

## The Value in Primary Health Care: Challenges and Perspectives

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### ABSTRACT

*Value-based care is discussed in different ways in several countries, but it is directly related to delivering better results, quality of care and patient and professional satisfaction. This way, it is essential to understand how the form of coordination for integrated care, but also as the basic for the organization of the system, help to promote health. In this sense, primary care, given the current scenario, brings high expectations, establishment or balance of the system regarding health promotion, disease prevention, rehabilitation and assistance, in addition to being associated with quality improvement, cost adequacy, patient and professional's satisfaction.*

### Keywords

Primary health care, Integrated care, Values.

Today, health value is, in most service structures, discussed through measurable indicators related to the quality and sustainability of organizations. Thus, the value translates as expected standard results, represented by clinical outcomes. This “expected standard”, understood as a watertight and unique model, remains today little aligned with what is considered important for patients and their families, in addition to not meaning their expectations [1-3].

Value-based care is discussed in different ways in many countries, but it is directly related to delivering better results, quality of care and patient and professional satisfaction [4]. Thus, it is essential to understand it as a form of coordination for integrated care, but also as a basic principle for the system organization, aiming at health promotion [4].

Amid the new health challenges that we live during this century and will still face after the year 2020, marked by the global crisis of this system, it is necessary to understand which are the types of service that are most suitable in this context. The focus on primary care shows how to walk as possible and feasible, guiding care, becoming the gateway to health services aiming to guide the patients flow between different levels of health care.

Different points are recognized in primary care to guarantee basic requirements for the value generation. Among these, there is the bond with the patient, favoring high-quality coordinated care, reducing costs and improving the patient's experience [5].

Great expectations are generated around investment in primary health care, establishing the balance of the system regarding health promotion, disease prevention, rehabilitation and assistance [1,5], in addition to being associated with quality improvement, cost adequacy, patient and professional satisfaction [1].

For this service to reach its objective, it is necessary to consider that there are some essential roles in the care networks: the capacity to solve most of the health problems of a population; the ability to guide the flows and counterflows of people, build communication with support networks and highlight health promotion and disease prevention [6].

Some requirements are essential for this coordination of care, such as the analysis of demographic needs, local epidemiology, as well as the most needy regions; in order to support the best use of resources in addition to having a high impact on chronic conditions and health levels [6].

The current scenario is a scarcity of medical care in the systems associated with difficulties in accessing essential health care,

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which is sometimes fragmented and of low quality [5]. Difficulties in geographic access, lack of professionals and fragile supply chains are the main points of greatest weakness in this model of care [1,5].

Aligned to the scenario experienced by a large part of the population and professionals, the World Health Organization (WHO) recognizes the importance of integrated care in its vision and global strategy for the provision of health services. Thus, there is a great concern with the formation of Primary Care teams so they can offer care in the most comprehensive way possible, supporting doctors in clinical decisions, which are influenced by their social context [1,5,7].

Thus, it is necessary to recognize the importance of integrated care, as well as expand its understanding for a multifactorial concept, which seeks as a principle to coordinate care around individual needs and facilitate their systemic understanding [4,8].

Integrated care is conceptualized, with a focus on distinguishing and segregating the different levels of care: macro, meso and micro. At the macro level, system integration places individual needs at the center of the system - a person-focused perspective. At the meso level it emphasizes a population-based approach, requiring professional and organizational integration to facilitate the continuous, comprehensive and coordinated delivery of services to a defined population. At the micro level, clinical integration highlights the person-focused perspective, ensuring that service users experience continuous care.

The social determinants thus represent a unique perspective for the designation of public health policies [5], since the specificities of each country or health care center proposes different possibilities based on the needs of the population.

The challenges of guaranteeing health access and prioritizing with flexibility in agenda management are no different in many world realities [1,5]. The concern that everyone needs to understand their role in care and identify the needs of the patient is the great north of integrated care, offering proactive support and retaining patients to the effective health strategy [5].

International experiences point to strategies with greater impact to make care integrated and person-centered, which involve the training and involvement of professionals and the community; strengthening governance and accountability; reorganization of the health care model; coordination of the service and relations between it; and creating a favorable environment for practices [5,9].

Several researchers [9-12] demonstrated the impact on health costs, when there is investment in primary care, for patients and their families. The results of this investment are reflected in the long term, with a reduction in the number of consultations in emergencies and hospitalizations due to complications of chronic diseases, and a consequent reduction in health costs.

In this way, primary care brings the opportunity for health promotion, continuity of care and the value generation for the patient. The high initial costs and long-term financial returns require a vision of the future, however in the long term, the results for both the care network and patients are rewarding.

Associated with positive results in the control of chronic diseases, reduction of trips to emergency services, reduction of related costs and improvement of patient and employee satisfaction; primary care also often brings the engagement and performance of the multidisciplinary team, which is decisive for the transformation of care, bringing greater added value to patients and employees.

In the Brazilian reality, health organizations in Brazil are heterogeneous when it comes to their scope in the types of service offered to the population. Prevention, treatment and rehabilitation of health in its broad aspect, represent a great challenge, so its availability happens in due time.

Brazil, with its population of more than 200 million inhabitants, divided into different socio-cultural levels, with an increasing number of citizens with profound inequalities, high unemployment, a large contingent in situations of poverty and extreme poverty, form an epidemiological profile of great risk to the health system [6].

The aging of this population brings a new perspective of illness, more directed to chronic conditions, which aggravates the situation since the model currently practiced is based on the management of acute cases, whether in public or private health.

The great challenge for Brazil in this way is to guarantee primary care despite the particularities and cultural barriers encountered, with the objective of preserving the population health, reducing costs and system overloading, particularly in secondary and tertiary care.

As in different countries, the main problem with current Brazilian health systems is that they do not keep up with changes in modern epidemiology, which has brought relevant economic and health impacts, making it difficult to respond to these challenges with efficiency, effectiveness and quality in chronic conditions presented.

In addition, there are issues related to internal contexts that also interfere with delivery to patients, including leadership styles, organizational culture, targeting available resources and external contexts such as scientific and technological innovations that constantly change in speed not always accompanied.

Coordination in care, especially regarding communication between primary, secondary and tertiary care, which in turn have communication problems with support services are also challenges to be overcome [10,13].

The lack of care continuity, the emphasis on curative and

rehabilitation interventions to the detriment of preventive actions and the model of remuneration for production is not sustainable as we have followed, and the result has been a health and economic disaster worldwide [6,13].

Such realities, challenge managers and need to be assumed as governmental responsibility, in order to articulate managers, servers and users, so public policies are well applied and can constitute means that promote people's quality of life.

Value must become the primary objective of any medical care in the system. Measuring and improving value must become the driving force of all participants, in order to transform care, health professionals as well as the organization of the system [2], in the face of the new challenges that will come in this century.

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