Saúde e Pesquisa
DOI: 10.17765/2176-9206.2021v14n3e9439
e-ISSN: 2176-9206

National Program for access and quality improvement in primary care: perspective of dental surgeons

Programa Nacional de melhoria do acesso e qualidade da Atenção Básica: ótica dos cirurgiões-dentistas

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ABSTRACT
The objective of this study the understanding of dental surgeons in relation to the National Program for Access and Quality Improvement in Primary Care (PMAQ-AB), repercussions and results on health care, a qualitative, exploratory and descriptive study was carried out. To collect the data, fifteen dental surgeons enrolled in the Family Health Strategy units were interviewed, from eight municipalities of the 28th Health Region of Rio Grande do Sul; and participants in some phase of PMAQ-AB. After qualitative analysis, it was identified that the subjects understand that the program, through goals, improved the infrastructure, the work organization, meeting the demand benefiting the user of the service. However, weaknesses were noted in the communication about the Program, compromising it. Emphasis is given to the continuing need for evaluative processes in primary health care, focusing on its quality.

Keywords: Accessibility. Collective health. Evaluation of health services. Primary health care.

RESUMO
O objetivo deste estudo foi investigar o entendimento dos cirurgiões-dentistas em relação ao Programa Nacional de Melhoria do Acesso e da Qualidade da Atenção Básica (PMAQ-AB), repercussões e resultados na assistência à saúde. Realizou-se uma pesquisa qualitativa, exploratória, descritiva. Para coleta de dados, foram entrevistados 15 cirurgiões-dentistas inseridos nas unidades de Estratégia de Saúde da Família de oito municípios da 28ª Região de Saúde do Estado do Rio Grande do Sul e participantes de alguma fase do PMAQ-AB. Após análise qualitativa, identificou-se que os sujeitos entendem que o Programa, por meio de metas, melhorou a infraestrutura, a organização do trabalho, atendendo à demanda e beneficiando o usuário do serviço. Porém, foram evidenciadas fragilidades na comunicação sobre o Programa, comprometendo-o. Conclui-se que são necessários processos avaliativos contínuos na atenção básica, primando pela sua qualidade.

Palavras-chave: Acessibilidade. Atenção primária à saúde. Avaliação de serviços de saúde. Saúde coletiva.

Received in October 13, 2020
Accepted on December 04, 2020

INTRODUCTION

The Ministry of Health has prioritized the execution of public management based on actions to monitor and evaluate processes and results. There are many efforts made in the implementation of initiatives that recognize the quality of health offered to the Brazilian society, stimulating the expansion of access with quality in the different contexts of the Country[1].

Primary Health Care is characterized by a set of healthcare actions, at the individual and collective level, which covers the promotion, protection and recovery of health, with the aim of developing comprehensive care that impacts on people's health and autonomy, and the determinants and conditions of the community health. In this regard, primary care is also known as the gateway to the Unified Health System (SUS), guiding the organization of services and meeting the needs of the population[2].

The National Program for Access and Quality Improvement in Primary Care (PMAQ-AB) is an assessment tool of the National Primary Health Care Policy (PNAB), in which success is linked to the adherence of managers and workers of healthcare services in the municipalities, and their flexibility to the change in care and management conditions and practices, as well as participation in nationally agreed guidelines[1].

One of the PMAQ-AB's proposals is to excel in access and reception, and comprehensive care is still a challenge for healthcare teams. However, participation and negotiation are tools that constitute processes of changes in the reorganization of practices and in the quality of the delivered healthcare[3].

According to Ordinance No. 1654 of the Ministry of Health (MS) that instituted the PMAQ-AB in 2011, all teams that are in compliance with the principles of Primary Care and with the criteria determined in the PMAQ-AB Instruction Manual can be included in this evaluation and organization process. The initiatives in relation to this Program and the application models with proposals for innovation and changes are still incipient, generating concerns in the daily work of the primary care team. It is important to remember that Health Policy evaluative processes have been interfering in the structures and organizations of healthcare services in different ways, producing results that are not always significant, influenced by the evaluation method and local peculiarities[4].

The Official Journal of the Union published Ordinance No. 874, on May 10, 2019, defining the budget to be provided for the teams of the municipalities that were part of the 3rd Cycle of the Program[5]. This was the most recent publication about the PMAQ-AB on the website of the Ministry of Health, which encourages reflection on the continuity of the Program, since there is no release of future cycles.

Facing the perspective of healthcare services through adherence to the Program for Access and Quality Improvement in Primary Care, this study aimed to

investigate the understanding of dental surgeons in relation to this Program, repercussions and results in health care.

METHODOLOGY

This research is a qualitative, exploratory and descriptive study. The qualitative method is one that puts the researcher in direct contact with the situation and the environment that are being investigated in an intensive fieldwork, whose data are predominantly descriptive, derived from the statements of the subjects and documents. The concern with the process and the presentation of the problem was constant, as well as the focus of the researcher's attention in the search for detailed analysis[6].

The search for data, through interviews, took place from April 2016 to April 2017, in the Municipal Secretariats and in the public healthcare services, considering the reality of the evaluation processes of primary care in seven municipalities in the 28th Health Region of the State of Rio Grande do Sul, adhered to the PMAQ-AB. Of the 13 municipalities in the region, 11 joined the PMAQ, eight of whom had dentists in their health care unit. However, one municipality did not participate in the research.

It is worth mentioning that the study is part of the research entitled: *"Aplicação do Programa Nacional de Melhoria do Acesso e da Qualidade da Atenção Básica (PMAQ-AB): olhar avaliativo dos profissionais de saúde"* (Application of the National Program for Improving Access and Quality in Primary Care (PMAQ-AB): evaluative view of healthcare professionals), developed by the Group of Studies and Research in Health of the University of Santa Cruz do Sul (GEPS / UNISC).

Fifteen dental surgeons were interviewed who met the following inclusion criteria: being a dental surgeon involved in the primary care in the elected municipalities; having participated in any phase of the PMAQ-AB; and accepting their inclusion in the investigation. After approval by the Research Ethics Committee of UNISC, under protocol No. 1,171,974/15, in accordance with Resolution No. 466/12, of the National Health Council, which regulates research involving human beings, the selected subjects were invited to participate in the study. Exclusion criteria were dental professionals who did not participate in the PMAQ-AB and/or were not interested in being included in the study.

The organization of the data was, initially, through the transcription of the recorded interviews and the recording of all the information collected. The method of Content Analysis[7] was used to analyze the results. The analysis consisted of three phases: the pre-analysis, where the data was organized; performing the initial reading of all content; the analysis or exploration of the material, in which the codification, categorization and quantification took place. At this stage, the preparation of the material for analysis was completed, according to the rules previously established. In the third phase, material treatment, inference and interpretation of results were performed[7].

Thus, the quantitative data allowed us to profile the subjects, as well as to subsidize the understanding and qualitative analysis.

RESULTS

With regard to the profile of the interviewed subjects, the age ranged from 25 to 59 years old, with an emphasis on the age group between 25 and 35 years old. The majority (n=9) were female; seven were married, seven were single, and one was in a stable relationship. As for the form of admission, five professionals were selected through a test, ten through a contract, two of whom had a contract of 20 hours per week, plus 20 hours per competition. So, 14 worked 40 hours a week and one, 20 hours. Regarding professional qualification, six of them had specialization in dentistry.

With regard to the PMAQ-AB, three subjects attributed the extinction of the queues at the health units to the Program, which strives for assistance according to the demand. This position is in line with one of the objectives of the PMAQ-AB, which advocates the establishment of mechanisms in order to ensure accessibility and reception, assuming a logic of organization and functioning of the healthcare service. The health unit needs to receive and listen to all people who seek its services, without excluding differences. To this end, it is necessary to organize and assume the central function of welcoming, listening and offering actions to solve health problems and, or to reduce damage and suffering, or even to refer patients to other areas of primary care.

> What I see there, for a while now, which has changed a lot in terms of care, before, when I would go to the doctor, I remember it more directly on my part, I had to go very early to get the forms, today I don't need to do it anymore, at seven-thirty patients go there and there are already the forms for assistance (D03).
> [...] So, even in my office, you can't schedule for the following week, and here you can do it, so this has improved a lot, my God, there is no line for assistance, there is an emergency service, they arrive here in pain and are seen at the same time [...] (D09).

In view of the different phases that make up the PMAQ-AB, the research subjects demonstrated to know them and expressed their participation in some of them. Among them, three said they were involved in all phases and four referred to participation in the contractualization or evaluation and development phases. It was also identified that some participants did not distinguish between the phases, even though they were involved in the program and were also unaware of the Family Health Strategy Team's adherence to the PMAQ-AB.

> Its introduction, I participated in everything, because I already worked here when there was no PMAQ and then the system was very different, so we started changing everything, for example, for a doctor, before the PMAQ, it was all about forms, I used to come here and get some forms in the morning, others in the afternoon, that's over, now it's different, now, let's say that, we have a certain number that is left

> for appointments and another certain number is the evaluation of patients, reception [...] (D06).

As for the implementation of the program in their health unit, most professionals reported not having been informed about it, while others pointed out different ways in which this information was disseminated. Among them, they mentioned that it was through the Municipal Secretary of Health, the service coordination, monthly meetings, by the nurse of the health unit, by the manager and also when scheduling the interview for the research. It is noteworthy that, even developing activities relevant to the PMAQ-AB goals, some subjects were unaware of the Program and its proposal.

> I don't know, I was not informed (D08).
> It came through the Federal Government, through the municipal health department, then they called us, held a meeting and explained it to us (D01).
> Through the coordination, our coordinator, who was at the basic unit gave us everything, we also received the PMAQ booklet from the coordination, for us to study and evaluate how it worked (D03).
> We were informed through our primary care coordination, in a meeting (D09).

Issues related to meeting goals were also scored, such as changes in the physical structure of the service unit, the acquisition of dental instruments and the existence of moments of evaluation. The subjects mentioned that the increase in the quantity and quality of the material expanded dental care and contributed to improving the quality of care for users.

> There was a lot of change after the PMAQ, there was more organization, we managed to make things more aligned, as the ministry recommends (D04).
> [...] Another thing, the structure has improved very, very much, the physical part, you know. My office there is great, the consumables are good, there are resins like that ... the material is very expensive, sometimes they're not found in private offices, and I have it there to do the restorations. So, that also provided a good improvement (D05).

Regarding the changes in the unit after the deployment of the PMAQ, some dental surgeons reported not having noticed them. Others, however, reported that the changes occurred in the quality of care, needing to adapt to these requirements. The others reported that the changes perceived were in the physical structure of the health unit and in the tools.

> Yes, it changed a lot, we had to adapt a lot because, as I'll explain, it's like this, mainly in the PMAQ you're not just a dentist, you work at every area because I have to welcome patients from time to time too, then I have to participate in everything that is basic, so for us it has changed a lot (D06).
> [...] the reception, yes, I think that the reception is everything, and the increase. I have the impression that everywhere they go they talk about it. I think that there is a greater awareness among employees, precisely because all employees understand that they are part of that work [...] (D07).

DISCUSSION

The closeness and the ability to welcome, make bonds and accountability are fundamental to the effectiveness of primary care as a contact and the preferred gateway to the primary care network[2]. The reception proposes to invert the logic of organization and the functioning of the healthcare service, starting from three principles: serving all people who seek healthcare services, ensuring universal accessibility; reorganizing the work process, shifting its central axis from the doctor to a multiprofessional team; qualifying the worker-user relationship based on humanitarian parameters of solidarity and citizenship[8].

The oral health care professionals begin reception at the moment of their introduction to the patient, since it is important that there is an approach with the users and that they are called by their names, not by the number of the form, which causes distance between the team and the community. Listening to the patient makes up the second part of the reception, where you hear complaints and reasons for seeking health care. The use of other spaces, such as the waiting room, for listening to the patient provides a resolutive and greater dialogue[9].

The National Program for Access and Quality Improvement in Primary Care has the proposal to improve the work process of primary care teams and is composed of four distinct phases that complement each other in a continuous cycle: contracting and adherence; the development; external evaluation; and re-contracting[1,10].

The first phase of the PMAQ-AB, adherence to the program through contracting, requires commitments between the teams of the Family Health Strategy and the municipal managers, and between these with the Ministry of Health. This phase is considered a device of involvement to expand the common objectives of the program. The entire health unit team must be mobilized to build a motivating environment to achieve its successes. Therefore, changes in the management and care model to meet the users' health needs are necessary[11]. The second phase of the program consists of the development of actions that will be carried out by the Primary Care Teams (EAB), by the joint management of the federal, state and municipal spheres, to instigate change in management and care, improving access and quality of AB. Therefore, it is divided into four dimensions: Self-assessment; Monitoring; Permanent Education and Institutional Support. Thus, at this moment, the efforts and results of the teams and managers can be evidenced[11].

The work process of the teams is aimed at improving access and the quality of primary care. The proposed strategies are articulated to expand the analysis and management capacity of a group that seeks to lead the change in working conditions, relationships and practices[12].

The Ministry of Health created an auxiliary, self-assessment tool for Improving Access and Quality of Primary Care (AMAQ), which is understood as a

device for reorganizing the team and management. In this way, the professionals involved are driven to self-analysis, self-management, and the recognition of problems, as well as to planning and improving services, relationships and the work process[11]. The AMAQ allows reflections on the main objectives and guidelines of the PMAQ-AB, as well as the responsibilities regarding the way of organizing the work of municipal managers and primary care teams. Likewise, it provides changes in the primary care model, to strengthen services and users' satisfaction[11]. The third phase consists of an external evaluation to ascertain the conditions of access and quality in all municipalities and EAB participating in the Program. In the fourth phase, of re-contracting, there will be an agreement between teams and municipalities with the insertion of new quality standards and indicators, stimulating the institutionalization of a cyclical and systematic process based on the results achieved by the PMAQ participants[11].

It is extremely important for professionals to understand the process of each phase and the proposal of the PMAQ-AB, participating and developing strategies according to the needs of users, based on collective health care work with interprofessional collaboration. The forms of organization of health work need to demonstrate the quality of care and the possibility of carrying out interdisciplinary work, enabling personal satisfaction and the integration of workers[13].

The interaction between professionals from different health care areas allows comprehensive care for users, as constant exchanges of knowledge and participatory practices are established. Thus, it expands the team's area of knowledge and improves assistance[14]. The lack of communication between managers and health care professionals involved in the program was evident, as the subjects did not always demonstrate to understand the whole process. Communication is one of the fundamental processes for the understanding of professionals regarding the organization of the work process, as well as making it possible to provide assistance to users of the health care unit[15].

It was noticed that in relation to the evaluation phase, this seems to be a moment of expectation for the professionals who understood the objective of the program, since, based on these results, there is the release of financial resources for the municipalities that joined the Program. The PMAQ-AB external evaluation process takes place through interviews and is divided into three modules: in the first, the observation of the physical space in the health service occurs, focusing on the quality of the unit's infrastructure; in the second, there is an interview with the higher level healthcare professionals with regard to the team's work and the investigation of the unit's documents; the latter focuses on the service user, interviewing them regarding their satisfaction, access conditions and healthcare services[16].

Evaluation is a tool for change that cannot be feared, since it seeks to foster

improvements so that the different healthcare services perform ideal measures of quality. The purpose of evaluation and quality improvement policies can not only manifest difficulties, but also promote changes. The intention is to identify, assess and, if necessary, correct potentially unfavorable situations[17]. When management assessment is organized, it serves as learning as well as an instrument for improving management practices. In this way, the evaluation allows the distinction of the positive points and the less favorable managerial aspects in relation to the comparative framework and which need to be optimized[18].

To achieve the goals of the Program, 47 indicators were presented, among them, those of oral health, including performance and monitoring, seeking a synergy between the program and the priorities defined by the three spheres of the government[12]. It is known that the monitoring and analysis of the indicators, instituted by the PMAQ, must occur constantly to fulfill its guiding objective in the development of the actions and activities of primary care[19].

The PMAQ-AB is configured as a mechanism to stimulate change in the work process, with the implementation of welcoming, the constitution of an agenda of activities shared by all team members, the development of care management tools, a daily planning and evaluation dynamics, among other work qualification devices[19]. It is considered that the inadequate physical space, the lack of professional equipment and the scarcity of work relationships interfere with the quality of care offered to the population[20].

When aiming for this new conception of change in the work methodology, primary care allows for new professional correlations and, in view of this, with the community, it provides that the interventions developed are, in some way, shared by all. The greatest beneficiaries of this work will always be the users of the healthcare unit[18].

Regarding the beneficiaries of the PMAQ-AB, a large part of the interviewees confirmed that they are the users, which included the community and also the employees of the unit. Satisfaction is a process that can be fostered by a sequence of factors, such as the understanding of the health condition and the disease, the beliefs, the sociodemographic characteristics, involving various aspects of attention. This multidimensional thinking favors well-being in relation to health care[21].

Thus, it can be characterized as user satisfaction based on results that are associated with the effectiveness of care and the gains obtained in certain interventions. In this line of thought, the individual's psychological health can also be understood. It is added that factors involving the relationship between healthcare professionals with users and the organization of services influence the satisfaction, acceptance and approval of services by the community[22].

In this way, the PMAQ-AB principles establish numerous benefits for users, from the organization of services, the guarantee of access, the service to the

entire population that seeks it, improvements in the infrastructure to the qualified listening of professionals to users, with capacity to intervene positively in the needs of people who use the healthcare service, favoring bonds between the team and the population.

FINAL CONSIDERATIONS

In the results of this study, it was identified that, in the understanding of dentists, the program, through its goals, led to improvements in infrastructure, work organization and, mainly, in the form of user access, with the extinction of queues, prioritizing service according to demand. These actions project the quality of assistance in primary care.

They also claimed to be aware of the existence of the different phases that make up the Program. Among them, they highlighted the evaluation phase because it is associated with the achievement of goals for the subsequent release of financial resources to the municipality. However, there were weaknesses in the communication between the team about the objectives and methodology of the Program. This fact highlights gaps in the interrelationship between the team's professionals, a necessary condition for the effectiveness of healthcare actions.

The research subjects state that one of the main results of the Program in the health unit was accessibility and welcoming, offering better care to users who seek the health service. In this context, the PMAQ-AB recommends that, from the moment they enter the unit, users can count on a welcoming and quality service. This Program is an important device in the process of improving work management and care actions at the health unit. That said, there is a need for new evaluation processes so that the activities can be adapted to the demands of the population.

Systematic and continuous evaluations support health units in order to enable changes to benefit users and professionals. The present study showed that dentists understand the repercussions and results of the PMAQ in addition to the specific issues related to oral health care, pointing out the scope of the program and the breadth of health actions in line with the guidelines of the Unified Health System.

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