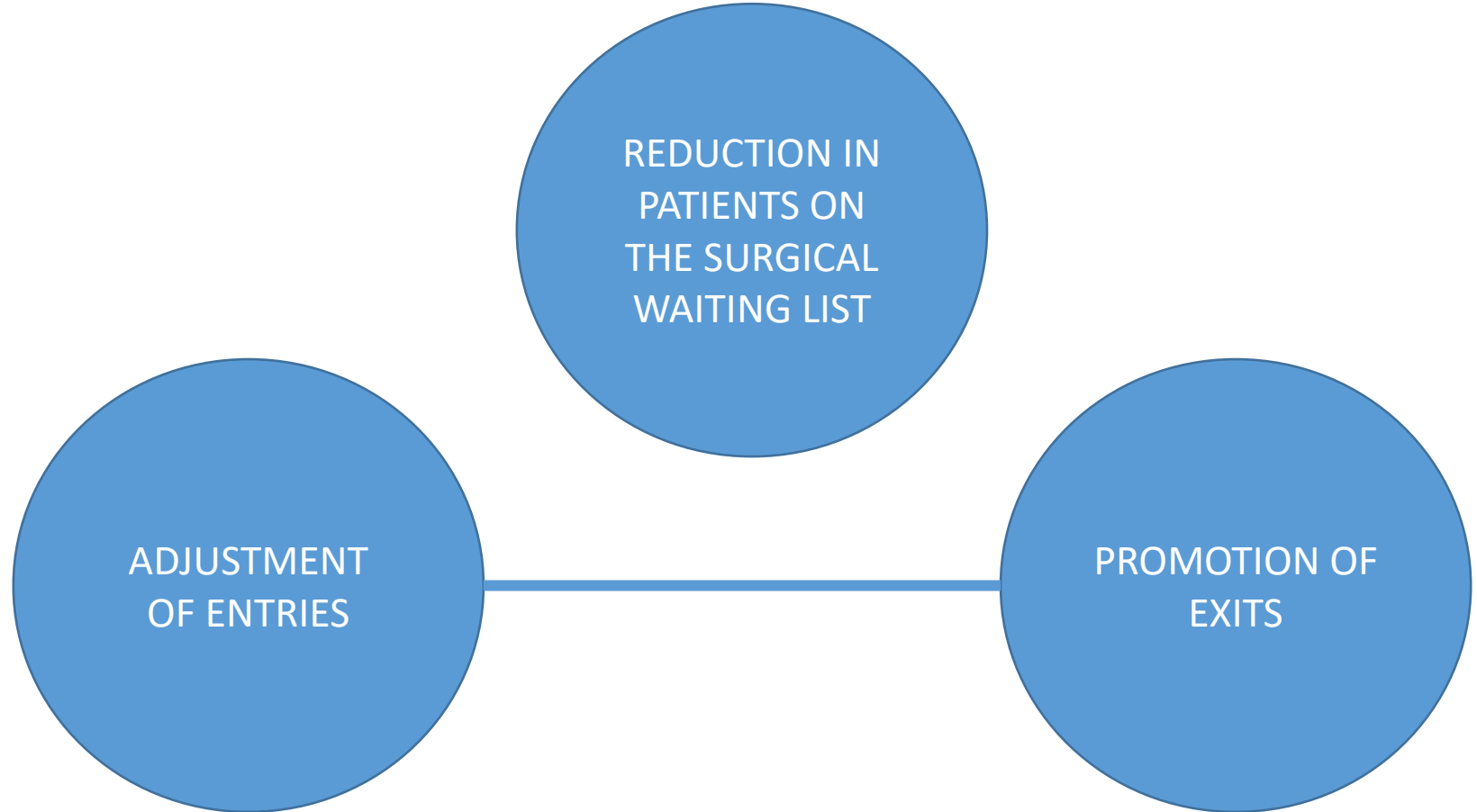
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Objectives



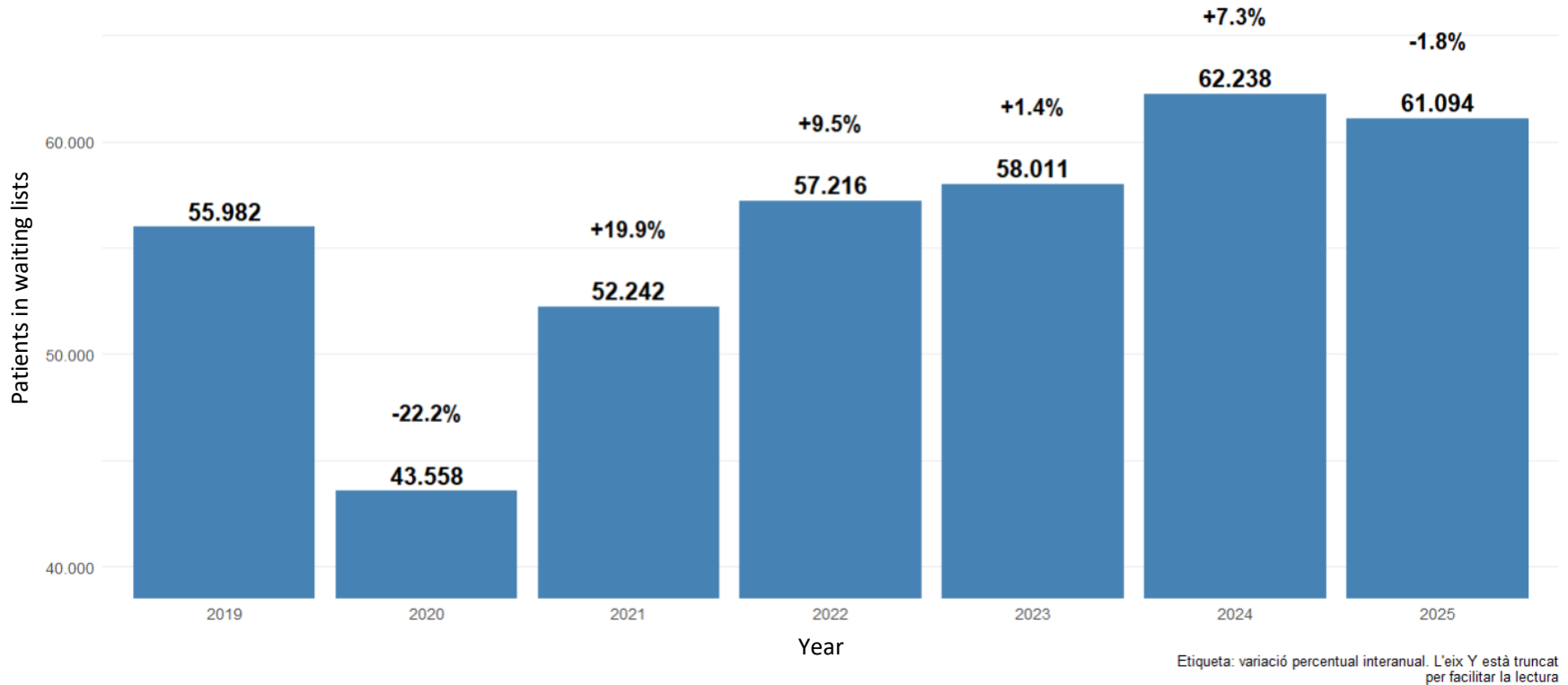
Input – Output (June – December*)

EXITS	2023	2024	2025	Change 2025-2024	GROWTH
Carpal tunnel release	3.639	4.167	3.989	-178	-4,27%
Instrumented spinal surgery	1.715	1.751	1.822	71	4,05%
Hernias (inguinal/femoral/umbilical/incisional/others)	11.085	10.994	11.334	340	3,09%
Cataract surgery	39.988	37.428	39.329	1901	5,08%
Knee prosthesis	5.944	5.791	5.943	152	2,62%
Hip prosthesis	3.436	3.398	3.391	-7	-0,21%
Varicose vein surgery	4.462	4.370	4.419	49	1,12%
ENTRIES	2023	2024	2025	Change 2025-2024	GROWTH
Carpal tunnel release	4.832	5.151	4.920	-231	-4,48%
Instrumented spinal surgery	2.370	2.593	2.559	-34	-1,31%
Hernias (inguinal/femoral/umbilical/incisional/others)	14.206	14.488	13.999	-489	-3,38%
Cataract surgery	41.970	41.043	40.615	-428	-1,04%
Knee prosthesis	6.969	6.829	6.963	134	1,96%
Hip prosthesis	4.104	4.210	4.089	-121	-2,87%
Varicose vein surgery	5.696	5.603	4.928	-675	-12,05%

*June-December 2025 was the period the program was active,

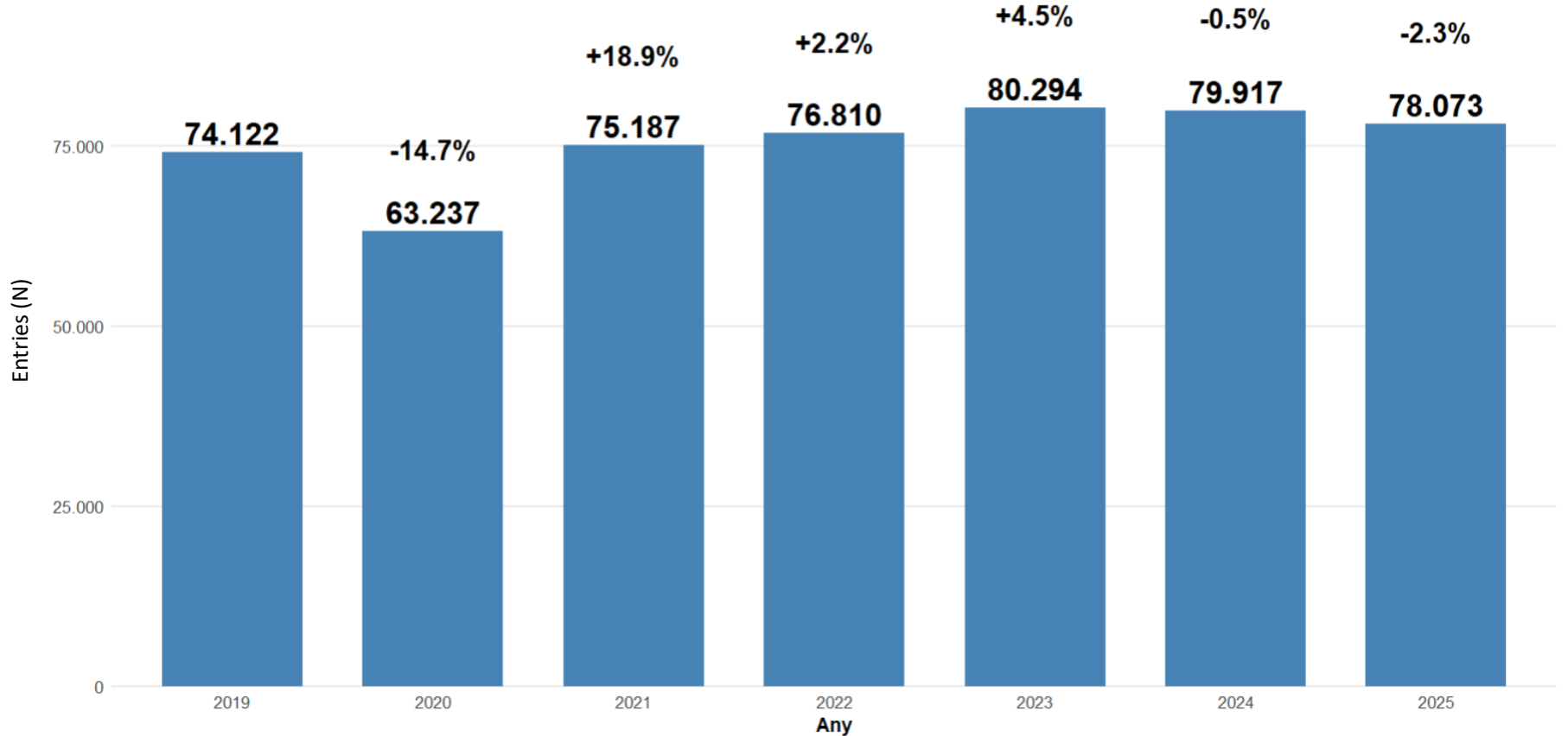
All numbers for June-December and selected procedures only, unless otherwise stated

Patients in surgical waiting list



- More people in the waiting list stock for the past few years
- Potential reverse in trend in 2025

Entries (2019-2025)



- Inflow of entries consistently increasing in the past years also
- Potential reverse in trend in 2024, solidifies in 2025

Who is incentivized to change their behaviour?

Only those hospitals with Observed/Expected ratio ≤ 1 benefited from the incentives of the program:

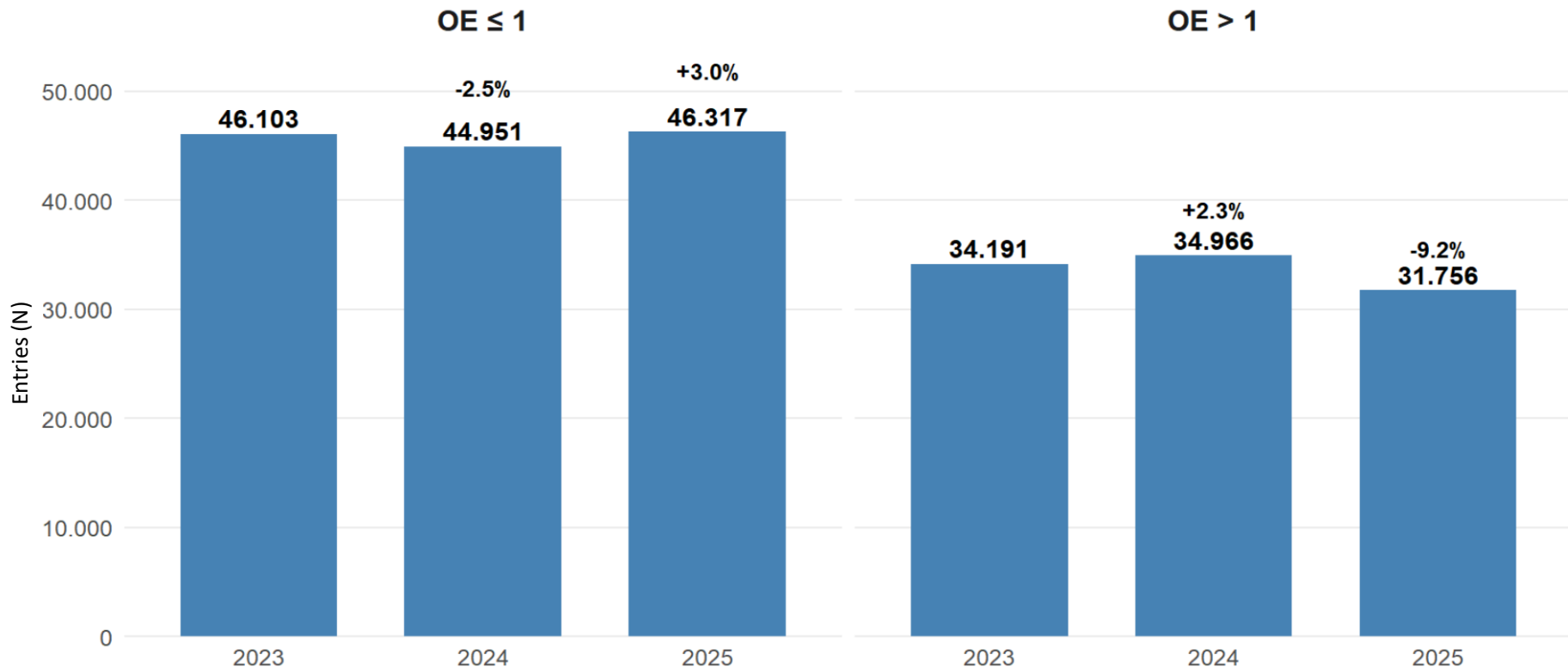
- **OE > 1**

Incentive to reduce entries in order to be below their expected value

- **OE ≤ 1**

No incentive to reduce entries

Entries by group 2023-2025



Both groups converge towards 1, meaning there is a reduction in clinical practice variability

Who is incentivized to change their behaviour?

Only those hospitals with Observed/Expected ratio ≤ 1 benefited from the incentives of the program:

- **OE > 1**

Incentive to reduce entries in order to be below their expected value

- **OE ≤ 1**

No incentive to reduce entries

Surgical operations are paid on an activity basis, and their contract is capped. After that amount of operations is reached, each additional operation is only paid at marginal price

+ the incentives are a bonus on the marginal price, so only those hospitals that operate above their contract are affected

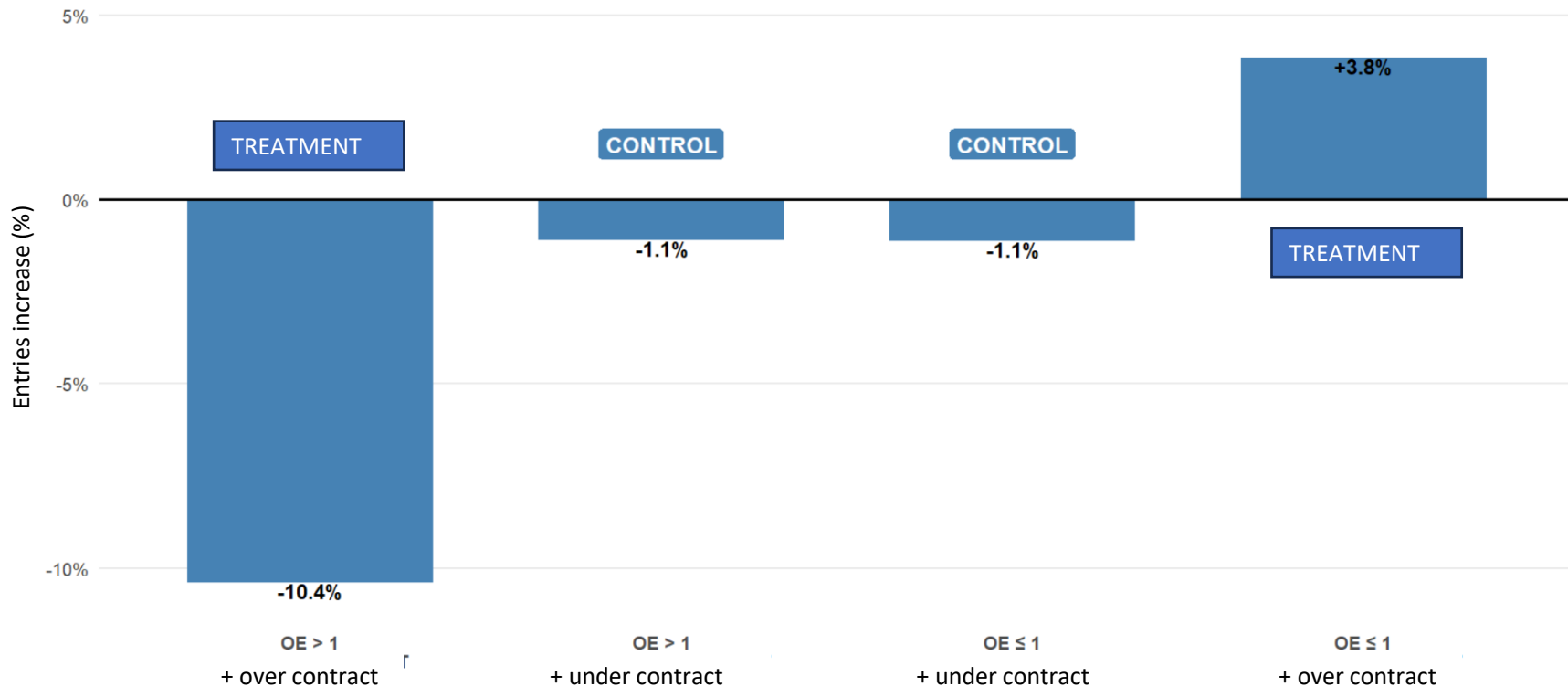
- **CONTROL GROUP**

Those hospitals operating below their surgical operations contract for 2025

- **TREATMENT GROUP**

Those hospitals operating above their surgical operations contract for the year.

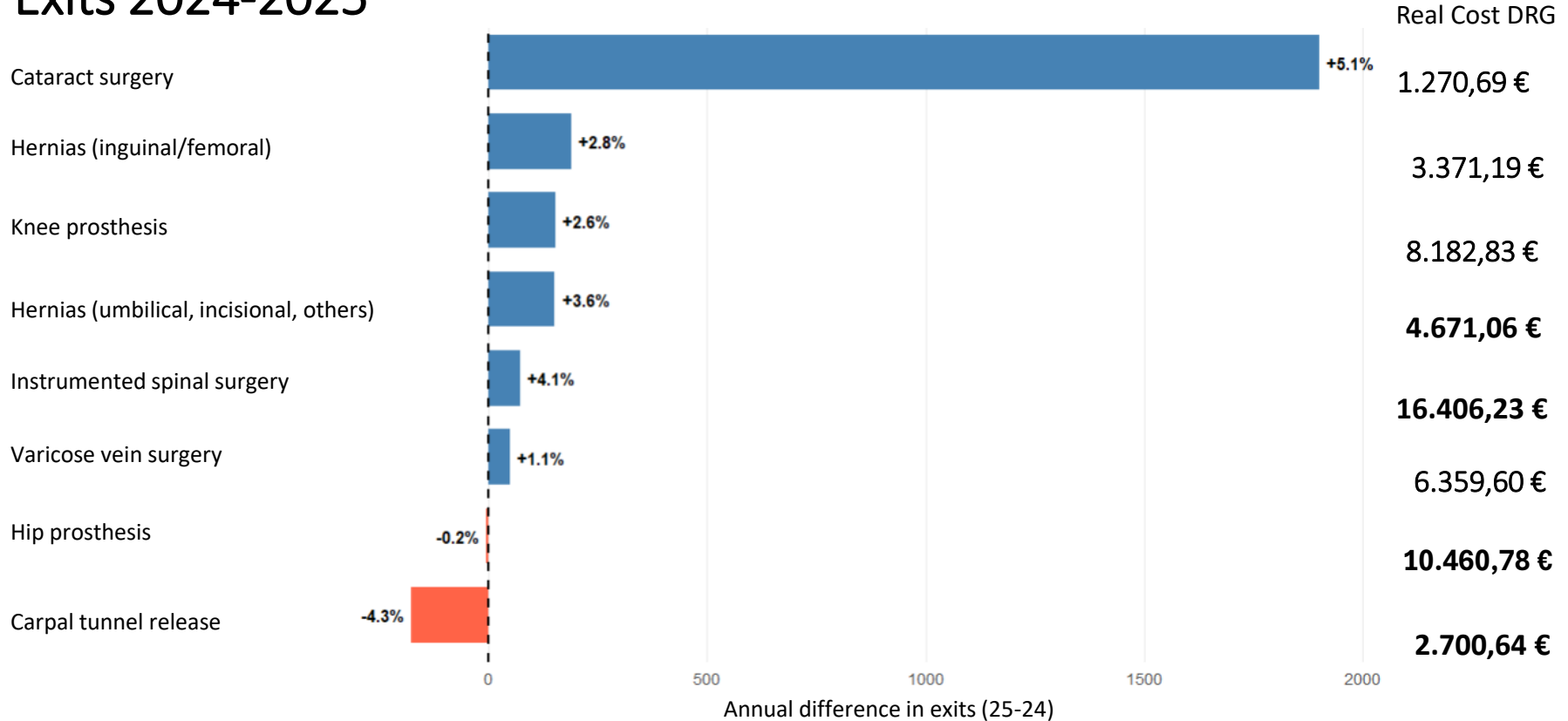
Entries 2024-2025



Treatment groups behaved as expected in comparison to their control:

- OE >1 reduced entries relative to previous year
- OE ≤ 1 increased entries

Exits 2024-2025



Exits still increased, but largest effect on the less costly procedures.
Limited effect on more expensive ones like Hip prosthesis

Waiting time (2025)

Cataracts, Hip and Knee prosthesis have a guaranteed waiting time below 180 days, the rest of selected procedures have a reference wait time below 365 days

	Average delay time	Average waiting time
Cataract operation *	76	122
Hip prosthesis*	90	144
Knee prosthesis*	94	166
Varicose vein surgery	163	239
Hernia surgery	162	225
Instrumented spinal surgery	242	279
Carpal tunnel release	146	163

Waiting times (2025) – analysis by hospital

Presence of large heterogeneity in wait times across the hospitals, in all procedures:

	Minimum average wait	Average wait	Maximum average wait
Carpal tunnel release	43,62	157,70	386,25
Instrumented spinal surgery	75,75	245,12	502,67
Hernia surgery (inguinal/femoral/umbilical/incisional/others)	27,35	210,31	466,77
Cataracts operations	29,21	115,28	207,95
Knee prosthesis	49,61	163,74	321,60
Hip prosthesis	58,67	139,01	294,58
Varicose vein surgery	36,95	223,86	438,70
Total general	27,35	175,75	502,67

Conclusions and next steps

- The incentives of the program were successful in reducing clinical practice variability across hospitals:
 - Entries were reduced while the promotion of exits stayed up
 - This contributed to the global reduction of waiting list patients
- Limited effects on high-cost procedures and no effect on hospitals with no deviation above the contract
- Did not tackle reduction of waiting times, which is still largely heterogeneous across procedures and hospitals