QUALITY OF SERVICES IN THE FAMILY HEALTH STRATEGY UNDER PMAQ - AB INTERFERENCE: REFLECTIVE ANALYSIS

ABSTRACT

Objective: to present a reflection on the way that the National Program for Improving Access and Quality of Primary Care (PMAQ-PC) can help improve the quality of services provided at the Basic Health Units. Method: a reflective study based on LILACS and SciELO literature, resolutions and regulations related to the subject matter. Results: it is inferred that PIAQ-PC has been an important tool in the management of health resources, strengthening the evaluation of services by managers. It has contributed to improvements such as the implementation of the risk management commission and control in the regulatory sector; facilitated the referral to specialties and reduced the waiting time for the consultation, ensuring quality management and, consequently, improving the performance of health indicators. Conclusion: from the constant evaluations of the quality of the service and strong support to the health centers, it is possible to visualize possibilities of change and to make the goals can be reached. Descriptors: Quality of Health Care; Basic Care; Public Health.

RESUMO

Objetivo: apresentar uma reflexão acerca do modo como o Programa Nacional de Melhoria do Acesso e da Qualidade da Atenção Básica (PMAQ-AB) pode ajudar na melhoria da qualidade dos serviços prestados nas Unidades Básicas de Saúde (UBS). Método: estudo reflexivo realizado a partir de literatura na LILACS e SciELO, resoluções e normativas referentes à temática em questão. Resultados: infere-se que o PMAQ-AB tem sido uma ferramenta importante na gestão dos recursos destinados à saúde, fortalecendo a avaliação dos serviços pelos gestores. Contribuiu com melhorias como a implantação da comissão de gerenciamento de risco e o controle no setor de regulação; facilitou o encaminhamento para especialidades e reduziu o tempo de espera pela consulta, garantindo a gestão da qualidade e, consequentemente, melhorando o desempenho dos indicadores de saúde. Conclusão: a partir das avaliações constantes da qualidade do serviço e forte apoio aos centros de saúde, é possível visualizar possibilidades de mudança e fazer com que as metas possam ser atingidas. Descritores: Qualidade da Assistência à Saúde; Atenção Básica; Saúde Pública.

RESUMEN

Objetivo: presentar una reflexión sobre cómo el Programa Nacional de Mejoria del Acceso y de la Calidad de la Atención Básica (PMAQ-AB) puede ayudar a mejorar la calidad de los servicios prestados en las Unidades Básicas de Salud (UBS). Método: estudio reflexivo realizado a partir de la literatura en LILACS y SciELO, resoluciones y reglamentos relacionados con el tema en cuestión. Resultados: se deduce que la PMAQ-AB ha sido una herramienta importante en la gestión de los recursos asignados a la salud, fortaleciendo la evaluación de los servicios por los administradores. Contribuyó con mejoras como la creación de la comisión de gestión de riesgo y el control en el sector de reglamento; facilitó remisiones a especialidades y redujo el tiempo de espera para consulta, garantizando la gestión de la calidad y, en consecuencia, mejoró el desempeño de los indicadores de salud. Conclusión: a partir de evaluaciones constantes de calidad de servicio y un fuerte apoyo a los centros de salud, es posible mostrar las posibilidades de cambio y hacer con que los objetivos puedan ser alcanzados. Descriptores: Calidad de Atención Médica; Atención Primaria; Salud Pública.

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INTRODUCTION

Basic Care is characterized as a set of health actions, in the individual and collective scope, which covers the promotion and protection of health, prevention of diseases, diagnosis, treatment, rehabilitation, harm reduction and maintenance of health, with the objective of developing comprehensive care that impacts on the health situation and the autonomy of the people and on the determinants and health determinants of the communities.¹

One of the main current guidelines of the Ministry of Health is to perform public management based on the induction, monitoring and evaluation of processes and measurable results, guaranteeing access and quality of health care to the entire population. In this sense, diversified efforts have been made to adjust the strategies foreseen in the National Primary Care Policy (NPACP), in order to recognize the quality of Primary Care services offered to the Brazilian society and stimulate the expansion of access and quality in the most diverse contexts in the country.¹

There have been numerous attempts to qualify care in the Unified Health System (UHS), based on planning and evaluation tools. Recently, the Ministry of Health has launched the National Program for Improving Access and Quality of Basic Care (PIAQ-PC). Established by Administrative Rule no. 1,654 GM / MS, of July 19, 2011, was the product of an important process of negotiation and agreement of the three spheres of management of UHS to enable a design of the program that could allow the expansion of access and improvement of quality of basic care throughout Brazil.²

Noting how the PMAQ proposes to induce and evaluate the roles and actions of primary care as part of the priority networks³, it is clear that it intends to be a strategy that synthesizes both the effort to affirm primary care, as a welcoming and resolute gateway to the set of health needs, as well as the creation of conditions that guarantee integral health care.

The purpose of this article is to present a reflection on the way that the National Program for Improving Access and Quality of Primary Care (PIAQ-PC) can help improve the quality of services provided at the Basic Health Units (BHU).²

RESULTS AND DISCUSSION

◆ Single health system and its correlation with primary health care

The Unified Health System (UHS) is made up of all actions and health services under public management. It is organized in regionalized and hierarchical networks and operates throughout the national territory, with a single direction in each sphere of government. The UHS is not, however, a structure that works in isolation in the promotion of the basic rights of citizenship. It is inserted in the context of public social security policies, which cover, in addition to health, welfare and social assistance.¹

The creation of the Unified Health System (UHS) has been analyzed as a relevant institutional innovation in the field of social policies, undertaken under the democratic regime. In the Federal Constitution, promulgated in 1988, the importance of promoting health as a fundamental right of citizenship was affirmed, and it is incumbent upon the State to guarantee it to all citizens.

Under the constitutional precept "health is a right of all and duty of the State", comprehensive health care and universal health care were defended, with equal access of users to services, these services being hierarchized and their management, decentralized. It was established that health actions should be submitted to Executive bodies, with equal representation between users and other government representatives in their various instances, health professionals and service providers, including those in the private sector. The guiding principles of UHS were established: universality; integrity; participation and decentralization.

The post-Constitution laws, 8,080 and 8,142, both of 1990¹, defined institutional arrangements that, along with the Basic Operational Standards in subsequent years, complemented the constitutional charter and shaped the policy implementation process.
Primary Health Care (PHC), also referred to as basic care, was defined by the World Health Organization, in 1978, as essential health care based on scientifically proven and socially acceptable technology and practical methods. It is an integral part of the country’s health system, of which it is the central function, being the main focus of the community’s global social and economic development. It is the first level of contact between individuals, the family and the community with the national health system, bringing health care as close as possible to the place where people live and work, constituting the first element of a process of continuous attention to health.¹

In Brazil, Basic Health Care has Family Health as a priority strategy for their organization, in accordance with the provisions of the Unified Health System, as defined in the National Primary Care Policy, published in 2006.²

In this context, the Ministry of Health coordinates actions aimed at improving basic care throughout the country. The objective was to encourage UHS local managers to improve the quality of care offered to users in the Basic Health Units and through the Primary Health Care teams. The new model for basic care is focused on improving quality and access to public health services.³

♦ The relevance of quality in the provision of public health services

Society has increasingly sought, the quality of services and essential goods, including health services, when it is a humanized and qualified care, and has been increasingly sought after by consumers of this type of care. To meet this reality of ensuring positive results and customer satisfaction, it requires that organizations know how to associate low expenses with quality excellence.

Globalization and the quest for quality have affected consumer posture, requiring dependable performance of products and services, without time or failure tolerance. Quality was the most important corporate change agent of the new millennium and is the most important managerial demand to be faced by institutions.

The service sector has led economic expansion and global growth, and the initial concern with product quality has been expanded to the quality of services and human behavior, putting the human being and personal quality first. The need to evaluate the quality of services also goes back to the health area, which has a closer look at the professionals and users of the system.

The conclusion that quality is reduced solely to customer satisfaction is not shared by other quality scholars operating in health services. According to them, in the scope of quality assessment, user satisfaction must undoubtedly have to be considered, but along with other elements such as: the satisfaction of professionals and the effectiveness of medical care.⁵

Among the pioneers trying to define quality, in the context of health services and programs, considering their components, are Lee and Jones.⁶ They would be: a scientific foundation of medical practice; prevention; cooperation between consumers and service providers; integral treatment of the individual; close and continuous relationship between the doctor and the patient; integrated and coordinated medical services; coordination between medical care and social services; accessibility of care for the entire population.

Several factors determine the quality of health services: professional competence (technical skills, team attitudes, communication skills); user satisfaction (treatment received, concrete results, cost, time); accessibility (cultural, social, geographical, economic); effectiveness (appropriate standards, appropriate technology, respect for staff standards) and efficiency (costs, resources, risks).⁷

Commitment to quality improvement must be constantly strengthened by the development and improvement of initiatives that are better suited to the new challenges posed by reality, both in the light of the growing complexity of the population’s health needs due to the epidemiological and demographic transition and the current sociopolitical context, as well as the increase in population expectations regarding the efficiency and quality of UHS.¹

♦ The PIAQ-PC design and its relation to quality

As a strategy to achieve the improvement of the model in basic care, the National Program for Improving Access and Quality of Primary Care (PIAQ-PC) was created. PIAQ-PC is a program that seeks to induce the institution of processes that increase the capacity of federal, state and municipal governments, as well as Primary Care Teams, to offer services that ensure greater access and quality, according to the concrete needs of the population.³

The program seeks to induce the expansion of access and improvement of the quality of primary care, with a guarantee of a comparable quality standard nationally,
regionally and locally, in order to allow greater transparency and effectiveness of government actions directed to Primary Health Care throughout the Brazil.²

The PIAQ is organized into four phases that complement each other and form a continuous cycle of improving access and quality of PC (Adherence and Contractual Development, External Evaluation and Recontracting).²

The first phase of the PIAQ consists of the formal step of joining the program, through the contracting of commitments and indicators to be signed between the Primary Care Teams with the municipal managers, and those with the Ministry of Health, in a process involving local, regional, and the participation of social control.²

The second phase consists of the development stage of the set of actions that will be undertaken by the Primary Care Teams, by the municipal and state management and by the Ministry of Health, with the purpose of promoting the movements of change in the management, care and management of the care that will improve the access and quality of Primary Care. This phase is organized in four dimensions (Self-assessment, Monitoring, Permanent Education, and Institutional Support).²

The third phase consists of the external evaluation, that will be the stage in which a set of actions will be carried out, that will verify the conditions of access and quality of all the municipalities and Primary Care Teams participating in the Program.²

Finally, the fourth phase consists of a process of unique agreement between teams and municipalities, with the increase of new standards and quality indicators, stimulating the institutionalization of a cyclical and systematic process, based on the results achieved by the PIAQ participants.¹

The assessment of Primary Care is divided into four dimensions that unfold in 14 sub-dimensions, and these, in patterns that cover what is expected in terms of quality for basic attention.²

Conceptually, quality will always be a social construct, produced based on the references of the subjects involved, which assign meanings to their experiences, privileging or excluding certain aspects, according to a hierarchy of preferences. Thus, it will always be a great challenge to approach the concept of quality in relation to basic care, considering the plurality of its dimensions (political, economic, social and technological) and the subjects involved in its construction (individuals, communities, groups, users and professionals).²

In PIAQ, health quality is defined as the degree of compliance with quality standards established in accordance with norms, protocols, principles and guidelines that organize actions and practices, as well as current scientific and technical knowledge, respecting culturally accepted values and considering the competence of the actors.⁵

The default is the declaration of expected quality. Their meaning is affirmative or positive, expressing expectations and desires to be achieved. The quality standards are characterized by their comprehensiveness, referring to a broad vision of the health system and actions. They reflect the focus of the basic attention on the user, inducing the transparency of the management processes, the participation and social control and the sanitary responsibility of the health professionals and managers with the improvement of the health conditions and satisfaction of the users.⁵

The patterns have an incremental character in themselves, whose evaluation of the analyzed situation occurs through a numerical scale. They are organized in such a way as to enable the quantification of self-evaluative responses, making the formation of general quality classifications possible.⁸

The analysis method adopted in the PIAQ allows respondents to assess the adequacy of their practices to the quality standards presented. To do so, a scoring scale, ranging from zero to ten points, is assigned to each pattern. This scale is classified as non-comparative, since each one is evaluated by itself. These scales present the categories in an absolute way, among which the respondent chooses the one that best represents their attitude towards the evaluated question, thus allowing the measurement of opinions in the most objective way.⁸

When considering that the use of terminologies, commonly used in the construction of scales, can influence the perception of the respondent, we chose not to classify the scale present in the standards. In this sense, Campos ⁵ still infers that in using the instrument, the respondent should consider that point zero indicates non-compliance with the standard, point ten is the total adequacy and the intervals between zero and ten are degrees of conformity/care of the situation analyzed in relation to the desired quality.

At the end of the evaluation, it will be possible to know the respondent's classification for each dimension and sub-dimension, starting from five categories: very unsatisfactory, unsatisfactory, regular, very satisfactory, satisfactory, very satisfactory.
In this study, it is inferred that PIAQ, even though unconsciously by managers, has been an important tool in the management of health resources, helping in the use and contributing with improvements such as: implementation of the management committee of risk; standardization of Nursing care; controls in the regulatory sector, facilitating the referral of specialties and reducing queues (waiting for service/assistance); controls implanted in the collection of laboratory tests, favoring patient safety, and organization of the work process (implementation of norms and routines, manuals, assistance protocols), ensuring quality management and, consequently, improving the performance of health indicators.

There is a need for new processes to evaluate the health system, so that there are practices aimed at improving the quality of care. Through constant evaluations and strong support to health centers, it is possible to visualize possibilities for change and to make the goals reachable.

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