

COVID-19 – Impact on the activity of the national healthcare system and access to healthcare

Overview

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FULL REPORT (PT) 

What we assessed and why

The need to respond to the COVID-19 pandemic led most countries and healthcare providers to adopt measures that limited elective care. In Portugal, the Order of the Minister for Health of 15 March 2020 suspended non-urgent elective activity.

What we found

The activity of national healthcare providers from March to May 2020 was thus lower than for the same months in 2019. The activities most affected were elective surgeries (down 58 %, 93 300 surgeries), emergency hospital care (down 44 %, 683 389 visits) and initial outpatient medical appointments (down 40 %, 364 535 appointments).

The use of remote consultations played an important part in reducing face-to-face appointments in primary healthcare (remote or unspecified consultations rose by 83 % to 65 % of total appointments). Conversely, the use of remote consultation in hospital care remained minimal.

The numbers of new patients referred from primary care units for an outpatient appointment and for surgery fell substantially. The number of appointment requests up to May 2020 was only 67 % of the figure for the same period in 2019, while the equivalent percentage for surgery referrals was 42 %.

Even so, the median waiting time for patients on waiting lists worsened between 31 December 2019 and 31 May 2020. The median waiting time for an outpatient appointment rose from 100 to 171 days, and approximately 69 % of those on the waiting list on 31 May 2020 waited longer than the maximum guaranteed waiting time. The median waiting time for surgery rose from 106 to 147 days, and around 43 % of patients on the waiting list on 31 May 2020 had, at that time, already exceeded the maximum guaranteed waiting time.





Compliance with maximum guaranteed waiting times was down for surgeries performed in May 2020, although it was relatively close to the figures recorded in previous years. Compliance with maximum guaranteed waiting times improved for the most urgent surgeries (priorities 3 and 4, cancer and other diseases), reflecting the focus on these patients compared to less urgent cases. Order 5314/2020 of the Minister for Health of 2 May 2020 governed the resumption of non-urgent activity by the national healthcare system. This Order lays down measures that could potentially improve the effectiveness and efficiency of resource allocation, although there are risks regarding implementation.

In June 2020, the results of resumed activities were mixed. While levels of elective surgeries and outpatient appointments at some hospital units partially recovered, results were below 2019 levels for most units.

What we concluded

Additional clinical care will be needed to provide the treatment that was not possible due to the COVID-19 pandemic. Consequently, there is a risk that the national healthcare system could lack the capacity to cope with this additional demand without significantly increasing waiting times.

This could justify the extraordinary creation of specific incentives in national healthcare funding, in addition to the existing mechanisms employed by the Ministry and without excluding further measures, as has already occurred with the increase in incentives for additional service provision in the national healthcare system.

Following the general lockdown due to the state of emergency, it may be useful to identify best practices regarding reorganizing services in the national healthcare system, and review and adjust contingency plans. The aim would be to identify and evaluate the trade-off between resource allocation for the treatment of COVID-19 patients and the diagnosis and treatment of other diseases, including non-urgent care.

The challenges of service level regulation and appropriate resource allocation still remain, and will continue for the near future. The elective care that could not be given will need to be provided and the national healthcare system must be prepared to combat a possible second wave of the pandemic.