

Assessment of epidemiological profile of patients and their difficulties for the first query in the screening ambulatory of Nephrology UNIFESP-EPM

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ABSTRACT

Introduction: The aim of this study was to evaluate the epidemiologic profile of patients and difficulties of patients referred by basic health units (UBS) or other hospitals, outpatient screening of the Division of Nephrology, Hospital São Paulo (UNIFESP) for evaluation and treatment kidney disease. **Methods:** From February to September 2009, has been evaluated 341 patients referred from UBS in São Paulo and other parts of the Country. **Results:** Of these patients, 26% (86/341) required for new tests to confirm the diagnosis doubtful for referrals, incomplete, or because of the waiting period for the care and exams, which ranged from one week to three years, and part of them did not bring any kind of examination for the evaluation, 12% (45/341) returned for follow-up at the unit location, 13% (46/341) were referred for treatment site closest to their residence, 47% (164/341) for our sub-specialty Clinics of Nephrology (HSP): 24% (82/341) uremia, 8% (27/341) with polycystic kidney disease, 7% (23/341) for hypertension, 4% (16/341) renal Lithiasis and 4% (16/341) nephritis. **Conclusion:** Our results suggest need of investments in infrastructure in the training of officials of UBS and HSP, reorganization of central references for better management and referral of patients, humanization of care and training of health professionals for outpatient care at UBS in preventive work and basic monitoring of patients, particularly those with diabetes mellitus and hypertension, which can lead to the development of chronic kidney disease (CKD).

Keywords: management service organizations, nephrology, primary prevention.

INTRODUCTION

Through the healthcare system, the National Health Service (Sistema Unico de Saude - SUS) provides medical care to the entire population. However, there are many critics of this system with regard to the quality and waiting time.

Dissatisfaction with the care provided by public facilities is often a common complaint, especially in relation to the time a patient has to spend waiting for ambulatory care.¹⁻³

In the case of highly complex specialties, many patients can only obtain appointments in places that are located away from their home or even city of origin.

Public hospitals offering highly complex services, as well as university hospitals, are often the places where most of these patients are diagnosed and treated. The reason for this observation is primarily due to the non-existence of specialized care close to patient's residence and a long wait for the medical appointment.

The Nephrology division of the Hospital São Paulo (HSP) is part of a reference agreement for highly complex treatment of patients from the SUS. Therefore, most patients in need of care, even those not belonging to the same reference region, are routed through the referral centers to the HSP.

Many patients are admitted through ambulatory service without any prior examination or assessment by a specialist. In other cases, due to the fact that the duration between the previous examination

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and the current admission is more than the stipulated 3-month period, the results are considered obsolete. Thus, it becomes necessary for the patient to return to the local unit for further clinical evaluation.

Consequently, the waiting period becomes even longer, and patients can only have a new appointment in the Nephrology Division of the UNIFESP after 2-3 months, a period that is dependent on the local infrastructure to perform the requested examinations, such as urine (abnormal elements and sediments) or even ultrasonography examinations, the results of which should already be available during the first visit.

Often, the tests are eventually requested at the São Paulo Hospital, causing an increased volume of tests in our system.^{1,4,5}

In Brazil, as in other emerging countries, the proportion of young people has declined annually, while the elderly population is increasing. This is one of the reasons for the recent change within the current health status of the population, which undergo changes in metabolism and becomes more prone to disease with advancing age.⁶⁻⁹

Heart failure, hypertension, and diabetes may develop with age and cause renal disease.¹⁰⁻¹⁴

OBJECTIVE

To assess the epidemiological profile and the difficulties encountered by patients in obtaining their first appointment at the Nephrology screening ambulatory clinic at the UNIFESP.

METHODS

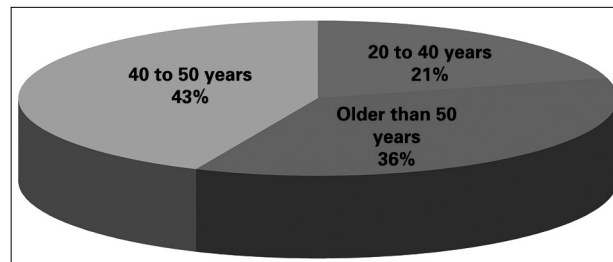
After the study was approved by the Ethics Committee of the UNIFESP, a prospective study was conducted from February to September 2009, through a questionnaire administered to patients referred from primary care units and other locations for assessment at the UNIFESP ambulatory screening clinic; the patients signed a free and informed consent form prior to participation. The questions were related to the epidemiological characteristics and the difficulties encountered by patients in obtaining their first appointment at the ambulatory screening clinic of the Hospital São Paulo.

RESULTS

The age distribution of patients for the first visit was: 21% (71/341) aged 20-40 years, 44% (148/341)

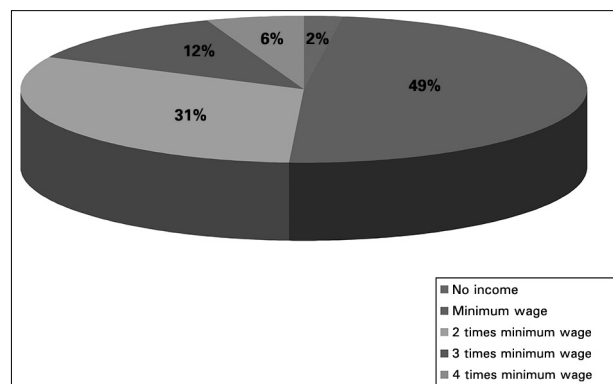
aged 40-50 years, and 35% (122/341) aged > 50 years (Figure 1).

Figure 1. Age range of the patients.



According to the informations provided by the patients, 1.5% (8/341) had no income, 48.5% (165/341) received the minimum wage; 31.57% (107/341) received 2 times the minimum wage; 13% (42/341) received 3 times the minimum wage, and 5.5% (19/341) received an income of 4 times the minimum wage (Figure 2).

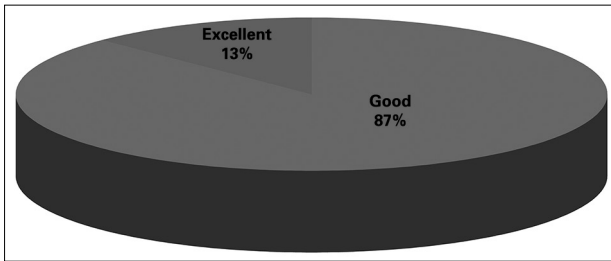
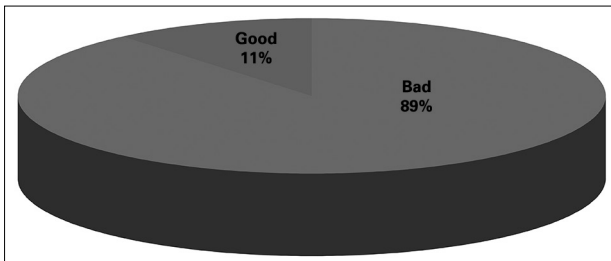
Figure 2. Salary range of patients.



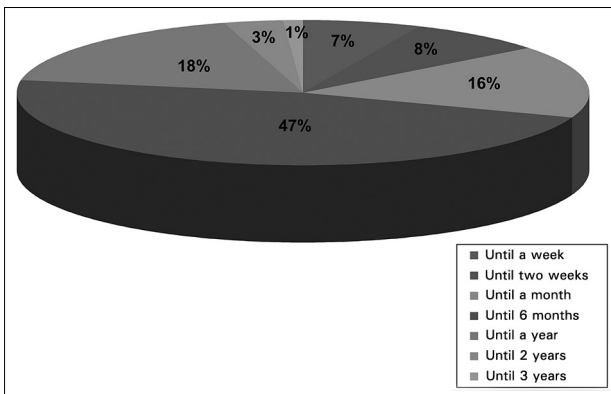
All the patients (341/341) were literate. Of all the patients, 1.03% (4/341) were semiliterate, and could read, solve sums, and barely write; 25.05% (85/341) have completed basic education; 20.03% (68/341) have not completed elementary school; 23.08% (79/341) have completed high school; 17.39% (59/341) have not completed high school; 8.69% (30/341) have not completed higher education; and 4.73% (16/341) have completed higher education.

The waiting period for an appointment with a physician in primary care units ranged from 15 days to 6 weeks.

Regarding the degree of satisfaction at the ambulatory screening clinic, 87% (16/341) showed a high degree of satisfaction in the care provided by the physicians and 89% (303/341) showed a high degree of dissatisfaction with the administrative assistance (Figures 3 and 4).

Figure 3. Satisfaction in health care consultation.**Figure 4.** Satisfaction in the administrative service.

As for the waiting period for the first appointment, 86% (293/341) of all patients were dissatisfied, and the waiting period ranged from 1 week (7%; 24/341) to 3 years (1%; 3/341) (Figure 5).

Figure 5. Waiting period for initial consultation.

According to the questionnaire, 99.5% (339/341) of patients had complaints related to renal disorders (Table 1).

Of the 341 patients, 26% (86/341) required further examinations for a definite diagnosis due to doubtful or incomplete referrals, or the lag between the moment of the doctor's visit and the performance of the clinical examination, which ranged from 1 week to 3 years. Sixteen percent (55/341) of patients did not have any test results to enable such assessment.

After the first evaluation, 14% (45/341) of the patients were referred for follow-up at the local unit, 39% (46/341) for a treatment site closer to their residence, and

47% (164/341) for our outpatient sub-specialty clinics: 24% (82/341) uremia ambulatory; 8% (27/341) polycystic kidney disease ambulatory; 7% (23/341) hypertension ambulatory; 4% (16/341) kidney stones ambulatory; and 4% (16/341) nephritis ambulatory (Figure 6).

During the survey period, 3.53% (13/341) of patients were referred from within the state of São Paulo, 3% (14/341) from other states, 3.53% (13/341) from the coastline of the state, 90% (301/341) from different regions of the capital. One patient among the 341 (0.3%) was from another country. Only 1% (3/341) of the patients did not show up for the first appointment.

DISCUSSION

Many patients suffer because of a lack of local infrastructure and because of the bureaucracy involved in obtaining primary healthcare and referral to a specialty center.

Some municipalities do not provide follow-up examinations or treatment services for some clinical specialties such as nephrology. Therefore, patients are often asked to visit regions located away from their place of residence.

Many of these patients visit the UNIFESP ambulatory screening clinic without undergoing basic tests such as urinalysis for the diagnosis of kidney disease.

Of the total patients interviewed during this study, 26% (86/341) had to undergo examinations for diagnosis or a confirmation of diagnosis at our clinic.

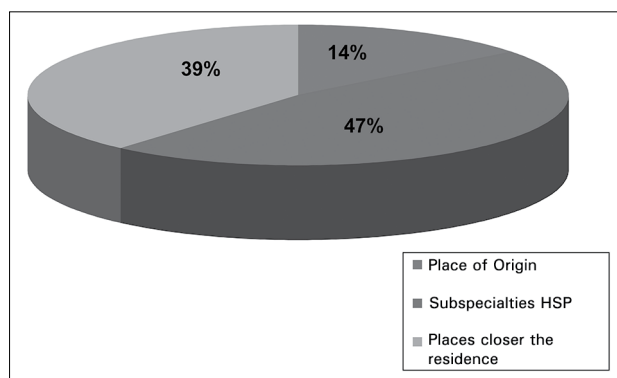
In this study, we found that the waiting period for seeking primary care from a clinician in some primary health units ranged from 15 days to 6 weeks.

After obtaining an appointment, the physician directed the patient to a specialist if necessary. The referral was done via an application form, which passed through a referral center responsible for scheduling the doctor's appointments in reference regions, mostly in distant neighborhoods, inside or outside the municipality or even out of the state itself, because of the lack of local infrastructure. Thus, the waiting period for an appointment with a specialist can range from 1 week to 3 years. According to our survey, 31% (106/341) of patients obtained an appointment in 1 month, 47% (160/341), in up to 6 months, and 22%, within 3 years.

For the cases for which the waiting period exceeded 3 months, the delay occurred because of a lack of vacancies at the specialty center and because the patient documents were misplaced by the local

TABLE 1 COMPLAINS FOR PAINT REFERRAL

Number of patients	Percentage (%)	Complaints by the patients or described in the form of referral
10/341	3%	Bilateral hydronephrosis
23/341	7.05%	Low back pain
2/341	0.53%	Dilated kidney
32/341	9.59%	Kidney stones
16/341	5.5%	Renal colic
14/341	3%	Obstruction of the ureter
2/341	0.53%	Excess calcium
22/341	7%	Renal cysts
34/341	10%	Kidney Infection
6/341	2%	Hepatitis C
2/341	0.53%	Irregular size of the kidneys
111/341	33%	Elevated creatinine
56/341	15%	Hypertension
2/341	0.53%	Poor circulation
2/341	0.53%	Dyspnea
5/341	1.53%	Postoperative follow-up - kidney transplant
2/341	0.53%	Preoperative evaluation - kidney transplant

Figure 6. Transfer of patients.

units. According to the patients, the documents were forwarded to the clinician of the local unit following complaints regarding the delay, and the patients were queued again to obtain an appointment for specialist care. One percent of patients were absent for their first consultation at the nephrology ambulatory screening clinic (3/341).

Fourteen percent (45/341) of patients from regions distant from the HSP should have been treated and followed-up at locations closer to their homes.

The lack of infrastructure is attributable to the lack of trained administrative and health staff and the cost of a doctor's appointment at the SUS. The latter renders the costs that municipalities have to bear to fulfill their role, both as population health manager as well as employer, unviable. Thus, professionals leave

the public sector to seek better working conditions elsewhere, thereby lowering the quality of healthcare and increasing waiting times for medical care.

For example, the state of Alagoas suffered a collapse of the healthcare system in March 2009, a time during which the population had no access to medical care, including basic medical care, because of the low compensation paid to the SUS-accredited professionals. This paralyzed the healthcare service for a period of 8 months.^{3,4,14}

Patients are often unaware of their disease, its causes, and its symptoms, which often leads to the worsening of kidney disease. Patients may refrain from seeking necessary treatment either for convenience or because of the long waiting periods for the initial appointment at reference sites. When such patients do seek treatment, they are already at an advanced stage of disease and therefore require renal replacement therapy.^{13,14}

In addition to the delay in obtaining the first doctor's appointment, 12% (43/341) of patients reported that they encountered difficulties in purchasing medicines, especially hypertension medication prescribed by primary care physicians or specialists, because of their high cost, and often could not procure these medicines at low-cost pharmacies or basic medical units.

The UNIFESP currently follows a policy based on equality and equity: it has a healthcare service that is considered a model for the society. Therefore,

patients from all regions of the municipality (and sometimes even from outside the state) are referred to the nephrology screening ambulatory clinic for the first appointment.

Most patients from other regions are admitted to our ambulatory services with tests that can make assessment by specialists unreliable. Such assessments only take into consideration the results of tests performed within up to 3 months and, to take adequate precaution, further tests are ordered to confirm or update these results, because, as demonstrated in our study, many patients have a waiting period of 1 week to 36 months.

Of the total number of patients assessed at our ambulatory services, 12% (41/341) should have been accompanied by the primary care physician from their own local unit, but because of a lack of basic care, these patients were referred to our unit without follow-up, thereby further increasing the waiting time to enter our system. Many of those who, in fact, should already have started treatment are still in the process of confirming the diagnosis.

Patients who live in distant regions, towns, and/or different states complain about the lack of specialized medical centers and specialist doctors to diagnose their conditions and about being referred to the UNIFESP, regardless of their location. Therefore, the waiting time for a first appointment is increasing at our service center.

Apart from dissatisfaction with the waiting time for consultation, 43% (146/341) of patients complained about the absence of an information desk on entering the UNIFESP and the rude approach of the front desk staff. Further, 58.3% (197/341) of these patients believe that the administrative staff needed to be trained.

Thus, patients seek care at the UNIFESP ambulatory services because of a lack of infrastructure in some regions, for diagnosis and treatment. Thus, administrators of these locations, both within and outside the state of São Paulo, refer these patients to the UNIFESP-HSP.

Only through monitoring and basic prevention can we improve care and the waiting time for renal patients who require more complex treatment. Therefore, inclusion of these patients in our system needs to be more rapid. However, patients with chronic kidney disease should be monitored close to their place of residence because this disease requires routine examination and appointments to assess and monitor the patient.^{13,14}

CONCLUSION

It is necessary to train healthcare professionals, working in basic medical units, in basic preventive treatment and monitoring, particularly in patients with diabetes mellitus and/or hypertension, which can lead to the development of chronic kidney disease.

Our results suggest that investment is required in the training of call-center employees so that the referral is made to the reference ambulatory service closer to the patient's place of residence. Furthermore, certain criteria need to be defined for organizing the schedule of patients from other locations. In addition, investments are needed for promoting humanization courses, for training physicians of local medical unit on preventive care and monitoring of patients, for effective transfer of patients requiring highly complex treatments, and to reduce the waiting period for the care of renal patients.

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REFERENCES

- Almeida C. O mercado privado de serviços de saúde no Brasil: panorama atual e tendências da assistência médica suplementar [Internet]. Brasília: Instituto de Pesquisa Econômica Aplicada; 1998 [citado 2010 Set 19]. 82 p. (Texto para discussão; no. 599). Disponível em: http://www.ipea.gov.br/pub/td/td_599.pdf.
- Luz MT. Políticas de descentralização e cidadania: novas práticas em saúde no Brasil atual. In: Pinheiro R, Mattos RA. Os sentidos da integralidade na atenção e no cuidado à saúde. Rio de Janeiro: Universidade Estadual do Rio de Janeiro/IMS/Abrasco; 2001. p.17-36.
- Nishijima M, Biasoto Junior G, Cyrillo DC. Análise econômica da interação entre saúde pública e privada no Brasil: tratamentos de alta complexidade. 34^o Encontro Nacional de Economia [Internet]; 2006 Dez 5-8; Salvador, BA. Rio de Janeiro: Associação Nacional dos Centros de Pós-Graduação em Economia; 2006.p.1-18. Disponível em: <http://www.anpec.org.br/encontro2006/artigos/A06A107.pdf>.
- Novaes HM. Ações integradas nos sistemas locais de saúde - Silos, análise conceitual e apresentação de programas selecionados na América Latina. São Paulo: PROAHS; 1990. p.169-79.
- Plavnik FL, Tavares A. Avaliação inicial do paciente hipertenso. Rev Soc Cardiol Estado de São Paulo 2003;13:56-63.
- Arouca S. O dilema preventivista: contribuição para a compreensão e crítica da medicina preventiva. São Paulo: UNESP; 2003. p.122-32.
- Sesso R, Lopes AA, Thomé FS, José Luis Bevilacqua JL, Romão Junior JE, Lugon J. Relatório do Censo Brasileiro de Diálise, 2008. J Bras Nefrol 2008;30:233-8.
- Travassos C, Viacava F, Fernandes C, Almeida CM. Desigualdades geográficas e sociais na utilização de serviços de saúde no Brasil. Cienc Saude Colet 2000;5:133-49.

9. Romão Junior JE. Doença renal crônica: definição, epidemiologia e classificação. *J Bras Nefrol* 2004;26:1-3.
10. Rosa EC, Tavares A, Ribeiro AB. Tratamento da hipertensão na doença renal crônica. *Rev Soc Cardiol Estado de São Paulo* 2007;17:66-80.
11. Cusumano A, Garcia-Garcia G, Di Gioia C, Hermida O, Lavorato C, Carreño CA, et al. End-stage renal disease and its treatment in Latin America in the twenty-first century. *Ren Fail* 2006;28:631-7.
12. Silvestre JA, Kalache A, Ramos LR, Veras RP. O envelhecimento populacional brasileiro e o setor saúde. *Arq Geriatr Gerontol* 1996;(1):81-9.
13. Donnangelo MCF. Medicina e sociedade: o médico e seu mercado de trabalho. São Paulo: Editora Pioneira; 1975. 174p.
14. Benevides R, Passos E. Humanização na saúde: um novo modismo? *Interface Comun Saúde Educ* 2005;9:389-406.
15. Zatz R, Romão Jr JE, Noronha IL. Nephrology in Latin America, with emphasis on Brazil. *Kidney Int* 2003;(83):S131-4.

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AVALIAÇÃO DO PERFIL EPIDEMIOLÓGICO E DAS DIFICULDADES ENCONTRADAS PELOS PACIENTES PARA O ATENDIMENTO DE PRIMEIRA CONSULTA NO AMBULATÓRIO DE TRIAGEM DA NEFROLOGIA DA UNIFESP-EPM

ASSESSMENT OF EPIDEMIOLOGICAL PROFILE OF PATIENTS AND THEIR DIFFICULTIES FOR THE FIRST QUERY IN THE SCREENING AMBULATORY OF NEPHROLOGY UNIFESP-EPM

Cícera Sebastiana da Silva Padovani

Gostaríamos de corrigir o título em inglês:

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Por um equívoco do grupo de autores foram omitidos, na versão original, os nomes dos seguintes coautores:

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