

con un ámbito de actuación acorde a la demanda objetivada. Por otro lado, es patente el sentimiento mayoritario de los profesionales sanitarios que atienden urgencias de una necesidad de formación en aspectos de atención psicosocial.

Anexo. Grupo de investigación PSISOSUR

Arricivita-Amo AL, Bernabé-Carlos M, Bernués-Sanz G, Cabañuz-Latorre M, Campos-Reig R, Charte-Alegre ME, Clemente-Jimenez ML, DÁsprer-Hernandez de Lorenzo G, de Inza-Muñoz G, Franch-Ferrer M, García-Bello MJ, García-Sanjuan MG, Lorente-Aznar T, Malo-Burillo MJ, Mejía-Escolano D, Muñoz-Bielsa M, Oliveros-Usé E, Perez-Del Castillo D, Perez-Fanlo MM, Picontó-Navales M, Quintana-Velasco C, Rodríguez-Torrente M, Sanz-Aldana MT y Usieto-Gracia MT.

Bibliografía

1. Bluemel MK, Traweer C, Kinzl JF, Baubin MA, Lederer W. Expectations of patients, nurses and physicians in geriatric nursing home emergencies. *Emerg Med J.* 2011;28:283–6.
2. Claudius I, Mahner N, Nager AL, Gold JL. Occult psychosocial impairment in a pediatric emergency department population. *Pediatr Emerg Care.* 2012;28:1334–7.
3. De la Revilla L, Fleitas L. El apoyo social y la atención primaria de salud. *Aten Primaria.* 1991;9:18–20.
4. Arricivita AL, Saz P, Lobo A. Malestar psíquico y problemática social en pacientes de Atención Primaria. Detección e interacciones. *Trabajo Social y Salud.* 1993;15:157–79.

5. Pilososph-Gelb S, Mower WR, Ajaelo I, Yang SC. Psychosocial difficulties and emergency department use. *Acad Emerg Med.* 1997;4:589–92.
6. Byrne M, Murphy AW, Plunkett PK, McGee HM, Murray A, Bury G. Frequent attenders to an emergency department: A study of primary health care use, medical profile and psychosocial characteristics. *Ann Emerg Med.* 2003;41:309–18.

Angel L. Arricivita-Amo^a, Teófilo Lorente-Aznar^{b,c,*}, Mariano Rodríguez-Torrente^b, David Mejía-Escolano^d y resto de investigadores colaboradores del grupo PSISOSUR[◇]

^a Centro de Salud Santo Grial, Huesca, España

^b Unidad Docente Multiprofesional de Atención Familiar y Comunitaria, Huesca, España

^c Centro de Salud de Sabiñánigo, Sabiñánigo, Huesca, España

^d Urgencias, Hospital San Jorge, Huesca, España

* Autor para correspondencia.

Correo electrónico: tlorrente@salud.aragon.es

(T. Lorente-Aznar).

◇ Los nombres de los componentes del grupo PSISOSUR están relacionados al final del trabajo.

<http://dx.doi.org/10.1016/j.aprim.2016.06.008>
0212-6567/

© 2016 Elsevier España, S.L.U. Este es un artículo Open Access bajo la licencia CC BY-NC-ND (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Evaluation of primary health care by users and non-users of drugs hospitalized for primary care-sensitive conditions



Evaluación de la atención primaria por los usuarios y no usuarios de medicamentos hospitalizados por condiciones sensibles al cuidado ambulatorio

Dear Editor,

Brazil is currently expanding Primary Health Care (PHC)¹ with the coexistence of two different models – the traditional model comprising Basic Health Units (BHU) and the Family Health Program (FHP). Hospitalizations for Ambulatory Care Sensitive Conditions (ACSC) have been used as an indicator to evaluate the quality of PHC,² as they represent health problems that must be addressed and treated opportunely at this level of care. We have hypothesized that drug users would rate PHC more highly, since drugs can strengthen the relationship between users and the healthcare services. In a cross-section study conducted within two public inpatient services in Divinópolis city, Brazil, we compared the assessment of the PHC, as

rated by patients hospitalized for ACSC, comprising users and non-users of drugs, referred to FHP or BHU. Participants were interviewed ($n=314$; 69.1% drug users) and asked to answer questions related to socio-demographic, clinical/therapeutic characteristics (Table 1) and to the PHC performance,³ comprising the key attributes *accessibility*, *gatekeeping*, *longitudinality*, *comprehensiveness*, *coordination*, *family focus*, *community orientation* and *professional training*. Responses follow a Likert-type scale ranging from zero to five, allowing the calculation of a general and partial indexes based on the arithmetic mean of the response scores. Groups were compared through Student's *t*-test ($\alpha=0.05$).²

The attributes *family focus* and *coordination* were rated worst by drug users. However, a significant difference was observed only for *coordination* ($p=0.003$). This attribute assesses whether the provision of a mix of services and information caters to users' needs and involves a link among the services promoting care continuity.⁴

By taking the model of PHC into account the attribute *gatekeeping* proved the exception on the comparison between drug users and non-users, being rated higher by drug users treated at BHU ($p=0.01$). This attribute assesses the actual use of the PHC unit as the first contact with the public health system upon each need for health care assistance.⁴ Considering the principles of FHP, this type of service was expected to gain a higher rating than BHU, but revealed only a modest expansion with no indication of improvement

Table 1 Sociodemographic characteristics and health status of drugs users versus non-users, Divinópolis, 2011 ($n = 314$).

Variables	n (%)	Drugs use Total (%)		p -Value
		Yes	No	
<i>Gender</i>				
Male	137 (46.6)	89 (65.0)	48 (35.0)	0.16
Female	177 (53.4)	128 (72.3)	49 (27.7)	
<i>Age group</i>				
0–19	57 (18.1)	21 (36.8)	36 (63.2)	0.00
20–59	117 (37.3)	80 (68.4)	37 (31.6)	
≥60	140 (44.6)	116 (82.9)	24 (17.1)	
<i>Household income^a</i>				
≤US\$ 940	211 (67.2)	147 (69.7)	64 (30.3)	0.34
US\$ 941–US\$ 3150	48 (15.3)	30 (62.5)	18 (37.5)	
<i>Causes of hospitalization for ACSC</i>				
Bacterial pneumonia	43 (13.7)	22 (10.1)	21 (21.7)	0.005 ^b
Congestive heart failure	39 (12.4)	36 (16.6)	3 (3.1)	0.001
Hypertension	39 (12.4)	32 (14.8)	7 (7.2)	0.070
Diabetes mellitus	33 (10.5)	26 (12.0)	7 (7.2)	0.225
Kidney or urinary tract infection	28 (8.9)	18 (8.3)	10 (10.3)	0.521
Skin infection	28 (8.9)	18 (8.3)	10 (10.3)	0.521
Lung diseases	23 (7.3)	13 (6.0)	10 (10.3)	0.521
Other	73 (23.3)	48 (22.1)	25 (25.8)	
Do not know	8 (2.6)	4 (1.8)	4 (4.1)	
<i>Health status</i>				
Very good/good	56 (17.8)	31 (55.4)	25 (44.6)	0.01
Regular/poor/very poor	258 (82.2)	186 (72.1)	72 (25.9)	

^a 17.5% did not answer.

^b Pearson's Chi-square test or Fisher's exact test used as applicable.

in quality and the existence of a reactive and episodic care model.⁵

The PHCI, as assessed by both groups, was around 60% of the maximum score (5 points) without differences between drug users and non-users ($p > 0.05$). We believe our findings could be partially explained by the poor pharmaceutical services offered in the municipality, not allowing distinguishing the quality of the PHC services provided to drug users and non-users. A total of 64% of users reported that the prescribed drugs ($n = 932$) were not always available from the public health services. Problems acquiring medications, can constitute a major cause of treatment failure, with consequent worsening of health status and even an increase in ACSC and avoidable hospitalizations, and most likely explain the poorer health status reported by drug users (Table 1). Another direct repercussion of this failure by PHC to regularly replenish drug stocks is the impact of this cost on the monthly budget of interviewees. Around 70% of the study population had an average income of up to three minimum wages and, among those reporting the amount spend on drugs, 30.6% reported spending over a third of a minimum wage on them, seriously impacting the family budget.⁶

Considering that availability of essential drugs should exceed 80%, the provision of drugs by the public health service in the city falls below recommended levels,

highlighting a serious problem accessing medications with an inevitable impact on the quality of health care. This scenario suggests potential interruption in the provision of services and continuity of care, resulting in dissatisfaction among drug users.

Funding

Foundation for Supporting Research in the State of Minas Gerais (FAPEMIG) (grant numbers APQ-03031/10 and APQ-04390/10).

Ethical approval

This investigation complied with Resolution 196/96, which regulates human subject research. All the ethical principles contained in the Declaration of Helsinki were observed and the research project was approved by the Institutional Review Board/Research Ethics Committee of Hospital São João de Deus, Divinópolis, Minas Gerais state, file number 25/2011.

Conflict of interest

None.

References

1. Giovanella L, Stegmüller K. Trends in primary health care reforms in European countries. *J Manage Prim Health Care*. 2014;5:12.
2. Almeida C, Macinko J. Validation of methodology of quick evaluation of the organizational and performance characteristics of the basic health services of the health system (SUS) in local level. Brasília: Organização Pan Americana de Saúde; 2006, 215 pp.
3. Cardoso CS, Pádua CM, Rodrigues-Júnior AA, Guimarães DA, Carvalho SF, Valentin RF, et al. Contribution of hospitalizations for primary care-sensitive conditions to the profile of admissions in the public health care system. *Rev Panam Salud Públ*. 2013;34:227–34.
4. Starfield B. Atenção Primária: equilíbrio entre necessidades de saúde, serviços e tecnologia. Brasília: UNESCO, Ministério da Saúde; 2002, 726 pp.
5. Macinko J, Harris MJ. Brazil's Family Health Strategy — Delivering Community-Based Primary Care in a Universal Health System. *N Engl J Med*. 2015;372:2177–81.
6. Helfer AP, Camargo AL, Tavares NUL, Kanavos P, Bertoldi AD. Affordability and availability of drugs for treatment of chronic diseases in the public health care system. *Rev Panam Salud Públ*. 2012;31:225–32.

Mariana Linhares Pereira^{a,b,*}, Francisco de Assis Acurcio^a,
Cristiane Aparecida Menezes de Pádua^a

^a *Department of Social Pharmacy, Federal University of Minas Gerais, UFMG, Av. Antônio Carlos, 6627 – Campus Pampulha, 31270-901 Belo Horizonte, Minas Gerais, Brazil*

^b *Research Group in Epidemiology and Evaluation of New Technology in Health, Federal University of de São João del-Rei, UFSJ, Av. Sebastião Gonçalves Coelho, 400, Sala 309.4, Bloco D, Bairro Chanadour, 35.501-296 Divinópolis, Minas Gerais, Brazil*

* Corresponding author.

E-mail address: marianapereira@ufsjs.edu.br (M.L. Pereira).

<http://dx.doi.org/10.1016/j.aprim.2016.06.006>
0212-6567/

© 2016 Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).