



CHARACTERISTICS OF HOME CARE SERVICES
CARACTERÍSTICAS DOS SERVIÇOS DE ATENÇÃO DOMICILIAR
CARACTERÍSTICAS DE LOS SERVICIOS DE ATENCIÓN DOMICILIARIA

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ABSTRACT

Objectives: to identify characteristics of Brazilian home care services. **Method:** integrative review, which sought scientific articles published between January 2012 and May 2017, in the databases of BDENF, LILACS and the virtual library SciELO. The evaluation of the studies was done by reading the summaries of the articles that answered the scenario of home care in Brazil and the results were presented in a table and summaries. **Results:** the sample consisted of nine articles of which it was possible to identify three thematic categories - "population groups prevalent in home care", "the profile of professionals and family caregivers inserted in this context" and "characteristics of the home care service". **Conclusion:** home care is an effective means of dehospitalization and reduction of the cost and humanization of care, however, of scarce access to the users of the public health system. **Descriptors:** Home care services; Home care hospital services; Home assistance; Public health; Health Education; Comprehensive Health Care.

RESUMO

Objetivos: identificar características dos serviços de atenção domiciliar brasileiros. **Método:** revisão integrativa, que buscou artigos científicos publicados entre janeiro de 2012 a maio de 2017, nas bases de BDENF, LILACS e na biblioteca virtual SciELO. A avaliação dos estudos foi feita pela leitura dos resumos dos artigos que respondessem como é o cenário da assistência domiciliar no Brasil e os resultados foram apresentados em forma de tabela e sínteses. **Resultados:** a amostra foi composta por nove artigos dos quais foram possíveis identificar três categorias temáticas - "os grupos populacionais prevalentes na assistência domiciliar", "o perfil dos profissionais e dos cuidadores familiares inseridos nesse contexto" e "características do serviço de atenção domiciliar". **Conclusão:** a atenção domiciliar é um eficaz meio de desospitalização e redução de custo e humanização do cuidado, porém, de acesso escasso aos usuários da rede pública de saúde. **Descritores:** Serviços de assistência domiciliar; Serviços hospitalares de assistência domiciliar; Assistência domiciliar; Saúde Pública; Educação em Saúde; Assistência Integral à Saúde.

RESUMEN

Objetivos: identificar las características de los servicios de atención domiciliar brasileños. **Método:** revisión integrativa, que buscó artículos científicos publicados entre enero de 2012 a mayo de 2017, en las bases de BDENF, LILACS y en la biblioteca virtual SciELO. La evaluación de los estudios fue realizada por la lectura de los resúmenes de los artículos que respondieran como es el escenario de la asistencia domiciliar en Brasil y los resultados se presentaron en forma de tabla y síntesis de los resultados. **Resultados:** la muestra fue compuesta por nueve artículos de los cuales fueron posibles identificar tres categorías temáticas - "los grupos poblacionales prevalentes de la asistencia domiciliar", "el perfil de los profesionales y de los cuidadores familiares insertados en este contexto" y "las características del servicio de atención domiciliar". **Conclusión:** la atención domiciliar es un eficaz medio de desospitalización y reducción de costo y humanización del cuidado, pero, de acceso escaso a los usuarios de la red pública de salud. **Descriptores:** Servicios de asistencia domiciliar; Servicios hospitalarios de asistencia domiciliar; Asistencia domiciliar. Salud pública; Educación en Salud; Asistencia Integral a la Salud.

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INTRODUCTION

The creation of the Unified Health System (UHS) occurred with the Federal Constitution of 1988, when health became the right of all and the duty of the State. Conceived by thinkers of the Brazilian sanitary reform, this complex system inherits the responsibility of overcoming historical problems such as the difficulty of access and the integrality of care. Epidemiological, demographic transitions and changes in health determinants have added increasing costs to the system, with the uncritical inclusion of technologies, in an increasingly gloomy scenario of scarce resources.¹⁻²

With the recent reorganization of the Health Services in the Network Strategy, Home Care (HC) is highlighted by Administrative Rule no. 2,527, of October 2011, as complementary or substitutive care modality. It became, then, a solid alternative to the hospital attention promoting the deinstitutionalization of the care and the desospitalization of patients that fit in pre-established criteria. They receive care with technologies compatible with their health needs, which can be used in the family system, promoting humanized care.³⁻⁵

In this scenario, the federal government launches the "Best at Home" program, which has become one of the components of the Urgency and Emergency Care Networks (UENs), and is structured as a strategic point for hospitals to capture in their domains, eligible patients for home care from a perspective of Health Care Networks (HCN).

Home care services have been growing in Brazil since 1990 following the worldwide trend of aging populations. The expansion of non-communicable and disabling chronic diseases demands a new logic of care within the family, promoting the de-hospitalization of the users, from premature infants to the elderly. In this way, the Best at Home demonstrates the potential to contribute to reducing the overhead of tertiary services, be they private or public. Priority is given to the adequate use of existing resources, thus providing greater efficiency and effectiveness of health care.^{1,6-9}

Home care is enabling the breakdown of the hospital-centered hegemonic model, empowering families in patient care, preserving autonomy and enabling the link between service professionals and users. Thus, home care becomes co-responsible for the management and operationalization of health actions in its population. The HC teams are responsible for home care in the more

complex modalities (HC2 and HC3), while the HC1 modality is under the responsibility of the primary care teams.^{6,10-13}

This study aims to identify characteristics of Brazilian home care services.

METHOD

Integrative review from six stages, namely: the first, identification of the problem; the second, the search for literature; the third, the evaluation of the studies found; the fourth, the selection of relevant studies; the fifth, the presentation of the results and the sixth, the synthesis of the studies with the evidences found.¹³

Starting from this principle, the elaboration of the guiding question from the identification of the problem was: "What is the scenario of home care in Brazil?".

The search for the literature was performed using descriptors DeCS (Health Sciences Descriptors) "home care services" and "home care hospital services", which were individually combined through the "home care" AND connector, indexed in the The Virtual Health Library (VHL), Latin American and Caribbean Literature in Health Sciences (LILACS) databases, the Nursing Database (BDENF) and the Scientific Eletronic Libray Online (SCIELO), filtered by language (Portuguese), by year of publication (from January 1, 2012 to June 1, 2017), by country (Brazil) and available in full text form.

The evaluation of the studies was done by reading the abstracts of the articles where duplicate texts were excluded, articles of reviews and articles that did not meet the main objectives of the research. The analysis of the articles was carried out by means of tabulations in the form of figures with the following information: Author, article title, state, objective, method / sample, results found and service characteristic. The levels of evidence of the articles were categorized according to the model of the Oxford Center for Evidence-based Medicine through the agreement of two review authors.

The presentation of the results was made through the discussion of the relevant findings that allowed the authors to perform the critical analysis of the studies and the inclusion of relevant topics to the research. The work was compared and synthetically related according to the following categories: situation of home care in Brazil, health professionals and the caregiver in home care and characteristics of the home care service.

RESULTS

The VHL search returned 31,710 articles in the first association and 1,889 in the second. After refinement by search criteria (year, language, available full text and country), 36 articles were filtered in the first association of descriptors and five articles in the second association.

After reading the summaries of the 41 articles selected, 32 articles were excluded from the integrative review: five for duplicity and 27 for not responding to the guiding

questions, selecting nine articles for the description of the integrative review.

From the analysis of the articles selected by the authors (Figure 1), only one article had a multicentric feature with a national approach, being carried out in 23 Brazilian federative units. Three studies were carried out in the State of Minas Gerais; two, in Paraná; one in São Paulo and another in Rio Grande do Norte. A study did not have the description of the State where the research was carried out.

Nº	Author/ Ano	Article title	State	Objectives
1	WachS LS; Thumé E; Facchini LS; Soares MU; Nunes BP. 20167	Prevalence of home care provided to the Brazilian elderly population and associated factors.	National, 23 States	To identify the prevalence of home care among elderly Brazilians and its association with demographic, socioeconomic, health conditions and health services utilization.
2	Biscione FM; Ferreira GUA; Alves D; Drumond E de F; Szuster DAC; Lima Junior JF; et al. 201314	Evaluation of the effectiveness of the home care of a medical cooperative of Belo Horizonte. Minas Gerais Brazil.	Minas Gerais	To evaluate the impact of the care plan executed by the home care team of the Unimed Belo Horizonte Medical Labor Cooperative (Unimed-BH), in the free time of hospitalization among the elderly assisted by the program in 2011.
3	Pires MRGM; Duarte EC; Göttems LBD; Figueiredo NVF; Spagnol CA. 20134	Factors associated with home care; subsidies to the management of care under SUS.	Minas Gerais	To identify the associated variables, that is, those that most influence the classification of the type of AD of the users in the territory of the Basic Health Units (BHU) as subsidy to the management of the care by the health teams, in the perspective of SUS.
4	Martins AS; Rezende NA; Torres HOG. 201215	Survival and complications in the elderly with neurological diseases in enteral nutrition.	Minas Gerais	To evaluate the complications and survival of elderly patients with neurological diseases using NE.
5	Cedano S; Belasco AGS; Traldi F; Machado MCL. O; Bettencourt AR. C. 201216	Influence of sociodemographic and clinical characteristics and level of dependence on the quality of life of patients with COPD in prolonged home oxygen therapy.	São Paulo	To evaluate and correlate the quality of life (QOL) of patients with COPD using prolonged home oxygen therapy (ODP) with their sociodemographic / clinical characteristics and the level of dependence.
6	Cecílio HPM; Arruda GO; Marcon SS. 2015 17	The dependence of family care on the perspective of the chronic patient	Paraná	To apprehend how the person with chronic illness feels the fact of being dependent on daily care.
7	Silva FS; Silva SYB; Pinheiro MGC; Pinheiro MSF; França RC; Simpson CA 201418	Palliative care for pain originating from bone mineral disease of chronic renal failure.	Rio Grande do Norte	To identify which palliative care that is effective in minimizing pain that is used at the household level by patients with Mineral and Bone Disease of Chronic Renal Disease.
8	Andrade MA; Brito MJM; Silva KL; Randow RMV; Montenegro LC. 201312	Singularities of work in home care: printing a new logic in health.	Não descrito	Understanding home care in the vision of health professionals who experience it, considering the singularities of their daily work.
9	Santos LC; Balminut T; Souza SNDH; Rossetto EG. 20149	Perception of the mothers of preterm infants on the home visit before and after discharge.	Paraná	Understand the significance of home visits by neonatal nurses for mothers of preterm infants.

Figure 1. Distribution of the references included in the integrative review, according to the authors, article title, State and objectives. Brasília (DF), 2017.

Regarding the nature of the studies (Figure 2), seven articles had a quantitative research design and two, of a qualitative nature. Eight studies used, as a sample, patients attended at home care and another study addressed the perception of health professionals who are members of the home care team.

Regarding the characteristics of the service, the multicenter study was of mixed characteristics, three studies were conducted in private Home Care services and five studies were performed in the public health services.

N°	Type of study/sample	Results	Service characteristics	Level of evidence
1	Cross-sectional population-based study. 6,624 elderly.	The prevalence of home care was 11.7%. Higher occurrence among women in the elderly, with lower schooling and purchasing power, with a diagnosis of chronic morbidity, history of falls, previous hospitalization and medical consultation in the last three months. Greater use of home care was among the most vulnerable elderly.	Mixed (public/private)	Level II
2	Retrospective cohort study. 2,943 elderly.	There were risk factors for less hospitalization free time: the degree of physical dependence, enteral feeding, supplementary oxygen therapy, pressure ulcers and hospitalizations in the previous trimester. Dose-response protective effect of the frequency of medical and nursing visits.	Private	Level II
3	Transversal study of the survey type with a descriptive and an analytical stage 114 elderly people	Patients had a greater clinical commitment (OR = 27.47), a sad emotional state (OR = 24.36), a risk of developing pressure ulcers on the Braden scale (OR = 7.6), and no dependence on Activities of daily living (OR = 63.8) as strongly associated with type of attention (p <0.05).	Public	Level VI
4	A prospective observational study. 79 elderly men	79 patients were evaluated, 82.9 ± 10.4 years old, 49.4% with dementia and 50.6% with other neurological diagnoses, and 100% with a high degree of dependence for daily life activities.The most prevalent complication was pneumonia (55.9%).	Private	Level VI
5	Cross-sectional analytical study. 80 patients with COPD	It presented low scores of the SF-36 domains in functional capacity and physical function. Significant correlations were found between sociodemographic characteristics (except gender) and the domains of mental health, vitality, physical function and social aspects, as well as between several clinical / laboratory characteristics.	Public	Level VI
6	An exploratory descriptive study, qualitative in nature 12 chronic patients	The following categories emerged: "Participation of the person in chronic condition in the family"; "Family care dependency: threatened autonomy"; "Family distancing: it is not enough to live in the same environment". Participants expressed feeling excluded from family decisions, bothered by care dependency, and often referred to loneliness.	Public	Level VI
7	Descriptive cross-sectional study, with a quantitative approach. 35 chronic renal patients and bone mineral disease	The patients presented a painful process harmful to the quality of life, Medications most used in the home were analgesics and oral anti-inflammatories, local cold compress and rest.	Private	Level VI
8	Case study, descriptive-exploratory, with a qualitative approach. seven health professionals	Home care proves to be an innovative option for the construction of a differentiated way of producing care in de-hospitalized patients. It reduces costs for the health system, promotes humanized, interdisciplinary treatment and encourages work.	Public	Level VI
9	Descriptive research, qualitative approach with a phenomenological	Three themes were identified: the visit as a support for families in the home; the individualization of the home care and feeling cared for and supported to care.	Public	Level VI

approach.
21 mothers of
preterm infants

Figure 2. Distribution of the references included in the integrative review, according to the type of study / sample, results and characteristics of the service. Brasília (DF), 2017.

After analyzing the articles, the evidence allowed the association of the studies from three categories: home care situation in Brazil, health professionals and the caregiver in the home care and characteristics of the home care services.

◆ **Situation of home care in Brazil**

Among the population assisted by home care, according to the articles analyzed, are the elderly, patients in palliative care, patients with chronic pulmonary diseases with dependence on home oxygen therapy, patients with chronic disabling diseases and premature children.

With regard to the elderly population assisted at home, there are situations of vulnerability and frailties due to worsening dementia and various neurological sequelae. There is a higher prevalence of elderly women among this group of patients accompanied at home.

◆ **Health professionals and the caregiver in home care**

As for health professionals in home care, the Family Health Teams (FHT) and the Home Care Teams (HCTs) stand out. The latter are the ones who follow the more complex modalities characterized as domiciliary hospitalization. In the professionals' perception, home care is highlighted as an innovative and humanized mode of service, an alternative to the hospital-centered health model, and its interdisciplinary character is also evident.

The caregiver figure is present in the care of the majority of patients assisted at home, according to the articles studied, especially the informal, family caregiver, female and not linked to the labor market. In the perception of the caregivers, the home care contributes to the support in the care to the patient in incapacitating conditions and in the exchange of information on the appropriate way of care.

◆ **Characteristics of home care services**

The characteristics of the services were mixed, observing the performance of public and private services in home health care, and among the characteristics of these services, the interdisciplinary participation in care, the best cost-benefit, the optimization of resources, humanized care with the maintenance and optimization of family ties with the user, support for the family /

caregiver in the care and the protective factor of the professional visits for hospitalization free time.

DISCUSSION

The review emphasized that the growth of home care is associated with population aging, declining functional functions, functional abilities, and an increased prevalence of disabling morbidities. Caring for very elderly patients (80 years and over) ends up accounting for 85% of the elderly in home care and the feminization of aging makes women the most prevalent to have home care.^{7,14}

Family care shifts the focus from disease-modifying treatment to health promotion with prevention of clinical disorders. The home visit has been gaining importance for promoting the reception of these patients, enabling their treatment based on family situational diagnosis, allowing the development of routines of care, recovery and rehabilitation with the support of teams belonging to home care services.¹⁹⁻²⁰ In this context, the caregiver also needs to be the target of the actions of the professionals working in the HC, who must be attentive to their vulnerabilities and physical, social and emotional needs, becoming jointly assisted by the services.^{4,9,12,17}

In this perspective, home care has favored an integral approach of the family and user, also acting on the perspective of the extended and shared clinic.^{4,9,12} The interdisciplinary actions and the individualization of care, present in the care practice dispensed at home, favor the integral, resolute and user-centered care.^{9,12}

Home care has been provided through multiprofessional work, mainly of the physician, nurse, nursing technician, physiotherapist and nutritionist, acting within the logic of interdisciplinarity in both public and private health services.^{4,5,9,12,14,17}

This is also the profile of the home care teams established for the UHS by the Ministry of Health, number 825, which redefines Home Care in which these teams are called the Multiprofessional Home Care Team - MHCT (nurse, nursing technicians, physician and physiotherapist or social worker) and Multiprofessional Support Team - MPST (nutritionist, occupational therapist, dentist, pharmacist and other health professionals).²³

The process of de-hospitalization is closely linked to home care, which is one of the main sources of access for users accompanied by this type of service, thus fulfilling one of its main objectives: to avoid or shorten hospitalization.^{5,7,12-3,23} In this sense, the HC, as a strategy of complementary or substitutive care, favors early deinstitutionalization with safety presenting a positive impact on the use of health resources, since it allows the optimization of hospital beds.^{2,8-9}

A study carried out in Canada has shown that home care for elderly patients decreases in 16% of health spending and increases the satisfaction of the elderly and caregivers in home care by 13%.²¹

In patients undergoing prolonged home oxygen therapy, chronic lung diseases are the most prevalent. Prolonged home oxygen therapy is considered a high-cost therapy, but with a better cost-effectiveness and less costly compared to conservative treatment for patients in the hospital environment, besides the demand for emergency and emergency services by these patients after the onset of home oxygen therapy decreases.²²

One of the most growing fields is palliative care, where disease-modifying treatment loses its effectiveness, and the warmth of home and family acquires a key role in the terminal stage of disease. Palliative care adopts a humanistic and integral approach for the treatment of patients with no possibility of cure, minimizing symptoms and increasing the quality of life.²³⁻⁴

Thus, HC should be presented as a singular and complex care model that requires the professionals' specific competencies to attend a diverse clientele of needs and care. Thus, the professional qualification for a home care must be reformulated and adequate, mainly because this is not an issue addressed during the academic training.¹²⁻³

When analyzing the domestic scenario of home care, it is observed that the private health network adopted the "Home Care" system with a form of rationalization of treatment costs. In the public system, there is a discreet growth in home care. Data corroborating home care in the country present incipient team numbers to have modifying effect of the existing hegemonic model, besides requiring specific eligibility criteria that make it difficult to include patients in this model and low government subsidies to meet the need for the service.^{21,23-5} Countries with more structured home care systems, such as Chile, presented costs of approximately 0.45% of Gross

Domestic Product, which is relatively low in relation to health spending.²⁵

In this national scenario, it is observed that the studies are distributed, in the majority, in the Southeast region of Brazil for presenting better health indicators than the North and Center-West regions.²⁶

Working in the perspective of the Health Care Network (HCN), HC professionals play a role of health care by articulating services and managing the care of the users. However, the HC lacks an efficient regulation system that allows the articulation between the components of the network.^{5,6,12}

CONCLUSION

Home care is an expanding modality in Brazilian private and public health care, which presents an alternative to face the challenges posed, especially to the aging process, the prevalence of chronic diseases and the need for institutionalization prolonged In this sense, it has allowed the reorganization of health care, since it allows reducing and shortening hospitalizations, optimizing the use of resources and innovative potential to promote health through the humanization of care.

It is believed that the production of revisions and original works that glimpse themes pertinent to Home Care strengthens UHS as public policy and instrument of social transformation. The inclusion of the caregiver / family member in the care process promotes the connection with services and the strengthening of Primary Care. Proper use of technologies and resources, one of the key principles of home care, is paramount for the survival of the UHS in the current context of increasing costs and limited resources.

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