http://www.periodicos.uem.br/ojs/index.php/CiencCuidSaude
ISSN on-line1984-7513
DOI: 10.4025/cienccuidsaude.v19i0.50371

ORIGINAL ARTICLE

EVALUATION OF COORDINATION OF CARE: CHILDREN AND ADOLESCENTS WITH CHRONIC CONDITION OF HIV INFECTION

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ABSTRACT

Objective: to evaluate whether the professional profile and the type of service interfere in the score of the attribute of coordination of the Primary Health Care in the cities of residence of children and adolescents living with HIV, linked to a specialized service in southern Brazil. **Method:** cross-sectional study, conducted from March to August 2014, in 25 municipalities of Rio Grande do Sul, with 527 professionals. The Primary Care Assessment Tool – Brazil, professional version, was employed. For the analysis, the Pearson's chi-square test, the Mann Whitney test and Poisson regression were used. **Results:** Satisfactory score both in the integration of care (6.96) and in the information systems (8.22).The variables associated with the high score were: education (p=0.001), job position (p=0.003) and link to the service (p=0.018).The basic health unit was associated with receiving information from the specialized service in the return (p=0.049). **Conclusion:** general practice, not having a position and having a statutory link positively interfere in the quality of the PHC, and the Family Health Strategy type of service has the potential to coordinate health care for children and adolescents living with HIV.

Keywords: Primary health care. Health services research. HIV. Child health. Adolescent health.

INTRODUCTION

The increased survival of children and adolescents living with a chronic condition such as infection by the Human Immunodeficiency Virus (HIV) has resulted in an expansion of the care needs beyond the usual growth and development ones. This population needs a permanent routine of clinical and laboratory monitoring, as well as of adherence to drug treatment[1].

In Brazil, the health care for this population occurs, predominantly, in specialized services. This health condition is associated with the stigma related to the epidemic, and such places are perceived by users as sufficient for their health care demands[2].The choice for the regular source of care is due to the easy access to the specialized HIV service and the inefficient system of transferring users between the services or points of the Health Care Network (HCN)[3]. However, strengthening the health system involves coordinating the flow of users through shared responsibility among professionals. For the actions to be conclusive, it is recommended that the specialized services act together with the Primary Health Care (PHC)[4].

The integration between the HCN points can ensure better social and health indicators. However, the PHC as a structuring axis of the health services' system indicates the need to overcome the difficulty to implement an integrated network horizontally (within each service) and vertically (between the different points), with support and logistics systems that sustain the communication flows. This can be achieved through the strengthening of one of the main structural axes of the PHC, the coordination between the services and, specially, between the people who compose the health system[5]. Thus, there is a need for professionals to fulfill a training and practice profile in order to meet the need for a continued health care for individuals.

The coordination attribute presupposes the integration between the services that is achieved

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through the continuity of care by the same professional, who must recognize the problems addressed in previous appointments and/or referrals. Its components are: Integration of Care, which aims to ensure the identification of the needs of the population and services to be offered, enabling adequate health care; and Information Systems, which requires more formal links between the levels of care and better communication lines, such as electronic medical records with information flow and standardization, providing a fast and accurate transfer of information between the HCN points[6].

Through its components, this attribute suggests to the PHC the strategic role of management and (re)organization of the health system based on the awareness of the users' needs and the integration between the different assistance points. The presence and extension of this attribute can indicate how much the users' health needs are being met. Therefore, the evaluation of services can contribute to the quality of care[6].

Challenges still remain for the recovery and maintenance of the health of the population of children and adolescents living with HIV to be conducted continuously, through professionals trained to effectively monitor the growth and development of this population, including the demands from the HIV infection. In addition, it is expected that these professionals consider the coordination of health care between the types of services and that they recognize the problems addressed in the points accessed in the health system, in an integrated manner. The aim is for the PHC to represent the preferred access point, (re)directing and qualifying the health care.

Thus, the guiding question was: Do the professional profile and type of service interfere with the score of the PHC's coordination attribute when the population has specificities such as HIV infection? The need to evaluate the PHC is justified by the fact that scientific production indicates that a large part of national services presents a performance that still needs to be improved, which implies the need for PHC assessment studies[7]. The objective is to evaluate whether the professional profile and the type of service interfere in the score of the coordination attribute of the PHC in the cities of residence of children and adolescents living with HIV, linked to a specialized service in southern Brazil.

METHOD

Cross-sectional study, in which the participants were health professionals working in the PHC services of Basic Health Units (BHU) and of the Family Health Strategy (FHS) of 25 municipalities in Rio Grande do Sul (RS), Brazil. They were the cities of residence of approximately 39 children and 39 adolescents living with HIV and who used the pediatric infectious disease outpatient clinic at the University Hospital of Santa Maria, in RS, for permanent health monitoring in 2013. During the study period, the distribution of types of service was heterogeneous, considering that there were 60 BHUs and 108 FHS units in the municipalities accessed.

The inclusion criteria were: general practitioner, gynecologist, pediatrician, nurse and dentist who worked in the listed services, excluding professionals on vacation or on leave during the period. The eligible population was composed of 554 professionals (all professionals from the 25 municipalities), with 27 losses (4.9%), as 12 refused to participate and 15 were not found in the services during the three attempts, thus, 527 professionals participated. The total population of the referred municipalities was accessed, without sample calculation. The data collection occurred from March to August 2014.

For the development of the collection stage, telephone contact was made with the Health Departments of the municipalities, as well as with the services (FHS and BHU), in order to arrange the journey of the collectors to the locations and the logistics of the services' operation for the conduction of the interviews, which took place in the health services during the work shift, in a reserved space, in order to guarantee the privacy of the participants. Nine collectors (four master's students and five scientific initiation scholarship students) were trained for this stage, which was assessed weekly (facilities and difficulties) in the research group.

An instrument to describe the professional profile and the Primary Care Assessment instrument (PCATool-Brazil), professional version, were employed[8]. It was recommended that this instrument should be answered keeping the focus on health care for children and/or adolescents with HIV.

The profile form was elaborated from the

previous experience of the research group in completed matrix projects, and was subjected to a pre-test for language and ordination adjustment. The form was composed of sociodemographic variables (age, sex and marital status); schooling (education, time since graduation, post-graduation, conclusion of post-graduation, complementary training); and the occupational situation of the professionals (work unit, employment relationship, length of service, job position, another job).

In the professional version of the PCATool-Brazil, the coordination attribute was evaluated through the Likert scale, and the answers to the items were "certainly yes" (value = 4), "probably yes" (value = 3), "probably not"(value = 2), "certainly not"(value = 1) and "I don't know/don't remember"(value = 9).For analysis purposes, answers marked with "I don't know/don't remember" were considered as "probably not"[8]. The scores for the components of this attribute were obtained separately. The score for the Information Systems component (answered by 527 professionals) evaluated the structure of this attribute, while the score for the Integration of Care component (answered by 524 professionals) considered the care process (details in table 4).

Regarding the construction of the database, independent double typing was performed in order to guarantee the accuracy and verification of errors and inconsistencies. The score for the components of the coordination attribute was calculated and a descriptive analysis was performed, according to the instrument manual. The results were dichotomized into high score (≥ 6.6) and low score (<6.6).

The normality of the variables was evaluated through the Kolmogorov-Smirnov Test. The categorical variables were presented in absolute and relative frequency. The continuous variables were presented as mean, standard deviation when they presented symmetrical distribution, and as median and interquartile range when asymmetric. The Pearson's Chi-Square Test was used to compare the proportions between the scores (high and low) of the components of the coordination attribute and the sociodemographic, schooling and occupational situation profiles, according to the type of service (FHS and BHU).A significance level of 5% was considered for statistical analysis. The verification of variables associated with the high score was performed through the Poisson Regression with robust variance, estimating the prevalence ratios (PR) and their confidence intervals (95% CI).The independent variables related to the high score with p-value < 0.05 were included in the gross and adjusted analysis. The project was approved by the REC/UFSM, under report No. 183.572/2013.

RESULTS

In the experience of the PHC professionals, the coordination attribute was evaluated satisfactorily, as it had a high score, both for the Integration of Care component (6.96) and the Information Systems component (8.22) (Table 1).

Table 1. Average score of the components Integration of Care (N=527) and Information Systems (N=524) of the PHC's Coordination attribute, in the experience of health professionals in 25 municipalities of Rio Grande do Sul/Brazil, 2014

	Variables	Average (SD)	Minimum-Maximum	Cronbach's Alpha
Components of the coordination attribute	Integration of care	6.96 (1.51)	1.67-10	0.511
	Information Systems	8.22 (1.70)	0-10	0.586

SD = Standard Deviation

In the analysis, the high and low scores of the two components Integration of Care and Information Systems were correlated with the professional profile variables. As for the Integration of Care component, the analysis of the association revealed a significant difference for the high score in the variables: education (p=0.001) and employment relationship (p=0.018).Regarding the Information Systems component, the variables "employment relationship" (0.008) and "job position" (0.003) were associated with the high score (Table 2).

Table 2. Education profile and employment relationship, according to the high and low score evaluation of the components Integration of care (N=527) and Information systems (N=524) of the attribute Coordination of care, from 25 municipalities in Rio Grande do Sul /Brazil, 2014

			Integration of Care(N=527)			Information Systems (N=524)		
Variables		Categories	High score (≥6.6) n (%)	Low score (<6.6) n (%)	p*	High score (≥6.6) n (%)	Low score (<6.6) n (%)	p*
Schooling	Education	General Practitioner	129 (36.86)	45 (25.42)	**0.001**	156 (33.40)	18 (31.58)	0.328
		Gynecologist	28 (8.00)	10 (5.65)		36 (7.41)	2 (3.51)	
		Pediatrician	24 (6.86)	9 (5.08)		29 (6.21)	3 (5.26)	
		Nurse	90 (25.71)	77 (43.50)		151 (32.33)	16 (28.07)	
		Dentist	79 (22.57)	36 (20.34)		95 (20.34)	18 (31.58)	
	Time since graduation (n=526)	≤15 years	174 (49.86)	100 (56.50)	0.149	247 (52.89)	27 (48.21)	0.507
		>15 years	175 (50.14)	77 (43.50)		220 (47.11)	29 (51.79)	
	PG	No	90 (25.71)	48 (27.12)	0.285	119 (25.48)	18 (31.58)	0.305
		Residency	77 (22.00)	27 (15.25)		97 (20.77)	6 (10.53)	
		Specialization	172 (49.14)	94 (53.11)		234 (50.11)	31 (54.39)	
		Master's Degree	11 (3.14)	8 (4.52)		17 (3.64)	2 (3.51)	
	Conclusion of PG (n=390)	≤6 years	136 (52.11)	69 (53.49)	0.797	185 (53.01)	20 (51.28)	0.837
		>6 years	125 (47.89)	60 (46.51)		164 (46.99)	19 (48.72)	
	Complementary Training	Yes	291 (83.14)	154 (87.01)	0.247	399 (85.44)	44 (77.19)	0.104
		No	59 (16.86)	23 (12.99)		68 (14.56)	13 (22.81)	
Employment	Employment relationship (n=526)	Formal	101 (28.94)	35 (19.77)	**0.018**	119 (25.54)	16 (28.07)	**0.008**
		Statutory	242 (69.34)	134 (75.71)		338 (72.53)	36 (63.16)	
		Outsourced	6 (1.72)	8 (4.52)		9 (1.93)	5 (8.77)	
	Length of service (n=526)	≤3 years	172 (49.28)	95 (53.67)	0.341	232 (49.79)	35 (61.40)	0.097
		>3 years	177 (50.72)	82 (46.33)		234 (50.21)	22 (38.60)	
	Job position (n=526)	Yes	52 (14.86)	38 (21.59)	0.053	88 (18.88)	2 (3.51)	**0.003**
		No	298 (85.14)	138 (78.41)		378 (81.12)	55 (96.49)	
	Which position (n=87)	Technical Manager	14 (27.45)	13 (36.11)	0.058	26 (30.59)	1 (50.00)	0.825
		Supervisor	37 (72.55)	20 (55.56)		56 (65.88)	1 (50.00)	
		Responsible CHA	0 (0.00)	3 (8.33)		3 (3.53)	0 (0.00)	
	Has another job	Yes	189 (54.00)	86 (48.59)	0.240	238 (50.96)	34 (59.65)	0.214
		No	161 (46.00)	91 (51.41)		229 (49.04)	23 (40.35)	

*Pearson's Chi-Square Test; CHA = Community Health Agent

Conversely, the independent variables associated with the high score did not maintain statistical significance in the gross and adjusted Poisson Regression (Table 3).

Table 3. Analysis of the independent variables associated with the high score in health care for children and adolescents with HIV, in the experience of health professionals in 25 municipalities of Rio Grande do Sul/Brazil, 2014 (N=527)

Variables	High Score							
	gPR*	95%CI†		p	aPR‡	95%CI†		p
		Minimum	Maximum			Minimum	Maximum	
Education								
General Practitioner	0.997	0.894	1.113	0.963	0.994	0.893	1.106	0.912
Nurse	1.036	0.929	1.154	0.527	1.029	0.921	1.149	0.614
Dentist	1.015	0.907	1.136	0.797	1.011	0.907	1.127	0.843
Gynecologist	1.045	0.917	1.192	0.507	1.052	0.928	1.193	0.429
Pediatrician	Ref				ref			
Employment Relationship								
Statutory	1.016	0.919	1.123	0.752	1.028	0.864	1.222	0.757
Formal	1.025	0.926	1.136	0.629	1.062	0.893	1.263	0.494
Outsourced	Ref				ref			
Job position								
Yes	1.012	0.948	1.08	0.729	1.043	0.965	1.128	0.291
No	Ref				ref			
Which position								
Supervisor	0.979	0.704	1.361	0.889	-	-	-	-
Technical Manager	1.022	0.731	1.43	0.898	-	-	-	-
Responsible CHA	Ref				ref			

*gPR – gross Poisson Regression; †95% CI – 95%Confidence interval; ‡aPR – adjusted Poisson Regression by: Sex, Education, Employment Relationship and Job position; ref –Reference value; CHA – Community Health Agent

The comparison of the items of each component of the coordination attribute, dichotomized in high and low score according to the type of service (BHU and FHS), has shown that in the Integration of Care component the question C5 (if the professional receives from the specialist or specialized service useful information about the referred patient) was associated with the high score at the BHU (Table 4).

Table 4. Comparison of the components Integration of care (N=527) and Information systems (N=524), dichotomized in high and low score, according to the type of service, in the experience of health professionals in 25 municipalities of Rio Grande do Sul/Brazil, 2014

		Basic Health Unit			Family Health Strategy		
		High Score (≥6.6)	**Low Score (<6.6)**	**p***	**High Score (≥6.6)**	**Low Score (<6.6)**	**p***
		n (%)	**n (%)**		**n (%)**	**n (%)**	
Integration of care (N=527)			**N=270**			**N=257**	
C1- Are you aware of all the appointments your patients go to with specialists or in specialized services?	High score	23 (8.52)	16 (5.93)	0.378	25 (9,73)	17 (6.61)	0.215
	Low score	153 (56.67)	78 (28.89)		149 (57.98)	66 (25.68)	
C2- When your patients need referral, do you discuss with them about different services where they could be assisted?	High score	89 (32.96)	59 (21.85)	0.056	84 (32.68)	46 (17.90)	0.284
	Low score	87 (32.22)	35 (12.96)		90 (35.02)	37 (14.40)	
C3- Does someone from your health service help the patient to book a referral appointment?	High score	119 (44.07)	67 (24.81)	0.535	98 (38.13)	47 (18.29)	0.963
	Low score	57 (21.11)	27 (10.00)		76 (29.57)	36 (14.01)	
C4- When your patients are referred, do you provide them with written information for them to take to the specialist or specialized service?	High score	145 (53.70)	80 (29.63)	0.567	132 (51.36)	63 (24.51)	0.994
	Low score	31 (11.48)	14 (5.19)		42 (16.34)	20 (7.78)	
C5- Do you receive useful information about the referred patient from the specialist or specialized service?	High score	23 (8.52)	21 (7.78)	**0.049**	15 (5.84)	8 (3.11)	0.789
	Low score	153 (56.67)	73 (27.04)		159 (61.87)	75 (29.18)	
C6- After the appointment with the specialist or specialized service, do you talk to your patient about the results of the appointment?	High score	93 (34.44)	57 (21.11)	0.219	79 (30.74)	42 (16.34)	0.434
	Low score	83 (30.74)	37 (13.70)		95 (36.96)	41 (15.95)	
Score		176 (65.19)	94 (34.81)	**<.0001**	174 (67.70)	83 (32.30)	**<.0001**
Information Systems (N=524)			**N=270**			**N=254**	
D1- Do you ask patients to bring their medical records received in the past (e.g. emergency care reports or hospital reports)? (N=521)	High score	133 (49.44)	17 (6.32)	0.912	112 (44.44)	12 (4.76)	0.898
	Low score	105 (39.03)	14 (5.20)		115 (45.63)	13 (5.16)	
D2- Would you allow patients to examine their records if they wanted to? (N=520)	High score	158 (58.74)	24 (8.92)	0.216	138 (54.98)	14 (5.58)	0.623
	Low score	80 (29.74)	7 (2.60)		88 (35.06)	11 (4.38)	
D3- Are the patient's records available when you assist them?	High score	186 (68.89)	26 (9.63)	0.440	199 (78.35)	26 (10.24)	0.052
	Low score	53 (19.63)	5 (1.85)		29 (11.42)	0 (0.00)	
Score		239 (88.52)	31 (11.48)	**<0.001**	228 (89.76)	26 (10.24)	**<0.001**

*Pearson's Chi-Square Test

DISCUSSION

The satisfactory evaluation of the coordination attribute indicates the PHC's potential to play the role of coordinating health care for children and adolescents living with HIV. This result is convergent with the evidence that the HCN coordinated by PHC

contributes to clinical quality and user satisfaction, both through improving access and through a conclusive assistance[5].

The comprehensive and conclusive health care for children and adolescents is based on the proper local functioning of the PHC. However, there is a low percentage of assistance for children with chronic conditions in PHC[9]. Additionally, adolescents do not receive specific assistance to pubertal development. Health services assist adolescents sometimes with children, sometimes with adults, which distorts the needs and subjectivities that are specific to such phase. Therefore, the structural and organizational difficulties of health services often lead to the neglect of the treatment and health monitoring during the transition to adulthood[10]. We understand that this happens mainly because this population has its needs met, mostly, in the specialized service.

This happens in these services also because there is a disarticulation of points in the care network, which leads the family members of HIV-infected children and adolescents to seek specialized care in infectology, which is the preferred access point for these families. We believe that providing better communication between services with different technological densities makes it possible to monitor the child and pubertal growth and development of this population inside its community. To this end, referrals to specialized care should be made when necessary, preventing access bias in the network and reducing overcrowding and late appointments.

The high score obtained in the components of integration of care and in information systems converges with other studies developed with professionals, even if they are not specific to child health care.These studies have shown that, when evaluated separately, both components of the coordination attribute remained satisfactory, however the information systems obtained higher values when compared to the integration of care[11-13]. This can be associated to the efforts to regionalize health services, which have been promoting the organization of investments, contracts and insurances to help overcome weaknesses in health care, expanding the assistance to the users' needs[13,14].

We recognize that the advances, expressed by the satisfactory evaluation of the Information Systems component, indicate more complete records in the medical reports and the implementation of electronic records. However, in the present study, the result in the Integration component, with a score of 6.96, indicates the need for investment to promote better communication between the points for a continued care. This could be achieved by establishing devices such as flows and lines of care in the HCN, in order to achieve quality of care.

Considering the quality evaluation, the difficulties faced in referral and communication between primary and specialized services persist. This is reflected in the evaluation of family members of children, who evaluate the coordination with a low score[9,15], even though the higher score for information systems is still maintained when compared to the integration of care[15-16]. This situation reiterates the need for the user to carry a document when accessing the health service, and to have the presence and availability of their medical records, electronically or not. This would allow the users to receive continued care at any assistance point, regardless of the technological density.

In this study, the high and low scores of the two components Integration of Care and Information Systems were correlated with the variables of professional profile and employment relationship, and being a statutory employee was associated with the high score in both components of the coordination attribute. In PHC, hiring human resources through public tenders can qualify the work, considering that a high staff turnover compromises the relationship, the continuity of actions and causes work overload for the professionals, due to the requirement of adjustments and training. Staff turnover involves costs, accident risks and discontinuity of care, impairing the quality of the service[17].We understand that the more stable employment relationships, provided by the statutory hiring method, may have contributed to the positive evaluation of the attribute in the PHC services studied.

The association with the professional profile demonstrated that, regarding the professionals' education, general practitioners have satisfactorily evaluated the Integration of Care component. However, evidences show that the qualification of professionals for PHC can help in the diagnosis and in specific therapeutic approaches, reducing the number of referrals to medium complexity services[18,19].We believe that, possibly, the lack of specialization may have contributed to the mildly critical evaluation of the quality of health services and the integration between them.

The absence of a job position in the service was associated with a better evaluation of the information

systems. Another study that also compared different types of services in the experience of professionals in RS, but in the capital, has not found such statistical significance[20]. We infer that not having a job position contributes to qualify the fast and accurate transfer of information between the HCN points, as when having a job position the professional accumulates functions.

Regarding the components of the attributes Integration of Care and Information Systems, dichotomized in high and low scores according to the type of service (BHU and FHS), the BHU was associated with the reception of information from the specialized service in the return. The establishment of this relationship between professional and user can help for a better evaluation of the coordination, especially if professionals from different services also establish this communication, facilitating the flow of users[14]. The matrix support, which aims to promote the dialogue between health services, can organize the work process and improve the conclusiveness of PHC actions[21].We infer that, therefore, professionals will take responsibility for coordinating the assistance of children and adolescents living with HIV.

The presence of comorbidities associated with the HIV infection and with other treatments, in addition to antiretrovirals, increases the need for integration between teams and services. The sharing of information regarding the clinical and psychological condition of users with HIV should encourage co-responsibility in health monitoring[22]. We recognize that the assistance to chronic conditions still has obstacles to its consolidation, and the reception, the support from specialists and matrix support can contribute to respond to the needs of the population involved.

The professionals that participated in this study, who performed their activities in the FHS, evaluated the Care Integration component with better quality than those who worked in the BHU. This suggests that, in the cities where the children and adolescents with HIV live, the FHS has been an efficient center for coordinating care, contributing to the reformulation of the current health scenario. This finding differs from another study that evaluated the users' experience. For them, the FHS did not constitute a comprehensive entry point to the health system, although it was recognized as a coordinator of the other points of care, revealing the need for a greater investment in the transfer system of users[23].

Conversely, the Information Systems component was better evaluated by professionals who worked in the BHU services of the municipalities accessed for this research. Another study that compared the types of service, also in the experience of professionals, but without focusing on the specificity of chronic conditions in children and adolescents, has not found such divergence[20]. We point out that it is necessary to carry out systematic evaluations of the health actions. Information systems often exist only to record the actions performed, and are not used as a convenient tool for evaluating the intervention, which could enable the improvement of assistance.

As limitations of the study, the instrument used does not cover the specificities of the population with HIV, as it is not a specific instrument. The gap in national studies on quality evaluation of PHC focusing on HIV demonstrates the relevance of conducting similar assessments.

CONCLUSION

The results obtained have shown that the professional profile of general practice, not having a position and having a statutory employment positively interfere in the quality of the service.In addition, the FHS type of service has the potential to coordinate health care for children and adolescents living with HIV, since the satisfactory score of the coordination attribute of the PHC of the cities where the children and adolescents with HIV live has obtained statistical significance with those variables.

For the qualification of assistance policies for children and adolescents living with HIV, we indicate the need to maintain the professional's relationship with the service, as the lower staff turnover can qualify the PHC as the coordinator of care. Additionally, the accumulation of functions in the service should be avoided, as not having a job position contributes to qualify the fast and accurate transfer of information between the HCN points.

Another result was that, in the perception of health professionals, the evaluation of the coordination attribute was satisfactory for the PHC in the cities where the children and adolescents living with HIV reside.This scenario demonstrates the PHC's potential to recognize the health problems addressed in other services, to integrate the HCN points and maintain continuity of care, both in the demands arising from the chronic condition of HIV infection, as well as from the growth and development of children and adolescents.

The Information Systems component was better evaluated when compared to the Integration of Care, which indicates the professionals' recognition of the use of electronic medical records for the transfer of information between the HCN points. We indicate, for the Nursing area, the possibility of occupying the space of coordination of care, as well as the need for improvement to identify the health needs of this population and the services to be offered, in order to reach a conclusive health care.

AVALIAÇÃO DA COORDENAÇÃO DO CUIDADO: CRIANÇAS E ADOLESCENTES COM CONDIÇÃO CRÔNICA DE INFECÇÃO PELO HIV

RESUMO

Objetivo: avaliar se o perfil profissional e o tipo de serviço interferem no escore do atributo da coordenação da Atenção Primária à Saúde dos municípios de residência de crianças e adolescentes vivendo com HIV, vinculados a um serviço especializado no Sul do Brasil. **Método**: estudo transversal, desenvolvido de março a agosto de 2014, em 25 municípios do Rio Grande do Sul, com 527 profissionais. Utilizou-se o *Primary Care Assessment Tool* - Brasil versão Profissionais. Para a análise, foi utilizado o Teste do qui-quadrado de Pearson, de Mann Whitney e Regressão de Poisson. **Resultados**: Escore satisfatório tanto na integração de cuidados (6,96), quanto nos sistemas de informações (8,22). As variáveis associadas ao alto escore foram: formação (p=0,001), cargo no serviço (p=0,003) e vínculo com o serviço (p=0,018). A unidade básica de saúde foi associada ao recebimento de informações do serviço especializado no retorno (p=0,049). **Conclusão:** a formação clínico geral, não possuir cargo e ter vínculo estatutário interferem positivamente na qualidade da APS, e o tipo de serviço Estratégia Saúde da Família tem potencial para coordenar a atenção à saúde às crianças e adolescentes vivendo com HIV..

Palavras-chave: Atenção primária a saúde. Avaliação de serviços de saúde. HIV. Saúde da criança. Saúde do adolescente.

EVALUACIÓN DE LA COORDINACIÓN DE LA ATENCIÓN: NIÑOS Y ADOLESCENTES CON CONDICIÓN CRÓNICA DE INFECCIÓN POR VIH

RESUMEN

Objetivo: evaluar si el perfil profesional yel tipo de servicio interfieren en el *score* del atributo de la coordinación de la Atención Primaria de Salud (APS) de los municipios de residencia de niños y adolescentes viviendo conVIH, vinculados a un servicio especializado en el Sur de Brasil. **Método:** estudio transversal, desarrollado, de marzo a agosto de 2014, en 25 municipios de Rio Grande do Sul-Brasil, con 527 profesionales. Se utilizó el *Primary Care Assessment Tool*-Brasil versión Profesionales. Para el análisis, fue utilizada la Prueba de chi cuadrado de Pearson, de Mann Whitney y Regresión de Poisson. **Resultados:** *Score* satisfactorio tanto en la integración de cuidados (6,96), como en los sistemas de informaciones (8,22). Las variables asociadas al alto *score* fueron: formación (p=0,001), cargo en el servicio (p=0,003) y vínculo con el servicio (p=0,018). La unidad básica de salud fue asociada al recibimiento de informaciones del servicio especializado en el regreso (p=0,049). **Conclusión:** la formación clínico general, no posee cargo y tener vínculo estatutario interfieren positivamente en la calidad de la APS y el tipo de servicio Estrategia Salud de la Familia tienen potencial para coordinar la atención a la saluda los niños y adolescentes viviendo con VIH.

Palabras clave: Atención primaria de salud. Investigación sobre servicios de salud. VIH. Salud del niño. Salud del adolescente.

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Submitted: 18/09/2019
Accepted: 10/02/2020

Financial support:

Research Program for SUS and Research Support Foundation of the State of Rio Grande do Sul (PPSUS/FAPERGS-2013-2014): Process Number: 1217-2551/13-0; National Council for Scientific and Technological Development (CNPq) – Universal Statute (2013-2016): Process Number: 482554/2013-4; Research Productivity - PQ2014. Process Number: 307350/2014-2.