

# Pulse Check: Monitoring of Family Health Units in Portugal

Marco Antonio Catussi Paschoalotto<sup>1,2</sup>, Joana Cima<sup>1,3</sup> & Bruno Pires Fernandes<sup>1,3</sup>

<sup>1</sup>School of Economics, Management and Political Science, University of Minho, <sup>2</sup>Research Center in Political Science (CICP), <sup>3</sup>Centre for Research in Economics and Management's (NIPE)

## Key messages

- The transition to USF-B increases care delivery activity in the short term, but does not show consistent gains in spending on medicines and diagnostic and therapeutic procedures.
- There is strong support for Health Management, Disease Management and Access; there is lower acceptance of avoidable hospital admissions and per capita financial metrics.
- The recommended option is an IDE 2.0, with prevention, care coordination and business intelligence viewed through an equity lens.

## Executive Summary

**Problem:** The Team Performance Index (IDE) shapes financial incentives and the management of Family Health Units (USF). The creation of Local Health Units (ULS) and the transition from USF-A to USF-B demand an **IDE more strongly focused on results, equity and care integration**. The Pulse Check project was designed to support this update.

**Main findings:** **1)** Transition to USF-B is associated with initial gains in service activity (medical and nursing consultations), with no consistent effects on expenditure on medicines and diagnostic/therapeutic tests (MCDT); sustainability over time is uncertain and there is heterogeneity across methods and locations; **2)** There is greater agreement on retaining Health Management (≈84%) and Disease Management (≈83%); Access (≈74%) is largely consensual; Care Integration (≈61%) and especially Prescription Quality (≈41%) have lower acceptance. Indicators most valued by professionals include cervical cancer screening (≈92%), child health surveillance (1st year ≈92%; 2nd year ≈88%) and, in diabetes, assessment of foot ulcer risk (≈94%). The least accepted are avoidable hospitalisations (≈17%) and per-capita prescribing of MCDT/medicines (≈17%); **3)** IDE is useful as a monitoring tool but requires corrections to mitigate current risks; and **4)** Business Intelligence (BI) platforms already map UCC/UCSP/USF-A/USF-B over time and territory, track IDE by dimension/indicator and are sensitive to changes introduced by Decree-Law No. 102/2023; improvements needed include sociodemographic breakdowns by ULS (age, dependency) and urban/rural context to read performance through an equity lens.

**Main policy options and recommendations:** **a)** IDE 2.0: reinforce prevention and disease management; reformulate Care Integration (replace “avoidable hospitalisations” with coordination/continuity metrics) and revise Prescription Quality (risk/case-mix adjustment and appropriateness criteria); **b)** Measure what matters to users and teams: introduce response-time and problem-resolution metrics with feedback between levels of care; and **c)** BI for management and equity: disaggregate by ULS/NUTS III, age/dependency index and urban/rural profiles; provide “traffic-light” panels and drill-down.

**Primary audiences:** Ministry of Health, DGS, ACSS, ULS and PLANAPP.

## Introduction

The IDE structures contracting and pay-for-performance in USFs, aligned with Portaria No. 411-A/2023 (Annex II) (Portugal, Portaria 411-A/2023) and the reorganisation into ULS (Portugal, DL 103/2023; Portugal, DL 102/2023). The ongoing organisational reform (ULS) and the migration from USF-A to USF-B have made it pressing to align the IDE with clinical outcomes, user experience and care integration, while preserving comparability and

a focus on territorial equity (OECD, 2024; Papanicolas et al., 2022). Pulse Check was designed by integrating the four strands of the project—(i) econometric analysis of the USF-A→USF-B transition, (ii) a Qualtrics survey of professionals, (iii) 11 semi-structured interviews with USF coordinators, and (iv) a functional assessment of Primary Care BI platforms.

## Analysis and Main Findings

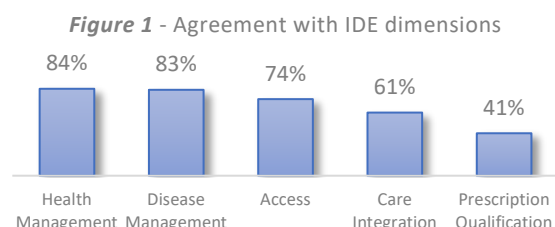
### Impact of the transition to USF-B

The empirical strategy combined an event-study design with the Callaway & Sant'Anna estimator for staggered treatment. The main results show: **an immediate increase in care activity** (medical and nursing consultations) after the change of model; no consistent effects on average expenditure on medicines and MCDT; heterogeneity and attenuation in the medium term, warranting robustness checks and an urban/rural split.

**Implication:** gains in capacity/activity do not automatically translate into economic rationalisation; incentives and metrics need to be refined.

### Professionals Perception

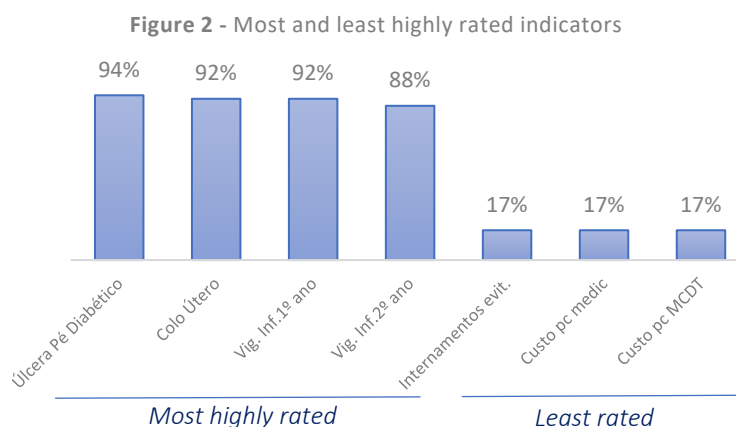
The sample: 351 responses for dimensions and 281 for indicators and characterisation. There is greater agreement on retaining Health Management (≈84%) and Disease Management (≈83%); Access has majority acceptance (≈74%); and there is lower support



for Care Integration (≈61%) and, above all, for Prescription Qualification (≈41%).

**Most valued indicators:** cervical cancer screening (≈92%); child surveillance (1st year

≈92%; 2nd year ≈88%); and diabetes—assessment of risk of foot ulcer (≈94%).



**Indicators with lower acceptance:** avoidable hospitalisations (≈17%) and per-capita costs of MCDT/medication (≈17%).

### Recurrent qualitative suggestions

include waiting time (e.g., scheduled consultation within 5 days), user and staff experience, satisfaction, humanisation, personalisation, training/scientific output, indicators for clinical administration, vulnerability lenses (socio-economic status, migration) and more appropriate weights across indicators.

**Interpretation:** professionals prioritise prevention and surveillance; they contest crude financial metrics (per-capita prescribing) and distal outcomes (avoidable hospitalisations) when used as proxies for integration without risk adjustment.

### Managerial Perception

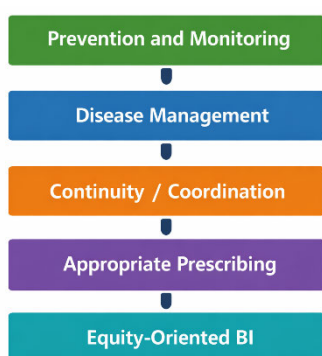
The IDE is useful as a **tool for focus and detection of deviations**, but coordinators warn about (i) the risk of “managing to the indicator”, (ii) the need for risk and contextual adjustment (urban/rural and availability of specialties), and (iii) caution with crude financial metrics.

### BI Platforms

Existing dashboards allow monitoring of the IDE by dimension/indicator and demographic characterisation; a **re-organisation is recommended into five areas** (National; ULS; Comparator; Matrix; Legislation), an IDE “traffic-light” with drill-down to USF level, and an equity lens (ULS/NUTS III, age/dependency index, urban/rural).

**Critical point:** to support equity-focused decisions, BI must highlight sociodemographic differences by ULS and urban/rural context, enabling local targets/adjustments.

Figure 3 – IDE 2.0: Priorities



## Alternative Policies and Recommendations

### Alternative Policies

A1 — Maintain the current IDE, with incremental adjustments. **Pros:** continuity and comparability. **Cons:** misalignment with evidence and low acceptance of parts of the index.

A2 — IDE 2.0 (recommended): strengthen Health and Disease Management, reformulate Integration (measurable continuity/coordination) and revise Prescription Qualification (clinical appropriateness and case-mix adjustment). **Pros:** focuses on outcomes with equity; greater professional legitimacy. **Cons:** requires transition and capacity-building.

A3 — “Core + Local”: 10 national core indicators + a local module (up to 20%) defined by each ULS/ACES. **Pros:** territorial relevance.

**Cons:** risk of excessive heterogeneity without safeguards.

### Recommendations

- 1) Redesign Care Integration by replacing avoidable hospitalisations with metrics of continuity/coordination (resolutivity within the USF; counter-referral ≤30 days; post-discharge consultation ≤7 days; shared care plans);
- 2) Review Prescription Qualification — replace per-capita cost metrics with indicators of clinical appropriateness with case-mix;
- 3) Consolidate Health and Disease Management (prevention and surveillance with higher acceptance) and update indicators with low pertinence;
- 4) Reinforce Access with operational metrics (time to scheduled consultation,

- service-level agreements for contact handling, no-show), maintaining prescription renewal within ≤3 working days;
- 5) Add a module on Experience and Humanisation (PREMs and team well-being);
  - 6) BI for equity and management (metadata, transparency, exports, pre/post Decree-Law 102/2023 series);
  - 7) Phased implementation with pilot(s) and a participatory annual review of indicators.

## Conclusions

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The evidence indicates that the shift to USF-B increases care capacity in the short term, but is not sufficient to guarantee value and integration. IDE 2.0—anchored in prevention, disease management, response times and

care coordination, with equity-oriented BI—is the most robust path to align incentives with what matters and to reduce territorial asymmetries.

## References

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- [1.] OECD. (2024). Rethinking Health System Performance Assessment. Organisation for Economic Co-operation and Development. Disponível em: [https://www.oecd.org/en/publications/rethinking-health-system-performance-assessment\\_107182c8-en.html](https://www.oecd.org/en/publications/rethinking-health-system-performance-assessment_107182c8-en.html)
- [2.] Papanicolas, I., Karanikolos, M., Reichebner, C., Cylus, J., & Figueras, J. (2022). Health system performance assessment: A framework for policy analysis. World Health Organisation & European Observatory on Health Systems and Policies. Disponível em: <https://apps.who.int/iris/handle/10665/352686>
- [3.] Portugal. (2023, 7 de novembro). Decreto-Lei n.º 102/2023 (Criação das Unidades Locais de Saúde). Diário da República, 1.ª série, n.º 215. Disponível em: <https://diariodarepublica.pt/dr/detalhe/decreto-lei/102-2023-223906278>
- [4.] Portugal. (2023, 7 de novembro). Decreto-Lei n.º 103/2023 (Regime jurídico de dedicação plena e regime das USF). Diário da República, 1.ª série, n.º 215. Disponível em: <https://diariodarepublica.pt/dr/detalhe/decreto-lei/103-2023-223906279>
- [5.] Portugal. (2023, 5 de dezembro). Portaria n.º 411-A/2023 (Regula o Índice de Desempenho da Equipa das USF-B e incentivos institucionais). Diário da República, 1.ª série, n.º 239. Disponível em: <https://diariodarepublica.pt/dr/detalhe/portaria/411-a-2023-225265452>



#### HOW TO CITE THIS DOCUMENT

Paschoalotto, M. A. C., Cima, J., & Fernandes, B. P. (2026). *Pulse Check: Monitoring of Family Health Units in Portugal*, S4P-23 Policy Brief 5659/2023. PLANAPP – Centro de Planeamento e de Avaliação de Políticas Públicas.

#### CONTACTO

[science4policy@planapp.gov.pt](mailto:science4policy@planapp.gov.pt)

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Universidade do Minho  
Escola de Economia, Gestão  
e Ciência Política

This policy brief was developed within the scope of Science4Policy 2023 (S4P-23): Public Policy Science Studies Call, an initiative of the Centre for Policy Planning and Evaluation (PLANAPP), in partnership with the Foundation for Science and Technology (FCT), funded by Portugal's Recovery and Resilience Plan. Thematic line S4P-23/01: People First / Monitoring and evaluation of Family Health Centres