



# Sanità digitale in Portogallo

COUNTRY PERSPECTIVE ON DIGITAL HEALTH

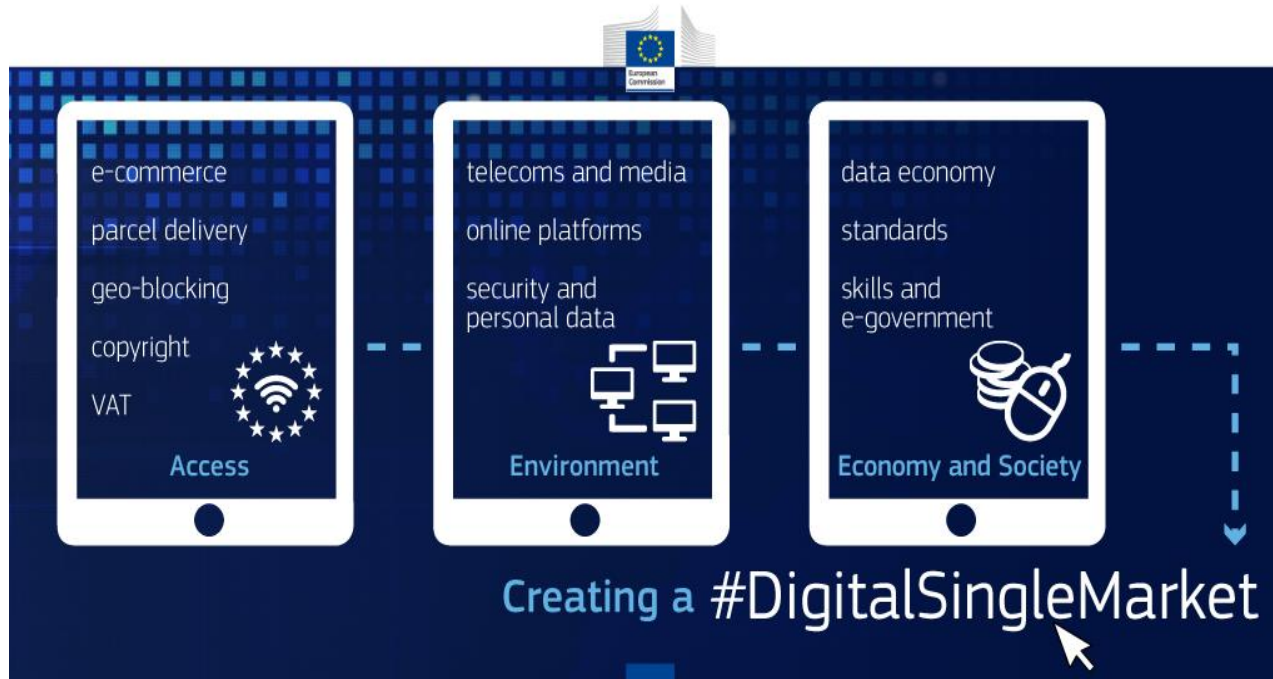
**Bergamo, 15<sup>th</sup> June 2023**

*Henrique Martins, MD, Mphil, PhD – [www.henriquemartins.eu](http://www.henriquemartins.eu)*

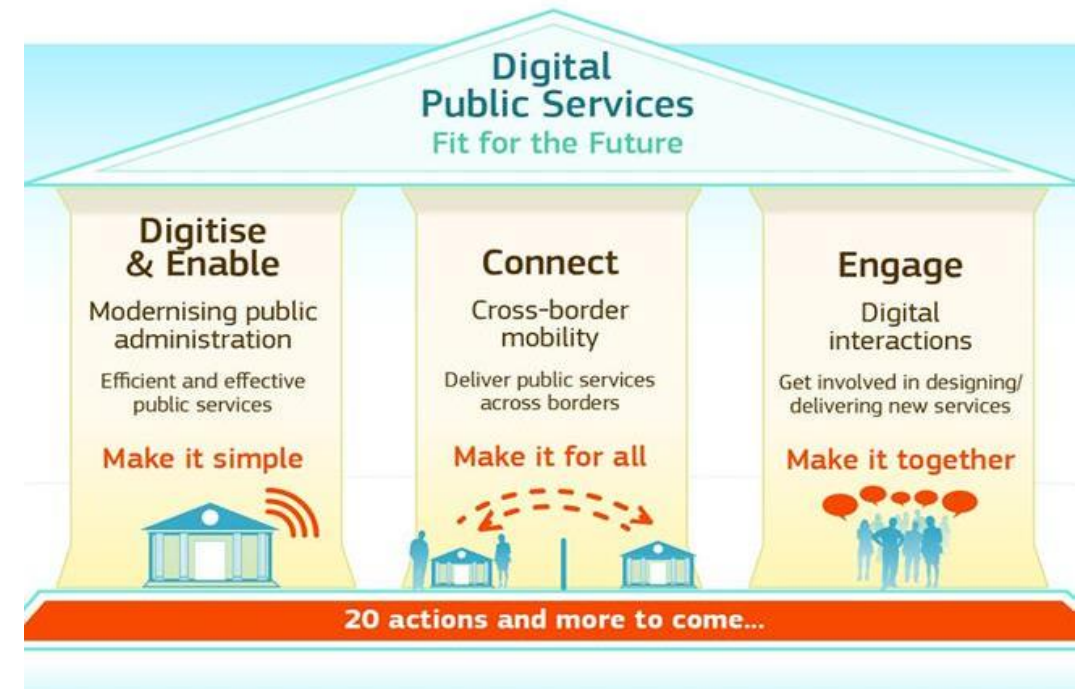
**Past - President of the Board of Shared Services of the Ministry of Health (SPMS) (Portuguese Digital Health Agency) – Ministry of Health Portugal**

# European Context

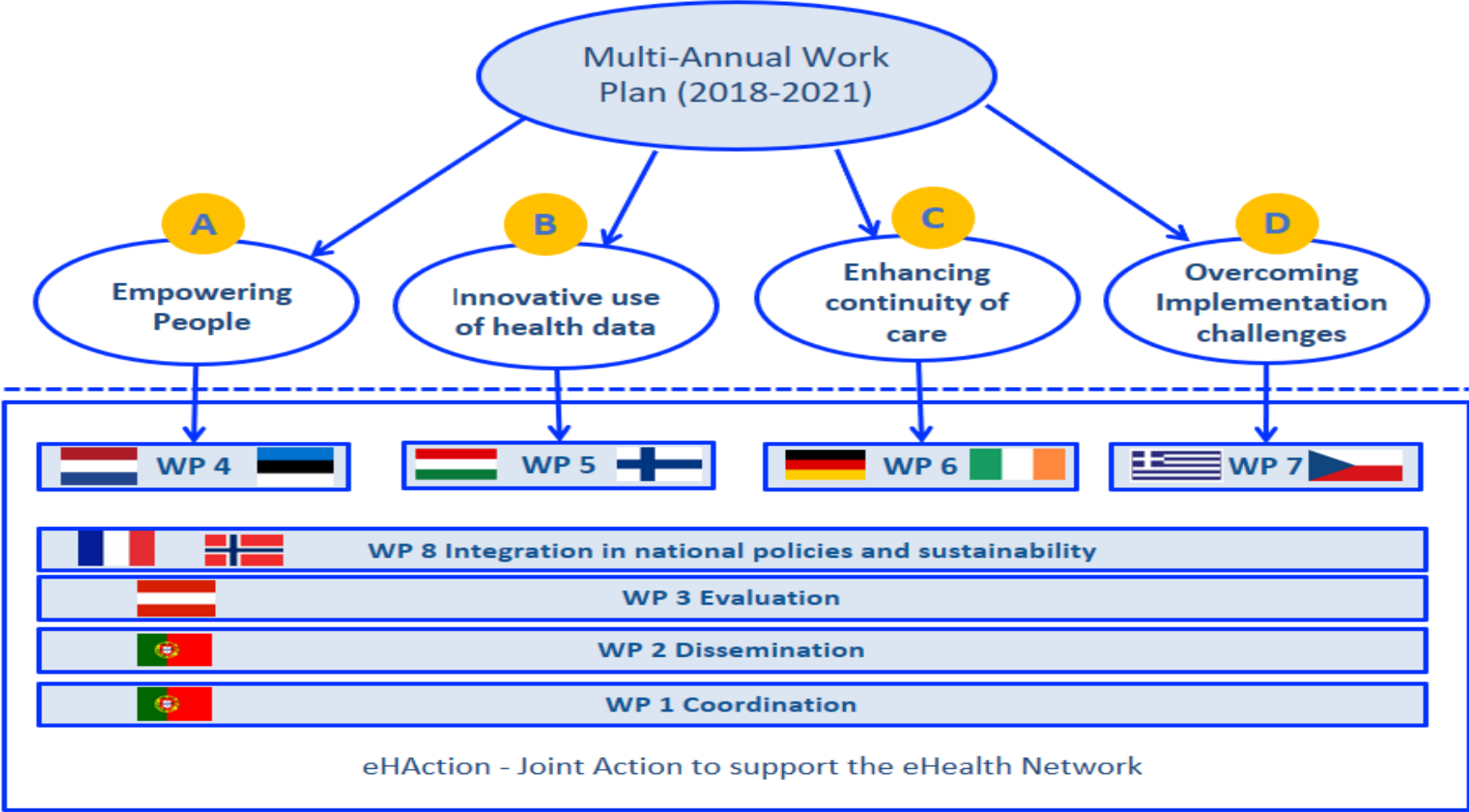
## Digital Single Market Strategy & eGov Action Plan 2016-2020



## eGovernment Action Plan 2016-2020 Accelerating the digital transformation of Government



# Multi Annual Work Plan 2018-2021 and eHAction



**Portugal is coordinating eHAction started on 21st June 2018**

SPMS - Serviços Partilhados do Ministério da Saúde, E.P.E.

[www.spms.pt](http://www.spms.pt)

# XpanDH Project

Coordinated by me at ISCTE, public university in Lisbon with over 25+ partners:

OPEN to

- advisory board members
- affiliated partners

until end June



**XpanDH's vision comes to live through 4 main scopes**

Establishing a scalable public infrastructure for digital health innovation	Demonstrating real-life interoperable digital solutions for individuals, researchers, health services, and the workforce across borders	Establishing a Pan-European ecosystem of digital health	Creating and validating a framework for further exploitation of the public infrastructure for digital health innovation.

<https://xpandh-project.iscte-iul.pt/>



The image shows the exterior of a modern building with a stone facade and large glass windows. The building is identified as SPMS (Serviços Partilhados do Ministério da Saúde). Large blue text overlays are positioned in the foreground, reading 'SHARED SERVICES FOR MINISTRY OF HEALTH (SPMS)'. The building's facade features the SPMS logo and the slogan 'A SOLUÇÃO ESTÁ NA PARTILHA!'. People are seen walking on the sidewalk in front of the building.

**SHARED SERVICES**

**FOR MINISTRY OF HEALTH**

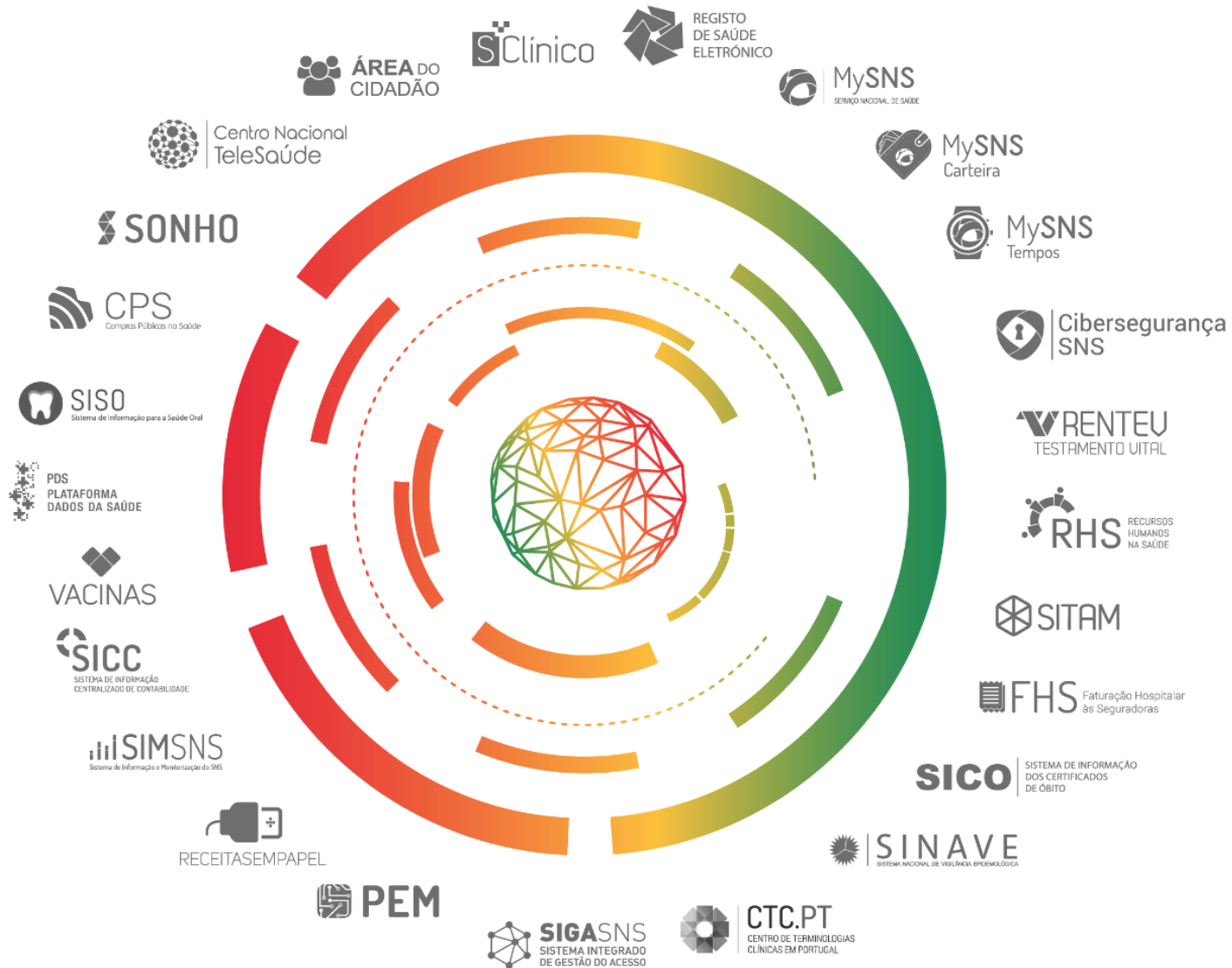
**(SPMS)**

SPMS  
EPE  
Serviços Partilhados do Ministério da Saúde

A SOLUÇÃO ESTÁ NA PARTILHA!

SPMS

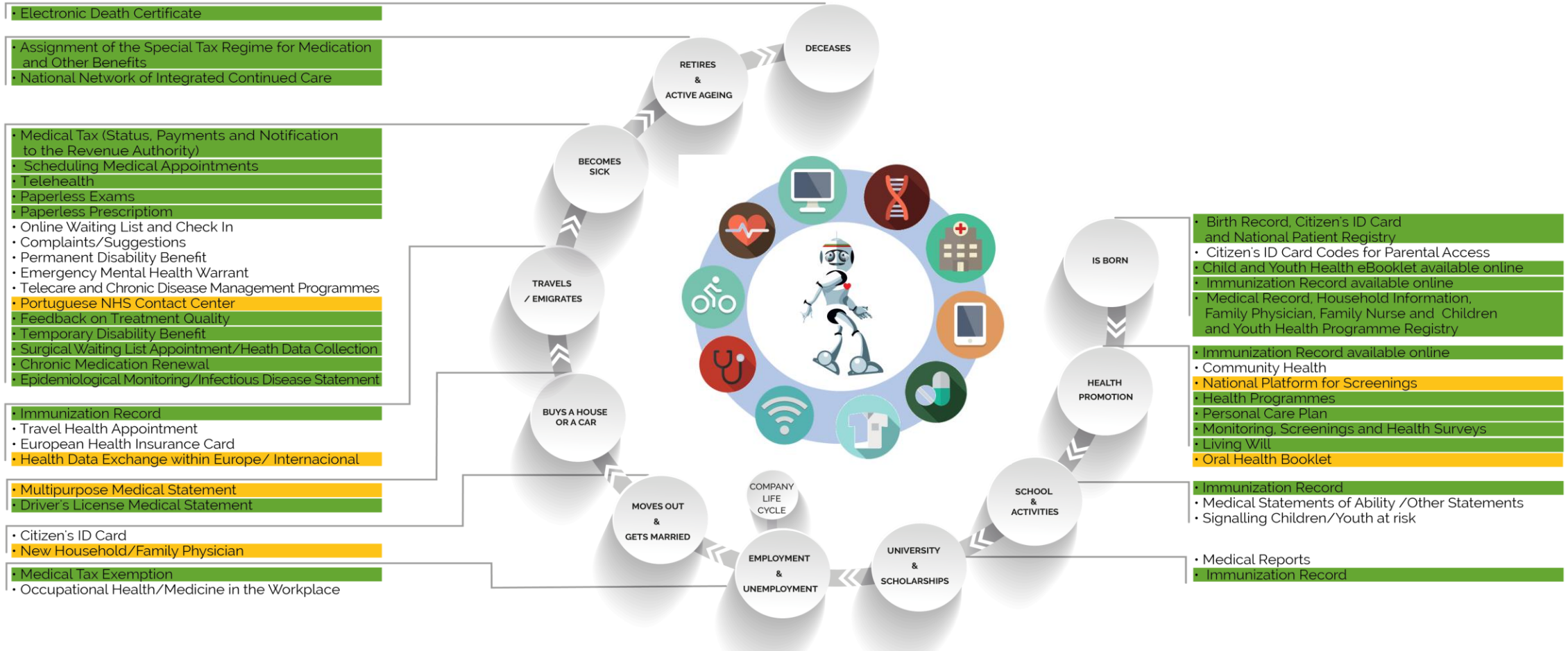
# ICT Solutions – SPMS Portfolio (some exemplars)



## CITIZEN'S LIFE CYCLE IT Health Events

- Accomplished
- Under Development

# Citizen Life Cycle

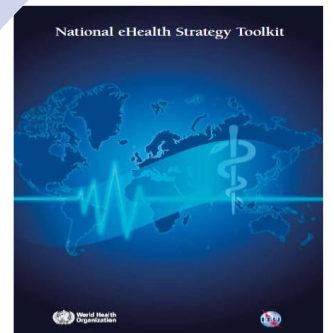


# Alignment vector 1: Healthcare

## Defining Portuguese eHealth Strategy 2020



METHODOLOGY



STAKEHOLDERS  
ENGAGEMENT Set15-  
July16

thinktank  
21 DE SETEMBRO 2015 . 9h00-17h30



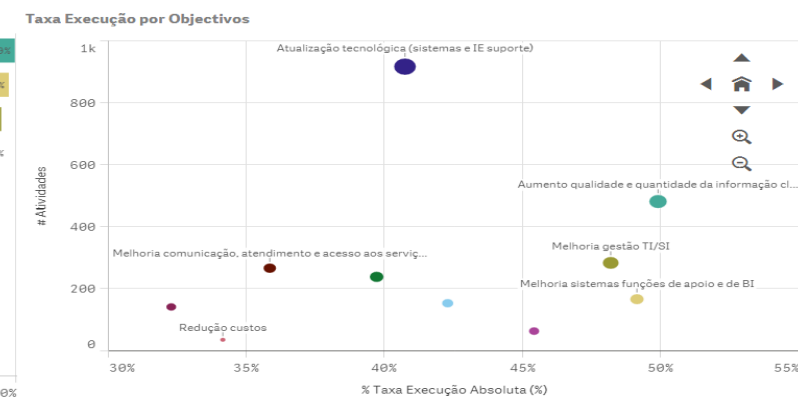
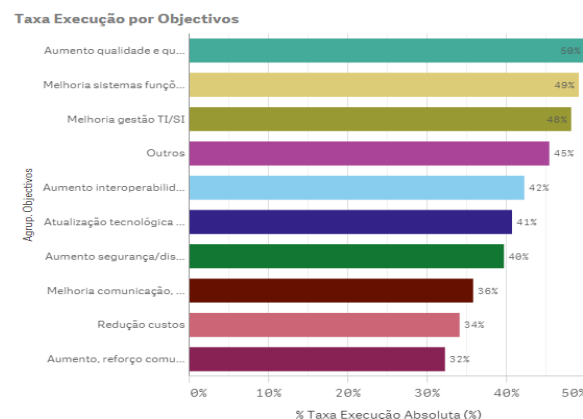
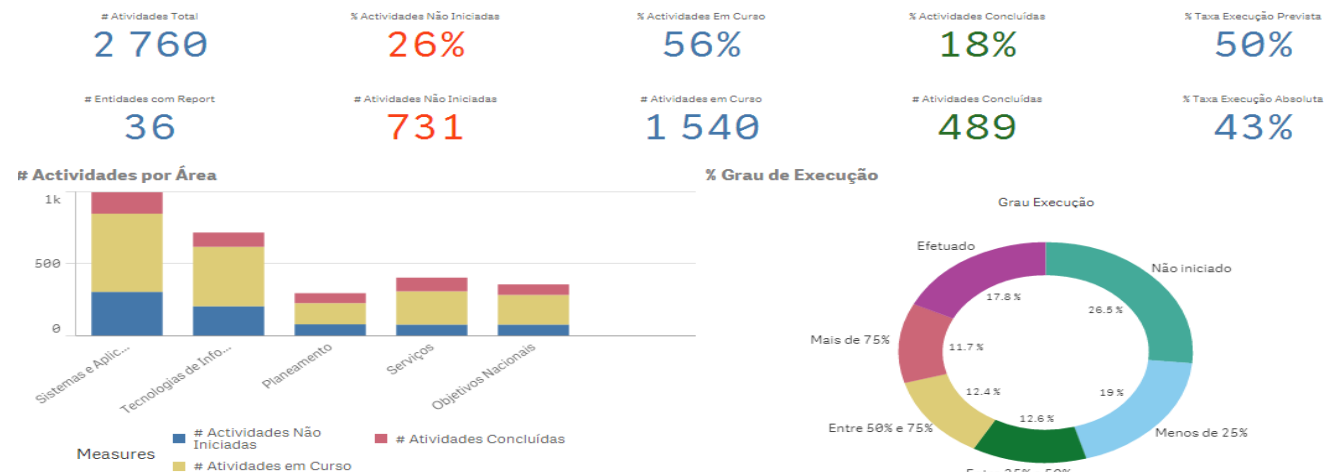
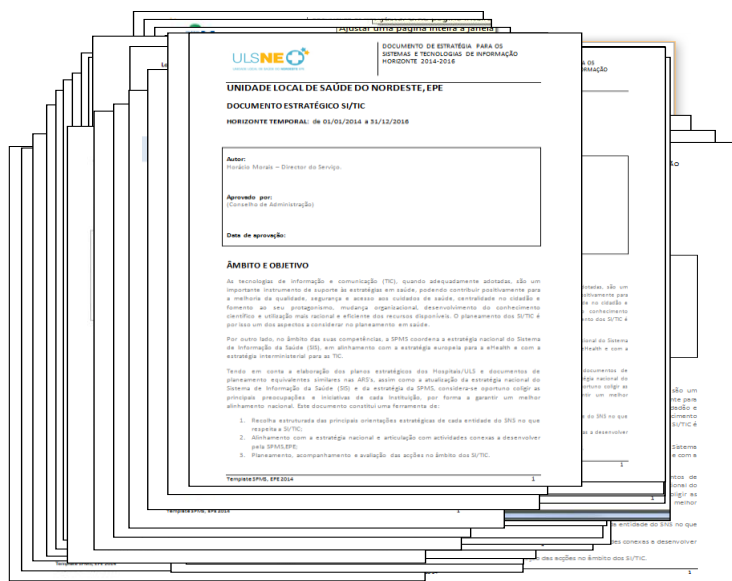
RESOLUTION  
Council of Minister  
15Set2016



# Alignment vector: NHS network

## Exemple: Manage Strategy

*Define a set of objectives and metrics to guide the SIS strategy and to be considered by the NHS entities in defining their own strategies.*



## SCOPE

The ENESIS <sub>20</sub><sup>22</sup> is a proposal from SPMS, E.P.E to the Ministry of Health, regarding the Information Systems of the Health System, with a particular emphasis on the NHS areas.



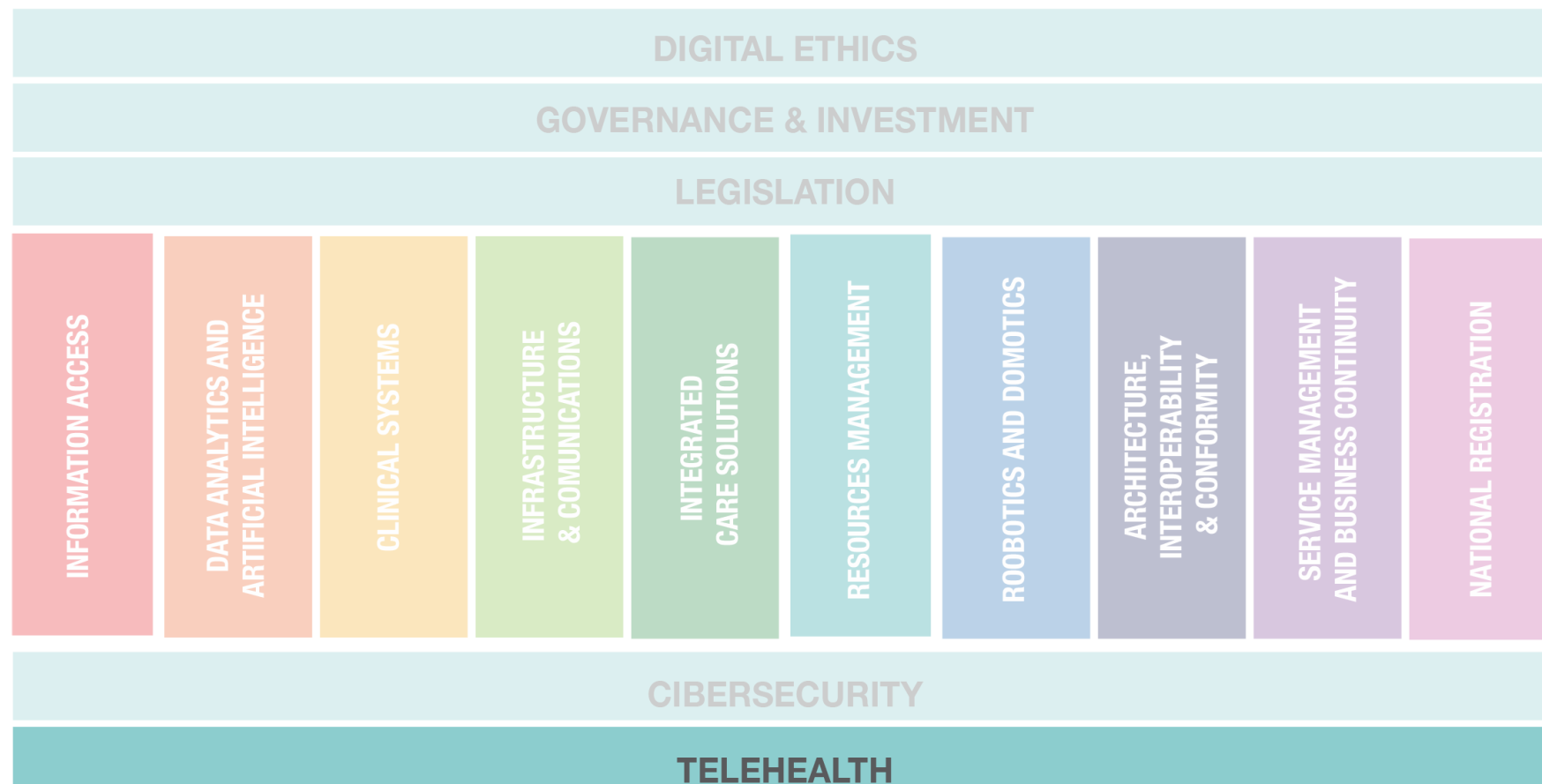
### **Ecosistema de Informação de Saúde (eSIS)**

Conjunto de tecnologias, pessoas e processos que intervêm no ciclo de vida da informação relacionada com todas as dimensões da saúde do cidadão e outra relacionada, independentemente do local de prestação de cuidados e/ou das barreiras organizacionais.



DIMENSIONS

# INNOVATION



**Support health at a distance through the use of ICTs in care delivery, service organization and training of health professionals and citizens.**

**Overcoming geographical and temporal barriers to access to health.**



# PENTS – The Portuguese Telehealth Strategy

## Executive Summary

PENTS is a proposal from the Shared Services of the Ministry of Health, E.P.E. (SPMS) under the coordinating scope of the Portuguese National Centre of Telehealth (CNTS) as defined in the Resolution of the Council of Ministers No. 67/2016 of October 26. Being the first strategic plan for telehealth carried out in Portugal and one of the first in the world, its vision is to create a broad strategy that reflects the role of telehealth in the National Health Service (SNS) in harmony not only with the National Health Plan Revision and Extension to 2020, but also with the *Programme of the 21st Constitutional Government* and the *Health 2020: the European policy framework and strategy for the 21st century* (WHO).

EHealth, telehealth and telemedicine are currently areas of growing importance in the context of a health sector highly pressured by external factors such as economic, financial, political-legal, demographic, technological, educational, socio-cultural and organisational.

The objective of PENTS is to define a strategy to leverage the telehealth, taking advantage of Information and Communication Technologies (ICT), as valid means in the management of health and its services. Consequently, the use of telehealth will have to boost the development of the health sector in Portugal in terms of health gains and quality of life, as well as operational efficiency. Telehealth offers new answers to major challenges, namely those of accessibility and proximity to health care, integration of care, training of citizens, patients and caregivers in the SNS, among others, remaining an important catalyst of digital transformation in healthcare.

PENTS should be seen as an instrument that integrates the strategy for the development of telehealth and whose main objectives are:

- Elaboration of a current vision of telehealth in Portugal, by listening to experts and key institutional stakeholders on the subject, as well as by analysing relevant documentation.

- Characterization of valuable proposals with distinctive and innovative characteristics for the sustainable growth of Telehealth in Portugal, by analysing and structuring the key components of the experience of stakeholders in the provision of Telehealth services.
- Definition of the Telehealth strategic axes for the period 2019/2022, and elaboration and characterization of a set of practical and concrete actions that leverage its development.
- Draw up a roadmap to operationalize the proposed plan, as well as recommendations for future implementation.

As a result, this document is organized in 4 chapters. The first chapter is a contextualisation of the health sector, in particular of the SNS, describing some of the challenges it faces. Telehealth presents in this context a summary of the state of the art at a national level and it explains the premises that justify the elaboration of PENTS.

The second chapter identifies and describes the major challenges of telehealth, which were later grouped into 7 blocks of challenge. Throughout the analysis, some of the main advantages and opportunities of telehealth are also identified.

In the third chapter, integrating innovation and new health technologies as a fundamental part, identifies the most promising trends in the area of telehealth, as well as the main steps for a successful implementation of the digital transformation.

Chapter four defines the 6 major Strategic Lines for the Development of Telehealth (LEDTS):

- I. Good governance and development of human capital;
- II. Ensuring interoperability and Security;
- III. Building infrastructure capacity and information systems improvement in a collaborative and citizen-centre SNS;
- IV. Integration, continuity and proximity of the health care;

**V.** Evaluation and sharing of the good practices that promote the innovation and ensure access, quality and efficiency of health care;

**VI.** Continuous commitment to innovation, research and development in order to generate, test and implement new ideas and solutions.

**Consequently, 12 specific measures are materialised and are complemented by a set of activities.**

**The 12 measures identified are:**

1. Ensure a sustainable model for telehealth;
2. Make telehealth a means to create synergies;
3. Create a "Living Lab";

4. Simplify the Governance Model for the telehealth activity;

5. Ensure information security and the interoperability of the information systems;

6. Guarantee the operational conditions needed for the exercise of telehealth;

7. Evaluate and control the quality of the telehealth services in the SNS;

8. Map and plan the telehealth initiatives;

9. Develop new telehealth offers;

10. Promote and disseminate the concept of eHealth to citizens and professionals and raise their awareness of its added value;

11. Ensure that PENTS has synergies with other strategic initiatives;

12. Train, develop and qualify the Human Capital.

# Some Flagship National Projects



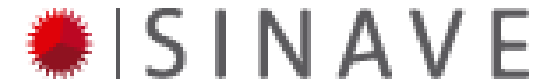
Paperless Prescription



Software



eDeath Certification



National Epidemiological Surveillance System



# A single patient record supporting clinical decision making



*H Martins 2017*

# Professional Portal (since 2012)



491 Primary Care Centers



## Professional Access

46%

Medics



54%

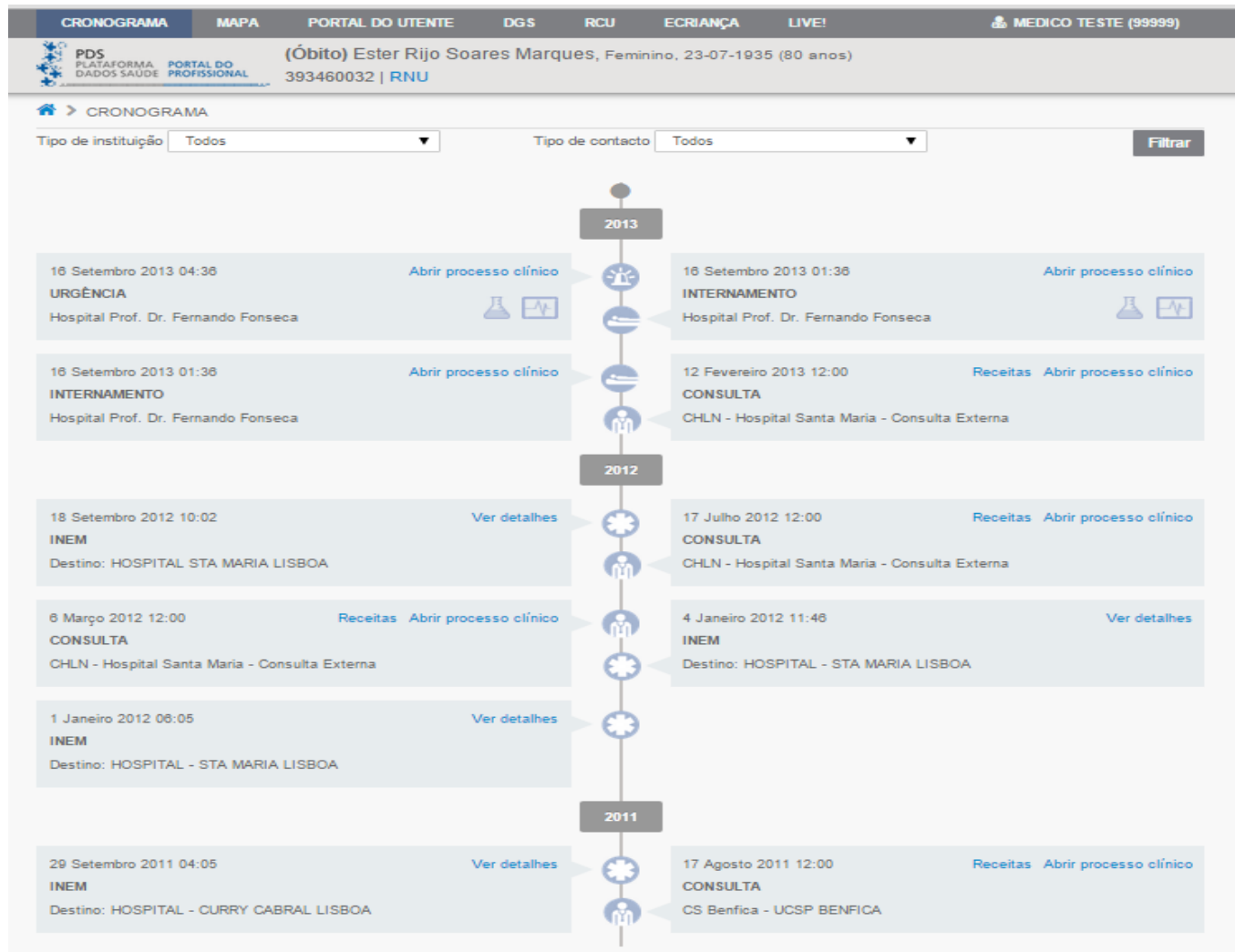
Nurses



76 Hospitals



# Professional Portal - Clinical Episodes Timeline



The Professional area has been visualized by more than **50.000** professionals, integrates around **600** databases and accounts for an average of **110.000** daily views.

# Professional Portal - Labs Results & Images

lab.chedv.min-saude.pt/wwwhss/webappolo.exe/valida?ut=34323143306D36686344413D&ep=179

Centro Hospitalar de Entre o Douro e Vouga, E.P.E. Unidade de Stª Maria da Feira

Principal Conta do Utilizador Ajuda

Consultar resultados  
Doenças de Infância  
Repetições de Colheita  
Registo de Colheitas  
Manual de Colheita

Informações

Não há nenhuma informação no momento

10.20.1.151


Imprimir Relatório Histórico de resultados

Nº Processo / Nº Episódio:   
Nº de Tubo:   
Data:   
Nome:   
Sexo / Idade:

Análise	Resultado	
Hemograma	Repeticao de Colheita Amostra coagulada	Hem Bio
Sódio	143.0	
Potássio	5.0	
Cloro	108.0	
Glicose	88	
Ureia	36	
Creatinina	0.8	
Ácido Úrico	7.3	
AST/TGO	102	
ALT/TGP	74	
Gama GT	284	
Fosfatase alcalina	89	
Desidrogenase do lactato	199	
		Bioquímica
Proteínas totais	7.3	
Electroforese das Proteínas (soro)	Em curso	
Albumina	4.4	
		Bioquímica
Monomina estimulante da tireóide (TSH)	1.28	

https://pacs.chedv.min-saude.pt/liteview/index.html#view

Overview This browser is not supported for clinical use! Menu **SECTRA**



C: -100.0, W: 1500.0  
C=-100.0, W=1500.0

Image no: 2  
Imagem 1 de 2  
04/08/2016, 09:53:20

# Citizen Portal



15/06/2023

# Diabetes



Dados Pessoais



Resumo Saúde



Planos de Cuidados



SIGA e RSP



Serviços

NOVO



Benefícios SNS

Plano Individual de Cuidados

Questionário de Saúde

Calculadora de Risco

Medições

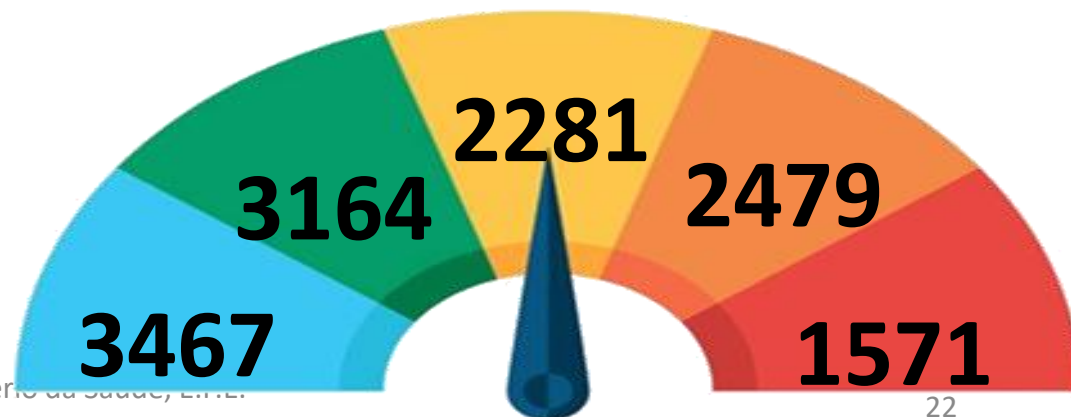
Boletim Infantil e Juvenil

Boletim de Vacinas

**47 228** total of diabetes questionnaire

**11 018** referred to Primary Care

Data 01.01.2018 until 27.09.2018



# SClínico

## SClínico – Primary Care Centres



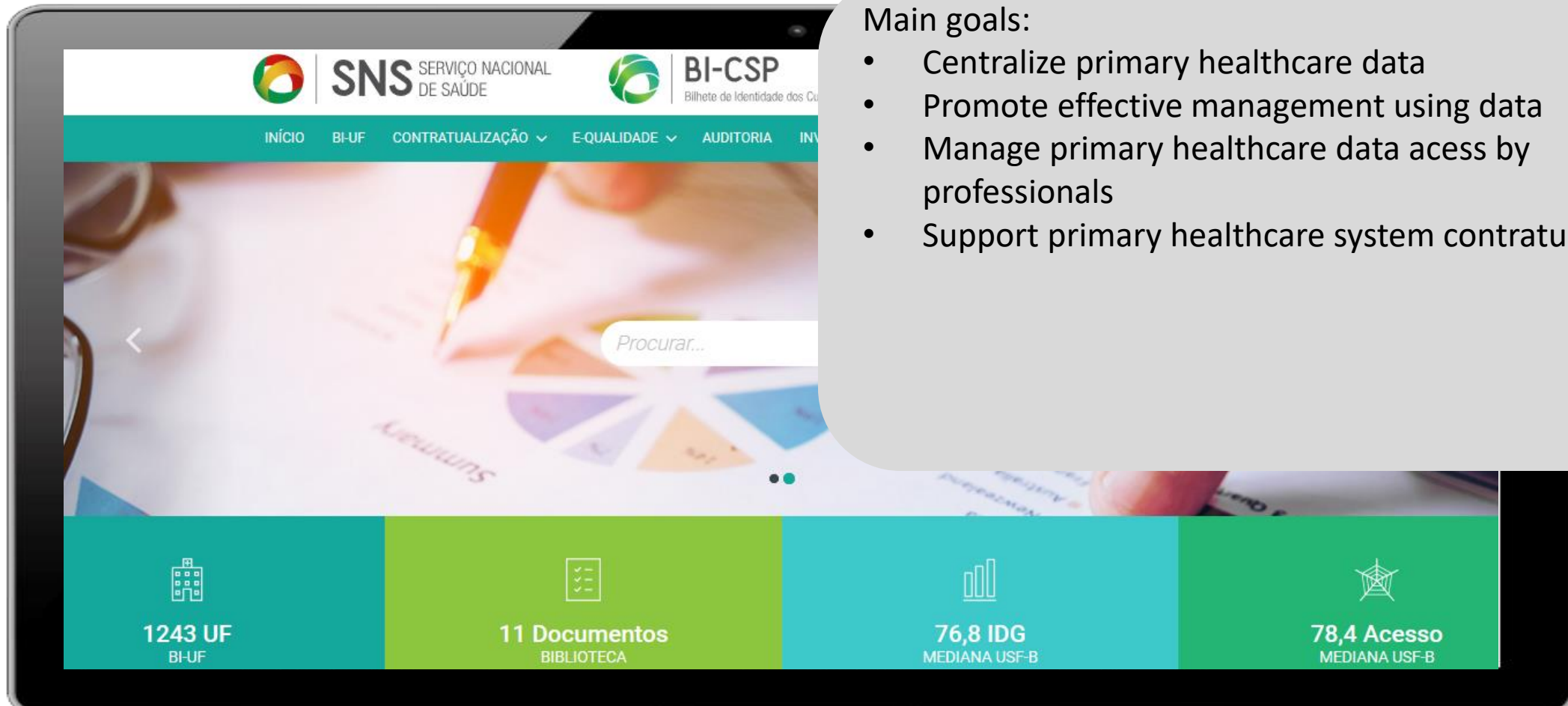
- Developed and maintained by SPMS

## SClínico - Hospitals



- 1 common **EHR solution** with local implementation
- Developed and maintained by SPMS
- Portuguese hospital doctors and nurses spend around **30 million hours/year using SClínico Hospitalar**

# Primary Care Systems – Identity Card



## Main goals:

- Centralize primary healthcare data
- Promote effective management using data
- Manage primary healthcare data access by professionals
- Support primary healthcare system contractualization



# Paperless Prescription (PEM)

To promote the complete dematerialization of the prescription of medicines throughout the national territory through authenticated electronic accesses to:



Healthcare Professionals

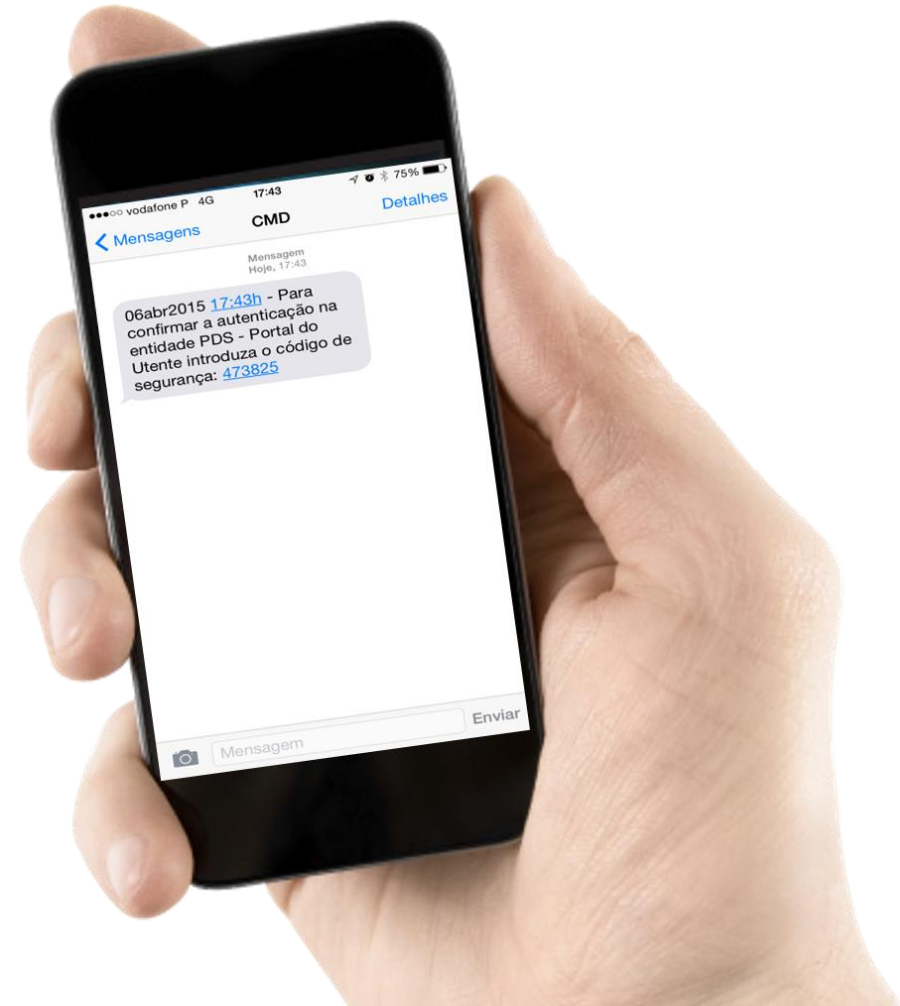


Citizen as a Patient

Policy #205

**SIMPLEX+**  
Ainda mais simples

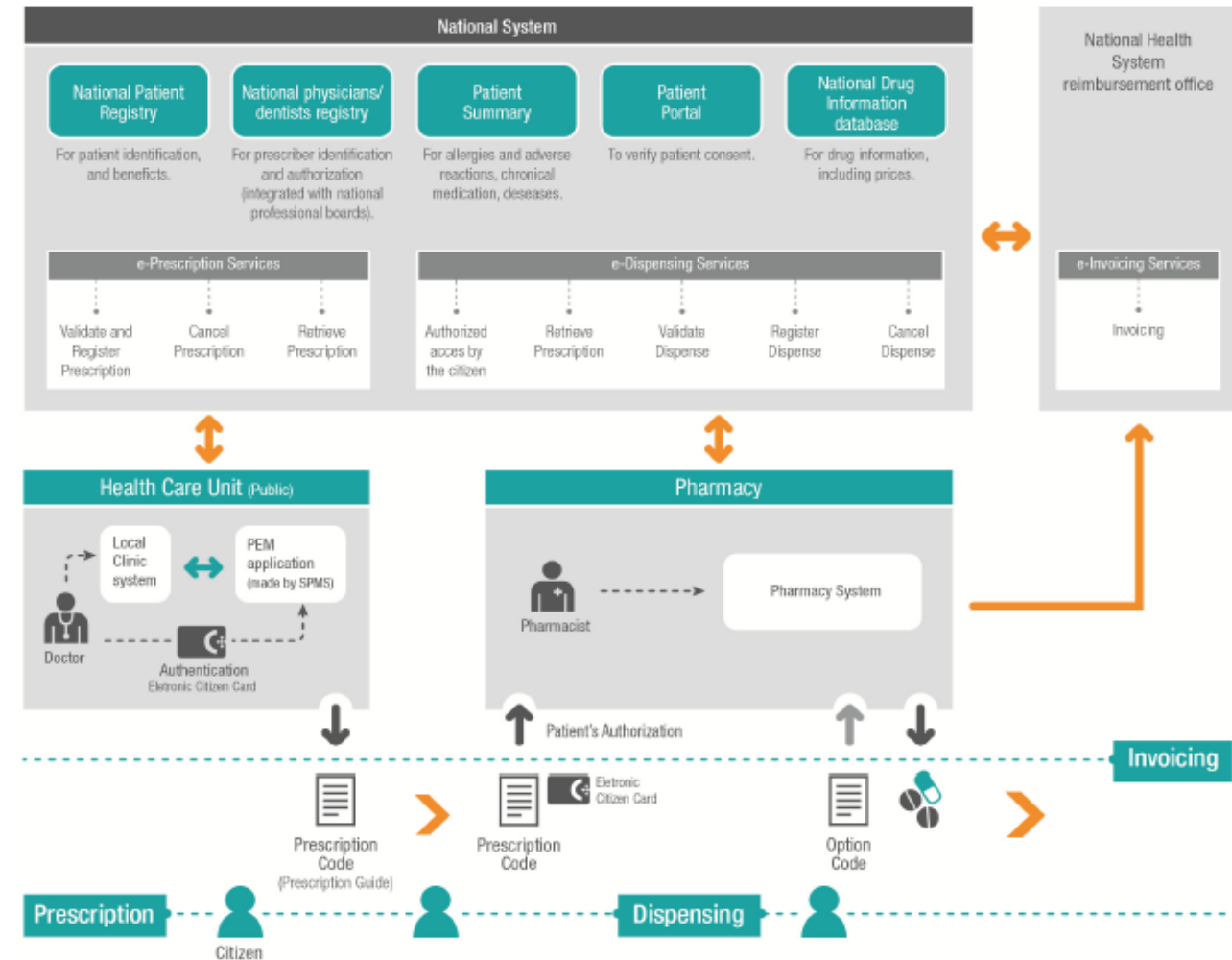
 **PEM**  
Prescrição Eletrônica Médica



# Paperless Prescription (PEM)

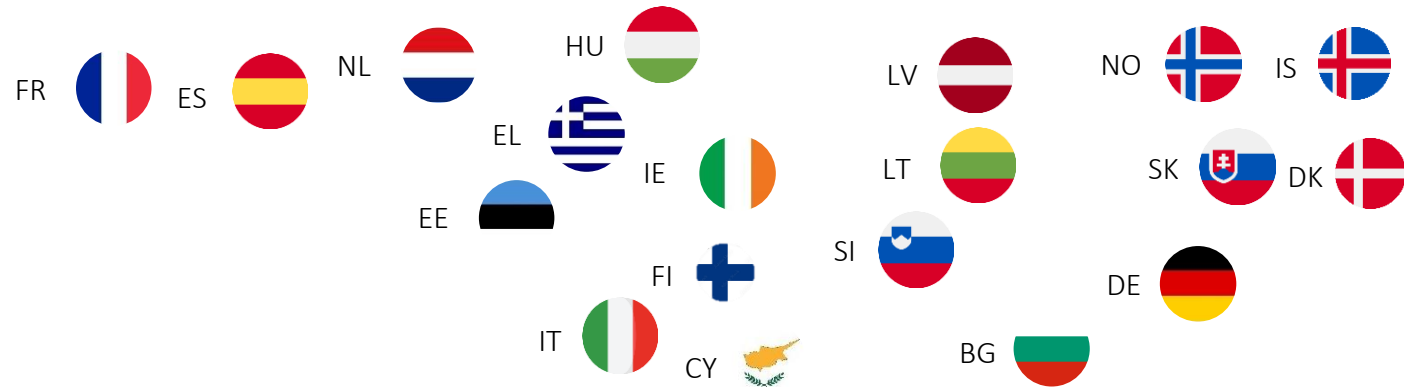
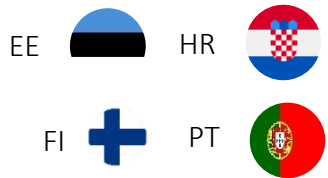
## Digital Mobile Key solution!

- Oral Health Foreign Professionals that forgot the Citizen Card;
- Forgetfulness of the Citizen Card;
- Emergency Contexts;
- Home medical treatment and mobility;



# MyHealth@EU timeline

## ePrescription



## Patient Summary

Timelines are approximate and subject to change

# telehealth...



# Portuguese Telehealth “history”...

Prof. Dr. Henrique Martins, MD, PhD, FCS-UBI | ISCTE-IUL – www.henriquemartins.eu | Henrique@henriquemartins.eu

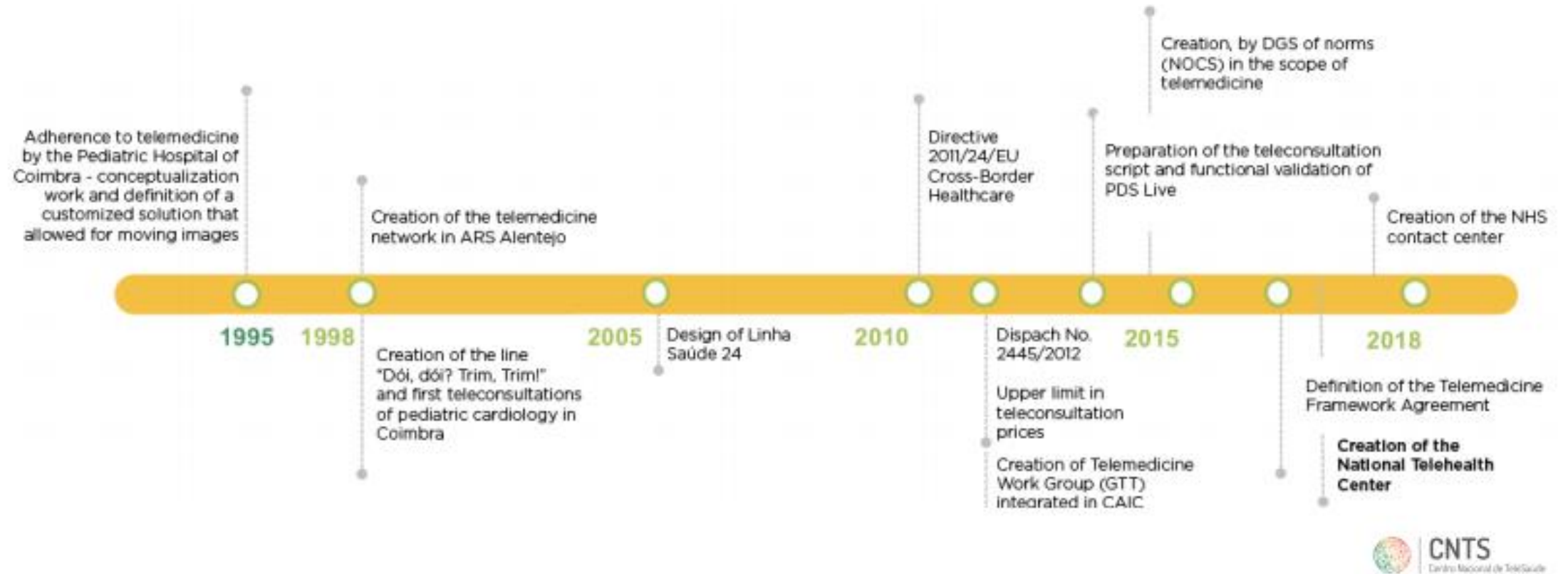
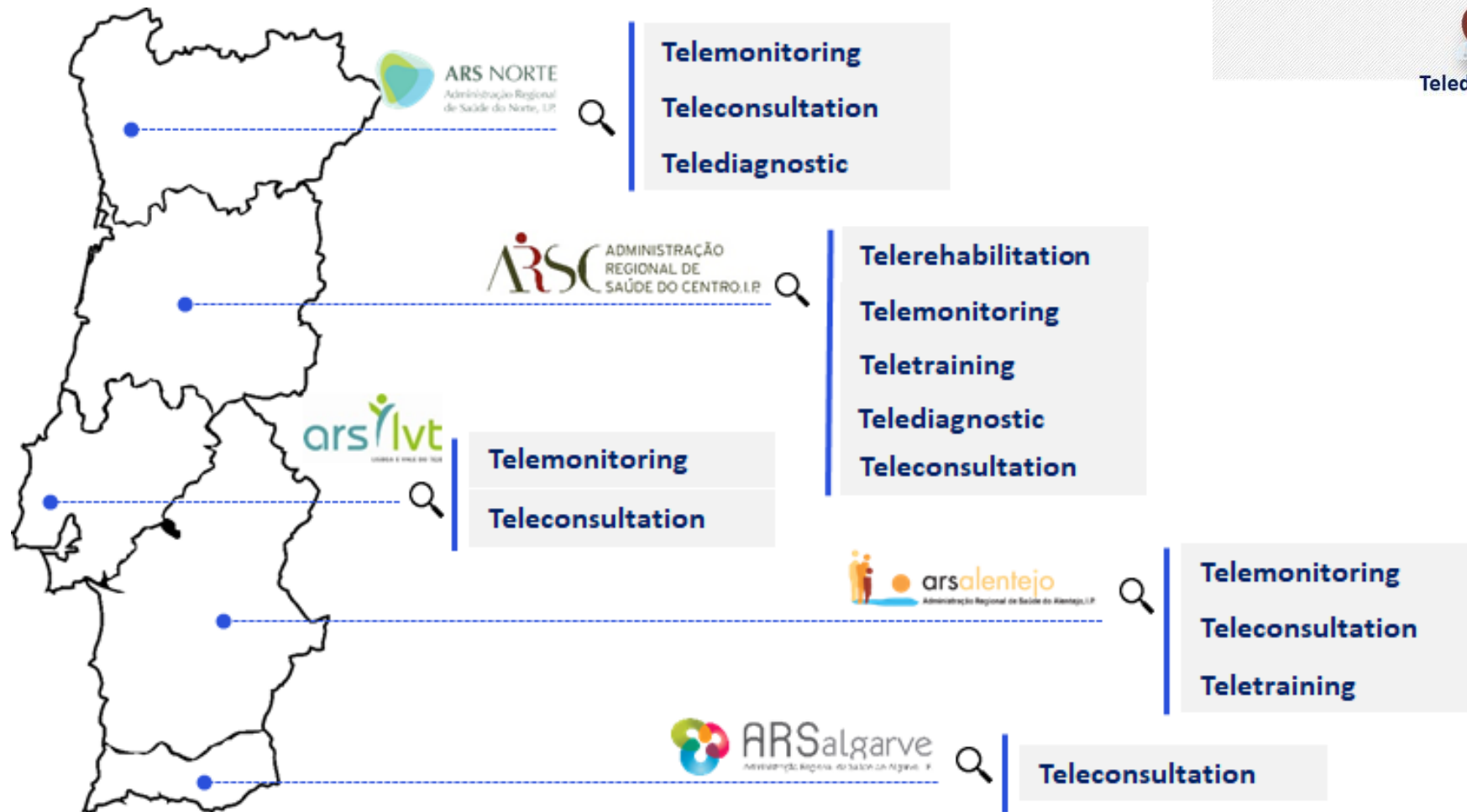


Figure 7: Telehealth timeline in Portugal

# Telehealth ad-hoc initiatives

## Promote Services in NHS



# Telehealth “institutionalization” – MoH orders, guidelines, procurement rules, reimbursement rules

## The “basis for a quality perspective on telehealth”

- A [Diretiva 2011/24/UE](#) do Parlamento Europeu e do Conselho de 9 de Março de 2011 é relativa ao exercício dos direitos dos doentes em matéria de cuidados de saúde transfronteiriços. Esta diretiva estabelece regras para facilitar o acesso a cuidados de saúde transfronteiriços seguros e de elevada qualidade e promove a cooperação em matéria de cuidados de saúde entre os Estados-Membros, no pleno respeito das competências nacionais em matéria de organização e prestação de cuidados de saúde.
- [Despacho 3571/2013](#) reforça utilidade desta forma de tecnologias de Saúde em linha (e -Saúde), como uma ferramenta inovadora que permite a política de proximidade entre profissionais de saúde que prestam cuidados de saúde e utentes que os recebem.
- [Despacho nº8445/2014](#) reforça a implementação da estratégia para uma Rede de Telemedicina no Serviço Nacional de Saúde.
- [Resolução do Conselho de Ministros n.º 67/2016 de 26 de Outubro de 2016](#) -Criação do Centro Nacional de TeleSaúde através do qual pretende reforçar a estratégia nacional para a promoção da Telemedicina e promover a utilização das Tecnologias de Informação e Comunicação, como parte integrante de processos de reforma dos cuidados de saúde, com vista a alcançar um nível mais elevado de articulação, integração e melhoria da qualidade dos cuidados, em articulação com o Centro de Contacto do SNS.
- [Resolução Conselho Ministros 62/2016](#), de 17 de outubro, aprova a Estratégia Nacional para o Ecossistema de Informação de Saúde 2020 – ENESIS 2020.

[Despacho n.º 3156/2017](#) modelo de funcionamento e coordenação operacional com vista à realização dos objetivos da ENESIS 2020.

### [Despacho 6280/2018](#)

Determina que a referenciação para a primeira consulta de especialidade hospitalar de dermato-venereologia, realizada pelos cuidados de saúde primários do SNS, é efetuada obrigatoriamente através da utilização de telerrastreio dermatológico

### [Despacho 5314/2020](#)

Determina que os órgãos dirigentes das entidades prestadoras de cuidados de saúde primários e hospitalares do Serviço Nacional de Saúde devem assegurar a identificação e reagendamento de toda a atividade assistencial programada não realizada por força da pandemia COVID-19.

“3 – Enquanto a situação epidemiológica do país o justificar, e em especial durante o estado de calamidade, os estabelecimentos e serviços do SNS garantem que a realização da atividade assistencial ocorre: a) Com recurso a meios não presenciais, utilizando mecanismos de telessaúde, designadamente programas de telerrastreio, teleconsulta, telemonitorização e teleconsultadoria, exceto quando tal não for clinicamente adequado ou tecnicamente possível;”

### Normas de orientação Clínica

- [Telerrastreio Dermatológico](#) (NOC 5/2014)
- [Telerradiologia](#) (NOC nº 5/2015)
- [Telepatologia/patologia digital](#) (NOC 4/2015)
- [Modelo de Funcionamento da Teleconsulta](#) (NOC 10/2015)

### Código Deontológico da Ordem dos Médicos (2009)

- Capítulo XII
- Artigo 94º (relação médico-doente)
- Artigo 95º (responsabilidade do médico) – segredo médico, consentimento informado
- Artigo 96º (segurança)
- Artigo 97º (história clínica) – registos

Clinical/Technical guidelines for telehealth services



2020 Paradigm shift :

The NHS institutions guarantee health care (using telehealth ) EXCEPT when that is not clinically adequate or technically possible

# The “Internal Telehealth Promotor” (ITP) and a Nationwide network for telehealth promotion

## MINISTÉRIO DA SAÚDE

Gabinete do Secretário de Estado Adjunto do Ministro da Saúde

Despacho n.º 8445/2014

A Telemedicina, consubstanciada em Teleconsultas e Telemonitorização, permite a observação, o diagnóstico, o tratamento e a monitorização do utente o mais próximo possível da sua área de residência, trabalho ou mesmo em sua casa.

Nestes termos, a Telemedicina aumenta a acessibilidade, melhora a equidade e permite que um maior número de pessoas tenha acesso a melhores cuidados de saúde.

Considerando que através do Despacho n.º 3571/2013, de 27 de fevereiro, do Secretário de Estado Adjunto do Ministro da Saúde, publicado no Diário da República, 2.ª Série, n.º 46, de 6 de março, foram dados passos importantes na generalização da Telemedicina a todo o país, e na integração desta ferramenta na estratégia global de promoção do acesso aos cuidados de saúde, importa, agora, reforçar a implementação da estratégia para uma Rede de Telemedicina no Serviço Nacional de Saúde.

Assim, determino:

1. O acesso à Telemedicina deve ser generalizado, atendo as capacidades tecnológicas das instituições, sendo a sua referenciação de âmbito nacional, sem quaisquer limitações no âmbito do Serviço Nacional de Saúde (SNS), de forma a aumentar a acessibilidade aos cuidados de saúde e a rentabilizar a capacidade instalada nas instituições do SNS.

2. As consultas de triagem/rastreio teledermatológico nas unidades de saúde, onde já se encontrem implementadas, devem ser sempre solicitadas no âmbito do Programa Consulta a Tempo e Horas (CTH), sendo inválido qualquer outro procedimento.

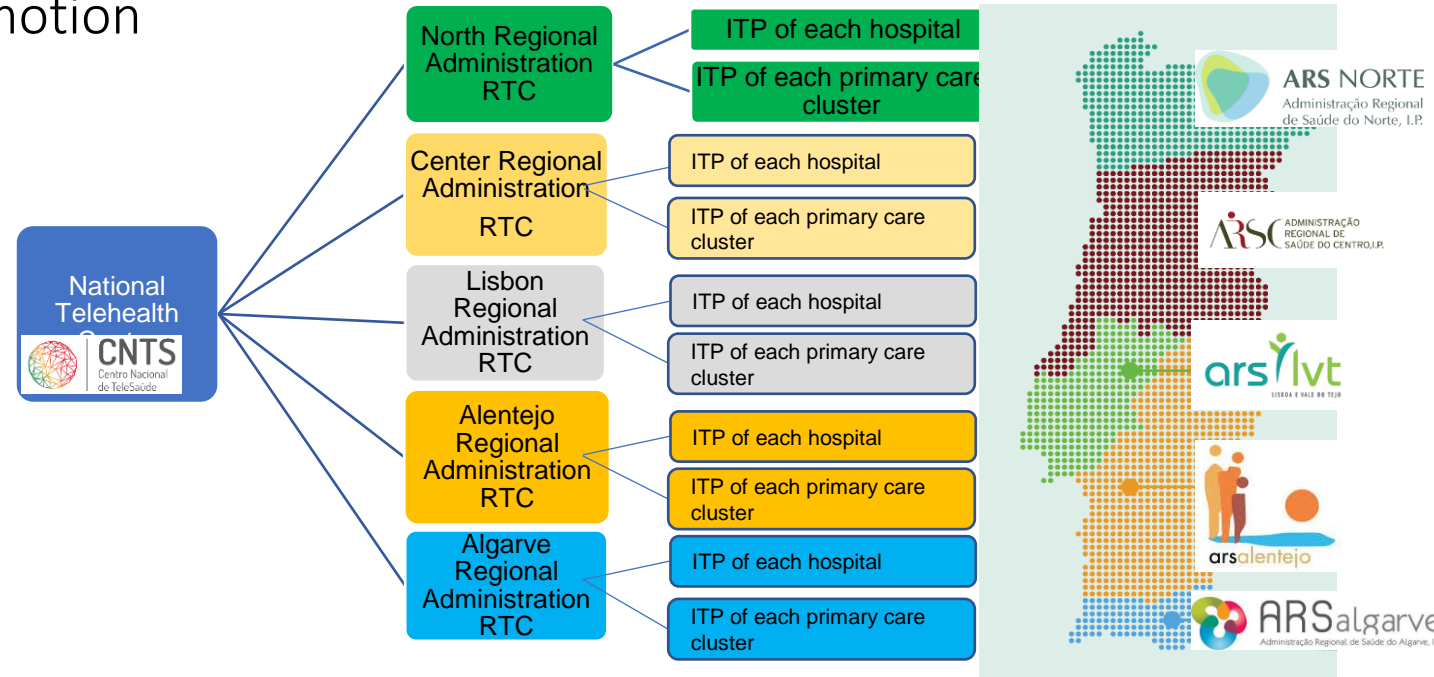
3. A Direção-Geral da Saúde emite, de forma gradual, normas de orientação para cada consulta de triagem/rastreio de cada especialidade médica, na prioridade decorrente do meu Despacho n.º 3571/2013, de 27 de fevereiro.

4. As Administrações Regionais de Saúde, IP devem dotar, de forma progressiva e na medida das suas capacidades, as diferentes unidades de saúde, de equipamentos necessários à implementação das teleconsultas, privilegiando o uso da Plataforma de Dados em Saúde (PDS-Live), e das consultas de triagem/rastreio de diferentes especialidades médicas, através da PDS-CTH.

5. Os estabelecimentos hospitalares do SNS e dos Agrupamentos de Centros de Saúde devem nomear um Promotor Interno da Telemedicina (PIT), dando conhecimento do mesmo à Administração Central do Sistema de Saúde, IP e à SPMS—Serviços Partilhados do Ministério da Saúde, EPE.



[Dispach 8445/2014](#), 30th June defined that all hospitals from NHS and all Primary Care clusters should appoint an ITP



*TeleHealth Promotion Network brings together Regional TeleHealth Coordinators (RTC) and Internal Telehealth Promotors (ITP)*

- Knowledge/practice of Telehealth activities;
- Knowledge/skills in the management and organization of Health services;
- Knowledge and good relationship with professionals from all clinical areas of the organization;
- Interest and motivation to implement innovation and change processes.



# National Telehealth Center

National vision and strategy for Telehealth

Citizen's empowerment

Supporting design of IT systems that enable telehealth

Enable health professionals



**CNTS**

Centro Nacional de TeleSaúde

Promotion and Development Unit  
Telehealth in NHS

Management and Development Unit  
Contact Center of the NHS

Participate in regulation

Development of telehealth initiatives

Healthcare Providers



**SNS 24**  
CENTRO DE CONTACTO  
SERVIÇO NACIONAL DE SAÚDE

Innovation and I&D

**CITIZENS**

*Council of Ministers: Resolution nº. 67/2016  
Law Decree nº 69/2017 of June 16*

# Mobile Solutions\_ integrated in the context of teleservices (myNHS Wallet --> SNS24 app)

Mobile E-Death Certification



Mobile E- Prescription



mHealth can make eHealth applications and medical information available anywhere at anytime, but it must also be portable, secure and easy to use

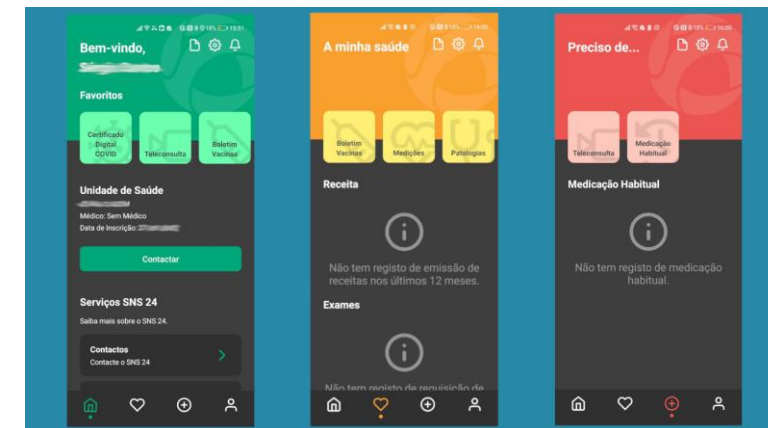
MyNHS



MyNHS Wallet --- > SNS24 App :



MyNHS Times



ISBN 978-619-90601-6-2

# A Century of Telemedicine: Curatio Sine Distantia et Tempora A World Wide Overview – Part V

## TeleHealth Evolution in Portugal in the Last Century

Henrique Martins, Paula Amorim (Chapter Editors)

### I. Introduction from Chapter Editors

Brief on Portuguese Health System  
Brief on the Structure and Logic of the Chapter  
References

### II. Telehealth Evolution in Portugal

2.1. First Consultations in National Health Service  
F. Mota  
References

2.2. The Emergence of Telemedicine Services in Portugal  
and the Collaboration with CPLC (Community of

Editors:

M. Jordanova, F. Lievens

2022

Portuguese Language Countries)

M. Maia, J. Gregório, L. Lapão

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Telehealth as a Key Healthcare Promoter in Portugal

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Telehealth from Portugal to Other

Portuguese Language Countries (CPLP)

Telehealth to Better Serve Growing Demographics

Final Considerations

Acknowledgments

References

2.3. Legal Framework, Clinical Guidelines, Norms  
of Ethics

P. Amorim

Code of Medical Ethics

Clinical Guidelines

Legislation

References

2.4. Evolution in Provided Teleservices

2.4.1. Alentejo Telehealth Program

L. Gonçalves

Teleconsultations

Teleconsultancy

Tele-Education

Dermatological Telescreening

Conclusions

2.4.2. Telehospitals

T. Magalhães, C. Sousa

References

2.4.3. Primary Care Delivery through Digital Health

J. Gregório, M. Maia, M. Peyroteo, L. Lapão

Context

Digital Health in Primary Care

ePharmacy

Conclusion

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2.4.4 Telepathology

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C. Correia

The Telepathology Model of Hospital Centre of  
Cova da Beira and IPATIMUP

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2.4.5 Teledermatology

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V. Costa

Initial Phase

2021)

Officialization Phase

Generalization Phase

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# SNS 24 Website Next Steps



Total Integrate

Integration of the site with the Contact Center



AI & Chat Bot

Implementation of a Chat Bot in the website

New Symptoms

Development and implementation of new clinical algorithms in the symptom checker



New Contents

New themes | Guides | Online services

WHAT'S NEXT?



# THANK YOU!

Questions?  
*(now or via email/website)*

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## Henrique Martins' Digital Healthcare Systems

In this site I share my vision, my passion and my experience in creating Digital Health solutions and building Leadership and Management capacity in Healthcare. I believe change is needed in Healthcare worldwide, through the use of IT and healthcare transformation. I want to help all those who also believe in new Digital Health and Care.

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