

Cross Border healthcare directive Portugal

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Portuguese Healthcare System

Hospital accreditation

Hospital quality and performance indicators

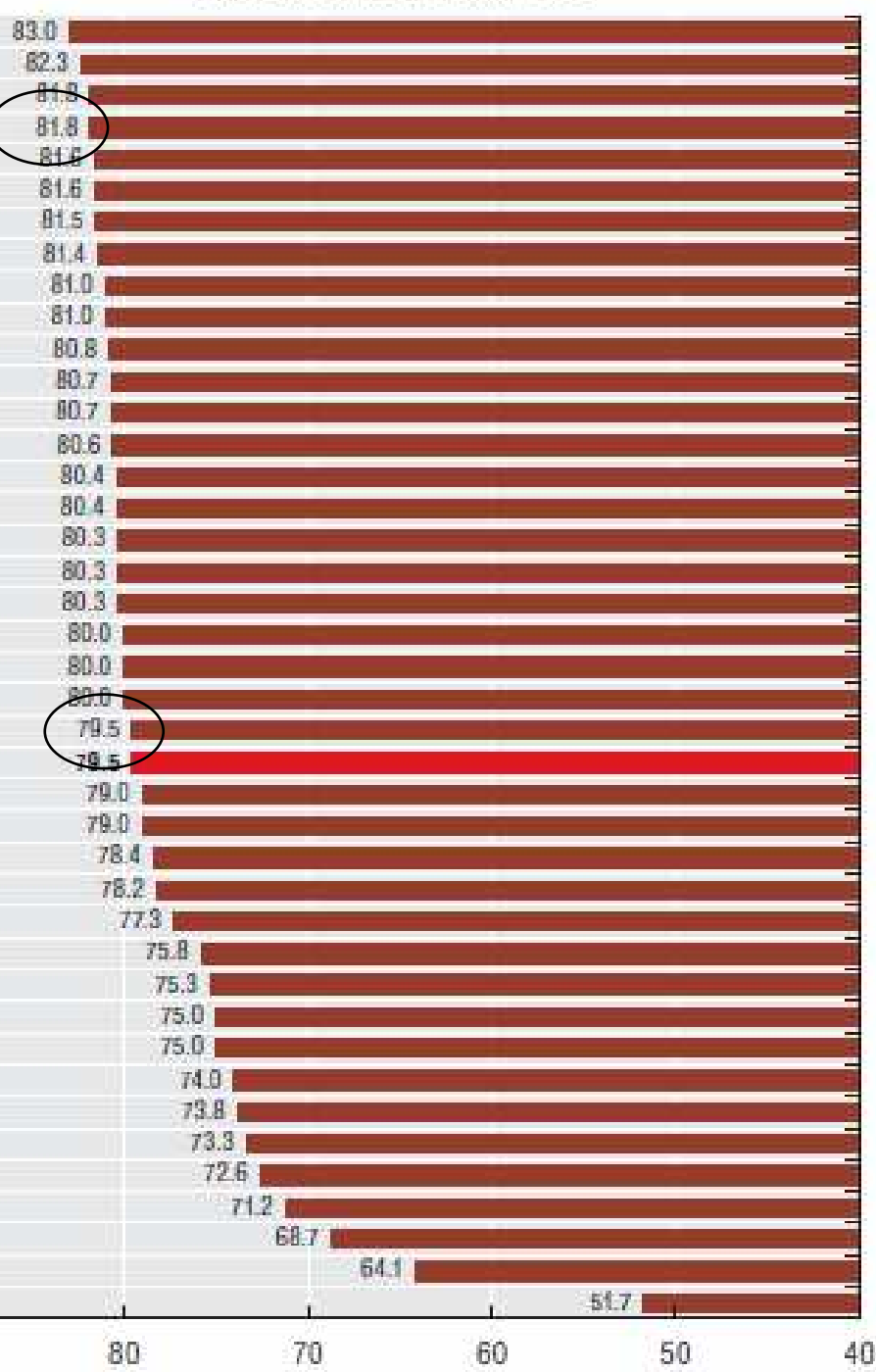
Hospital benchmarking system

Opportunities

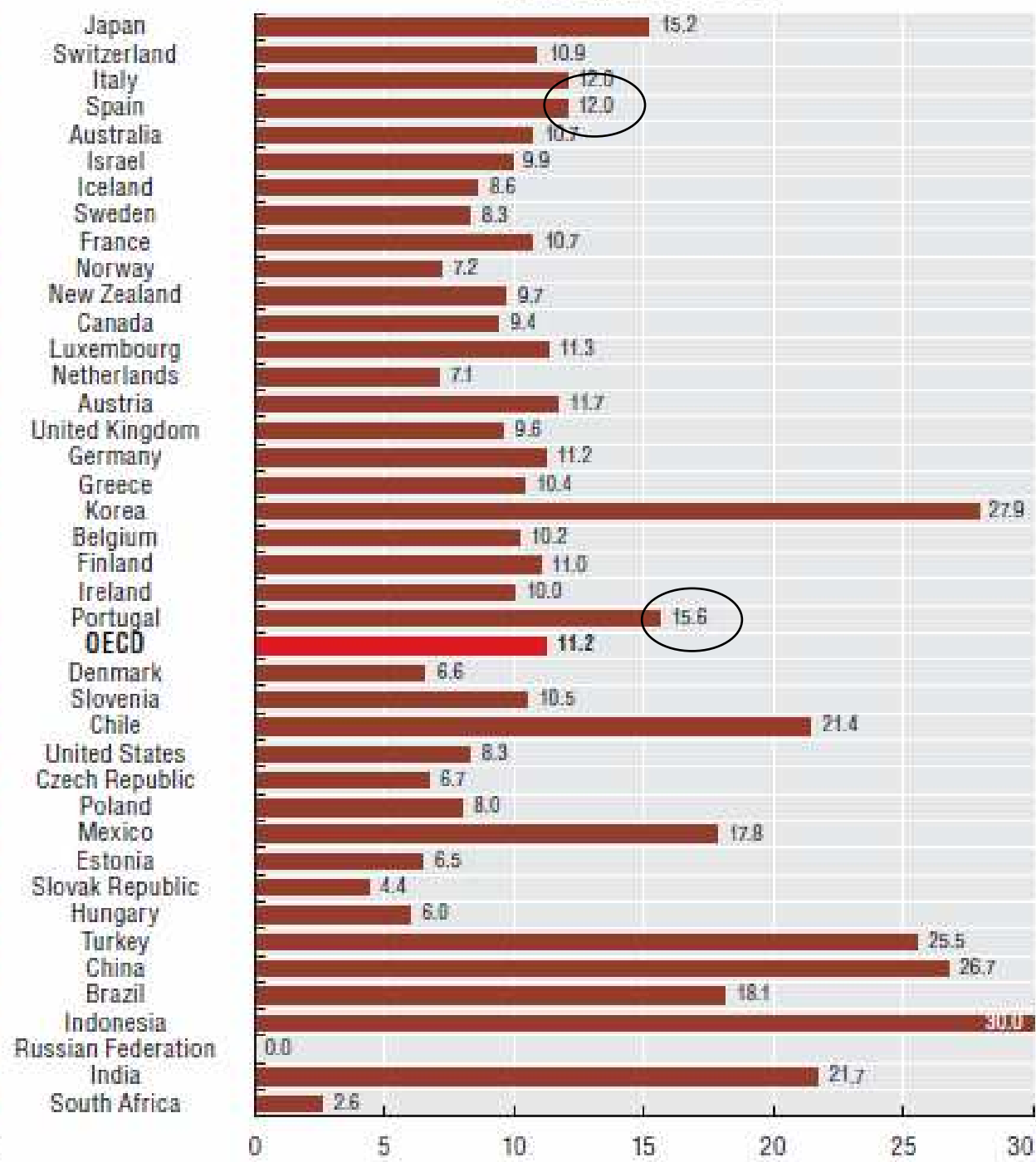
Portuguese Healthcare System

ained since 1960

Life expectancy at birth, 2009



Years gained, 1960-2009



Ministry of Finance

Annually sets the NHS budget based on historical spending and on plans presented by the Ministry of Health

Ministry of Health

Provides a global budget for the NHS which is then allocated to the many institutions within the NHS (Hospitals, Regional Health Administration - RHA and Special Programs)
Controls all capital expenditure



ACSS

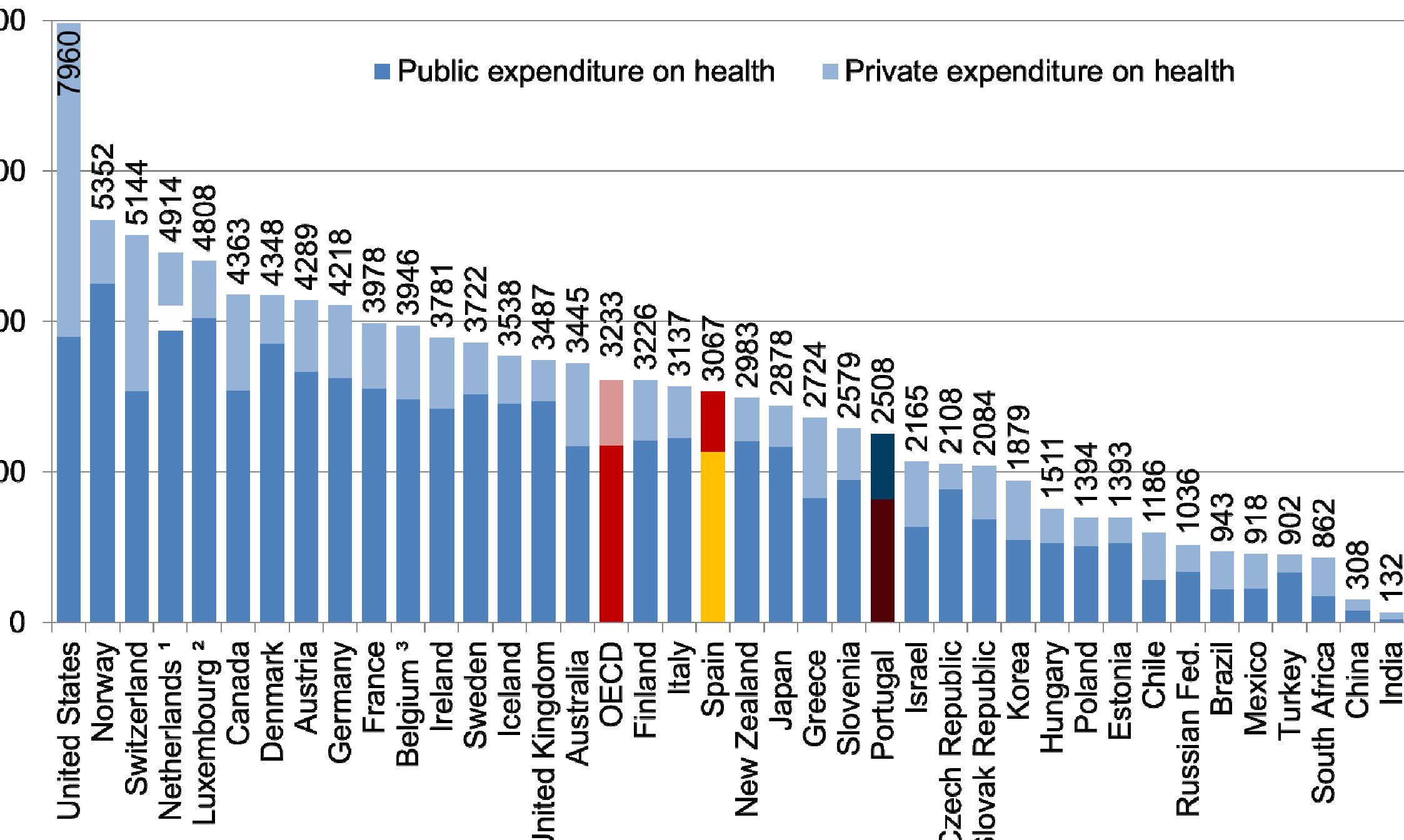
Responsible for the Financial Management. Prepares the estimates detailing the resources needed to support planned activities.

Allocates a budget to each **RHA** for the provision of Health Care to the population, according to the geographic defined areas

Reform proposals started in 1996 intended to increase the purchasing role in order to gradually move the health care system from an integrated model to a contracting model

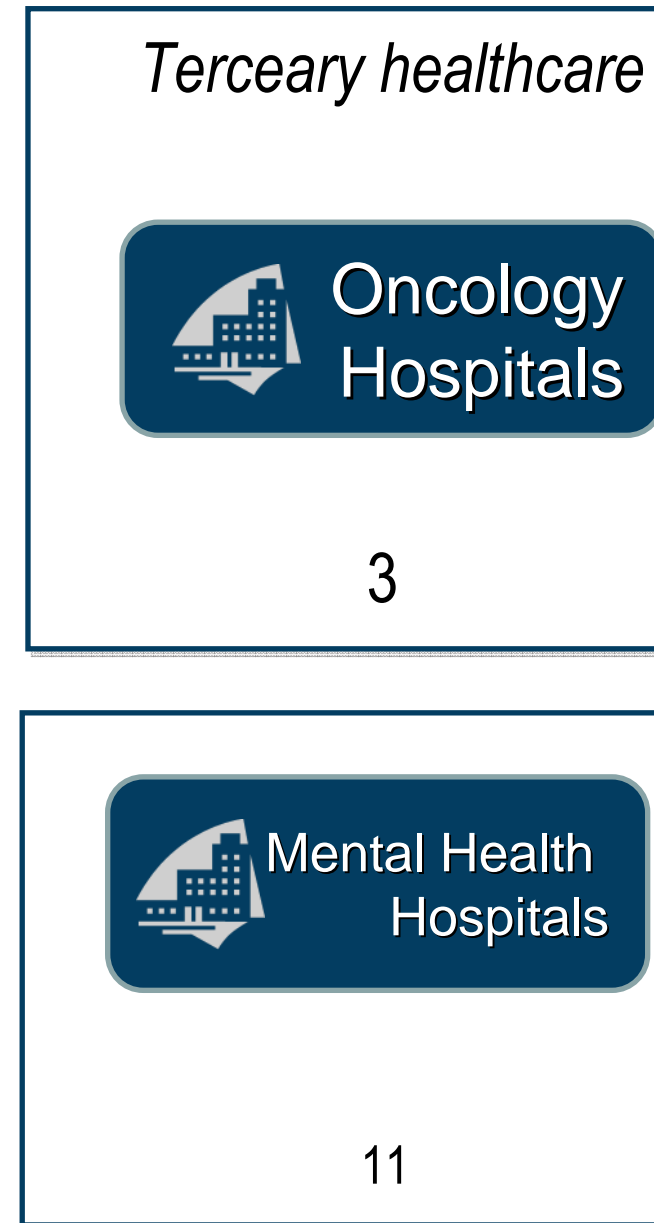
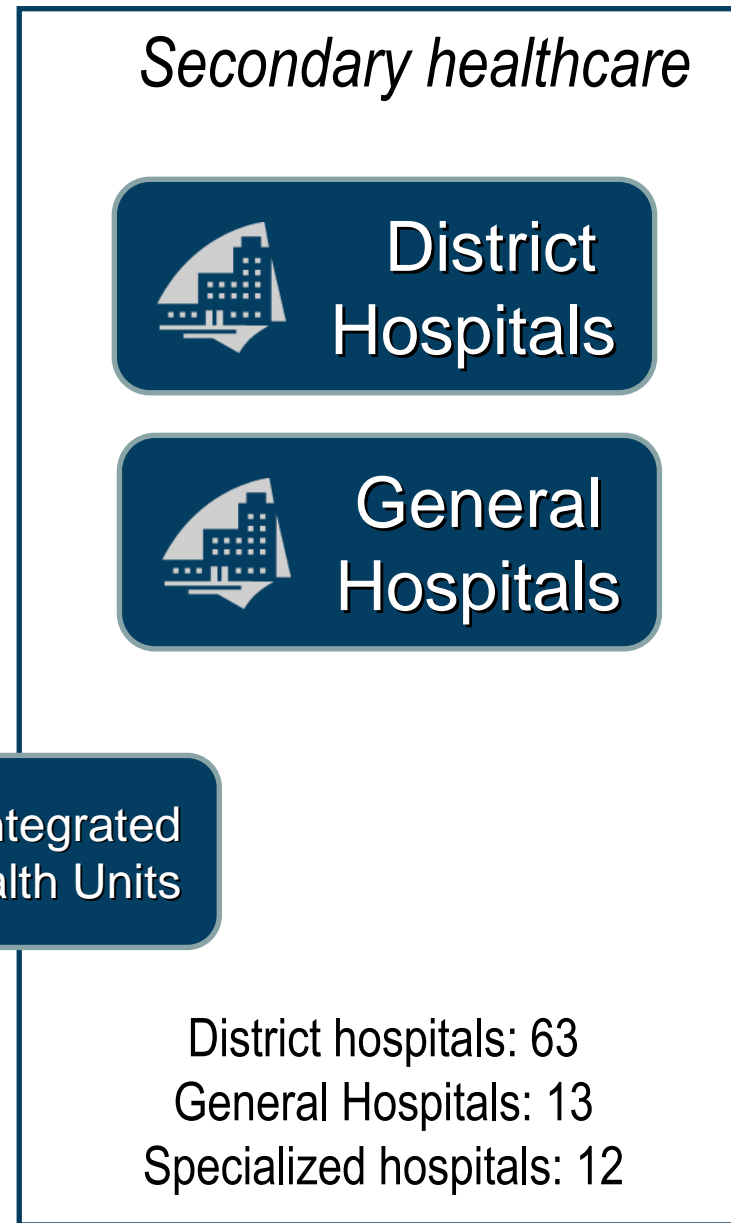
2009 (or nearest year)

USD PPP



1.049 beds

26.778 beds | 25.454 acute beds



Primary healthcare



ACES

68 Health care groups
organized in 5 Health Authority
Regions



USF

Family Health Units

6
1.999 acute beds

Secondary healthcare



Hospital
Centres



Hospitals



Integrated
Health Units

Hospital Centres: 21
Hospitals: 26

18.406 acute beds

Terceary healthcare



Oncology
Hospitals

Institutos Oncológicos



Mental Health
Hospitals

3

795 acute oncology

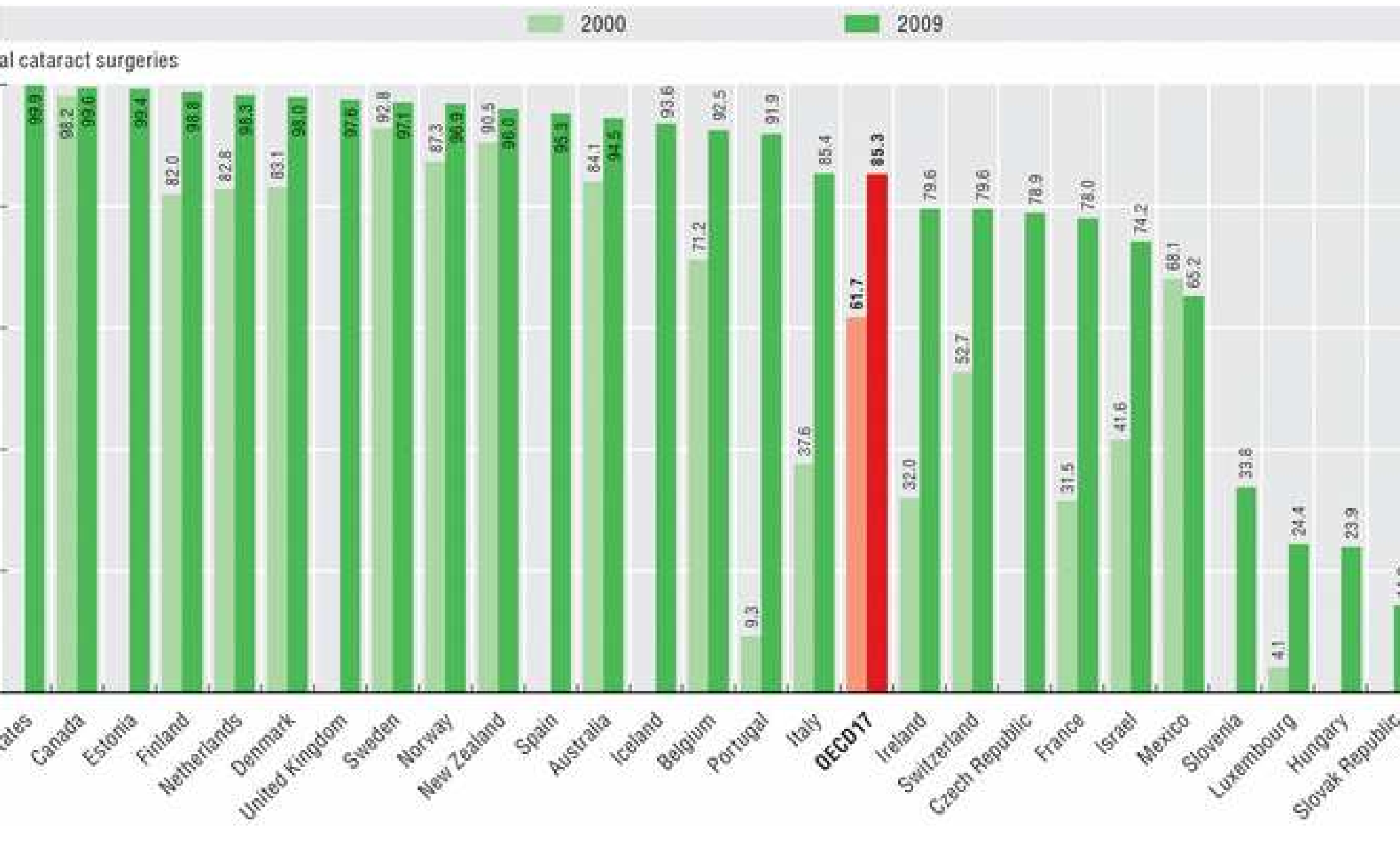
1.303 b

Longterm care

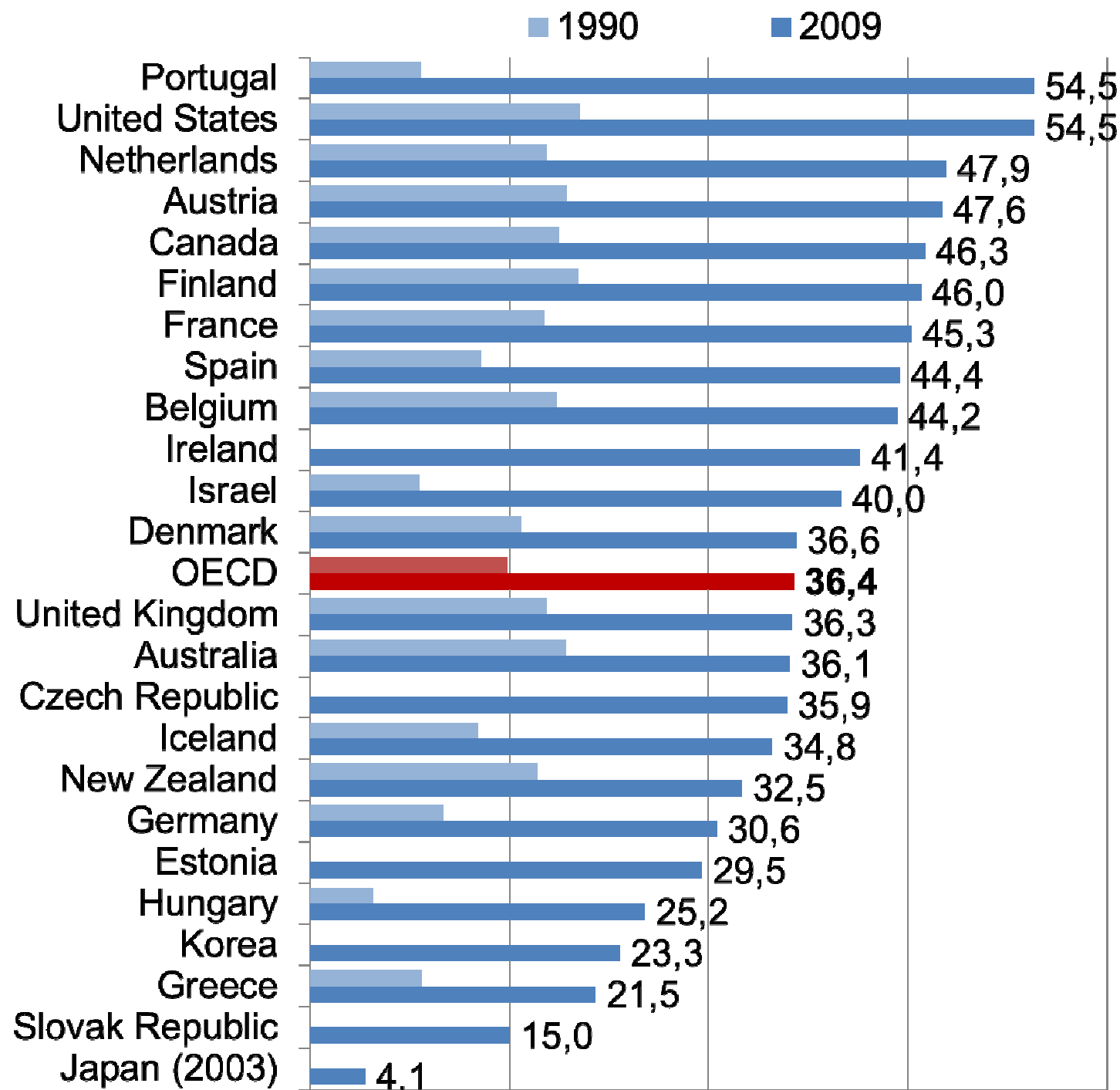
4.625 beds



2000 and 2009 (or nearest year)



nsplant, 1990 and 2009 (or nearest year)



Increased uncertainty

Financial/ Budgetary difficulties

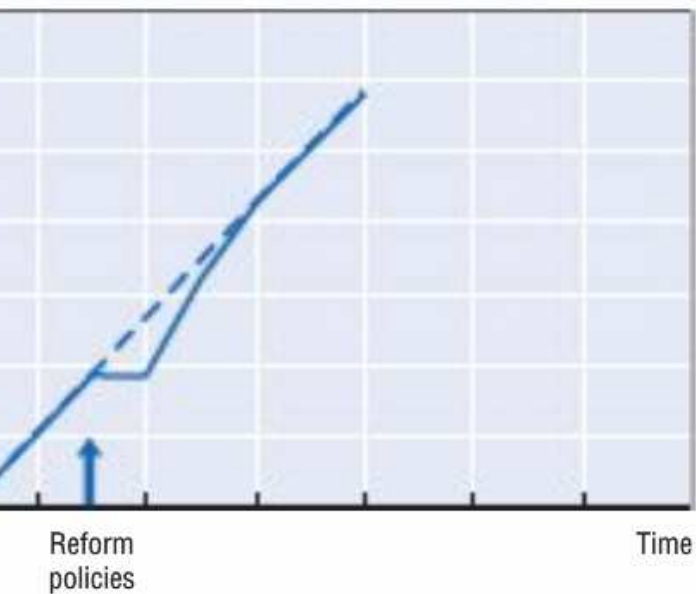
Increased unemployment (4T2012: 16,9%)

Shortage of financing to the economy

Hospital Reform Measures

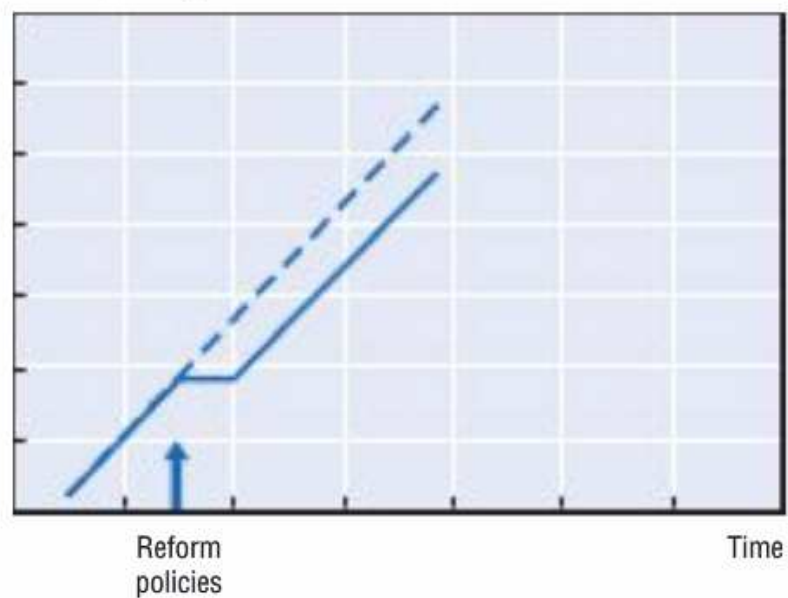
Scenario 1: Short-run cost containment

spending



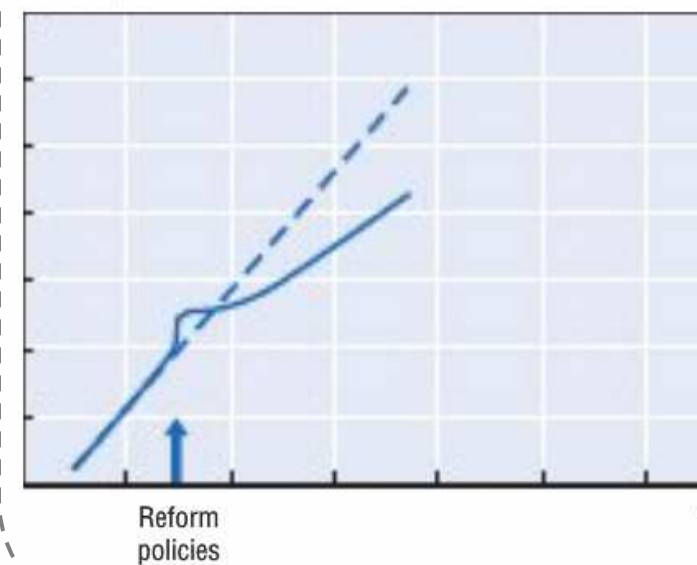
Scenario 2: Longer-run cost containment

Health spending



Scenario 3: Bending the cost curve

Health spending



- Strengthening Primary healthcare and Long Term care
- Improved monitoring system of prescription drugs and medical exams
- Reduction in value / time payable in hiring medical services
- Portuguese Health Record (epSOS)
- Virtual healthcare invoice
- User fees increased (mainly emergency room)
- Strengthening the system of management control
- New payment model for hospital care
- Hospital mergers (SOEs) and reduction of acute beds
- Creation and development of Excellence Centres
- Hospital benchmarking

THE HEALTH SYSTEM MUST ENSURE

- Care planning and management of chronic disease in the community
- Rationalization and specialization in acute care
- Improving the experience of the citizen by more effective management of care

CHANGE NEEDS LEVERS

- More clinical information and better use of technology
- Human resources more flexible and efficient
- Reconfiguration of acute care
- New contracts (incentives) to deinstitutionalization"

**Strengthening the
Internal Public
Market**

**Enough Informed
Freedom of Choice**

**Transition payment
model from volume /
quantity to**

**Payment arrangements
related to the clinical
profile (chronic disease
management) and
quality of care**

**Precise definition of
Services Portfolio**

**Establishment of
Multidisciplinary Centres
of Excellence**

**Integrated Responses
for chronic patients**



**Improving Quality and Access
Increased Efficiency**



OECD Health Policy Studies

Waiting Time Policies in the Health Sector

WHAT WORKS?

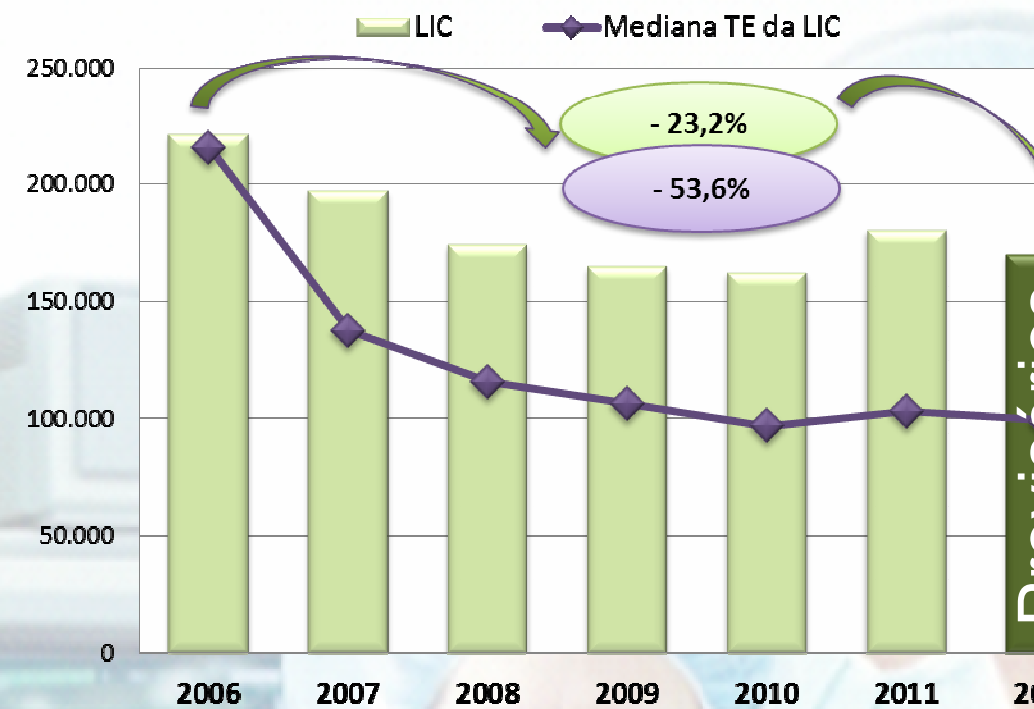


Evolução das entradas

43,1%

Provisórios

Ano	Entradas
2006	~1.0
2007	~1.5
2008	~1.8
2009	~2.2
2010	~2.2
2011	~2.5
2012	~2.9



Indicadores provisórios do ano de 2012 extraídos a 26.01.2013[encontram-se excluídos os dados de cirurgia do HBA, CHP-CICA (amb); e os dados da ULS Gua

2010

SIGIC

SNS

IPST

SAD

INSA

Reimbursements
table

ADM

4 levels of
hospitals

ate sector

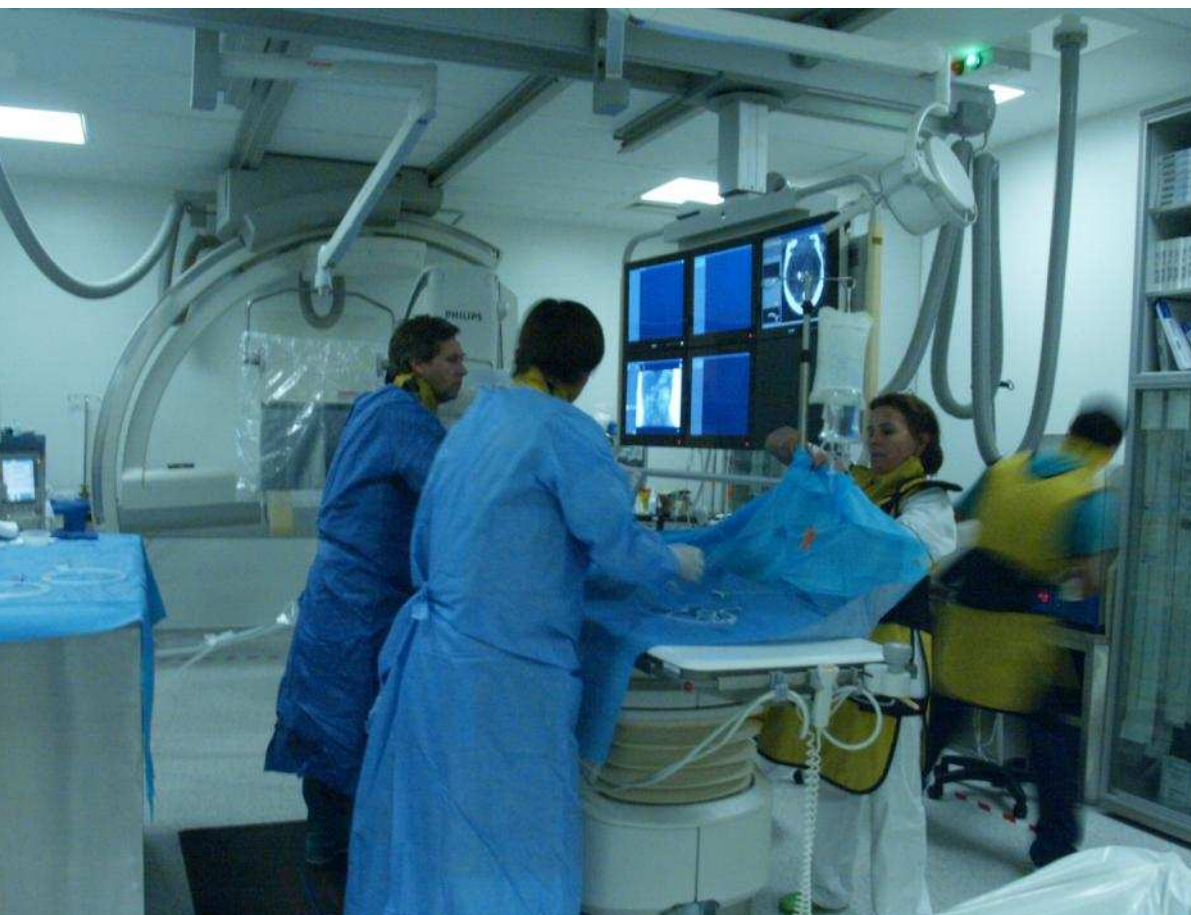
2013

One Tariff

Main hospitals are within accreditation programs of Joint Commission International or CHKS



Since September 2011, we are publishing monthly (website information on hospital performance for each NHS hospital) Tableaux de bord



ACSS Administração Central do Sistema de Saúde, IP			Tableau de Bord - CH Lisboa Central, EPE	
			Julho 2012	
DADOS ECONÓMICO-FINANÇEIROS			Real	Var. Mensal
Projetos Operacionais			234.550.325 €	-13,00%
% projetos com taxa materializada			1,25%	0,76 p.p.
Quotas Operacionais			245.201.000 €	-10,64%
Resultados Operacionais			-21.210.500 €	-46,55%
ED TDA			-12.694.194 €	-49,15%
Acolhimento de Divida Vincida			n.d.	n.d.
CMVAC			94.399.037 €	-2,33%
Modelo Consumo Clínico			21.013.969 €	-14,41%
Produtos Farmacéuticos			71.696.881 €	-2,40%
PDE			31.211.316 €	-4,63%
Quotas ajustadas com Pessoal			112.434.239 €	-16,23%
Quotas com horas extra-ordinárias e suplementos			16.737.662 €	-15,87%
Médicos			8.700.603 €	-9,37%
Enfermagem			4.929.909 €	-5,55%
outro Pessoal			2.396.291 €	-10,94%
Outros Suplementos			2.608.669 €	-10,40%
% dos custos com horas extra-ordinárias e suplementos no total de custos com pessoal			17,77%	0,16 p.p.
% dos custos com prestações de serviços no total de custos com pessoal			1,98%	0,21 p.p.
Custo com pessoal médico por ETC			30.914 €	6,11%
Custo com pessoal enfermagem por ETC			14.108 €	-9,37%
Quotas Operacionais por Assistência (Unidade Local de Saúde)			n.a.	n.a.
UTILIZAÇÃO DA CAPACIDADE INSTALADA			Real	Var. Mensal
Lotação total			1.537	-2,33%
% camas d'órgãos			83,75%	-0,24 p.p.
% camas médicas			42,38%	1,21 p.p.
% camas de cuidados intermédios			4,40%	0,11 p.p.
% camas de cuidados intensivos			9,27%	-1,17 p.p.
Taxa de Ocupação			84,06%	-5,52 p.p.
Taxa de ocupação d'órgãos			85,25%	-2,69 p.p.
Taxa de ocupação médica			83,95%	-9,14 p.p.
Taxa de ocupação de cuidados intermédios			84,30%	-1,27 p.p.
Taxa de ocupação de cuidados intensivos			82,25%	-5,10 p.p.
Doentes saídas (média mensal) por cama			2,81	-7,61%
Doentes saídas (média mensal) por cama d'órgãos			3,03	-6,73%
Doentes saídas (média mensal) por cama médica			2,55	-4,70%
Doentes saídas (média mensal) por cama de cuidados intermédios			1,50	-1,68%
Doentes saídas (média mensal) por cama de cuidados intensivos			0,72	-35,37%
% Capacidade de 15 anos operatório utilizada (diária programada)			n.d.p.	n.d.p.
RECURSOS HUMANOS E PRODUTIVIDADE			Real	Var. Mensal
IP total de efectivos (médicos e enfermeiros)			3.682	-2,19%
IP total de efectivos ETC (médicos e enfermeiros)			3.680,43	-4,10%
IP total de efectivos médicos ETC			1.103,51	-2,28%
IP total de efectivos enfermeiros ETC			2.584,91	-4,53%
Rácio Enfermagem ETC / Médicos ETC			2,34	-1,33%
Número de doentes saídas (média mensal) / Médico ETC			9,03	-4,62%
Número de doentes saídas (média mensal) / Enfermeiro ETC			2,79	-5,60%
Número de intervenções cirúrgicas programadas (média mensal) / Médico ETC			19,01	-0,12%
Consultas Médicas (média mensal) / Médico ETC			272,61	-4,01%
Número de atendimentos urgentes (média mensal) / Médico ETC			70,20	-18,05%
Número de atendimentos urgentes (média mensal) / Enfermeiro ETC			113,84	-2,02%
PROTEÇÃO E RÁPIDO DE ESPERANÇA			Real	Var. Mensal
Desfecho				
Doentes saídas			30.183	-4,79%
Doentes saídas d'órgãos			17.070	-4,45%
Doentes saídas médicas			11.622	-4,00%
Doentes saídas de cuidados intermédios			755	-1,69%
Doentes saídas de cuidados intensivos			739	-48,08%
Depensa Médica			9.12 d	0,14 d
Depensa média d'órgãos			7,15 d	0,20 d
Depensa média médica			9,81 d	-0,02 d
Depensa média de cuidados intermédios			4,62 d	-0,31 d
Depensa média de cuidados intensivos			5,56 d	1,61 d
% internamentos sem depensa superior a 30 dias			4,47%	0,65 p.p.
% doentes d'admissão para a RUCQ, em tempo adequado, no total de doentes saídas			n.d.	n.d.
% internamentos entre 5 e 30 dias			1,98%	-0,94 p.p.
% internamentos entre 31 e 60 dias			7,10%	0,21 p.p.
% internamentos entre 61 e 90 dias			4,49%	0,13 p.p.
Órgãos				
Número de intervenções de urgência			30.005	-2,46%

ECONOMIC AND FINANCIAL INDICATORS

Operating Profit (or loss)

Supplies expenses

Drugs expenses

Outside services

Wages and salaries

% extra-hours in total wages and salaries expenses

% outside services in total wages and salaries expenses

Physicians salaries and wages per FTE

Nurses salaries and wages per FTE

EBITDA

Arrears

Cost per emergency department visit

Cost per inpatient episode (DRG weighted)

CAPACITY UTILIZATION

- Bed occupancy (%) (medical beds; surgical beds; critical care beds)
- Discharge per acute bed (medical beds; surgical beds; critical care beds)
- Length of stay (medical beds; surgical beds; critical care beds)
- Operating room utilization rate

HUMAN RESOURCES/ PRODUCTIVITY

- Nurse FTE/ Physician FTE ratio
- Discharges per physician FTE
- Discharges per nurse FTE
- Surgeries per physician FTE
- Medical appointments per physician
- Emergency department visit per physician
- Emergency department visit per nurse
- Absenteeism and turnover rates

INPATIENT CARE

- Discharges (medical beds; surgical beds; critical care beds)
- Length of stay (medical beds; surgical beds; critical care beds)
- Median time of referral to non acute beds units (RNCCI)
- Readmissions (5, 30 and 180 days)

SURGERY

- Number of surgeries
- % ambulatory surgeries in total surgeries
- % caesarean deliveries in total deliveries
- % patients operated in adequate time
- Median waiting time to surgery
- % surgeries cancelled

OUTPATIENT CARE

- Medical appointments
- Medical appointments discharges
- % medical appointments referred from primary care
- % medical appointments cancelled

Acesso a Consultas
regista evolução
positiva no
1º trimestre
de 2012



Maior contenção na
despesa com MCDT
(1º Trimestre)



Genéricos
representam apenas
1/3 do mercado



Nascimentos em
queda em 2012



Alentejo reduz
percentagem
excessiva de
cesarianas



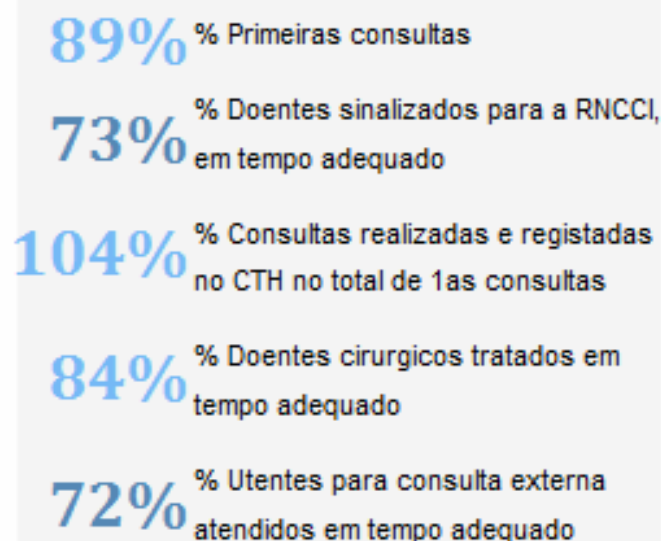
Inauguradas três
novas unidades de
cuidados continuados
(135 camas)



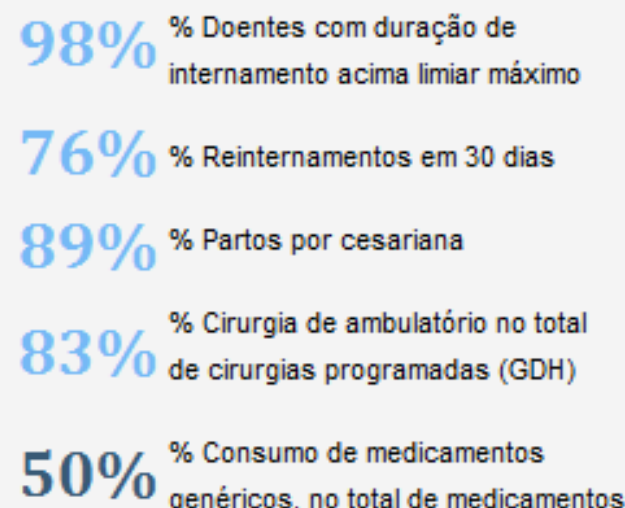
Promover a
transparência na
saúde



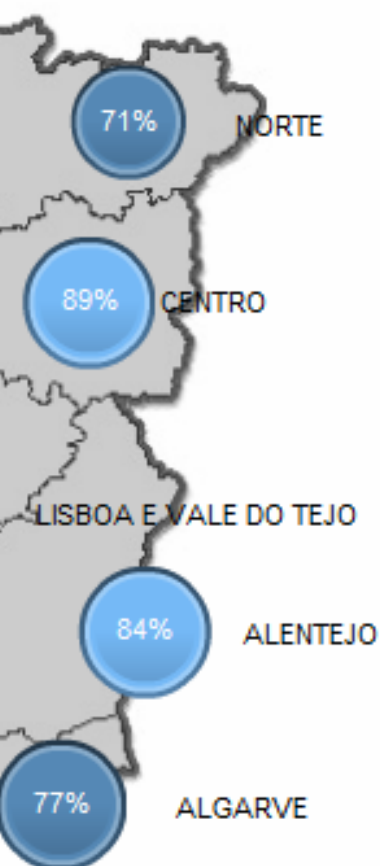
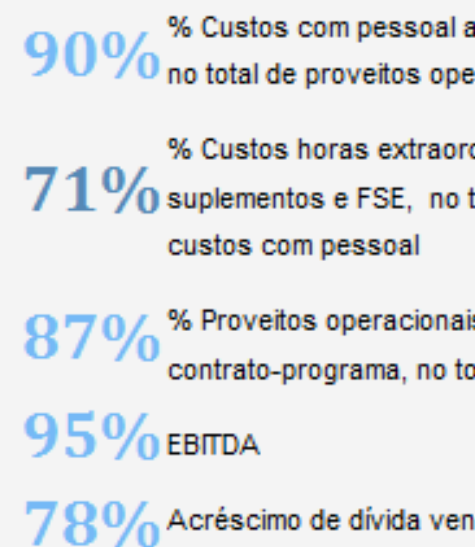
ACESSO



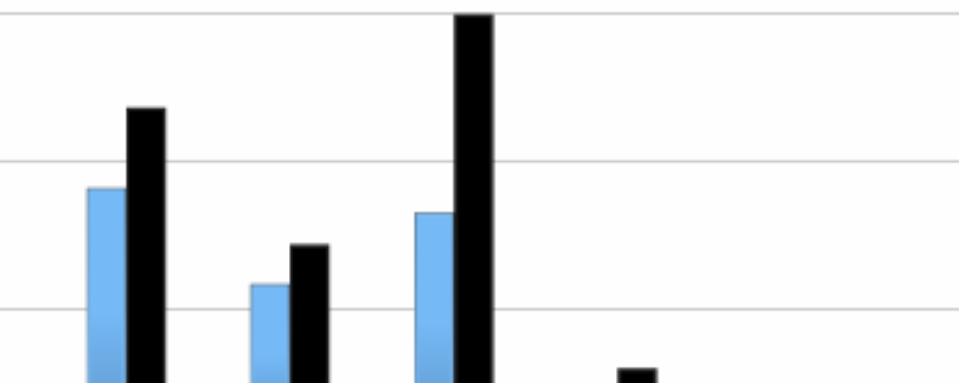
ASSISTÊNCIA



FINANCEIRO



☒ Financiamento ☒ Custos Operacionais ☐ EBITDA

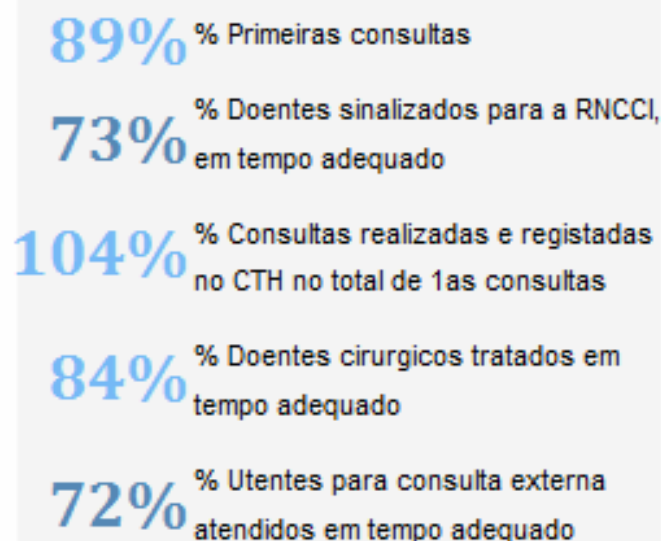


PRODUÇÃO SNS

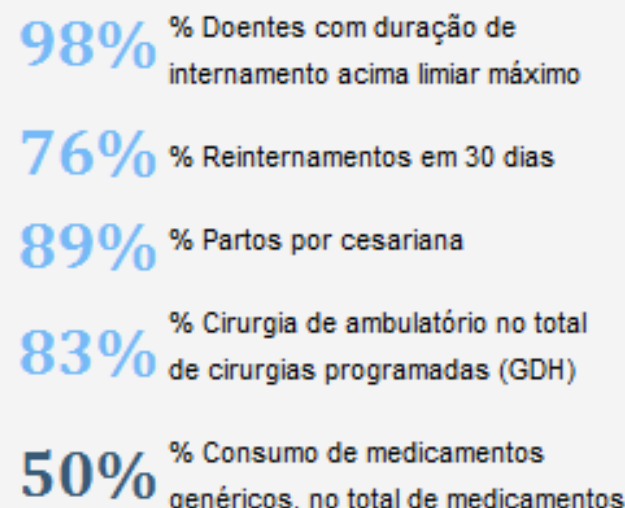
	REAL VS CONTRATADO	REAL VS HOMÓLOGO
Consultas Externas	114% <div><div></div></div>	106% <div><div></div></div>
GDH Médicos Internamento	99% <div><div></div></div>	121% <div><div></div></div>
GDH Cirúrgicos Internamento	59% <div><div></div></div>	73% <div><div></div></div>
Dias Internam Doentes Crónicos	96% <div><div></div></div>	130% <div><div></div></div>
GDH Médicos de Ambulatório	103% <div><div></div></div>	133% <div><div></div></div>
GDH Cirúrgicos de Ambulatório	38% <div><div></div></div>	44% <div><div></div></div>
Atendimentos em Urgência	104% <div><div></div></div>	87% <div><div></div></div>
Sessões Hospital de Dia	111% <div><div></div></div>	86% <div><div></div></div>
IG até 10 semanas	61% <div><div></div></div>	118% <div><div></div></div>



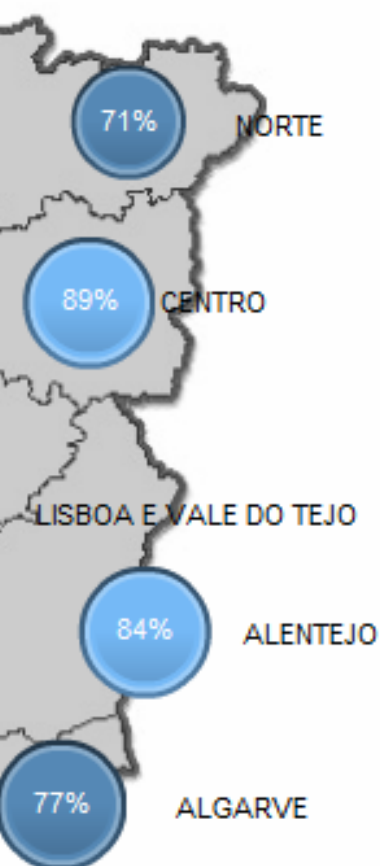
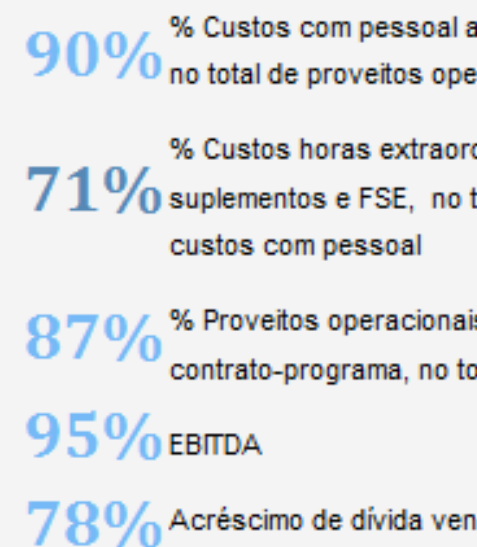
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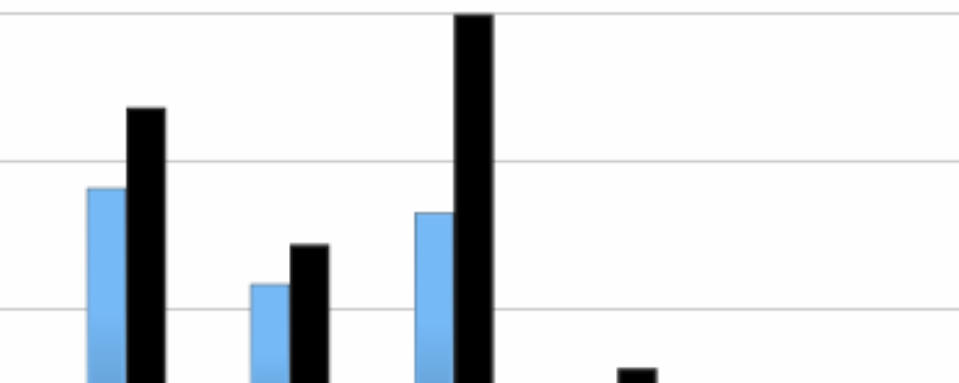
ASSISTÊNCIA



FINANCEIRO



☒ Financiamento ☒ Custos Operacionais ☐ EBITDA



PRODUÇÃO SNS

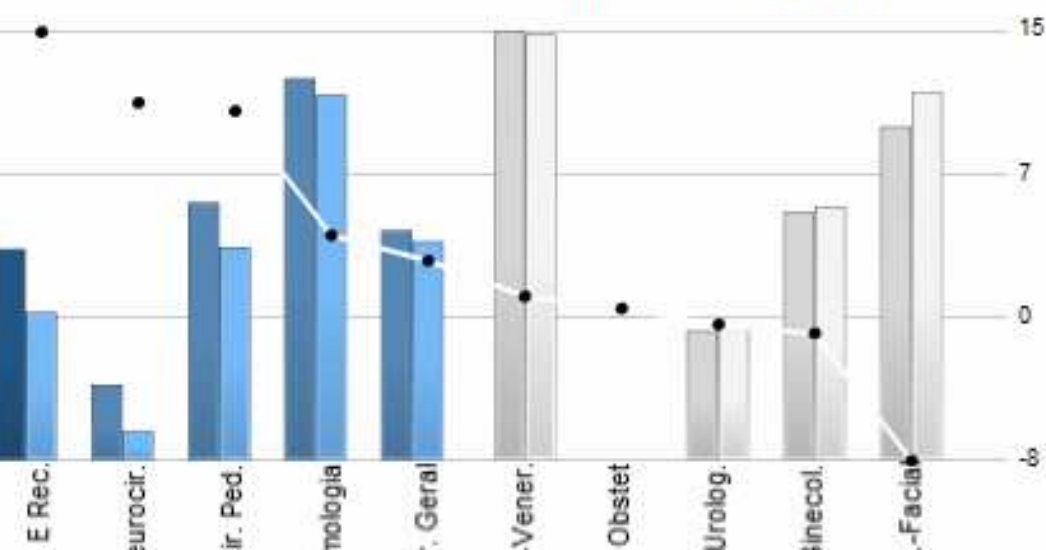
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EVOLUÇÃO DA ACTIVIDADE ASSISTENCIAL

	Valor	Contr	% Exec		% Var Hom	
Interno						
Saídas	9.065	9.080	99,8%	✓	-5,1%	↓
Média	6,80	6,70	100,7%	✓	1,2%	↗
Intervenções Cirúrgicas	8.314	8.021	103,6%	✓	-1,1%	↓
% Cirurgia de Ambulatório	56,9%	55,6%	102,4%	✓	5,1	↗
Externa						
Consultas Médicas	166.838	155.694	107,2%	✓	0,7%	↗
Outras Consultas	25,1%	25,5%	98,3%	✓	-0,2	↓

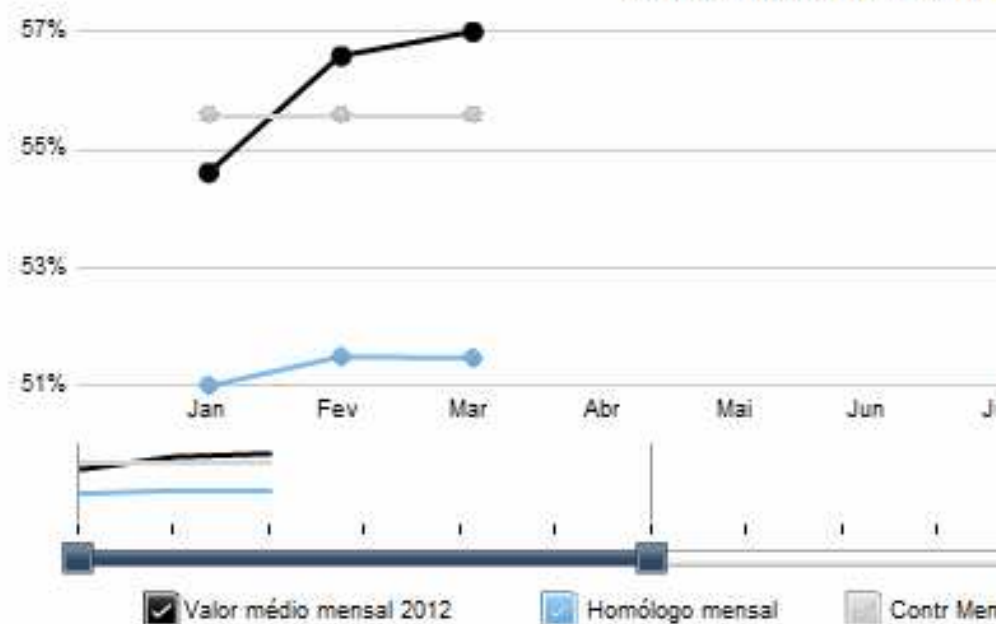
TOP 5 SERVIÇOS

% CIRURGIA DE AMBULATÓRIO



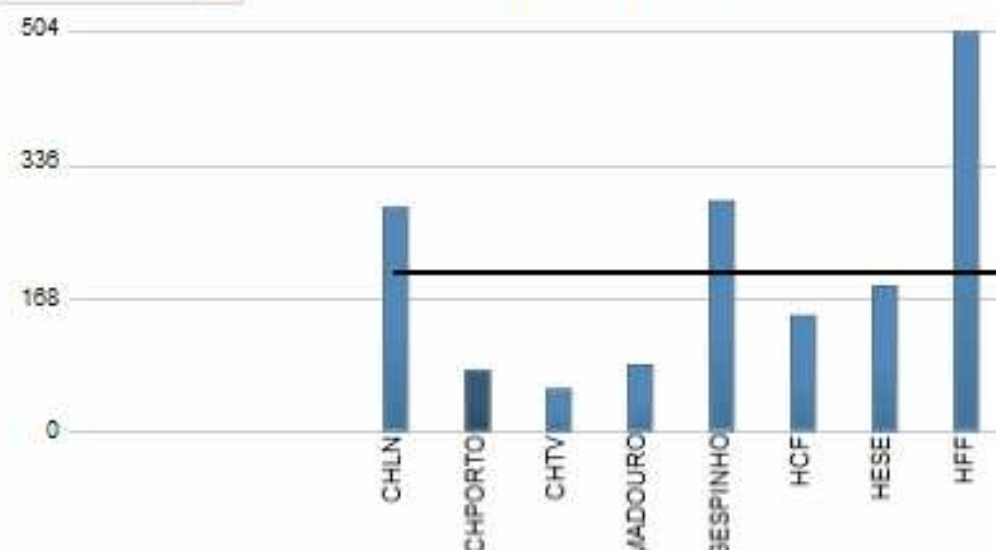
EVOLUÇÃO MENSAL

% CIRURGIA DE AMBULATÓRIO

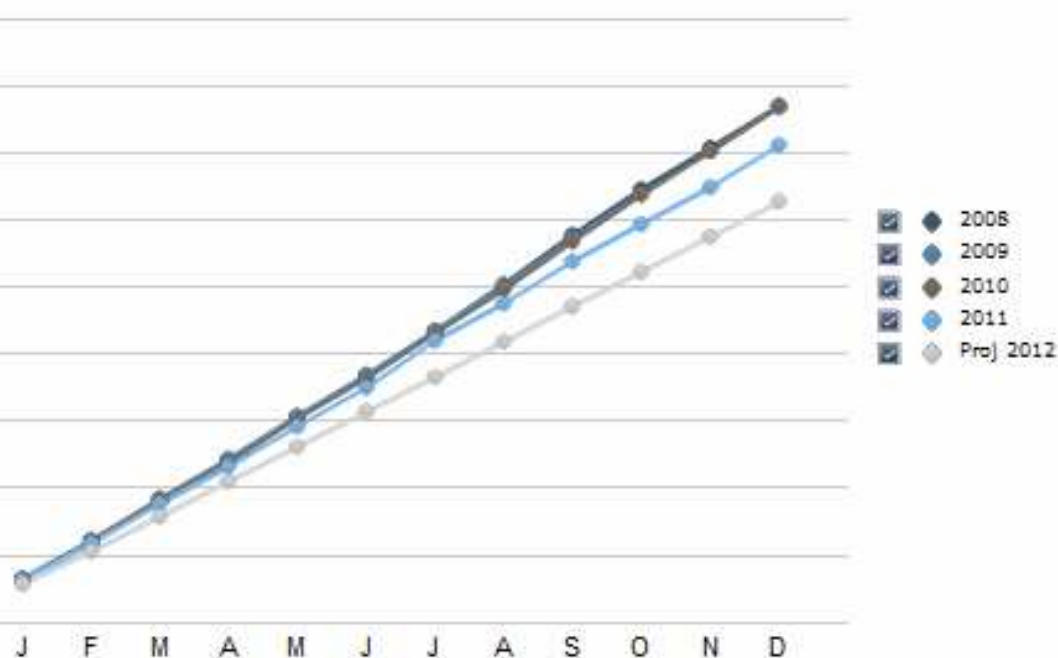


BENCHMARKING

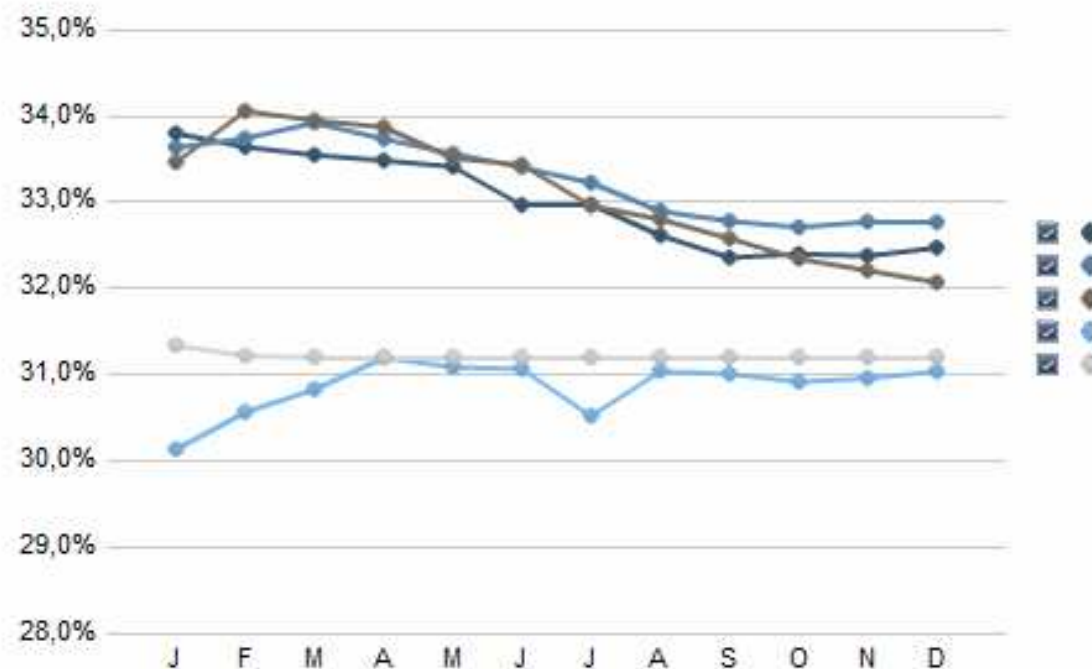
CIRURGIA PLÁSTICA E RECONSTRUÇÃO



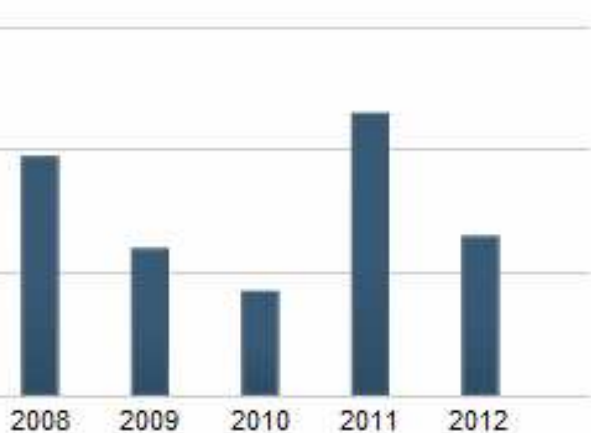
EVOLUÇÃO TOTAL PARTOS



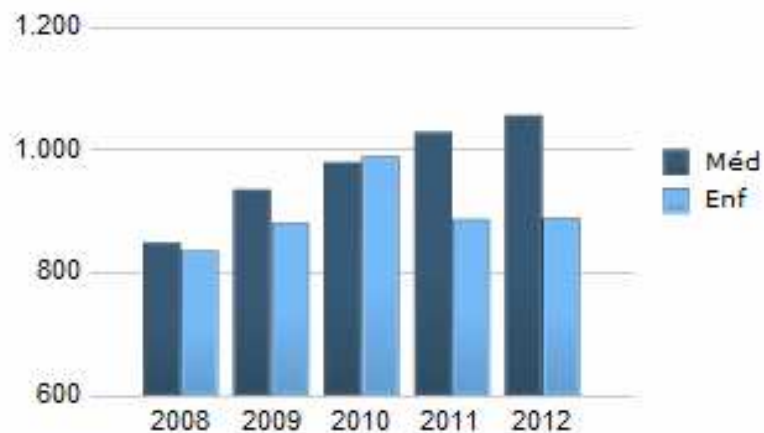
EVOLUÇÃO % CESARIANAS



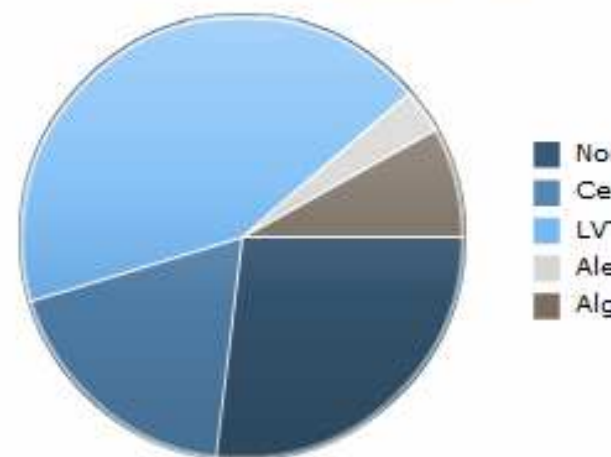
SALAS BLOCOS PARTOS



RH OBSTETRICIA



Nº IG ATÉ 10 SEMANAS



risk adjusted mortality

risk adjusted readmission

Opportuniti

Strategic objectives

Abroad growth

Attract investors

New markets

Exemples



Health Cluster Portugal

Pólo de Competitividade da Saúde

healthportugal.com/



www.huc.min-saude.pt

Techniker
Krankenkasse



INTERNATIONAL PATIENT SERVICES
FOR HEALTHCARE THAT SPEAKS TO YOU





PORTUGAL

The beauty of simplicity

PORTUGAL

The beauty of simplicity

Portugal

Europe's West Coast

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TURISMO 2015



TURISMO DE
PORTUGAL



A scenic view of a mountain valley. In the foreground, a person stands on a wooden walkway with a railing, looking out over the landscape. The valley below is filled with green trees and a winding river. In the background, there are blue mountains under a blue sky with some clouds. Green tree branches frame the top of the image.

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