



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΙΑΪΙΑ ΗΑ ΣΤΑΡΣΗΤΕ ΒΟΛΗΝΗΧΝΗ ΛΕΚΑΡΗ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

Document :	AEMH 11-066
Title:	National Report Portugal
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Purpose :	Information
Distribution :	AEMH Member Delegations
Date :	19 May 2011

REPORT PORTUGAL 2011

INTERNAL ORGANISATION

During year 2010, the Ordem dos Médicos (Portuguese Medical Association) elected a new Executive Board for the period 2011-2013. Our new President is Prof. José Manuel Silva, a university teacher of Internal Medicine at the Medical School of Universidade de Coimbra.

Dr. Fernando Gomes was appointed to coordinate the International Affairs Department. Dr. Gomes is the President of the Regional Board for the Central Area of Portugal and a previous member of Portuguese delegations to different international medical organisations.

HEALTH POLICY

1- Drugs policy

During this last year, the Portuguese Government lowered the price of drugs and reduced their allocated public financial support. As a result, the Public Budget registered some decreased costs at this level, with low positive impact over the general population.

2- Salaries

As a consequence of the current economic crisis, the Government decided to reduce the salaries of public service staff to amounts between 5 and 10 % less. This measure affected most of the active doctors as their purchasing power went down – and in particular, those physicians in exclusive public practice.

3- Doctors' shortage

New formulas were introduced to calculate retirement pensions for the Public Administration. This led to an exodus of doctors who brought their retirement from public service forward in order to avoid the heavy penalties they would suffer otherwise. This situation is still causing major damages to the daily life of many services, both at Hospital and at General Practice/ Family Medicine level.

To fill in the shortage of General Practitioners & Family Physicians, the Government imported doctors from Latin America (Cuba and Colombia). This decision has been deeply opposed by the Ordem dos Médicos (Portuguese Medical Association), since these doctors are not specialists in General Practice/Family Medicine, which is a mandatory requirement to practice as such.

4- Economic crisis

Portugal is widely known to be currently experiencing a severe economic crisis. This extreme situation led the Portuguese Government to request external financial aid to the so-called Troika (IMF, European Commission, European Central Bank).

The health memorandum drafted by the Troika (as well as their view on other areas) is a real Government program and a *sinequanon* requirement for them to grant the necessary loan.

These are some of the measures recommended by the Troika:

- **Financing**

Increase of moderating fees in certain services while ensuring that primary care moderating fees are lower than those for outpatient specialist care visits and lower than emergency visits;

Legislate automatic indexation to inflation of NHS moderating fees.

- **Pricing and reimbursement of pharmaceuticals**

Set the maximum price of the first generic introduced in the market to 60% of the branded product with similar active substance.

Revise the existing reference-pricing system based on international prices by changing the countries of reference to the three EU countries with the lowest price levels or countries with comparable GDP per capita levels

- **Prescription and monitoring of prescription**

Make electronic prescription for medicines and diagnostic covered by public reimbursement fully compulsory for physicians in both the public and private sector.

Induce physicians at all levels of the system, both public and private, to prescribe generic medicines and the less costly available branded product

Establish clear rules for the prescription of drugs and the realization of complementary diagnostic exams

- **Centralised purchasing and procurement**

Take measures to increase competition among private providers and reduce by at least 10 per cent the overall spending (including fees) of the NHS with private providers delivering diagnostic and therapeutical services to the NHS by end 2011 and by an additional 10% by end 2012.

Introduce a regular revision (at least every two years) of the fees paid to private providers with the aim of reducing the cost of more mature diagnostic and therapeutical services

- **Primary care services**

The Government proceeds with the reinforcement of primary care services so as to further reduce unnecessary visits to specialists and emergencies and to improve care coordination through set-up a mechanism to guarantee the presence of family doctors in needed areas to induce a more even distribution of family doctors across the country

- **Hospital services**

Provide detailed description of measures aimed at achieving a reduction of EUR 200 million in the operational costs of hospitals in 2012 (EUR 100 million in 2012 in addition to

savings of over EUR 100 million already in 2011), including reduction in the number of management staff, as a result of concentration and rationalization in state hospitals and health centers.

Improve selection criteria and adopt measures to ensure a more transparent selection of the chairs and members of hospital boards.

Members will be required by law to be persons of recognised standing in health, management and health administration

Set up a system for comparing hospital performance (benchmarking) on the basis of a comprehensive set of indicators and produce regular annual reports, the first one to be published by end 2012

Continue with the reorganization and rationalization of the hospital network through specialization and concentration of hospital and emergency services and joint management joint operation of hospitals. These improvements will deliver additional cuts in operating costs by at least 5 per cent in 2013. A detailed action plan is published by 30 November 2012 and its implementation is finalized by the first quarter 2013.

Move some hospital outpatient services to primary care units

Annually update the inventory of all practising doctors by specialty, age, region, health center and hospital, public and private sector so as to be able to identify practising, professional and licensed physicians and current and future staff needs by the above categories.

Introduce rules to increase mobility of healthcare staff (including doctors) within and across health regions. Adopt for all staff (including doctors) flexible time arrangements, with a view of reducing by at least 10% spending on overtime compensation in 2012 and another 10% in 2013. Implement a stricter control of working hours and activities of staff in the hospital.

Lisbon, May 2011

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