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MONITORING THE PRODUCTIVITY OF EXPANDED NUCLEUS OF FAMILY HEALTH AND PRIMARY CARE: AN EXPERIENCE REPORT

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Abstract: The objective was to describe the experience report in the elaboration of a monitoring strategy of the activities of the Expanded Nucleus of Family Health and Primary Care (Nasf-AB) in a Health Region of the Federal District (DF). This is a descriptive study, of the experience report type, carried out from March to May 2020. The monitoring strategy consisted in the preparation of a four-monthly frequency productivity report, with data from attendances recorded by the nucleus, downloaded from the e-SUS AB system, where information was collected on general care and collective actions according to the professional category and Basic Health Unit (BHU). Monitoring Nasf-AB's productivity has the potential to assist in decision-making at the local and regional level, by viewing the most demanded professional categories, supporting compliance with the principle of transparency and the allocation of human resources in a more ethical manner.
Keywords: Multiprofessional team, Productivity, Primary Health Care (PHC).

INTRODUCTION

Primary Health Care (PHC), also synonymous with Primary Care (AB), is considered a priority by the Brazilian Ministry of Health in the organization of the Health Care Network (RAS), which is a set of services that seek to promote comprehensive care, that is, from the primary to the tertiary level of health care (MENDES, 2010). PHC understands health as a substantial factor for quality of life. With this, the actions are aimed at universal access, community participation, the exchange of knowledge between professionals and service users, so that health care is as close as possible to the assisted population (MENDONÇA et al., 2018). Among the main arrangements for achieving these goals, the Family Health Strategy (ESF) stands out, which works through Family Health teams (EqSF) and the Expanded Nucleus of Family Health and Primary Care (Nasf- AB).

The EqSF is composed of a team of health professionals, such as physicians and general nurses, preferably with specialization in family health, nursing assistants and/or technicians and Community Health Agents (CHA). It is considered the PHC consolidation strategy, because it seeks to accompany its users throughout their lives, in an integral way, in a defined territory. According to the Ministry of Health (2017), the Nasf-AB, in turn, is made up of a multiprofessional team, from different occupations, which has the objective of inserting itself in the daily life of the Basic Health Units (UBS) together with the EqSF with health planning and education tools, as well as providing direct services to the population. The following professionals can compose the Nasf-AB:

> Acupuncturist Physician; Social Worker; Professional/Teacher of Physical Education; Pharmaceutical; Physical therapist; speech therapist; Gynecologist/Obstetrician; Homeopathic Doctor; Nutritionist; Pediatrician; Psychologist; Psychiatric doctor; Occupational Therapist; Geriatric Doctor; Intern Physician (medical clinic), Occupational Physician, Veterinary Doctor, professional with training in art and education (art educator) and sanitary health professional, that is, a professional graduated in the health area with a postgraduate degree in public or collective health or graduated directly in one of these areas (BRASIL, 2017).

In view of this list of categories, it is emphasized that states, municipalities and the Federal District (DF) are free to define which professionals will be included in their list of effective specialists in this nucleus.

Nasf-AB can carry out individual and shared care activities, therapeutic groups, matrix support, construction of the Singular Therapeutic Project (PTS), collective actions and monitoring and evaluation meetings

between Nasf-AB, EqSF teams and UBS management.

Individual care refers to care focused on the individual's health and can be shared with other professionals. Therapeutic groups allow the joint experience of a group therapeutic process, that is, between health service users who may or may not share the same experiences (MARON; GUZZO; GRAND, 2014). The PTS, as far as it is concerned, consists of a set of therapeutic practices established by a team to generally cover complex circumstances of vulnerabilities to which users are exposed, so that actions are agreed upon, with well-defined and shared objectives (HORI; NASCIMENTO, 2014). Collective actions involve community meetings aimed at health prevention, promotion and rehabilitation, such as, for example, anti-smoking groups, walks, integrative practices, among others. Monitoring and evaluation actions are part of the context of situational diagnosis of the needs of EqSF and UBS management, with regard to health planning, so that Nasf-AB takes an active stance to encourage problem solving (SILVA et al., 2017).

Nasf-AB professionals must regularly fill in the occurrence of their activities in the e-SUS AB system, a data capture system that feeds the Primary Care Health Information System (SISAB). The importance of the records of the attendances of this nucleus is emphasized, firstly because it is an ethical imperative, of respect for the user of the Unified Health System (SUS) and their history of health care. Second, because these records can support the decision-making of local and regional managers in the face of user demand.

One of the main challenges for health services is to monitor the frequency of these activities to measure their impacts on the communities of responsibility of the PHC, as well as to visualize their strengths and weaknesses. Therefore, this study aimed to describe the experience report in the elaboration of a monitoring strategy in the form of a report with the analysis of four-monthly frequency of Nasf-AB activities in a Health Region of the DF.

METHODOLOGY

This is a descriptive study, of the experience report type, of residents of the Multiprofessional Residency Program in Family and Community Health (PRMSFC) of the Escola Superior de Ciências da Saúde (ESCS), being a speech therapist, a health worker and an assistant. with the support of the managers of the Health Region where the experience took place. Residents implemented the monitoring strategy in the second year of residence of the PRMSFC, from March to May 2020, in the DF.

Through weekly dialogues with managers of the Health Region, the residents developed a macro notion of the importance of monitoring, evaluating and strengthening activities within the scope of PHC, especially those of Nasf-AB. In this scenario, the challenge was to explore the following theme: Monitoring the productivity of Nasf-AB in the respective Health Region. The Health Regions consist of organizational models of health services in a defined territory, that is, they aggregate several UBS, outpatient services and hospitals for the population residing in its assigned territory, however, without preventing non-attached people from obtaining care (SANTOS, 2017).

From this, the residents organized the Nasf-AB information according to the territory covered by the Health Region. As it is an experience report in which the object of study is a work process, approval by the Standing Committee on Ethics in Research with Human Beings. However, the research followed the legal ethical precepts established by Resolution Number 466, of December

12, 2012 of the National Health Council (CNS), maintaining the anonymity of the organizations involved.

The steps for the elaboration of the Nasf-AB productivity monitoring strategy are described below.

RESULTS AND DISCUSSION

The DF Nasf-AB is regulated by Ordinance No. 489, of May 24, 2018, with an emphasis on Section III which, in its sole paragraph, informs that the nucleus must use the e-SUS AB system for the purpose of feed the SISAB. Also according to the regulations, the DF has up to five professionals in its Nasf-AB, such as speech therapists, social workers, physical therapists, pharmacists, nutritionists, social workers and occupational therapists (DISTRITO FEDERAL, 2018).

In view of the above, the strategy for monitoring the activities of these centers, reported in this study, consisted of preparing a four-monthly frequency monitoring report. The data from the consultations performed by Nasf-AB were downloaded from the e-SUS AB system and tabulated in the Microsoft Excel 2010 program, according to the Basic Health Units (UBS) where the centers worked and the reference month in 2019.

Subsequently, the absolute and relative frequencies of:

1) General services of each nucleus per month;
2) General assistance to the centers by UBS;
3) General services provided by the centers by professional category;
4) Monthly distribution of collective action;
5)Distribution of class action by UBS.

Finally, a descriptive quantitative description was elaborated with a comparison of productions and verification of the greatest health demands according to the territories of action. This strategy made it possible to visualize the frequency of consultations by Nasf-AB, as well as the visualization of the specific professional categories that most perform consultations. In addition, it was possible to measure the frequency of visits according to the months of greatest population demand. It was also possible to obtain information about health care that is not always accounted for in indicators, objectives and goals in PHC, such as group care; Health education; team, cross-team and cross-sector meetings.

Strategies for periodic monitoring of productivity in the health area are effective when they add enough information to drive the planning and development of health services in a region (YU et al., 2020). Furthermore, they can also allow the understanding of the main causes of technical inefficiency of these services (HASAN; DINSA; BERMAN, 2021). When these strategies are agreed to promote transparency and popular participation, they can present even better results regarding the provision of care that, in fact, positively impacts the population's quality of life (FORD et al., 2019).

Studies that address the need for monitoring and evaluating the Nasf-AB work process are still scarce in the Brazilian literature (SILVA et al., 2021). One hypothesis for this shortage would be related to the lack of academic knowledge about PHC work information systems, as well as the lack of financial incentive to research these systems. For example, it is common to see the dissemination of academic articles and funding notices aimed at collecting data on outpatient and hospital production through the Department of Informatics of the Unified Health System (DATASUS). The same is not true for SISAB, which also has a platform with public data that could promote visibility into Nasf-AB's productivity. Added to this is the fact that downloading files from DATASUS enables better data mining strategies and is

easier to manipulate than the SISAB public platform (OLIVEIRA et al., 2021).

Another hypothesis would be the existence of a lack of definition regarding the activities carried out by this nucleus in Brazil, because, according to Barros et al. (2015), the nucleus was implemented without a review of the PHC guiding documents, generating different demands, different priorities and dedication time between EqSF and Nasf-AB. Also according to these same authors, a review of these documents is suggested as a means of favoring the rapport between these two teams to increase the organization of work and, consequently, its monitoring. Corroborating this premise, Souza and Medina (2018), in a case study on Nasf-AB in a municipality in Bahia, found that the lack of integration between professionals and teams can generate disarticulation and fragmentation of the work of the centers, harming recording and surveying the production of these professionals.

Another conflict could be related to the lack of an organizational culture in the use of information for the monitoring and evaluation of health care at the local level in Brazil (TESTON et al., 2021). The country has a National Program for Improving Access and Quality of Primary Care (PMAQ-AB), which in its third cycle, held in 2015, evaluated issues related to the PHC work process, especially access, planning, articulation and matrix support between EqSF and NASF. However, according to Silva et al. (2021), when addressing the application of the third cycle PMAQ with PHC teams in the Northeast Region, stated that the inclusion of strategies to survey the work processes of PHC teams in the country is still incipient, considering micro and macro-regional contexts.

On November 12, 2019, agreed with the Tripartite Intermanager Commission (CIT), the new APS financing model was disclosed through Ordinance No. 2,979. This model removed the Basic Care Floor (fixed and variable PAB) and adopted weighted funding (based on geographic and vulnerability situations) to transfer resources to the ESF teams. The ordinance also ended the federal funding of Nasf-AB, leaving the states, municipalities and DF to be financially responsible for their maintenance and implementation, without evidence-based explanations about the reason for adopting this measure (MELO et al., 2020). The exclusion of this cost not only influences the functioning of the multidisciplinary care provided by PHC, but can also harm the mechanisms of integrality of this assistance. According to Massuda (2020), PHC managers, together with the population, must combat this setback, monitoring and evaluating Nasf-AB activities before and after the implementation of the new financing model.

This scenario reinforces the indispensability of publications and dissemination of strategies that not only emphasize the productivity survey of Nasf-AB teams, but also give importance to their potential to support the organization of health care, cooperate with EqSF, reduce health inequities and boost the expansion of PHC in Brazil.

CONCLUSION

It was observed that the implementation of the strategy described in this study, in addition to providing the visualization of professional categories of Nasf-AB most demanded by the population, has the potential to support health planning and the allocation of human resources in a more ethical way. Furthermore, it can favor the maintenance of a culture of transparency, monitoring and evaluation of the productivity of PHC teams.

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