POSTER ABSTRACT

Advanced access in primary health care: improving the people-centred service

19th International Conference on Integrated Care, San Sebastian, 01-03 April 2019

Debora de Souza Santos, Isabela Oliveira Almeida, Dalvani Marques, Maria Filomena de Gouveia Vilela

Universidade Estadual de Campinas - Unicamp, Brazil

Introduction: Primary Health Care (PHC) in Brazil is characterized by continuous care, multiprofessional teamwork and emphasis on actions to protect and promote health for the strengthening of the Brazilian public health system, which recognizes health as a citizen's right. One of the key aspects of people-centred health care is accessibility, that is, how the person will receive care efficiently whenever needed. In the access model most traditionally used in APS services, patients who have their situation classified as non-urgent are scheduled for some future time with programmatic care. In critique of this mode of access, some Brazilian experiences (1) started to implement the advanced access model. The process was followed up at an APS service in the city of Campinas, state of São Paulo, Brazil.

Change of practice implemented: Advanced Access has the principle of "doing the work today, today" (2,3). This means that the patient will have their problem solved the same day that they seek care, whether it is urgent, routine or preventive. Schedules become restricted to pre-natal and puericulture. This change aims to improve the patient’s access to the service, and consequently the care centered on it. The target population is multiprofessional teams of Primary Health Care, and the period followed is from July to March 2018.

Highlights: Few changes in the routine of the nursing team were observed. The professionals continued to carry out the sorting and the reception normally, with the difference of not doing the scheduling and seeking to guide the patients about the new model. For the medical team, the beginning was troubled: it was necessary to reconcile previously scheduled patients and patients of daily spontaneous demand. All these processes were time-consuming and there were not enough doctors for the patient demand. Patients first complained about the delay in care but when they knew the new model they praised the initiative and were happy to have their problem solved on the same day. As sustainability, it is necessary to maintain the motivation of the team, as well as instrumentalize it with theoretical references. The transferability must happen between the members of the team itself, and disseminate the knowledge to other health teamwork’s.

Conclusions: Changing the access model of a health service includes challenges, theoretical background and motivation. It is necessary to focus on the patient’s need for resolute and integrated health care in PHC.

Discussions: In order to effective the implementation of the model access, it is necessary to first evaluate the team’s proactivity and motivation in relation to the change. The team needs to be instrumented with theoretical and scientific knowledge about the advanced access method.
Lessons Learned: Teamwork is essential to the success of qualifying access in PHC. To implement the new model of "advanced access", it is necessary to invest in Permanent Education in Health.

Keywords: advanced access; primary health care; people-centred service