STUDY ON PRIMARY HEALTH CARE

QUALITY AND EFFICIENCY IN UCSP AND USF

Executive Summary

Primary Health Care (CSP) has been the subject of analysis and supervision by the Portuguese Health Regulatory Authority (ERS) over the years, given the contribution that the proper functioning of this level of care can make to the efficiency and effectiveness of the health system as a whole, with implications on users' access, which the ERS must safeguard within the scope of the duties set out in its Statutes, approved by Decree-Law 126/2014, of August 22nd, particularly that of "guaranteeing users' rights relating to access to healthcare, the provision of quality healthcare, as well as other users' rights" (cf. point b) of article 5 of the ERS Statutes).

This study aimed to assess Family Health Units (USF) and Personalized Health Care Units (UCSP) from two complementary perspectives for the years 2019 to 2022: quality and efficiency.

In 2022, 87.0% of the users registered in USF and UCSP had a family doctor. The Northern health region had the highest percentage of registered users with an assigned family doctor (97.4%) and the Lisbon and Tagus Valley health region had the lowest percentage (74.8%). It was also found that the model B USF had the highest percentage of users with a family doctor when compared to UCSP.

In terms of human resources, the Northern health region had the highest percentage of doctors, while the proportions of nurses and other professionals followed similar regional distributions. As for the ratio of nurses to doctors, the UCSP had higher ratios when compared to USF, with the Alentejo health region displaying the highest ratio of nurses to doctors.

Regarding CSP utilization, the overall results indicated an annual increase in the number of medical and nursing consultations between 2019 and 2021 and a decrease between 2021 and 2022, a trend similar to that observed for non-presential consultations (medical and nursing). Between 2019 and 2020, there was a decrease in the number of home medical consultations - a trend that reversed between 2020 and 2021, despite not having

reached the pre-pandemic level of production, with a further decrease between 2021 and 2022. In turn, the number of home nursing consultations fell systematically over the four years under analysis.

From the results weighted by the number of registered users, it was concluded that, in 2022, the USF had overall higher ratios of total medical consultations, non-presential medical consultations, and home consultations, when compared to UCSP, with the emphasis on the higher production of the model B USF. At a regional level, the Northern health region had the highest ratios of medical consultations *per* registered user. On the other hand, the UCSP had the highest ratios of nursing consultations *per* registered user in most health regions, with the Lisbon and Tagus Valley health region presenting the lowest ratio. In non-presential nursing consultations *per* registered user, the model A USF had the highest ratio in most health regions, and the model B USF had the lowest ratio. In terms of home nursing consultations, the Lisbon and Tagus Valley and the Algarve regions had ratios well below those observed at a national level.

These results regarding the activity of CSP units were accompanied by an increase in the prevalence of chronic diseases between 2019 and 2022, specifically the average proportion of users diagnosed with hypertension and diabetes *mellitus*, and the incidence of malignant neoplasms.

The economic and financial performance analysis conducted was based on the study of nine expenditure indicators, divided into three categories: Medicines, Complementary Means of Diagnosis and Therapy (MCDT), and Human Resources. Overall, it was found that average expenditure on medicines *per* user increased between 2019 and 2020, decreased between 2020 and 2021, and increased again between 2021 and 2022. Expenditure on prescribed generic medicines increased between 2019 and 2021 and decreased between 2021 and 2022. Average expenditure on MCDT decreased between 2019 and 2020 and increased in the following two years in both indicators (MCDT prescribed and MCDT billed). Regarding human resources, it was found that total expenditure on medical staff increased between 2019 and 2020 and decreased annually in the following years, while total expenditure on nursing staff and technical assistants increased in all the years of the analysed period.

The analysis of productive efficiency showed that, overall, the model B USF had a higher average efficiency score when compared to the other USF, although this changed depending on the health region observed. The econometric study, conducted to assess the effect of variables likely to influence average expenditure on medicines and average expenditure on MCDTs in 2022, revealed that USF performed better than UCSP in terms

of generating lower levels of expenditure on medicines and MCDTs. When comparing the different USF models, the model B units showed greater effectiveness in reducing spending - both on medicines and MCDTs – when compared to model A units. It was also found that the number of users with a family doctor and the number of ETC (Full Time Equivalent) doctors *per* unit had no impact on expenditure on medicines and MCDT, and that the average efficiency score had a positive impact on average expenditure on billed medicines and average expenditure on billed MCDT. Finally, the prevalence of the disease, considering the average proportion of users diagnosed with hypertension and the average proportion of users diagnosed with diabetes mellitus, had a positive effect on the average expenditure on medicines, resulting in lower expenditure.

Regarding quality assessment, a comparison of international indicators revealed that Portugal performed above the OECD average in all the indicators analysed, both in short-term quality (prevention) and long-term quality (hospital admissions).

As a result of ERS's survey applied to the USF and UCSP (and their respective health extensions) that were registered with ERS in May 2023, on the existing conditions in each unit - by reference to both the applicable legislation and the rules, guidelines and information from the Directorate-General for Health (DGS) - it was found that the area of Prevention and Control of Healthcare-Associated Infections had the highest average percentage of compliance when it came to implemented procedures and practices and existing conditions. On the other hand, the area of Infrastructures and Technical Systems had the lowest average percentage of implemented procedures.

Examining the comments and suggestions submitted to ERS by the healthcare units through the survey led to the conclusion that there was still some lack of knowledge about the regulatory requirements for this type of healthcare establishment, as well as who is responsible for implementing and maintaining them. Opportunities for improvement were also identified regarding the coordination between the central services of the Health Centre Groups (ACES) and the functional units that constitute them, and between different types of units within the same ACES.

Comparing the results of the survey with other sources of information internally available in ERS (resulting from carried out inspections, analysed complaints, and processed evaluation and inquiry procedures) confirmed that the constraints identified by the USF and UCSP enquired coincided with the shortcomings found in inspections and were also related to the issues most frequently addressed in complaints.