Interview: Luis Pisco- Chairman, Regional Health Administration of Lisbon and Tagus Valley (ARSLVT), Portugal

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ARSLVT exists to make sure that people living in the Lisbon and Tagus Valley have access to quality health care, adapting the resources available to the region's health needs and complying with and enforcing the National Health Plan. Luis Pisco is confident in Portugal's development as a healthy nation, and tackling problems ranging from obesity to oncology, diabetes to tobacco through awareness programs and a targeted approach to healthcare.

Can you provide us with an overview of the ARSLVT's scope of operations in Portugal?

The ARSLVT is an important component of the Portuguese healthcare landscape. We are responsible for providing healthcare solutions to one third of the healthcare system which includes the Lisbon and surrounding area— it covers up to 3.6 million people. We provide primary care and public health solutions, and we ensure that hospitals work together and show solidarity across the region. We have 15 groups of hospitals and 15 groups of health centers for primary care.

The National Health Program is in line with recommendations for 2020. People are living longer and longer nowadays, although the second part of the national health planning is to enable longer lives. We also have two important measures. We do not want people to die before they reach 70 years of

age, and we need healthier lives where citizens can still engage in active living after 65 years. Two other areas in which we invest a lot of resources are stopping smoking and obesity. Although we are making a lot of progress in terms of stopping smoking, there are problems with that of young women. Regarding obesity, we recognize that we have a problem, which is similar to what happens in other Western countries.

What negative trends do you observe in the region and how do you look to solve them?

We also do a lot of work promoting physical exercise. Along with Greece, we are one of the countries that does the least exercise. To remedy this situation, we have made it possible for physicians to prescribe physical activity, just as doctors already do with everything that is part of a therapeutic plan in their patient diary. This is innovative, as patients now see GPs and using advanced software, we have the possibility t0 assign a written prescription that includes a description of exercises that include durations, instructions and variations. We are confident that this initiative will pinpoint an alarming trend we have observed in recent years.

Finally, we consider salt reduction as a matter of priority and its consumption an important public health problem. We have a lot to do to limit the consumption of sugar. We had some very good results in taxing sugary products, and last year the public consumption of sugar reduced a lot. As a result, we have labeled the project as a success and a positive result for the healthcare system. Concerning diets, we still have a lot of work to do promoting healthy eating and physical activity. These are the pillars of success in improving the nation’s health: living longer by combating excessive consumption of salt, sugar, and tobacco, as well as controlling obesity.

Are there any areas of success you would like to highlight in recent years?

In the Lisbon region, we have good indicators that position Portugal in a good light, especially when compared to other countries. In the past ten years, we engaged in numerous special policies regarding primary care and making it available to everybody; and we have family health units, a special organization that offers quality and proximity. Our goal is to bring these units near to the population. Doctors, nurses and other healthcare professionals work in these centers. Generally speaking, however, I am extremely confident in future progress because all our indicators are improving year on year: you can select any metric across the healthcare spectrum and you will see that there has been an increase over the past ten years.

How do you respond to news that Portugal has one of the most alarming Genie coefficients across the EU, demonstrating a high level of inequality?

I am disappointed at this news are appreciate that it is an area for improvement. We observe inequalities especially in areas near to the coast and seaside compared to rural areas. Indeed, the OECD completed an evaluation about the policy of family health units, and what we have is a measured problem in the Algarve area. We still observe roughly half a million people without a family doctor in this region, which is deeply saddening. We have three million citizens with access to a family doctor, but half a million without. With a family doctor, requesting a consultation is made easier, and preventative medicines and consequently, prevention treatments are more straightforward. Naturally, without a family doctor, examination and prevention is still possible but primary care is much improved when each family, across our regions, is available.

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What is the relationship between public and private partnership in the region?

In Portugal we have four hospital areas that focus on public private partnerships; three of these are in our region: Cascais, Vila Franca de Xira e Loures. These institutions behave as if they were public hospitals although they have employees carrying out contracted work on the contracts across the healthcare facilities. There are two important areas that we must control in some way. Firstly, the building will become state property following thirty years' operations and therefore we must encourage people working with us to see if the contract is respected. Secondly, we must ensure that the care provided—whether that be in accident and emergencies, surgeries, at all points of care—is of the highest quality.

What are the key disease areas in Portugal?

As with most advanced, western economies, we have an aging population and therefore cardiovascular and oncological problems are the most problematic challenges we face. Our population is living longer, which is a good thing, but non-communicable diseases on the rise and the focus becomes more towards preventative medicines.

Nowadays, we see more and more people living past 80 years old and sadly, a lot of these people use emergency rooms in hospitals. The Portuguese use emergency rooms in hospitals far more than other citizens across the EU. This is a major problem because it applies pressure to healthcare professionals who are already working in a challenging setting. This winter, around 10 percent of those who entered hospital once stayed for long periods of time. This is alarming and an issue we seek to combat.

How do training programs in Portugal compare to neighboring countries in Europe?

We have very good training of primary doctors and it falls under our responsibility to ensure that we provide the highest level possible of care. In some countries, the vocational training to become a GP is carried out at universities. Here, it is done by the Ministry of Health: prospective General Practitioner graduates are trained in our health centers across the country. We have a four-year program that is well organized, and although we face a problem in a shortage of doctors; we currently have over 1,000 doctors in this thorough and comprehensive program. They train in hospitals and health centers across the country.

I am proud of the vocational system we have in place in Portugal, as we develop and train good doctors who thanks to years of experience in hospitals, are able to carry out complex procedures and provide an excellent level of care. I would like to highlight that our nurses are also well educated, and are robust professionals who find it straightforward to find jobs in other countries across the EU from the UK to Germany.

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Are there any awareness programs you would like to highlight across the chain?

In every group and health center we operate in, we have a dedicated group of doctors and healthcare professionals who are dedicated to the prevention and treatment of diabetes. These people organize training sessions for doctors and nurses to raise awareness on treatments and new procedures, and strategies to help reduce the impact of these illnesses. Our indicators show that the care of diabetes, hypertension and other areas have improved significantly in recent years.

Portugal compares fantastically with EU countries in terms of health targets, and globally at the primary care level we are an advanced country. Specially, on the question regarding admission to hospital and if the patient can be treated at home, or in the surgery as opposed to requiring referral. I label this ‘avoidable hospitalization’ that is linked to primary care. It is a vital facet to healthcare operations.

In Portugal, we admit fewer people to hospital—something all healthcare systems strive for. We have such excellent care at the primary care level that there is less need for admissions: this is also a good indicator of quality. In the last report, the OECD underlined the impact that this strategy can have on alleviating pressure on accident and emergency rooms, waiting times and queues.

What are your future priorities as head of the ARSLVT?

Better access to care is an important problem that I would like to tackle in the coming years. Despite that we have high quality primary care, it can be a struggle to find good consultation in hospitals that is available to everybody across the regions in which we operate. I intend to make family doctors available to everyone in the next two years to help remedy this situation. We intend to provide conditions in which all healthcare professionals can excel and allocate the best treatments to all Portuguese.

The current shortage will be overcome by efficient planning and restructuring of the system. Part of the problem is explained by the revolution in April 25, which while bringing more and more doctors into the healthcare system for training and education, simultaneously retired thousands of doctors effectively creating a shortage of healthcare professionals. It is difficult to replace and retrain quickly in such a complicated profession, and over five years we lost as many as 1,000 family doctors. We are still recovering from this period due to the huge infrastructure shift.

To summarize, I will prioritize more family doctors, more highly-skilled teams and of course a higher quality of service and better access available to all Portuguese.

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