

Public-Private Partnerships as a Public Health Management Strategy in the State of São Paulo, Brazil: A Historical Overview

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Abstract: Novel strategies for improving the management of public health services have been the object of discussion in Brazil since the implantation of the universal public healthcare system. Public-private partnerships are among the options in the quest for greater efficiency in the offer of public health services. A novel health management model implemented by the Secretary of Health of the state of São Paulo involving Social Health Organizations (SHOs) has achieved good results, with quite positive indicators of efficiency, quality of care and the economy of financial resources, constituting a successful public health management experience in the state. Further studies are needed at medical specialty clinics administrated by SHOs, with an emphasis on aspects related to health indicators and the quality of life of the population.

Keywords: Public Health, Medical Care, Quality

Introduction

Universal healthcare systems encountered in several countries throughout the second half of the 20th Century have faced the challenge of ensuring their viability as well as social, political and economic sustainability.⁽¹⁾ For such, these systems have had to demonstrate their performance in terms of accessibility, effectiveness, security, efficiency and equity in providing care for the population through evaluation systems.⁽²⁾

The increasing importance in modern society of the close ties between “knowing” and “acting” (what is necessary to know in order to be able to act) constitutes a central element in healthcare evaluations, the legitimacy of evaluation proposals and quality management at health services as well as the evaluation and performance of healthcare programs and systems.⁽³⁾

Health promotion emerged as a guiding principle in the 1970s and has since evolved, becoming consolidated as a model of healthcare actions. In the global scenario, the discussion on health promotion was strengthened by international events, which launched novel proposals in the redefinition of public policies and directed a new vision with regards to the health context.

Public Health in Brazil

The struggle for the creation of an accessible universal healthcare system of quality in Brazil was initially entwined with the struggle for the re-democratization of the country after years of a military dictatorship and currently takes on the form of resistance to conservative conduct with regards to

public policies in the last ten years.⁽⁴⁾ From this political moment, the Brazilian Health Reform movement was founded on mobilization based on the need to rebuild a normative structure that meets the actual needs of the population in terms of health as a basic human right. An integrating conception emerges from this scenario, which is the object of revolutions in the understanding of the health-disease process, culminating in the establishment of a “social protection network”.

The most important political-health event of the second half of the 20th Century took place in 1986 – the Eighth National Health Conference. This event laid the bases for a new public healthcare system that had the following official topics: health as a duty of the state and right of citizens, the reformulation of the national healthcare system and sectorial funding.⁽⁵⁾ The consequences of this event were immediate and the outcome was a constitutional text on comprehensive modern health – one of the most advanced in the world – in the 1988 Brazilian Constitution.⁽⁶⁾

Thus, the struggle for health reform was responsible for the creation of the universal public healthcare system in 1988 as a social and political process that requires a democratic environment for its construction in the health arena, the implantation of which had a clear characteristic of cultural change.⁽⁷⁾ Based on an ideological dimension, the system was founded on a broad concept of healthcare for individuals, families and communities.⁽⁸⁾

Basic principles emerged from the Brazilian public healthcare system, such as universal egalitarian

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access to actions and services, integral care (understood as a set of continual preventive and curative individual and collective actions required for each case on all levels of complexity of the system), community participation, a hierarchical regionalized network and decentralization, the health actions of which must be developed in accordance with the guidelines stipulated in Article 198 of the federal constitution, obeying principles such as universal access to health services on all levels of care, the dissemination of information on the potential of health services and use by the public and equity, which consists of the prioritization of individuals with a poorer social status and worse health conditions (“offering more to those most in need”), thereby reducing existing inequalities.⁽⁹⁻¹⁷⁾ In 2007, 28.6% of Brazilians exclusively used the public healthcare system, 61.5% were non-exclusive users and only 8.7% did not use the public system.⁽¹⁸⁾

According to Barata,⁽¹⁹⁾ the Brazilian public healthcare system is one of the most important social projects in the world and has been significantly contributing to the improvement of health indicators and the quality of life of the population. The national healthcare network involves 2.5 million health professionals and annually offers 252 million basic appointments, three million surgeries, 345 million exams and 2.3 billion outpatient procedures.^(19,20)

Public Health in the State of São Paulo

Through Complementary Law n° 846 of June 4th, 1998, the state of São Paulo regulated partnerships with philanthropic institutions, stipulating a minimum of five years of experience in the administration of their own health services, recognized quality and consolidated commitment to their target populations.⁽²¹⁾ Interested institutions that met these prerequisites were qualified as Social Health Organizations (SHOs) and earned the right to sign a management contract with the State Secretary of Health for the purposes of managing and operating hospitals and other public health services through a public call. Complementary Law n° 1095 of September 18th, 2009 enabled teaching hospital support foundations with more than ten years of existence to qualify as SHOs.

This model has been consolidated in countries such as Spain⁽²²⁾ and Canada⁽¹⁷⁾. Like the Brazilian public healthcare system, the Canadian system is financed by general taxes, but health services are offered and administrated by non-profit organizations in accordance with the premises of the public sector, which maintains control over the entire system.^(23,24)

In Brazil, this model constitutes a pioneering alternative implanted by the state government of São

Paulo through the Coordination for the Contracting of Health Services of the state Secretary of Health.⁽²⁵⁾ Other Brazilian states have either studied this model or already have hospitals managed by SHOs, such as the states of Bahia, Minas Gerais, Pará, Espírito Santo (reworking the law) and Mato Grosso (studying the legislation).⁽¹⁷⁾

Public-Private Partnerships

Novel strategies for the improvement of the public management of health services have been the object of discussion in Brazil since the implantation of the universal public healthcare system. Public-private partnerships are among the existing options in the quest for greater efficiency in the offer of public health services. The novel health management model implemented by the Secretary of Health of the state of São Paulo involving Social Health Organizations (SHOs) has achieved good results, with quite positive indicators of efficiency, quality of care and the economy of financial resources, constituting a successful public health management experience in the state.^(17,26)

The results of a study conducted by the team of the Poverty Reduction Unit and Economic Management of the Region of Latin America and the Caribbean of the World Bank demonstrated the efficiency and quality of SHOs in the state of São Paulo compared to state-run hospitals with direct management, revealing this management model as an important instrument for assisting in the improvement of hospital care in Brazil.⁽²⁷⁾

In 2008, 19 hospitals, three outpatient clinics, two pharmacies and one clinical analysis laboratory in the state of São Paulo were administered using this management modality.⁽²⁸⁾ These new hospitals made available approximately 4300 beds for the public healthcare system and enabled approximately 219 thousand hospitalizations in 2006, along with 2.1 million outpatient appointments, with 23.6 thousand outpatient surgeries, 23 thousand dental procedures, 1.8 million urgent care appointments and 5.4 million laboratory exams.⁽²⁸⁾

Investigating the satisfaction of patients and administrators in 30 municipalities with the Specialty Medical Outpatient Clinic of in the municipality of Votuporanga, which was the first of its type in the state of São Paulo administrated by a SHO, Tadei & Braile⁽²⁹⁾ found 1) a reduction in operating costs related to patients in 70% of the municipalities; 2) the quantity of complaints diminished in 93% of the municipalities after the implantation of the clinic; 3) appointments were made by 97% of municipal Secretaries of Health; 4) the degree of resolution of these procedures was higher in the clinic (97%) than

at other services; and 5) patient satisfaction with both the first appointment and return appointment was high. Based on these results, the authors concluded that the degree of satisfaction with the Votuporanga Specialty Medical Outpatient Clinic was high among patients and administrators.

Conclusions

The experience of the São Paulo State Secretary of Health with the novel health management modality based on SHOs, exemplified here by the Votuporanga Specialty Medical Outpatient Clinic, achieved satisfactory indicators of efficiency, quality of care and the economy of financial resources, constituting a successful public health management experience in the state.

Considering the relevance of the regional need for specialists, with the implantation of the Votuporanga Specialty Medical Outpatient Clinic, the principles of universality, integrality and equity can be achieved, as all patients are treated in the same physical environment with the immediate resolution of cases of medium- and high-complexity outpatient care and referrals to medium- and high-complexity hospital centers, when necessary.⁽³⁰⁾

Further studies are needed on medical specialty clinics administrated by SHOs, with an emphasis on aspects related to health indicators and the quality of life of the population

Conflict of Interest

The authors have no conflicts of interest to declare.

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