ABSTRACT
Objective: to identify from the perception of health professionals, the need of improvement of the Information System for Primary Care. Method: it is a case study, of qualitative approach. There were 26 interviews with managers, technicians and healthcare professionals, who use the system data at the federal, state and local levels of the Unified Health System (SUS). Data were processed by a content analysis. The Design Committee for Research Ethics approved the study, by Opinion 61/2010. Results: the system needs improvements that go beyond their technological reformulation. It is necessary to adapt it to local informational demands and engage people in the informational flow perspective of networked information sharing. Conclusion: sharing can enlarge the view beyond the result and scrutinize the process and the possibilities of intervention in the care in locus. Descriptors: Information Systems; Family Health; Primary Health Care.

RESUMO

ABSTRACT
Objective: to identify from the perception of health professionals, the need of improvement of the Information System for Primary Care. Method: it is a case study, of qualitative approach. There were 26 interviews with managers, technicians and healthcare professionals, who use the system data at the federal, state and local levels of the Unified Health System (SUS). Data were processed by a content analysis. The Design Committee for Research Ethics approved the study, by Opinion 61/2010. Results: the system needs improvements that go beyond their technological reformulation. It is necessary to adapt it to local informational demands and engage people in the informational flow perspective of networked information sharing. Conclusion: sharing can enlarge the view beyond the result and scrutinize the process and the possibilities of intervention in the care in locus. Descriptors: Information Systems; Family Health; Primary Health Care.

RESUMO
Objetivo: identificar, a partir da percepção dos profissionais da saúde, as necessidades de melhoria do Sistema de Informação da Atención Básica. Método: estudio de caso, de abordagem qualitativa. Realizou-se 26 entrevistas com gestores, técnicos e profissionais da saúde que utilizam los datos del sistema, en los niveles federal, estadual y municipal del Sistema Único de Salud. Los datos fueron tratados por el Análisis Temático de Contenido. El estudio tuvo aprobado el proyecto por el Comité de Ética en Investigación, parecer 61/2010. Resultados: el sistema necesita de mejoras que van más allá de su reformulación tecnológica. Es preciso adaptarlo a las demandas informacionales locales, así como envolver a las personas en el flujo informaticional en una perspectiva de compartir informaciones en red. Conclusion: compartir puede ampliar la visión más allá del resultado y también explicar el proceso y las posibilidades de intervención en el locus asistencial. Descriptors: Sistemas de Información; Salud de la Familia; Atención Primaria a la Salud.
INTRODUCTION

In 1994, the Department of the Unified Health System (DATASUS) created the Information System for Primary Care (SIAB), from the need to manage, in general, the information produced in the context of the Program of Community Health Workers (PACS) and the Family Health Program (PSF). The SIAB was developed theoretically to meet the informational demands of the PSF teams but also to equip with information, municipal, state and federal managers responsible for primary care at health of the Unified Health System (SUS). The SIAB emerged as a major information system to assist in planning and decision-making process, specifically in primary health care. The objectives of this system were defined as follows: describe the socioeconomic reality of the population; evaluate services and health actions and monitor the health situation in the covered areas. Like most information systems is nationwide, the SIAB presents a number of problems that remain from its beginning as downgrading their software; numerous collection instruments; insufficient training to fill the instruments; double information; unreliability of data and even the under-utilization in decision making.

By knowing the importance of this for the SIAB context of FHS throughout the national territory some studies indicated possible improvements for the problems mentioned, such as the need to improve its software, the need to integrate their data with other systems; the need to develop a process of systematic training for its use; as well as the need to create tools more adequate collected instruments. However, other studies are needed to point out possibilities for improvements related management processes involving SIAB. It is assumed that such improvements may be initiated from the reorganization of the flow of information in this system and stimulation of professionals actively participate in this flow, mainly in collecting and analyzing data with a view to local planning. Thus, this study from the perception of professionals, technicians and managers of SUS identify needed improvements related to the SIAB.

METHOD

Article elaborated from the thesis << Information System for Primary Care as an instrument of power >> presented to the Graduate Program in Information Science, of the School of Information Science, of the Federal University of Minas Gerais/UFMG. Belo Horizonte-MG, Brazil. 2011.

Case study using a qualitative research approach. The case study is an empirical investigation of phenomenon that can hardly be isolated or separated from their context, may be used as single case or multiple cases with one or more levels of analysis. Though, in the research evaluation, case study seeks to demonstrate causal links between interventions and real-life situations, in addition to emphasizing the context in which an intervention has occurred and how to modify it.

As a method of data collection the semi-structured interview was opted. The path to the interviews was guided by the flow of information from the system at the municipal, state and federal levels of SUS management. For each level of information flow of SIAB, a semi-structured script was used due to the specificities of professionals, managers and technicians in these instances. For maintenance and assurance of anonymity the respondents were identified as E1, E2, E3 … E26.

At the municipal level, the subjects included in the study were professionals in the first and last unit of FHS that were implanted in a medium-sized municipality, in the Midwest region of Minas Gerais. Due to be a case study, only one municipality in this region was chosen. Regarding the justification for the choice of the first unit of FHS, it is expected that the flows and processes related to the SIAB were already more consolidated. On the other hand, the choice of a unit of FHS recent deployment was justified by the need to understand whether the same phenomena related to SIAB happen even when work processes are still in consolidation. Even at the municipal level, managers and administrative staff of the Municipal Health Department (SMS) and Regional Superintendence of Health (SRS), share responsibility for use of the SIAB and analysis of their data, were entered into this study.

At the state and federal level, the managers responsible for the SIAB were interviewed, as well as other professionals who use their data. At all levels, from which the interviews were conducted, as a criteria for inclusion, more than one year of work in these places was used. In all, 26 professionals were interviewed. For data analysis, the Content Analysis was used, which is based on discovering the core of meaning that are in a communication, whose presence often mean something to the object analyzed as word, sentence summary, benchmarks and models.
behavior present in the discourse. The statements from a broader categorization allowed identifying two themes that guided the discussion of the results, they were: (1) adaptation to local conditions, the model of health and social change; (2) The importance of people to improve the SIAB: information sharing on the network looks.

This study was approved by the Research Ethics FUNED/UEMG under Opinion 61/2010 and the consent of the participation was obtained by reading, explaining and signing the consent form.

RESULTS AND DISCUSSION

- Adaptation to local conditions, the model of health and social change

Initially, for the interviewees, the SIAB needs to be improved to add variables that are consistent with the established reality in the covered area and the advancement of diseases on the population.

So, as I said, it is to add, to revise some things. [...] For example, to add what is common today. Obesity is a reality we are living. Most children are more obese than malnourished because of the food. (E1) I understand the SIAB does not respond to our reality, I think it would be a database with centralized format and that it must necessarily capture more local reality. For example, mental health as we do? And the specificity the SIAB brings? Using the wrong medicine, will the SIAB give answer to that? Adolescents, almost has nothing on them! We have here [...] a lot of traffic accidents that have a sequel. This data does not appear in the SIAB. [...] And you have a population where a major cause of hospital today are external causes. (E3)

These narratives reveal a need to broaden the perspective on collective pointing significant changes in the pattern of diseases that affect the population, marking the location of the epidemiological transition. Obesity, traffic accidents and uncontrolled drug use are examples of these developments or "involution" that society has undergone over time. These observations experienced in day-to-day need to be systematized and analyzed during the work process, which ensures the team on the one hand, the recognition of the health situation of the team and on the other, the security decisions and act upon information produced properly.

In this perspective, it is expected that observation instruments also evolve and suited to the new demands to apprehend reality. Thus, if the SIAB is one of these instruments, it is expected that developments occur not only in aspects related to its software, storage capacity, availability of computers to operate it or even a new embedded system by new technological solutions. It is hoped more than that, because society has changed, human relationships have evolved, new diseases emerged or even ancient forms of manifestation of disease returned in new clothes.

The centralization of this information system in the Ministry of Health is another aspect that needs to be rethought. Respondents, in the following lines, said the system is centralized, not serving local informational demands and there is not interest that for this purpose.

I think it would be a database with centralized format and that it must necessarily capture more local reality [...] And I think the system does not respond to the complexity that people have as a user of the service. [E3]

The SIAB is to collect more data, forwarding to SEMUSA, GRS, or MS, it was created for, to serve central levels. But there is a return to the local team. [E8]

It means an instrument of evaluation and monitoring which serves the ministry. [E11]

We just chose to maintain this centralization, which I think is one of the factors that affect the data analysis. I believe that this centralization happens in all instances. We have centralized here [...] We still have a very centralized health system. In principle it is decentralized, as executor of the actions in the municipality level it is decentralized because it is only the people who are running, but as development strategy or policy, whether professional training it is extremely centralized. [E12]

Decentralization is a principle of SIAB1. However, there was a prevalent practice in centralization, characteristic of Brazilian culture information1011 that can compromise data analysis at the local level.

In our attempt to provide decentralization of SIAB and adapt it to local conditions, it is necessary to develop a new way of looking at the information in this system, as a strategic device. It is necessary to develop a culture of information management in the context of health, something to be widespread and recognized as a field of knowledge.

It is necessary to broaden the debate on health information and its associated technologies beyond a simplistic belief that technological solutions can only face the information needs of the SUS. For subjects investigated, the SIAB data are not analyzed...
and are not transformed into information that instrumentize management. Only data it is almost worthless. It must be transformed into information [...] The SIAB can turn a dead letter, and then it has no effect, it does not help the management as it should help. (E3) [...] Data without them being evaluated they lose. They are just data. They saw information and we can not work on it. So all this data is analyzed, studied, evaluated, they are transformed into information. (E5)

The internal culture of an organization influences the ways of using, storing, processing and disseminating information. In this case, the health sector in their discourse and practices, carries this culture of centralization, domination, patronage and informational isolationism. Perhaps due to the influence of years of lead endorsed the military dictatorship, however, they can not continue with its dictates harming the evolution of health practices in the country and those beyond the walls of health institutions.

The information practices in the public health sector are also influenced by their “economic sociocultural environment as much as the political”. In this perspective, the company with its current individualism also insert in information practices in healthcare a centralizing character aimed at individual prestige or an established class, it is what occurs, for example, when one realizes the national informational bases that medical curative hospital-hegemony is still predominant. This may reflect on the SIAB that despite being a system created for a new model health, does not portray this in their informational praxis.

The political model of health information needs to be rethought. Among the models, perhaps informational feudalism is the closest to what we found in the context of public health institutions. The author goes on to say that managers of informational units, in this model, have complete control of their environments and are like feudal lords living in isolation in their castles. The product of this model is the fragmentation, the restricted flow and impoverishing use of information; we can also mention another model that highlights some similar to what happens with the information policy in public health institutions elements. The informational monarchy, in this, the monarch determines how it will flow, what is the importance of the data, it is important for those who demand and even control the possibilities of interpretation. The consequences of this model are the existence of redundant and/or inaccurate information and increased costs.

The coexistence of the two models mentioned refers to the findings of this study: the SIAB is centralized, produces redundant and/or inaccurate information, it promotes the look of the core levels of the population. On one hand, there is the need to implode the hegemonic informational model. On the other hand, there is the desire for building a model of information management in healthcare, especially in the context of health converging their fundamental elements that are family: people, content and technologies.

Information management is a structured set of activities that include how companies get, distribute, and use information and knowledge. In this perspective, the author...
reports need to manage information as a process through which it identifies the sources of information, the people involved and the problems that arise. Also complementing this reasoning, to make information management, we need to converge the key elements are: people, content and technology.\textsuperscript{14}

The incorporation of information management can be a relevant change of the current situation observed in this study factor, the fact that professionals (nurses, doctors and managers) do not analyze the SIAB data in order to transform them into information.

This process of managing information can point out some ways to bring differential changes. In the case of family health, the incorporation of information management can be a significant change to the current situation observed in this study factor, the fact that professionals (nurses, doctors and managers) do not analyze the data in order to transform SIAB into information.

A study made an important contribution to propose a model of information management for family health teams.\textsuperscript{15} Balanced by steps in the information management process, they described the activities should be performed so that the information can be given a perspective of process. However, the management of information will occur, in fact, if it is institutionalized and linked to the National Policy on Information and Computing in Health (PNII).\textsuperscript{16} This policy still needs to be recognized and guaranteed their implementation.\textsuperscript{17} It is necessary to avoid the crystallization of this country and provide a model for managing information that can have an effect on the planning at all levels of SUS management.\textsuperscript{11} Perhaps this level in the health sector is still utopian, especially if it continues the prevailing understanding of the technological artifacts and its multiple interfaces are assured of managing information and producing good results.

- The importance of people to improve the SIAB: information sharing on the network

Information management is not only technological solutions. However, the imposition of technological tools does not imply strategic use of information, but there are other factors that also need to compose this process.\textsuperscript{12,17} An important study showed that most these systems failed.\textsuperscript{18} Among other reasons these failures is because that many of these systems do not consider people in their flow and administrative processes. The production of information and knowledge means interactivity between subjects, passing a much more complex field than just the contents of data.\textsuperscript{11} Information is focused as an inherently relational concept. In this study, respondents reported a need for people to be inserted in the process of managing information.

The SIAB is cold and we have to improve it. Girls who type the SIAB came out from behind the computer and are more talking with colleagues. Because it is a building process as well. You have to bring these people so they can circulate data in the Secretary [...] So, here we are trying to solve in the city now, that is a decision we have taken is the creation of an office of technical level. It would be, in my view, a preview of a construction of an instrument that would be the health observatory just as the Ministry does. We are working with it. We must have some people to work, to give life to the data. (E3)

[…] It is the data that we have and we need to work with it. Even to show that what is there showing our work, the people involved. Even if it's cold, it's number, as is the expression of people's work, HCA, other professionals. From the moment they realize that they put the information in there like a pregnant woman, it means that it is accompanied by someone who received guidance and has less risk of complications because he (health worker) did his job, because he and the team made 7 prenatal visits, this can give another meaning, another significance to the data. So that is what we need to move towards action in the representation of data for people, for professionals. He (HCA) to see that number there is that effort he made to accompany, to guide, to take some kind of action to that user. That's what we need to move forward, engage people, professionals in this surveillance data and the process\textsuperscript{E12}.

When people enter this perspective changes with the needs of management of health information, it is expected that the data are transformed into information and that there is a structure observable able to give conditions for people to organize and analyze data SIAB targeting the health planning of the municipality. However, the role of people in the management of healthcare information is beyond that. There are two aspects that can be worked to promote advances in the long term, they are: information sharing and the establishment of looks over the information flow network. These two aspects are related to the appreciation of the people in the health information management process and the development of social control. Theoretically, it would alter the SIAB informational flow breaking with excessive centralization in an instance.
Sharing and networking tend to bring people together, and reduce the instances of centralization processes. This also breaks with the paradigm of control of information in only one level, in this case the Ministry of Health. The sharing can be a strategy for this redesign and development of information management in health. This is a contemporary challenge, especially for the fact that the management of information depends on the creation of a favorable environment for the sharing of information and knowledge.

Currently, the FHS professionals in Brazil, are data collectors aimed primarily their transmission to the central level, but without any return. The population is even worse, it does not adhere to the fact that provides information for the state unidirectional flow. It is together with a democratic process where they have the right to information, in this case, has only a duty to inform.

The process of sharing can happen by bringing people who are involved with the information produced or from analysis of information networks where continually discusses the collection, storage, dissemination and the possibilities of making decisions. In the context of family health teams, the team meetings can be a space to share information, not only do consolidated, but to analyze the data systematically targeting local planning. Managers can contribute to these discussions and should also encourage professionals to develop planning from the collected data.

In this same logic sharing, envisions the possibility of to have different views on the actors involved in the SIAB informational flow being in a position of surveillance. It is suspected that here is the genesis of the possibilities for democratizing access to information and ultimately social control. Access to health information for various levels of society, especially SUS users can contribute to their empowerment. In this perspective, the authors argue that the information has a fundamental political and strategic dimension to participation in decision making in health. Other authors argue the need for information inclusion in health, through which mainly health councils should have access to information beyond the capacity of ownership and effective participation in decision, beyond digital inclusion as a promotional strategy inclusion of the information aimed at improving the social control in health. Here is inserted a new possibility of manifestation of glances network.

The information in this perspective will be analyzed by multiple subjects that may contribute to local planning and be responsible for its effectiveness. This network contributions then creates an interesting cycle, as also become collectors and analyzers evaluators entire process. It is possible that this context interspersed with various looks to promote the quality of what is produced as data, information and potentially explicit knowledge that is related to each component of this guy looks network.

The proposed network looks is purposely reverse the information flow in the SIAB, is trying to cope with the contemporary panoptism, whose centralizing state assigns the right look and discipline, without, however, observed in the population. Thus, rather than just the State, managers and professionals look at the population as a social and individual body, and decide on this body, this looks network, population and other bodies also have the opportunity to look, choose and decide. It is a reverse mechanism, in which the centrality of information is in the population and built for her with her help, not in the sense of submitting it, but in the sense of giving the condition to manifest, and decide on the desired the process of health-care. This includes the possibility of guaranteeing their rights to access to health services, quality of treatment, the effective assistance of professionals and the right to health information.

The aim of this study in the proposal, is to reverse this contemporary panoptism health. It is expected to undertake a network looks in which the population has central vision exercising vigilance and demanding to be informed. It is the Constitution of the participatory citizen, engaged in the possibilities of subverting the logic of the control exerted by other sites of power. In this perspective, the population becomes an important center for dissemination of power effects may influence the way it provides health care in this country.

For this network looks to be effective, people need to be encouraged to look beyond the medicalized culture of a society in which the focus of the lens is set to emphasize pathology, medication and expensive procedures. We must emancipate centralized view of the network.

**FINAL REMARKS**

In this research, the findings revealed that the needs for improving the SIAB go beyond their technological focused on software and/or hardware. The adequacy of the system to local conditions, the proposed care model and social change is needed. It is also
expected that a broadening of the debate and analysis of this system to transformation into information that helps professionals and managers occur. Finally, this system needs to be treated and analyzed within a participatory and democratic perspective, through which information sharing gains emphasis, especially by potential value people as the center of the process. It also stimulates the decentralization of information from a new conformation flow that develops from the perspective of informational networks.

In family health, the share can broaden perspectives beyond the result and also scrutinize the process and the possibilities of intervention. When stressed the need for sharing, not only says the expansion of access to information, it is necessary to go beyond, to glimpse the possibility that the information presented herein are analyzed, discussed and improved. It is a process in which everyone has access, everyone involved, some disagree and propose changes, other agree and seek to improve it. Anyway, everyone interested to participate in decisions that benefit the population. Maybe you need a utopian, but necessary given the informational inequalities in public health.

REFERENCES


5. Radigonda B, Conchon MF, Carvalho WO, Nunes EFP. Sistema de informação da atenção básica e sua utilização pela equipe de saúde da família: uma revisão integrativa.


