# Decisive Integrated Care for an Efficient National Health Service
# Cuidados Integrados Decisivos para um Serviço Nacional de Saúde Eficiente

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My 40 years of clinical experience and the various management positions. I have held have long made me certain that the qualitative leap still needs to be made in healthcare is that of integrating care! We still have good examples of different types, but they are slow to spread across the country! The regional heterogeneity in healthcare is frightening and incomprehensible to citizens. As part of the IV National Meeting on Integrated Care, which took place in Coimbra in October, I had the opportunity to see several extraordinary examples of integrated care models. I remember Viana do Castelo, Guimarães, Matosinhos, Coimbra, Litoral Alentejano and Madeira, but there were 23 Local Health Units (LHU) competing for the National Integrated Care Award, set up by the Portuguese Association for Integrated Care (PAFIC).[1] Dra Adelaide Belo, who is the lifeblood of PAFIC, has been fighting for integrated care for more than 12 years as the only way to provide a capable response to the increasingly older and sicker Portuguese. She has already succeeded in rallying around her convictions many people from the health teams and some political decision-makers.[1] This is where the creation of 39 LHU in the country comes in, right at the dawn of the new year. It was sudden, but perhaps it had to be that way. Power shared between the Hospital and the Health Centres is not easy to accept for those who are used to being in charge on their own. Perhaps the LHU is difficult to implement in a Central and University Hospital, which, being the end of the line, has to accept patients from all over. On the other hand, its university nature obliges it to carry out research and lead clinical trials, which is difficult to reconcile with a care activity guided solely by efficient production rates. So, it may not suit everyone, but the LHU model is the one that best meets the needs of our complex chronic patients. I have some very clear ideas in my head, which I'd like to share with you:

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- The slogan of the patient at the centre of the health response is a “sham” if proximity of care is not guaranteed;
- The basic specialties that can guarantee integrated health care for the chronically ill are General and Family Medicine (GFM) in the outpatient clinic and Internal Medicine (IM) in the hospital;
- In an ideal health system, every patient should have a family doctor and a referral internist;
- Integrated care is especially important for chronic patients of significant severity;
- Complex Patient Units aim to provide comprehensive care for patients referred to as high Health System users. It is centred on the Health Centre with a Reference Nurse, and the strategy is defined by the team with the participation of the GFM and IM;
- The hospital has to respond to the severely chronically ill, with groups specializing in specific diseases on an open consultation basis, avoiding the indiscriminate use of the emergency room for decompensations (chronic obstructive pulmonary disease (COPD), heart failure (HF), oncology, hereditary metabolic diseases, palliative care);
- Home hospitalization for acute patients of mild to moderate severity should continue to be developed, as it is the right path for the future;
- Continued care at home for seriously chronically ill patients with specialized hospital teams (dementias, palliative care, respiratory/ventilated patients) must be assumed by hospitals as their responsibility;
- Home hospitalization of complex chronic patients is already used in Northern European countries, mainly for dementia patients. Keeping the patient at home maintains their autonomy and cognitive abilities for longer;
- For all proximity medicine responses, it is necessary to find attractive forms of financing so that management boards (MB) are interested in implementing them;
- The empowerment of caregivers, giving them the appropriate training to increase their competence and autonomy, reinforces the humanization of care and is crucial for good resource management;

While it is true that the Local Health Units (LHU) facilitate communication between the various levels of care, they alone are not a guarantee of integrated healthcare. It depends on the people and their willingness to do different things for the benefit of the sick person. Could not a compulsory menu of

healthcare responses be defined, adapted to each LHU, and accompanied by the respective financial envelope to motivate its implementation? Until this is done, we may have LHU all over the country, but access to healthcare will continue to be unequal. ■

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**REFERENCES**

1. The Portuguese Association for Integrated Care - PACIF [accessed Dez 2024] Available at: https://www.pafic.pt