PRIMARY CARE IN BRAZIL’S PUBLIC HEALTH SYSTEM

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BRAZIL’S PUBLIC HEALTH SYSTEM

History:

• Before 1989: health was available to those who could pay for private services, or those with health insurance from their employers. All the others did not have proper right to health and sometimes would receive charity.

• Health reform: health professionals, population, movement related to citizenship rights

• Brazilian Unified Health System (SUS) (1989): health as a right for everybody and as a duty of the state.
BRAZIL’S PUBLIC HEALTH SYSTEM

Ethical principles:
Universality
Equity
Comprehensiveness

Organizational principles:
Common directions
Regional provision
User participation
BRAZIL’S PUBLIC HEALTH SYSTEM

Characteristics:

Integration of healing and preventive measures, towards individuals and populations

New attribution of value to health promotion, community health and geographically based actions.

Not hospital centred

Care delivered through generalists
PRIMARY CARE IN BRAZIL’S PUBLIC HEALTH SYSTEM

• **Definition:** primary and basic care, first level of care, with complex integration of knowledge and practices (Schraiber, Mendes-Gonçalves, 1996)

• **Principles:** universality, access, care coordination, linked, continuity, comprehensiveness, responsibility, humanization, equity, social participation (Brasil, 1998)

• **Main roles:** care for the most prevalent conditions, gateway and coordinator along the system
PRIMARY CARE IN BRAZIL’S PUBLIC HEALTH SYSTEM

Concept, values and practices:

• Acknowledgment that the way care is delivered can not only meet peoples needs but also transform them
• Promoting comprehensive care
• Programmes for Integration of Individual and collective care
• Reducing vulnerability to disease
• Multidisciplinary and multiprofessional work
• Interaction with other sectors
• Importance of linking technical exit to practical success
• Importance of developing technologies with these goals and use of soft technologies

(Schraiber & Mendes-Groncalves, 2000; Nemes, 2000; Ayres, 2003; Ayres, 2004)
PRIMARY CARE IN BRAZIL’S PUBLIC HEALTH SYSTEM

Models:

• Basic Health Centres or Traditional Health Centres
• Family Health Strategy
• Different mix of both
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Main achievements:
- Universal and free access
- Implementation along the country
- Change of life conditions, principally in regions with little health access before
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Implementation of family health teams

![Graph showing the implementation of family health teams over the years, with data points for each year from 1994 to 2010. The graph includes columns for 'META' and 'REALIZADO' with corresponding data values for each year.](image)
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Family health strategy today
PRIMARY CARE IN BRAZIL’S PUBLIC HEALTH SYSTEM

Main challenges

• Quality of care

• Implementation of actions that work towards comprehensiveness
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Paths to overcome challenges:

“Matriciamento” joined up care / networking through family health support teams
Paths to overcome challenges:

- Development of practical technologies
- Improvement of democratic management
- Quality assessments of services and programmes
• Sao Paulo State has 645 cities. 524 have less than 50 thousand inhabitants

Participation in QualiAB 2010:
586 municipalities
2737 Services
# PRIMARY CARE IN SAO PAULO STATE

## Service type

<table>
<thead>
<tr>
<th>Service type</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Health Unit (FHU)</td>
<td>1195</td>
<td>43.6</td>
</tr>
<tr>
<td>FHU with specialists</td>
<td>123</td>
<td>4.5</td>
</tr>
<tr>
<td>BHC with family health strategy</td>
<td>154</td>
<td>5.6</td>
</tr>
<tr>
<td>BHC with community health agents</td>
<td>233</td>
<td>8.5</td>
</tr>
<tr>
<td>Basic Health Centre (BHC)</td>
<td>874</td>
<td>32</td>
</tr>
<tr>
<td>Advanced health post</td>
<td>20</td>
<td>0.7</td>
</tr>
<tr>
<td>Others</td>
<td>136</td>
<td>5.0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>2735</td>
<td>100</td>
</tr>
</tbody>
</table>
QualiAB provides scores between 0 and 2
Average score in QualiAB = 1.23

<table>
<thead>
<tr>
<th>Score &lt; 1.2</th>
<th>Score &gt; 1.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Tests performed at the service</td>
<td>• Early begin of prenatal care</td>
</tr>
<tr>
<td>• Booking of medical appointments with</td>
<td>• Routine tests for pregnant women</td>
</tr>
<tr>
<td>distribution of time</td>
<td>• Planned activities in children’s health</td>
</tr>
<tr>
<td>• Waiting room activities</td>
<td>• Booking of the first appointments for newborn</td>
</tr>
<tr>
<td>• Time duration of medical consultations</td>
<td>• Drugs availability</td>
</tr>
<tr>
<td>• Treatment of pregnant women with syphilis</td>
<td>• Care for patients with diabetes and high blood pressure</td>
</tr>
<tr>
<td>• Planned actions in elderly’s health</td>
<td></td>
</tr>
</tbody>
</table>
Health Centre Samuel B. Pessoa Butanta

- Delivers health care, is a teaching and research Unit
- Concept related to the theory of work in health and of the health needs
- Fields in which we offer care: adult’s, women’s, adolescent’s, elderly’s, children’s, oral and mental health)
Health Centre Samuel B. Pessoa Butanta Area

Population = 4446 inhabitants
Age groups pyramid
Our Multiprofessional Team

Team of 115 Health professionals (25 doctors, 4 nurses, 36 technical nurses, 1 pharmacist, 2 dentists, 32 admin, 1 psychologist, 1 occupational therapist, 1 speech therapist, 11 community health agents, 1 health educator)
Adult Health Department Team

Democratic management
Programme for Adolescent’s Health Care

Goals:

• Promotion of autonomy and wellbeing, contribution to their citizenship

• Reduction of vulnerability to STI / AIDS, avoiding unwanted pregnancy, drug abuse and violence.
Programme for Adolescent’s Health Care

Activities and technologies:

• Nurses appointments, medical consultations, educational groups for adolescents and parents

• Life and health care self reported questionnaire and subsequent dialogue with the health care team

• Health education activities in schools and the community

• Team meetings for training and democratic management of the programme.
Programme for Adolescent’s Health Care

Activity about body changes, adolescence and AIDS prevention in a school
Programme for Adolescent’s Health Care

Group about adolescense and dreams for the future in the Health Centre
Research Report

Paper
Pathways of comprehensiveness: adolescents and young adults in Primary Healthcare.
http://dx.doi.org/10.1590/S1414-32832012005000021

Training material for health professionals
Pathways of comprehensiveness in Primary Healthcare - theory and practical tools - adolescents and young adults

Film
Comprehensiveness. Expression of the not sayable
http://goo.gl/wcbuR
http://fm.usp.br/cseb
PRIMARY CARE IN BRAZIL’S PUBLIC HEALTH SYSTEM

The Brazilian Unified Health System (SUS) is an important public health policy.

Primary care is the level in which the system has achieved better results so far.

Nevertheless, primary care still faces challenges related to quality of care and implementation of actions that work towards comprehensiveness.

Primary Care in Sao Paulo state, Health Centre Samuel B. Pessoa Butanta and the Programme for Adolescents Health Care:

The examples and the progressive approach to the practice of primary care were used to make the presentation more concrete and to give you an opportunity of knowing a little of our reality and work.
A COMPARISON OF QUALITY INDICATORS USED IN THE UK AND IN BRAZIL TO ASSESS SEXUAL AND REPRODUCTIVE HEALTH IN PRIMARY CARE

A BRIEF REPORT OF THE ATTACHMENT

Mariana Arantes Nasser

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Health Centre Samuel Pessoa – Butanta
QualiAB research team
BACKGROUND

Master’s project

Title: “Assessment of the implementation of sexual and reproductive health actions in primary care services in the state of São Paulo”

Part of a larger study / evaluation:

*Questionnaire for the Assessment of the Quality of Primary Health Care Services – QualiAB*

*Public Health Department / Medical School of Botucatu / São Paulo State University UNESP Department of Preventive Medicine / Medical School / São Paulo University*
BACKGROUND

Research attachment at the Primary Care & Public Health Sciences / King's College London

Supervised by Dr Mark Ashworth

**Goals:** to learn about quality assessment tools; to build a comparative analysis of indicators used in the United Kingdom and in Brazil.
METHODOLOGY

Comparative study of indicators used in the United Kingdom and in Brazil

The indicators of sexual and reproductive health were taken both as an example and the focus of the study.

Steps:
• Use of references in the field of quality evaluations
• Look for especific quality indicators
• Look for the existence of sexual and reproductive frameworks
• Visit to practices in London and previous knowledge of Brazilian practices
• Supervision meetings
QUALITY ASSESSMENTS

UK
- Designed externally
- Built by groups related to the health authorities. Universities involved in the analysis
- Data collected at patient level
- Focused on clinical issues, based on clinical evidence and guidelines
- Show prevalence of diseases, needs and achievements
- Search for outcomes
- Related to commissioning and payment

Brazil
- External to the services
- Built by universities and used in partnership with state
- Data inputted by the health team
- Focused on organizational issues and forms of delivering care as proxies of quality
- Makes judgements
- Delivers recommendations for process improvement
- Management tool

Novaes, 2000; Campbell et al 2003
SEXUAL AND REPRODUCTIVE HEALTH

UK
- National and local frameworks
- Related to public health
- Delivered at level 1, level 2 and level 3 practices
- Commissioning
- Assessments focus diagnosis or procedures and treatments offered

Brazil
- National and local frameworks
- Follows international policies and recommendations in the field
- Requirement of primary care.
- Secondary care available for HIV, Hepatitis, STI with failure of treatment in primary care
- Assessment focused actions and activities developed by the team to address sexual and reproductive needs
EXAMPLES OF TOOLS AND QUESTIONS

Quality Outcome Framework - QOF
Part of public health additional services
• Contraception
• Smear collection
Directed to all GP’s

Ex: Cervical smear, Ca cervix screen - not wanted, Cervical smear refused, Cervical smear not indicated, Cerv.smear disclaimer received, Uterine cervix absent, No smear - benign hysterectomy, No smear- amputation of cervix, etc.
EXAMPLES OF TOOLS AND QUESTIONS

Department of Health – Public health / Genitourinary Medicine Clinic Activity Dataset (GUMCAD)
Sexual Health and HIV Activity Property Type Code (SHHAPT)

• Collection of patient level data
• Diagnosis of STI
• Service provided
• Directed to level 2 and 3 Sexual Health clinics

Ex: Diagnosis (Chlamydia, Gonorrhoea, syphilis, genital herpes, genital warts, HIV, etc); Service provided (STI tests, HIV tests, Hep B vaccination, HPV Vaccination, etc)
Questionnaire for the Assessment of the Quality of Primary Health Care Services – QualiAB - Actions for:

• Sexual and Reproductive Health promotion
• STI / AIDS prevention and STI treatment
• Reproductive Health and screening of cancer of the reproductive organs

Ex: 64) Routinely, condom distribution:

Check one or more answers

1) Is made to the general population, according to demand
2) Follows a similar monthly quota pattern (number of condoms) for all patients
3) Is made to groups of differentiated exposure (such as sex professionals) with larger quotas than those provided to the general population
4) Includes the provision of female condoms
5) The initial dispensation of condoms is always preceded by advice concerning their use and STD/AIDS
6) This service does not provide condoms
7) The service does not provide adults’ care
EXAMPLES OF TOOLS AND QUESTIONS

AMAOQ – Self evaluation for the improvement of access and quality of primary care

• Actions developed regarding contraception and prenatal care
• Prevention of STI / AIDS

Ex:
The primary care team develops activities with focus in sexual health?

Answer given by the team: from 0 1 2 3 4 5 6 7 8 9 10

(it is followed by an explanation of what would be the standard / recommended activities)
EXAMPLES OF TOOLS AND QUESTIONS

National System of information on notifiable diseases and events – SINAN

• Goals: surveillance
• AIDS, Hepatitis, congenital syphilis, some of the Brazilian States record other STI, maternal death, cervical cancer, others.
A COMPARISON OF QUALITY INDICATORS USED IN THE UK AND IN BRAZIL TO ASSESS SEXUAL AND REPRODUCTIVE HEALTH IN PRIMARY CARE

• The idea of this comparison was to learn about quality assessment tools.
• It is important to acknowledge that the use of different quality indicators is related to diverse contexts and to different goals.
• The possibility of building exchange and partnership.
Possibilities of partnership

Field for internships for interested students
REFERENCES


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Thank you for the attention!