Support of TelessaúdeRS in the implementation of e-SUS AB in Porto Alegre

Ana Maria Frölich Matzenbacher[1]**; Fabiano Basso dos Santos**[2]**; Amanda Gomes Faria**[3]**; Angelo Paim**[4]

INTRODUCTION: TelessaúdeRS is a project by the Federal University of Rio Grande do Sul (UFRGS) to qualify the practice in Primary Health Care through support to professionals who act in this area. Support to the implementation and use of Information Systems and Electronic Medical Records in Rio Grande do Sul stand out among the several services offered. The new information system is officialized from the Department of Health Ordinance no. 1.413/2013, in force for purposes of funding and adherence to programs and strategies of the National Basic Health Care Policy, the Health Information System for Primary Care. This new strategy of the Basic Health Care Department, called e-SUS AB, intends to restructure information systems of Basic Health Care in Brazil and aims at offering tools to expand care and improve management follow-up. In order to officially provide support for municipalities in this process, the State Health Secretary of RS executed an agreement with TelessaúdeRS in 2013. Current work has the purpose of describ-ing the support of TelessaúdeRS in the implementation of e-SUS AB, whether in the Simplified Data Collection (CDS) mode and/or Citizen Electronic Medical Record (PEC), in the city of Porto Alegre.

METHODS: Such support has been given by the TelessaúdeRS Field Team, comprised by Field Coordinators, Tele-health Monitors (health care professionals) and fellows, also graduating students from the health area. Initially, the team contacted Basic Health Units (BHS) with the purpose of measuring the informatization scenario. If there were conditions to implement PEC - priority option in the city - we would schedule an in loco training. The municipal management had a demand of 143 BHS (179 teams and, in partnership with TelessaúdeRS, developed a training plan to implement e-SUS AB. Supported by the Technology Information Management (GTI), of the Primary Health Care Coordination, Outpatient and Substitution Specialized Services (CGAPSES) and the Data Processing Company of the City of Porto Alegre (PROCEMPA), the process occurred at different times: identification of units in conditions to start using PEC; awareness raising of professionals and confirmation of the necessary conditions to use PEC; on-site train-ing of professionals to use CDS and PEC in BHS; and follow-up and monitoring of health teams to use CDS and PEC. It is worth mentioning that new strategies to implement e-SUS in 100% of BHS of the city in May of this year were also adopted. Having as goal complete coverage of basic health units regarding e-SUS, some professionals of health units who did not have technical conditions to use PEC were selected. Regarding trainings to use PEC conducted on-site, a time schedule with three shifts was created. The first one focused on the presentation of actions from TelessaúdeRS (Tele consulting, Outpatient Regulation, Tele diagnosis, Distance Education and Help Desk Support), followed by pres-entation of the e-SUS AB Strategy and its use. The second and third shifts were intended to follow-up professionals in the use of PEC in customer service hours. Specific situations, such as lack of access to internet, were also challenges faced in the implementation. It was decided to use off-line CDS application, which collects data without using exter-nal network, in order to solve this problem. Later, data generated in such health units was collected and imported by

1. E-mail: anamaria.frolich@telessauders.ufrgs.br. Field work Coordinator / Telehealth Nurse Teleconsulting / Telessaúders; 2. Telehealth Monitor / TelessaúdeRS; 3. Scholarship / Telehealth RS; 4. Telehealth Monitor / TelessaúdeRS.

GTI for processing in e-SUS.

RESULTS: From April 2014 to May 2015, 36 out of 143 BHS received in loco training on the use of PEC, 18 for use of CDS files, which totaled 54 UBS. In addition to trainings conducted for BHS, TelessaúdeRS also provided support for profes-sionals of Programa Mais Médicos (More Doctors for Brazil Program). A course on e-SUS for supporters of eight district managements of the city was offered. We trained 25 groups overall on the use of CDS, totaling 485 health professionals from BHS, Family Health Strategies and Family Health Support Centers. From these actions, 100% of basic health units and support strategies received training in the city of Porto Alegre. With the promotion of TelessaúdeRS actions *in loco* trainings, there was an increase in the number of Tele consulting about e-SUS, in addition to increased tele consulting in the clinic scope, via 0800 (free call) and the platform, as well as other actions conducted by TelessaúdeRS.

CONCLUSIONS: Joint and planned action of TelessaúdeRS with the city of Porto Alegre enabled the use of a wide range of training offer, which comprised the differences and specifics of the BHS set related to their level of infor-matization and internet access. With this, it was noted the success in the process by meeting training and e-SUS implementation goals foreseen. Although it was not measures, e-SUS implementation action also served to promote other actions of TelessaúdeRS always focused on assisting health professionals and improving population's health. ■