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Original Article

HEALTH REGULATION: KNOWLEDGE OF FAMILY HEALTH STRATEGY PROFESSIONALS

REGULAÇÃO EM SAÚDE: CONHECIMENTO DOS PROFISSIONAIS DA ESTRATÉGIA SAÚDE DA FAMÍLIA

REGULACIÓN EN SALUD: CONOCIMIENTO DE PROFESIONALES DE LA ESTRATEGIA DE SALUD DE LA FAMILIA

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This is a descriptive and qualitative study that aimed to verify the knowledge of nurses, doctors and dentists of the Family Health Strategy in the municipality of Bela Cruz, Ceará, Brazil, about health regulation. Data collection happened from November to December 2008 by applying a questionnaire. Data were organized according to content analysis of Bardin. The results show that the participants have knowledge about the referral flow of patients referred from the primary care to specialized care, the mechanisms used for this purpose, as well as the reference and counter-reference system; they also reported difficulties in the return of patients with the counter-reference form properly filled, thus jeopardizing the continuity of assistance. For these professionals, the regulation is an important management tool for SUS, guaranteeing the right to health.
Descriptors: Knowledge; Health Care Coordination and Monitoring; Health Services Accessibility.

Estudo descritivo e qualitativo, que objetivou verificar o conhecimento dos enfermeiros, médicos e dentistas da estratégia saúde da família do município de Bela Cruz-CE/Brasil sobre regulação em saúde. A coleta dos dados ocorreu de novembro a dezembro de 2008, mediante a aplicação de questionário. Os dados foram organizados conforme as etapas de análise de conteúdo de Bardin. Os resultados mostram que os participantes possuem conhecimento sobre o fluxo de encaminhamento de pacientes referenciados pela atenção primária para atendimento especializado, os mecanismos utilizados para este fim, assim como o sistema de referência e contrarreferência; relataram dificuldades no retorno do paciente com a devida contrarreferência preenchida, interferindo na continuidade da assistência. Para esses profissionais, a regulação é importante instrumento de gestão para o Sistema Único de Saúde, proporcionando garantia do direito à saúde.
Descritores: Conhecimento; Regulação e Fiscalização em Saúde; Acesso aos Serviços de Saúde.

Estudio descriptivo y cualitativo cuyo objetivo fue verificar los conocimientos de enfermeros, médicos y dentista de la estrategia de salud de la familia del municipio de Bela Cruz-CE/Brasil sobre regulación en salud. La recogida de los datos ocurrió de noviembre a diciembre del 2008, mediante la aplicación de cuestionario. Los datos fueron organizados de acuerdo con el análisis de contenido de Bardin. Los resultados muestran que hay conocimientos por los participantes acerca del flujo de encaminamiento de pacientes referenciados por la atención primaria para atendimiento especializado, los mecanismos utilizados para esta finalidad, así como el sistema de referencia y contra-referencia (sistema de referencia e contra-referencia – Brasil); relataran dificultades en el retorno del paciente con la contra-referencia correctamente rellenada, dañando la continuidad de la asistencia. Para los profesionales, la regulación es importante instrumento de dirección para el Sistema Único de Salud, proporcionando garantía del derecho a la salud.
Descriptores: Conocimiento; Regulación y Fiscalización en Salud; Accesibilidad a los Servicios de Salud.

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INTRODUCTION

The implementation of the Unified Health System (SUS) in the early 1990s had a major role in expanding the collective access to health facilities and services [1]. So, in order to advance in its consolidation, it is essential that the formulation of health policies is done through spaces that allow the link between the construction of decentralized management of SUS, the development of comprehensive care and strengthening of popular participation with deliberative power [2-3].

In this context, the regulatory process arises as a possibility of implementing the public health policy, being also "the ability to intervene in the service provision process, changing or guiding its implementation" [4:28]. Regarding SUS, the most common concept on the regulatory system is more related to the regulation of user access to health services, which includes establishing means and actions to guarantee the constitutional right to universal, comprehensive and equitable access. Regulatory complexes are considered one of the regulatory strategies of such access, consisting in the articulation and integration of pre-hospital and emergency care, admission centers, consultation centers and diagnostic and therapeutic support services, implemented under the guidelines of clinical protocols and care lines previously established [5].

The access regulation is defined as controlled access to health care services by acting on the supply side, seeking to improve the assistance resources available, and on the demand side, seeking to ensure the best assistance alternative facing the population needs for health care and assistance [6].

In recent years, with the decentralization process established by SUS, many health actions and services that were under state management were transferred to municipalities. This process raised the need to reflect on the changing role of state health departments, which assume the roles of coordinators, articulators of health system and regulators, especially in the organization of integrated actions and services.

There are still many areas that raise questions about the role of state and municipal managers, especially on what is the performance limit of each one. However, due to the specificities inherent in the health sector, it is essential that managers work cooperatively and exercise their role of system regulators. Therefore, it is up to the State management to ensure the access to health services and actions, according to the health needs of the population, setting quality standards based on efficiency and on the principles of equity and comprehensiveness.

Thus, the regulatory policy has been structured aiming to become a health policy consistent with the principles and guidelines of SUS, enabling equal and timely access of users to comprehensive and quality care, to universality and to the guarantee of social rights.

However, we have been noticing that the regulatory process is incipient, making it easier to deal with more complex and structuring themes, like the challenge of understanding the nature of this regulation, its advances and limitations, the service offers funding, assistance modalities, its networks and the complexity of these relationships. Therefore, we can only understand the healthcare model applied when we understand the existing regulatory process [7].

We know that its concept, practices and purposes in the health sector are not fully developed [4], since the debate on the subject launched by the Ministry of Health is recent. Thus, we believe that the Family Health Strategy (FHS) professionals have limited or insufficient knowledge about health regulation, its functioning and actions, which can negatively affect their professional activities.

The proposal raised here is that the regulatory actions worked alongside with FHS professionals maximize the objectives achievement of health systems in ensuring the right to health, universal and comprehensive access, with efficiency, efficacy and effectiveness in offering care, the use of the available resources, in the quality of service offered and response capacity to the health needs of the population.

Given the above, the main objective of this study is to assess the knowledge of Family Health Strategy professionals on health regulation. And the specific objectives are: identify professionals' knowledge about the local services network and determine the contribution of regulation to improve the population's access to consultations and outpatient testing.

Therefore, we hope that this research can be used as a space for discussion on health regulation, creating conditions to propose more effective health actions, aimed at improving the care provided by health services to their users. It should also collaborate with managers and management, contributing to the improvement of SUS, favoring the improvement of the health system and users' satisfaction.

METHODS

This is a descriptive study with qualitative approach, whose population consisted of higher education professionals who work in eight family health teams in the Municipality of Bela Cruz, interior of the Ceará State, Brazil.

The number of participants in the research was not previously determined, since we considered the theoretical saturation, i.e. data collection ended when the experiences and perceptions started being repeated, totaling 13 health professionals, which are represented by codes in order to preserve their anonymity. Of all professionals who participated in the survey, there were eight nurses (N1 to N8), three dentists (De1 to De3) and two doctors (Do1 and Do2).

Data collection happened in November and December 2008, through the application of a questionnaire containing open and closed questions regarding the theme, allowing participants to report the knowledge they had about the local health regulation.

Data analysis was performed through the content analysis technique proposed by Bardin [8]. After the full transcript of the interviews and several thorough readings of the texts we performed an initial cluster according to theme and meaning of words. Later, we performed the thematic analysis, which consisted in discovering the meaning units that constituted the subjects speech and whose appearance could be significant for the researchers. After that, we categorized them, classifying the component parts of this set by differentiation and then by regrouping according to analogy. Thus, two categories emerged: knowledge of FHS professionals on health regulation and health regulation as a management tool for SUS.

The professionals were informed about the research purpose and signed an informed consent form, according to Resolution No. 196/96 of the National Health Council. The study was previously approved by the Research Ethics Committee of the Federal University of Ceará, as well as by the local Coordination of Primary Care, being assessed and approved under Comepe protocol No. 221/08.

RESULTS AND DISCUSSION

Sample characterization

Among the interviewees, nine were female and four male, aged from 31 to 48 years. The time since graduation in health ranged from two to 21 years. Professionals reported significant experience working in the FHS and in the current municipality.

It is worth mentioning that many of the professionals have done or are doing specialization course or residency in several areas. One of the doctors attended Geriatrics, Cardiology and Audit. Regarding dentists, they attended specializations in different areas: Family Health Program, Oral and Maxillofacial Surgery and Health Services Audit. Among nurses, seven have completed or are enrolled in several specialized areas of knowledge: Obstetrical Nursing, Family Health Program, Occupational Health Nursing, Mental Health Nursing and Health Services Audit.

Knowledge of FHS professionals on health regulation

This category analyzes aspects related to the knowledge of FHS professionals of Bela Cruz-CE on health regulation. Based on the analysis of the interviewees' speeches, three subcategories were identified: organization of the local regulatory center; professionals' knowledge about the flow of referrals from the primary care unit; mechanisms that inform the FHS about the return of referenced users through the reference and counter-reference system.

Organization of the local regulatory center

According to the content of speeches, we can assume that the interviewees understand the local regulatory center as a sector that works to ensure the access to health services and actions according to people's needs, setting quality standards based on efficiency and on the principles of equity and comprehensiveness[9]. *I understand the regulatory center organization as the mechanism that facilitates the patient's access to health services provided by SUS, whether inside or outside the municipality* (Do1). *As a way to organize, prioritize emergencies, consultations and surgery* (De2). *The local regulatory center works organized through reference sheets in scheduling exams, consultations and procedures to meet the local demand* (N3). *As a service that aims to integrate basic care to secondary and tertiary care by offering many specialized consultations and medical procedures that are not performed in the requesting municipality and which are previously scheduled* (N6).

The sector of Control, Assessment, Regulation and Audit (CARA) has the following responsibilities: to critically analyze the planning, programming, formulation and systematization of rules, to develop performance parameters and indicators, besides analyzing the impact of a health care action in a population [10]. Thus, the statements corroborate that this regulation proposes measures and actions aiming at integration with other areas, always seeking positive impact.

Some professionals agreed on the importance of the regulatory center, however had some criticisms regarding its functioning. *The sector of the local health department is responsible for internal and external reference of patients for consultation, as well as for the control, exam booking, scheduling, feasibility of transporting patients and return after counter-referenced from units. However, dentistry hardly uses these services* (De1). *It is a service that works in the local health department and has mid-level employees serving most of the demand. It is not clear to us all, health professionals, the organogram of this sector* (N2).

The regulatory center is a structure that receives service requests, assesses, processes and schedules, ensuring a quick and qualified comprehensive care to the health system users based on the knowledge of production capacity installed in service providers units [11]. However, its role has a broad concept, including aspects of technical assessment, verification of results and of quality, which should be considered for the success of the health system.

Professionals' knowledge about the flow of referrals from the primary care unit

In this subcategory we identified that the professionals have knowledge about the referral flow of patients from the primary care to specialized care, highlighting the following speeches: *The health unit refers to the regulatory center in regular prescription the services offered in the municipality and/or internal reference sheet (three copies) or in external reference sheet (three copies) in the cases of Agreed and Integrated Program (PPI) outside the municipality* (Do1). *The primary care refers to the schedule center, which refers to the reference local*

unit (medium complexity), responsible for the counter-reference to primary care or referring to reference unit outside the municipality (medium complexity), responsible for counter-reference to primary care. The reference unit outside the municipality of medium complexity can also refer to the reference unit of high complexity (De1). *As far as I know, the primary care professional refers the patient through the reference and counter-reference system, and the same goes to the consultation schedule center in the health department to book the specialized consultation* (De3). *According to the patient's need and availability of local professionals, internal and/or external referrals are made, which are booked in the Local Health Department and then they are oriented about the day and time of consultation* (N4).

The access regulation made by public managers should aim to promote the principles of equity and comprehensiveness of care, either by controlling the flow of demand for health care in all service provider units, or by resizing the supply, reducing or expanding it according to the population needs. Thus, besides contributing to the improvement of existing health resources, the access regulation seeks the action quality through resolving capacity, appropriate response to clinical problems and user satisfaction[12].

In this context, we cannot forget that regulation is embedded in the core functions of public health, understood as essential assignments to be executed by management agencies in order to improve the performance of health practices by strengthening its institutional capacities[5].

Also in this subcategory, one of the study subjects described the referral flow of patients referred from primary care to specialized care, however criticized the local counter-reference system, which may negatively affect the continuity in assistance of SUS users.

Mechanisms that inform the FHS about the return of referenced user through the reference and counter-reference system

In this subcategory we highlight the statements about the mechanisms that inform the primary care about the return of referenced user to specialized care. We verified that the main mechanisms of information mentioned by the professionals were: the reference and counter-reference sheet, the community health agent (CHA), discharge reports and the patients themselves. *(...) The external and internal counter-reference sheets, the HCA, the patients themselves* (Do1). *The reference and counter-reference sheet itself, of which one copy stays in the primary unit and the other stays in the destination consultation, and the professional who assists the patient is in charge of describing the procedure performed and the patient is in charge of returning to the primary unit, to the professional who referred them* (De3). *The regulatory center returns to the FHS the external reference sheet with the consultation scheduled to deliver to the patient* (N4).

Other professionals reported the mechanisms, however criticized and once more emphasized the difficulty in the patient's return with proper counter-reference filled, which negatively affect the continuity of patient care. *Health services with appropriate counter-reference, but what usually happens is the FHS know of the patient return by themselves, or by family and community health workers* (N1). *Internal reference sheet and discharge report are the most used mechanisms, however are not applied in all cases but in those who demand a more accurate follow-up* (N2). *The CHA, the patients or very rarely the counter-reference* (N8).

Also in this subcategory, the study participants described how the reference and counter-reference system works inside and outside the municipality. *The local primary care refers to the agreed service in another municipality and they send a counter-reference to the patient take to the city of origin* (Do2). *The dentist uses the internal reference to send the patient to specialized treatment in the Dentistry Specialties Center and, if needed, refers the patient with external reference to other establishments in Fortaleza* (De2). *References are forwarded to the regulatory center and the professional for whom the patient was referred is in charge for the counter-reference* (N5).

Once again the professionals reported great difficulty in patient return with counter-reference filled, in order to provide the continuity of care with quality and response capacity. *The basic unit refers to the center in a regular prescription, internal reference sheet and external reference sheet. The center books the requests, and after the assistance they return to the FHS area usually without the counter-reference filled* (Do1). *The local system: the patient is referred and goes to the consultation appointment center in the health department itself. In the*

case of external reference it is the same, but depending on the case is not so simple to get a reference. Sometimes depends on "contacts" or "friendship" to refer someone (De3). *The municipality has two instruments: the internal and external reference guide, in which they are forwarded to the local regulatory center for booking. When it comes to counter-reference there is usually lack integration in different levels of care, affecting the continuity of care. There is almost no counter-reference* (N8).

Corroborating these reports, some researchers[13] affirm and recognize that we are currently facing a great and important challenge, which consists in the practice of the integrative function of different levels of care, guided by a broad and comprehensive view from the system, aiming to organize and provide it in its gaps with promptness and quality of services required by the population.

A study on the access regulation of a micro-region of Ceará identified that the regulatory process presents flaws within its organization, not allowing response capacity of its demand, nor favoring the efficient resolution of cases, due to the lack of knowledge on the care network and the difficulty of sector employees in identifying critical areas and needs more broadly [14]. Thus, it is necessary that local health professionals work as a team/network willing to equally share responsibilities and assignments.

To ensure the comprehensive access we need to change operations in care production from the primary, outpatient and emergency care, as wells as hospital care, integrating all available resources in the health system through targeted flows in singular means guided by the patient's treatment plan, in order to secure the safe access to the technologies necessary for their assistance.

In this sense, the role of health regulation is "to organize the offer, according to the population needs, establishing competencies, flows and responsibilities, in order to ensure the access with quality and resolution capacity at all levels of health care" [3:349]. Thus, it can help reduce overcrowding services of high complexity due to excessive demand for outpatient procedures that could be procured in primary care or even in intermediate complexity [15].

Health regulation as a management tool for SUS

In this category, we can see that the health regulation is an important management tool for SUS. *It is an important management tool that seeks to facilitate the access for all on a scheduled basis, it identifies the supply deficiencies regarding the demand, it guides the PPI reprogramming regarding the parameters of Order No. 1101, it identifies the local reality and serves as the basis for a better management of financial resource that is usually insufficient. In short, it is a fundamental management tool to organize the Unified Health System* (Do1). *I think it is essential to have it, making necessary more agreements and organizing a queue with established priorities. Without the regulation the primary care service would be very disorganized, which would undermine the entire system* (Do2). *The health regulation proves to be crucial to the follow-up of SUS at the local level, because it is through this that we can achieve some of the principles of SUS, such as comprehensiveness and equity. An effective health regulation requires good local management* (N6). *Health regulation is a facilitator instrument that allows the patient care according to their needs, providing the services offered by SUS. Patients use these services even when they are not offered in their local municipalities, being coordinated by the central and carried out in other municipalities* (N3).

It was evident that regulation is an important management tool for SUS, and the negotiations and agreements established in the Health Pact point to the need and importance of defining responsibilities and establishing control, assessment, regulation and audit in the three federated entities, as a management tool of the health system, thus contributing to its strengthening, securing the right to health, universality and comprehensiveness with efficiency, efficacy and effectiveness [5].

Some professionals agreed on the importance of health regulation as a management tool for SUS, but made their criticisms regarding its functioning. *It is a service that needs wider dissemination to the public and professionals, besides demanding greater investments in structure, equipment and especially trained and well-coordinated human resources* (N2). *The health regulatory system serves as an assessment source of local*

management. In the city in question, the system presents an organized flow, but the number of vacancies offered is still insufficient, causing restrained demand (N4). *The health regulation is very important because it reduces the distortions in the system and promotes better access and equity to health users. As far as possible, that has been done in my municipality* (De3).

Corroborating this study, some authors [16] identified gaps in the health service provision, lack of physical facilities, equipment and human resources required to operate the consultation schedule center and develop the access regulation in the inter-municipal care network of the second health micro-region of the State of Ceará, which represents one of the pillars of regionalization presented as an autonomy prospect of the regions often marked with local development dynamics, supported by a unstable and complex federal pact.

Besides being a management tool for SUS, the professionals agreed that health regulation has contributed to the local health care. *As far as we have been able to identify the services that are really working and meeting the local demand and serving as the basis for new reprogramming of internal and external PPI* (Do1). *Seeking to promote the user access to the system with equity* (De3). *Meeting the user's need, when the municipality does not have that particular procedure or specialty, and regulation is a mechanism to facilitate the assistance to these users* (N3). *Favoring specialized care in several diseases through the referral of cases without effective problem-solving in primary care* (N6).

In the interviewees' speeches we verified that a small part of them considered insufficient the contribution of health regulation for the local health care. Generally speaking, however, the health regulation sector aims to guarantee the universal access to health care, the effective care provision, the efficient use of available resources, the quality of care offered and the response capacity to the population health needs and it has been currently organized to achieve them. *Organizing the reference and counter-reference service and enabling the population's access to units that offer service with resolution capacity. Unfortunately, however, the dental services that need reference (i.e. panoramic radiographs, prostheses) are not offered or have difficult access/return. Biopsies take too long to be done, analyzed and counter-referenced. Another example would be the impossibility of treating special patients that require deep sedation for dental treatment* (De1). *Regulation is the mechanism for population's access to the vast majority of support services and diagnostics. But we cannot say that this regulation contributes to quality care, because in many cases it does not happen in a timely manner and the services offered do not have the desired quality* (N2). *Facilitating the access to health services by priority care. Although is important to emphasize that there is still queue for many specialized procedures due to SUS low supply* (N8).

Therefore, we emphasize that the health regulation of SUS should be implemented and consolidated as a management tool of the health system, "in order to produce information to support the planning and redesign of health actions, collaborate with managers and management, contribute to the improvement of SUS and consequently to the improvement of the quality of health care" [6:12].

It is also necessary the planning, implementation and assessment of impact strategies that seek to develop a process of health reform and redefinition of the specific responsibilities of local managers, in order to overcome the difficulties and ensure a more equal access to health care [17], enabling the implementation of a resolving health system capable of responding to social and health needs of the population.

FINAL CONSIDERATIONS

This study provided knowledge about health regulation, an important issue but with concept, practices and purposes not fully developed, since the debate on this topic was recently initiated by the Ministry of Health.

It was possible to verify that the local regulatory center has been understood as a sector that works to ensure access to health services and actions, according to the health needs of the population, creating quality standards based on efficiency and on the principles of equity and comprehensiveness.

We verified that the participants have knowledge on the referral flow of patients referred from primary care to specialized care, on the mechanisms used for this purpose, as well as on the reference and counter-reference system inside and outside the municipality. However, it is worth mentioning the great difficulty that professionals feel in the patient return with proper counter-reference filled, which may negatively affect the continuity of user assistance in SUS.

For the professionals, the health regulation is an important management tool for SUS, contributing to the local health care, to the strengthening of the health system, assuring the right to health, universality and comprehensiveness with efficiency, efficacy and effectiveness.

Thus, we hope that health regulation, which involves Municipalities, States and the Federal Government, can be respected and that the regulatory process can be implemented, by ordering users' access to health care services; seeking to optimize available assistance resources, on the supply side; and seeking to ensure the best alternative care, on the demand side, given the needs for health care and assistance of the population.

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