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FIRST CONTACT ACCESS OF THE CHILD TO PRIMARY HEALTH CARE SERVICES: INTEGRATIVE REVIEW

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ABSTRACT

With identifying the scientific evidence about the essential attribute of the First Contact Access of the child in Primary Health Care. This is an integrative review, carried out in the databases LILACS, PubMed, SCOPUS and Web of Science, in the period from June to August of 2018, totaling 14 productions. For the critical evaluation of the primary studies, the level of evidence classification was used. In the studies accessibility has been limited in aspects: service hours, ethnic and racial disparities in child care, difficulties in scheduling consultations in other levels of care, prioritization of emergency and emergency services and the location of units. Primary Health Care services need to consider the child's increased biological and social vulnerability for specific programming and provision of greater access.

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INTRODUCTION

The Primary Health Care (PHC) is considered to be the gateway to the Brazil's Unified Health System (SUS). It is composed of a central set of functional and structural elements that aim to guarantee access to health services by the population, emphasizing the prevention and health promotion, based on action planning for families and communities (Starfield, 2002 and Mendes, 2010). Historically, the concept of access to health services, proposed by Donabedian, goes beyond the entrance because it considers that accessibility implies the degree of adjustment between the characteristics of the health resources and the population. It is not only the simple availability of resources in a given time and space, but also the provision of services that respond to the demands of the population (Sanchez, 2012 and Travassos, 2004). Accessibility, in turn, is characterized as a structural element necessary for PHC to become a gateway to the health system. It is noticed that the concept of access is complex, that varies between authors and that changes over time and according to the context. The terminology used is also variable, using the noun accessibility, access or both (Starfield, 2018). For the present study, the terms access and accessibility are considered to be used interchangeably and are often imprecise. Because accessibility makes it possible for users to access services. Therefore, it is defined as a necessary structural aspect of the health care system or service to achieve first contact attention. Already, access, is the way the user experiences this characteristic of the health service (Starfield, 2002 and Starfield, 1992). This variety of definitions about access and / or accessibility of various authors has the dimensions suggested by Donabedian, in his works presents the dimensions of access / social-organizational accessibility and access / geographical accessibility. The first one encompasses

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the characteristics and resources that make it difficult or easier for people to obtain care, that is, all aspects of the operation of the services, focused on their use, that interfere with their relationship with the user. The second one involves the characteristics related to the time and distance traveled to reach the service, that is, the spatial distribution of resources, the location of the units and the existence of transport (Mendes, 2010 and Cunha, 2010).

Therefore, accessibility refers to the possibility of the user arriving at the health service, directly related to the structure of these services, enabling the first contact (Weiller, 2008). What configures first-contact access one of the essential attributes to reach the quality of the services health (Starfield, 1992). Access to quality services is one of the responsibilities of the public health systems, with a view to enabling attention to acute and chronic health problems, as well as articulating actions to promote health and prevent aggravations (Cunha, 2010). In addition, other benefits of first contact access in PHC are reduced morbidity and mortality, time to resolve the health problem, the number of consultations with specialists and the demand for emergency and emergency services. It also helps in reducing unnecessary referrals and system expenses. Facilitates the achievement of better results in health actions and enables the follow-up of care to other levels of care (Mendes, 2010).

In the context of the child's access to PHC services, the health-disease process encompasses a subject that involves a social group that is his / her family (or caregivers). The living conditions of this family interfere in its epidemiological profile, this understanding of care was not part of social policies, just as the State was not responsible for child health until a few decades ago (Sousa, 2012). The child's health care in PHC services should also be considered as priority and ordering doors, exhausting at this level all the possibilities of attention and then moving it to another level of care (Sousa, 2012).

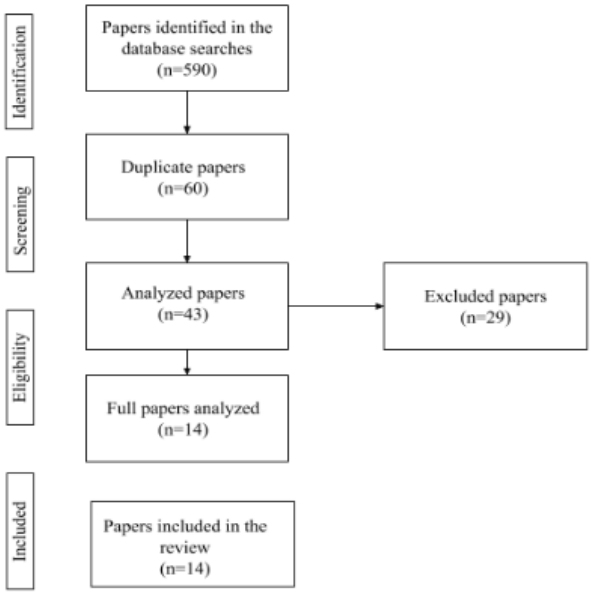
Evaluation in the area of PHC should ensure adherence to the principles outlined before the analysis of indicators. For it is the degree of commitment of the health system and services to the principles of PHC that ensure greater effectiveness of care offered. A health system with a strong referential in PHC is more effective, more satisfactory for the population, has lower costs and is more equitable - even in contexts of great social inequity (Leão). The literature records the APS assessment tool, with emphasis on the assessment of the presence and extent of essential attributes and derived from primary health care. The instrument used to assess the quality of PHC, the Primary Care Assessment Tool (PCATool), measures the presence and extent of essential attributes and derivatives of PHC. Its target audience is the users, caregivers of children and health professionals about their experience in the use of health services (Mendes, 2018). In view of this theme, it is worth to infer that the purpose of this integrative review study was to identify the scientific evidence about the First Contact Access of children in Primary Health Care services, using the Primary Care Assessment Tool PCATool - Primary Care Assessment Tool).

MATERIALS AND METHODS

It is an integrative review of the literature, which investigates primary studies and presents a remarkable insertion in the nursing area, associated with the tendency to understand health care. This type of research is observed in practice based on evidence-based or evidence-based health (Soares, 2014). The methodological course was subdivided into the following steps: preparation of the review question, review study planning, database indication, definition of terms of search; collection of data through advanced search; exploratory analysis of the data collected for inclusion and exclusion for research appropriate to the scope of the research; organization and systematization of the selected articles and the bibliographic survey.

It had as a guiding question: "What scientific evidence about the essential attribute of first contact access of the child in primary health care with the use of the Primary Care Assessment Tool (PCATool)?"

The data were collected in June and August of 2018, in the databases: Latin American and Caribbean Literature in Health Sciences (LILACS), National Library of Medicine (PubMed), SciVerseScopus (SCOPUS) and Web Of Science. The words used were "Primary Care Assessment Tool" and "PCATool" with the use of the Boolean operator OR. The inclusion criteria for articles were: articles published in languages: Portuguese, English and Spanish, with summaries and texts available in the selected databases, between 2001 and 2017.



Source: authors of the research

Figure 1. Selection of studies in the databases

And the exclusion criteria: duplicates and non-responses the question of research, theoretical articles, integrative reviews, narratives and systematic, reports of experience, editorials, theses, dissertations, monographs, abstracts, documents and annals of events. In order to minimize possible bias of the studies, two researchers performed the articles reading and filling the instrument independently, which were later compared. There were no differences regarding the evaluation of the publications. For the elaboration of the results and discussions, 14 articles answered the guiding question. Figure 1 represents the flowchart according to the PRISMA model of the selected studies in the databases. For the classification of the articles by level of evidence, the level of evidence classification system of Melnyk and Fineout Overholt (Melnyk, 2005), was used.

Table 1. Selected studies in the databases

Author / year of publication	Objective	Main results	Level of Evidence
Silva AS da, Baitelo TC, Fracolli LA. 2015.	Assess the attributes of primary health care for access; longitudinality; integrality; coordination; family orientation and community orientation in the ESF.	The three groups evaluated the access of first contact - accessibility with low scores. The professionals evaluated with high score the other attributes. The users issued low score evaluations for the attributes: community orientation; family counseling; integrality - services rendered; integrality - available services.	VI
van Stralen *et al.,* 2008.	To identify the performance perception of basic health units with and without Family Health in cities with more than 100 thousand inhabitants in Goiás and Mato Grosso do Sul.	The data did not present significant differences between the units with and without health of the family, but the professionals 'perceptions are always more favorable in comparison to the users'.	VI
Reichert APS, Leônico ABA, Toso BRG, Santos NCCB, Vaz EMC, Collet N. 2016.	To identify the principle of family and community orientation in the Family Health Units, referring to the health care of children under ten years of age.	There is a poor orientation of the family and community orientation attributes in PHC, indicating the need for an integral view of the child, with macro and micropolitical conceptions of health care planners and managers, to ensure effective care.	VI
Oliveira VBCA de, Veríssimo MLR. 2015.	To compare the UBS care model with the ESF regarding the presence and extension of Primary Health Care (PHC) attributes in the care of children.	Units with FHS are closer to the principles of PHC, but there is a need to review child care actions, aiming at the attributes of PHC, in both models of care.	VI
Ribeiro LCC, Rocha RL, Ramos-Jorge M. 2010.	Evaluate the reception from the perspective of the professional position of the family health team in the way they receive, listen and approach those who take care of those who are cared for, in the view of those responsible for children.	Inferring that the reception / posture in these services has allowed a satisfactory user-professional interaction, essential for a health care with quality.	VI
Stevens GD , Shi L, 2002	This study compared the quality of primary care specifically experienced by children of different racial and ethnic groups.	After controlling for family demographics, socioeconomic status, and health system characteristics, minority children experienced a lower quality of primary care in most care domains compared to white children. Asian Americans reported the poorer quality of care in most domains, but particularly in the use of first contact, interpersonal relationships, and coverage of services received.	
Marques Amaro Sérgio et al. 2014.	To evaluate the attributes of primary health care (PHC) for children and to identify associated factors.	Only the Longitudinality attribute was well evaluated. All the others presented average scores considered low. More than 80.0% of the respondents evaluated with low values the special and general scores of PHC.	VI
Quaresma FRP, Stein AT. 2015.	To compare the attributes of Primary Health Care (PHC) provided by the Family Health Strategy (FHS) teams to children and adolescents with and without physical disabilities in Palmas (TO)	Reception / posture in these services has allowed a satisfactory user-professional interaction, essential for a health care with quality.	VI
Berra S, Rodríguez-Sanz M, Rajmil L, Pasarín MI, Borrell C. 2014.	To evaluate experiences with primary health care for children and adolescents, considering health levels, sociodemographic characteristics and the use of health services.	Early contact-accessibility, continuity of care, and cultural competence scores were higher when children had dual and lower health coverage when they visited emergency services. Improvements in some primary health care functions could reduce the use of emergency and iniquity services.	VI
Wolkers PC, Macedo JC, Rodrigues CM, Furtado MC, Mello DF. 2017.	To evaluate and compare the quality of primary care offered to children with type 1 diabetes mellitus among the types of public health care services in the experience of their main caregivers.	The health care of children with type 1 diabetes mellitus in the studied municipality shows little presence and extension of primary care attributes, with fragmented and disarticulated actions, leading to losses in the integration and expansion of network care.	VI
Fracolli LA, Muramatsu MJ, Gomes MFP, Nabão FRZ. 2015.	To evaluate the presence and extent of attributes of Primary Health Care (PHC) in the Family Health Strategy (ESF) in the city of Quatá-SP.	The APS attributes are generally satisfactory, the accessibility and the services available need to improve their operation. The need to improve the population's access to PHC services was identified, with possible adjustments in the hours of operation of the health units; facilitate access and scheduling of queries; improve the referral and counter-referral system; availability of services such as vaccines, sutures; and improve communication between professionals and users.	VI
Ferrer APS, Grisi SJFE. 2016.	To assess access to PHC among children and adolescents hospitalized for sensitive conditions in Primary Health Care and to analyze the conditioning factors.	Access to PHC is inadequate and is related to: presence of access barriers, valuation of emergency services and attitude towards health needs.	IV
Pinto *et al.,* 2017.	To assess the extent of APS attributes, from the experience of users, both adults and caregivers of children, comparing the area served by the health units of the neighborhood of Rocinha with other areas of the health district in the city of Rio de Janeiro.	Better performance for child care compared to adults. The attributes "access" and "completeness - available services" were the ones that had the worst performances, probably due to the great external and internal migration existing within Rocinha itself, Brazil.	VI
Harzheim *et al.* 2006.	Adapt PCATool to Brazil and analyze its validity and reliability.	They indicated that PCATool-Brazil has adequate validity and reliability, and may constitute a national instrument for the evaluation of primary health care after its application in other population contexts.	VI

Source: authors of the research.

This is ordered by seven levels: Level I - evidence originating from systematic reviews or meta-analysis of relevant trials clinical; Level II - evidence derived from at least one well-delineated randomized controlled trial; Level III - well-delineated clinical trials without randomization; Level IV - well-delineated cohort and case-control studies; Level V - systematic review of descriptive and qualitative studies; Level VI - evidence derived from a single descriptive or qualitative study and Level VII - opinion of authorities or report of expert committees. The presentation of the results and discussion of the obtained data was done in a descriptive way, allowing the reader to evaluate the applicability of the elaborated integrative review, in order to reach the objective of this method.

RESULTS

The sample of this review was composed of 14 studies that describe the scientific evidence about the child's access to PHC services, using the Primary Care Assessment Tool (PCATool). A summary of the articles selected for this review is presented in Table 1. The characterization of the included products (N = 14) revealed that the type of research design of the selected articles was the one of quantitative approach. There was a predominance of studies performed in Brazil (12) (Silva, 2015; van Stralen, 2008; Reichert, 2018; Oliveira, 2015; Ribeiro, 2010; Marques Amaro Sérgio, 2014; Quaresma, 2018; Wolkers, 2017; Fracolli, 2015; Ferrer, 2018; Harzheim, 2018), followed by the United States of America (1) (Stevens, 2002), and Spain (1) (Berra, 2014). The areas of knowledge were nursing (7) (Silva, 2015; Reichert, 2016; Oliveira, 2018; Ribeiro, 2018; Quaresma, 2015 Wolkers, 2017 Fracolli, 2015), medicine (4) (Stevens, 2002; Marques Amaro Sérgio, 2014; Ferrer, 2018; Pinto, Harzheim, 2018), psychology (1) (van Stralen, 2018), static (1) (Pinto, 2017) and nutrition (1) (Berra, 2014). As for the temporal distribution, the arrangement pointed to the growing publication of studies related to the research theme between the years 2015, and they varied from 2003 to 2017. In relation to the title of the main author are Doctors (8) (van Stralen, 2018; Reichert, 2016; Oliveira, 2015; Stevens, 2018; Quaresma, 2018; Wolkers, 2017; Pinto, 2018 Harzheim, 2018), mestre (1) (Marques Amaro Sérgio, 2018), and Post-Doctors (4) (Silva, 2015; Marques Amaro Sérgio, 2014; Berra, 2018; Fracolli, 2015; Ferrer, 2016). In the 14 articles, the methodology was well delineated, providing the reproduction of the studies in other locations. Analyzing the level of evidence, 13 articles (92.86%) were classified as having weak evidence (VI) and one (7.14%) (Ferrer, 2016) with a better level of evidence (IV).

DISCUSSION

The access refers to the structural aspects (functioning) of the services that interfere in the relation of these with the users and the waiting time for the service. These are non-spatial features that facilitate or become obstacles to the client's efforts to gain attention. Accessibility can be measured by distance and time of travel, cost of travel, among other factors (Weiller, 2014).

First contact access implies accessibility and use of services for each new problem or episode, for which people seek health care.[12] In relation to this, barriers to access to care were identified in both the Basic Health Unit (UBS) and the Family Health Strategy (ESF), especially in the forms of communication and in the hours of operation of the same. The structure and work process in FHS favors only routine care during the week, limiting the access of caregivers / family members who work (Silva, 2018; van Stralen, 2018; Reichert, 2016). Access was evaluated with low scores for both UBS and ESF, and for ESF the evaluation of the access attribute was even lower. It is not only a question of users' dissatisfaction with the service, since the professionals also assign a low evaluation to the access (Oliveira, 2015). This was evidenced in another study (Silva, 2015) in which the participants gave low scores for First Contact Accessibility, this result, which is not only a question of users' dissatisfaction with care, since the professionals also attributed a low evaluation, it means that the introduction of family health did not necessarily imply improvement of access, distancing the FHT from reorientation of the health model advocated in official policies.

The thinking directed to the logic of promotion and prevention is not yet present in the population, according to the study they seek solutions, cures for diseases already inflicted. It is suggested that the increase in education around the importance of prevention awareness be more aligned with PHC for UBS and ESF services (Oliveira, 2015 and Ribeiro, 2018). The study conducted in the United States of America (Stevens, 2002) dealt with barriers related to racial and ethnic disparities in the quality of primary care for children. They found that black children experienced lower quality of primary care in most care domains compared to white children. Asian Americans reported the poorer quality of care in most domains, but particularly in the use of first contact, interpersonal relationships, and coverage of services received. The results suggest that these disparities are reflective of the capacity to pay, health disparities, socio-demographic characteristics or racial variations in the expectations of care.

In this same context, study (Trad, 2012), reinforces the previous result, when analyzing the accessibility of black families from the popular neighborhood to basic health care services in Brazil, found that there are economic, organizational and cultural accessibility barriers that are interposed between the supply of services and the effective and timely care of the needs of the black population. Corroborating, the study (Marques Amaro Sérgio, 2014), that evaluated the attributes of primary care with a focus on child health, according to the perception of a quilombola community in the North of Minas Gerais, found that the worst scores were for the attributes of Family Guidance and Accessibility. On the attention given by the Family Health Strategy (FHS) teams to children and adolescents with and without physical disabilities in Palmas (TO), the evaluation of the scores was of poor quality care to the child and adolescent population, regardless of whether or not they had a disability emphasizing that the greatest challenges are ensuring health care for children and adolescents (Quaresma, 2018). Having visited a general practitioner or pediatrician was associated in Study (Berra, 2018), with a better primary care score on continuity of care and coordination, and having a visit to a specialist was also associated with a better score on continuity of care. However, the lower scores in the first contact domains (accessibility, continuity of care and cultural competence) were associated with a higher probability of using emergency services. Corroborating this analysis, children with chronic diseases such as Diabetes Mellitus type 1, accompanied in specialized services and PHC services, demonstrated that access to health in PHC is limited, pointing to difficulties in scheduling consultations, extended waiting time and receiving fragile.

Attention instability has also occurred when the chronic disease becomes acute and requires emergency intervention.[23] The difficulty with accessibility to PHC care is common, which indicates a weakening early in the PHC care process. Considering that the user can not access PHC services when he or she deems it necessary, it is right for him to look for another entry into the health care network (Fracolli, 2015). The care of the child in PHC is motivated by curative demands in detriment to the preventive demands, due to the greater volume of acute affections that presents, being that the child gets sick more frequently than the adult and mainly by acute conditions (Siqueira, 2016 and Rati, 2018). In this sense the services of APS need to consider the greater biological and social vulnerability of the child for specific programming and provision of greater Access (Soares, 2014). Thus, studies (Siqueira, 2016 and Rati, 2016) confirmed that some situations could have been solved in the APS, but users go directly to the emergency services, because they value the services of greater technological density, discharging the role of APS as coordinator of care. Study (Ferrer, 2016) reinforces that access to PHC services is inadequate and is related to the presence of access barriers as well as the valuation of emergency services and attitude towards health needs.

The posture and the opinions of the professionals reinforce the concepts emitted by users, reflecting in the standard of use of the services. In their assessments, practitioners point out that users actually look for APS services for emergencies. The location of ESFs also constitutes an access barrier, once the territorial boundaries of these are close generating difficulties to locate these users, occurring non-membership of the ESF, being aggravated by the continuous changes of families between neighboring neighborhoods, weakening the link between ESF and users. In the study[28] with peripheral communities, these are important sites for monitoring the internal mobility of the population, which can be considered as the synthesis of spatial mobility in large metropolises, such as the city of Rio de Janeiro. Study (Pinto, 2017) further suggests that in planning a FHS, managers consider facilitating geographic accessibility by eliminating barriers to primary care, given the limitations of children's mobility in alleys, alleys, and steep stairs. Regarding the use of instruments for health assessment in primary care, aiming at the qualification of management and health care, the studies found used in their evaluations on the performance of services, the Primary Health Care Assessment Tool (PCATool), developed by Starfield and Shi and validated in Brazil by the Ministry of Health. In this perspective, this instrument is able to measure the adequacy of essential attributes and derivatives of PHC in health services, as well as to assess the quality and capacity of responses to different health situations in PHC (Harzheim, 2018).

The possible limitations of this instrument in Brazil are related to the non masking of the comparison between the English and Portuguese versions and to the fact that the authors of the article and the scale are responsible for the validation of content in Brazil. However, these limits can be relativized considering the extensive content validation process that had already been carried out at the time of validation of the original scale in the United States. The authors acknowledge it as the best instrument to be used since this process was conducted by the Johns Hopkins Populations Care Policy Center for the Under-served Populations, whose scientific output in the field of primary health care is globally recognized (Nicola, 2018). They also took into account the use by the Ministry of Health of the typology of PHC defined by the author of the original instrument on the theoretical basis. Despite the limitations, the validation of this instrument makes possible a strategy of evaluation and comparison of the PHC services in Brazil directed to the child population of easy accomplishment (Harzheim, 2018). This provides conditions to reaffirm or reformulate aspects of the structure and process of care towards primary health care to high quality children. In addition, the evaluation of users' opinions about their experiences with health services is essential for the quality of care (Harzheim, 2018).

Conclusión

The present study allowed to identify the scientific evidence about the First Contact Access of the child in Primary Health Care services, using the Primary Care Assessment Tool (PCATool). We consider the predominance of two attention models in the selected studies. Among these there are different work processes, being the model directed to family care with greater magnification, fact that enhances the child's access. However, this is a process still under construction in the APS, which faces challenges not only to maintain what exists but also to expand it so that the user can recognize it as a caregiver. The restrictions of public investments for health make it difficult to look at the future, which demands significant changes in the service structure, quality and effectiveness, weakening the health of the population, negatively impacting the health of the population, making the child. Regarding the resolution of the APS, it was observed that despite the expansion of coverage of the network in the country as mentioned above the services have not reached the resolution. The child's relative first seeks the services of medium and high complexity, urgency and emergency, as their door of entry, discharging the PHC as care coordinator of care. The findings of this study also pointed to weak evidence in the selected articles, demonstrating the need to carry out studies of greater evidence, in order to favor the practice of health evaluation in primary care. It is hoped with this study to provide the planning of care actions towards the child in Primary Health Care.

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