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SHARED CARE PROJECT BETWEEN SPECIALISTS AND THE FAMILY HEALTH TEAM

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PRESENTATION

Campos do Jordão is a Brazilian municipality located in the interior of the state of São Paulo, currently has an estimated population of 52,713 inhabitants (IBGE 2022), with 80% of the population registered in the 10 Family Health Units and 03 Basic Health Units. The municipality also has Health Surveillance services, Dental Specialties Center, CAPS-1 and the Municipal Health Complex which comprises: Medical Specialties Center (15 specialties), Adult and Child Emergency Care, Women's Care Center, Clinic Medical, Pediatrics and Maternity.

DEFINITION

The Project "Shared Care between Specialists and the Family Health Team", is an innovative model of assistance in Primary Care created to absorb the referenced demand for specialized evaluation, taking into account the visit of the specialist doctor and the multidisciplinary team to the Basic Unit, proposing the permanent education of the team, guaranteeing the patient's bond in the basic unit, the focus of the treatment and continuity of the activities of promotion, prevention and assistance to the health in the Units of Health of the Family. The Municipal Health Department, through its Family Health Strategy and Planning team, carries out the monthly schedule, based on the demands and needs presented by the teams.

OBJECTIVE

Expand the accessibility of the population of the basic health network, through the training of primary care professionals, directing specialized assessments, which enable agile responses and follow-up to the needs of medical assistance and the multidisciplinary team, aiming at the commitment of resoluteness to users,

reducing queues for evaluation by specialists, keeping users linked to Primary Care, with the guarantee of permanent education in loco for network professionals, and strengthening of resolution along with initial care.

METHODOLOGY

For the implementation of this model, which took place in June 2016, the SMS was based on the health needs of the municipality, taking into account the demand for referrals to specialists raised in the Basic Health Units, focusing on the resolution of cases and qualification continuation of the network. Doctors and specialist professionals attend the Family Health Units weekly, fortnightly or monthly, where the teams electively schedule users who need specialized or multidisciplinary evaluation together with the unit's doctor or nurse. Assistance can be individual or in groups, as agreed between professionals and demand. We currently have the following professionals linked to the project: cardiologist, pediatrician, gynecologist, endocrinologist, neuropsychiatrist and homeopath.

RESULTS

Ensuring the integrity of actions enables an effective referral and counter-referral system, through consultations shared with specialist physicians and a multidisciplinary team together with the physician and the healthcare unit's assistant team. The decrease in referrals to specialists linked to the project accounts for between 30 and 90%, and the quantitative and qualitative targets and indicators have increased considerably, encouraging management to invest in the proposal.

CONCLUSION

The Project is an innovative model of assistance in Primary Care, created to reduce the demand referred to the specialist, and qualification of generalist professionals linked to Family Health, in view of the specialist physician and multidisciplinary team going to UBS, instead of the patient go to the specialist. Primary Care is strengthened by the project, where demands for referral to the cardiologist and endocrinologist in the network do not have a repressed demand for referral to these specialties. Currently we have around 30% of specialists linked to the proposal, but the intention is to shift 80% of the network to shared decentralized care, in view of the excellent results achieved, believing that there will be an increase in resolution, a decrease in demands and quality of care provided to SUS (Unified Health System) users.

REFERENCES

1. Brasil. Ministério da Saúde. Secretaria de Gestão do Trabalho e da Educação na Saúde. Departamento de Gestão da Educação na Saúde. Política Nacional de Educação Permanente em Saúde: o que se tem produzido para o seu fortalecimento? / Ministério da Saúde, Secretaria de Gestão do Trabalho e da Educação na Saúde, Departamento de Gestão da Educação na Saúde – 1. ed. rev. – Brasília: Ministério da Saúde, 2018.
2. BRASIL. Ministério da Saúde. Acolhimento à demanda espontânea: queixas mais comuns na atenção básica. Brasília: Ministério da Saúde, 2012. (Cadernos de Atenção Básica, n. 28, volume 2)
3. PORTARIA Nº 2.436, DE 21 DE SETEMBRO DE 2017- Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS).