

O residente multiprofissional na construção da planificação da atenção primária à saúde: relato de experiência¹

The multiprofessional resident in the construction of the planning of the primary health care: report of experience

El residente multiprofesional para la construcción en planificação de la atención sanitaria primária: experiencia en el informe

¹ Conclusion program work of the Program of Integrated Multiprofessional Residency in Public Health System with emphasis on Health Surveillance

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RESUMO: Este estudo objetiva explicar as ações realizadas na construção da Planificação da Atenção Primária à Saúde (APS) realizada em municípios de abrangência da região Centro do estado do Rio Grande do Sul, sob a percepção dos residentes multiprofissionais. Caracteriza-se por relato descritivo sobre a Planificação e a inserção do residente multiprofissional em saúde no processo de seu desenvolvimento. Essa iniciativa propõe uma metodologia de oficinas de qualificação com o objetivo de fortalecer a APS e conformar as Redes de Atenção, a qual envolveu 17 municípios, cerca de 1.200 profissionais, 120 facilitadores e cerca de 69 equipes da atenção básica, possibilitando a mobilização das equipes para que os processos de trabalho sejam qualificados. Entende-se que o residente multiprofissional seja um elemento de suma importância para a Planificação, colaborando para as discussões e a organização das oficinas.

Descritores: Planejamento; Atenção Primária à Saúde (APS); Sistema Único de Saúde (SUS).

ABSTRACT: This study aims to explain the actions carried out in the construction of the Planning of the Primary Health Care (PHC) performed in municipalities within the Central region of the state

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of Rio Grande do Sul, under the perception of multiprofessional residents. It is characterized by a descriptive report on the Planning and the insertion of the multiprofessional resident in health in the process of its development. This initiative proposes a methodology of qualification workshops with the objective of strengthening PHC and shaping the Care Networks, which involved 17 municipalities, about 1.200 professionals, 120 facilitators and about 69 primary care teams, enabling the mobilization of the teams so that work processes are qualified. It is understood that the multiprofessional resident is an element of paramount importance to the Planning, collaborating with the discussions and the organization of the workshops.

Descriptors: Planning; Primary Health Care (PHC); Unified Health System (UHS).

Resumen: Objetivo: Este estudio tiene como objetivo explicar acerca de las medidas adoptadas en la planificación de la construcción de la Atención Primaria de Salud (APS), celebrada en el alcance de los municipios en la región central del Estado de Rio Grande do Sul, en la percepción de los residentes multidisciplinares. Metodología: Se caracteriza por una relación descriptiva de la planificación y la integración de la salud de varios residentes en el proceso de su desarrollo. Resultados: La planificación se propone una metodología de talleres de formación con el fin de fortalecer la atención primaria de salud y se ajustan a la Red de Atención, que involucró a diecisiete municipios, unos 1.200 profesionales, 120 facilitadores y unos 69 equipos de atención primaria. Conclusión: La planificación ha permitido la movilización de equipos para procesos de trabajo están calificados, y el multi-residente de suma importancia, lo que contribuye a las discusiones y la organización de talleres.

Descriptores: Planificación; Atención Primaria de Salud (APS); Sistema Único de Salud (SUS).

INTRODUCTION

Aiming at strengthening Primary Health Care (PHC), following the guidelines of the Primary Care National Policy (PCNP) and establishing priorities, the National Council of Health Secretaries (CONASS), together with the states and municipalities, workers and managers, initiated the discussion about the importance of the conformation of Health Care Networks (HCN) for the establishing of the Unified Health System (SUS), faithfully embodying its principles and guidelines.¹⁻²⁻³ Implementing HCN involves the understanding that PHC is considered the first level of care, an important part of the health care system, and should be resolute and order the actions of the different points of attention. These connections are characterized by the formation of horizontal relationships, making PHC the center of the communication.^{1,4}

Authors mention that the fragmented systems of health care, hegemonic, are organized through a set of health care points, isolated and incommunicado, that are incapable of providing a continuous, longitudinal and integral attention to the population, working with inefficiency, failing and poor quality.⁵ It is suggested that these systems be replaced by the model that prioritizes HCN, in other words, that of integrated systems, which aim to provide health care in place, at the right time, with

quality, with the correct cost, in addition to maintaining the sanitary and economic responsibility for an affiliated population to overcome the complex contemporary scenario, placing itself as user-centered, enabling technological interventions according to the needs of the population.⁵⁻⁶⁻⁷

In this logic of changing care models, the Ministerial Ordinance n°. 4.279, of 2010, which establishes guidelines for the organization of the Health Care Network within SUS, mentions that HCN are strategies to overcome the fragmentation of care and the management of the Health Regions and improve the political and institutional functioning of the SUS, with a view to assuring users a set of actions and services they need effectively and efficiently.⁴ The same is posed when it is said that networks are polyarchic organizations of a set of health services, interrelated by a single mission, common objectives and cooperative and interdependent action, which allow to offer continuous and integral attention to a given population, ordered by the PHC, being the caregiver.⁸In this sense, the author states that there is the need to move from a model of supply management, which is incompatible with the generation of value for users, since it has its focus on the supply and not the needs, to a model of health management, which is structured based on the responsibility, sanitary and economic, of a determined population and linked to it, being fundamental to know this population, perceiving its needs, discriminating its criteria of risk and access.^{8,9}

Therefore, in order for the PHC to exercise its strategic role, CONASS proposed the Planning process, understood as a health care planning process, with the objective of strengthening PHC and reorganizing work processes, guided by the principles and guidelines of the SUS. Planning is based on the collective construction of knowledge, fostering the appropriation of concepts and tools that provide the foundation for its application, adequate to the characteristics of the reality of the participants.^{3,10}

With the goal of making effective changes, CONASS, in partnership with the State Health Secretariat of Rio Grande do Sul (SHSRS) and the 4th Regional Health Coordination (4th RHC), started the Planning process in the central region of the state, in the municipalities covered by the 4th RHC, since the experience has already been successful in the Northern region of the Country, using it as a model for further expansion to other regions. The process was carried out in training and workshops in seventeen (17) municipalities, out of thirty-two (32) of this region, and the Municipal Health Secretariats were essential for the logistics of carrying out the activities. Among the partnerships, there is the participation of multiprofessional Residents, assisting in the training, performing and coordination of the process, thus, being important figures for the success of the implementation.

Thus, the present report of experience aims to explain the actions carried out throughout the process of Planning of the PHC carried out in municipalities within the scope of the 4th RHC, central region of the state of Rio Grande do Sul, under the perception of the multiprofessional residents included in the methodology. The importance of this report is justified because of the need that the SUS management must reorganize the work processes, as well as to qualify the teams for

such a change and strengthening of the PHC.

METHODOLOGY

This study is characterized by being a descriptive report about the Planning of the PHC and the insertion of the multiprofessional resident in health in the process of his or her development. The choice of the description of this theme is due to the need to report the Planning process, including the importance it has for the strengthening of the PHC and the modification of the work processes in our daily reality.

As a management strategy for the qualification of work processes and promotion of PHC as a caregiver, promoted by CONASS, the implementation of the Planning began in the year 2015, extending to the present moment. The methodological strategies that will be reported occurred simultaneously in seventeen municipalities in the central region of Rio Grande do Sul, covering the 4th RHC of regions one and two, being: Santa Maria, Santiago, Cacequi, São Francisco de Assis, São Vicente do Sul, Jaguari, Unistalda, Capão do Cipó, Itacurubi, Faxinal do Soturno, Dona Francisca, São Sepé, Júlio de Castilhos, Ivorá, São João do Polêsine, Paraíso do Sul and Silveira Martins, under the coordination of CONASS, SHSRS and municipal health secretariats. The process was divided into six theoretical workshops, involving several themes that will be reported below.

RESULTS AND DISCUSSION

Planning of the PHC: an overview

Planning is a process that has been improving for, approximately, ten years, whose main objective is to organize and strengthen the PHC in health networks. Since 2003, CONASS has adopted, together with local managers, the construction of consensus as a strategy to define its priorities and establish actions and proposals for the organization, management and financing of the SUS.¹⁰ Among these priorities, it mentions strengthening the PHC, articulated in networks, based on HCN, oriented to stimulate the autonomy of families and the community.

In this work line, the supporter Eugênio Vilaça Mendes reports that the experience began in 2004 in the state of Minas Gerais, with the discussion of the reorganization of the PHC and the role of the networks, which resulted in a Master Plan for Primary Health Care, which offered qualification workshops for teams from the state of Minas Gerais, which, in turn, led to the creation of the PHC Planning by CONASS. Despite the efforts, there were still no expected impact results, which led to the reorganization of the PHC management, elaborating plans for continuity of care through tutorials, which will be described below. It is necessary to think of a new work model for PHC that reorganizes SUS. Some managers and professionals already describe the experience with

optimism, considering it as a process that has everything to establish itself as a model of public health policy, in view of the results already achieved.¹¹

In the area covered by the 4th RHC, Planning presented the proposal to work in a theoretical-practical way, that is, it was proposed to hold theoretical workshops for the teams of the municipalities and, soon after, an implementation task was carried out. The work strategy was differentiated, since the training process occurred in stages, discussing concepts with the teams already existing, such as epidemiological transition, triple burden of diseases, chronic conditions, acute and chronic-worsened, systems fragmentation, first contact, surveillance, territorialization and pharmaceutical assistance, and there was a resumption of concepts. The methodological strategy took place in small groups, in plenary and dispersion activities, with application in the local reality of the improved concepts, being presented in plenary before each workshop, instigating the teams and the professionals to continue the process. Initially, eleven workshops were proposed but, in view of local reality, were condensed into only six, so two themes per workshop were studied, with an average time interval between them of, approximately, one month.

Within the methodology proposed for the workshops, the role of the facilitator was fundamental. This was chosen according to his/her profile of availability, commitment and involvement with the team, and his/her role is to assist in the development of workshops, to be part of the process. And he/she does not bring ready answers, but there is an exchange of experiences, in which there must be a relationship of trust. In general, the facilitator is a member of the team or management, and participates in a preparatory workshop, being responsible, together with SHS, for holding the workshops with the teams.

At the end of the theoretical workshops, the tutoring process began, which consists of supporting the implementation of changes in work processes in loco, macroprocesses, such as the registration of the territory of the areas covered by the teams, insertion in the e-SUS AB², among others, and microprocesses, such as the organization of unit reception and management issues. The tutorial was an effective aid for adequate planning of the teams, putting in discussion the potentialities and difficulties of internal processes. In general, the tutor is a member of the municipality itself, who understands the general processes of unit operation and knows the team. In the year of 2017, the municipalities are in this process of mentoring, aiming at effective changes in work processes, integrating with other levels of attention to place the PHC as caregiver.

Throughout the process, CONASS, SHS, the 4th RHC and the municipal managers were present through facilitators and supporters. It is worth highlighting the collaboration of TELESSAÚDE RS, which offered tools for the realization of theoretical workshops and dispersion tasks.¹²

² e-SUS AB: consists of a strategy of the Department of Primary Care - Ministry of Health (MS) to restructure the information of Primary Care at the national level, aiming at the qualification of information management, consequently, increasing the quality of care to the population. An electronic SUS.

2015: The beginning of activities in RS

Due to the results previously obtained in other units of the federation, especially in the state of Ceará, associated to the demand and the effort of the local/regional managers for the strengthening of the PHC, it was proposed the Planning of the PHC in the coverage region of the 4th RHC (Center) in RS. Objectifying the need for qualification and organization of services, in 2015 (july), a Regional Interagency Commission (CIRRS) meeting was held, with the presentation of the proposal to the SHSRS managers at a Regional Interagency Commission (CIRRS), municipal managers of regions and two from the 4th RHC, with the explanation of the theme. In that same year (september) a leveling workshop was held with the CONASS supporter, Eugênio Vilaça Mendes, which aimed at sensitizing managers at the SHSRS central level on the theme of PHC Planning and networking, to level knowledge.

During this period, a meeting was also held with the managers of the SHSRS and managers from the municipalities involved, under the name of the conducting group³, to detail the planning and the strategy for the development and implementation of the workshops. It should be noted that at all moments residents were present to understand and support planning, organization and follow-up. From the organization of the workshops, in august 2015, a preparatory meeting was held with members of the conducting group, in order to mobilize, explain, describe and organize the functions of each entity involved. This was the moment when the managers of the municipal secretariats and the 4th RHC mobilize themselves for the adhesion of the managers, explaining to them the relevance of the realization of the Planning for the strengthening of the PHC, the work in networks and the organization of the work processes.

For sensitizing the teams and professionals on how the process would take place, the “Mother Workshop” was held, under the coordination of the CONASS and the SHSRS, aiming at aligning concepts, sensitizing professionals and identifying local facilitators to act in the municipalities. In this opportunity, the municipal managers signed an Adhesion Term, which was configured as the initial moment, when the lecture took place with the collaboration of the technical consultant, Eugênio Vilaça Mendes, who addressed the role of HCN and the positive scientific evidences of the work centered on the planning.

At the opportunity, the QUALIFICA PHC project, developed by TELESSAÚDERS¹², was presented, which provided telephone consulting to physicians and nurses of the PHC, contributing to the qualification with the delivery of a series of products, among them: the technical note of each municipality, analyzing epidemiological data and the management profile; support to the adhesion of the National Program for Improving Access and Quality of Primary Care (PMAQ); report of structural and physical diagnosis of the health units; compilation of videos on topics relevant to the PHC; monitoring of indicators of the PHC in RS; portfolio of services of the PHC in each 3 Conducting group: this group was created with the intention of bringing together managers responsible for the areas involved, so that the methodological and action strategies were guaranteed, articulated and validated, as well as to maintain the commitment to the continuity of the process.

municipality; production scoreboard and online territory design. Also in the first workshop, there was a significant agenda about the health scenario of the 4th RHC.

In the second moment, the municipal managers began the process of choosing their facilitators, who should be engaged with the process, be willing to participate, aiming for continuity, chronology and longitudinality. It is highlighted the contribution of the multiprofessional residents, as well as of educational institutions, stands out. Each municipality had autonomy to choose its facilitators, who were priority members of the participating teams.

The same would occur about the participation of the PHC teams, that is, each municipal manager could choose the participating teams, and CONASS pointed out that there should be no restriction of participation, like the Municipality of Santa Maria (host city of the region one, 4th RHC), which partially assumed, since it decided to focus, in a first moment, on the ESF teams and the Teams with Community Health Agents (TCHA). This methodology was implemented to guarantee the service to the population, so that, at the time of the workshops, there were no uncovered services, causing the Basic Health Units (BHU) to remain open to demands.

Planning in RS: Method

The workshops served as strategies to stimulate the active participation of all those involved, through presentation and discussion of the subjects studied and the prioritization of a thematic network. At that moment, by consensus, the Stork Network was chosen, because it was structured in the participating municipalities.

The workshops were organized into eleven topics with topics relevant to the planning and organization of the PHC, aimed at meeting the expectations of all the teams, with the duration of two days, offered simultaneously, on two days per week, addressing the same programmed content, with an interval of, approximately, three to four weeks between one and another workshop. It should be highlighted that the workshops were held simultaneously in the different participating municipalities, in which the residents were inserted, in order to contribute to the development of the proposed activities.

In each workshop, the introduction of a theme generator was carried out, with the participation of supporters and facilitators, in a plenary session lasting one hour. Afterwards, the teams met in small groups, in different spaces, prioritizing that the same teams were in the support rooms, for workshops in full, with the support of the facilitators. These facilitators made it possible to deepen and formulate strategies and approaches according to local reality.

In order for the workshops to take place in the municipalities, training was organized with the facilitators, who were responsible for conducting the workshops with the teams, in groups of, up

to, a maximum of thirty professionals. At that moment, the presence of a facilitator or of other facilitators was facilitated, to foment critical discussions about the themes. At the end of each workshop, a dispersion job was passed on, so that the teams put into practice the work concepts. The lived experience was shared and socialized in subsequent workshops, in initial workshops plenary sessions. In order for workshops with local teams and facilitators to take place, CONASS provided pedagogical material (apostilles), which were sent to the SHSRS and the 4th RHC, so that they could be customized according to the local reality.

About some results, the SHSRS, through the State Coordination of Primary Care and the Health Actions Department, published the evaluation of the PHC Planning in RS. According to research about the general data, the most prevalent professional categories in the workshops were those of community health agents (45,1%), nursing technicians (14,2%) and nurses (11,4%), given that, of the total of the participants, 87,5% corresponded to professionals of the minimum team recommended for the PHC. Regarding the place of work of the participating professionals, 69,1% worked in Family Health Strategy (FHS), followed by 9,2% in Basic Health Units (BHU). In this same opportunity, it was evaluated that 0,4% was resident. It is believed that the explanation lies in the fact that the majority participated as facilitator. Overall, there was a 94% satisfaction rate, with 80% of the participants satisfied and 14% very satisfied, showing the importance and the magnitude of the process.¹³

It should be highlighted that, according to SHSRS, the workshops held in the seventeen municipalities totaled an average of 1.200 participating professionals and the involvement of 120 facilitators. For example, according to data from the 4th RHC, 69 primary care teams participated in Planning in 7 different locations.

MENTORING

After the workshops with the teams, the tutoring process began, which consists in putting into practice the improved concepts, called macroprocesses, such as: territorialization; family register; risk stratification; reception; that is, in tutoring, the microprocesses will be prioritized, these being: organization and planning of reception and reception; immunizations; collection for tests; sanitation; among others, being possible to make changes in the work processes. The tutoring began concurrently with the third workshop, with the possibility of choosing the laboratory units for the beginning of the process, being they units model of implementation of the actions, so that in the future they are extended to all the units of the municipalities. For this action to occur, it was necessary to map the processes, with the preparation, validation and implementation of standard operating procedure (SOP) and evaluation of the audit system. By and large, the methodology used was similar to that used in the workshops, once the tutors were chosen, professionals who were selected by the same criteria of the facilitators, however, the tutor should be available to be present in the laboratory unit for at least eight hours per week, to have participated in at least one of the workshops with the teams and, preferably, to have been a facilitator. Tutorials took place weekly

with the local tutors, within the defined time of minimally eight hours a week, and monthly, with the participation of the members of the CONASS, SHSRS and the 4th RHC to clarify doubts and adjustment of plans. At the time, the teams are in the process of expanding the pilot units to the other teams, and new tutors are chosen, totaling fifty (50) tutors. It should be noted that, at the end of the Planning of the PHC, the School of Public Health of RS will certify all participating members.

CONCLUSION

Considering the above, it can be concluded that the Planning of the PHC allowed the mobilization of the teams so that the work processes are qualified, being the multiprofessional resident of great importance, collaborating for the discussions and the organization of the workshops, making Planning successful. There is still much to be developed to achieve success in the proposed actions, there is still resistance to changes in the server qualification process, and it is necessary for all those involved to understand the importance of the continuity of this process. Planning is also a commitment of all, managers, professionals and population, since all must go hand in hand and understanding the proposed changes so that the services can be improved, despite the still present attitudes of resistance to changes of process.

In this term, in addition to the expected changes, residents are seen as a work force, that is, they can assist in the processes and bring a new vision so that PHC can be strengthened and to order care, since they are also included in PHC and, essentially, in SUS. It should be remembered that Planning is a continuous process of teaching and learning and is still in the process of being executed, with its completion scheduled for the end of 2018 in this region. By 2019, it is expected that the 30 health regions will undergo the Planning process.

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