



THE PORTUGUESE HEALTH REGULATION AUTHORITY

Title: A comparative review of NHS Family Health Units and Primary Health Care Units

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Executive summary

The Portuguese Health Regulation Authority, in fulfilling the request of the Ministry of Health, conducted a study aimed at comparing the performance of two co-existing types of primary care units within the Portuguese NHS: Family Health Units (USF-A and USF-B) and Primary Health Care Units (UCSP).

The study is composed of five chapters, the first being dedicated to introductory remarks. Chapter 2 describes the legal and practical implementation of the public primary health care network, as well as advances and retreats in the reform of such network throughout the years. The concept of USF first appeared in 1999 legislation, although the regulamentation and creation of these primary care units started only in 2006. This chapter also draws the main differences between the two management models in review. The creation of USF units is the result of voluntary initiative of a team of NHS professionals and the payment scheme of these professionals includes incentives based on clinical performance. On the other hand, UCSP do not have strategic autonomy to set up and implement annual action plans and professionals do not participate in the management of the unit.

Chapter 3 is dedicated to the evaluation of access to primary care, focusing regional asymmetries and differences between USF and UCSP units.

The lowest percentage of USF on total primary care units is found in the Alentejo and Algarve regions, and the highest is in the North. In terms of proximity between the population and the primary care network, it was concluded that more than 99% of the population resides within a 30 minutes travel time threshold to a point of provision. In

this analysis, Alentejo stands out as the region with the lowest percentage of the population within 30 minutes to any point of provision.

We also observe that both the ratios of users attributed to a family physician per physician and the ratio of users with family physician per nurse are higher in model USF-B. However, when considering all registered users and not just the users with family physician, it turns out that there are more users enrolled per doctor in UCSP, with the exception of North region primary care units.

In 2014, 87% of public primary care users were attributed to a family physician, with regional percentages ranging from the highest in the North region to the lowest in Algarve. At the national level this percentage fell 2% between 2010 and 2014. It was also found that in USF units almost all users have a family physician, a considerably higher share of users than in UCSP.

The rate of utilization of medical consultations – expressed as the percentage of registered users who had medical consultations in a year –, is higher in USF-B, even after controlling for effects of other variables likely to influence this indicator. On a regional perspective, this rate is significantly higher in the North region than in the rest of the territory. Between 2012 and 2014, USF-B units had higher utilization rates for medical and nursing consultations, medical and nursing home care support and family planning consultations.

The analysis of efficiency is presented in chapter 4. UCSP units show a ratio of nurses per doctor significantly higher than USF, with the exception of the Centre region. In terms of production efficiency, the USF-B model tends to perform more efficiently in terms of consultations per registered users, and the UCSP more inefficiently. Regional asymmetries are pronounced, with Lisboa and Vale do Tejo with more primary care units with efficiency level above average and Centre region with less efficient units.

Efficiency is also studied through an analysis of rates of hospital admissions for ambulatory care sensitive conditions (ACSC), which are interpreted as hospitalizations preventable with efficient primary care. Overall, these admissions accounted for 8% of total NHS hospital admissions in 2014. The results of the econometric procedure indicate that larger population coverages by USF-B units lead to lower rates of ACSC hospitalisations, but this estimate was not statistically significant. Hence, there is no statistical evidence to support such a conclusion. It is also important to highlight that the percentage of users with assigned family physician emerged as strongly associated with reduced ACSC hospitalization rates.

Finally, the study of the economic performance of primary care units is based on the analysis of the average expenditure on drugs and the average expenditure on diagnostic tests prescribed, per user. In both indicators, USF-B units exhibited the best performance (lowest cost), followed by model USF-A.

Chapter 5 brings together the main findings of the study, which indicate that USF-B units have an overall better performance. These findings suggest that good performance is induced by the financial incentives scheme for professionals within the USF-B model, incentives that do not exist in USF-A and UCSP models.