

Reorganization of the Care Regulation Mechanism Intermediated By Health Technology

Subsidies

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Abstract

Relating the care process in the health area to team management is considerations that can have negative effects if there is no planning structure. The opposing thoughts of a team cause unsatisfactory results that demand instantaneous resolution and/or greater conflicts in the decision-making of an execution. The study aims to analyze and present the action of care failures, show an adaptation of health management with control implementations based on different population realities. Methodologically, the context is based on an exploratory and retrospective study where authors conceptualize in their publications the reorientation of the care model to leverage qualification and enhance organizational actions. It is concluded then that the context proposes an agenda that provides the expansion of specialized technical scientific knowledge of health professionals and managers and an adequacy of resoluteness and continuous effectiveness of healthcare.

Keywords: Budget management, Health strategy, Health optimization.

Introduction

In 2011, the national program to improve access and quality of primary care (PMAQ-AB) was launched by the Ministry of Health. The same occurred through the need to improve the development of measures that define the standardization of health-oriented instruments for comparisons and results. (Costa et al., 2019).

Problems related to the health system are frequently identified, for example we have the evasion of public resources, which means harm to care services. Based on insufficient investment support for the structure of the largest public health plan ever seen, the SUS, addressing management challenges with maneuvers to control demand, logistics and economics. (Tesser et al., 2021).

The warning about the potential negative effects of the reorientation of the care model, driven by the 2017 National Primary Care Policy and a series of initiatives from 2019 onwards, leads to an imbalance between individual and collective care, with an emphasis on emergency care. At the same time that PNAB 2017 allowed the establishment of family health teams with just one community health agent - ACS and basic care teams without ACS, Ordinance 2979 of 2019 equated the financing of basic care teams, abolishing

the weakening and the dimension community and collective primary care in the SUS. The continuity of these policies points to an even greater reduction in home visits over time (Giovannella L et al., p.2553).

Considering the production of Tesser et al., (2021) the importance of health care consumption is supported by technology, which in turn has mechanized care, ensuring quick access for its users, but the demand for medicines and outpatient care There is still a great need for qualified labor. Caring for hospital regulations and collective health requires the government to quickly invest in quality equipment.

This article has as its methodological basis an exploratory research in publications relating to Budget Management, Strategy and Health Optimization, being guided by logical operators "AND" and "OR". The keywords were actively searched in Capes journals, such as: Scientific Electronic Library and Medical Literature Analysis and Retrieval System Online. The selection analyzed scientific productions in the cycle of the last 5 years, with coherence and relevance to the theme as eligibility in the inclusion and exclusion criteria. Therefore, the productions used were reviewed for proposed textual elaboration.

Development

At the end of 1970, some ideas circulating in the international environment, especially in the American context, were vividly expressed in interests, agendas and proposals defended by a large part of Brazilian public health professionals. The accumulation of technical publications and specialized seminars, especially those conducted by PAHO, has for decades pointed to a delicate health situation characterized by inadequate healthcare coverage and the incidence of diseases typical of poverty, such as those related to parasites and contaminated water (Paiva et al., 2021 - p. 529).

According to Costa et al., (2019) family guidance and community guidance had low performance for a long time, driven by user satisfaction and proven in implemented government programs. [...] Several aspects may be related to health attributes, from the unpreparedness of professionals to structural or organizational issues [...].

The public/private relationship is an important dimension to understand the structuring of the subsystems that make up the health system. In this sense, the great 'segmentation' and 'fragmentation' are striking characteristics of the Brazilian system. Scholars have analyzed the contradiction between the original design of the SUS (constitutionally ruled as a universal and hierarchical public system, based on primary health care (PHC) or basic care) and its segmentation into three subsystems: the SUS, the supplementary subsystem and the direct disbursement system. (Tesser et al., 2021 - p.28).

Despite continuous efforts and evident advances in increasing coverage, there are still important gaps in the organization and management of the SUS, with insufficient public funding, unavailability of basic equipment, variation in the profile of professionals, obstacles in the coordination of care, different models of management, in addition to problems related to infrastructure, availability of inputs and professional qualifications, heightened by socioeconomic differences and health inequalities/inequities. (Ranzi et al., p- 2000).

Health organizations through managers, supported by documentation that proves failures, have the explicit purpose of achieving goals of care excellence and avoiding consequences in their goals defined as management quality. Therefore, present behaviors that bring coherent proposals to strengthen its execution.

Gurgel et al. cited between the lines in Tesser et al.,2021 (p. 30) recognize three parallel systems: a universal health system, mainly PHC; a system in which the public purchaser purchases secondary and tertiary care from private providers; and one where privately insured people purchase services from private providers, with state subsidies for access to and use of health services.

The reliance on programmed interventions, according to methodologies in the field of planning, was a fundamental part of the ideas and practices of public health professionals in

different coping strategies. To the rationalizing postulates, so to speak, was added another key idea: increasing the coverage of health care services. (Paiva et al., 2021).

The literature in Lucas et al., (2021 – p. 2025) presents applications used for scheduling medical appointments. Research shows that 64% of citizens prefer to receive notifications/reminders on their cell phone to remember their appointments. The approaches found are implemented in both public and private systems and in services at different levels of care, some of them are used in the SUS. However, no initiative has the objective of promoting a digital communication channel between SUS users and their services.

The direction of technologies are current privileges confined to the demand for services, this compromises the intersectoral performance of quality management, which basically requires continuous updates to develop its skills, however the interdisciplinarity of the team related to digitalization in health can be used in daily practices care with a focus on guidance.

Today, online consultations and scheduling have become a practice in organizing hospital and clinical routines, the virtual care system confirms the efficiency and speed of technology aimed at helping the health system to amplify its data and care controls.

Combined by the manager with the health care model, the attributes cooperate to solve the majority of the population's health problems, reducing unnecessary interventions, expanding access to services and favoring comprehensive care for different needs. The health strategy, considering the Brazilian model for implementing PHC, is based on attention and care, including individual and collective actions to promote and prevent diseases, diagnosis, treatment, rehabilitation, harm reduction and palliative care (Ceccon et al., 2021 - p.100).

Health policy in Brazil was built in a context of great effervescence, against the backdrop of the struggle for redemocratization. In the field of health, the movement for health reform was very prominent, bringing together health professionals, users and other sectors of society. From this important movement it was possible to think about the construction of a single system responsible for universal and comprehensive care for all citizens; the expanded conception of health, as well as the defense that health policy must be the responsibility of the State and the right of every citizen, without discrimination of any kind (Medeiros et al., 2021 - p.281).

The project implementation process with the aim of administrative correction focused on care must be established inherent to the daily practices of each manager. Operating and enabling excellent healthcare is a criterion that projects professional respect as well as quality standards. The role of public policies must be based on a communicative and quick access management model.

In Brazil, the organization of the national health system is based on having a health system that is responsible for providing free and universal assistance to any Brazilian in need, from supplementary health to private care, whether or not provided through a “health plan” agreement. (Szwarcwald et al., 2021). Population aging is part of the world’s demographic reality. The World Health Organization (WHO) warns that by 2050 the world will have two billion elderly people and, in the Americas, the number of people over 60 will increase more than three times in the next 30 years, going from eight to 30 million. Brazil will be the sixth country with the largest number of elderly people by 2025, reaching 22.71% of the total population in 2050. (silva et al. 2021 - p. 90).

Valuing management in the field of care for the elderly is challenging for health policies and integrated supply logistics. Care implements techniques for strategies considered to reorganize and modify services. The entire team must be interconnected and management is always alert to complementary care for this population.

The increase in life expectancy and the fragmentation of care in elderly care networks constitute a reality that influences the system’s solvability and leaves helpless, mainly, to dependent elderly people, who receive care at home. The PAHO Action Plan report on the Health of Older People 2009-2018 showed that health workers are not prepared to meet the needs of older people. (SILVA et al., 2021).

Still in Silva et al., the discussion on health care management revalidates throughout its context expressions that emphasize that: care must involve multiple dimensions, adjusting to each phase of life, in search of well-being, safety and autonomy, which can benefit from access to available health resources. Within the organizational scope of the SUS, Primary Health Care (PHC) represents the main gateway to the system, as it is where users’ first contact with services and health professionals must occur, longitudinally, aiming at the completeness of the system. care, focusing on prevention and health promotion actions. while the health care model in PHC and the Family Health Strategy (ESF) focuses on family-oriented and community-oriented care.

Public managers need to know their problems, study health indicators, so that they know how to plan, structure, organize and evaluate actions of a technical-scientific and political-institutional nature and establish projects that can intervene on the population’s health status. Managers and professionals who provide health care must rethink the work carried out, based on the needs of users. (Silva et al., 2021 - p.94).

Using good practices of biomedical knowledge, we can establish that health practices influence people’s subjectivity in relation to the body and life, this shows that the recurrence of population expressions referring to the indiscriminate use of medicines is cyclical, with responses in analyses, continuous exams and emergency surgeries. The critical view is a report that proves the hegemony of this knowledge (Cecon et al., 2021 - p.102).

Conclusion

Contextualization makes it possible to evaluate health performance from a perspective of growing management that values quality work, team leadership and the balance between coherence and efficiency with regard to health care. The user of the health system aims at the quality of the service through what he considers essential. Therefore, planning guarantees the management leader a decentralizing profile with the completeness of its services.

When developing this proposal, I paid attention to what I consider viable in working with demonstrations that permeate attention to health care as management criteria. Part of this strategy defines and evaluates how to predict results, even if subjective, that still require the attention of the entire team. Those described still characterize a scenario of continuous work with monitoring and improvement of coverage. The responsibility for these attributes must be vigilant so that there is early detection in the strategic planning of healthcare vulnerability. Therefore, the risk of recurring errors will be minimized based on the availability of improvement results and user satisfaction of the healthcare system.

Bibliographic Reference

1. Cecon, Roger Flores et al. (2021). Primary Health Care in the care of dependent elderly people and their caregivers. *Science & Public Health*, 26, no. 01, pp. 99-108. Epub 25 Jan 2021. ISSN 1678-4561. <https://doi.org/10.1590/141381232020261.30382020>.
2. Costa, Lourrany Borges et al. (2019). Assessment of the quality of Primary Health Care in Fortaleza, Brazil, from the perspective of adult users in 2019. *Science & Public Health*, 26, no. 6, pp. 2083-2096. ISSN 1678-4561. <https://doi.org/10.1590/1413-81232021266.39722020>.
3. Giovanella, Ligia et al. (n.a). Coverage of the Family Health Strategy in Brazil: what the 2013 and 2019 National Health Surveys show us. *Science & Public Health*, 26, suppl1, pp. 2543-2556. ISSN 1678-4561. <https://doi.org/10.1590/141381232021266.1.43952020>.
4. Medeiros, Jayce Mayara, (2021). Mendes Challenges to Brazilian health policy: impacts on the right to legal abortion. *Catalysis Magazine*, 24, no. 2, pp. 280-290. Epub 16 Jun 2021. ISSN 1982-0259. <https://doi.org/10.1590/1982-0259.2021.e75661>.
5. Paiva, Carlos Henrique and Freitas, Gabriele Carvalho, (2021). Between Alma-Ata and the Brazilian health reform: the National Program of Basic Health Services (Prev-saúde), 1979-1983. *History, Sciences, Health-Manguinhos*, 28, no. 2, pp. 527579. Epub 28 Jun 2021. ISSN 1678-4758. <https://doi.org/10.1590/S010459702021000200011>.
6. Postal, Lucas et al. (n.a.). Online scheduling system: a PEC e-SUS tool APS to facilitate access to Primary Care in Brazil. *Science & Public Health*, 26, no. 6, pp. 2023-2034. ISSN 1678-4561. <https://doi.org/10.1590/141381232021266.38072020>.

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7. Ranzi, Dinaci Vieira Marques et al. (n.a.). Innovation laboratory in Primary Health Care: implementation and developments. *Science & Public Health*, 26, no.6, pp. 1999-2011. ISSN 1678-4561.
<https://doi.org/10.1590/141381232021266.02922021>.
 8. Silva, Raimunda Magalhães da et al. (2021). Challenges and possibilities for health professionals in caring for dependent elderly people. *Science & Public Health*, 26, no. 01, pp. 89-98. Epub 25 Jan 2021. ISSN 1678-4561.
<https://doi.org/10.1590/1413-81232020261.31972020>.
 9. Szwarcwald, Célia Landmann et al. (n.a.). Changes in the pattern of use of health services in Brazil between 2013 and 2019. *Science & Public Health*, 26, suppl,pp. 2515-2528. ISSN 1678-4561.
<https://doi.org/10.1590/141381232021266.1.43482020>.
 10. Tesser, Charles Dalcanale and Serapioni, Mauro, (n.a.). Obstacles to the universalization of the SUS: tax expenses, union demands and state subsidies for private plans. *Science & Public Health*, 26, no. 6, p. 2323-2333. ISSN 1678-4561.
<https://doi.org/10.1590/1413-81232021266.22602019>.

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