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OPINION

Advances in Liver Transplantation in Brazil: Challenges and Opportunities under Ordinance GM/MS No. 1,262

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ABSTRACT

The article examines the impact of Ordinance GM/MS No. 1,262, published in September 2023, which links financial incentives to measurable outcomes in liver transplant programs in Brazil. The initiative, which considers the number of transplants performed and 30-day and 1-year survival rates, is viewed as progress toward greater accountability and improved patient care. However, the author highlights significant flaws in the current classification system that may undermine the principles of equity, universality, and decentralization of the Unified Health System [Sistema Único de Saúde (SUS)]. The payment model in use is outdated, does not cover the actual costs of transplants, and ends up using financial incentives to fill budgetary gaps rather than reward excellence in outcomes. Furthermore, the emphasis on the absolute volume of transplants disadvantages centers in smaller and less populated regions, making it harder for them to compete with large centers in more populous states. This exacerbates regional inequalities and encourages the centralization of transplant operations, contravening the SUS's principle of decentralization. The author proposes adjustments to the system, such as updating the base payment to reflect actual costs, enabling all centers to operate with financial stability. It is also suggested that financial incentives reward excellence in outcomes and that the scoring system assigns greater weight to one-year survival rates, creating a fairer and results-oriented model. Proportional measures based on population size and redistributive funding for lower-ranked centers are recommended to promote equity and stability in transplant access. Ordinance GM/MS No. 1,262 is recognized as an initial milestone, but adjustments are needed to align quality and efficiency with the fundamental principles of the SUS, ensuring that all patients receive high-quality care, regardless of where they are treated.

Descriptors: Liver Transplantation; National Health Programs; Health Equity; Health Care Financing; Health Services Administration.

Avanços no Transplante de Fígado no Brasil: Desafios e Oportunidades sob a Portaria GM/MS Nº 1.262

RESUMO

O artigo analisa a influência da Portaria GM/MS Nº 1.262, publicada em setembro de 2023, que vincula incentivos financeiros a resultados mensuráveis nos programas de transplante de fígado no Brasil. Considerando as taxas de sobrevida de 30 dias e 1 ano, bem como o número de transplantes realizados, essa iniciativa representa um progresso em direção a maior responsabilidade e melhor tratamento aos pacientes. No entanto, o autor chama atenção para falhas importantes no sistema atual de classificação que podem comprometer os valores de justiça, universalidade e descentralização do Sistema Único de Saúde (SUS). O modelo de pagamento atual é antiquado, não cobre os custos reais dos transplantes e acaba utilizando os incentivos financeiros para suprir déficits orçamentários, em vez de recompensar a excelência nos resultados. Além disso, o foco no número absoluto de transplantes prejudica os centros em áreas menores e menos habitadas, tornando mais difícil a competição com grandes centros em estados mais populosos. Isso agrava as desigualdades regionais e incentiva a centralização das operações de transplante, contrariando o princípio descentralizador do SUS. O autor sugere mudanças no sistema, como a atualização do pagamento base para refletir os custos reais, permitindo que todos os centros operem com estabilidade financeira. Também são recomendados incentivos financeiros que recompensem a excelência nos resultados e um modelo mais justo e orientado por resultados, com o sistema de pontuação atribuindo maior peso às taxas de sobrevida de 1 ano. Para promover equidade e consistência no acesso ao transplante, são aconselhadas medidas proporcionais ao tamanho da população e financiamento redistributivo para hospitais com menor classificação. Embora a Portaria GM/MS Nº 1.262 seja reconhecida como um marco inicial, mudanças são necessárias para alinhar eficiência e qualidade com os

valores fundamentais do SUS, garantindo que todos os pacientes recebam um tratamento de excelência, independentemente de onde sejam atendidos.

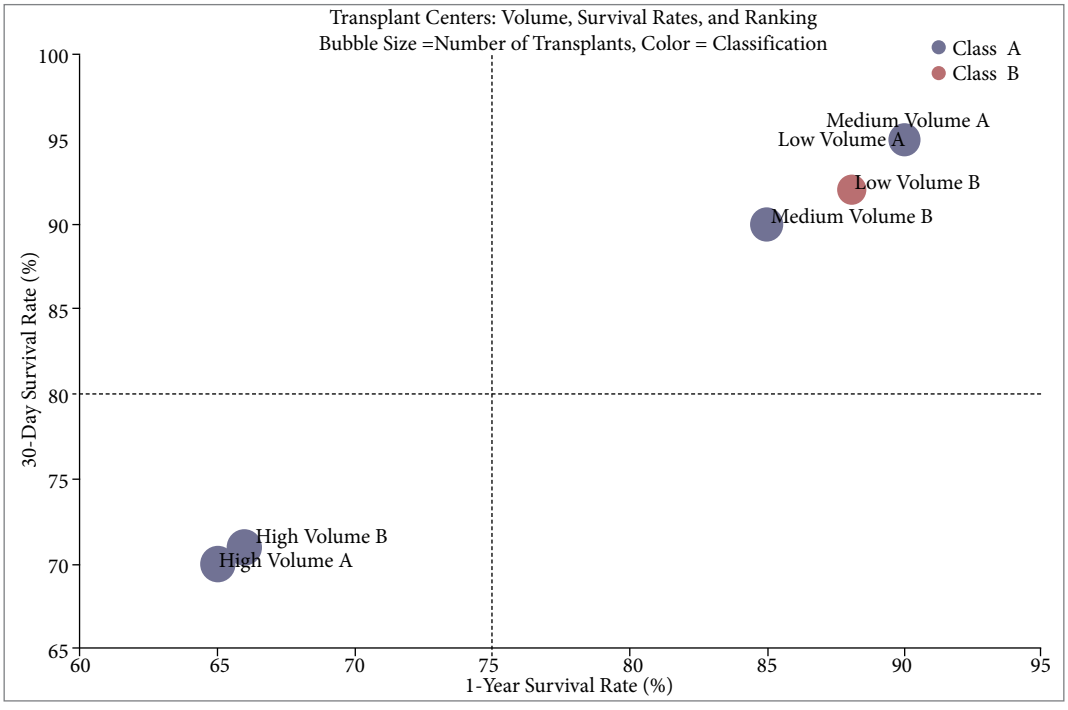
Descritores: Transplante de Fígado; Sistema Único de Saúde; Equidade no Acesso aos Serviços de Saúde; Financiamento da Saúde; Descentralização nos Serviços de Saúde.

The GM/MS Ordinance No. 1,262, published on September 12, 2023[1], marked a significant step forward in linking financial incentives to measurable outcomes in liver transplant programs in Brazil. The correlation between the number of transplants performed, 30-day and 1-year survival rates, and payment bonuses was analyzed to promote greater accountability and improve patient care, a long-awaited initiative by the transplant community that is undoubtedly laudable. However, the current system raises serious questions about its compliance with the principles of equity, universality, and decentralization of the Unified Health System (Sistema Único de Saúde-SUS)[2].

The core financial structure of the new rating system is based on an outdated payment model that has been in place for over 10 years, with no updates to offset the inflationary impacts of that period[3] and no longer reflects the actual costs associated with performing a liver transplant, what means that the financial improvements earmarked for higher-ranking centers are used to cover the basic costs of the operation rather than serving as bonuses to reward excellence in results or efficiency. This is a fundamental error, as the system promotes inequalities by not offering an adequate payment basis, placing lower-ranking centers in an even more challenging situation to maintain their operations.

The basic principle of equity in the SUS is to ensure that all patients, regardless of where they are treated, receive the same standard of care. However, the system's current architecture allows discrepancies between patients treated at different centers accredited and authorized by the Ministry of Health, thus compromising the principle of equity.

In addition, the categorization method's emphasis on the absolute number of transplants for allocating points disadvantages smaller states and less populated regions. These areas naturally perform fewer transplants, making it harder for medical units to compete with high-volume clinics in larger states. This strategy risks centralizing transplant operations, contradicting the principle of decentralization of the SUS and exacerbating regional differences in access to health care. We have included a bubble chart that demonstrates the balance—or imbalance—between volume and survival outcomes to assist in this debate in defining the classification of centers. Fig. 1 graphically emphasizes the need for a more balanced strategy that places greater value on survival outcomes, thus promoting fair treatment across the board.

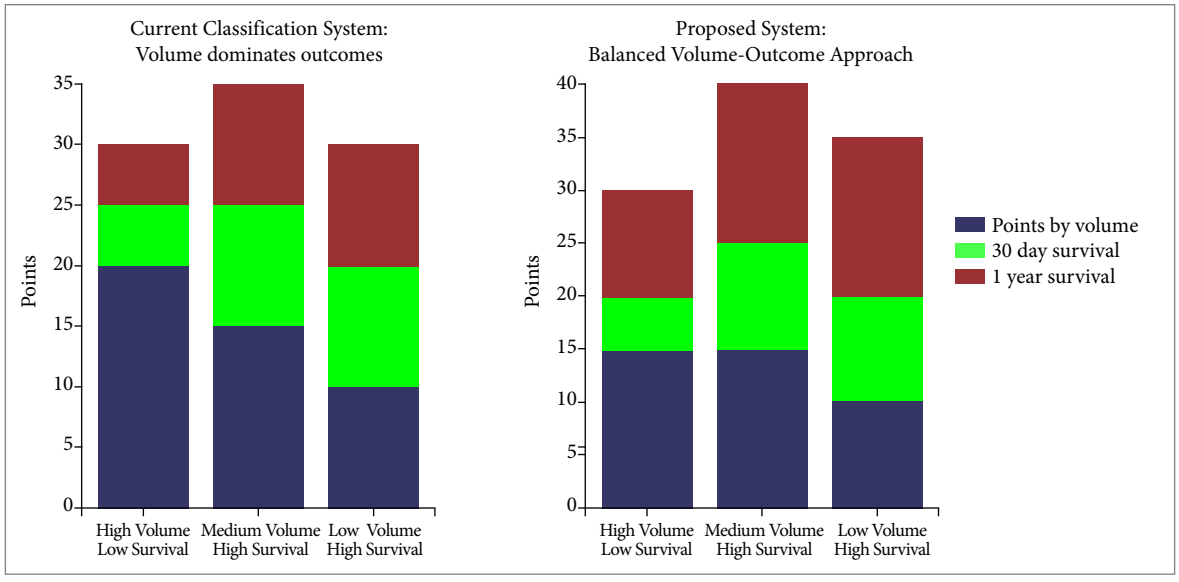


Source: Elaborated by the author.

Figure 1. Bubble chart of the relationship between transplant volume and survival.

The classification system should be adjusted to align with SUS principles and address these challenges. First, the base payment for liver transplants should be updated to reflect current costs, ensuring that all centers—regardless of classification—can afford the financial costs of surgery. Economic incentives should then serve as real rewards for excellence in outcomes rather than simply compensating for inflationary losses.

Second, the point allocation method should be changed to place greater emphasis on survival outcomes—particularly 1-year survival rates—than transplant volume. This change would create a more equitable, outcomes-driven system that rewards centers that achieve excellence in patient care. We include a chart comparing the current volume-centric paradigm with an approach that balances volume and outcomes, demonstrating how this shift can drive improvements in equity and quality (Fig. 2).



Source: Elaborated by the author.

Figure 2. Comparison of the balance between number of transplants and survival.

Third, implementing population-based measures in the classification system would allow smaller centers to participate equitably and maintain financial stability. Finally, redistributive financing mechanisms should support lower-ranked centers, allowing them to continue operating and providing equitable care.

Ordinance GM/MS No. 1,262 represents a necessary initial step toward improving the quality of liver transplantation in Brazil. However, by failing to adjust the outdated base payment and correct unintended inequities in the current system, the system risks compromising the core values of the SUS. By taking a more balanced approach between transplant volume and survival outcomes, considering these potential changes will help the system align quality improvement with equity and decentralization, thereby ensuring that all patients receive high-quality care wherever they are treated.

CONFLICT OF INTEREST

Nothing to declare.

DATA AVAILABILITY STATEMENT

Not applicable.

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