Referring Quality Assessment of Primary Health Care for Endocrinology in Rio Grande do Sul, Brazil

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Abstract

This paper presents results of an assessment of the quality research of endocrinology referrals in the public health system in the state of Rio Grande do Sul. From the analysis of 4,458 requests for endocrinology referrals, it was found that 15% of referrals had insufficient information for evaluation and 71% showed no clinical justification for authorization of referencing. The partial results of the study indicated that the lack of information makes it impossible to clinically regulate these requests. The use of referencing protocols associated with telemedicine tools can assist doctors in primary health care in the clinical management and make access to specialized services more equitable and timely.

Keywords:
Endocrinology; Telemedicine; Telehealth.

Introduction

The project Regulasus is a partnership between the core TelessaúdeRS / UFRGS, of the Federal University of Rio Grande do Sul (UFRGS), and the State Government of Rio Grande do Sul, that qualifies and reduces medical specialty referrals [1]. One of the biggest barriers in the internal medicine regulatory process is the lack of clinical information, which makes it difficult to evaluate the need for consultation and priority of access to health care in various specialties [2, 3]. This study aims to evaluate the quality of clinical information of endocrinology referrals. It is based on referencing protocols approved by the State Complex Governor of Rio Grande do Sul.

Materials and Methods

TelessaúdeRS / UFRGS researchers have developed referral protocols for the six most common medical conditions in the area of endocrinology (diabetes mellitus, hypothyroidism, hyperthyroidism, thyroid nodules, multinodular goiter and obesity). Based on these protocols, a medical regulator reviewed the requests, between November 2013 and December 2014, using the following classification:

- Reference with clinical justification for consultation with an endocrinologist (authorized request);
- Reference without clinical justification for consultation with an endocrinologist (TelessaúdeRS consulting);
- Reference without sufficient clinical information to regulation (pending for lack of information).

Results

There was a total of 4,363 regulated requests for Endocrinology. Of this total, only 621 (14%) were considered appropriate and sent for consultation, 3081 cases (71%) were referred for teleconsulting with TelessaúdeRS/UFRGS team, and 634 requests (15%) were returned to municipalities.

Conclusion

The partial results of this study indicate that the lack of information makes regulation of clinical referrals difficult. Patients whose clinical management can be performed in Primary Health Care make the demand much greater than the supply, and hinder access to other patients for consultation in specialized services. The use of referral protocols can help primary health doctors by making access to care faster and more equitable.

References