

Case Study Summary Portugal

Summary

Portugal lacks any polypharmacy management program, and has no prospects for one in the near future. In addition to the lack of a polypharmacy programme, scientific literature also shows scarce concern for polypharmacy management and medication adherence in Portugal. The studies are limited to some hospital services or nursing homes, with few studies in primary care and ambulatory patients. Principal factors contributing to the absence of polypharmacy management programmes in Portugal include: lack of awareness due to the absence of national studies; deficient IT systems in healthcare institutions and lack of multidisciplinary culture in healthcare teams. Additionally, the implementation of cost-effectiveness policies in last recent years due to the serious economic crisis and significant cost restrictions prompted:

- A reduction in the number of healthcare professionals;
- a reduction in the investment in new technologies;
- limitation in the introduction of new drugs;
- reduction of medicines' reimbursement by the Government;
- an increase in user fees;
- intensification of medicine price control by the Administration; and,
- with further examples on a more minor scale.

The Portuguese healthcare system (“Sistema Nacional de Saúde – SNS”) is publicly funded with the majority of healthcare services community based. Healthcare expenditure and medicines consent and consumption is regulated by different organizations administered by the Ministry of Health which is under National Government authority. So, in order to implement a sustainable polypharmacy management programme in Portugal, more efficient communication between the Ministry of Health and the organizations working under its authority would be necessary.

Characteristics of the case study

Name of the programme

Room for polypharmacy management programmes in Portugal

Locality/region and country

Portugal

Health care system overview

The Portuguese Health Service (“Sistema Nacional de Saúde – SNS”) is publicly funded with the majority of healthcare services community based, though; we have seen in recent years a trend for an increase in the private sector, specifically the recent appearance of more private hospitals. Governmental healthcare funding rates vary according to patient's income, type of chronic healthcare condition and of their health subsystem, but usually patients' co-payment covers 35% of the price of medicines, diagnostic examinations, medical appointments and emergency care visits. In the case of special healthcare regimes, such as patients with specific chronic conditions (e.g. AIDS/HIV, rheumatoid arthritis, etc.), or medicines requiring controlled distribution, or with high

cost, patients are prescribed by hospital physicians and their medicines are freely provided through hospital or community pharmacies. In Portugal, prescription medicines are exclusively prescribed by physicians and are mostly dispensed in community pharmacies. Primary healthcare centres are provided with physicians, nurses, and other professionals under contract. Pharmacists have never been hired in any of these healthcare centres.

Programme aims and objectives

In Portugal, there is no programme about polypharmacy and no agenda to implement such a programme exists or is being considered for the near future. Moreover, there is no regulation for the prescription or dispensing of new medicines to a patient under polypharmacy. There is also no regulation on the review process of the medicines prescribed and an absence of educational activities to perform with patients under polypharmacy.

Institutions included in case study

Several key informant interviews and one focus group were conducted with invited healthcare professionals (physicians, nurses, pharmacists) from Portuguese public hospitals and primary care centres; representatives of the Regional Healthcare Administrations (Administração Regional de Saúde – ARS); representatives of the Portuguese Pharmacists Association; representatives of patients (Alzheimer Portuguese Association – Coimbra branch); and academics of higher educational institutions (medical, nurse and pharmaceutical sciences schools).

Managerial and policy highlights of the programme

Moving from importance to urgency

In Portugal, one of the clearest reasons for the absence of a polypharmacy management programme is the lack of awareness and the absence of urgency concerning this health issue. In fact, scientific literature shows scarce concern about polypharmacy management and medication adherence in Portugal. The few studies published are limited to some hospital services or nursing homes, with few studies in primary care and ambulatory patients. Additionally, the non-existence of a multidisciplinary team culture among healthcare professionals is contributing to a delay in the recognition of this health issue. According to the Portuguese case study results, most of the health care professionals assume their profession skills could make a crucial contribution to reduction of polypharmacy and improve patients' adherence. Another factor contributing to the absence of a polypharmacy management programme in Portugal, and making it difficult for any future implementation, is the lack of efficient IT systems. This is mostly due to the lack of commonly used software to register patients' data and lack of interoperability and compatibility needed to allow sharing of information between different healthcare units (including hospitals and primary care). Consequently, the lack of a common patient registry file does not allow the monitoring of polypharmacy situations. The economic crisis of recent years has worsened the problem due to the reduction of healthcare costs by application of cost-effective policies and diminishing human resources.

Creating teams and strategic vision

Changing organizational culture, improving interprofessional communications, involving healthcare administrators and administrations were seen as pre-requisites to the implementation process.

Policy making around healthcare expenditure and medicines authorisation and consumption is centralized under National Government authority. In order to implement a sustainable polypharmacy management programme it would be necessary to create a more efficient communication system between the Ministry of Health and the several bodies working under its authority, namely, Infarmed (the Portuguese medicines agency), ACSS (Central Administration of the Healthcare System), DGS (The National Directorate of Health) and also the regional bodies like the ARSs (Regional Administrations of Health).

Healthcare professionals (physicians, nurses, pharmacists), representative of Regional Healthcare Administration, representatives of patients and academics who participated in this process have a vision of comprehensive groups which should include practitioners, academics and administrators from all the professions potentially interested in future polypharmacy programmes. The lead group could be an existing group from a family care centre, or could be created de novo with selected profession leaders. Probably due to the lack of polypharmacy management programmes in Portugal, the vision idealized by the informants may be considered as simplistic and quite generalist. However, the creation of multidisciplinary teams, increasing the investment in primary care and placing the patient in the centre of the system are viewed as potential solutions for polypharmacy and adherence problems.

Creating practice models

One of the main barriers to implementing a polypharmacy management programme in Portugal is the lack of common software for primary and secondary care that could allow the creation of unique, shared patient medical records, as well as the existing restrictions to access patients' data due to data protection issues. Other barriers for the implementation of a polypharmacy management programme are related to expenditure control, including reduction in the hiring of healthcare professionals; reduction in investment in new technologies; reduction in the public funding of medicines, and rising of the user fees; and restraining the introduction of new and high price medicines. The poor coordination between local, regional and central authorities within the Portuguese Health System (SNS) also affects the implementation of any national programme.

To counter the lack of a tradition of working in teams, there should be clearly defined job descriptions for each of the professionals involved and communication and interprofessional relationships should be supervised by healthcare authorities. Interprofessional communication should be improved in Portugal. Clinical sessions were suggested as one of the opportunities to facilitate this interprofessional relationship. Some other measures observed within the Portuguese Health System could act as facilitators to implementation of a polypharmacy management programme in the future, such as electronic prescribing. Finally, the existing model of the National Health System is seen as an optimal model to implement a polypharmacy management program: publicly funded and accessible to all citizens, and the fact that all health system units/organizations are centrally administrated by the Ministry of Health and under the Government authority.

Building sustainability

The involvement of official structures of the National Health System ("SNS") and the Ministry of Health are necessary to long-term implementation of a polypharmacy programme in Portugal. Incentives for professional were frequently cited as a personal short term win. These incentives could differ from economic to motivational awards. Economic incentives, such as extra remuneration, are welcomed by professionals of the National Health System and of the community pharmacies. The motivational incentives may include for instance: the positive feedback to

practitioners, by means of reporting results of studies; and the maintenance of quality assurance groups and specific meetings among different teams. In addition, it was mentioned that any change will potentially need law enforcement to regulate the service.

Conclusions

Portugal lacks any polypharmacy management programme with no prospects for any in the near future exist. Several factors were defined as contributing to the absence of polypharmacy programmes in Portugal, namely:

- Lack of awareness due to the absence of national studies. The scientific literature about polypharmacy in Portugal is scarce. Studies are limited to some hospital services or nursing homes, with few studies in primary care and ambulatory patients.
- Inadequate IT systems in healthcare units (including hospital and primary care). Portuguese healthcare IT system was heavily criticized due to poor applicability and frequent system failures. Several potential causes may be under this situation, but the lack of commonly accepted software seems to be the most important.
- Expenditure cuts. Financial cuts are a common problem in many countries, but these cuts started in Portugal before the global financial crisis. This prompted the implementation of cost-effectiveness policies and significant pressure on expenses leading to: a reduction in the number of healthcare professionals; reduction in the investment in new technologies; limitation on the introduction of new drugs; reduction of medicines' reimbursement by the Government; increased user fees; intensification of medicine price control by the Administration.
- Lack of multidisciplinary culture among healthcare professionals. In fact, most of the health care professionals assume their professional skills and training could make a crucial contribution to decrease polypharmacy and control patients' adherence in Portugal.
- Regarding pharmacists services, a vicious circle was identified. The lack of previous collaborative experiences hampers the initiation of new collaborative services, both with physicians and nurses. An immediate consequence of this situation is a decline in pharmacists' perceived responsibilities, even in hospital pharmacy environment.

However, some measures already implemented in the Portuguese National Health System could help to facilitate a polypharmacy management and patients' adherence programme in the future. Namely, the electronic prescription already in use; the fact that our National Health System is being publicly funded and accessible to all citizens; and that all health system units/organizations are centrally administrated by the Ministry of Health and under the Government's authority, facilitating the implementation of national strategic measures.