Regulation on access to the clinic outpatient of a university hospital for Brazil's Public Health System sustentainability

Maria Eulália Lessa Valle Dallora

Marcos Felipe Silva de Sá

HTAI 2011

The regulation on access to the clinic outpacient of a university hospital is a very important question and a challenge to be overcome for Brazil's Public Health System organization

Hospital das Clínicas da Faculdade de Medicina de Ribeirão Preto da Universidade de São Paulo

Hospital beds -- 866

Out-patient care --------------------------------- 600,000

In-patient care ------------------------------------ 35,000

Laboratory exams ------------------------------2,676,824

Hospital das Clinicas - F M R P U S P

The problems until 2000 in the hospital were the following:

✓Non-organized outpatient flow

✓Attendance of medium and low-complexity cases despite the goal of the hospital being assisting high-complexity cases

✓Misapplication of the hospital structure

✓Unawareness of waiting line for appointments

✓Lack of humanism, since outpatients used to stay in line since before daybreak in the attempt of having an opening

The resulte of all this was the desorganization of the regional service network

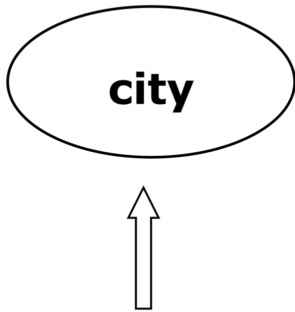
Hospital das Clinicas - F M R P U S P

To solve these problems, the hospital suggested the implantation of regulation for elective appointments in 2000 in the Regional Departments in the hospital's coverage area.

Hence, 5 Centers of Regulation were mounted with the goal of organizing the outpatient flow

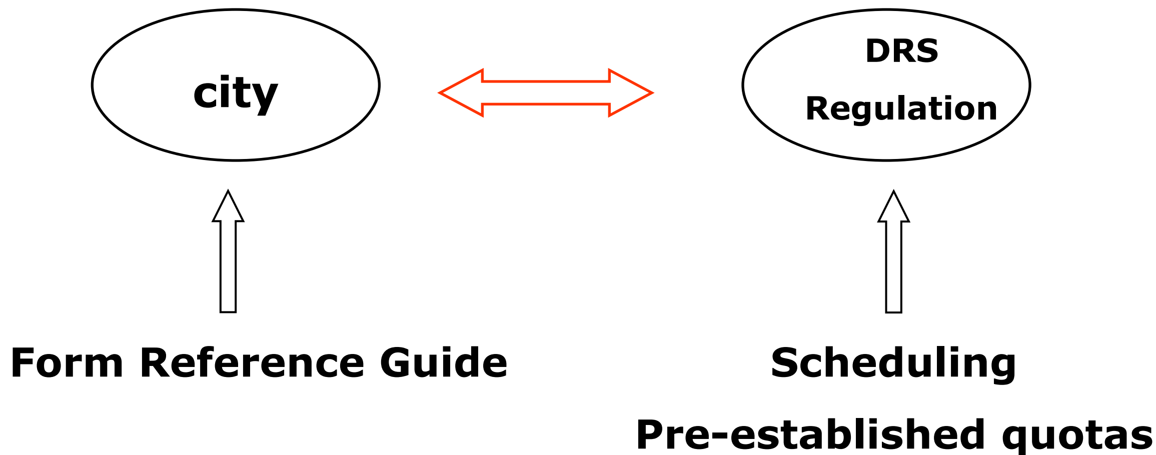
Scheduling of new outpatients was delegated to regional health departments through their centers of regulation

Hospital das Clinicas - F M R P U S P



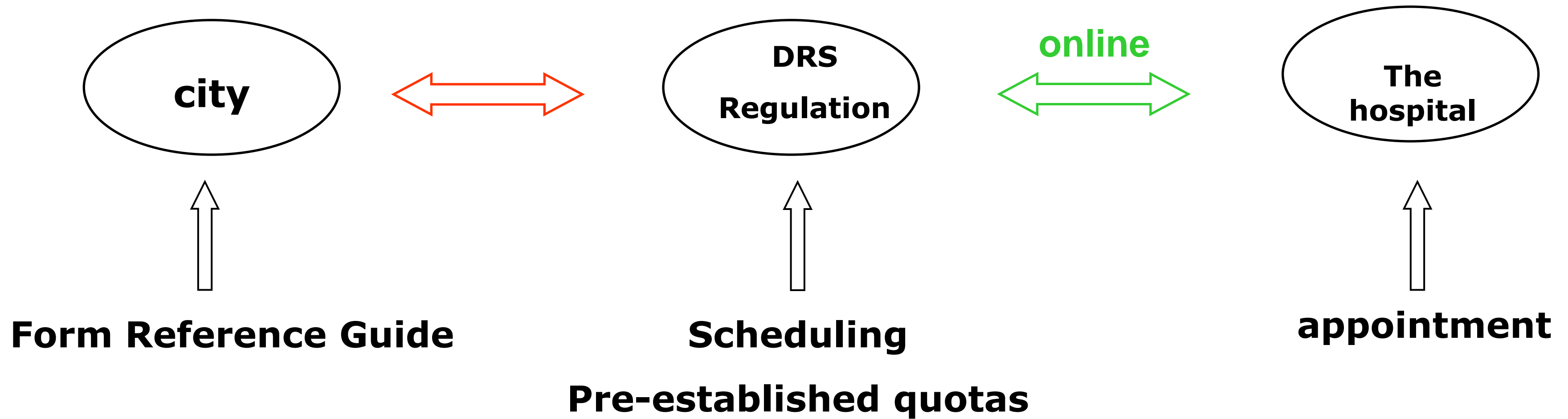
The doctors from the cities covered by the hospital, filled in Form Reference Guides for the outpatients that were in need of an appoitment describing the pacients health problems and the reason of the referral to the hospital.

Hospital das Clinicas - F M R P U S P



The form reference guides were selected by the Regional Health Department prioritizing the high-complexity cases and booking them according to their pre-stablished quotas.

Hospital das Clinicas - F M R P U S P



Finaly, the outpatient would come to the hospital at the scheduled time so the appointment could be performed.

Goals

The goals of the experience were to evaluate the impact of the implantation of Regulation Centers of Elective Appointments

⇒on outpatient flow at the hospital and,

⇒ on the effectuation of the hospital as tertiary unit in Brazil’s Public Health System.

Methods - I

- A descriptive and quantitative study, with secondary data from 2000 to 2005 was carried out to evaluate the impact of implantation of Regulation Centers of Elective Appoitments on outpatient flow at the hospital.

Methods - II

The years of 2000 and 2005 were compared to evaluate the effectuation of the hospital as tertiary unit in Brazil's public health system

A sampling of the medical records of new outpatients admited during these years was carried out

The studied variables were:

✓The complexity of referrals

✓Verification of coherence of cases to the referral protocoles

✓The absorbtion rate of new outpatients for treatment continuance at the hospital.

The result of impact
on outpatient flow organization

Results

Number of appointments offered to new outpatients, booking rate, absense rate and global use rate, at the hospital, from 2000 to 2005

Ano	Appointments offered	Booking Rate	Absences Rate	Global Use Rate
2000	59668	66,7	23,7	34,1
2001	54371	55,9	23,4	33,0
2002	54225	60,8	23,0	36,5
2003	52583	69,3	21,5	41,2
2004	43409	79,8	20,8	45,2
2005	45317	68,0	21,7	39,3
Total	309573	66,2	22,4	37,9

Of all 3 hundred thousand appointment times offered,

2 hundred thousand were not followed through.

Impact on the Effectuation of the hospital as tertiary unit in Brazil's Public Health System

Results

Distribution of first appointments, accordind to year and case complexity.

case complexity	Year of the appointment 2000	2005	TOTAL
low (%)	257 (45,1)	236 (39,3)	493 (40,4)
Medium (%)	231 (34,8)	229 (38,2)	460 (37,7)
High (%)	132 (21,3)	135 (22,5)	267 (21,9)
TOTAL (%)	620 (100,0)	600 (100,0)	1220 (100,0)

Results

- There was no alteration in distribution of case complexity referrals since the implantation of the Centrals of Regulation for elective appoitments

- Significative difference between these years was not stablished.

Results

Distribution of first appointments, according to year and pertinence of a referral along with protocole.

Inicial suspicion according to referral protocole	Year of the appointment 2000	2005	TOTAL
No (%)	161 (26,0)	147 (24,5)	308 (25,2)
Yes (%)	459 (74,0)	453 (75,5)	912 (74,8)
TOTAL (%)	620 (100,0)	600 (100,0)	1220 (100,0)

Results

- The results do not show significative difference between these years, that is, there was no improvement on referral protocoles use

Stil comparing with previous chart, we can see that

74,8% of protocoles use

X

40,4% low Complexity

We can raise some questions:

- ✓ Are the protocoles too overarching?
- ✓ Is there Deficiency in regional service network in attending patients with low and medium complexity problems?
- ✓ Are there Academic interests from the hospital?
- ✓ Are the Protocoles deficient?

Results

Distribution of first appointments according to year and whether the patient was selected for treatment continuance

	Year of the appoitment		
Patient selected for treatment continuance	2000	2005	TOTAL
No (%)	199 (32,1)	183 (30,5)	382 (31,3)
Yes (%)	421 (67,9)	417 (69,5)	838 (68,7)
TOTAL (%)	620 (100,0)	600 (100,0)	1220 (100,0)

Results

There was no difference on distribution of selected cases for treatment continuance at the hospital.

It can be explained by factors such as:

- ✓ Technical, economic and political dificulties faced by the cities on organization of basic attention
- ✓ Devaluation of the Regulation Centrals
- ✓ Overvaluation of medical specialties
- ✓ Preference of university hospital by outpatients
- ✓ And, the fact that changes in big systems are not immediat and improvements are incremental

Conclusion

- ✓ The Centrals of Regulation were set as administrative instance of appointment booking and not as instances of system regulation.

Conclusion

- ✓ There was improvement on humanising outpatient attendance, once outpatients now come to the hospital with pre-stablished appointments, not submiting them to long selection waiting lines anymore.

Challenges

Planning and evaluation must be dynamic and permanent, identifying and correcting problems, stimulating continuous advances so as to improve health and quality of life for everyone.

THANK YOU

OBRIGADA!

Maria Eulália

meulalia@hcrp.usp.br