The Portuguese health care system

JOINT ACTION HEALTH WORKFORCE
Lisbon - June 18th 2014

Rui Santos Ivo
Agenda

1. The Portuguese Health System
2. Ministry of Health and ACSS
3. HR Management
   • Planning Process
   • Planning Tools available
4. Tools and planning models under development
   • Strategic Plans
   • Prospective Tool for Scenarios analysis
5. Central Information System and Health Professional Portal
6. SIGPS - Integrated System of Planning
Characterization of the Portuguese Health System

- A National Health Service (NHS)
  - Public and of Universal Coverage
  (Madeira and Azores have their own autonomy)

- Health subsystems: special social health insurance schemes for certain professions (mainly for non NHS providers)

- Complementary voluntary private health insurance
National Health System Organization

**PRIMARY HEALTH CARE**
- Family Health Units (592)
- Health Centre Groups (45 ACES)
- Local Health Units (7 ULS)

**ACUTE CARE**
- Hospitals (14)
- Hospital Centres (25)
- Local Health Units (7 ULS)

**LONG TERM CARE**
- Inpatient Units: Recovery, Long and Medium Term, and Palliative care
- Ambulatory Units: Day Care Units – promoting autonomy
- Hospital Teams: Discharge management and Palliative care support teams
- Home care teams: Community based teams to support palliative care

[Image of Joint Action Health Workforce Planning and Forecasting]
Health Status

There have been significant improvements in measures of population health status and in health care outcomes.
1. The Portuguese Health System

2. Ministry of Health and ACSS

3. HR Management
   - Planning Process
   - Planning Tools available

4. Tools and planning models under development
   - Strategic Plans
   - Prospective Tool for Scenarios analysis

5. Central Information System and Health Professional Portal

6. SIGPS - Integrated System of Planning
Generals Roles

Ministry of Health

- Formulation, implementation, monitoring and evaluation of health policies
- Regulation, planning, funding, guidance, monitoring, evaluation, audit and inspection of the NHS

Central Administration of the Health System

- Coordination, planning and evaluation & control
- Financial services and human resources management, infrastructure and equipment
- Improving the quality of health care providers
- Definition and implementation of health services policies, standards and planning

Regional Health Administrations (ARS)

- Development and promotion of public health activities, to ensure the protection and promotion of population health
- Allocation of financial resources to the NHS institutions and services, through negotiation, implementation and monitoring of contracts
Central Administration of Health System
ACSS

Main areas of activity

Human Resources
- Professional Regulation
- Planning
- Training

Contracting and Financing of Health services
- Financing model
- Pricing
- Contracting

Budget
- NHS Budget and control
- Accounting
- Risk Management

Health Services Network
- Network planning
- Facilities and Equipment
- Health Care integration
The Contracting Process of health care services

ERS  IGAS  DGS
Regulatory Supervision  General-Inspectorate of Health Activities  Health Quality Department

ACSS  ARS
Central Administration  Regional Administration

Contracting and payment  Monitoring  Auditing and Control

Hospitals
Healthcare delivery

Patients
Regional Health Administrations
5 ARS

ARS Norte
• Patients: 3,8 M
• HR:
  – Total: 39.323

ARS LVT
• Patients: 3,7 M
• HR:
  – Total: 41.235

ARS ALGARVE
• Patients: 0,5 M
• HR:
  – Total: 5.522

ARS ALENTEJO
• Patients: 0,5 M
• HR:
  – Total: 6.362

ARS CENTRO
• Patients: 1,8 M
• HR:
  – Total: 23.503

National total (including central services)
Patients: 10,3 M
• HR:
  – Total: 119.361
1. The Portuguese Health System

2. Ministry of Health and ACSS

3. HR Management
   - Planning Process
   - Planning Tools available

4. Tools and planning models under development
   - Strategic Plans
   - Prospective Tool for Scenarios analysis

5. Central Information System and Health Professional Portal

6. SIGPS - Integrated System of Planning
Physicians Specialization

Universities
- INFLOW

Medical Society
CNIM
- Identify capacity

Local Institutions
Regional Administrations
- Identify needs

ACSS
- Defines the plan

- National Balance
- Inventory
- Needs
- Activity indicators
Planning processes implemented

**Physicians**

Management of medical internship

- **First year (without specialty)**
- National definition of share of vacancies available;
- Definition of formative capability that each organization offer to Public procurement. This work is performed by *Conselho Nacional do Internato Médico and Ordem dos Médicos*;
- Regional definition of share of vacancies available;
- Distribution of number of vacancies by SNS organizations. The strategic goal is to provide vacancies in regions where needs in health care are most urgent.
Planning processes implemented

**Physicians**

- **Second (first year of specialty): Principles**

- *National Health Plan* - Document that supports the national strategic goals in health care;

- National definition of share of vacancies available;

- Definition of formative capabilities, by speciality, for each organization to offer to public procurement. This work is also performed by Conselho Nacional do Internato Médico and Ordem dos Médicos;

- Regional definition of share of vacancies available;

- Organizational definition of most urgent specialties.
Recruitment of newly specialized physicians

**INFLOW**

- Local Institutions
  - Identify needs

**Allocation Plan**
- National Balance & Inventory
- Needs
- Activity indicators
- Hospitals profile

**ACSS**
- Defines the plan distribution

**Regional Administrations**
- Identify needs

**Regional Institutions**
Planning processes implemented

**Nurses**

Patient Classification System based on Dependency of Nursing Care (PCS/N) application has the following goals:

- To optimise the number of nurses available
- To plan the delivery of nursing care
- To identify the needs in terms of nurses staff
- To adjust the allocation of the hospital staff
1. The Portuguese Health System

2. Ministry of Health and ACSS

3. HR Management
   - Planning Process
   - Planning Tools available

4. Tools and planning models under development
   - Strategic Plans
   - Prospective Tool for Scenarios analysis

5. Central Information System and Health Professional Portal

6. SIGPS - Integrated System of Planning
Instruments to support HR management and planning

- Social Balance Repertory of the Portuguese Health Ministry
- Health Sector Human Resources Inventory
- Current and Future Needs of Physicians (NHS)
- Monthly reports on evolution and characterization of human resources
- Benchmarking
Social Balance Repertory of the Portuguese Health Ministry

Example Graph: Workers Age & Sex distribution
Social Balance Repertory of the Portuguese Health Ministry

Example Graph Workers Education Level

Example Graph Distribution of workers by work schedule
Example Table: Total Physicians in the National Health System
Current and Future Needs of Physicians (NHS)

Example: Balance of Physicians (Existing Vs Needed) - Urology
Monthly reports on evolution and characterization of human resources
Benchmarking

http://benchmarking.acss.min-saude.pt/benchmarking.aspx
Benchmarking

http://benchmarking.acss.min-saude.pt/benchmarking.aspx

MONITORIZAÇÃO DO SISTEMA DE SAÚDE

CUMPRIMENTO DOS OBJECTIVOS NACIONAIS 2012

**NACIONAL**

- **ACESSO**
  - 89% % Primeiras consultas
  - 73% % Doentes atendidos na RNCC em tempo adequado
  - 104% % Consultas realizadas e registadas no CTI
  - 84% % Doentes cirúrgicos tratados em tempo adequado
  - 72% % Utentes para consulta externa atendidos em tempo adequado

- **ASSISTÊNCIA**
  - 98% % Doentes com duração de internamento acima valor máximo
  - 76% % Reinternamentos em 30 dias
  - 89% % Pacientes por cesta-semana
  - 83% % Cirurgia de ambulatório no total de cirurgias programadas (GDI)
  - 50% % Consumo de medicamentos genéricos, no total de medicamentos

- **FINANCEIRO**
  - 90% % Custos com pessoal ajustados no total de provetos operacionais
  - 71% % Custos de horas extraordinárias, suplementos e FSE, no total de custos com pessoal
  - 87% % Proveitos operacionais extra contrato-programa, no total proveitos
  - 95% % EBITDA
  - 78% % Acrescimo de dívida vencida

**PRODUÇÃO SNS**

<table>
<thead>
<tr>
<th>REAL VS CONTRATADO</th>
<th>REAL VS HONÓLOGO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultas Externas</td>
<td></td>
</tr>
<tr>
<td>GDH Médicos internamento</td>
<td></td>
</tr>
<tr>
<td>GDH Cirúrgico internamento</td>
<td></td>
</tr>
<tr>
<td>Dias Internação Dentes Crônicos</td>
<td></td>
</tr>
<tr>
<td>GDH Médicos de Ambulatório</td>
<td></td>
</tr>
<tr>
<td>GDH Cirúrgico de Ambulatório</td>
<td></td>
</tr>
<tr>
<td>Atendimentos em Urgência</td>
<td></td>
</tr>
<tr>
<td>Sessões Hospital de Dia</td>
<td></td>
</tr>
<tr>
<td>EPI até 10 semanas</td>
<td></td>
</tr>
<tr>
<td>Diagnóstico Pré-Natal</td>
<td></td>
</tr>
<tr>
<td>Serviços Domiciliários</td>
<td></td>
</tr>
</tbody>
</table>

**Financiamento**

- **Gastos Operacionais**
  - 322.456.098
  - 16.67.749
  - 92.285.920
  - 34.920.092
  - 14.661.749

**EBITDA**
MONITORIZAÇÃO DO SISTEMA DE SAÚDE

ACTIVIDADE ASSISTENCIAL

EXECUÇÃO DA ACTIVIDADE ASSISTENCIAL

<table>
<thead>
<tr>
<th>Internamento</th>
<th>Valor</th>
<th>Contr</th>
<th>% Exec</th>
<th>% Var Hom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doentes Saios</td>
<td>9.055</td>
<td>9.030</td>
<td>99.8%</td>
<td>-5.1%</td>
</tr>
<tr>
<td>Demora Média</td>
<td>6.80</td>
<td>6.70</td>
<td>100.7%</td>
<td>-1.2%</td>
</tr>
</tbody>
</table>

Cirurgia

<table>
<thead>
<tr>
<th>Intervenções Cirúrgicas</th>
<th>Valor</th>
<th>Contr</th>
<th>% Exec</th>
<th>% Var Hom</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8.314</td>
<td>8.021</td>
<td>103.6%</td>
<td>-1.1%</td>
</tr>
</tbody>
</table>

% Cirurgia de Ambulatório

<table>
<thead>
<tr>
<th>Consulta Externa</th>
<th>Valor</th>
<th>Contr</th>
<th>% Exec</th>
<th>% Var Hom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total de Consultas Médicas</td>
<td>168.838</td>
<td>155.684</td>
<td>107.2%</td>
<td>0.7%</td>
</tr>
<tr>
<td>% Primeiras Consultas</td>
<td>25.1%</td>
<td>25.5%</td>
<td>98.3%</td>
<td>-0.2%</td>
</tr>
</tbody>
</table>

EVOLUÇÃO MENSAL

% CIRURGIA DE AMBULATÓRIO

TOP & BOTTOM 5 SERVIÇOS

% CIRURGIA DE AMBULATÓRIO

BENCHMARKING

CIRURGIA PLÁSTICA E RECONSTRUTIVA

http://benchmarking.acss.min-saude.pt/benchmarking.aspx
1. The Portuguese Health System
2. Ministry of Health and ACSS
3. HR Management
   • Planning Process
   • Planning Tools available
4. Tools and planning models under development
   • Strategic Plans
   • Prospective Tool for Scenarios analysis
5. Central Information System and Health Professional Portal
6. SIGPS - Integrated System of Planning
### Strategic Plans

**Eco-Fin Guidelines**

- EBITDA $\geq 0$ by 2015
- Prevent the generation of new arrears by 2015
- Investments restricted to payback demonstration and self supported in operational cash flow
- Increase own revenues by 3%/year, starting on 2014
- Plan cost reduction through measurable initiatives for at least 75% of the forecasted amount
- Enforce management contracts with Hospital Boards, binding them to implement strategic objectives
- Bind strategic plans to 2014-2016 hospital financing
- Monthly monitoring of strategic plans measures and initiatives
## Strategic Plans

### Hospital Classification System (Dispatch n.º 82/2014)

#### Guiding Principles

<table>
<thead>
<tr>
<th>Simplification</th>
<th>Population Based</th>
<th>Hierarchical</th>
<th>Complementarity</th>
<th>Proximity</th>
</tr>
</thead>
<tbody>
<tr>
<td>The HSC must be easily understood by health professionals and populations</td>
<td>The HSC depends on population served</td>
<td>The HSC depends on different differentiation levels</td>
<td>The HSC considers hospital complementarity</td>
<td>Health care services should be provided as close as possible to the place of residence, existing volume of patients to ensure quality of care</td>
</tr>
</tbody>
</table>

### I

- 75K - 500K direct population served
- Capacity to treat 85% of the health needs of the population directly
- Basic services of medical and surgical specialties (scalable according to population served)
- Medical and surgical Emergency Room

### II

- Profile I plus:
  - Capacity to treat 90-95% of the health needs of the population directly
  - Capacity to treat up to 10% of the health needs of the referred population
  - Medical and surgical emergency room or polivalent emergency (-)
  - Differentiated services of medical and surgical specialties

### III

- Profile II plus:
  - Capacity to treat 100% of the health needs of the population served
  - Capacity to treat up to 15% of the health needs of the referred population
  - Urgency Polyvalent (+)
  - All specialties

---

*Joint Action Health Workforce Planning and Forecasting*
**Strategic Plans:**
Another differentiating factor is the level of specialties diversity portfolio and the consequent requirement for differentiation.
Strategic Plans

The Direct Population Served by Centro Hospitals was mapped based on data from INE

<table>
<thead>
<tr>
<th>Hospital</th>
<th>HCS</th>
<th>Population Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Distrital da Figueira da Foz, E.P.E.</td>
<td>C</td>
<td>88.296</td>
</tr>
<tr>
<td>Centro Hospitalar Cova da Beira, E.P.E.</td>
<td></td>
<td>87.869</td>
</tr>
<tr>
<td>Unidade Local de Saúde Castelo Branco, E.P.E.</td>
<td></td>
<td>108.395</td>
</tr>
<tr>
<td>Unidade Local de Saúde da Guarda, E.P.E.</td>
<td></td>
<td>155.466</td>
</tr>
<tr>
<td>Centro Hospitalar Leiria-Pombal, E.P.E.</td>
<td></td>
<td>324.123</td>
</tr>
<tr>
<td>Centro Hospitalar do Baixo Vouga, E.P.E.</td>
<td></td>
<td>314.996</td>
</tr>
<tr>
<td>Centro Hospitalar Tondela-Viseu, E.P.E.</td>
<td>B</td>
<td>267.633</td>
</tr>
<tr>
<td>Centro Hospitalar e Universitário de Coimbra, E.P.E.</td>
<td>A</td>
<td>405.533</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>1,752,311</strong></td>
</tr>
</tbody>
</table>

Staff is being defined
1. The Portuguese Health System
2. Ministry of Health and ACSS
3. HR Management
   • Planning Process
   • Planning Tools available
4. Tools and planning models under development
   • Strategic Plans
   • Prospective Tool for Scenarios analysis
5. Central Information System and Health Professional Portal
6. SIGPS - Integrated System of Planning
Prospective tool for scenarios analysis

In 2010, ACSS used a tool to forecast needs of physicians.

Currently we start reviewing this tool.

Some goals

- Tool for healthcare professionals forecasting and management
- Annual projections
- Highly customizable
- Able to work with different projection horizons
- Allows sensitivity analysis of different variables
- Enables the dynamic integration of different models and scenarios
Prospective tool for scenarios analysis

Some Requirements

- Requires the previous preparation of the support information
- Involves (and enables) updating in face of legislative changes
- Entails knowledge/ training for operating the prospective tool

Physicians

Nurses

Dentists Pharmaceuticals
Prospective tool for scenarios analysis

Main features

- Projections based on actual data loading (it incorporates actual data since 2002);

- Scenario modeling take into account the study “Provisional RH Needs in Healthcare - Doctors (Supply and Requirements Models);

- Models are integrated dynamically (Supply and Requirements Models), which enables the anticipation of gaps between supply and needs of healthcare professionals (by medical specialty);
Prospective tool for scenarios analysis

Main features

The Supply Model (which represents the installed capacity in the training system) comprises the following dimensions:

- Professionals characterization
- Retirement calculation
- Medical specialists projection
- Graduate and postgraduate projection
- Training information
Prospective tool for scenarios analysis

Main features

The Requirements Model (which combines different scenarios of medical specialists needs) comprises the following dimensions:

- Professionals characterization
- Calculation of population coverage ratios
- Population evolution scenarios
- Medical specialists projection
1. The Portuguese Health System

2. Ministry of Health and ACSS

3. HR Management
   • Planning Process
   • Planning Tools available

4. Tools and planning models under development
   • Strategic Plans
   • Prospective Tool for Scenarios analysis

5. Central Information System and Health Professional Portal

6. SIGPS - Integrated System of Planning
Central Information System to manage Human Resources

- RHV 2 – New system for Human Resources (Done)
- Centralization of information databases (single DB for NHS) (Done)
- 100% entities on the new system (In conclusion the last 3 hospitals)
- New BI (On going - Setting indicators)
- Improve Information quality and accuracy (Continuous task)

- Setup a module for planning and forecasting
- EU Joint Action on HWF
- Link with Integrated System on NHS Planning
Bem-vindo(a) ao Portal dos Profissionais de Saúde,
Se é Profissional de Saúde e o seu perfil encontra-se referenciado do lado esquerdo, está no sítio certo!
Através deste seu portal, pode:
- Aceder às aplicações informáticas do Sistema Nacional de Saúde;
- Encontrar informação sobre Legislação e Normas;
- Visualizar as Orientações e Guideline;
- Aceder a Concursos, Formações e Eventos;
Ajuide-nos a melhorar o seu portal enviando-nos sugestões para o servicedesk@spms.min-saude.pt
1. The Portuguese Health System
2. Ministry of Health and ACSS
3. HR Management
   • Planning Process
   • Planning Tools available
4. Tools and planning models under development
   • Strategic Plans
   • Prospective Tool for Scenarios analysis
5. Central Information System and Health Professional Portal
6. SIGPS - Integrated System of Planning
SIGPS - Geographic Integrated System for Health Planning, Ministerial Order Nº 6250, 3 May 2013

The system will make it possible to consolidate and centralize georeferenced information and update information, in real time, on:

– Health needs (e.g. demographic and epidemiological profiles of populations);

– Installed capacity for the various levels of SNS care, private and social sectors (e.g. human resources, physical, technological and financial), contributing to a higher substantiation and timely decision-making, ensuring greater transparency of information, both for the top decision level both in terms of user/citizen.
SIGPS - Planning component

Planning model

1. Definition of the referral areas
2. Characterization of the population
3. Characterization of the offer
4. Assessment of current needs and future needs
5. Profile definition (including HR)
6. Screening and sizing activity
7. Identification of the GAP's
SIGPS - Planning component

Characterization of the offer, by:

• Institution - hospital units, primary health care, long-term care and private units (priority being the agreed and internment);

• Production line - inpatient, outpatient, surgical activity, day hospital and urgency;

• Specialty - according to the list of OM;

• Human resources;

• Medical devices.
SIGPS - Structure

**SOURCE DATA**
- Portal da Saúde (Health Portal)
- RNU (Patient)
- SI Equipamentos de Saúde (Equipements/Facilities)
- SICA (hospital activity)
- SIARS e SIM@SNS (primary care)
- RHV (Professionals)
- RNP (Registry Health Professionals)
- CTH (Primary Care Consultations)
- SIGIC (Surgery)
- RNCCI (Continuous care)
- Base Dados GDH (Diagnoses groups)
- CCF (Prescription)
- INE (Official Statistics)
- SINAVE (Epidemiological Data)
- WebSIG da DGS (Geographical Information)

**OUTPUTS and TOOLS**
- MANAGED
- EDIT
- QUERIES
- DASHBOARDS
- REPORT
- CHARTS
- MAPS

**USERS**
- ACSS
- DGS
- ARS
- HOSPITALS
- PROFESSIONALS / PATIENTS
- OTHERS (*)

(*) INEM, INSA, SICAD, INFARMED
SIGPS - Access profiles and levels

**USERS**
- ACSS e SPMS
- DGS
- ARS
  - HOSPITALS
  - OTHER
  - CITIZENS

**ADMINISTRATION**
- ACSS e SPMS

**EDITION**
- ACSS e SPMS - total
- DGS
  - ARS - partial (only information from their health region)
  - HOSPITALS - partial (only information of their institution)

**QUERY**
- ALL CITIZENS

**SIGPS**