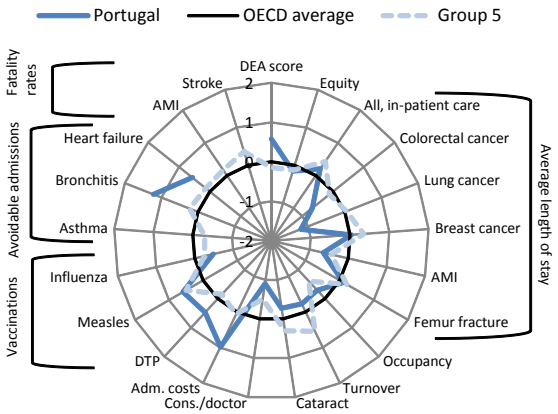
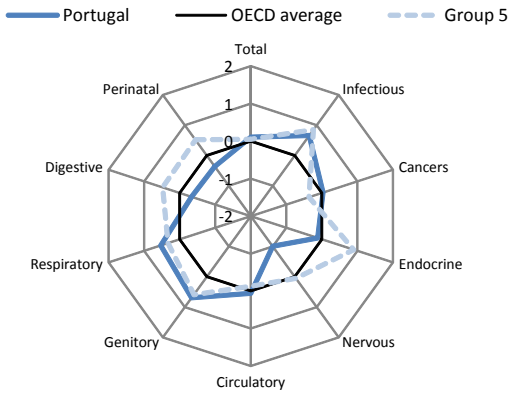
Portugal: health care indicators

Group 5: Denmark, Finland, Mexico, Portugal, Spain

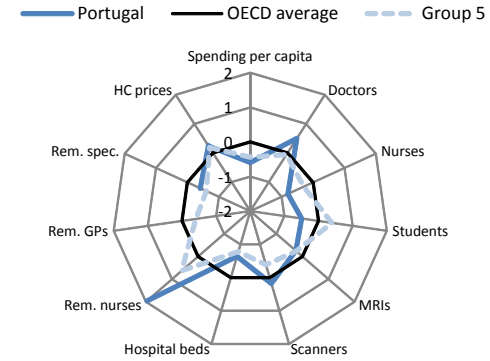
A. Efficiency and quality



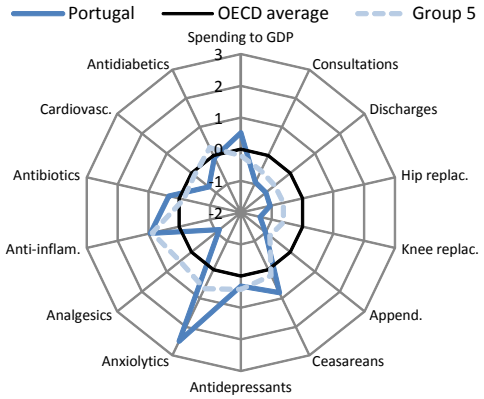
B. Amenable mortality by group of causes



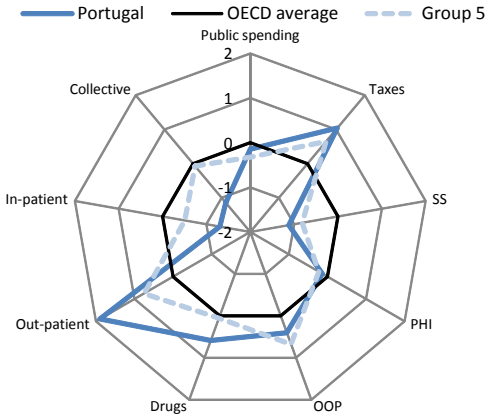
C. Prices and physical resources



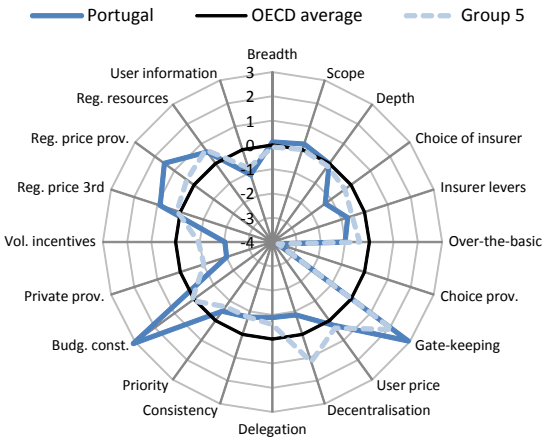
D. Activity and consumption



E. Financing and spending mix



F. Policy and institutions



Note: Country groups have been determined by a cluster analysis performed on policy and institutional indicators. In all panels except Panel A, data points outside the average circle indicate that the level of the variable for the group or the country under scrutiny is higher than for the average OECD country (e.g. Australia has more scanners than the OECD average country).
In Panel A, data points outside the average circle indicate that the group or the country under scrutiny performs better than the OECD average (e.g. administrative costs as a share of total health care spending are lower in Australia than on average in the OECD area).
In all panels except Panel F, data represent the deviation from the OECD average and are expressed in number of standard deviations.
In Panel F, data shown are simple deviations from the OECD average.

Source : OECD Health Data 2009; OECD Survey on Health Systems Characteristics 2008-2009; OECD estimates based on Nolte and Mc Kee (2008).

PORTUGAL

GROUP 5: Mostly public insurance. Health care is provided by a heavily regulated public system and the role of gate-keeping is important. Patient choice among providers is limited and the budget constraint imposed *via* the budget process is rather soft.

Efficiency and quality	Prices and physical resources	Activity and consumption	Financing and spending mix	Policies and institutions	Weaknesses and policy inconsistencies emerging from the set of indicators
Above average DEA score	Below average health care spending *per capita*		High share of tax financing and out-of-pocket payments	Little market orientation for insurance coverage	
Rather low efficiency scores in the in-patient (acute) care sector	Little acute care beds *per capita*	Less hospital discharges *per capita*	High out-patient share	Limited choice of provider and more gate-keeping	Devise strategies to improve efficiency in the in-patient care sector and raise the number of consultations per doctor. Combining the existing wage system for physicians and prospective global budget for hospitals with some elements of activity-based payments (fee-for-services or preferably DRGs) could be an option
	More doctors but less nurses and medical students *per capita*	Less doctor consultations *per capita*	High drug share	Very low private provision and volume incentives. More regulation of prices billed by providers. Low user information	Increasing the availability of information on the quality of services could create pressures on suppliers to increase quality
Low administrative costs	High relative income of nurses and low income of specialists			Less decentralisation but still little consistency in responsibility assignment across levels of government	Efforts to increase consistency in the allocation of resources across government levels could contribute to raise spending efficiency