

COUNTRY UPDATE PORTUGAL



Agenda

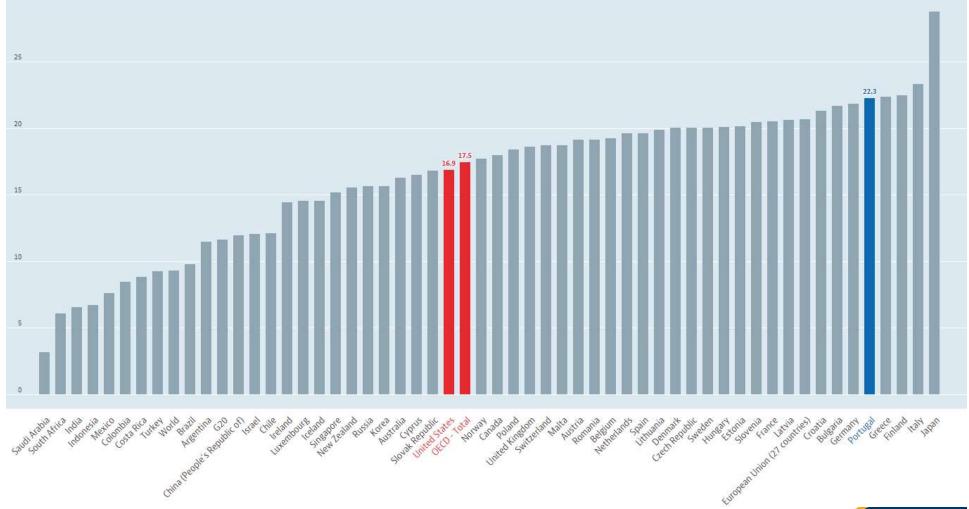
- Portuguese Health System overview
- Main Covid takeaways and developments
- Investments
- Main projects and initiatives
- Suggestions

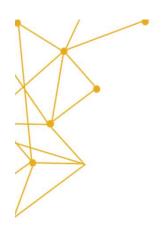




Population

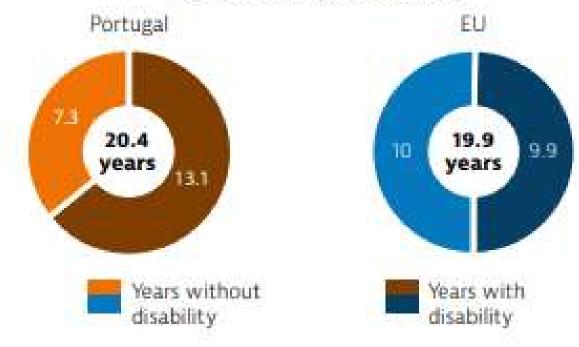






Population

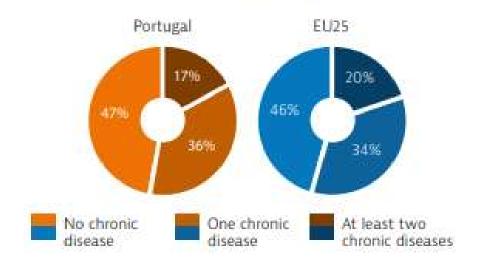
Life expectancy at age 65



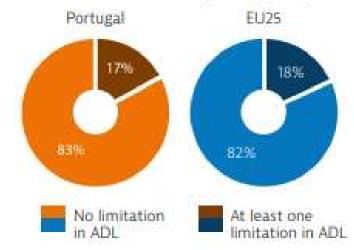


Population

% of people aged 65+ reporting chronic diseases1

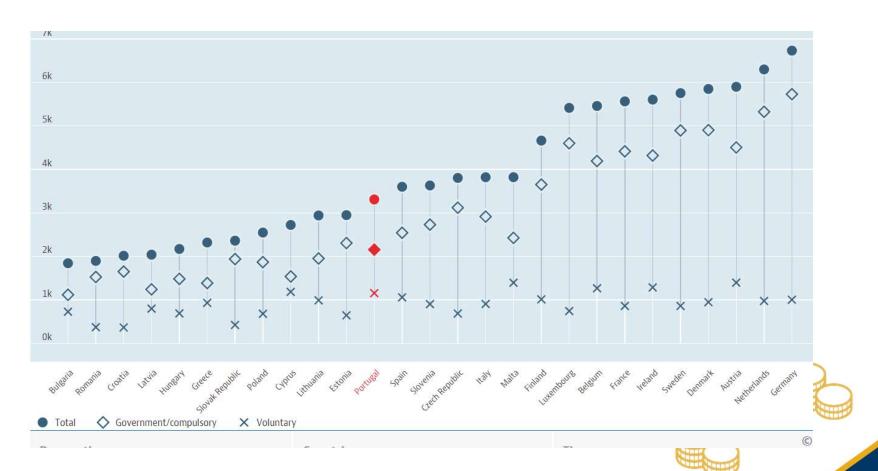


% of people aged 65+ reporting limitations in activities of daily living (ADL)²



Health Expenditure

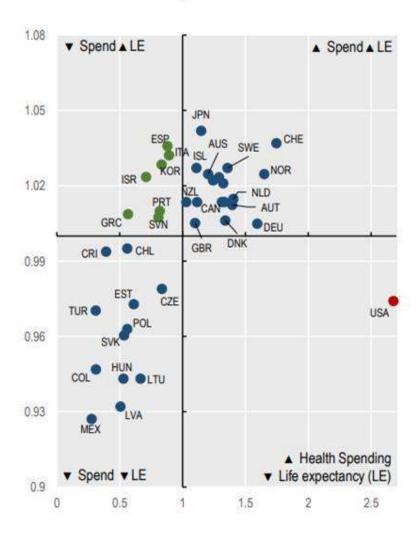
Health expenditure per capita (US\$)





Value for the money

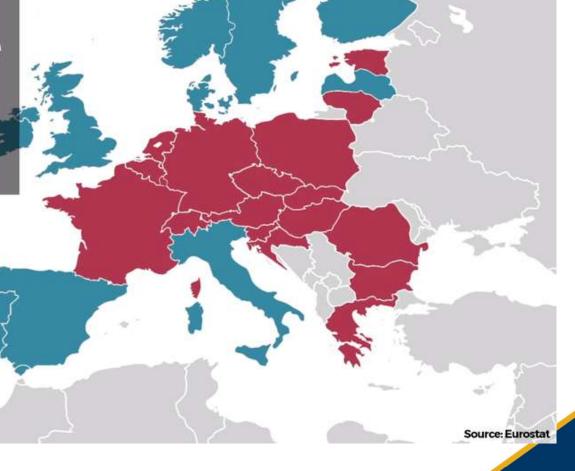
Figure 1.8. Life expectancy and health expenditure



NHS

One continent, two healthcare systems

Beveridge system vs



2021

Primary Care

55 Health Centre Groups

in 5 different regions

581 Family Health Units

Hospital Care

21 Hospital Centres

9 Hospitals

3 Public-Private Partnerships

17 647 Acute Beds



8 Local Health Units

2313

3 Oncology Hospitals

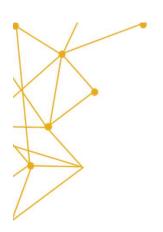
803

2 Mental Health Hospital

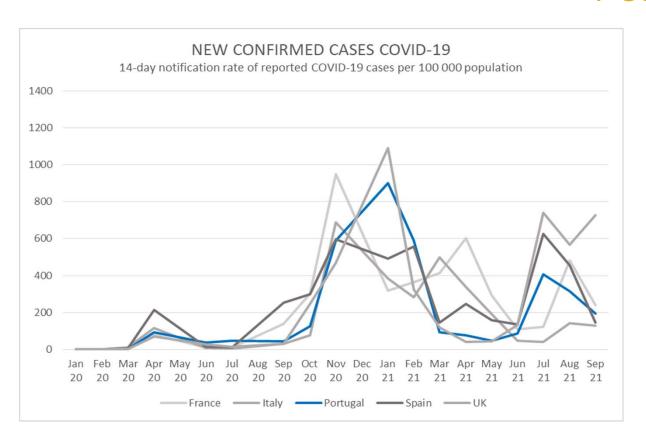
232

National Networks of Long-Term Integrated Care and Palliative Care

Commissioning with the Private Sector



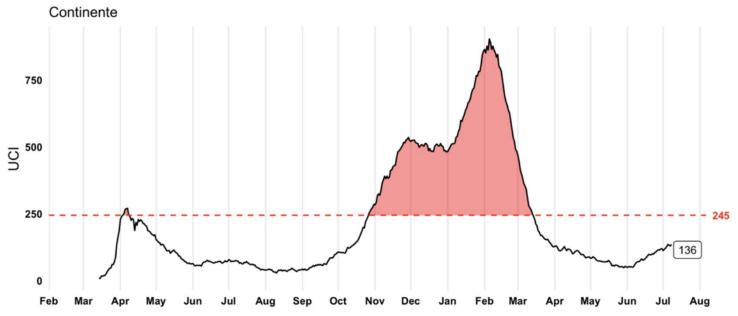
COVID-19 SITUATION IN PORTUGAL





COVID-19 SITUATION IN PORTUGAL

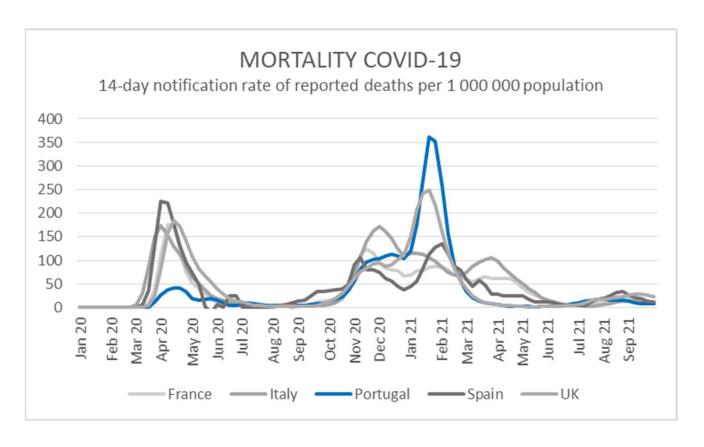
Evolução dos internamentos em UCI nos hospitais



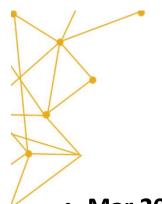
Últimos dados: 2021-07-07 Fonte: ACSS | Hospitais | Autoria: DGS



COVID-19 SITUATION IN PORTUGAL



Source: ECDC, data on 14-day notification rate of new COVID cases and deaths. Accessed 19 oct 2021



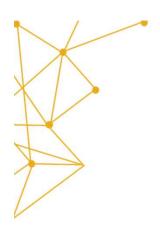
RESPONSE TO COVID-19

Mar 2020

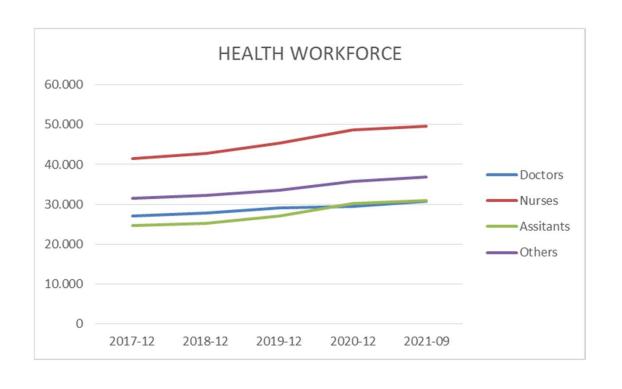
- Exceptional regime for public contracting and expenditure authorization
 - Additional human resources
- Centralized financing program for ICU medical equipment
 - Purchasing of ICU equipments
 - Centralized purchasing of ventilators (1.211)

• Aug 2020

- Centralized financing program allowed to expand ICU wards (26M€)
 - 919 ICU beds in 16 ICU intensive care units



RESPONSE TO COVID-19



RESPONSE TO COVID-19

• SAÚDE 24 24/7H

- Health Call center
- COVID triage and PCR electronic prescription and isolation certificate Pandemia Mangament

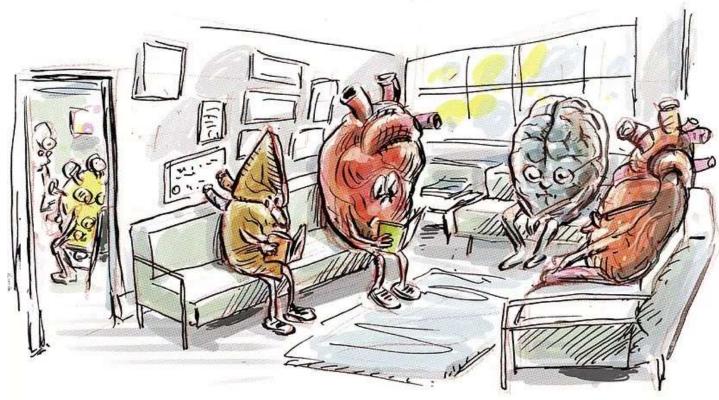
TRACE COVID

- Self monitoring
- Notification of public health professionals when clinical situation changed

Laboratory capacity increase

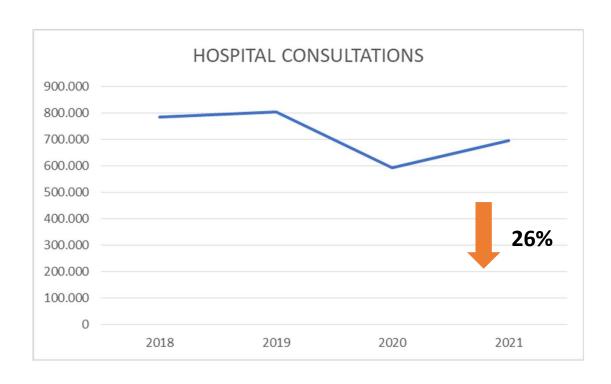


IMPACT ON NON COVID-19
PATIENTS



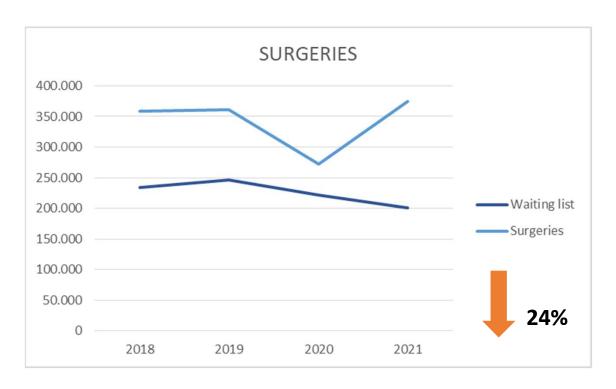


IMPACT ON NON COVID-19
PATIENTS



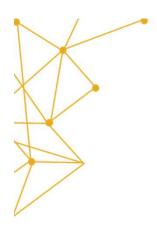


IMPACT ON NON COVID-19
PATIENTS



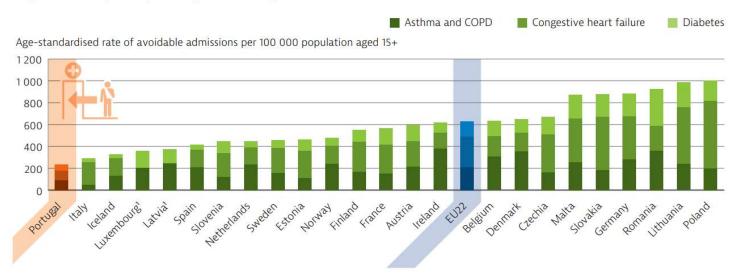
33,7M€ for the recovery of waiting lists





IMPACT ON NON COVID-19
PATIENTS

Figure 12. The primary care system manages chronic conditions better than those in other countries



LESSONS LEARNED

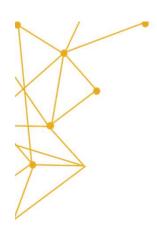
- Communication
 - Effective, fast, agile
 - Pathways/behaviours
- Patient empowerment
 - Responsability for own health
 - Self care
- Strategic review of healthcare information systems
 - Patient data not linked follow the patient
- Emergency preparedness

Investments

Recovery and Resilience Facility 1 300 M€

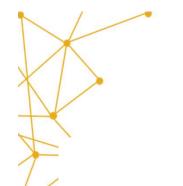
- Primary care (467M€)
 - Population risk stratification
 - Screening
 - Home care
 - Enlarge the primary care services (nutrition, psychology, dental care,...)
- Mental health (88M€)
- Hospital (180M€)
 - 2 community hospitals
- Long term care capacity increase (community teams) (205M€)
 - Home care teams
- Digital transition (300M€)





Hospital@home





adoption of a dental voucher to enable specific vulnerable population groups to receive care from private dentists contracted by the NHS, including pregnant women, older people receiving social benefits, and children and adolescents aged under 18 (DGS, 2008).

The pandemic led to a surge in telemedicine

The government expanded the regulations and payments for teleconsultations for physicians and psychotherapists during the pandemic to enable them to substitute for face-to-face consultations.

4. Catastrophic expenditure is defined as household OOP spending exceeding 40 % of total household spending net of subsistence needs (i.e. food, housing and utilities).

16 State of Health in the EU Portugal Country Health Profile 2021

According to the Eurofound survey, 44 % of Portuguese people reported using teleconsultation services during the first 12 months of the pandemic, which is a higher proportion than the EU average of 39 % (Eurofound, 2021).

Administrative data show that the number of teleconsultations doubled between February and May 2020, corresponding to the first lockdown (see Section 5.3). After stabilising during summer 2020, the number increased again during the second wave of the pandemic; around 2 million teleconsultations were taking place per month at the end of 2020 (Figure 17).



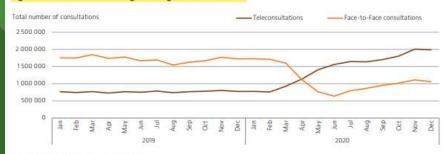
State of Health in the EU Portugal

Country Health Profile 2021





Figure 17. Teleconsultations surged during the COVID-19 crisis



Note: Data show three-month moving averages. Source: Ministry of Health (2020).

Telemedicine and distance monitoring were also used during the pandemic for triage and referral of COVID-19 patients. A free NHS phone line (SNS 24) was upscaled to integrate services for COVID-19 – to coordinate the testing and tracing policy, and to follow up COVID-19 patients at home. A further free NHS phone line – available 24 hours a day, 7 days a week – was set up to allow psychologists to provide support to people in need. This was based on a partnership between the Ministry of Health, a philanthropic foundation and the National Association of Psychologists.

Waiting times for elective surgery have worsened over the past decade

Waiting times for elective surgery were worsening even before the pandemic in Portugal, despite measures to guarantee maximum waiting times and to increase patient choice of treatment with any public or private provider. In 2019 and 2020, the mean waiting time was over four months for cataract surgery and hip replacement. This is close to the waiting times in Spain (Figure 18).







EHR strategy

- Communication with patients
- Patient pathways (selection of the most relevant information for clinical care)
- Clinical coding for each contact
- Standardized clinical records



Healthcare commissioning model

• Changing the healthcare commissioning model:

- Activity/volume based to population approach
- Risk stratification/adjustment
- Bundle payments value based care?
- Hospital global budget to control costs (Commonwealth fund)?



SUGGESTIONS ARE WELCOME...

- Social and health system sustainability
- Strategies for staff shortage (primary care, public health,...)
- Payment/financing innovation (medicines, devices) impact on health expenditure growth
- Comissioning model Experiences
- Digital strategy







Thank you!

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