

Resultados em Saúde

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ARS LVT

Conflitos de Interesse

- Não tem Conflitos de Interesse a declarar

Sumário

- Resultados em Saúde

- Antecedentes

- Históricos
 - Contemporâneos

- Definições

- Racional

- Abrangência

- Modelo Conceptual

- Portugal

- O que sabemos:

- GDH
 - ICPC2
 - Medicamentos
 - Exames Complementares
 - Ajustamento ao risco

- O que nos falta saber

- O que temos de saber

Saúde - definição

Um estado dinâmico de completo bem-estar físico, mental,
espiritual e social e não apenas a ausência de doença ou
enfermidade.

Resultados em Saúde

- Outcomes in clinical practice provide the mechanism by which the health care provider, the patient, the public, and the payer are able to assess the end results of care and its effect upon the health of the patient and society.

Anderson and Weinstein, 1994

Antecedentes

históricos

- **Florence Nightingale - 1854**
 - "If the function of a hospital were to kill the sick, statistical comparisons of this nature would be admissible. As, however, its proper function is to restore the sick to health as speedily as possible, the elements which really give information as to whether this is done or not, are those which show the proportion of sick restored to health, and the average time which has been required for this object..."

Antecedentes

históricos

- **Ernest Amory Codman**
 - "The common sense notion that every hospital should follow every patient it treats, long enough to determine whether or not the treatment has been successful, and then to inquire 'if not, why not?' with a view of preventing similar failures in the future."

Antecedentes

históricos

- **Avedis Donabedian**
 - "Outcomes, by and large, remain the ultimate validation of the effectiveness and quality of medical care."

Antecedentes

contemporâneos

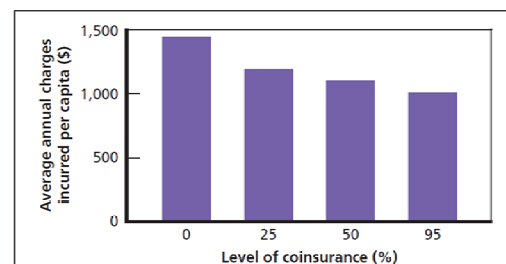
- **Geriatria**
 - Multipatologia;
 - Avaliação baseada em parâmetros biológicos e fisiológicos;
 - Objectivos terapêuticos.

Antecedentes

contemporâneos

Estudo Rand

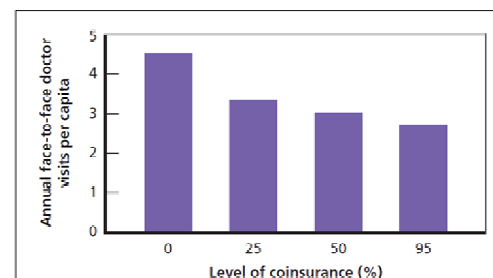
Figure 3
Participants with Cost Sharing Spent Less on Health Care Services



SOURCE: Newhouse and the Insurance Experiment Group, 1993, Tables 3.2 and 3.3.

NOTES: Spending numbers include both adults and children. Spending numbers have been adjusted to 2005 dollars using all-items Consumer Price Index.

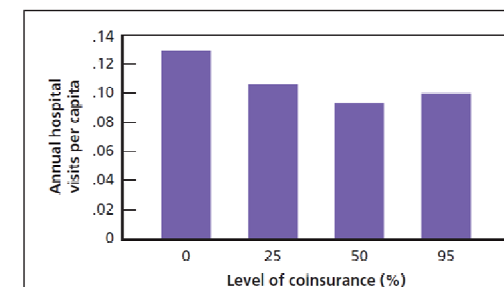
Figure 1
Participants with Cost Sharing Visited the Doctor Less Frequently



SOURCE: Newhouse and the Insurance Experiment Group, 1993, Tables 3.2 and 3.3.

NOTE: Utilization numbers include both adults and children.

Figure 2
... and Were Admitted to Hospitals Less Often



SOURCE: Newhouse and the Insurance Experiment Group, 1993, Tables 3.2 and 3.3.

NOTE: Utilization numbers include both adults and children.

Cost Sharing Reduced the Use of Medical Services at all Levels of Effectiveness

Medical Effectiveness Category	Predicted Percentage of Participants with at Least One Episode of Care in a Single Year, by Medical Effectiveness Category and Plan			
	Adults		Children	
	Free Care	Cost Sharing	Free Care	Cost Sharing
Highly effective				
Acute	28	19	32	23
Acute/chronic	17	13	19	16
Chronic	13	11	4	2
Quite effective	23	18	22	18
Less effective	25	19	13	10
Rarely effective	11	7	5	3
Rarely effective but equally effective with self-care or doctor	39	29	36	24

SOURCE: Lohr et al., 1986, p. 34.

NOTE: Percentages refer to participants who had at least one episode of care within the relevant diagnostic categories during a year of the experiment.

Antecedentes

contemporâneos

- Estudo Rand
 - **Variáveis clássicas:**
 - Clínicas;
 - Fisiológicas;
 - Biológicas.
 - **Modelos de avaliação multi-dimensional:**
 - PSQ;
 - SF20.

Antecedentes

Padrões de distribuição geograficos



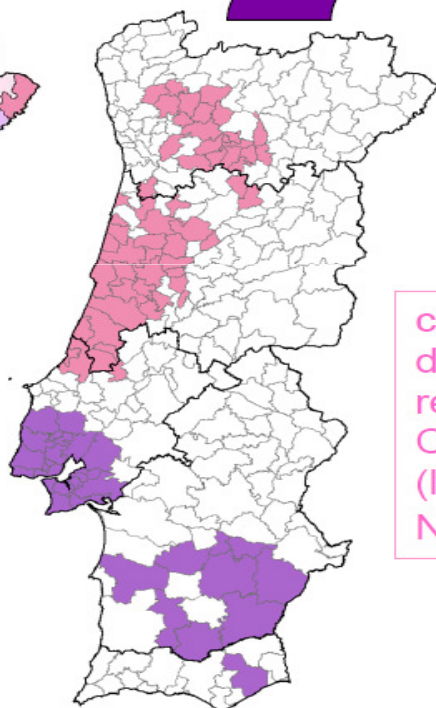
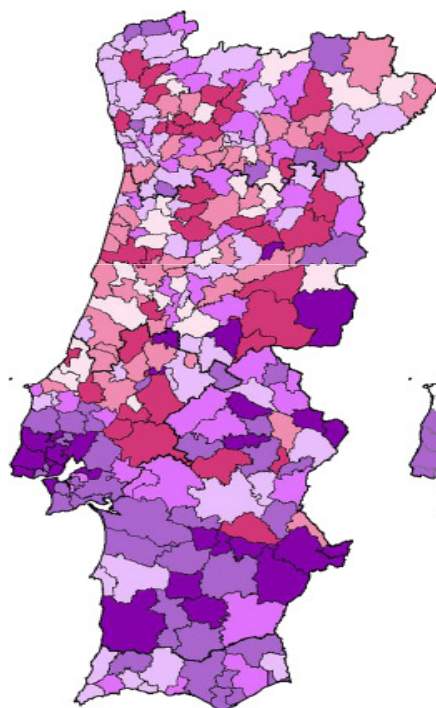
Instituto Nacional de Saúde

E-mail: info@insa.min-saude.pt

1899

www.insa.pt

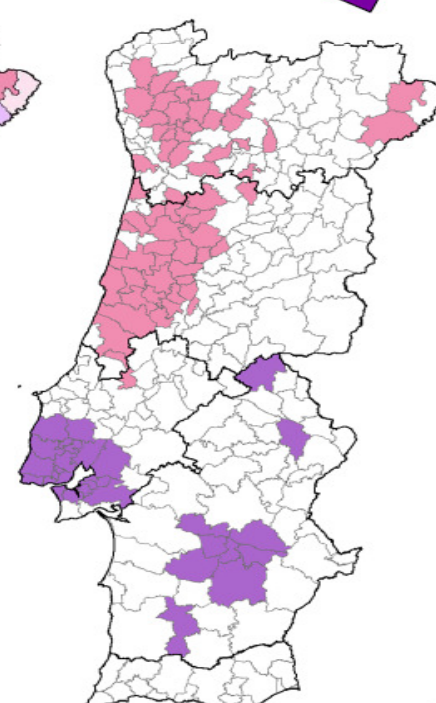
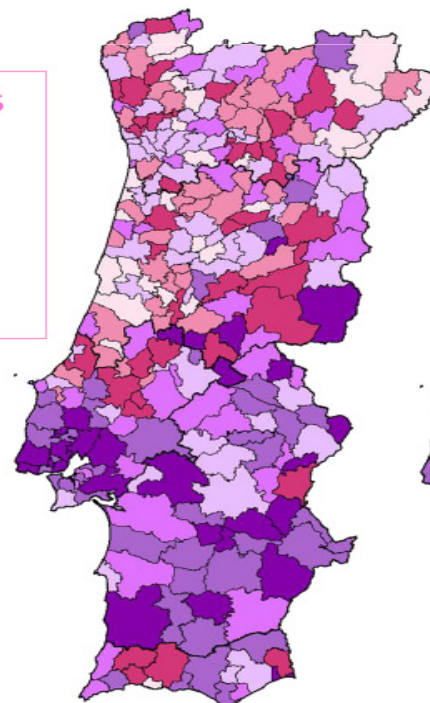
Sexo Masculino



Mortalidade por Doença Isquémica do Coração

concelhos das regiões de Lisboa e Vale do Tejo e Alentejo

concelhos das regiões Centro (litoral) e Norte



Óbitos/10⁵ hab.



Clusters Espaciais de acordo com Índices LISA (significância $p \leq 0,01$)

Alto - Alto
Baixo - Baixo

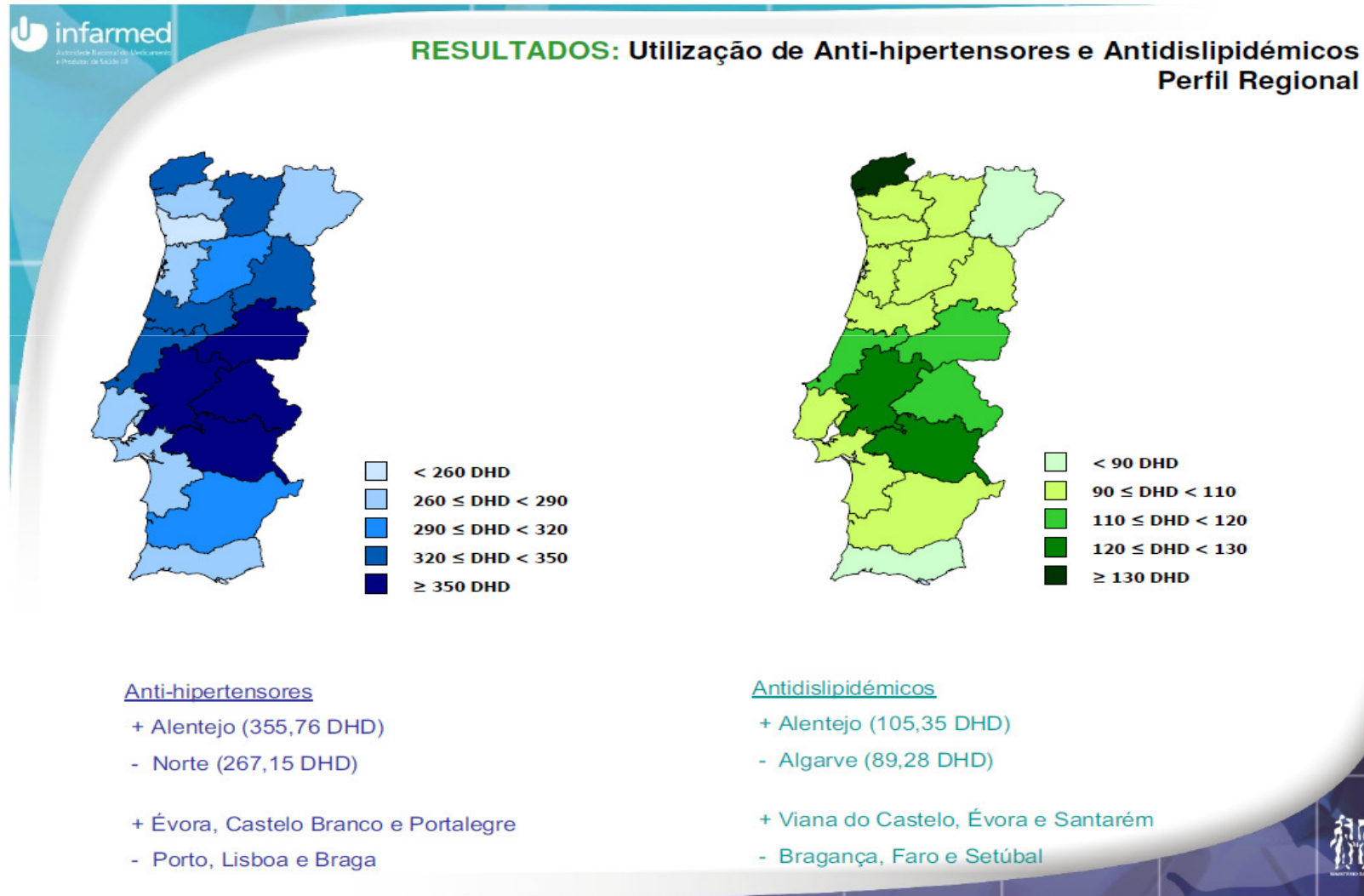
Divisões administrativas

Regiões NUT II
Concelhos

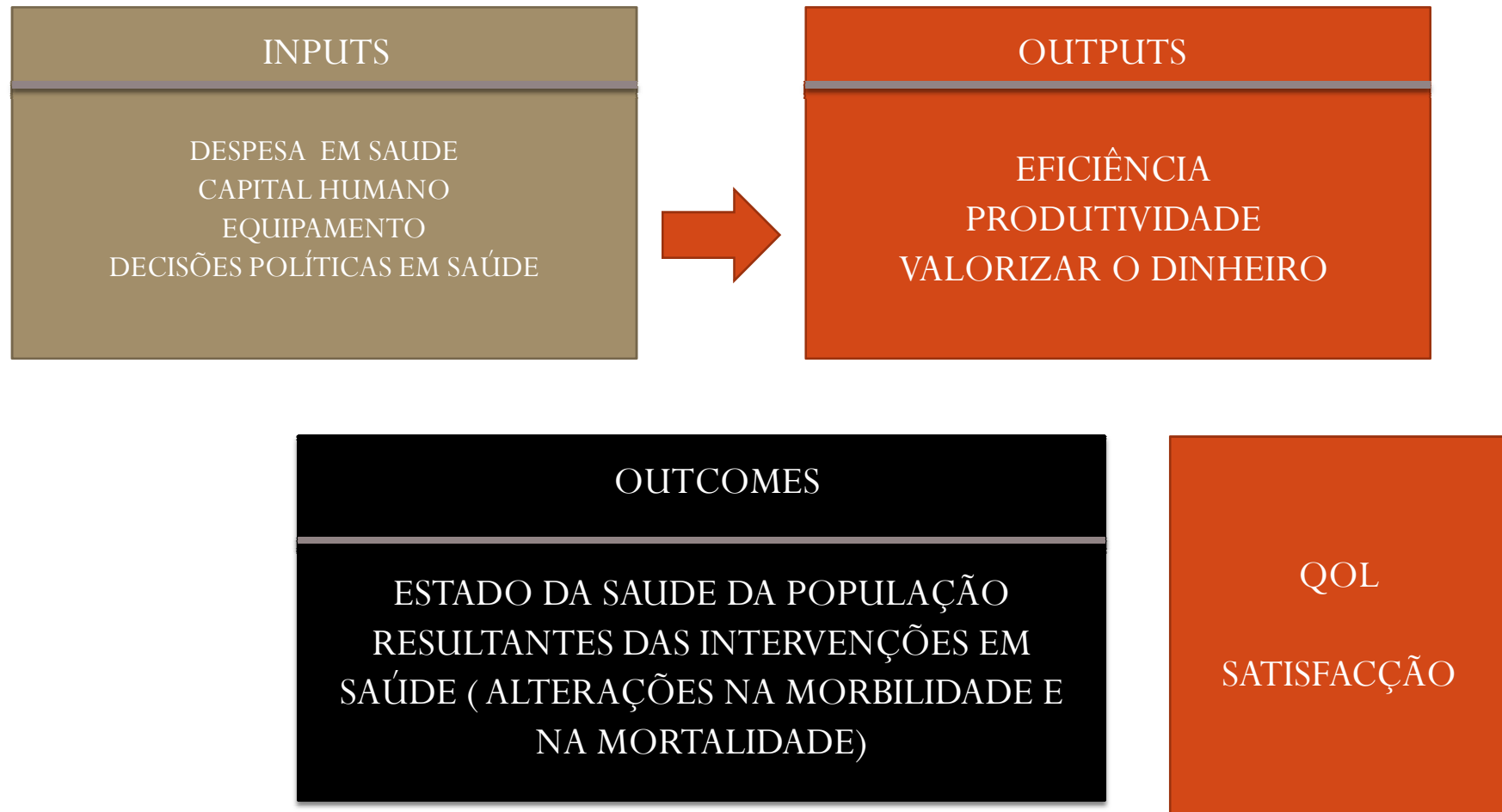
Sexo Feminino

Antecedentes

Padrões de distribuição geográficos



Inputs Outputs and Outcomes



Resultados em Saúde

Definições

- *“A health outcome refers to the effect or result of care or interventions on the health status of patients or populations.” - Donabedian, 1988*
- *“Changes in health status (mortality and morbidity) which result from the provision of health (or other) services.” - OCDE, 1992*
- *“Health outcomes are changes in health as a result of the level of care received.” - ACHORD, 2003*

O Racional

- Os indicadores clássicos, ainda que importantes, são muitas vezes insuficientes para medir o impacto de uma intervenção.
- Os resultados em Saúde vão para além das medidas fisiológicas e examinam os efeitos do processo de cuidados de saúde nos doentes e nas populações

Bases Fundamentais

- **Donabedianian**

- A qualidade enquanto resultados e melhoria do estado de saúde atribuídas aos cuidados

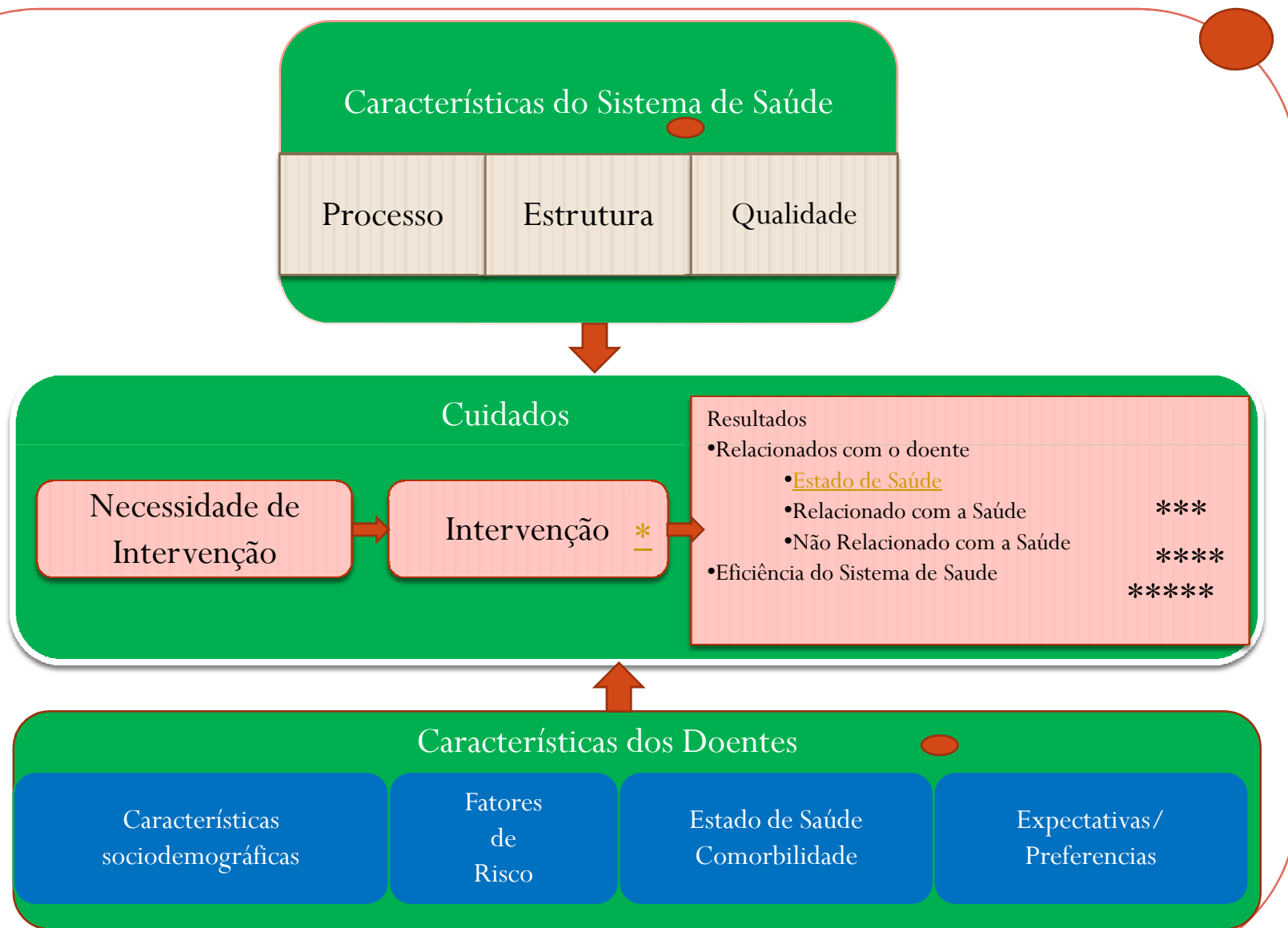
- **Modelo de gestão das doenças crónicas**

- Fatores que determinam positiva ou negativa o contexto para a prevenção e gestão das doenças crónicas

- **O Contexto e a Comunidade**

- Os padrões de doença e de saúde são largamente consequência do lugar onde vivemos, como vivemos, aprendemos, trabalhamos

Modelo Conceptual



Características do SNS

- **Estrutura**

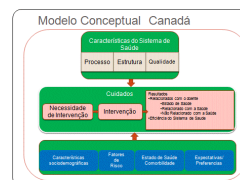
- Características das Unidades de Saúde
 - Diferenciação técnica (estrutura e recursos)
- Organização do serviço Nacional de Saúde

- **Processo**

- Acesso; adequabilidade dos cuidados; tempos de espera....

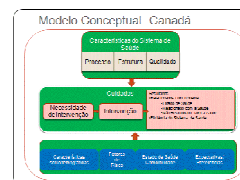
- **Resultados**

- Características da Articulação entre as Unidades de Saúde



Características dos Doentes

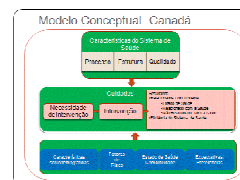
- Socio-demográficas
- Factores de Risco
- Estado de Saúde e comorbilidade
- Expectativas e Preferências



O Processo de Cuidados

Intervenções

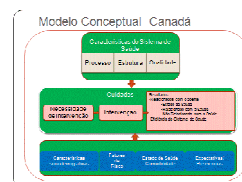
- **Objetivos**
 - Prevenção
 - Tratamento
 - Cura...
- **Tipo de Cuidados**
 - Primários
 - Hospitalares
 - Continuados
 - Paliativos
 - Alternativos
 - Outros



O Processo de Cuidados

Intervenções

- **Contextos diversos/tempos diversos**
 - **O continuum dos cuidados**
 - O primeiro influencia o segundo e este o terceiro, os resultados são aditivos, por vezes sinérgicos, outras vezes não...
 - Uns são nos cuidados primários, outros nos cuidados hospitalares, outros nos continuados, outros nos paliativos e outros noutros contextos...
 - Uns são médicos, outros são de enfermeiros, outros de psicólogos, outros de fisioterapeutas e de outros médicos e de outros enfermeiros...
 - A sequência/ O continuum individual influencia o resultado individual e o colectivo?
 - E qual a parte de cada um no resultado ?



O Processo de Cuidados

Os resultados

- **Estado de Saúde**
 - QALY, Anos de Vida Ajustados pela qualidade...
- **Relacionados com a Saúde**
 - Taxas de Internamento
 - Taxas de reinternamento
 - Hba1C
 - Colesterol total
 - ...
- **Não relacionadas com a saúde**
 - Satisfação

O Processo de Cuidado

Os resultados

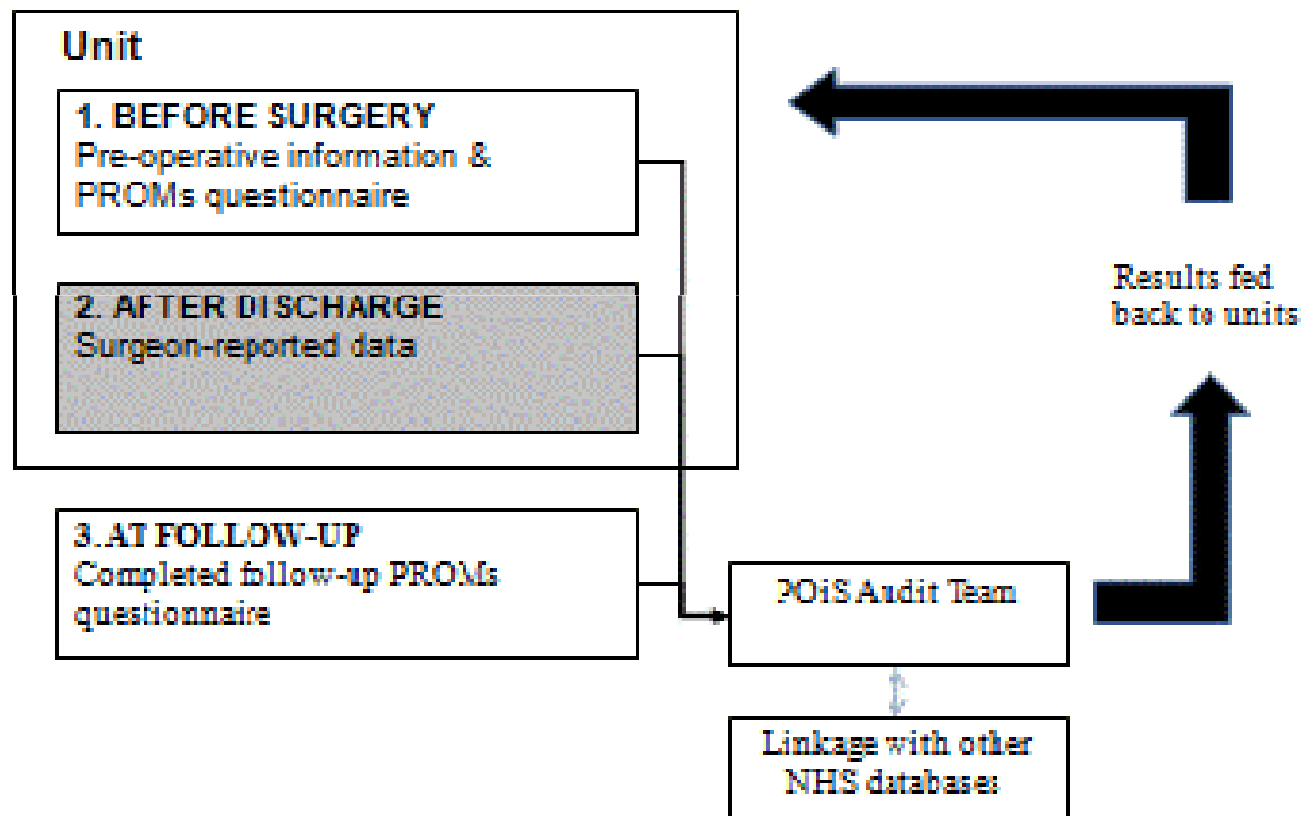
- **Segundo a sua orientação**
 - **cl clinicamente orientados**
 - Centradas na percepção dos profissionais de Saúde
 - Marcadores fisiológicos
 - Marcadores de doença
 - **orientadas pelo doente (PROM)**
 - Centradas na avaliação pelos doentes
 - Dor
 - Impotência funcional

PROM

Patient Reporting Outcome Measures

- *“...NHS will become the first health system in the world routinely to collect patient-reported outcome measures. Newly released guidance for PCTs and hospitals – including independent sector organisations supplying care to NHS patients – sets out what needs to be collected, when, and by whom and how the new data will be integrated with other routine patient statistics”*

Data collection



PATIENT OUTCOMES IN SURGERY

FOR OFFICE USE ONLY

If the patient did not consent to take part in the Audit, please complete the following about the patient:

Date of Birth (dd/mm/yyyy) / / 1 9

Sex Male ☐ 1 Female ☐ 2

Date of operation (dd/mm/yyyy) / / 2 0

SERIAL ID 104-

UNIT CODE

FOR OFFICE USE ONLY
Affix addressograph label here

NHS Number

VARICOSE VEINS SURGERY QUESTIONNAIRE

INFORMATION FOR STAFF

After the patient has returned their questionnaire to you, please ensure that:

- ▶ The consent form has been completed
- ▶ The patient copy of the consent form has been removed and given to the patient
- ▶ The hospital copy of the consent form has been removed and placed in the medical records of the patient
- ▶ Return the questionnaire in the pre-paid envelope provided

PLEASE REMEMBER - only one questionnaire per envelope

Registered charity number: 212808



If you have agreed to take part in this study, would you please write your name and address in CAPITAL LETTERS BELOW so that we may contact you by post.

Title:

First Name:

Surname:

Address:

Postcode:

A QUESTION ABOUT WHERE YOU ARE HAVING YOUR OPERATION

Q1. In which hospital are you having surgery?

SOME QUESTIONS ABOUT YOU AND YOUR HEALTH

Please mark the boxes below with a tick or numbers where appropriate.

Q2. Are you?
 Male ☐ 1
 Female ☐ 2

Q3. What is your date of birth? 1 9
 (dd/mm/yyyy)

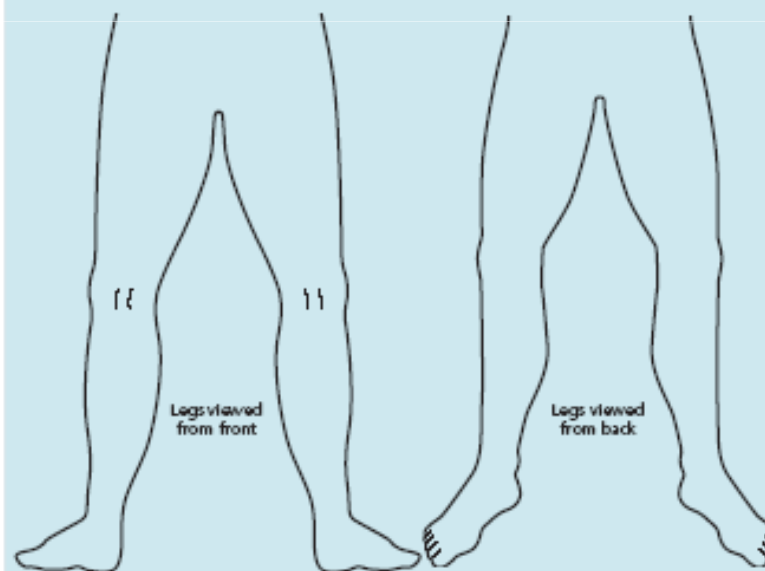
Q4. Have you had previous treatment on your varicose veins, such as injections or surgery?

Yes ☐ 1 No ☐ 2

Q5. For how long have you had varicose veins?

Less than 1 year ☐ 1 1 to 5 years ☐ 2 6 to 10 years ☐ 3 More than 10 years ☐ 4

Q6. Please draw in your varicose veins in the diagram(s) shown here.



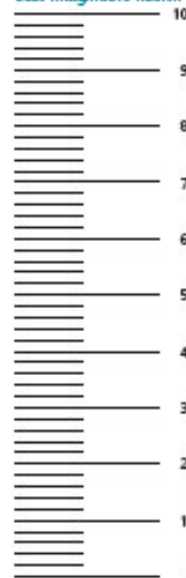
Q25. Think about how good or bad your own health is today.

This scale may help. The best health you can imagine is marked 100, and the worst health you can imagine is marked 0.

Please write in the box below, the number between 0 and 100 that you feel best shows how good your health is today.

Your own health today

Best imaginable health



Worst imaginable health

Q26. In general, would you say your health is:

Excellent ☐ 1 Very good ☐ 2 Good ☐ 3 Fair ☐ 4 Poor ☐ 5

Q27. Have you been told by a doctor that you have any of the following? (tick all that apply to you)

- Heart disease (for example angina, heart attack or heart failure) ☐
- High blood pressure ☐
- Problems caused by a stroke ☐
- Leg pain when walking due to poor circulation ☐
- Lung disease (for example asthma, chronic bronchitis or emphysema) ☐
- Diabetes ☐
- Kidney disease ☐
- Diseases of the nervous system (for example Parkinson's disease or multiple sclerosis) ☐
- Liver disease ☐
- Cancer (within the last 5 years) ☐
- Depression ☐
- Arthritis ☐

Q28. Today's date (dd/mm/yyyy)

2 0

THANK YOU FOR YOUR ASSISTANCE

PLEASE RETURN THIS QUESTIONNAIRE TO THE PERSON WHO GAVE IT TO YOU



Surgeon-reported data



THIS SECTION IS TO BE COMPLETED BY THE SURGEON

PATIENT DETAILS

1. Patient Body Mass Index (Enter either BMI or H&W) BMI Height (In cm) Weight (In kg)

OPERATION DETAILS

2. Date of operation (dd/mm/yyyy) 2 0

3. Grade of surgeon who undertook the operation Consultant ☐ Staff grade ☐ SpR ☐ Other ☐

4. Planned patient care Out-patient ☐ Day-case ☐ In-patient ☐

5. Patient ASA Grade as recorded by the anaesthetist 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

6. CEAP Clinical classification

C1: Telangiectases or reticular veins ☐

C2: Varicose veins ☐

C3: Oedema ☐

C4: Pigmentation or eczema ☐

C4b: Lipodermatosclerosis or atrophie blanche ☐

C5: Healed venous ulcer ☐

C6: Active venous ulcer ☐

Symptomatic ☐ Asymptomatic ☐

Including aching, pain, tightness, skin irritation, heaviness, and muscle cramps, and other complaints attributable to venous dysfunction

7. Anaesthetic type General ☐ Local ☐ Epidural ☐

Tumescent anaesthesia ☐ Other ☐

8. Surgical technique used Tick all that apply

Radiofrequency ablation ☐ Endovenous laser ablation ☐

Foam sclerotherapy ☐ Phlebectomies / Avulsions ☐

GSV strip: above-knee ☐ GSV strip: below-knee ☐

SSV strip ☐ Sapheno-popliteal ligation ☐

Sapheno-femoral ligation ☐ Perforator ligation ☐

Other

9. Thromboprophylaxis Regime Aspirin ☐ LMWH ☐ TED stocking ☐ Other ☐ None ☐

10. Prophylactic antibiotic? Yes ☐ No ☐

POST-OPERATIVE DETAILS

11. Date of discharge (dd/mm/yyyy) Tick if same as operation date ☐ 2 0

12. Was the patient returned to theatre during admission? Yes ☐ No ☐

13. Was the patient transferred to a high dependency or intensive care unit? Yes ☐ No ☐

14. Did the patient receive a blood transfusion during admission? Yes ☐ No ☐ If yes, how many units

Resultados em saúde

Potencialidades

- Estudo das variações dos padrões na prática clínica
- Efetividade dos diversos tratamentos e procedimentos
- Critérios para a realização de determinados procedimentos
- Identificação das preferências dos doentes em situações com múltiplas opções de tratamento
- Desenvolvimento de ferramentas para medir o estado de saúde e a satisfação dos doentes
- Apoio nos processos de decisão

O que temos?

Informação

- SIARS
 - SAM – Sistema de Apoio ao Médico
 - ICPC2
 - SAPE – Sistema de Apoio do Enfermeiro
- Contratualização
- Bases de Dados – Grupos Diagnósticos Homogéneos
- Estudos de Satisfação – Cuidados Primários
- Estatísticas Vitais

As fragilidades

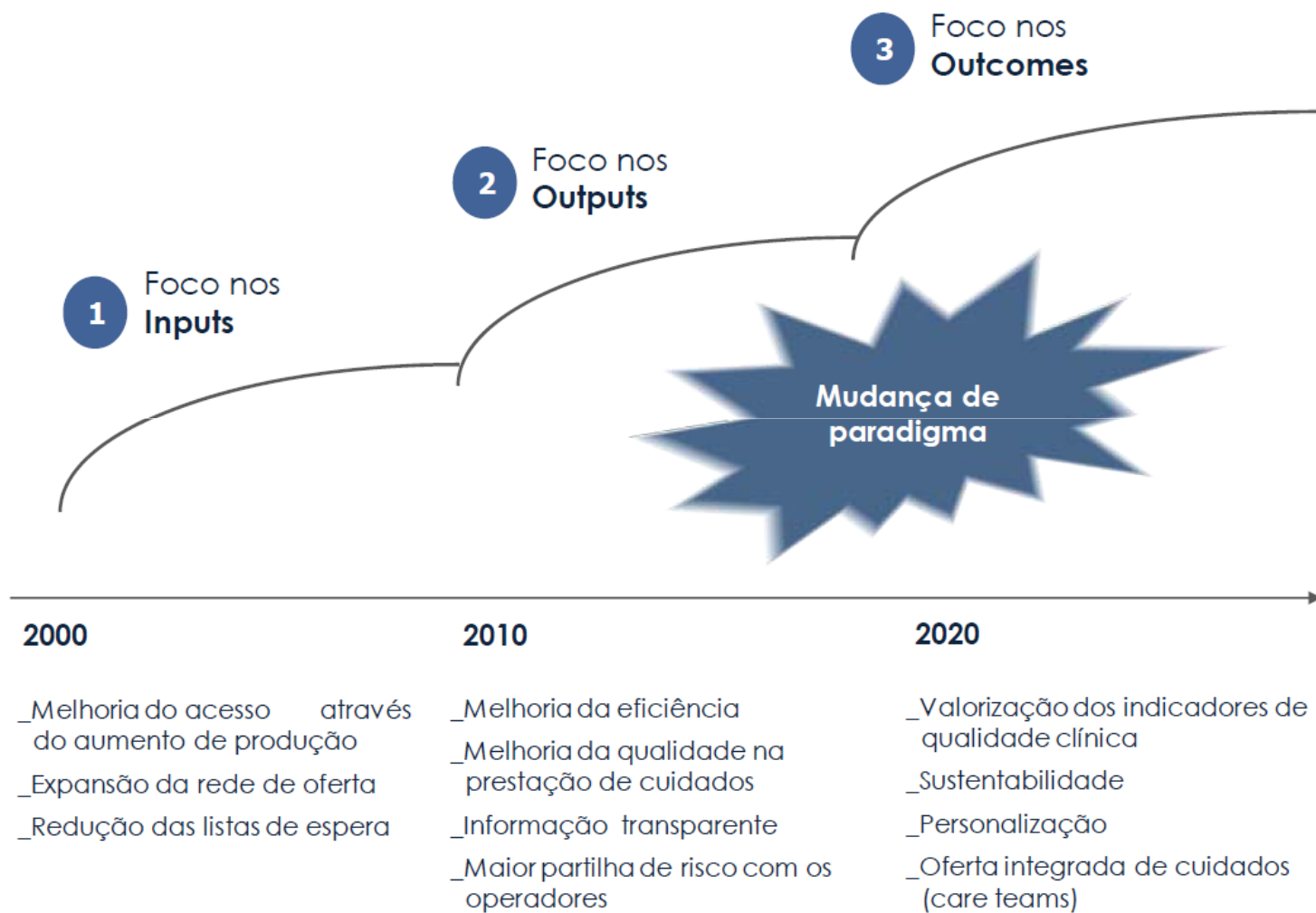
O que sabemos e o que não sabemos?

- Os resultados em Saúde
- Sistema de Informação - debilidades
- Intervenções em Saúde
- Adequabilidade dos cuidados prestados

O que precisamos?

- Integração da Informação
 - Ficha Clínica única do Utente
- Introdução de modelos de avaliação do estado de saúde e dos resultados
- Criação de Conhecimento

Figura 7 – Mudança de Paradigma



Finalidade

- O que funciona melhor e em quem?
- Escolhas Informadas
- Melhor alocação de Recursos (limitados)
- Conhecimento