







***Previne Brasil* and primary care financing: facilities and difficulties for municipal health managers**

Previne brasil e financiamento da atenção primária: facilidades e dificuldades de gestores municipais de saúde

Previne Brasil y financiamiento de la atención primaria: facilidades y dificultades para los gestores municipales de salud

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ABSTRACT

Objective: understand the facilities and difficulties faced by municipal health managers with the new Primary Health Care financing model. **Method:** this is a qualitative study, of the Convergent Care Research type, based on the National Primary Care Policy. The participants were 77 managers or their representatives from 47 municipalities in a health Macroregion in Santa Catarina, Brazil. Three workshops were held in the Regional Health Departments in August and September 2022. The data was analyzed using content analysis. **Results:** *Previne Brasil's* facilities include computerization, commitment of professionals, and qualification of care. Difficulties were described as lack of information, computerized system and estimated denominator, and work team. **Conclusion:** the program offers facilities that improve the work process and health care for the population. However, there are still difficulties that must be considered by municipal management in order to make progress in comprehensive care and Primary Health Care financing.

Descriptors: Unified Health System; Primary Health Care; Healthcare Financing; Health Management.

RESUMO

Objetivo: compreender as facilidades e dificuldades enfrentadas por gestores municipais de saúde com o novo modelo de financiamento da Atenção Primária à Saúde. **Método:** estudo qualitativo, tipo Pesquisa Convergente Assistencial, fundamentado na Política Nacional de Atenção Básica. Participaram 77 gestores ou seus representantes, de 47 municípios de uma Macrorregião de saúde de Santa Catarina, Brasil. Foram realizadas três oficinas nas Gerências Regionais de Saúde, em agosto e setembro de 2022. Os dados foram analisados pela análise de conteúdo. **Resultados:** apresentam-se como facilidades do *Previne Brasil* informatização, comprometimento dos profissionais, e qualificação do cuidado. Foram descritas como dificuldades falta de informações, sistema informatizado e denominador estimado e, equipe de trabalho. **Conclusão:** o programa apresenta facilidades que qualificam o processo de trabalho e cuidado à saúde da população. Contudo, persistem dificuldades que devem ser consideradas pela gestão municipal para avanços na atenção integral e no financiamento da Atenção Primária à Saúde.

Descritores: Sistema Único de Saúde; Atenção Primária à Saúde; Financiamento da Assistência à Saúde; Gestão em Saúde.

RESUMEN

Objetivo: comprender las facilidades y dificultades que enfrentan los gestores municipales de salud con el nuevo modelo de financiamiento de la Atención Primaria de Salud. **Método:** estudio cualitativo, tipo Investigación Convergente Asistencial, basado en la Política Nacional de Atención Primaria. Participaron 77 gestores o sus representantes, de 47 municipios de una Macrorregión de salud de Santa Catarina, Brasil. Se realizaron tres talleres en las Gerencias Regionales de Salud, en agosto y septiembre de 2022. Los datos fueron analizados mediante análisis de contenido. **Resultados:** las instalaciones de *Previne Brasil* incluyen informatización, compromiso de los profesionales y calificación de la atención. Las dificultades fueron descritas como falta de información, sistema informatizado y denominador estimado y equipo de trabajo. **Conclusión:** el programa presenta facilidades que cualifican el proceso de trabajo y la atención de la salud de la población. Sin embargo, aún hay dificultades que la gestión municipal debe considerar para lograr avances en la atención integral y el financiamiento de la Atención Primaria de Salud.

Descriptores: Sistema Único de Salud; Atención Primaria de Salud; Financiamiento de la Atención de la Salud; Gestión de la Salud.

INTRODUCTION

In Brazil, Primary Health Care (PHC) has a unique history and has reaffirmed itself as the basis of health care in more than 30 years of the Unified Health System (SUS), as it represents fertile ground for organizing the public system, oriented towards equity, protection, and health promotion, according to the assumptions of the National Primary Care Policy (*Política Nacional da Atenção Básica*) – PNAB¹.

The trajectory of PHC financing in Brazil has gone through different regulations and is currently guided by the *Previne Brasil* program. Implemented in 2019, this new PHC funding model was designed to increase the population's

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access to health actions and services, based on strategically designed actions aimed at meeting local needs and priorities. The program establishes four-monthly goals and basic criteria for increasing the financial source, having more control and management of the population enrolled². *Previne Brasil* therefore brings a new proposal for working, evaluating care and financing PHC, based on four factors: weighted capitation; incentives according to population criteria; payment for performance and incentives for strategic actions instituted³.

For the performance indicator component, in 2022, it was planned to reach and finance seven indicators: proportion of pregnant women with at least six prenatal consultations, the first before the twelfth week of pregnancy; dental care for pregnant women; tests for syphilis and HIV for pregnant women; women with a cytopathology test at the PHC; one-year-old children vaccinated against Diphtheria, Tetanus, Pertussis, Hepatitis B and Poliomyelitis at the PHC; hypertensive patients with a consultation and blood pressure measured in the semester; diabetics with a consultation and glycated hemoglobin requested in the semester. The calculation and guidance for achieving the results of each indicator are presented in specific Technical Notes³.

After its implementation, the new funding program has been criticized for having radically changed the model for allocating financial resources to PHC, accentuating the assistance and managerial nature of basic care management, strengthening market elements, opposing the prioritization of the Family Health Strategy and multi-professional teamwork in the territories, and threatening the universality and comprehensiveness of the SUS^{4,5}.

Among the main problems are the end of the only per capita transfer from the federal government to finance basic care in municipalities, the fixed PAB, and federal transfers to basic care linked to “weighted capitation” based on age profile and vulnerabilities, which may seriously compromise the financing of these actions, especially in municipalities with a population of over 100,000 inhabitants, which do not have high coverage of Family Health and Community Health Agents⁶.

Given the above, this study was developed based on the question: what are the facilities and difficulties faced by municipal health managers with the new PHC financing model? *Previne Brasil* is recent and there have been few publications on the subject, as it was set up during a pandemic when society turned its attention to COVID-19.

It should be noted that financing is a determining factor in the work process and health care within PHC, which justifies the relevance of this study, which aimed to understand the facilities and difficulties faced by municipal health managers with the new PHC financing model.

MÉTODO

This is a qualitative study of the Convergent Care Research (CCR) type. The uniqueness of CCR is that it maintains an intimate relationship with a given care practice, in any field, so that it is possible to find alternatives for resolving or minimizing problematic issues related to it, in addition to producing and/or introducing innovations in that context⁷. The convergence between research and care practice underpins each other, increasing the commitment to promote changes in health care in the practical setting where the research is carried out^{7,8}.

The study was carried out in a Health Macroregion in Santa Catarina, Brazil, which comprises three Health Regions (HR), totaling 78 municipalities. There were 77 municipal managers or their PHC representatives from 47 municipalities in the Macroregion. The inclusion criterion was the participation of health managers or their representatives on the day of data collection.

For data collection, a workshop was held in each HR during the ordinary meeting of health managers organized by the Regional Health Management (RHM). There were three face-to-face workshops between August and September 2022. Initially, the research proposal was presented to the participants, who read and signed the Free and Informed Consent Form (FICF).

The workshops were led by the researchers and lasted approximately two hours each. For the dialog, the mediators asked: what were the facilities and difficulties found in obtaining *Previne Brasil* funding? The participants were divided into three groups and asked to answer the question in writing. Each group then shared their experiences of the facilities and difficulties in obtaining the resources provided by the program, with emphasis on the *Previne Brasil* performance indicators? The workshops were recorded with the consent of the participants and then transcribed.

The data was submitted to content analysis⁹, with three phases: pre-analysis, exploration of the material, and treatment of the results and interpretation. The research was approved by the Research Ethics Committee of a public university in southern Brazil. Codenames were used to preserve anonymity, based on the criteria used to list the participants (P1, P2 and so on).

RESULTS AND DISCUSSION

In the three years that *Previne Brasil* has been running, there have been many challenges faced by municipal managers in (re)organizing and making the proposal operational in each territory, taking into account the different realities and needs. In this context, there have been both facilities and difficulties. Two categories emerged from the data analysis: *Previne Brasil's Facilities*; *Previne Brasil's Difficulties*, as shown in Figure 1.

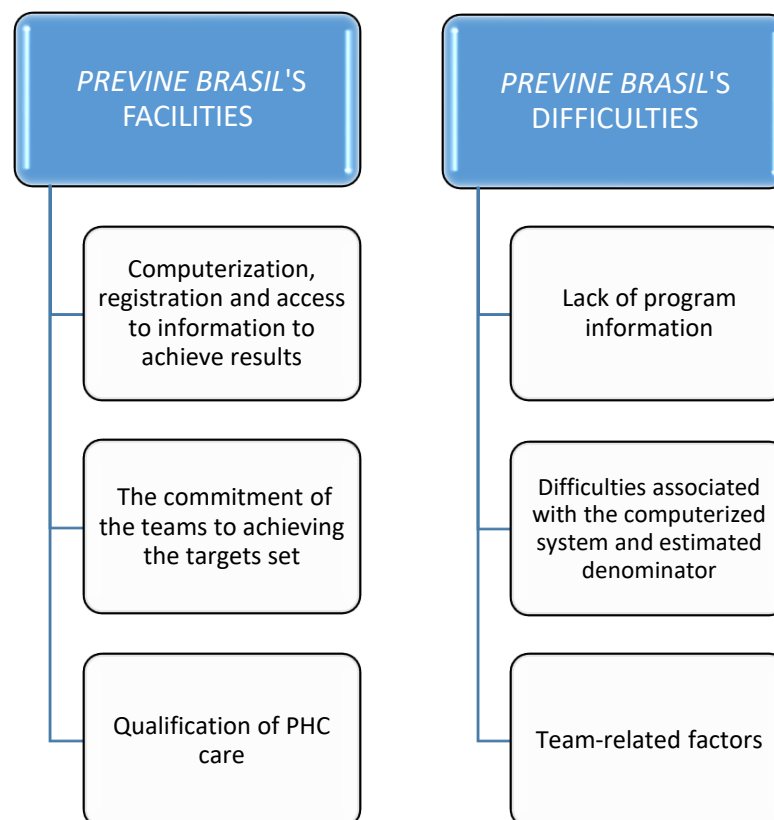


Figure 1: Categories and subcategories of analysis. Chapecó, RS, Brazil, 2023.

Health information and computerization were pointed out as facilitators of the program and determinants for achieving results and financing PHC.

Previne is based on weighted capitation, community health agents, strategic actions [...] and there are performance indicators, Informatiza APS. (P25)

Collection and recording of data for the transfer of financial resources. (P27)

The process of computerization in the health system took an important step forward in 2019 with the creation of Informatiza APS, a program to support computerization and data qualification. The proposal, part of Conecte SUS, aims to help qualify data, improving service management and multi-professional assistance to users at this level of care². The computerization of health records and information, which has been the subject of studies in recent years, is seen as a relevant strategy for qualifying information and clarifying the actions provided to users, in addition to strengthening the work process and facilitating multi-professional conduct, which results in improved care and greater resoluteness¹⁰⁻¹⁵.

The availability of electronic means to record the information produced and the actions taken was considered a facility for the work of the teams, guided by the *Previne Brasil* proposals.

It's easy to have the information at hand, looking at it, evaluating the indicators, how it's going. Then you can visualize. Before, you couldn't see clearly what you were doing and what you weren't. (P58)

It will provide information on at least those indicators that are more accurate and reliable because the information needs to be correct to generate the indicator. This was often overlooked or forgotten or ignored before. (P7)

Access (to the system and information) for all professionals, from the various specialties of the services that use the system. (P61)

Information resources enable advances in the quality of care for users and the community¹⁴. The computerization of PHC offers and favors time savings, a reduction in the use of paper, a quick search for information, access to data produced at other points of care in the Health Care Network (HCN), increased communication between the team, as well as a significant reduction in prescription errors, which increases patient safety and improves the bond between health service and user¹⁶.

In nursing, the use of computerized health systems enhances the grouping of information, facilitating the evaluation of indicators, in addition to making the data more reliable. This results in improved planning, actions and interventions for each assisted area¹⁷.

Another facility of *Previne Brasil* pointed out by PHC managers was the commitment of the team's professionals to achieving satisfactory results and consequently obtaining resources for the municipality.

The concern of the team as a whole is easier because everyone is looking at their team and seeing what they are achieving and what they are not. This makes it easier to work, for the team to see itself as a team and that its results will be reflected in an indicator and that indicator will be shown. (P13)

I feel that at the moment we have a much more cohesive team, much more united, thinking about improving. (P29)

It should be noted that communication, interaction, and trust are necessary links between professionals who, with a common goal, develop articulated work processes in an organized and committed way to achieve better results. Commitment and responsibility are links to interprofessional collaboration. Such collaboration involves elements implemented in the practice of services and interprofessional teamwork¹⁸.

Teamwork and collaborative practices in PHC contribute to improving universal access, resolution, and quality of care for users. Interprofessional teamwork considers different professionals, including those from other areas of knowledge and activity, who share a sense of belonging to the team. Perceiving oneself as a team and establishing collaborative work is a dynamic process and requires professionals to recognize their role, the knowledge and functions of each profession, with the definition of common objectives and collective planning of actions and health care¹⁹.

The qualification of PHC care was also presented as a facility of *Previne Brasil*.

I see it as easy to pay more attention to these hypertensive and diabetic patients, to ask for tests, to repeat tests (P4)

The bond with people [...] professionals take more responsibility for this population, creating a closer bond. (P5)

Active search because we had to actively search for more cases, which we didn't do before. (P33)

In PHC, the aim of health care is to reduce inequalities and provide resolute, quality care. Organizing the service into networks is important for achieving this goal more successfully, by organizing and developing practices based on lines of care, according to priority health groups and conditions²⁰, such as chronic diseases and established health conditions, based on the indicators proposed by *Previne Brasil*.

In order to achieve the goals of the *Previne Brasil* indicators, active search is a strategy for PHC professionals, and is even mentioned in legislation and technical texts in the area, in addition to being considered an attribution of all FHS professionals in the PNAB^{1,21}. Another essential element in the qualification of care and enhanced by *Previne Brasil* is the bond, since the creation and maintenance of the bond between the health service and users generates engagement by both in the process of treatment, recovery, maintenance and promotion of health, in addition to recognition and appreciation of the team.

Easy access to PHC is therefore necessary since it is the preferred gateway to services and the locus for promoting inclusion, follow-up and referrals to other levels of the system²¹. By offering services of lesser complexity and referrals to medium and high complexity in an organized and hierarchical way, PHC strengthens the bond between the service and the user, advancing the resoluteness and quality of care offered in the context of the SUS.

The managers identified difficulties in the process of change in work and health financing in PHC, along with facilities, and pointed to various factors, such as the lack of information about *Previne Brasil*.

We didn't even get this four-month thing. Only the indicators came, which will be based on that, and no document explaining it. (P6)

The information was concentrated in a few people who always went for training and didn't pass it on [...] the other information was very, very superficial. (P1)

As found in other studies, there are difficulties in health management and care related to the lack of or failures in the search or transmission of information^{22,23}. State meetings to pass on information about *Previne Brasil*, used by the federal Primary Health Care Secretariat, do not seem to have had the desired reach among managers and professionals. In addition, it may not have been sufficiently enlightening for clarification in each municipality.

It is important that managers and professionals are constantly updated on guidelines for the programs being implemented and developed, since both work together, one in planning and management, the other in assistance and execution. It is therefore important that they have access to information so that their actions are directed towards the same objectives. Communication between managers and health professionals must be clear, concise and transparent, so that the processes take place as expected, with the necessary collaboration of those involved²⁴. In addition, the community needs to be involved in providing information, since changes in the work process and care in PHC depend on the co-responsibility of everyone involved.

Previne Brasil is very new to us and to the community. They (the community) have a hard time understanding how the programs work and how our work functions. So we've been sharing what we're doing so that the population is aware of it. (P25)

Social participation in the management of the SUS, guided by Law No. 8.142/90²⁵, regulates the participation of users in health councils, spaces for discussion, construction and proposal of actions and services for health at the corresponding levels (municipal, state and federal). In addition to formally instituted participation, community involvement in the day-to-day running of services is a determining factor in satisfactory outcomes. This requires knowledge of the processes and flows established at the different levels of care and communication within the HCN.

Another important factor to highlight is the computerization of the health sector, which is perceived as a facility for achieving the indicators, as well as a difficulty faced by the municipalities. It is worth remembering that the Informatiza APS program aims to help qualify data and manage services and multiprofessional assistance to users. To this end, it provides resources for the purchase of equipment and has as a prerequisite the use of electronic medical record systems in user care, preferably the Electronic Citizen's Record (*Prontuário Eletrônico do Cidadão*) – PEC of the E-SUS PHC strategy, made available by the Ministry of Health².

Although progress has been made in information and health management with the use of E-SUS or other computerized systems, there are still flaws that need to be adjusted and elements to be improved. These difficulties include exporting data between different systems (when the municipality uses its own system other than E-SUS) and the limitations of E-SUS, as indicated by the participants.

E-SUS is very bad. It's improved, because before it didn't have any and now it has some, but the reports are also very inconsistent. For example, elderly pregnant women. (P20)

Restricted indicators, poor systems, faulty data production. (P29)

Management system, to find a perfect management system that transmits the data, because we have a lot of difficulty transmitting data. (P30)

Difficulties related to limitations in communication between computerized health systems and limitations of the E-SUS have been reported in other studies carried out at different times and in different regions of Brazil^{26,27,28}, reaffirming the need for dialogue between the IT department of the SUS and primary care in order to improve and advance the quality of information and management in PHC.

Furthermore, since the implementation of PHC computerization systems, the health team, especially the nurse, has become the main agent for manipulating these means, using this technology to aid in decisions that include care management and management to achieve goals¹⁷. In this new scenario and in view of the great demand for system entries and computer manipulation, there is a need to constantly update resources and train workers to keep accurate records and produce reliable data.

The Ministry of Health's processing of data for calculating performance indicators was also reported as a factor that creates difficulties.

Our biggest problem is women, the cytopathology, in this age group that the Ministry recommends doing. [...] if "so-and-so" has had a hysterectomy, where is the indicator? The (MH) has to look at these Women's Health specifications as well!! (P27)

My biggest difficulty with pregnant women's indicators is with those who go private. They're very reluctant, they don't want to (receive teams and pass on information). (P43)

In this sense, it is worth reflecting on the consideration, for the purposes of achieving indicators, of care in systems/services such as private, private contracted in addition to the SUS, or even support organizations for local public systems. As an example, the collection of cytopathology, an action widely carried out by the Women's Network to Fight Cancer in the Macroregion under study, cannot be validated for the purposes of this important indicator. Likewise, gynecological exams or those linked to timely prenatal care in gynecological/obstetric evaluations in the private/subsidized system do not give the municipality the expected reach. From the perspective of the preference for care and health, it would be interesting for the Ministry of Health to look for strategies to consider records, especially results that indicate the care offered in the municipalities.

Progress in achieving the targets proposed for the performance indicators also comes up against factors related to the health team. The lack or turnover of professionals, or their lack of involvement in recording care, can compromise results.

The turnover of professionals and users [...] and pregnant women has now become considerable immigrants. (P2)

I have another difficulty there, which is the turnover of professionals [...] I have a very high turnover of professionals. (P13)

The bond between professionals and users is a principle of the FHS and a determining factor for the success of proposals and actions developed in PHC, since the affinity between the parties influences the professional's clinical decisions and the user's adherence to treatment and trust in the health service. It is believed that the lower the turnover of professionals, the stronger the bond with the assisted community. The high turnover of professionals reduces the population's confidence in the system, since, in addition to the expense of selection processes, the population is left helpless until the next person is hired²⁹.

Professional records of care are easy when done correctly. However, when not carried out or not properly identified, they become a major difficulty for the work of the teams and the results of *Previne Brasil*.

The difficulty we have with hypertensive patients is that it's not that they don't go to the health unit, they do! It's just that they don't go for a hypertension appointment, and sometimes the professional who sees them, who is usually the doctor, goes there with the ICD, and low back pain, but doesn't mention that they have hypertension, doesn't provide them with comprehensive care. (P2)

Not least because the patient is in pain and they take the opportunity to renew the prescription for this, that, the other and it ends up being overlooked (the chronic condition record). (P21)

Comprehensiveness is one of the principles of the SUS and in order to achieve it, professionals must be sensitized to welcoming the user and observing them in their social, family and economic context, considering their integral health in order to plan care that is consistent with their needs. In PHC health care, specifically in the priority conditions established by *Previne Brasil* (hypertensive, diabetic, pregnant women, women and children), professionals need to go beyond attending to the reason for seeking the service and consider the opportunity to recover the bond, monitor the comprehensive health condition and carry out the procedures and records to achieve the related indicator.

Study limitations

A limitation of the study is that *Previne Brasil* was created recently and instituted during a pandemic, with little scientific evidence on the subject. Further research on the new PHC financing model in Brazil is suggested, with a view to qualifying this program and instigating reflections on its implementation and financial return to Brazilian municipalities. Additional studies are needed to problematize the changes that have occurred as a result of this type of financing, along with the precarious working relationships that may occur from the point of view of health professionals.

CONCLUSION

In the three years that *Previne Brasil* has been in operation, PHC managers have highlighted some facilities, such as advances in computerization, including the qualification and greater reliability of the data produced by the sector. However, there are still difficulties related to the use of computerized systems, whether by the professional for valid records or communication between operational systems.

Previne Brasil challenges teams to establish articulated and integrated work processes. There is unity, organization, and teamwork towards common goals. Consequently, in the view of the managers, there may be an improvement in the care and monitoring of users in their different health conditions, as they attend the health unit more often.

On the other hand, the turnover of professionals at UBS makes it difficult to strengthen this bond, jeopardizing users' adherence to their treatment. The lack of or difficulty in accessing information about the program was also highlighted as a challenge, which limits the transmission of information. In line with this, the lack of communication between the systems and ways of analyzing the program itself make it difficult to provide reliable information.

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Authors' contributions

Conceptualization, L.H.T.T., V.S.F.M. and D.S.G.; Methodology, L.H.T.T., V.S.F.M. and D.S.G.; Validation, M.R. and J.S.A.; Formal Analysis, L.H.T.T.; Investigation, E.A.S. and L.H.T.T.; Resources, L.H.T.T., V.S.F.M. and D.S.G.; Data Curation, E.A.S. and L.H.T.T.; Manuscript Writing, E.A.S., L.H.T.T., V.S.F.M. and D.S.G.; Writing – Review and Editing, M.R. and J.S.A.; Visualization, M.R.; Supervision, L.H.T.T.; Project Administration, L.H.T.T.; Funding Acquisition: L.H.T.T. All authors read and agreed with the published version of the manuscript.