

# Primary health care and health care networks: A reflection before the pandemic

Atenção primária à saúde e redes de atenção à saúde: Uma reflexão perante a pandemia

Atención primaria en salud y redes de atención en salud: Una reflexión ante la pandemia

## RESUMO

Objetivo: Refletir teoricamente acerca da Atenção Primária em Saúde e as Redes de Atenção à Saúde quanto à articulação entre ambas para o enfrentamento da Covid-19. Método: Estudo reflexivo, embasado na formulação discursiva sobre a APS e as RAS no contexto pandêmico. Resultados: Telemedicina, acompanhamento de casos suspeitos e confirmados, criação de novos fluxos assistenciais e medidas de articulação entre as redes foram necessárias a APS, no contexto das RAS, para enfrentamento à pandemia. Este cenário reforçou a necessidade da articulação dos serviços de saúde em redes de atenção, com vistas a oferta de cuidado integral à população. Conclusão: Torna-se clara a importância da APS para o cuidado integral dentro de um sistema de saúde. Em um cenário caótico, incerto, com rápido crescimento de indicadores de incidência e mortalidade, a APS teve que se reorganizar e a partir disso desempenhar seu papel de ordenadora e coordenadora das RAS.

**DESCRIPTORIOS:** Atenção Primária à Saúde; Níveis de Atenção à Saúde; Covid-19.

## ABSTRACT

Objective: To theoretically reflect on Primary Health Care and Health Care Networks regarding the articulation between them to face Covid-19. Method: Reflective study, based on the discursive formulation about PHC and RAS in the pandemic context. Results: Telemedicine, monitoring of suspected and confirmed cases, creation of new care flows and articulation measures between networks were necessary for PHC, in the context of RAS, to face the pandemic. This scenario reinforced the need for the articulation of health services in care networks, with a view to offering comprehensive care to the population. Conclusion: The importance of PHC for comprehensive care within a health system becomes clear. In a chaotic, uncertain scenario, with rapid growth in incidence and mortality indicators, PHC had to reorganize itself and, from there, play its role as organizer and coordinator of the RAS.

**DESCRIPTORS:** Primary Health Care; Health Care Levels; Covid-19.

## RESUMEN

Objetivo: Reflexionar teóricamente sobre la Atención Primaria de Salud y las Redes de Atención a la Salud en cuanto a la articulación entre ellas para enfrentar la Covid-19. Método: Estudio reflexivo, a partir de la formulación discursiva sobre la APS y la RAS en el contexto de la pandemia. Resultados: La telemedicina, el seguimiento de casos sospechosos y confirmados, la creación de nuevos flujos de atención y medidas de articulación entre redes fueron necesarias para que la APS, en el contexto de la RAS, enfrentara la pandemia. Este escenario reforzó la necesidad de la articulación de los servicios de salud en redes de atención, con miras a ofrecer una atención integral a la población. Conclusión: queda clara la importancia de la APS para la atención integral dentro de un sistema de salud. En un escenario caótico, incierto, con un rápido crecimiento de los indicadores de incidencia y mortalidad, la APS tuvo que reorganizarse y, a partir de ahí, desempeñar su papel de organizador y coordinador de la RAS.

**DESCRIPTORIOS:** Primeros auxilios; Niveles de atención médica; COVID-19.

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**INTRODUCTION**

**P**rimary Health Care (PHC) is considered the gateway to the Unified Health System (SUS) and through it it becomes possible to operationalize equity between populations and their different realities.<sup>1</sup> Since the implementation of the SUS, efforts have been made to strengthen PHC, so that the system as a whole is consolidated.<sup>2</sup>

PHC is not just an intervention, or a care method, but a set of health actions at the individual and collective level that involves, in addition to promotion, prevention, diagnosis, treatment and rehabilitation. In this way, its impact on the system goes beyond the limits of primary care itself, since this level of care contributes to the ordering of care in the other levels of health care.<sup>3</sup>

In countries where there are universal systems, such as Canada and New Zealand, PHC has a political agenda among its governors. The debates promote the strengthening of actions and oppose the process of fragmentation of health systems. Within this context, it is noteworthy that, even if such systems have different organizations and arrangements, they all converge on similar principles such as: coordination, integrality and longitudinality.<sup>4</sup>

Several studies and publications in developed countries have emphasized the idea that PHC, and all its complexity, has a positive impact on the health of the po-

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population, strengthening and expanding equity, in addition to reducing costs and expenses of the health system. In Brazil, the literature indicates that there is a positive impact of the expansion of PHC to improve the health-disease conditions of individuals, especially when linked to the Family Health Strategy.<sup>5-6</sup>

As relevant as the discussion about the importance of PHC and its impact on the health of the population it has in the coordination actions of the Health Care Networks (HCN). It is worth mentioning that the HCN is considered the best way to face the fragmentation of health care and public health problems.<sup>7</sup>

HCN is defined as the set of actions and services that impact on health-disease processes, being related to different logistics, technological densities and management actions, with a view to achieving comprehensive care, improved access, equity and the resolution proposed in the institutionalization of the SUS.<sup>3-8-9</sup>

Within this context, there are many questions about what would be essential for both PHC and HCN to play their role within the SUS. The answer to this question becomes clear when it is understood that, for the Health Care Networks to fulfill their role, it is essential that Primary Health Care be organized, coordinating care and assume the role of being responsible for the flow of users in the HCN.<sup>10</sup>

The Covid-19 pandemic has imposed

changes in the flow, supply and structure of health services within the SUS. As a result, much has been discussed about the importance of PHC for the process of coping with Covid-19, understanding that its guiding principles contribute to the ordering of care within the HCN.<sup>11</sup>

Through this article, the objective was to reflect on the following research question: What is the importance of Primary Health Care in the course of the Covid-19 pandemic? What is the importance of HCN articulation in the current scenario? What is the role of PHC in the face of the Covid-19 pandemic?

In the face of such concerns, a reflection is proposed on issues related to Primary Health Care and Health Care Networks experienced in the course of the Covid-19 pandemic.

## METHOD

This is a reflection study based on the discursive formulation on Primary Health Care and Health Care Networks in times of pandemic. The research was carried out from September to November 2021. Text was organized in 3 parts with an approach to the themes: “Primary Care in the face of Covid-19”, “The Health Care Networks in the Pandemic” and “The PHC as the organizer and coordinator of the HCN in the pandemic”.

## RESULTS AND DISCUSSION

### PRIMARY ATTENTION BEFORE COVID-19

Since its emergence, Covid-19 has impacted the most diverse nations in the world, in economic, political, social and health contexts. The course and severity of the epidemic led governments to seek control measures to stop its expansion, both new cases and the control of deaths resulting from the disease.<sup>11-12</sup>

Both in Brazil and in several countries around the world, the need to increase the supply of available beds, especially intensive care beds and hospital units, has become imperative so that the demand

of patients affected by the pandemic can be effectively met. In this way, it was then sought to prioritize tertiary assistance as an instrument to combat the pandemic world scenario.<sup>11</sup>

However, the SUS, as one of the largest health systems in the world, covers different levels of care and always seeks comprehensive care. From this perspective, priority should be given to the operationalization of the multiplicity of these services in an integrated manner, articulating PHC with the other levels to face the current pandemic, since primary care is anchored in the commitments of promotion, protection and control of diseases. Its role in a pandemic scenario is very important. Mainly, with regard to its capillarity for the early identification of suspected cases and timely diagnosis, greatly impacting the reduction in the indicators of transmissibility of the disease, as well as the individual and family follow-up and monitoring of affected individuals and their contacts.<sup>13-14</sup>

Additionally, it is known that the population at greatest risk of severe complications from Covid-19 are frail elderly people and people with comorbidities. Which again leads us to emphasize the importance of PHC in monitoring these patients through rigorous monitoring, since professionals at this level of care are part of the daily lives of communities and have a greater bond with the population.<sup>15</sup>

When thinking about the performance of PHC in the pandemic context, it is important to keep in mind that this level of health care is closer to the community and thus, it has tools and information to support effective individual and collective monitoring, which positively impacts the pandemic epidemiological curve, where community health education and the implementation of timely monitoring and early detection reduce the chances of contagion.<sup>16</sup>

Strategies were then sought to enable this important and effective action by PHC in the fight against Covid-19, the professionals who are part of it are requi-

red to adapt their services and actions in order to incorporate the policy of confrontation through community service actions that would make it possible for the virus not to spread in the community.<sup>17</sup>

One of these measures was the guidance given to the population that if there is a suspicion that an elderly family member has Covid-19, initially sought the Basic Health Unit (UBS) before seeking other urgent care, since the risk of the elderly being contaminated is higher – still being a risk group. So, submitting the elderly patient to emergency units for care is really necessary.<sup>18</sup>

Another very important action measure was the cross-referencing of data from the population enrolled at the UBS, for the timely identification of the most susceptible people in the community, that is, those who present greater risks related to multiple comorbidities or advanced age.<sup>19</sup>

In addition, a tool widely used by PHC in this pandemic context was the practice of telehealth in the country, which led the Federal Council of Medicine to recognize the use of telemedicine in order to guide, refer and monitor suspected or positive cases. From this, the Ministry of Health also recognized the tool as being extremely important and regulated it.<sup>15,20</sup>

Within this context, it is possible to note, therefore, an extremely important role played by PHC, which in the pandemic was often forgotten or erased under the illusion that to combat Covid-19 the only need was the provision of hospital beds. It is undeniable that in the initial moment the greater offer of beds was essential, but it is necessary to see actions at all levels of complexity so that the joint action of the HCN can actually impact for the good of the population and the health system.

The measures taken by PHC only emphasized the importance of thinking about the integrality of care and how it should be taken into account, regardless of the moment or historical context in which one lives. Therefore, the importan-

ce of PHC to the Brazilian population in the face of the pandemic becomes clear.

## HEALTH CARE NETWORKS IN THE PANDEMIC

The concept of Health Care Networks is not something relatively new, as it is described in the Federal Constitution, article 198: “public health actions and services are part of a regionalized and hierarchical network and constitute a single system (...)”.<sup>21</sup>

HCN are complex and it becomes easier to understand them by viewing them as a dynamic and horizontalized service organization, its main principle is access and, as a communication center, Primary Health Care, which allows continuous and comprehensive care for the population.<sup>22</sup>

The literature points out that the effectiveness of a system that seeks the path of integrality as a principle is greater when it is structured in networks. It is worth mentioning that the SUS aims precisely to make this integrality possible for users, in order to see them as a holistic being.<sup>22-23</sup>

Due to the degree of contagion, its characteristics related to the clinical evolution and degree of complexity of health care, Covid-19 demands health care at different levels of care and without a usual standard, since each affected patient can react in a different way.<sup>24</sup>

One of the concerns that has been established since the beginning of the pandemic in relation to the different levels of care was the exposure of professionals and users of the care network that could be contaminated in a service that is not a reference for Covid-19. This demonstrated the strong need to establish safe protocols and care flows aimed at avoiding such contagions. In addition to the adoption of mitigation measures such as: use of masks, social distance, offer of gel alcohol and population vaccination.<sup>24</sup>

This whole scenario is challenging, especially for managers who need planning and coordination between their Health Care Networks, with the offer of resolute

and integrated services, in order to offer the citizen quality assistance services that include supplies, medicines, beds, surveillance and follow-up of cases.<sup>25</sup>

Brazil is a country of large continental dimensions, has very diverse contexts and multiple regional inequalities regarding

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the supply and demand of social services and access to health, which are important challenges within the context of a pandemic. This reality emphasizes the need to adopt strategies that enable the organization of the network of available services so that their organization results in effective

ness and resolution.<sup>24</sup>

Within this context, HCN are articulated according to the patient's need and clinical evolution, as well as sequelae that may arise from Covid-19. Another factor that greatly contributes to this service is the vulnerability of the user, both in the social and economic context. Thus, the functions of the HCN will be based on the care and individual needs of each user at each point of care and their reference and counter-reference relationships.<sup>23-24</sup>

It is worth remembering that the functioning of the HCN must be articulated, based on scientific evidence and carried out through good practices provided during patient care, with a view to improving the health-disease condition of an individual or community, as well as minimizing the chances of spreading the disease. This entire framework in which the HCN are articulated has not changed in the pandemic scenario, what there was the need for reorganization so that the final objective was achieved.<sup>23-25</sup>

It is important to emphasize that such reorganizations were designed to work concurrently with meeting the routine demands of health services, especially those of an essential nature. Even so, at times there was a need to suspend elective procedures or postponement of calls in order to expand the offer to the front line of Covid-19 care.<sup>24-26</sup>

Within this context, the dynamism that the HCN had to assume in the face of the pandemic caused by Covid-19 is observed. However, even if there are changes, the main objective cannot be ignored: the completeness of the system. The HCN seek in any way to enable qualification of health systems. Its constituent elements and its construction of more horizontal relationships between the different services must always be present regardless of the historical and health moment that the population experiences.<sup>27</sup>

**PHC AS A ORDINATOR AND COORDINATOR OF HCN IN THE PANDEMIC**

Health systems are responsible for providing universal access to their population, seeking to respond to their needs. For such access to be effective, it is necessary that the services have the organization of inclusive and resolute actions with integration between the points of health care.<sup>26,28</sup>

The PHC is considered the support point of the HCN, it has the function of ordering and coordinating care, and, in order to be effective, care must be centered on the person, family and community and their needs.<sup>27,28</sup> Coordinating care refers to the act of elaborating, monitoring and organizing the flow of users between the points of care, while ordering care refers to the act of recognizing the health needs of the population in relation to other points of care.<sup>29</sup>

In the scope of PHC, according to the literature, care must be guided by coordination practices with a view to integrating care levels, facilitating the ordering of flows and counterflows of SUS users. Although the current scenario is completely new, the pandemic has shown how essential the implementation of the precepts of ordering and coordinating care is. In fact, a system with synchronized ac-

tions is essential to guarantee access and reduce barriers at the different levels of health services.<sup>30,31</sup>

It is clear that the more articulated the levels of care are, with PHC as the basis for the coordination and ordering of care, the more chances of promotion, prevention, treatment and recovery there are for those who need assistance due to Covid-19. Of course, each individual has their own needs and that each one responds to the disease in a different way, therefore, requiring different actions from the health system.<sup>17,31</sup>

The system must also have the ability to self-regulate, in order to relieve flows and avoid overloading services. However, this will only occur when there is planning and coordination between the units that make up this system, which is no different with the Brazilian health system. Covid-19 made the SUS reinvent itself and reorganize itself within its units and points of care.<sup>17,25,32</sup>

Faced with the pandemic, PHC had to reorganize itself without ever failing to perform its functions with the HCN, on the contrary, the pandemic further showed the need for such articulation between the networks to be strong so that

there is effectiveness in the performance of their functions, including in the fight against Covid-19.

## CONCLUSION

From this reflection, it was possible to highlight the importance of PHC for comprehensive care within a health system. In the face of the pandemic, PHC had to reorganize flows, actions and health services and, based on that, play its role of organizer and coordinator of care in the context of HCN, enabling each individual to be attended to according to their health needs within the levels of care. Active search, monitoring, guidance to the population and the use of telemedicine are actions that have been carried out in the PHC scope, in order to impact the actions to face Covid-19.

Therefore, the importance of PHC and HCN in combating the Covid-19 pandemic is undeniable, denoting and emphasizing that when a network of services and articulation between health units is set up, greater organization of the system as a whole is possible, contributing to comprehensive and resolute care.

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