A brief look over Portugal’s Primary Care Health System

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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

1971 • Creation of Health Care Centers
1979 • Creation of the National Health System
1982 • Creation of ARSs (Regional Health Associations)
1987-1990 • Creation of the Speciality of Family and General Medicine (Specific Formation Programs)
2005 • Primary Health Care Reform
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

- **2005**
  - Creation of USFs (Family Health Units)

- **2008**
  - Creation of ACES (Groups of Health Care Centers and its units)

- **2010**
  - Duration of the Speciality of Family and General Medicine: 3 → 4 years

**Objectives**

**Patient**
- Better health care
- Better accessibility

**Professionals**
- Good practice reward
- Work organization (Doctor-Nurse-Administrative Team)

**Financer**
- Costs reduction

- Patients and Professionals more satisfied
- Better service quality and care continuity (Continuity care net)
Portuguese Health Care System Hierarchy

- Health’s Ministry
  - ACSS (Health System’s Central Administration)
  - SPMS (Shared Services of the Health’s Ministry)
  - DGS (General Health’s Direction)
  - ARS North (Regional Health’s Administration)
  - ARS Center
    - ARS Lisbon and Vale de Tejo
  - ARS Alentejo
    - ARS Lisbon and Vale de Tejo
  - ARS Algarve
    - ARS Lisbon and Vale de Tejo
  - Acquisition of goods and services in the HNS
  - Orientation Clinical Guides

- ACeS A
- ACeS B
- ACeS C
- ACeS D
- ACeS E
- ACeS F
- ACeS Central
- ACeS Barlavento (Algarve)
- ACeS Sotavento (Algarve)
Portuguese Health System Hierarchy - ACeS

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

Responsibility:
- Building
- Equipment
- Resources
- Finances

Other Resources (variable):
- Social Assistance
- Nutritionist
- Psychologist
- Logopedic therapist
- X-ray
Family Health Unities (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)
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 - ~12 miles 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

- 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)

46,600 patients inscribed (~9000 without FD)
USF Mirante

- Aged population (inverted pyramid)
- Homogenous pyramid’s central part (25-59 years old)
  → representative active population
- 51.7% M

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
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)
Childhood Appointment

Key ages: 1st, 2nd, 4th, 6th, 9th, 12th, 15th, 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 chronical diseases, blood donors, alcoholics, addicts

→ Ex:
  - Familiar Planning consults
  - Pregnancy follow up
  - Childhood follow up
  - Diabetes Consults
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<td>General Appointment</td>
<td>Doctors Reunion Study of the File</td>
<td>Diabetes Mellitus Hypertension Under hypocoagulation therapy</td>
<td>Team Meeting</td>
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Yes.. 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
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 Ascenção Shelter

Algarve Salsa Academy
Thank you for your attention!