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EXPANDING ACCESS TO HYPERTENSIVE PATIENTS AFTER IMPLEMENTING AN INTERVENTION PROJECT IN A BASIC HEALTH UNIT IN THE CITY OF JUAZEIRO DO NORTE - CE

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Abstract: The National Primary Health Care Policy (PNAB) aims to guarantee universal and comprehensive access to health care, highlighting the Basic Health Unit (UBS) as the main gateway to the Unified Health System (SUS). The financing model seeks performance indicators, a strategy that seeks to strengthen public policies and improve the health of the population, among which systemic arterial hypertension (SAH) stands out. Hypertension is a chronic disease with a high prevalence that affects around 1.3 billion people worldwide and can result in serious complications such as stroke and heart attack. The intervention proposal is the modality used to identify and address the barriers to monitoring hypertensive patients in the community served by the UBS, with a focus on improving blood pressure control, adherence to treatment and reducing the number of direct and indirect complications related to SAH. The objectives of the research proposal are to collect data on the number of hypertensive patients in the community and their access to follow-up appointments before and during the intervention project. In this way, to increase follow-up among hypertensive patients, improve quality of life and the use of public health resources. The intervention project was carried out over 6 months. The data used was only collected in documentary form 6 months before the intervention project and 6 months during the intervention project. The main effects observed were an increase in the number of hypertensive patients and an 80% increase in the number of consultations, especially among women over 30. There is a need to follow up these patients to assess the impact on the main complications related to hypertension.

Keywords: Systemic arterial hypertension, public health, health care.

INTRODUCTION

The National Primary Care Policy (PNAB) was developed under the principles of universality, comprehensiveness, continuity of care, from a human perspective and based on equity and social participation (Brasil, 2019). It understands the Basic Health Unit as one of the system's gateways, and it must provide easy and complete access to the health care networks.

In order for the PNAB to be implemented in its entirety, a strategy for financing and strengthening PHC was set up, called *Previne Brasil* (Harzheim et al, 2020; Brasil, 2021).

Previne Brasil was created in 2019, as a new financing strategy, organized in weighted capitation, payment for performance and incentive for strategic actions, (Brasil, 2006) using 7 performance indicators, namely:

1. Number of prenatal consultations for pregnant women, with 1 before 12 weeks;
2. Testing pregnant women for HIV and syphilis;
3. Number of dental visits to pregnant women;
4. Cytopathology collection;
5. Vaccinations given to children up to 1 year old;
6. consultation and measurement of blood pressure in hypertensive patients;
7. Assessment of glycated hemoglobin and consultation with diabetic patients.

Among the performance indicators, Systemic Arterial Hypertension (SAH), a chronic disease with a high prevalence, affects 1.3 billion people worldwide today, affecting approximately 33% of people aged between 30 and 79 (WHO, 2023). SAH is a disease with modifiable risk factors, a high prevalence, a high risk of complications and death and the possibility of simple treatment and prevention (WHO, 2023).

It is possible to diagnose SAH as an increase in blood pressure observed after 2 or more measurements with values above 140 and/or 90 mmhg, provided that the measurement takes place in a suitable environment, and with a cuff that is consistent with the circumference of the patient's limb (Barroso et al, 2021; Costa et al, 2022; Brasil, 2007).

The main risk factors observed, according to the World Health Organization (WHO, 2023; Brazil 2007), are: increased salt consumption, smoking, obesity, increased alcohol consumption and physical inactivity.

Among the main complications are heart failure, stroke and acute myocardial infarction (Barroso et al, 2021; WHO, 2023).

It is well known that a basic unit is made up of a catchment area, so it has direct access to a community, with all its particularities, and its purpose is to collect direct data on patients' health and implement the public policies and principles of the SUS, and is therefore the main gateway into the system.

Thus, observing the importance of hypertension, the possibility of complications and death from hypertensive diseases, also evaluating the number of consultations carried out daily at the basic health unit and analyzing that there is still a lack of comprehensive and constant care for the population known to be hypertensive, an intervention project was developed as a strategy to gather data on the population in question, collecting data to understand the reality, the use of medication and to increase the number of patients not yet followed up by the health unit in order to reduce the rate of untreated or inadequately controlled hypertensive patients and reduce the direct and indirect complications inherent in the pathology.

JUSTIFICATION

Hypertension is a chronic disease with modifiable factors and a high risk of complications and mortality. According to the World Health Organization (WHO, 2023), 1.3 billion people worldwide have hypertension, with approximately 33% of the population aged between 30 and 79 being hypertensive.

The basic unit where the intervention will be carried out serves a population with numerous health problems, which depends almost exclusively on care at public units, with the UBS being the main point of entry. The population also has access to an Emergency Care Unit, a General Hospital and a Children's Hospital.

Uncontrolled hypertension can lead to serious complications such as stroke, myocardial infarction and kidney failure, generating a significant impact on public health and health system costs. The high prevalence of hypertension observed globally is also reflected in our unit, where we face specific challenges related to patient adherence to ongoing treatment and blood pressure monitoring.

Many patients only go to the health unit when they have symptoms, often arriving with inadequate blood pressure control, sporadic use of medication and high blood pressure levels. This behavior indicates the urgent need to make the population aware of the importance of proper control of hypertension and the risks associated with neglecting it.

The proposed intervention project aims to analyze the challenges faced in attracting hypertensive patients who are not regularly followed up by the basic health unit, identifying the reasons for resistance to outpatient follow-up.

Planning should cover:

1. Carry out a survey of the number of hypertensive patients in the community covered by the unit.

2. Improve the control and measurement of blood pressure in hypertensive patients.
3. Increase adherence to drug and non-drug treatment.
4. Observe and document complications reported by hypertensive patients.
5. Assess hypertension-related complications and deaths in the unit.
6. Reduce the number of complications caused by hypertension.
7. Increase the engagement of the health team in attracting and monitoring patients.

Reducing the number of patients without adequate control, improving the quality of life of participants and reducing the health costs associated with hypertension.

The community intervention is a low-cost initiative with the potential to generate major benefits for the population, the neighborhood and the municipality. Its continued implementation will guarantee the sustainability of the results in the long term, contributing to a significant improvement in public health.

METHODOLOGY

Juazeiro do Norte is a city in the northeast of Brazil. The municipality has a population of 286,120 according to the IBGE. The health system is made up of Basic Health Units, which are the responsibility of the municipality, UPA, polyclinics and referral hospitals. The basic unit used in the research is located in a peripheral neighborhood, with a population with low levels of education, difficulties in accessing the sewage system and public transport.

The study design is documental and bibliographic, collected from documents completed during and after the intervention project.

Documentary data produced at the Frei Damião II Basic Health Unit was used to monitor the cases. An Excel spreadsheet was created to record data on the disease and its follow-up. The database used for this research

was extracted from this spreadsheet, omitting all personal information, such as the name of the case, the name of the person who did the follow-up and any personal identification. The data was collected during the 6 months prior to the intervention project and then 6 months during the intervention project.

The inclusion criteria for the study were confirmed cases of hypertension in people over the age of 18. Exclusion criteria were children and adolescents and patients with hypertension still under investigation. No patient was identified in the study, so no sociodemographic data was collected. The sex of the registry was used for sexual identification, since the aim is to observe the flow of people with the condition and to expand access.

RESULTS AND DISCUSSION

The intervention project was carried out between July 2024 and December 2024, with the aim of increasing the number of hypertensive patients seen and registered at the basic health unit, using indicators and systematized control over the number of new patients followed up by the basic health unit; to improve blood pressure control, reducing the percentage of patients with uncontrolled blood pressure, keeping blood pressure at adequate levels according to the hypertension guidelines of the Brazilian Society of Cardiology and the Ministry of Health's Primary Care Notebook, using the percentage of patients with adequate control as an indicator; improve adherence to medication and non-medication by observing the percentage of patients who use the activities provided by the basic health unit and outside of it, as well as the appropriate use of prescribed medication; reduce complications and deaths related to hypertension by evaluating the number of complications and deaths related to hypertension; increase the engagement of the health team to disseminate correct information and increase efficiency in capturing

and following up patients, based on control meetings and patient and team evaluations of the project; increase access to education and awareness of the population about hypertension, by developing campaigns with the participation of the community.

In order to achieve these results, strategies were used, such as: continuous blood pressure monitoring for all patients registered as hypertensive, in a systematized and coordinated way; easy access to BP checks and blood pressure monitoring; wide dissemination of information about the disease and its possible complications. Access to medicines through the unit and public distribution programs.

The method used to obtain the results is dynamic and must be adapted according to the challenges that the community demands. It must also be known to the entire team and have the participation of everyone in the unit.

It was recommended that hypertensive patients should return to the unit every 3 months or in the presence of a change in blood pressure or after a blood pressure map, if patients still had undesirable blood pressure for their age and cardiovascular risk.

The unit has a total of 3608 registered patients, of whom 38 were registered in the first half of 2024 and 301 were duly registered after the intervention project.

After analyzing the data from the spreadsheet created, it was observed that in the 6 months prior to the intervention project the number of consultations among hypertensive patients was 333, distributed as follows: 57.4% female and 42.6% male, ranging from 20 years old to over 80 years old. There are no patients under the age of 20 monitored for hypertension. In the last data collection period, the number of consultations was 603 in 6 months, 72.3% of which were female and 27.7% male.

This led to an 80% increase in the number of consultations.

Among the patients observed, the age and gender distribution is as shown in the table below.

Periods analyzed January 2024 to June 2024

Age	Female	Male
Under 20s	0	0
20 to 24 years old	1	1
25 to 29 years old	1	11
30 to 34 years old	4	5
35 to 39 years old	6	6
40 to 44 years old	14	7
45 to 49 years old	31	12
50 to 54 years old	19	19
55 to 59 years old	22	11
60 to 64 years	14	15
65 to 69 years	23	17
70 to 74 years	14	18
75 to 79 years	23	10
Over 80s	19	10

Observation period from September 2024 to February 2025

Age	Female	Male
Under 20s	0	0
20 to 24 years old	1	1
25 to 29 years old	11	10
30 to 34 years old	12	1
35 to 39 years old	12	3
40 to 44 years old	34	14
45 to 49 years old	57	9
50 to 54 years old	80	9
55 to 59 years old	72	17
60 to 64 years	50	19
65 to 69 years	44	17
70 to 74 years	30	31
75 to 79 years	38	12
Over 80 years old	38	25

Thus, it can be seen that the intervention project increased the number of consultations with hypertensive patients, and the number of registered patients improved considerably, going from 38 to 301 patients actively registered at the unit.

The intervention project was particularly sensitive to the female public, in all age groups, especially among women over 35. The

number of female consultations in the 6 months prior to the intervention project was 191 female consultations and 142 male consultations, while in the second collection period it was 435 female consultations and 167 male consultations. A net increase of 244 consultations among women and only 25 among men.

Possible factors for this difference are the unit's opening hours, which are during the day, the fact that the neighborhood where the unit is located is peripheral and therefore far from most people's workplaces, and that young people are less concerned about their health.

CONCLUSION

Hypertension is a highly prevalent public health problem that directly and indirectly affects the quality of life, health and mortality of the population. The proposed intervention aims to identify and monitor hypertensive patients at the Basic Health Unit (BHU) in order to promote effective control of the disease and prevent serious complications associated with it.

The objectives outlined in the intervention project - such as increasing patient uptake, improving blood pressure control and adherence to treatment - are essential for tackling the reality of hypertension in our community. But

they must start with increasing access, since there is no way to control blood pressure without proper control and ongoing patient care.

Thus, we can see that there is still a long way to go to achieve equitable access, since the male population still has resistance and limited access, and it is up to the basic unit to develop new strategies to seek out these patients.

The use of performance indicators will monitor the progress and results of the intervention, allowing for necessary adjustments according to the needs of the community, ensuring that the strategies implemented are coherent and effective.

It is hoped that raising awareness of hypertension and promoting healthy habits will result in a population that is better informed and better able to manage its own health, reducing the number of complications and reducing the cost of the health system.

Finally, implementation must be continuous in order to generate a positive, long-term impact, in line with local needs.

There is a need for a future comparative analysis of this research with the data obtained in another survey, to see if access continues to be easier after the end of the intervention project.

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