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Effectiveness of the essential attribute first contact in primary health care: users perspective

Efetivação do atributo essencial primeiro contato na atenção primária à saúde: perspectiva dos usuários

Efectividad del atributo esencial primer contacto en atención primaria de salud: perspectiva del usuario

RESUMO

OBJETIVO: analisar a efetivação do atributo essencial, primeiro contato, a partir da avaliação externa do Programa de Melhoria do Acesso e da Qualidade da Atenção Básica (PMAQ-AB). MÉTODO: A pesquisa foi realizada por meio de estudo exploratório, descritivo, transversal e com abordagem quantitativa, no qual foi analisado a efetivação do atributo essencial, primeiro contato mediante a perspectiva do usuário, a partir da avaliação externa do PMAQ-AB. RESULTADOS: Foram analisadas as variáveis das seguintes dimensões: marcação de consulta, demanda espontânea e urgências e qualidade consulta, vínculo atividades coletivas. DISCUSSÃO: Se faz necessário a ampliação das estratégias dos profissionais de saúde para promover a satisfação dos usuários e flexibilizações quanto ao horário de atendimento da unidade para potencializar o acesso aos serviços de saúde. CONCLUSÃO: Sugere-se a elaboração de novas estratégias para a expansão do horário de atendimento conforme preconiza a Política Nacional de Atenção Básica para a efetivação do primeiro contato.

DESCRITORES: Acesso aos serviços de saúde; Atenção Primária à Saúde; Avaliação em saúde.

ABSTRACT

OBJECTIVE: to analyze the effectiveness of the essential attribute, first contact, based on the external evaluation of the Program for Improvement of Access and Quality of Primary Care (PMAQ-AB). METHOD: The research was carried out through an exploratory, descriptive, cross-sectional study with a quantitative approach, in which the effectiveness of the essential attribute, first contact through the user's perspective, was analyzed, based on the external evaluation of the PMAQ-AB. RESULTS: The variables of the following dimensions were analyzed: scheduling an appointment, spontaneous demand and urgencies and consultation quality, bonding collective activities. DISCUSSION: It is necessary to expand the strategies of health professionals to promote user satisfaction and flexibility regarding the service hours of the unit to enhance access to health services. CONCLUSION: It is suggested that new strategies be developed to expand the service hours, as recommended by the National Primary Care Policy for the realization of the first contact.

DESCRIPTORS: Primary health care; Equity in health; Single Health System

RESUMEN

OBJETIVO: analizar la efectividad del atributo esencial, primer contacto, a partir de la evaluación externa del Programa de Mejora del Acceso y Calidad de la Atención Primaria (PMAQ-AB). MÉTODO: La investigación se realizó a través de un estudio exploratorio, descriptivo, transversal con enfoque cuantitativo, en el que se analizó la efectividad del atributo esencial, primer contacto a través de la perspectiva del usuario, a partir de la evaluación externa del PMAQ- AB. RESULTADOS: Se analizaron las variables de las siguientes dimensiones: programación de cita, demanda espontánea y urgencias y calidad de la consulta, vinculación de actividades colectivas. DISCUSIÓN: Es necesario ampliar las estrategias de los profesionales de la salud para promover la satisfacción y la flexibilidad de los usuarios en el horario de atención de la unidad para mejorar el acceso a los servicios de salud. CONCLUSIÓN: Se sugiere que se desarrollen nuevas estrategias para ampliar las horas de servicio, según lo recomendado por la Política Nacional de Atención Primaria para la realización del primer contacto.

DESCRIPTORES: Atención Primaria de Salud; Equidad en salud; Sistema único de Salud

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Brenda Pinheiro Evangelista
Student of the Bachelor's Degree in Nursing at Centro Universitário Vale do Salgado.
ORCID 0000-0002-8830-2681

Breno Pinheiro Evangelista
Graduating from the Bachelor's Degree in Pharmacy at Faculdade São Francisco da Paraíba.
ORCID: 0000-0001-6881-0980

Maria Jacielma Alves de Melo Araújo
Nurse working in the Family Health Strategy. Preceptor of the Bachelor's Degree in Nursing at Centro Universitário Vale do Salgado. Icó-CE.
ORCID: 0000-0003-3668-5112.

Lucenir Mendes Furtado Medeiros
Nurse working in the Family Health Strategy. Master in Family Health from the Federal University of Ceará. Preceptor of the Bachelor's Degree in Nursing at Centro Universitário Vale do Salgado. Ico-Ce.
ORCID: 0000-0003-0819-8595.

Rafael Bezerra Duarte
Nurse. Professor of the Bachelor's Degree in Nursing at Centro Universitário Vale do Salgado. Master's student in Public Health at the State University of Ceará.
ORCID: 0000-0002-2280-0864.

Kerma Márcia de Freitas
Coordinator of the Bachelor's Degree in Nursing at Centro Universitário Vale do Salgado. Master in Public Health and Doctoral Student in Public Health at UNIFOR.
ORCID: 0000-0003-3021-4758.

INTRODUCTION

The essential attributes for the quality of user access are considered the "strength" of PHC, which are first contact access, integrality, longitudinality and coordination, having as derived attributes family orientation, community orientation and the cultural competence they provide accessibility to services. 1

The user's first access is characterized as an initial and essential attribute related to accessibility to services, being the gateway through the search for actions that solve the problem or need associated with health, ensuring the continuity of the user to the services provided by the PHC. 2

The Program for Improving Access and Quality of Primary Care (PMAQ-AB) presents assessment methods in the APS, instituted by Ordinance No. 1654 GM/MS, of July 19th, 2011, and has tools that provide negotiation and management pact with the SUS that address the requirements to improve initial access, with four phases (adherence and contracting; development; external evaluation and re-contracting) in its first cycle. 3

Regarding the second cycle of the PMAQ-AB in 2013, the four phases for the evaluation process were continued, in which universal adherence was possible, especially the regulation for the adherence of the Family Health teams through the execution and improvements in access, the PMAQ-AB started to occur in three distinct phases in its third cycle that complement each other and form a continuous process for the improvement of access and quality of primary care, supporting a transversal strategic axis of development, the phases, in turn, called adhesion and contracting, certification and re-contracting, and in its second phase of development, the transversal axis that presents the self-assessment process was included. 4

Health professionals must establish mechanisms that facilitate the population's access to education and health promotion activities [...]

Health professionals must establish mechanisms that facilitate the population's access to education and health promotion activities, since the guidelines given are necessary for the prevention of health problems, quality of life, greater adherence to healthy lifestyle habits and health surveillance. 5

Considering PHC as the gateway and protagonist of the first contact of users to health services and having popular participation as an important component in the

process of development and construction of the health system, there was an interest in knowing the opinion of PHC users regarding the access and quality of services provided. 6

In view of the above, the following questions were raised: is the first contact attribute effective in the municipalities that make up the 17th Regional Health Coordination? What are the main advances and challenges, according to the user's perspective, for the realization of this attribute?

The research is relevant for health professionals and care areas, as it addresses the contributions of the essential attribute, first contact, as a guiding axis for the user to access services and because of the importance of effectiveness in this context, where the results that will be explained will contribute to carry out strategies of professionals in the primary sphere and managers to obtain satisfactory results for the quality of access to services and provide changes regarding the subsequent results of the PMAQ-AB.

The study sought to analyze the effectiveness of the essential attribute of first contact, based on the external evaluation of the Program for Improving Access and Quality of Primary Care (PMAQ-AB - Programa de Melhoria do Acesso e da Qualidade da Atenção Básica), in the municipalities that make up the 17th Regional Health Coordination.

METHOD

This study is characterized as an exploratory, descriptive, cross-sectional study with a quantitative approach, which addressed the realization of the essential attribute, first contact through the user's perspective, from the external evaluation of the PMAQ-AB.

The study was conducted from January to September 2020, in seven municipalities that make up the 17th Decentralized Health Area (ADS) of Ceará (Baixio, Cedro, Icó, Ipaumirim, Lavras da Mangabeira, Orós and Umari), located in the Center-South region, comprising 171.124 inhabitants; the municipality of Icó is the most populous and hosts this health region.

Table 02. PMAQ-AB variables related to access to Primary Care

DIMENSION VI. ACCESS TO THE HEALTH SERVICE - APPOINTMENT BOOKING
How is the appointment scheduled at this UBS?
Can the appointment be made which day and at any time of operation?
Appointment evaluation
Appointment, usually for the same day?
How are your queries in this unit?
Nurse care days
Dentist service days
When does the unit come without an appointment can it be heard?
How would you like the consultations to facilitate your care?
DIMENSION VII. ACCESS TO HEALTH SERVICE - SPONTANEOUS DEMAND AND EMERGENCIES
Did the patient seek this UBS the last time he had a problem and urgency?
Why didn't the patient look for this unit?
What service did the patient seek the last time they had a problem and an emergency?
Did the patient get care in this unit?
Why was the patient unable to receive care in this unit?
What did the patient think of this service?
BP measurement, capillary blood glucose, dressings, vaccination, do you have access at any time of operation of this unit?
Time for service
DIMENSION VIII. USE - QUALITY CONSULTATION, LINKING COLLECTIVE ACTIVITIES
Where does the patient usually get most of his medicine?
Where does the patient usually perform blood, urine and stool tests?
When the patient did not have an appointment and needed to ask questions, did they manage to do it?
When the patient did not have an appointment and needed to show tests, did they get it?
When the patient needs to clarify doubts after the consultations, is it easy to talk to the person who attended them?
Does the patient participate in health promotion activities offered by the team at this UBS?
The patient does not participate for - incompatible time
The patient does not participate because - the activities do not matter
The patient does not participate because - the team does not do these activities
The patient does not participate because - he does not know if the team does it, there is no disclosure
None of the previous
What does the patient think about the way they are welcomed/received when looking for the service?

Fonte: autor.

Initially, a search was carried out in the Program's instruments for variables related to the components that involve each attribute, which were analyzed in Cycle 1,

Cycle 2 and Cycle 3, in order to identify changes in the teams' work process.

Once the study variables were defined, the results were extracted from microdata from the external evaluation, available at the Department of Primary Care (DAB - Departamento da Atenção Básica), online.

The microdata from the external evaluation were organized, tabulated and consolidated in the SPSS (Statistical Package for Social Science) version 22, enabling statistical analysis to be carried out.

The procedure for obtaining research data was developed through secondary data made available for public access, it is not necessary to submit this research to obtain approval from the Research Ethics Committee (CEP - Comitê de Ética em Pesquisa).

RESULTS

Table 01 presents the variables of dimension IV that are related to access to appointment bookings, according to the users interviewed in the third cycle of the PMAQ-AB in the municipalities that make up the 17th ADS. 229 users were interviewed, of which 80,3% were female.

According to the configuration above,

Table 01. Variables related to access to appointment booking. (n=229)

VARIABLES	N	%	VARIABLES	N	%
HOW IS THE CONSULTATION AT THIS UBS SCHEDULED?			**EVALUATION OF CONSULTATION SCHEDULE**		
Make an appointment through the phone	2	0,9	By appointment	4	1,7
Go to the unit and schedule the service	220	96,1	In order of arrival after booking	176	76,9
The community health agent makes the appointment	4	1,7	By order of arrival without appointment	46	20,1
This basic health unit/health post does not schedule an appointment	2	0,9	Others	1	0,4
Doesn't know/didn't answer/doesn't remember	1	0,4	Does not apply	2	0,9
APPOINTMENT FOR AN APPOINTMENT, USUALLY ON THE SAME DAY?			**DENTAL CARE DAYS**		
Yes	209	91,3	1-2 Days	128	55,9
No	18	7,9	3-5 Days	15	6,6
NURSE SERVICE DAYS			6-10 Days	8	3,5
1-2 Days	195	85,2	More than 10 days	1	0,4
3-5 Days	6	2,6	Doesn't know, didn't answer, doesnt't remeber	9	3,9
6-10 Days	6	2,6	Does not apply	2	0,9
More than 10 days	1	4	I never looked for this service	66	28,8
Don't know, didn't answer, don't remember	19	8,3			
Does not apply	2	9			
WHEN THE UNIT COMES WITHOUT A TIME IT CAN BE HEARD?			**HOW WOULD YOU LIKE THE CONSULTATIONS TO FACILITATE SERVICE?**		
Yes	177	77,3	By appointment	39	17,0
No	8	3,5	By order of arrival, after booking	27	11,8
They never needed to go to the Unit without an appointment	41	17,9	By order of arrival, with no appointment	4	1,7
They don't know / haven't responded	1	,4	I'm satisfied, no need for changes	142	62,0
CAN THE SCHEDULE BE MADE ON ANY DAY AND ANY TIME OF OPERATION?			Other(s)	10	4,5
Yes	200	87,3	They don't know / haven't responded	7	3,1
No	24	10,5			

Doesn't apply	2	,9
Doesn't know/didn't answer/Don't remember	3	1,3

Source: Department of Primary Care / Ministry of Health, 2020.

Table 02. Variables on access to health services - Spontaneous demand and emergencies (n=229)

VARIABLES	N	%	VARIABLES	N	%
DID THE PATIENT LOOK FOR THIS UBS THE LAST TIME HE HAD A PROBLEM AND AN URGENCY?			**WHY DID THE PATIENT NOT LOOK FOR THIS UNIT?**		
Yes	77	33,6	Because they need to arrive early, as the service is on a first-come, first-served basis	1	0,4
No	9	3,9	Because there was no professional at UBS	1	0,4
The patient had no urgent problem	139	60,7	Because UBS was closed at the time	5	2,2
Doesn't know/didn't answer/doesn't remember	4	1,7	Doesn't apply	220	96,1
			Doesn't know/didn't answer/doesn't remember	2	0,9
WHICH SERVICE DID YOU LOOK LAST TIME YOU HAD A PROBLEM AND AN URGENCY?			**WHY DID THE PATIENT NOT GET CARE AT THIS UNIT?**		
Public hospital	9	3,9	Because the unit does not attend urgently	1	0,4
Doesn't apply	220	96,1	Because the UBS was closed at the time	6	2,6
			Doesn't apply	222	96,9
DID THE PATIENT GET CARE AT THIS UNIT?			**BP MEASUREMENT, CAPILLARY BLOOD GLUCOSE, DRESSINGS, VACCINATION, DOES THE PATIENT HAVE ACCESS AT ANY OPERATING HOURS TO THIS UNIT?**		
Yes	70	30,6	Yes	225	98,3
No	7	3,1	No	1	0,4
Doesn't apply	152	66,4	Doesn't know/didn't answer	3	1,3
WHAT DOES THE PATIENT THINK ABOUT THIS SERVICE?					
Very good	30	13,1			
Good	38	16,6			
Regular	2	0,9			
Doesn't apply	159	69,4			
TIME FOR SERVICE					
1-4 Minutes	23	10,0	20-30 Minutes	3	1,3
5-10 Minutes	35	15,3	60 Minutes	1	0,4
11-15 Minutes	3	1,3	120 Minutes	1	0,4
16-20 Minutes	4	1,7	Don't know, don't respond, don't remember	159	69,4

Source: Department of Primary Care / Ministry of Health, 2020.

Table 03. Variables related to use, quality, consultation and linking collective activities (n=229)

VARIABLES	N	%	VARIABLES	N	%
WHERE DOES THE PATIENT USUALLY GET THE MOST OF THEIR MEDICATIONS?			**WHERE DOES THE PATIENT USUALLY CARRY OUT BLOOD, URINE AND FECES EXAMS?**		
At UBS itself	187	81,7	At UBS itself	38	16,6
Elsewhere for free	14	6,1	Elsewhere for free	148	64,6
The patient pays for the medicine	27	11,8	The patient pays for the exam	30	13,1
Doesn't know/didn't answer	1	0,4	Doesn't know/didn't answer	13	5,7
WHEN THE PATIENT HAD NO CONSULTATION SCHEDULED AND NEEDED TO ASK QUESTIONS, WERE THEY ABLE TO DO IT?			**WHEN THE PATIENT HAD NO CONSULTATION SCHEDULED AND NEEDED TO SHOW TESTS, DID THEY GET THEM TO SHOW THEM?**		
Yes	173	75,5	Yes	162	70,7
No	1	0,4	No	5	2,2
Sometimes	9	3,9	Sometimes	19	8,3
Never had to	46	20,1	Never had to	43	18,8
WHEN THE PATIENT NEEDS TO ASK THE QUESTION AFTER THE CONSULTATIONS, DO THEY HAVE EASY TO TALK TO THE ONE WHO ASSISTED THEM?			**DOES THE PATIENT PARTICIPATE IN HEALTH PROMOTION ACTIVITIES OFFERED BY THE TEAM AT THIS UBS?**		
Always	158	69,0	Yes	155	50,2
Most of the times	43	18,8	No	86	37,6
Almost never	1	0,4	Doesn't know/didn't answer	28	12,2
Never	2	0,9	**THE PATIENT DOES NOT PARTICIPATE BECAUSE THE ACTIVITIES DO NOT INTEREST**		
There was no need to ask questions	25	10,9	Sim	14	6,1
THE PATIENT DID NOT PARTICIPATE IN THE ACTIVITIES DUE TO INCOMPATIBLE SCHEDULE			Não	72	31,4
Yes	26	11,4	Doesn't apply	143	62,4
No	60	26,2	**THE PATIENT DID NOT PARTICIPATE IN THE ACTIVITIES BECAUSE THEY DO NOT KNOW IF THE TEAM PERFORMS THEM, THERE IS NO DISCLOSURE**		
Doesn't apply	143	62,4	Yes	38	16,6
THE PATIENT DID NOT PARTICIPATE IN THE ACTIVITIES BECAUSE THE TEAM DOES NOT DO THESE ACTIVITIES			No	48	21,0
Yes	3	1,3	Doesn't apply	143	62,4
No	83	36,2	**NONE OF THE PREVIOUS**		
Doesn't apply	143	62,4	Yes	9	3,9
WHAT DOES THE PATIENT THINK ABOUT HOW THEY ARE RECEIVED WHEN SEEKING THE SERVICE?			No	77	33,6
Very good	93	40,6	Doesn't apply	143	62,4
Good	122	53,3			
Regular	14	6,1			

Source: Department of Primary Care / Ministry of Health, 2020.

96,1% of users said they went to the basic health unit to schedule the service, and only 1,7% reported that the community health agent schedules the service. The explained data demonstrate the need to increase the communication of this professional with the population for the realization of the essential attribute, first contact, from the scheduling of services when people cannot attend the unit to schedule the care they need.

In addition, when users were asked about making an appointment on the same day, 91,3% said yes, and 10,5% said that the appointment cannot be made on any day and time during the operation. Regarding the day of the nurse's service, 85,2% of users answered that this professional attends only 1-2 days a week, and 3,5% cannot be heard when they come to the unit to solve health problems , and 10,5% are unable to make the appointment on any day or time of care.

According to the results explained above, it was possible to verify that 33.6% of users sought Primary Care during emergency situations, which shows that PHC is the gateway to the diagnosis and treatment of health problems that can be solved by specificities of the practices provided, in addition to carrying out the necessary referral to other health services. In addition, only 3,9% of the population analyzed initially seek the public hospital when they experience emergency situations, and 30,6% managed to get care in the PHC during emergency situations.

Regarding the dispensing of medications, as seen above, it can be seen that 81,7% of users reported that these medications are offered by Primary Care, 6,1% get them elsewhere for free, and only 11,8% pay for medicines.

In this sense, when asked about the availability of professionals to resolve the doubts present when there was no appointment scheduled, 75,5% said yes, making it clear that, in most cases, the quality of professionals` adherence to answer the doubts is a evidenced reality. It was found that 69% of users highlighted the ease of talking to the professional who attended them, and 18,8% most of the time.

On the other hand, exams are essential for the diagnosis and health care, being characterized as essential to promote the quality of life of users. As highlighted, 16,6% perform the exams in the health unit itself, 64,6% manage to perform it free of charge in other establishments from SUS. As for the diagnosis of exams, 40,7% of users report that they are able to show it to professionals, despite not having an appointment, for diagnosis and guidance based on the result.

Regarding the reasons for the low adherence of users to participate in health promotion activities, it is noteworthy that 11,4% do not participate due to the time incompatible with the routine experienced, 26,2% for reasons not highlighted, 6,1% are not interested in the activities, 16,6% claim that these activities are not publicized. Thus, it is clear that many users are unaware of the importance of these activities and that restricted hours and lack of dissemination of activities performed are the main difficulties presented in this context, which contribute to low adherence to the essential attribute, first contact. 10

Despite the difficulties in expanding strategies for the participation of users in health services, 40,6% of respondents say that the reception of professionals is classified as "very good", 53,3% as "good" and only 6,1% consider this host to be “regular”. From this perspective, it is clear that user embracement is present in PHC, but it needs to expand strategies for accessing health services.

DISCUSSION

It is noticed that 96.1% of users did not seek the unit during emergency situations due to reasons that do not apply in the questionnaire. On the other hand, it is noteworthy that access from the gateway to Primary Care is essential for solving health problems, and for guidance and referral of unresolved health problems to other services that present greater complexity, in order to promote the guarantee of comprehensive, optimized and resolute service in different aspects. 8

With regard to user satisfaction with care in urgent situations, only 13,1% of users rated it as "very good", and 16,6% as "good", highlighting the perspective that care needs changes to achieve a greater number of satisfactions. However, user satisfaction with the assistance services provided is in line with the realization of the essential attributes of PHC, SUS principles and the elaboration of strategies for the expansion of continuous and comprehensive access. 9

As for access to services related to disease prevention and health promotion, such as checking blood pressure and blood glucose, as well as dressings and vaccination, 98,3% of users said they have access at any time the unit is operating. Thus, it is evident that the PNAB's assumptions and guidelines are in line with the reality of these services.

In this sense, it is noteworthy that the community health agent is considered an essential professional for the articulation of health actions with the population, in order to overcome health challenges, improve social determinants, expand health care, diseases prevention and health promotion through home visits, creating bonds and promoting a link between health services and the community. 7

Scheduling models for PHC multidisciplinary services enable the minimization of uncertainties regarding the service users need, reduction of waiting lines, improvement of the health work environment, patient safety and user satisfaction. 7

Thus, it is important to emphasize that health education can be carried out through consultations, guidance, lectures, health technologies and others, making it necessary to expand strategies to enhance the first contact and adherence of users in the educational activities of the unity. In this aspect, the explained data show that only 50,2% of users participate in health promotion activities offered by the unit.

CONCLUSION

This study allowed for further discussions on the realization of the essential

attribute, first contact, from the external assessment of the PMAQ-AB, through the aspects of access in the dimensions contained in module VI to VIII of the external assessment instrument of the PMAQ-AB , promoting a holistic discussion of data related to user satisfaction and perception about access to health services.

It is necessary to expand health actions that enable the implementation of SUS principles. It is suggested the development of new strategies to expand the hours of service as recommended by the National Policy on Primary Care for the realization of the essential attribute, first contact, in a holistic and comprehensive way, which provides the capture of users, in the sense of meeting their health needs.

It is also suggested to carry out new studies that provide continuity of the research carried out and promote new scientific knowledge in the approach to the subject, in order to make it clear if there have been advances and positive changes with the new health assessment instruments in PHC to the realization of essential attributes and strengthening of the SUS.

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