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REVISIONES

Modalities of Home service of the Unified Health System (SUS) articulated to Health Care Networks

Modalidades de atendimento à domicilio do Sistema Único de Saúde (SUS) articuladas às Redes de Atenção à saúde

Modalidades de atención a domicilio del Sistema Único de Salud (SUS) articuladas a las Redes de Atención a la Salud

***Weykamp, Juliana Marques **de Siqueira, Hedi Crecencia Heckler ***Cecagno, Diana**

*Nurse. Master student at the Graduate Program in Nursing at FURG. Scholarship – CNPQ. E-mail: juweykamp@hotmail.com **PhD in Nursing. Leader member of GEES. Emeritus Professor of FURG/RS *** PhD in Nursing. Professor, Department of Nursing, School of Nursing / UFPEL. Pelotas / RS -.Brazil.

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Palabras clave: Sistema Único de Salud; Atención integral de salud; Cuidado en el hogar.

ABSTRACT

The **objective** is to know the scientific literature published from 2008 to 2014 about the health care networks and the procedures for compliance with the domicile of the Unified Health System. It is an integrative review conducted online via the Virtual Library Health in the Latin American database and Caribbean Health Sciences (LILACS), Bank of Nursing data (BDEnf) and *Medical Literature Analysis and Retrieval System Online (MEDLINE),* respecting the ethical aspects regarding the authorship of articles. The sample consisted of 06 full scientific papers selected by observing the inclusion and exclusion criteria. It was observed that despite the Networks of Health Care and terms of service to the domicile of the Unified Health System are acquiring major in health, there are few published articles related to the topic. It is concluded that the services involved in health activities should form an interdependent network, interrelated using as basic point the complexity of user needs being met. It recommends a deepening of this issue so that there is a collective awareness on the subject. You must understand the real importance of the domicile to the service in conjunction with the health care network is able to provide for people's lives, however, it is necessary that those responsible directly or indirectly for coordination of health services able to implement them in interconnected networks.

RESUMO

Objetiva-se conhecer a produção científica publicada no período de 2008 à 2014, a respeito das Redes de atenção à saúde e as modalidades de atendimento à domicilio do Sistema Único de Saúde.

Trata-se de uma revisão integrativa realizada via *online* na Biblioteca Virtual em Saúde na base de dados da Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), Banco de dados da Enfermagem (BDEnf) e *Medical Literature Analysis and Retrieval System Online (MEDLINE*), respeitando os aspectos éticos em relação as autorias dos artigos. A amostra constituiu-se de 06 artigos científicos completos selecionados observando critérios de inclusão e exclusão.

Observou-se que apesar das Redes de Atenção à Saúde e as modalidades de atendimento à domicilio do Sistema Único de Saúde estarem adquirindo grandes proporções no âmbito da saúde existe um número reduzido de artigos publicados relacionados à temática.

Conclui-se que os serviços que integram as atividades de saúde deveriam constituir uma rede interdependente, inter-relacionada utilizando como ponto básico a complexidade das necessidades do usuário a ser atendido. Recomenda-se um aprofundamento desta temática para que haja uma sensibilização coletiva sobre o assunto. É preciso compreender a real importância que o atendimento à domicílio em articulação com às redes de atenção à saúde é capaz de proporcionar para a vida da população. Entretanto, é necessário que os responsáveis, direta ou indiretamente pela articulação dos serviços de saúde consigam implementá-los em redes inter-relacionadas.

RESUMEN

El **objetivo** es conocer la literatura científica publicada desde 2008 hasta 2014 sobre las redes de atención a la salud y los procedimientos de atención a domicilio del Sistema Único de Salud.

Se trata de una revisión integradora realizada vía on line a través de la Biblioteca Virtual en Salud en la base de datos de la Literatura Latino.Americana y del Caribe en Ciencias de la Salud (LILACS), el Banco de Datos de Enfermería (BDEnf) y *Medical Literature Analysis and Retrieval System Online (MEDLINE*), respetando los aspectos éticos en cuanto a la autoría de artículos. La muestra consistió en 06 artículos científicos completos seleccionados mediante la observación de los criterios de inclusión y exclusión.

Se observó que a pesar de que las Redes de Atención Médica y las modalidades de atención a domicilio del Sistema Único de Salud están adquiriendo gran importancia en el ámbito de la salud, existen pocos artículos publicados relacionados con esta temática.

Se concluye que los servicios implicados en las actividades de salud deben formar una red interdependiente, interrelacionada, utilizando como punto básico la complejidad de las necesidades del usuario a ser atendido. Se recomienda una profundización en este asunto para lograr una conciencia colectiva sobre el tema. Es preciso comprender la importancia real que la atención a domicilio en conjunción con las redes de atención a la salud es capaz de proporcionar para la vida de las personas, sin embargo, es necesario que los responsables, directa o indirectamente, de la coordinación de los servicios de salud consigan implementarlas en las redes interconectadas

INTRODUCTION

Social, economic and technological changes of recent years have caused significant changes in work organization formats, and also in terms of the services provided to the population, as well as in thinking, doing and living human, challenging to tackle the issues related to life, work and the process of health and disease.

Health needs to be understood broadly, as a common good and a right which must be ensured by the rightful owner. Exercise and practice of the right to health need to be considered as a fundamental value both by individuals and by the public power,

requiring, therefore, strategies planned for the development of actions that result in improving the quality of individual and collective life.
The individual and collective health in the Brazilian context, the health of the population is regulated by the Unified Health System (SUS), which was created and implemented from the Federal Constitution of 1998, with the proposal to reorganize the Brazilian health system, whose focus main is to change the care model. The SUS is considered one of the largest public health systems in the world, being the only one to ensure comprehensive care and completely free for the entire population [1].

In this sense, the SUS, with more than two decades, is able to draw public policies and develop innovative approaches to health, leading to a restructuring and consolidation of a public system of Brazilian health, pointing out the change centered paradigm in disease and healing, preventive and promotion, directed to health issues of the population in full [2,3].

Changing the care model aims to disease prevention and health promotion and, as the possible consequences, reduced hospital stay, recovery of new care spaces and new forms of work organization [4]. Meanwhile, home care is understood as a strategy aimed at reducing hospital costs for the humanization of care, to reduce risks, and to enlarge the area of work of health professionals, especially nursing mode [5].

Home care is all assistance performed by professionals who are part of the health team. There is a wide variety of denominations referring to this type of care: home care, home accompaniment, home surveillance, home visits and even home hospitalization [6]. This modality lies rooted in reality where the user lives and therefore allows for a real evaluation of their needs and makes it possible to experience and to provide the assistance/care at home, using the user's bed [5].

In this sense, the home care is perceived as a different approach to care, reducing and/or assisting in the health care, quality of service and to overcome the inconsistency between the provision of services and population health needs, providing an integrated health system based on cooperation, integration and interconnection [7].

The service to the user's health, in order to reach assistance for the real needs of health population, has been transformed over the years through numerous proposals and models that have been experienced by health services and institutions, currently, the articulation of health practices, allied to Care Networks Health represent a beneficial and innovative element, since that the integrated health care networks services enable the provision of a continuous and dynamic care for the population with effectiveness and efficiency.

Health care networks (RAS) are the sets of health services, linked together by a single mission, common goals and cooperative and interdependent activities that enable a service, care provided in an integrated manner to all population [8]. According to this author, the RAS has become an important strategy to improve the political and institutional functioning of SUS in order to ensure for the individual and family the set of actions and services they need. The articulation of modalities of assistance to domicile near the RAS represents a beneficial and innovative element of this ordinance, since the services to integrated home care to health care networks allow the provision of ongoing and momentum support for the population effectiveness and efficiency.

Corroborating this idea, the first element of health care networks and their raison d'être is the population. Thus, it is understood that the proposals developed in HC correspond to a movement which seeks to promote the organization of new structural arrangements of health care in order to meet the real needs of the population integrally [8].

It is understood that for the proper functioning of HC, the dynamics of health care networks, and methods of home care for SUS, need to be well understood and developed within the health services and institutions, with a view to their importance as a productive restructuring of device health. It is emphasized that, as the user is part of the SUS, it also can cooperate and participate in their care with the multidisciplinary team in HC practices. The relationship of this team must be clearly established and organized in order to protect the user's right to care / assistance within the doctrinal and organizational principles of SUS.

Even representing a breakthrough in SUS care modalities, benefiting not only the services as the user, family and community, with regard to HC, home, it is understood that, although legally recognized and established by SUS, its applicability is still fragile by institutions and health services, as the hospital-centered model still permeates services and health institutions, and are still hindering the implementation of this type of modality.

Given the above, it has the following guiding question: What is the scientific production from 2008 to 2014, on the Rass and procedures for compliance with the Home care of SUS?

To answer the research question we listed as objective to know the scientific literature published from 2008 to 2014, about the Rass and procedures for modalities of home care of SUS.

METHODOLOGY

This study is descriptive and exploratory, performed by the method of integrative review. This method of research, in order to gather, organize and summarize the results of research on a particular topic in a systematic way, deepening the knowledge about the same, uses evidence-based research, here comes on the Rass and arrangements of home care of SUS [8].

In order to know the scientific literature on the subject under study, we conducted an online search in the virtual health library (BVS) for articles related to the topic. It was used as health science descriptors (MeSH): single health system, health comprehensive care, home care. As search strategy we carried out research in the electronic databases of the Latin American and Caribbean Center of Information in Health Sciences (LILACS), and MEDLINE Database of Nursing (BDENF). It was established as inclusion criteria for articles published in Portuguese and Spanish, from 2008 to 2014, studies with free electronic availability.

By using the descriptor single health system we found 25 articles on MEDLINE database, on LILACS 1,502 articles were identified, and on BDENF 234 articles. To refine them with the descriptor comprehensive health care we obtained 01 article on

MEDLINE, 148 items on LILACS, and 24 items on BDENF. By adding the homecare descriptor we captured 01 article from MEDLINE, 28 from LILACS, and 06 from BDENF, totaling 35 articles.

After careful reading of abstracts of the 35 selected articles, 29 articles were excluded by beholding only part of the subject under study, resulting in a total of 06 articles to be read in their entirety. After reading each article we conducted a book report. To facilitate the registration of the data captured in Articles we built up a proper tool for the release of the information found.

Regarding the ethical aspects we observed and respected the authorship of all authors of articles selected in the BVS. The Copyright Law by carrying out the necessary references, both direct and indirect transcription, was respected.

RESULTS AND DISCUSSION

In order to better visualize the data found in 06 articles read in their entirety, a framework was developed which were released data regarding the distribution of scientific papers selected from 2008 to 2014, captured via online by the year of publication, article title, objectives, methodology and summary of conclusions.

Table I. Distribution of data items including: identification, year of publication, article, objectives, methodology and summary of conclusions.

Article	Year of edition	Title	Objectives	Methodology	Summary of conclusion
1	2013	Organization of health care networks in the professional perspective of home care.	To understand the organization of the health care network in the perspective of professionals working in home care.	This is a descriptive, exploratory, qualitative study, held in a Home Care Program linked to an Emergency Unit in a capital. The participants were 07 professional of home care. The data collection method was interview, and data analysis was made by the thematic analysis	It was concluded that the work of the Home Care Program has interface with other parts of the health care network, considered significant to be effective the doctrinal principles of the Unified Health System.

2	2013	Factors associated with home care: care management subsidies under the SUS.	To identify variables associated with users of HC in a Basic Health Units (UBS) selected from Belo Horizonte.	Quantitative, Cross, descriptive and analytical Research. The location of the research was in Basic units of Belo Horizonte with the participation of 114 users in home care. The data collection method was through interview, questionnaire and documentary collection and analysis was by Logistic regression analysis.	Variables based on social, family and clinical context of the subjects subsidize comprehensive approach and making health team decision.
3	2012	Characterization of a home care program and palliative care in the city of Pelotas, Rio Grande do Sul State, Brazil: a contribution to comprehensive care to users with cancer in the Health System, SUS.	To describe the characteristics of Interdisciplinary Home Care Program (PIDI) for cancer patients in the Teaching Hospital (HCP) of the Federal University of Pelotas, in the city of Pelotas, State of Rio Grande do Sul, Brazil.	Transversal study, Quali-quantitative approach, carried out at Interdisciplinary Home Care Program - PIDI of Federal University of Pelotas (UFPel) whose participants are the professionals responsible for PIDI. The data collection method was through interview and document collection with an analysis	Descriptive statistical analysis of this study, in addition to allowing the dissemination of successful strategies for palliative care for cancer patients in terminally ill, can also subsidize the implementation of public policies in other parts of the country.
4	2010	Home care to change the	To analyze home care practices of	Qualitative study,	Home care has potential for

		technical care model.	outpatient and hospital services and their constitution as a substitute of healthcare network.	characterized by documentary bibliography held in four outpatient home care services of the municipal Department of Health and a service of a Philanthropic hospital in the city of Belo Horizonte with managers and teams of home care services. Data collection was through interview and document collection and it was performed thematic analysis of the data.	constituting a substitutive network by producing new care modalities that cross the projects of users, family, social network and home care professionals. Home care as a substitute healthcare modality requires political, conceptual and operational sustainability, as well as recognition of the new arrangements and articulation of ongoing proposals.
5	2008	Home care in the health insurance: device of restructuring production.	To reveal and analyze the model of Home Care Program in the health insurance in the segment group medicine, focusing on the processes and health work technologies, seeking to understand the mode of production of care and their change processes that characterize a productive restructuring.	Qualitative study, characterized by documentary bibliography held in sites of operators and ANS on the Internet, home care and Home Care Program of Rio de Janeiro with the Coordination of Home Care Program, provider of home care services, the coordinator of the teams of the Home Care Program, workers who make up the team. The data	The PAD is stated as an important restructuring process device in the health insurance, through different ways of producing care.

				were collected through interview and document collection, and was used to analyze the discourse analysis.	
6	2008	The health care networks.	To reflect about health care networks.	This study is characterized by a reflection.	It is concluded that there is evidence in the literature on the health care networks that these networks can improve clinical quality, health outcomes and user satisfaction and reduce the costs of health care systems.

Source: Data collected online - Database LILACS, MEDLINE and BDEnf, organized by the researchers.

For data analysis we used descriptive statistics, quantifying them according to the nature [9]. The data for the year of publication may be noted that in the year 2013 2 articles (33.33%) were found, 1 (16.66%) article in 2012, 1 (16.66%) article in 2010 2 (33.33%) in 2008. It is noticed increased production on the subject researched in 2013; however, it is not possible to establish the reasons why the study content in this matter did not reach a more significant number publications.

With regard to the titles of articles, it is observed that 2 (33.33%) refer to RASS, but only one is associated with HC, 3 (50%) talk about a home care and do not include RASS and 1 (16.66%) refers to home care. These data show that there is a difficulty in associating the terms and present them working in RESDES. The data allow us to infer that perhaps those rules remain little diffused and exercised in practice. Are the ordinances that support the implementation and strengthen the practice of home-care arrangements with bond to Rass little known in health?

As the present objectives in the articles, it is emphasized that 2 (33.33%) present objectives in articles seek to understand and reflect on the RASS, 2 (33.33%) seek to identify and analyze issues involving home care, and 2 (33.33%) describe and analyze the Interdisciplinary Program of Home Care (PIDI).

Regarding the methodology developed in the studies, it is observed that 2 articles (33.33%) used the documentary method, 1 article (16.66%) made use of descriptive and exploratory method, 1 article (16.66 %) based its research in descriptive, analytical and cross-sectional method, and only 1 item (16.66%) used reflection.

Because of the articles present as reflection, further analysis will be informed in only 5 articles. When considering the approach used, there are three (60%) qualitative studies, 1 (20%) quantitative and 1 (20%) quantitative and qualitative. In regard to the place of study, we found 2 studies (40%) in Inpatient Interdisciplinary Homecare Programs (PIDI), 1 (20%) in PIDI and in Emergency Unit (APU), 1 (20%) in a Unit Basic Health and 1 (20%) in a Home Care Outpatient Service and Philanthropic Hospital.

When compared with the method used to collect data, it appears that three (60%) used the interview technique and documentary research, 1 (20%) with only interview, 1 (20%) with interviews, questionnaires and desk research. Considering the analysis and interpretation of data from five studies analyzed, 2 (40%) used thematic analysis, 1 (20%) used speech analysis, 1 (20%) logistic regression analysis and 1 (20%) Descriptive statistical analysis.

In most authors of 06 studies analyzed, in general, despite considerable advances in health, fragmented and hospital-centered model was also expressed, and remains rooted in various health services. The perception of the biomedical model remains very strong in the services and health institutions, mainly present in most municipalities [3.5]. This prevalence can be explained by the ignorance or even the unwillingness of many health professionals to adapt to the new model of care or even their own health practices, not adapting to the real health needs of the population, and therefore the new model of care based on the promotion and health prevention.

In one of the articles, such situation becomes evident when the author states that observing health systems, it is evident that they are still dominated by fragmented systems and that they are not organized from a conjugate points attention to health isolated [8]. So, it is understood that in a system where there is no communication between them, it is incompatible to settle continuous attention and quality to the individual, family and community.

The lack of available resources for planning integrated actions, but also the cultural aspect of the population and the training of human resources for health, could contribute to the difficulty of deployment / implementation of actions in innovative health, that aim a care user-centric and in its entirety. Studies corroborate this idea, when pointed out that there is still a prevalence of a curative model, both in health services and in educational institutions, it is a challenge facing the implementation of preventive actions that prioritize the individual in its entirety [10.11 12].

Health actions that seek only healing practices demonstrate a delay in both models of existing care in the health services, such as the teaching methodology used in gyms, for this thinking ignores the individual as a whole, does not take into account the family which belongs, not even the context in which they live and neither it is considered in their entirety. This fragmented thought undertakes planning, development and implementation of health actions, directly affecting the quality of care provided to the population.

As regards the summary of the conclusions of the research studied it is understood that, in general arrangements for home care are able to link up with other health care networks, where the organization of regionalized networks and integrated into the SUS depends on improvement in intergovernmental management in health regions to qualify the pact of responsibilities between levels of government. Another point

highlighted also some conclusions refer to home care as a restructuring process device in the health insurance.
Thus, it is believed there is need for better dissemination and understanding of the dynamics of health care networks, as well as the modalities of care for Home care of SUS, given its importance as a productive restructuring of device health. In this sense, the decrees and government resolutions offer support to increase knowledge regarding the issue of the modalities of attendance to the home care service of the public health system (SUS) and guidance in relation to articulated to health care networks. Thus, it corroborates with the findings of the analyzed articles that indicate the importance of further studies to better understand and correct approach to this subject.

This need is legally evidenced from the Art. 5 of Decree 2527/11, which suggests that HC needs to be structured in the perspective of RAS. In this perspective, home care is emphasized as a "new" health care mode, to ensure continuity of care and integrated to RAS, where this is dependent on an articulated network services and an important structure organizational [13,14]. The HC besides being an articulated service, provides the restructuring of health services, to better meet the population demand, in order to lower operating costs, which corroborates the idea of Rass aimed assistance continues both individually and collectively, in the right time and place, the appropriate costs and quality, in order to guarantee the user in their home, the set of actions and services they need[15].

It is noted that the central concern of all the articles analyzed is the population, the user, their family and society. In this sense Mendes points out that the first element of health care networks and their raison d'être is the population. Corroborating this idea, the authors stress that the HC involves all health care points and directs its efforts to change the organization of health services with the central focus on the user [8]. With this, we can understand that the benefits from the HC, associated with RASS, are large for this type of assistance enables the relational view of the individual, family and community, strengthens and encourages inter-relations with the different elements of the network healthcare.

FINAL THOUGHTS

In this context, this research provided an opportunity to expand the knowledge about the scientific production related to health care networks with the modalities of home care service for SUS, providing a depth of information on this subject, while make it possible for health professionals face this new articulated work. Home care movement seeks to promote the organization of new structural arrangements of health care in order to meet the needs of the population integrally without excluding the importance that the family is for the user.

It is emphasized that the services that integrate health activities should form an interdependent network, interrelated using as basic point the complexity of the user's needs to be met in the hospital extra-wall environment that is in the family.

We recommend a deepening of this issue so that there is a collective awareness on the subject, including the real importance of this discussion for the benefits that it may be able to provide for people's lives. However it is emphasized that this major change needs to be better known, focused and implemented by directly or indirectly responsible for the coordination of health services.

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