

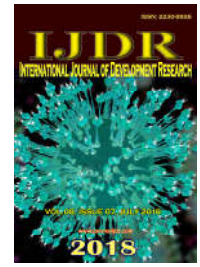


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## MULTIPROFESSIONAL TEAM AND REGULATION: AN INTERFACE REQUIRED AT SISTEMA ÚNICO DE SAÚDE

<sup>\*1</sup>Luzia Beatriz Rodrigues Bastos, <sup>2</sup>Maria Alves Barbosa, <sup>3</sup>Diniz Antonio de Sena Bastos, <sup>4</sup>Angélica do Socorro Coelho Rodrigues Lucas, <sup>4</sup>Ediene Silva Barros, <sup>4</sup>Everton Benedito Barbosa Monteiro, <sup>4</sup>Aline Guedes de Almeida and <sup>4</sup>Cáritas Silva das Mercês

<sup>1</sup>Nurse, Doctorate student in Nursing at the Federal University of Goiás, Professor of Nursing at the University of Amazônia / UNAMA, Belém, PA, Brazil

<sup>2</sup>Nurse, Doctorate degree in Nursing, Professor of Nursing at the Federal University of Goiás, Goiânia, GO, Brazil

<sup>3</sup>Psychologist, doctorate degree in Management, Trás-os-Montes University / UTAD / PT, Professor of Psychology in the UEPA, Belém, PA, Brazil

<sup>4</sup>Nursing students at the University of Amazônia / UNAMA, Belém, PA, Brazil

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### ABSTRACT

**Objective:** To understand how the multiprofessional team acts in the regulation of health in a Brazilian capital, highlighting the difficulties faced, in front of the technical management of the regulation in public health. **Methodology:** An exploratory descriptive study of a qualitative way, through a semi-structured interview, applied in fifteen professionals working at the SUS regulation. The data were analyzed using the Bardin technique. **Results and Discussion:** Two categories emerged from the interviews: the experience of the multiprofessional team in health regulation; and the need for regulation in the user's access to health services. The presence of professionals with diverse backgrounds, collaborates in the construction of a more integrated assistance, that allows to benefit the users; and establish constructive links for improvement in work. It is necessary to discuss the reality experienced by regulatory professionals, their expectations regarding the importance of their activities, and the need for regulation, for the effectiveness of health systems. **Conclusion.** Obstacles in terms of operation and functionality interfere in the multiprofessional performance in health regulation, which is reflected in the weakness of the country's health system, causing problems that affect user care and the quality of care.

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### INTRODUCTION

In 1988, Brazil incorporated the social welfare state's ideology into its Constitution, based on European parameter, which places the State as a major social promoter and organizer of the economy, as a regulator of the country's social, political and economic life, with the objective of guaranteeing public services and protecting society.

**\*Corresponding author:** Luzia Beatriz Rodrigues Bastos

Nurse, Doctorate student in Nursing at the Federal University of Goiás, Professor of Nursing at the University of Amazônia / UNAMA, Belém, PA, Brazil

The new standard set forth in the Federal Constitution is characterized by universality in coverage, recognition of social rights, affirmation of the State's duty, and subordination of private practices to regulation in function of the public relevance of actions and services in these areas (Fleury, Ouverney, 2012). The reality has shown that the health situation in the country has been going slowly, and the need of the user is necessary in the governance function of the health systems of the countries whose purpose must be expressed in the relations of production and distribution of resources, goods and health services (Oliveira; Mendes Junior, 2011a). The regulation of health becomes urgent, considering that the

public system coexists with the private health system, in a little harmonious way. In this context, the regulation presents structures called complex and central regulatory whose mission is to articulate and standardize the flows of users in the health system. The regulation has operational units, called central regulations. Inside their, there are the demands of requests that can be made or not by regulators of the health system; these requests are done by specialized examinations and hospitalizations, favoring the fairness of the access of users to SUS services. Regulatory processes allow public management the establishment of a better control of the access to the services offered and the application of resources, which favor the organization of the health system and qualify this attention in order to provide a greater reach of the collective health objectives proposed in the health policy (Brazil, 2011a). Reason why, the regulatory processes need to exist in any health system. In order to operationalize the work of health regulation at the level of regulatory centers, the multiprofessional health team is present, which has the responsibility to ensure the authorization of the health requests of those who need it. The work of these professionals consists of knowing the demand of the health service, to make available, in an orderly way, the available supply. Inserted in the regulatory centers, they obey the hierarchy of care according to the degree of complexity required by the user's health problem (Pinto, Carneiro, 2012a), allowing access to the care. Regulatory professionals, also considered as technical managers of regulatory centers, place themselves in the position of link between the elements of the system (organizational partners) and (individual) clients, interacting and facilitating the population's access to services and demonstrating their capacity to act as potential structuring of such access (Gawryszewski, et al, 2012). In this way, the study aimed to understand how the multiprofessional team acts in the regulation of health, highlighting the factors that interfere in the execution of its activities; and the difficulties faced in the technical management of SUS regulation.

### **Regulation of Health in SUS**

The ministerial regulation policy of 2008 aims to promote the universal access to the SUS, not only in a purely financial logic, but also by optimizing the use of services, in search of the quality of the action, the adequate response to clinical problems and user satisfaction, without there being, the fragmentation of care. The SUS makes use of the regulatory process as one of its management tools, since it presents itself as an important social equalizer capable of attenuating the relationship between need, demand and supply, of the user who needs the service that is made available, according to the schedule prior, municipal or state (Vitalis, 2016). SUS uses the regulatory process as one of its management instruments, since it presents itself as an important social equalizer capable of attenuating the relationship between demand and supply of the user that needs it and the service that is available, according to previous, municipal or state programming (Vitalis, 2016). The public power expressed through the municipalities and the state, are the main subjects of regulation, acting in three levels: on health systems; in health care and in the access to care. The main functions of the regulation on health systems are the definition of norms, the monitoring, the control and the evaluation of health services (Brazil, 2014). The regulation of health care is directed at providers of public and private health services. On the other hand, the regulation of access or assistance, allows adjusting the available assistance to the

citizen's immediate needs (Albieri, Cecilio, 2015a). As a way to operationalize the process of regulation of access to health services, it is observed the creation of several centers throughout the country in the areas of urgency and emergency and examinations of medium and high complexity, clinical or surgical hospitalizations, in intensive care, among others. The regulatory complexes are structures that seek to operationalize the actions of the regulation of access through the articulation and integration of a set of regulation centers, which are considered as work units and the center of these complexes because they circumvent demand and supply in the SUS (Cecon et al., 2013). As structures that comprise all the action through the regulatory process, regulatory centers are places that receive requests for service, evaluate, organize and brand consultation, avoiding that the user moving unnecessarily, in the search for procedures (Barbosa DVS, Barbosa NB, Najberg, 2014a). Health regulation activities have been developed by public and private health institutions, through teams of professionals who seek to assess technical, scientific, financial, property and structural aspects. They are carried out continuously although there are few studies that investigate their dynamics, organization and limits (Peiter, Lanzoni, Oliveira, 2016a). Regulation is an important instrument for ordering health services and actions, in line with the principles that governing SUS, linked to universality and equity in its provision; the decentralization with shared distribution of objectives and commitments between the federated units; and the regionalization and hierarchization of the network to guarantee the integrality and continuity of care to the citizens (Brazil, 2011b). Even though regulatory processes are important in the country, the regulatory professionals actively participate in it, expressing problems and point out difficulties that in large part, compromise their full exercise and have an unsatisfactory repercussion in relation to those who need SUS services.

### **Multiprofessional Team on SUS Regulation**

The multiprofessional team corresponds to the professionals who regulate the health system, whose contributions in their daily actions include, analysis and verification of alternatives presented in each request sent by the primary health care professional (PHC), and the decision whether or not to authorize procedure, according to the need for priorities. The description of the responsibilities and competences of professionals who work in health regulation is fundamental for the efficient and effective execution of their activities. The definition of a performance model with defined assignments has the potential to qualify and organize the supply and demand relationship in order to facilitate the performance of managers (Peiter, Lanzoni, Oliveira, 2016b). The multiprofessional team of the regulation centers in Belém / PA, have professionals from different categories: nurses, doctors, social workers, dentists, physiotherapists and pharmacists. Medical and nursing regulatory practices encompass the various aspects of the operational activities of the regulatory activity, resulting from the relationship between few available resources and the extremely high demand, as well as the malfunctioning of defined work routines, leading to personal initiatives in solving users' problems (Oliveira, Grabois, Mendes Junior, 2011b). The dental professional is involved in the analysis of buco-maxilo procedures, requested by physicians at the level of elective procedures. This professional is authorized by a careful analysis of their need (Tajra, Lira, Rodrigues, 2012). The factors that may justify the

participation of the physiotherapist in the multiprofessional team of health regulation, refers to outpatient expenses and increased physical therapy assistance, which requires specific knowledge related to physiotherapy (Santos et al., 2011a). It is believed that social workers are called to compose health regulations in order to enable the implementation of public policies associated and human rights. Inserted in the work of regulation of Out-of-Home, Treatment, specific program of SUS, must act with commitment in the interests of users. The multiprofessionality, with diverse formations and specialties composing the health team, although not be, a medical exclusivity (Santos, et al, 2011b), qualifies the regulation in health. However, it should be emphasized that the difficulties reported and the factors that stand in the way of guaranteeing positive responses to population demands are essential in the regulatory process and user satisfaction.

## METHODOLOGY

This is an exploratory descriptive and a qualitative study. The data collection took place from September to November of 2017, through a semi-structured interview. Fifteen professionals participated, among them: eleven nurses, two physicians, one dentist and one pharmacist, that worked in the Regulation Department of the Municipal Health Department of Belém, State of Pará, Brazil. The data research were interpreted according to Bardin's (2010) theory, whose the technique of data analysis was based on pre-analysis, material exploration, treatment of results and interpretation of data. For the application of the interviews, the researchers needed to be included in the routine of the institution, creating good relation of trust, in order to enable better communication with the respondents. For this goal, the time, date and approximate duration of the interview were agreed. The interviews were applied in the department's cafeteria, due to the absence of an appropriate and private room. The ethical and legal aspects of Resolution No. 466/12 of the National Health Council were considered, with approval by the Research Ethics Committee of the University of Amazônia and Plataforma Brasil, under CAE number 2.282.721.

## RESULTS AND DISCUSSION

It was interviewed 15 professionals who work in regulation, 80% (n = 12) of the female sex and 20% (n = 3) of the male sex; 46.67% (n = 7), belong to the age of 50 to 60 years old, 46.67% (n=7) 30 to 49 and 6.66% (n = 1) 20 to 29 years old (n = 7); 86.67% (n = 13) of the participants studied over 15 years, 6.66% (n = 1) from 1 to 5 years and 6.66% (n = 1) from 6 to 15 years of study; 80% (n = 12) perceived more than 3 minimum wages, 13.33% (n = 2), 2 and 6.66% (n = 1), up to 3 wages. Analyzing the service time, 46.67% (n = 7) worked for more than 9 years, 26.67% (n = 4), 6 to 9 years, 6.67% (n = 1) of 3 to 5 years, 6.67 (n = 1) from 2 to 3 years and 13.33% (n = 2), 1 year ago. Regarding the form of admission, 86.67% (n = 13), are effective and 13.33% (n = 2), temporary. Regarding the function performed, 73.34% (n = 11) are nurses working in ambulatory supervision, bed center, specialized consultation and treatment outside the home; 6.67% (n = 1) operated as a pharmacist in outpatient supervision; 6.67% (n = 1) perform activity as dental surgeon, regulating procedures in high complexity; and 13.33% (n = 2), are doctors of the bed center and elective procedures.

From the interviews conducted, two categories emerged: the experience of the multiprofessional team in health regulation; and the need for regulation in the user's access to health services.

**Category 01:** The experience of the multiprofessional team in health regulation.

Considered an important category to unveil if the accumulation of experience in the field of health, allows a better professional performance as regulator of the public health system. The speech is restricted to the routines of action in the regulation centers:

*"The role of the pharmacist, the nurses, and even the social workers are practically the same, we seek to visit a health establishment, guide them in terms of attendance, realignment and the need of their service to the population, check if it is compatible with what they offer "(Interviewee 01).*

In the speech can be perceived, little clarity in the responsibilities and competences of the professionals that act in the regulation of health, because it interferes in the efficient and effective execution of their activities. The well-defined assignments have the potential to qualify and organize the supply and the demand relationship in order to facilitate the management performance (Peiter, Lanzoni, Oliveira, 2016c).

It was not reported the frequency of visits to the service providers, as soon as the results in the qualification processes of regulation and management, and in what way, the impacts of these visits were important in the care of users of the health system.

Regarding the quality of the requests made by the establishments, errors were reported related to the patients' clinical situation, demonstrating the need to establish a standard of excellence with well defined technical norms and standards, as pointed out by the researcher below:

*"The requesting establishments have a lot of problems as: badly done registration, poorly completed records, lack of test results that they do not present, but sometimes describe a clinical picture ... What is lacking here at the central is to establish routines and technical standards "(Interviewee 05).*

Regarding the speech, it is pointed out that the formalization and the implementation of technical protocols, duly agreed between health service providers and municipal and / or state regulation, and periodic training, to adequately and correctly fill the documents sent to the regulation, would be necessary to avoid such situations. Regulatory professionals verify, analyze and evaluate the justifications presented in each request of the primary care professional and they decide whether or not to authorize the procedure, considering the need to prioritize the most urgent cases (Souza, et al, 2015). Regarding the work and care infrastructure for the professionals that perform their tasks in the regulatory centers, it is worth mentioning the following speech, considering that the public power is responsible for the management of the health system.

*"Support is always important and welcome. In the case of physical structure, for example, it does not have na air conditioning working ... We are here in a steam room. We're going to sit down and can not even get a chair. We feel the*

*need to have a better physical structure and a support structure regarding the cost issue, the municipality does not usually provide this for us "(Interviewee 02).*

Issues related to the adequate infrastructure for the care of users and the operationalization of activities by health service workers are often discussed in the public service. For a large part of the population, these services are inappropriate, in view of the services provided by private plans and private services. We can note the regression experienced in the country in relation to the disbelief of the public services and the constant discussion about the destabilization of the SUS, denying it to a service of third category. Ramos U. and Ramos W. (2017), affirm that there is a marked percentage of professionals' not pleased with physical facilities and equipment. In this way, this is an obstacle to the regulation process. Scarce resources imposed on regulators on a daily basis, expose the dramatic face of health regulation. The multiprofessionality in regulation collaborates in the construction of an assistance in a more integrated way oriented on diverse optics that tend to benefit not only the users, but also allows to establish constructive bonds for the improvement in the work and the aggrandizement of the team, through the partnership of sharing professional and technological (Santos, et al, 2011c). However, it is necessary to discuss the reality experienced by regulatory professionals, their expectations, regarding the importance of their activities, as well as the need for regulation, not only in guaranteeing their office, but in their effectiveness in the health system.

**Category 02:** The need for regulation in the user's access to health services.

In order to understand if the multiprofessional team considers necessary to regulate health services to facilitate the user access, the following stand out:

*"It is necessary as well as fundamental, it serves to take the service to those who need it, for whom it is necessary, for example, if I leave the hospital door open, only for those who already treat there, it will stop serving those who can not get there [...] where each municipality also does what it is necessary "(Interviewee 05).*

There is a prominence of the regulatory process in health systems, however, they point out that the organization of access is the responsibility of the municipality of origin, as consult specialized exams and procedures, in order to prioritize the proximity of the place of attendance to the residents residence. This is a controversial issue, if the SUS is universal, what is the reason of its users not being attended, where they deem it more convenient? The public power (municipal and state) when tries to organize the service promotes the district in Belém. It organizes the service by districts according to a certain population number. The purpose is to distribute the population, avoiding unnecessary concentrations. Silva and Gomes (2014) emphasize that the health problem of a particular county is a problem for all because when the citizen does not find the necessary attention in his county, he will cross the borders and will go to another neighboring county looking for care and services. To reach this goal he spends months in family houses, he enrolls in the nearest service station with the receipt of residence of this family member and does what is possible to guarantee his care. Donabedian (2003) and Albuquerque et al. (2014) share the

same view when they say that access concerns the ability to obtain health care and is one of the aspects of the provision of services related to the capacity to produce services and to respond to the health needs of a population. It is necessary to ensure the SUS principles in guaranteeing the full access to users of health services at all the levels of system complexity. The following statement points out the need for a more rigorous control over the verification of the quality and provision of the services contracted by the county, based on the effective punitive measures, for possible contract breaks and arbitrary actions.

"The regulation is there to see if indeed those services purchased in certain health care facilities are really necessary [...] the regulation works very closely with the provider himself, the owner of the health establishment ... They make us what they want and the user himself comes to collect or denounce these kinds of wrong things that they provide "(Interviewee 01). Even the regulatory processes considered necessary in the public health system, studies discuss their ineffective practices and depend on non-formal mechanisms of action, pointing out barriers in users' access to the health services in the lack of resources to provide more complex specialties. In order to facilitate the work process of the regulatory professional, the information systems available by the federal manager, among them, the SISREG (Regulation System), allows to easily identify the cases to be analyzed, making the service more productive and more efficient, which is good for the user who does not take so long time to perform his indicated procedure, as the following interviewee demonstrates:

"Certainly, when there were not these systems there, it was more complicated, there were urgently patient mixed with elective patient. It was very complicated, but nowadays the system is much better. It's just urgent, when it's emergency, we already see it in the system. Look, come to the emergency room, it's here. "(Interviewee 03).

The SUS regulatory centrals work with software that seeks to provide online scheduling of medical consultations and specialized procedures in different counties, which need to refer patients among the different levels of care (Pinto, Carneiro, 2012b).

The following testimony demonstrates that the low resolution of the basic care increases the demand and the undue demands on regulatory centers, as pointed out:

"In the basic care, there will be almost 90% of the cases, and it would not get here, even because we have basic care with laboratory tests, X-ray machines, [...] An early diagnosis of the patient and to eliminate what is not an emergency consist in routing the medium and high complexity regulation [...] "(Interviewee 05). It is necessary to point out that the lack or the difficulty of access to care in basic care services, the low resolubility of this level of care and the non-feasibility of the patient's referral induce the users to seek emergency services and this is the key of the health system (Barbosa DVS, Barbosa NB, Najberg, 2014b). Ferreira et al. (2006) affirm that if there is no reference system and no reference that allows reciprocal referral of patients between the different points of the health network, the continuity of the care in primary care become insufficient, with unfavorable repercussions, both for the user and for the access to the health system. The

Integration with primary care professionals provides the facilitation and the qualification of the regulatory activities. The successful development of the regulation process from the local level allows a greater system interface with the patient, through better continuity of care (Silva et al, 2011; Albieri and Cecílio, 2015b). So, in this context is important to have a formal space for discussion and the implementation of the necessary corrections to the permanent adaptation of the integral care system to the patient in accordance with the guidelines established by the plans and committees of attention to the SUS users that need to be permanently maintained.

## CONCLUSION

The multiprofessional team working in health regulation has the professional skills exposed and compromised in terms of operability and functionality in the users care who need the public health system. So, it is on the reflex of the weakness of the health system of the country and cause problems that have repercussions in the service to the user and in the quality of its assistance. It is believed that there is much to be achieved in the scope of regulation and that professionals who work in this system should be more collaborative and participatory to expose the difficulties they face in their daily work place. It is observed that there is potential for mediation of the regulatory professionals with affirmative measures between the user and the procedure, so, they do not stay walking between health departments and urgencies in search of care. Based on these positions, the research that discusses the obstacles is suggested. These researches compromise the work performed by the multiprofessional team in the regulation of health in Brazilian counties, with the greater purpose that is the user's access to the health services, according to the SUS principles.

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