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MOTIVATIONS FOR EXPANSION OF SOCIAL ORGANIZATIONS OF HEALTH: PERCEPTION OF STATE MANAGERS

MOTIVAÇÕES PARA EXPANSÃO DE ORGANIZAÇÕES SOCIAIS DA SAÚDE: PERCEPÇÃO DE GESTORES ESTADUAIS

RAZONES PARA LA EXPANSIÓN DE LAS ORGANIZACIONES SOCIALES DE LA SALUD: PERCEPCION DE GESTORES DEL ESTADO

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ABSTRACT

Objective: to analyze the main motivations given by managers for the insertion of new legal arrangements in the administration of public health services in Pernambuco. **Method:** case study with quantitative and qualitative approaches. Quantitative data were sources of official information; qualitative data were generated by interviews with four state health secretaries. The research project was approved by the Ethics Committee on Research, CAEE. 0037.0.095.408/11. **Results:** among the main motivations for the implementation of the model based on Health Social Organizations with companies managing public health services are: transfer of policies from other states, and administrative advantages related to greater agility and flexibility for hiring manpower. **Conclusion:** the transfer of policy and administrative agility become prominent inductors in deepening and capillarity of a model in which states transfer the administration of public services for enterprises. **Descriptors:** Health Services Administration; Human Resources; Public Health; Health Policy; Public-Private Partnership.

RESUMO

Objetivo: analisar as principais motivações apresentadas pelos gestores, para a inserção de novos arranjos jurídicos na administração de serviços públicos de saúde em Pernambuco. **Método:** estudo de caso com abordagens quantitativa e qualitativa. Os dados quantitativos foram de fontes de informação oficial; os dados qualitativos foram produzidos por entrevistas com os quatro secretários estaduais de saúde. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAEE. 0037.0.095.408/11. **Resultados:** entre as principais motivações para a implementação do modelo baseado em Organizações Sociais da Saúde com empresas gerindo serviços públicos de saúde estão: transferência de políticas de outros estados, e as vantagens administrativas referentes à maior agilidade e flexibilidade para a contratação de recursos humanos. **Conclusão:** a transferência de política e a agilidade administrativa passam a serem indutores de destaque no aprofundamento e capilaridade de um modelo em que os estados transferem a administração de serviços públicos para empresas. **Descritores:** Gestão de Serviços de Saúde; Recursos Humanos; Saúde Coletiva; Política de Saúde; Parceria Público-Privada.

RESUMEN

Objetivo: analizar las motivaciones principales dadas por los administradores para la inserción de nueva disposiciones legales en la administración de los servicios de salud pública en Pernambuco. **Método:** estudio de caso con enfoques cuantitativos y cualitativos. Los datos cuantitativos fueron las fuentes de información oficial; datos cualitativos fueron generados por entrevistas con cuatro secretarios de salud estatales. El proyecto de investigación ha sido aprobado por el Comité de Ética de Investigación, CAEE. 0037.0.095.408/11. **Resultados:** entre las principales motivaciones para la aplicación sobre la base de las Organizaciones Sociales de la Salud con las empresas que gestionan modelo de salud pública son: la transferencia de las políticas de otros estados, y las ventajas administrativas relacionadas con la mayor agilidad y flexibilidad para la contratación de mano de obra. **Conclusión:** la transferencia de los inductores de la agilidad política y administrativa será destacado en la profundización y la capilaridad de un modelo en el que declara la transferencia de la administración de los servicios públicos para las empresas. **Descriptores:** Administración de los Servicios De Salud; Recursos Humanos; Salud Pública; Política de salud; Participación Público-Privada.

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INTRODUCTION

The reform of the Brazilian state, started in the 90s, has as references some international experiences, mainly the European ones, of the previous decade.¹ This movement expanded in several regions and still reverberates in the present time of public administration, where it is advocated the conformation of an increasingly efficient and regulatory state. In this context new legal arrangements were introduced in the administration of health public services, especially for hospitals. In Brazil , the first examples of this model were identified in the State of São Paulo, being implemented through subscriptions of management contracts between public authorities and social organizations.²

In the health sector, several reasons are listed to support the process of such incorporations, namely: besides the agility in administrative procedures, hiring human resources more flexibly. More specifically in the Unified Health System/ *SUS* in Brazil, it is pointed out the necessity of the use of management legal mechanisms that guide the operation of the private sector, aiming to reduce barriers to hiring personnel.³ Studies show that the main problem for planning and management of health is the issue of human resources, this due to: high autonomy, expertise and competition (by physicians), regulation low power by the state, difficulty in generating stimuli and charges that may not have the consent of the professional cooperations.^{4,5} This scenario of difficulty of management in Brazilian health is a fertile ground for the spread of reforms, mainly linked to changes that directly affect the issue of Human Resources in Health.

Then transfer the management to private entities and incorporate standards of personnel administration in the state network, most recently, is part of an agenda for change. However , this process is slow and tortuous, there is resistance and some degree of institutional difficulty in transferring the delegation of all the care activities.⁶ Various segments of the Brazilian public health have proved unwilling to implement new administrative models for control of public services, and control bodies and social movements have promoted an intense political debate about this process.

The new Private Public Partnerships/PPPs , in this context , are proposed as a solution to financial problems, suggested by the governments of various hues as an efficient way to improve the infrastructure and

services. Canadian study discusses the increase in the number of PPPs in countless situations.⁷ There are various promises and high expectations from governments and private agents who come into partnerships with the public sector based on other arguments. It is noted, for example, the ability to put the risk of certain initiatives away from the taxpayer and the mobilization of funds from the private sector resulting in lower public debt loads, providing greater value for money, compared before the government bonds. The transfer of risk of project from the public sector to the private sector is, inclusively, often noted as the central advantage of some PPP models.

Thus, through mechanisms such as management contracts, the Brazilian State comes to regulate the institutionalization and entry of various forms of partnership by using of new legal arrangements for management and provision of public health services. This phenomenon is most often seen in hospital management, but studies indicate the inclusion of other forms of PPP in primary care, as examples of possibilities in the use of new institutional arrangements to overcome difficulties of public administration, through the transfer of the operation of services public health for new legal forms in the country.^{8,9} Added to this is the argument of research, showing that hospitals administered in partnership with the private sector are more productive.¹⁰

This expansion of PPPs in the health sector, despite being held throughout Brazil, in the State of Pernambuco, with the highest economic growth in the country between the years 2008 and 2011, has presented its own configurations. The State also opted to transfer care public health services for the administration of non-profit empowered, known as Social Organization of Health (OSS), mainly from 2009.

OBJECTIVE

- To analyze what the main motivations for entering new legal arrangements in the administration of public health services in Pernambuco.

METHOD

The study is part of a study entitled "The Impact of Structural Reforms in *SUS*: a comprehensive analysis of public expenditure, access and health care performance 2006-2011", funded by the Instituto Oswaldo Cruz Foundation (FIOCRUZ), notice PAPES VI. Finally, it is stressed that the research was approved by the Research Ethics Committee

of Research Center Aggeu Magalhães CAEE - 0037.0.095.408/11.

When inquiring what the motivations for entering new legal arrangements and possible changes that impacted on Human Resources in Health, a case study was conducted based on quantitative and qualitative approaches. With this the research makes use of methodological triangulation which helps to enhance the perception of the reality studied.

The State of Pernambuco has about 50 % of its public facilities to assist users of SUS administered by OSS.¹¹ It has a population of 8,796,448 inhabitants, distributed in its 184 municipalities and a state district. Its Master Plan for Regionalization divided the state into 12 Regions of Health.¹² In the current study, we chose to use data for the period January 2007 to November 2013 because of the major changes in the health management model introduced in this period.

In the qualitative phase of the study, in order to understand the reasons for the choice of the public services management model, interviews were conducted during July and October 2012, with four state health secretaries (identified from S1 to S4, according to the order of the interviews), who were ahead of the State government between the years 2007 and 2013. The qualitative findings were examined under the analysis of condensation of meanings and presented following excerpts from transcripts.¹³

For quantitative analysis, we used the secondary database in the public domain: the National Registry of Health (CNES).¹⁴ We performed a search from the field "reports", made an investigation on " type of provider" in the state Pernambuco, and it was selected the "public state" tab . Moreover all care services (hospitals, emergency care and similar units) that cater exclusively to the SUS and are managed by OSS were chosen in a total of 25 (until November 2013). In each of the health facilities was found in the professional space, how many and which professionals were hired through Social Organizations, with emphasis on the doctors. To the knowledge of the total group of workers connected with the state health department, it was made a check from Information System of SUS (DATASUS), where CNES field - Human Resources was investigated - from August 2007 - Occupations classified by CBO 2002," occupations in general" was selected in November 2013 . These data were tabulated from Excel 2010 software and are presented through table.

RESULTS AND DISCUSSION

A técnica utilizada para análise das entrevistas, evidenciou duas principais motivações para a escolha deste tipo de PPP na administração de serviços públicos de saúde, em Pernambuco: política e administrativa, onde a segunda esteve relacionada aos impactos sobre os recursos humanos em saúde.

♦ Policy Motivation

In the opinion of some authors , regions and developing countries do not have as much freedom and initiative in the definition of policy guidelines, due to the dependence of external incentives, either from international organizations or even multinational companies and banks.¹⁵ This finding runs counter to the idea of autonomy which is natural to countries organized by the federative model. The state health secretaries reported that there is a policy motivation from the previous experiences, which served as inspiration for health management in Pernambuco:

[...] then this is a model we brought from São Paulo, Social Organizations of Health through philanthropic hospitals and service providers [...] [...] the model of the OSS, the Health Social Organization, which works in the South of the country, mainly in São Paulo, Paraná, works in Minas Gerais... (S2)

[...] Accordingly we studied models from several states that have already implemented the OSS such as São Paulo and Minas Gerais [...] (S3)

Managers, while policy-makers or decision makers, can be inspired by three territorial areas, that is, international, national and local to perform a policy transfer. Within the same country, as seen in the results of this study, policy transfer between the various levels of government is a common occurrence. In the case of federations, federated entities, they can learn from each other and from the central government and, conversely, the central government can learn from the federated entities.¹⁶⁻⁷ It is worth noting that policy-makers may be influenced by non-scientific knowledge, values and preferences that can be individual or of a group to which they are linked, as reported by one of the state managers:

[...] We could not invent the wheel, we could try to understand and learn from the good results and mistakes made by others who have implemented the model before the state of Pernambuco and we learned a lot from other states [...] (S3)

For having political alignment between the central and the state government and the

existence of electoral success by the government of Pernambuco, aspect reflected by the number of votes in the last election for the State government, these internal political characteristics can facilitate policy transfer in the country.¹⁸ For one of the first attitude of a policy-maker who is trying to solve a problem is to search for examples or solutions of other administrations, serving as its guiding political- technical-administrative decisions, and enhance the flexibility in the construction of policy and achievement of results.

This fact is due to the possibility of reducing the time and cost for dealing with social problems, which are often complex and difficult to exit. However, success will depend on the policy flexibility, on the economic context and ideology of the actors involved in the process of transfer.¹⁷ According to one of the secretaries, with implantation of the model in Pernambuco, the State began to transfer the experience to other states, which may use the same model:

[...] model we implanted in Pernambuco has advanced so much that São Paulo subsequently changed its contracts to fit the model of Pernambuco, which implemented along with Ceará, Bahia [...] (S2)

By exposure of the actors it can be seen that the management model adopted in Pernambuco is a combination of various policies of other states, which, however, are feeding back those that inspired the policy construction.¹⁶ It is observed that there is a policy motivation for the expansion of this management model of health services and a scenario that corroborated for the rapid expansion of the model based on public services administered by OSSs as can be seen in the speech of secretaries.

♦ Administrative Motivation

It is required by the Brazilian constitution that the public administration is governed by principles such as: morality, impersonality, publicity, efficiency and legality. It is noted that for some authors the principle of legality, when used improperly, is a limiter for administrative flexibility, because managers are allowed to do what the law allows them to do, and the omitted cases can be interpreted as a serious fault.¹⁹ Then, an administrative model where there might be delegating responsibilities, the entity that has greater agility in solving everyday problems can achieve greater success in providing service to the public. The lack of technical and administrative autonomy is one of the biggest barriers to governmental administration.²⁰ The study presents three favorable points to the utilizations of mechanisms of the private

initiative for hiring personnel: greater flexibility in hiring, motivation of professionals and greater autonomy of service for the definition of human resource management policy. The same author gives some advantages of contraction of health professionals for those who are under contract of the State; they are: greater job attachment and greater publicity in selection processes, that is, exams for provision of vacancy.²¹

Another attractive group for the implementation of this model was highlighted by some managers, who related the expansion of the standard of service management by OSS to some administrative advantages, as shown below:

[...] the new ones (state services) got that decision (administrativemodel by OSS) and one or the other accuratelywhen [...] it is a great difficulty in human resources . And an OSS has a wider social network that facilitates hiring [...] (S4)

[...] the presence of OSS aggregates much more from the viewpoint of management and the results [...] (S3)

[...] The OSCIP and OSS are absolutely effective tools that we have a management model and get away a bit from the shackles of public service law, so this gives us more flexibility [...] (S2)

[...] as to the management, I think it has evolved [...] (S1)

Some studies argue that administrative rigidity can disrupt the management of human resources in health, impair control, supervision and hiring professionals, this being one of the main problems faced by the health manager.²² What are cited as motivators, by the state secretaries, for the insertion of companies as contractors of health human resources.

Study confirms the understanding of state health secretaries of Pernambuco when they point out the changes resulting from the inclusion of private companies who take responsibility for the organization and delivery of care in the English health system, where patients are benefited by better services and better management.²³ However, research conducted in India did not reach the same results. Country participating with 25 % of the world's child mortality shows that there are several strategies used to reduce this indicator; one of which is the realization of PPP for cases of obstetric emergencies, where problems are deficit of professionals and services that meet the demands of mothers, especially in rural areas which rely on public services. To ease the situation, the government created a strategy to subsidize births in private network, as well as

monitoring and overseeing the action of these services. The results of this study confirm low partnership implementation, lack of governance by the government, which did not fulfill its role of informing the public and the partners as well as support, monitor and evaluate actions improperly, causing the strategy, even with a higher cost, and theoretically more nimble, did not get success.²⁴

Authors report the benefits of a private management and success that can occur as cost reduction and greater dynamism.²⁵⁻⁶

Table 1. Contracts of health workers intermediated by the State of Pernambuco and by companies (OSS), november 2013.

	Intermediated by OSS		Intermediated by State		Total	
	N	%	N	%	N	%
Post in General	3.558	20,4	13.899	79,6	17.457	100%
Physicians	1.905	24,7	5.801	75,3	7.706	100%
Total	5.463		17.149		25.163	

Source: CNES

When analyzing the distribution of professionals, and separating the group of doctors affiliated to the Department of Health, it is observed that, out of the 25,163 employees linked to the State, 7,706 (30,6 %) are physicians, and more than 20 % of them are linked to OSS. As there is a shortage of this professional, a model that expands health care services, requiring significant fractions of this category, increases the problems faced by municipalities that try to capture those ones for primary care. Study indicates that Brazilian region with the highest difficulty setting primary care physicians is the Northeast, therefore by stimulating this type of employment status, the state can weaken the primary health care in its territory and neighboring states.²⁸

Despite the shortage of medical professionals, the Brazilian government in 2013 in an attempt to address the problem created the "More Doctors Program" to increase the number of trained professionals and take care of regions without medical attention. This is a major critical nodes known to healthcare organizations and it is not exclusive to Pernambuco or Brazil, it occurs in various parts of the world.²⁹

In the present study, it is evident that there is a strategy of hiring companies to manage state public services, either for political or administrative reasons. This may lead to a precarious labor contract and devaluation of the professional; this is a concern raised by one of the state secretaries interviewed, because this management model can reduce the number of career professionals in the SUS:

Aspects with which other studies disagree by pointing work that showed that there was expansion of expenditures when public services are administered by private initiative.²⁷

While determining which distribution of human resources, ifhired by OSS or managed by the State, it is noted that the new model, launched in December 2009 with the inauguration of the first public hospital of the State run by some company, has a significant number of workers taking part in their staff.

[...] Of course you have to speak from the other side, the side of the workers, what this means for health workers, which advantages and disadvantages that might mean in terms of public career [...] (S1)

We observe that, despite the human resources for health are central issues for PPPs, the workers do not star in the discussions and decisions in the field of health, due to the characteristics common to the construction of public policies in developing countries, where the social control and those most interested in politics have their wills repressed³⁰, which can be confirmed by the concern of one of the Secretaries. It is observed that the issue is still controversial and faces several resistance, mainly from professional bodies, which leads to its growth despite the participation of those who will implement the actions, that is, the workers, who at the end of the process, are the main responsible for any iatrogenic caused by their practices or by the health system.³¹

CONCLUSIONS

As the study presents part of its results based on quantitative and qualitative methodology, we may have limitations in both underreporting and inadequate record on official information systems, due to the lack of answer to any interview question by state managers, facts that are common in any study that uses such data sources.

It was observed that there is an expansion of this management model, characterized by public service administered by the private sector, with PPPs in health, in Pernambuco and other Brazilian states. Surveys show the

reasons why this model has been expanding, especially in a focus toward the administrative problems that motivated the implementation of such changes in health management. Others, like the present, show the lack of professional and administrative rigidity as mobilizers for new management alternatives. It is indeed the need of maturation of institutions and strong governance by States wishing to engage in bringing innovations between public administration and private initiatives with or without profit.

Studies that present the motivations, mainly political ones, are still scarce. The transfer policy shall be a highlight in depth and coverage of a PPP model in which the States change the administration of public services to enterprises (OSS). In this context, this study is of importance in pointing the transfer policy as a catalyst of this management model in SUS. However, further studies are needed to deepen this issue, and the analysis exploring how was the participation of society in the discussion of this policy and the impacts of this choice by the State of Pernambuco.

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