Poster abstract

Restructuring of primary health care in Portugal and participation of health centers in the network of care

Patrícia Redondo, MSc, PhD Candidate, Department of Economics, Institute of Electronics Engineering and Telematics of Aveiro, Management and Industrial Engineering, University of Aveiro, Portugal

Silvina Santana, PhD, Associate Professor with Agregação, Department of Economics, Institute of Electronics Engineering and Telematics of Aveiro, Management and Industrial Engineering, University of Aveiro, Portugal

Correspondence to: Silvina Santana, E-mail: silvina.santana@ua.pt

Abstract

Introduction: We describe the restructuring that is taking place in primary health care (PHC) in Portugal and discuss how the new emerging organization and work practices reflect in care transitions and intra- and inter-organizational integration.

Theory and methods: PHC represents an essential support for the restructuring that is taking place in health care in Portugal. We conducted a case study on a health centre located in the Centre Region of Portugal. We identified and analyzed internal units and care transitions and conducted interviews.

Results: Health centres are reorganizing toward a new model characterized by an organizational structure based on functional units: Family Health Unit (FHU), Community Care Unit (CCU), and Personalized Healthcare Unit (PHU), which will be in place in all of them plus transversal units, common to a group of these arrangements. The overarching management body is the ACES (Agrupamento de Centros de Saúde), that reports to a Health Regional Administration (HRA). In Portugal, there are five HRA. An ACES may coordinate a number of FHU, CCU and PHU but has only one Public Health Unit and one Shared Resources Care Unit. Units are based on multidisciplinary teamwork, having: specific missions, although inter-cooperative and complementary, organized in a network; administrative autonomy; proper instruments of organizational management; well-defined leadership and clinical governance systems and mechanisms of representation and participation of the community and citizens.

Conclusions and discussion: It is too soon to assess the implications that the reorganization of PHC might have in the integration of care in Portugal.

Keywords

primary care, Health Center, integrated care, health and social services, care transitions, RNCCI