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BEST PRACTICES IN PRIMARY HEALTHCARE AND THE MEANINGS OF INTEGRALITY

Melhores práticas na atenção básica à saúde e os sentidos da integralidade

Mejores prácticas en la atención primaria a la salud y los sentidos de la integralidad

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ABSTRACT

This study aimed to analyze the best practices implemented in primary healthcare (PHC) services and their defining criteria, according to the perceptions of managers, healthcare professionals and users. The theoretical framework of integrality, in three meanings: organization of the services, practices of the healthcare professionals and governmental policy, allowed the characterization of the best practices in PHC and their criteria. This was a qualitative, exploratory, descriptive and analytical study, based on Grounded Theory. Interviews were conducted with seven coordinators, ten healthcare professionals and twelve users of healthcare centers in Florianópolis, Brazil, comprising three sample groups. Two categories of analysis dealing with the meaning of best practice resulted. Perceptions were related to the context and the interactions established between social actors, who prepare their positions based on their experience and positions held in healthcare services.

Keywords: Primary healthcare; Comprehensive healthcare; Public health practice.

RESUMO

Este estudo objetivou analisar as melhores práticas implementadas na AB, bem como seus critérios de definição, segundo a percepção de gestores, profissionais da saúde e usuários. O referencial da integralidade, em três sentidos: organização dos serviços, práticas dos profissionais da saúde e políticas governamentais, permitiu caracterizar as melhores práticas na AB e seus critérios. Estudo exploratório-descritivo e analítico, de natureza qualitativa, ancorado na Teoria Fundamentada nos Dados. Foram realizadas entrevistas com sete coordenadores, dez profissionais da saúde e doze usuários de Centros de Saúde de Florianópolis, Brasil, compondo três grupos amostrais. Resultaram duas categorias de análise tratando do significado de melhores práticas. A percepção das práticas está relacionada ao contexto e às interações estabelecidas entre os atores sociais, que elaboram seus posicionamentos com base nas suas experiências e posições ocupadas nos serviços de saúde.

Palavras-chave: Atenção básica à saúde; Assistência integral à saúde; Prática de saúde pública.

RESUMEN

Se objetivó analizar las mejores prácticas en la Atención Primaria a la Salud (APS), así como sus criterios de definición, según las percepciones de gerentes, profesionales de salud y usuarios. El referencial teórico de la integralidad, en tres sentidos - organización de los servicios, prácticas de los profesionales y política de gobierno -, ha permitido la caracterización de las mejores prácticas de APS. Estudio exploratorio, descriptivo y analítico, cualitativo, basado en la Teoría Fundamentada. Fueron realizadas entrevistas con siete coordinadores, diez profesionales de salud y doce usuarios de Centros de Salud de Florianópolis - Brasil, formando tres grupos muestrales. Emergieron dos categorías de análisis referentes al significado de mejores prácticas. La percepción de las prácticas está relacionada al contexto y a las interacciones establecidas entre los actores sociales, que elaboran sus posicionamientos basados en sus experiencias y posiciones ocupadas en los servicios de salud.

Palavras-clave: Atención primaria de salud; Atención integral de salud; Práctica de salud pública.

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INTRODUCTION

The Brazilian National Health System (SUS) has invested in the expansion and upgrading of Primary Healthcare (PHC) as a political and organizational priority. The healthcare practices at the PHC level constitute one of the challenges for the system, considering the need for technologies that fulfill the attributes of efficiency and effectiveness in order to do more and better.

The National Primary Healthcare Policy established the revision of the family health strategy guidelines and standards as a priority strategy for the reorganization of the healthcare services of Brazil. Primary healthcare is characterized by individual and collective actions related to the promotion and protection of health, disease prevention, diagnosis, treatment, rehabilitation and maintenance of health. These actions constitute healthcare phases and are developed with a multidisciplinary focus, through attributes that are private or shared among members of the healthcare team[1].

The regulation of the organizational structure of the SUS[2] reaffirms PHC as the main entrance into the system and places it as the communication center of the healthcare network and the coordinator axis of the flows and counter flows of the healthcare services. To fulfill its role as the communication center of the horizontal network of the healthcare system, PHC should perform the duties of problem solving and coordination, as well as be responsible for the health of citizens in which ever point of care they are. The performance of these functions directs the "doing in health" to comply with the principle of integrality, understood as "a set of articulated and continuous actions and services, which are individual and collective, preventive and curative, required for each of the complexity levels of the system"[3].

The different approaches toward this principle in the care practices vary widely. One such approach was developed from an analytical framework for the principle of integrality, comprehended according to three large sets of meanings[4]: *a)* organization of the healthcare services and practices, *b)* practices of the healthcare professionals, and *c)* governmental policies and responses to healthcare problems.

With the organization of the services meaning, integrality should be prioritized from the perspective of its reorganization, referring to the need to ensure access to all the different levels of technological density that each situation requires. Concerning the practices of the healthcare professionals, integrality is understood as a process of social construction, which has, from the perspective of institutional innovation, great potential to be realized. Good practices can provide more horizontal relationships among the participants - managers, healthcare professionals and users - and produce new knowledge based on experiences from this interrelationship. Integrality, understood in the sense of political and governmental responses, is related to the governmental ability to organize the healthcare system, with emphasis on new propositions and supportive arrangements, including the participation of local healthcare systems. This ability also refers to the management practices, in which the role of the agents involved in the formulation of State policies is to meet the healthcare requirements of the population[4].

In the context of the healthcare services, the analysis of the principle of integrality from these meanings[4], leads to a reflection on the construction and development of best practices. These are understood as a set of techniques, processes and activities identified as the best to accomplish a particular task. They are defined as methodology or techniques that, through experience and investigation, present proven reliability to lead to a particular outcome[5]. They are constituted through knowledge about what works in specific situations and contexts to achieve the desired results, without the disproportionate use of resources, and that can be used to develop and implement tailored solutions to similar healthcare problems in other situations or contexts[5].

Best practices should be consistent with the values, ethical precepts, and theoretical foundations of health promotion, as well as take into account the comprehension of the environment, the beliefs, and the scientific evidence oriented to achieve the goals[6]. The establishment of criteria is an important step to define what can be considered as best practices in healthcare within the context of the public services, which include proven success, shown by various potentially innovative and creative indicators, the possibility of replication (with modifications) in other scenarios, and local importance for the organization seeking improvement[6].

The improvement of the healthcare practices at the primary care level, a key component for the consolidation of the model, capitalizes on the responsibility to reorganize promotional, preventive, care, and management practices, targeted at populations of defined areas. There are many social actors who exist in the space of healthcare practices (users, healthcare professionals and managers), as well as multiple interests (organizational political, economic, social, and cultural) that influence the selection and performance of such practices. The identification of best practices and the relevant criteria to be considered, in the context of primary healthcare, from the perspective of the analytical framework of integrality[4], is justified as this allows an expanded comprehension of the meaning of best practice in healthcare, especially in PHC, due to its redimensioning as the coordinator of the Healthcare Network.

This study aimed to analyze the best practices implemented in PHC, as well as their defining criteria, from the different meanings attributed to the principle of integrality, according to the perceptions of managers, healthcare professionals, and users.

METHOD

This exploratory-descriptive, analytical, qualitative study was anchored in the framework of Grounded Theory (GT)[7]. Data were obtained from 29 interviews performed with 7 coordinators, ten healthcare professionals (physicians, nurses, dentists and nursing technicians) and twelve Healthcare Center users of Florianopolis, Santa Catarina, designated as the first, second and third Sample Groups, respectively. In selecting the participants, priority was given to the subjects who enabled a broad comprehension of the phenomenon under investigation: the healthcare practices implemented in PHC. An attempt was made to include the representation of the five Health Districts that make up the municipality.

Data collection was started with the coordinators of the primary healthcare units due to their role in managing this care level and considering their experience in best practices, from an organizational focus. From the analysis of data from the first Sample Group, the hypothesis emerged that best practices are considered actions and services exercised daily by healthcare professionals, and that the professionals fulfill an important role in the correct execution of these practices. The group composed by users was constituted under the hypothesis that they are ultimately the recipients of these services and actions, and thus perceive and qualify the processes, products and results. The statements were recorded and transcribed, and the raw data examined to identify empirical indicators, defined as codes, through the technique of Comparative Analysis[7], in which data are collected and constantly compared, to investigate similarities, differences, and the degree of consistency, as well as the need to obtain new information.

For this study, using the NVivo 8.0® software, the codes of each of the three sample groups were separately ordered, according to prevalence, in order to identify the frequency with which the expressions of the participants, regarding what they consider best practices in PHC, emerged. After this organization, in order of increasing frequency, the codes with frequencies exceeding 40%, defined as the inclusion criterion, were included. After this separation, the codes were regrouped according to the meanings of integrality[4], which were analyzed comparatively between the three sample groups.

This study is part of the project "The healthcare system: best organizational practices in the context of public health policies", funded by CNPq and approved by the Research Ethics Committee of the *Universidade Federal de Santa Catarina*, under protocol number 257/08. The respondents were informed of the aims and procedures of the study, through the Terms of Free Prior Informed Consent, which was signed by all the participants who agreed to contribute to the study. The absence of risks or discomfort was explained, as well as the anonymity of the subjects and that there would be no penalty or prejudice due to the content of the statements or refusal to participate in the study.

RESULTS

The compilation and analysis of the data allowed their organization into two categories: The meaning of best practice according to managers/coordinators, healthcare professionals and users, and the meaning of best practices and criteria according to the meanings attributed to the principle of integrality, detailed below.

The meaning of best practice according to managers/coordinators, healthcare professionals and users.

The results allowed the visualization of the different meanings and points of convergence mentioned by the respondents, who identified a set of best practices that have been consolidated in PHC.

For the coordinators of the Healthcare Centers, there was a significant and varied list of practices considered good or best. Different programs implemented within the primary care context were mentioned, especially those indicated by the Ministry of Health, including the Programs of Community Health Agents, Women's Health, Elderly People and Children's Health, and Health in the School, and the actions of the Brazilian Breastfeeding Network and the Mental Health Network, and other local initiatives, such as the Child Capital, Elderly Person Capital, and Healthy Floripa 2040 Programs. Those actions performed in the quotidian of the healthcare centers, which contribute to the organization of the work process, were also considered best practice by the coordinators. The performance of therapeutic, monitoring, and health promotion groups provides care to a greater number of people and more direct contact with the population. The specialist orientation enables case discussions among the team and the presence of specialists is considered an improvement, especially regarding the mental health area, to rationalize the use of prescription medications. Practices that approach the services of the users, such as home visits, were also initiatives cited that permit more individualized monitoring and make care to the bedridden possible. Promoting bonds with users through the implementation of practices of welcome, scheduling by

catchment area, the active search for cases, and the practice of the community healthcare agents are potentializers for the care directed toward the needs of the users. The welcome, the listening followed by guidance, especially bring more satisfaction to the users and resolvability when they require the PHC, in the opinion of the managers. Also in this field, good interactions with the user and good community relationships were valorized, due to the fact that guidance is transmitted regarding routines and procedures, flows and limits, and possibilities for the user to be attended. The establishment of mechanisms for negotiation with the users and the valorization of practices that consolidate the humanization of the service were practices recognized. The first due to the horizontal form of decision-making regarding urgent cases of spontaneous requirement, the criteria of prioritization, and the distribution of places. The second, due to inducing and encouraging autonomy, empowerment, and better communication in the user, as well as the exercise of citizenship in the SUS.

In the management context, the participation and flexibility of actions were considered by the coordinators as strategies to adapt the local reality to the normative content. The construction of a new model of healthcare, less focused on the disease and exclusive response capacity of the medical professional, requires the sharing of information. Conducting team meetings for discussion and action planning emerged as a space of integration between all the healthcare professionals. The internal initiatives for performing actions of continuing education were also included in the list of best practice, focusing on the training of healthcare professionals, on reviewing procedures, knowledge recycling, establishing protocols and standards, as well as aiming at raising awareness and dissemination regarding the legal theoretical outline of the SUS. In this line, the valorization of professional skills, through the recognition of specific competences, which promote the optimization of the performance of each professional, and the possibilities for interdisciplinary actions were also considered.

Comparatively, the best practices identified by the healthcare professionals interviewed also corroborated in some respects, the vision of the PHC managers/ coordinators. They considered best practices to carry out programs, conduct groups and home visits, the welcome, and the establishment of a bond with the community.

The third sample group - users - included similarities with respect to the categories related to access, to healthcare actions and services, and to good interactions and good relationships with the community, the latter common to all three groups. Regarding the access category, the users reported noticing improvements in expanding the offer of consultations and examinations, including specialties, and in decreasing the waiting time for their realization. Unlike the other groups, the users understood best practices in the PHC of their catchment area as practical improvements in scheduling consultations and examinations and in the supply and availability of medications in the pharmacy. Although the supply of medications in the PHC was highlighted as a best practice by the user, the statements did not express an association with the model of traditional curative care. The users identified flows and the previously established protocols and considered different factors, such as obtaining the medication at the same time as the performance of the consultation, their linkage to the participation in groups, and the duration of the prescription for a certain period of time.

Meaning of best practices and criteria according to the meanings attributed to the principle of integrality

In relation to the integrality in the organization of the healthcare services and practices meaning, the results showed the improvement in the access, the integration of the healthcare sector with other social networks, specialist orientation, the scheduling of consultations and examinations, as well as the quantity and quality of the medications supplied to be considered best practices. Facilitated access, achieving the principle of integrality of the care, being a reference for other healthcare units, the monitoring of indicators, and the collaboration of the professionals in the various tasks of the PHC were considered to be criteria.

Concerning the practices of the healthcare professionals, home visits, the relationship with the community, the welcome and bond with the user, and the performance of groups were cited. The relationship with the user, the bond and the proximity to the population, user recognition and satisfaction, and contact and acceptance of the population were listed as criteria.

In the analysis of the governmental policies and responses to healthcare problems, the aspects of flexible management, team meetings, commitment, information sharing, integration among professionals, and enhancement of professional skills were highlighted. Popular participation with community engagement, the opportunities and spaces for discussion, the ongoing education practices, and the monitoring of citywide or national governmental programs were also highlighted. In this meaning, the empowerment and autonomy of the users, ongoing education, beliefs, the incorporation of the proposals of the SUS, health promotion, and the interest and participation of users in the PHC activities were emphasized as criteria. The respondents also highlighted the professional-user co-responsibility, the discussion spaces, the way the demand is managed, the participation of the professionals in decision-making and management, and the interdisciplinary actions. Table 1 summarizes the best practices, according to the meanings of the principle of integrality, from the perspective of each group of respondents.

Table 1. Best practices from the perspective of managers, healthcare professionals and users, according to the meanings of integrality.

	MEANINGS OF INTEGRALITY		
	ORGANIZATION OF THE HEALTHCARE SERVICES	**PRACTICES OF THE HEALTH-CARE PROFESSIONALS**	**GOVERNMENTAL POLICIES/ RESPONSES**
MANAGER/ COORDINATOR	Computerization of the System Specialist orientation Good environment in the healthcare services Evaluation and the possibility of change	Groups Bond Welcome Good interactions and good relationship with the community Home Visit Consultations	Team meetings Valorization of professional skills Management flexibility Governmental programs Community Health Agent Program Ongoing education practices
HEALTHCARE PROFESSIONAL	Availability of professionals Division by catchment areas Evaluation and the possibility of change Monitoring of marked cases	Home Visit Performance of consultations Procedures performed in PHC To consider the users in their integrality Removal of the biomedical focus Health Education	Access to the system Governmental programs Community Health Agent Program Ongoing education practices
USER	Scheduling of consultations and examinations Availability of medications Integration between health and others sector Good environment in the healthcare services Referral to other levels of complexity	Groups Bond Good interactions and good relationship with the community Performance of consultations	Access to the system Community Health Agent Program Political engagement of the community

Source: Research project "The healthcare system: best organizational practices in the context of public health policies", Florianópolis, 2008-2011.

DISCUSSION

The operationalization of the Brazilian healthcare system requires a broad and integrated view of the meanings attributed to the principle of integrality, as well as the meaning of best practices in healthcare. However, for any of the meanings attributed to integrality, there are a number of factors that seem to impact on its effectiveness[8].

Integrality, as a doctrinal principle of the Brazilian healthcare policy[3], is intended to combine the actions, towards the realization of health as a citizen's right[8]. Although there are still difficulties and obstacles to overcome for its effectiveness, some strategies have been used to achieve the right to health in its plenitude, considering the good health practices as appropriate responses to the needs of the population[3,8].

Integrality has been studied through different approaches[9,10] being defined, in a broad sense, as a way of acting democratically and of knowing and performing integrated health[11]. This way of acting includes the relationship of ethical and political commitment among people and institutions, translated into the act and recognized in the practices considered best, which valorize the care for the users and consider them as subjects to be respected in their demands and needs[12].

Integrality understood in the organization of the healthcare services and practices meaning should be considered from the perspective of the reorganization of the care model, seeking to guaranteed access to all levels of the healthcare system. In the SUS, the primary healthcare is one of the duties of local health departments, the work of which includes managing primary healthcare completely in its administrative, technical, financial and operational dimensions. Comprehended as one of the levels of the healthcare system and a specific field of expertise, the requirement is implicit for the fulfillment of the principle of integrality[10].

In this sense, the network of services should be considered in its various levels of complexity and expertise, in which the integration between the actions takes place and the care required by an individual is provided. This

is a crucial point for the effectiveness of integrality, with reflections in the organization of the services. This point depends on the horizontal integration between prevention, promotion and recovery actions, which is influenced by the technical knowledge and practices of the professionals that work in healthcare.

Researchers and managers have indicated the access to medium complexity services as one of the obstacles for the effectiveness of integrality in the SUS. A study conducted in the city of São Paulo, Brazil, using the same theoretical framework of integrality of care, in the dimension of the organization of services, with managers and users, identified the medium complexity as the direct link that represses the demand, configuring a major obstacles to integral care[13]. This integration also depends on the decisive role of managers to organize the set of healthcare services[10]. In this aspect, the users of this study comprehended the healthcare practices in convergence with the broad understanding of integrality, more comprehensive than the practices defined by the managers and healthcare professionals, which could indicate that they, due to needing and using the healthcare services, can perceive the gaps in the provision of services more clearly.

A study considering the models and practices of the organization of the healthcare actions, when discussing the principle of comprehensive care in the context of the SUS and its challenges in the knowledge, technology and ethics fields, characterized the healthcare model as the discursive horizon and the professional practices as technologies directed by the model. From this perspective, the care, with the privileged practice, stands out as a fusion of horizons between professionals and users[14]. This view was also supported by the respondents who constituted the two sample groups in this study.

The meaning of integrality concerning the practices of the healthcare professionals presented great representativity for the three groups of respondents, delegating the responsibility for the realization of integral healthcare to the healthcare professionals. It is understood that the practices of the professionals can increase or decrease the effectiveness of integrality, however, they cannot be blamed in isolation, since integrality only become effective with incorporations or redefinitions of the work processes of the entire healthcare team[4].

In this sense, integrality solidified in the practices of the healthcare professionals relates to the everyday routine in the Healthcare Units Actions, such as home visits and conducting groups, seem to have an important role with regard to the development of a work process that seeks alternatives to the biomedical focus of coping with health problems and is open to other ways to meet the needs of the users, in addition to the performance of individual consultations. However, it is emphasized that consultations in primary healthcare were considered to be good practice by the three groups.

A study conducted in the municipalities of the State of São Paulo, with the aim of discussing the discourse of nurses regarding the concept of integrality in healthcare and its operationalization in the Primary Healthcare practice, revealed that the concepts of these professional were directly related to the care, the practice of which is exercised in their daily work process, understanding integrality fundamentally as a "guiding principle for a given clinical practice"[15:1139]. In relation to the dimensions of integration of services in the health field with a view to integrality in the care, the clinical system (integration of the care and of the professional team) is included in the dimensions of an integrated healthcare system, which can be operationalized via management of the clinic, and implementation of clinical protocols and an integrated information system[16].

The practice of welcome is interpreted here as being in the dimensions of the dialogue with the community, of the attitude, or as a strategy for reorganizing the services[17]. Cited primarily by the managers, this plays an important role in ensuring integrality as it qualifies the work process and strengthens the relationships established in the care spaces, reinforcing the role of primary care in the healthcare system.

Integrality of the care determines the way in which the practices of the healthcare professionals are articulated, based on teamwork with interdisciplinary actions[9]. This vision of integrality was not present in this study, when we analyzed the professional practices meaning. The authors considered this a focused vision of integrality, where through articulated work and shared responsibility in the actions and decisions among the health team members it would be possible to listen and attend to the health needs presented by the users in the best way.

In this study, the good relationship and proximity to the community, the acceptance of the population and the recognition and satisfaction of the users with the services provided were cited as good practice, as well as criteria for their definition. Aspects such as the access and welcome are presented as essential elements for the user to assess the quality of the healthcare services. User satisfaction with the care is associated with factors that facilitate the access and with the welcome in primary healthcare, that determine the choice and continuity in the use of the service, and establish strong bonds between the professionals and users[17].

Integrality in the governmental policies and responses to healthcare problems meaning includes the healthcare management, defined as an institutional space for the deconstruction of interactive and relational practices among

the social actors, articulated through joint and permanent decision-making bodies, in different levels of the healthcare system[4].

The identification of best practices in the political meaning of integrality becomes more relevant for the coordinators and has little significance for the users. The criteria highlighted in this meaning are predominantly of a subjective and qualitative nature, with some epidemiological inclusions, once again evidencing that the principle of integrality, in the meaning of governmental policies and responses from the view of the users and professionals, is distant from the best practices.

The prioritization of the principle of integrality by municipal, State and federal managers configures a necessity to fulfill the assumptions of the healthcare system in the daily practice of the management. This implies thinking about healthcare management through planning and the work process, in order to promote the integration of healthcare professionals and of users into the context of democratic management, highlighting its importance for the solidification of the principles of the SUS[3].

Conversely, the pacts signed between managers give public visibility to the directions and strategies of the national healthcare policy, reaching their operationality at the local level of practice. The reflection on the main direction and additional directions of the SUS confirms, for the first group, health with citizenship and the other values already present in legal texts. The additional directions include a dense and complex set of "normative, programmatic and operational experiments that are related to models of care, management, service provision, healthcare work, financing and social participation"[18:431]. Thus, the management of the system and of the health services constitutes a fertile space for the realization of integrality, seeking to produce governmental responses to the healthcare issues, in which public managers, healthcare professionals, and users can be jointly involved in constructing these responses.

FINAL CONSIDERATIONS

The results of this study allowed the identification of the practices considered best, from distinct perspectives, considering different actors in primary healthcare. Furthermore, the framework of integrality enabled the best practice in primary healthcare and their criteria to be configured, according to the organization of the services, the practices of the healthcare professionals, and the governmental policies.

The perception of good practice is directly related to the context and to the interactions established by the managers, healthcare professionals, and users, who design their positioning based on their experiences and positions held in the healthcare services.

In this study, the meaning of good practice is related to the establishment of a bond between the service and population, to the welcome and to the performance of operational groups. There is, however, predominance among coordinators/managers in considering the autonomy of the services, knowledge of the legislation, and flexible management as the differentiated practice, while professionals and users give emphasis to improving access as the practice highlighted.

Interactions emphasize the co-responsibility and interdependence between managers, professionals and users in the care and management processes, indicating an orientation of the actions and services provided in PHC toward a more humanized practice, concerned with subjective characteristics of the healthcare.

The need is comprehended, however, for the actors to transcend and expand their views for more comprehensive and collective references, so as to include into their isolated perceptions the recognition of different values, beliefs and contexts in which integral healthcare is produced.

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