XXXV CONGRESSO NAZIONALE SIFO

IL FARMACISTA: UNA RISORSA PER LA SALUTE.

RESPONSABILITÀ, APPROPRIATEZZA, SOSTENIBILITÀ.
PROFESSIONE E BUONE PRATICHE

Testimonianza da paese in austerity

Aida Batista
Porto, Portogallo
Summary

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

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

[http://www.pordata.pt](http://www.pordata.pt)
## The Portuguese Healthcare System

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

[http://www.pordata.pt](http://www.pordata.pt)
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 1rst 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
- Strength 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

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

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
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

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationalisation of some expenses</td>
<td>Blind cuts</td>
</tr>
<tr>
<td>– necessary and emergent</td>
<td></td>
</tr>
<tr>
<td>Reorganization of services, and procedures</td>
<td>Access issues</td>
</tr>
<tr>
<td>Optimisation of the processes</td>
<td>Difficulty in maintaining the level of care</td>
</tr>
<tr>
<td>Medicines with lower prices</td>
<td>Shortages</td>
</tr>
<tr>
<td>Challenges to all the intervenent</td>
<td>Lack of staff (exhaustion, loss of motivation, sick leaves)</td>
</tr>
<tr>
<td></td>
<td>Quality of products</td>
</tr>
</tbody>
</table>
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!
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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