

3 and 4 May 2018  
Aula Magna IHMT | UNL

Conference  
Workforce innovations for better performing  
health systems in Europe

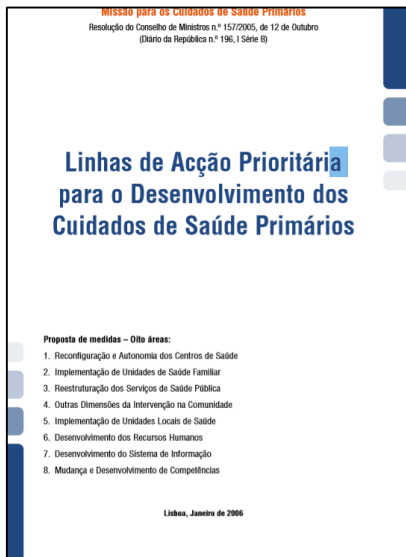


# *Work in teams* in Family Health Units in Portugal



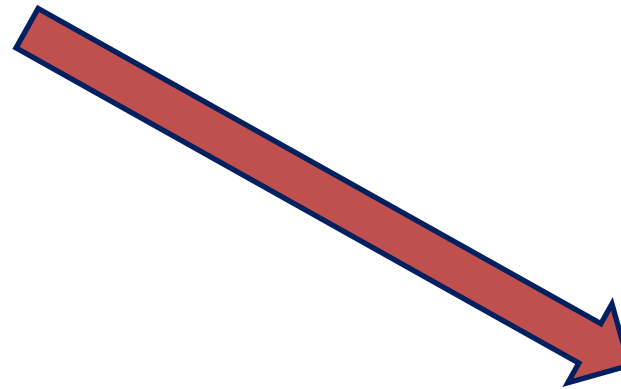
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Start  
Primary Health Care  
2005 Reform  
Priorities  
in Portugal

“Team” - 84 times  
“Work in teams” - 10 times



“Team” - 2 times  
“Work in teams” - 0 times

10 Years later  
Primary Health Care  
Reform  
Relaunching  
Strategic and  
Operational Plan  
in Portugal



# Mission accomplished?

# European Observatory of Health Systems

[www.euro.who.int](http://www.euro.who.int)

## Recommendations for the future (2006)

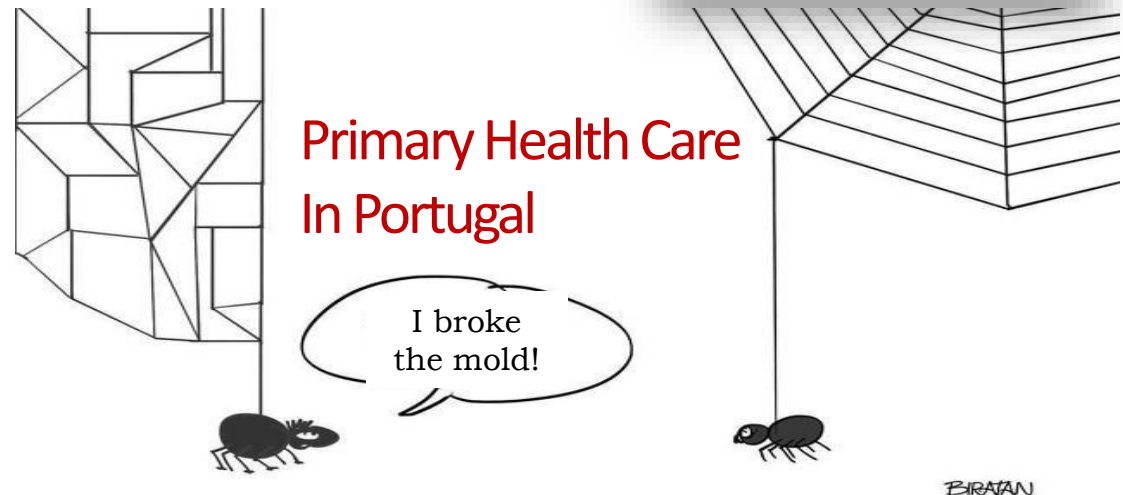
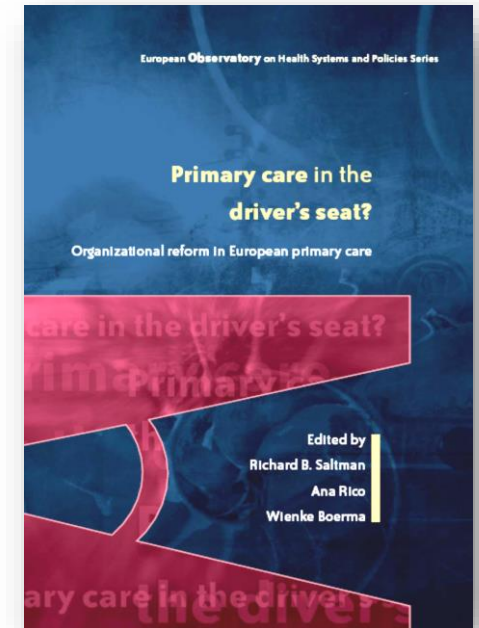
**To promote teamwork**

Patients' registration on team's lists

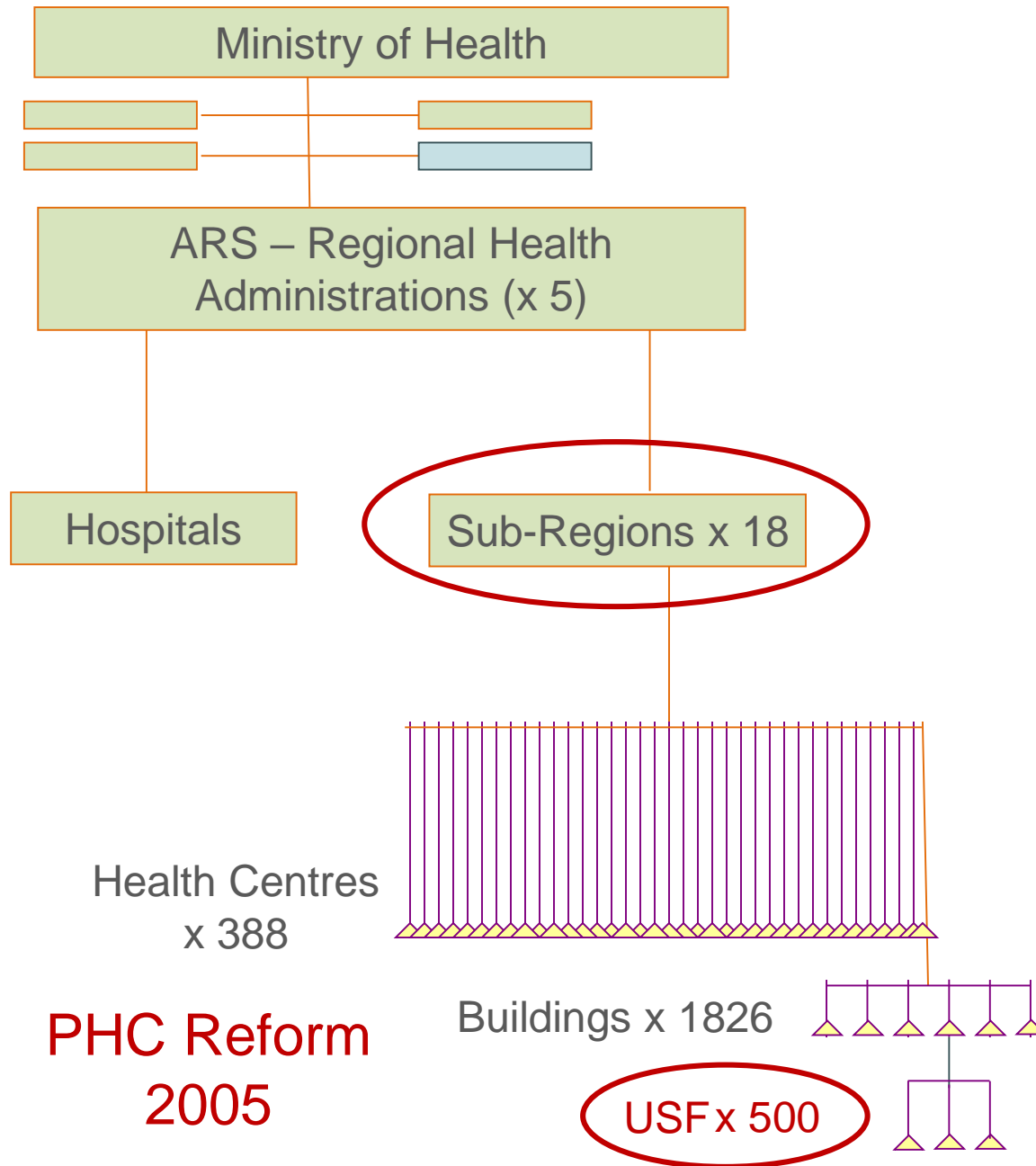
Ensuring better accessibility

**To invest in differentiated pay**

**To implement service computerization**

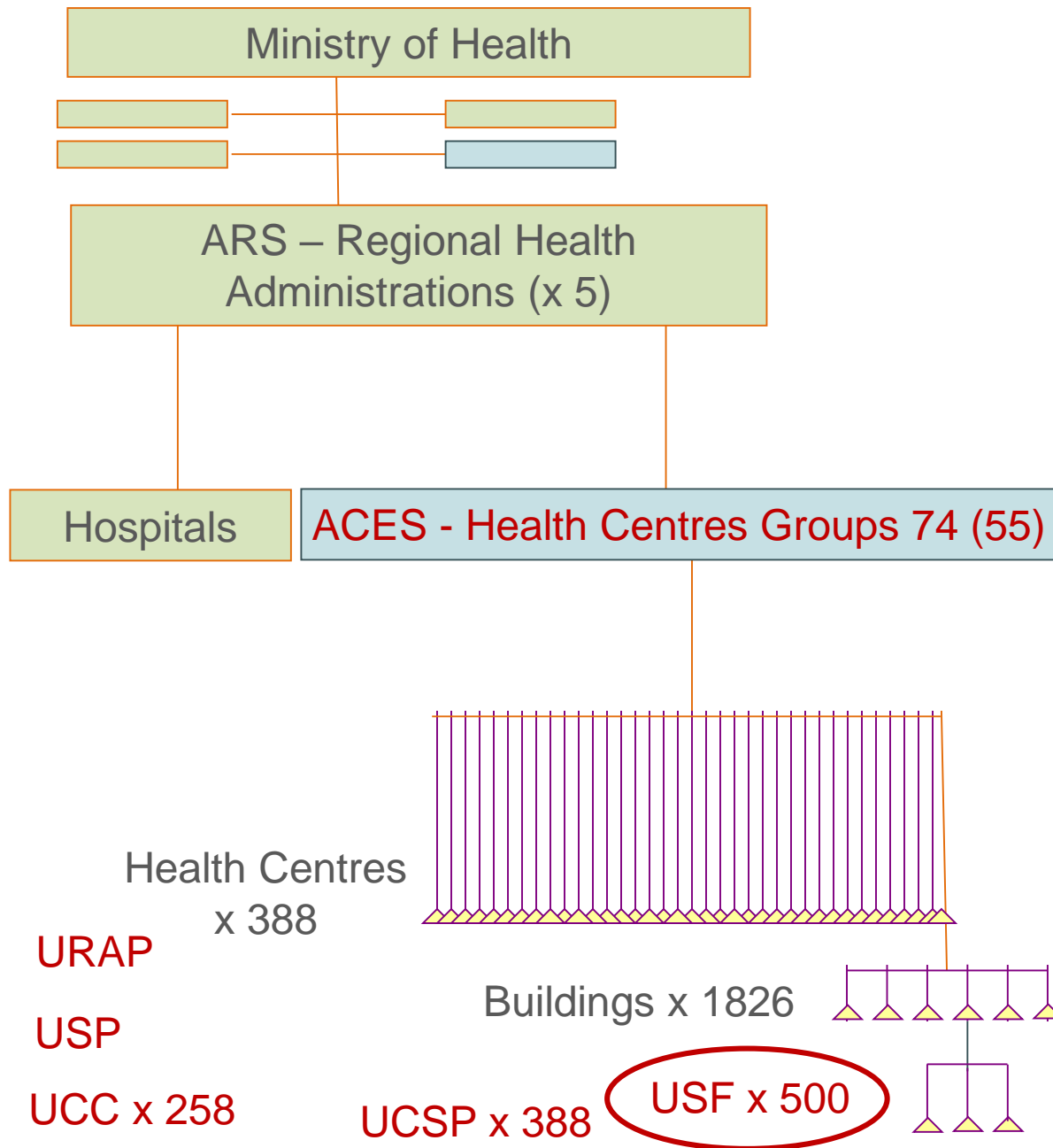


[facebook.com/humorinteligente01](https://www.facebook.com/humorinteligente01)



## 1st Stage USF Family Health Units

- Small, multi-professional, stable and self-organised teams
  - 5 to 10 physicians
  - 6 to 10 nurses
  - 4 to 8 clinical secretaries
- Voluntary enrolment
- PHC for a population in a geographic area
  - 4.000 to 18.000 persons
- Organisational, functional and technical autonomy
- Participative management
  - one professional  
=  
one vote



## PHC Reform 2005

### 2<sup>nd</sup> Stage

Restructuring of health centres

ACES

Health Centre Groups

60.000 to 250.000 persons

Common  
support services

Management structure,  
shared resources and  
tools

Higher autonomy ?

# Family Health Units USF

- Internal regulation created by the team
- One coordinator and a technical board elected among professionals
- Contract a basic set of services with possible additional package
- Triennial and annual action plans with objectives and targets negotiated with the ACES – Health Centres Groups and Regional Administrations
- Payment system and group incentives linked to workload and performance
- Networking with other units within and beyond the health centre group

**Teamwork = “master key”**

Based on V Ramos' slides

# Team

a group of people  
collectively accountable and responsible  
for specific outcomes  
with a high degree of  
interdependence and interaction

Baldwin, Bommer, and Rubin (2008)

Who see themselves  
and who are seen by others  
as an intact social entity

Shared purpose

Small size

Complementary member attributes

Productive norms

Mutually recognized

accountability and responsibility

Katzenbach and smith (1993)

# USF

Self-selected and self-managed  
multiprofessional team

Objectives commissioning

Inter-substitution agreement

Shared Mission, Vision and Values  
Name and Logo

Clinical Governance  
team accountability for quality

Local Integrated Clinical Pathways

Transparency concerning team's and  
individual performance

Defined professional profiles and roles

# USF Marginal



USF MARGINAL



Partners in health  
together  
we can do it



# Teamwork Difficulties

## Team

Challenges of  
human relationships and personalities

“Hamster health care”  
the rapidly revolving treadmill upon  
which so many clinicians find  
themselves  
creates a state of mental exhaustion  
that frustrates attempts at planning  
and cooperation

Grumbach K, Bodenheimer T. Can Health Care  
Teams Improve Primary Care Practice? JAMA.  
2004;291:1246-1251.



## USF

Team renovation

Management of long-term  
overloaded teams

Solutions for prolonged leaves of  
absence

In-house training and  
transformation of health units into  
learning organisations

Community as a part of the  
extended team

# High performance Teamwork Enablers

## Team

Team reflexive capacity

Clear goals with measurable  
outcomes

Clinical and administrative systems

Division of labor

Training of all team members

Effective communication

Michael A, Lyubovnikova J. Illusions of team working  
in health care

Grumbach K, Bodenheimer T. Can Health Care  
Teams Improve Primary Care Practice? JAMA.  
2004;291:1246-1251.

## USF

Clinical Governance

Objectives commissioning

Local Integrated Clinical Pathways

Information and knowledge  
available to all citizens

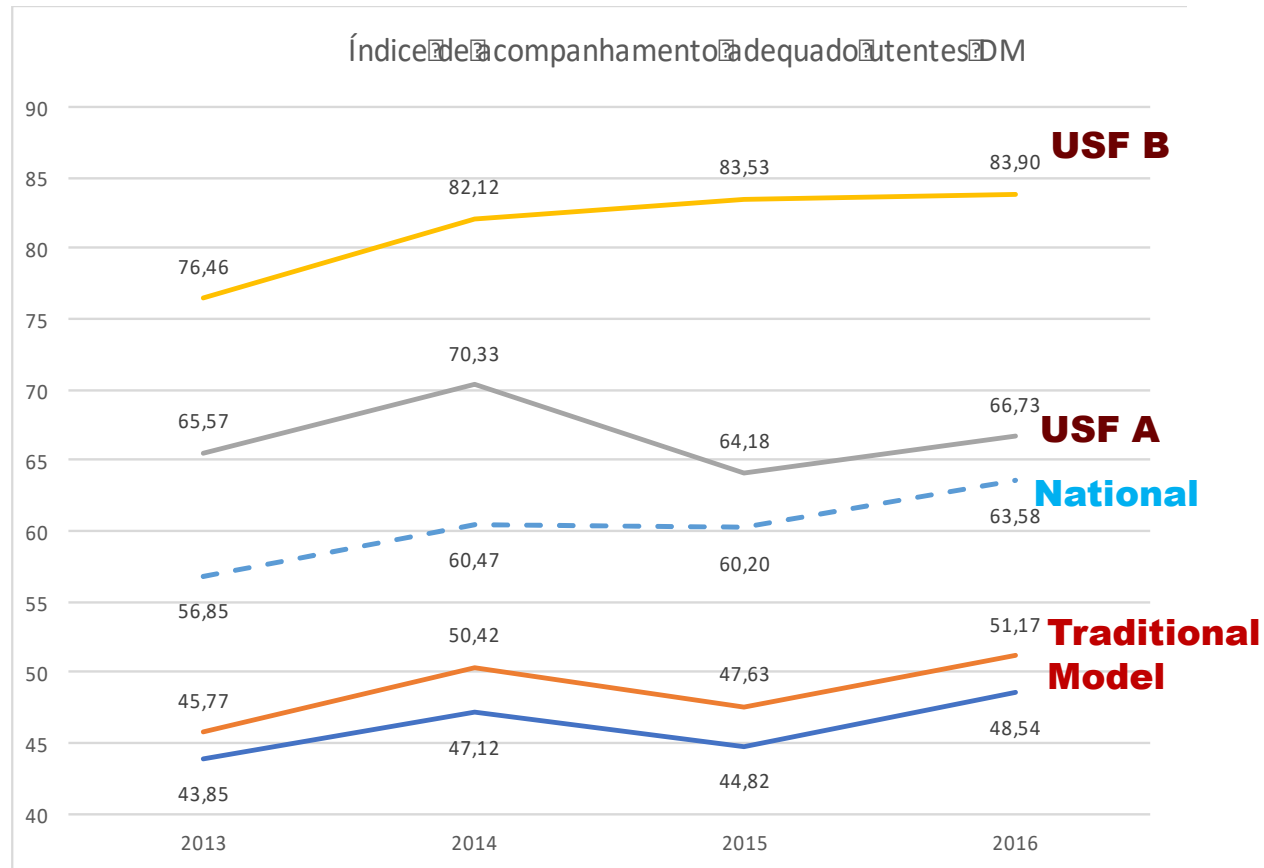
Transparency concerning  
team's and individual  
performance

Full computerization

Regional support groups  
for team development

USF-AN National Association

## Adequate Surveillance for Patients with Diabetes Score



All Country Data

# Meta Learning



## Avaliação da formação 1º semestre 2012

(Núcleo de formação)

### Aspectos fortes

- ✓ Presença nas reuniões
- ✓ Participação na discussão
- ✓ Feedback formação externa
- ✓ Divulgação das NOC
- ✓ Cumprimento do horário  
(12:45) - informações  
(13:00) - início programa

### Aspectos a melhorar

- ✓ Participação de todos
- ✓ "Ambiente formativo"
- ✓ Análises de incidentes críticos
- ✓ Divulgação do conhecimento



## Team/USF

Autonomy  
Responsibility  
Solidarity



Shared Work Ethic  
Learning Organization



Adequate  
Context

# *Thank you*

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