



THE PORTUGUESE HEALTH REGULATION AUTHORITY

Title: Patients' access, quality of care and market competition in long-term and palliative care

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Executive summary

In fulfilment of its action plan for 2015, the Portuguese Health Regulation Authority (ERS) carried out a study aimed at analysing patients' access, quality of care and competition among providers in long-term and palliative care markets. The main focus of the study is the National Network of Integrated Long-Term Care (RNCCI), including palliative care.

The report is organized in nine chapters. The second chapter summarizes the international context of the provision of long-term and palliative care and presents potential demand forecasts. The third chapter describes the historical and legal framework of long-term care in Portugal. Chapters 4 and 5 describe demand and supply of long-term and palliative care. Chapter 6 is dedicated to the analysis of access to care and patients' referral mechanisms to long-term and palliative care units. Chapter 7 is dedicated to quality of care, where structure, process and outcome indicators are analysed, taking into consideration information collected by ERS in inspections of care units. Additionally, an econometric model is used to estimate the effect of patients' characteristics, types of units and quality indicators on the length of stay in the long-term and palliative care units. Finally, competition between the providers of the RNCCI is assessed in chapter 8.

The conclusions of the study, which are presented in chapter 9, indicate the need for improvements in patients' access, quality of care and competition between providers, especially aimed at reducing regional asymmetries and asymmetries between different

types of units and also among individual units. Some of the conclusions that can be highlighted are:

- The information collected in 16% of the inspected units indicated that the patients' referral criteria were not being met in all cases;
- Medium-term rehabilitation units (UMDR) in the areas of the North, Centre and Lisbon, and long-term maintenance units (ULDM) in Alentejo and Algarve, presented the highest average waiting times from referral to identification of a vacancy;
- Considering access to the different types of units, the proportion of residents of mainland Portugal with a low access level varies from 81%, in the case of palliative care, to 95% in the case of convalescence units;
- When taking into account all units in a comprehensive assessment, the low access level affects 93% of the residents, who are concentrated mostly in the North and in the region of Lisbon; these regions also register the lowest ratios of physicians and nurses per inhabitants – lower than the national averages;
- The number of disabled/dependent patients is lower after treatment in long-term care units than in the moment admission, especially in the Alentejo region;
- The main reason for patient discharge is the achievement of the therapeutic objectives;
- The occurrence of pressure ulcers was identified as producing a positive effect on the length of stay;
- Market concentration is higher in less urban zones and a lower in urban coastal areas, where there number of care providers is larger, while the highest risk of occurrence of competition problems, with possible harmful effects for patients, is identified in the Alentejo region.