

A brief look over Portugal's Primary Care Health System



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Robert Graham Center, Washington DC
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Portugal

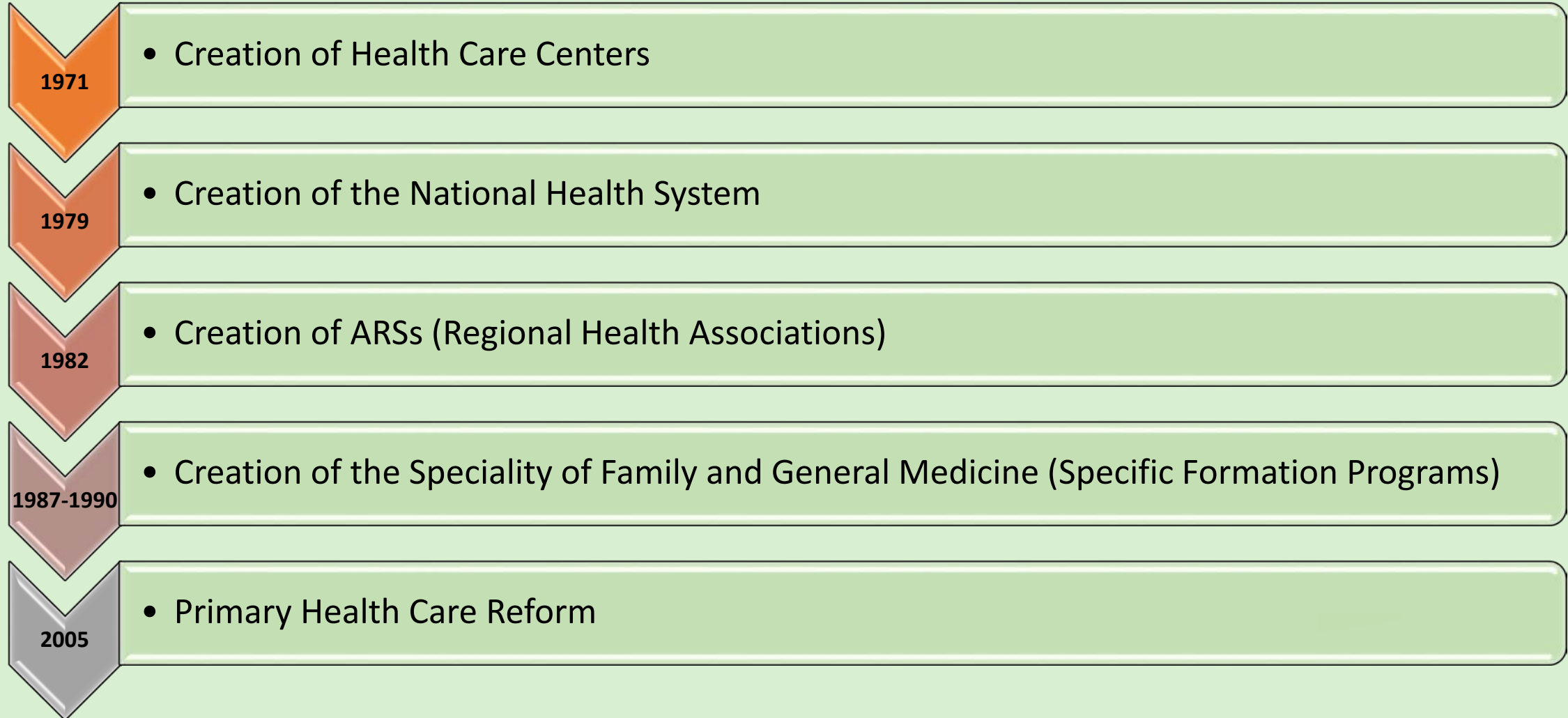


- South-Western Europe (Iberian Peninsula)
- Population: 10,5 million
- 52% ♀, 48% ♂
- 2,6 elements per family
- Mortality rate: 9,7%
- Birth rate: 9,2%
- Child mortality rate: 3,1%
- Aging index (≥ 65 years old) - 127,84 (127,84 elderly per 100 young)

(census 2011)



History of Health in Portugal



Before Primary Care Reform

350 Health Care
Centers
(2000 extensions)

6500 Family
Doctors

7000 Nurses

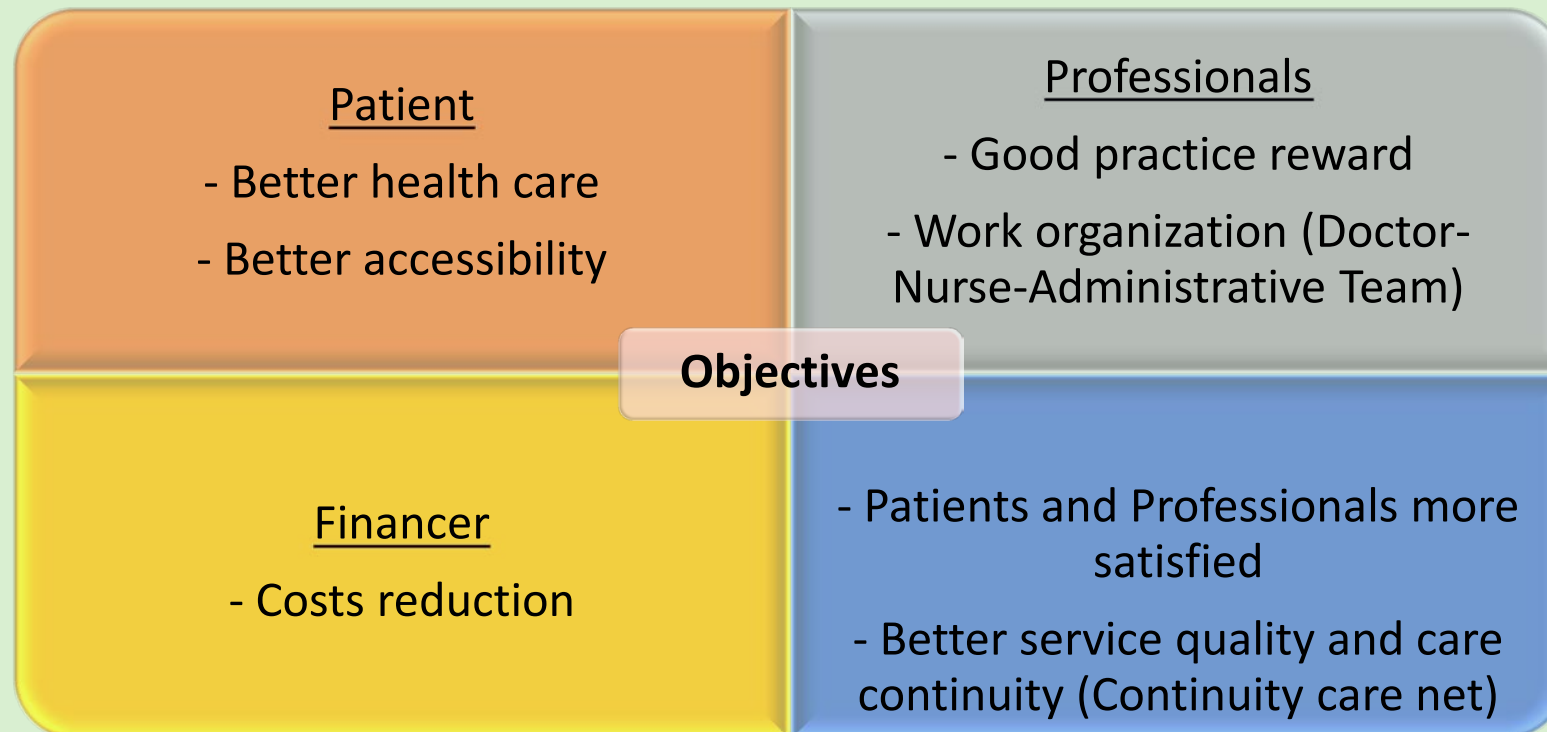
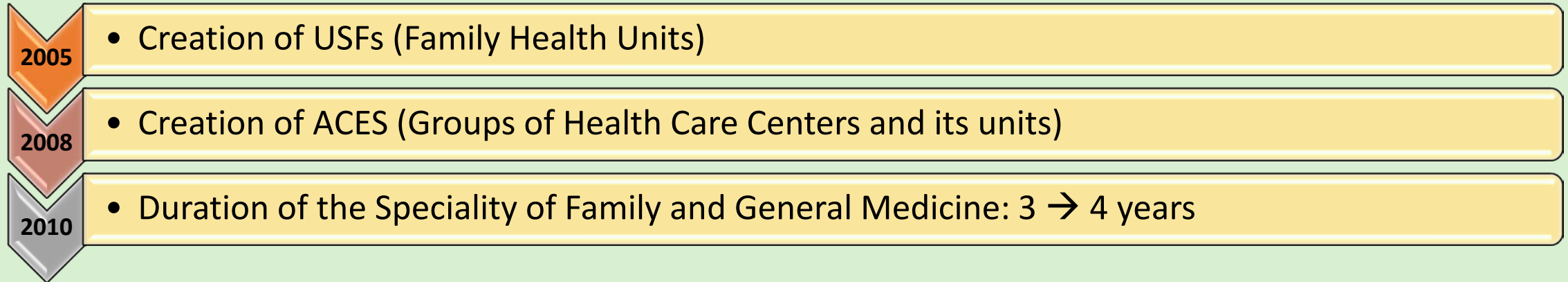
11% of users
without FD



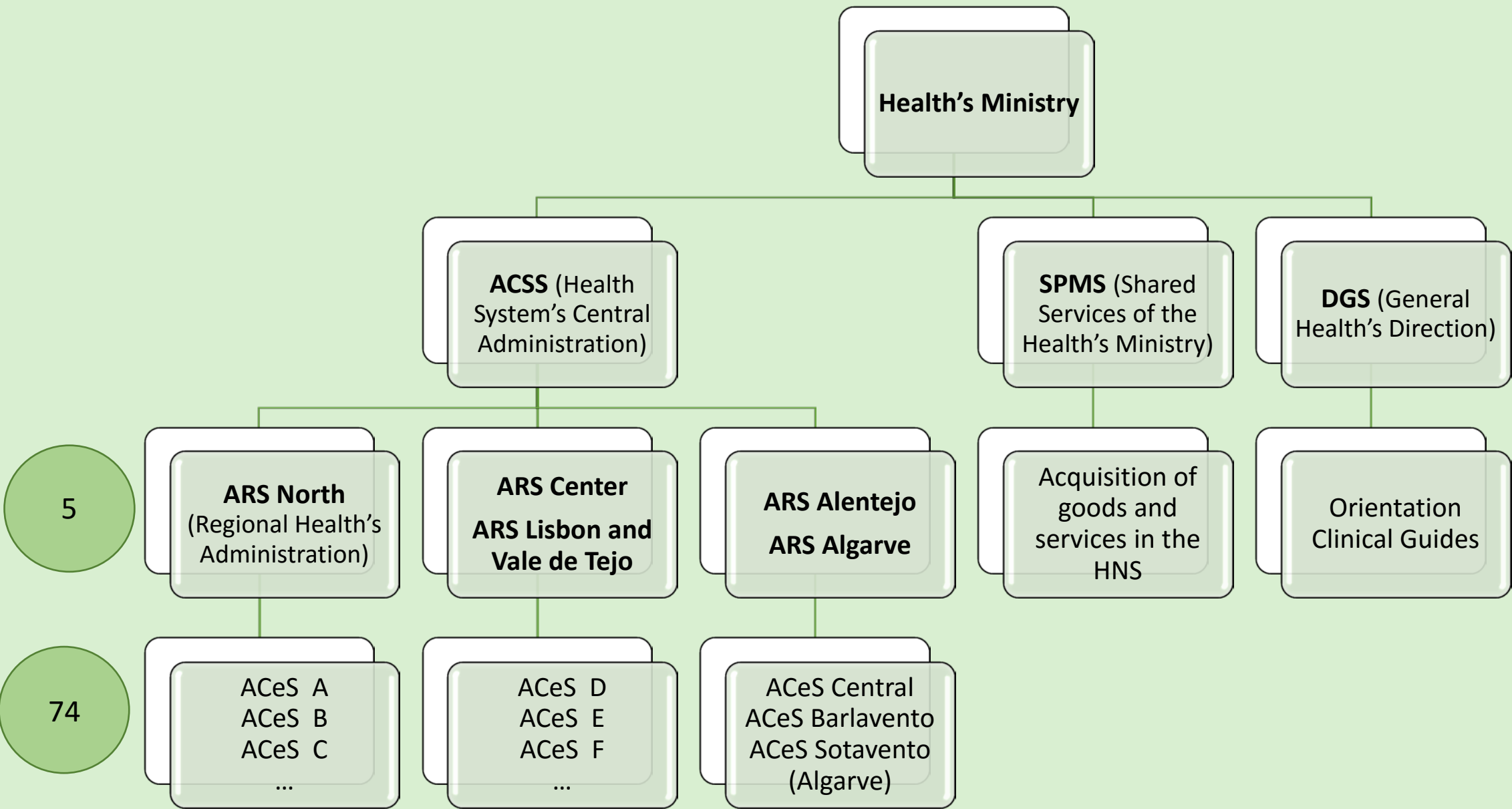
- Good national coverage
- Health Care Centers culture well defined
- Post-Graduated quality practice

- Limited accessibility and bad geographical distribution
- Discontinuity of care
- Difficulty in answering population needs (extensive waiting lists)
- Insufficient answer to vulnerable groups and risk groups (low impact on death related to CVR)
- Standard public payment (not results related – low satisfaction)
- Few investments on the Primary Care

After Primary Care Reform



Portuguese Health Care System Hierarchy





ARS NORTE

Administração Regional
de Saúde do Norte, I.P.



**ADMINISTRAÇÃO
REGIONAL DE
SAÚDE DO CENTRO, I.P.**



LISBOA E VALE DO TEJO



arsalentejo
Administração Regional de Saúde do Alentejo, I.P.

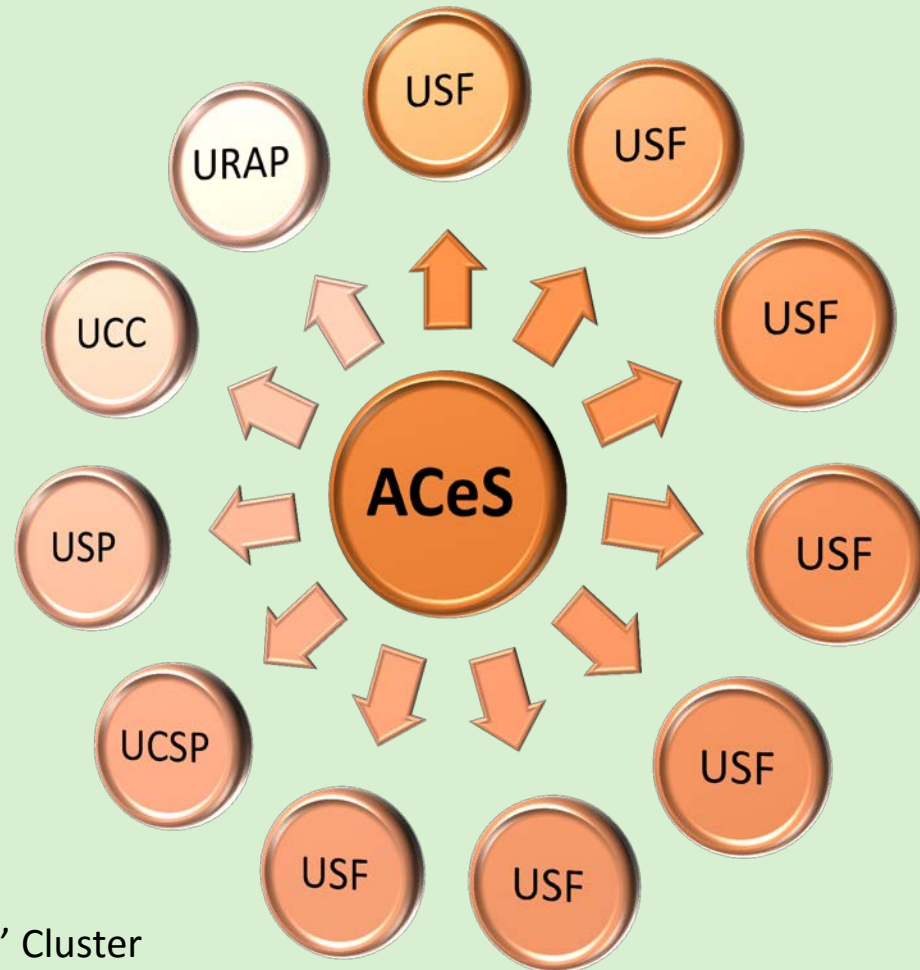


**ARS
algarve**

Administração Regional de Saúde do Algarve, I.P.
Ministério da Saúde



Portuguese Health System Hierarchy - ACeS



- *Responsible by:*

- Building
- Equipment
- Resources
- Finances

- *Other Resources (variable):*

- Social Assistance
- Nutritionist
- Psychologist
- Logopedic therapist
- X-ray

ACeS	– Health Centers' Cluster
USF	– Family Health Unit
UCSP	– Primary Care Health Unit
USP	– Public Health Unit
UCC	– Continuing Care unit
URAP	– Shared Assistance Resources Unit

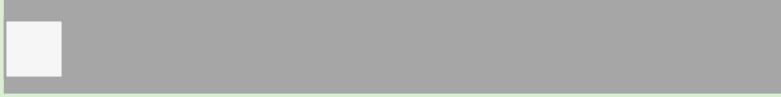
Family Health Units (USFs)

What?



- ☐ Small multidisciplinary teams
- ☐ 3-8 doctors, nurses and administrative personal
- ☐ 4000-14000 of overall users
- ☐ 1550-1750 users per doctor
- ☐ Models A, B, C – organizational and teamwork level differences

Why?



- To gain health earnings by investing in the
- ☐ accessibility, continuity and globality of the care provided

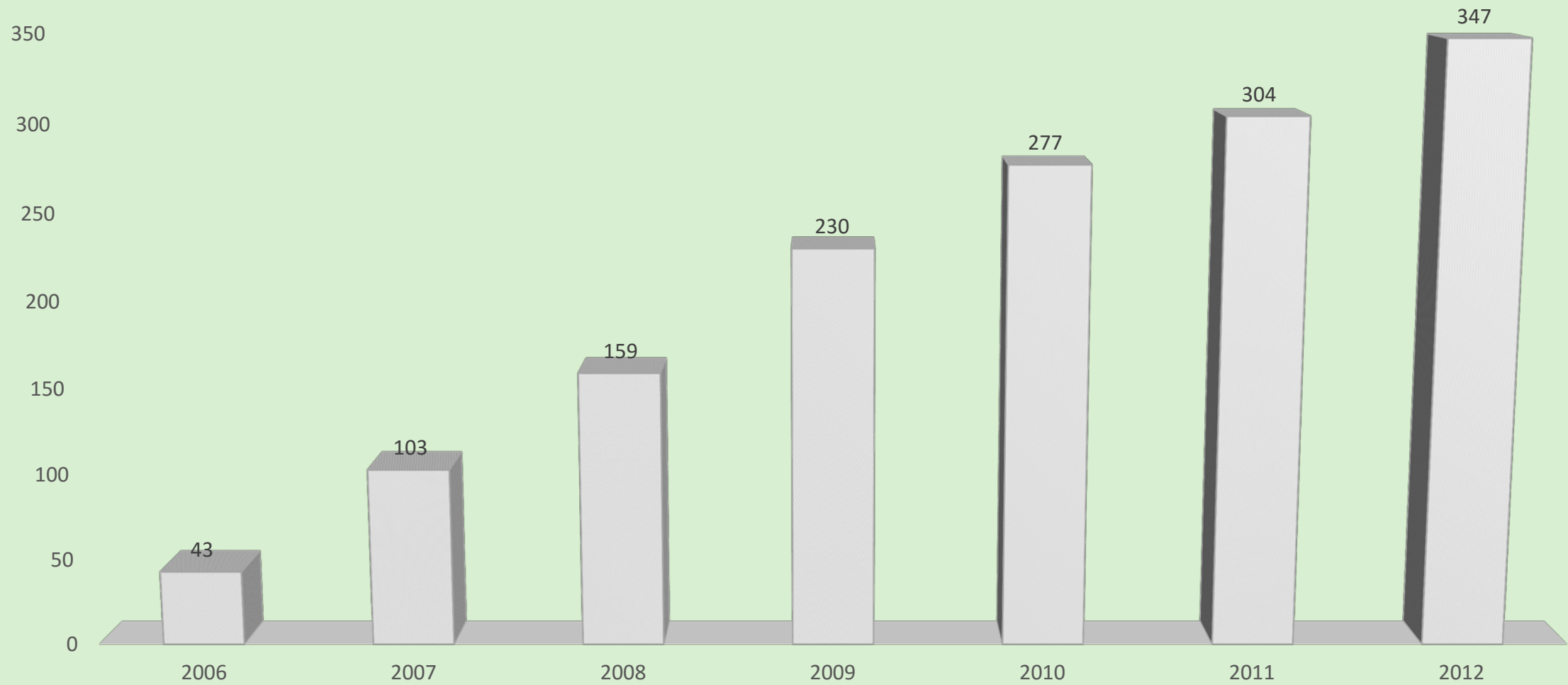
Characteristics?



- ☐ Voluntary adhesion of professionals and users
- ☐ Teamwork
- Organizational autonomy
- ☐ - Action Plan (services provided, continuum schedule, inter-substitution rules, interaction with others units)
- ☐ Managed according to the goals and periodic evaluation
- Mix payment (B,C)
- ☐ - Standard salary ⇔ 1550 -1750 users
- Financial Supplements (list augmentation, housing services, resident formation)
- Financial Incentives (by reaching productivity and quality goals)



ACTIVE USFS IN PORTUGAL



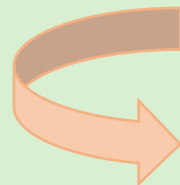
National Health Care System

- Who provides this care ? → National Health Care System



Assured by the **Portuguese Government**, which is responsible by providing the health components (promotion and vigilance of health and prevention, diagnostic and treatment of diseases) to all the Portuguese population.

- Who supports NHS? → Us! (the population)



Taxes – automatic discount from the salaries

How can You be Treated in Portugal?

Public Care NHS

→ The right to health of everyone
(wages taxes)

→ The Government pays a part or the
totality of the costs (defined by the
Ministry)

→ Moderator tax: paid by the patient
(a small amount), depending on the
service provided (HC, ER, Hospital)

(Ex: primary care appointment 5,60\$)

Exemption: pregnant women, children
(≤18), disabled people, pensionists <
minimal salary, institutionalized people,
the unemployed, people suffering from
chronical diseases, blood donors,
alcoholics, addicts

Private Care

→ You go where you want to go, you
are seen by the doctor you want to be
seen by
- You pay for everything
(average private appointment 80€ - 90\$)

Private Health insurances
(Private Hospitals and Clinics may have
partnerships with them)

ADSE (General Direction of Public
Administration's Social Protection)

Insurance for governmental workers
(automatic salary discount) → private
care discounts

Public- Private Partnership

→ Private investment and
exploitation of the institution

→ Clinical Services are the
same as the ones in Public
Services

*Ex. A surgery patient is
submitted to a surgery in a
Private Hospital, under the
regulation of the NHS*

Medicine Graduation and Family and General Medicine Residency

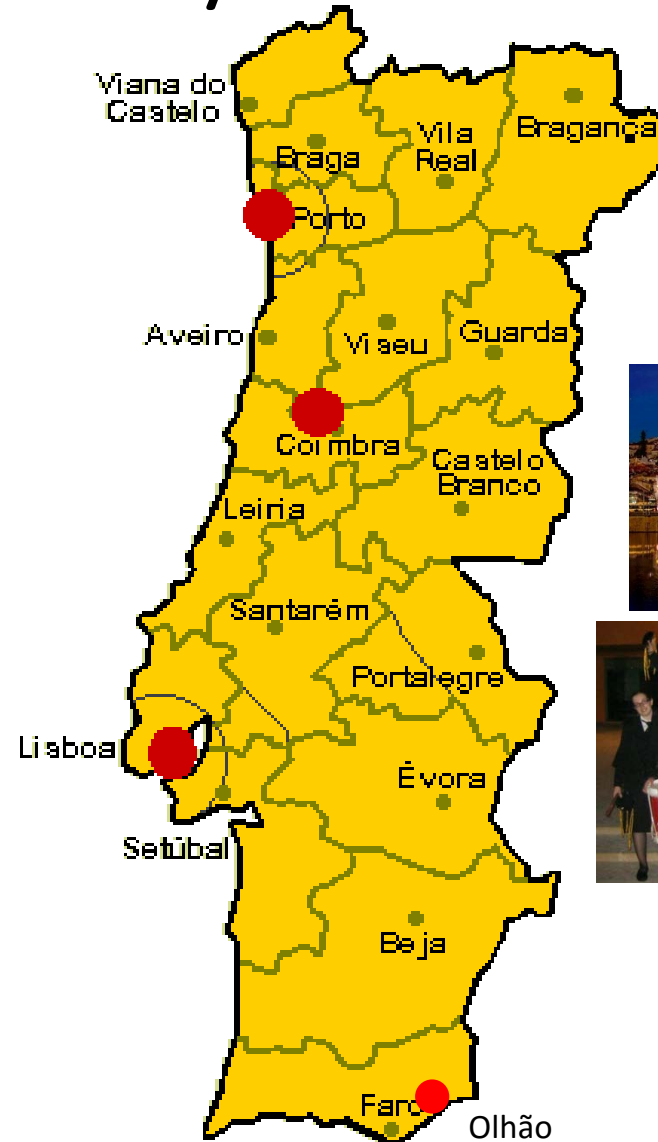
6 years of Graduation
(Coimbra)

National Seriating Exam (Harrison's Internal Medicine)

1 year Common Year Residency
(Famalicão and Santo Tirso - ~ 12miles from Porto)

Choose Specialty and Residence's Institution

4 years Residency in FGM → Olhão



Familiar Medicine Specialty Residence

Mandatory Stages

Familiar Medicine 1, 2, 3, 4

Paediatrics, Gynaecology and
Obstetrics

Psychiatry

Emergency Room (Internal
Medicine, Surgery, Orthopaedics)

Optional Stages

Cardiology, Pneumology

Neurology, Rheumatology,
Dermatology

Ophthalmology,
Otorhinolaryngology

...

Evaluation:

Every year (or every stage)
with an activity report and
an oral exam

Final Exam:

Curriculum analysis
(Grades, scientific
production, published
articles, presentations,
internships made) +
Multiple choice exam +
Appointment with a
simulated patient

Olhão



- 130 km² (one of the smallest cities of Algarve)
- 45,279 residents (2011)
- Constituted by 5 counties
- It has the National Park of Ria Formosa - National Patrimony – 60m² of extension (Loulé → Vila Real de Sto António)
- “Land of Fishermen”: fishery and farming activities

Olhão



Olhão Health Care Center



46.600 patients
inscribed
(~9000 without
FD)

- USF Mirante (Secretary, 6 Medical and Nursery rooms, 4 Paediatrics and Gynaecology rooms, Treatment rooms) – 29,1%
- USF Âncora (Secretary, Medical and Nursery rooms, Paediatrics and Gynaecology rooms, Treatment rooms) – 21,1%
- UCSP (Secretary, Medical and Nursery rooms, Paediatrics and Gynaecology rooms, Treatment rooms) – 49,9%
- USP (Secretary, Medical room, Pulmonary Diagnostic Center)
- UCC Olhar + (Secretary, Continuity Care Team, Nutrition, Scholar Health, Maternal Health, Oral Hygienist, Gymnasium)
- URAP (Radiology)

USF Mirante

FGM appointments

Specific appointments
(vulnerable and risk groups)

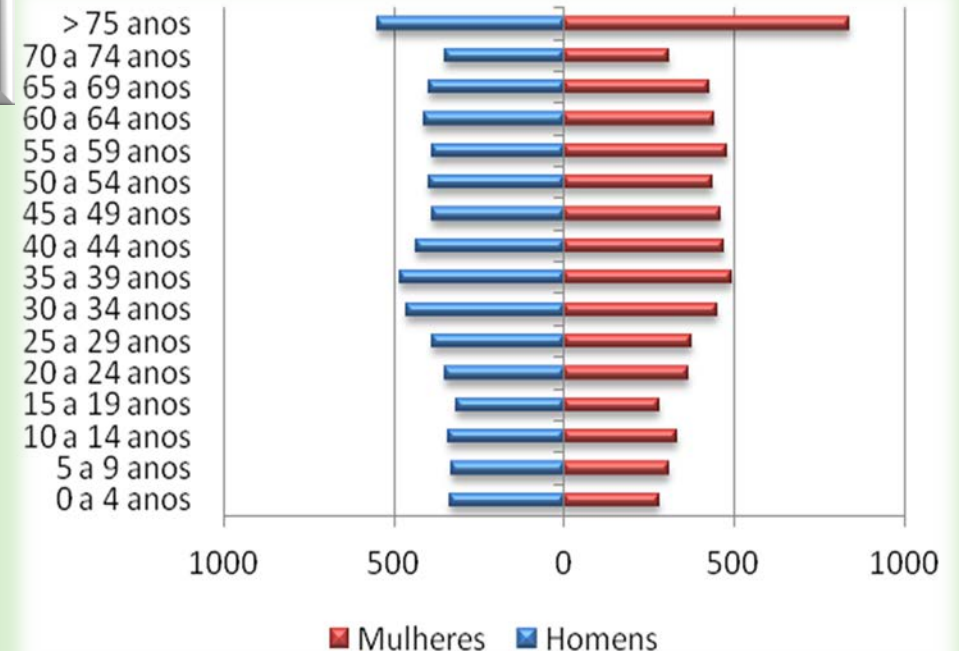
Weekend open appointment

2 weekly reunions
(doctors only and all team)

13.538 patients inscribed

6 Doctors, Nurses and Secretaries,
Teams of 3 each

- Aged population (inverted pyramid)
- Homogenous pyramid's central part (25-59 years old)
→ representative active population
- 51,7% M



How to schedule an Appointment?



In the previous appointment (by the doctor or nurse) → scheduled appointments



Talking with the secretaries (balcony or by phone) → scheduled appointments for other day (10 available spaces/day)
→ urgent situations for the proper day (6 available spaces/day)



Internet (e-agenda) – only doctors appointments

What types of appointments exist?

General Scheduled Appointments

- 15 min

Urgent Appointments

- 15 min
- Appointments of the day (to observe your own patients)
- Inter- substitution Appointments (to observe other USF urgent patients – ex: when another doctor is missing)

Vulnerable Groups Appointments

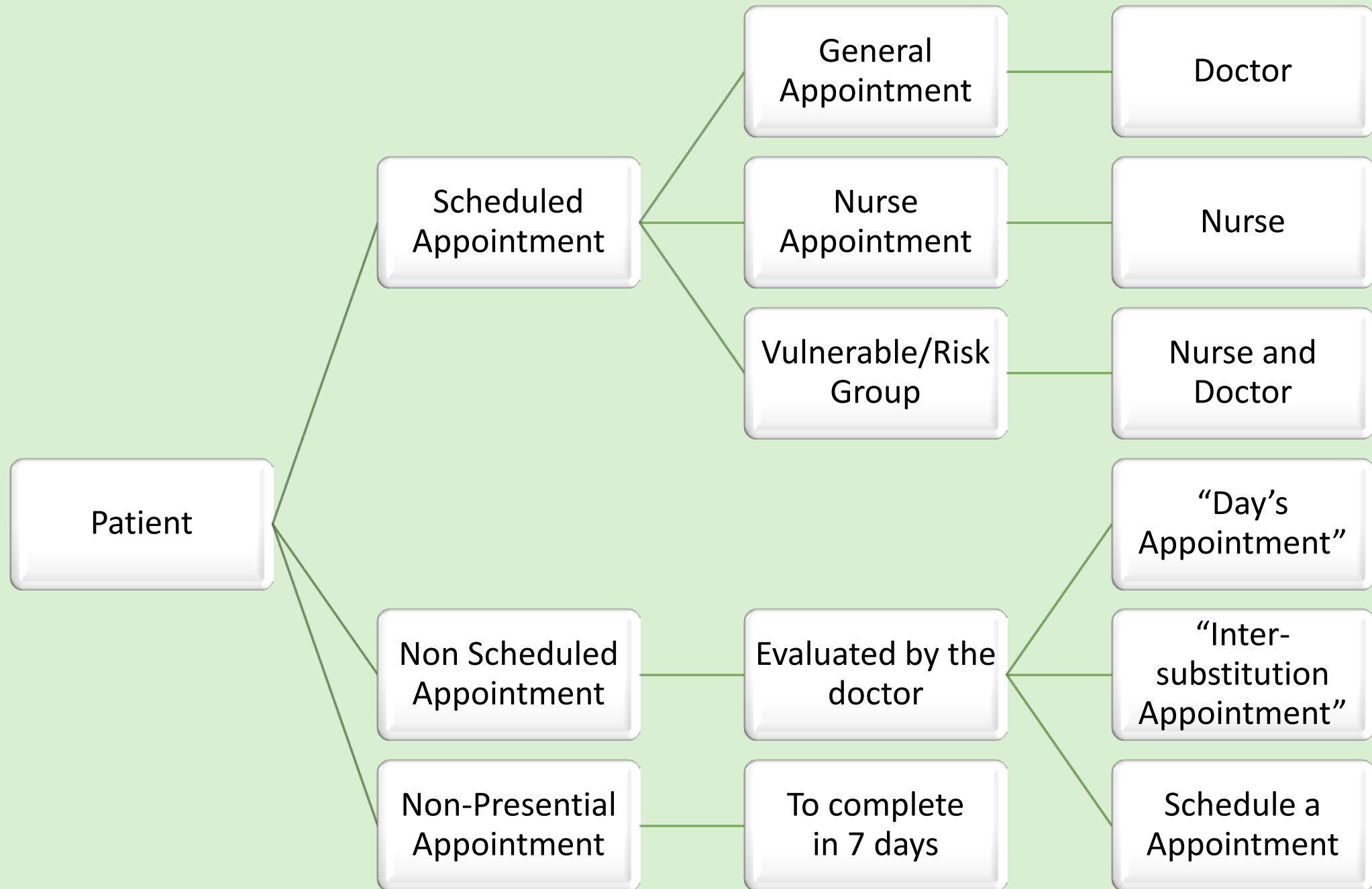
- 10 min with the nurse + 15 min the doctor
- Familiar Planning (with oncologic screening), Pregnancy follow-up, Childhood follow-up

Risk Groups Appointments

- 10 min with the nurse + 15 min the doctor
- Diabetes Mellitus, Hypertension, under hypocoagulation therapy

Non-presential Appointments

- Medication prescription, bureaucratic issues

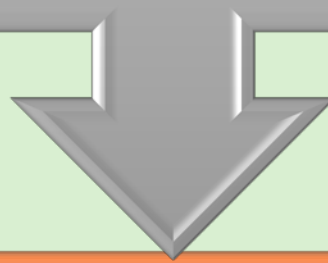


Diabetes and Hypertension Appointments

Phase 1 – Nurse's Appointment

Talk about the lifestyle, previous blood pressures, salt intake, risk factors

Collect weight, abdominal perimeter, blood pressure, microalbuminuria, BMT (DM), HbA1c (DM)



Phase 2 – Doctor's Appointment

Analyze last examinations - Usually ask the patients to take them a few weeks before the scheduled consult – and perform medications readjustments according to the results

Analyze last blood pressures, microalbuminuria control, BMT control (DM), HbA1c (DM), reinforce lifestyle, medication, plan, foot examination (DM), schedule next consult (next 6 months)

Vulnerable Groups Appointments

Childhood Appointment

Key ages: 1st, 2nd, 4th, 6th, 9th, 12th, 15t, 18th months, 2nd Year

Phase 1: Nurse - collect weight, height, blood pressure, vaccination (according to the VNP)

Phase 2: Doctor- Physical Examination; Cognitive and behavioural evolution (*Sheridan scale*, check points for the several topics to talk with the parents); Social skills, Education and Rules; Oral health check (7, 10, 13 years old)

Family Planning Appointment

Phase 1: Nurse - collect weight, height, blood pressure, give contraceptive methods (when prescribed)

Phase 2: Doctor- Initiate or change contraceptive methods, clarify the doubts, explain health risks, physical examination (gynaecological exam and cytology according to the HPV screening), IUD/Implanon's insertion

How much does it cost?

- Scheduled Appointment with the Doctor (and nurse)
→ 4,5 euros (5,00 \$)
- Non-presential
→ 3,5 euros (3,90 \$)
- Nurse act (blood pressure or injectable)
→ 80 cents – 3 euros (0,90 \$ - 3,40 \$)



→ **Moderator tax:** paid by the patient (a small amount), depending on the service provided (HC, ER, Hospital)

(Ex: primary care appointment 5€)

Exemption:

→ pregnant women, children (≤ 18), disabled people, pensionists < minimal salary, institutionalized people, the unemployed, people suffering from chronic diseases, blood donors, alcoholics, addicts

→ Ex:

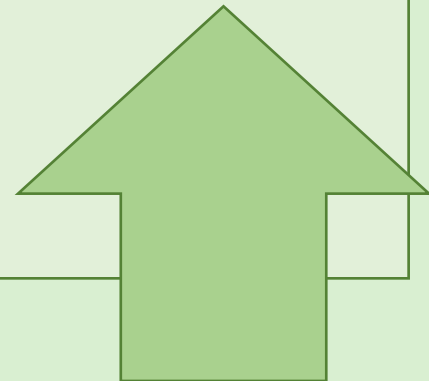
- Familiar Planning consults
- Pregnancy follow up
- Childhood follow up
- Diabetes Consults

Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
8h45 – 14h	8h45 – 14h	8h45 – 14h	8h45 – 14h	8h45 – 14h
General Appointment	General Appointment	Familiar Planning Pregnancy follow-up Childhood follow-up	Study of the File	General Appointment
15h – 16h30	15h – 20h00	15h-17h	14h – 20h00	15h – 16h00
In-Home Care	General Appointment	Doctors Reunion Study of the File	Diabetes Mellitus Hypertension Under hypocoagulation therapy	Team Meeting

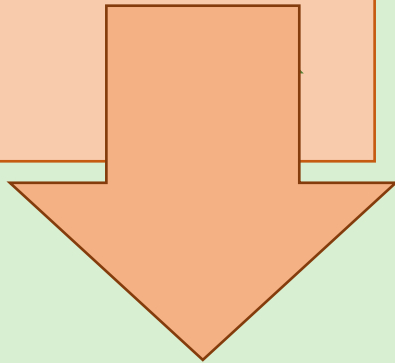
So.. Does it Work?

- Everyone has the right to health care, even if they can't afford it
- You are helped if you are in a disadvantaged situation (health chronic problem, vulnerable state, economic/social deficiency...)
- Health Care Center: community directed, support units to embrace the family
- Team Work: good team, good model – motivation, you don't feel alone → grow together
- Work by goals: improve motivation and medical care, health costs reduction (protocols)
- Patient list organization: better answer to the patients, shorter waiting lists
- Reduction in the deaths related to CVR
- More educated population



So.. Does it Work?

- Lower economy classes “get used” to receive subventions and exemptions and simply do not work at all..
- Public care: too long waiting lists (even more in the periphery areas)
- Health Care Center: division in USF or UCSP creates a huge disparity in the patients accessibility/treatment
- The goals are universal and aren't suitable for specific regions' needs
- May increase health costs (goals intend to observe and treat ALL the population)
- May distract the professionals (concerned with numbers – accomplishing the goal - instead of patients)
- USF are economically controlled
- Professional Burnout! Pressure, time, goals – ex. Your day list is completely full, but if a doctor misses you will have to see his urgent patients as well...



And Besides Medicine Residency? (if you have time...)



Aboim Ascensão Shelter

Algarve Salsa Academy





Marinha Beach, Lagoa, Algarve

Thank you for your attention!