

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

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Abstract— Health regulation is responsible for ordering timely access by users to health care services in the Brazilian public system. **Objective:** To analyze losses due to underutilization and absenteeism of consultations and specialized exams in the municipalities belonging to the Rio Caetés Region, Pará, Brazil, Amazon. **Methodology:** These are methodological procedures of a quantitative and qualitative research. The sample consisted of 42 professionals working in the 16 municipalities of the Municipal Regulation Centers. **Results:** The overall rate found in the Rio Caetés Region, Pará, in the year 2021, was 76.06% of underutilization and 23.65% for absenteeism in the group of specialized consultation procedures, specialized exams. Despite the values, the general average of absenteeism in consultations was 25.99% and 56.84% in exams, some consultations and exams exceed these values: Gynecology (52.01%), Gastroenterology (34.74%) and in group of exams: Echocardiogram (47.07%), Upper Digestive Endoscopy (39.23%). In view of these results, there was a need to contribute to municipal and regional strategic management by developing a technological product that establishes parameters such as "Usage Score" contributing to the definition of actions to improve the regulatory macro process and strategic planning. **Conclusion:** Collaborate in the development of strategies to improve the work process of professionals, mitigating losses due to absenteeism and underutilization in the Region.

I. INTRODUCTION

A recurring subject that has always provoked discussions among managers, health researchers and several professionals who are interested in raising the issue of promoting the improvement of 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 n° 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, integrality 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).

Thus, 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).

Thus, 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, the primary and secondary losses measure the use of spaces used in a given 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).

O sistema de saúde há décadas trava o desafio do absentismo dos usuários do sistema de saúde diante do não comparecimento para os procedimentos de consultas e de exames, revelando assim, um problema crônico. A literatura demonstra que, de acordo com estudos publicados no Brasil, em relação aos prejuízos monetários para o sistema de saúde, são escassos os dados que possibilitem uma avaliação econômica mediante a apresentação de método analítico para se ter uma estimativa do custo que são desperdiçados ao não comparecimento dos usuários nas consultas e exames (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 is located in Capanema, through the Complexo Regulador Regional – CRR, the 1st complex established in Pará, since 2014, pilot of the actions to be implemented in the reordering of consultations and specialized exams for

the Macroregion II, which comprises 39 municipalities in two health regions: Metropolitan Health Region III with 23 municipalities and Rio Caetés Region with 16 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.

II. SITUATIONAL DIAGNOSIS OF THE RIO CAETÉS HEALTH REGION

The data collection of this research refers to the Situational Diagnosis of the Rio Caetés Region collected in the Regional Regulatory Complex - CRR with all the municipalities that make up the Health Region through consultation with the State Regulatory System (SER) to verify the number of consultations and specialized exams 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 of the municipalities in the groups of procedures, consultations and specialized exams, was the general average for the year of 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), it states 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 absenteeism values by type of consultations and specialized exams are relatively lower than 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%) in 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 outpatient 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.

III. CONCLUSION

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 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 71.44% in consultations, 23.48% in imaging exams and 82.1% 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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