
CONFERENCE ABSTRACT

Intermediate Care in Perspective

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An Introduction:

The implementation of municipal health services in Brazil in the late 1970s and early 1980s was inspired by a conceptual, practical and organizational framework proposed in Alma Ata in 1978. Concepts that over the years, structured the Unified Health System (SUS), reinforcing the proposal of a network anchored in Primary Care. However over the years, we can identify important problems so that care can be sustained in a network, implying a gradual loss of power of services and individual, family and collective health actions.

Theory/Methods:

This is a theoretical study that reflects on the ways of producing health from the perspective of intermediate care. From some concepts, reflections on health care are produced.

Results:

The concept and practice of intermediate care is inserted in the perspective of a new appreciation in the health field with the possibility of exploring the tensions in the territory of Primary Care. The term intermediate care is quite broad because it describes health services designed to provide adequate care closer to the user's home, whose purpose is to support the actions developed in primary care; expand the supply of services in care networks; reduce cost in providing services; prevent hospital admissions by facilitating early discharge and support users in rehabilitation.

Discussion:

In this reflection, to think of intermediate care in the Brazilian health network, we can adopt intermediate care to explain two dimensions in the health field. First, as a service between primary care and the hospital, that is, a point of the health care network that supports activities that are developed in primary care, but which does not require hospital or palliative care. Ordering a new flow of preventive actions within the care networks. A second dimension is linked to user / family-centered health work processes, establishing unique therapeutic projects with a concentration of light and light-hard technologies (these technologies relate to practices in which relational, intersubjective - light - and protocols, clinical frameworks - mild-hard), from an interprofessional practice.

Conclusions:

The Intermediate Care practice, while having the potential to present a lower cost model to public health, this perspective innovates with a practice focused on high-density care technologies and coordinated by the Nurse.

Elements that are present in all points of the care network and that with this experience, gain visibility within the public health system. The use of the practice of intermediate care, supporting the actions of Primary Care, adds important elements to the debate on the hegemonic model of health production, such as interprofessional practice, user-centered and collaboration and dialogue between professionals.

Lessons:

This implies thinking of forms of care that are not centered on a segmental, fractional and objectifying practice of the other, in which the body is divided into ever smaller fractions, facilitating knowledge while forgetting the subject. We are called to think under the logic of care, including here a different view of work and the current model of care that governs health services.