

## UPDATE ON INTERNATIONAL DEVELOPMENTS AND BARRIERS: PART 2

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## CRITICAL APPRAISAL OF AMBULATORY SURGERY IN CHILE

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In 1840, William Morton, and Horace Wells reported their first anesthetic experience with Ambulatory Surgery. Then, James Nicoll, to whom we still give credit for being the pioneer of this form of surgery, reported in 1909, 9000 pediatric patients that had major ambulatory surgery. During the sixties, and seventies, this model didn't leave any important repercussions, in almost any country, considering that in the USA and Europe, until 1979, only 10% of the total amount of surgeries, were ambulatory. Nevertheless in the USA, since 1982, this practice increased to the level of 75% a year. In Europe, where health care is subsidized, this type of surgery, has reached a 40% figure (data collected from France and Great Britain).

If we analyze the American model, with a private health care system, the rate increased an amazing 800%, in the last 3 decades, something easy to understand, considering the enormous increase of the state budget in health care, especially with the new profile, after the "baby boom" demands.

Chile's health care system has a ratio of 70% public health care, and 30% private coverage. In spite of the increasing economical growth of the country in the last decade, Ambulatory Surgery hasn't changed; according to the Health Administration, only 10% of surgeries, are performed by this method. Private groups, have made efforts, to develop clinics to perform the outpatient procedures, but there is no official information on the results, and only isolated reports. A Chilean Association was formed, to be discontinued later, because of decreased interest, and mainly, lack of funding from the authorities. Our purpose in the future, is to re-activate the organization, encouraging physicians and Insurance companies, and create incentives to all participants, showing examples of other countries where this policies and procedures have been successful.

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## DAY SURGERY IN POLAND – IS TELEMEDICINE THE WAY TO THE FUTURE?

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The goal of this paper is: (a) to review the current day surgery services and activities in Poland, (b) to describe the present status of tele-surgery systems available for day surgery.

Two searches were conducted – a general literature search (that included literature databases, the Internet, and other resources) for information about day surgery activities and services throughout Poland, and a search focused on peer-reviewed articles (in the MEDLINE and PubMed databases) for studies on telesurgery programs and systems, their efficacy, facilitating factors and obstacles.

The gradual development of ambulatory surgery in Poland over the past 30 years has accelerated with recent implementation of the changes to the national health system. However, they have failed to secure solid financing and contain costs, resulting in huge debts of public hospitals. On the other hand, the restructuring of these hospitals has begun and private sector has grown (e.g. the number of non-public hospitals and health centres increased substantially; many of them provide one-day surgery services). There are several model day surgery units, both in public and private sectors. The future of ambulatory surgery in Poland may lie in application of telemedicine to surgical education, expert consultations and pre-operative assessment of patients, and carrying out certain surgical procedures.

## CONCLUSIONS

1) Joining the EU forces Poland to make further changes in funding system and organization of the health care sector to take it beyond the year 2004.

2) There are numerous applications of telemedicine that may have the potential role to play in day surgery.

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## WHY IS DAY SURGERY STILL POORLY DEVELOPED IN PORTUGAL?

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Portugal is a country with 10.0 million of inhabitants, situated in the western part of Europe, in the Iberic Peninsula. With health indicators similar to the majority of the European Community (EC) countries (life expectancy is 80.5 and 73.8 years old for females and males, respectively; infant mortality is 5.0 deaths per 1,000 live births; 7.3 days in average for acute care), Portugal spends much more on healthcare than the European Community's average (9.3% in relative terms to its Gross Domestic Product, in 2002, which 70% is public expenditure on health)<sup>(1)</sup>. However special surgical programmes have been created in order to combat the increasing surgical waiting list (more than 130,000 patients waited for a surgery for more than one year in 2002), many Portuguese patients still wait for their surgery. Other limited aspects are related to human and logistic resources. Portugal has a heterogeneous distribution of health professionals (3.2 practising physicians per 1,000 inhabitants in total, but also an important lack in nursery or doctors from some specialties as anaesthesiology) and a shortage of acute care beds (3.2 per 1,000 inhabitants). All these negative factors could be in fact a great opportunity to justify more the urgent need to develop Ambulatory Surgery (AS) in Portugal<sup>(2)</sup>.

AS has been introduced in Portugal in the 90's. However its development has faced many difficulties. Health Authorities have not created policies in order to promote day surgery programmes.

Surgical Procedure	DRG for inpatient (IN) (€)	DRG for outpatient (AS) (€)	Difference between AS and IN (%) 2003	Difference between AS and IN (%) 2001
Cataract surgery	1,582.31	937.32	59.2	49.4
Hernia repair	1,512.94	876.64	57.9	57.9
Vein ligation	1,793.45	951.38	53.0	53.0
Laparoscopic sterilisation	1,732.60	1,121.15	64.7	50.4
Circumcision	763.47	468.79	61.4	61.4
Carpal tunnel	1,187.38	836.66	70.5	70.5

**Table 1.** The finance of 6 different type of surgery based on the DRG system: prices (in €) for 2003 an evolution from 2001 (in %).

Financing system is probably the major barrier for its development. It is based on the Diagnosis Related Groups (DRG). Two different tables of prices were created, one to cost inpatient surgery the other for outpatient surgery (Table 1). In spite of the positive evolution towards ambulatory surgery registered between 2001 and 2003 in few cases (e.g. cataract surgery and laparoscopic sterilisation), the difference between the two systems is too great, especially when we realise that it can be the result of just one night of admittance for inpatients.

But there are other barriers for the development of AS in Portugal:

1. Lack of interest among health professionals, especially doctors. Health Professionals are paid in Portugal by a salary at the end of the month independent of the productivity and outcomes of each individual. The number of acute beds that each Department has is still one of the most important features of the surgical specialties. AS brings with it more individual responsibility (there is the absence of the dilute responsibility that can be imputed to the Department), more workload, and associated to the issues referred, makes AS a non-interesting model for Health Professionals.

2. Lack of enthusiasm among patients and their relatives. Although all advantages that they can profit, still patients think that they loose contact with the health system (in the case of any emergency or even small problems), they loose a free hotel stay (free bed & food system), they have to come more often to the hospital for dressings and follow-up, and relatives loose the opportunity to keep working as they have to stay with them.

Nevertheless, in the last 2 years there has been a considerable increase of the number of surgeries performed on a day basis (Table 2). The 2003 National Survey on Ambulatory Surgery showed that almost 15% of the total non-emergent surgery was performed on a day surgery basis<sup>(3)</sup>. It doubles the rate found in the second National Survey in 2001<sup>(4)</sup> and it is almost three times the figure of the first National Survey performed in 1999<sup>(5)</sup>.

	1999		2001		2003	
	N	%	N	%	N	%
Total performed surgery	376,913		391,701		428,647	
Total non-emergent surgery	269,755		290,597		316,157	
Total ambulatory surgery	14,837	5.5	20,870	7.2	45,812	14.5

**Table 2.** Results from national surveys on ambulatory surgery.

Although the majority of the public hospitals have not significant day surgery programmes there are some hospitals where AS represents more than 30% of all non-emergent surgery<sup>(3)</sup>. Anyway, apart from all these difficulties there has been a tremendous evolution in a short period of time, with a raise awareness of and an interest in AS among all healthcare partners, making us confident on the future of this surgical regimen in Portugal.