

* New writings and mediations in health

The Bahia observatory of regionalisation experiment: a tool to assess and qualify the regional management of the unified health system (SUS) in Bahia

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DOI: 10.3395/reciis.v6i2.Sup1.628en

In 2007, a new Regionalisation Master Plan (Plano Diretor de Regionalização - PDR), which established the boundaries of nine macro and 28 micro health regions, was launched in the state of Bahia. Based on this novel regional distribution and on the stipulations of Ruling no. 399/GM dated February 22, 2006, that instituted the 2006 Pact for Health, pact-based regional organisations called Micro-Regional Management Boards (Colegiados de Gestão Microrregional - CGMR) were established for each of the 28 micro-regions. Resulting from a state management initiative, several technical groups and regional health boards formulated a new State Health Plan (Plano Estadual de Saúde - PES) grounded on the regional planning of health actions.

These new organisations demanded the ability to integrate the full scope of health actions planned at the regional level by the technical-political team of the Bahia State Department of Health (Secretaria da Saúde do Estado da Bahia – SESAB). The intended goal was to make planning effective and to make the health regions efficient and operative by potentiating such regional distribution despite the continuous voids present in healthcare.

Another intended goal was to strengthen the Pact for Health and the regionalisation of the Unified Health System (Sistema Único de Saúde – SUS). Strengthening was to be accomplished by establishing agreements among those managers who expressed their and

their region's commitment and responsibility to make the plan for regionalised health networks viable. The units from these networks that exhibited the best capacity for resolution were strengthened. Given that these services are located at the micro- and macro-regional poles, the regional pole municipalities were also enhanced. A new Agreed and Integrated Programme (Programação Pactuada Integrada - PPI) was formulated to plan and program health actions and services based on the established service capacity and the users' access flow. All of these measures favoured the review of the logic for the programming by attributing value to contractualisation, which widens the scope of programmes based exclusively on their productive history. Thus, a progressive replacement of the logic applied to health programmes could be planned.

The current PPI was launched in 2008 and was approved by the Bipartite Inter-managerial Commission (Comissão Intergestores Bipartite – CIB) in May 2010 (Resolution 141 – appendix XI). Approval came after a long collective and participative process of constructing the parameters and criteria. Criteria included several technical groups such as the Municipal Health Board (Conselho de Secretarias Municipais de Saúde – COSEMS), the Department of Health (Ministério da Saúde – MS), and the 417 municipalities whose commitments were included in the agreements and adopted by the 28 CGMR.

Although the CGMR were crucial in the construction of the PPI, their roles deserve more value, especially due to their important participation in the assessment process that will make PPI Live (PPI Viva) effective. The CGMR provide the most qualified, democratic, and decentralised structure to guarantee the revision, follow-up, and monitoring of agreements.

Therefore, assessment of the PPI guarantees the performance of a solidary and participative process to ensure that novel agreements will meet the purposes of suitability and qualification by providing programmes to all of the municipalities that are open to the needs of the population. Proper assessment also takes into account the regulatory flows and access mechanisms available to each service. In this regard, the PPI Working Group (WG) is responsible for formulating a set of actions to qualify programmes. The WG also establishes permanent mechanisms to reformulate agreements for the organisational dynamics of the network and services to be included in planning and programming healthcare assistance.

The PPI was therefore instituted as a planning tool at the SUS to integrate the logistics of regionalisation and healthcare networks with programming. The process developed to create the 2010 PPI prioritised democratic spaces and focused on strategic and participative management. Thus, the process that followed was a dynamic process of planning and programming that sought to integrate itself with several existing tools and policies. Specifically, health plans, data, and indicators were some of the essential tools used throughout that process.

Similarly, the CGMR played a crucial role in the creation process. The CGMR helped configure the participative and democratic process and then legitimised the process with the full set of municipal managers. All of the micro- and macro-regional rounds of programming were conducted within the CGMR ambit. This regional programming strengthened the CGMR as regional governance organisations and legitimised the PPI as a participative and living process. Throughout the PPI process, the PPI Live methodology was included in the agreements

established with the full set of managers, as it was a major goal of the present experiment of the Observatory of SUS Regionalisation in Bahia.

It was understood that a wide-scoped process was underway to strengthen and qualify the management of the SUS. This process would enhance the assessment, monitoring, regulation, cooperation, and control that are essential to qualify regionalised management of the SUS and to implement lines of care. Thus, the Bahia Observatory of SUS Regionalisation project was established, adjusted, and qualified.

The Observatory project was initially designed to support the process of PPI Live as a mechanism to improve planning and programming to make them more transparent. However, several additional functions were implemented over time, making this an interesting tool for the full regionalisation process.

To clearly understand this situation, it is important to define the PPI as an institution, within the SUS, where health actions targeting each regional population are defined and quantified. Within the PPI, inter-managerial agreements are established to ensure that the population has access to healthcare services in agreement with the planning process. The PPI is a tool to allocate financial resources, particularly regarding medium- and high-complexity resources, which have not been specified at the municipal level. The medium- and high-complexity financial ceiling (média e alta complexidade - MAC) is one such planned and programmed resource that must be defined with respect to the regionalised planning of health actions and services using the PPI. The planning of MAC will only become viable through managing agreements (PACT and TRS) and regulatory processes.

The planning and programming process stimulate SUS regionalisation, thereby presenting an important reason to develop the Observatory project. The aim of the Bahia Observatory of SUS Regionalisation project was to develop and implement a new regionalised management technology to permit the monitoring and development of CGMR, the PDR, and the PPI. Therefore, the Observatory was constructed to operate on the grounds of a set of technological and operational solutions encompassing the production, treatment, analysis, dissemination, and use of information and knowledge in the managerial, technical, and political-organisational aspects of the municipal, micro-regional, macro-regional, and state health systems of Bahia to produce evidence about the structure, process, and results to support decision-making by managers in several ambits.

The specific aims of the project were as follows:

- To keep pace with and strengthen SUS Regionalisation in Bahia and to implement the Pact for Health from the perspective of its management by CGMR and with the concrete construction and organisation of Regional Health Systems;
- To support municipalities and Regional Health Boards (Diretorias Regionais de Saúde – DIRES) (in their support of municipalities) in the qualification of decentralised information systems and the management of specialised healthcare networks such as the Pact for a Health System (Sistema do Pacto pela Saúde - SISPACTO), the Agreed and Integrated Programme System (Sistema de Programação Pactuada Integrada - SISPPPI), the Regulation System (Sistema de Regulação – SISREG), the National Accreditation of Health Institutions System (Sistema de Cadastro Nacional de

Estabelecimentos de Saúde – SCNES), the Outpatient Information System (Sistema de Informações Ambulatoriais – SIA), and the Hospital Information System (Sistema de Informações Hospitalares – SIH);

- To support the production of indicators for the components of the PPI monitoring and assessment system in a simplified manner based on decentralising the specific digital system (SIS PPI) and forming process support at each micro-region;
- To support mediation between the necessary coherent agreements and lines of care modelling at the regional level by bestowing the necessary dynamics to the PPI and contractualisation;
- To provide technical conditions and information sufficient to support municipalities and DIRES in public calls for proposals, accreditation and re-accreditation, regulation, control, and assessment of healthcare services;
- To produce information for management purposes based on the everyday experience of health services and systems, thus promoting effective incorporation of such services into the decentralised management networks;
- To support advances towards a Permanent Education Policy coherent with the shift in the process of care and management work, including the participation and integration of managers, service providers, and workers. Support should also be coherent with the formation of Micro-Regional Networks of Permanent Education, thus ensuring greater autonomy and capacity to the municipalities and DIRES included in such networks;
- To integrate services into Regional Health Systems aiming at ensuring integral healthcare by prioritising the organisation of networks linked to the lines of care prioritised by SESAB;
- To qualify the management capacity of the PPI by bestowing more vitality and power to induce technological and assistance innovations to this important management tool in the health system of the state of Bahia.

This proposal emerged as an important tool to support the assessment of healthcare based on the understanding that regionalised healthcare systems must be organised. The Observatory is a device that is potentially able to integrate the several separate actions developed within the scope of SESAB around the following axes: Axis I – Modelling of Lines of care; Axis II – Reasoning of Healthcare Programming and Allocation of Resources; and Axis III – Contractualisation, Regulation, Assessment, Control, and Monitoring. The Observatory intends to fill the gaps in monitoring and assessment focused on the current health policy. It is being implemented gradually, starting with sentinel-units and CGMR because monitoring assistance flows and problem identification must start from the beginning. Therefore, Micro-Regional Stations with sentinel-bases and a State Station are currently being implemented to arrange the information.

The micro-regional stations must be composed of sentinel-bases, which are reference services to collect strategic information and monitor the assistance flow and the events that serve as markers of the performance of the municipal and micro-regional management. They must be organised on the basis of an operational component, which was suggested to implement the

organisation of quarterly reports containing information and records on management and assistance organisation, the performance of micro-regional health systems, and the analysis of CGMR with the support of DIRES and the supporters at the central level of SESAB. Similarly, the CGMR represent the technical-political component of the stations, which are responsible for analysing reports (Technical Councils) and thus for the production of knowledge useful for management to help design intervention strategies, which are then sent to the Observatory's state station.

The state station was structured around a state base that was in charge of the systematisation and pre-analysis of information and knowledge at the macro-regional and state levels. The state station was also responsible for submitting a quarterly report on regionalised management to SESAB and CIB. This structure provides grounds for decision making at Regionalisation Live! ('Regionalização Viva!'). The state station is linked to the Board of Regional Programming and Development of SESAB (Institutional and Matrix Support), and it includes the participation of supporters from several Superintendencies, DIRES, and Effective Members of CGMR from different technical groups.

Soon after the PPI was approved in May 2010, following 18 months of intense efforts at the several regions encompassing all municipal managers in Bahia, the first application of the virtual tool was developed. This application presents the programme in an organised and transparent manner that makes explicit the set of agreements established in the several regions and municipalities in order to guarantee their access. This made it easy to learn how the procedures and regulatory process at the SUS were organized.

After the new PPI was formulated and the tool represented by the Observatory was created, many municipalities started to hinder the access based on the available programme. This situation made new agreements necessary, which emphasised the need for PPI Live. Since November 2011, a working group linked to the CIB was established to work on a set of changes to the PPI. As of now, more than 30 changes and reallocations have been performed and approved by the CIB leading to modifications in the financial ceilings of municipalities. A large part of these results was made possible by the tool represented by the Observatory.

After Decree no. 7,508 regulating Law no. 8,080 was published on June 28, 2011, several changes in the organisational process of the SUS were implemented into everyday management. From this perspective, the PPI acquired a new status in regard to planning and regionalised management because it encompasses the full set of health actions and services rather than merely the medium- and high-complexity ones, which are funded by the federal government.

The aim of the PPI is to organise the network of services, making the established flows transparent, and to define the financial limits of the resources allocated to assist the local population. The PPE should also organise referrals from other municipalities based on the criteria and parameters established in the agreements.

From this perspective, the novel notions introduced by the abovementioned decree will be gradually incorporated into the organisational structure of the health system. A health map of each region will be drawn following participative and regionalised planning. The map will serve as the grounds on which to design healthcare networks integrated with priority policies and will make use of the opportunity to reorganise the services based on the elaboration of a

programme of health actions and services. Such a programme might be elaborated based on the existing accumulation of programming actions associated with the construction of the PPI and should include the full set of health actions and services at each region. Regional health actions should be based on the definition of the networks design, which should be based on the construction of regionalised and integrated planning. Therefore, not only will the medium- and high-complexity services be programmed, but the scope of the new programme will also be wider to encompass the full system. The new programme will result in an important appendix to the Contract for the Organisation of Public Health Action (Contrato Organizativo de Ação Pública – COAP) linked to the agreed goals for each territory and region.

Based on this new proposal to organise the SUS, the supply of individual and collective actions and services will be defined by the National List of Health Actions and Services (Relação Nacional de Ações e Serviços de Saúde – RENASES) and the National List of Essential Medications (Relação Nacional de Medicamentos Essenciais – RENAME), resulting in a general programme that will include the amount and specification of each action and service to be supplied at each territory according to the assistance network configuration. This definition will link together the financial programme and the agreements among managers.

That is, the new PPI will have a wider scope, will play a more strategic role in the planning of regionalised health systems organised based on the creation of healthcare networks, and will include the set of financial sources that support the operation of the SUS. The new PPI will result in more transparency at the three levels of SUS management and in relation to how the healthcare resources are used.

Thus, this organisational process will result in formalisation of the agreements made among managers and in the signature of COAP, defining the responsibilities and commitments of each involved party to make the SUS effective in each region. This aim will be monitored and assessed by means of contractualisation subjected to permanent assessment based on processes launched to qualify access and assistance. Such assessment will be performed by the Programme for SUS Qualification Assessment using the SUS performance index and the Programme for Improvement of Basic Healthcare Access and Quality.

These proposals are intended to support the process of SUS qualification and to revitalise regionalised planning based on the definition of the networks design. These new definitions should promote constant and gradual improvement of healthcare programmes as a way to strengthen the democratic, solidary, and effective management of the SUS in Bahia (SUS-BA) and should permit an improvement in the quality of life for its population.

From this perspective, the qualification of the processes of SUS assessment has paramount importance. Thus, the project that is being developed by the Bahia Observatory of SUS Regionalisation continues to gain momentum because it seeks to support such an assessment process. Currently, the Observatory represents an important tool to monitor the PPI and the functioning of the former CGMR currently known as the Regional Inter-managerial Commissions (Comissões Instergestoras Regionais - CIR).

The Observatory recently launched an online mechanism to monitor the CIR that organises their working processes and enhances the assessment of the regional government of the SUS in Bahia. This application helps monitor past work, debates, and decisions at the different health regions; contributes to the registration and documentation process, attributes value to

the regional and decentralised process, and potentiates regional organisations in the process of governance. The combined effect of these tasks is to ensure the power of regional decision making.

An additional application of the abovementioned tool that will soon be made available online will allow for the assessment of the PPI and the process of access and regulation at the several regions and municipalities of Bahia. This application, which is currently being developed, allows sharing information on programmes with the already presented and approved production, and it may support the process of PPI adjustment and regulation and may serve as a privileged space to reorganise access to the SUS. This application is expected to help the PPI working group by supporting the analysis associated with the allocation of resources.

The Observatory provides support for decision making by Regionalisation Live! and was developed to help in the assessment of the planning and execution of health policies and to qualify management in the decision-making process. It thus supplies managers with the necessary and strategic information to perform a critical assessment of the paths to be followed. Thus, the Observatory intends to be a powerful management tool to support the decentralisation and regionalisation of the SUS in Bahia. This tool will be used to monitor and assess the processes launched to reorganise the regionalised health systems based on the PDR and the current state policy, which prioritises regionalisation with the support of the CIR at several state regions.