



Joint Action Health Workforce
Planning and Forecasting

The Portuguese health care system



JOINT ACTION HEALTH WORKFORCE
Lisbon - June 18th 2014

Rui Santos Ivo



Funded by
the Health Programme
of the European Union

Agenda

1. The Portuguese Health System
2. Ministry of Health and ACSS
3. HR Management
 - Planning Process
 - Planning Tools available
4. Tools and planning models under development
 - Strategic Plans
 - Prospective Tool for Scenarios analysis
5. Central Information System and Health Professional Portal
6. SIGPS - Integrated System of Planning

Characterization of the Portuguese Health System

- ➔ A National Health Service (NHS)
 - Public and of Universal Coverage
(Madeira and Azores have their own autonomy)

- Health subsystems: special social health insurance schemes for certain professions (mainly for non NHS providers)

- Complementary voluntary private health insurance

National Health System Organization



PRIMARY HEALTH CARE

- Family Health Units (592)
- Health Centre Groups (45 ACES)
- Local Health Units (7 ULS)



ACUTE CARE

- Hospitals (14)
- Hospital Centres (25)
- Local Health Units (7 ULS)

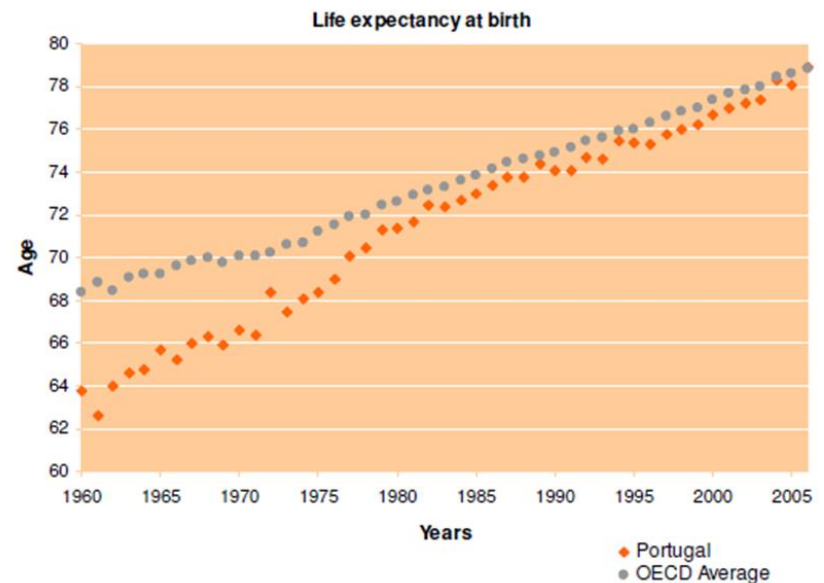
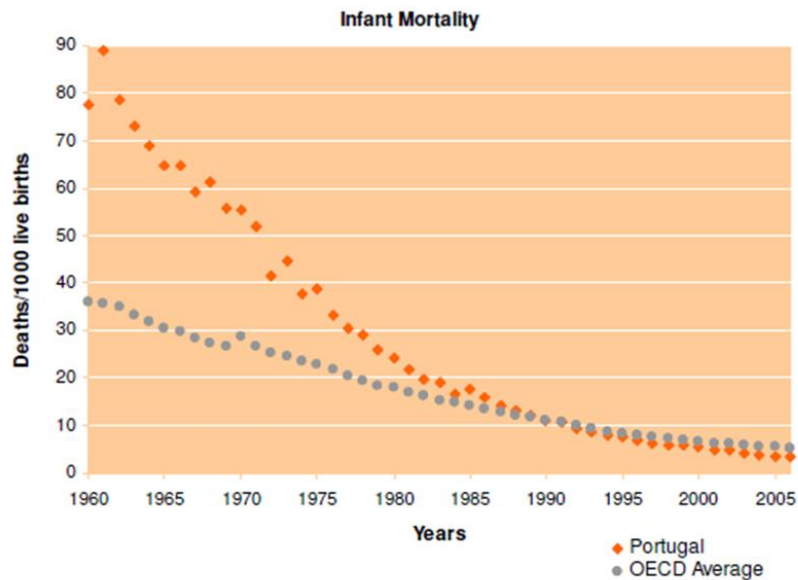


LONG TERM CARE

- Inpatient Units: Recovery, Long and Medium Term, and Palliative care
- Ambulatory Units: Day Care Units – promoting autonomy
- Hospital Teams: Discharge management and Palliative care support teams
- Home care teams: Community based teams to support palliative care

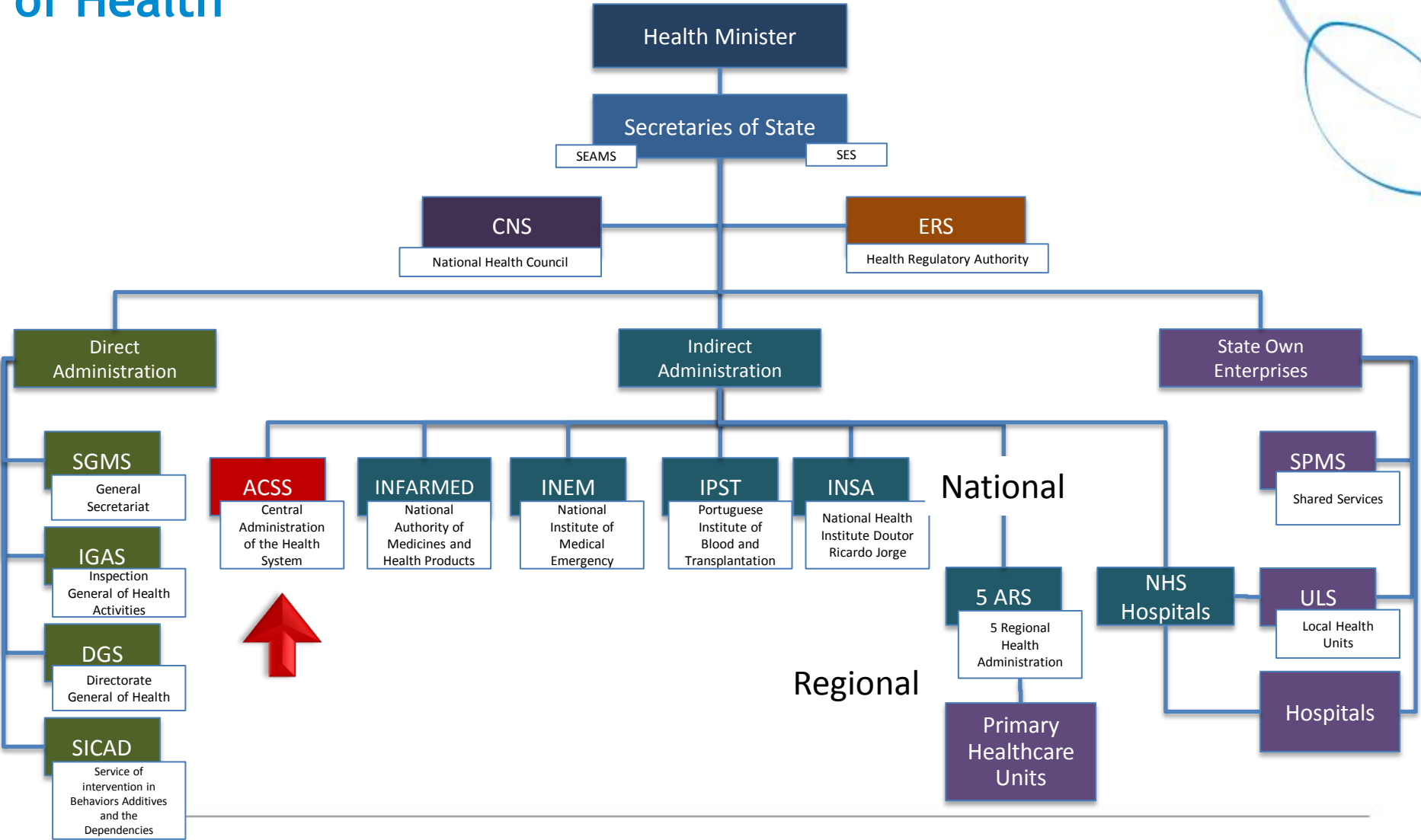
Health Status

There have been significant improvements in measures of population health status and in health care outcomes



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Organizational chart of the Ministry of Health



Generals Roles

Ministry of Health



- Formulation, implementation, monitoring and evaluation of health policies
- Regulation, planning, funding, guidance, monitoring, evaluation, audit and inspection of the NHS

Central Administration of the Health System



- Coordination, planning and evaluation & control
- Financial services and human resources management, infrastructure and equipment
- Improving the quality of health care providers
- Definition and implementation of health services policies, standards and planning

Regional Health Administrations (ARS)



- Development and promotion of public health activities, to ensure the protection and promotion of population health
- Allocation of financial resources to the NHS institutions and services, through negotiation, implementation and monitoring of contracts

Central Administration of Health System ACSS



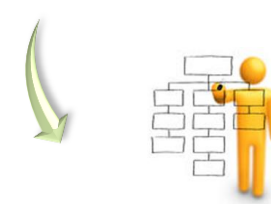
Main areas of activity

Human Resources

**Contracting and
Financing of Health
services**

Budget

**Health Services
Network**



Professional Regulation

Financing model

NHS Budget and control

Network planning

Planning

Pricing

Accounting

Facilities and Equipment

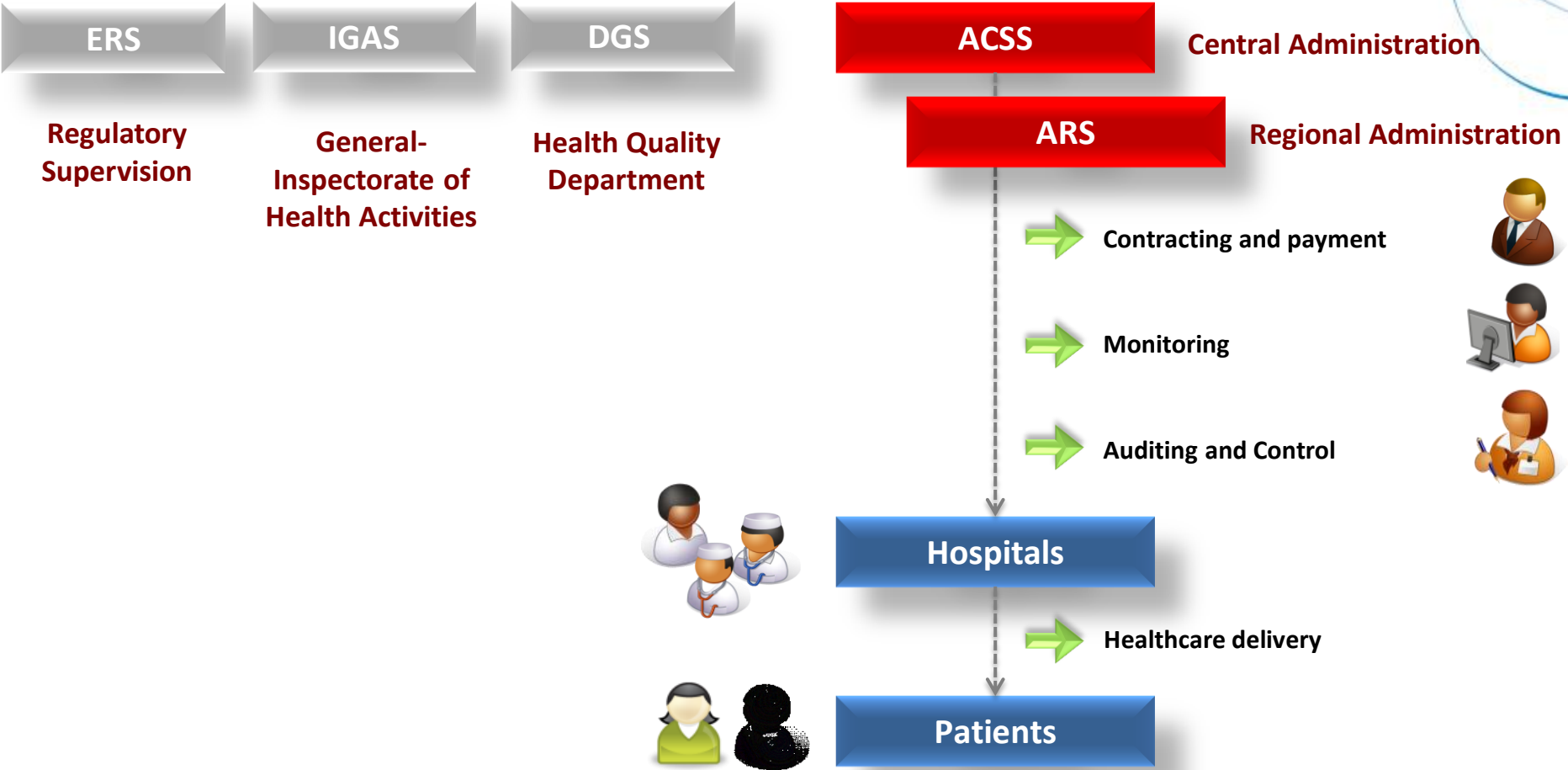
Training

Contracting

Risk Management

Health Care integration

The Contracting Process of health care services



Regional Health Administrations

5 ARS

ARS Norte

- Patients: 3,8 M
- HR:
–Total: 39.323

ARS LVT

- Patients: 3,7 M
- HR:
–Total: 41.235

ARS ALGARVE

- Patients: 0,5 M
- HR:
–Total: 5.522



National total
(including central services)

Patients: 10,3 M

- HR:
–Total: 119.361

ARS CENTRO

- Patients: 1,8 M
- HR:
–Total: 23.503

ARS ALENTEJO

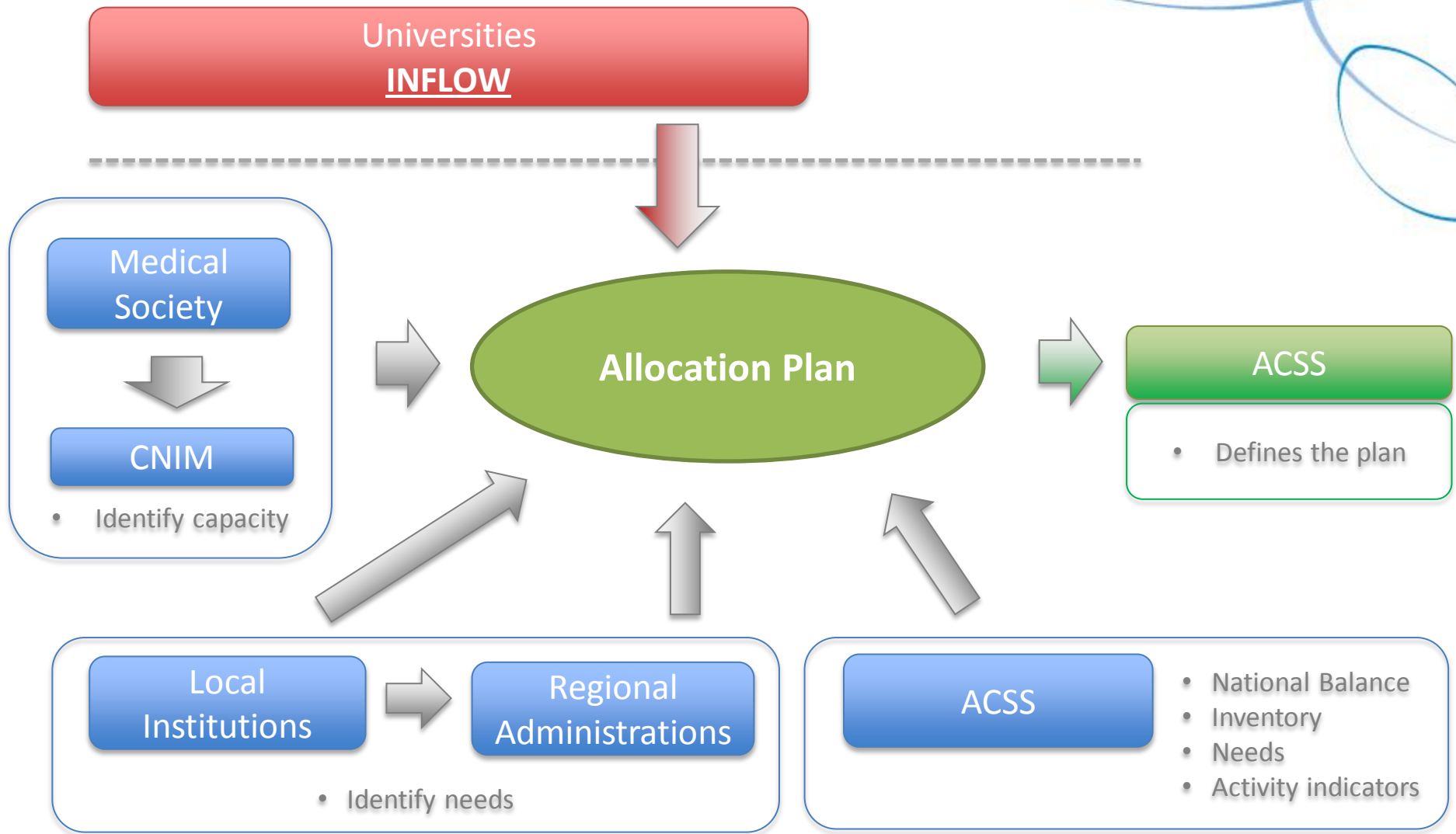
- Patients: 0,5 M
- HR:
–Total: 6.362



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Physicians Specialization



Planning processes implemented

Physicians

Management of medical internship

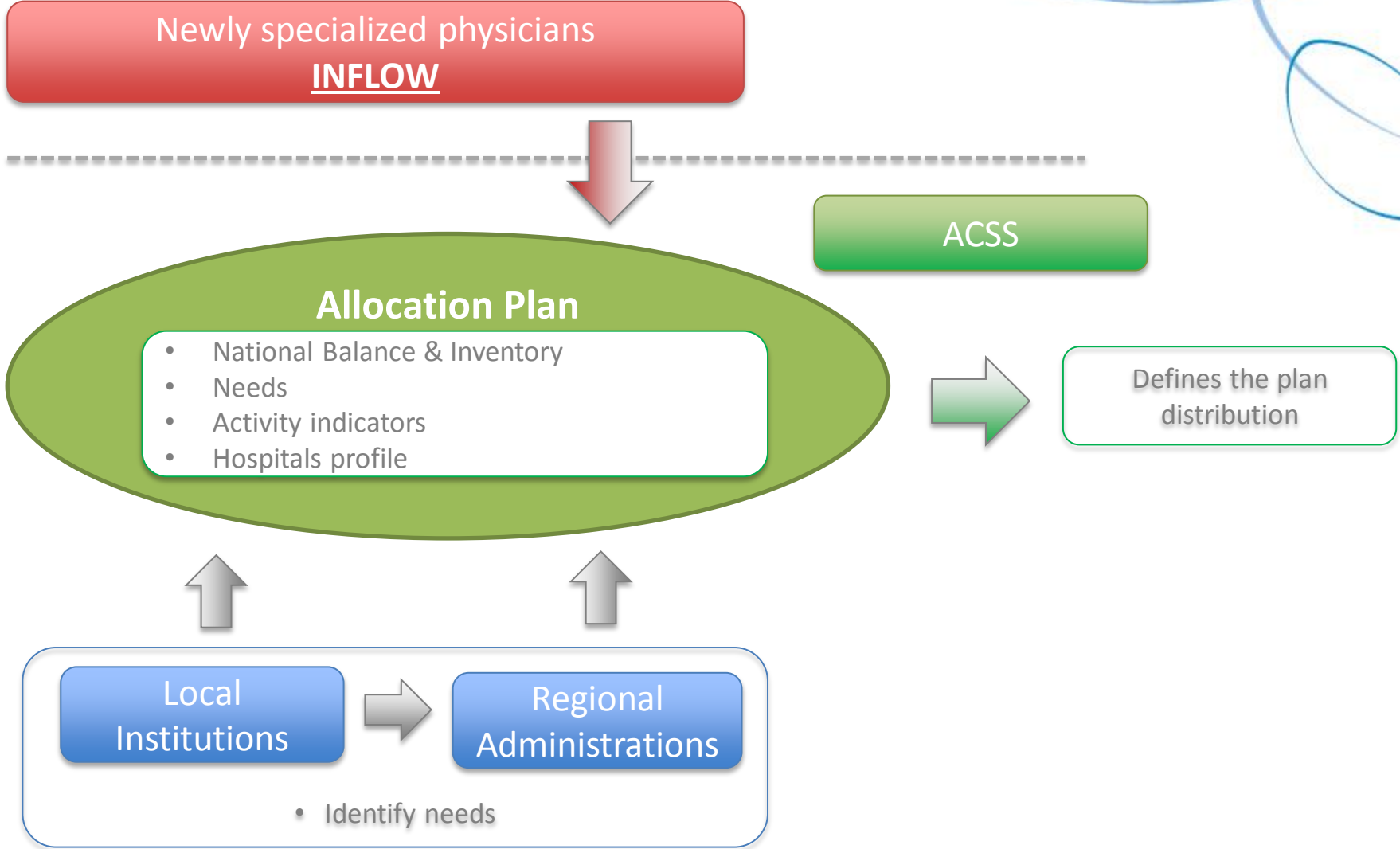
- First year (without specialty)
- National definition of share of vacancies available;
- Definition of formative capability that each organization offer to Public procurement. This work is performed by *Conselho Nacional do Internato Médico and Ordem dos Médicos*;
- Regional definition of share of vacancies available;
- Distribution of number of vacancies by SNS organizations. The strategic goal is to provide vacancies in regions where needs in health care are most urgent.

Planning processes implemented

Physicians

- Second (first year of specialty): Principles
- *National Health Plan* - Document that supports the national strategic goals in health care;
- National definition of share of vacancies available;
- Definition of formative capabilities, by speciality, for each organization to offer to public procurement. This work is also performed by *Conselho Nacional do Internato Médico and Ordem dos Médicos*;
- Regional definition of share of vacancies available;
- Organizational definition of most urgent specialties.

Recruitment of newly specialized physicians



Planning processes implemented

Nurses

Patient Classification System based on Dependency of Nursing Care (PCS/N) application has the following goals:

- To optimise the number of nurses available
- To plan the delivery of nursing care
- To identify the needs in terms of nurses staff
- To adjust the allocation of the hospital staff

Tool under review

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Instruments to support HR management and planning

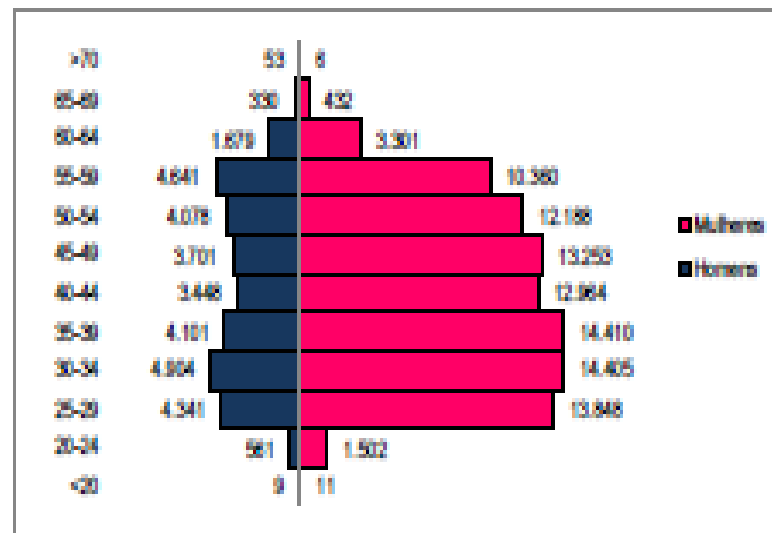
- Social Balance Repertory of the Portuguese Health Ministry
- Health Sector Human Resources Inventory
- Current and Future Needs of Physicians (NHS)
- Monthly reports on evolution and characterization of human resources
- Benchmarking

Social Balance Repertory of the Portuguese Health Ministry

ACSS Administração Central
do Sistema de Saúde, IP



Gráfico 9 – Pirâmide etária dos trabalhadores



Example Graph Workers Age & Sex distribution

Social Balance Repertory of the Portuguese Health Ministry

Gráfico 11 – Trabalhadores por nível de escolaridade segundo o género

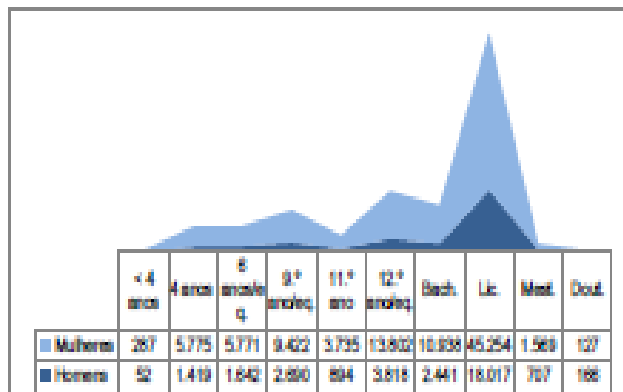
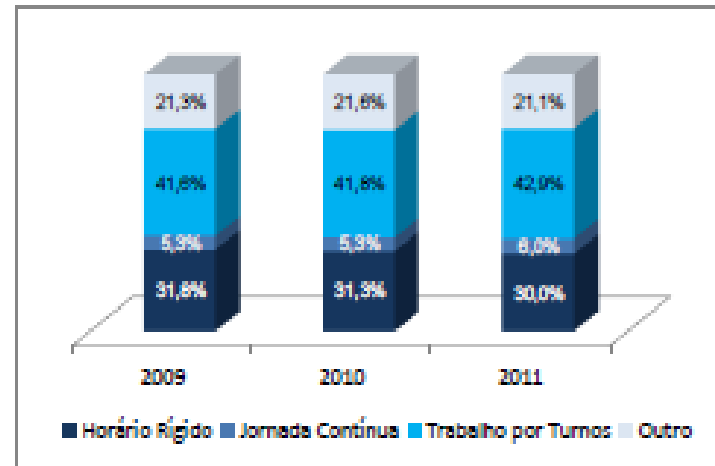


Gráfico 16 – Evolução das modalidades de horário de trabalho



Example Graph Workers Education Level



- *Example Graph Distribution of workers by work schedule*

Current and Future Needs of Physicians (NHS)

ACSS Administração Central do Sistema de Saúde, IP

Atuais e Futuras Necessidades Previsionais de Médicos (SNS)

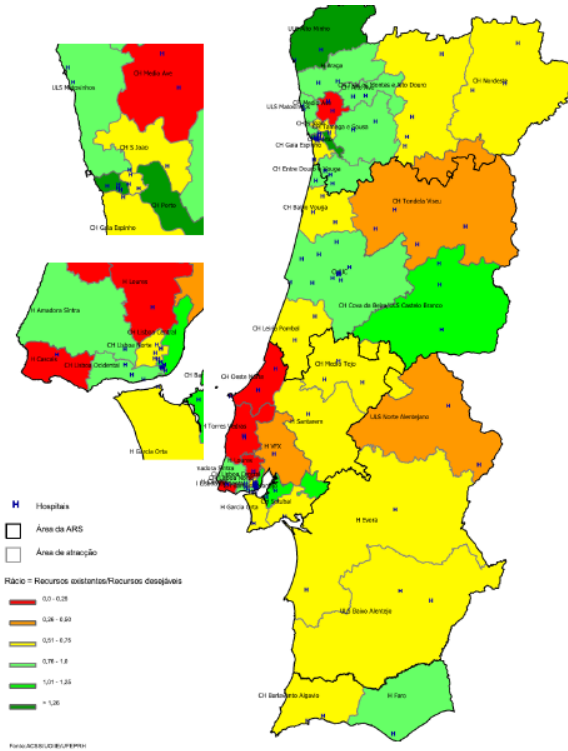
Unidade Operacional Investimentos em Instalações e Equipamentos
Diretor: Dr. Adriano Nasilino

Unidade Funcional Estudos e Planeamento de Recursos Humanos
Coordenador: Dr. José Carlos Amaral

GOVERNO DE PORTUGAL

MINISTÉRIO DA SAÚDE

www.acss.mis-saude.pt



Example: Balance of Physicians (Existing Vs Needed) - Urology

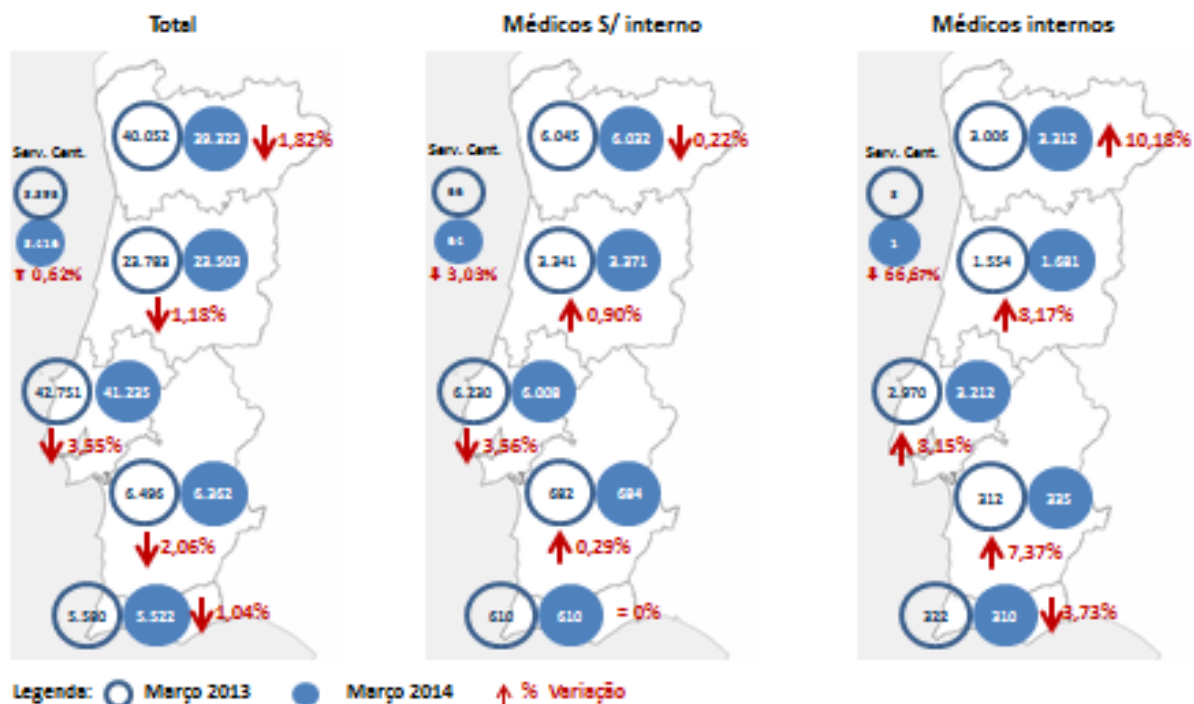
Monthly reports on evolution and characterization of human resources

Informação Periódica
Evolução e caracterização dos Recursos Humanos SNS/MS
- Dados de Abril de 2014 -

Administração Central
ACSS
do Sistema de Saúde

GOVERNO DE
PORTUGAL
Ministério da Saúde

5. Análise Regional



0-2

28-02-2014

Benchmarking

<http://benchmarking.acss.min-saude.pt/benchmarking.aspx>

MONITORIZAÇÃO DO SERVIÇO NACIONAL DE SAÚDE

Benchmarking Hospitais ▾ Monitorização Mensal ▾

Administração Central
ACSS
do Sistema de Saúde



Benchmarking

<http://benchmarking.acss.min-saude.pt/benchmarking.aspx>

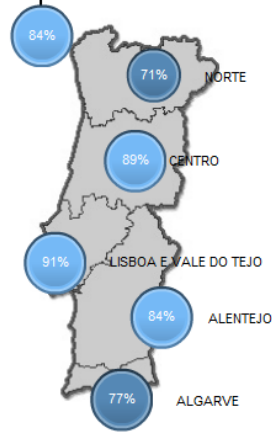
MONITORIZAÇÃO DO SISTEMA DE SAÚDE

Administração Central
ACSS
do Sistema de Saúde

CUMPRIMENTO DOS OBJECTIVOS NACIONAIS 2012

NACIONAL

2012, JAN



ACESSO



89% % Primeiras consultas
73% % Doentes sinalizados para a RNCCI, em tempo adequado
104% % Consultas realizadas e registadas no CTH no total de 1as consultas
84% % Doentes cirurgicos tratados em tempo adequado
72% % Utentes para consulta externa atendidos em tempo adequado

ASSISTÊNCIA

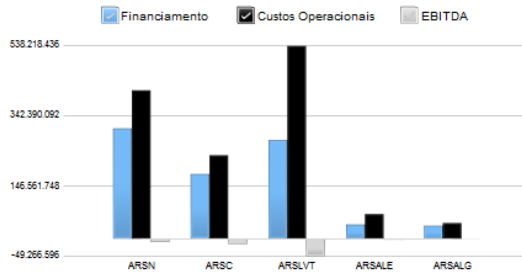


98% % Doentes com duração de internamento acima limiar máximo
76% % Reinternamentos em 30 dias
89% % Partos por cesariana
83% % Cirurgia de ambulatório no total de cirurgias programadas (GDH)
50% % Consumo de medicamentos genéricos, no total de medicamentos

FINANCEIRO



90% % Custos com pessoal ajustados no total de proveitos operacionais
71% % Custos horas extraordinárias, suplementos e FSE, no total de custos com pessoal
87% % Proveitos operacionais extra contrato-programa, no total proveitos
95% EBITDA
78% Acréscimo de dívida vencida



PRODUÇÃO SNS

Consultas Externas
 GDH Médicos Internamento
 GDH Cirúrgicos Internamento
 Dias Internam Doentes Crónicos
 GDH Médicos de Ambulatório
 GDH Cirúrgicos de Ambulatório
 Atendimentos em Urgência
 Sessões Hospital de Dia
 IG até 10 semanas
 Diagnóstico Pré-Natal
 Serviços Domiciliários

REAL VS CONTRATADO

114%
 99%
 59%
 96%
 103%
 38%
 104%
 111%
 61%
 59%
 105%

REAL VS HOMÓLOGO

106%
 121%
 73%
 130%
 133%
 44%
 87%
 86%
 118%
 86%
 122%

Benchmarking

<http://benchmarking.acss.min-saude.pt/benchmarking.aspx>

MONITORIZAÇÃO DO SISTEMA DE SAÚDE



ACTIVIDADE ASSISTENCIAL

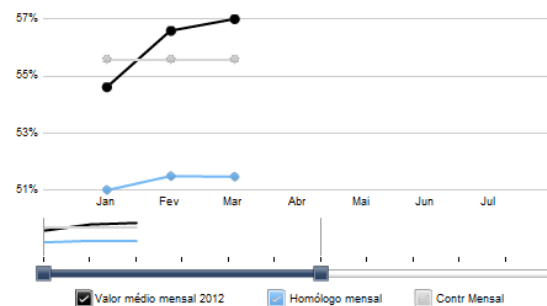
Centro Hospitalar do Porto, EPE ▼ MARÇO ▼ 2012 ▼

EXECUÇÃO DA ACTIVIDADE ASSISTENCIAL

	Valor	Contr	% Exec	% Var Hom
Internamento				
Doentes Saídos	9.065	9.080	99,8%	-5,1%
Demora Média	6,80	6,70	100,7%	1,2%
Cirurgia				
Intervenções Cirúrgicas	8.314	8.021	103,6%	-1,1%
% Cirurgia de Ambulatório	56,9%	55,6%	102,4%	5,1
Consulta Externa				
Total de Consultas Médicas	166.838	155.694	107,2%	0,7%
% Primeiras Consultas	25,1%	25,5%	98,3%	-0,2

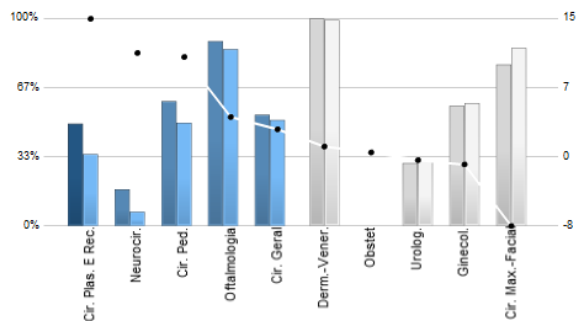
EVOLUÇÃO MENSAL

% CIRURGIA DE AMBULATÓRIO



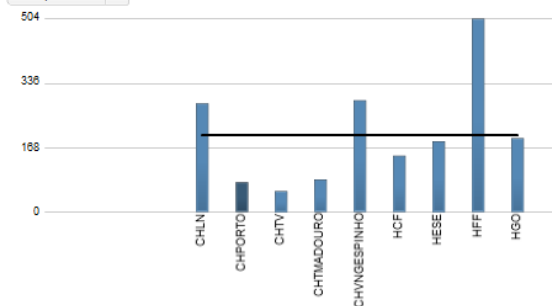
TOP & BOTTOM 5 SERVIÇOS

% CIRURGIA DE AMBULATÓRIO



BENCHMARKING

CIRURGIA PLÁSTICA E RECONSTRUTIVA



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Strategic Plans Eco-Fin Guidelines

- EBITDA \geq 0 by 2015
- Prevent the generation of new arrears by 2015
- Investments restricted to payback demonstration and self supported in operational cash flow
- Increase own revenues by 3%/year, starting on 2014
- Plan cost reduction through measurable initiatives for at least 75% of the forecasted amount
- Enforce management contracts with Hospital Boards, binding them to implement strategic objectives
- Bind strategic plans to 2014-2016 hospital financing
- Monthly monitoring of strategic plans measures and initiatives

Hospital Classification System (Dispatch n.° 82/2014)

Guiding Principles

Simplification

The HSC must be easily understood by health professionals and populations

Population Based

The HSC depends on population served

Hierarchical

The HSC depends on different differentiation levels

Complementarity

The HSC considers hospital complementarity

Proximity

Health care services should be provided as close as possible to the place of residence, existing volume of patients to ensure quality of care

I

- 75K - 500K direct population served
- Capacity to treat 85% of the health needs of the population directly
- Basic services of medical and surgical specialties (scalable according to population served)
- Medical and surgical Emergency Room

II

- Profile I plus:
- Capacity to treat 90-95% of the health needs of the population directly
- Capacity to treat up to 10% of the health needs of the referred population
- Medical and surgical emergency room or polyvalent emergency (-)
- Differentiated services of medical and surgical specialties

III

- Profile II plus:
- Capacity to treat 100% of the health needs of the population served
- Capacity to treat up to 15% of the health needs of the referred population
- Urgency Polyvalent (+)
- All specialties

Strategic Plans

Strategic Plans:

Another differentiating factor is the level of specialties diversity portfolio and the consequent requirement for differentiation

Medical Specialties	I	II	III
Cardiologia	Green	Green	Green
Gastrenterologia	Orange	Green	Green
Medicina Interna	Green	Green	Green
Neurologia	Green	Green	Green
Pediatria Médica	Green	Green	Green
Psiquiatria	Green	Green	Green
Endocrinologia	Orange	Orange	Green
Nefrologia	Orange	Green	Green
Pneumologia	Green	Green	Green
Reumatologia	Orange	Orange	Green
Hematologia	White	Green	Green
Infeciologia	Orange	Green	Green
Oncologia Médica	Orange	Green	Green
Neonatologia	Orange	Green	Green
Imuno-Alergologia	White	Green	Green
Cardiologia Pediátrica	White	White	Green
Pedopsiquiatria	Orange	Orange	Green

Surgical Specialties	I	II	III
Cirurgia Geral	Green	Green	Green
Ginecologia/Obstetrícia	Orange	Green	Green
Oftalmologia	Green	Green	Green
Ortopedia	Green	Green	Green
Dermato-Venereologia	Orange	Green	Green
Otorrinolaringologia	Orange	Green	Green
Urologia	Orange	Green	Green
Cirurgia Vascolar	White	Green	Green
Neurocirurgia	White	Green	Green
Cirurgia Plástica e Rec. Est.	White	Orange	Green
Cirurgia Cardiorácica	White	White	Green
Cirurgia Maxilo-Facial	White	Orange	Green
Cirurgia Pediátrica	White	White	Green

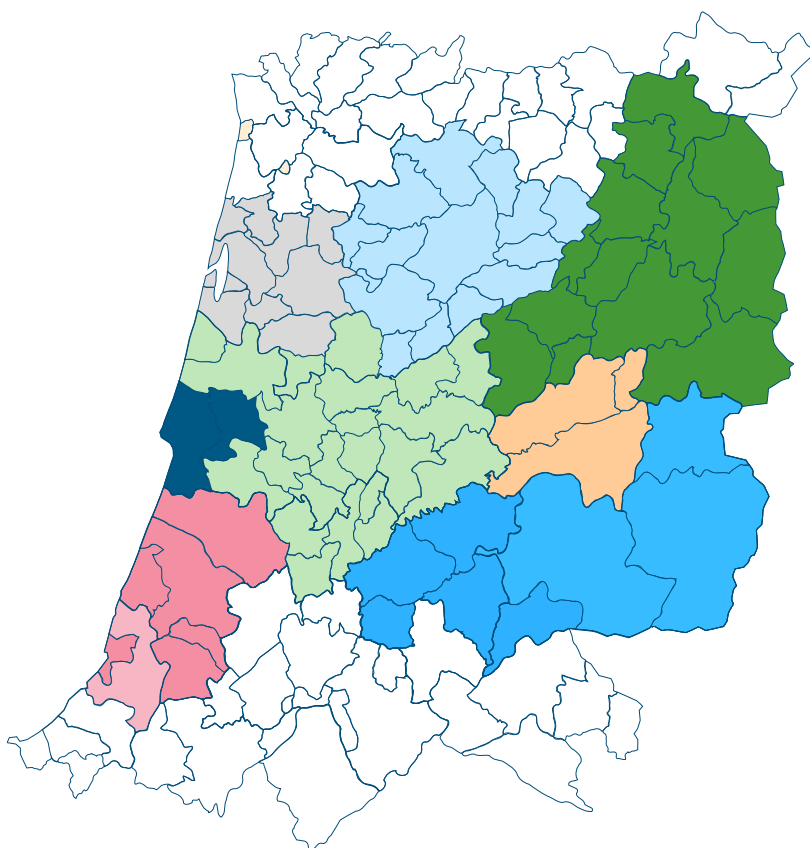
Suport Specialties	I	II	III
Anestesiologia	Green	Green	Green
MFR	Orange	Green	Green
Radiologia	Green	Green	Green
Patologia Clínica	Green	Green	Green
Imunohemoterapia	Green	Green	Green
Anatomia Patológica	Orange	Green	Green
Radioncologia	White	Orange	Green
Medicina Nuclear	White	Orange	Green
Neuroradiologia	White	Green	Green

- Optional specialties (population ratios dependent)
- Mandatory specialties

Dispatch n.º 82/2014

Strategic Plans

The Direct Population Served by Centro Hospitals was mapped based on data from INE



Hospital	HCS	Population Served
Hospital Distrital da Figueira da Foz, E.P.E.	C	88.296
Centro Hospitalar Cova da Beira, E.P.E.		87.869
Unidade Local de Saúdede Castelo Branco, E.P.E.		108.395
Unidade Local de Saúde da Guarda, E.P.E.		155.466
Centro Hospitalar Leiria-Pombal, E.P.E.		324.123
Centro Hospitalar do Baixo Vouga, E.P.E.		314.996
Centro Hospitalar Tondela-Viseu, E.P.E.	B	267.633
Centro Hospitalar e Universitário de Coimbra, E.P.E.	A	405.533
	TOTAL	1.752.311

Staff is being defined

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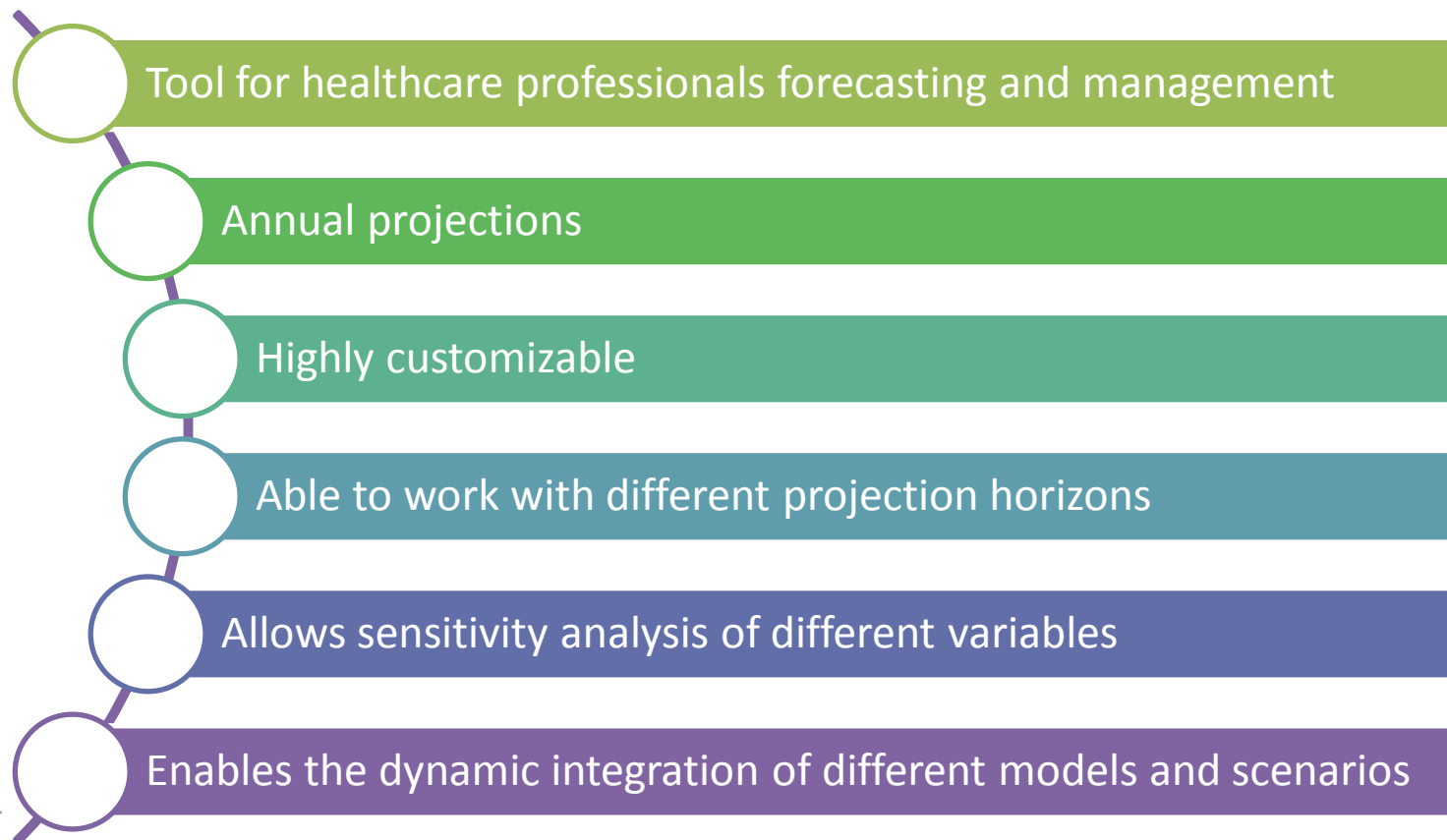
Prospective tool for scenarios analysis

In 2010, ACSS used a tool to forecast needs of physicians.



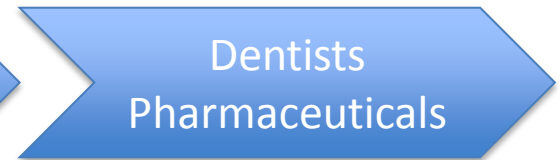
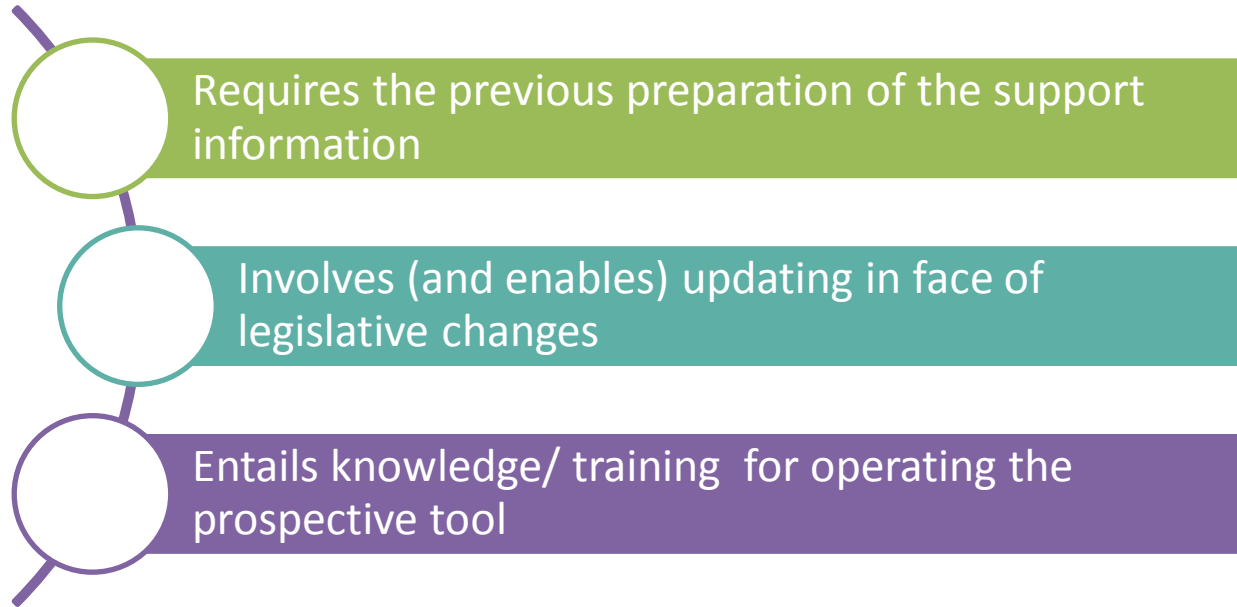
Currently we start reviewing this tool.

Some goals



Prospective tool for scenarios analysis

Some Requirements



Prospective tool for scenarios analysis

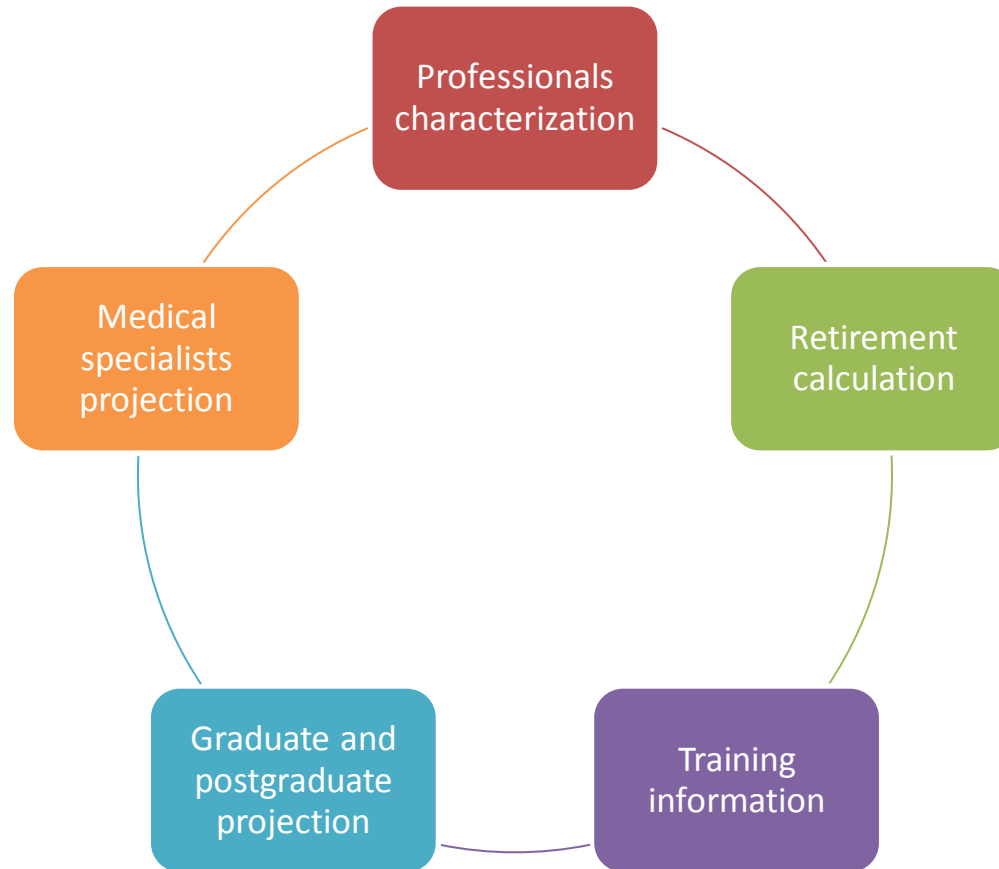
Main features

- ➔ Projections based on actual data loading (it incorporates actual data since 2002);
- ➔ Scenario modeling take into account the study “Provisional RH Needs in Healthcare - Doctors (Supply and Requirements Models);
- ➔ Models are integrated dynamically (Supply and Requirements Models), which enables the anticipation of gaps between supply and needs of healthcare professionals (by medical specialty);

Prospective tool for scenarios analysis

Main features

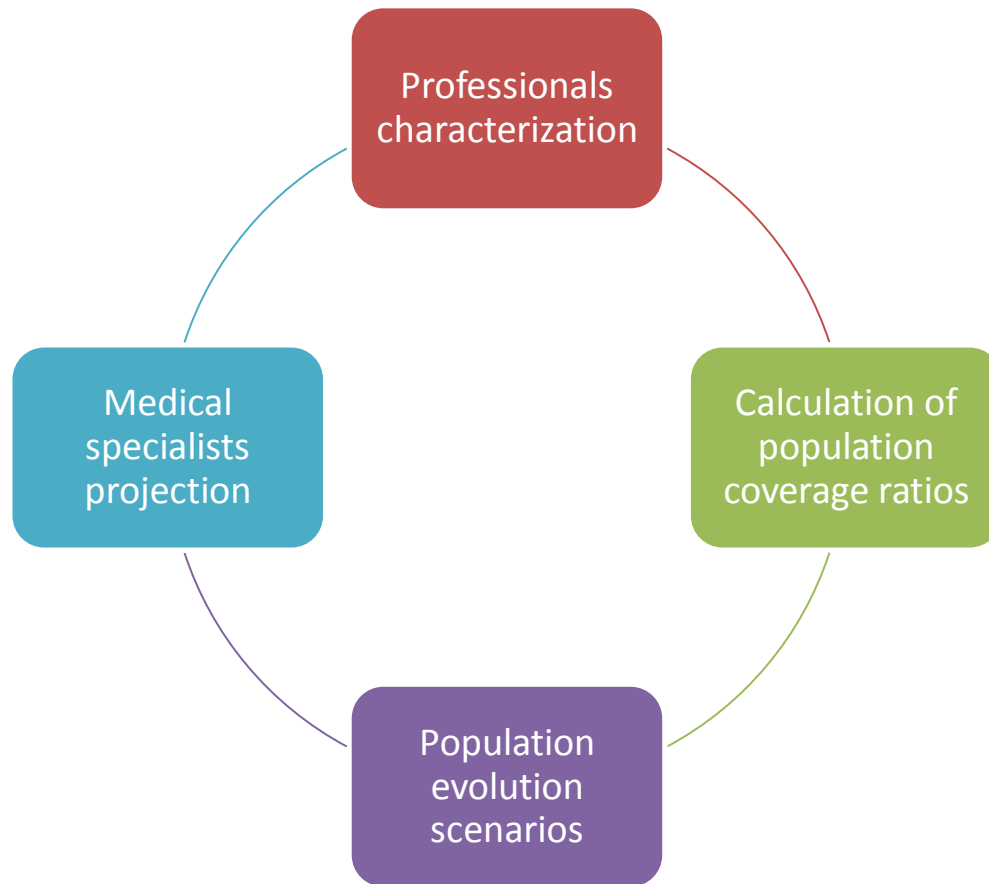
- ➔ The Supply Model (which represents the installed capacity in the training system) comprises the following dimensions:



Prospective tool for scenarios analysis

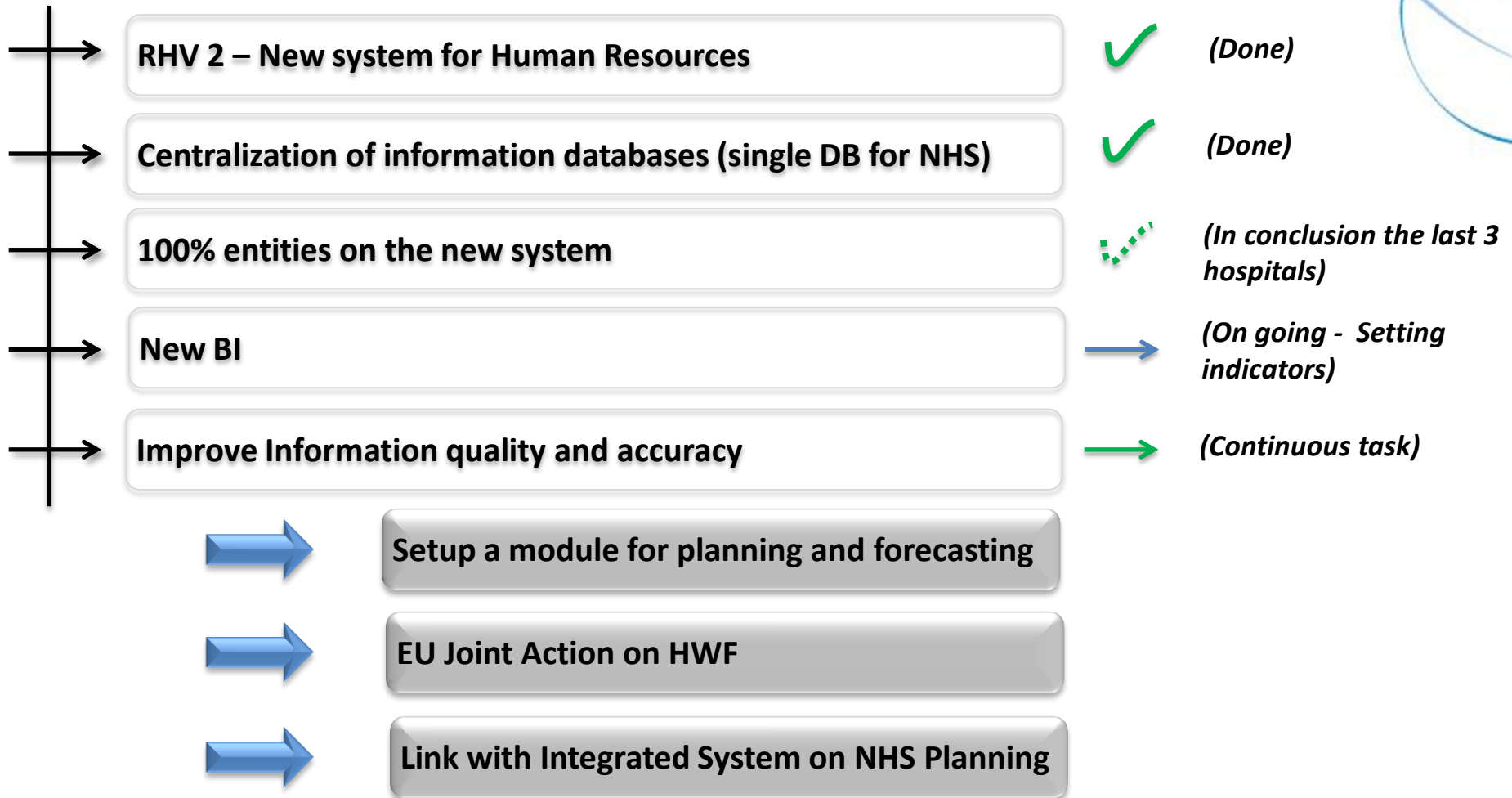
Main features

- ➔ The Requirements Model (which combines different scenarios of medical specialists needs) comprises the following dimensions:



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Central Information System to manage Human Resources



Health Professional Portal

The screenshot shows the top section of the Health Professional Portal. At the top left is the logo of the Portuguese Government (GOVERNO DE PORTUGAL) and the Ministry of Health (MINISTÉRIO DA SAÚDE). To the right are links for 'PORTAL DO UTENTE' and 'PORTAL DA SAÚDE'. Below this is the main logo 'Portal dos Profissionais da saúde' and a green 'Acesso Reservado' button. A search bar with the text 'Procurar' and a magnifying glass icon is also present. A dark navigation bar contains the following menu items: 'Início', 'Aplicações', 'Legislação e Normas', 'Orientações e Guidelines', 'Concursos e Mobilidade', 'Formação e Eventos', 'Estatística e Publicações', and 'Links Úteis'. The main content area is titled 'portal profissional' and features a blue button labeled 'SER – Saúde em Rede'. Under the heading 'Escolha a sua profissão', there is a list of professions: Enfermeiro, Farmacêutico, Médico, Médico Dentista, Nutricionista, Psicólogo (área clínica), Dietista, Fisioterapeuta, Higienista oral, Ortoprotésico, Ortoptista, Técnico análises clínicas saúde pública, Técnico anatomia patológica citologia tanatológica, Técnico audiolgia, Técnico cardiopneumologia, Técnico farmácia, Técnico medicina nuclear, Técnico neurofisiologia, Técnico prótese dentária, Técnico radiologia, Técnico radioterapia, and Técnico saúde ambiental. To the right of this list, a welcome message reads: 'Bem-vindo(a) ao Portal dos Profissionais de saúde, Se é Profissional de Saúde e o seu perfil encontra-se referenciado do lado esquerdo, está no sítio certo! Através deste seu portal, pode:' followed by a bulleted list of actions: 'Aceder às aplicações Informáticas do Sistema Nacional de Saúde;', 'Encontrar informação sobre Legislação e Normas;', 'Visualizar as Orientações e Guidelines;', and 'Aceder a Concursos, Formações e Eventos;'. At the bottom of this section, it says 'Ajude-nos a melhorar o seu portal enviando-nos sugestões para o service desks@spms.min-saude.pt'.

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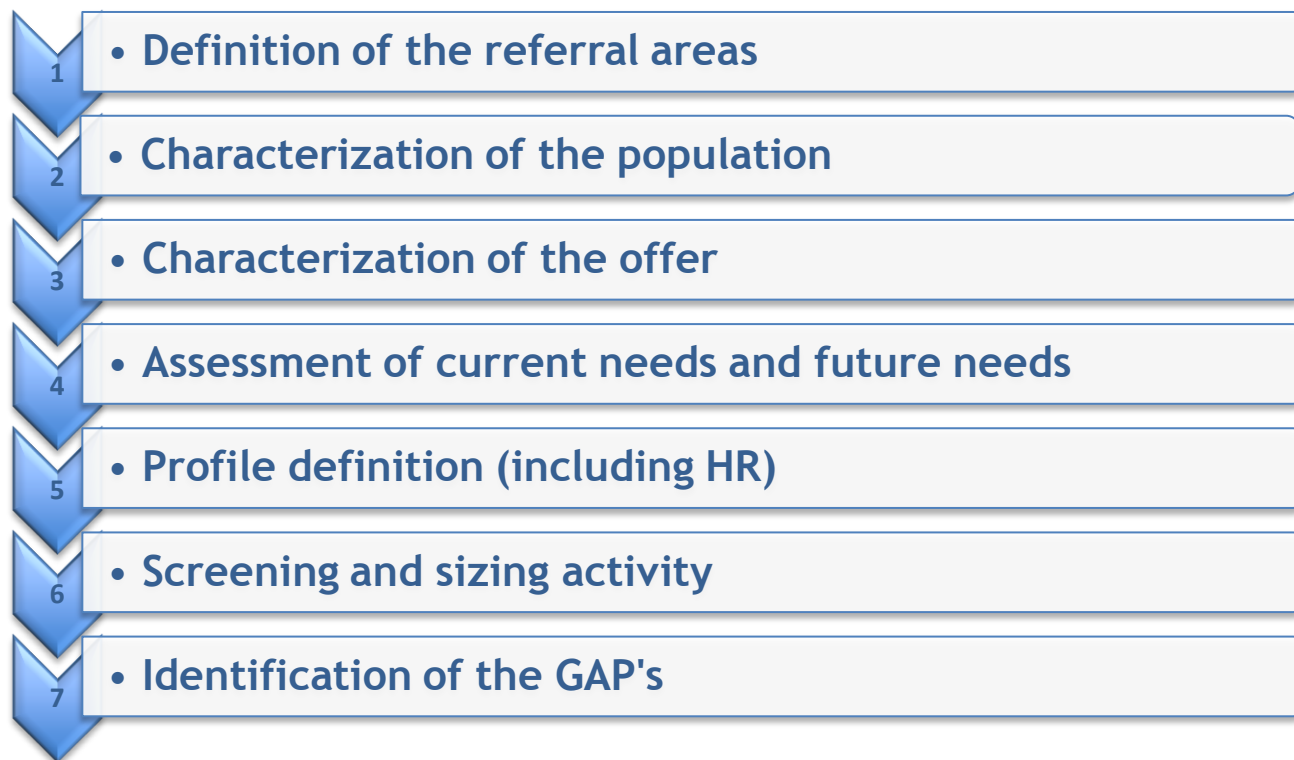
SIGPS - Geographic Integrated System for Health Planning, Ministerial Order N° 6250, 3 May 2013

The system will make it possible to consolidate and centralize georeferenced information and update information, in real time, on:

- Health needs (e.g. demographic and epidemiological profiles of populations);
- Installed capacity for the various levels of SNS care, private and social sectors (e.g. human resources, physical, technological and financial), contributing to a higher substantiation and timely decision-making, ensuring greater transparency of information, both for the top decision level both in terms of user/citizen.

SIGPS - Planning component

Planning model

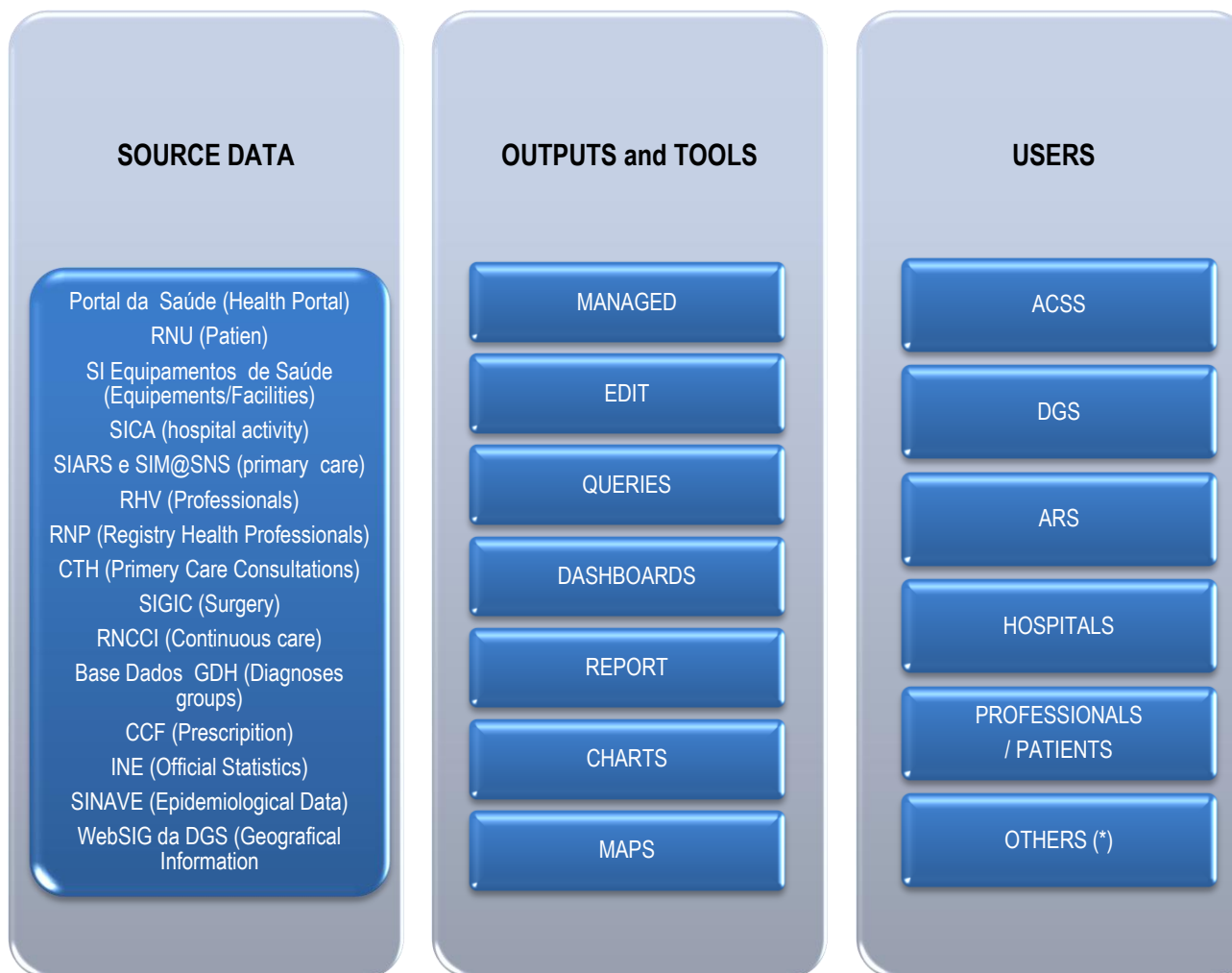


SIGPS - Planning component

Characterization of the offer, by:

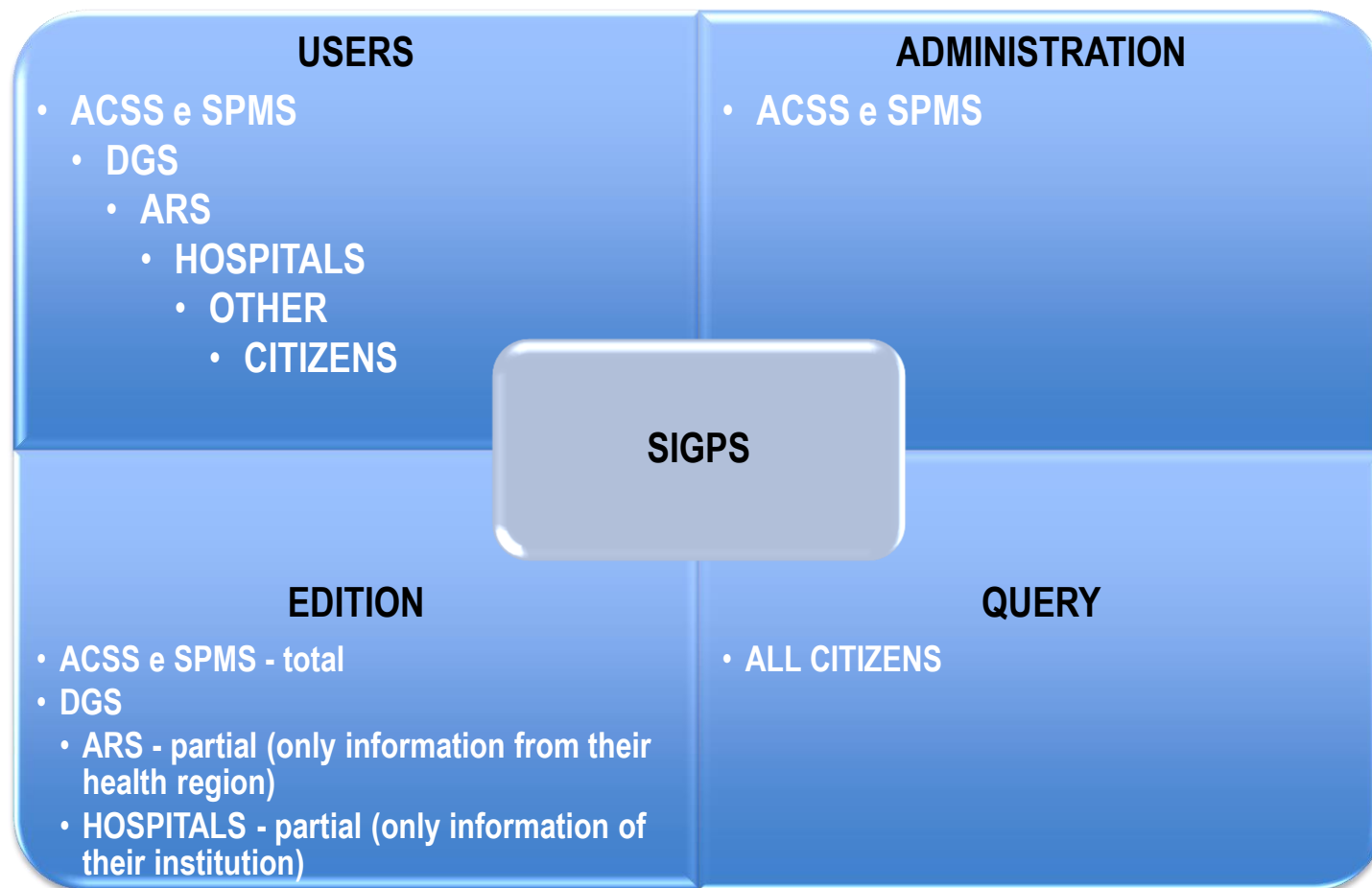
- Institution - hospital units, primary health care, long-term care and private units (priority being the agreed and internment);
- Production line - inpatient, outpatient, surgical activity, day hospital and urgency;
- Specialty - according to the list of OM;
- Human resources;
- Medical devices.

SIGPS - Structure



(*) INEM, INSA, SICAD, INFARMED

SIGPS - Access profiles and levels



Better planning system

Better Health System

Handbook

PILOT PROJECT