



Study on absenteeism and underuse of specialized consultations and exams in the municipalities of the Rio Caetés region, Pará, Amazon

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1 INTRODUCTION

A recurring topic has always provoked discussions among managers, health researchers and various professionals who are interested in raising the issue of promoting improved health care for Brazilian citizens.

It is notorious to identify that access to the right to health was regulated by the Ministry of Health through the Organic Health Law nº 8.080/1990, which makes the Unified Health System (SUS) the system of guarantees. From this, management was decentralized to the States and Municipalities, based on the doctrinal system of universality, integrity and equity. When the SUS was created, the former National Institute of Medical Assistance and Social Security – INAMPS was extinguished. In this way, the attributions that belonged to INAMPS started to be assumed by the SUS as control, evaluation and audit (BRASIL, 2018).

In this way, the introduction of regulatory actions for health care in the SUS has been more explicitly stated by the Ministry of Health, since the publication of the Operational Norm for Health Care (NOAS), in 2001, continues as a Pact for Health in 2006 and accentuates the more recent institutionalization process, through the creation of the National Regulation Policy, published in 2008, which deals with three dimensions: regulation of the Health System, Regulation of Health Care and Regulation of Health Care or Regulation (Access Regulation or Assistance Regulation) that must be implemented in all units of the federation (BRASIL, 2018).

In this way, this research focuses on losses due to underutilization or primary losses, which are associated with the non-use of medical interventions (exams, consultations and procedures) in the various health systems. Thus, the level of interventions varies across the health system. Therefore, in this directed



understanding, they are expressed in the primary and secondary losses measure the use of spaces used in a certain period. Primary losses or underutilization indicate the non-utilization of available spaces. With regard to secondary losses or absenteeism, they represent the non-use of an offer after it has been scheduled for a particular user (UNA-SUS, 2018).

The health system for decades has faced the challenge of absenteeism of health system users in the face of non-attendance for consultation and examination procedures, thus revealing a chronic problem. The literature shows that, according to studies published in Brazil, in relation to monetary losses for the health system, there are few data that allow an economic evaluation through the presentation of an analytical method to have an estimate of the cost that is wasted when non-attendance of users for consultations and exams (BELTRAME; OLIVEIRA; SANTOS, 2019).

On the other hand, secondary loss or absenteeism, which comprises the user not attending the consultation or examination, after having been scheduled, has several reasons: unnecessary indication of the procedure, scheduling the procedure too far away or unknown to the user, scheduling performed in “out of time” or not notified “in a timely manner” to the user, lack of economic conditions on the part of the user for the necessary displacement, absence of transport for the user to get around, lack of commitment by the user to the offer itself and/or its health, occurrence of unforeseen events that make it impossible for the user to go to the performing unit.

Given this scenario, the regulation of access to the 4th CRS, located in Capanema, through the Complexo Regulador Regional - CRR, was the 1st complex established in Pará, since 2014, pilot of the actions to be implemented in the reordering of consultations and specialized exams for Macroregion II, which comprises 38 municipalities in two health regions: the Metropolitan Health Region III with 22 municipalities, the Rio Caetés Region with 16 municipalities and the Carajás Health Region with 2 municipalities.

Thus, **this article aims to:** Analyze losses due to underutilization and absenteeism of consultations and specialized exams in the municipalities belonging to the Caetés Region, Pará, Brazil, Amazon.

2 METHODS

These are quantitative and qualitative exploratory-descriptive procedures. Sampling of the target population 42 Regulators of the Regulatory Centers of the 16 municipalities belonging to the Caetés Health Region. Descriptive data were tabled using the Microsoft Office Excel 2017® program and analyzed using the Statistica 7.0 software.



3 CONCLUSION

The data collection of this research refers to the Situational Diagnosis of the Caetés River Region collected in the Regional Regulatory Complex - CRR with all the municipalities that make up the Caetés Health Region through consultation with the State Regulatory System (SER) for the verification of the number of offers of consultations and specialized exams made available, scheduled and performed. Aiming to classify the municipalities regarding the distribution rates of underutilization and absenteeism of consultations and specialized exams related to each Municipal Regulation Center selected for the year 2021.

Data were presented regarding the overall rate of losses due to underutilization and absenteeism in the municipalities, in the year 2021, showing the group of consultation procedures and exams offered, scheduled, performed. It is noted that the number of losses due to underutilization is greater than the number of absenteeism in the analyzed year.

The overall prevalence of underutilization in the municipalities in the groups of procedures, consultations and specialized exams, the general average for the year was 76.06%. In relation to absenteeism from consultations and specialized exams, the average prevalence was 22.33%.

Thus, it is worth discussing the primary losses of exams and consultations that increased between the years, with a reduction only in the last year for exams, which may be related to the decrease in supply. The hypothesis must be raised that the available offers are greater than the health needs of the regions served by the AMEs, associated with a perhaps unrealistic demand, equipment in maintenance, lack of rescheduling of demands in relation to supply. (CAMPOVILLE, 2019).

Also with the corroboration of Campoville (2019) they state that the city of São Paulo adopted the use of overbooking as a strategy and reduced the rate of primary loss or underutilization for specialized procedures by 2%. With this low use of specialized consultations, it may be related to the distribution of consultations in the network, the lack of adequacy in the opening hours, the availability of the user, the number of vacancies offered.

Thus, the definition of absenteeism parameter, essential for monitoring by services and managers, both from the management perspective and in the organization and regulation of the system (CAVALCANTI, 2018).

The study showed that the absenteeism values by type of consultations and specialized exams, as they are relatively smaller than the losses due to underutilization. Despite the values, the general average of absenteeism in the year 2021 presented 25.99% in consultations and 56.84% in exams, some consultations and exams exceed these values as is the case of Gynecology (52.01%), Gastroenterology (34.74%) and Trauma-Orthopedics (29.04%) and in the exams again the procedures are repeated: Echocardiogram (47.07%), Upper Digestive Endoscopy (39.23%) and Mammography (25.12%).

It was observed that the prevalence of underutilization and absenteeism found in the Rio Caetés Region, although it is high, as shown in the research, cannot be classified due to the lack of a loss parameter



regulated by a competent State Agency. It is necessary to resort to parameters from other states or municipalities, in view of this absence in the state reference.

The rates of underutilization (76.06%) and absenteeism (23.65%) of the Rio Caetés Region in the State of Pará, in the year 2021, were high, in addition to the recommended, according to the reference of other states. The global average used as a reference in this study was that of the specialty medical clinics in the city of São Paulo, which uses 15% as the ideal absenteeism rate.

It was possible to conclude that studies on this topic draw attention to the importance of involving the care network as a whole so that more complex and varied measures, at the strategic, tactical and operational levels, with the implementation of both focal and systemic strategies, as well as the incorporation of evaluation and monitoring systems are sought to solve the problem of underutilization and absenteeism in accessing scheduled appointments.

It was observed that, along the way, new challenges emerged, such as: the increase in losses due to underutilization and absenteeism of consultations and exams, which has become a problem to be overcome and faced in the day-to-day of the service of regulation and reason for master's and doctoral scientific studies in several national and international literatures, as well as the agenda of several debates on health.

In short, the research contributed to the analysis of losses and identifies that the prevalence of underutilization of specialized services is above the state average of several states and countries, as reported in the literature. The prevalence investigated in our study was 78% in consultations and 93% in specialized exams, compared to studies in the states of São Paulo and Rio de Janeiro, which present an acceptable loss parameter of 15% and 18%, respectively.



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