This study aims to evaluate the availability of variables present on SUS-IS and to compare with the Case-mix, Treatment, and Outcomes variables defined by the ICHOM Standard Set for Heart Failure (HF).

Brazilian Public Healthcare System (SUS) Information Systems capability to sustain a patient centered and outcomes-based reimbursement system

Introduction
- HF disease was selected as a case study.
- Mortality, hospital, and outpatient IS data dictionaries were extracted from the Information Department of SUS.
- Variables analyzed in terms of availability, quality, and feasibility to be used to attend ICHOM Standard Set recommendations.
- Complementary data collection: suggested for variables identified with poor data quality.
- Consistency score calculated: $\sum (\text{Variables available} \times \text{Weight}) / \text{Total number of variables required for each category}$
  - * 0.5 points: variables with poor data quality; 0.75 points: variables needing data linkage.
  - A final score was calculated as a weighted mean of the three variables category subscores.

Methods
- From the 33-items of the HF Standard Set, 18 (54.5%) are absent in the SUS-IS including all Functional and Psychosocial Outcomes, in addition to 'Financial Burden' (Figure 1).
- From the 'Baseline health status', only 'diagnostic categories' and 'cardiovascular comorbidities' are available which are usually related to the main procedure performed, being considered usually imprecise.
- From 'Treatment' variables, only surgical and cardiovascular procedures are recorded in the Hospital IS and only a partial or indirect recording of outpatient non-pharmacological treatment and cardiac rehabilitation is provided.
- From 'Burden of care' assessment is limited, with no records of medication side-effects. For treatment complications, device-related complications may be tracked by procedures and disease codes, while hospital infections have a specific indicator available but with a low reporting adherence. The number of hospital admissions and appointments can be estimated by applying data-linkage, as there is not a unique ID number to identify individual patients within and across services. Hospital and Outpatient IS only register deaths occurring during cycles of care. However, linking data from the Mortality IS allows survival assessment.
- Consistency score calculated was 44.9%.

Results
- To ensure clinical excellence and system’s sustainability, a review of the payment policy is needed and requires technology structure to measure outcomes at a patient level in scale over the country.
- Although presenting national coverage, the SUS-IS provides insufficient information to sustain an outcome-based payment policy for HF patients.
- These analyses emphasize the importance of active initiatives to collect and improve individual-level data.

Conclusions
- To ensure clinical excellence and system’s sustainability, a review of the payment policy is needed and requires technology structure to measure outcomes at a patient level in scale over the country.
- Although presenting national coverage, the SUS-IS provides insufficient information to sustain an outcome-based payment policy for HF patients.
- These analyses emphasize the importance of active initiatives to collect and improve individual-level data.