



IMPLEMENTATION OF THE LINES OF CARE FOR THE ORGANIZATION OF THE SERVICE: CONTRIBUTIONS OF THE REGULATORY STANDARD 440

Kátia Jamile da Silva*

Fabiele Farina**

Maykler Cristiane Vanzin***

Carine Vendruscolo****

ABSTRACT

Objective: to report the experience of the implementation of Lines of Care based on Normative Resolution (NR) 440, in a Supplementary Primary Health Care (PHC) service. **Method:** qualitative, descriptive study, which consists of an experience report on the process of implementation of the Lines of Care based on RN 440, from January to April 2020. The structuring process was carried out by two nurses, during four months, for the organization of the team's flows, protocols and work process, based on the Manual of Certification of Good Practices in PHC of Private Health Care Plan Operators. **Discussion:** the certification's access gave direction for the restructuring of PHC on a legal and scientific basis in all areas of the service. Taking into account the target population of the service and the epidemiological profile, four Lines of Care were established: Women's Health; Mental Health; Hypertensive and Diabetic. **Final considerations:** a challenge in this process is the insertion of the culture of self-care and the user's understanding of this model of care. It is suggested to conduct research on the Certification in Good Practices of Supplementary PHC, due to the scarcity of studies on the subject.

Keywords: Primary health care. Accreditation. Supplemental health. Health profile.

INTRODUCTION

Primary Health Care (PHC) originated in the United Kingdom in 1920, when the Minister of Health demonstrated the importance of the adoption of health care in this way as a guide for public health policies. The first world events for the discussion of PHC were the Alma-Ata Conference held in Kazakhstan in 1978^(1, 2), and the 1st International Conference on Health Promotion in Ottawa (Canada) in 1986, which defined five priority fields of strategies: building healthy public policies; creating health-friendly environments; strengthening Community action; development of personal skills; and reorientation of health services⁽³⁾.

PHC, in Brazil also recognized as Primary Care, is the main gateway to the Health Care Network (RAS in Portuguese) and focuses on health protection and promotion. These need to be centered on people, both collectively and individually and family, based on biopsychosocial determinants of health and

disease, in addition to coordinating and integrating the entire RAS⁽⁴⁾. Thus, in addition to greater resolution, PHC allows a significant reduction in health costs, being considered, therefore, within the Family Health Strategy (ESF in Portuguese) model, efficient both care and economically⁽⁵⁾.

It should be noted that, with regard to supplementary health, it is identified that the structuring of a PHC service, in this context, based on the principles of the primary level of care, has as premise the improvement in the quality of care provided to users, in a continuous and integrated way with the other points of the network. Thus, the beneficiary's reference is the multiprofessional Family Health team, which builds a bond of trust and safety with a view also to the sustainability of the operator⁽⁶⁾.

With this perspective, Normative Resolution - NB n. 440, of December 13, 2018, of the National Agency for Supplementary Health (ANS in Portuguese), establishes the Certification Program of Good Practices in

*Nurse. Master's student, Federal University of Santa Catarina (UFSC), Unimed Personal. Chapecó, SC, Brazil. Email: katiajamiledasilva@gmail.com. ORCID iD: 0000-0001-8645-1184.

**Coordinating nurse. Specialist in Public Health and Occupational Health, Unimed Chapecó. Chapecó, SC, Brazil. Email: fabiele13@hotmail.com. ORCID iD: 0000-0001-6781-6475.

***Supervising nurse. Specialist in Health Business Management, Unimed Personal. Chapecó, SC, Brazil. Email: mayklerv@gmail.com. ORCID iD: 0000-0002-7068-8061.

****Nursing teacher. Post-Doctorate, Department of Nursing, State University of Santa Catarina (UDESC). Chapecó, SC, Brazil. E-mail: carine.vendruscolo@udesc.br. ORCID iD: 0000-0002-5163-47

Health Care of Private Health Care Plan Operators (PCBP in Portuguese). This is a voluntary evaluation process to which health services undergo, based on technical criteria pre-established for certain Lines of Care, performed by Health Accreditation Entities, recognized by the ANS⁽⁶⁾.

The PCBP in PHC is based on the main pillars of structuring primary health care (synonymous with PHC), provided for in the national and international scientific literature: 1. System entrance door - first contact, reception; 2. Longitudinality of care; 3. High coordination of care; 4. Integrality of care; 5. Heterogeneity of demands; 6. Centrality in the family; 7. Patient and community guidance⁽⁷⁾.

In order for all these pillars to be contemplated in a PHC service, the ANS⁽⁶⁾ guides the establishment of Lines of Care, which are matrix models of health care organization, which aim at the integrality of care and combine actions of promotion, surveillance, prevention and care, focused on the specificities of individual groups or needs, allowing driving at all levels of care, with an overview of living and health conditions. In this sense, the sociodemographic characterization and the establishment of an epidemiological profile of the population assisted in PHC are fundamental for the definition of the Lines of Care that guide the management of care to beneficiaries/users.

Considering the relevance of the Supplementary PHC following the standards of the NR 440, with the purpose of continuously improving the assistance to beneficiaries who contract the plan with this model of care and considering that the definition of Lines of Care, is paramount, for the design of the care process of the enrolled population, the objective of this study is to report the experience of the implementation of Care Lines based on NR 440, in a supplementary PHC service.

METHOD

This is a qualitative, descriptive study of the type of experience report, which addressed the process of implementation of the Lines of Care based on the NR 440 in a supplementary PHC service. The process of structuring the items of the Resolution was carried out by two nurses,

during the period from January to April 2020, for the organization of the flows, protocols and work process of the team, with exclusive dedication during this period, having as guide material the Manual of Certification of Good Practices in Primary Health Care of Private Health Care Plan Operators⁽⁸⁾. In addition, during the adequacy process, PHC Suplementar had the support of the Center for Safety and Quality of Assistance of the institution and a company accredited by the ANS.

The construction of the Care Lines began from the structuring of PHC, with the objective of improving user assistance, meeting the requirements for certification, specifically those corresponding to items 3.4 and 3.5, contained in the Certification Manual, which are essential, that is, mandatory, for certification in good practices in PHC. These are defined as: establishment of preventive routines by the PHC team for the beneficiaries, according to the epidemiological and demographic profile, guided by protocols and guidelines and, when necessary, through a multiprofessional Care Plan and clinical guidelines based on scientific evidence and validated by national reference entities⁽⁸⁾.

The PHC began its structuring based on a quantitative, descriptive and conclusive research on the epidemiological profile of the population assisted with the help of The Insider Company, specialized in sociodemographic research. A total of 400 interviews were conducted within the company through telephone contact, considering the 95% confidence level and the maximum sampling error of +/- 5% for the total sample. The interviews were conducted from December 12, 2019 to January 13, 2020. In this research, in addition to age and gender, we also sought the survey of data, such as: lifestyle habits, food consumption, alcoholic beverages, smoking, physical activity, leisure activities, medical examinations, presence of pathologies and income. Thus, the epidemiological profile of the beneficiaries of supplementary PHC was defined.

The results of the research presented by the company showed that, in general, for every five beneficiaries of Unimed Chapecó, two are women and the mean age is 38 years, and the profile of use of the health service is mainly

composed of women. Regarding pathologies, systemic arterial hypertension reached the rate of 18%, which is the most prevalent pathology, followed by diseases related to mental health, with 10%, and diabetes mellitus, with 5%. Thus, it was possible to identify which Lines of Care would be priority in PHC, and the following were defined: Women's health; Mental health; Hypertensive; diabetics.

The construction of the Care Lines was based on the Certification Manual, on notebooks of the Ministry of Health and guidelines of the Medical Societies of specialties and represent safe care flows that guarantee beneficiaries the continuation of care through actions of health promotion, disease and disease prevention, treatment and rehabilitation. These Lines express, through flows, protocols and care plans, the guarantee to users of a standard of care based on scientific knowledge focused on the human being and on the biopsychosocial determinants of health and disease, in an integral, longitudinal and holistic way.

Based on the Lines of Care, the beneficiaries are identified and included in care plans through the following strategies: periodic nursing consultation according to clinical evaluation and established protocols; extraction of laboratory test panel data, enabling early scan of those at risk of developing chronic noncommunicable disease (NCD) and establishing adequate follow-up according to the risk presented; nursing reception; extraction of the date of cytopathological examinations, mammography and/or ultrasound of breasts through a computerized system, integrated with the laboratory and imaging sector; identification of pathologies by definition of the International Statistical Classification of Diseases and Health-Related Problems (ICD) and International Classification of Primary Care (ICPC), through access to the Electronic Patient Record (EPR); contact telemonitoring in phone call or instant messaging application.

For the adequacy of the proposed items, flowcharts, protocols, manuals, forms, Structured Plan and the updating of the internal rules of PHC were constructed, which led to labor, organizational and care practice based on the Lines of Care and focusing on the continuous improvement of care to users, in addition to the

organization of new physical space and hiring professionals based on the level of certification.

The level of certification that the operator sought was level III, which is responsible for ensuring minimum coverage according to the total number of beneficiaries of the portfolio, considering a multidisciplinary PHC team for a maximum of 2,500 beneficiaries. This team acts in an interdisciplinary manner and is composed of at least: family and community physician, primarily, or medical specialist in Medical Clinic with PHC training or minimum experience of two years in PHC; nurse specialist in Family Health or generalist; and another higher-level healthcare professional. Two more professional categories were inserted: psychology and pharmacy, which had an active participation in the management directed by the Lines of Care.

Regarding the ethical aspects of the study, because it is an experience report on a professional practice and does not belong to an original research involving human beings, it was not necessary to submit it to the Research Ethics Committee. However, anonymity issues were observed regarding the location, as well as the benefits and absence of risk to the people indirectly involved were observed.

DISCUSSION

The accreditation of health services is a relevant tool for the qualification of care to populations, which should focus on operational efficiency, composed of patient safety, satisfaction of internal and external customers and optimization of resources. All actions aimed at the care of the items are recommended by the National Health Agency, which contributes to the structuring of the Lines of Care⁽⁸⁾. According to the ANS (2019), few health operators are accredited, a culture that is currently remodeled, given the relevance that certifications represent for organizational processes and benefits for customers, such as safety, standardization and quality assurance of the accredited operator. In this scenario, only 6.1% of registered operators are accredited⁽¹⁰⁾.

In the PHC, to which this study refers to the certification process, it followed NR n. 440 of December 13, 2018, who directed and guided the service to meet health demands in an orderly and

effective manner. PHC is composed of seven dimensions: Planning and Technical Structuring; Expansion and Qualification of Access; Quality and Continuity of Care; Patient-Centered Interactions; Quality Monitoring and Evaluation; Continuing Education; and Innovative Value-Based Compensation Models. To achieve certification, it is necessary to obtain compliance with 100% of the 41 Essential items, 20% of the 16 items of Excellence, besides containing six complementary items, which are good recommended practices that, if fulfilled, raise the score of the requirements⁽⁷⁾.

The objective with the certification process was to reorganize the work processes through the adequacy of the service network and care flows that define that the PHC team, which is responsible for the continuity of patient care. This care model focuses on the coordination and guarantee of comprehensive care, with the definition of actions through care flows and the organization of return on what was developed in the different points of the care network through counter-references and an integrated computerized system⁽¹¹⁾.

This stratification in Care Lines determines a set of interventions aimed at beneficiaries involving health promotion, disease and disease prevention, treatment and rehabilitation. For this, methods of screening, monitoring and management are used, with the help of Information Technology, such as the Electronic Patient Record (EPR), gadgets, integrated system between laboratory, imaging sector and care provider network, which contribute to the active search and data collection used for the elaboration of the individualized care plan⁽¹²⁾.

In this sense, from the stratification of beneficiaries within each line of care, a health management process was implemented, composed of the telemonitoring of the nursing team, pharmacy and psychology, with the objective of identifying the biopsychosocial determinants of the health and disease process of the beneficiaries, health status and risk factors. Through this survey, it was possible to carry out guidance with the establishment of health actions and goals to be achieved, as well as the direction to the reference physician or other professionals of the Network, and to the multidisciplinary team, according to the client's

needs.

Besides telemonitoring, nursing consultations, psychotherapy sessions, shared consultation, smoking cessation group, medical consultation and case discussion with the multidisciplinary team were performed, as well as the development of a Singular Therapeutic Plan (STP).

Through this direct contact with the beneficiary, there is the stimulation and assistance to self-care through the support of the interprofessional team in the monitoring of living conditions, health and treatments, with emphasis on problems that require continuous monitoring, promoting articulated actions of promotion, prevention, rehabilitation and cure. These processes require, in addition to an intersectoral view, a confrontation to the cultural change of the health-disease process and the representativity of the private sector in health systems and their relevance as a fundamental agent for the promotion of equity, access, quality and financial protection of the population^(13,14). Monitoring, evaluation and active search, which are present in the defined Lines, allow the creation of bond and safety between patient and professional of the multidisciplinary team as integrality is considered as an organizational principle in the planning of individual health actions proposed in all dimensions of care⁽¹⁵⁾.

The results obtained from the strategies adopted by the lines of care are collected over time, however, it was noticeable the development of the beneficiary's bond with his reference team, there was an increase in the number of women who performed the preventive and mammography within the recommended period. In the smoking group, three participants participated in the meetings and of these, two decreased the amount of cigarettes and one stopped completely. With regard to mental health, several beneficiaries were discharged from psychotherapeutic care and maintained their follow-up, with a higher frequency, by telemonitoring and there is planning to develop a program to stimulate quality of life and autonomy, with monthly workshops on various related topics.

It is worth noting, with regard to certification, that it is based on the relationship between cost and quality, an essential element in the

conceptions about quality in the production of goods and services⁽¹⁶⁾. In addition to the direct benefits to the health service and the patient, related to certification, studies show that the logic of rationalization of health work, mediated by accreditation, is a condition that favors the professional satisfaction of the team, which constitutes an important incentive for the process's accession⁽¹⁷⁾.

During the formulation of the care lines, the multidisciplinary team actively participated in constructing flows and protocols to be implemented. Weaknesses were identified in the process of applying care plans, especially attributed to the pandemic caused by Covid-19, which prevented the application of some face-to-face practices, defined as essential for the Care Lines, because, during a part of the implementation period, there was the recommendation of social isolation and the prioritization of docking consultations, and elective medical or nursing consultations were not recommended, which affected the care process. In addition, an expected result of the lines would be the reduction of hospitalizations and visits to the Emergency Room, which increased significantly given the demands of the pandemic and the direction to only one place of the beneficiaries with respiratory symptoms, which was the Emergency Care. In addition, territorialization, one of the pillars of PHC, is not used for the development of the care plan given the way the service is organized, as well as the access to the health plan by companies distributed in the region contemplated by the plan.

As potentialities, it is identified that the adhering to the certification process and the definition of care lines gave direction for the restructuring of PHC, based on legal and scientific in all areas of the service, aligning theory and practice, developing the culture of PHC as coordinator of the network attention to a differentiated care, with care centered on the person⁽¹⁸⁾. Thus, it allowed the delimitation of objectives in common with the team, focusing on the continuous improvement of care to the user, with periodic audits, which contributes to the qualification of the health team in the service

and the achievement of results in the improvement of care and quality of life of the population of coverage.

FINAL CONSIDERATIONS

What was possible to observe when restructuring the PHC service by inserting the Lines of Care based on the NR 440 model is that the work of the multidisciplinary team achieves the objective of coordinating the Health Care Network and guiding which level of care is best suited to the needs of each beneficiary, following the principle of equity through holistic care.

It is considered that one of the greatest challenges in this process is the insertion of the culture of self-perception of health and self-care and the understanding of the user in the face of this model of care, which involves a multidisciplinary work based on the theoretical bases of health education and which involves integrality, longitudinality and equity.

It is perceived that the patient who understands and adhering to the model proposed by PHC establishes bonding, recognition and trust with the team through periodic contact, which improves their understanding of health care. This structure favors the development of the culture of seeking the service not only in situations in which the subject perceives himself ill, but also for the scheduling of preventive medical consultations and health maintenance, as well as the care with the multidisciplinary team, establishing autonomy in self-care, which shows that management is improving and reaparsing positive results with regard to health care.

Finally, it was evidenced, through the search for theoretical reference on the theme, that studies on NB 440 are scarce. Thus, it is suggested new research on the Certification in Good Practices of Supplementary PHC, given that this model of care is an emerging theme in Brazil and in the world, suggested by the ANS as an innovation for this health system for bringing innovation in the care model through the search for greater effectiveness and sustainability of health services.

IMPLANTAÇÃO DAS LINHAS DE CUIDADO PARA A ORGANIZAÇÃO DO SERVIÇO: CONTRIBUIÇÕES DA NORMA REGULAMENTADORA 440

RESUMO

Objetivo: relatar a experiência da implantação de Linhas de Cuidado com base na Resolução Normativa (RN) 440, em um serviço de Atenção Primária à Saúde (APS) Suplementar. **Método:** estudo qualitativo, de caráter descritivo, que consiste em um relato de experiência sobre o processo de implantação das Linhas de Cuidado com base na RN 440, de janeiro a abril de 2020. O processo de estruturação foi realizado por duas enfermeiras, durante quatro meses, para a organização dos fluxos, protocolos e processo de trabalho da equipe, norteado pelo Manual de Certificação de Boas Práticas em APS de Operadoras de Planos Privados de Assistência à Saúde. **Discussão:** a adesão à certificação deu direcionamento para a reestruturação da APS com base legal e científica em todos os âmbitos do serviço. Levando em consideração a população alvo do serviço e o perfil epidemiológico, foram estabelecidas quatro Linhas de Cuidado: Saúde da Mulher; Saúde Mental; Hipertensos e Diabéticos. **Considerações finais:** um desafio nesse processo é a inserção da cultura de autocuidado e do entendimento do usuário frente a esse modelo de atenção. Sugere-se a realização de pesquisas sobre a Certificação em Boas Práticas da APS Suplementar, devido à escassez de estudos sobre a temática.

Palavras-chave: Atenção primária à saúde. Acreditação. Saúde suplementar. Perfil de saúde.

IMPLANTACIÓN DE LÍNEAS DE CUIDADO PARA LA ORGANIZACIÓN DEL SERVICIO: APORTES DE LA NORMA REGLAMENTARIA 440

RESUMEN

Objetivo: relatar la experiencia de la implantación de Líneas de Cuidado con base en la Resolución Normativa (RN) 440, en un servicio de Atención Primaria de Salud (APS) Complementaria. **Método:** estudio cualitativo, de carácter descriptivo, que consiste en un relato de experiencia sobre el proceso de implantación de las Líneas de Cuidado con base en la RN 440, de enero a abril de 2020. El proceso de estructuración fue realizado por dos enfermeras, durante cuatro meses, para la organización de los flujos, protocolos y proceso de trabajo del equipo, guiado por el Manual de Certificación de Buenas Prácticas en APS de Operadores de Planos Privados de Asistencia a la Salud. **Discusión:** la adhesión a la certificación puso en marcha la reestructuración de la APS con base legal y científica en todos los ámbitos del servicio. Teniendo en cuenta la población objetivo del servicio y el perfil epidemiológico, se establecieron cuatro Líneas de Cuidado: Salud de la Mujer; Salud Mental; Hipertensos y Diabéticos. **Consideraciones finales:** un desafío en este proceso es la inserción de la cultura de autocuidado y del entendimiento del usuario frente a este modelo de atención. Se sugiere la realización de investigaciones sobre la Certificación en Buenas Prácticas de la APS Complementaria, debido a la escasez de estudios sobre la temática.

Palabras clave: Atención primaria de salud. Acreditación. Salud complementaria. Perfil de salud.

REFERENCES

1. Pisco L, Pinto LF. From Alma-Ata to Astana: the path of Primary Health Care in Portugal, 1978-2018 and the genesis of Family Medicine. *Ciênc. saúde coletiva*. 2020; 25(4): 1197-1204. DOI: <http://dx.doi.org/10.1590/1413-81232020254.31222019>.
2. Hone T, Macinko J, Millett C. Revisiting Alma-Ata: what is the role of primary health care in achieving the Sustainable Development Goals? *The Lancet*. 2018; 392(10156): 1461-1472. DOI: [http://dx.doi.org/10.1016/S0140-6736\(18\)31829-4](http://dx.doi.org/10.1016/S0140-6736(18)31829-4).
3. Júnior JBS. Health promotion: necessary and urgent action in the Americas. *Ciênc. saúde coletiva*. 2019; 24(11): 3994-3994. DOI: <http://dx.doi.org/10.1590/1413-812320182411.27292019>.
4. Starfield B. Atenção Primária: equilíbrio entre necessidades de saúde, serviços e tecnologia. Brasília: UNESCO, Ministério da Saúde, 2002.
5. Brasil. Ministério da Saúde. Portaria no. 2.436 de 21 de setembro de 2017. Brasília: Diário Oficial [da] República Federativa do Brasil, 2017 [citado em: 20 mar 2021]. Disponível em: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/prt2436_22_09_2017.html.
6. Brasil. Agência Nacional de Saúde Suplementar. Resolução Normativa - RN Nº 440, de 13 de dezembro de 2018. Brasília: Diário Oficial [da] República Federativa do Brasil, 2018 [citado em: 22 mar 2021]. Disponível em: <https://www.ans.gov.br/component/legislacao/?view=legislacao&task=TextoLei&format=raw&id=MzY2MQ==>.
7. Oliveira CM, Marques JPC, Wyarllen DM, Gomes DM, Freitas CASL, Silva MAM et al. Care for families with people with chronic conditions in primary health care: integrative review. *Cienc Cuid Saude*. 2021; 20: e54403. DOI: <http://dx.doi.org/10.4025/cienccuidsaude.v20i0.54403>.
8. Agência Nacional de Saúde Suplementar (ANS-Brasil). Manual de certificação de boas práticas em atenção primária à saúde de operadoras de planos privados de assistência à saúde. Rio de Janeiro: ANS; 2019 [citado em: 15 mar 2022]. Disponível em: http://www.ans.gov.br/images/ANEXO/RN/RN_440/Anexo_IV_APS_13_12_2018_sem_marca%C3%A7%C3%B5es.pdf.
9. Junior LRB, Silva LGC, Gabriel CS. Quality as perceived by nursing professionals in an accredited specialized hospital. *Rev. Bras. Enferm*. 2019; 72(supl.1): 294-300. DOI: <http://dx.doi.org/10.1590/0034-7167-2018-0151>.
10. Silva ACC, Nascimento E, Valença E, Porto F. Sistema de acreditação nas operadoras de saúde suplementar: análise e perspectivas de mercado. *Rev Eletrônica Acervo Saúde*. 2020; 12(11): e4022. DOI: <http://dx.doi.org/10.25248/reas.e4022.2020>.
11. BRASIL. Ministério da Saúde. Cadernos de Atenção Básica nº 35: Estratégias para o cuidado da pessoa com doença crônica. 2014. Brasília: Ministério da Saúde; 2014 [acesso em: 10 mar 2022]. Disponível em: <https://aps.saude.gov.br/biblioteca/visualizar/MTIxMg==>.
12. Ribeiro SP, Cavalcanti MLT. Primary Health Care and Coordination of Care: device to increase access and improve quality. *Ciênc. saúde coletiva*. 2020; 25(5): 1799-1808. DOI: <http://dx.doi.org/10.1590/1413-81232020255.34122019>.

13 WHO. World Health Organization. Engaging the private health service delivery sector through governance in mixed health systems: strategy report of the WHO Advisory Group on the Governance of the Private Sector for Universal Health Coverage. Geneva: World Health Organization, 2020 [acesso em: 10 mar 2022]. Disponível em: <https://www.who.int/publications/i/item/strategy-report-engaging-the-private-health-service-delivery-sector-through-governance-in-mixed-health-systems>.

14 Clarke D, Doerrm S, Hunter M, Schments G, Soucat A, Paviza A. The private sector and universal health coverage. Bull World Health Organ. 2019; 97(6): 434-435. DOI: <http://dx.doi.org/10.2471/BLT.18.225540>.

15 Nunes DP, Brito TRP, Corona LP, Alexandre TS, Duarte YAO. Elderly and caregiver demand: proposal for a care need classification. Rev. Bras. Enferm. 2018; 71(suppl 2): 844-50.

DOI: <http://dx.doi.org/10.1590/0034-7167-2017-0123>.

16 Oliveira JLC, Gabriel CS, Fertonani HP, Matsuda LM. Management changes resulting from hospital accreditation I. Rev. Latino-Am. Enfermagem. 2017; 25:e2851. DOI: <http://dx.doi.org/10.1590/1518-8345.1394.2851>.

17 Oliveira JLC, Magalhães AMM, Bernardes A, Haddad MCFL, Wolff LDG, Marcon SS et al. Influence of hospital Accreditation on professional satisfaction of the nursing team: mixed method study. Rev. Latino-Am. Enfermagem. 2019; 27:e3109. DOI: <http://dx.doi.org/10.1590/1518-8345.2799.3109>.

18 Ferreira PC, Marcon SS, Batista VC, Lino IGT, Santos RMS, Seguraço, RSC et al. Perception of users and caregivers about management of chronic patients in supplementary health insurance. Cienc Cuid Saude. 2020; 19:e50520. DOI: <http://dx.doi.org/10.4025/cienccuidsaude.v19i0.50520>.

Corresponding author: Kátia Jamile da Silva. Rua Felipe Schimidt, 979-E, Bairro Alvorada, Chapecó/SC. CEP: 89804-453. E-mail: katajamiladasilva@gmail.com.

Submitted: 30/04/2021

Acceted: 02/04/2022