


ANALYSIS OF THE QUALITY OF REFERRALS FROM PRIMARY CARE TO DERMATOLOGY SERVICES IN WESTERN PARANÁ <https://doi.org/10.56238/sevened2024.041-008>**Leticia Couri Petrauski¹, Leandra Ferreira Marques Nobre² and Alessandra dos Santos³.****ABSTRACT**

The effectiveness of communication between the different levels of health care is essential to ensure comprehensiveness and continuity of care, as recommended by the Brazilian health system, as well as to understand how failure in this dialogue affects the quality of service in different degrees of complexity. Thus, we sought to analyze the reference documents of primary care to a dermatology service in western Paraná, seeking to verify how referrals reach secondary care and whether they bring relevant information to care.

Keywords: Primary care. Secondary care. Completeness. Continuity of care. Reference and counter-reference.

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INTRODUCTION

Access to health in Brazil is still selective, focused and exclusionary, and its limits are mainly associated with socioeconomic and geographic factors, as stated by Assis (2012). Thus, inferring from this statement the difficulty of obtaining access to health services, especially at the secondary level, it is essential that, once the care is provided, it is assertive and effective in its conduct, respecting the user's right to obtain a quality consultation and with the greatest possible agility.

Therefore, the continuity of care and the integrality of the system are vital for the integration of primary and secondary care, ensuring that the professional of the specialized service has basic information about the patient beforehand, aiming at a more targeted and accurate care. According to Bonfada (2012), one of the main instruments used to ensure such integration are the reference and counter-reference documents, constituting an important means of communication between the different levels of care.

As exposed by Oliveira (2021), the Reference and Counter-Reference (RCR) system is encompassed in the logistical systems of information technology that allow organizing the transit of information about the health of each individual covered by the care network. This covers documents that discuss the patient's identification, reason for seeking the health service and reason for referral to the next level of care. Therefore, analyzing the information in these documents is relevant in the evaluation of the quality of services, as it reflects, therefore, on the quality of care and the health of the population.

Although the population does not recognize the referral and counter-referral system as a factor that facilitates or hinders their referrals in the health network, as Oliveira (2021) indicates, this is the tool that allows dialogue between different levels of care. Through it, the information pertinent to each user obtained at the various levels of care is validated and stored, ensuring the integrality of care through the establishment of communication.

Therefore, failures in this system can cause inconvenience in all network services, from delays in referrals and long waiting lines, to referrals that do not comply with the necessary specialty, or that could even have been treated at the Basic Unit.

In this sense, the specialty of dermatology stands out in the need for a good RCR system, since many of the diagnoses provided by primary care professionals are not consistent with the data by professionals specialized in dermatology, as Barszcz (2023) points out. In this way, they are more susceptible to mistaken referrals.

Furthermore, regarding primary care in Brazil, there is still a lack of studies that evaluate informational continuity, says Cunha (2011), emphasizing the importance of highlighting this theme. Thus, this study aimed to analyze the medical records of a clinic in



the city of Cascavel/PR the reference documents, evaluating data from 220 patients, seeking to identify whether they bring the necessary information for a good continuity of the service.

It was verified whether the referral documents from the Primary Care Units reach the secondary care professional, whether the referral brings a diagnostic hypothesis and whether it is adequate.

METHODOLOGY

This observational, cross-sectional and retrospective study was carried out in a dermatology outpatient clinic of the Centro Universitário Fundação Assis Gurgacz, with medical records from the FAG Clinic. The study was approved by the Research Ethics Committees of the CEP-FAG (CAAE nº 82775724.6.0000.5219, opinion no. 7.108.601).

All patients referred to the dermatology services of the FAG Clinic, regardless of gender, age group, race, and origin, from January 2022 to December 2023 were included. The medical records were studied, evaluating the reference documents. The information recorded refers to general data (age, gender and origin), the presence of the reference document and the existence of a diagnostic hypothesis, also verifying whether it is valid or nonspecific, as a mere description of the lesion.

For data analysis and processing, Microsoft Office Excel® 2019 for Windows® and RStudio with the R programming language were used.

RESULTS

The research investigated 220 medical records, 117 of which were made in 2022 and 103 in 2023. Note in Table 1 that the predominance of attendances was in females (69.09%); from Cascavel (22.27%), with referral present (80.91%), diagnostic hypothesis containing description of the lesion (48.64%), and most of them were not adequate (73.18%). However, when investigating the proportional per year, it is observed that the percentage of men assisted increased from 27.35% in 2022 to 34.95% in 2023. The same occurred with regard to the origin in Santa Tereza do Oeste. In 2023, it can be said that there was an increase in the percentage of referrals (90.29%); higher percentage of cases containing diagnostic hypothesis (HD) (30.10%), thus being adequate (30.10%).

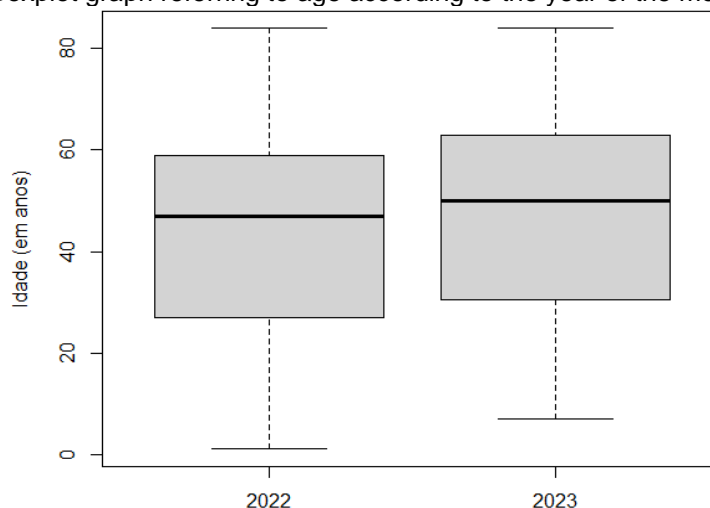
Table 1. Characterization of the sample with absolute (n) and relative (parentheses, in percentage) frequencies according to the year.

Study variables	2022	2023	Total
Sex			
Female	85 (72,65)	67 (65,05)	152 (69,09)

Male	32 (27,35)	36 (34,95)	68 (30,91)
Origin			
Rattlesnake	25 (21,37)	24 (23,30)	49 (22,27)
Sta Tereza do Oeste	18 (15,38)	24 (23,30)	42 (19,09)
Corbelia	22 (18,80)	16 (15,53)	38 (17,27)
Ibema	8 (6,84)	5 (4,85)	13 (5,91)
Iguazu Falls	10 (8,55)	0 (0,00)	10 (4,55)
Lindoeste	3 (2,56)	6 (5,83)	9 (4,09)
Other	31 (26,49)	28 (27,18)	59 (26,82)
Forwarding			
Absent	32 (27,35)	10 (9,71)	42 (19,09)
Present	85 (72,65)	93 (90,29)	178 (80,91)
Diagnostic hypothesis			
Description of the lesion	52 (44,44)	55 (53,40)	107 (48,64)
HD	28 (23,93)	31 (30,10)	59 (26,82)
Absent	37 (31,62)	17 (16,50)	54 (24,55)
Proper			
Yes	28 (23,93)	31 (30,10)	59 (26,82)
No	89 (76,07)	72 (69,90)	161 (73,18)
Total	117 (53,18)	103 (46,82)	220 (100,00)

In general, the age of the patients ranged from 1 to 84 years, with a mean of 45.9 years, with a standard deviation of 19.51 years. Figure 1 shows the age distribution according to the year of the medical record; Note that the results are similar, regardless of the year, and there are no ages considered discrepant. However, in 2023, the median age was higher than in 2022, respectively 50 and 47 years.

Figure 1 Boxplot graph referring to age according to the year of the medical record.



Regarding the diagnostic hypothesis, all those who had a description of the lesion or HD had a referral present; while among those who were absent, this percentage of referral was only 22.22% of the cases. On the other hand, the diagnoses considered adequate occurred only in situations of HD (Table 2).

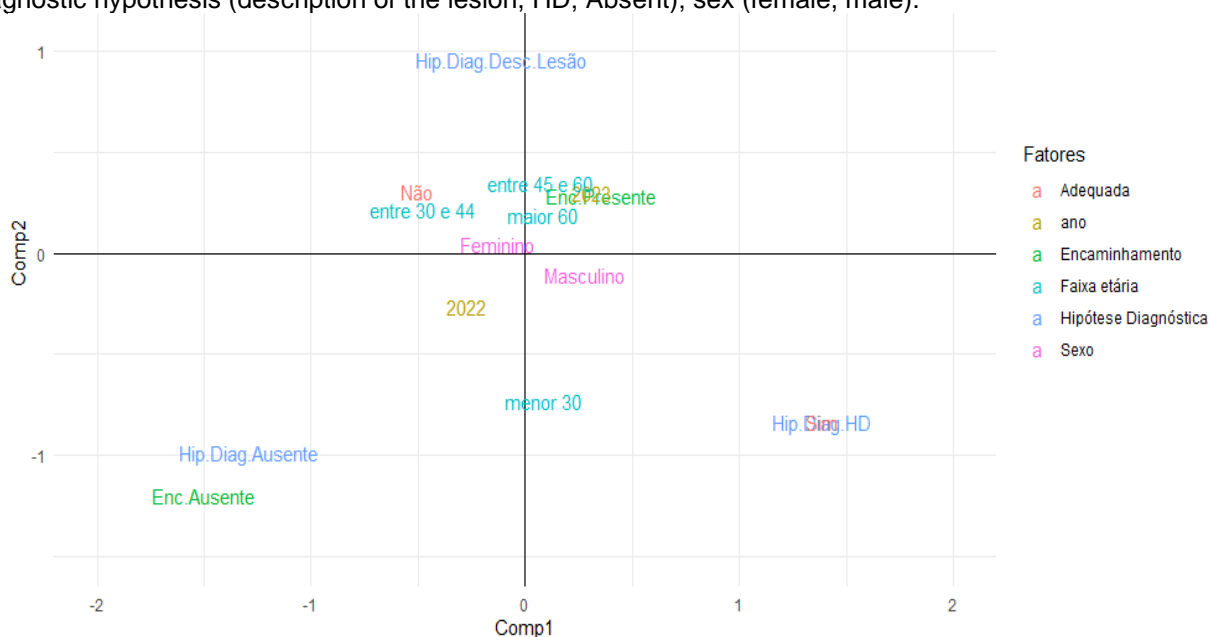


Table 2. Relationship between the number of cases according to the diagnostic hypothesis and the situation of referral and the diagnosis being adequate.

Diagnostic hypothesis	There was a referral	Proper diagnosis	Total
Description of the lesion	107 (100,00)	0 (0,00)	107 (48,64)
HD	59 (100,00)	59 (100,00)	59 (26,82)
Absent	12 (22,22)	0 (0,00)	54 (24,55)

Figure 2 shows the analysis of multiple correspondence between the factors: adequate diagnosis (Adequate); year (2022; 2023); referral (yes, no); age group (under 30; 30 to 44; 45 to 60; over 60 years); diagnostic hypothesis (description of the lesion, HD; Absent); sex (female, male). Note that only the levels of the diagnostic hypothesis and absent referral factors are strongly related, as well as diagnostic hypothesis and adequate diagnosis. This information had already been identified with 100% of the cases in Table 2. The other factors do not segregate so precisely, which does not indicate a direct relationship between the variables.

Figure 2. Graph of the analysis of multiple correspondence between the factors: adequate diagnosis (Adequate); year (2022; 2023); referral (yes, no); age group (under 30; 30 to 44; 45 to 60; over 60 years); diagnostic hypothesis (description of the lesion, HD; Absent); sex (female, male).



DISCUSSION

According to Aguilera (2013), primary care is the first level of care for the population, being responsible for the initial contact with individuals and family and community care in the health system. Specialized care, of medium or high complexity, comprises a set of outpatient and hospital services and articulation between the levels of care – covering specialized medical services, diagnostic and therapeutic support, as well as urgent and emergency care, according to Erdmann (2013).



In addition to the competencies related to community care, health promotion and prevention, the primary level aims to rationalize the use of services, optimizing their effectiveness, in order to be a "gateway" to the following levels as indicated by Menicucci (2009). This can be understood as a service, according to Bakerjian (2022), coordinated, which does not suffer interruptions, whatever the complexities of the system and regardless of the involvement of different professionals in different institutions.

This can be achieved outside the sphere of primary care and does not necessarily require that care be provided by a single professional, nor that there is a personal relationship between health care provider and patient, since well-made records can meet the need for information for a good continuity of care, as indicated by Cunha (2011).

Therefore, the concept of informational continuity, according to Cunha (2011), is an important foundation in ensuring the connection between different care providers, and concerns the quality of records, their handling and availability, in order to enable the accumulation of knowledge about the patient and his pathology. In this context, effective referral and counter-referral systems are fundamental in ensuring comprehensive and continuous care, since the complexity of the population's demand often requires communication between different professionals and institutions, in accordance with what Bonfada (2012) points out.

However, it was demonstrated in the present study that this communication is still fragile, given that 19.09% of the medical records did not contain a referral document and of those that did, 73.18% did not present a concrete diagnostic hypothesis, bringing only descriptions of the lesion or even the field without completion.

In a similar study carried out in Ponta Grossa/PR by Barszcz (2023), with a similar population between gender and age distribution, 40.3% of the cases had the diagnostic field of referral absent and 12.0% had a nonspecific diagnosis, as a description of the lesion. Thus, it was the opposite in the present study, which had a great predominance of nonspecific diagnoses (48.64%) and a lower percentage of missing fields (24.55%).

In addition, the disparity between the sexes in dermatology care is notorious, with women being notably higher in the demand for the service (69.09%). This does not reflect the national distribution of the population, which has 51.5% of female people, according to IBGE (2022 census), presenting a disparity of almost 20% of what would be expected, if it followed the country's distribution. Thus, it is important to assess the distance of the male population from the specialty and ways of approaching it.

All things considered, the problems resulting from this organizational failure evidenced in the study are also illustrated in the Brazilian health system, including the



recurrence of diseases, return of patients to hospital institutions, and dissatisfaction with care, according to Belga (2022).

Finally, with regard to dermatology, there is an important demand for the basic network due to skin complaints, as pointed out by Barszcz (2023), highlighting the great importance of this at this level of care and the difficulty in diagnosing dermatological conditions in primary health. Furthermore, the need for good communication in this area of care is highlighted by the great demand for consultations and the great losses that delays in diagnosis and treatment bring in this specialty – evidencing the need for good documentation of the patient's pathologies.

CONCLUSION

This study sought to analyze the reference documents made by primary care for dermatology services in the medical records of western Paraná, seeking to identify whether they provide the necessary information for a good continuity of the service.

It was found that 80.91% of the patients have reference documents in their records, and that among these, only 26.82% have a diagnostic hypothesis. Of the rest of the referrals, 19.09% were not present in the documentation, 48.64% had only the description of the lesion and 24.55% had the field not filled in.

Thus, it is concluded that although most medical records contain complete documentation, it still brings gaps in the continuity of information, which can generate problems in the continued care and optimization of patient treatment. Thus, the need for strategies to strengthen primary care and communication between the different levels of care is evident. Thus, obtaining more problem-solving capacity and improving the population's access to dermatology services.

In addition, it is important to promote the approximation of the specialty to the male population, since the results pointed to a great disparity between the sexes, with a prevalence of females (69.09%), and this does not reflect the division of the Brazilian population, which has 48.5% of men.

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REFERENCES

1. Aguilera, S. L. V. U., França, B. H. S., Moysés, S. T., & Moysés, S. J. (2013). Articulação entre os níveis de atenção dos serviços de saúde na Região Metropolitana de Curitiba: desafios para os gestores. *Revista de Administração Pública*, 47(4), 1021–1040. <https://doi.org/10.1590/S0034-76122013000400010>
2. Assis, M. M. A., & Jesus, W. L. A. de. (2012). Acesso aos serviços de saúde: abordagens, conceitos, políticas e modelo de análise. *Ciência & Saúde Coletiva*, 17(11), 2865–2875. <https://doi.org/10.1590/S1413-81232012001100002>
3. Bakerjian, D. (2022). Continuidade de cuidados. MSD Manuals. <https://www.msmanuals.com/pt-br/casa/quest%C3%B5es-sobre-a-sa%C3%BAde-de-pessoas-idosas/presta%C3%A7%C3%A3o-de-cuidados-a-idosos/continuidade-de-cuidados#top>
4. Barszcz, K., Baroni, E. do R. V., Dornelles, T. F., & Kluthcovsky, A. C. G. C. (2023). Qualidade dos encaminhamentos da atenção primária a um serviço de dermatologia. *Cadernos de Saúde Coletiva*, 31(3), e31030353. <https://doi.org/10.1590/1414-462X202331030353>
5. Belga, S. M. M. F., Jorge, A. de O., & Silva, K. L. (2022). Continuidade do cuidado a partir do hospital: interdisciplinaridade e dispositivos para integralidade na rede de atenção à saúde. *Saúde em Debate*, 46(133), 551–570. <https://doi.org/10.1590/0103-1104202213321>
6. Bonfada, D., Cavalcante, J. R. L. de P., Araújo, D. P. de, & Guimarães, J. A. (2012). A integralidade da atenção à saúde como eixo da organização tecnológica nos serviços. *Ciência & Saúde Coletiva*, 17(2), 555–560. <https://doi.org/10.1590/S1413-81232012000200028>
7. Cunha, E. M. da, & Giovanella, L. (2011). Longitudinalidade/continuidade do cuidado: identificando dimensões e variáveis para a avaliação da Atenção Primária no contexto do sistema público de saúde brasileiro. *Ciência & Saúde Coletiva*, 16, 1029–1042. <https://doi.org/10.1590/S1413-81232011000700036>
8. Erdmann, A. L., Andrade, S. R. de, Mello, A. L. S. F. de, & Drago, L. C. (2013). Secondary Health Care: best practices in the health services network. *Revista Latino-Americana de Enfermagem*, 21, 131–139. <https://doi.org/10.1590/S0104-11692013000700017>
9. Instituto Brasileiro de Geografia e Estatística (IBGE). (2022). Censo 2022: População por idade e sexo.
10. Menicucci, T. M. G. (2009). O Sistema Único de Saúde, 20 anos: balanço e perspectivas. *Cadernos de Saúde Pública*, 25(7), 1620–1625. <https://doi.org/10.1590/S0102-311X2009000700021>
11. Oliveira, C. C. R. B., Silva, E. A. L., & Souza, M. K. B. de. (2021). Referral and counter-referral for the integrality of care in the Health Care Network. *Physis: Revista de Saúde Coletiva*, 31(1), e310105.