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The challenges of implementing primary health care by a Brazilian supplementary health operator

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Abstract: Atenção Primária em Saúde (APS), in addition to being the gateway to the Sistema Único de Saúde (SUS) and being the communicator between all the constituents of the SUS Care Network, is characterized by presenting several health actions, involving the protection, promotion, treatment and rehabilitation of health, and in some Brazilian municipalities there has been a recent advance in the participation of the private sector in the management and provision of APS services. In view of this perspective, the present study aimed to investigate the challenges of implementing APS by a health operator in Brazil, the consequences of installing this type of care by Brazilian operators and how they are adapting to ensure that patient care is guaranteed in your first contact and continuity of care is assured. The study was exploratory, with a quantitative approach and bibliographic procedure, being literature review research, consisting of scientific articles and news about the theme of APS implementation by the private health plan operator UNIMED DO BRASIL. Several news and APS implementation booklets were found produced by the most different branches of the institution across the country, thus demonstrating that there is a growing interest by private companies in ensuring that the patient is well attended and screened in primary care, ensuring greater filtering and thus avoiding that generalized expenses are created in the attendances due to the high complexities in health.

Keywords: Family and community physician; primary health care; supplementary health care.

1. INTRODUCTION

Atenção Primária em Saúde (APS), in addition to being the health gateway to the Sistema Único de Saúde (SUS) and being the communication between all the constituents of the SUS Care Network, is due to the fact that it presents several health entries, which involves the protection, promotion, treatment and rehabilitation of health, aiming at the development of comprehensive care that guarantees the improvement of the population's health. Vale APS must ensure the system's guiding principles such as universality, continuity of care, as well as its integrality and equity [1].

It is understood that APSmust offer an outpatient consultation that does not necessarily need to be specialized and must be offered by health units of a private or public system. These spaces are considered suitable for the first contact of patients with the system and where major health problems presented by them are resolved [2]. It is understood that the APSis willing to facilitate the patient to circulate between how to be referred to other levels of health and, in this way, studies of importance APSs an organizer of the network and coordinator of care and that in Brazil, there is a challenge to strengthen APS, with care coordination being one of its fundamental attributes of the system's organization [3].

Primary care is often the first point of contact, offering comprehensive, affordable, community-based care that can meet 80% to 90% of a person over the course of their lifetime. At its core, APScares for people and does not just treat specific diseases or conditions. This sector offered is possible to the integral environment of HEALTH clients, closer care and communities [4]. When prioritizing the deployment of primary care, managers of health care providers must be the indicators of avoidable costs and reduce the waste of increasing when only primary care is needed. In this way, as they must be properly equipped and organized to carry out surveys of the health status of the populations served [5].

Brazilian municipalities there has been a recent advance in the participation of the private sector in the management and provision of APSservices, a phenomenon in part related to the expansion of outsourcing in various types of health services, demonstrating that advances have taken place with regard to APSin Brazil in recent decades, although the confrontation of relevant issues for the consolidation of APSas a structuring of the Brazilian health system has not occurred in an articulated way [6]. It is common to hear about flaws and deficiencies in the SUS, but the private health network also faces structural problems and there are problems in the APSof private institutions because the system does not contribute to the follow-up of medical treatments

outside the hospital and health clinics, compromising the continuity of care. This ends up causing unnecessary and costly hospitalization for the operator [7].

Complementary health is a branch that involves the operation of private health care plans and insurance, regulated and supervised by the National Supplementary Health Agency (ANS), composed of operators, professionals and beneficiaries. Extensive and decentralized health networks associated with free individual choice have been the dominant model for complementing the health sector. However, research points to the inefficiency of this model, as it is disjointed and becomes increasingly unsustainable, with high costs and low health outcomes [8].

In a private network, APSis carried out through different clinics, each with its own administration. The health plan includes many medical facilities that can provide these services, which at first glance seems positive, meaning that there is no integrity and continuity in primary care. In a private system, where there is no bond between doctor and patient, there is no bond and thus it is difficult to maintain continuity of care [7].

In view of this perspective, the present study aimed to investigate the challenges of implementing APSby a health operator in Brazil, the consequences of installing this type of care by Brazilian operators and how they are adapting to ensure that patient care is guaranteed at your first contact and continuity of care is assured.

2. MATERIAL AND METHODS

It is a study of applied nature, exploratory objective, quantitative approach and bibliographic procedure. The research was carried out at UNIMED College. We searched for articles, news and implementation policies with a periodicity of 10 years, related to APSin health operators. There was active research using the authors' computers on the trusted database sites (Table 1), looking for specific results between the years 2012 to 2022.

Table 1: Free access digital databases used in research.

BIBLIOTECA DIGITAL	**SÍTIOS**
Health SciencesDescriptors	*https://decs.bvsalud.org*
AcademicGoogle	*https://scholar.google.com.br/?hl=pt*
Latin American andCaribbeanLiterature in Health Sciences	*https://lilacs.bvsalud.org/*
MEDLINE/BIREME/OPAS	*https://bvsalud.org*
PUBMED	*https://pubmed.ncbi.nlm.nih.gov*
SciELO	*https://www.scielo.org*

Source: Author.

The inclusion criteria were studies and reports or news found in the period from 2012 to 2022, which addressed the implementation of APS by the Health Operator UNIMED in Brazil and the consequences of the installation of this type of care by the Brazilian branch operators. Articles and content that did not meet the inclusion criteria were excluded from the analysis.

3. RESULTS AND DISCUSSION

According to the National Supplementary Health Agency (ANS), the implementation of a health care network or line in primary care is a way for health plan operators to develop increasingly qualified care for their beneficiaries and this same agency has launched the APS Project, which grants a certification (Figure 1) to operators that meet some pre-established requirements for the implementation of APS [9].

Figure 1: Certification to health operators for the implementation of APS.

Source: Brasil (2018).

What ANS intends with the certifications is to demonstrate that investing in primary care is an excellent opportunity for operators to organize a management system focused on prevention and health promotion. Upon arriving at the service, the beneficiary must be attended by the APS team and, if necessary, must be referred to a specialist service or to undergo more complex exams [9].

In recent years in Brazil, some health operators have already been adapting to the APS scenario in the private network. The operators aim to disseminate APS to the public of supplementary (private) health, in order to establish the link between team and patient and with a focus on family medicine and with this, the objective is to present better clinical results and increase patient satisfaction". client during treatment and the reduction of care costs. In 1967, in Santos - SP, UNIMED was created, based on ethics and respect for users and, in this way,

because they believe that the individual should be fully cared for, the essential attributes of APS were established to its effective implementation (figure 2)[10].

Figure 2: Essential attributes of APS.

Source: UNIMED (2020).

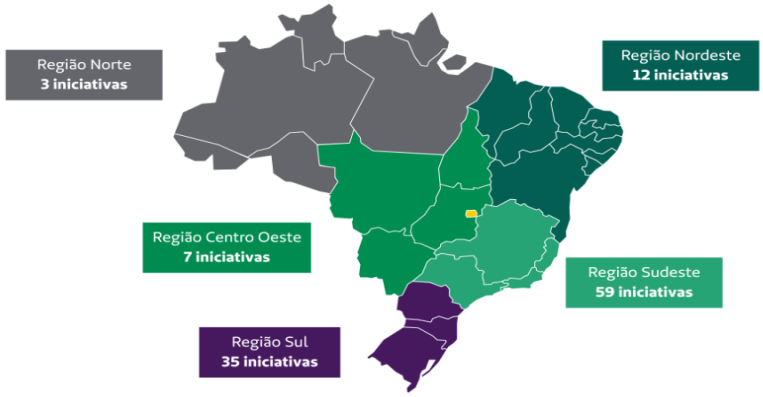
For the system managers, the person should be the center of attention and so the operator sought to organize itself so that the beneficiary is in first place, so that the focus is on maintaining health, with continuous monitoring, seeking to reduce risks with adequate assistance [11].

APS is the first level of attention to patient care, in which all of the patient's health needs must be detected with an individual and also a population perspective. For this reason, it has a high potential for organizing the system that will be responsible for carrying out population health management, performing both promotion/prevention and assistance actions (curative actions), and in this way, the operator has considerably increased primary care initiatives. to the health of its system in two years (figures 3 and 4) [12].

Figure 3: Primary health care initiatives of your UNIMED system in 2020.

Source: UNIMED (2020).

Figure 4: Primary health care initiatives of your UNIMED system in 2022.



Source: UNIMED (2022a).

The company UNIMED has several branches distributed throughout Brazil and each one of them is free to implement the most favorable measures of APS. Thus, Unimed Paranavaí (Paraná), for example, offers primary care exclusively for customers, in which the patient has a doctor who will be his reference in health, providing personalized care in one of the Units in the municipality and, in this way, designs the APS service with its own care flow (figure 5) and a Portfolio with the Services offered in the APS (figure 6) [13].

Figure 5: Flow of the assistance network of Atenção Primária em Saúde(APS) Essential Plan.

Source: UNIMED (2022b).

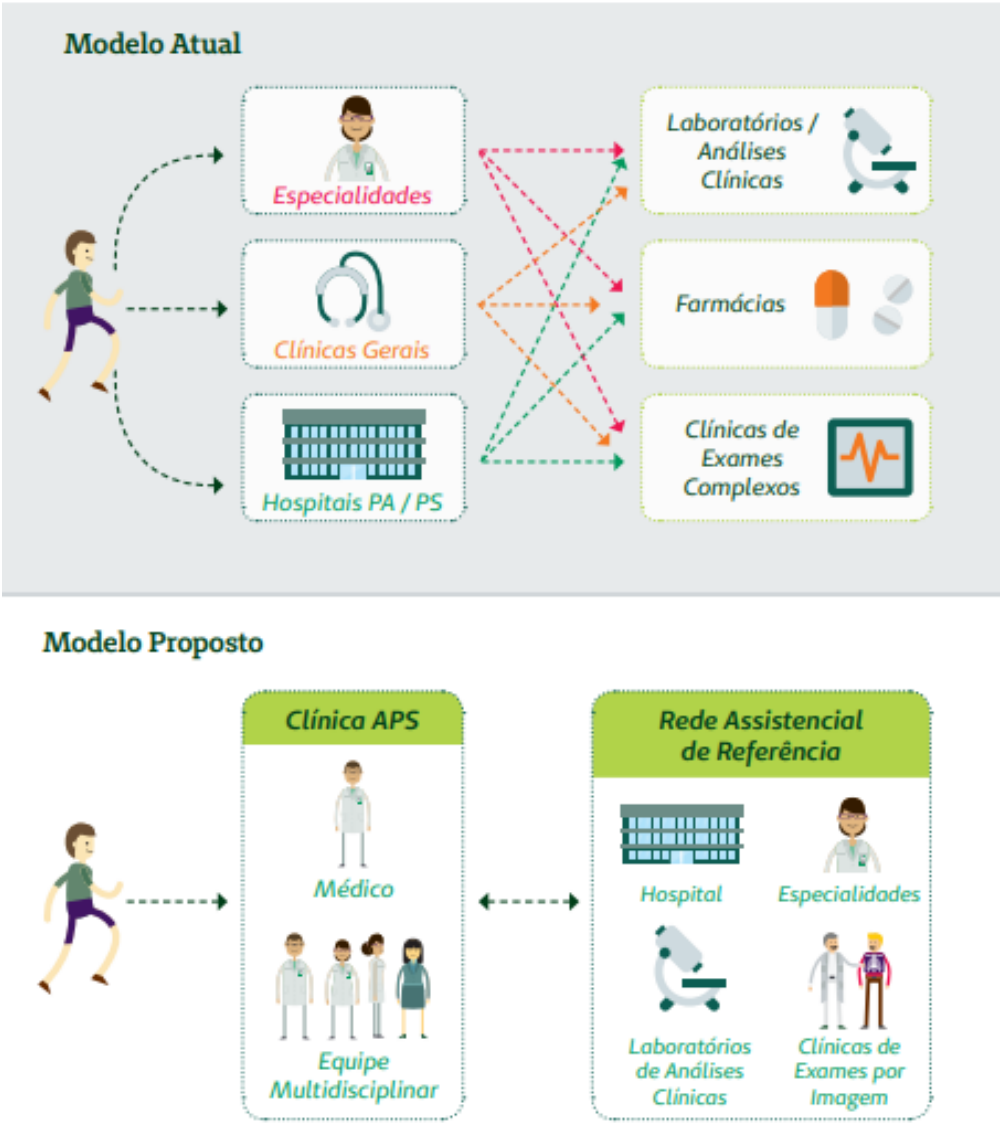
Figure 6: APS Services Portfolio – Manual.

Source: UNIMED (2022b).

APS plan offers the patient the personalized care of a reference doctor, who knows the entire history and monitors the client's treatment in an exclusive way, being, therefore, a true patient health manager. The personal physician and the multidisciplinary team of this unit coordinate all the care, identify and solve most of the health problems of the patient and their families, presenting great agility and absence of waiting in line at the office. Another example is the deadline for carrying out tests and scheduling appointments with doctors from other specialties, which is quite different from the reality offered by public services [14].

Following the autonomous parameter of the branches, UNIMED Federação Minas launched the MAIS Project [15] which is based on APS, with the objective of offering support to individuals in Minas Gerais for the reorientation of the current health care model, having as a basis the implementation of primary care as a care coordinator in an interdisciplinary perspective, as well as the service network, indicating to the patient the importance of APS within the institution (flowchart 1).

Flowchart 1: Current and proposed model for APS implementation in UNIMED units.



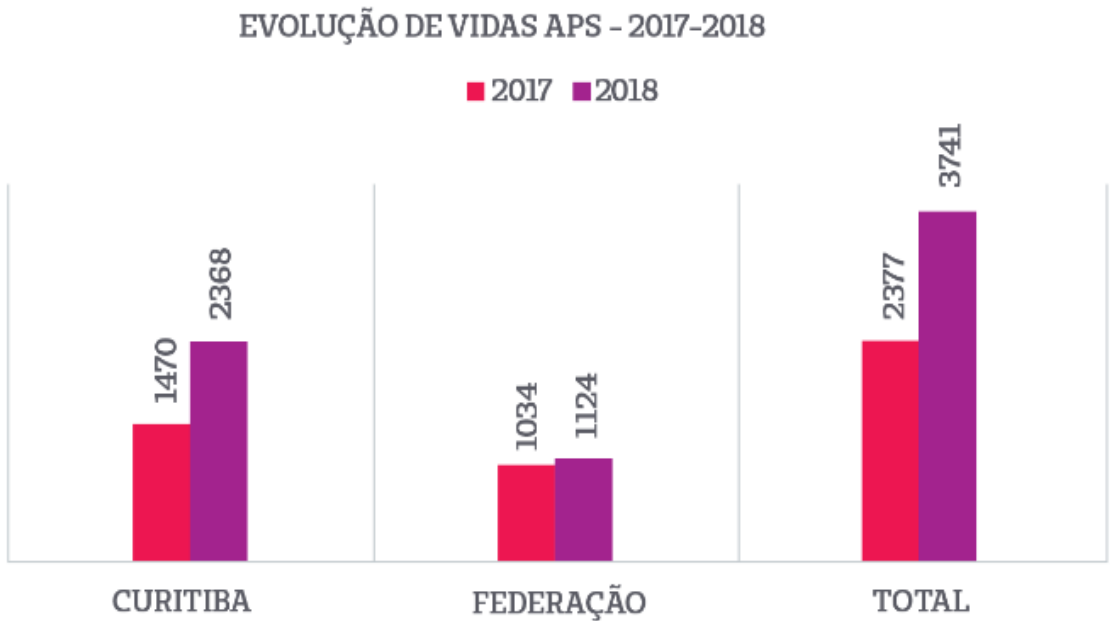
Source: APS: A look at the Minas Federation (2018).

In usual situations, APS is essential to relieve the demand of emergency and high-complexity units. However, during a health crisis, such as the coronavirus pandemic, primary care has become imperative to prevent the total collapse of the system. Thus, new technologies, such as electronic medical records and telemedicine, have helped the health system to face the challenge of covid-19 [16].

From this perspective, the UNIMED Cascavel unit was one of the pioneers in the implementation of telemedicine for APS, where this service was expanded during the COVID-19 pandemic to meet the needs of beneficiaries and reduce their exposure to the risk of contracting the virus. Through an online service, the doctor performed the evaluation and, at the end of the consultation, the patient received all the documents by the email registered at the time of the appointment, making the APS work in an obscure period of Brazilian health history [17].

In view of this vision, the operator's mission is to increasingly extend the service to users in APS and, for that, the operator has the "Personalized Health Care Center", which uses as a reference a care model based on Primary Health Care[18]. Through research, it is possible to observe a significant increase in the scope of this type of care in recent years, as shown in graph 1:

Graph 1: Evolution of lives served by PHC at UNIMED Paraná.



Source: UNIMED PARANÁ (2018).

When looking at investment in APS, in the public network after a period of expansion in health spending in Brazil, there was, from 2015 onwards, a reversal of trend, with a drop in per capita government spending on health and thus, it was noticed- and the need to increase the efficiency of investment in health, in order to ensure that new resources were made available for APS [19].

When studying the values related to UNIMED in APS, it is possible to verify that the per capita cost has been increasing in recent years (Table 1), demonstrating that, as much as the cost increases, the number of monitored lives also increases, realizing It is assumed that the investment is proportional to the assistance provided. Currently, there are 67 UNIMEDs throughout Brazil, hosting approximately 400,000 beneficiaries in APS[18].

Table 1: Amounts invested by UNIMED in APS from 2011 to 2018

ANO	VIDAS	CUSTO TOTAL	CUSTO PERCAPITA
2011	533	R$ 698.283,04	109,26
2012	532	R$ 842.681,05	1325,06
2013	542	R$ 846.324,19	128,66
2014	621	R$ 812.618,52	109,06
2015	824	R$ 1.040.207,93	105,22
2016	922	R$ 1.464.843,57	132,47
2017	1.038	R$ 1.673.291,78	134,29
2018	1.124	R$ 2.838.634,62	252,55

Source: UNIMED PARANÁ (2018).

It can be noted that the initiative to implement APS by health operators is not recent, and in the last five years the private health network began to invest heavily in primary care, with the aim of flattening the cost curve with care. and improve the beneficiary experience. This implementation is important and the adoption of APS by the operator's management involves convincing patients that this is a useful and beneficial service, without spending time on trial and error that can be prevented through a well-structured APS [20].

4. FINAL CONSIDERATIONS

It can be noted that there is great expectation on the part of large health operators with the popularization and acceptance of APS, causing, as a consequence, the need to hire family and community doctors, who are the most specialized in primary health care.

It is noticed that the implementation of APS in the private network still needs to be undertaken by other Brazilian operators and in this way, it is used to assess what is eventually not working well in primary care in the supplementary health network.

Therefore, for the initiative to work well, there needs to be a real change in the paradigm that the focus should be on the disease and not the patient, that is, investing in periodic preventive actions and taking care of problems as soon as they arise, thus preventing them from happening. become larger and cause losses or the need for rehabilitation, leading to costly situations for the operator.

Results such as the one presented in this study demonstrate the importance of focusing attention and perspectives on the implementation of APS in private networks by large and small health operators, thus ensuring that patients who seek medical assistance are not directly assisted by the great complexities of health without need, since primary care can reduce the chances of more expensive care for the health system by more than 80% (UNIMED, 2021).

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