

Incorporation of teleconsulting as an instrument for the regulation of the access and permanent education in the SUS-BH



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Abstract

The implementation of the Family Health Strategy has brought important advances towards the reorganization of the Unified Health System (SUS) towards a Primary Health Care (PHC) effectively coordinator of care. It is understood that a good care strategy of longitudinality / coordination is essential for the consolidation of this care model. In Belo Horizonte, the Telehealth Program has been available since 2004, focused essentially on the permanent education of SUS-BH network professionals, in dialogue with the Administrative Rule no. 198/GM/MS, of February 13, 2004, which establishes the National Policy Of Permanent Education in Health, as well as for the timely resolution of doubts of health professionals related to clinical cases. Envisioning a more comprehensive use of the telehealth tool, the SUS-BH's management has been investing in the incorporation of teleconsultation also as an instrument for regulating access to specialized care, aiming to promote fairness in the use of services and resources of the medium complexity outpatient network. The objective of this work is to describe the SUS-BH Telerregulation Project, aimed at regulating access to upper digestive endoscopy, which aims to avoid undue solicitations of this procedure, to guarantee priority access to patients at higher risk, to qualify the relevant referrals through a permanent education and transform the daily practices of the primary care physicians.

Keywords: Tele-regulation; Telemedicine; Health Care.

Resumen

Incorporación de la teleconsulta como instrumento regulador del acceso y de educación permanente en el SUS-BH. La implantación de la Estrategia Salud de la Familia introdujo grandes avances en la reorganización del Sistema Único de Salud (SUS) en búsqueda de una atención primaria de salud (APS) que sea, efectivamente, coordinadora de la atención. Se entiende que una buena estrategia de longitudinalidad/coordinación de la atención es esencial para la consolidación de este modelo de atención. En Belo Horizonte, el Programa de Telesalud está disponible desde el año 2004, se destina en especial a la educación permanente de los profesionales de la red SUS-BH, y dialoga con la Ordenanza n° 198/GM/MS de 13 de febrero 2004, que establece la Política Nacional de Educación Permanente en Salud, así como a dar respuesta oportuna a las dudas de los profesionales de salud relacionadas con casos clínicos. Al prever un uso más amplio de la telesalud, la gestión del SUS-BH se aboca a la incorporación de la teleconsulta también como un instrumento de regulación del acceso a la atención especializada, con objeto de promover la equidad en el uso de los servicios y recursos de la red ambulatoria de complejidad media. El objetivo de este estudio es describir el Proyecto de Telerregulación del SUS-BH volcado a regular el acceso a la endoscopia gastrointestinal alta, cuya meta es evitar solicitudes indebidas de este procedimiento, garantizar el acceso prioritario a los pacientes de mayor riesgo, calificar las derivaciones pertinentes a través de una educación permanente y transformar las prácticas cotidianas de los médicos de la atención primaria.

Palabras clave: Telerregulación; Telemedicina; Atención a la Salud.

Resumo

Incorporação da teleconsulta como instrumento de regulação e Educação Permanente no SUS-BH. A implantação da Estratégia Saúde da Família trouxe importantes avanços para a reorganização do Sistema Único de Saúde (SUS) em direção a uma Atenção Primária à Saúde (APS) efetivamente coordenadora do cuidado. Entende-se que uma boa estratégia de longitudinalidade/coordenação do cuidado é essencial para a consolidação desse modelo assistencial. Em Belo Horizonte, o Programa de Telessaúde está disponível desde 2004, voltado essencialmente para a educação permanente dos profissionais da rede SUS-BH, dialogando com a Portaria n° 198/GM/MS, de 13 de fevereiro de 2004, que institui a Política Nacional de Educação Permanente em Saúde, bem como para a resolução pontual de dúvidas dos profissionais de saúde relacionadas a casos clínicos. O objetivo deste trabalho é descrever o Projeto Telerregulação do SUS-BH, voltado para a regulação do acesso à endoscopia digestiva alta que tem como objetivos evitar solicitações indevidas deste procedimento, garantir acesso prioritário aos pacientes de maior risco, qualificar os encaminhamentos pertinentes através de uma educação permanente e transformar as práticas cotidianas dos médicos da atenção primária.

Palavras-chave: Tele-regulação; Telemedicina; Atenção à Saúde.

INTRODUCTION

In Belo Horizonte, teleconsultation has been available for 12 years and it was hoped that its use would spontaneously reduce and qualify the referrals for the secondary care. However, its use has not occurred in sufficient intensity to reach the proposed objectives, since it is not yet fully incorporated into the scope of activities of the Basic Health Unit (USB), being configured as an extra activity and dependent on the professional's capacity to include the management of the tool in his routine¹.

In parallel, the current computerized system of regulation used in the municipality, despite being a fundamental tool for coordinating care between the primary and secondary care of the municipality² as it brings the understanding, by the municipal health network, of the concepts and instruments of regulation as facilitators of access and equity guarantors, still does not allow the individual analysis of all the requests registered in waiting line, only of the cases considered priority that are sent to the analysis and regulation with high priority, presenting, therefore, limitations in the process of permanent education of the requesting professionals, since doubts arising on a day-to-day basis, also concern cases classified as low, medium and high priority.

In view of this scenario, based on the potential of telehealth as a tool for integrating care and regulation of patients' referral³, the National Policy of Regulation of SUS⁴ and the National Policy on Permanent Education in Health⁵, the Belo Horizonte Health Secretariat (SMSA), implemented a combined strategy of permanent education and regulation of access based on the use of telehealth resources, termed tele-regulation.

It is important to emphasize that this strategy differs from the tele-regulation provided in the Manual of the National Telehealth Program, which deals with the regulation of the requests sent to the teleconsultant in order to qualify the content of the requests and direct it to the most suitable teleconsultant⁶. In SMSA, the tele-regulation refers to the welfare regulation itself. Thus, it assumes the evaluation, by the tele-regulator, of all the requests sent to specialized care by the Primary Care physicians, comprising all the priorities – very high, high, medium and low for certain specialized examinations or consultations considered critical (here understood as those with great waiting time).

In order to strengthen the current care model, based on the family health strategy, and favor a model of peer regulation, it was defined that it would be strategic for the tele-regulator to be a family and community doctor who, par excellence, deals with all life cycles: children, adolescents, men, women, pregnant women and the elderly people.

In this sense, an internal process of professional selection was carried out, in which ten family and community doctors, effective in the network, with medical residency and / or specialist title, were classified to act as tele-regulators in this project. This article aims to present the process of implementation of the project of tele-regulation in the city of Belo Horizonte⁷.

METHOD

The computerized system of SMSA (BH-Telehealth) was updated, adapted and integrated to SISREDE (Electronic Health Records), to constitute itself as an official and agile communication channel between the requesting physicians and the tele-regulators. At the same time, another ongoing project in the SMSA was part of the SISREDE systems and the Regulation System (SISREG), allowing the integrated operation of the three systems.

The doctor, who works at the Health Center, performs the endoscopy request using the "EDA" button located on the SISREDE procedure tab and requests the evaluation of the tele-regulator in the "BHTelehealth" button. The data of your request will migrate to the BHTelehealth and to the SISREG, however, it does not automatically enter into an electronic line. The tele-regulator evaluates the case considering the information available in the BHTelehealth system, places the patient in an electronic line in the SISREG, according to his priority and guides the applicant also from the assistance point of view, imparting the character of permanent education to the project, the individualized analysis of each case by the tele-regulator, while at the same time enhancing the equity of access, it constitutes as an activity of Permanent Education in Health of the professionals, strengthening the contextualized learning in the labor scenario, as well as the care model of SUS-BH and the Family Health Strategy. All requests are evaluated and placed in a line, within 48 working hours, without access restriction. The tele-regulator reports the outcome to the requesting physician, via the BHTelehealth system, according to each situation, as described below:

- The information is complete and justifies immediate scheduling (without waiting in electronic queue) because it is a priority case: in this case the request is indicated for scheduling, by the tele-regulator, to the regulator of the Regulation Center, which proceeds the scheduling;

- The information is complete and justifies the request, but the case is not a priority: the request is placed in an electronic line, according to the priority established in the current protocol;
- The information is complete, but, according to the protocol, it does not justify the procedure: the request is placed in electronic queue and classified in low priority. At the same time, the tele-regulator guides the requestor about other ways of managing the situation. For example, there are clinical situations that require follow-up by the gastroenterologist, being the specialist responsible for requesting and defining the periodicity of endoscopy in the sequence of the user's follow-up.
- The information is insufficient for analysis: the request will be placed in a queue, being the priority defined according to the information available in the referral. At the same time, the tele-regulator will request additional information from the requesting professional. After the return of the information requested, the tele-regulator will reassess the case and, if necessary, will change the priority according to the new data sent.

Aiming at the effectiveness of the care to the user and the process of permanent education, it is essential that the professionals follow the outcome of their requests, accessing the response of the tele-regulator in the BHTelehealth system. In order to facilitate this follow-up, both PHC professionals and tele-regulators will receive notification by email informing about new posts in the BHTelehealth. The doctor who requested the procedure will have to regularly access his posts, closing the cases already evaluated by the tele-regulator.

The process for a specific examination or specialized consultation may be permanent or occur for a defined time, as well as be broad or restricted to some units or health district, according to the needs perceived by the management. For the beginning of the project, it was chosen to work with the upper digestive endoscopy, because it is an invasive procedure, with great demand and waiting list, whose application protocol was recently updated, and also by the perception about the need to qualify the requests, both by the Central of Regulation and by the professional endoscopists. The Figure 1 shows the flow of the entire process of tele-regulation of the Endoscopy.

The training of the same ones to act like tele-regulators was realized by the Center of Education in Health (CES / SMSA) and by the UFMG and had as objectives the following approaches:

1. National Policy of Regulation and National Policy of Permanent Education;
2. Tools for recording and handling the SISREDE, BHTelehealth and SISREG Systems in use in the SMSA;
3. Dyspepsia approach according to the latest Gastroenterology guidelines;
4. Indications of endoscopy reinforcing the current protocol of priorities.

The strategy implemented presupposes the constant monitoring of the following processes:

1. Existence of request in the BHTelehealth system for each request of endoscopy inserted in the SISREG.
2. Queue insertion time and response time by the tele-regulator.
3. Return of pending information requested by the tele-regulator to the requesting physician.
4. Closing of the cases in the BHTelehealth system.

RESULTS AND DISCUSSION

The project is in the expansion phase and a scientific quali-quantitative research will be carried out with the following objectives:

1. Evaluation of the agreement between the tele-regulators' response and a gastroenterologist from SMSA / PBH, a gastroenterologist from UFMG and a specialist physician in the family and community health of SMSA / PBH.
2. Results achieved / impact
 - Average number of requests for the procedure, before and after the project, in the period to be defined;
 - Quality of requests before and after the project, in the period to be defined;
 - Incorporation of knowledge (questionnaire before and after the project, in the period to be defined);
 - Perception of the applicant regarding the use of computerized tools and the incorporation of clinical knowledge.

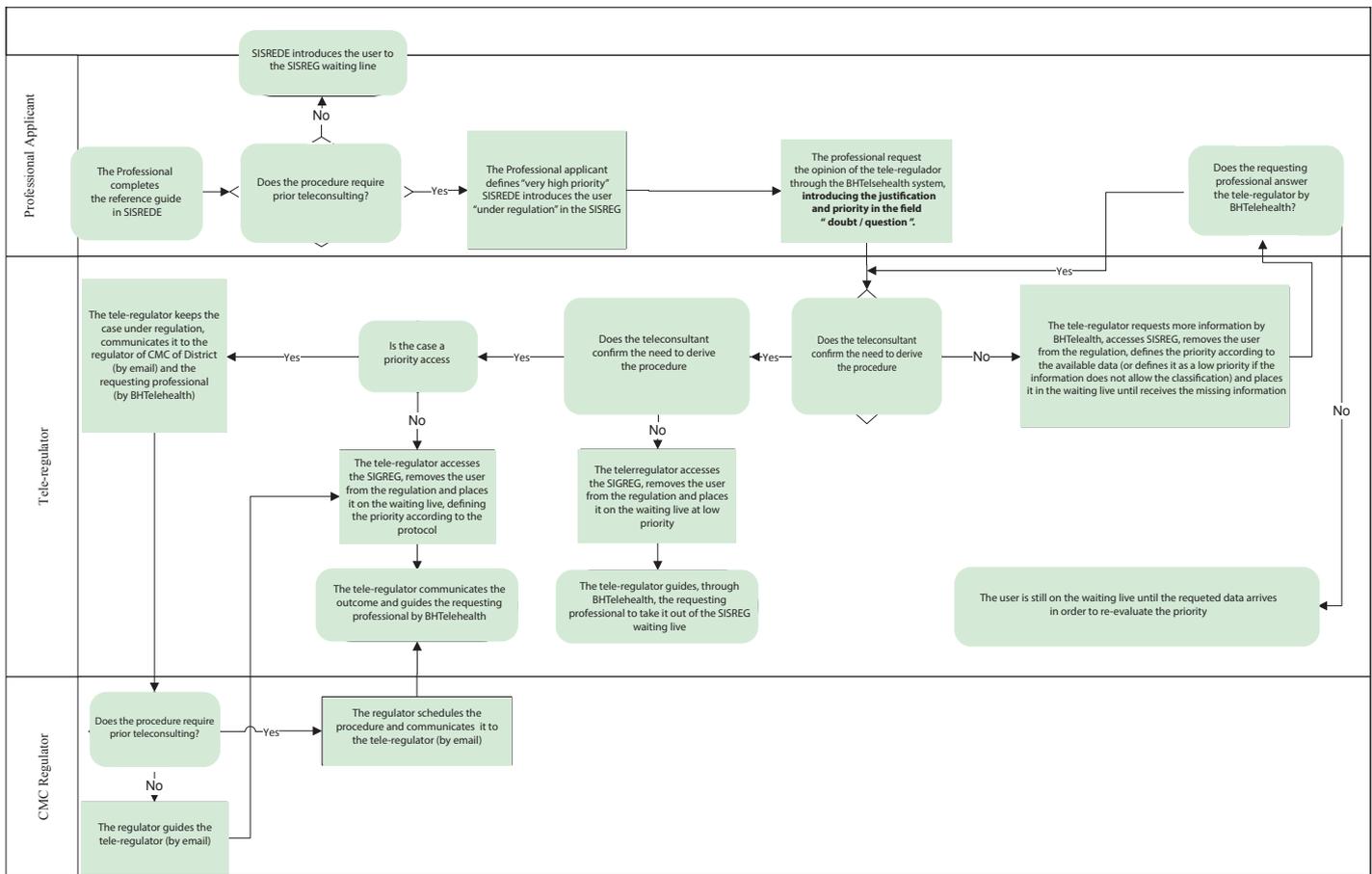


Figure 1: Flow diagram of the endoscopy tele-regulation process

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