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Introduction of freedom of choice for hospital outpatient care in Portugal: Implications and results of the 2016 reform[☆]

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ABSTRACT

In Portugal, the National Health Service (NHS) assures universal access to medical treatment and care that is free at the point of delivery – except for relatively small user charges. Freedom of choice is limited and competition between the public and the private sectors is almost non-existent. In May 2016, the Ministry of Health introduced a new law that facilitates the referral of NHS users from primary healthcare units to outpatient consultations in NHS hospitals outside of the referral area. However, for inpatient care, patients are still bound to receive treatment within their referral area, which is determined by place of residence. The aim of the reform was to provide a timelier response to citizens' health needs and to increase efficiency. According to preliminary data from June 2016 to May 2017, 10.6% of all outpatient referrals from NHS primary health care units were made to an NHS hospital out of the referral area, with the highest proportion in the Lisbon (15.8%) region. In general, median waiting time for first outpatient consultation increased after the introduction of choice in the five specialties with the highest proportions of out-of-area referrals - but it reduced in two departments with the longest waiting times prior to the reform. The reform constitutes a major change to the relationship between NHS hospitals, with foreseeable consequences in hospital funding and the patients' perception of hospital quality.

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1. Introduction

The Portuguese healthcare system is characterized by three co-existing and overlapping systems: the universal National Health Service (NHS); the health subsystems, which are special insurance schemes for certain professions and companies; and private voluntary health insurance (VHI) [1].

The Portuguese NHS was established in 1979, by bringing together existing district and central hospitals as well as other health facilities, previously operated by the social welfare system and religious charities. The creation of a “universal, general and, considering citizens' social and economic conditions, tendentially free at point of delivery” National Health Service was in line with the principle of every citizen's right to health, first embodied by the Portuguese Constitution in 1976 [1]. The NHS has a centralized and participated management.

The goal of the NHS is to protect the health of the population living in Portugal and the government may act directly as a provider of healthcare or contract with private providers, when the NHS does not provide a timely response. Health policies should promote equality of access to healthcare for all citizens, irrespective of their economic condition and geographic location, and should ensure equity in the distribution of resources and use of healthcare services [1].

This paper reports on the issues related to patient choice within the Portuguese NHS and discusses the recently approved legal framework for patient choice in Portugal. Additionally, the paper presents first data available on the newly introduced measure to increase patient choice within the NHS.

2. Policy background

Patient choice in the health system has been an issue of increasing discussion in Portugal. As the Portuguese NHS is universal, the main discussion is not on choices around coverage but focuses on choices of provider. As discussed by other authors, there is little competition among healthcare providers within the NHS [2]. Competition among NHS primary care providers is hampered by excess demand, as many residents in Portugal do not have a designated GP. Regarding NHS hospitals, competition has been traditionally

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limited to cases of maximum guaranteed waiting time for surgery being exceeded [2]. While in other European countries (such as France, Germany, Netherlands and Norway) patients can choose the hospital where they wish to be treated, in Portugal patients are restricted to the hospital in whose geographically-defined catchment area they live [3]. Since 2012, for certain elective procedures, patients can choose a different hospital if they wait longer than a maximum response time defined by the Ministry of Health.

Patients who are covered by VHI or health subsystems (such as public servants and workers of some companies) have the option to use a network of contracted providers, depending on the health insurance scheme or the health subsystem. This is the paramount difference between the use of private providers contacted with insurance schemes and health subsystems, and the use of the NHS. Whether a patient (covered by VHI or health subsystem) is referred for an outpatient appointment or a surgery from an NHS primary healthcare unit or a private provider, he/she has the option to choose any private provider contracted with his/her scheme and quickly schedule the appointment or surgery. While waiting times are not an issue in private hospitals, NHS hospitals may have long waiting times for outpatient appointments, depending on the specialty.

The first point of contact within the Portuguese NHS is the GP/family doctor in a NHS primary healthcare unit. Public and private healthcare provision are separated in Portugal, with very few connections. Every citizen is a NHS user, although, in addition to the NHS, citizens can benefit from extra layers of insurance coverage (health subsystems and private VHI). This means that a patient who is not covered by a VHI neither a health subsystem is limited to the NHS choices. Patients must register with a GP in a NHS primary healthcare unit located in their residential area, which has a specific hospital referral network (NHS only). Usually, the NHS hospital to where a primary healthcare unit refers patients is located in the same geographic area, and thus, the patient's residence determines both the NHS primary healthcare unit and the NHS hospital the patient uses. If covered by a VHI or health insurance, a patient can choose not to use the NHS network at all, or can also choose

to use both the NHS and private providers. A NHS patient with no additional coverage has only the NHS to use.

In theory, NHS users do not have direct access to specialist care and GPs in NHS primary healthcare units are expected to refer patients to a NHS hospital (the one within the unit's referral network for a certain specialty) after preliminary assessment. However, until very recently, a relatively high proportion of NHS users were not registered with a GP, and patients used to bypass their GP by visiting emergency departments. By doing that, patients were referred to specialties within the same hospital by the emergency services.

By the end of 2015, there were more than 1 million (10,5% of all NHS users) people not registered with a GP, especially in the Algarve (22,7%) and Lisbon and the Tagus Valley (20,1%) regions (Fig. 1) [4]. The trend observed between 2013 and 2014 could be explained by the effect of retirements among GPs that were not immediately replaced by new colleagues [5]. The situation improved in recent years by increasing the number of GPs in the NHS (Fig. 1).

Furthermore, in the NHS hospital network, there are frequent delays in obtaining an outpatient specialist appointment depending on the hospital, the specialty and the patient's priority.

Overall, there was a different freedom of choice among NHS users. On the one hand, NHS users covered by a health subsystem or VHI have greater choice of private provider. On the other hand, NHS users not covered by any supplementary scheme have no freedom of choice at all. For those, NHS hospital is determined by the referral network of their NHS primary healthcare unit and they have to face long waiting times for outpatient appointments or procedures.

3. Purpose of the policy and content of the reform

The decision on changing the NHS referral system was made in 2016 and enforced into law in May 2016 [6]. The rationale for this decision was based on the differences between waiting times for outpatient consultations, within the same specialty, between different NHS hospitals. The current government (in power since November 2015) made reference to this measure in its programme

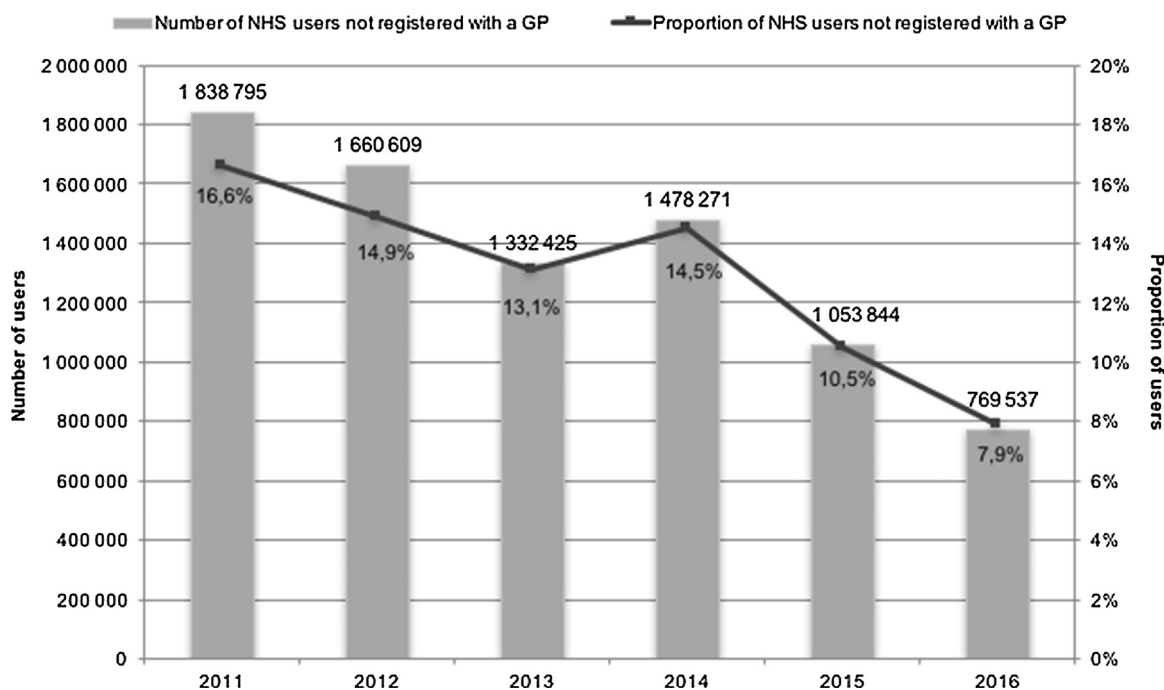


Fig. 1. Trends in users not registered with a GP in the Portuguese NHS, 2011–2016.

Source: ACSS

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