



Primary Care - A brief summary that every Cephaliatrist should know

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Introduction

Primary Health Care (PHC) serves as the foundation of the healthcare system, playing a vital role in disease prevention, treatment, and health promotion. It functions as the first point of contact between patients and the healthcare system, offering comprehensive and continuous care.

Objectives

The primary objective of this review is to provide an in-depth understanding of PHC, with a focus on its structure, processes, services, and projects, as a basis for potential initiatives related to headache disorders.

Methodology

The literature review encompassed various sources, including Google Scholar, Scielo, Pubmed/Medline, Lilacs, and government sources. Keywords related to PHC, including topics such as structure, functioning, and services, as well as specific areas like Women's Health, Mental Health, vaccination, and child healthcare, were employed.

Results

PHC is responsible for coordinating the Regionalized Healthcare Network (RAS), which includes Primary Care, communication centers, secondary and tertiary care points, support systems, and governance. PHC serves as the gateway, providing various services, including women's health, mental health, vaccination, child healthcare, and various other medical services. Furthermore, teams, such as the Family Health Strategy and the Family Health Support Center, play distinct roles in health promotion and care coordination. The focus of PHC includes territorialization, vaccination, wound care, women's health, and child healthcare, with a commitment to interventions and projects aimed at improving the quality of care and achieving positive outcomes.

Conclusion

PHC can play a crucial role in addressing headache disorders, offering early diagnosis, appropriate management, and the promotion of healthy habits. Investing in programs and professional training within PHC can be essential to provide effective care and reduce the demand for emergency care in cases of headache disorders.

Keywords:

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Introduction

Primary Health Care (PHC) has been widely adopted by various countries since the 1960s, with the aim of improving access to the healthcare system and shifting the traditionally individual and hospital-centered focus to a preventive, collective, territorial, and democratic model.¹

In the late 1980s, Brazil established the Unified Health System (SUS) as part of an effort to expand access to healthcare services and decentralize political power, granting more autonomy to states and municipalities in policy implementation. A fundamental aspect of this reorganization was the investment in Primary Health Care (PHC), and to realize this approach, the country introduced the National Primary Care Policy (PNAB) in 2006.²

At times, PHC has been viewed as a selective approach, focusing on the most disadvantaged populations with limited resources. On the other hand, others advocate for a more comprehensive, systemic, and integrated view of PHC that promotes inter-sectoral collaboration for the human, social, and economic development of populations.¹

Ideally, in PHC, individual care and collective health actions come together, ensuring coordinated and multidisciplinary care with access to specialized services when needed and addressing the social and environmental determinants of health through public policies or health promotion actions.³

Thus, PHC is a suitable platform for promoting Health Promotion actions, including empowerment, social participation, equity, and health education. The reorientation of services focuses on a comprehensive health approach and encourages social participation, especially at the territorial level, expanding services beyond the biomedical approach, serving vulnerable groups and individuals with chronic diseases. Therefore, for the development of new projects, particularly for prevalent issues like headache disorders, understanding the functioning of PHC is crucial.⁴

Methodology

This research is a narrative review of the functioning of PHC. Narrative review articles are extensive publications that describe and discuss the theoretical or conceptual progress of a topic. While not replicable, they contribute to short-term debates and knowledge updates.⁷

The research was conducted non-systematically across the following: Google Scholar, Scielo, Pubmed/Medline, and Lilacs.

The search strategy in Pubmed was: ("Primary Health Care" OR "PHC") AND ("Flows" OR "Family Health Strategy" OR "Team" OR "Programs" OR "mapping" OR "Organization" OR "Services" OR "Headache") AND ("Brazil" OR "brazilian" OR "SUS")

This strategy was adapted for other databases used in this review and realized in portuguese. The search strategy about experiences about headache from other countries that have primary care system was: ("Primary Health Care" OR "PHC") AND ("Headache")

Additionally, some information relevant to the objectives was obtained from specialized government sources focused on PHC.

Results

Flows

Primary Health Care (PHC) serves as the coordinating entity of care and the organizer of the Regionalized Healthcare Network (RHN), which encompasses arrangements of healthcare services with various levels of technology integrated to ensure comprehensive care. It plays a significant role in the regional dynamics of health.¹⁶

The implementation of this model results in greater effectiveness and efficiency in regional health administration and contributes to the advancement of the Unified Health System (SUS), creating a system based on network formation. The elements comprising the RHN structure include Primary Care, communication centers, secondary and tertiary care points, support systems, logistics systems, and governance systems.⁷

As the coordinator in the RHN, PHC must be accessible to the entire population, organized into multidisciplinary teams, and act as the primary entry point into the healthcare system, taking responsibility for care coordination and demonstrating the ability to address the community's major health issues.⁸

PHC Teams

Family Health Strategy (FHS)

The Family Health Strategy (FHS) is fundamental for the expansion and strengthening of Primary Care in Brazil, following the principles of the Unified Health System.⁹

The minimum team of FHS includes a physician, nurse, nursing technician or assistant, and a community health agent, all working 40 hours a week. Additionally, the



team may include an endemic disease control agent and oral health professionals, such as a dentist specialized in family health and a dental assistant or technician.¹⁰

Health Family Support Center (NASF)

The Family Health Support Center (NASF) was created in 2008 to improve the efficiency of Primary Care actions. It consists of a multidisciplinary team working in collaboration with Primary Care teams, seeking the comprehensiveness of care.¹¹

The NASF underwent a name change to "Multiprofessional Primary Care Team" due to the new primary health care financing model, Prevent Brazil.¹²

Primary Care Team (PCT)

The PCT is a healthcare team that differs from the FHS in its composition, being adapted to the specific needs of the municipality and following the guidelines of the National Health Promotion Program. According to Ordinance no. 2,539, of September 2019, the PCT is primarily composed of physicians and nurses specialized in family health, registered in the same Health Unit. Other professionals may be included, such as community health agents, nursing technicians, and nursing assistants, according to the population's demand and the local epidemiological situation.¹³

Oral Health Team (OHT)

The OHT is a modality that can be integrated into primary care teams and consists of a dental surgeon and a dental health technician and/or assistant.¹⁰

Financing and Organization

Regarding the influential entities in regional PHC, the Ministry of Health, regional Municipal Health Secretariats (SMS), regional structures, and central level of State Health Secretariats (SES) are identified as significant.⁶

In 2019, the Brazilian government introduced "Prevent Brazil" a new policy for PHC in SUS, which changed the financing for municipalities based on criteria like weighted per capita allocation, performance-based payments, and incentives for strategic actions.¹⁴

Prevent Brazil considers financial values per capita based on the population registered in FHS and PCT teams, along with team performance and specific incentives, such as expanding service hours and additional programs.¹⁷

In 2020, there was a significant increase in federal funding for Family Health teams, reflecting the prioritization of PHC by the Ministry of Health, with nearly 2,000 additional teams receiving federal funding.¹⁶

Programs and Interventions

Territorial Mapping

Understanding the territory where a Health Unit is located is crucial for developing strategies to improve healthcare services and the community's environment. Territorialization is essential in organizing healthcare work since health actions are performed in geographically defined areas. This is applied in various SUS initiatives, such as the Family Health Strategy and Environmental Health Surveillance.¹⁷

The process is an essential element in the work of the FHS and involves delineating service areas, understanding the environment, the population, and social dynamics, as well as collaborating with other services. This process follows stages: gathering existing information about the territory, territory recognition, collecting information from key informants through interviews, identifying establishments of interest to health, recognizing the basic health unit, data organization and analysis, data spatialization, action planning, action execution, and evaluation of action effectiveness in health.¹⁷

Services

Services at the Family Health Strategy (FHS) unit are organized by appointment and segmented to address various health areas, including women's health, elderly health, child healthcare, prenatal care, men's health, comprehensive health, dental care, rapid tests, vaccination, and wound care.¹⁹

However, research indicates a high number of people seeking Emergency Care (EC) for issues related to Primary Health Care (PHC). This suggests that the health needs of these patients may not be addressed by PHC, or they may not be aware of how PHC can help them, leading them to frequently seek EC.²⁰

For example, one study revealed that the majority of participants (77.2%) received care the first time they sought public health services. However, there was a higher prevalence of no access when they sought care in PHC or for treatment/rehabilitation.²¹

When patients turn to healthcare services, they expect healthcare professionals to address or at least alleviate their issues. Therefore, if there are shortcomings at the PHC entry point, necessary care is delayed.²⁰

Vaccination

Vaccination is a critical strategy in the prevention and control of immunizable diseases. It plays a fundamental role in preventing debilitating diseases, disabilities, and reducing mortality in children under five years of age.²¹



In Primary Health Care (PHC), vaccination rooms play an essential role. However, in some places, non-compliance with the guidelines of the National Immunization Program (NIP) is still observed, such as the use of non-exclusive vaccination rooms and the predominant use of household refrigerators instead of cold storage rooms.²²

Additionally, studies indicate challenges related to the organization of vaccination services, including defining specific days for the administration of certain vaccines, a lack of immunobiological agents, and inappropriate vaccination room operating hours.²³

Wound Care

Primary Health Care (PHC) serves as the primary gateway for the treatment of chronic wounds, persistent skin injuries influenced by chronic diseases such as hypertension and diabetes, and plays a fundamental role in the Unified Health System (SUS).²⁴

Wound care rooms in PHC are critical care locations due to the risk of exposure to microorganisms. Chronic wound treatment can occur in these rooms or at patients' homes, affecting the lives and routines of approximately 5 million people in Brazil.²⁵

Women's Health

In PHC, young women of reproductive age attend for medical consultations, curative treatments, gynecological appointments, prenatal care, and educational actions related to women's health.²⁶

PHC also involves collecting material for cervical-vaginal cytopathological examinations, known as cervical cancer screening. This examination should be performed annually for women aged 25 to 60 and, after two consecutive negative results, every three years.²⁷

In Family Health Strategy (FHS) teams, family planning is often provided by nurses and includes educational actions, counseling, and integrated clinical activities.²⁸

PHC also offers prenatal care aimed at ensuring a healthy pregnancy and reducing obstetric complications and adverse perinatal outcomes, such as low birth weight and prematurity.²⁹

Child Care

Child care in Primary Health Care involves monitoring the growth and development of children in their first 24 months of life. It is typically carried out by PHC doctors, pediatricians, or nurses from Family Health Teams in family health units.³⁰

Child care includes monitoring child development, including vaccine checks, breastfeeding guidance, and dietary practices. The Ministry of Health establishes a

schedule of child care appointments during the first 18 months of a child's life, totaling seven appointments.³¹

Another tool used is the Child's Health Record, which helps record a child's growth and development, provides guidance to healthcare teams, and helps families understand expected stages of child development.³²

Studies indicate that guidance in PHC is associated with increased health system effectiveness. In the context of child health, PHC-oriented services have the potential to reduce hospital admissions for conditions amenable to primary care, contributing to the reduction of pediatric hospitalizations.³³

Mental Health

Starting in 2011, mental health services began to organize themselves based on Health Care Networks, creating the Psychosocial Care Network (RAPS). This includes Psychosocial Care Centers (CAPS), which are community-based and free services that assist people with severe mental disorders, including the use of psychoactive substances.³⁴

In the context of mental health, matrix support involves professionals from CAPS who act as specialists, offering technical support and consulting to Primary Health Care (PHC) teams.³⁵

User care is based on an individualized therapeutic plan, defining the frequency of care based on the patient's needs, which can be intensive, semi-intensive, or non-intensive. The goal is to promote mental health, considering daily relationships and involving healthcare networks, social networks, and other sectors.³⁴

Other Projects, Interventions, and Health Promotion

In PHC, there is encouragement for participants to create community health interventions. Many of these projects and their outcomes are published in the literature. Various topics are addressed, such as hypertension, diabetes, smoking, alcoholism, obesity, and others. To achieve this, several strategies are used, including health education projects for patients and professionals, including the use of active methodologies.^{36,37,38,39}

Many of these projects yield positive outcomes. For example, in a study comparing patients who received brief intervention (BI) with a control group, a change in alcohol consumption was observed in the intervention group, marked by a reduction in the number of drinks consumed.^{37,40,41,42}

Headaches

Headaches are a common symptom in healthcare services, both in hospital emergency situations and in



primary care clinics. Acute headaches represent 4% of complaints in emergency rooms, although only 30% of patients experience pain relief with treatment.⁴⁴

According to the World Health Organization (WHO), half of the world's population experiences headaches at some point in life, with a higher occurrence among women. Studies on headaches in Brazil have identified high prevalences ranging from 43% to 93%.⁴⁴

Headaches caused by the excessive use of medications are a global challenge, affecting 1% to 2% of the general population. As headaches impact daily life, many patients resort to self-medication without medical guidance.⁴⁵

When acute pain is not adequately treated, prolonged activation of neural pathways can occur, leading to the sensitization of pain-related neurons, resulting in chronic pain.⁴⁶

A study in Minas Gerais revealed that primary headaches, such as migraines, were the most common, accounting for 79.8% of cases, while secondary headaches, such as those caused by excessive use of analgesics, represented 16.6% of cases. Daily chronic headaches were present in 31.8% of cases.⁴⁷

In the case of secondary headaches, whether associated with primary ones or not, which can often be linked to diseases with a worse prognosis, appropriate diagnostic and therapeutic flows are required.⁴⁸

In Brazil, despite the acknowledged impact of headaches, there is a notable absence of governmental initiatives or policies specifically targeting this issue. Although, In April 2019, summit outlined key steps for advancing headache-related public policies in Brazil. The goals include integrating headaches into chronic diseases surveillance, enhancing public awareness, and improving medical training.⁴⁹

Experiences from other countries regarding headache and PHC

In Europe, evidence indicates that, with sufficient resources, primary care can address the needs of 90% of headache patients, making it the primary location for enhancing migraine diagnosis and treatment.^{50,51}

Therefore, a UK guideline underscores patient education as a pivotal aspect of preventive management to enhance adherence and treatment outcomes. Providing patients with explanations about their headache disorder and the purpose of management is recommended, with primary headaches ideally treated in primary care.⁵²

A Canadian guideline highlights the capability of primary care providers to manage most primary headaches.

Strategies encompass lifestyle adjustments, non-pharmacological interventions, and pharmacological treatments.⁵³

In UK, guidelines also provide advice, offering accurate information on headache disorders. It covers key conditions like migraine, tension-type headache, cluster headache, medication-overuse headache, red flags, and management. The guideline also outlines a simplified strategy for diagnosing primary headache disorders.⁵²

This educational strategy is proved to be effective. A UK study demonstrated that well-trained professionals can enhance neurological patient services, resulting in greater satisfaction and cost-effectiveness. Patients expressed increased satisfaction with the GPwSI service, particularly its effectiveness in relieving symptoms.⁵⁴

In addition, a structured educational program on headache disorders in primary care in Estonia demonstrated lasting benefits over three years. Professionals were more inclined to use specific diagnoses, avoid unnecessary imaging exams, and observed a decrease in referral rates.⁵⁵

Furthermore, several studies delve into reasons why migraine patients avoid consulting doctors. In the UK, non-consulting migraine patients cited concerns about doctors not taking their migraines seriously (17%), self-sufficiency (76%), mild headaches (52%), and successful treatment options (50%). In the US, reasons included perceived doctor ineffectiveness (42%), inconvenience (41%), and cost (32%).^{56,57}

Discussion

Primary Health Care represents the essential foundation of the healthcare system, acting as the primary point of entry for the majority of patients. Its goal is to place the patient at the center of care and employs multidisciplinary while considering their needs, preferences, and values.³

Furthermore, it's essential to emphasize the importance of health prevention and promotion in PHC. PHC emphasizes disease prevention and the promotion of healthy lifestyles. This includes vaccination campaigns, health education, and disease screening. PHC also offers other services such as dental care, mental health, women's health, child care, and more.⁵

In conclusion, highlighting the importance of understanding Primary Health Care (PHC) is essential for an effective distribution of patient flow between PHC and emergency departments. This ensures that cases most suitable for PHC are directed there, while more complex and acute cases are addressed in emergency departments.¹



It's crucial to note that migraines, a chronic headache condition, are an example of a condition that can be effectively managed in PHC. Given the high prevalence of this condition, PHC would play a significant role in early identification, proper management, and patient follow-up. This would not only improve the quality of life for these patients but also reduce the burden on emergency services, allowing them to focus on more complex cases.⁴³

In summary, Primary Health Care is a crucial part of healthcare systems, offering a range of services and care. Understanding these programs and how PHC operates is essential for the effective implementation of new public health policies.⁸

Conclusion

In summary, an effective approach to headache treatment requires an understanding of the patient as a whole and constant monitoring, highlighting the fundamental role of Primary Health Care (PHC) in this process. PHC holds the potential to significantly contribute to the early detection, effective management, and ongoing care of individuals experiencing primary headaches.

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