

# revista **visão** **hospitalar**

A REVISTA DO SETOR HOSPITALAR

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# COVID-19

 **IHF 2020**  
FULL MEMBER

Federal Deputy Luiz Antonio Teixeira Jr.

*"The system will only work if integrated  
with supplementary health."*



## Coronavirus

Instead of makeshift stadium beds, why not hire them on the private network?



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Covid-19 pandemic leads to exponential growth in distance consultations



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## PRESIDENT'S WORD



### Unknown enemy and challenging management

Considered by the World Health Organization (WHO) to be the greatest global health crisis of our time, the new Coronavirus, this unknown and silent enemy, has gained the attention of the world, which now seeks union to face it. On the planet, more than 1 million people were infected with

Covid-19, which left thousands of deaths in several countries, tragically marking our history.

The United Nations (UN) considers the Coronavirus pandemic to be the greatest challenge since World War II, and assesses that the current crisis has the potential to increase instability and conflicts around the world, generating, in addition to the crisis, an economic recess that will leave scars.

Although all advisory bodies, authorities and institutions in the Health Sector continue to join efforts, we understand that only the unity and awareness of Brazilians, in a joint effort with other countries, in addition to research and business initiatives, will be able to contain and resolve this situation. Each one doing their part to help others, fulfilling their role as citizens and professionals, will contribute to keep the population protected, especially the professionals working in the sector.

For hospitals and their teams, which, in addition to exposing themselves, need to face this situation on the front lines, there are several factors that are present for maintenance and continuous care in order to fulfill their duty to care for people. The challenges are immense, and the Brazilian Hospitals Federation (FBH) recognizes all of them. FBH has fought a long time for a fairer policy for the sector and for more investments aiming the continuous development of hospitals.

Hospital and sector management, which has always been challenging, in addition to health and economic crises, faces a political crisis that could be catastrophic at this time when the priority must be to present solutions and projects that help us to solve this pandemic, instead of taking advantage of the scenario and thinking about the next elections.

At this moment, the Hospital Sector shows not only the support, strength and respect it has from the population, but requests the eyes of the government and institutions so that, instead of building a structure to face and care for those infected by the new viruses, in addition to all the care needs, use the existing hospital and sector structure, which, in the end, will be much less expensive than setting up a camp from scratch.

For sure, it will be a great lesson for everyone to learn. We will continue to fight along the professionals and hospital managers to solve this situation and continue to move forward.

### Adelvânio Francisco Morato

President of the Brazilian Hospitals Federation (FBH)

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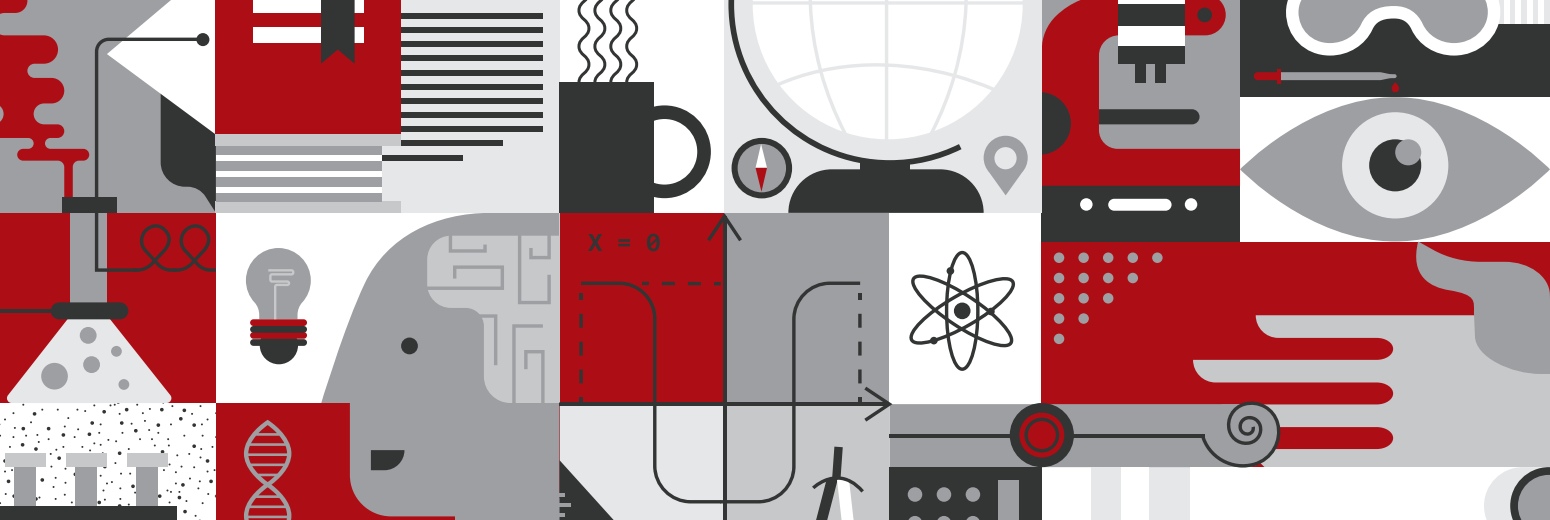
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## EDITOR'S WORD

### INFORMATION

The current moment portrays the true meaning that we are living in the information age. But what should we do with so much information and how to transform it into knowledge? There are so many news and information channels, yet we are unable to process a lot of them. So, how to take advantage of it and use the information needed for our daily lives at this moment? Well, these reflections are our biggest challenges and it strengthens our purpose to understand the news, the scenario, the crisis, the challenges, the innovations and the solutions to present the best articles, reports and researches to help our reader in his daily professional life, in addition to bringing cases of management experiences into practice. We work to promote strategic, useful and accurate information in order to help in the development of the segment and connect the Health Sector across all its spheres.

Only information is capable of transforming problems into solutions, alleviating conflicts and promoting connections for innovation. It presents a scenario of challenges, but also of many opportunities if we focus our attention on solving all the difficulties challenges that we are facing.

The Coronavirus managed to awaken the world's attention and change the lives and routines of people and so many professionals, who needed to reinvent themselves to continue exercising their role. We realized that many projects that were in political discussions to be approved, applied or executed in Health, with all this situation, were quickly approved, forwarded and accepted, because they crossed the barrier of political interests games and resistance, at a time of extreme pressure, as it is the case with telemedicine, to provide a solution and proper medical care to all those who need it. It is true that adjustments and bureaucracy are still necessary for this practice to be effective and integrated, seeking the complete and effective care of patients.

To continue evolving and dialoguing with professionals and managers working in the Health Sector, we built our new digital channel (revistavisahospitalar.com.br), which, besides bringing the most valuable news, special articles and reports, brings us closer together to our reader, in addition to being able to interact and build a valuable connection so that the experience of each professional or manager in the sector continues to help many others.

We prepare articles and special reports on the main topics that Health currently faces, and present articles and researches that will help in building solutions and innovations for each situation.

I WISH YOU A NICE READING!

Viviã de Sousa | Editor



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# SOLUÇÕES PARA ATENDIMENTO E TRANSFERÊNCIA DO PACIENTE

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# “The system will only work if integrated with supplementary health.”

FEDERAL DEPUTY LUIZ ANTONIO TEIXEIRA JR. - DR. LUIZINHO (PP-RJ)

As Brazil prepares to face what may be its worst health problem in decades, the Covid-19 epidemic, Visão Hospitalar spoke to federal deputy Luiz Antonio Teixeira Jr., Dr. Luizinho (PP -RJ). The congressman is at the head of the Working Group (WG), which, at this moment, stands out for presenting the highest volume of activity and production in the entire National Congress: The External Commission for Confronting the Corona virus.

Orthopedist, Dr. Luizinho has already accumulated experience and a curriculum that gives him a particular role in the Federal Chamber. This experience was acquired, mainly, during the period in which he was the municipal secretary and, later, state health secretary of Rio de Janeiro, between the years 2013 to 2018. At that time, acting as a manager, Dr. Luizinho coordinated efforts to face one of the epidemics that marked the country: zika, dengue and chikungunya.

Last year, he was one of the parliamentarians who stood out in the health area, especially for the volume of projects presented to strengthen and evolve the sector. Recently, he acted as rapporteur for the Bill (PL) 805/2020, authored by Deputy Pedro Westphalen (PP-RS), which directly benefits small hospitals that provide services in the public network, especially Santas Casas. “The project says that, during the crisis, when elective surgeries are suspended, the accredited network will receive the contractual funds regardless of the fulfillment of the goals. More than 50% of the services provided by the Unified Health System (SUS) come from accredited hospitals and clinics. We have to guarantee its functioning, so it does not break the system”, concludes Dr. Luizinho.

At the head of the External Committee since January, the deputy has coordinated an extensive and

complex agenda, in a balanced and harmonious way. The union between the ten parliamentarians who are members of the Commission, from different political groups, to approve urgent measures to face the epidemic has been one of the most praised aspects of this collegiate. For Dr. Luizinho, this demonstrates a mature understanding of the Chamber in relation to the seriousness of the problem.

“This is not the time for political dispute nor for profit from tragedy. This is the time for us to unite to get out of this crisis, which is, above all, a humanitarian crisis that will kill rich and poor indiscriminately.” Check out the full interview below:



**VISÃO HOSPITALAR** - In your first term, you have stood out for the volume of projects presented, as well as for coordinating important working groups (WG) in the health area. One of them concerns the External Commission for Confronting the Corona virus in the Federal Chamber. How do you evaluate this role?

**Dep. Dr. Luizinho** – If there is any role, this is not an objective in itself, but a consequence of our work. As a doctor that I am and a deputy that I am, I realized, even in January, when Covid-19 was limited to China and a few cases in Europe, the danger that the new Corona virus could pose to Brazilians. I was municipal secretary and state health secretary in Rio de Janeiro, and as such, I faced the epidemics of yellow fever, zika and dengue. What I read on the subject in the international news made me realize that the problem would soon arrive here and that it would be of great proportions. Still in the parliamentary recess, I forwarded a series of suggestions for actions to Minister Mandetta and, on my return to Brasília, protocolled a request for the creation of the External Commission to monitor the measures to be taken for the crisis. President Rodrigo Maia understood the importance of this, and I ended up becoming the coordinator of this Commission.

**VISÃO HOSPITALAR** - How has the performance of this Commission contributed to facing the epidemic in the country?

**Dep. Dr. Luizinho** – It is a collegiate with ten deputies, all from the medical field, highly qualified. Among the measures we have already approved, I highlight the return of liquid 70% alcohol to the market while this crisis lasts; the export ban on masks and equipment necessary to combat the coronavirus at this time; and the non-mandatory nature of the partner network having to meet the goals contracted with SUS to receive transfers while the crisis lasts. The Commission is heterogeneous and is here to do good to the country at this time, because it is not time for political disputes, but time for union to save lives.

**VISÃO HOSPITALAR** - In this moment of health crisis, how has the supplementary health network been demonstrating its importance for the Brazilian health system? Is it possible that this integration can be even more effective?

**Dep. Dr. Luizinho** – Supplementary health now proves how important it is. Currently, the largest number of hospitalized patients with coronavirus in Rio and São Paulo is still in the private network, which is helping





with their beds, equipment and medical teams. The public authorities would not be able to handle this demand alone. This integration is vital for the system. I have no doubt that, with the increasing expenses in the social security field, supplementary health gains more and more space. At this point, it would be impossible to face the coronavirus without it.

**VISÃO HOSPITALAR - There is a concern, on behalf of the Brazilian Federation of Hospitals (FBH) and the other representative entities of the sector, regarding the difficulties faced by small hospitals, which are outside large urban centers and are great assistance backup for SUS patients. How has the Commission acted to ensure more support for these hospitals? What is the importance of these units for the Brazilian health system?**

**Dep. Dr. Luizinho** - An important measure recently approved was a project by deputy Pedro Westphalen (PP-RS), of which I was the rapporteur, and whose beneficiary is precisely this network, especially the Santas Casas. The project says that, during the crisis, when elective surgeries are suspended, the accredited network will receive the contractual funds regardless of the fulfillment of the goals. Today, more than 50% of SUS services come from hospitals and clinics. We have to guarantee its operation, so it does not break the system.

**VISÃO HOSPITALAR - You also coordinate the Working Group responsible for proposing the updating and modernization of the SUS Chart, another priority claim for sector entities. What is the importance of this WG and what are the expectations for this year, after overcoming this moment of Corona virus crisis?**

**Dep. Dr. Luizinho** – If there is one thing that this crisis will show us is the importance of SUS and the need for it to be strengthened. To do so, it is necessary not only to readjust values (some have been the same for over 20 years), but also to modernize the SUS Chart, because there are procedures no longer performed in the market and that are still there, in addition to others that have emerged and that are left out. Another thing that this global crisis will show is that we must strengthen social protection networks, and health is at the top of those needs. See what's happening in the United States. The richest and most

powerful nation in the world is on its knees because it has a horrible public health system, and people are dying like flies in hospitals.

**VISÃO HOSPITALAR - How do you assess the performance of the sector's representative entities, such as the FBH, in the debate on improving the Brazilian health system with the National Congress?**

**Dep. Dr. Luizinho** – I think FBH does an extremely careful job on defending the legitimate interests of the sector it represents. It is one of the most important representation entities in Brazil. The Federation's role in supporting the Social Security and Family Commission, in the WG of the SUS Chart, and now, in the Corona virus, has been fundamental. We have the support of FBH, which has good technicians and capillarity in private hospitals in Brazil, bringing us important scenarios for our decision making. Certainly, the Federation will still grow a lot, because it does an admirable job, and today it is a reference in the National Congress. FBH fully understands its role, the importance of supplementary health, and works in a transparent and republican way. Congratulations on the excellent work!

**VISÃO HOSPITALAR - Do you believe that, at the end of this crisis, the Brazilian health system will be stronger?**

**Dep. Dr. Luizinho** - Now is the time, like my grandfather used to said, that men will differentiate themselves from boys. It is not time for political dispute nor for profit from tragedy. The time has come to unite ourselves to get out of this crisis, which is, above all, a humanitarian crisis that will kill rich and poor indiscriminately. It is a paradigm shift that we are experiencing. We are going to leave this pandemic with the certainty of the need to strengthen the SUS, and that the system will only work if integrated with supplementary health. Everyone is doing their part with a single objective: to save lives!

 **By Felipe Nabuco**  
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# Instead of makeshift stadium beds, why not hire them on the private network?

*For FBH, the measure would be more assertive at the peak of the epidemic since, with a single investment, it could integrate the system, structures that are ready to be put to service, in addition to helping small hospitals overcome the reflexes of the crisis*

By Felipe Nabuco  
visaohospitalar@fbh.com.br

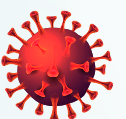
Brazil is facing a health crisis whose impacts and dimension are not yet possible to measure. As if preparing for the worst possible scenario, governors and mayors have begun, in recent weeks, an escalation of emergency measures to ensure that hospital beds and lung ventilators are not out of stock in the critical moments of the Covid-19 epidemic, which could happen between May and June. Throughout the country, hundreds of makeshift hospital structures are being built, with public investment, some in football stadiums, others in sports gyms or convention centers. The measure is praised by several specialists of the sector, mainly because, certainly, it will be necessary. However, there is another scenario that could be better studied, and the results could be immediate and cost less.

For the Brazilian Hospitals Federation (FBH), an entity that brings together more than 4,200 hospitals across the country, hiring private beds would be the most assertive solution for facing the peak of the Covid-19 epidemic. The problem is the lack of discussion that has been put on this agenda. "Brazil has a hospital chain whose majority of units, 57% of hospitals, are considered small, that is, up to 50 beds. Many of these hospitals are the only option for populations in countless interior cities, located outside large urban centers. With the suspension of elective surgeries, as a measure to prevent the epidemic, most of these

hospitals will enter a dangerous financial recession, which could lead to many of these hospitals closing," warns President of FBH, Adelvânio Francisco Morato.

He draws attention to the fact that the epidemic does not manifest itself homogeneously throughout the national territory, which allows states that have not yet been affected by the crisis to study the possibility. "Many of these hospitals, which are considered to be small and medium-sized, in addition to having the entire structure ready and in conditions to be put to use, could have their service capacity expanded with less investment than what has been done in structures improvised in football stadiums and convention centers, for example," adds Morato.

However, according to him, the debate needs to be prioritized, including in legislative houses. There are still cities where private hospitals and health professionals are under demand for care in Covid-19. "Brazil has more than 260,000 beds in the private network. Thousands of our hospitals are ready to integrate and receive SUS patients. We believe that this would be the best measure, since it would allocate resources to establishments that are ready and that have the quality to offer services, in addition to helping them, especially at a time when they are also suffering severely from the economic impacts of this epidemic.", Reinforces Morato.





## FBH JOINS THE MINISTRY OF HEALTH IN IMPLEMENTING THE CORONAVIRUS CONTINGENCY PLAN

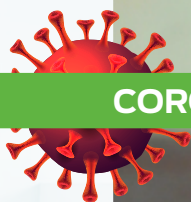
The efforts undertaken by FBH to join the implementation of the Contingency Plan against Coronavirus in Brazil began in February, when the entity made its technical staff of consultants available to the Ministry of Health to assist in the decision-making.

At the beginning of March, by the invitation of the Ministry, FBH became part of the Group of Specialists at the Center for Emergency Operations in Public Health (COE-GAHOC). The Group's objective is to concentrate efforts, by different bodies in the sector, to implement assertive actions, at all levels of care, in addressing a possible Covid-19 outbreak, which was already underway. One of the first measures adopted was the implementation of a flowchart to

standardize care in hospital emergencies across the country. A support to guide health professionals on the measures that should be recommended was also created.

Since then, FBH, in union with other entities representing the sector, such as the National Association of Private Hospitals (ANAP), the National Health Confederation (CNSaúde), the Brazilian Association of Diagnostic Medicine (Abramed) and the Confederation of Santos Casas e Philanthropical Hospitals (CMB), has presented the sector's proposals to the federal government to face important challenges related to the scarcity of supplies and the practice of abusive prices, among others.





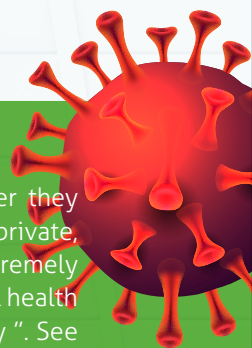
### **"SMALL-SCALE HOSPITALS (SSHs), WHETHER PUBLIC OR PRIVATE, ARE EXTREMELY NECESSARY AND ARE ALREADY PART OF THE SUS LOCAL HEALTH CARE NETWORK"**

**Glademir Aroldi, president of the National Confederation of Municipalities (CNM)**

To further understand the impacts of the Covid-19 epidemic on the functioning of small and medium-sized hospitals throughout the country, Visão Hospitalar spoke to the president of the National Confederation of Municipalities (CNM), Glademir Aroldi. The entity represents the claims of the 5,568 counties in the country, which together account for almost 80,000 hospital beds.

According to him, over the years, and due to the lack of definition about the health responsibilities of each federated entity, the counties started to incorporate into their competences services that, today, show themselves as "big bottlenecks" for the municipal management, mainly due to high costing effort they require. "Small-scale hospitals (SSHs) have started to play a fundamental role in the backing of primary health care (PHC), as a solution to media procedures and, in some cases, even of high complexity."

Aroldi adds that the importance of these units becomes even greater, mainly because, in municipalities of smaller population and more distant

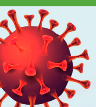


from large urban centers, "the SSHs, whether they belong to the municipal administration or private, with emphasis on the philanthropic, are extremely necessary and are already part of the SUS local health care network, at different levels of complexity ". See the full interview below.

**VISÃO HOSPITALAR – In Brazil, most of the existing hospitals (57.3%) are considered small (SSH), that is, with up to 50 beds. Many of these hospitals are the only option for populations in countless interior towns, located outside large urban centers. How important are these hospitals, many of them service providers, to the Brazilian health system?**

Glademir Aroldi - There were many decentralized responsibilities for municipalities. SUS, formed by a regionalized and hierarchical network, was one of those responsibilities that the municipality assumed. However, due to the absence of a clear definition of the competences of each entity, many went beyond their capacity. It is worth mentioning that, being closer to the people, as it is in the cities that people live and seek public services, the municipalities gradually adapted and structured themselves to meet local demands. Of the total hospital beds (591,455) registered with SCNES, more than 79,500 beds are municipal. When these data are evaluated according to the management of hospital beds, it appears that more than 62% of the total registered is under the responsibility of the municipal sphere. On the other hand, references have become a bottleneck. As a result, small hospitals (SSHs) started to play a fundamental role in the backing of primary health care (PHC), as a solution to media procedures and, in some cases, even of high complexity. For municipalities with a smaller population size and more distant from large urban centers, SSHs, whether belonging to the municipal administration or private, with emphasis on philanthropic people, are extremely necessary and are already part of the SUS local health care network, at different levels of complexity.

**VISÃO HOSPITALAR – What are the main difficulties that municipal administrations have faced in this moment of the coronavirus epidemic, keeping the units functioning in conditions to meet all the necessary demand?**





Glademir Aroldi – Regarding the emergency in public health and international interest, it is still observed that the situation is not uniform in the country, concentrating the transmission of Coronavirus on a larger scale in large cities and urban centers. Smaller municipalities are already anticipating and declaring a public health emergency, with the aim of intensifying prevention actions, services, health surveillance, health education and monitoring of possible cases. A large portion of the Brazilian municipalities group can still work effectively and efficiently on prevention actions, preventing the transmission of the new Coronavirus in their territories. However, it is observed that, in locations where the Coronavirus is already a reality, the lack of inputs, equipment, technology, human and financial resources, in addition to the availability of specialized assistance references, in adequate and sufficient quantities for local demands, is a major obstacle in facing this new challenge called Covid-19.

**VISÃO HOSPITALAR – Are city halls in need to hire health professionals? Is there any guidance from CNM for municipal administrations at this time of crisis, when there is a shortage of basic equipment, in addition to abusive pricing?**

Glademir Aroldi – This reality is also not uniform. Until now, the exact demand of all 5,568 municipalities regarding human resources is not known due to the new Coronavirus pandemic. Certainly, SSHs will be of huge importance in this network to assist victims of Covid-19. The acquisition of Individual Protection Equipments (IPEs), equipment (mechanical respirators) and supplies to meet this new demand is already a huge challenge for municipal management. As a way of supporting municipalities in this national and global health crisis, CNM has developed, on its online portal, a specific page with some technical, legal and administrative guidelines, which can assist them in the actions necessary to combat and prevent the new Coronavirus. A fundamental tool of the portal that is available to the municipal management is the Municipal Contingency Plan for the new Coronavirus, which must contain all the prevention, surveillance, assistance, control and monitoring actions, as well as the necessary budget forecast for the execution of these actions to confront the pandemic.

**VISÃO HOSPITALAR – What have been the main demands of CNM near to the Executive and the Legislative at this time of epidemic?**

Glademir Aroldi – In the Health area, there are countless demands sent to the federal government, in particular to the Ministry of Health, some recurring and historical, others more recent and resulting from the race to avoid the spread of the new Coronavirus in the national territory, but we can list the most important for this moment, such as:

- Extra financial support to fund actions and basic health services;
- Standardize and regulate the distribution and sale of equipment, supplies and products necessary to face the new Coronavirus;
- Authorize the use of the balances of federal financial resources that are in the bank accounts of the old health financing blocks;
- Immediate and automatic extension of contracts for medical professionals in the 13th Cycle of the Mais Médicos Program;
- New hiring of professionals to replace doctors in the 13<sup>th</sup> Cycle of the Mais Médicos Program;
- Authorize the hiring of Brazilian and foreign medical professionals, who are registered in the Mais Médicos Program reserve register, directly by the municipalities that have need and interest;
- Temporarily authorize the professional performance of Brazilian and foreign doctors trained abroad and who have not yet undergone Revalida;
- Reorder home visits by ACS and ACE;
- To provide Brazilian municipalities, on an urgent basis, with a platform/application (APP) for the identification, monitoring, traceability and remote guidance of suspected and confirmed cases of infection by the new Coronavirus (Covid-19), enabling Primary Health Care teams and Health Surveillance agility and effectiveness in the control of transmission

# FBH and Embassy of Portugal



In order to strengthen a strategic alliance between the Health Sector in the countries of Brazil and Portugal, the superintendent of the Brazilian Federation of Hospitals (FBH), Luiz Fernando Silva, met with the advisers of the Portugal Embassy, Sandra Magalhães and Joana Araújo, and presented the work done by the Federation to contribute to the development and improvement of hospitals, in addition to highlighting all the complexity of the health system in Brazil. The counselors highlighted the references of the Health Sector in Portugal and informed that the General Data Protection Regulation (GDPR) has been in force for two years. This relationship will help to minimize the asymmetries between the hospital sectors in the countries, contributing to the improvement of living and health conditions, in addition to contributing to the development of the segment, creating opportunities to promote services and exchange experiences.

# FBH and Embassy of Belgium

The FBH Board of Directors, represented by Adelvão Francisco Morato (president), Mansur José Mansur (director-treasurer), Luiz Aramicy Pinto (general secretary) and Luiz Fernando Silva (superintendent), received members' visit at the beginning of the year of the Belgian Embassy. The first secretary, Delphine Charles, and the minister-counselor, Jean-Ludovic de Lhoneux, got to know the institution's work and all the breadth and opportunity of the Brazilian Hospital Sector. Belgium is a country with a high rate of industrialization and plays an important role in the European Union. The country's economy is quite diversified, and the medication sector is one of the most outstanding.





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# Covid-19 pandemic leads to exponential growth in distance consultations



*The positive effects of the practice of confronting the pandemic, evidenced by the international experience, led the Ministry of Health to publish the ordinance that regulates the teleconsultations as an exceptional character in Brazil*

The measures of social restriction, adopted by several countries in the world as a strategy to face the Covid-19 pandemic, led to an exponential growth in the number of medical health care performed at a distance. Given the high contagion degree of the new Coronavirus, teleconsultations have been recommended for providing more safety to health professionals and patients, and for preventing agglomerations in hospital emergencies, thereby reducing the risks of taking contamination to other unit wards of the hospital, in which there are already patients with poor health.

In China, where there is a huge population density in the urban centers, telemedicine has been used on a large scale, especially to treat patients who did not have the suspected symptoms of Covid-19 but needed medical care. The demand for services of this nature has set records on the country's largest digital platforms, such as Tencent and Alibaba. In other world powers, such as Taiwan, Thailand, Japan, South Korea, France, Canada and the United States, the strategy also proved to be assertive in containing the epidemic.

Here in Brazil, although telemedicine has been a reality for more than ten years, its exercise was restricted to some types of assistance, such as telediagnosis and inter-consultation (those performed between doctors). In the country, as in many others, there was still a lack of legislation to regulate the practice, which, until then, had been hampered by debates centered on marketing issues and also ethical ones, such as the care with the confidentiality of patient information and health professionals, among others.

## TEMPORARY RELEASE

In view of the benefits proven by the international experience in this pandemic scenario, the Federal Council of Medicine (CFM) decided to grant, in the middle of March, the temporary release so that the practice was adopted, exclusively, as a strategy to face the epidemic in the country, in the diagnosis and monitoring of patients. The decision was praised and supported by institutions linked to the sector. One of them, the Brazilian Medical Association (AMB),



stressed that “CFM’s positioning was singularly precise, as it delivered to the country what was needed for the current crisis: specific use for what is necessary, without risk of indiscriminate or pyrotechnic use”.

The president of the organization, Lincoln Ferreira, emphasized that the restriction of the use of telemedicine to the period of combating Coronavirus guarantees the benefits of the application of the technology to face the crisis, while preserving and respecting the work that was being done to debate, in a responsible and safe way, the use of the tool in a broader way. “The risk that the commotion of the crisis could be used as a pretext for telemedicine to be used in an indiscriminate and harmful way was immense. Thus, CFM’s positioning was providential and accurate,” said Ferreira.

However, one day after the CFM’s release of the practice, on March 20, the Ministry of Health issued an ordinance that regulates telemedicine, on an extraordinary basis but with a big difference: the possibility for the distance attendance were extended to other medical needs, other than just those related to Covid-19. The Ministry of Health ordinance for the use of telemedicine allowed doctors to make consultations using interactive communication technologies, monitor patients, in addition to issuing certificates, medical prescriptions and determining home isolation.

## ADVANCE

For the Brazilian Society of Informatics and Health (SBIS), the release of the practice, in addition to be an advance, accompanies the behavior adopted by the main world powers that faced the pandemic problem. The entity emphasized, in a note, the importance of using technology “for the identification, containment and treatment of the Covid-19 epidemic worldwide”.

“The using of telemedicine, by means of telemetry, teleconsultation, telediagnosis and telemonitoring, contributes significantly to the realization of medical assistance without exposing everyone involved to the risk of contagion, such as the patient, the health professionals that attend them, the other professionals of the unit and the other patients present at the establishment”, highlights the note.

According to SBIS, the technology also favors that doctors tested positive, but are asymptomatic, are able to attend even when they are in quarantine, without the need of direct contact, thus avoiding the reduction of the capacity to attend precisely at this moment of extremely high demand.

## PROOF

An article published on March 11 in one of the most prestigious medical publications in the world, the New England Journal of Medicine (NEJM), corroborates with SBIS opinion about the fundamental role of telemedicine in the fight against Covid-19.

Among the benefits quoted in the article, the following stand out: the most efficient screening, which can be started with the use of bots; and robots, which automatically interact with patients, resolve doubts and advance the record of clinical history through predefined flows, selecting cases that require remote interaction from a professional or already scheduling the exam in those that do not. “This process avoids large-scale exposure and contamination, allowing the history of contagion to be clarified and the patient’s severity assessed, resulting in the indication of treatment or referral, when necessary”, highlights SBIS.

## GROWTH

In Brazil, telemedicine has been offered on different digital platforms, such as Doctoralia, Teldocor and Dr. Consulta, for example. According to a recent survey carried out by the Estadão newspaper, published on April 6, the demand for remote medical care increased seven times in just 15 days (shortly after the publication of the Ministry of Health ordinance) in the country. The vehicle consulted the main medical service platforms, including telemedicine provided by Hospital Albert Einstein, which, since 2012, has been the main reference in this type of care in the country. According to the Estadão survey, the number of daily teleconsultations at Albert Einstein jumped from 80 to 600. Of this total, 75% are for dealing with suspected cases of Covid-19.

# The importance of telemedicine and teleconsultation not only in times of pandemic



The use of systems or platforms to conduct virtual medical care is no longer a novelty in Brazil; however, there are still several discussions on the topic. The existing regulation is controversial and contains limitations. Among them, there is the possibility of prescribing medications and treatments virtually, after all, there are several types of assistance that can be done virtually.

Non-face-to-face health care exists for a while, as guidelines, counseling and follow-up through nursing lines are tools that have been used for a long time in the remote management of chronic patients, in prenatal and post-surgical follow-up, among others.

Leaving aside all ideological discussions on the topic, in the midst of the Covid-19 pandemic, we found out that the health care network, as well as the ability to disseminate information, does not require technology; we observed queues in hospitals and unrestrained (and unnecessary) searches for medical care. Studies show that 80% to 85% of the emergency room visits are not considered real emergencies and could be treated in a non-hospital

environment; therefore, virtual solutions could solve most of these cases without the need to travel, thus being more convenient to the patient and, obviously, lower the costs for everyone.

Several studies support the effectiveness of these forms of health care and claim that, in times of social isolation, never experienced in modern times, virtual, accessible and quality solutions can work very effectively, in addition to serving as an alternative to those who, for geographic, socioeconomic and other issues, were previously unable to access any kind of health care.

Certainly, the impact brought by Covid-19 will leave its mark. However, it is not all bad news. Brazil should take advantage of moments like this to evolve and modernize its legislation, allowing alternative, effective and legal ways to foster worthy possibilities concerning health care to all corners of the country, fulfilling its constitutional responsibility.



## **Ricardo Ramires Filho**

is a lawyer and partner at Dagoberto Advogados; specialized in Business Law in the Health area, with post-graduation in the subject by FGV-SP GVLaw; effective member of the Commission of Studies on Health Plans and Medical Assistance of the Brazilian Association, São Paulo Section (OAB / SP); and coordinator of the Study Committee on Home Care at OAB / SP. He has a course on "Private Health Systems and Reform of the American Health System" by Harvard School of Public Health.



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# The impact of new digital technologies on the management of the Materials and Sterilization Center

*Exclusive Brazilian technology, CMEXX proves how the implementation of a single software can offer more agility, security and management control in the production of Materials and Sterilization Centers (MSCs)*

Electronic medical record, telemedicine, artificial intelligence, robotic surgeries, 3D printers. There are countless innovations with which technology has signaled a “future-present” of medicine. It is not only the discovery of new and efficient diagnostic procedures, or more effective therapies, that has been experiencing technological evolution in the Health Sector, this is also a trend that involves the reformulation of managerial models and cultures. In several areas, increasingly autonomous and digital processes have released the excellence of the human workforce and creativity to other efforts. Within a hospital unit, this transformation allows manual, time-consuming and obsolete tasks to be replaced by software that makes work faster and safer. As a direct consequence, technicians can dedicate their routine to what is noble: saving lives.

This has been the itinerary that countless hospitals and health centers have gone through the world. Technological modernization has positively impacted the production of establishments, simply because it raises the quality of services without raising expenses. On the contrary, in most cases, technology presents itself as a managerial tool, which allows the manager to make assertive decisions in a timely manner. An example of this transformation is the adoption of software to assist the management of the Materials and Sterilization Centers (MSCs).

A MSC management system allows managers to have better visibility of important processes and indicators. This allows for more assertive decisions based on data - the famous data driven. An example of this is in stock management and purchase of inputs. Systems such as CMEXX, 100% Brazilian technology, created by Bioxxi, a leading medical and hospital articles processing company in the country, facilitate the management of material inventory and supply management, considered the “Achilles heel” of many hospitals.

“Management systems commonly support the adoption of best practices, which, as a rule, represents an efficiency gain. In the case of CMEXX, Bioxxi





immersed itself in the reality of hospitals to offer a system that makes life easier for those who are on the operation front - nurses and technicians - as well as those who are managing. Consequently, MSCs have become more productive, as manual labor, prone to human error, has been replaced by the system, and the system becomes a resource for making managerial decisions”, explains Bioxxi’s CEO, Diego Pinto.

## CMESS

The exclusive system from Bioxxi was developed to carry out the traceability of all material processed at MSC. The software works as a material manager, from the input to the output at the Central, with issuance of inventory, productivity, load control and external shipping reports.

“The objective of CMESS is to make the entire MSC digital. It is estimated that companies spend or waste, on average, 5% of their budget on paper consumption. This can no longer be accepted as good practice in a process nowadays. In addition, the role may be a physical transport of viruses within a unit, and in times like these, in which we live in a Coronavirus pandemic, this becomes even more worrying. Digitizing also increases agility in consultations and decision-making processes, as well as information security, which, currently, is one of the greatest assets that a company can have”, explains Thiago Vidal, Information Technology coordinator at Bioxxi.

What makes the technology innovative are the impacts it has on the 60 hospitals where CMESS is already present. These impacts were only possible with the practical knowledge of the routine and the experience of the professionals working at MSC. For the construction of the software, it was

necessary to start from scratch and understand the main difficulties and obstacles that hindered the production gear.

“So, I spent almost two months immersed inside a Central, and what we saw was very worrying. All information was recorded in several notebooks spread across the sectors. Therefore, there was no integrity of this information, nothing was reliable. Critical materials, which require greater control, took a long time to register and check. In addition, instruments from doctors’ trays were often lost and mixed with other materials from other trays. Instrumentals simply disappeared, and the hospital and MSC sectors were always butting heads to know where the material was, whether it was delivered, etc. The equipment was underused to sterilize materials. Management was completely lost”, points out Vidal.

## ARTIFICIAL INTELLIGENCE

The success of CMESS, and its constant evolution, led Bioxxi to work on a new version of the system, the main novelty of which is the use of Artificial Intelligence (AI). According to the developers, the possibilities of using AI in MSC are endless and offer good prospects for improving the sterilization chain and fighting hospital infections - the fourth leading cause of death in the world.

“Imagine if, from the image of a camera in the purge, the system would scan all the articles in a tray and already compute all the data, including checking the completeness of the articles, if the tray is complete and what are the sterilization protocols recommended for each item. The operational gain will be immense”, concludes Diego Pinto.

# High taxation on fuels: a drag on the country's development



The very high tax burden on fuels in Brazil has caused many controversies, including recent trucker strikes and disagreements between the government and the states on the form of taxation. What we see is that, unfortunately, the high prices of gasoline, alcohol and diesel are charged to the consumers, and the resulting problems threaten to curb the country's economic development.

In the health area, especially in the hospital, the cost of fuels is quite relevant in relation to the other values. If we had lower expenses with these products, the activity could certainly perform its jobs more effectively and with better service.

According to the National Association of Distributors of Fuels, Lubricants, Logistics and Convenience, the Tax on the Circulation of Goods and Services (ICMS) and the Social/Contribution to the Financing of Social Security Integration Program (PIS/Cofins) represent, respectively, 29.8% and 16.5% of the total value of gasoline in Brazil. Only these taxes correspond to 46.3%, almost half of the amount charged to the final consumer.

The ICMS tax rates for fuels range from 25% to 34% for gasoline, 12% to 25% for diesel and 12% to 30% for ethanol. According to the Brazilian Institute of Planning and Taxation (IBPT), we have the following total tax charges to the final consumer, in our country: gasoline, with 61.95%; alcohol (ethanol), with 29.48%; and diesel, with 42.18%.

The ICMS is a tax that must have the relevance of the levy of its incidence in obedience to the constitutional principle of selectivity, in which the proposition that products should have their rates graded according to the essentiality of each of them prevails. This means that basic necessities goods must have, by the part of the

legislator, minimum rates, leaving the largest for goods considered superfluous, luxury or harmful to health.

Within this assertion, fuels (mainly diesel), in the case of a continental country like ours, being the fifth in the world in territorial extension and with the vast majority of transport by road, by means of trucks, could be conceived as products much closer to essentials than superfluous.

So, if state governments really took selectivity into account, fuels should have lower rates. The same is valid for electricity (for the same reason, high taxation is absurd). As this question of the essentiality of products is, in a way, subjective, what prevails is the question of tax collection always being treated as a priority by government officials, contrary to constitutional dictates.

The "gluttony" collected, both from the states and the federal government, in relation to fuels, unfortunately, works as a "lock" to the country's development, because the high taxation of these products, in a regime of tax substitution (TS) is collected refineries and fully passed on to the final consumer. As this sector has a preponderant importance in the formation of this value (mainly diesel), the great majority of other products are burdened by transportation, reducing the country's competitiveness vis-à-vis other competitors.

All of this contributes massively to the increase in our so-called "Brazil cost", which, among other major problems, has made these issues act contrary to the main desire of Brazilians, which is to see their country with sustainable and capable development to reverse the collection of taxes (very large) in investments that will improve the living conditions of the population.



## João Eloi Olenike

is an accountant, graduated in Law, post-graduated in Financial Administration, executive president of the Brazilian Institute of Planning and Taxation (IBPT), in addition to being a member of the Paraná Academy of Accounting Sciences, judicial expert, consultant, auditor, businessman at tax area and postgraduate courses professor.





# The impact of corona virus on labor relations

Corona virus, in addition to affecting the health of thousands of people, is also influencing the global economy and the employee x company relationship was not left out. The virus, which has already killed a lot of people worldwide, affects industrial areas, business centers and agricultural regions. New cases of infected people appear every moment.

In the current context, employers must take the necessary precautions to avoid mass contamination of employees. Companies around the world had their working hours closed or changed, including in Brazil, after the discovery of infected employees. They also took the initiative to allow remote work, in which, employees can work from home, avoiding exposure and crowding as much as possible.

As for business travel, if the employer determines travel to areas with risk of contamination, the employee may refuse to do so, without prejudice to the employment relationship. At the employer's insistence, the employee may request an indirect termination of the employment contract, provided for in Art. 483, paragraph C, of the Consolidation of Labor Laws (CLT).

In Brazil, the law holds the employer responsible for putting the employee at risk, that is, if he sends the employee to work in a place affected by a strong epidemic and he gets contaminated, in addition to the company having to pay for all treatment, it will also have to compensate for moral and material damages.

It is important to know that, in the case of expatriates who are regularly working at the epicenter of the

*In Brazil, the law holds the employer responsible for putting the employee at risk, that is, if he sends the employee to work in a place affected by a strong epidemic and he gets contaminated, in addition to the company having to pay for all treatment, it will also have to compensate for moral and material damages.*

epidemic, workers may request repatriation, as provided for in Law N°. 7,064/1982.

It is clear, therefore, that, at this moment, the employee's life must be preserved. If the employee feels helpless and harmed by his employer, it is important that he seek a lawyer to regulate the situation and avoid risks of contamination. This is the role of labor legislation and that must always be guaranteed by the Judiciary.



**Bianca Canzi**

is a lawyer specialized in Labor Law at Aith, Badari and Luchin Office.



## Nine out of ten Brazilians self-medicate when they are in pain


*A study shows that 73.7% of Brazilians felt some type of pain in the last three months. For 63% of the interviewed people, the stress of their daily routine is the biggest health problem.*

You know that headache that seems like you are the only one having it during the end of the workday? You are wrong! Seven out of ten Brazilians have experienced some form of physical pain in the past three months. These pains are often the result of everyday problems like depression, lack of physical exercise and regular health care, such as check-up tests, for example. These findings are from a survey conducted by Hibou, a market and consumer monitoring company, which reveals how Brazilians deal with pain. The study was executed in a digital

panel format, with more than 5,000 Brazilians from all over the country, in February 2020, with all social classes (ABCD) and income ranges. Men (45.7%) and women (54.2%) participated in the study, both over 18 years old.

The study pointed out that, in the last three months, 73.7% of the Brazilian population felt some type of pain in their bodies, of which headache was leading, with a frequency of 44.3%; followed by pain from bad posture or from sitting for too long (39%); chronic





*Another important and worrying data is that nine out of ten Brazilians claim to self-medicate for pain, and for 40% of them, this is an usual action, while for 49.6% it is sporadic. Only 8.9% claim to rarely do it, and 1.7% do not take drugs without a prescription.*

*Out of the 98.3% respondents who claim to self-medicate, the highest adherence is to pills - with 92.6% of responses. Second is ointment (27.1%), followed by liquid form (11.3%), creams (9.9%) and compression (7.4%).*

problems or constant pain in a specific part of the body (28.5%); and pain due to physical activities or repetitive effort (21.5%). Cramps were also reported by 13.1% of those who were interviewed.

A significant information identified in the research was the increase in stress as a major health problem. For 63.6% of people, the stress of their daily routine is their biggest current health problem. "When we hear that stress is one of the reasons that cause most pain in Brazilians, we understand that people still cannot balance their lives well, and, with this, generate points of tension that cause physical pain and that need to be looked at carefully", explains Ligia Mello, founder of Hibou and responsible for this research.

Another important and worrying data is that nine out of ten Brazilians claim to self-medicate for pain, and for 40% of them, this is an usual action, while for 49.6% it is sporadic. Only 8.9% claim to rarely do it, and 1.7% do not take drugs without a prescription. Out of the 98.3% respondents who claim to self-medicate, the highest adherence is to pills - with 92.6% of responses. Second is ointment (27.1%), followed by liquid form (11.3%), creams (9.9%) and compression (7.4%).

"Analyzing this scenario, we understand why the number of drugstores grows dramatically: because prevention is not on the agenda. The focus of the Brazilian is on palliative, and not on the solution, as the numbers clearly say: "I want the pain to go away, then I'll think about going to solve the problem", says Ligia.

The study also evaluated what happens after a visit to the doctor. Although many people treat themselves at home, 68.4% affirm that they perform the requested exam in the most agile way possible, while 16.0% seek to take the exam, but without prioritizing it in their schedules. The others are selective: 7.7% choose which exams have priority or not, and 6.4% wait a little longer for an improvement to consider the requested exam. 1.5% of respondents said they avoid taking exams, reserving them for when the situation gets worse.

"Pain harms a person's personal and professional life. Productivity goes down, it increases absences at work and the unwillingness to participate in personal commitments, and thus, the expenses at the INSS increases. This is because the Brazilians do not have a preventive care routine, simple attitudes that, if performed daily, will help the body to have a better reaction to the adversities of the routine", concludes Ligia.



# Portuguese Parliament approves euthanasia decriminalization projects

*According to the professor of the Albert Einstein Hospital Medical School, Mário Barros Filho, the approval of the practice still arouses controversy and discussion on the fundamental rights of the human person from the point of view of freedom and singularity*

The five medically assisted death decriminalization projects in Portugal were approved by the Parliament on the 20th of February. The texts establish a prerogative of euthanasia and assisted suicide for Portuguese and for residents of the country, legal age adults with incurable diseases and in a phase of lasting and unbearable suffering. Mário Barros Filho, professor at the Medicine School of Hospital Albert Einstein and founding partner of BFAP Lawyers, says that the project is not defined yet and can even be discussed in the Judiciary. "This is an important evolution in the debate on the topic, but we still have a long way until there is an effective legalization of euthanasia in Portugal", he ponders.

The euthanasia, if approved, may be accessible to Brazilians who live legally in Portugal. According to

the Foreigners and Borders Service (SEF), 150,854 Brazilians (updated until January this year) may benefit from the new rule. In general, Brazilians represent one out of four immigrants living in the European country. The new legislation states that the patient will have to make the request in a conscious and lucid state, except for people with mental disorders. Each case will have to be evaluated by two doctors.

In Mário Barros Filho's point of view, the initial approval of medically assisted death in Portugal rekindles an important discussion about the concept of a person's autonomy. "Euthanasia is a way to make individuals take control of their biological and biographical life, as a right of freedom. It is very important to understand that the right to life cannot be interpreted as a duty to life. This leads us to think



if we should also seek a discussion, placing on the agenda the implementation of rights to protect what would be this individual concept of a human person", emphasizes the professor.

According to him, "The ideal would be to take advantage of this moment and reinforce themes such as palliative care and access to health, ensuring that people do not experience situations of "punishment to life". There is a paradox. It is important to make clear that this position is not opposed to euthanasia, as a fundamental right of the human person, but it would be important to include other relevant themes in this process of renewing the freedoms and uniqueness of each person. I understand that moments like this prove that, every day, we rewrite what we mean by dignity, and this is fundamental and necessary as an act of humanity", he adds.

The expert also points out that, in Brazil, there is no law that authorizes euthanasia. Therefore the health professional who actively interrupts a patient's life - giving a lethal injection, for example - is judged based on art. 121 of the Penal Code, accused of willful murder, and the sentence goes from six to twenty years in prison.

*The texts establish a prerogative of euthanasia and assisted suicide for Portuguese and for residents of the country, legal age adults with incurable diseases and in a phase of lasting and unbearable suffering.*



# Two studies may be able to contribute to the drop in cancer incidence

*"Estimate 2020", from the National Cancer Institute, emphasizes the winning works of the Péter Murányi Award regarding breastfeeding.*

The survey "Estimate 2020", from the National Cancer Institute (NCI), which indicates that Brazil may have 525,000 new cases of the disease this year, highlighted the importance of two works that won the Péter Murányi Award regarding breastfeeding. The first, finalist of the event in 2018, refers to the

importance of breastfeeding for the health of the baby and mothers, including reducing the incidence of breast cancer. The other, placed first in this year's edition, deals with the production of human milk powder and the increase in the number of babies fed with this product.





*Authored by the epidemiologist Cesar Victora, Emeritus Professor at the Federal University of Pelotas (UFPel), the research concluded that breast milk, at almost universal level, could prevent 823,000 annual deaths of children under 5 years, as well as, in the same period, it would prevent 20,000 deaths of women from breast cancer.*

Vera Murányi Kiss, president of the Péter Murányi Foundation, promoter of the award, recalls that the final study in 2018, indicated by the National Council for Scientific and Technological Development (CNPq) and carried out at the request of the World Health Organization (WHO), was the first study that mapped global breastfeeding patterns and related them to the preservation of the health of children and mothers. The work evaluated data from 153 countries and showed the importance of developing public policies that encourage breastfeeding.

Authored by the epidemiologist Cesar Victora, Emeritus Professor at the Federal University of Pelotas (UFPel), the research concluded that breast milk, at almost universal level, could prevent 823,000 annual deaths of children under 5 years, as well as, in the same period, it would prevent 20,000 deaths of women from breast cancer. "The study data showed a lower incidence of breast and ovarian cancer among breastfeeding women," says Vera, adding: "with regard to children, human milk increases intelligence and reduces the risk of developing obesity and diabetes in their adulthood". Obesity, according to experts, is a risk factor for some types of cancers, such as pancreas, breast (post-menopause), esophagus, endometrial, colorectal and renal.

The increase in the number of babies fed with breast milk is also important in this regard. In this sense,

the winning work of the Péter Murányi Award in 2020, in its 19th edition, is relevant. This is a study related to the production of human milk powder, carried out by researchers Vanessa Javera and Jesuí Vergílio Visentainer, from the State University of Maringá (UEM).

The technology applied to preserve human milk at room temperature must maintain its nutritional and biological properties. When converting it to powder, two processes were applied that met these criteria: lyophilization (freeze drying) and spray drying or atomization, a method carried out from a liquid or suspension by rapid drying process. In comparison with the pasteurized and frozen product, available in breast milk banks, all nutritional properties were preserved.

In the view of the researchers, the production of the powdered product has full conditions to fulfill the repressed demand, increasing the number of babies up to 6 months of age fed with human milk, and not with infant formulas. So far, breast milk banks work with pasteurized and frozen products, whose shelf life is short and requires complex infrastructure for storage. With an adequate structure for storage, the powder product would expand the offer with the same quality, flavor and nutritional properties and a longer shelf life.

*the winning work of the Péter Murányi Award in 2020 is a study related to the production of human milk powder, carried out by researchers Vanessa Javera and Jesuí Vergílio Visentainer, from the State University of Maringá (UEM).*



## RESEARCH AND DEVELOPING REFERENCES

*The 19<sup>th</sup> edition of the Péter Murányi Award featured 124 submitted works, nominated by research institutions and universities. The event is held annually, rotating the themes "Education", "Health", "Science & Technology" and "Food", this being the focus addressed in 2020. The winner receives R\$ 200,000; the second place, R\$ 30,000; and the third, R\$ 20,000.*

*Throughout its trajectory, the award, which is consolidated as a reference in the field of research and development (R&D), had 1,704 participant works and distributed R\$ 3.15 million to researchers and scientists. Its purpose is to benefit populations and communities of developing nations, recognizing works capable of improving the quality of life. The winners are chosen by a jury composed of representatives of national and international entities related to food, representatives of federal, state and private universities, renowned personalities and members of society.*

*The award is supported by the following entities: Center for the Integration of Company-Schools (CIEE), São Paulo Research Foundation (Fapesp), Coordination for the Improvement of Higher Education Personnel (Capes), National Research Association and Development of Innovative Companies (Anpei), Brazilian Society for the Progress of Science (SBPC), São Paulo State Academy of Sciences (Aciesp), Brazilian Academy of Sciences (ABC), Association of Consulates in Brazil (Aconbras) and National Council for Scientific and Technological Development (CNPq).*



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# Sick Building Syndrome



## Bia Gadia

is an architect, founder and CEO of Bia Gadia Architecture and Design. Director of National Integration at ABDEH and PRO Healthy Building Certificate architect.

The Sick Building Syndrome (SBS) was recognized by the World Health Organization (WHO) in the 1980s, when there was a collective contamination of pneumonia in a hotel in Philadelphia, with the death of 29 people. In Brazil, the striking case was the death of the then Minister of Communications, Sérgio Motta, in the late 1990s, due to the worsening of his clinical condition which, according to many, was due to the presence of fungi in the air.

Have you ever been inside an environment and started to feel bad? Have you ever had symptoms like a cough; headache; irritation in the eyes, nose, and throat; difficulty in breathing; itch; mental fatigue; nausea; dizziness; somnolence? So, it is possible that you were in a sick building. SBS does not cause disease, but it can collaborate to aggravate ills in pre-disposed people or even cause a passing state. In other words, users become ill for no apparent reason and the symptoms worsen with the increase in the stay in this building. When these people leave the buildings considered as SBS, the symptoms disappear.

According to WHO, at least 30% of buildings worldwide suffer from SBS. In Brazil, this number can reach 50%. These are alarming and worrying data when we think of healthcare environments, since organizations, when introducing innovations, technologies, are rarely concerned with evaluating the human aspects related and affected by such a process, nor do they take into account the building and the user in its dimension, which necessarily includes concern for quality of life, health and well-being. Perhaps, the most important question now is: how to fight it? Given that a lot is at risk.

Therefore, the best way to fight or avoid SBS is through good architecture, good design. The syndrome can originate from errors in design or execution of the work, as well as in the use of inadequate or low-

quality materials. In addition, during the life cycle of these environments, it is possible for the causes to change. In the first months, just after the building was occupied, the disease can be caused by particulate building materials accumulated in the air and by pollutants released by furniture, cleaning products, and, over time, aging, incorrect maintenance and the use of inadequate filters in the air conditioning system can cause the disease.

Environments with natural ventilation are especially important to maintain healthiness. The renewal of indoor air allows the toxic particles present in the rooms to disperse and not affect our health. Environments without natural ventilation and lighting cause damage to the health of users, resulting in the late discharge of patients and workers being removed from their jobs, affecting the pace and lack of productivity of the team.

What to do to combat bacteria, fungi, mites, microorganisms in closed environments, in which ventilation occurs only through air conditioning systems and, to make matters worse, receive little or no sunlight? It is necessary to keep the environment clean, to have control over the amount of VOC (volatile organic compounds) inside the environments and over the quantity and quality of cleaning products, all of which are responsible for allergies and irritations in the airways, as well as to design a good air conditioning system and quality maintenance. Building care makes a lot of difference; so, being aware of this is the task of the technical team, but it can also be motivated by a careful and proactive look from users in general.

In addition to the damage to the health of users, this disease generates many financial losses for companies. Presented the problems and causes related to SBS in health environments, if profound changes do not occur, respect for social values and social and human responsibility, highlighting the issue of users' quality of life, with policies and practices that generate life, health and well-being through the built environment, more people will suffer from SBS, and companies will deal with the consequences.





# Embrapii project will improve medical training for heart diseases

*A cardiac simulator developed by IFBA will contribute to the training of medical students and professionals by offering risk situations closer to reality*

Brazilian researchers have developed an equipment capable of simulating a heart disease in order to improve the training of professionals and students in the medical field. The initiative is a partnership between the Brazilian Company for Industrial Research and Innovation (Embrapii), the Federal Institute of Bahia (IFBA) and the company Algetec. The innovation promises to simulate risk situations that are closer to reality, such as heart attack cases, for example.

The equipment is shaped like a human chest with a head and has a mechanical and electronic structure suitable for capturing electrocardiogram electrical signals. It uses real cardiac monitors and has an application, the teacher will be able to program situations that require therapeutic actions while monitoring the evolution of the clinical condition, according to the treatment adopted. The device supports clinical maneuvers such as thoracic compression (cardiac massage), electrical defibrillation discharge, and reproduces sounds characteristic of the heartbeat, both in normal and pathological situations.

According to the researchers at the Embrapii-IFBA Unit, studies indicate that the models currently on the market have drawbacks to training in electrocardiology. "The partnership with Embrapii was important, as it made the project visible and contributed so that innovative technological development could be disseminated among professionals and students, in addition to adding value to the product, and could leverage the economy in this area", says professor Josemir Alexandrino, IFBA project coordinator.

The professor also explains that: "The main benefit of the proposal is to disseminate the technology in medical schools, courses in the area and in health institutions, since, currently, simulators with this level of technology are imported and have high costs."

## ABOUT EMBRAPII

Embrapii maintains a management contract with the Ministry of Science, Technology, Innovations and Communications, the Ministry of Education and the Ministry of Health, and works through a cooperation with scientific and technological research institutions, focusing on business demands and the objective is the sharing risk in the pre-competitive phase of innovation. The institution's financing obeys the following general rule: Embrapii can invest up to one third of the project expenses (non-refundable resources), while the remainder is divided between the Embrapii Unit, which provides structure, professional qualification and equipment, and the applicant company.

*"The main benefit of the proposal is to disseminate the technology in medical schools, courses in the area and in health institutions, since, currently, simulators with this level of technology are imported and have high costs." – Josemir Alexandrino, IFBA project coordinator.*

# About 75% of rare diseases affect children

*It is estimated that there are between 7 to 8 thousand different types of rare pathologies worldwide, and Spinal Muscular Atrophy (SMA) is one of them. Motor development milestones are fundamental in identifying the disease, the main genetic cause of death in children up to 2 years old*

According to the Ministry of Health, about 30% of patients affected by rare diseases die before reaching 5 years of age. This is a fact that draws a lot of attention. Fortunately, at the age of 18, Lucas Braga, diagnosed with Spinal Muscular Atrophy (SMA), is out of this percentage.

His mother started to realize that something was different at 3 months of life. "I started to think my son was very 'soft'. I also realized that he had no support when I put him face down", says Fátima Braga, Lucas's mother and president of the Brazilian Association of Spinal Muscular Atrophy (Abrame).

Child neurologist André Pessoa explains that delayed motor development (when the baby/child does not reach functions such as holding the head, crawling and sitting at a predetermined stage) may be the first sign of the disease. The specialist advises parents to be attentive to all signs, and explains that vigilance, a watchful eye, is much more effective for the early identification that something may be wrong. "It is necessary to keep an eye on whether the child has any delay in the motor development milestone. There is another point that is also important to note, as it is a neurodegenerative disease, regression can happen, which is when the child reaches an expected milestone and then loses it", explains the doctor.

Despite the first signs, which did not raise any suspicion about a possible rare disease, Fátima says that the scare came when Lucas stopped sucking the bottle. "Suddenly, he wasn't having the strength to

eat. I called the pediatrician, who told me to feed him myself, but Lucas' broncho aspirated, he had a cardiac arrest and we ended up in the Intensive Care Unit (ICU). We literally stayed in the hospital for months until we found out what he had. It was a long journey to the conclusive diagnosis. We went through eight specialists, apart from intensivists. It was a neurologist who discovered what my son had, after doing many tests", she recalls.

The journey of the patient who suffers from a rare disease is usually long. It is not uncommon for him to go through countless specialists until he gets an accurate diagnosis. Pessoa explains that, if parents face any sign or suspicion, they should go to a doctor, who will give the best referral and do the investigation in the most assertive way. "The sooner the diagnosis is done, the better for the patient and his family", he concludes.

Currently, the National Neonatal Screening Program (PNTN), a medical procedure used to identify children with genetic diseases before any symptom, from the Unified Health System (SUS), includes tests for the feet, eyes, ears and hearts. The program does not include screening for SMA yet. "Early perception makes perfect sense for diseases that have available treatment and this early identification is important not only for SMA, but for other pathologies as well. The sooner, the more effective", ponders Pessoa.

Fátima reinforces that the implementation of a program for SMA could bring benefits to the life







quality of patients. "If we had the opportunity to have a diagnosis before any symptoms at the time Lucas was born, it would have changed everything", she concludes.

SMA is one of the neuromuscular diseases that is directly linked to motor development - a process of change in age-related motor behavior, both in posture and in the child's movement. It affects between seven to ten for every 100,000 births. The disease is characterized by progressive weakness, which compromises functions such as breathing, eating and walking. In Brazil, there is still no epidemiological study that indicates the exact number of individuals affected by the disease, which is classified clinically into types (from 0 to 4).

## LEARN MORE ABOUT RARE DISEASES

A rare disease is one that affects up to 65 people in every 100 thousand individuals, that is 1.3 people for every 2 thousand individuals. The exact number is not known. It is estimated that there are between 6 to 8 thousand different types worldwide, 80% of them stem from genetic factors. The rest come from environmental, infectious, immunological causes, among others. Rare diseases are characterized by a wide variety of signs and symptoms and from person to person. Although they are individually rare, as a group they affect a significant percentage of the population, which results in a relevant health problem.

*"It is necessary to keep an eye on whether the child has any delay in the motor development milestone. There is another point that is also important to note, as it is a neurodegenerative disease, regression can happen, which is when the child reaches an expected milestone and then loses it", - André Pessoa, child neurologist.*

# ANS and Abimed discuss processes and deadlines for incorporation of medical technologies by health plans

*Mismatch between the emergence of new procedures and the approval time can affect 47 million users*

The National Supplementary Health Agency (ANS) is analyzing 74 proposals for incorporating new medical technologies into health plans. The orders, submitted in early 2019, encompass 58 types of medical equipment, devices and procedures, including heart valves, biopsies, therapies for diabetics and benign prostatic hyperplasia. If approved, they will be available to patients next year.

The data were presented by the agency's regulation expert, Marly Corrêa Peixoto, who participated in the ANS Seminar and Transformations in the Medical Device Sector, promoted by the Brazilian Association of the High Technology Industry of Health Products (ABIMED).

*"Due to the aging of the population and the advancement of digital technologies, we are experiencing a new health, in which the centrality has to be on the individual and the promotion of quality health. This scenario brings a series of new perspectives and requires that everyone re-evaluate processes to make innovations accessible." – Fernando Silveira Filho, executive president of Abimed.*

Marly said the list of products and procedures made available to health plan users - 47 million people, at the end of 2019 - is updated every two years, after a long process of technical analysis and economic impact.

"The incorporation needs to be accessible for health plans of all sizes and be available throughout Brazil. Two years is the necessary planning period for contracts with the supply chain to be established", adds the specialist.

Fernando Silveira Filho, executive president of Abimed, pointed out that the biennial technology assessment cycle creates a mismatch between its incorporation and the speed of innovation in the medical device sector, leaving plan users without access to more advanced treatments and procedures.

"Due to the aging of the population and the advancement of digital technologies, we are experiencing a new health, in which the centrality has to be on the individual and the promotion of quality health. This scenario brings a series of new perspectives and requires that everyone re-evaluate processes to make innovations accessible", says Silveira.

## ABIMED

ABIMED represents around 200 advanced technology companies in the field of equipment, products and medical-hospital supplies. The companies associated with the entity account for 65% of the revenue of the medical-hospital segment in the country. The health products sector has a 0.6% share in the Brazilian gross domestic product (GDP), has more than 13,000 companies and creates around 140,000 jobs.





# Cardiac patients are more vulnerable to dengue viral disease

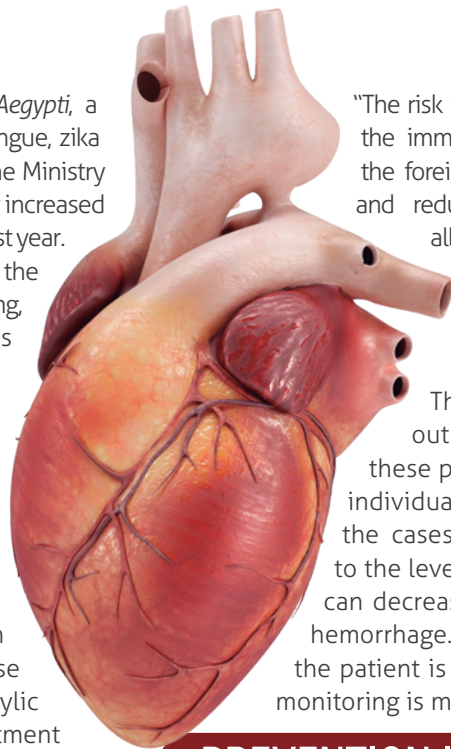
*HCor (Hospital do Coração in São Paulo) cardiologist warns that the dengue treatment requires suspension of an important drug, which may predispose to the clogging of an artery or the obstruction of stent, implanted in patients with coronary heart disease.*

The heat helps the proliferation of *Aedes Aegypti*, a mosquito that transmits diseases such as dengue, zika and chikungunya. According to a survey by the Ministry of Health, this year, dengue cases have already increased 71% in Brazil, compared to the same period last year. The country already has 94,000 cases, and the type 2, the most dangerous of the four existing, has returned with full force. The scenario is worrying, as serious cases can cause deaths.

Facing the alert of possible outbreaks in 11 states, the cardiologist and general practitioner of Hospital do Coração (HCor), Abrão Cury, warns that the risk may be even bigger for cardiac patients, since the treatment of dengue requires the suspension of an important drug, which prevents the formation of clots that cause infarction and angina, ASA (acetylsalicylic acid), which can cause bleeding if the treatment is interrupted.

"There is a group in a more critical situation, which are those who have done angioplasty and use ASA (acetylsalicylic acid), and other associated medications to prevent thrombosis of the stent implanted in the coronary. In these cases, strict monitoring is necessary to avoid more serious problems. In addition, some patients, especially the elderly, can decompensate a heart failure already controlled", explains Cury.

When a patient receives a stent to unblock the coronary, the immune system understands that the implant is a foreign body and attacks it, increasing the risk of clots that can cause a heart attack.



"The risk is high in the first year. Then, the immune system recognizes that the foreign body is part of the body and reduces the attack. Practically all patients with stents need to take the medication AAS (acetylsalicylic acid)", explains the cardiologist.

The specialist also points out that the treatment of these patients must be done with individual evaluations of each of the cases, always paying attention to the level of blood platelets, which can decrease to the point of causing hemorrhage. The hospitalization of the patient is recommended so that the monitoring is more rigorous and efficient.

## PREVENTION IS THE BEST OPTION

Using repellents is highly recommended. In addition, it is extremely important to adopt measures to prevent the proliferation of dengue in standing water, such as:

- Always keep yards clean.
- Change the water in the plant pots.
- Cover vats and water tanks.
- Pay attention to the accumulation of water in places such as gutters, old tires, bottles and all kinds of objects that can be filled with water.

# Prejudice and misinformation affect mental health of patients with psoriasis

*Anxiety and depression are among the diagnoses received by patients, who face social constraints and isolation resulting from discrimination and lack of information about the disease*

The discomfort of patients affected by skin disorders, such as psoriasis, a chronic inflammatory disease that affects 5 million Brazilians, goes far beyond the symptoms caused in the body. In many cases, the disease, which causes red and scaly plaques on the skin, also has consequences for the mental health of patients, who, in the face of exposed injuries, suffer prejudice and humiliation, which leads many of these individuals to embarrassment and social isolation.

Skin diseases tend to interfere with patients' daily lives, also changing their psycho-emotional state. The presence of psychological distress is an aggravating factor for dermatological diseases, which can exacerbate the lesions and worsen the clinical condition. In addition, depressive episodes can compromise daily functioning and lead to suicide.

"The relationship between psoriasis and depressive symptoms can make the general health condition worse, both physical and emotional, which makes psychological support to psoriatic patients indispensable, in order to promote improvement in physical and mental health, more quality of life and help them face the limitations and challenges imposed by the disease", highlights dr. Wagner Galvão, dermatologist at Hospital Alemão Oswaldo Cruz.

## PREJUDICE IN BRAZIL

Although it is considered a relatively common disease, the lack of information causes prejudice against those who have psoriasis. According to the CLEAR7 survey,

the largest ever conducted in the world to understand how patients with moderate to severe psoriasis live, Brazil is the second country where patients are most humiliated and discriminated because of the disease. Around here, 96% of Brazilian patients reported that they have already suffered some kind of prejudice due to the disease, while the world average is 85%.

Discrimination can occur in different environments and sectors of society. To get an idea of the prejudice, according to the survey, 27% of Brazilian patients said they had been refused to be attended at beauty salons, hairdressers, barber shops and stores, a significantly higher figure in Brazil when compared to the world average, which is 16%.

## IMPACT ON SEXUAL LIFE AND WORK

The relationships of Brazilians with moderate to severe psoriasis are also more affected, reaching 56% of patients (against 43% in the global average). Among these, 23% ended the relationship because of the disease and 40% avoid sex or intimate relationships because of it.

In the professional field, Brazilians with moderate to severe psoriasis are afraid of losing their jobs (28% versus 18% in the global average) and are targets of "jokes" in the work environment (33% versus 23%). The percentage of Brazilians diagnosed with some psychological condition resulting from psoriasis is also considerably higher here than in the global average: 64% in Brazil against 38% in the world.



Anxiety and depression are among the diagnoses received by people with psoriasis.

## INNOVATIVE THERAPIES CAN BE COVERED BY HEALTH PLANS

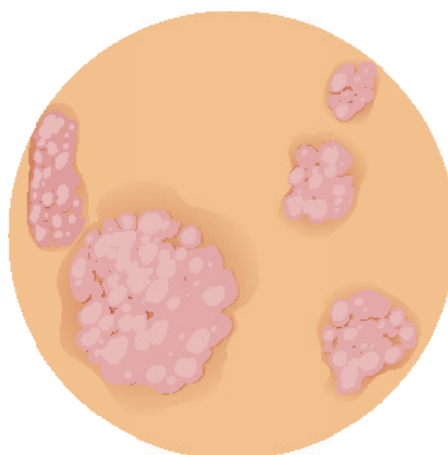
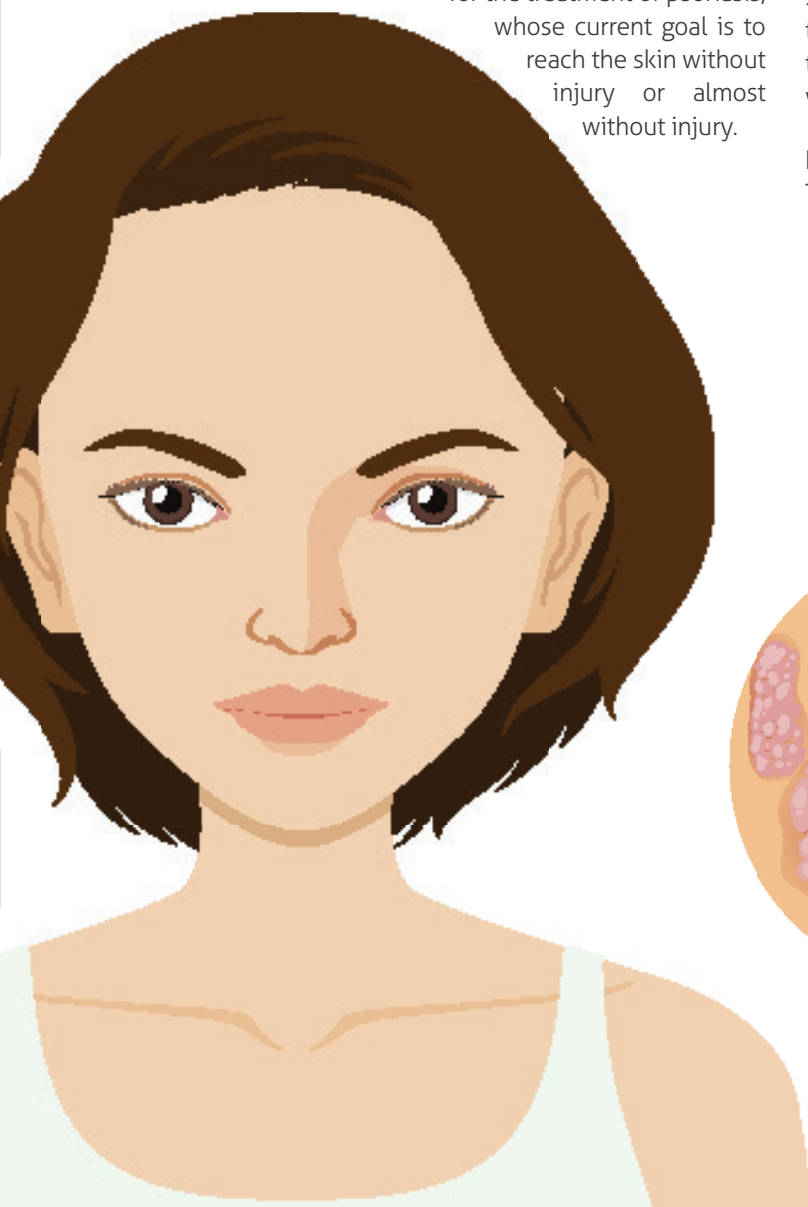
Every two years, the National Supplementary Health Agency (ANS) approves the incorporation of therapeutic options in the List of Procedures and Events in Health. This list contains all therapies that must be covered by health plans. The next update of the List will happen in 2021, however, for that to happen, there are some steps that assess what will be the new technologies to be offered to users of supplementary health. Among this year's submissions there are biological medicines for the treatment of psoriasis, whose current goal is to reach the skin without injury or almost without injury.

Given the importance of the topic in the scope of national public health, ANS started to transmit online the Technical Meetings for Analysis of the Proposals for Updating the List, thus enabling society to participate in the discussion of topics of interest, before public consultation. Anyone can follow up the meeting and send messages during the broadcast.

"The effort to expand and offer universal access to psoriasis treatment to patients is extremely important for the health and quality of life of these people, and achieving this goal will, consequently, promote a better social insertion, ensuring more respect and dignity to these individuals", concludes Galvão.

On March 3, the Supplementary Health Chamber (CAMSS), which is composed by experts from ANS and/or representatives of all those involved in the sector, invited by ANS, will discuss, among other topics, the incorporation of biological medicines for the treatment of psoriasis at the ANS List, in 2021. To watch and participate, access the link:

[http://www.youtube.com/channel/UC5ZdZ9npVaXn-TEotafyiP\\_A](http://www.youtube.com/channel/UC5ZdZ9npVaXn-TEotafyiP_A).





# Financial management of companies in times of rough seas

There is a saying "calm seas never made a good sailor", and this is very true. Normally the sailor, when entering deep waters, leaves on board a vessel with safety and guidance equipment. Some will serve to support him in the crossing and others to guide him. It is no different in the business world. It is in times of rough seas and gigantic waves, like the ones we are facing now with the Covid-19 pandemic, that the value of good financial management is put to test.

The good financial management of a company goes through monthly analyzes related to the business results, evaluating the structure of costs, capital, indebtedness, liquidity, average payment and payment terms, profitability, break even point, etc. All

this information can and should be obtained through accounting, which serves as a compass to guide the financial manager. This compass can signal if the financial and economic management of the business is moving in the right direction.

Accounting, through its numbers, can bring vital indicators for conducting business. These indicators play the same role as imaging tests widely used in modern medicine, for example, which allow doctors to visualize the inside of the body, detect anomalies and aid in the diagnosis to cure the disease.

The term "indicators" refers to elements extracted for the purpose of pointing or showing something.



In a company, the indicators are diverse: financial, economic, sales metrics, production, inventory, costs, among others. Among the various economic and financial indicators, we can highlight five: contribution margin; profit margin; costs; profitability; and cash generation. The indicators mentioned here demonstrate:

- **Contribution margin:** the most important financial indicator, as it is exactly what will tell the manager how much is left over from sales after discounting direct costs (those related to revenue generation) to pay fixed costs, expenses and, eventually make a profit;
- **Profit margin:** this indicator is directly associated with cost management and shows if the sale is generating gains in the bottom line or not. When calculating the margin for products and services, the manager is able to identify whether there is any profit left for the stakeholder after paying all the costs and expenses of the company;
- **Costs:** expenses directly involved in producing the business. In a hospital, for example, they are directly linked to the provision of services, such as: medication, expenses with staff involved in the provision of services, electricity, among others. Essentially, costs are variable, as they are linked to production. That is, if the hospital's production grows, the cost will consequently rise. It is common to think that costs and expenses are synonymous. However, this is not the case. Expenses are essentially fixed. They do not vary according to the volume produced and, mainly, they do not reduce as production falls, which often creates problems in the company's economic-financial balance. We can list expenses with the administrative team, in addition to rent, water, internet, telephone bills and third-party services as an example of expenditure;
- **Profitability:** this indicator shows the operational efficiency of the business. Indicates what

percentage of revenue remains in profit at the end of the month;

- **Cash generation:** this indicator, very similar to the profitability indicator, shows what amount in reais is being "saved" at the end of the month, that is, starting from revenues, discounting all costs and expenses, how much cash is left over in end of a period. Generating and saving cash can be the difference between bankruptcy and the survival of a business, as it will allow the creation of a reserve fund for times of crisis or financial difficulties.

Usually, the indicators mentioned here are used to signal the destination of the project: are we doing well or not? In times of rough seas, as in these days of the Covid-19 pandemic, in addition to monitoring these indicators, other measures can and should be adopted, given that both large, small and medium-sized companies will be strongly impacted.

In order to mitigate the economic and financial impacts that will be caused by Covid-19, small and medium-sized companies can set up their monitoring committees to assess the situation, both in the micro and macroeconomic scenarios. This committee can be composed of the business partners, the financial area and human resources.

We live in days of rough seas with wild waves and I believe that, in the same way that the medical field with its health professionals has been facing the new coronavirus with determination and honor, financial managers need to equip themselves with reliable information, obtained through its accounts, to face the crisis with the financial management of its businesses, thus managing the cash flow of the companies, demonstrating the competence and skill necessary to lead their ventures to a safe haven, assuming the position of captains of the vessel and living up to the saying "calm seas never made a good sailor".



#### **Ivan Carlos de Lima**

has a degree in Accounting and Legal Sciences from the Pontifical Catholic University of Goiás (PUC-GO). Postgraduate, with an MBA in Business Management from Fundação Getulio Vargas (FGV). Specialist in Tax Law from the Brazilian Institute of Tax Studies (Ibet). He is a partner of the KBL Contabilidade Group, a company that offers specialized services in the areas of corporate accounting and tax legal advice.

# MV confirms, for the fifth time, leadership in Latin America

*Electronic record of the Soul MV platform is awarded again by the North American institute KLAS as the best EMR technology*

The international recognition of the best Electronic Medical Record technology (better known as EMR or Electronic Patient Record) in Latin America is for Brazil one more time, more specifically for MV. For the fifth consecutive time, the Best in KLAS award will be presented to the company. The news was released by the research and insights institute KLAS, which assesses software and service organizations that stand out for helping healthcare professionals to offer quality and efficient care to patients.

Based on the satisfaction levels of doctors and other health professionals in institutions located in Latin America, Canada, Europe, the Middle East, Asia, Africa and Oceania, KLAS considered that the electronic record of the Soul MV platform is superior to those of other players when evaluated from pillars that consider the user experience. The MV solution has higher marks in the index that includes general satisfaction, long-term use plan and recommendation to third parties.

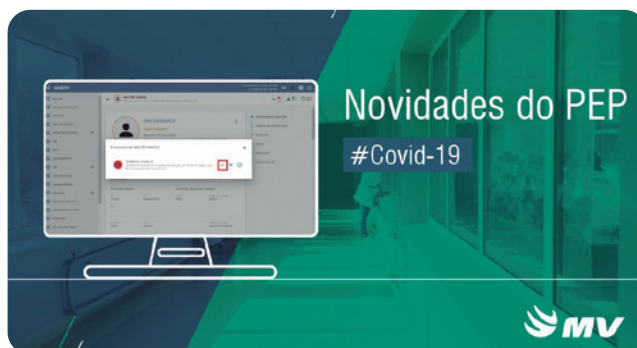
To achieve this result, the North American Institute conducted 2,500 interviews with health professionals on a monthly basis, which, in one year, represented the perspectives and opinions of more than 4,500 hospitals and 2,500 clinics. 1,200 products and services from approximately 450 suppliers.

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*"When it was created, its function was to streamline administrative routines, internal processes and avoid wasting resources. Over time, other benefits have become paramount and nowadays the electronic medical record is one of the main technologies for ensuring patient safety in health institutions." – Paulo Magnus, president of MV*

According to the president of MV, Paulo Magnus, the evolution that the electronic medical record has been achieving attributes to the solution more and more importance in the advancement of digital health. "When it was created, its function was to streamline administrative routines, internal processes and avoid wasting resources. Over time, other benefits have become paramount and nowadays the electronic medical record is one of the main technologies for ensuring patient safety in health institutions."

According to him, the investment in improving the tool has been continuous. "It is customer feedback that provides us with achievements like this. After all, through their perception as users, we understand the different needs of the sector and develop technology and management resources that, much more than winning awards, result in more efficiency in health", says Magnus.





# Hospitalar

By Informa Markets



## Venha para a Hospitalar

Esperamos por você no **segundo semestre de 2020** para que juntos possamos colaborar com o avanço do setor de Saúde no Brasil.

A Hospitalar é o maior e mais relevante evento da América Latina, mais importante plataforma de inovações e palco para a geração de novos negócios.

Números demonstram a importância do evento para o setor:

- + 1.200 marcas expositoras
- + Mais de 90 mil visitas profissionais durante os 4 dias de evento
- + Mais de 70 países participantes
- + Mais de 40 eventos e congressos paralelos

**A data da Hospitalar 2020 foi postergada para o segundo semestre.**

Seguindo as recomendações do Ministério da Saúde, a Informa Markets, promotora e organizadora da Hospitalar, decidiu postergar a realização do evento, como uma medida necessária na contenção do vírus COVID-19.

O evento, que aconteceria entre 19 e 22 de maio, terá sua nova data divulgada em breve.

**Juntos por um mundo mais saudável.**

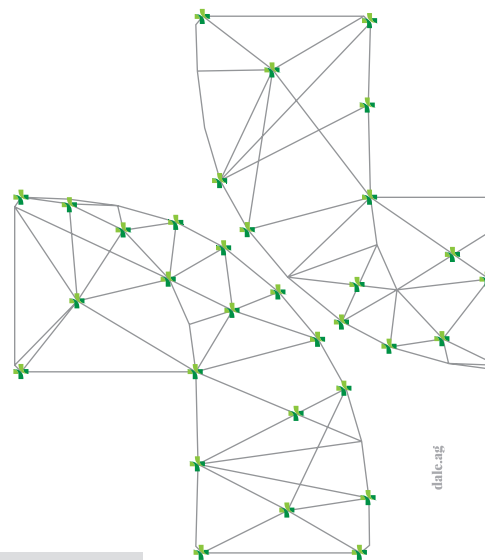
Visite nosso site para saber mais sobre o evento e a nova data.

[hospitalar.com](https://hospitalar.com)

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# Experts warn about mental health care in times of pandemic

*The Brazilian Psychiatric Association reinforces the concern about the crisis in the supply of essential medicines for the treatment of mental illnesses, which may cause an increase in the number of suicides*

Due to the adopted measures to control Covid-19 in the national territory, which led the population to isolation in their homes, the concern with mental health started to take greater proportions. The impacts of quarantine and physical isolation on the individual's psyche can have serious consequences in short, medium and long terms.

The warning comes from the Brazilian Association of Psychiatry (ABP), which has acted, in recent weeks, to constantly inform the entire population about strategies that can be adopted to preserve mental health during the health crisis. The adoption of simple measures can prevent the worsening of psychiatric disorders, as well as the development of mental illnesses with the current scenario as a trigger.

"We need to pay extra attention to psychiatric patients, since those under treatment may have their conditions aggravated and patients in remission may have relapses and recurrences, in addition to the real possibility that this moment of social isolation will trigger the disease in those who never manifested any symptoms", emphasizes, the president of ABP, Antônio Geraldo da Silva.

According to him, in addition to this time of epidemic crisis, the mental health of the Brazilian population is also at risk due to the crisis in the availability of important drugs for the treatment of mental illnesses, such as lithium carbonate, imipramine pamoate, lysdexamphetamine, lysdexamphetamine





dimesylate, pimoziide, penfluridol, pipothiazine palmitate and disulfiram.

"All of these drugs do not have patents and could be produced by the federal government's laboratories. The release from National Health Surveillance Agency (ANVISA) for prescribing medications is a period of six months (which allows patients to take higher doses than necessary), therefore we have a dangerous situation that can lead to the increase in suicide cases in the country", warns the expert.

Another concern of ABP is about the continuation of psychiatric treatments. "We also advise people not to interrupt their treatments without medical advice. Those who are in social isolation must respect their sleep, eating times, try to organize a healthy routine, even at home, to avoid breaking the routine, as the tension of the moment can be a trigger for mental disorders".

## IMPORTANT CARE FOR THE HEALTH PROFESSIONALS

In addition to general observations, health professionals are under a lot of physical and psychological pressure at this time of coping with the epidemic. The ABP also advocates that authorities should consider specific programs for mental health care for those at the front of this war on Covid-19.

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# Use of color printers reduces time and costs in exams results

*Partnership between Hospital IGESP and OKI Data allowed a reduction of up to 60% in the costs of printing results of imaging tests without diagnostic purposes*

OKI Data, one of the world's leading printing solution brands, and the Hospital IGESP (Institute of Gastroenterology of the State of São Paulo) reinforced the partnership for the supply of printers, supplies and maintenance services for the unit's imaging sector, which is a reference in highly complex medicine. Among the main solutions adopted, we highlight the use of color printers models C711 and C911MDI, with a HD Color high definition printing system, a technology that allows the printing of image results without diagnostic purposes.

Since 2014, OKI Data has been the official supplier of printers to the IGESP imaging sector. "The main result of the partnership is the significant cost reduction of 60% per year, in addition to allowing us to expand our commitment to environmental preservation, since OKI equipment does not use chemicals to produce images," explains Erick Zanardo, Information Technology (IT) manager of Hospital IGESP.

The equipment has precision, quality and high definition of colors and are used for documentary and non-diagnostic printing of results of exams by images, such as MRIs, CT scans and X-rays, on papers in A4 and A3 formats.

According to Zanardo, the choice of hiring a printing outsourcing service for the hospital helped a lot in time and cost management. "The choice of the equipment required a comprehensive assessment, and we are very satisfied with the results. The number of requests for maintenance calls, for example, was considerably low last year."

*"The main result of the partnership is the significant cost reduction of 60% per year, in addition to allowing us to expand our commitment to environmental preservation, since OKI equipment does not use chemicals to produce images." - Erick Zanardo, Information Technology (IT) manager of Hospital IGESP.*

The executive points out that the expectation is to further expand the agreement. "In view of the satisfactory experience, we are conducting internal studies at IGESP to increase this demand for equipment for other sectors of the hospital", says Zanardo.

Among the models used by IGESP is the C711 printer, which allows printing in A4 format of up to 36 pages per minute. The equipment is indicated for printing detailed and color morphological ultrasound results, in addition to endoscopies, ophthalmic and dental exams. The C911MDI printer allows monochrome and color printing in A4 and A3 formats, with a speed of up to 50 pages per minute and a resolution of 1200 x 1200 dpi. The equipment is indicated for resonance, tomography, ultrasound and X-ray results, with high color fidelity and agility.

"We are very happy to have recognition from IGESP and renew our partnership. OKI's offer in the health area, as in the case of Hospital IGESP, has as a great differential the ability to meet the current demand of the hospital for more quality and productivity in the printing of the non-diagnostic documentation of test results. Our products are fully aligned with this requirement from customers", highlights Luiz Humberto Carli, general director of OKI Data in Brazil.







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## Digital transformation in health

The health market is in full swing. The model is bankrupt, and this has become commonplace. For those working in this segment, the watchword is to reinvent the sector! As never before, we hear about digitalization, design thinking, big data, artificial intelligence (AI), business intelligence (BI), patient centricity, risk sharing, payment for clinical outcome, and so on, but are we tackling the core of the problem?

The health sector agonizes for the disparity in the interests of its actors. This has also been dealt with in other articles, but the fact that there is no ceiling for assistance expenses ends up making financial projections and cost management in face of revenues impossible, and it has always been like this!

It is worth remembering that, before the regulation of health plans, in 1998, contracts tried to limit their coverage seeking some actuarial basis to support the

risk: premium x loss. Limitation of daily rates in the Intensive Care Unit (ICU) (90 days), restrictions on coverage for some diseases (hepatitis), restrictions on physical therapy per event/per year, exclusion of transplants (kidneys and cornea, when they existed), for example. At the time, supplementary health had around 40 million beneficiaries.

Our managers are currently facing virtually unlimited coverage, an increasing supply of resources and medicines based on the review of the minimum coverage list of the National Supplementary Health Agency (ANS) - reviewed every two years -, and , still, with the enormous difficulty of charging the appropriate costs to the final customer. What we see is a shrinkage in the sector. If, at first, it happened with the reduction of the inflow of beneficiaries in the supplementary system - which we verified from December 2014, when we reached 50 million (currently, there are 47 million lives assisted



exclusively by health care) -, it has been occurring due to the financial infeasibility of operators throughout Brazil, which were unable to maintain their operations - currently, 737 are registered with ANS with active beneficiaries; there were 1,770 active in 2010. Not to mention the judicialization in health.

I do not want to talk about who is right or wrong, but the fact that we apply new and isolated technologies to the sector will not mean the viability of this segment. In a more objective language, companies are focused on improving their operating results by implementing technology to reduce their costs, given that the increase in revenue has not been happening due to economic factors.

We cannot forget that all this transformation will involve investments and burning of reserves. Automating service to beneficiaries through multiple channels (omnichannel), information systems with medical records within easy reach of the entire chain, predictive models of patient risk, control of costs and releases of hospitalization in real time depends on the integration of the entire chain. At this point we barely evolved: in the chain's integration patterns.

With absolute certainty, the database standards that are available for operators differ from one another. Starting with the codes of the procedures and their descriptions; we have numerous standards in force: Brazilian Medical Association (AMB), Hierarchical Brazilian Classification of Medical Procedures (CBHPM), Unified Supplementary Health Terminology (TUSS), and their versions. Not to mention payment; there are numerous encodings of packages specific to each operator. If we do not work on this information, there will be no standard for the sector analysis.

Recently, I came across an operator's database passed on to a customer in which more than 50% of the paid procedure codes did not correspond to the TUSS standard - see specific regulations on this topic: "Art. 13 (...) § 2º The operator of private health care plans is prohibited from maintaining in force, in its own chart, a code for a term contained in TUSS (...) "(BRASIL, 2012).

Still, we are dealing with the fever of massive use of big data. The key performance indicators (KPIs) are multiplying and the dashboards are increasingly refined. But what are we looking at? Deviations from standards? Identifying outliers, showing inefficiencies?

I fear that our innovation journey will not be effective until we all sit down at the table, not only to make the flow and pattern of information viable, but for the very survival of the sector.

## Reference

**BRAZIL. National Supplementary Health Agency. Normative Resolution (RN) No. 305, of October 9, 2012.** Establishes the mandatory standard for Information Exchange in Supplementary Health - TISS Standard of health care data of beneficiaries of a private health care plan; revokes Normative Resolution - RN nº 153, of May 28, 2007, and arts. 6th and 9th of RN nº 190, of April 30, 2009. Brasília: ANS, 2012.



### ● José Augusto Alves de Paula

has over 20 years of experience in the Health Sector. He held positions in the technical and operations areas of the Qualicorp Group. He has an MBA in Actuarial and Financial Sciences and Business Management.

# IESS study that proves that Brazilians are more concerned with oral health

*Analysis of the consolidated data of dental plans registers a 23% increase in the use of these services and indicates that the sector still has a lot to grow*

The number of beneficiaries linked to dental plans grew more than ten times between 2000 and 2018. According to the "Supplementary Dentistry Panel", a survey carried out by the Institute of Supplementary Health Studies (IESS), the sector jumped from 2.3 million beneficiaries to 23.6 million in the period analyzed.

The study analyzes the consolidated data from 2014 to 2018 and offers important evidence that justifies the expressive growth registered in the segment. In fact, this is a behavior that should continue in the upcoming years. "The most affordable cost of this type of plan, certainly, is a differential. However, the 'Supplementary Dentistry Panel' reveals that the Brazilian is, in general, increasingly concerned with their oral health", reveals José Cechin, executive superintendent of IESS.

In 2018, the supplementary health sector recorded 176.2 million dental procedures, an increase of 23% over the 143.2 million registered in 2014. Cechin points out that, more important than the absolute increase in the total of procedures, what reveals the Brazilian interest in this service is the increase in the total number of actions focused on prevention.

The number of preventive procedures increased 52.3% between 2014 and 2018: there was a jump from 47.2 million to 71.8 million. In the same period, the total of individual educational activities increased by 49.4%, and the topical application of fluoride increased by 40.7%. In addition, in 2014, 12.4 million initial dental consultations were carried out. The total has increased year by year to reach 15.3 million in 2018, which reveals, by itself, the growing interest in dental treatments.

## ASSISTANCE EXPENSES

While the total number of beneficiaries grew 19.3% between 2014 and 2018, rising from 19.8 million to 23.6 million, the health care expenses paid by health plan operators (OPS) exclusively for dental care to cover the services used by beneficiaries in its portfolios increased 20.1%: from R\$ 2.6 billion to R\$ 3.1 billion.



*"The most affordable cost of this type of plan, certainly, is a differential. However, the 'Supplementary Dentistry Panel' reveals that the Brazilian is, in general, increasingly concerned with their oral health" - José Cechin, executive superintendent of IESS.*





## Investments in Sabin's social projects impacted the lives of more than 40,000 people

*"We want to contribute to the reality of the communities where we are present. Through the institute, we will expand our network of partners committed to improving people's lives, supporting the development of the ecosystem and social innovation." – Lídia Abdalla, president of Sabin Group.*

From the north to the south of the country, actions and initiatives promoted by the Sabin Institute have benefited communities, people and professionals. The numbers speak for themselves. In 2019, the institute invested more than R\$ 4 million in social responsibility actions and projects, which together impacted the lives of 40,000 people, directly and indirectly. 50,000 free exams were carried out and more than 100 events were supported and promoted.

A non-profit organization is responsible for managing the Sabin Group's social investment. To reach these indices, it signed strategic alliances that made it possible to carry out the mission of improving the quality of life in communities in which the Sabin Group operates. The numbers, released in the entity's latest management report, show the performance of these initiatives, which has a single purpose: the common good.

In total, 31 daycare centers were attended. In addition, nine new playrooms opened in the country - which now have 109 spaces created for special care for children and teenagers in situations of sexual violence, abuse or neglect. Projects were also encouraged, such as "Caring for the Community", which reached more than 8,000 people; the "Sabin Sports Teams", which counted on the participation of several employees from the Sabin regionals and placed more than 400 amateur athletes on the tracks; the "Social Impact Acceleration Program (PAIS)", which received an investment of R\$ 120,000, invested in actions by 26 Brazilian organizations; and "Child and Health", which reached 31 social organizations and allowed 2,500 children to be attended and 15,000 tests to be carried out.

The president of Sabin Group, Lídia Abdalla, points out that, in 2020, the company reaffirms its commitment to the social causes. "We want to contribute to the reality of the communities where we are present. Through the institute, we will expand our network of partners committed to improving people's lives, supporting the development of the ecosystem and social innovation", says Lídia.

The executive manager of the Sabin Institute, Fábio Deboni, celebrates the performance and is already making plans to further improve results this year. "All of this was only possible thanks to alliances with brands that have real synergy with our purpose. Today, there are more than 15 partners joining forces with us to facilitate the promotion of joint efforts, workshops, solidarity actions, campaigns, mini-courses etc. For this year, we will continue to work so that more people can benefit from our actions and our projects in the areas of health, education, sports and social innovation", estimates the manager.



## SABIN GROUP

Operating in Brazil for 36 years, Sabin Group is one of the largest players in the diagnostic medicine sector in the country. Founded in Brasília by biochemists Janete Vaz and Sandra Soares Costa, the group has more than 5,700 employees, who serve more than 5 million customers, with a broad portfolio of clinical analysis, imaging diagnostics, vaccination and check services executive up in more than 290 service units in the Federal District and in the states of Amazonas, Bahia, Goiás, Mato Grosso, Mato Grosso do Sul, Minas Gerais, Pará, Paraná, Roraima, São Paulo, Tocantins and Santa de Catarina.



# Unifesp reveals impact of exposure to mercury on long-term memory

*Neurotoxic substance found in pesticides and in environmental disasters reveals the need for greater concern with public policies related to the environment*



A survey conducted by the Federal University of São Paulo (UNIFESP), in partnership with the Federal University of Espírito Santo (UFES) and the National Autonomous University of Honduras (UNAH), revealed the harmful impacts that exposure to mercury has on human health.

A topic still little addressed in the academic world, the study relates the metal, even exposed in low concentrations, to the consequences on the behavior and long-term memory of rodents. The research was published in the journal *Environmental Science and Pollution Research*.

"Mercury compounds are able to reach the brain and are difficult to eliminate, which leads to the bioaccumulation of this metal and to the alteration of the normal functioning of cells in the nervous system", explains Carla Scorza, researcher at the Department of Neurology and Neurosurgery at Unifesp.

Mercury is gradually absorbed and accumulated in the human body. Even in low concentrations, it represents a major threat to the human health, with aggravated impact on populations whose diet has fish as their main consumption. "Wastes full of mercury compounds, like those found in environmental disasters such as Mariana (MG), when they reach rivers, end up accumulating in fish and other animals

in this ecosystem. Thus, riverside populations that relies on fishing as their main source of food end up more exposed to these metals", explains Leandro F. Oliveira, a researcher at the Department of Neurology and Neurosurgery at Unifesp.

The study began in 2015, the year that the dam were destroyed in Mariana (MG), which made the team of researchers also observe how environmental disasters leave waste resulting from mining, which increases the exposure of human beings to mercury.

"The contamination of the environment by mercury is concerning. In addition to environmental disasters, and here we can mention not only what happened in Mariana but also more recently the fires in the Amazon region, another dangerous source of mercury is in agriculture, such as pesticides for example. They cause more people to experience a kind of silent contamination, under the risk of suffering impacts on the nervous system", explains Carla.

In practice, the study revealed that chronic exposure to mercury for a period of 30 days impairs the long-term memory of rodents, which is the ability to retain a certain amount of information for a long period of time. The metal also causes changes in behavior increasing anxiety.





## RAT TESTS

To prove the relation between metal and impaired long-term memory, the researchers tested 22 mice. In half of these animals, low doses of mercury chloride were injected during a period of 30 days, while the other rodents received saline solution.

All animals were tested in an apparatus (elevated maze) to evaluate anxiety and memory. The rats that received mercury showed anxious behavior and impaired long-term memory. Memories are derived from changes in synaptic transmission between neurons. Then, through studies of electrophysiological activity in the hippocampus, a brain structure located in the temporal lobes, the researchers evaluated long-term potentiation, a brain phenomenon involved in the formation of memory, and found that mercury impairs synaptic plasticity.

*"Mercury compounds are able to reach the brain and are difficult to eliminate, which leads to the bioaccumulation of this metal and to the alteration of the normal functioning of cells in the nervous system." - Carla Scorza, researcher at the Department of Neurology and Neurosurgery at Unifesp.*

The researchers detected an increase in oxidative stress in the hippocampus of those rats exposed to the toxic metal, a deleterious event that can cause the death of brain cells in animals.

The authors concluded that even low concentrations of mercury should not be underestimated, as they are capable of impairing brain function. In this way, the group draws attention to the importance of strengthening public environmental policies and more inspection and prevention of contamination, which is capable of irreversibly impacting populations exposed to mercury and other toxic heavy metals.



# Almost 20% of exams are accessed through the internet

*Online access to exams strengthens the patient's empowerment in the health care cycle. It is worth mentioning that between 50% and 70% of medical procedures are based on diagnostic tests*

Almost a fifth of the tests carried out in the country have their results accessed through the internet. This is what the edition of the Abramed Panel 2019 - The DNA of Diagnosis reveals, an annual publication prepared by the Brazilian Association of Diagnostic Medicine (Abramed).

According to data from the study, companies associated with Abramed - which represents 56% of the Brazilian diagnostic market in supplementary health - were responsible for 480.8 million tests in 2018. Out of this total, 83.4 million (17.5%) were accessed online.

Online access to exams is progressively driven by the expansion of the internet in the country. According to data published in 2018 by the Brazilian Institute of Geography and Statistics (IBGE), 79.9% of Brazilians live in homes with internet. This means that 166 million Brazilians already have some access to the network.

"Online access will increase a lot more, since most of the Brazilian population is already connected and the resources and tools for this type of access are made available by the vast majority of companies. 100% of our associates offer this convenience to their customers," says Priscilla Franklim Martins, executive director at Abramed.

The executive also points out that the online platforms for reading and withdrawing the exams are easier ways for the patient to get their results, for example, for those in regions far away from urban centers, reducing travel costs.

The value of laboratory medicine in the treatment of patients is unquestionable. According to data from the 2019 Panel, between 50% and 70% of

medical procedures are based on diagnostic tests. That means it is a relevant element in the health care system, which subsidizes clinical decisions through information on prevention, diagnosis and treatment.

The Panel also informs that 15.9 million reports would not have been accessed and/or withdrawn by patients in 2018. The number is equivalent to only 4% of the total imaging tests and clinical analyzes performed during the period. Frequently, the reason for not accessing the report is due to it being accessed directly by health professionals, without even going through the patient.

The access to online exams strengthens the patient's empowerment, who takes responsibility for the care of their own health. "The diagnostic process has important implications for the patient's care cycle. For this reason, it is important that one monitors its own health status and participate in dialogues and decisions about the best treatment possibilities, minimizing risks and expanding positive results", concludes Priscilla.

*The executive also points out that the online platforms for reading and withdrawing the exams are easier ways for the patient to get their results, for example, for those in regions far away from urban centers, reducing travel costs.*





## Entity performs campaign for raising awareness of epilepsy

*"Epilepsy - Embrace This Cause" invites people to mobilize and uses knowledge as a tool to combat stigmas and taboos about the disease*

"Purple Day" is an international effort dedicated to raising awareness of epilepsy worldwide. On March 26, annually, people are invited to dress in purple at events for the sake of awareness of epilepsy. From north to south of the country, the Brazilian Association of Epilepsy (ABE) coordinates the campaign "Epilepsy - Embrace This Cause", whose main objective is to combat prejudice through the dissemination of information. According to the World Health Organization (WHO), epilepsy affects more than 50 million people on the planet, with an estimate that 3.5 million do not receive adequate treatment. In Latin America, there are almost 8 million people living with the disease, out of this, 3 million are Brazilian.

"A lot of people think that epilepsy is contagious. So, they usually don't help when they see someone having a seizure. There is also a very strong stigma that it is a mental illness, which is not true. The campaign has this important role to show that people with epilepsy suffer more from prejudice than from the disease itself", explains Maria Alice Susemihl, president of ABE.



The mobilization provides for the distribution of posters in strategic locations in cities, such as in the subways, with information on first aid in the payment booths; conducting lecture cycles; and the distribution of informational materials on the topic. The campaign also initially provided for walks with thousands of people in important points of cities such as São Paulo, Ribeirão Preto, Rio de Janeiro, Florianópolis and Belo Horizonte; however, due to the social restriction rules, implemented to face the coronavirus epidemic, the mobilization actions ended up being suspended or postponed.

*"A lot of people think that epilepsy is contagious. So, they usually don't help when they see someone having a seizure. There is also a very strong stigma that it is a mental illness, which is not true. The campaign has this important role to show that people with epilepsy suffer more from prejudice than from the disease itself", - Maria Alice Susemihl, president of ABE.*

## PURPLE MARCH WORLDWIDE

The "Purple March" happens worldwide. Scotland is another example where public transport becomes an important platform for multiplying knowledge. Alerts on escalators, train tracks and #TalkEpilepsy (Talk About Epilepsy) help to fix the right knowledge about the disease.



## THE BRAZILIAN ASSOCIATION OF EPILEPSY



ABE is a non-profit association that established itself as an organization to disseminate knowledge about the types of epilepsy, willing to promote the improvement of the life quality of those people living with the disease. It is a member of the International Bureau for Epilepsy and is composed by patients, family members, doctors, neurologists, nutritionists and other professionals. It works by forming self-help groups, facilitating professional rehabilitation, fighting for the regular supply of medicines in the public health system and hospitals, in addition to fighting tirelessly for the well-being of patients and for the end of stigmas and social prejudices.



# Portable laboratory makes it easier to diagnose and monitor diabetes

*Examination performed in pharmacies with only two drops of blood will allow the patient to receive results in 15 minutes via cell phone*

Do you know what diabetes is? Diabetes is a chronic non-transmissible disease (CNTD), in which the body is unable to produce insulin (a hormone that controls the amount of glucose in the bloodstream) or is unable to use it properly. For this reason, the blood glucose level in diabetic people becomes high, turning into hyperglycemia. Currently, more than 15 million Brazilians are diagnosed with the disease. This means that about 7% of the Brazilian population suffers from diabetes type 1 or 2. In the last two years, Brazilian population with the disease has grown by 31%, according to data released by the International Diabetes Federation.

Bernardo Almeida, an infectious disease physician and chief medical officer at Hi Technologies, explains that affordable prices and quick results are ways to democratize access to healthcare and assist patients who need to monitor and measure their blood glucose level frequently. With this in mind, the company created Hilab, a portable laboratory that performs, in addition to the blood glucose test, the glycated

hemoglobin test, which evaluates the average concentration of glucose in the blood, and thus, helps in the diagnosis of pre-diabetes and diabetes.

In a simple and easy way, the patient finds out, in minutes, whether or not he has a disease. Available at pharmacies all over Brazil, Hilab performs laboratory tests with just a few drops of blood and, between 14 and 20 minutes, the patient receives the result on his cell phone.

"Diabetes is a serious disease and the prevention, early diagnosis and constant monitoring are critical factors. Having a balanced diet, practicing physical activities and regularly performing medical monitoring helps in controlling the disease and allows the person with diabetes to have a normal and healthy life," explains Almeida.

He points out that, before reaching diabetes, the individual usually has pre-diabetes, which is when blood glucose levels are higher than normal, but





are not high enough to characterize diabetes. "Pre-diabetes is a warning sign from the body that can still be reversed, avoiding the evolution of the disease and future complications", highlights the infectious disease physician.

## TYPE 1 X TYPE 2

Understand the differences between the two types of diabetes. While type 1 of the disease is genetic, hereditary, which concentrates between 5% and 10% of the total number of diabetics in Brazil, type 2 diabetes is associated with age and poor lifestyle habits, such as physical inactivity, smoking and an unbalanced diet. The increase in diabetes cases in the country is proof that the population is unaware about the risks of this disease and methods of prevention. Type 1, although can occur at any age, is more common in children, adolescents and young adults.

*"affordable prices and quick results are ways to democratize access to healthcare and assist patients who need to monitor and measure their blood glucose level frequently" - Bernardo Almeida, infectious disease physician and chief medical officer at Hi Technologies.*

Type 2, on the other hand, concentrates about 90% of the cases and, although it affects more people over 40 years of age, there is a global trend taking place in increasingly young people due obesity and their lifestyle.

# AUSTA Hospital wins ONA Accreditation with a Level 3 Excellence

*Title refers to the unit located in the city of São José do Rio Preto (SP), the highest certification of hospital quality granted by ONA*

AUSTA Hospital received Accreditation with a Level 3 Excellence, the highest hospital quality certification conferred by the National Accreditation Organization (ONA). This certification assures that AUSTA Hospital has achieved excellence in management, with maturity in the organizational culture of safety, transparency and the pursuit of continuous improvement in the quality of care.

Only 168 hospitals have a Level 3 Excellence, among the thousands that exist in Brazil. This certification is valid for three years, after that, the hospital undergoes through a new evaluation, if it wishes to maintain the title.

"This achievement rewards the dedication and professionalism of our employees and clinical staff, whom, since years ago, accepted the challenge of establishing in our hospital, the culture of quality and patient safety, referenced by ONA levels 1, 2 and 3", recalls cardiologist Mário Jabur Filho, CEO of the AUSTA Group. "ONA 3 certifies that, at AUSTA Hospital, patients find a safe environment, with quality infrastructure, in addition to excellent care by health professionals. The care in our institution will be increasingly personalized and humanized, close to each professional and the team as a whole", added Dr. Jabur.



## ENGAGEMENT

According to the nurse Maristela Maricato de Souza, assistant manager of AUSTA Hospital, in order to achieve excellence in management, it was essential to mobilize all employees to establish a complete management system of performance at all levels. "We have total control over all indicators in all areas and levels of the hospital and we constantly evaluate our results, which, ultimately, should reflect on care. This technical quality must reach the perception of those who use the structure: patients, companions, ourselves, our family, neighborhood, city, the entire population", says the assistant manager.

The Excellence ONA 3 Accreditation assures the society that AUSTA is a hospital that always seeks the best practices to ensure the management of excellence, through results obtained in relation to the patients' health status and their positive experience with the system service provided. "When all of us are buying a product or using a service, we want to make sure of the quality and security offered to us. ONA 3 attests all of this for our patients", declares the intensive care physician and cardiologist João Carlos Brufatto, technical director of the hospital, referring to the fact





*"This achievement rewards the dedication and professionalism of our employees and clinical staff, whom, since years ago, accepted the challenge of establishing in our hospital, the culture of quality and patient safety, referenced by ONA levels 1, 2 and 3" - cardiologist Mário Jabur Filho, CEO of the AUSTA Group.*



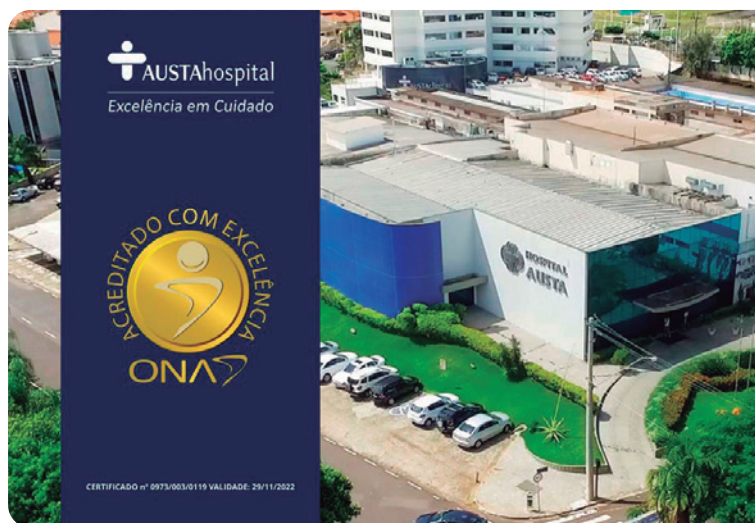
that the certification obtained by the AUSTA hospital is used by the Ministry of Health and the International Quality Society in Health Care (ISQua), a partner association with the World Health Organization (WHO). "this certification ensures the safety and quality across the entire process: physical structure, people, materials, equipment, workflows, clinical protocols and safe records, in addition to others, minimizing errors and adverse events in the institution", concludes Brufatto, representative of the institution's Board of Directors in the preparation process for certification, together with the clinical director, José Antônio Zanovelli Affonso.

integrated management, requirements for Level 2, but it also demonstrates an organizational culture that seeks for continuous improvement, with very large institutional maturity, and because of that, the hospital deserves Level 3 Accreditation, "explained Bruno Casagrande, Marketing and Sales manager at Fundação Vanzolini, an institution managed by the University of São Paulo (USP).

## SATISFACTION

The achievement of ONA 3 was even more satisfying for the Board and employees because AUSTA was aiming for Level 2, as it was Level 1 since December 2017. After three days of auditing in all sectors of the hospital, the Vanzolini Foundation, an institution certified by ONA, concluded that the Rio-Pre tense medical center, attended all three levels of ONA.

"Our evaluators found out that the AUSTA hospital not only has quality and safety standards and has





## Brazilians' imaginary about chemotherapy does not keep up with treatment advances

*Understand the evolution of this cancer therapy, which is ending up being less and less toxic, although it still has considerable side effects.*

The most traditional cancer treatment, chemotherapy, was discovered accidentally during World War II. Soldiers exposed to nitrogen mustard (in the gaseous state), which was, back then, used as a war weapon, had a drop in white blood cells. Experts tested the substance as a form of treatment for blood cancers and the results were surprising, resulting in chemotherapy.

A lot has changed since then in medicine. The first therapy session to combat the multiplication of cancer cells, spread in Brazil in the mid-1970s, is very different from what remains in the population's imagination. An example of this is the belief that every patient undergoing chemotherapy loses his hair.



According to oncologist Dr. Fátima Dias Gauí, member of the Brazilian Society of Clinical Oncology (SBOC) board, there are cases where there is still hair loss, but it depends on the type of chemotherapy recommended for the type of cancer. In the treatment of colorectal cancer, for example, the patient does not go bald. "When the cancer is advanced and it is necessary to administer a chemotherapy with a high response rate, adverse events can have a bigger impact on the patient's quality of life, the hair strand can fall, but now there is a cool cap that inhibits the fall, which significantly reduces the chances of the patient losing hair."

In addition, much is being said about the unwell feeling of patients during chemotherapy cycles, with frequent episodes of nausea and vomiting. "Currently, we have more modern medications that do not cause these effects. However, when the treatment still has the potential to generate discomfort, there are some medications that can be administered before chemotherapy and that are extremely effective in preventing this condition", adds Dr. Fatima.

According to the oncologist, the impact on the patients' immune system may still occur; however, there are now several substances used to activate the defense cells and circumvent the decrease in immunity (which is more relevant in some tumors, such as hematological). Therefore, in most cases, there is no need for the patient to be isolated. This goes for the ones living with pets, which can be maintained normally.

Hormonal changes are also part of the treatment stigmas. "Infertility can happen, but it is not so common. Today, there are drugs and several laboratory techniques to preserve the fertility of women and men, such as freezing the eggs, sperm or embryos. There is also doubt about sexual relations, which can be affected by the treatment, but if the patient feels comfortable, there is no impediment."

Besides all that, scientific advances have allowed the development of drugs that target specific types of tumors, compromising less healthy tissues compared to older chemotherapeutic drugs. In practice, this

means that patients treated with more modern drugs do not usually experience hair loss or nausea.

Another common belief is that the therapy can only happen intravenously in clinics or hospitals, but there are already several chemotherapy drugs taken orally, which allow the patient to carry out the treatment at home. Some of these modern drugs, such as Olaparibe, Abemaciclib, Palbociclib, Lenvatinibe, Ribociclib and Dabrafenib, were submitted by SBOC to the List of National Supplementary Health Agency (ANS), list that guarantees the right of assistance coverage to beneficiaries of health care plans).

For the executive director of SBOC, Dr. Renan Orsati Clara, it is essential that these chemotherapy drugs are incorporated and start to be funded by health care plans. "SBOC is doing everything to ensure patients' right to these drugs that are proven to be safe and have clinical benefits rarely described in the history of oncology. We prepare submissions for each of the drugs that are proven to improve the lives and survival of cancer patients."

Honoring its commitment to defend patients and the better oncology practice, SBOC is actively participating in all meetings of the National Supplementary Health Agency (ANS). At each meeting, the Society takes a member representing the specialty under discussion to participate in the debates, in order to guarantee the incorporation of these drugs in the private health care system.

## ABOUT SBOC

SBOC is the national entity that represents more than 1,900 specialists in Clinical Oncology spread across 26 Brazilian states and the Federal District. Founded in 1981, SBOC aims to strengthen the medical practice of Clinical Oncology in Brazil, in order to positively contribute to the health of the Brazilian population. It is chaired by medical oncologist Clarissa Mathias, elected for the management of the 2019/2021 biennium.

# Patients with systemic sclerosis (SS) already have a specific treatment to control the loss of lung function

*The drug is now approved in Brazil and offers a treatment opportunity for patients with the disease*

The main cause of death in patients with systemic sclerosis (SS) is the interstitial lung disease (ILD), which affects 70% of patients, and so far it does not have a specific medication for treatment in Brazil and worldwide. However, with the approval of the new therapeutic indication for Nintedanib by the National Health Surveillance Agency (ANVISA), the drug becomes the only one in the country for the treatment (or management) of interstitial lung disease associated with systemic sclerosis (ILD-SS).

SS is a chronic inflammatory autoimmune disease that affects small blood vessels, skin and joints, and can progress to fibrosis and loss of internal organ function. Due to a higher concentration of collagen in the skin layers, one of the main characteristics of the disease is the thickened and hardened skin.

"In the first two years, it usually presents a worsening and a more marked progression of the disease, which progresses from the extremities, such as hands and feet, to arms, legs, face, trunk and abdomen", says the rheumatologist, Dr. Cristiane Kayser, from the Federal University of São Paulo (Unifesp). She also points out that the disease can occur in people of any age,

gender and race, but the prevalence is four to nine times higher in women.

Pulmonary involvement occurs in 70% of the cases. ILD usually appears in the first five years of diagnosis of the disease, the doctor emphasizes the importance of clinical monitoring since the beginning of the diagnosis of SS. "As interstitial lung disease may not be identified on physical examination, an early pulmonary investigation, with high-resolution computed tomography, known by the acronym HRCT, is essential", warns the expert.

SS is classified in two forms: limited cutaneous (SSlc) and diffuse cutaneous (SSdc). The difference between the two is the extent of skin involvement. In the limited form, skin thickening is restricted to the hands and forearms, legs and feet. In diffuse, hands, forearms, arms, feet, legs, thighs and torso are affected.

Patients with these two forms of the disease may have associated ILD. In the European study with more than 3,500 patients, 35% of patients with SSlc and 53% of patients with SSdc reported pulmonary fibrosis. "This study shows that when SS is manifest in



patients, lung disease is common and it is necessary to investigate all patients with systemic sclerosis”, says the doctor.

Responsible for about 33% of mortality rate and considered the most frequent cause of death for patients with SS, the lack of specific treatment for ILD-SS has always been a major concern for patients due to the severity of the disease. “The approval of the new indication for the drug by ANVISA offers an effective and safe control of the progression of ILD-SS, which should increase, in the long-term, the survival of patients”, says Dr. Cristiane.

The drug is already approved in Brazil and in more than 70 countries for the treatment of idiopathic pulmonary fibrosis (IPF) and non-small cell lung cancer (NSCLC). With the new indication for the drug, many of the patients with SS in the country will have the possibility

to slow down the progression of pulmonary fibrosis, the main cause of death from the disease.

“The treatment of ILD-SS is complex, but with the new indication from Nintedanib, patients now are hoping to have a better control of pulmonary involvement”, highlights the doctor.

For the identification of SS, it is necessary to pay attention to the signs of the disease, such as a change of color in the extremities, especially in the fingers and toes, associated or not with pain, triggered after exposure to cold or stress; swelling, redness and heat in the joints of the hands and feet; decreased elasticity of the skin on the fingers and face; and difficulty in swallowing. For those who already live with SS, the investigation of lung disease is essential so that the doctor can evaluate the most appropriate forms of treatment.





# New research will study lung cancer genes in Brazil and in the United States

*The proposal is to sequence the genetic code of the non-smoking patients*

A pioneering study in the Brazil will sequence the genetic code of Brazilian non-smoking patients affected by lung cancer. The study seeks to identify the risk factors of this population and should start in the first semester of 2020.

The oncologist Ramon Andrade de Mello, professor of Clinical Oncology at the Federal University of São Paulo (Unifesp) and the School of Medicine at the University of Algarve (Portugal), is responsible for the project, which was born from a demand from the National Cancer Institute (NCI), and must be carried out in partnership with an institution in that country.

The oncologist has been leading similar researches in Portugal, a country that has been conducting studies on the subject for over ten years. According to him, more than 400 Portuguese people already had their genes analyzed. "This research is very important to identify the best treatment for many cases of the disease, as well as the most suitable drugs. Genetic sequencing is an instrument

increasingly used in the diagnosis and treatment of cancer worldwide. We are going to take a very important step in the treatment of the disease in Brazil", explains the professor at Unifesp.

Worldwide, 1.5 million new cases of lung cancer are registered annually, 85% of the records are related to smoking and 15% by non-smokers.

*"This research is very important to identify the best treatment for many cases of the disease, as well as the most suitable drugs. Genetic sequencing is an instrument increasingly used in both the diagnosis and treatment of cancer worldwide. We are going to take a very important step in the treatment of the disease in Brazil", explains the professor of Unifesp and School of medicine at University of Algarve (Portugal).*



# Autotransfusion reduces blood transfusions in cardiac surgery at HCor (Hospital do Coração)

*The procedure consists of recovering the patient's own blood, which, it is usually "lost" during major surgeries, which reduces the possibility of demanding blood transfusions from donors*

Blood bank doctors and cardiac surgeons at Hospital do Coração (HCor) published a study in the medical journal called Hematology, Transfusion and Cell Therapy on the use of a cell blood processor (cell saver) in cardiac surgeries. This procedure consists of recovering the patients' own blood, which is usually "lost" during major surgeries - it allows the blood to be processed and reinfused after a few minutes -, which reduces the possibility of demanding blood transfusions from donors. With this, there is a great reduction in complications and transfusion risks.

According to the coordinator of the HCor Blood Bank, Sergio Domingos Vieira, the study demonstrated that the procedure is effective, safe and has negligible levels of residual heparin (anticoagulant substance in the blood). "This study was approved by IP HCor within 36 months, with the inclusion of 12 patients who underwent through major cardiac surgeries. 32,027 ml of patients' blood were recovered, which is equivalent to 18.5 units of autologous blood. 25% of the patients did not need blood transfusions from donors", explains Vieira.

He also emphasizes that this technique brings enormous safety, not only to the patient but to the entire surgical team, as it promotes the immediate return of the patient's own blood, as well as decreasing the need for a transfusion from donors and its possible adverse reactions and effects. "This

procedure is important for people who have some blood incompatibility and for those who, for whatever reason, refuse to receive a transfusion," he explains.

*"This study was approved by IP HCor within 36 months, with the inclusion of 12 patients who underwent through major cardiac surgeries. 32,027 ml of patients' blood were recovered, which is equivalent to 18.5 units of autologous blood. 25% of the patients did not need blood transfusions from donors", explains Sérgio Domingos Vieira, coordinator of the HCor Blood Bank.*





**Dulci Tiné**

Parliamentary advisor to the Federação Brasileira de Hospitais (FBH).

## CONGRESS INSTALLED JOINT COMMISSION FOR TAX REFORM

On March 4<sup>th</sup>, the National Congress installed a Joint Commission to analyze the Tax Reform proposals under way in the Chamber of Deputies (PEC 45/2019) and in the Federal Senate (PEC 110/2019). The Commission's objective is to present a consensual proposal between the two Houses and the Executive Branch.

The Commission will have 45 days to submit a proposal, and the rapporteur, Deputy Aguinaldo Ribeiro (PP-PB), has already defined the work schedule. The Brazilian Federation of Hospitals

(FBH), along with other entities in the Health Sector, has participated in several meetings with the rapporteurs of the Proposed Constitutional Amendments (PECs) and with Congressional technicians, to present the tax scenario in case it is not given differentiated treatment for health. As a result of these meetings, Congress is already sensitive to the differential look at the sector, as it believes that an increase in the tax burden may end up directly reflecting on the consumer.

## COMPLEMENTARY LAW PROPOSES TAX IMMUNITY (PLC 134/2019)

The Complementary Law Project (PLC 134/2019), authored by deputy Bibi Nunes (PSL-RS), establishes requirements for social welfare charities to use tax immunity (§ 7 of art. 195 of the Federal Constitution). The project is in the Education Committee of the Chamber of Deputies, and already has a favorable opinion from the rapporteur, deputy professor Dorinha Seabra Rezende (DEM-TO), but with some amendments.

Due to the theme and because it is on the Education Committee, the rapporteur's opinion focused on the analysis of merit, focusing only on the area of

education. At the last meeting of the Education Commission, in 2019, the deputy's opinion was read; however, it was not voted on due to the joint view of two Members.

As soon as the Permanent Commissions of the Chamber are installed, the project will again be deliberated by the Education Commission and, if approved, will proceed for the appreciation of the Social Security and Family Commission (CSSF), in which the terms of the proposal related to the Health Sector will be discussed.



## EXTERNAL COMMISSION FOR PREVENTIVE ACTIONS AGAINST THE CORONA VIRUS IN BRAZIL

The Chamber of Deputies installed an External Commission to monitor preventive health surveillance actions and possible consequences, for Brazil, of the pandemic caused by the new Corona virus. The Commission monitors the actions developed by the Ministry of Health to expand awareness campaigns

and procedures in line with the International Health Regulations. Another objective of the Commission is to identify ways to support the fight against the epidemic. Deputy Luiz Antonio Teixeira (PP-RJ) is the coordinator of the Commission's work, and the rapporteur is Deputy Carmen Zanotto (Cidadania-SC).

## CALAMITY DECREE FOR COVID-19 IS VOTED IN THE CHAMBER OF DEPUTIES AND SENATE

The Legislative Decree Project (PDL) 88/2020, which recognizes the state of public calamity in Brazil, was voted in the Chamber of Deputies, with presence of personnel, by the deputies, and later by the Senate, virtually. The request for recognition of public calamity was sent by the federal government facing the new Corona virus pandemic.

In the Chamber, the rapporteur was the Congressman Orlando Silva (PCdoB-SP), while in the Senate the report was by Senator Weverton Rocha (PDT-MA).

The state of public calamity allows for the flexibility of the Fiscal Responsibility Law (LRF), which, in this temporary condition, will suspend deadlines for adjusting personnel expenses and debt limits; to meet fiscal targets; and for the adoption of expenditure limits of the contingency debts.

This recognition of the state of public calamity, which is expected to last until December 31<sup>st</sup>, is seen as crucial for the permanent monitoring of the Covid-19 pandemic; the need to increase public spending to protect the health and jobs of Brazilians; and the prospect of falling revenue.

The project was presented considering the need to migrate the operational and assistance efforts to fight the new Corona virus, considering that many elective surgeries are being canceled by the public manager to allow priority treatment of the emergencies of comorbidities resulting from Covid-19. The proposal has not yet been distributed to the Commissions, but it is expected that, with the urgency of the moment, it will be considered by the Chamber's Remote Deliberation System.



### CHAMBER OF DEPUTIES APPROVES BILL AUTHORIZING TELEMEDICINE DURING CORONA VIRUS PANDEMIC

The Law Bill (PL) 696/2020, authored by several deputies, was approved by the Chamber of Deputies, which provides for the use of telemedicine during the crisis caused by the new Corona virus (Covid-19). The project's proposal is to authorize the use of telemedicine for all activities, in the period of confrontation with the virus, allowing the use of information and communication technologies in health-related services.

In his report, deputy Dr. Frederico (Patriota-MG) proposed changes to the text, including a determination in which the doctor must inform the patient of all limitations of telemedicine, and that the patient must pay for private consultations. In the case of the Unified Health System (SUS), the government will be responsible for funding these activities.

The proposal was approved by the Remote Deliberation System and will now go to the Federal Senate.

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### FBH PARTICIPATES IN PUBLIC HEARING TO DISCUSS COMBAT ACTIONS AGAINST COVID-19

On March 18<sup>th</sup>, the Brazilian Hospitals Federation (FBH) participated in a public hearing in the Chamber of Deputies held by the External Commission to monitor preventive health surveillance actions and possible consequences for Brazil in dealing with the pandemic caused by the new Corona virus. In order to respect the isolation rules, the hearing was held via teleconference.

The audience was attended by scientists, researchers and representatives of entities in the health sector, who raised the difficulties currently faced, such as the lack of material, the definition of protocols and support to other sectors of the federal government. Claims were also debated, such as: the temporary

reduction of import taxes for inputs and equipment related to the treatment of the disease; customs clearance, to facilitate this import; and a line of financing for the acquisition of equipment and materials that involve expanding the number of beds in the Intensive Care Unit (ICU).

The FBH representative, Leonardo Barberis, highlighted the need to improve the protocols (clinical and therapeutic), so that hospitals can improve service, telemedicine, as well as the creation of a credit and financing line to serve small hospitals, who are in small parts of the country and will have difficulty receiving patients when the disease spreads.



# tabela SIMPRO

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# 2020 HEALTH SECTOR EVENT CALENDAR

## SEPTEMBER

### 34º CONGRESSO BRASILEIRO DE ENDOCRINOLOGIA E METABOLOGIA – CBEM

**Date:** 2<sup>nd</sup> to 6<sup>th</sup>

**Location:** Centro de Convenções Ulysses Guimarães  
– Brasília-DF

**Website:** <http://cbem2020.com.br/>

## SEPTEMBER

### HIS – HEALTHCARE INNOVATION SHOW 2020

**Date:** 23<sup>rd</sup> and 24<sup>th</sup>

**Location:** São Paulo Expo – São Paulo-SP

**Website:** <https://his.saudebusiness.com/pt/home.html>

## SEPTEMBER

### HEALTHCARE INNOVATION SHOW – HIS 2020

**Date:** 23<sup>rd</sup> and 24<sup>th</sup>

**Location:** São Paulo Expo - São Paulo-SP

**Website:** <https://his.saudebusiness.com/pt/home.html>

## OCTOBER

### HEALTH BUSINESS FÓRUM

**Date:** 1<sup>st</sup> to 4<sup>th</sup>

**Location:** Ilha de Comandatuba - Una-BA

**Website:** <https://forum.saudebusiness.com/pt/home.html>





## OCTOBER

### FCE PHARMA

**Date:** 8<sup>th</sup> to 10<sup>th</sup>

**Location:** São Paulo Expo - São Paulo-SP

**Organization and Promotion:** NürnbergMesse

**Website:** <https://www.fcepharma.com.br/pt>

## OCTOBER

### TELEMEDICINE & DIGITAL HEALTH

**Date:** 13<sup>th</sup> to 15<sup>th</sup>

**Location:** Transamérica Expo Center - São Paulo-SP

**Realization:** Associação Paulista de Medicina – APM

**Website:** <http://telemedicinesummit.com.br/>

## OCTOBER

### HOSPITALMED

**Date:** 21<sup>st</sup> to 23<sup>rd</sup>

**Location:** Pernambuco Convention Center - Recife-PE

**Realization:** HospitalMed

**Website:** <https://hospitalmed.com.br/feira/>

## DECEMBER

### 15TH BRAZILIAN CONGRESS OF VIDEOSURGERY AND 4TH BRAZILIAN AND LATIN AMERICAN CONGRESS OF ROBOTIC SURGERY

**Date:** 10<sup>th</sup> to 12<sup>th</sup>

**Location:** Ceará Events Center - Fortaleza-CE

**Website:** <https://www.sobracil.org.br/congresso2020/mensagem.asp>

## INFLATION

INDEX (%)	PERIOD	MONTH	12 MONTHS
IPCA	FEBRUARY/2020	0,25	4,01
INPC	FEBRUARY/2020	0,17	3,92
IPC Fipe	FEBRUARY/2020	0,10	3,22
IGP-M	FEBRUARY/2020	1,24	6,81
IGP-DI	FEBRUARY/2020	1,64	7,01
ICV-DIEESE	FEBRUARY/2020	0,12	3,07

Sources: IBGE, Fipe, FGV and Dieese. Preparation: Valor Data.

## FINANCIAL INVESTMENTS

INDEX	EM %
Selic over, per year	3,65
CDI over Cetip, per year	3,65
DI Futuro, per year (jan./2021)	3,21
TR (30/03)	0,0000
Old savings (30/03)	0,5000
New savings (30/03)	0,2446

Sources: Central Bank and B3. Preparation: Valor Data.

## FIPE SAÚDE

MONTH	YEAR	%
January	2020	0,32
February	2020	0,18
March	2020	0,08





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palestrantes  
(internacionais  
e nacionais)



**115**  
horas de  
conteúdo exclusivo



**13**  
países  
participantes



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Centro Nacional de TeleSaúde



SPMS  
Serviço Especializado do Ministério da Saúde



International Society for  
Telemedicine & eHealth

## APOIO INSTITUCIONAL NACIONAL



## SOCIEDADES DE ESPECIALIDADES MÉDICAS



ACADEMIA  
BRASILEIRA  
DE NEUROLOGIA



Sociedade de Anestesiologia  
do Estado de São Paulo



SOCIEDADE PAULISTA DE  
PNEUMOLOGIA E TISILOGIA

## AGÊNCIA DE VIAGEM OFICIAL



## REALIZAÇÃO



## ORGANIZAÇÃO E PROMOÇÃO



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