Insight into the Portuguese Association for Hospital Development

Interview of Carlos Pereira Alves, President, Portuguese Association for Hospital Development (APDH)

The Portuguese Association for Hospital Development (APDH) is a non-profit organization created with the aim of promoting cooperation amongst Portuguese hospitals and between Portuguese hospitals and their foreign counterparts, and to promote and develop innovative procedures within the hospital management areas.

APDH was founded in April 2002 and has today 138 members, of which are 22 legal entities (hospitals and other institutions, working in the health system) and 116 individual members from all over the country.

It is governed by the Board of Directors, of which I have been a president for three years after being its member since the beginning. At the same time, I work as a General and Vascular Surgeon. In the past, I was a professor of Surgery at the Lisbon Medical School, a hospital director, a president of the “Sociedade Médica dos Hospitais Civis de Lisboa” and more.

Key challenges for service delivery in Portugal

All residents in Portugal are covered by the National Health Service (NHS), irrespective of their socioeconomic, employment or legal status. However, there are gaps in the provision due to geographical imbalances, as hospitals located outside great metropolitan areas do not provide all medical specialties. The NHS (financed mainly through taxation) predominantly provides primary care and specialized hospital care; dental care is mostly paid out-of-pocket (Simões, J. et. Al., 2017)\(^1\).

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Though there is still a way to go, the quality of healthcare in Portugal has recently made a big progress due to some structural reforms that resulted in the strengthening and expanding of the care network (primary and hospital care, long-term and palliative care (MS, 2018)), modernization and digital transformation, and increasing patient choice and information for the population.

Another key challenge is the balance between financial sustainability with NHS improvements in underserved fields (Simões, J. et. Al., 2017).

Lastly, population aging, increasing chronic diseases and habits associated with new lifestyles have brought further challenges to health services, both in terms of care and in terms of health promotion and disease prevention (MS, 2018).

**Key challenges in healthcare on the international level**

The healthcare systems nowadays face many contradictions and therefore many challenges. New technologies allow the best and the most accessible healthcare ever, but there are bigger health inequalities because of the social segregation, which is even bigger in poorer countries.

Due to factors like population aging, increasing chronic diseases and unhealthy habits associated with new lifestyles, healthcare also needs to adjust and work more on protection and prevention. It is important to mention that vaccination is an essential part of prevention and one of the key issues nowadays. Not only do we face more diseases and epidemics that can be prevented through vaccination, but also a new trend in developed countries where a lot of people are refusing vaccination against diseases that have already been exterminated and are now coming back.

Another big challenge is to establish more people-centered health systems giving priority to the patient. Nowadays, patients are better informed by searching on the internet (though many times badly), so they demand more from the professionals. The world is fast-moving and healthcare is not always concentrated on the human part of the treatment.

**Expectations from and contribution to IHF**

I have been an active member of IHF since 2002 when APDH became an IHF full member. During 2010 to 2015, I was as a member of the Governing Council for one mandate. After that, I became a member of different groups (IHF Awards Committee, Young Executive Leaders Admission Committee, etc.).

My experience with and expectations from IHF are open and friendly discussions since I see IHF as an always learning organization and a place to find the solutions for the challenge of combining the essential quality of medicine in a high technological time.

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I think IHF should continue and even strengthen a dialogue, an exchange of knowledge and good practices between its members (I believe initiatives like Young Executive Leaders are a good example) and work on the dissemination of evidence-based information.

**The Portuguese Health Care System**

The Portuguese Health Care System is composed by three co-existing systems: the universal tax-financed National Health Service (NHS), special health insurance schemes for particular professions or sectors (the health subsystems) and private voluntary health insurance.

**Administration and management**

Planning and regulation take place largely at the central level by the Ministry of Health and its institutions, whereas the management of the NHS takes place at the regional level, by the regional health administrations (Administrações Regionais de Saúde). These are also responsible for contracting services with hospitals and private sector providers for NHS patients (Simões, J. et. Al., 2017).

To improve the NHS capacity and value for money the government associated few private entities to the sphere of public responsibility to build, maintain and operate health facilities under the Public-Private Partnerships (PPP) (MS, Portal SNS, 2019).

**Financing**

In 2017 the total health expenditure represented 9.6% of the country’s GDP or 2.066 EUR per capita. Public expenditure in the NHS represented 65% of total health expenditure and 32% of financing was private (OECD/EU)\(^3\). Over 80% of the private goes on out-of-pocket payments, mainly user charges in private outpatient care, medicines and dental care and user charges in the NHS. The rest is mostly spent on premiums to private insurance schemes and mutual institutions.

Public hospitals are funded through global budgets, but with an increasing role of activity-based funding using diagnosis-related groups, and private insurers and health subsystems pay providers. The Ministry of Health allocates funds to the health regions, based on a combination of historical expenditure and capitation, which pay for primary care and specific health programs.

Provision of services

The Directorate-General of Health (Direção Geral de Saúde) is responsible for the organization of public health services at the national level. Portuguese primary care is delivered by a mix of public and private health service providers. The NHS predominantly provides primary care and acute general and specialized hospital care. Dental consultations, diagnostic services, renal dialysis and rehabilitation are more commonly provided in the private sector under contractual arrangements with the NHS. The creation of Family Health Units (Unidades de Saúde Familiar) and Primary Healthcare Centre Groups (Agrupamentos de Centros de Saúde) restructured the organization of Portuguese primary care in order to provide integrated primary care for the local population.

Secondary and tertiary care is mainly provided in hospitals, which are mostly grouped into Hospital Centers, which congregate and manage several hospital units, covering a given geographical area. Non-integrated Hospitals and Hospital Centers are classified as group I (local), II (regional), III (central) or IV (specialized) (MS, Portal SNS, 2019; Simões, J. et. Al., 2017).

Other establishments are Local Health Units (Unidades Locais de Saúde), which integrate hospitals and primary health care units in unique providers (Simões, J. et. Al., 2017).

About the Portuguese Association of Hospital Development (APDH)

The mission of the Portuguese Association of Hospital Development (APDH) is to have active participation in all activities that may promote hospitals and contribute to their development.

To fulfill its mission, APDH participates actively in all the reflections, working groups and actions that are inserted in this context, independently from political or commercial interests. Besides, it establishes cooperation protocols with public and private institutions deemed necessary and convenient, aiming to promote and organize the activities that will meet the interest of its members, whether individual or collective.

APDH also participates on the health policy debate; promotes hospital effectiveness, efficiency and humanization; promotes and participates in accreditation and quality improvement processes; develops research projects and studies in hospital management, clinical management and other related subjects and promotes and develops training programs and exchange programs for health professionals.

Moreover, within a protocol established with the Central Administration of Health Systems (ACSS) APDH is the representative of the Portuguese Ministry of Health at the European Federation of Hospitals (HOPE).
and at the International Federation of Hospitals (IHF). Both activities are performed under the auspices of the HOPE/IHF Cabinet in Portugal.

Current priorities of APDH are promotion and realization of Portuguese Awards for good practices in health (Prémio de Boas Práticas em Saúde®), organizing of the HOPE Exchange Programme for health professionals in Portugal, participation in different scientific commissions and working groups and participation in national programs (especially in the Evaluation of Patient Safety Culture in Hospitals program).