Integrated Management System of the Waiting List for Elective Surgery

The Portuguese case

Meeting of the UEMS Section of Surgery and European Board of Surgery

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Born in 1143 AC

92 thousand square kilometers
10.5 million people

GDP per capita of 15 000 euros

Health resources per 100 000 inhabitants:
- 417 doctors
- 622 nurses
- 235 hospital beds

NHS:
- 109 hospitals
- 1,400 primary care units.

State expenditure on health as % of GDP is 6.3
Infant mortality rate per thousand live births= 3.4
Life expectancy at birth 80 years.
## NHS Consolidated Accounts*  2015 – Budget 2016

### Annual Data

<table>
<thead>
<tr>
<th></th>
<th>NHS Budget Consolidated Accounts</th>
<th>2015 Provisory</th>
<th>2016 Budget</th>
<th>Δ B) Vs A)</th>
<th>Value</th>
<th>%</th>
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<tbody>
<tr>
<td><strong>Accrual</strong></td>
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<td><strong>1. Revenues</strong></td>
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<td>1. Indirect Taxes</td>
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<td>3. Interests income</td>
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<td>6. Other current income</td>
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<td><strong>Total</strong></td>
<td></td>
<td>8.665,5</td>
<td>8.806,2</td>
<td>140,7</td>
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<td><strong>2. Expenditures</strong></td>
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<td>1. Compensation of employees</td>
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<td>Public Private Partnership Hospital</td>
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<td>4,2</td>
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<td>-10,6</td>
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<tr>
<td>5. Current transfers</td>
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<td>35,7</td>
<td>37,9</td>
<td>2,2</td>
<td>6,2</td>
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<tr>
<td>6. Other current transfers</td>
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<td>51,7</td>
<td>44,1</td>
<td>-7,6</td>
<td>-14,7</td>
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<tr>
<td>7. Capital expenditure</td>
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<td>124,0</td>
<td>110,0</td>
<td>-14,0</td>
<td>-11,3</td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
<td>8.924,9</td>
<td>8.985,3</td>
<td>60,4</td>
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<td><strong>3. Balance (1-2)</strong></td>
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<td>80,3</td>
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<td><strong>4. Cash Balance from budget n-1</strong></td>
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<td>118,9</td>
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<td><strong>5. Balance (3+4)</strong></td>
<td></td>
<td>-140,5</td>
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</tbody>
</table>
In 2004 OECD began a study with 12 Countries
Institutional framework of SIGIC

Ministry of Health

Setting the national health policy, exercise the relevant regulatory functions, promote their implementation and evaluate results.

Central Administration Of Health Care System (ACSS)

- Managing the resources of the NHS
- Promoting quality of health services in the NHS

Central Unit of SIGIC

- Manage the surgical services in order to maintain the balance between demand and supply, in an articulated, regulated and sustained way, given the access needs of patients
INSTITUTIONAL FRAMEWORK OF SIGIC

ACSS - UCGIC

ARS - URGIC

Hospitals - UHGIC

Ministry of Health

National health policy

ACSS - resources NHS

UCGIC - Quality

ACESS - NHS

SIGIC

North

Center

LVT

Alentejo

Algarve

UCGIC - Central Unit of SIGIC
SIGIC in 2015:
- 560,401 surgeries
- 4 million appointments
- 1.5 Billion Euros
Understanding Access

- Efficiency
- Quality
- Results
- Effectiveness
- Production
- Cost
- Income
- Value
- Liberty
- Access
- Decision
- Confort
- Transparency
- Information
- Norms
- Time
- Opportunity
- Utility
The circuit of the patient in SIGIC

The hospital classifies the patient according to his priority and try to operate on time.

By 4 or 6,7 months, he is sent to another hospital or to a private hospital with a convention in NHS

High priority patients
Declared lack of capacity for responding

Transfer to another hospital

Hospital source (NHS)

4 months

6,7 months (1 month)

Hospital of destination NHS

Hospital of destination non NHS

9 months (2 months)

Maximum waiting time (less priority)
Understanding the Solution

Entries

Admission in Public Hospitals

Exhaust valve that sets a limit for waiting list increase (75% of maximum waiting time)

Elective surgeries private sector

Public hospitals output patient

Others removals waiting lists

Elective surgeries public sector

WT

75% MWT

WL

UCGIC - Central Unit of SIGIC
SIGIC – BUSINESS MODEL AND PRINCIPLES

Focusing the services provided on meeting the patient needs

- Less Waiting time and Equity in Access
- Efficiency with Effectiveness
- Transparency
- Accountability

Keeping the NHS Sustainable
Strategy of SIGIC

- Rights and duties of citizen and institutions
- Transparency of the process and outcomes
- Motivate professionals focusing system in the patient needs
MATRICIAL MANAGEMENT SYSTEM

Classical functions

Planning
Normalization
Funding and contract
Information technology
Equipment and facilities
Human resources
General Administration
Quality

For health services

Primary care
Elective Surgery
Hospital medical care
Continuous care

14-11-2015
UCGIC - Central Unit of SIGIC
How Does SIGIC Do It

Integrate de value chain

- Auditing
- Monitoring
- Transfer patients
- Planning
- Hiring
- Coaching
- Information
- Benchmarking
Surgical Demand and Supply

Funding and Billing

Patient Referral and Transfer Network

Communications Network and Process Control

Clinical and Quality Protocols Management

Performance Indicators / Business Intelligence

Patient Perceived Value / Quality of Treatments

Next Step

Process Management

Disease Management

Patient Management

Measurement of gains in Health

Plan / Regulate
Make the right decision

SIGLIC - MANAGEMENT INFORMATION
SYSTEM OF WAITING LISTS FOR SURGERY

UCGIC - Central Unit of SIGIC
### SIGLIC – INFRASTRUCTURE ARCHITECTURE

#### 2011

- **Number of hospitals**: 113/56
- **Number of users**: 7,495
- **Number of contributors**: 38,249
- **Number of data transactions**: 5,857,978
- **Number of input variables**: 881
- **Number of patient transfers**: 124,479
- **Number of clinical episodes**: 600,331
- **Total DB volume**: 1,441GB

#### Hospital Information Systems

- **SAM/SONHO**: Other HIS

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**UCGIC - Central Unit of SIGIC**

14-11-2015
Results

Entries per 1,000 population by district of residence

Evolution of New Entries (inflows)

46.6%
Results

Evolution of waiting lists (WL) and its median waiting time in months

Median Waiting Time of LIC

- 10,8%
- 55,1%
Results

Evolution of Surgery Production

Surgery production in private hospitals with conventions

Nr episodes


62,3%
Centralized waiting list management

Standardization processes and records - transparency

Definition of maximum guaranteed response times

Setting objectives and targets penalizing non-compliance

Competition and freedom of choice

Paying Operating Teams for each surgical treatment
Why does SIGIC works

- Establishing penalties for non-compliance with guaranteed maximum response time reduces waiting times.
- Allowing surgeons, in hospitals, to do additional surgery, promotes productivity.
- The analyses of expressed demand makes optimizations possible relocating resources.
- Through the analyses of supply for each providers it’s possible to increase productivity.
- The monitoring of compliance can correct errors.
- The collection of standardized data that allows to compare providers (benchmarking) increases efficiency.
Why does SIGIC works

- The identification of a responsible person for each event and the management of information as documents, allows "accountability";

- All stakeholders (physicians, patients, managers) share the same information and thus control each other;

- Patient transfers are automated when there is risk of exceeding the maximum waiting time guaranteed for surgery, in this case the original public hospital pays the bill;

- The regular publication of detailed results promotes accountability and allows all stakeholders to control the process;

- Publication of rates of productivity and non-conformities – promotes quality and efficiency
New developments in NHS

• Integrated System for Access management SIGA
• LAC - NHS Free Access and Circulation
• GPR SNS - NHS Shared Resource Management
Access to Healthcare Integrated System

SIGA
SNS
Continuous Care (CCI)
Primary Care (CSP)
Non-urgent transportation
MCDT
Pharmacies
Medical Specialties
Emergency (medical and surgical)
Surgical Specialties
Hospital Care

Opportunity
Funding Model
Effectiveness
Contratualization Model
Efficiency
Regulation Model
Incentives and penalties Model
Flexibility
Efficacy
LAC - NHS Free Access and Circulation

- Free access and circulation of patients in the NHS (LAC) June 2016 (Despacho n.º 5911-B/2016, 03 May):
  - the patient together with his family doctor may choose the hospital in which to be treated, taking into account criteria like average waiting times (for surgery and medical appointments) and also distance,
  - A pilot has been set up in 4 health units. 13% of the patients were referred to a different hospital unit instead the one that they were usually referred
  - Now, LAC in place in all units of primary health care.

- Referentiation of patients to primary care/hospital care
  - from Health Line 24 to primary care and emergency services;
  - and also from primary care to emergency services;
  - These processes have, from 1st April on, been exempted from the payment of moderating fees (total 6.136.822 exempted users).
NHS Shared Resource Management (GPR SNS)

- Better control
- Optimization of installed capacity
- Increased production
- Timely access
NHS Portal, information and transparency

Launched on 1st of February 2016
• Transparent
• Closer to citizen

Includes:
• NHS indicators
• Waiting times
• Health on real time
• Health services

https://www.sns.gov.pt/
NHS Portal

Transparency Portal – Up-to-date indicators

31.738 contactos de enfermagem realizados hoje
1.438.080 € em despesa pública com medicamentos hoje
43.835.251 receitas prescritas eletronicamente em 2016
146.118 mamografias realizadas em 2016

Acesso
Eficiência
Qualidade
Saúde dos Portugueses

Access
Efficiency
Quality
Health of the Portuguese