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Integrated Healthcare Territories: Potentialities of Innovations for the Qualification of Primary Health Care

Dinaci Vieira Marques Ranzi (https://orcid.org/0000-0002-5404-8195) [1]
Mara Lisiane de Moraes dos Santos (https://orcid.org/0000-0001-6074-0041) [2]
Priscila Maria Marcheti (https://orcid.org/0000-0002-1662-4139) [2]
Daniel Soranz (https://orcid.org/0000-0002-7224-5854) [3]
Joaquim Recaldes dos Santos Junior (https://orcid.org/0009-0001-1416-3412) [1]
Emilene dos Santos Guimarães (https://orcid.org/0009-0008-1081-432X) [1]
Roberto Raposo (https://orcid.org/0000-0002-9652-9763) [1]
Alessandro Diogo De-Carli (https://orcid.org/0000-0002-4560-4524) [4]

Abstract *This article aimed to analyze the results of implementing the Integrated Health Care Territories (TEIAS) project in a Brazilian capital. The quantitative study was based on secondary data from the e-Gestor AB, e-SUS, the Electronic Citizen Record, the Primary Care Health Information System, and the TEIAS project management reports from 2020 to August 2023. The results suggest the power of innovation strategies for strengthening Primary Health Care (PHC) through professional training aligned with the characteristics and demands of the territories, increasing PHC coverage, service provision, resolution, and service user evaluation. We concluded that innovations expanded and improved access to PHC, and the most significant advances were achieved in training professionals at the residency level (strictly oriented towards PHC attributes) and incorporating new practices not previously performed by PHC into the territory in question.*

Key words *Innovation, Primary Health Care, Family Health Strategy, Unified Health System, Mato Grosso do Sul*

[1] Fundação Oswaldo Cruz (Fiocruz). Av. Brasil 4365, Manguinhos. 21040-900 Rio de Janeiro RJ Brasil. dinaciranzi0@gmail.com
[2] Instituto Integrado de Saúde, Universidade Federal de Mato Grosso do Sul (UFMS). Campo Grande MS Brasil.
[3] Centro de Estudos Estratégicos, Fiocruz. Rio de Janeiro RJ Brasil.
[4] Faculdade de Odontologia, UFMS. Campo Grande MS Brasil.

Introduction

Substantial global health advances have been observed in recent decades. However, a significant percentage of people still have unmet health needs[1] worldwide. As one of the strategies to face these challenges, the Sustainable Development Goals (SDGs) include health systems with Universal Coverage among their goals[1-3]. Primary Health Care (PHC) is crucial[2] to achieving Universal Coverage and the SDGs as it shows better and more equitable health results, providing more consistent financial protection to citizens[4] and, when operating in a multidisciplinary and high-quality manner, it strengthens health systems in low, middle and high-income countries[5].

Brazil is a world reference in strengthening PHC, with progressive investments since the 1990s, where primary care was developed through the Family Health Strategy (ESF)[6]. This is the largest community PHC strategy in the world[7], responsible for 79.73% of the Brazilian population (approximately 170 million people) at the end of 2023[8].

Brazil reveals some evidence of the positive impacts of expanding access to PHC services on several health indicators[8-13] and reducing health inequalities[14]. Studies on different care models and improving the quality of care in the ESF are limited despite the relevance of increasing access to PHC for the health of Brazilians. Strengthened and qualified health systems are associated with better health outcomes and slower growth in health expenditure[5]. Qualified care is central to all health systems and must be a priority in the planned objectives, as there is no meaning to the human right to health without good quality care[1]. This care can be expressed by measuring the extent and orientation of the PHC attributes defined by Starfield[15].

At the same time, there are many questions about the feasibility and sustainability of universal health systems, and strengthening PHC is the best tool to face these challenges[3]. Initiatives that strengthen PHC are necessary and recommended, and, in this sense, it is crucial to give visibility to innovative actions and drivers of changes that add value to health services and satisfactorily answer the problems faced by users, workers, managers, and formulators of public health policies[3,16].

Such challenges are added to the impacts of the neoliberal reforms inflicted on the SUS from 2016 onwards. Inequalities in access to health services have increased with fiscal austerity policies, aggravated by mistaken and perverse management of the SUS, which was established in the 2018-2022 period. Thus, faced with an already fragile context, Brazilian public health was hit by, perhaps, the most disastrous management of the pandemic at a global level, which weakened the entire Brazilian health system, with significant impacts on PHC and ESF.

In this context, an initiative of FIOCRUZ-RJ and the Municipal Health Secretariat of Campo Grande, Mato Grosso do Sul, namely, the "TEIAS-Campo Grande/MS"[17] project, positioned itself on the national scene to strengthen and consolidate strategies implemented and continuously expand access, supporting the Unified Health System (SUS) in maintaining the services of a School Health District, through strategic actions in the Health Care Network (RAS). This experience started in 2020, with interesting and relevant results in several PHC areas. Giving visibility to such experiences and presenting the results obtained are important initiatives to boost PHC in different contexts, inspire political-care changes, and strengthen universal coverage health systems. This project brought some training, monitoring, and evaluation initiatives similar to those applied in Rio de Janeiro, which implemented a PHC reform from 2009 onwards[18,19].

This article aimed to analyze the results of implementing the TEIAS-Campo Grande/MS project.

Methods

Study context

The study was conducted in Campo Grande-MS, with a population of 898,100 inhabitants (32.6% of the state's total population, per the 2022 IBGE Demographic Census[20], and a Municipal Human Development Index (IDHGM) of 0.784[20]. In January 2023, PHC coverage was 84.9%[8]. The municipality is administratively divided into seven Urban Regions: Centro, Segredo, Prosa, Bandeira, Anhanduizinho, Lagoa, and Imbirussu, which in turn are subdivided into neighborhoods[8].

Faced with the challenges of strengthening PHC, significantly expanding and qualifying access, which contributes to a more effective RAS, in 2020, the TEIAS project was implemented in this capital. It consists of a health innovation movement and meets the best national and international recommendations for implementing robust and efficient public health systems[3,21].

TEIAS' strategic objective is developing technological innovations in health, covering services and products to strengthen PHC, expanding access, and qualifying the RAS. Its central premise is qualifying health services based on transforming the work processes of family health and oral health teams, with significant guidance for the PHC attributes. To this end, the paths adopted support scientific, evidence-based, and applicable actions that have already been successfully used in other realities and adapted to the local reality. The project's centrality is adopting care, management, and communication technologies that strengthen the SUS, emphasizing the training of professionals through family and community health, medical, and multidisciplinary residencies.

Furthermore, TEIAS incorporates the implementation of technological innovations in the health sector for the adequate coordination of user care into the qualification of services, with the development of tools for monitoring PHC and health surveillance (for example, the "*Onde Ser Atendido*[22]" (Where can you receive treatment), the "*Carteira de Serviços da APS*" (PHC Services Portfolio), the instrument for evaluating primary care's attributes from the perspective of adult users (using the Primary Care Assessment Tool – PCATool). A telemedicine platform was also created, implementing a teleconsultation service with interaction between resident doctors and PHC users with RAS expert doctors.

Study design

This mixed cross-sectional and longitudinal study was based on secondary data from the databases e-Gestor AB (free access), e-SUS, Electronic Citizen Record (PEC), PHC Health Information System (SISAB) provided by the Municipal Health Secretariat (SESAU), and data from the TEIAS project management reports in the municipality studied, from 2020 to August 2023.

Variables and indicators

Different variables were analyzed besides the evolution of PHC coverage before and after the implementation of TEIAS (Chart 1).

Ethical aspects

The project was submitted to the appreciation of the Human Research Ethics Committee of the Federal University of Mato Grosso do Sul and approved under Opinion No. 6.511.491, CAEE 75540023.6.0000.0021.

Results

The results obtained in three and a half years of the TEIAS project allow us to identify advances and show its power as an inducer of transformations in PHC through planned and implemented actions specifically for its territory. The TEIAS project has been consolidated as a relevant support and institutional mobilization device to strengthen PHC and the RAS, investing in innovative strategies in the field of training, planning, and health work processes.

As of the elaboration of this manuscript, the number of students from residencies totaled 269 professionals specializing in Family and Community Health who work throughout the national territory. In March 2024, we had 89 students and 74 residents of the multiprofessional residency and medical residency programs, respectively. We had significant adherence of health professionals from several regions of the country, not just Mato Grosso do Sul. From 2020 to 2021, when TEIAS started to be implemented in Campo Grande, it also experienced the COVID-19 pandemic period, a historic milestone that certainly influenced the results regarding this period.

Expanded population coverage of Family Health teams

As a central axis of all the innovations implemented was an increased number of Family Health teams (eSF), which translated into the expanded PHC population coverage in the TEIAS coverage range. Nine Family Health units were implemented in the 2019-2020 biennium, including 30 eSFs, covering a territory of around 105 thousand people. With consolidated project advances in the period and a growing number of professionals registered for homes, the project advanced in 2022 to 11 units and was responsible for 34 eSFs, impacting the lives of over 119,000 people. The last step was taken in 2023, linking 12 units overall, 37 eSFs, responsible for caring for about 129,500 people. An increase in PHC potential coverage was recorded before and af-

Chart 1. Primary Health Care services: variables and indicators analyzed before and after the TEIAS-Campo Grande

Structure	Processes
Number of Family Health Teams (eSF)/Population Potential Coverage of eSF	Total number of care sessions by professional category and total number of tele-interconsultations.
Number of egress residents	Number of procedures performed (earwax removal, IUD insertion by doctor, IUD insertion by nurse, external skin lesions, suture, dry needling, canthoplasty, synovial cavity infiltration, foreign body removal from nose and ears).
Number of residents attending the course	Previne-Brazil Program Indicators (PN6-Proportion of pregnant women with a minimum of six prenatal care appointments; proportion of pregnant women with tests for syphilis and HIV; proportion of pregnant women with dental care; proportion of women with cytopathological collection in PHC; proportion of one-year-olds vaccinated against diphtheria, tetanus, pertussis, hepatitis B, infections caused by Haemophilus influenza and type B and inactivated polio; proportion of people with appointments and verified blood pressure; proportion of people with appointments and requested glycated hemoglobin test; Final Synthetic Indicator (FSI).

Source: Authors.

ter the TEIAS, up from 38.5% (December 2017, before TEIAS) to 88.5% (December 2023, after TEIAS)[8] (Graph 1).

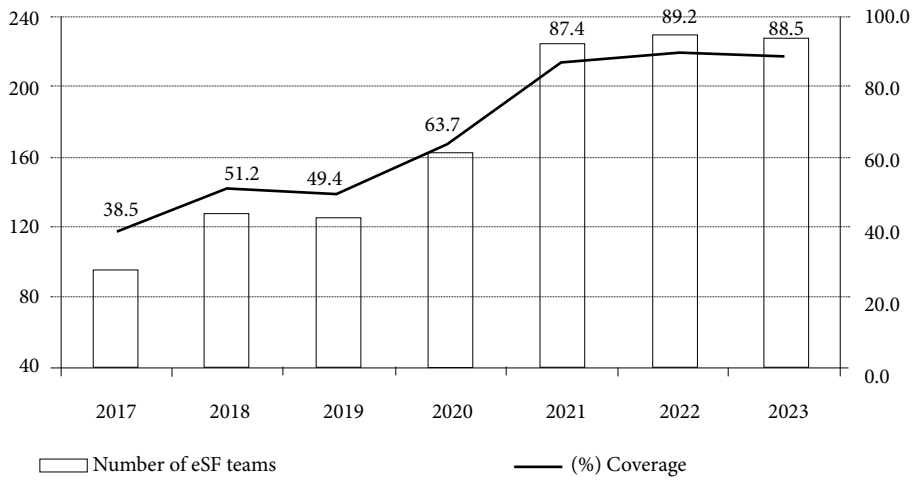
A significant increase of 40% in approved eSFs was recorded in May 2022, moving to 176 teams funded by the Ministry of Health (MS). Ninety Primary Care Teams (eAP) were implemented, inspired by the TEIAS/Fiocruz model. In 2023, the number rose to 197 eSFs financed and 55 eAPs. Thus, the Mato Grosso do Sul capital, which, in 2018, was the second to last Brazilian capital in the PHC ranking, appeared among the five best capitals in the Brazilian Center-South region regarding eSF potential population coverage (Table 1).

Services and procedures performed

The analysis period showed a considerable increase in service numbers in all areas, especially Medicine, Nursing, and Dentistry. This increase occurred even with the variations of annual resident classes, with the COVID-19 pandemic period and the need to deploy residents to perform care in other RAS services (Table 2).

From 2019 to 2022, medical care grew by 255.8%. An exponential increase is observed when we individualize production per unit (non-tabulated data), reinforcing the importance of qualifying professionals in the teaching and service modality. Regarding nursing, few appointment records were available before the implementation of the project, as they prioritized screening and risk classification activities. After the start of the project, from 2020 to 2022, a 300.5% increase was noted in the access to nursing appointments, resulting from prenatal care and childcare services, monitoring patients in different care lines and cycles of life, and providing care services to the unit's walk-in demand. Dental care recorded an increase of 127.2% between 2019 and 2022. In this regard, data recorded until August 2023 suggest a growth in the estimated amount for 2023 by approximately 238% against services provided in the 2019 base year.

The increase in care services has naturally curbed referrals to secondary care, ensuring tests and improved resolution of demands. One of the innovative initiatives in this regard was tele-interconsultations, which is a partnership between the TEIAS project, SESAU Campo Grande, and LAIS/Federal University of Rio Grande do Norte (UFRN), implemented in the capital on December 7, 2021. It is a modality of service with experts to expand the eSF resolution. It started with cardiology (269 appointments), expanding to other specialties such as psychiatry (187), nephrology (77), and gastroenterology (58), totaling 591 care services, with analyses for the incorporation of new specialties in this type of care in the territory. As of the writing of this article, the tele-interconsultations service for musculoskele-



Graph 1. Development of the eSF number and PHC potential coverage before (2017-2019) and after (2020-2023) the TEIAS. Campo Grande, Mato Grosso do Sul, Brazil, 2017-2023.

OBS 1: 2020 to 2021: COVID-19 pandemic directed the efforts of eSF professionals to health surveillance and immunization actions. OBS 2: Twelve health facilities integrated the TEIAS project: Itamaracá, Tiradentes, Moreninhas III, Coophavila, Noroeste, Vida Nova, Batistão, Oliveiras, Pq do Sol/St. Emilia, Paulo Coelho, Serradinho, and Jardim Presidente.

Sources: e-Gestor/SAPS/Ministry of Health, always considering the month of December of each year. For comparing the historical series, we considered that one eSF is responsible on average for 3,500 people. IBGE, Demographic Census 2022.

Table 1. Distribution of the number of Family Health Teams (eSF) and Potential eSF Coverage - Capitals of the Center-South Region, Brazil, Sep/2023.

Federative Unit	Capitals	Nº eSF	2022 Pop Census	% Potential eSF Coverage*	Ranking
Santa Catarina	Florianópolis	157	537,211	102.3%	1º
Espírito Santo	Vitória	84	322,869	91.1%	2º
Minas Gerais	Belo Horizonte	596	2,315,560	90.1%	3º
Mato Grosso do Sul	Campo Grande	227	898,100	88.5%	4º
Rio Grande do Sul	Porto Alegre	326	1,332,845	85.6%	5º
Distrito Federal	Brasília	622	2,817,381	77.3%	6º
Rio de Janeiro	Rio de Janeiro	1,294	6,211,223	72.9%	7º
Mato Grosso	Cuiabá	110	650,877	59.2%	8º
São Paulo	São Paulo	1,652	11,451,999	50.5%	9º
Goiás	Goiânia	193	1,437,366	47.0%	10º
Paraná	Curitiba	180	1,773,718	35.5%	11º
	Total	5,441	29,749,149	64.0%	-

Nº = Number; Pop = Population; eSF = Family Health team. *For comparing the historical series, we considered that one eSF is responsible, on average, for 3,500 people.

Sources: e-Gestor/SAPS/Ministry of Health, Sep/2023 and IBGE Demographic Census.

tal physiotherapy directed to users with musculoskeletal disorders/chronic pain[23] is in the final stage of elaborating its expansion.

Another initiative that is one of the pillars for the higher resolution was the inclusion of individual procedures not offered by PHC in the list

of the activities performed by the professionals, such as minor surgeries, canthoplasty, skin excisions, sutures, removal of foreign body from the nose and ear, dry needling, IUD insertion, and other procedures of the SIGTAP[24] Table Management System's table.

Among nine typical PHC selected procedures performed by the Family and Community Medicine residency and the Family Health multiprofessional residency teams, the performance of TEIAS eSFs were superior to the eSFs not part of the project (Table 3).

Discussion

The results presented suggest the power of innovative strategies, such as those developed and implemented by the TEIAS project, to strengthen the PHC by increasing the Population Coverage of PHC services, professional training aligned with the characteristics and demands of the territories, expanded access to services, including increasing the units' service opening hours. This fact becomes relevant because innovations in streamlining health processes and policies are crucial for sustainability[3] in universal health and complex systems such as the SUS.

In this sense, it is necessary to reiterate that the effects of the TEIAS project reflect procedurally the federal public resources' investment in the planning and implementation of innovations from 2020. At the time, micro and macropolitical efforts were implemented to expand, consolidate, and increase access to PHC, train professionals, use resolution technologies, improve regulation, and realize PHC's authoritative role[25].

As for professional training in and for PHC, its impact on the reality of the community is related to the inductive actions to develop competencies based and the accreditation of practices, education, and training in health promotion, which are powerful to qualify the work process[26]. Thus, PHC's formative and authoritative role in the context of SUS is reiterated so that the alignment of professional training in response to each territory's specific needs and demands, with strong community orientation, is associated with the best evidence.

In the TEIAS Project, this professional training has always been founded by continuing health education actions, emphasizing developing skills and competencies that exceed clinical practice. A teaching-learning process model that includes the relationships between the interprofessional team and users, management notions, PHC attributes, and attention to the conditions sensitive to the PHC was adopted to strengthen the ESF. PHC coverage in the municipality increased with the direct inclusion of workers in the local context, which remained in 2023, with the onset of the second class of the multiprofessional residency and family and community medicine. This situation aligns with previous studies that highlight the Brazilian ESF as a structuring force of PHC, as it has expanded the offer of services and comprehensive actions[27], promoted increased coverage and high levels of governance related to decreased preventable mortality rates[10], and is the best strategy for a strong PHC, articulated with the sedimentation of its attributes and care and management technologies[21].

Higher resolution rates were promoted, especially among the TEIAS project teams, with decreasing referral rates, incorporating procedures not performed in the municipality's PHC, and expanding care opening hours in strategic ESF health units in more vulnerable territories. Thus,

Table 2. Distribution of the number of care sessions of doctors, nurses, and dental surgeons in Primary Health Care Units in Campo Grande-MS, Brazil, 2019-2023.

Period	Years	Medicine	Nursing	Dentistry	Total
Before the TEIAS Project	2019	68,647	33,529	29,082	131,258
After the TEIAS Project	2020	108,876	75,153	26,891	210,920
	2021	168,008	104,718	39,683	312,409
	2022	244,218	134,267	66,062	444,547
Variation (%) between 2019 and 2022		255.8	300.5	127.2	238.7
	2023*	267,741	122,900	65,795	456,436

*The 2023 data correspond to the January-November period.

Source: Authors, from extracting PEC-eSUS data, Campo Grande, Mato Grosso do Sul, data extracted until November 2023.

Table 3. Individualized procedures performed by PHC Campo Grande, Mato Grosso do Sul, Brazil, August 2022 to July 2023.

Procedures	TEIAS Project Units		Other Units		Total	
	N	%	N	%	N	%
Earwax removal	459	45.8	543	54.2	1,002	100.0
IUD Medicine	547	75.1	181	24.9	728	100.0
IUD Nursing	251	56.3	195	43.7	446	100.0
Skin lesions	196	43.9	250	56.1	446	100.0
Suture	101	60.1	67	39.9	168	100.0
Dry needling	114	97.4	3	2.6	117	100.0
Canthoplasty	86	74.8	29	25.2	115	100.0
Synovial cavity infiltration	81	100.0	0	0.0	81	100.0
Removal of foreign body from nose and ear	12	50.0	12	50.0	24	100.0
Total	1,847	59.1	1,280	40.9	3,127	100.0

Source: PEC-eSUS Campo Grande-MS, from August 2022 to July 2023.

the ESF was strengthened, implying a reorientation of flows regarding specialized care, directly curbing waiting lists for expert appointments[3]. Presenting and analyzing such results is relevant, considering that many studies analyze the impacts of increased coverage and access to the ESF. However, only a few studies that expand analysis of increased access to increased care quality and resolution[5] were found. Research, debate, and discussing the quality and resolution of health as a human right should be prioritized in the global context[1].

In the collective sense, community needs that are not always demands are identified through the innovations implemented. From this perspective, PHC is challenged to unveil outcomes inherent in this care level, permeated by socioeconomic/cultural determinants[28] imbricated to the health-disease process and SUS itself. Thus, one should look at the attentive watch of management to identify complex points and weak performance so that innovative actions are precisely and timely directed to their control.

In this sense, as an imposition of the COVID-19 period from 2020 to 2021, PHC reorganized for its confrontation. The TEIAS project residents were relocated to strategic functions to meet the community's needs. Moreover, at the initiative of the project and SESAU-CG, Telehealth, and tele-interconsultations, strategies that remain on the list of activities of PHC professionals, even after the pandemic, were implemented. These activities are systematically performed by medical professionals, such as continuing health education and flexibility of opportunity for appointments, avoiding unnecessary and even impracticable travels, accumulation of repressed demands, and waiting list accumulation, which brings a significant gain regarding incorporating new practices into PHC, given that the use of this technologies provides reliable, updated and transferable information for clinical practice, besides being an effective educational tool, expanding access and quality and reducing costs[28].

Thus, it is noteworthy that the TEIAS project, aligned with the current literature, has already advanced much toward expanding access to PHC. It improved the quality and resolution of services, strengthened the bond with users, promoted care continuity, and strengthened the SUS, its efficiency, and sustainability[3].

The primary limitation of this study is that data allude to a local reality. However, it is supplanted by the relevance of the innovative initiatives presented here. While they cannot be generalized due to the PHC/ESF diversity in the territories, they can serve as an example of experience to inspire innovative projects elsewhere. Recently, the municipality of Dourados, in Mato Grosso do Sul, 220 km from the state capital, also consolidated a similar partnership with FIOCRUZ-RJ to develop a set of actions similar to those implemented by TEIAS-Campo Grande/MS. The activities of Family and Community Medicine and Family Health Multiprofessional residency programs began in March/2024[29], contextualized to the needs of RAS and the health territories of Dourados, using expertise and tech-

nological transfer for actions of the same group that operates in Campo Grande.

Future studies should be conducted with more specific designs, considering the analysis of indicators and processes that distinguish participating and non-participants of the TEIAS project, along with studies that investigate users' satisfaction depending on the offers implemented through the TEIAS project. Thus, more analytically and comparatively, we can unveil the impact of this project on the transformation of the local reality of its operational territories, advancing in the proposition of overcoming weaknesses and streamlining its potentialities.

Conclusion

The innovations proposed by the TEIAS project can qualify the expanded PHC coverage and offer health services with greater care resolution. The data presented suggest that the innovations that contributed most, in this regard, were the formative process of professionals at the residency level, radically oriented to the PHC attributes, and the incorporation of new practices hitherto not performed by the PHC in the territory in question, among these, including, as a practical routine, outpatient procedures and the use of tele-interconsultations. Campo Grande stood out in 2023 as the capital of the Midwest region with the highest eSF coverage, reaching about 90% of its resident population. Expanding access is essential, but developing quality services is another aspect to be considered.

Thus, the axis of education and training for health promotion also appears as a second challenge for the TEIAS project's residencies, especially regarding the theme's complexity and the conditioning of its effectiveness to the existence of broad intersectoral actions, which are not always available to management, nor residents. This stance is relevant, given that promoting health exceeds the simple stimulus to healthy habits, requiring a continuous search for use emancipation and autonomy, with social guarantees that favor a dignified life[30].

Collaborations

DVM Ranzi, MLM Santos, PM Marcheti and AD De-Carli participated in the conception of the article. DVM Ranzi, PM Marcheti, MLM Santos, JR Santos Junior and AD De-Carli participated in the writing of the article. D Soranz, ES Guimarães and R Raposo validated the initial version of the manuscript. All authors participated in the final critical review of the manuscript.

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