

## Ensuring a functioning health care system in regions with declining and ageing population

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### The goal of a Health System is to answer to the population's health needs

Every effort must be made to hold principles of solidarity and justice, so that everyone can share the scientific and technological advancements that were put to the service of health and welfare. Most Western countries face the same problems in their health systems. The problems mentioned are invariably high costs, inefficiency and lack of quality. Portugal is no exception.

Governments seek to organize health systems to improve distributive justice, efficiency, effectiveness and ability to solve the problems put by the citizens. The determinant role of primary health care services in helping achieve these goals has been recognized.

A recent study from the World Health Organization concludes that the available evidence confirms that health systems that are strongly oriented to primary care obtain better health results for the population, more justice, adequate service use, higher user satisfaction and lower costs. A comparative study involving eleven countries has shown that the bigger the health system's orientation to primary care, the highest the possibility to achieve good health results, at a lower cost, with a higher user satisfaction.

Another study in eighteen countries of the OECD analysing a period of thirty years has found similar results. In the last 30 years the economic and social situation in Portugal has shown remarkable progress. The sustained and systematic improvement of our health services in this period has been acknowledged.

We currently have high quality health centres, hospitals, professionals and equipments. Our population is increasingly aware of its rights, increasingly demanding, and alert to the defence of its health. However, it was not always this way. We should not forget that for decades the major part of the population had no medical attention or a very fragile care system.

Portugal has been an independent nation since 1143, a republic since 1910, a democracy since 1974 and joined the European Community in 1986. We have community health centres since 1971 and a National Health Service since 1979.

In the early 1970s, Portugal was one of the first European countries to adopt an integrated approach in primary health care through the development of an impressive health centre network. We currently have about 350 health centres and almost 2000 health units covering most of the national territory.

This network, along with better maternity care at hospital level, have been deemed responsible for very significant advances in health status: in the late 1960s the Portuguese child mortality rate was in the 60 per 1000 range, by far the highest among the other European Union countries.

Thirty years later it was per 1000 representing a better ratio than Greece, Netherlands, Ireland, Luxembourg and the United Kingdom, and similar to Belgium, ranking ninth in the EU. Despite the remarkable achievements in health policy, numerous challenges remain: in comparison to other OECD countries, expenditure of the Portuguese health care sector is characterized by a high level of resources relative to the GDP, a low level of public per capita expenditure and high levels of pharmaceutical expenditure.

According to the OECD, the results in some areas of health policy, such as immunization policy, primary health care, care for diabetics, have seen significant achievements. Also according to the OECD, despite the registered advancements, the health system still faces a number of challenges: health inequalities, the high level of private expenditure, a poor coordination between primary and secondary health care; these challenges still present important obstacles, and structural and cultural constraints. Most of them come from the bureaucratic structure that constrains family medicine at the National Health Service. Many health care reforms have been legislated, but so far never completely implemented.

The health centres are a cultural, technical and institutional patrimony which is not only important to preserve but also to modernize and develop, since they continue to be the most efficient and accessible mean to protect and promote the population's health.

We are aware of its limitations and needs, the result of years of lack of investment. We realize the chronic lack of human resources, of which the family doctors are only the most visible side. We lack family nurses, nutritionists, psychologists, social assistants, oral hygienists and the consulting of other medical expertises, beside general and family medicine that allows us to raise our capacity to solve health problems that arrive daily to our offices. It is vital that more and larger investments are made in palliative care.

There are good international examples of the advantages of cooperation between the several health professions and the main objective is to put the different professionals working together to strengthen primary health care. Created by political decision in 1982, general practice is the point of entry in the Portuguese NHS, is based in the concepts of comprehensiveness and continuity of care and has an emphasis in the person and the family. The community focus is variable across the country. The positive aspects are that we have a good national coverage, well defined terms of reference, well developed primary care culture, and excellent postgraduate training. Each person can choose his or her personal or family doctor within the NHS. The registration of the whole family in one family doctor is recommended and most people do this. Each doctor will have a defined patient's list, usually ranging between 1500 and 2000 patients and the patient's records are organized in family folders.

The negative aspects are the very rigid, averse to change, civil service-driven system, a reversed distribution of health professionals, aging professionals with shortage of replacement and the professionals' geographic distribution out of pace with demographic changes. Primary care is seen as second rate care and we have salary based payment system, with no incentives.

In the current Government's program it is explicitly stated that primary health care is the Health System's central pillar and that Health Centres are the institutional base of the primary health care. To make this vision come true, it is necessary to change the current primary health care scene, making them more accessible, more adequate to the needs and more efficient, in answer to, not only the citizens expectations, but also the professionals giving better care and getting better health. Restructuring is in progress in eight major areas:

### **Redesign and autonomy of the health centres**

The health centre as a local health authority, management and financial autonomy, population covered between 100.000 and 200.000, Family Health Units as the basis of care, allied health professions providing for all FHU, rationalization of acute and emergency care.

### **Implementation of Family Health Units**

Multiprofessional teams, self-organized, doctor's patients lists as basis for practice population, maximum 8 GPs for 14.000 registered patients, mixed payment system (capitation / salary / objectives), financial and professional incentives and high access to care.

### **Restructuring of Public Health Services**

Shift from regulatory role to epidemiological surveillance, geodemographic organization – 100.000-200.000, local health observatory.

### **Other dimensions of community intervention**

Reorganization of community intervention, enhancement of home care, enhancement of palliative care, implementation of mobile units in selected situations and implementation of family support networks.

### **Implementation of Local Health Units**

Enhancement of communication between health centres and hospitals and trial of new organizational models.

### **Development of human resources**

Facilitate the admission of newly-graduated GPs, advertise the new system as to attract more nurses, facilitate mobility between practices, allow for part-time practice, reward activities such as tutoring, teaching and research and bring other health professions into the health centres.

### **Development of health information systems**

Develop an integrated health information system covering all health centres and FHUs, create a data centre allowing access to information anywhere in the country, create a network for data sharing among health professionals and communication with patients, implement guidelines and specification for software developers.

### **Change and competency development**

Training for change management, continuing professional development of health professionals, involvement in pregraduate education and postgraduate training.

The initial phase, and the one with more public visibility, is the creation of Family Health Units (FHU), small multiprofessional teams, composed by 3 to 8 family doctors, an equal number of family nurses and administrative professionals, encompassing a population between 4000 and 14000 people. These teams will have technical, functional and organizational autonomy, and, very important, a retributive system that will reward merit, and is sensitive to productivity and accessibility, but also, and above all, quality.

The FHU's mission and responsibility, is to maintain and improve the health condition of the people that it envelops, through general health care service, on a custom basis, with good

accessibility and continuity. They are health care services based on proximity, of small dimension, embedded in the community, of easy contact and friendly relation with its users.

To reach this goal it is imperative, in the next few years to make an effort to requalify the existing structures, the current network of Health Centres and extensions, to build new structures, more adequate to the needs and closer to the people, but above all, to requalify the human resources in the current and future FHUs. It is imperative to debureaucratize and modernize, in an organized and planned way, the procedures in health centres and to incentive change towards systematic identification of processes that can be simplified to the benefit of the citizens, increasing the efficiency and making better use of the time and work of the professionals. More organizational and management flexibility is needed, more teamwork, more autonomy and responsabilization, a new contractualization and evaluation culture, and a information system that answers to the needs.

The big challenges to the health policy are conditioned by matters like demographic change and the aging of populations, the growing complexity of health care, the technological development, the increase in the citizens' expectations and the financing problems, which condition not only the present, but also the future.

The potential for transformation and innovation in our Health Services, is still great, with a necessity for permanent improvements in quality, with aim to the fulfilment of needs, of expectations and the satisfaction of the population that uses them, as well as the increase in satisfaction of the health professionals and the improvement of organization and management.

For that, we should consider the motivations and needs, both of the ones receiving health care and the ones providing care.

With a mission's structure nature, for the guidance of the global launching project, coordination and tracking of the health centres' reconfiguration strategy and the implementation of the family health units.

The MCSP would like the reform of the Primary Health Care Services, to be seen, by the citizens and health professionals, as an enormous opportunity for improvement and never as a threat.

Most of the professionals that work in the health centres, as well as the citizens that use them, are perfectly aware of their problems and the reasons that determine them. They have lived the progresses and have suffered with mistakes and returns. They have grown weary of the contradiction between the political discourse favourable to the primary health care and the day to day practices.