



SOCIETÀ ITALIANA DI FARMACIA
OSPEDALIERA E DEI SERVIZI FARMACEUTICI
DELLE AZIENDE SANITARIE

XXXV CONGRESSO NAZIONALE SIFO



IL FARMACISTA:
UNA RISORSA
PER LA SALUTE.
RESPONSABILITÀ,
APPROPRIATEZZA,
SOSTENIBILITÀ



PROFESSIONE E BUONE PRATICHE

Testimonianza da paese in austerità

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Summary

- **The Portuguese Health Care System (facts and numbers)**
 - **Bailout of Portugal – Measures under austerity**
 - **Great Impact Measures**
 - **Conclusions**
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The Portuguese Healthcare System

- Since 1979 – universal, equitable coverage, reduced costs to the user
- The NHS; health subsystems - 25%; voluntary health insurance (10% private insurances; 7% mutual funds)
- The financing is done through a combination of public and private resources, as for most EU countries. The NHS is mainly financed through general taxation and compulsory contributions to public health subsystems.
 - ▶ Employer (including the state) and employee contributions represent the main funding sources of the health subsystems.
 - ▶ Direct payments by the patient (measure of sustainability) and voluntary health insurance premiums
- Providers of private healthcare services have an additional role to the NHS and not an alternative .

The Portuguese Healthcare System – Public expenditure

	Public Exp. (M€)	Per capita (€)	% GDP
1975	9,5	1	0,4
...
1992	2 598	261	3,6
...
2002	8 062	774	5,7
...
2008	9 384	889	5,2
2009	9 633	912	5,5
2010	9 777	925	5,4
2011	9 172	869	5,2
2012	10 404	989	6,1
2013	8 589	821	5,0

The Portuguese Healthcare System

	1975	2002	2012
Public Hospitals	185	108	115
Beds	X	27 649	25 230
Private Hospitals	347	94	109
Beds	X	8 960	10 029
Other Hospitals	X	11	7
Beds	X	1 100	547
Total beds	52 268	37 709	35 806
HR			
Doctors	11 101	33 751	43 863
Nurses	18 592	41 799	65 404
Pharmacists (total)	X	7 962	10 980
			2014
HP with specialization registered			627

Bailout of Portugal

- **Austerity measures needed!**
- **Healthcare was not exception!**
 - ▶ **58 measures for Health**

Measures under austerity

(affecting patients, services, professionals)

Regulation and governance

- **Revise and increase user fees**
- **Set maximum price for the 1st generic introduced in the market**
- **Increase market share of generic medicines**
- **Implement legislation for community pharmacies (property, margins, discounts)**
- **Review the pricing and reimbursement of medicines**
- **Review and amend current system of reference prices**
- **Adjust price of care to its cost**
- **Establish a system of benchmarking to compare performance**
- **Strengthen the role of Health Authorities**
- **Apply epidemiological surveillance systems**
- **Update the model of hospital financing**

Measures under austerity (affecting patients, services, professionals)

Organizational level

- **Develop a strategic plan for the health and finish the National Health Plan 2011-2016**
- **Continue the reorganization and rationalization of the national hospital network (need of hospitals, mergers, concentrations or closure of hospitals and services)**
- **Implementation of palliative care services and facilities**
- **Increase coverage and level of service for primary care**
- **Update inventory of HR and prepare plans for allocation of professionals to have an equitable distribution**
- **Increase mobility and interchange of professionals**
- **Change rules of contracting HR**

Measures under austerity (affecting patients, services, professionals)

Operational level

- **Centralized procurement process and other shared services (e.g. common systems for management of medicines)**
- **Schedule for payment of debts to suppliers**
- **Measures to reduce operational costs of hospitals**
- **Prescribing: electronic prescription; monitoring prescribing and use of medicines ; educate physicians to the least expensive prescription ; clear rules on prescription medications**
- **Develop and ensure full interoperability of IT in hospitals.**
- **Electronic Health Record**
- **Publication of clinical practice guidelines**
- **Standardised coding system for medical devices**
- **Reduce waiting times for healthcare services**
- **Promote clinical research**
- **Promote ambulatory surgery**
- **Ensure accreditation in health**

Other austerity measures (affecting workers)

● 2011

- ▶ public sector: salaries over 1500 € suffered cuts between 3.5 and 10%
- ▶ public and private workers have lost the equivalent of half a Christmas bonus, about 3.5% of their salary through a surcharge on the IRS.

● 2012

- ▶ public sector have lost the equivalent of two months of salary ; affected also the retired people)
- ▶ End early retirement at age 55. Age of retirement 65, but with a penalty.

● 2013

- ▶ public sector workers remain without the 2 salaries increased contributions to the retirement fund – about 14% of the gross wages; raise of 5 hours /week of work.
- ▶ private workers suffer a cut equivalent to one month by increasing the employee contributions to Social Security.
- ▶ public sector: pensions above € 1,500 suffered cuts between 3.5 and 10%

● 2014

- ▶ Similar to 2011

Great impact measures

- **Lowering the price of medicines determined by law**
- **Change of procurement rules**
- **Co payments by patients**
- **Human Resources**
- **Reimbursement of Hospital Medicines**

Lowering the price of medicines determined by law

- Decrease expenditure
- Increased shortages – access diminished

Medicines imported (last 3 years) with MA in Portugal	
Lysine acetilsalicylate, inj	Etoposide IV; capsules
Amoxicillin clavulanic acid, inj	5-Fluoruracil
Bacillus Calmette and Guerin, inj	Hydrocortisone tablets
Bleomycin 15000 U.I. inj	Lidocaine+ adrenaline inj
Dexamethasone , inj	Propranolo inj
Dobutamine , inj	Quinine tablets
Erythromycin IV	Streptomycin IM

102 – total of medicines imported per year

Change of procurement rules

- **Centralized procurement process**
 - ▶ **Only valid criteria: the lowest price**
 - ▶ **Without technical validation**
- **Issues for hospital pharmacy**
 - ▶ **Unit dose distribution**
 - ▶ **Special needs**
 - ▶ **Pharmacovigilance**
 - ▶ **Patient safety**

Co payments by patients

- **Great burden for family budget**
- **tendency to avoid health services**
- **tendency not to buy all the medicines needed**

- **Access and compliance issues**

Human resources – a real problem

- **Recruitment of professionals is very limited, only allowed under very special conditions**
- **Absences due to long term sickness and maternity can not be covered by hiring professional replacement**
- **Vacancies due to resignations and retirements cannot be replaced**

Human resources – a real problem

- **Consequences of the austerity measures (salaries, taxes, overload of work, no promotions for over 5 years...)**
 - ▶ **Demotivation; frustration**
 - ▶ **Lower professional and personal confidence**
 - ▶ **Increase in sick leaves**
 - ▶ **Degradation of personal and professional relationships**
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Reimbursement of Hospital Medicines

- **Austerity is affecting access to new medicines in Portugal**
- **Access to hospital medicines (new)**
 - ▶ **Market authorisation**
 - ▶ **Preliminary economic assessment by the national regulatory authority (INFARMED)**
 - ▶ **time consuming process (e.g. Medicines for hepatitis C – 2 years process)**

Conclusions

Pros	Cons
Rationalisation of some expenses – necessary and emergent	Blind cuts
Reorganization of services, and procedures	Access issues
Optimisation of the processes	Difficulty in maintaining the level of care
Medicines with lower prices	Shortages
Challenges to all the intervenient	Lack of staff (exhaustion, loss of motivation, sick leaves)
	Quality of products

Conclusions

- **Crisis and austerity – a real challenge**
 - ▶ **To maintain the level of services**
 - ▶ **To keep in mind the good practices**
 - ▶ **To focus on patient safety**
 - ▶ **To minimise errors**
 - ▶ **To maintain the motivation of the staff**
 - ▶ **To follow all the new rules**

And above all: to survive!

Conclusions

- **It is hard, but not impossible!**
 - **Keep the optimism and face the adversity!**
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João Garcia - climbed the Seven Summits



**Hospital pharmacists
prepared to overcome
all changes and
challenges!**

**Professionals of
excellence!**



José Mourinho – the “special one”

Grazie per l'attenzione!





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