

Brazil Primary Health Care

Introduction

The main objective of the project is to build comprehensive primary health care across the country in a cost-effective approach. The comprehensive primary health care provided through Brazil's Family Health Strategy (FHS) was started in 1994 as a federal program to provide integrated primary care. Currently, it serves as basic health care for two-third of the population through Family Health Teams (FHT). The program also reduced avoidable hospitalizations to 45% in 15 years. The program aims to provide preventive and primary health services with increased accessibility to the wider population across the country.

Key Stakeholders

- Ministry of Health (Brazil)
- Family Health Teams (Doctors, Nurses and CHWs)
- Local Municipalities
- Citizens of Brazil

Implementation of the Practice

Family health teams (FHT) consisting of one general physician, one nurse, and about five to six Community Health Workers (CHW) are assigned a geographic area covering 3,000 to 4,000 people, with a maximum of 150 families per CHW.



Image: One Family Health Team

Features of FHT:

1. **Trained and equipped community workers:** CHWs are full-time workers trained with 55 days of didactic training and 28 days of supervised training. The training enables CHWs to expand their role beyond maternal and child health. CHWs are equipped with mobile phones or tablet computers used to make house calls in their assigned area. They register all family members in a family with their demographic and health details. The tablet computers help to collect data electronically, enable remote diagnoses, and real-time communication with the clinic. Regardless of the need, every family will receive a minimum of one visit every month from their dedicated CHW. During CHW's investigation, if any illness symptoms are found, they are referred to doctors and nurses. CHW also help in clinic administering activities.

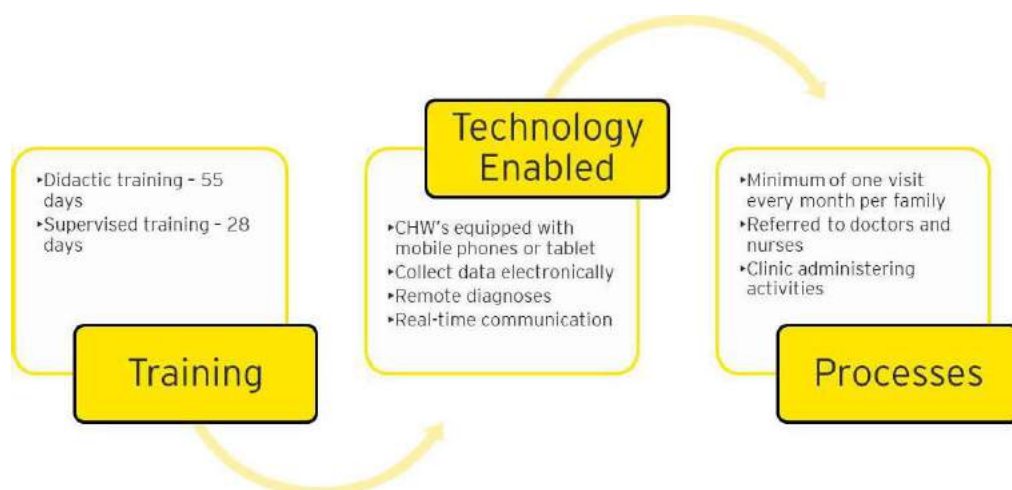


Image: CHW's Roles and Responsibility

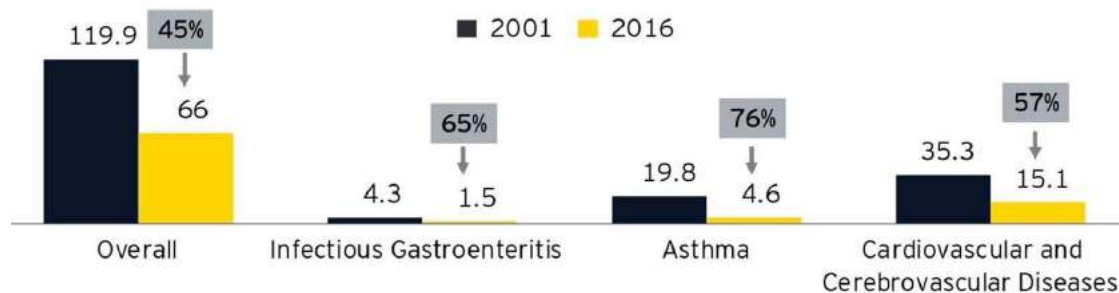
2. **Empowered nurses for care delivery:** Nurses are empowered through the Nursing Care Operationalization (NCO) program to prescribe diagnostic tests and some medicines. Nurses coordinate with the CHWs to provide primary care to the community.
3. **Physician-led community-based primary care teams and Family medicine focus for capacity building of doctors:** In 2013, to overcome the shortage of **doctors**, the Brazilian government launched "Mais Médicos" or "More Doctors" program. The short-term strategy for the program was to import Cuban doctors to work for Brazil's FHT teams through a bilateral cooperation agreement with the long-term strategy of increasing the supply of doctors by expanding the medical training centres and residency base.
4. Also, **Family medicine (primary care) a specialty with a specially designed curriculum** followed by a National Communication Strategy was introduced to increase awareness on its importance.
5. **Comprehensive scope including NCD and cancer screening:** Comprehensive primary care at basic health unit (primary care center) including clinical triage, chronic disease management and screening uptake (cancer, NCDs) was instrumental. Auxiliary teams on hand were supporting the core FHT teams (e.g., psychologists, pharmacists, physiotherapists, dentists, social workers).
6. **Gatekeeping model & largest pay-for-performance primary care scheme:**
 - Under gatekeeping strategy, individuals mandated to register with FHTs
 - "Bolsa Familia" program for direct conditional cash transfer to help people avail primary care for children
 - Primary Care Access and Quality (PMAQ) program, for improving the performance and quality of the FHTs.
 - Stringent quality audit to review facility conditions, performance on outcomes and consumer experience; quality score awarded basis:
 - Results from an indicator set derived from the external evaluation (70%)
 - Participation in the self-assessment activities (10%)
 - Performance on agreed-upon health indicators (10%)
 - Correct use of EHRs (10%)
 - Incentive payments basis three pay-for-performance tiers
 - Public reporting of FHT performance against the outcome indicators

- Robust primary care EHR to restructure and organize clinical information at the national level through computerization of all the primary care clinics

Results of the practice

The program reduced the avoidable hospitalisation by 45 % in 15 years. Increased immunization uptake up to 100%, reduction in mortality across age groups, as well as reduced fertility and improved school enrolment are the positive impacts of this project.

Avoidable hospitalizations per 10,000 inhabitants in Brazil



ACSC: Ambulatory Care Sensitive Conditions-widely accepted metric for measuring access and quality of primary healthcare

Lessons learnt

- The project worked well with lower income population. Expanding the program to middle and upper classes gave diminishing results because they have majorly relied on private health sector.
- Lack of electronic health record integration across primary and secondary health services. The health data collected during primary health care services are not accessible to secondary care and vice versa. Thus, the collected data is not utilized to its extent.

Conclusion

The project has resulted in better outcomes in reducing mortality and fertility rates, increased immunization. The program has also demonstrated robust progress, scaling up across the country in a sustainable and steady fashion. The program also evolved through the years by adapting technology and increased accessibility of primary health care services in a cost-effective approach.

Further Reading

- <https://apps.who.int/iris/bitstream/handle/10665/326084/WHO-HIS-SDS-2018.19-eng.pdf?sequence=1&isAllowed=y>
- https://www.commonwealthfund.org/sites/default/files/documents/_media_files_publications_case_study_2016_dec_1914_wadge_brazil_family_hlt_strategy_frugal_case_study_v2.pdf