The future of the Portuguese National Health System

Lisboa

21st June 2016

Nigel Crisp
A NEW COMPACT FOR HEALTH

This report calls for a new Compact for Health in Portugal where everyone has a role to play – citizens as well as clinicians, teachers and business people as well as municipalities and national government.

It argues that health can not be left purely to health professionals or politicians nor can it be treated simply as a business or a government service. Everyone has a role to play.

The report envisions a transition from today’s hospital-centred and illness based system where things are done to or for a patient to a person-centred and health based one where citizens are partners in health promotion and health care. It will use the latest knowledge and technology and offer access to advice and high quality services in homes and communities as well as in clinics and specialist centres.

This vision maintains the founding values of the SNS and builds on the strengths of the current system, the skills of health professionals and the achievements of the past – but it demands new approaches, different infrastructure and a lower and more sustainable cost base.
Starting point

- Highly skilled health workers
- Proud record of success
- Good SNS with strong public commitment

*But*

- Ageing population
- Increase in chronic diseases
- Increasing pressure on patients, health workers and the whole system ...
The future of the Portuguese National Health System

Nigel Crisp

Vision
A transition from today's hospital-centred and illness-based system where things are done to or for a patient to a person-centred and health-based one where citizens are partners in health promotion and health care. It will use the latest knowledge and technology and offer access to advice and high quality services in homes and communities as well as in clinics and specialist centres.

This vision maintains the founding values of the NHS and builds on the strengths of the current system, the skills of health professionals and the achievements of the past – but it demands new approaches, different infrastructure and a lower and more sustainable cost base.
Two underlying approaches ...

• Address the determinants of health – engaging all sectors and the community – everyone has a role to play

• Systematic, evidence and knowledge based health care – working with the SNS and its partners – to deliver high quality, reliable, and high value services
Prevention and treatment

Action across society
  • Municipalities, employers, schools, public health

Action by citizens
  • As individuals and as part of civil society

Action within the health system
  • Quality improvement
  • Patient centred, team based care
  • New models of care
Sustainability will come from …

- Citizen engagement
- Community resilience
- Quality improvement and removal of waste
- Service re-design and technology
- Financing and pricing
Vision – transition to the future

“A transition from today’s hospital-centred and illness based system where things are done to or for a patient to a person-centred and health based one where citizens are partners in health promotion and health care.

It will use the latest knowledge and technology and offer access to advice and high quality services in homes and munities as well as in clinics and specialist centres.”
Vision – building on the past

“This vision maintains the founding values of the SNS and builds on the strengths of the current system, the skills of health professionals and the achievements of the past – but it demands new approaches, different infrastructure and a lower and more sustainable cost base.”
What this means for hospitals

• More care in the community and ambulatory treatments
• More managed clinical networks - linking to referral centres
• Providing specialist input into chronic disease management based in the community
• Doing what only you can do ... in partnership
What this means for hospitals

• More managed clinical networks - linking to referral centres
• Providing specialist input into chronic disease management based in the community
• Doing what only you can do ... in partnership
Health Policies
Reference Centers

- Portuguese Oncology Institute from Oporto
- St. John's Hospital Center
- Oporto Hospital Center
- H.C.V.N. Gaia/Espinho

*Example

- Liver Transplantation
- Pediatric Oncology
- Lung Transplantation
- Family Paramiloidosis
- Esophagus Cancer
- Pancreatic Cancer
- Congenital Heart Disease
- Ophthalmologic Oncology
- Heart Transplantation
- Adult Kidney Transplantation
- Epilepsy
- Pancreas Transplantation
- Intervention Cardiology
- Sarcomas
- Metabolic Diseases
- Pediatric Kidney Transplantation
- Testicle Cancer
- Rectum Cancer
Creating value

A global perspective

“Value is created by improving the outcomes of patients with a particular condition over the full cycle of care, which usually involves multiple specialties and care sites”

Michael E. Porter, Ph.D., and Thomas H. Lee, M.D.
Hospitals in the future

- Data and transparency
- Protocol and evidence based
- Continuous quality improvement
- Teams - new roles for nurses and others
- Applying new technologies
- Different relationships with patients
- Centres of education and research
Quality, costs and research

Early treatment, high quality and evidence based services are good for patients and reduce waste and costs

- Continuous quality improvement
- SNS Evidence
- Collaborations with research and industry
A new model

Economic methods

3 highest impact actions


The future of the Portuguese National Health System

Nigel Crisp

US Health Care System Theoretical Waste
(Aggregate Waste 2011 - 2019)

1. Overtreatment
2. Failures to Coordinate Care
3. Failures in Care Delivery
4. Excess Administrative Costs
5. Excessive Health Care Prices
6. Fraud and Abuse


The future of the Portuguese National Health System

Nigel Crisp
Regional variability in the prescription of antiplatelet agents

<table>
<thead>
<tr>
<th></th>
<th>ác. Acet. isol/ (ác. Acet. Isol. + assoc.)</th>
<th>clop./ ác. Acet. Isol.</th>
<th>dipirid./antiagr</th>
<th>trifl./antiagr</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARS Norte</td>
<td>98,4%</td>
<td>49,8%</td>
<td>1,7%</td>
<td>3,2%</td>
</tr>
<tr>
<td>ARS Centro</td>
<td>98,6%</td>
<td>72,8%</td>
<td>1,4%</td>
<td>5,9%</td>
</tr>
<tr>
<td>ARS LTV</td>
<td>99,6%</td>
<td>56,6%</td>
<td>0,8%</td>
<td>3,3%</td>
</tr>
<tr>
<td>ARS Alentejo</td>
<td>99,0%</td>
<td>87,0%</td>
<td>0,3%</td>
<td>3,4%</td>
</tr>
<tr>
<td>ARS Algarve</td>
<td>99,3%</td>
<td>104,6%</td>
<td>0,7%</td>
<td>10,2%</td>
</tr>
</tbody>
</table>

Ministério da Saúde, 2013, Relatório de monitorização dos medicamentos de ambulatório
National Registry of Acute Coronary Syndrome (SPC-2011)
ACS without-ST: Revascularization

Average 47.4%
Scotland: central line infection rate
(per thousand line days)

2.8

70% reduction

0.84
The Gulbenkian Challenges

- Reducing hospital acquired infections – halving in 10 hospitals in 3 years
- Slowing the growth in diabetes – preventing 50,000 cases in 5 years
- Developing skills and sharing learning
Stop Infecao

Launched March 2015
Infection down, bundle compliance up
Another hospital 4 months without CAUTI

LS1 Bundle compliance up
One unit CHLN: 70% reduction

VAP

Baseline 12.24

goal = 7.75

Fase 2 3.70

LS1
New relationship with patients

- Data and transparency
- Health literacy
- Choices
- Providing support to patients and carers
- Co-production – what matters to me
Choice of hospital in England

Waiting times down

Number of patients waiting more than 6 months

1st ISTC operational

Choice at 6 months announced
What matters to me

Co-production

- Mayo clinic
- Dialysis
- Parkinson's Disease
- Naryana carers preparation
What this means for hospitals

• More care in the community and ambulatory treatments
• More managed clinical networks - linking to referral centres
• Providing specialist input into chronic disease management based in the community
• Doing what only you can do ... in partnership
Making the transition happen

- Do it
- Learn from proto-types and examples
- Clinical leadership – agents of change
- Share and learn – regionally, nationally and globally
- Lead ...