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Original article

SINGULAR THERAPEUTIC PROJECT FOR PROFESSIONALS IN THE FAMILY HEALTH STRATEGY

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ABSTRACT: The objective was to analyze the importance of the Singular Therapeutic Project in care management for professionals from a Family Health Strategy team in the context of Primary Health Care in a state capital in the South of Brazil. The Singular Therapeutic Project is a problem-solving device in cases of important vulnerability because it organizes the work process and permits care based on the expanded clinic, respecting the subject's singularity. A qualitative and descriptive study was undertaken by means of semistructured interviews with five professionals between August and September 2014. The results show two categories: the identification and establishment of the Project for the families with longitudinal care needs; the limits and challenges in the implementation of the Project in Primary Health Care. In conclusion, there are limits, such as the inclusion of the Singular Therapeutic Project in the information system; as well as challenges, such as indicators for its assessment by the Family Health Strategy team.
DESCRIPTORS: Mental health services: Information systems; Family health; Comprehensive health care.

PROJETO TERAPÊUTICO SINGULAR PARA PROFISSIONAIS DA ESTRATÉGIA DE SAÚDE DA FAMÍLIA

RESUMO: Objetivou-se analisar a importância do Projeto Terapêutico Singular na gestão do cuidado para profissionais de uma equipe da Estratégia da Saúde da Família, no âmbito da Atenção Básica, em uma capital do sul do Brasil. O Projeto Terapêutico Singular é um dispositivo resolutivo nos casos de vulnerabilidade importante por organizar o processo de trabalho e possibilitar o cuidado baseado na clínica ampliada, respeitando a singularidade do sujeito. Foi realizado estudo qualitativo, descritivo, realizado por meio de entrevistas semiestruturadas com cinco profissionais, no período de agosto a setembro do ano de 2014. Os resultados mostram duas categorias: a identificação e o estabelecimento do Projeto às famílias com necessidades de cuidados longitudinais; os limites e desafios da implementação do Projeto na Atenção Básica. Conclui-se que há limites tais como a inclusão do Projeto Terapêutico Singular no sistema de informação e desafios como indicadores para sua avaliação pela equipe da Estratégia Saúde Família.
DESCRITORES: Serviços de saúde mental; Sistemas de informação; Saúde da família; Assistência integral à saúde.

PROYECTO TERAPÉUTICO SINGULAR PARA PROFESIONALES DE LA ESTRATEGIA DE SALUD DE LA FAMILIA

RESUMEN: La finalidad fue analizar la importancia del Proyecto Terapéutico Singular en la gestión del cuidado para profesionales de un equipo de la Estrategia de Salud de la Familia, en el ámbito de la Atención Básica, en una capital del sur de Brasil. El Proyecto Terapéutico Singular es un dispositivo resolutivo en los casos de vulnerabilidad importante porque organiza el proceso de trabajo y posibilita el cuidado basado en la clínica ampliada, respectando la singularidad del sujeto. Fue llevado a cabo un estudio cualitativo, descriptivo mediante entrevistas semiestructuradas con cinco profesionales, entre agosto y septiembre del 2014. Los resultados muestran dos categorías: la identificación y el establecimiento del Proyecto a las familias con necesidades de cuidados longitudinales; los límites y retos de la implementación del Proyecto en la Atención Básica. En conclusión, hay límites, tales como la inclusión del Proyecto Terapéutico Singular en el sistema de información, y retos tales como indicadores para su evaluación por el Equipo de Salud de la Familia.
DESCRIPTORES: Servicios de salud mental; Sistemas de información; Salud de la familia; Atención integral de salud.

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INTRODUCTION

The objective of the Family Health Strategy (FHS) is to reorganize Primary Health Care (PHC) in Brazil according to the principles of the Unified Health System (SUS). The Ministry of Health (MH) conceived the strategy to improve the health of the population within its territory. The FHS contributes to the consolidation of PHC because it benefits the reorganization of the work process in this component of the Health Care Network (HCN) and enhances the problem-solving ability of the health situation of individuals and groups[1].

The FHS underlies interdisciplinary teamwork, permitting the longitudinal establishment of bonding between professionals and the population, with a view to promoting people's health and autonomy through co-accountability. The FHS professionals are active in the health-disease processes of the users they take care and elaborate care plans and therapeutic actions, such as the Singular Therapeutic Project (STP)[2].

The STP of people and/or groups is a movement of co-production and co-management of care among the stakeholders. The tool targets people in vulnerable situations, considered as the subjects' ability to protect themselves from a problem, constraint, disease or risk situation. The disease process involves not only countless variables, but also the relation among them. Hence, a unique complexity is constructed. Therefore, the treatment, care and monitoring of each person should take place in a singular form, based on an equally complex and diversified response that includes countless actors[3].

The elaboration of the STP should be guided by a relation among professionals-person-family that empowers and serves to consolidate the bond and commitment among them. To elaborate the STP, as one of the first steps, the contractuality between people could be addressed, that is, to allow the stakeholders to be accepted and acknowledged as partners. Sometimes, due to the countless difficulties experienced, the person arrives at the health service with limited contractual power. At that moment, the professional can acknowledge that the person is weakened and provide care to preserve the person in such manner that possibilities are created for the contracts to be properly complied with. During the management of the contract, a reciprocal relationship should be constructed that requires patience and tact form the professional, besides the ability to "be with" the user[3].

Proceeding with the construction of the STP, the quality of the conversations is important, as trust helps to understand the other person's history. Building trust is a process and derives from the bond, that is, the affective and emotional relationship among people.

Together with the STP, the Expanded Clinic is a powerful tool for use in primary health care[4]. This strategy expands and integrates the different professional perspectives to offer a collective structure in response to a complex demand in health and mental health. The relation between the STP and the Expanded Clinic is intrinsic: by systemizing the STP, the clinic is expanded. These two strategies are related to the National Humanization Policy (NHP) and that, together, they promote not only interprofessional care, but also the attempt to encourage autonomy and citizenship among the stakeholders in the care process[5].

The importance of investigating the STP in the FHS, a theme that reflects the relation between the National Primary Health Care Policy (NPHCP) and the NHP, permits further knowledge on this tool. It can systemize complex cases, being recently created in Brazil and used among the FHS professionals. As the professionals organize their work process with the STP, they permit interdisciplinary work, guarantee quality in the integration among the points of the Health Care Network and further the bond among professionals, user and manager[6].

The question in this research is: How do professionals from the FHS team perceive the use of the STP in the management of care for people in vulnerable situations?

The objective in the study was to describe how professionals from the Family Health Strategy team perceive the use of the Singular Therapeutic Project in care management.

METHOD

Qualitative and descriptive research undertaken in the city of Florianópolis, Santa Catarina, where the Primary Health Care Services are named according to the local reality as Health Center (HC). The HC under investigation consists of the six FHS teams that covered 14,286 inhabitants[7]. Only one team from the FHS used the STP in its practice, and therefore served as the location for this study.

All professionals who were members of the FHS team at the investigated HC were invited to participate, including seven professionals (one physician, one nurse, one dentist, one nursing technician and three community health agents - CHA).

One physician, one nursing technician and three CHA accepted to participate in the study. The inclusion criteria were: being a professional affiliated with an FHS team, who used the STP as a care strategy or similar modes and who were present during the field research. The exclusion criterion was the non-use of the STP in the professional practice and absence for different reasons. The nurse and the dentist were excluded from the research, who at the moment of the data collection were on sick leave.

The data were collected between September and October 2014 through individual semistructured interviews, which were audio recorded and held at private rooms at the health service. The interview was guided by the following questions: How are the people identified within your area-territory who demand longitudinal care? Does the team use the STP asa care strategy? How does the team perceive the STP in multiprofessional work? What are the limits and challenges for the FHS team to use the STP in Primary Health Care?

The interviews were transcribed and the data were analyzed using Thematic Category Analysis in its three phases: pre-analysis; exploration of the material; treatment of the results and interpretation[8]. The themes, such as: identification of the cases for elaboration of the STP, care plan, systemization, limits and challenges, are presented in categories in the results. To preserve the anonymity, the participants' statements were identified in the text using an alphanumerical code, in the order of the interviews (E1, E2, E3, E4 and E5).

The project was submitted to the Research Ethics Committee of the State of Santa Catarina and approved under opinion 784.487, CAAE 34171114000000115. The participants signed the Free and Informed Consent Form.

RESULTS

The results and discussions are presented in two categories. The first highlights the identification and establishment of the STP for families with longitudinal care needs. The second underlines the limits and challenges to implement the STP in PHC.

Identification and establishment of the STP for families with longitudinal care needs

The team used cases related to psychosocial care as a criterion to construct the STP, to the detriment of organic problems.

We use it in those complex patients, who are demanding special care at that moment. (E3)

We have not managed to have the team, user and family talk at the same time. Generally, what we do is to receive a demand, whether from the user, family, another person[...] try to bond with that user, discuss the case in the team and, based on the team's perspectives, we develop a proposal for that user or for the family that brought the demand. Then, it involves the family, user, other stakeholders[...]you construct it, but not at the same time, it's not synchronized.(E4)

Select the families that need to make the genogram, think of the most urgent actions, really think about that family[...]we actually discuss it, but you can't go in depth, there are many families[...]in the STP, we stopped for a while to study one family in further depth, to try and discover more about the family. (E1)

The team acknowledges that systemization is important for work, that records support the

interventions and reassessments in response to what was found, permitting readjustments of the therapeutic plan. Nevertheless, the professionals' statements reveal the lack of a joint organization of the team for the collection and registration of information and planning of the care actions for the families identified with needs for an STP.

A document, something more formal, a more structured register is not done[...]we write things in the proceedings, sometimes in the patient history, each professional has his notebook, where he writes down names and thoughts, things about the cases[...]. (E4)

Sometimes, each team professional registers based on his personal notes about the families being monitored. I have my notebook, I have written down everything, I have all families and what they tell me and what I tell them, but it's just my notes, it's nothing registered, it's just for the sake of my control, if I've already talked to someone or not, if I've already taken to the family what they asked me or not. (E1)

The team professionals elaborate registers based on the group register, in the team meeting proceedings, and on each professional's individual register in a personal notebook. Although the participants did not mention this, at the service where this study was carried out, the electronic patient history is used, where secondary and higher-level professionals, except for the CHA, register information. This register is not standardized among the professional, each person elaborates it as (s)he likes. Nevertheless, the way the service has organized the register, limiting the access to the electronic patient history, can turn into a barrier when a user chooses the CHA as his reference professional.

The FHS team's use of the STP is directly proportional to the extent to which these professionals find the tool important. This fact is related to the value, sense and meaning this FHS team attributes to its use. The testimonies reveal the importance attributed to the STP as a care organization device.

It helps to organize, not just the project because we were already working with Ms. Mª, but it helps us organize her treatment.(E1)

For patients whose illness involves multiple factors, where the factors involved are complex, it makes a lot of difference, because it organizes the care. Bringing the patient into the discussion, the therapeutic project is shared with the user and the family. We have a timetable of our, the user and the family's actions and expectations. And that does not exist without the therapeutic project, you respond by doing. When you make a therapeutic project, you agree and set assessment targets. He [user] participates actively in the construction of the therapeutic project. It empowers the team as a whole. It makes the people on the team participatory. (E4)

Based on the participants' statements, the relevance of the STP in the care the FHS offers is noticed, as it helps to manage people's care, values their singularity when it takes into account their mode of being, thinking and acting, that is, it values what is unique to the person, considers the combination between the concept of unconscious subject and subject of rights.

Limits and challenges for the accomplishment of the STP in the FHS

According to the participants, the difficulty to organize the teamwork has been a bottleneck when applying the STP in the routine:

[...]I always feel that we are taken up by other things and the time we'd have to sit down calmly, talk about the patients, elaborate a planning, it's bad. Of course alone, during the consult, I can think of an STP, but I think the wealth of the STP is for us to think as a team, together with the user and his family, I think we lose a bit because of that. (E4)

The professional reports that the current context of the HC's work process turns into a challenging factor due to the excess demand coming from the users, making it difficult to construct the STP. This kind of devices requires more time from the professionals. Thus, their time is limited for the other care strategies, such as programmed consults and spontaneous demand, besides bureaucratic activities, such as the completion of forms and productivity reports.

I got tired, because I was going and there was no result, because we go for it, but the person also needs

to make effort, if the person wants help, because you'll want to help the person and the person does not want help, then you give up attending to another family that also needs it too, and which we know is going to respond. (E2)

Different strategies in general, we try to bond the patient with the health service and try to construct an STP based on his bond.(E4)

The bond is fundamental for the user to adhere to the STP. To construct this relation, a reference professional needs to be indicated. That person should belong to the team and establish trust and affinity with the person. The use of a registration system that facilitates the implementation of the STP and the professionals' adherence to the project emerged in the statements as a way to facilitate the construction process of the STP:

I think it needs to be in the information system, it should be a tool in there. Well, the CAPS[Psychosocial Care Center]uses the system, so we can enter, have an icon, [...]we have the STP, vulnerability, us being able to get in there and include that, [...]so as not to have this paper thing, so I think that's fundamental to have this in the system. (E4)

And there's that thing that the patient is living here today and tomorrow I don't know where, het gets lost, so in his file, when another physician takes his case everything will be correct for him to get to know the person better.(E3)

In the interviews, the need for Health Information Technologies emerged in the contexts the STP is inserted in. The importance is highlighted for each team, with its singularity, to be able to construct topics for the STP, provided that it is based on NHP. In addition, the information that is registered can be accessed by other health services than the Health Centers, like Polyclinics and Psychosocial Care Centers.

DISCUSSION

To establish the condition of vulnerability, the subject's subjective dimensions should be taken into account, considering the social and historical context of the person and/or family in the STP[9].

The professionals' statements are related to the findings in the literature, in which the team elects the subject/group that corresponds to the vulnerability criteria, those cases acknowledged as complex and hard to monitor in daily health care practice. In line with the vulnerability and risk criteria, the cases are identified that need more intense intervention, based on consults, home visits and surveillance by the CHA.

In line with these findings, the way the STP is registered in initial processes is expectedly marked by incompleteness, with difficulties to establish the responsibilities of each professional involved in the STP. This situation demonstrates the need for a systemization that supports the team's monitoring process[4].

For the STP to be an effective care strategy, the team needs to create a systemized model. Its construction and use should not be based on strict operating protocols though. The STP is a strategy that systemizes the care and constructs a singular care with the subject and the health team, guarantees the subject's autonomy, organizes the work process and strengthens interdisciplinary work. Thus, the STP guarantees the expansion of the clinic. As the subject's autonomy takes precedence and the inclusion of all stakeholders in the care processes is valued, the STP turns into an important resource for the FHS' care strategy.

The STP is organized in four phases: 1) Diagnosis, aiming for an assessment that permits a conclusion about the user's risk and vulnerability; 2) Setting of Targets to construct short, medium and long-term proposals; 3) Sharing of Responsibilities, when tasks are defined and shared, increasing the possibilities to identify problems, encouraging the participants co-accountability and reducing merely prescriptive practices; 4) Reassessment, when the evolution is discussed and the action plan is adapted[4].

The study participants' statements demonstrate a context in which the professionals develop the STP as a team, even without systemizing it as proposed in the literature(4). Nevertheless, the participants

find bonding important, discuss the cases interprofessionally and value the subjects' singularity, concepts inherent in the STP.

The STP is a strategy aimed at the management of complex cases that are hard to solve. It is a daring device and a new way to promote care, beyond the biomedical model[4,10]. The STP denominates the subject of rights a protagonist being, moved by the social and the unconscious subject, constituted by his concrete as well as unnoticed experiences[11].

Through this tool, the stakeholders' co-participation and co-accountability in the project is guaranteed, as well as the interdisciplinarity, permitting the practice of an expanded clinic. Thus, the STP is considered as a care device that aims for the organization of the FHS team's work process and favors the subjects' dialogue and co-accountability, thus strengthening the teamwork[4,9].

The participants' perception appoints how important and complex it is to include this tool in their daily work. That indicates that, beyond the professionals' interest, the service's structural conditions need to be analyzed to allow the teams to implement the STP in their work routine.

Within a temporal perspective, the STP was indicated for use in the Health Care Network[5], particularly as from 2010, when the NHP[12] gained intensity in the discussions on the Health agenda. Nevertheless, the implementation of the STP in Primary Health Care is recent, as it is a current tool and as the singularity of each FHS team is respected, considering that the discussions about its implementation are peculiar to each reality. It is highlighted that the sensitization strategies that indicate estrangement in the teams are fundamental for them to value the use of this tool. Hence, strategies need to be constructed to implement the STP, so that the services can take hold of the theme and gain motivation with a view to the use of this device[13].

To stimulate an FHS team to develop care that takes into account new care practices, such as the use of the STP, it is fundamental for the workers involved to incorporate new knowledge, change the culture of the traditional care model and expand the commitment to care management. To guarantee this practice, the NHP presents the STP as a device to facilitate the change to new health paradigms[14].

The professionals' difficulties to construct the STP are due to the organizational context of the work process at the institution, in which the lack of professionals, the high demand and the lack of material resources to elaborate the project can be mentioned[6]. The context that reveals if a team is complete or not, if there is a new professional who is unfamiliar with the STP, turns into an essential indicator to analyze the possibilities to execute the STP or not.

Contact and bonding are conditioning factors for the construction of the STP, representing a challenge the FHS teams face. The user seeks support for his health-disease situation in the reference team and the trained professional responds and takes care of him, which strengthens the bond between them and establishes a relationship of trust and commitment[15].

Bonding is constructed through the relations between the professionals and subjects. Thus, the health professionals are agents of care, and should be capable of welcoming, accountability and bonding, always taking into account the subjects' needs[16].

Information and Communication Technology in Health should be considered as tools that can encourage the democratization of the access and health services on a large scale. That is so if a health system exists that is truly engaged in the subjects' needs, health being identified as a priority and health innovations and technologies granting new possibilities and opportunities for the FHS professionals to act[17].

The Family Health Support Service should include professionals from different knowledge areas to support and work in partnership with the FHS teams. By using devices like the STP, this support can be organized in the form of specialist orientation for the teams, which is scheduled according to the needs and the teams' availability. Specialized support guarantees interdisciplinary intervention, including knowledge exchange, training and co-accountability, granting experience to the professionals involved in the construction of the STP. Studies and the discussion of cases and situations are highlighted, as well as the accomplishment of the STP, orientations in meetings, as well as consults and joint interventions[12].

FINAL CONSIDERATIONS

In this research, the objective of analyzing the importance of the STP in care management for FHS team professionals in the PHC context was achieved, as it showed to be an effective tool for care management. It permits care based on the expanded clinic and respects the subject's singularity.

This study reveals that, despite being a recent tool, the health professionals are already starting to consider the STP as a mechanism that can provoke changes in the work and care processes, thus guaranteeing innovative and effective health practices, in which the users' subjectivities are respected, generating care that is based on the NHP.

Although the STP has not been systematically established by all HC teams, it was observed that the team professionals in the study use the logic of this tool in their care practices.

The research subjects highlight the theoretical appropriation and successful experience reports as fundamentals strategies to implement the STP. This fact is reflected in the importance of sensitization and continuing education strategies for the health workers, so that they can take hold of the theme and start to incorporate it in their daily work.

The contribution of this research includes the need for a registration system available in the information network of PHC and the HCN, with a view to the integration of care among the services and the promotion of health professionals' adherence, facilitating the subject's monitoring and the construction of the STP.

The STP is considered a tool the FHS professionals should take into account when they take care of people in vulnerable situations, as it permits more dignified, respectful and mainly problem-solving care for people who need complex care.

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