



SNS Jornadas Hospitalares 2018

BOAS PRÁTICAS EM SAÚDE

Tackling Wasteful Spending on Health: Should Portugal Bother?

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Outline

Portuguese health system's performance: a bird's-eye view

What exactly is wasteful spending?

Which aspects are relevant to the debate in Portugal?

Levers and solutions

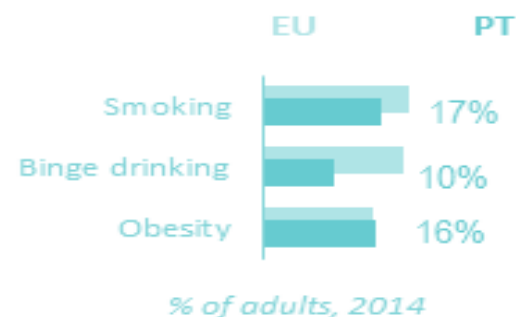
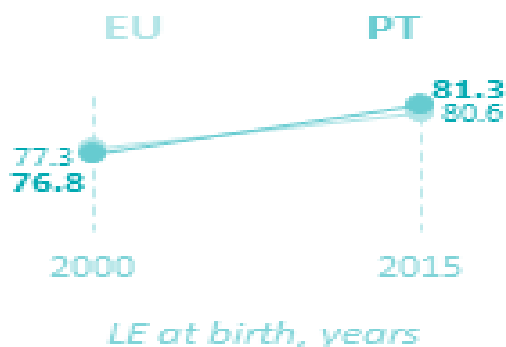
- Acknowledge
- Inform
- Pay
- Persuade

Where do we start?



Portuguese health system's performance A bird's-eye view

Progress on outcomes



Spends €1 989 p.c. PPP , 30% below EU average, a lower share of GDP than pre-crisis

Some issues ...

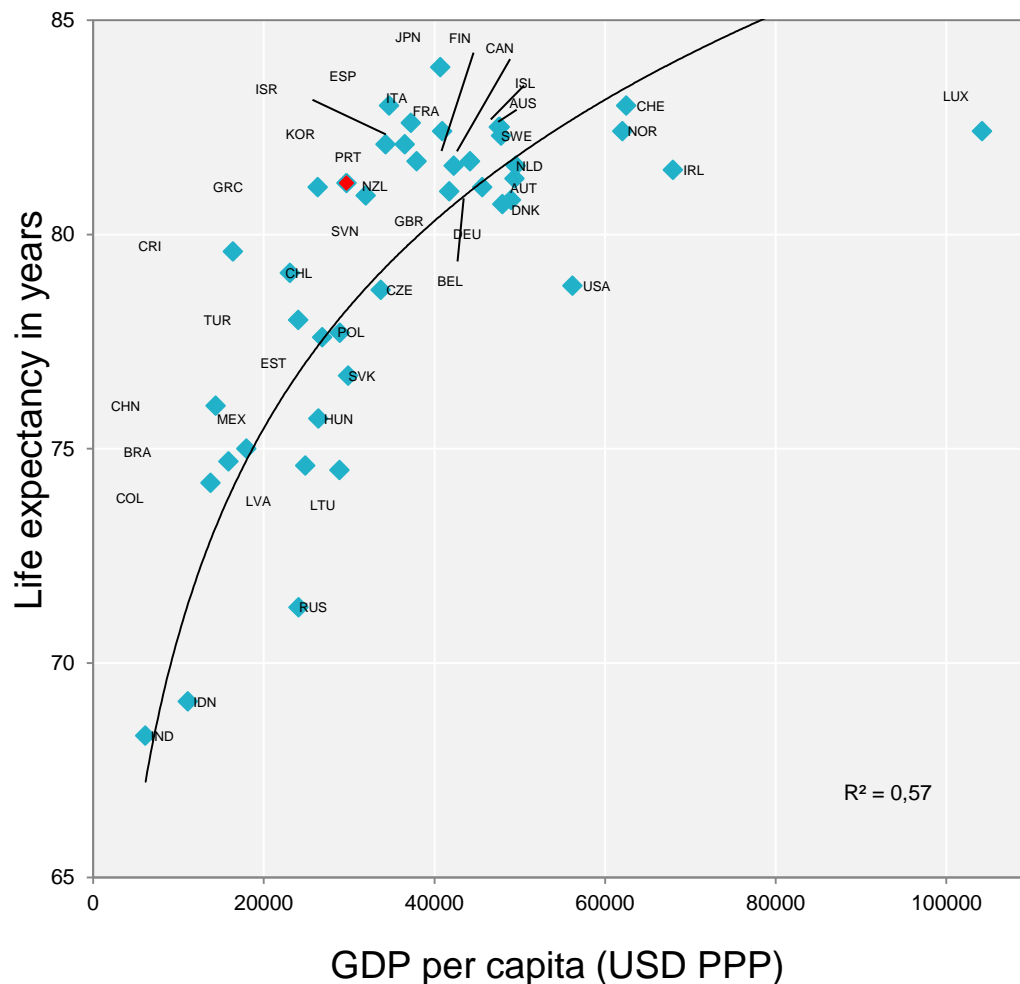
- 40% declare unmet need for financial reasons and/or waiting time, 2nd highest in the EU (EHIS)
- ALOS for AMI 7.7 days (OECD: 6.5), Occupancy 65% (OECD: 75), Hospital arrears

Portuguese health system's performance

Big picture

Doing quite well,
given resources

More value for
money than
before the crisis



What exactly is wasteful spending?

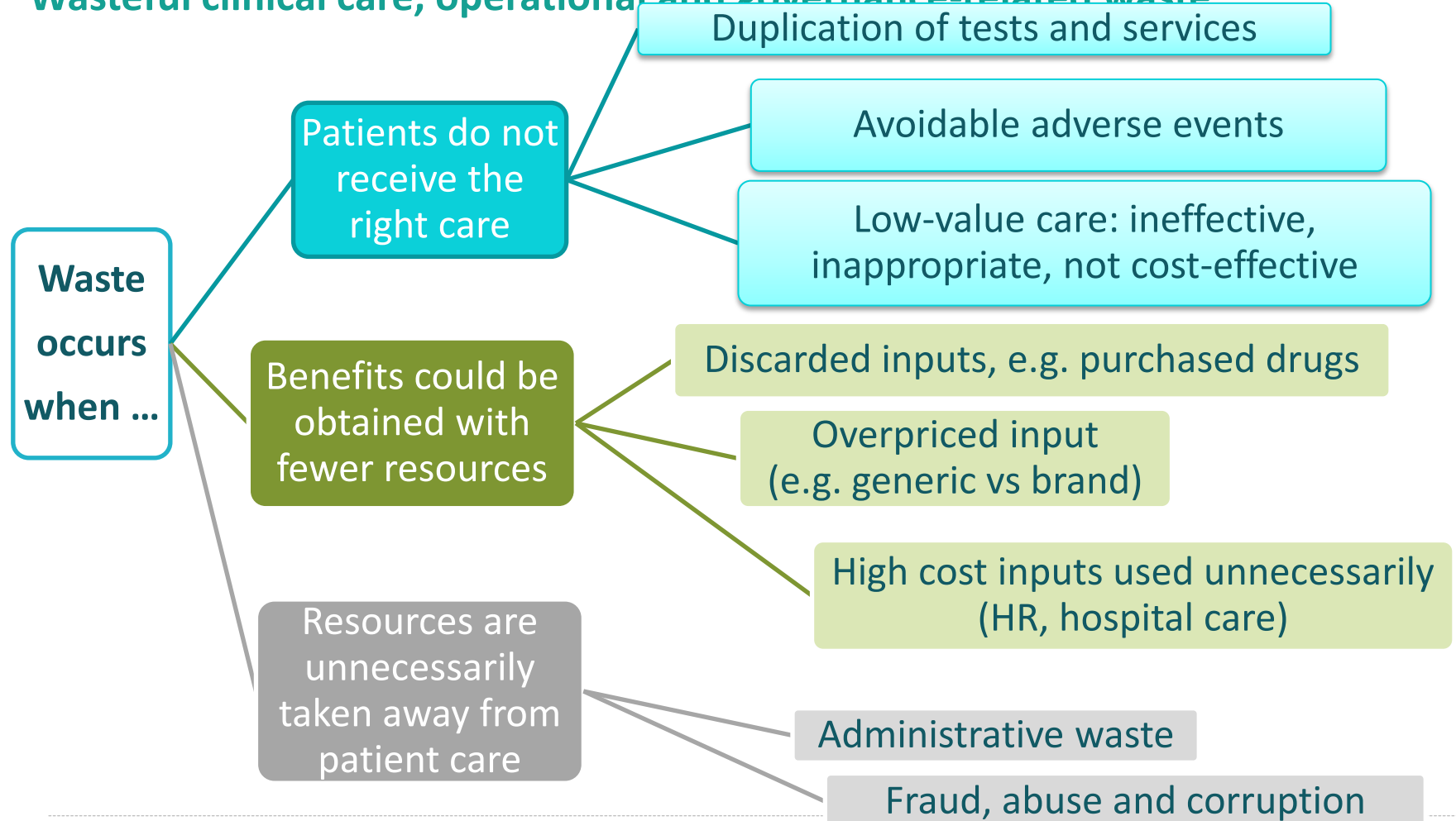
A pragmatic definition

- Services and processes which are either harmful or do not deliver benefits;
- Excess costs which could be avoided by replacing them with cheaper alternatives with identical or better benefits.

Up to a fifth of health spending in OECD countries is at best ineffective and at worst, wasteful

What exactly is wasteful spending?

Wasteful clinical care, operational and ~~governance-related waste~~



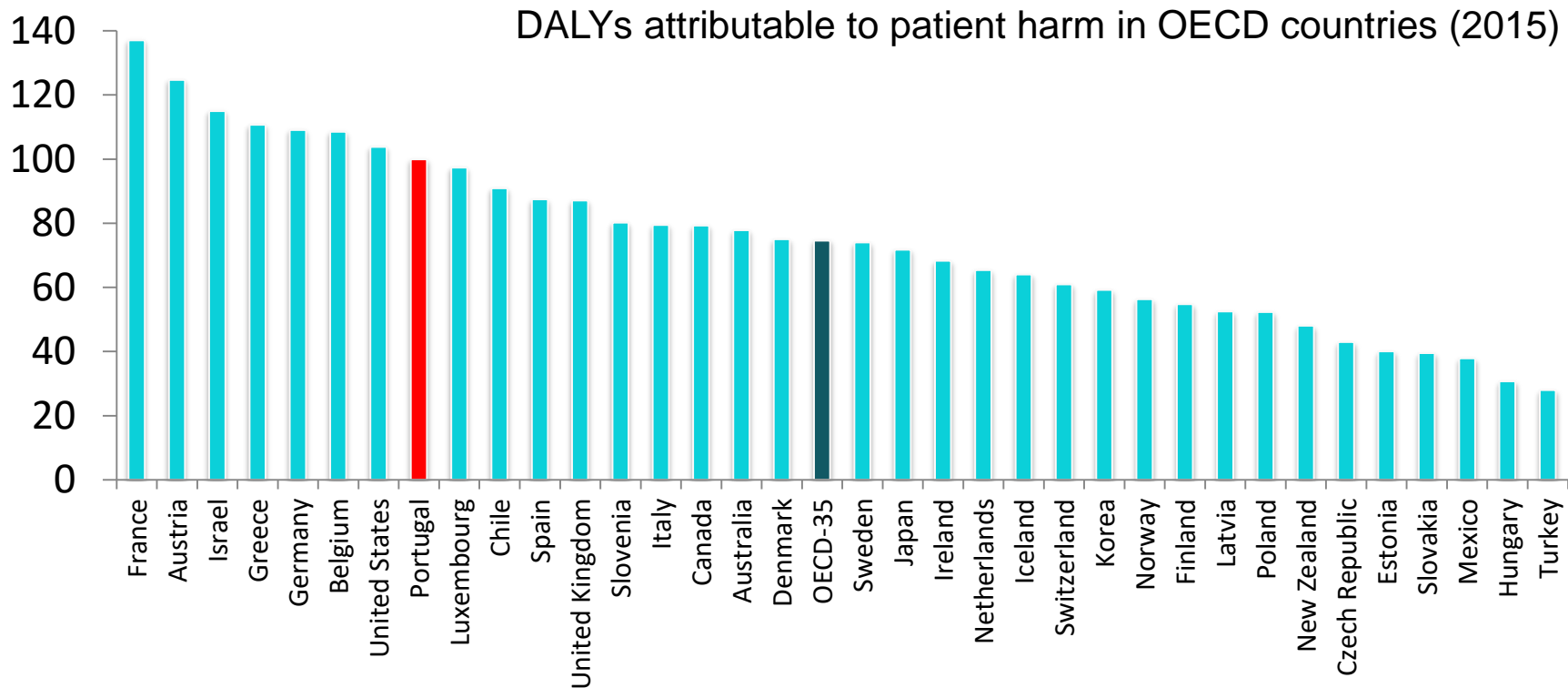
What exactly is wasteful spending?

At all levels of the system for multiple reasons



Wasteful clinical care :

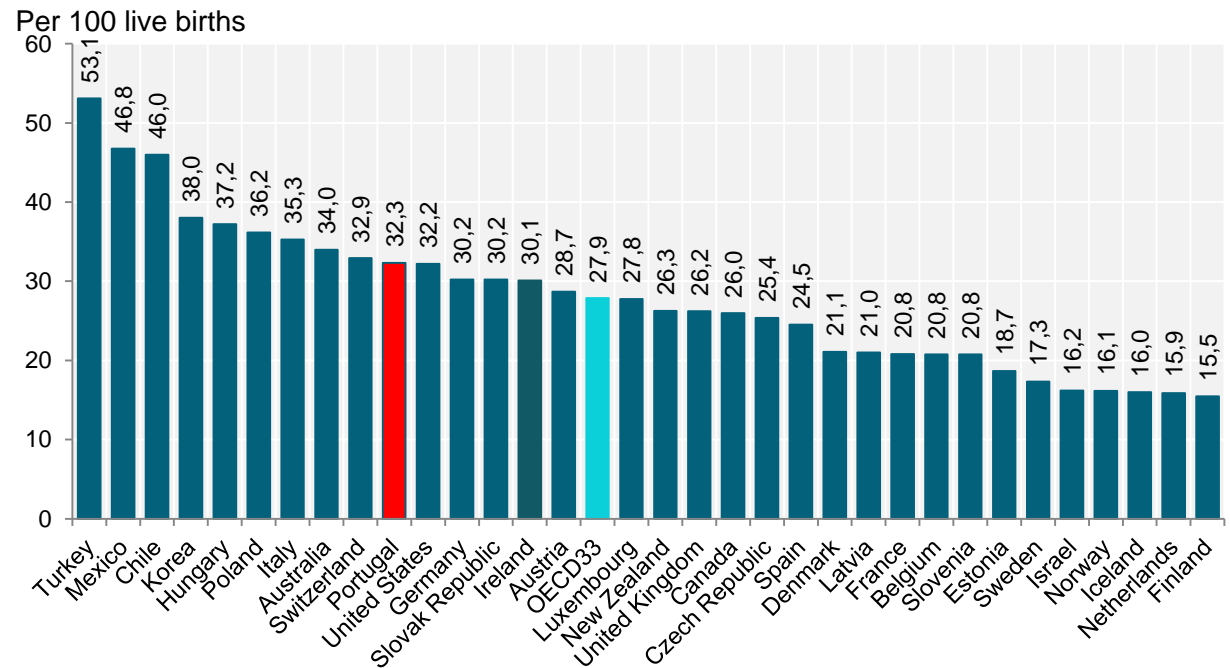
Whether reported or not, adverse events are costly



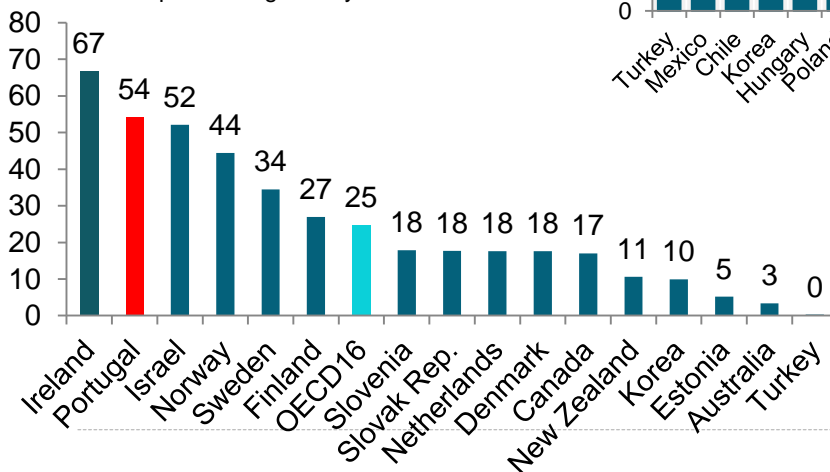
Source: IHME 2015

Wasteful clinical care : Mounting evidence of overuse

C-section rates, 2015



Per 1 000 persons aged 65 years and over

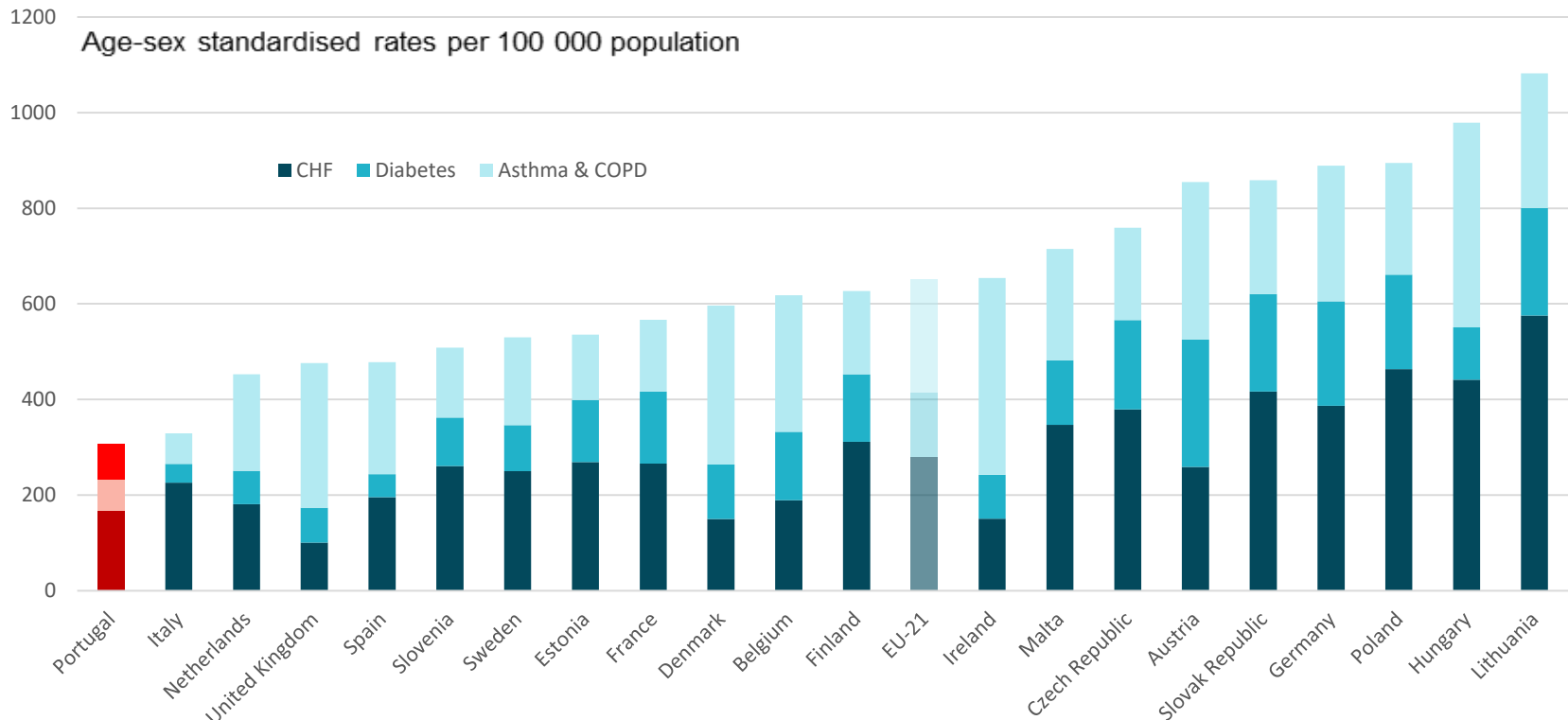


Chronic Benzodiazepine Use, 2015

Number of patients per 1000, aged 65 years and over who have prescriptions for benzodiazepines for more than 365 days, 2015 (or nearest year)

Operational waste

Hospital admissions for chronic conditions are often avoidable

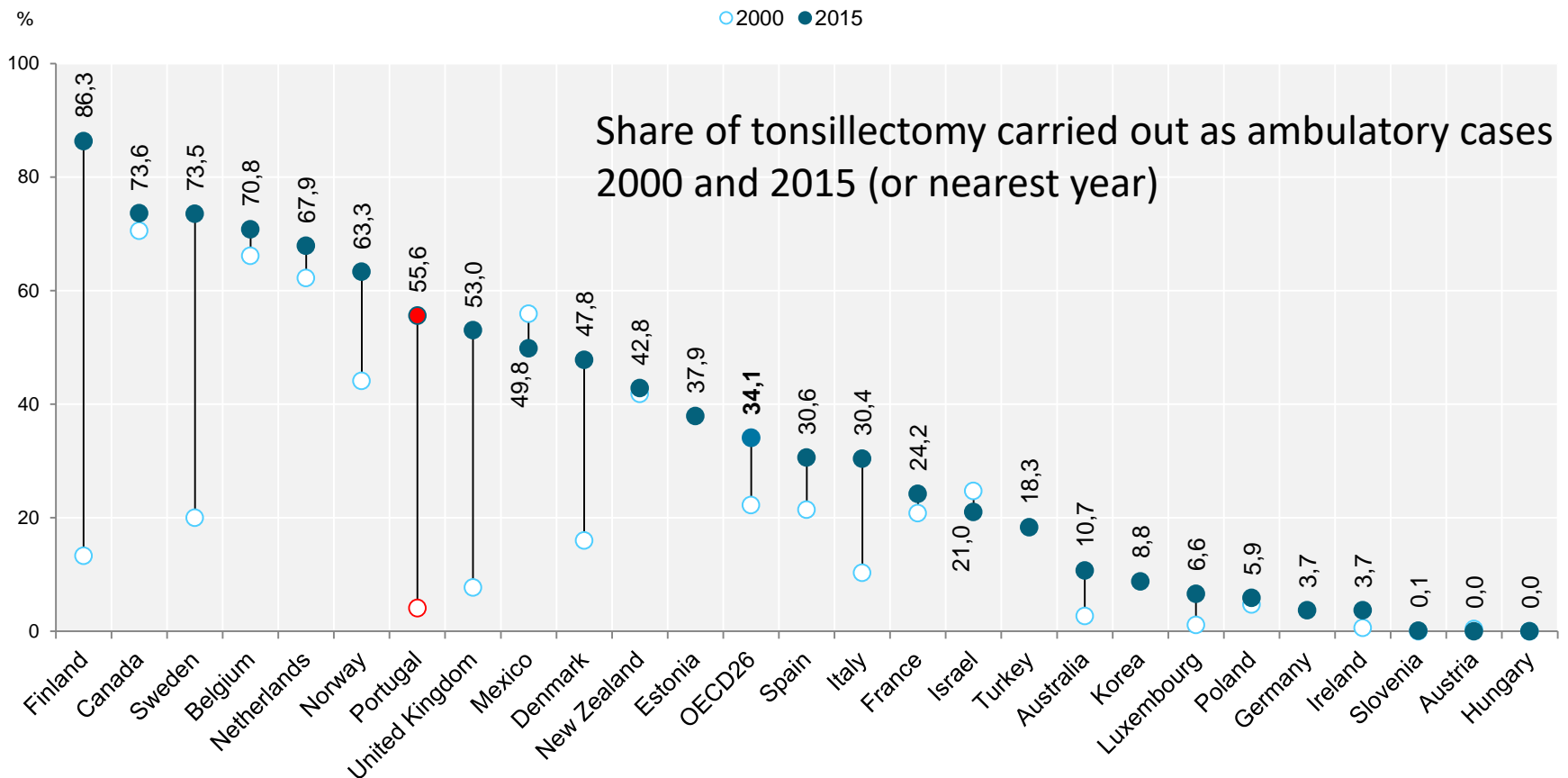


Results on emergency visits not so spectacular:

Highest number per capita among 21 OECD countries (2011 data)

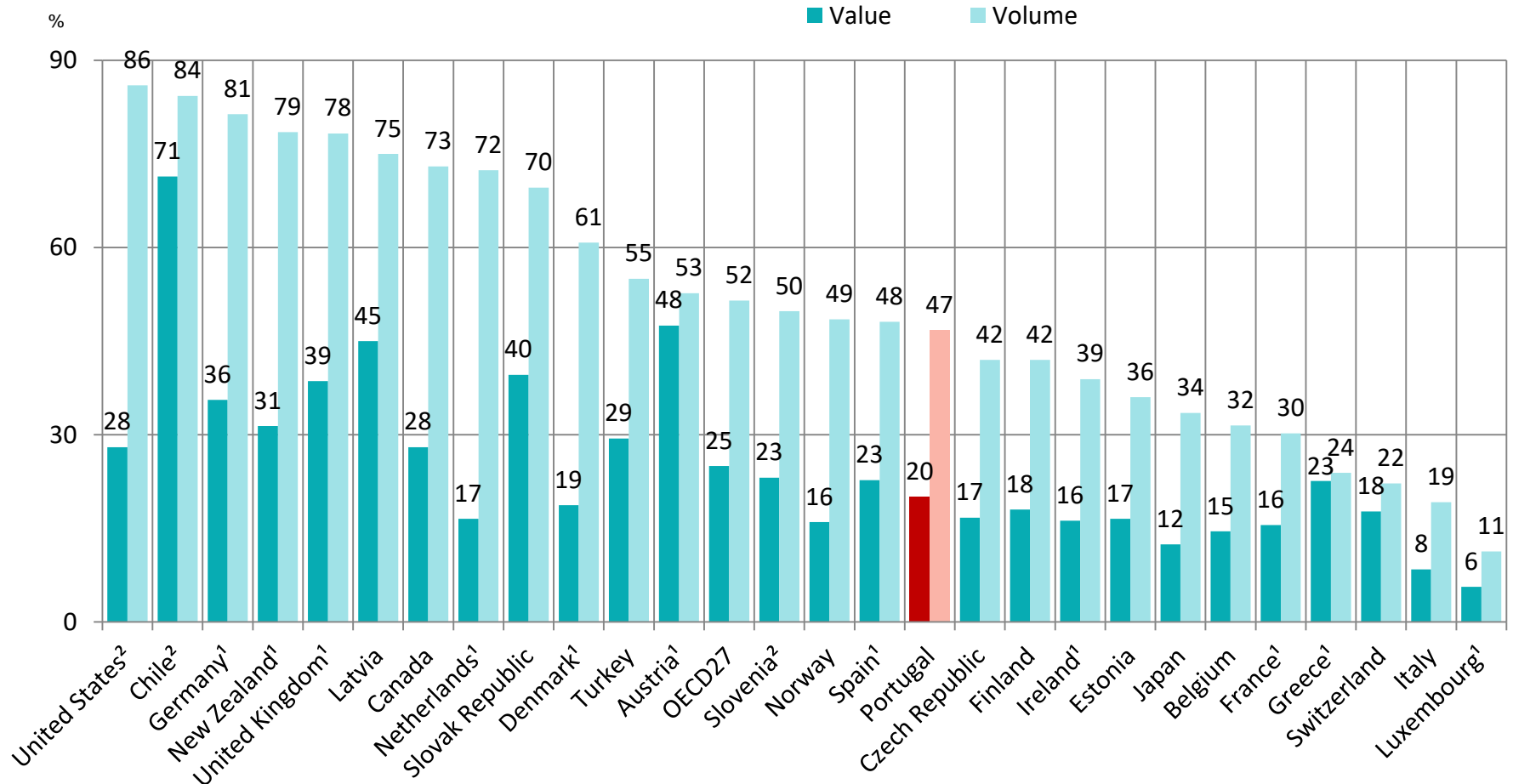
Operational waste

Ambulatory surgery has developed spectacularly fast



Operational waste

The share of generic continues to be low



Levels and solutions

1. Acknowledge

- All OECD countries are explicitly or not already engaged in activities which aim to tackle waste
- Netherlands (2013): created a hot-line and website where stakeholders could report anonymously instances of waste – this led to a series of measures in the area of drugs and medical devices, long term and curative care
- A difficult but worthwhile conversation

Levels and solutions

2. Inform

- Simple comparisons are a good starting point
 - Atlases variations in the volume of services (10 countries) – 2014 OECD study
 - Atlases of price variation UK NHS Atlas (2014) identification wristband for hospital patients - two-fold, needles 47% variation
- Reporting and learning systems of adverse events
- More robust and rich information systems
 - Limitations of many administrative data systems
 - PROM-PREM: Value and safety from the perspective of care recipient
- Making information public can effectively support behaviour change (IGAS on cases of fraud)

Levels and solutions

3. Pay

- Base coverage decisions on value
 - 19 countries use HTA – disinvestment - (SiNats in charge of HTA since 2015)
 - Australia's on-going benefit schedule review
- Payment systems
 - Fee-for-service encourage volume irrespective of appropriateness and deter coordination
 - Bundled or population-based payments are increasingly used to incentivize delivery in the right setting.
 - Some promising results, but complex to administer
- Procurement (SPMS)
- Invest in alternative – (Primary care and FHU, Coordinating Units for Diabetes)

Levels and solutions

4. Persuade

- Importance of behavior change
- Public campaigns
 - Choosing Wisely® campaign in a third of OECD countries
- Combined with individual-level interventions: clinical guidelines, audit, feedback
- Importance of engaging stakeholders
 - patients and encouraging self –management
 - Self-regulation
- Supporting tools (eg e-prescription, decision aids)

Tackling wasteful spending: Where to start

- Reducing wasteful clinical care could release significant amounts of resources
 - patients and health care providers must be on board
- Administrative waste or loss to fraud and corruption is present in all systems and should not be tolerated
 - magnitude of potential savings is relatively modest
- Eliminating operational waste is most complex
 - less evidence on policies that work
 - can pave the way for efficiency-enhancing systemic changes, including hospital restructuring

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