

Health Care Networks (RAS) as a strategy to strengthen the Unique Health System (SUS)



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ABSTRACT

In Brazil, the Unified Health System (SUS) has an expressive importance, because it is a system that has a range of action that goes through the promotion, prevention, protection and recommends the care of all citizens in a free and resolute way. From what the SUS represents associated with the fact that social inequality in the country is growing, our health system has been contributing to the care of the most socially vulnerable citizens and with this it was perceived the need to strengthen it so that the public service comes to provide a more efficient and resolute care (DAMACENO, 2020).

Keywords: Health, Strengthen.

1 INTRODUCTION

In Brazil, the Unified Health System (SUS) has an expressive importance, because it is a system that has a range of action that goes through the promotion, prevention, protection and recommends the care of all citizens in a free and resolute way. From what the SUS represents associated with the fact that social inequality in the country is growing, our health system has been contributing to the care of the most socially vulnerable citizens and with this it was perceived the need to strengthen it so that the public service comes to provide a more efficient and resolute care (DAMACENO, 2020).



For this strengthening to occur, health care networks (HCN) were created, the HCN consists of a set of actions and services coordinated in order to meet the health needs of the population in all its levels of complexity, thus ensuring the integrality of care, in which they represent a fundamental advance in the organization of the Unified Health System (SUS). The HCN seek to respond to the health demands of the Brazilian population with quality, safety and in an efficient and effective way. In addition, the HCN are articulated in order to centralize care and ordering in Primary Health Care (PHC), as a way to offer a given population actions and services in continuous and coordinated ways (OLIVEIRA, 2016).

According to Costa et al, 2014 it is up to PHC to offer continuous and integral support to users of a specific territory, committing to care focused on health care in an appropriate place, in a timely manner, better cost/benefit ratio and good quality in the provision of services. However, despite the advances in its organization, there are still major obstacles to be overcome so that the HCN can play their role as organizer of the system and coordinator of health care. In view of the above, the article aims to verify how the Health Care Network can be a model of organization that makes the Health System more efficient through the strengthening of PHC.

2 METHODOLOGY

The scientific approach that will be addressed in the research is an integrative literature review, which uses the results of several researches of a certain theme, and organizes and synthesizes them in a systematic, orderly and comprehensive way, constituting a robust knowledge about the chosen subject (Mendes, Silveira and Galvão, 2009).

The construction of the integrative review follows the following phases: identification of the theme and formulation of the research question; establishment of inclusion and exclusion criteria for studies for sampling; collection of data that will be extracted from the studies; critical analysis of the selected studies; interpretation of results; presentation of the established synthesis and review of the contents.

After the definition of the guiding question, the articles were searched through data exploration in the following databases: Latin American and Caribbean Literature in Health Sciences (LILACS), Virtual Health Library (VHL), Scientific Electronic Library Online (SciELO). The selection occurred through the reading of titles, abstracts and, when necessary, the full reading of the texts to select them according to the inclusion and exclusion criteria. The criteria for inclusion of the articles were: (1) articles found in the databases selected by the authors; (2) articles with descriptors: "Comprehensive Health Care", "Primary Health Care" or "Health Systems". Subsequently, the descriptors were cross-checked with the "or" connector, ;(3) publications in the period 2018-2022; (4) full-text articles; (5)

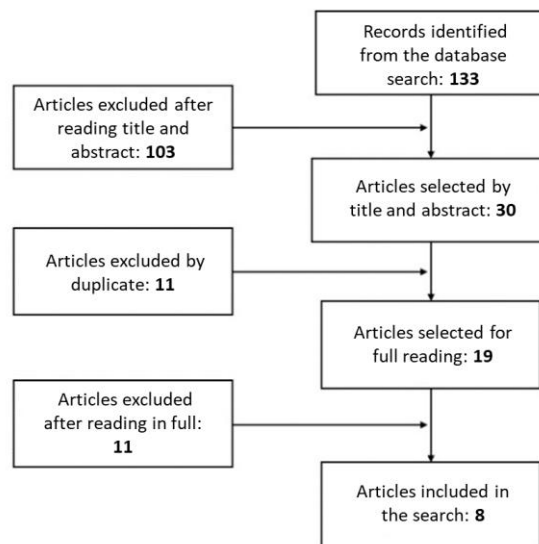


research articles, reflection articles, and essays; (6) articles in the language Portuguese; (7) articles that met the previously defined objective.

3 FINDINGS

From the search with the keywords, a total of 133 articles were found, being 50 articles from the LILACS platform, 79 articles from the VHL platform and 4 articles from the Scielo platform. A total of 125 articles were excluded. Being 103 articles excluded after reading the titles and abstracts, 11 articles per duplicate and 11 articles after full reading. Thus, 8 studies were included in this review (Figure 1).

Figure 1. Flowchart of the article selection process



Regarding the public involved in the articles included in the research, managers, health professionals and users were identified. The health professionals involved were doctors, nurses, psychologists and social workers. Regarding the regions of the publications, articles produced in the North, Northeast, Midwest and Southeast regions were found.

4 DISCUSSION

The SUS, through the strategy of organization in networks, seeks to consolidate its principles and improve the provision of services. Oliveira (2016) and Ribeiro and Cavalcanti (2021) highlight the central role of primary health care, and for this, it must be strengthened, as it becomes the gateway and coordinating center of care of the RAS, working in vulnerable territories in search of equity in access to health. The health system, organized in networks, seeks to ensure comprehensive care care,



enabling links between the teams and the management of the various levels of health, seeking greater efficiency and effectiveness of the service.

Landim (2018) states that the process of decentralization of health was not exhaustive so that the states could provide an organizational policy of health actions and services, since the municipalities do not have the necessary resources to provide services of different technological densities. The structuring of the health system in

networks become the strategy to overcome the inequities caused by the process of decentralization. However, it was found that the flow managed by the care regulation causes a delay in the care of users, which favors the strengthening of the private health system.

However, the reality is not the same as the one mentioned, because throughout the care network there is a scarcity of resources, coupled with the disparity of investments between specialized care and PHC exacerbate the difficulties of effective, continuous care and demonstrate the fragmentation of the care provided. The studies show a discredit of both the population and the professionals of specialized care towards the PHC, which is the coordinator of care, since it does not cover organizational, operational and infrastructure conditions, this negatively influences the services provided by the PHC, in addition to failures in regulation and even contributing to the lack of dialogue between professionals of different levels of complexity (Araújo *et al*, 2021, Melo, 2021).

In research developed by Sacco *et al*. (2019) in the Federal District was used Matrix to evaluate the Management focused on actions for the elderly. As a result, they observed that none of the BHU reached an advanced level with regard to the proposition of actions and two of the four analyzed obtained an incipient level, the lowest level of the evaluation. Corroborating with evaluative research developed by Ramos (2018) in the state of São Paulo, revealing that the incorporation of actions aimed at the health of the elderly in PHC services is still embryonic.

The lack of establishment of relationships of trust between the health team and the patient, absenteeism and the high turnover of health professionals in the UBS, especially physicians, are factors that hinder the follow-up of the user by the PHC, causing the difficulty in comprehensive care to the population. Because of this, this lack of bond between the PHC health professional and the user hinders patient adherence to treatment (Galvão *et al*, 2019).

In PHC, especially in rural areas, problems such as lack of efficient investments to support the system, better use in the programs, delay in the feeding of records by the unit, difficulty in the elaboration of actions by the RAS, lack of counter-reference to the PHC, feeding the system with minimal or no information regarding the moment of treatment in which the user is. In view of this, these are factors that limit the network and strengthen the fragmentation of care, the patient does not follow the correct follow-up in PHC and this established bond ceases, which demonstrates the lack of flows, correct standard operational processes within the RAS. However, this attribution that could be



passed on to PHC is not carried out due to discredit of technical competence, with an evident distorted view that primary care would not have the authority to maintain this continuity of care to the user. For this it is necessary to think about the possibilities of communication and standardization to draw attention of the centers of high complexity to resolve this failure in the network. (Mascarelle, 2018, Galvão *et al*, 2019, Silvino *et al*, 2020, Ribeiro and Cavalcanti, 2021).

It is pointed out the need to establish bonds through an effective interaction between PHC professionals and managers and specialized care professionals for the planning of actions and discussion of cases. Developing this link would strengthen the transfer of information between levels of care, in addition to promoting agility in the system and contributing to the strengthening of health care. (Araujo *et al*, 2021).

5 CONCLUSION

It is concluded that the care networks are arrangements that seek to ensure the universality of health care, in order to expand access to services and provide comprehensive care. However, some obstacles still need to be overcome within primary care for the networks to actually work, such as high turnover of professionals, scarcity of resources, failures in regulations, among others.

It is perceived that the demands of health are increasingly challenging, which calls for solutions that prioritize a committed and integrated look, in this way, it is important that the theme of this article is increasingly addressed in the training institutions so that the professionals have a critical and reflective thinking about the care networks and their importance in primary care.



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