

# Resultados em Saúde

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# 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

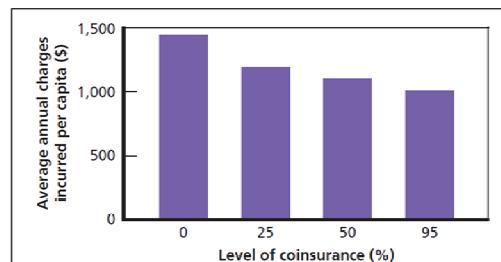
contemporâneos

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

# Antecedentes

contemporâneos  
Estudo Rand

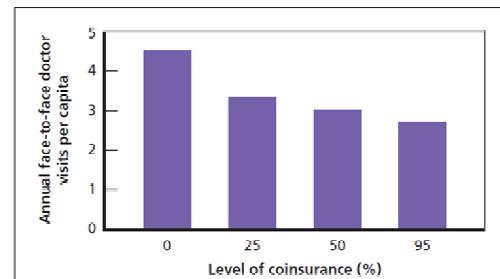
**Figure 3**  
**Participants with Cost Sharing Spent Less on Health Care Services**



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.

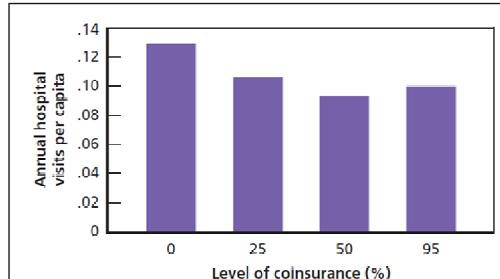
**Figure 1**  
**Participants with Cost Sharing Visited the Doctor Less Frequently**



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 geográficos

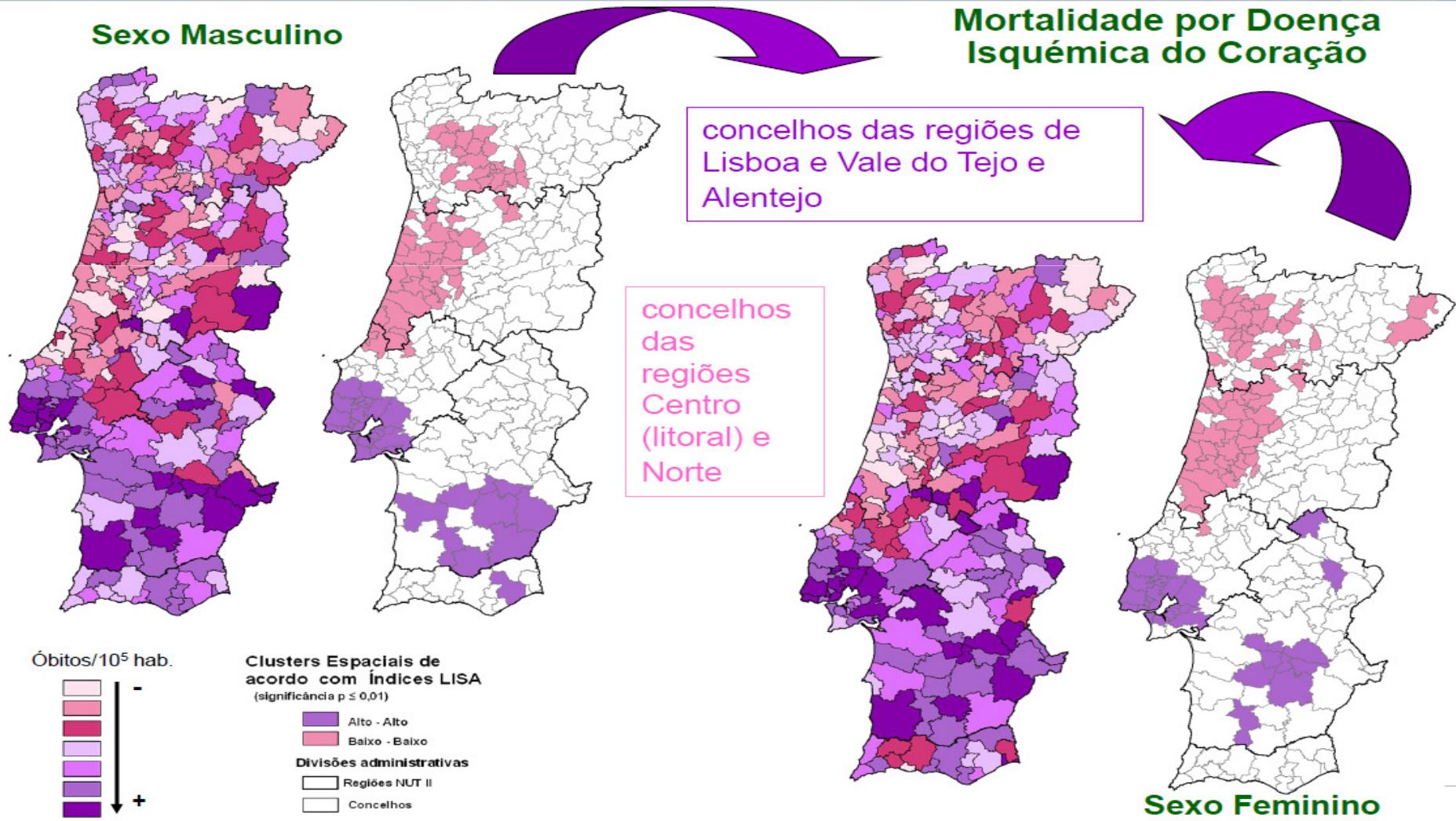


Instituto Nacional de Saúde

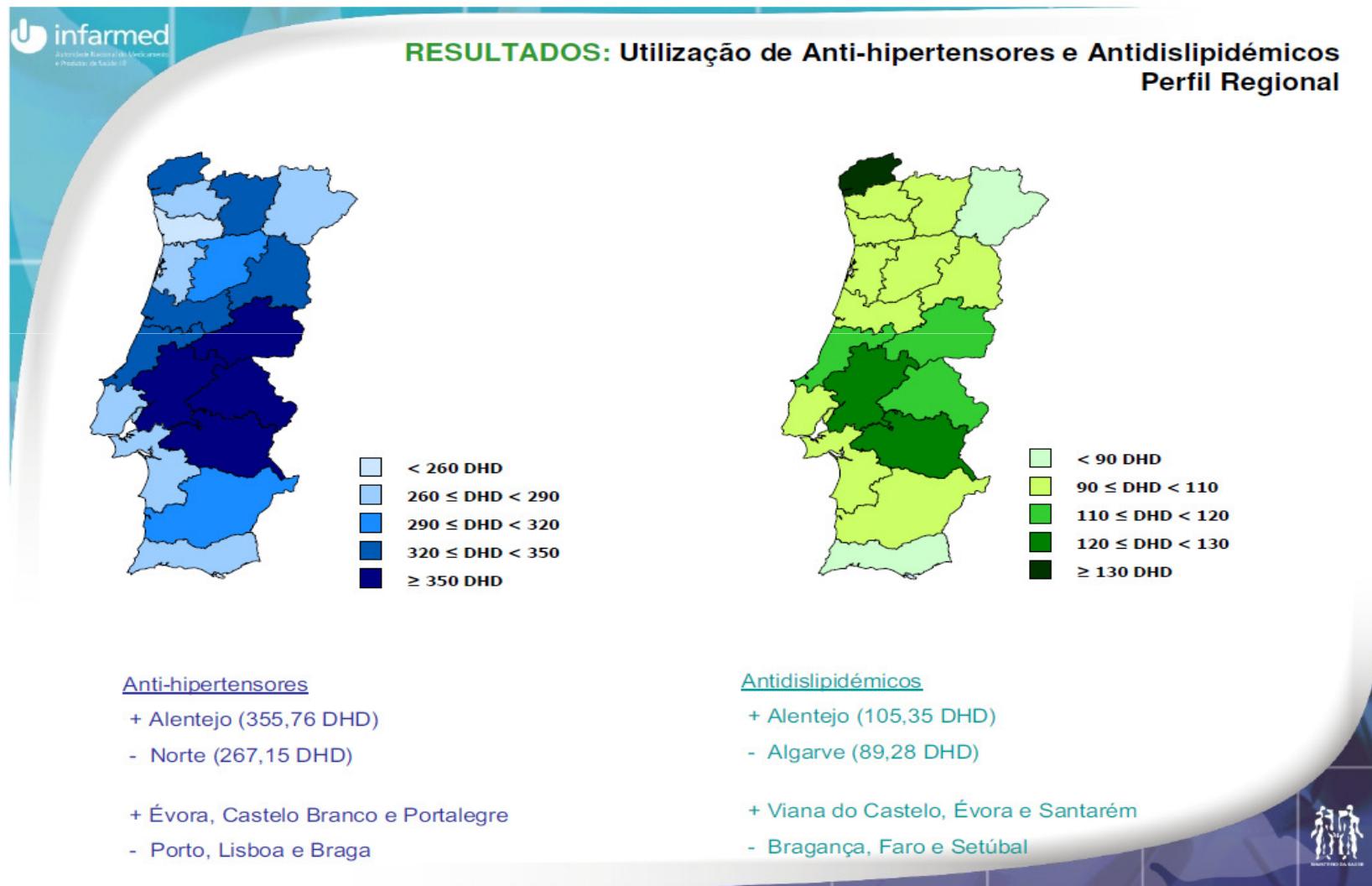
E-mail: info@insa.min-saude.pt

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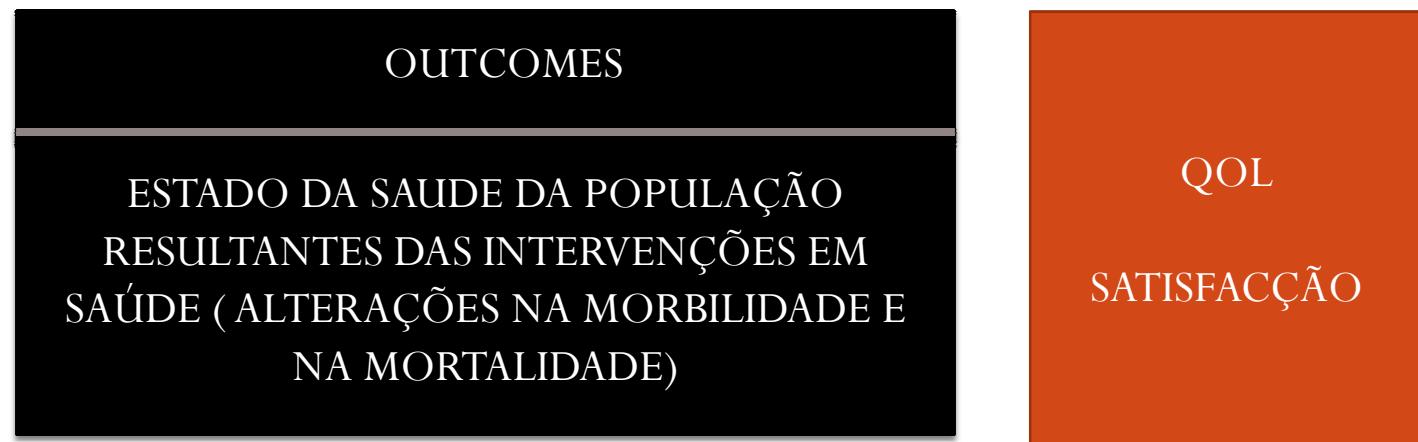
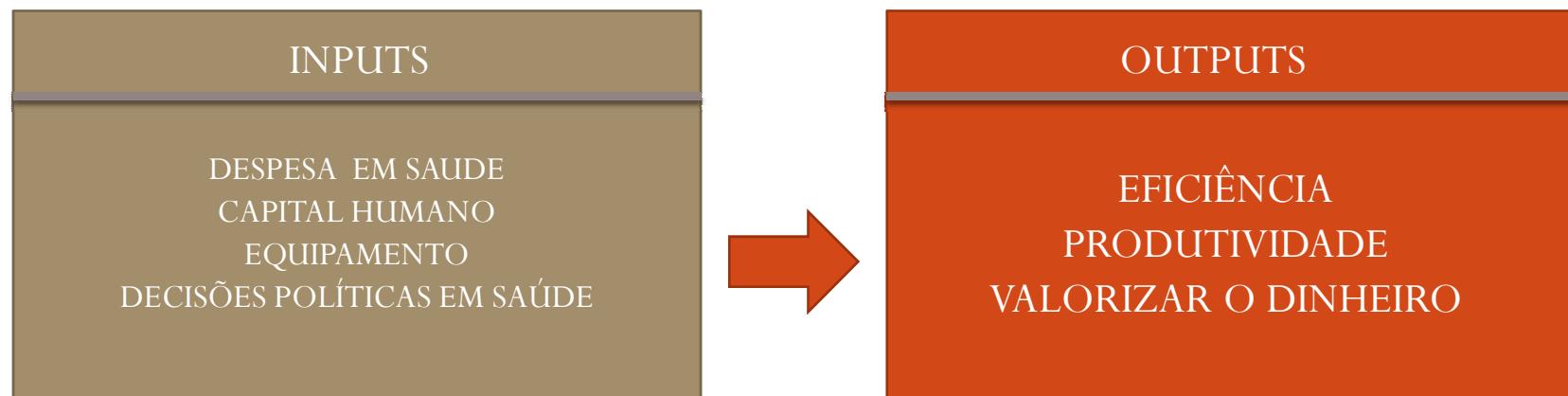
www.insa.pt



# 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

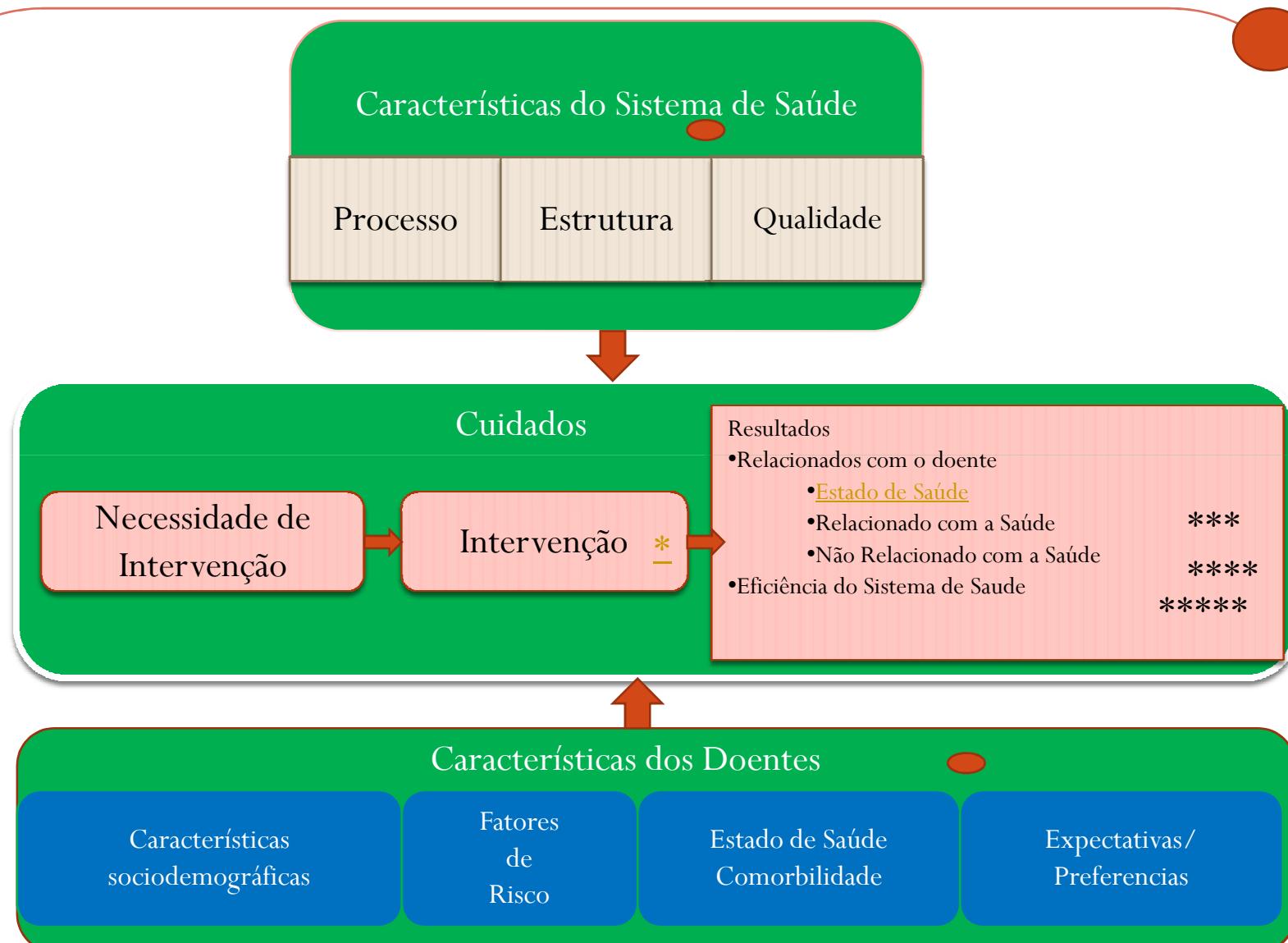
# O Racional

- 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

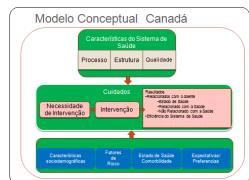
- **Donabedonian**
  - A qualidade enquanto resultados e melhoria do estado de saúde atribuídas aos cuidados
- **Modelo de gestão das doenças crónicas**
  - Fatores que determinam positiva ou negativa o contexto para a prevenção e gestão das doenças crónicas
- **O Contexto e a Comunidade**
  - Os padrões de doença e de saúde são largamente consequência do lugar onde vivemos, como vivemos, aprendemos, trabalhamos

# Modelo Conceptual



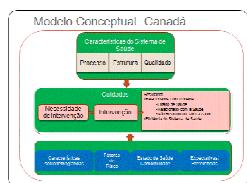
# Características do SNS

- **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

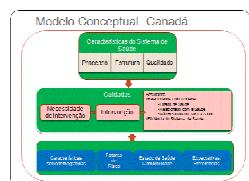
- Socio-demográficas
- Factores de Risco
- Estado de Saúde e comorbilidade
- Expectativas e Preferências



# O Processo de Cuidados

## Intervenções

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



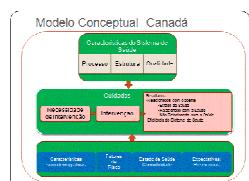
# O Processo de Cuidados

## 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 noutras 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

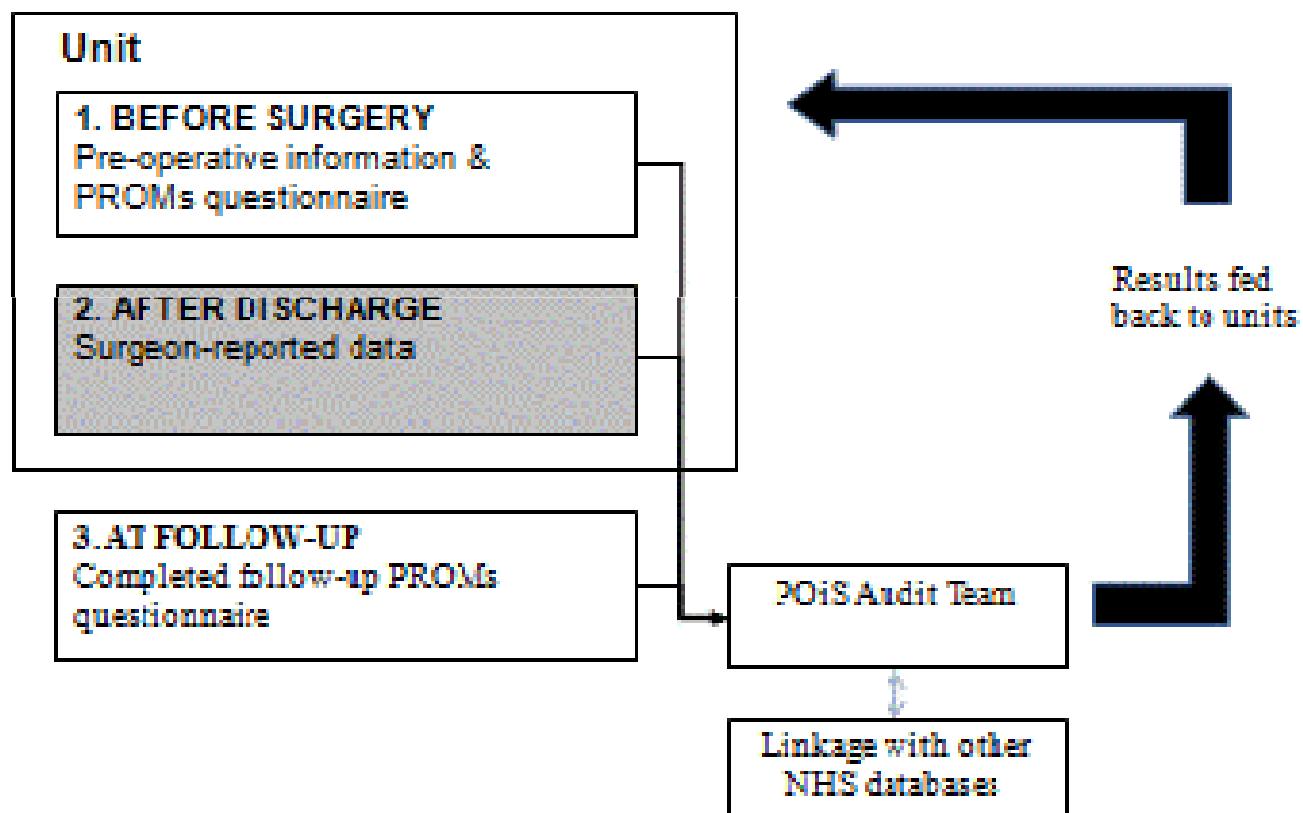
- **Segundo a sua orientação**
  - **clinicamente orientados**
    - Centradas na percepção dos profissionais de Saúde
      - Marcadores fisiológicos
      - Marcadores de doença
  - **orientadas pelo doente (PROM)**
    - Centradas na avaliação pelos doentes
      - Dor
      - Impotência funcional

# 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

<b>FOR OFFICE USE ONLY</b>								
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)		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	/	1	9	<input type="text"/> <input type="text"/>	
Sex	Male	<input type="checkbox"/> 1	Female	<input type="checkbox"/> 2				
Date of operation (dd/mm/yyyy)		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	/	2	0	<input type="text"/> <input type="text"/>	

SERIAL ID 104-

<b>UNIT CODE</b>	
FOR OFFICE USE ONLY Affix addressograph label here	
NHS Number <input type="text"/>	

# 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



The Royal  
College  
of  
Surgeons  
of  
England

The Royal College of Surgeons of England  
PATIENT OUTCOMES IN SURGERY

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

Female

The Royal College of Surgeons of England  
PATIENT OUTCOMES IN SURGERY

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

No

Q5. For how long have you had varicose veins?

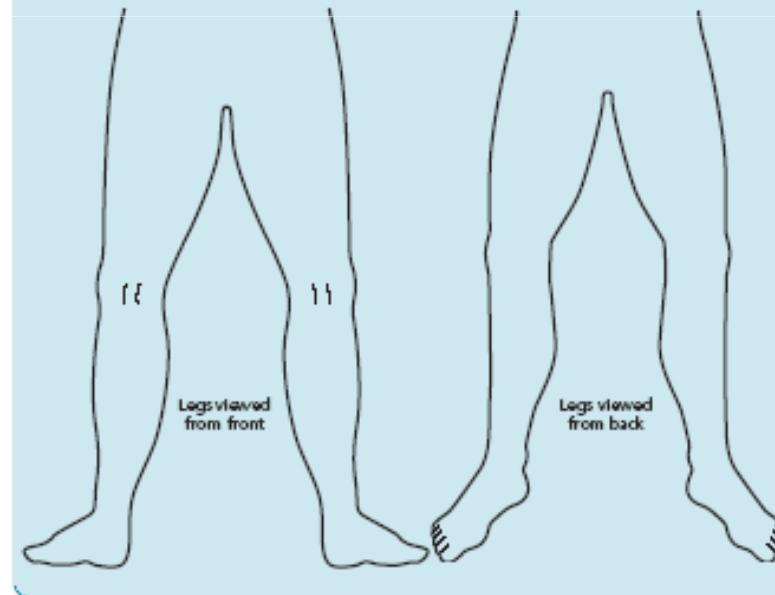
Less than 1 year  1

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.

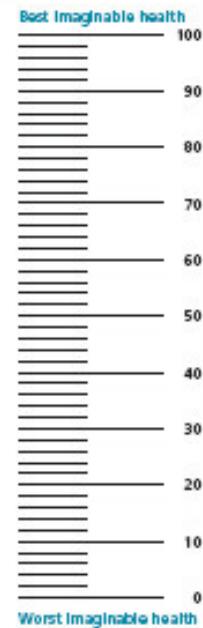


Q25.  
Think about how good or bad your own health is today.

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



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

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

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

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	<input type="text"/>	Height (in cm)	<input type="text"/>	Weight (in kg)	<input type="text"/>
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### OPERATION DETAILS

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

<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>
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3. Grade of surgeon who undertook the operation

Consultant	<input type="checkbox"/>	Staff grade	<input type="checkbox"/>	SpR	<input type="checkbox"/>	Other	<input type="checkbox"/>
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4. Planned patient care

Out-patient	<input type="checkbox"/>	Day-case	<input type="checkbox"/>	In-patient	<input type="checkbox"/>
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5. Patient ASA Grade as recorded by the anaesthetist

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
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6. CEAP Clinical classification

C1: Telangiectases or reticular veins

C2: Varicose veins

C3: Oedema

C4b: Lipodermatosclerosis or atrophic blanche

C5: Healed venous ulcer

C6: Active venous ulcer

Symptomatic  Asymptomatic

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

7. Anaesthetic type

General  Local  Epidural

Transthoracic anaesthesia

Other

8. Surgical technique used  
Tick all that apply

Radiofrequency ablation

Endovenous laser ablation

Foam sclerotherapy

Phlebectomy / Avulsions

GSV strip: above-knee

GSV strip: below-knee

SSV strip

Sapheno-popliteal 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

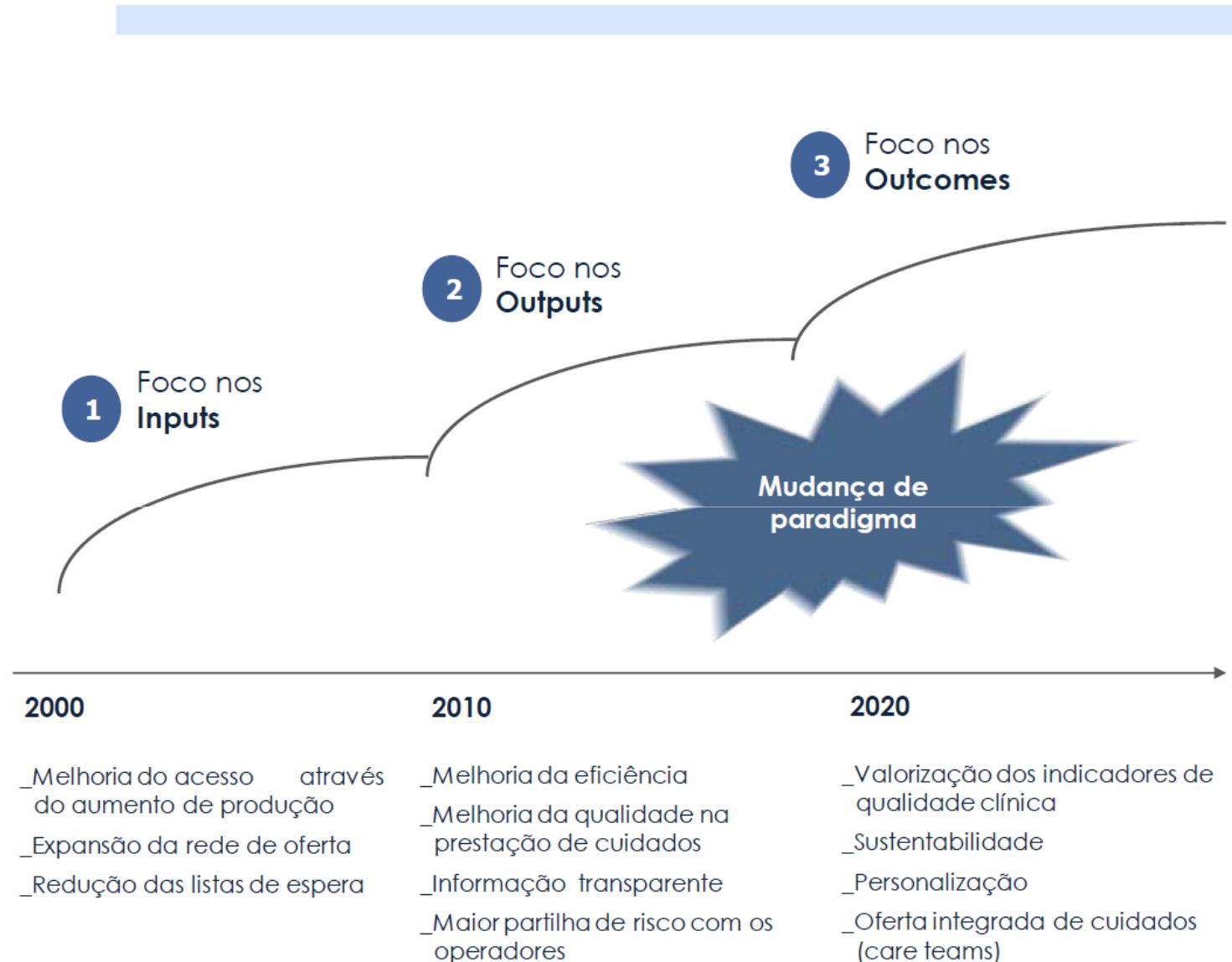
O que sabemos e o que não sabemos?

- 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