Portugal's Experience in Telemedicine:

Legal instruments, national implementation and usage of Technology

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European Telemedicine Conference 2014
and Italian Conference on eHealth

EUROPEAN TELEMEDICINE CONFERENCE

Rome, 8 october 2014

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Telemedicine in Portugal

Legal
Organizational
Semantic
Technical

Main focus today is on legislative and regulatory framework

Grupo de Trabalho de Telemedicina

Constituição do G.T.T. (SPMS)

- Henrique Martins (Presidente -SPMS)
- Luís Gonçalves (Coordenador – ARS-Alentejo)
- Carlos Ribeiro (ARS-Norte)
- Fernando Gomes da Costa (ARS-Centro)
- Miguel Castelo Branco – (ARS-Centro)
- Paulo Pinto – (ARS-LVT)
- Luís Mota Capitão) – (ARS-LVT)
- António Pina – (ARS-Algarve)
- Diogo Reis – (SPMS)
- Eugénia Duarte – (SPMS)
- Adelaide Belo – (ACSS)
- Ricardo Mestre – (ACSS)

- Secretariado : Manuela Rosado (ARS-Alentejo)

- Created in July 2012
- Monthly meetings
- Regular activities/weekly fields visits to promote use
- Mix skills
- Institutional representation
- Aims and targets
- Central em local IT experts
- High autonomy from SPMS/MoH
- Propose legal/regulatory documents

Government initiatives towards development of Telemedicine in Portugal

Legislative and regulatory framework

2001

Order n.º 4142/2001
Office of the Secretary of State Assistant to the Minister of Health

- *I Working Group for the study of telemedicine*
- operational concept; identify and evaluate experiences; make suggestions; identify legal, organizational, financial and technical barriers; provide technical solutions

2005

Directorate-General of Health (DGS)

- *II Working Group for the study of telemedicine*
- Priority areas Cardiology, oncology and traumatology; linking PHC and hospital services;

2007

Order n.º 6538/2007
Office of the Secretary of State Assistant to the Minister of Health

- *III Working Group for the study of telemedicine*
- Operationalize a National Plan for Telemedicine

2012

Order n.º 8742/2012
Office of the Deputy Secretary of State for Health

- *IV Working Group for the study of telemedicine*
- Create incentives for increasing the use of telemedicine in health units

2013

Order n.º 9725/2013. Office of the Deputy Secretary of State for Health

- Is created within the SPMS the *Committee for Clinical Informatization* to bring forward proposals for a National healthcare IT strategy and monitor their implementation

2013

Order n.º 3571/2013. Office of the Secretary of State Assistant to the Minister of Health

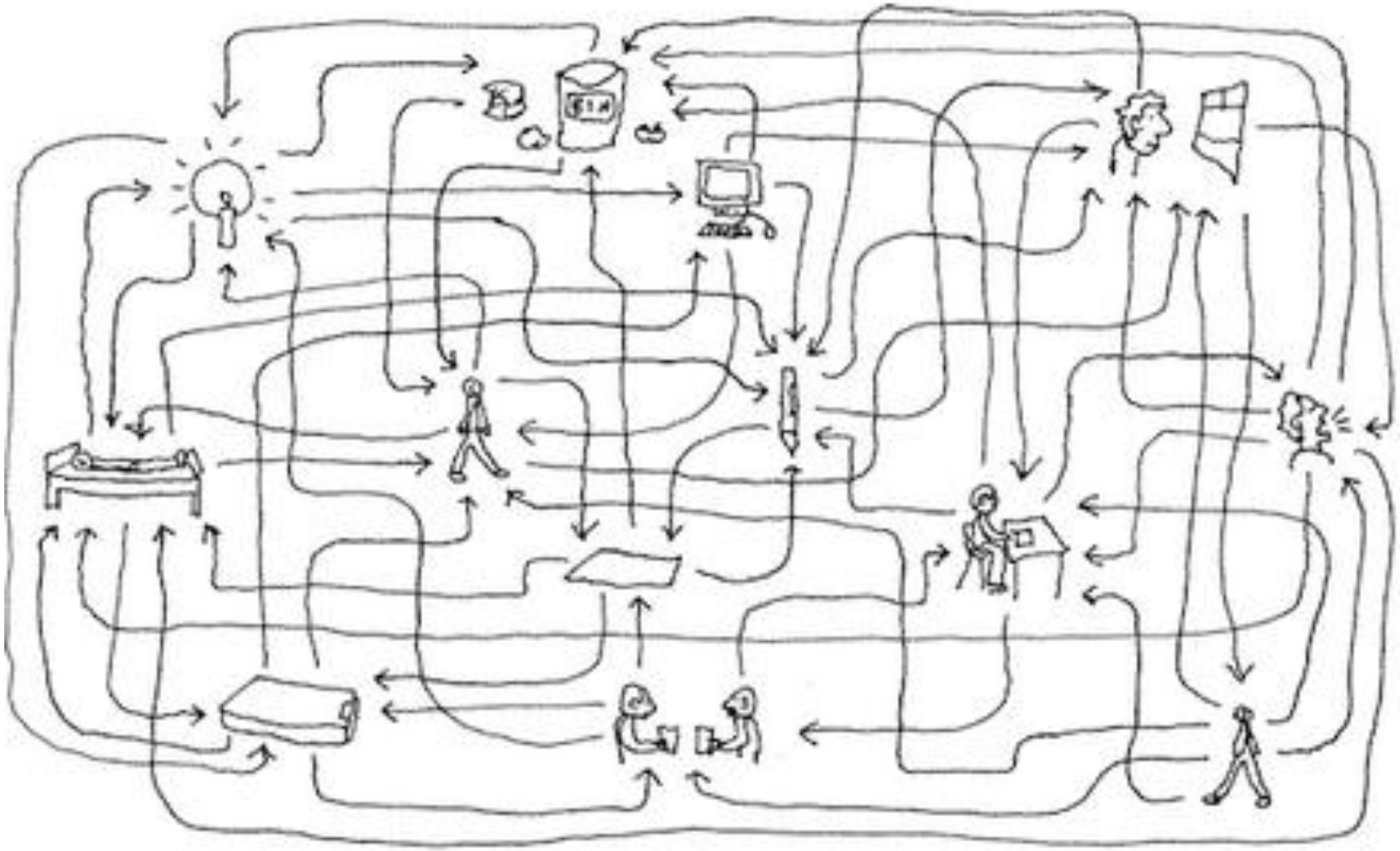
- Determines that the NHS services and the facilities must increase the use of information and communication technologies, in order to promote and ensure telemedicine services;
- Identified as priority areas the following medical specialties: Dermatology; Physiatry; Neurology; Cardiology; Pediatric Cardiology; Pneumology;
- Set out specific rules and procedures on hospital financing framework, to promote the use of teleconsultations and telemonitoring, as well as support its effective development.

2014

Order n.º 8445/2014. Office of the Deputy Secretary of State for Health

- Strengthens the implementation strategy for a Telemedicine Network in the NHS:
- The Regional Health Administrations, progressively, must enable the health units with necessary equipment to carry out the teleconsultations, giving preference to the use of Health Data Platform (PDS-Live) and tracing/screening consultations from different medical specialties through the PDS-CTH (On Time Appointments)
- The Health Units shall appoint an Internal telemedicine promoter

LOST ???



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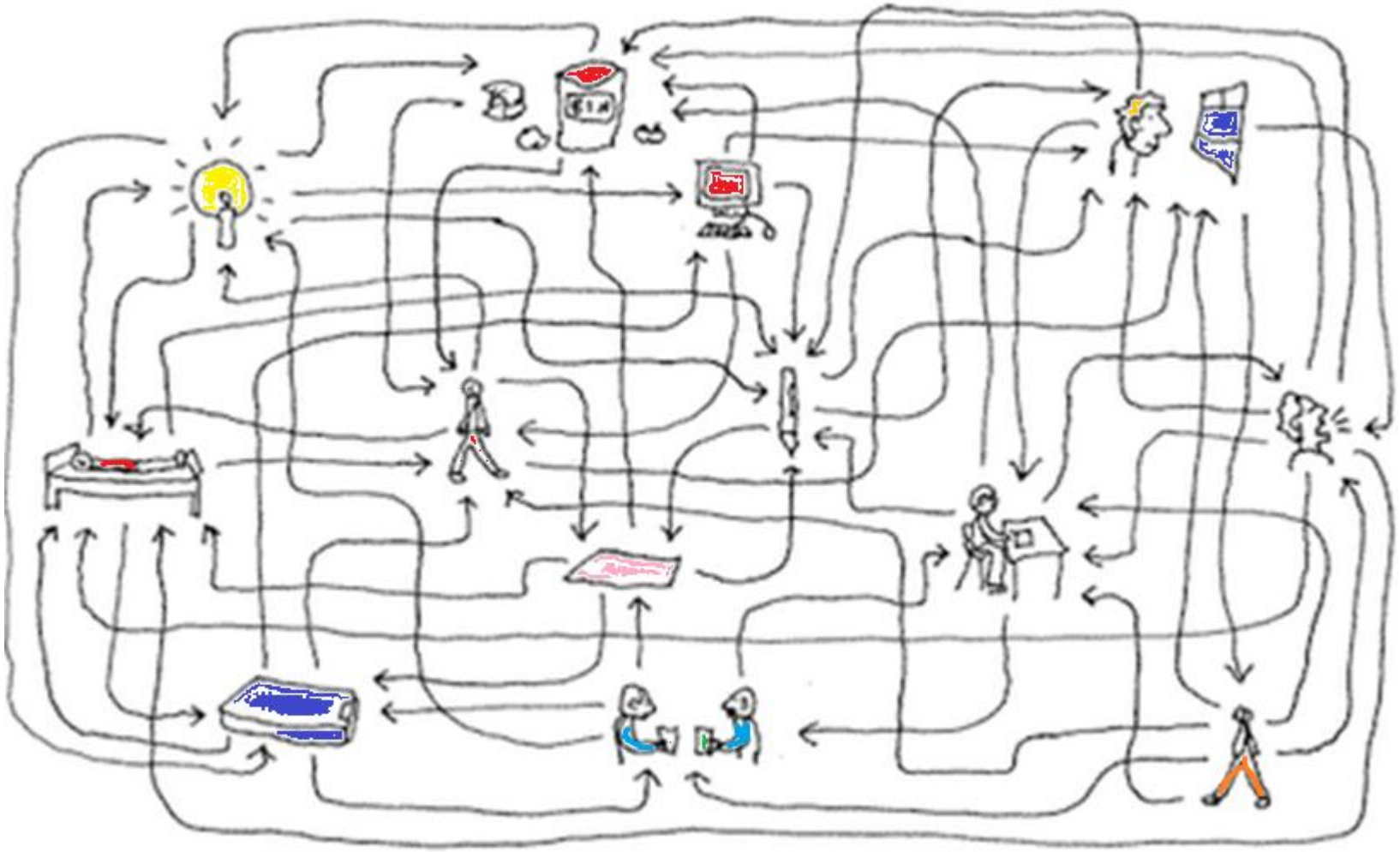
What we want to do!



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Administração Central

ACSS

do Sistema de Saúde

Government initiatives towards development of Telemedicine in Portugal

Contracting and Financing mechanisms

- **Hospital Contracting Process – majoration of teleconsultations (2013, 2014)**

For the 1st time, in 2013 (and again In 2014), teleconsultations heldl in real time are paid an additional 10% over the face-to-face counterparts (majoration), regardless of whether they are first or following consultations.

- **Pilot implementation of the Chronic Obstructive Pulmonary Disease (COPD) tele-monitoring service**

Home Teleassistance through suitable equipment and technology to a remote location (e.g. hospital or primary health unit).

In the case of COPD, this tool can prove to be cost-effective in preventing hospital admissions that, in this specific pathology, are frequent.

Pilot implementation of the COPD tele-monitoring service

This pilot program covers 5 institutions and a group of 75 patients (15 by hospital) and aims to achieve the following objectives:

- Improve the quality of service provision, promoting the continuous monitoring and evaluation of the health condition;
- Reduce at least 1 hospital stay per year (as a result of deterioration of clinical condition);
- Reduce at least 3 emergency admissions per year/patient in program;
- Reduce at least 2 episodes of hospital outpatient services per year;
- reduce the cost of transportation;
- proactively and continuously assessment of each patient's condition, which allows a timely reaction and delays worsening of disease

Financing hospital activities through <u>vertical funding and comprehensive price mechanism</u> (limited to 15 new patients/ per hospital):

Equipment (initial investment): €1125, 29
Bundled payment per patient in program/month: €171,09

Government initiatives towards development of Telemedicine in Portugal

Rules and Clinical Guidelines

Rules and Clinical Guidelines

- *alignment with implementation strategy*
- *mix skills of experts*

Guideline on TeleDermatology Screening (Norma -DGS - 005 /2014)
http://www.dgs.pt/directrizes-da-dgs/normas-e-circulares-normativas/norma-n-0052014-de-08042014-pdf.aspx

Guideline on TelePatology – under development

Guideline on TeleMonitoring of COPD – under development

Public e-Procurement, telemedicine and e-health

Using Framework agreements to implement telemedicine, interoperability and competition

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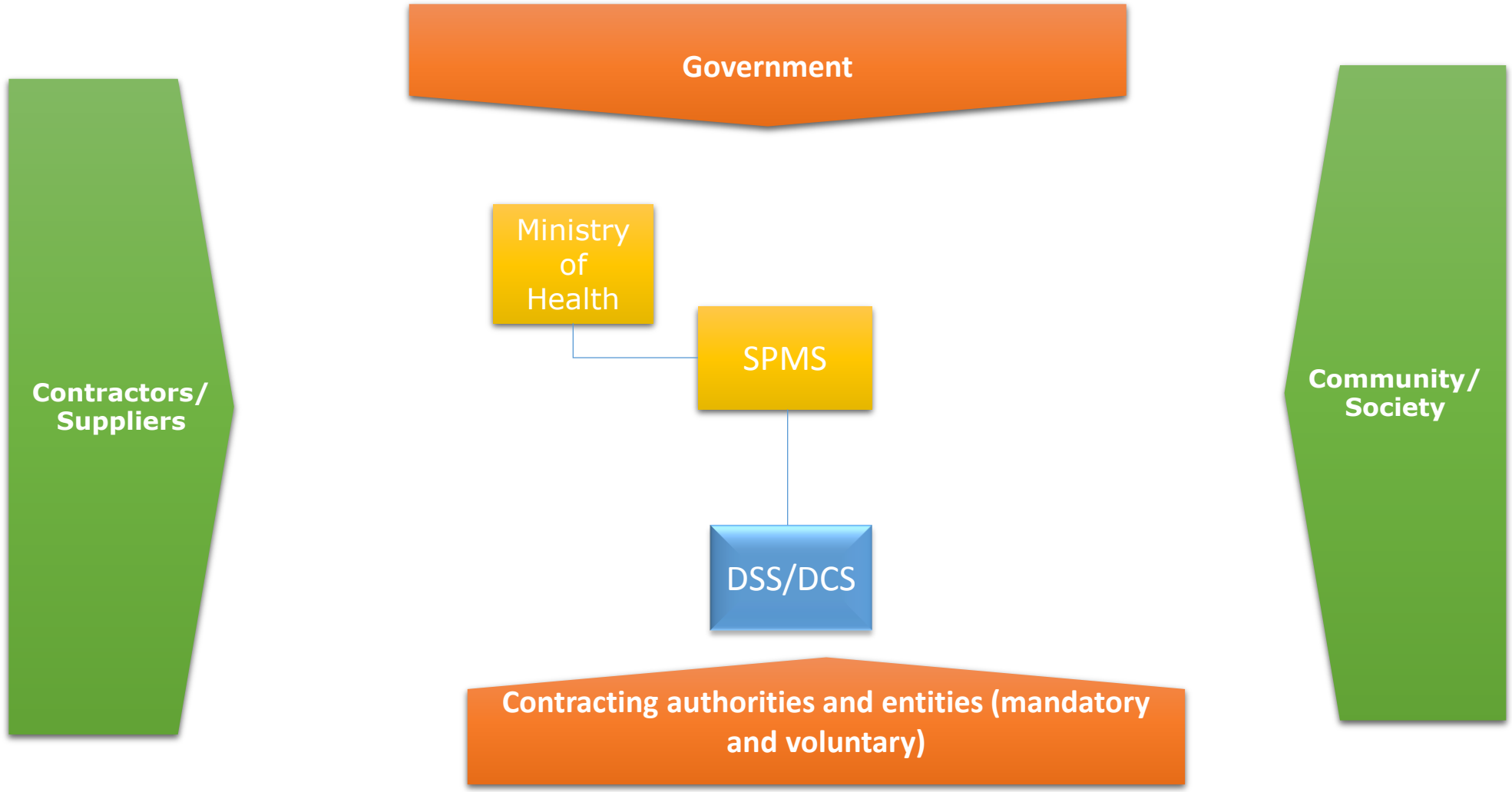
PDS PLATAFORMA DADOS SAÚDE

The National System of Public Procurement (NSPP) – Key Stakeholders



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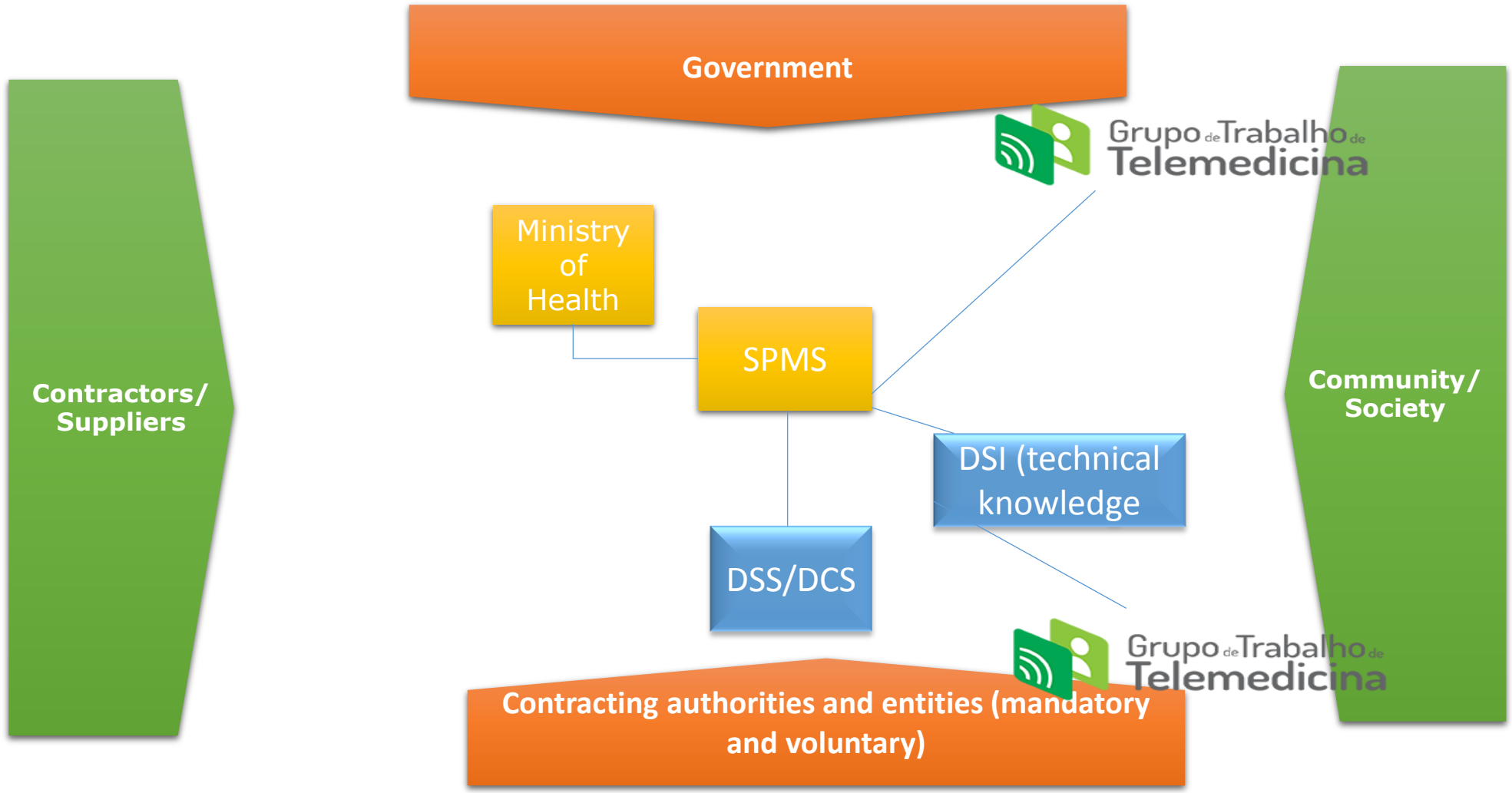
PDS PLATAFORMA DADOS SAÚDE

Procurement of Telemedicine - Key Stakeholders



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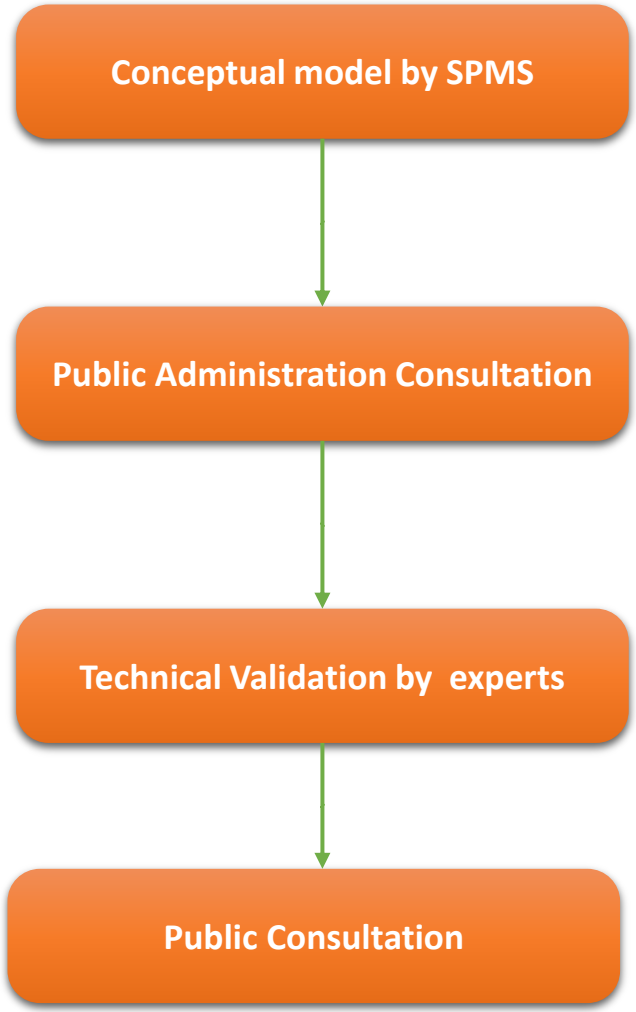
Framework Agreement Development



- Identification of annual expense
- Evaluation of the Health Ministry needs
- Market´s solutions review

- Concept model and technical solutions review with all ministries
- Preparation of technological solutions to include in the FA
- Term of the framework agreement, FA criteria award, ...

- Review and validation of products and services specifications

- Economical operators, associations, public administration & citizens

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Centralized Model - Framework Agreement (FA) for Contracts and Acquisitions

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Selecting suppliers and awarding the best proposals for each Framework Agreement (FA)

Public Tender	Supplier Selection	Request for Proposals	Awarded Suppliers
Public Tender announced via OJEU notice. Tender documentation available online	Supplier technical and financial selection criteria	Technical and functional requisites, contract requirements and economic proposal evaluation	Contract awarded to the most economically advantageous tenders OR to the lowest price tenders

Framework Agreement Centralization

Voluntary and mandatory entities

Acquisitions of goods and services categories available in the framework agreements (Call Off Stage / mini-competition)

Request for Proposals	Negotiation	Awarding
Invitation for tendering to all the awarded suppliers (FA contractors)	E-auction or traditional negotiation	Best proposal (the most economically advantageous proposal **OR** the lowest price), as defined on the FA

Purchase of goods and services categories under the FAs are mandatory for the central public administration

Centralization of acquisitions of goods and services under the FAs

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Telemedicine and e-Health
Framework Agreement Type

Type number	Subject
1	Telemonitoring COPD: - 1st Phase - 2nd Phase Heart Failure Multi Disease - “Multi-chronic patology” - “Paliative telecare”
2	Telepathology
3	Teleiradiology /imaging
4	Diabetic Rethinopathy screening

SPMS EPE Direção de Compras Transversais

SPMS EPE Direção de Compras na Saúde

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Telemedicine and e-Health

Subject

Cathegories	Cathegories
Services	Goods and Services

Suppliers qualified

Open Framework Agreement
One part of the contract

Closed Framework Agreement
Many parts of the contract

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The new Framework Agreement Telemedicine and e-Health

- Increase in dynamism;
- More adequation;
- More amplitude;
- More Flexibility;
- Savings;
- Auction;
- Best suppliers;
- Equality;
- Competivness;
- Agree European Directives Union

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PDS LIVE

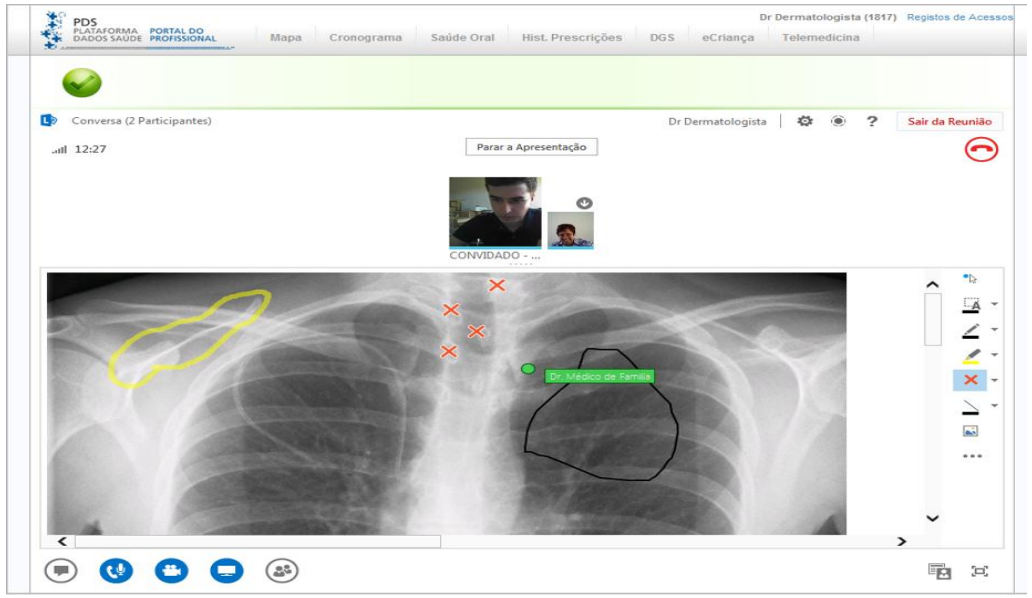
NEW FREE Technology Solution

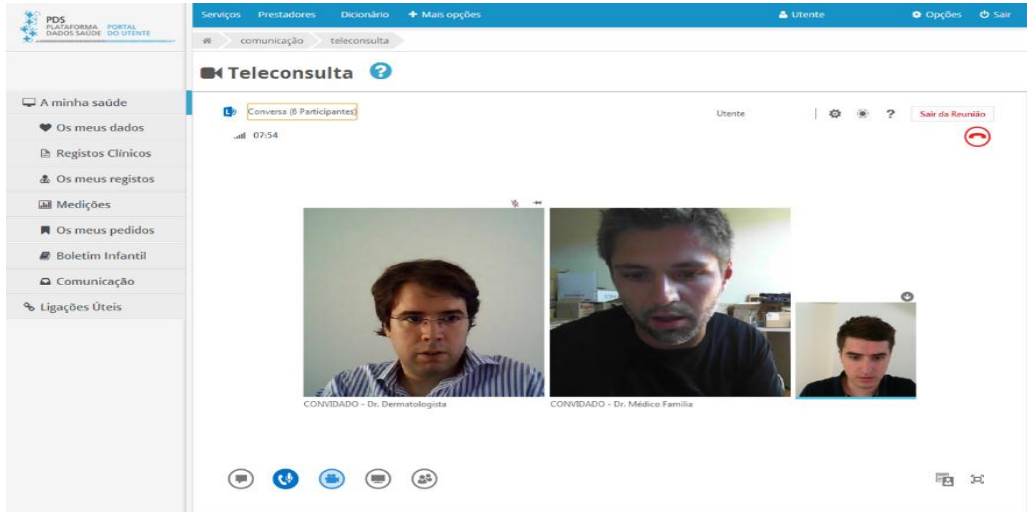
SPMS EPE
Serviços Partilhados do Ministério da Saúde

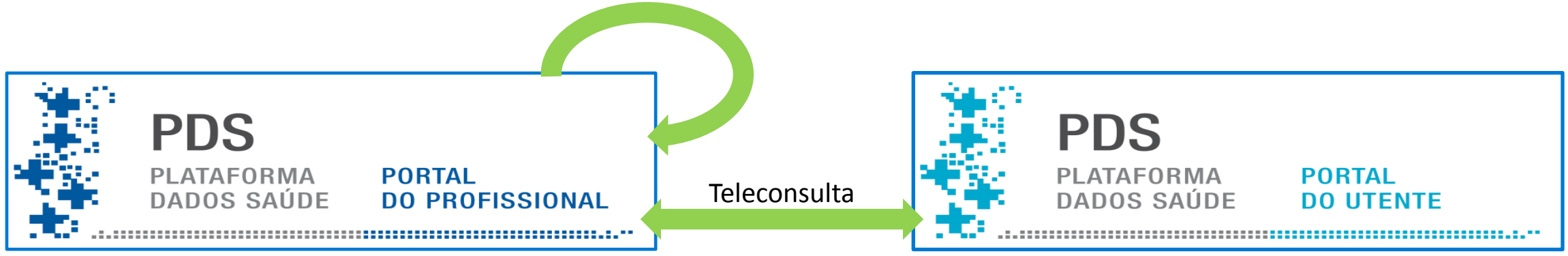
20-10-2014

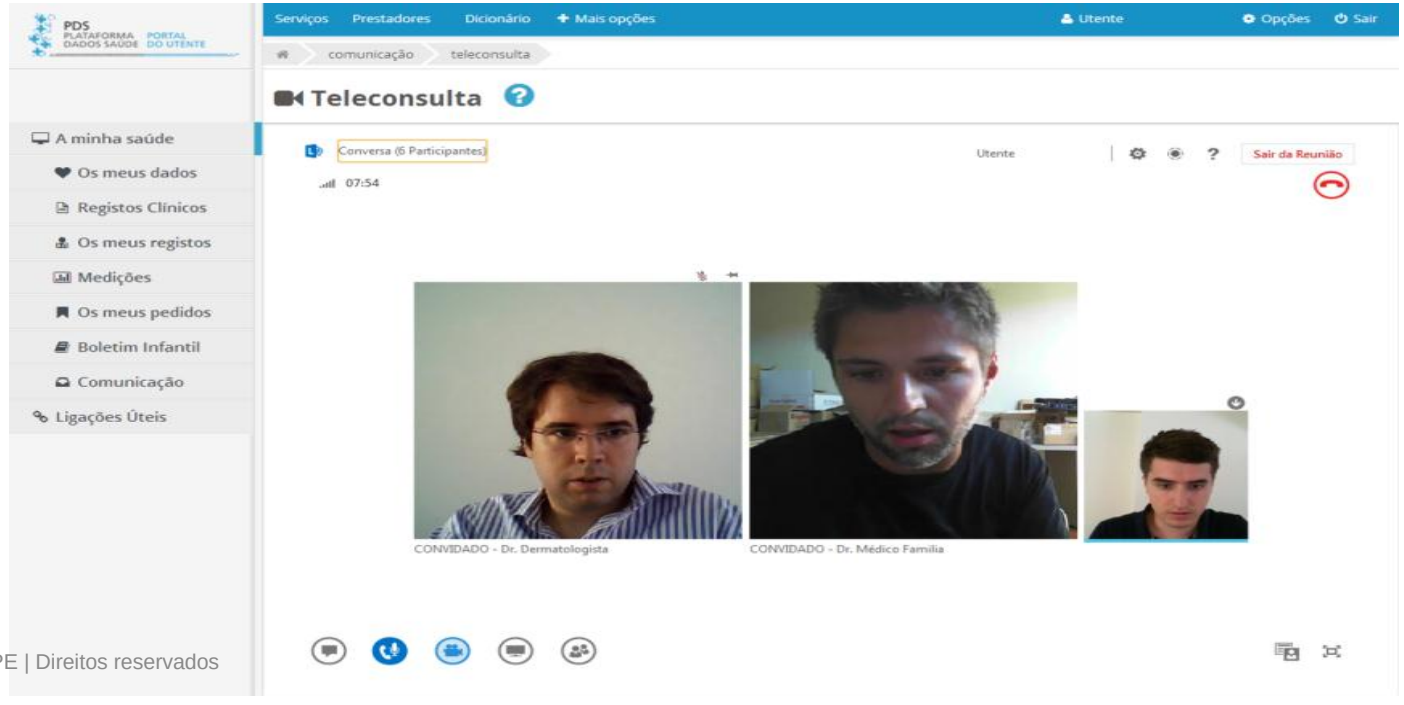
PDS LIVE

- Total Mobility
  - All PCs, all Professionals, all patients
- Multiplatform / Multidevice
- Multiuser
- Suplyer independency
- Internalized mantenance costs









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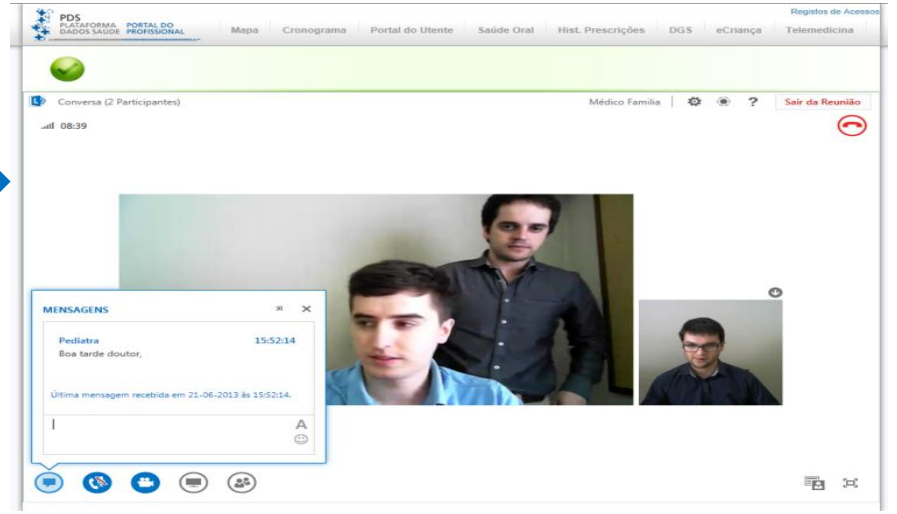
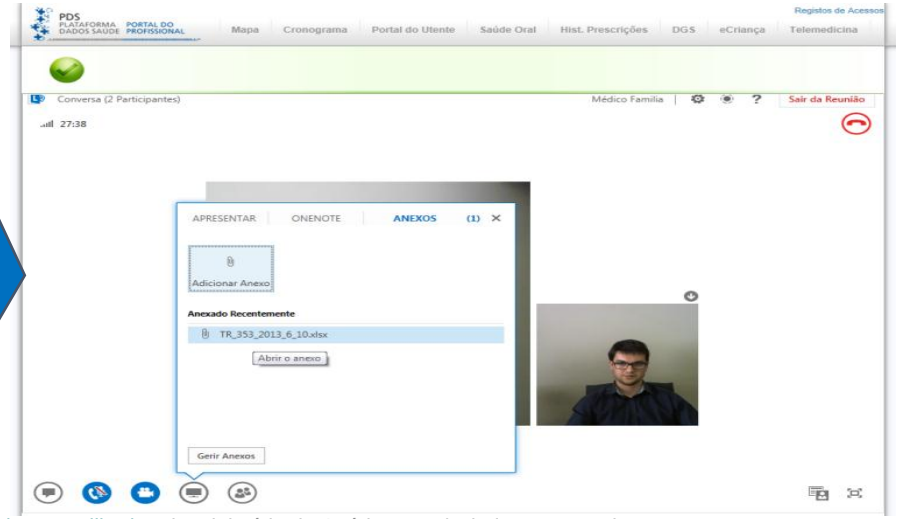
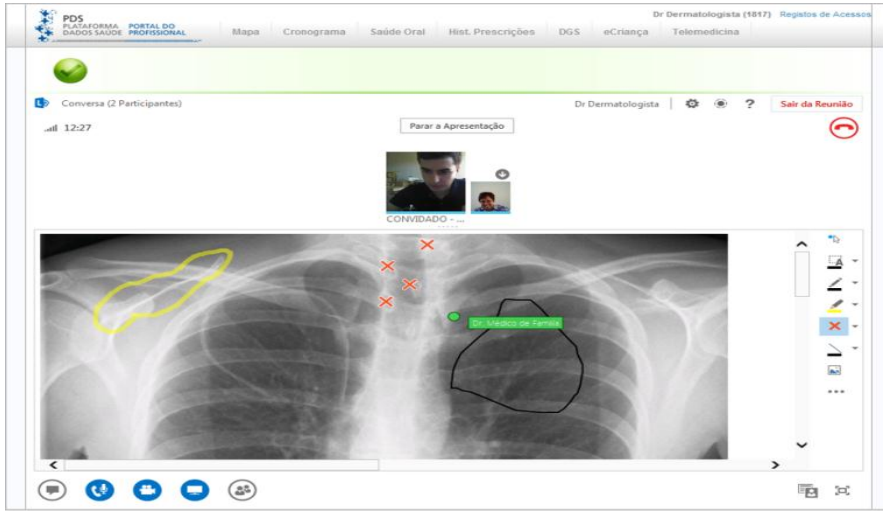
PDS LIVE

- Videoconferencing
- Message exchange
- Sharing desktop environment
- Sharing Files
- Whiteboard for *brainstorming*







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Sharing is Key!

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