

# The access of the riverside population of the amazon river to out-of-home treatment (PDT)

O acesso da população ribeirinha do rio Amazonas ao tratamento fora do domicílio (TFD)

Acceso de la población ribereña del río Amazonas al tratamiento no domiciliario (PDT)

## RESUMO

**Objetivo:** Descrever as formas de acesso da população do município de Parintins, Amazonas, aos serviços especializados de saúde, por meio do Tratamento Fora de Domicílio. **Método:** Estudo do tipo observacional, descritivo, prospectivo, de abordagem quantitativa. Os dados secundários foram obtidos no serviço do município de Parintins, Amazonas. Foram incluídos os dados de 2518 (100%) atendimentos de janeiro de 2019 a setembro de 2020. **Resultados:** Os usuários do sexo feminino foram maioria (60,21%) e buscaram por atendimento de Oncologista. Os dados revelam também que 11,79% dos deslocamentos são da população rural e 88,21% da população residente na área urbana do município. **Conclusão:** É relevante considerar o local de residência dos usuários na elaboração de novas estratégias, uma vez que os deslocamentos da população rural para o município sede não são custeados pelo serviço. Contudo, é importante enfatizar que o serviço cumpre com o que impõe o artigo 196 da Constituição Federal.

**DESCRITORES:** Política de Saúde; Acesso à Saúde; Transferência de Pacientes.

## ABSTRACT

**Objective:** To describe the forms of access of the population of the municipality of Parintins, Amazonas, to specialized health services, through Out-of-Home Treatment. **Method:** Observational, descriptive, prospective study, with a quantitative approach. Secondary data were obtained from the service in the municipality of Parintins, Amazonas. Data from 2518 (100%) consultations from January 2019 to September 2020 were included. **Results:** Female users were the majority (60.21%) and sought care from an Oncologist. The data also reveal that 11.79% of the displacements are from the rural population and 88.21% from the population residing in the urban area of the municipality. **Conclusion:** It is important to consider the users' place of residence in the elaboration of new strategies, since the displacement of the rural population to the host municipality is not paid for by the service. However, it is important to emphasize that the service complies with what is required by article 196 of the Federal Constitution.

**DESCRIPTORS:** Health Policy; Access to Health; Patient Transfer

## RESUMEN

**Objetivo:** Describir las formas de acceso de la población del municipio de Parintins, Amazonas, a los servicios de salud especializados, a través del Tratamiento Fuera del Hogar. **Método:** Estudio observacional, descriptivo, prospectivo, con enfoque cuantitativo. Los datos secundarios fueron obtenidos del servicio en el municipio de Parintins, Amazonas. Se incluyeron datos de 2518 (100%) consultas de enero de 2019 a septiembre de 2020. **Resultados:** Las usuarias fueron la mayoría (60,21%) y buscaron atención de un Oncólogo. Los datos también revelan que el 11,79% de los desplazamientos son de la población rural y el 88,21% de la población residente en la zona urbana del municipio. **Conclusión:** Es importante considerar el lugar de residencia de los usuarios en la elaboración de nuevas estrategias, ya que el servicio no paga el desplazamiento de la población rural al municipio receptor. Sin embargo, es importante resaltar que el servicio cumple con lo exigido por el artículo 196 de la Constitución Federal.

**DESCRIPTORES:** Política de Salud; Acceso a la Salud; Transferencia de pacientes

RECEBIDO EM: 17/03/22 APROVADO EM: 09/05/22

### Douglas Jesse Moraes de Oliveira

Scientific Initiation Scholarship from the Research Support Foundation of the State of Amazonas (FAPEAM). Student of the Social Work course, Federal University of Amazonas.

ORCID: 0000-0003-3623-3845

### Thalita Renata Oliveira das Neves Guedes

Social Worker of the Municipal Health Department of Manaus. Researcher at the Laboratory of History, Public Policy and Health in the Amazon (LAHPSA). Doctoral student in Public Health in the Amazon, Instituto Leônidas and Maria Deane – Fundação

Oswaldo Cruz.  
ORCID: 0000-0002-0146-2755

### Júlio César Schweickardt

Researcher, head of the Laboratory of History, Public Policy and Health in the Amazon (LAHPSA). Doctor in History of Sciences, Instituto Leônidas and Maria Deane – Fundação Oswaldo Cruz.

ORCID: 0000-0002-8349-3482

### Izi Caterini Paiva Alves Martinelli dos Santos

Nurse. Researcher at the Laboratory of History, Public Policy and Health in the Amazon (LAHPSA). Doctoral student in Public Health in the Amazon, Instituto Leônidas and Maria Deane – Fundação Oswaldo Cruz.

ORCID: 0000-0002-3641-0859

### Ana Elizabeth Sousa Reis

Psychologist. Researcher at the Laboratory of History, Public Policy and Health in the Amazon (LAHPSA). Technical Support Scholarship from the Research Support Foundation of the State of Amazonas (FAPEAM). Master in Public Health, Instituto Leônidas and Maria Deane – Fundação Oswaldo Cruz.

ORCID: 0000-0001-8827-4951

## INTRODUCTION

The Public Health Policy in Brazil has its operational base in the Unified Health System (SUS). Based on a set of actions and health services offered to the population, it conceives universal health as a right for all and a duty of the State. In Brazil, these changes occurred with the sanitary movement, which culminated in the formation and strengthening of the Unified Health System - SUS, materialized in the constitutional principles of universality, equity and integrality of the actions established for the SUS by the Brazilian Constitution of 1988.<sup>1</sup>

The challenges to promote universal, resolute and humanized access to health services are diverse, since they involve low funding and the different Brazilian geographic scenarios (most often with extensive territorial bands), with different cultures, knowledge and practices. Among which are the Amazonian territories.<sup>2</sup>

The National Policy for the Comprehensive Health of Rural and Forest Populations (PNSIPCF - Política Nacional de Saúde Integral das Populações do Campo e da Floresta) was established by Ordinance No. 2,866, of December 2nd, 2011, to meet the health care needs of these populations, "is a historic milestone in Health and a recognition of the conditions and

social determinants of the countryside and the forest in the health/disease process of these populations".<sup>3</sup>

As it is a transversal policy, it must be present at the different points of care – from basic care to high complexity, along with other transversal elements such as reception, professional qualification, information and access regulation, promoting equity.

The Unified Health System (SUS) is also responsible for providing care to the population, and there is the Out-of-Home Treatment (OHD) - a legal instrument that aims to guarantee, by the SUS, medical treatment of medium and high complexity to users with untreatable diseases in the city of origin, when all existing means in the micro-region are exhausted and there is a possibility of total and/or partial recovery of the patient's health.

The present research sought to describe the forms of access of the population of the municipality of Parintins, Amazonas, to specialized health services, through Out-of-Home Treatment (OHT).

## METHODS

Study with a quantitative approach, observational, descriptive, prospective. Secondary data were obtained from the Out-of-Home Treatment Service - OHT, attended from January 2019 to Septem-

ber 2020, in the municipality of Parintins, Amazonas, collected directly from the local bank in May 2021. Data were organized in Microsoft Excel 2010 software spreadsheets, analyzed using descriptive statistics, considering the absolute number and frequency of data in each variable, data distribution was organized in tables and graphs presented throughout the results.

For this study, the following variables were chosen: sex, age group, user's origin, referring unit, requested procedure and specialty. To categorize the variable "user origin", the address data were compared to the Rural Regions of Parintins and their communities, which were systematized by Guedes et al.<sup>2</sup>

The categorization of the "requested procedure" was performed based on the codes of the Unified Table of Procedures/SUS. In order to understand the access flow, the legislation and official documents in the Institution were also verified, such as the Out-of-Home Treatment Manual - OHT of the state of Amazonas (2020) and the Update of the Manual for Standardization of Out-of-Home Treatment - PDT of the State of Amazonas (2019).

The results make up the Project report entitled: "Access of the riverside population to the emergency and emergency network in the State of Amazonas", financed

by the Fundação de Amparo à Pesquisa do Estado Amazonas (FAPEAM), approved by the Research Ethics Committee of the Federal University of Amazonas, with CAEE 99460918.3.0000.5020, according to Resolution 510/2016.

## RESULTS

It was identified that 1516 consultations were female users (60.21%) and 994 (39.48%) were male users. The data also showed that most referrals were for clinical procedures (83.96%), with prevalence of users in the age group of 50 to 59 years (16.64%), followed by surgical procedures (7.94%) in the age group of 30 to 39 years (1.51%) (Table 1). Among the most sought-after specialist physicians are the Oncologist (n=548), the Infectologist (n=195), the Rheumatologist (n=152), the Ophthalmologist (n=139) and the Hematologist (n=133).

The highest incidence of referrals to users who live in the city (88.21%), mainly from the neighborhoods of Palmares (13.14%) and Centro (12.31%), in relation to residents in the rural area of Parintins and other neighboring municipalities (11.79%), among which the riverside population of the Region of Gleba Vila Amazônia (4.12%) and Entorno de Parintins (3.52%).

It was also found that 69.18% of referrals were made by Basic Health Units and other structures linked to primary health care. The Regional Hospital Dr. Jofre Matos Cohen made the highest number of referrals (14.34%), followed by UBS Tia Leó (11.64%).

## DISCUSSIONS

Created from Law No. 3,475, of February 3, 2010, the Regulatory Complex of the State of Amazonas, linked to the Amazonas State Health Department, aims to order, guide and define, in a quick and qualified way, the regulation of health care in its different levels of activity, integrating basic and specialized outpatient care, pre-

Table 1. Distribution (%) of requested procedures, according to age group, from January 2019 to September 2020, Parintins, Amazonas.

Requested Procedures	Age Group							General Total
	less than or equal to 1 year	2 to 19 years	20 to 29 years	30 to 39 years	40 to 49 years	50 to 59 years	60 years or older	
Clinical procedures	2,10%	13,98%	7,94%	12,83%	16,36%	16,64%	14,10%	83,96%
Surgical procedures	0,71%	1,39%	0,95%	1,51%	1,07%	1,31%	0,99%	7,94%
Procedures for diagnostic purposes	0,24%	0,95%	0,79%	1,19%	1,15%	1,47%	1,43%	7,23%
Uninformed	0,00%	0,08%	0,12%	0,12%	0,08%	0,08%	0,20%	0,68%
Complementary actions of health care	0,00%	0,08%	0,04%	0,04%	0,00%	0,00%	0,00%	0,16%
Organ, tissue and cell transplants	0,04%	0,00%	0,00%	0,00%	0,00%	0,00%	0,00%	0,04%
General Total	3,10%	16,48%	9,85%	15,69%	18,67%	19,50%	16,72%	100,00%

Source: Out-of-Home Treatment Service, Parintins, 2021.

-hospital, intra-hospital, hospital, rehabilitation and bed control, aiming to guarantee the integrality of care.<sup>4</sup>

The complex covers several service sectors, including Out-of-Home Treatment (DT). It is a strategy created by the Health Departments of the State and municipalities to assist those users of the Unified Health System whose hospital care is no longer possible at their place of domicile because all existing means have already been exhausted, it is necessary to move, whenever there is the possibility of total or partial recovery of the user, to a reference municipality for medium-complexity care or even to the headquarters, where high-complexity care is found. This entire system is regulated by SAS/MS Ordinance No. 055-24/02/99.<sup>5</sup>

Thus, as with all health services, all citizens are entitled to OHT, following the doctrinal and organizational principles of the SUS governed by Organic Law No. 8,080/90 and 8,142/90. This service at-

tends to elective treatments, previously scheduled, of internal medicine or other specialized and rehabilitative procedures, so it does not attend urgency, emergency or hospitalizations.

In Parintins, the OHT service served 2,518 users, of which 1,808 were served in 2019 and 710 in 2020, a decline of 61% between OHT services from 2019 to 2020. Most were female. Alves et al<sup>6</sup> argue that women are considered more careful and concerned about their health while men generally only seek care in urgent and emergency cases.

The data indicated that one of the most requested specialties is oncology. Cancer is a disease that is the second leading cause of death in Brazil and from which approximately 400,000 new cases arise each year.<sup>7</sup> The SUS oncology network requires that all patients be referred via OHT for care, while other specialties can be attended in other ways, such as private or health insurance.

According to Silva e Fonseca <sup>8</sup> the experience of chronic diseases (including cancer) is affected not only by treatment, but also by external factors related to other social policies such as lack of housing, transportation, food, income and access to social goods and services.

It was found that the users served came from areas of the city that were difficult to access, including riverside areas. The OHT includes transportation, accommodation and food expenses. However, the decree emphasizes that municipalities and state governments will bear the costs based on the available budget, which may make the realization of this right unfeasible.

It is also worth mentioning that, as evidenced by the data provided, the riverside population bears the costs of river transport from their communities to the seat of the municipality of Parintins, since this cost is not covered by the service. In addition, while traveling there are still some patients who do not have clinical conditions to use the available regional transport, which makes their entry into the health sector a problem that needs to be resolved in the family and community.

Travassos and Castro <sup>9</sup> point out that only the availability of resources (human and material) does not guarantee access, in this sense the author inserts “access barriers”, which are characterized by factors that hinder or promote the ability to use services. It is correct to say that guaranteeing the access of all populations to health services, whether basic or highly complex, it is a great challenge considering all the diversity of peoples, cultures, knowledge and territories that make up Brazil, and although the SUS has tried to solidify its policy.

During the pandemic, access to services was reduced, showing a decline of 61% between the visits in the years studied. Mendes <sup>10</sup> reinforces that restrictions on access, whether due to suspension or people's fear of seeking care, tend to increase the severity of chronic diseases. The author emphasizes that the “invisible patient” is the third wave of Covid 19, a consequence of the reduction or elimination of care for

other health conditions.

When analyzing the data from the referring units, the importance of Primary Care is observed in a scenario of scarcity of diagnostic tests and specialized services, assuming a strategic role in the Unified

**"is a historic milestone in Health and a recognition of the conditions and social determinants of the countryside and the forest in the health/disease process of these populations"**

Health System (SUS) in the early identification, monitoring, assistance and rehabilitation of patients, when accompanying the users of the health territory and identifying needs for sharing care in a network with other services, including the OHT. <sup>11</sup>

The main element for the integration of

health networks is an effective referral and counter-referral (RCR) system, understood as a mechanism for mutual referral of patients between the different levels of complexity of the services. The Ministry of Health defines this system as one of the key elements for the reorganization of work practices that must be guaranteed by the family health teams (ESF). <sup>12</sup>

## CONCLUSION

Access to health, especially in Amazonian territories, is not simple, due to the specificities of the place and its populations. Flows and accesses are produced in different ways that mobilize work and management perspectives beyond the flows established in health protocols. In the context of the pandemic, the organization and guarantee of health services for the population has become even more challenging, as services have been suspended in order to reduce the transmission of the virus. Understanding the paths taken by the riverside population of Parintins, in the Lower Amazon River Region, allowed us to understand how access and continuity of care in the Out-of-Home Treatment Service (OHT) happened in this pandemic scenario.

The service attends to displacements from the seat of the municipality to Manaus or other municipalities outside the Amazon, the latter is carried out when the elective demand cannot be resolved in the host municipality. However, trips from riverside communities to Parintins are not paid for by the service. This data is important for the elaboration of new strategies and qualification of this service for the Amazonian territories. However, it is important to emphasize that the service, when proposing to promote the promotion, protection and recovery of health, complies with what is imposed by article 196 of the Federal Constitution, the SUS Law and the guidelines of the legislation that established the OHT. Thus, it is concluded that the OHT service is an important policy to guarantee the right to health, according to the Federal Constitution.

## REFERENCES

1. Brasil. Senado Federal. Constituição Federativa do Brasil. Brasília (DF) (1988).
2. Guedes et al. Perfil das internações na rede de urgência e emergência em Parintins/AM: olhando para a população ribeirinha do Baixo Rio Amazonas e comunidades adjacentes. Em: A arte do cuidado em saúde no território líquido: conhecimentos compartilhados no Baixo Rio Amazonas, AM [Internet]. 1a. Rede Unida; 2021. (Saúde & Amazônia). Disponível em: <https://editora.redeunida.org.br/wp-content/uploads/2021/09/Livro-A-arte-do-cuidado-em-saude-no-territorio-liquido-conhecimentos-compartilhados-no-Baixo-Rio-Amazonas-AM.pdf>
3. Brasil M da S. Portaria n° 2.866, de 2 de dezembro de 2011. Política Nacional de Saúde Integral das populações do campo e da floresta. 2 de dezembro de 2011 [citado 2 de janeiro de 2022];53. Disponível em: [https://bvsmms.saude.gov.br/bvs/publicacoes/politica\\_saude\\_integral\\_populacoes\\_campo\\_floresta.pdf?msckid=43026543b78111ec92c3adf783f25abe](https://bvsmms.saude.gov.br/bvs/publicacoes/politica_saude_integral_populacoes_campo_floresta.pdf?msckid=43026543b78111ec92c3adf783f25abe)
4. Diário Oficial Eletrônico dos Municípios do Estado do Amazonas [Internet]. [citado 13 de março de 2022]. Disponível em: <https://diariomunicipalaam.org.br/?msckid=594f2b90a31d11ecb6b8a4c6bc6374a8>
5. Amazonas G do. Manual de Normatização do Tratamento Fora do Domicílio – TFD do estado do Amazonas. Secretaria de Estado da Saúde; 2019.
6. Alves RF, Silva RP, Ernesto MV, Lima AGB, Souza FM. Gênero e saúde: o cuidar do homem em debate. *Psicol Teor Prát* [Internet]. 2011 [citado 8 de abril de 2022];152–66. Disponível em: [http://pepsic.bvsalud.org/scielo.php?script=sci\\_arttext&pid=51516-36872011000300012](http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=51516-36872011000300012)
7. Câncer - OPAS/OMS | Organização Pan-Americana da Saúde [Internet]. [citado 8 de abril de 2022]. Disponível em: <https://www.paho.org/pt/topicos/cancer>
8. Silva RR, Fonseca TMA. Proteção social: notas críticas sobre a interface entre Estado e família na contemporaneidade. In: Anais da III Jornada Internacional em Políticas Públicas Questão Social e Desenvolvimento no Século XXI; 2007; São Luís, Maranhão.
9. Travassos C, Castro MSM de. Determinantes e desigualdades sociais no acesso e na utilização de serviços de saúde. *Políticas E Sist Saúde No Bras* [Internet]. 2012 [citado 8 de abril de 2022];183–206. Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/lil-670014>
10. Mendes EV. O lado oculto de uma pandemia: a terceira onda da Covid-19 ou o paciente invisível? :92.
11. Maia da Silva N, Machado Bastos R, da Cruz Conceição VR, de Souza Costa Bastos A, da Silva Sales G, Nogueira Silva T. Promoção da saúde no Brasil na pandemia por COVID-19: concepções e práticas em atenção básica. *SaudColetiv (Barueri)* [Internet]. 24° de novembro de 2020 [citado 20° de abril de 2022];10(58):4021-30. Disponível em: <http://revistas.mpmcomunicacao.com.br/index.php/saudecoletiva/article/view/1008>
12. Brasil G do. As Redes de Atenção à Saúde [Internet]. 2020 [citado 8 de abril de 2022]. Disponível em: <https://www.gov.br/pt-br/servicos-estaduais/as-redes-de-atencao-a-saude-1?msckid=da22c67f-b77e11ec884634315b1b16ab>