

Transforming respiratory medicine in the post-pandemic world | IRC Summit | 28th – 29th June 2022

Good practices at a national level

Portugal

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Health Status

Demographic and socioeconomic context in Portugal, 2020

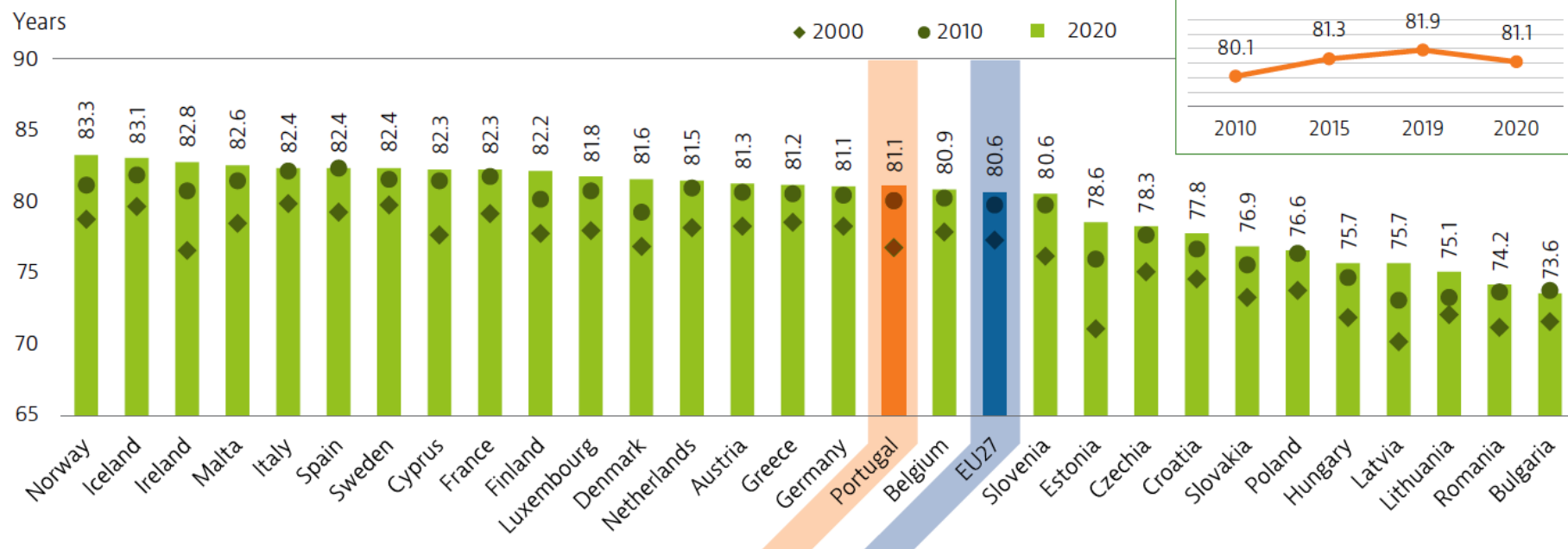
Demographic factors	Portugal	EU
Population size (mid-year estimates)	10 295 909	447 319 916
Share of population over age 65 (%)	22.1	20.6
Fertility rate ¹ (2019)	1.4	1.5
Socioeconomic factors		
GDP per capita (EUR PPP ²)	23 062	29 801
Relative poverty rate ³ (% , 2019)	17.2	16.5
Unemployment rate (%)	6.9	7.1

OECD 2021



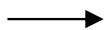
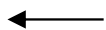
Health Status

Figure 1. Life expectancy at birth in Portugal is higher than the EU average



Before the pandemic, life expectancy had increased by more than 5 years between 2000 and 2019.

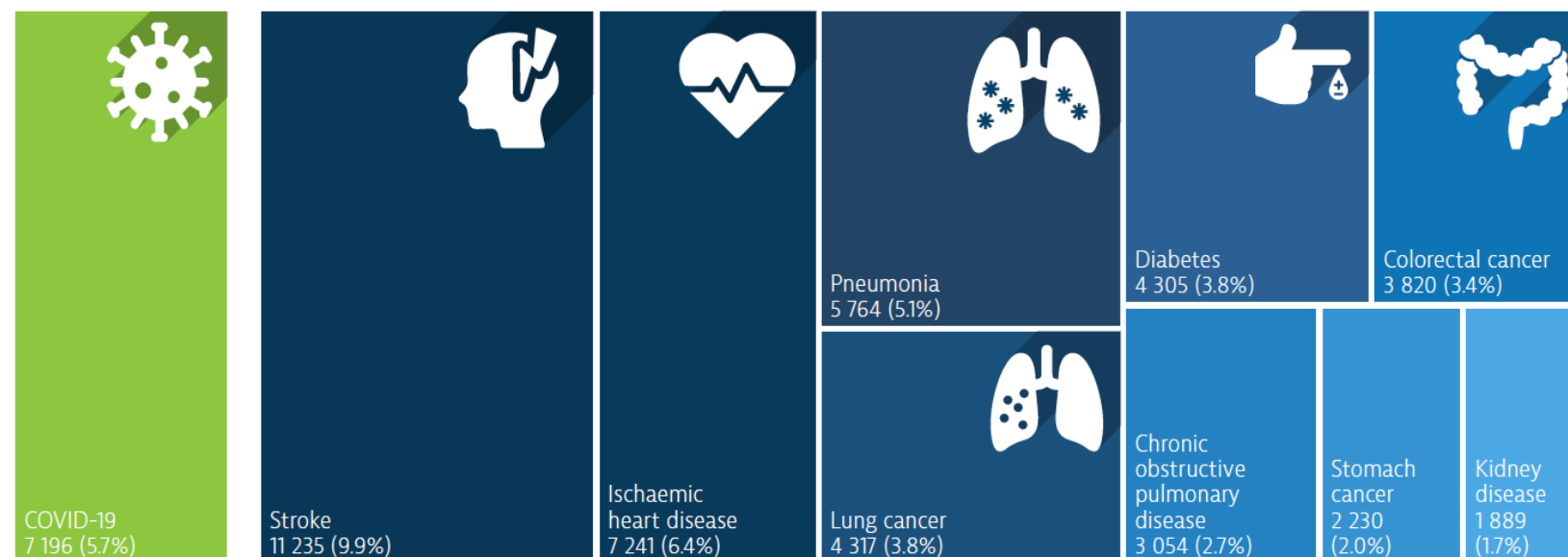
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Figure 2. Stroke and ischaemic heart disease are the main causes of death, but COVID-19 led to many deaths in 2020

The burden of non-communicable diseases is high – Cardiovascular diseases and cancer are the leading causes of death in Portugal.



Note: The number and share of COVID-19 deaths refer to 2020, while the number and share of other causes refer to 2018. The size of the COVID-19 box is proportional to the size of the other main causes of death in 2018.

Sources: Eurostat (for causes of death in 2018); ECDC (for COVID-19 deaths in 2020, up to week 53).

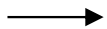
OECD 2021

Health Status


Figure 3. About one third of deaths can be attributed to behavioural and environmental risk factors

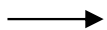
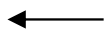


OECD 2021



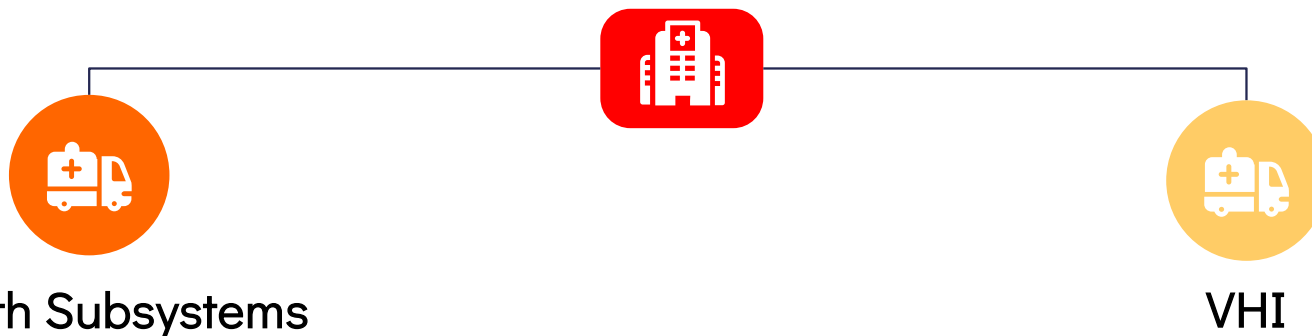
The Health System

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- Portugal's National Health Service (SNS) is a universal tax-financed health system, covering all residents
 - Undocumented migrants have been entitled to public health services since 2001
 - The regional health administrations are responsible, at the local level, for strategic management of population health and implementation of national health policy objectives
 - In 2018, several competencies were transferred to municipalities – still ongoing



The Health System

The SNS coexists with **two other systems**



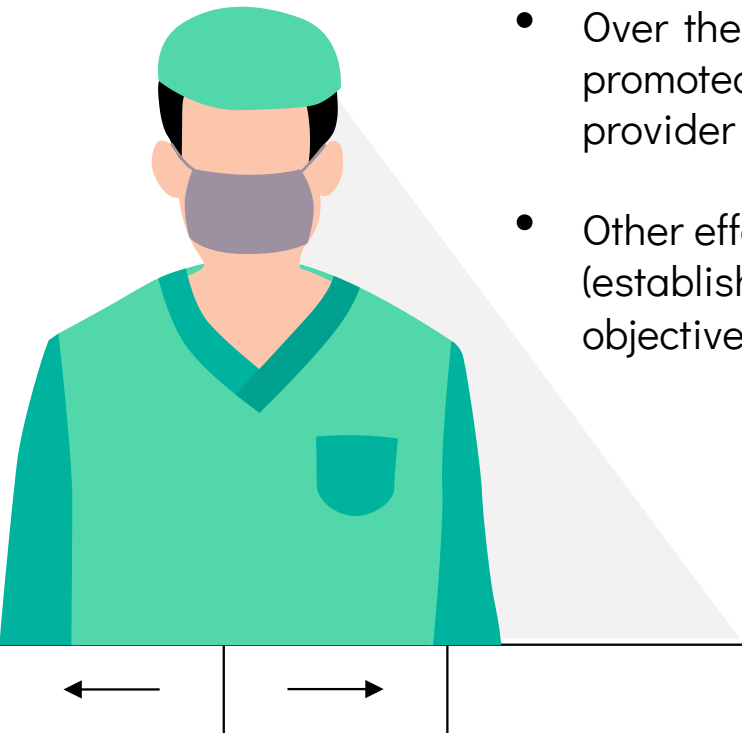
Special health insurance schemes that provide coverage for particular professions or sectors – such as civil servants and the banking sector

Private voluntary health insurance. VHI has a supplementary role, facilitating access to private health care.

In 2017, **≈ 25% of the population was covered** by a health subsystem or a VHI scheme (Simões et al., 2017)

The Health System

- GPs act as gatekeepers to specialist care in the hospital
- Over the past two decades, integration of different levels of health care has been promoted which integrate hospitals and primary health care units within a single provider organisation
- Other efforts to promote more coordinated delivery of care include family health units (established in 2007), which are staffed by multiprofessional teams and valued by objectives

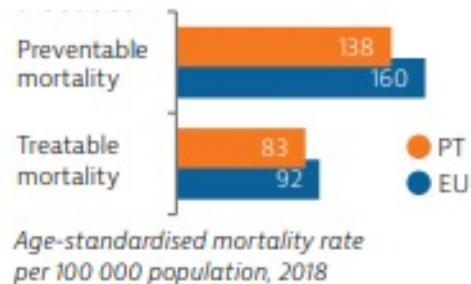


Effectiveness

Preventable mortality in Portugal is **lower than the EU average**, at 138 deaths per 100 000 population in 2018 (compared to an EU average of 160)

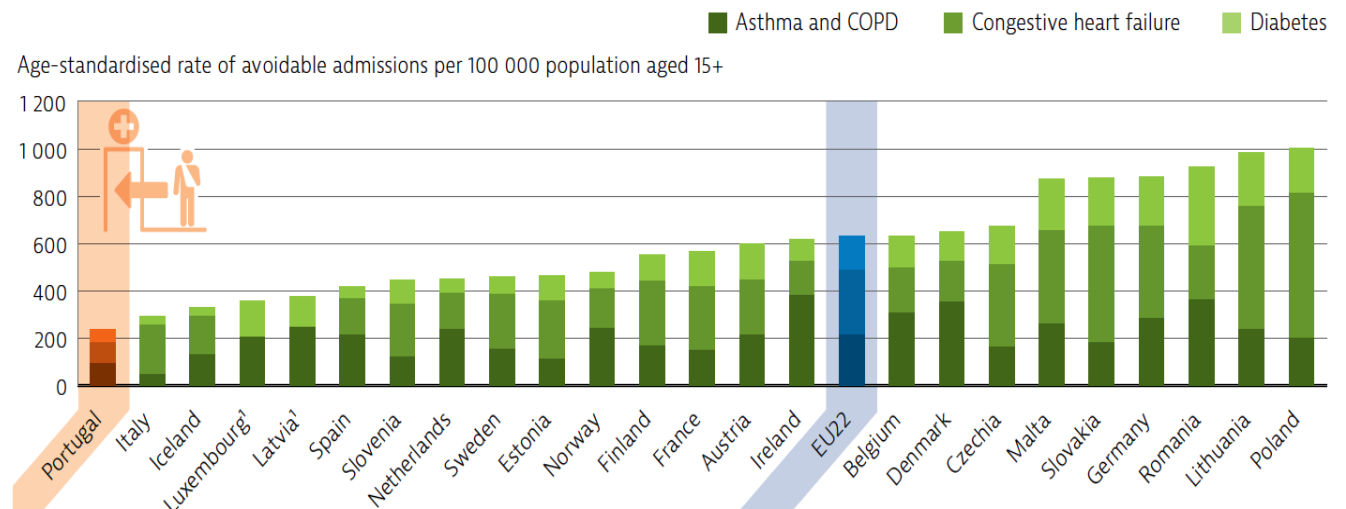
However, Portugal lags behind other countries, such as Italy, Spain and France

Figure 5. Preventable Mortality in Portugal and EU

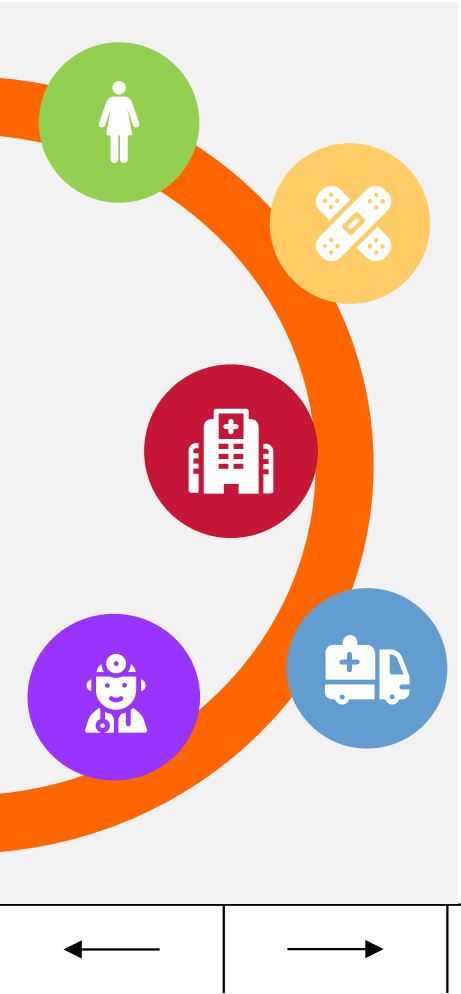


Portugal's hospital admission rates for asthma, COPD, congestive heart failure and diabetes are **among the lowest in the EU**

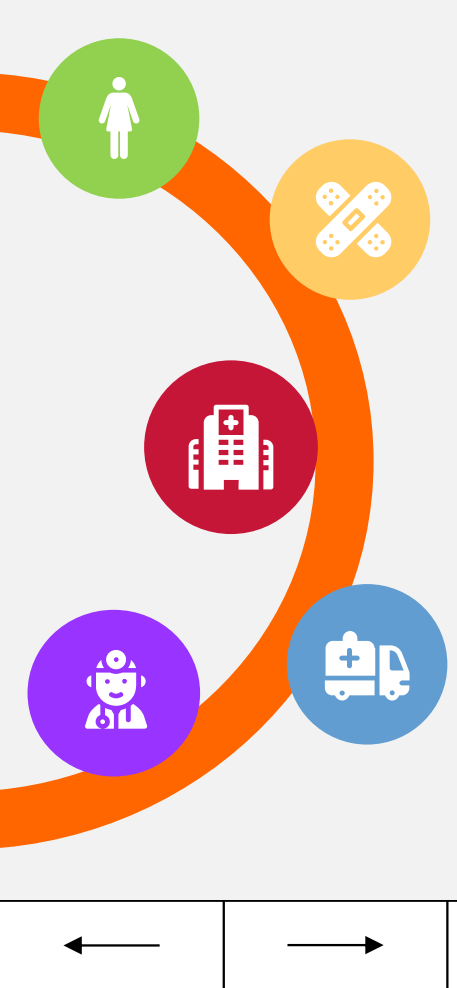
Figure 6. The primary care system manages chronic conditions better than those in other countries



Effectiveness


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- Portugal presents low rates of avoidable hospitalization partially attributed to the **National Strategy for Quality in Health 2015-20**, aimed at improving patient safety and increase the adoption of clinical guidelines for safe prescribing (DGS, 2020d)
 - Recently, a number of organizational changes were adopted, which increased the **involvement of primary health care** (e.g., Digital Consultation) and the **establishment of mobile health clinics** to reach vulnerable populations in rural areas
 - There has been na increased training on respiratory medicine and access to respiratory exams in primary care

Accessibility & Resilience

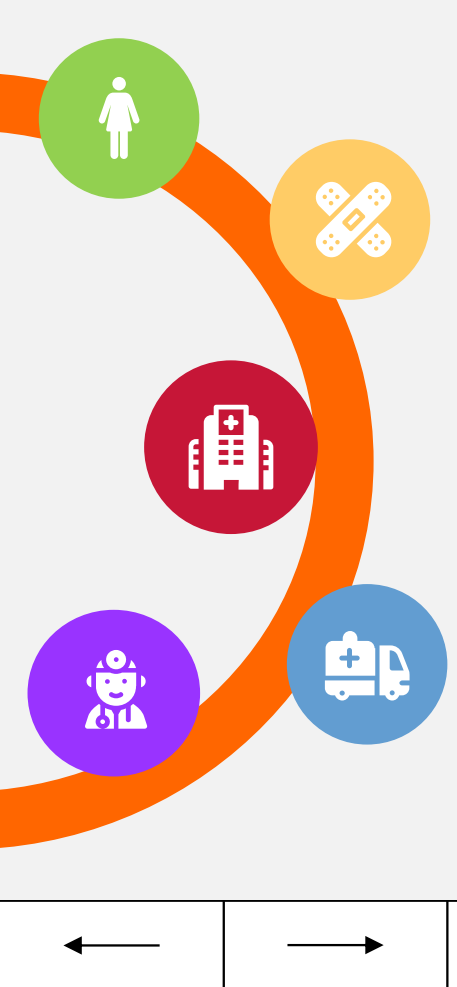


- In 2019, 3.5% of people in the lowest income quintile reported unmet medical needs due to cost, distance or waiting time compared with 0.2% in the highest (EU SILC survey)
- Unmet medical care needs were much higher for all population groups during the COVID-19 pandemic, as Portugal was among the EU countries hardest hit by the COVID-19 pandemic

COVID-19 Related Care


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- During the pandemic, the Portuguese NHS fully covered the costs of a coronavirus test if prescribed by an NHS physician
 - Furthermore, the Government:
 - Adopted special measures for undocumented migrants to eliminate barriers to health care and access to social support
 - Expanded the regulations and payments for teleconsultations to enable a substitution for F2F consultations, for physicians and psychotherapists
 - Improved the network with private and social sectors

COVID-19 & Telemedicine



- Telemedicine and distance monitoring were also used for **triage and referral** of COVID-19 patients
- A free NHS phone line (SNS 24) was upscaled to integrate services for COVID-19 – to coordinate the testing and tracing policy, and to follow up COVID-19 patients at home
- A further free NHS phone line – available 24 hours a day, 7 days a week – was set up to allow psychologists to provide support to people in need

Immunisation

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- A decorative graphic on the left side of the slide. It features a thick, curved orange line. Along this curve are five circular icons: a green circle with a white person icon, a yellow circle with a white bandage icon, a red circle with a white hospital icon, a purple circle with a white nurse icon, and a blue circle with a white ambulance icon.
- In Portugal, immunisation levels against seasonal influenza for 65+ were among the highest in the EU before the pandemic. Coverage has steadily increased in recent years, from 43 % in 2011 to 61 % in 2017 (EU pre-pandemic average = 40 %; WHO target of 75 %) (DGS, 2020e)
 - These positive results are linked in part to ease of access as the influenza vaccine is free for 65+ and other at-risk groups, and is readily available in local primary care units

Good practices at a nacional level

- Easy access to health care
- Primary care manages well chronic conditions (low rate of preventable hospitalizations)
- Development and implementation of strategies to manage and control chronic respiratory diseases across the nation, with a focus on promoting the use of preventative measures
- Existence of national and regional respiratory programs
- Increased training of family doctors in respiratory disease
- Increased availability to respiratory exams in primary care
- Increased use of digital solutions

Main Threats

- Although everyone can access health care services, **not everyone has a family physician**
 - While undocumented migrants have been entitled to public health services since 2001, in practice they experience some **barriers to accessing care**
 - Sub diagnosis of respiratory diseases with **difficult access to respiratory exams**
 - Difficulty accessing specialized care - **waiting list for respiratory diseases is usually long**
 - Workforce shortages more evident since the pandemic
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