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THE PROCESS OF CONSTRUCTION OF A SPECIALIZED SERVICE IN THE TREATMENT OF SERIOUS OBESITY[1]

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ABSTRACT

This study aims to make a historical rescue of the creation and implementation of a Specialized Obesity Service, created in 2007 and carried out in 2014, as well as to identify links and user satisfaction. It is a qualitative study, for which two idealizers of the service and 21 patients were interviewed. It was verified that during the implementation process, the service protocol went from individualized and traditional clinical care to the groups with interdisciplinary care, a change that generated a strong link between professionals and users, in addition to a recognized degree of satisfaction. It was also revealed that when professionals propose to listen to users and to value their demands and knowledge, it is possible to build a more humanized health service and excellence. However, despite the satisfaction of the users of this service, verified in the interviews, they did not report the need to offer these services in their municipalities of origin, being satisfied with the possibility of reaching a tertiary service.

Keywords: Morbid obesity. Bariatric Surgery. Health Education. Health Service.

INTRODUCTION

In Brazil, a study[1] in the 26 Brazilian capitals and the Federal District showed that the prevalence of overweight in Brazilian adults was present in 53.8% of the sample. Regarding obesity among adults, the prevalence was 18.9%, a percentage that is reduced proportionally to the increase in schooling for both sexes. Treating obesity and its consequences has been a reality in health services for many years, however, in practice, this issue is still not a priority in the agendas of public managers and the Ministry of Health.

According to the legislation researched in 2013, two directives were published by the Ministry of Health, Nos. 424 and 425, and the first one "redefined the guidelines for the organization of prevention and treatment of overweight and obesity as priority care line of the Network of Attention to the Health of People with Chronic Diseases"[2,23]. The Ordinance nº 425 "establishes the technical regulation, norms and criteria for the Service of Assistance of High Complexity to the Individual with Obesity"[3,59]. In 2015, the Obesity and Bariatric Surgery Service of the University Hospital of the West of Paraná (OBSS/UHWP) began the process of accreditation with the MH, following strictly the current legislation.

Health establishments authorized by MH[4] as Units of Assistance in High Complexity to Patients with Severe Obesity would have their accreditations maintained until December 31, 2015, according to Administrative Rule 670, of June 3, 2015. This Ordinance aimed to ensure that such health facilities prove compliance with the determinations set out in Annex II, of Administrative Rule No. 425/2013, required for the habilitation of the service. However, the MH[5] extended the deadline established by this Ordinance, so that the Federal District and the state and municipal spheres of health could organize regional lines of care for overweight and obesity, through the publication of Administrative Rule no. 308, dated on March 4, 2016. In this context, the accreditation process of OBSS/UHWPreturned to the care line to be implemented in the 10th Regional Health Department, which met the requirement. Based on this legislation, the individual with obesity who decides to undergo surgical treatment of obesity by the Unified Health System (UHS) should be included in the organization of the care line for overweight and obese people in the Network for the Care of Persons with Chronic Diseases, which will have as a priority line of care the organization of prevention and treatment of overweight and obesity. As part of the Network, Primary Care plays a relevant role in the prevention and care of chronic diseases. Thus, health care, through family health teams, with individuals who are overweight and obese, should follow criteria according to the Body Mass Index (BMI) classification. Individuals with BMI> 40 kg/m2 or more complex cases should be referred to the Specialized Care services, either outpatient and/or hospital[3,6].

Faced with the complexity involved in the

[1]From the dissertation entitled Therapeutic Itinerary of Patients cared at the High Complexity Assistance Service to the Individual with Obesity, at Hospital Universitário do Oeste do Paraná (HUOP), which was presented to the Stricto Sensu Post-Graduation Program in Bio-sciences and Health - Master Degree, of the Center of Biological and Health Sciences, of Universidade Estadual do Oeste do Paraná, in 2017.

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determinants of obesity, its treatment requires multiple approaches, since it is a multifactorial disease[7]. The humanized interdisciplinary approach is essential for success in the treatment of obesity, reflected in health education policies[8]. In this way, there is no humanization without communication, because communication depends on the ability of speaking and listening, the dialogue with our fellow people. In this context and based on these principles, it is that OBSS/UHWPhas been building its space in the treatment of obesity.

In this sense, the present article aims to make a historical rescue of the service and to identify links and satisfaction of users of OBSS/UHWP.

METHODOLOGY

This qualitative study was developed in the OBSS/UHWP, through semi-structured interviews, with two of their idealizers and with 21 patients (28.0%) of the 75 enrollees, from 21 municipalities in the West, Southwest and Northwest regions of the state of Paraná, and a patient from each city was interviewed. For municipalities with more than one patient, the choice was made in the order of arrival to the service on the day of the group meetings and availability of time to participate in the interview, before or after the meetings. Also, in this case, patients belonging to different groups were chosen, since the coordination of the three groups occurs by different teams of professionals, although all of them are guided by a single protocol of operation and care.

The interviews were carried out between February and May of 2016, in a reserved place, in the premises of UHWP, in the days of meetings of the three groups in activity. The semi-structured interview script consisted of open questions, for example: How is the link and the follow-up in the UHWP Service? How is the service/relationship with the health professionals of the different specialties in the UHWP Service? What facilitates access to procedures/services in the outpatient clinic? What are the difficulties of access and for what type of procedure/service in the outpatient clinic?

Inclusion criteria, for both sexes and different municipalities, were: to be in clinical treatment of obesity and/or in the preparatory phase for the accomplishment of bariatric surgery; with at least 18 years-old; who agreed in participating in the research, by means of signing the Term of Free and Informed Consent, which must necessarily be one of each municipality and belong to different groups.

In regard to the interviews carried out with the two idealizers, which allowed for the reconstruction of the historical trajectory of the service, one was recorded in a reserved place, in UHWP premises, and the other, at the option of the interviewee, was granted through a script of questions answered by email.

The empirical data allowed to know the process of creation of the OBSS/UHWP and to identify three analytical categories: Link and relationship with the interdisciplinary team; Evaluation of users of OBSS/UHWP; and Facilities and difficulties of access to OBSS/UHWP.

This research, a thesis dissertation, is part of the project "Interdisciplinary care for the individual with obesity of the western region of Paraná at University Hospital of the West of Paraná/UHWP", approved by the Committee of Ethics in Research with Human Beings, Opinion no .202/2015, according to Resolution No. 466/2012 of the National Health Council.

RESULTS AND DISCUSSION

OBSS/UHWP History of Cascavel, Paraná

The SOCB/HUOP is located in the western macro-region of Paraná, which includes the 7th, 8th, 9th, 10th and 20th Regional Health Departments.The OBSS/UHWP trajectory began when a group of professors had demonstrated interest in extending their experimental studies developed within the framework of the Experimental Research Group on Obesity for Humans. Thus, in 2007, they sought to expand the group by inviting professionals from other areas, such as nutrition, to develop a project aimed at the adolescent public, since the data indicated a high index of overweight in this population (14,39%)[9]. After a meeting with UHWP management and other nutritionists and psychologists, the professors proposed the project "Creation of the Reference Center for Multi-professional Activity for Overweight Adolescents (Centro de Referência de Atividade Multiprofissional ao Adolescente com Excesso de Peso Corporal /CRAMAEP)", which was not implemented.

In 2010, with a gastric surgeon in the Group of Experimental Research in Obesity, new discussions began for the creation of an Obesity Outpatient Clinic at UHWP. In the following years, from 2010 to 2012, several meetings were held with professionals interested in structuring a specialized service in obese care at UHWP.

In 2013, the 10thHealth Regional Department began referencing obese patients for UHWP, with care by the General Surgery Clinic, until, in February 2014, the Obesity and Bariatric Surgery Outpatient Clinic,

called the Obesity and Surgery Service Bariatric (OSSB), with attendances based on the classic individualized model.

According to the protocol of OBSS/UHWP, at the time, in the first consultation with the medical surgeon, the patient received referral to the other specialties, such as: endocrinology, physiotherapy, nutrition, psychology and social service. However, with the increased demand for these specialties, the waiting time between the consultation and the return began to exceed the six-month period. In addition, patients had to return to service with some frequency, which was difficult for working individuals and for those coming from other municipalities.

In 2015, the OBSS/UHWPcoordinator made a technical visit to the High Complexity Obesity Service of the State University of Campinas (UNICAMP), after the accreditation process with the State Department of Health of Paraná, in order to know the methodology of group service, with weekly meetings, now considered an important milestone in the OBSS/UHWP trajectory. Following the exchange of experiences with the Unicamp Service, OBSS/UHWPupdated its Attendance Protocol, with the adoption of a methodology similar to that used in the city of Campinas-SP.

As a consequence of the restructuring process of OBSS/UHWP, the health team also showed interest in linking the Service to scientific research. This was followed by the approval of the Research Project on Interdisciplinary Assistance to Individuals with Obesity of UHWP, in July 2015, by the Committee for Ethics in Research with Human Beings of UNIOESTE. With this new format, OBSS/UHWP was able to open space for more effective participation of the interdisciplinary team, with several medical specialties, as well as social workers, nurses, pharmacists, physiotherapists, nutritionists and psychologists.

In September of the same year, the 150 accredited obese patients were divided into three large care groups. This new methodology made it possible to monitor the evolution of the treatment with greater regularity. Group care also allowed the identification of patients' special needs, for example, individual care with a cardiologist, psychologist and physiotherapist, which made it possible for group visits not to exclude individualized care whenever it is necessary.

In October, the OBSS/UHWPaccreditation process began with the HM, which, so far, has been processing. In May 2016, the OBSS/UHWPteam organized a "Walk Toward the Accreditation of Bariatric Surgery", in order to sensitize both the mass media and society about the importance of this accreditation to provide continuity in the treatment of obesity to those who needed treatment surgical.

The OBSS/UHWP, in addition to providing specialized services to the obesity population, is also important in the training of health professionals trained in obesity care, welcoming undergraduate and postgraduate students, both *lato sensu* and *stricto sensu*, with the concern to qualify health professionals to care for obese patients at all levels of health care. Since 2016, the technical team, in partnership with other institutions, has organized events annually aimed at the community in general, such as "MORE HEALTH: all together against obesity", as well as health professionals in the region, with technical events. And, the technical team works together with other services and with the 10th Regional Health Department, which resulted, in 2017, in the creation of an Obesity Attention Group (OAG), which develops educational practices in groups, as well as activities, as needed, awaiting the accreditation of SUS. In that sense, in December 2017, the first surgery was performed by the team.

On January 6, 2017, the HM published the Administrative Rule no. 62, which amended the Ordinances no. 424 and 425/GM/MS in 2013, arguing that there is a need to increase access to the treatment of obesity in high complexity, which made it impossible for the State Departments to implement the overweight and obesity care line as a criterion for service license, which should only be approved by the Bipartite Interagency Committee (BIC)[10]. Thus, with Administrative Rule no. 62/2017, the accreditation process of OBSS/UHWP went back to adjustments to the new Ordinance.

The treatment and adequate follow-up of obese individuals is not a priority of SUS, since it requires the regional organization of Health Care Networks (HCN), with Primary Care being the authorizing role in this regionalization, with diagnostic and therapeutic support, both the ambulatory as the hospital, the Specialized Attention that makes up the Network. However, ensuring adequate health financing is a major challenge faced in the implementation of HCN[11], which reinforces that obesity has not comprised the health agenda in proportion to its severity, given the in the process of accreditation of the Service.

Bond and relationship with the interdisciplinary team

The reception of the user is essential for the

formation of a bond with the health professional. A well-received subject feels part of the process and the service, perceiving the interest of this professional for his health problem, and establishing a dialogue favorable to the promotion of his health, integral and integrative, following the guidelines that will be better targeted according to the user's reality, their needs: emotional, financial, motor, among others. In this sense, "the construction of the professional-user bond emerges, in short, as an entrepreneurial technique where the professional and the user can act together in favor of healthy living"[12,561].

The construction of this bond between the professional and the user is essential, not only for the user, but also for the professional, who provides a more humanized and individualized attention according to the reality of this subject. In this way, the professional feels motivated to contribute more and more to the health of the user and his family, seeking professional subsidies to better serve them and, thus, renewing their clinical practice. Knowing the needs of the user, the professional directs his conduct within this reality, generating effectiveness to the treatment. However, the professional must have a clear link in this relationship, otherwise, his or her behavior may become paternalistic and dependent, jeopardizing the objectives and goals set for successful treatment[13].

One of the challenges of reorganizing a health service, whether private or public, lies in the relationship established between health professionals and their users[14], and it is important that there is trust in the link between them.

> "All of them are attentive; they treat people very seriously [...]" (E02)."I'm not sure if I'm the only one who feels this way, but it has become a very good link, very good, the way they attend, the simplicity, I cannot explain [...]"(E08)

The proximity between staff and users helps in the teaching-learning process, allows a better understanding of the guidelines provided by the technicians and becomes a stimulus for the continuation in this direction.

> "They are teaching me here" (E19).

The users report that they feel stimulated by the team, but also by the coexistence with the colleagues, demonstrating the importance of the modality of group service.

> [...] My self-esteem is increased. When I come, I come back happier [...] I tell my friends who were also interested [...] we started to do more exercises, more motivation for exercise, walking, changing the food habit... it has increased my quality of life. [...] Oh, very good, everyone calls me by name, everyone knows me (E20).

The users' report suggests that professionals seek to apply the principles of HumanizaSUS policy, which proposes that the SUS should promote this humanizing attitude, which highlights the subjective aspects present in any human action and health practices, to understand that humanization in health provides a new way of looking at all people in their specificities, in their life histories, as subjects of a collective, subjects of the history of so many lives, and therefore, all responsible for the production of health and building of citizenship bonds[8].

Transversity and interdisciplinarity are ways of working knowledge, when one seeks the reintegration of academic procedures that have been isolated from one another by the disciplinary method, so that it is recognized that the different specialties and health practices can talk with the experience of who is assisted, thereby producing health in a co-responsible manner. In the humanized SUS, each person is a legitimate citizen and bearer of rights, their performance in health production is valued and encouraged[8].

Health promotion actions should be implemented in a way that encourages behavior change in the individuals and groups that benefit from such practices, in order to promote the participation of more autonomous individuals[15].

Evaluation of OBSS/UHWP users

In health facilities, the quality of services provided is directly related to the level of user satisfaction. In the present study, the patients interviewed were questioned about the care/relationship with the health professionals of the different OBSS/UHWPspecialties.

The feelings that stood out were those of satisfaction and appreciation for the assistance of the OBSS/UHWP team:

> I really like their assistance [...]. They all take care of us very well [...] "(E12).
>
> "Wonderful. I just have to thank."(E 11).

When checking the degree of satisfaction, the vast majority of interviewees (95.3%) considered the service "very good" and "excellent", while only one user considered it "good".

The evaluation of health services is important to measure the quality of care provided to the population, showing unsatisfactory results and consequent reformulation by the health team, of their work methodology, improving the quality of health care[16].

It is important to reinforce the "humanization of care", since it is linked to the change of attitude of professionals in relation to the contact with patients and

caregivers, in order to soften the environment of high complexity and technology of the medical procedures, offering quality and reception[8]. In this way, users and professionals are joined in the construction of new knowledge and practices. The possibility of exchanging experiences among the participants of the group, since all of them have the same objective and reason to be in these groups, is important for the success of the treatment.

Facilities and difficulties of access to OBSS/UHWP

Accessibility is an essential attribute for achieving quality in health services and has socio-organizational and geographical characteristics. The first one refers to the relationship between the functioning of the services and the users, such as the waiting time for the service; the second characteristic can be measured by the user's time of traveling to the service or even by travel expenses, among other factors[17].

Both forms of accessibility were identified in this study. The facilities of access to the service, the form of group service, which facilitates the contact between the users themselves, and access to the multidisciplinary team:

> "Their way of organization... of this group that was made with the multidisciplinary team" (E 01).

The change from traditional clinical care to the group care modality arose from the need to provide user access facilities to OBSS/UHWP.

Facilities refer to schedules of medical consultations - with the exception of psychiatry, which does not participate in the team - of examinations and prescriptions of medications.

> I think it's the group that makes it easier for us ... If you need to make an appointment, an examination, a prescription, they will do it for you "(E 09).
>
> They give assistance in everything we need. The only thing I did not find that was the psychiatrist, I paid a private consultation, because I have a lot of anxiety "(E 19).

The transportation services provided by the municipalities, such as buses or ambulances, were also indicated as access facilities, from scheduling transport and transportation on the date scheduled to be with the group until the return of this user to the municipality of origin, after the service.

> What makes it easier is that when we go to the health departmentwe get the car easily to come here "(E 04).
>
> They leave me here, they catch me and leave me at the door of my house "(E 12).

It is noticed that, in general, the municipalities satisfy the need of public transport of its users. However, users reported as a factor that hinders access the distance between their municipalities of origin and OBSS/UHWP.

> The difficulty is the displacement... the distance "(E 15).
>
> "At first I had even given up. When I started in 2013 or 2014 [...] having to come every consultation, every specialty, it was not how it is organized now, I would have to come almost every week "(E 01).

Although some interviewees have mentioned difficulties, it is important to emphasize that health care with an interdisciplinary team provides broad and integrated advice, enabling the professional to visualize and to solve other patient health needs. Health services that act in this way have the prospect of raising the level of resolution of health practices and the quality of care, since they reduce failures, duplicate interventions, queues of waiting, and avoid postponements. This proposal of organization of the services tends to be a way without return[18]; however, it is not a practice of local municipalities.

Other difficulties were evidenced regarding the dissatisfaction regarding the delay in performing the bariatric surgery, the difficulties of locomotion and the non-referral to other services to perform the procedure:

> For me, it's good ... I hoped so ... that it would be faster, you know? [...] It had to be referral; as the hospital is not performing surgeries, I do not know what they could do to do things faster because we live far away, most of them live far away and have to come here (E15).

The number of Specialized Outpatient Obesity Services available in the State of Paraná and in relation to the total of the country corresponds to 26.7% for SUS and not SUS; in relation to the country, there were 22.7% for the SUS and not for SUS[19], justifying the precariousness of assistance to the obese before and after bariatric surgery .

Surgical treatments of obesity, performed and available, promote the reduction of the total volume of intake by the patient, and/or the total or selective absorption of the ingested alimentary content. In this sense, if there is no adequate follow-up of the dietary prescription, and if nutritional status is not monitored frequently by a professional nutritionist or by a multi-professional team, there is a risk of postoperative complications[20], thus reinforcing the need for the line of care for overweight and obese people in the SUS, inserted in the routine of Basic Care of health services.

FINAL CONSIDERATIONS

Despite the satisfaction of the users of this service,

verified in the interviews, they have not reported the need of these services in the cities they come from, settledfor the possibility of reaching a tertiary service. It is understood that if obesity were a concern of managers, with actions that promote health or even with actions to prevent overweight and obesity - incorporated into the routine of services at different levels of care, not only in the health area, but also in the areas of education, sports, leisure, agriculture, environment, among others-, the control or reduction of its prevalence could be realized in the medium and long term. However, there is not even a concern about the obesity issue in the municipalities; there is a lack of protocols for the organization of health services, besides indicating a public health problem that is far from being considered.

O PROCESSO DE CONSTRUÇÃO DE UM SERVIÇO ESPECIALIZADO NO TRATAMENTO DA OBESIDADE GRAVE

RESUMO

Objetivou-se fazer resgate histórico da criação e implementação de um Serviço Especializado em Obesidade, criado em 2007 e efetivado em 2014, bem como identificar vínculos e satisfação dos usuários. Estudo qualitativo, para o qual foram entrevistados dois idealizadores do serviço e 21 pacientes. Verificou-se como resultado que, durante o processo de implementação, o protocolo de atendimento passou de clínico individualizado e tradicional para o de grupos com atendimento interdisciplinar, mudança que gerou forte vínculo entre profissionais e usuários, além de reconhecido grau de satisfação. Revelou-se, ainda, que, quando profissionais se propõem a ouvir usuários e a valorizar suas demandas e saberes, é possível construir um serviço de saúde mais humanizado e de excelência.Entretanto, apesar da satisfação dos usuários desse serviço, verificado nas entrevistas, eles não relataram a necessidade da oferta desses serviços em seus municípios de origem, contentando-se com a possibilidade de chegar a um serviço terciário.

Palavras-chave: Obesidade mórbida. Cirurgia bariátrica. Educação em saúde. Serviço de Saúde.

EL PROCESO DE CONSTRUCCIÓN DE UN SERVICIO ESPECIALIZADO EN EL TRATAMIENTO DE LA OBESIDAD GRAVE

RESUMEN

El objetivo fue rescatar el histórico de la creación e implementación de un Servicio Especializado en Obesidad, creado en 2007 y realizado en 2014, así como identificar vínculos y satisfacción de los usuarios. Estudio cualitativo, para el cual fueron entrevistados dos idealizadores del servicio y 21 pacientes. Se verificó como resultado que, durante el proceso de implementación, el protocolo de atención pasó de clínico individualizado y tradicional para el de grupos con atención interdisciplinaria, cambio que generó fuerte vínculo entre profesionales y usuarios, además de reconocido grado de satisfacción. Aun se reveló que, cuando profesionales se proponen a escuchar a los usuarios y a valorar sus demandas y saberes, es posible construir un servicio de salud más humanizado y de excelencia. Pero, a pesar de la satisfacción de los usuarios de este servicio, confirmado en las entrevistas, ellos no relataron la necesidad de la oferta de estos servicios en sus municipios de origen, contentándose con la posibilidad de llegar a un servicio terciario.

Palabras clave: Obesidad mórbida. Cirugía bariátrica. Educación en salud. Servicio de Salud.

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