

Implementing VBHC in a public hospital in Portugal

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Introduction

The Portuguese NHS is undergoing a massive transformation in its organizational structure, changing from a “hospital-centered system” with clear separation between hospital and primary care to an “integrated Local Healthcare Unit” (LHU). The LHU is managed under a unique board of directors and has a unified budget based on capitation, rather than payment by acts and volume. VBHC arises as the ideal framework to align patients’ interests with financial sustainability, aiming at quality metrics based on patients’ needs.

Methods

The goal of our project is to build a VBHC system from scratch through the structural conditions that allow the widespread of this organizational model. Our roadmap consists of the following steps:

- 1

Increase knowledge/awareness of VBHC among Directors and health professionals (doctors, nurses, technicians, and managers).
- 2

Create the in-house regulatory conditions to make Integrated Practice Units (IPU) possible.
- 3

Develop the IT infrastructure that gathers scattered clinical information into a single data source.
- 4

Establish a partnership with a technological provider that provides a platform for PROM collection and generation of live data insights for each IPU (Figure 1).
- 5

Design IPU, starting on designing pathways and continuing by integration with IT infrastructure.
- 6

Start to work under the new framework. The availability of data can drive not only medical decisions at the individual level but also support decisions of approval by Pharmacy and Therapeutics Committee, as well as Devices Normalization Committee. It will also be an important argument to drive the transformation of reimbursement models.
- 7

Promote the IPU as an “official” autonomous unit of the Local Health Unit.
- 8

Advocate a different reimbursement system at the national level, based on value for the patient rather than on volume of acts.

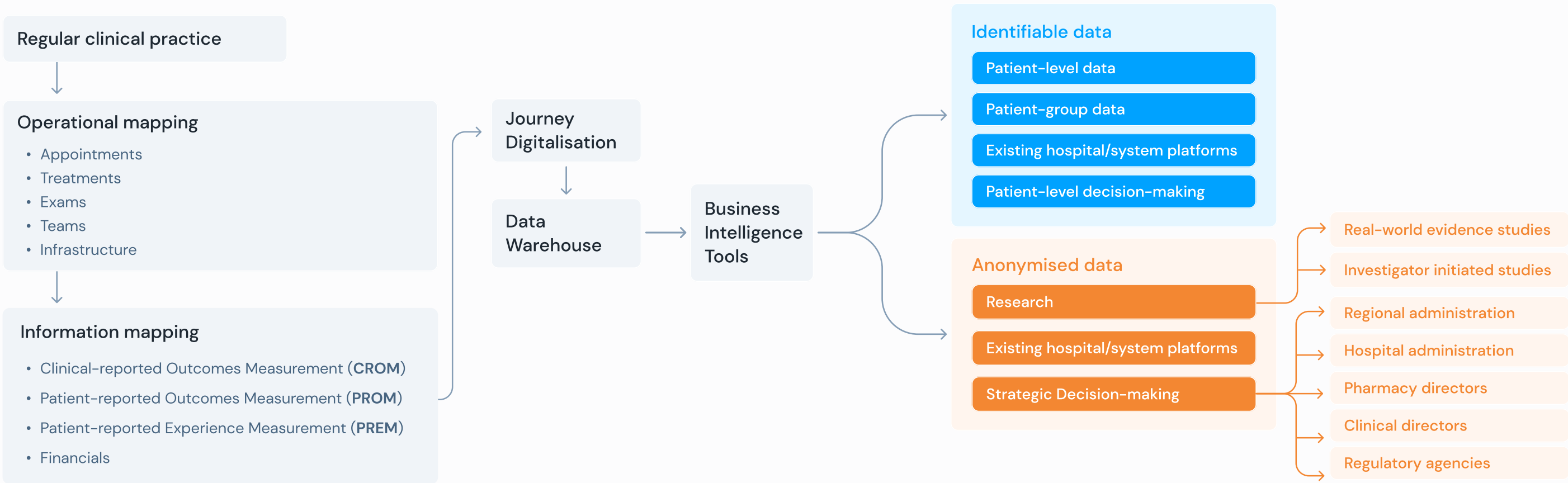


Figure 1: Workflow for clinical journey's mapping, journey digitalisation, planning of data collection and data reporting both at individual and aggregated level.

Results

The initiative kicked-off on 4 IPUs: Patient Blood Management (229 patients and 670 completed patient interactions), Onco-hematology (80 patients and 382 completed patient interactions), Infectious Diseases (635 patients and 713 completed patient interactions) and Heart Failure (514 patients and 551 completed patient interactions). The first patient enrollment occurred in January 2024 and as of September 2024, 12 journeys are active and have enrolled patients. CROMs are collected from the existing databases and PROMs are prospectively collected from patients using their own digital devices and/or dedicated tablets at the hospital. Another 22 candidate- IPUs are on the pipeline.

Conclusions

To our knowledge, this is the first attempt to build a VBHC integrated framework bottom up and we expect to be prepared to include virtually every patient/group of patients in time to the forthcoming change of the reimbursement model in Portugal. This work highlighted the difficulties of reorganizing a public institution, advocating a completely different approach which implies changes at the organizational level, but also at people’s mentality. It has also been an opportunity to start developing a robust IT platform that can face the challenges of VBHC.

Ethics Approval GDPR Compliance was assured by Data Protection Officer of the institution regarding the IT platform that is being built.

Potential conflicts of interest FP works for the company that is building the IT platform.