

# A importância da Investigação Clínica nos CSP

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USF CelaSaúde | APMGF

## 2º Encontro Nacional de Investigação Clínica & Inovação Biomédica

23 de maio de 2023 · 09:00 – 18:00  
Auditório da Faculdade de Medicina  
da Universidade de Coimbra – Pólo III

AICIB

opifarma

fct

Health Cluster  
Portugal

Infarmed

PtCRIN

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PRR

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# Why is it important?

- To improve patient care
- To constantly question our practice
- To make us better understand and translate evidence
- To translate basic science discoveries into medical practice
- ...

# Why do Research?

<b>III. TRABALHOS CIENTÍFICOS</b>	<b>30</b>
3.1. Os trabalhos publicados em revistas indexadas: A) Web of Science, Scopus, Pubmed, Scielo 15 pontos. B) Index RMP: 3 pontos por trabalho até ao máximo de 12 pontos; Outros até ao máximo de 8 pontos.	15
3.2. Trabalhos de investigação, relato de caso, revisão, qualidade e projecto de intervenção, apresentados em congressos e jornadas	15

<b>2</b>	<b>Tipo de trabalhos (mínimo 1)</b>
2.1.	Artigo de opinião - 50% co-autor
2.2.	Trabalhos de revisão clássica - 50% co-autor
2.3.	Relatos de caso - 50% co-autor
2.4.	Trabalhos revisão sistemática/RBE - 50% co-autor
2.5.	Garantia da qualidade
2.6.	Investigação
2.7.	Projeto de intervenção

574 new residents in MGF in 2023

# What Research?

Oral communication, Resident of FGM, data from PC - in one or two units (~ 101 and 500 participants).

Quantitative, observational,

Problem-specific resolution skills solution of health problems.

# What Research?

50,8% of the published work in RPMGF without Specialist Family Doctor<sup>1</sup>

The response rate in surveys done to Portuguese GPs was 56% (95CI 47-64%)<sup>2</sup>

1 - Santiago LM. A investigação em medicina geral e familiar em Portugal [Clinical investigation in general and family medicine in Portugal]. Rev Port Med Geral Fam. 2017;33(6):383-4. Portuguese

2 - Basílio N, Cardoso S, Nunes JM, Laranjo L, Antunes MDL, Heleno B. Portuguese Primary Care physicians response rate in surveys: A systematic review. Rev Assoc Med Bras (1992). 2018 Mar;64(3):272-280. doi: 10.1590/1806-9282.64.03.272. PMID: 29641772.

Why do  
Research?

**What about the Specialists?**



~40 h week –  
> 30 h direct  
assistance  
~3 h meeting  
4-6 h indirect  
contacts

>100  
consultations  
per week  
~50-100  
indirect  
contacts a  
week

6.702 medical  
contacts  
to  
1.470  
different  
patients

What do  
we do?  
- my experience

# What patients do we have?

T93	ALTERAÇÕES DO METABOLISMO DOS LÍPIDOS	647
T83	EXCESSO DE PESO	481
K86	HIPERTENSÃO SEM COMPLICAÇÕES	376
T82	OBESIDADE	339
P76	PERTURBAÇÕES DEPRESSIVAS	322
P74	DISTÚRBO ANSIOSO / ESTADO DE ANSIEDADE	290
L87	BURSITE / TENDINITE / SINOVITE, NE	276
L86	SÍNDROME VERTEBRAL COM IRRADIAÇÃO DE DORES	254
R97	RINITE ALÉRGICA	236
W11	CONTRACEÇÃO ORAL	233
P06	PERTURBAÇÃO DO SONO	226
T90	DIABETES NÃO INSULINO-DEPENDENTE	133
K87	HIPERTENSÃO COM COMPLICAÇÕES	105
Y85	HIPERTROFIA PROSTÁTICA BENIGNA	91
R96	ASMA	81
K78	FIBRILHAÇÃO / FLUTTER AURICULAR	62
	TOTAL	14.699



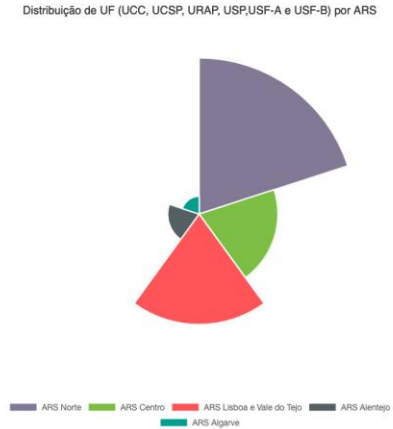
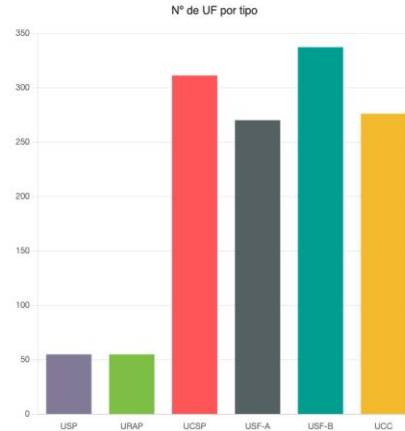
# What data do we have?

Propor. RN cuja mãe tem registo de gravidez		
Proporção utentes [50; 75[A, c/ rastreio cancro CR	317	54
Proporção utentes >= 14 A, c/ reg. hábit. tabágic.	1.062,00	1.530
Proporção utentes >=14A, c/ registo consumo álcool	1.075,00	1.530
Proporção utentes >= 25 A, c/ vacina tétano	1.208,00	1.296
Proporção utentes com avaliação risco DM2 (3A)	532	1.158
Taxa domicílios enferm. p/ 1000 inscritos idosos	182	43
Prop. idosos s/ presc. prol. ansiol/sedat/hipnót	341	41
Proporção idosos ou doença crónica, c/ vac. gripe	298	53
Proporção DM c/ 1 HbA1c por semestre	83	13
Proporção DM com exame pés último ano	103	14
Proporção DM c/ microalbum. último ano	111	14
Proporção DM c/ última HbA1c <= 8,0%	91	14
Proporção DM < 65 A, c/ HbA1c <= 6,5 %	12	5
Proporção DM c/ cons. enf. vigil. DM último ano	107	14
Proporção utentes DM c/ aval. risco úlcera pé	103	14
Propor. DM2 c/ indic. insul., em terap. adequada	5	
Proporção novos DM2 em terap. c/ metform. monot.	4	
Custo c/ terapêut. do doente c/ Diabetes Mellitus	46.265,75	14
Custo c/ terap. doente c/ Diab. Mell. controlado	27.562,97	9
Prop. adultos com DM, com diagn.		
Proporção de hipertensos com PA em cada semestre	263	47
Proporção de hipertensos com IMC (12 meses)	359	48

# Where is the information about Primary Care Units?



## Destaque



Nome Unidade

USF CelaSaúde



Ajuda Exclusão Indicadores

Cálculo IDG Unidade ?

N

S

Nº Indicadores

112

Nº Dimensões

23

Valor IDG

80,30

Valor IDG IPDA

81,20

Área	Valor IDS	Valor IDS IPDA
<b>Acesso</b>	<b>78,50</b>	
Cobertura ou Utilização	18,90	
Consulta no Próprio Dia	82,70	
Distribuição das Consultas Presenciais no Dia	86,70	
Personalização	39,30	
Tempos Máximos de Resposta Garantidos	100,00	
<b>Gestão da Doença</b>	<b>71,20</b>	
Diabetes Mellitus	43,40	

Cód. Indicador	Designação Indicador (+ID)	Tipo	Exclusão	IDG	Mês Ind	Min. Aceit	Min. Esper	Máx. Esper	Máx. Aceit	Resultado	Score
2013.300.01 FL	300 - N° médio prescr. consulta fisioterapia, p/ utiliz.	FL		S	202302	0,00	0,00	0,10	0,16	0,16116	0,000
2013.302.01 FL	302 - Índice de acompanham. adequado s. infantil 1º ano	FL		S	202302	0,82	0,93	1,00	1,00	0,91507	1,729
2015.306.01 FL	306 - Propor. ute. s/ rastr. VIH/SIDA que o efetuaram	FL		S	202302	3,00	5,00	100,00	100,00	5,07556	2,000
2015.307.01 FL	307 - Proporção grávidas com ecografia 1º trimestre	FL		N	202302	60,00	80,00	100,00	100,00	74,35898	1,436
2015.308.01 FL	308 - Proporção grávidas com ecografia 2º trimestre	FL		S	202302	60,00	80,00	100,00	100,00	80,76923	2,000
2015.309.01 FL	309 - Proporção grávidas com ecografia 3º trimestre	FL		N	202302	47,00	68,00	100,00	100,00	61,11111	1,344
2015.310.01 FL	310 - Índice realização exames laborat. 1º trim. grav.	FL		S	202302	0,62	0,79	1,00	1,00	0,90797	2,000
2015.311.01 FL	311 - Índice realização exames laborat. 2º trim. grav.	FL		S	202302	0,40	0,54	1,00	1,00	0,62183	2,000

# Where is the information about Primary Care Units?



Culture?



Work structure?



Interest?



What others?

Is it more  
difficult to  
implement  
in Primary  
Care ?



Involve people



Focus on the important



Understand what are their  
problems/interests



Give back

# How to do research in Primary Care



Universidade do Minho  
Escola de Medicina



U.PORTO  
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UNIVERSIDADE DA MADEIRA  
Faculdade de Ciências da Saúde

# Research in Primary Care- Current Infraestrutura

Bruno Heleno



# Research in Primary Care- Current Infraestructure

- Bruno Heleno

Research teams: 32 PhDs, 35 PhD students, 162 collaborators in 11 teams + 8 PhDs, 8 PhD students

Research Centre: belonging to 7 research and development units funded by FCT



# Research in Primary Care- Current Infraestructure

Bruno Heleno





# Landscape and Strategic Vision for Research in Primary Health Care

Margarida Gil Conde  
ARSLVT / FMUL / APMGF



Need to invest in Primary Care Research and shift towards Patient-Centered approaches



Need to create solid Primary Care Community-Based Research Structures



Need to develop research infrastructure in Primary Care



Need to bring together Clinical Practice and Research

What do we know & what is missing in Primary Care in Portugal?

# i.CSP – Research in Primary Care

Qualitative Study

Quantitative Study

Policy-Brief

Semi-Structured Interviews

National Survey

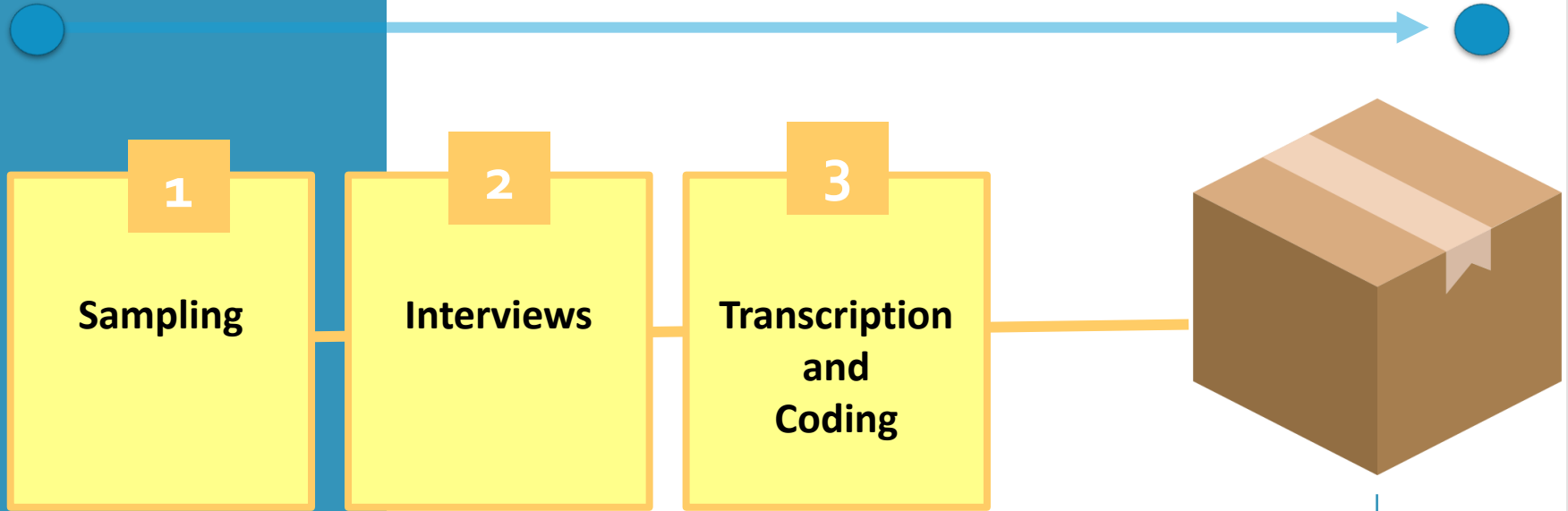
Forum with stakeholders

Specific Actions- Taskforce AICIB/ARSs/PT-CRIN

# i.CSP Qualitative Study

October 2019

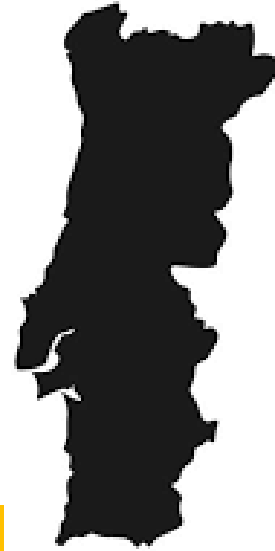
March 2022



Results:

- Study of the phenomenon
- Conceptualization

# i.CSP Quantitative Study



Online survey about research interests, practices, motivations, and training needs to Primary Care Professionals in Portugal

# i.CSP Quantitative Study -Results



**1020 answers**

**78,8% female**

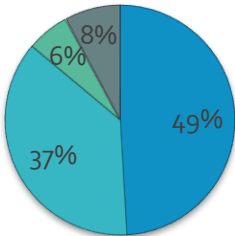
**24-72 years**

**78,8% female**

# i.CSP Quantitative Study - Results

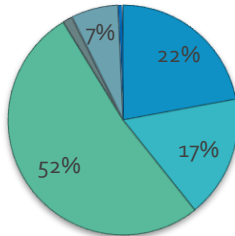


### Profession



- Physician
- Nurse
- Technical Assistant
- Diagnostics and Therapeutic Technician
- North
- Lisbon and Tagus Valley
- Algarve
- Madeira

### Region

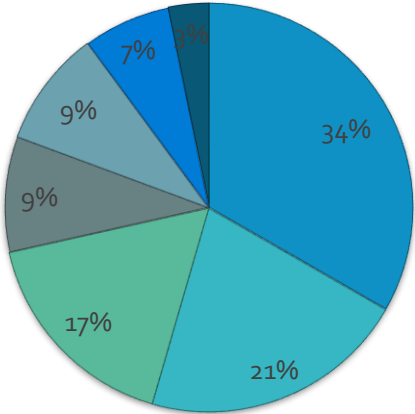


- Centre
- Lisbon and Tagus Valley
- Alentejo
- Azores

# i.CSP Quantitative Study- Results



### Workplace



- Family Unit Type B
- Family Unit Type A
- Personalized Care Unit
- Continued Care Unit
- Public Health Unit
- Shared Resources Unit
- Private Practice
- Administration



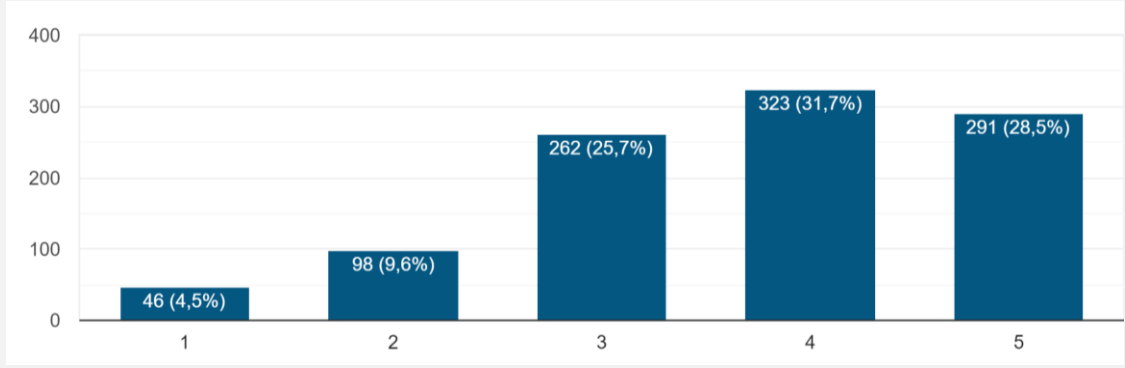
# i.CSP Quantitative Study- Results



55% have training in research methods

32% never conducted research

Interest in Research



# i.CSP Quantitative Study- Results



## Motives to do research work:

- Interest (49,1%)
- Personal Valorization (37,9%)
- Residency Curriculum (38,9%)
- Academic Curriculum (14,7%)
- For other curricular reasons (17%)
- To obtain a Master's Degree (40,9%)
- To obtain a Post-Graduate Degree (13,9%)
- To obtain a PhD (8,1%)
- Curiosity (20,5%)
- Career Progression (8,1%)

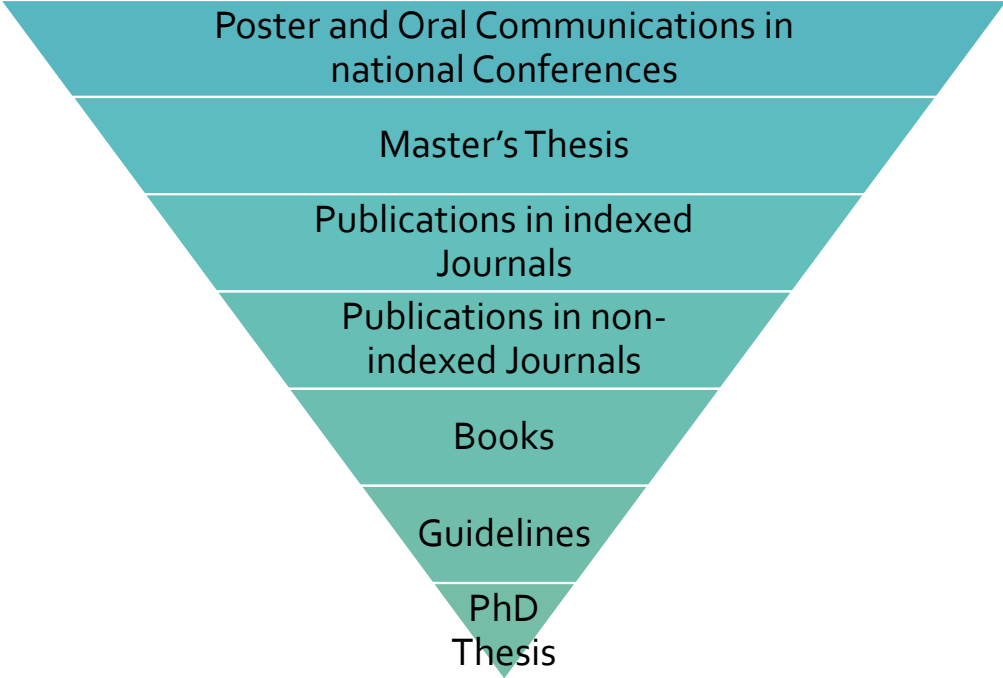
# i.CSP Quantitative Study- Results



## Motives not to do research work:

- Lack of training (55%)
- Lack of time (57%)
- Lack of information (28%)
- Lack of funding/conditions (39%)
- Lack of Interest (18%)

# i.CSP Quantitative Study- Results



# i.CSP Quantitative Study- Results



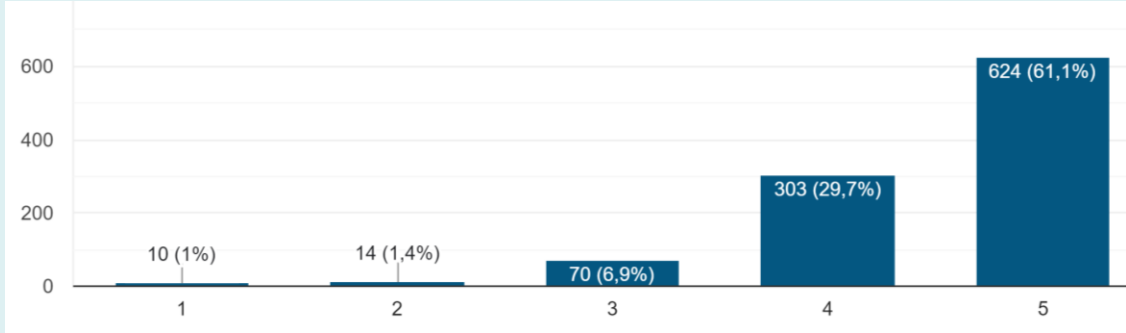
Only 184 (18%) Participated in a Clinical Trial

83% consider protected time for research as the most relevant strategy for the promotion of research at this level

# i.CSP Quantitative Study- Results



Do you consider research in Primary Care essential to Improve Clinical Practice?



# i.CSP Quantitative Study- Results



1. Portrait of Research in Primary Healthcare in Portugal - an Observational, Cross-sectional Study.

2. Experience and Motivation in Primary Care Research in Portugal: a cross-sectional Study

3. Barriers to research in Primary Care in Portugal- a quantitative analysis

4. Characterization of Scientific Production in Primary Care in Portugal.

5. Strategies for the promotion of research in Primary Health Care in Portugal - a Quantitative Study

6. Research Agenda for Primary Care - Portugal

# i. CSP Policy-Brief

Who will attend?

Researchers, Experts, Policy Makers, Academics, Family Medicine Training Program Faculty, Family Medicine Leadership

Main Objective

To define strategies for the development and promotion of research from Family Doctors in Portugal



# Taskforce – Research in Primary Care



## National Survey

Data analysis phase



## Local Research Departments

Different Stages Nationally



## National Actions

RECs  
Access to data for research



## Training in Research

Pilot in ARS North



## Funding

Dissemination of funding opportunities



Report with specific recommendations



Activities at a National Level



PBRNs in Portugal



Clinical Trials in PC in PT

## Future Perspectives



THANK YOU FOR YOUR  
ATTENTION



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