

Supported self-management as a tool to combat chronic conditions in Brazilian primary health care context

Abstract

Non-communicable diseases are a serious public health problem, responsible for a high morbidity and mortality rate worldwide. The Brazilian model of attention to chronic conditions was one of the strategies developed to qualify the attention care within the scope of a public health service, in which it recommends the reorientation of the care from a prescribed attention centered in the disease to a collaborative attention centered in the person. Supported self-management is one of the pillars of this model. It corresponds to the systematic provision of educational services and support interventions aimed at empowering the user to monitoring their own care. However, the implementation of this tool is still incipient, despite the promising results. Health professionals and managers need to be opened up to this new proposal of attention in order to break with the biomedical model and favor greater access to the population, which may imply better health outcomes.

Keywords: chronic disease, health systems, self-management

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Introduction

Non-communicable diseases (NCDs) are a global health problem and a threat to health and human development.¹ They are considered multifactorial conditions with coexistence of biological and sociocultural determinants, characterizing as a great challenge to the health system, especially to the primary health care.² It is present in poor and rich countries. In Brazil, the rise in the elderly population and in obesity and overweight rates, associated with other risk factors, has increased even more the morbimortality by NCD.³ In this sense, it is observed that the global obesity epidemic, with a consequent increase in diabetes mellitus and arterial hypertension prevalence, threatens the additional decreasing rates of NCDs in Brazil. And, this unfavorable trend of the main risk factors demonstrates the need for additional and timely health promotion and prevention actions.¹

In this context, it was noticed the need for changes in the health care system of the country, so it responds with more effectiveness, efficiency and safety to health situations determined by chronic conditions, resulting in the development of the Chronic Care Model (CCM) in 2011.⁴ This model, entitled "Unified Health System" ("Sistema Único de Saúde" - SUS), was elaborated from three international models: the chronic attention model, the risk pyramid model and the Dahlgren and Whitehead's model of the social determinants of health and adapted to the singularities of a universal public.⁵

Discussion

One of the most important changes in health care required by CCM is related to a collaborative attention centered in the person.⁵ It is recommended that the qualification of attention to chronic conditions in primary health care (PHC) should be composed by key elements linked to the health care system, including: the organization of care, the design of health service supply system, the support for decisions, the clinical information system, the supported self-management, besides the articulation with community resources.⁶

Supported self-management

Supported self-management corresponds to the systematic delivery of educational services and support interventions to increase the confidence and skills of people using health care systems in managing their own problems. In this case, it is proposed the joint construction of a plan of care based on priorities chosen by means of a negotiation between the health professional and the user, supported on pillars, such as: information and education for self-care, preparation and monitoring of a self-care plan and material support for the self-care.⁵

Thus, the knowledge of personal characteristics related to self-care and activities with impaired performance will be essential for the planning of this health care model - the self-care, in a specific and individualized way. Such model requires from health professionals the incorporation of actions as facilitators, so behavioral changes are motivated, with support for the development or strengthening of self-care skills, in a continuous and updated way. It is worth highlighting that the practice of self-care will help in prevention and/or delay of complications resulting from the disease, besides contributing to improve the quality of life of people with chronic health conditions.⁷ Evidences show that the implementation of self-care based on primary health care reveals positive results, both in the satisfaction of users in chronic conditions and in the relationship between users and professionals.^{5,8,9}

Perspective and implementation of the supported self-management model

The experience of implementing a laboratory to examine chronic condition persons in primary health care, in a municipality in Brazil, has indicated as key elements of the CCM: the shared care, supported self-management, local collaborative care team approach, in addition to the collaborative care between the general practitioner and the specialist.⁶

By means of this initiative it was shown that the experience favored the confrontation of the power relations among the professionals and between the professionals and the population, that is, the empowerment of the teams and the users. It culminated in an increase in co-responsibility and trust in the control of the chronic conditions and in an acknowledged positive evaluation of users, especially in aspects related to participation in decision-making and restructuring of the care model.⁶ However, it is still an isolated experience and the CCM implementation is still a major challenge, highlighted by the need for professionals and managers prepared to work with chronic diseases and open to breaking with the traditional/prescriptive/biomedical model.¹⁰

Conclusion

It is well known that there is still a great deal to be done in relation to the care strategies for people with chronic conditions in the world and in Brazil, but it is known that the biomedical model approach, centered on the prescriptive act, with predominance only of biological dimensions, is not sufficiently efficient in current days. In addition, it has as its characteristic the burden of accumulating high costs.

At times, care is exercised in an incoherent and disjointed way, with reduced effectiveness of health services. In this perspective, the supported self-management inserted in the CCM emerges as a promising tool for combating NCDs in the primary health care setting and deserves better appreciation to being implemented by health managers and professionals so as to disseminate and universalize intervention models that facilitate access to the population.

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Conflict of interest

The author declares no conflict of interest.

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