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Increasing healthcare access and changing the model: an experience with the More Doctors Program

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In order to meet demands from the population and from mayors that access to primary care be increased, the Federal Government launched the More Doctors Program in 2013. Among other structuring objectives, this program promoted emergency provision of physicians. By presenting the experience of a municipality for which this demand was met, this paper discusses the sustainability of increases in primary care coverage and the assignment of physicians to these services, and the potential of the program to introduce changes in the healthcare model, and the factors usually associated with the recruitment and settlement of health professionals.

Keywords: Primary health care. Family health. Public health policies. Government programs.

Introduction

Providing universal access to health, which is the result of the health reform movement, remains a challenge for administrators, even though it is a popular aspiration. That this is a chronic issue became clearer when the dissatisfaction of Brazilians took to the streets during protests in 2013, and also when the "Where's the Doctor" campaign was launched in the same year by the National Front of Brazilian

Mayors, who demanded support from the federal government for the recruitment of foreign physicians[1,2].

In order to meet these demands, the federal government launched the More Doctors Program in that same year. This program includes a set of measures aimed at fighting inequalities of access to healthcare services[3]. In order to do so, it is structured around three courses of action: improvement of healthcare service infrastructure; expansion and educational reforms in undergraduate medical courses and medical residency; and emergency provision of physicians to vulnerable areas[4-6].

Although the More Doctors Program has been effective in qualitative and quantitative improvement of both medical training (undergraduate courses and residency) and immediate provision of foreign physicians with temporary contracts, it has drawn public attention and has met with controversy[1]. In view of the above, this paper presents and analyzes the experience of the municipality of Uberlândia, state of Minas Gerais, with the emergency provision of medical professionals by the More Doctors Program.

Method

This municipality is located in the Southeast region of Brazil, in the state of Minas Gerais. It is about 345 miles from the state capital of Belo Horizonte, with an estimated population of 662,363 (estimate for 2015 by the SUS Health Informatics Department - DATASUS). The concentration of physicians, calculated in 2014, was 2.15 physicians per 1,000 inhabitants[7].

Information systems of the Ministry of Health were used for secondary data: DATASUS; Strategic Management Support Office of the Ministry of Health (SAGE); and the Program Management System (SGP).

The experience of provision of physicians to Uberlândia started with its participation in the early stages of the Primary Care Professional Valorization Program (Provab). In an attempt to increase access of the population to primary care and foster a change to the care model driven by the Family Health Strategy, the municipality joined the emergency provision strategy of the More Doctors Program in 2014.

Provab was included in the More Doctors Program in 2015, and it allowed professionals to remain in a municipality for three more years. Chart 1 shows the distribution of medical professionals, according to the way they enrolled in More Doctors. In 2015, a Cuban physician who left the program was replaced by a Brazilian physician who graduated in Cuba.

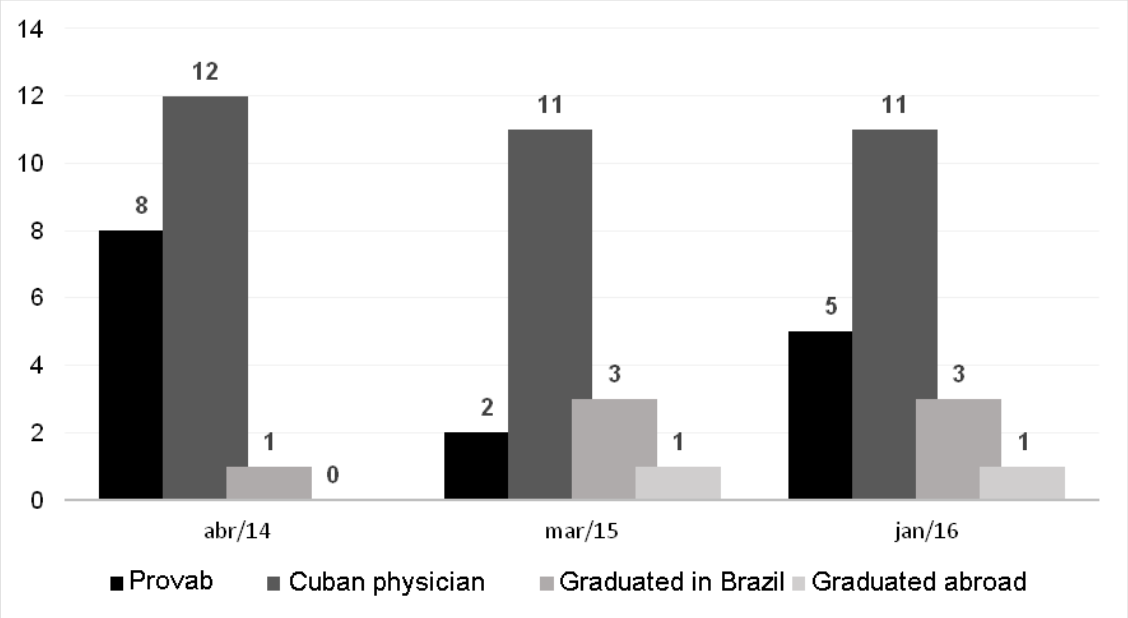


Chart 1: Distribution of professionals in the More Doctors Program according to the way they enrolled in the program in (2014-2016).

Sources: Strategic Management Support Office of the Ministry of Health and the Program Management System.

Municipality participation in the More Doctors Program contributed to the Municipal Health Plan (2014-2017), which has as one of its objectives to significantly increase primary care coverage, prioritizing the Family Health model. According to data from DATASUS, the number of family health teams jumped from 49 in October 2013 to 72 by the end of 2014, an increase of 46.93%.

Of the 23 teams formed, 12 were composed of Cuban physicians. Cuban physicians were distributed as follows: to an itinerant team that serves part of the municipality's rural area; to three urban family health teams formed to reshape the

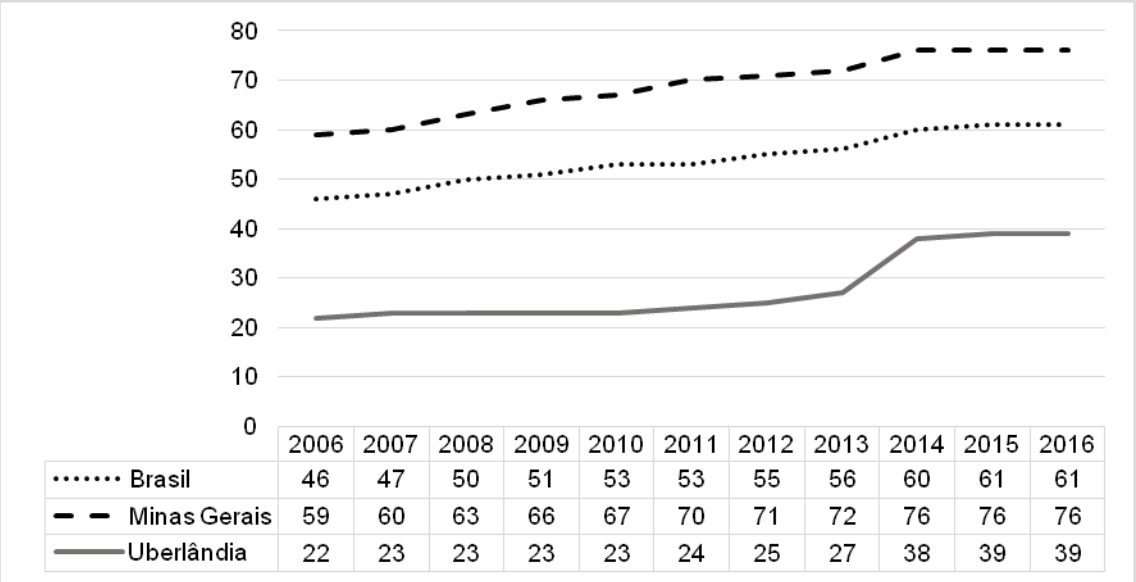
coverage areas of teams with a large number of citizens served; and to eight family health teams formed within typical primary care units (UBS) to try to trigger changes in the healthcare model.

This paper analyzes the experience of these 12 Cuban professionals and other professionals associated with the More Doctors Program (Provab, Graduated in Brazil, Graduated abroad). However, it also worth noting that the strategy for changing the care model that took place within UBSs was carried out by only Cuban professionals.

Sustainability of global access to primary care

Contrary to services of medium and high complexity, expansion of primary care services depends on high investments in human resource recruitment rather than on equipment purchases. This is because primary care requires higher numbers of physicians per device compared to specialized medical services[8].

The opportunity to join the More Doctors Program was essential for the municipality to be able to expand primary care services significantly, trying to make up for the delay in the expansion of family health. Chart 2 shows that the level of family health coverage in Uberlândia was well below state and national coverages. However, in 2014, with the arrival of foreign physicians, the coverage increase of family health teams in the municipality was more significant than the results of other initiatives.



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
····· Brasil	46	47	50	51	53	53	55	56	60	61	61
– – Minas Gerais	59	60	63	66	67	70	71	72	76	76	76
—— Uberlândia	22	23	23	23	23	24	25	27	38	39	39

Chart 2: Comparison between the coverage of family health teams from 2006 to 2016 in Uberlândia, the state of Minas Gerais, and Brazil.

Source: Strategic Management Support Office of the Ministry of Health.

One of the ways in which the More Doctors Program differed from previous experiences is the recruitment of physicians by the Ministry of Health, with the municipality being discharged[4]. From that perspective, it is worth noting the importance of physicians hired by the federal government in the expansion of primary care at a time of economic crisis, when revenues had decreased significantly and payment of civil servants had become increasingly difficult.

Regardless of the economic situation, Campos[9] analyzed the More Doctors Program and noted that Brazilian municipalities have faced great difficulties in implementing and managing primary care network services. According to this author, it is impossible to serve 80% or more of the population without close support from the Ministry of Health.

Rovere[10] stated that experience with the More Doctors Program helps in understanding the difficulties faced by capitalist countries in ensuring territorial coverage and medical decentralization. This phenomenon has resulted in some medical professionals leaving rural and suburban areas.

The More Doctors Program and the health care model

Population aging and changes in epidemiological profiles have forced health systems to redesign their care models and focus on primary care[1]. In this context, family health has been considered a priority in the expansion and consolidation of these healthcare services.

For Rodrigues et al.[11], the Family Health Strategy represents a break with traditional practices carried out at the SUS, since it deals with work processes based on people's needs. From that perspective, one of the strategies adopted by the municipality of Uberlândia was the creation of family health teams that worked in UBSs, where weak work processes were being carried out by one specialty, with little knowledge of the region, and fragmented medical services were provided by general practitioners, pediatricians, and gynecologists. With this strategy, the municipality tried to begin the transformation of this model into the Family Health Strategy.

Then, in 2014, of a total of nine primary health care units based on the traditional model, eight received family health teams composed of Cuban physicians. These healthcare teams expanded and qualified activities already carried out by traditional UBSs according to diagnoses of patients, which resulted in: 1) home visits were no longer being requested by families and bedridden patients, and no longer included patients with specific conditions (such as post-surgery and postpartum); 2) active searches, previously made only by phone and for postponed consultations, were expanded to include citizens who did not then know the work done in UBSs; and 3) increases in education in health activities.

In addition, the integration of family health teams into traditional UBSs allowed for the implementation of new work processes, such as: registration of people and the creation of a "smart map"; risk classification for children, pregnant women, hypertensives, diabetics, and elderly patients; weekly staff meetings with fixed schedules; the definition of the medical agenda based on population diagnosis,

allowing for free demand and the inclusion of nursing reception and consultation (prenatal, childcare, chronic conditions).

This strategy encountered resistance from the population and UBS managers. As far as managers were concerned, the new model of contact with the population and the organization of work processes felt strange. The new proposal required reorganization of work schedules and work flows, from reception and welcoming to patient referral within the units, which represented a permanent challenge to managers and is still encountering resistance. As for the population, Cuban professionals who worked in traditional UBSs replaced general practitioners, but the majority of patients requested women and children's services from pediatrics and gynecology specialists. It is understood that this problem results from the appreciation of division of medical work, in which care services are fragmented. From this point of view, it is possible to see lack of awareness by the population with regard to the work of family and community physicians and their ability to work with fundamental principles of health care, such as: longitudinality and comprehensiveness of care, working with common problems, and creation of bonds with the population[12].

In view of the various barriers encountered in the management of UBSs, where two primary care models coexisted, and considering the lack of financial viability to carry on with the expansion of family health, three family health teams composed of Cuban physicians who shared the space of traditional UBSs were transferred to a new and larger UBS at the end of 2015.

Although this initially seemed like failure to change the model, talks with local health councils and neighborhood representatives, held by managers of traditional UBSs, emphasized that it had actually been a victory for the population, as evidenced by some work processes of the Family Health that resulted in raising questions regarding: registration and home visits made by health community agents; home care of bedridden patients; and active search and organization of care of patients in continued care.

Other positive aspects of the new strategy were also observed, such as closer relationships between the population and health professionals, by means of

registration, reception, active searches, home care and educational activities, all of which are carried out at UBSs or in other community spaces. Following the same logic, UBS managers noted the potential of work based on community diagnosis. This was perceived in the discussion about the self-assessment results of the National Program for Access and Quality Improvement in Primary Care (PMQA), when it became clear that population diagnosis performed by family health teams helped other work processes compared to traditional UBSs found in other places.

Indeed, these results are in line those of with Molina et al.[5], who pointed to the contribution of the care model shift implemented by the More Doctors Program. For these author, physicians who work in the program are closer to communities when they shift from a passive care model, which is purely clinical and takes care of acute events only, to a continuous care model focused on people, families and communities. Moreover, the participation of these professionals in family health teams allows for the adoption of a care model based on health promotion, prevention of diseases, diagnosis, and demands for essential treatment[1].

When the capacity to respond and comprehensiveness of primary care are improved by means of interventions on social determinants, the More Doctors Program has the potential to strengthen healthcare networks[5]. It is believed that the potential for care model change and strengthening of the network were hampered by the poor coverage of the FHS in Uberlândia, even with the program expansion.

Recruitment and settlement of professionals: the SUS challenge

One of the major problems faced by the SUS is the recruitment and settlement of professionals, especially in rural and deprived areas[11]. Scheffer[13] noted that these areas have various problems, such as low social indicators, inadequate working conditions, excessive workloads and low salaries.

In order to solve the problem of distribution of health professionals over the Brazilian territory, initiatives focused on distribution and settlement of physicians in areas in need of their services have been carried out since the second half of the 20th

century, and this is one of the most recent Provab strategies. However, none of these strategies have met local and regional needs[4]. That is why the More Doctors Program tried to solve the distribution issue by integrating Provab and regulating the medical profession[11]. It is worth noting that, with the standardization of the fellowship amount and investments made in the infrastructure of units, the More Doctors Program has tackled some of the issues mentioned by Scheffer[13].

Despite improving the distribution of physicians and offering some advantages to get them to stay, the municipality of Uberlândia has suffered from the exodus of these professionals, especially recent graduates; they usually begin their activities and leave the program after they find new opportunities, such as medical residencies. Also of note is the outflow of Cuban professionals: of the 12 physicians welcomed by the municipality, three left the program.

Another issue comes with this outflow: The replacement of physicians takes time, and this affects people's access to medical care and the continuity of ongoing care services. This weakens the potential of the More Doctors Program to make primary care the main gateway to healthcare services, which, according to Molina et al.[5], is possible when medical professionals are regularly present and care of people is consolidated over time.

Rodrigues et al.[11] and Scheffer[13] stated that the difficulty of inducing physicians to settle is due to the poor conditions of municipalities. However, this factor does not concern the municipality of Uberlândia, since its Human Development Index (HDI) is considered high (0.789). Another argument used by Scheffer[12] to explain why physicians do not settle in these regions is the low salaries offered. However, the salaries offered by the More Doctors Program are the same everywhere.

According to what has been observed in the municipality, a study carried out by Campos and Malik[14] showed that, in large urban centers, salaries attract professionals but do not make them settle. The authors stated that professionals' dissatisfaction has a strong correlation with turnover, and important factors have to be considered, such as the distance to care units, lack of training, and low equipment availability.

With regard to regional characteristics of medical turnover, a study carried out by Pierantoni et al.[15] showed that the South and Southeast regions had a higher absolute rate of physician turnover, with the Southeast having the highest average rate (62% of professionals). Also, the authors noted that the HDI of this region did not have any relationship with turnover. However, turnover or outflow of professionals is a multifaceted issue and may require new actions or strategies within the scope of the More Doctors Program.

Conclusions

The More Doctors Program is an important resource for the increase in primary care service coverage and changes in the healthcare model, although it has been facing some difficulties in consolidating the program.

With regard to expansion of services and regulation of medical professionals, the More Doctors Program has shown that recruitment of human resources needs to be under the responsibility of the Ministry of Health, especially considering budgetary barriers and the inability of municipalities to recruit and settle health professionals. Therefore, the sustainability of universal coverage of health services, with the distribution and settlement of health professionals in all regions, seems to depend on the development of a national career for SUS professionals.

As for the primary care model, the More Doctors Program represents an important change promoter: the provision of qualified professionals to deal with social determinants and of specialization courses in primary care for professionals who participate in the program. The difficulties encountered by the municipality were the result of the strategy used – the coexistence of two care models within the same physical structure – and low coverage by the Family Health Strategy, which is below national and state standards.

Collaborators

Álex Moreira Herval participated actively in the discussion of results, review, and approval of the final version of the paper. Elisa Toffoli Rodrigues participated actively in the discussion of results, review, and approval of the final version of the paper.

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