

Strategies for improving access to primary health care: a scoping review

Estratégias de melhoria do acesso à atenção primária em saúde: revisão de escopo

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Resumo

Apesar dos avanços na atenção primária à saúde no Brasil, persistem desafios significativos relacionados ao acesso aos serviços e à integração entre diferentes níveis de cuidado. Este estudo visa revisar estratégias para promover o acesso à atenção primária, visando superar barreiras remanescentes. Trata-se de uma revisão de escopo, realizada a partir do checklist PRISMA-ScR, donde foram consultadas as bases de dados LILACS, MEDLINE, BDNF, Coleciona SUS, além de SciELO e Google Scholar, utilizando os descritores "Estratégias", "Acesso", e "Atenção Primária à Saúde". Foram levantadas 1.571 publicações iniciais, que após aplicação de critérios de inclusão e exclusão culminaram em 11 artigos incluídos na revisão, analisados no tocante às informações de autoria, ano de publicação, objetivos, desenho de estudo, contexto, principais resultados e nível de evidências. A análise qualitativa das produções se apresenta em duas categorias emergentes: melhorias organizacionais nos serviços, contemplando estratégias de enfrentamento às barreiras geográficas e distribuição inadequada de unidades de saúde em áreas rurais e urbanas; e utilização de tecnologias digitais, descrevendo táticas relacionadas à saúde digital e ferramentas tecnológicas promissoras para oferecer atendimento remoto e informações de saúde. Destaca-se que aumentar o uso de saúde digital e estender horários de funcionamento são estratégias essenciais para melhorar eficácia e cobertura da atenção primária, superando desafios de acesso e otimizando recursos disponíveis.

Palavras-chave: barreiras ao acesso aos cuidados de saúde; acesso à atenção primária; estratégias de saúde.

Abstract

Despite the progress made in primary health care in Brazil, significant challenges remain regarding access to services and integration between different levels of care. This study aims to review strategies to promote access to primary care in order to overcome remaining barriers. This is a scoping review, carried out using the PRISMA-ScR checklist, in which the databases LILACS, MEDLINE, BDNF, Coleciona SUS, SciELO and Google Scholar were consulted, using the descriptors "Strategies", "Access" and "Primary Health Care". A total of 1,571 initial publications were retrieved, which after applying inclusion and exclusion criteria culminated in 11 articles included in the review, which were analyzed for information on authorship, year of publication, objectives, study design, context, main results and level of evidence. The qualitative analysis of the productions is presented in two emerging categories: organizational improvements in services, covering strategies to tackle geographical barriers and the inadequate distribution of health units in rural and urban areas; and the use of digital technologies, describing tactics related to digital health and promising technological tools to offer remote care and health information. It is emphasized that increasing the use of digital health and extending opening hours are essential strategies for improving the effectiveness and coverage of primary care, overcoming challenges such as the lack of access to health services.

Keywords: barriers to access to healthcare; access to primary care; health strategies.

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Introduction

Primary Health Care (PHC) plays a strategic role in the Brazilian health system, not only as the main gateway into the health network, but also as a crucial strategy for the people in the country to exercise their right to health. Thus, strengthening PHC is a way to promote the progress of the health system and its principles.¹

In this regard, despite advances in the accessibility and use of health services after the Single Health System (SUS) was implemented, there are still obstacles that prevent people from accessing the service. These include geographic accessibility, the availability of services, and the reception of users², in addition to issues related to socioeconomic factors that shine a light on the inequity there is in the access and use of health services.³ Data from the National Health Survey (2019) show that elders, residents of the country's North and Northeast, and people with low educational levels make less use of the health services, showing that there are differences in the access to public health services, especially when we consider more vulnerable groups.³

The expansion of the Family Health Strategy (FHS) in the last decades, as a model of reorganization of SUS services, improved the health conditions of the population and increased access.⁴ Nevertheless, although significant progress has been seen in the coverage and quality of PHC, some challenges still persist and require our attention, especially those related to the scarcity of qualified professionals, underfunding, disconnection from other levels of health care, and the bureaucracy and dysfunctional aspects of health services, in addition to socioeconomic inequality. All these factors are determinant when we consider access to these services.^{5,6}

In this context, we must determine which initiatives are effective and, especially, innovative, when it comes to

overcoming these obstacles, promoting the access to primary health care and ensuring people can exercise their essential right to health. Thus, this study aims to review the scientific production about the strategies used to overcome challenges to the access to PHC services. It is an attempt to explore key tools and experiences that can contribute to the political agenda for the improvement of Brazilian primary health care.

Materials and methods

Type and design of the study

This is a scoping review. This type of study seeks to reach a broad, diversified, and detailed perspective about current research in a specific field. It is commonly employed by managers, health workers, and policy makers to search for evidence and identify potential advances.⁷

The research followed the recommendations of the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR).⁸ To orient the formulation of the guiding question, we adapted the mnemonic tool Population/Problem, Concept, and Context (PCC)⁹. This led to the following research question: "Which strategies are developed in Primary Health Care to overcome the barriers to access health services?"

From July to August, 2023, we accessed the databases LILACS (Latin American and Caribbean Health Sciences Literature), MEDLINE (International Health Sciences Literature), BDNF (Nursing Database) and ColecionaSUS through the Virtual Health Library (VHL). We also carried out searches in the digital libraries of SciELO (Scientific Electronic Library Online) and Google Scholar (gray literature). To do so, we used models to combine the descriptors "Strategies"; "Access", and "Primary Health Care". The terms were used in English to expand the scope of the search (Table 1).



Table 1 - Search strategy used in the databases and collections, Picos-PI, 2023.

| Database/Library | Usage combinations |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BVS | <i>(“Strategies” OR “Health Strategies” OR “Strategies for Universal Health Coverage”) AND (“Access” OR “Effective Access to Health Services” OR “Health Services Accessibility” OR “Access to Primary Care” OR “Universal Access to Health Care Services” OR “Barriers to Access of Health Services”) AND (“Primary Health Care”).</i> |
| Google Scholar | <i>(Health Strategies) AND (Acess OR Access to Primary Care) AND (Primary Health Care).</i> |
| SciELO | <i>(Strategies OR Health Strategies) AND (Acess OR Access to Primary Care) AND (Primary Health Care).</i> |

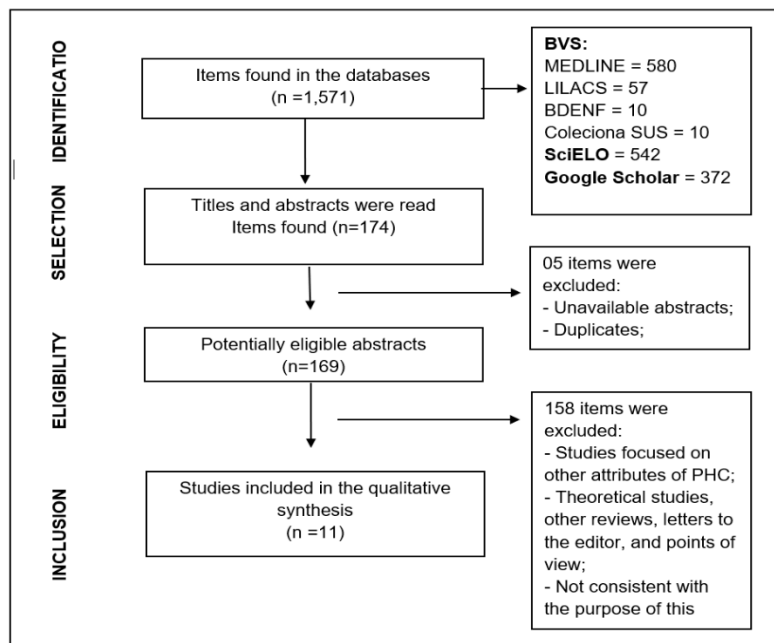
Inclusion and Exclusion Criteria

The inclusion criteria comprised: quantitative, quali-quantitative, or empirical qualitative papers, published in Portuguese, English, or Spanish, that addressed strategies to promote access to primary health care services. We considered publications from 1988 to 2023, in order to include all evidence since the Brazilian health reform and the creation of SUS. Exclusion criteria comprised: duplicates, studies focused on other attributes of PHC, theoretical studies, other revisions, letters to the editor, and points of view, since this study was exclusively focused on empirical, peer-reviewed research.

Procedures

The results found in the database searches were exported into the reference manager EndNote, so duplicates could be removed and two reviewers could analyze the studies independently. Disagreements were solved by a third examiner. Then, we read the titles and abstracts of the items found to evaluate whether the articles were in accordance with the research question. After selection, we applied the inclusion criteria to identify potentially eligible studies, which, after read in full, were included in the review, as figure 1 shows.

Figure 1 – Study selection flowchart. Picos, Piauí, Brazil, 2024.



Source: authors, 2024.

The works included in the review were analyzed by extracting information related to authorship, year of publication, objectives, study design, context, main results, and level of evidence, all of which comprised the material to be analyzed.

The level of evidence was evaluated in order to ascertain what was the methodological quality of the studies. To do so, we used Melnyk and Fineout-Overholt's classification¹⁰, where levels I and II are considered strong evidence, III and IV, moderate evidence, and from V to VII, weak evidence.

Finally, we carried out a qualitative analysis of the content of publications through a deep reading, in order to produce a synthesis of their main findings, which were presented in two emerging categories, discussed, and correlated with the context of improving PHC access.

Results

Early surveys identified 1,571 publications, distributed between Medline (n=580), Lilacs (n=57), BDENF (n=10), Coleciona SUS (n=10), SciELO (n=542), and Google Scholar (n=372). Duplicates were excluded, as well as articles whose abstracts were unavailable, after which 179 remained. Then, articles focused on other attributes of PHC, theoretical studies, other reviews, letters to the editor, and articles that were not in line with our goals were excluded, leaving 11 articles, which were included in this review.

Six of the works found were published in 2020, two in 2022, two in 2014, and one in 2016. As for their origin, five were from Brazil, and each of the the following countries produced one: Italy, India, Madagascar, Portugal, Tuvalu, and the United States. Despite the relevance of the strategies found, most (9) studies presented a low level of evidence. They were mostly descriptive and had a qualitative approach (Table 2).

Table 2 – Characterization of the studies included in the review. Picos, Piauí, Brazil, 2024.

| Id | TITLE | Year | Country | Design | LE |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|----------------------------------------------------|-----|
| A1 | Annual Primary Care Call 2030: Creating an Ecosystem to Facilitate Person-Centered Primary Care Models in Order to Achieve Universal Health Coverage in Low-to-Middle Income Countries. | 2020 | United States of America | Experience Report, descriptive | VII |
| A2 | The potential of mobile health clinics in the prevention of chronic disease and promotion of health in universal health systems: a field experiment. | 2020 | Italy | Descriptive and cross-sectional. | VI |
| A3 | The impact of digital communication and data exchange on the delivery of primary health services in a small developing island state. | 2022 | Tuvalu | Descriptive, qualitative study. | VI |
| A4 | Comprehensive Care to Men's Health: Needs, Obstacles and Coping Strategies. | 2014 | Brazil | Descriptive and exploratory qualitative study. | VI |
| A5 | Primary care to men's health: possibilities and limits in night services. | 2014 | Brazil | Exploratory, qualitative study. | VI |
| A6 | The contribution of Portuguese nursing to universal health access and coverage. | 2016 | Portugal | Documentary research with content analysis. | VI |
| A7 | Improving geographic accessibility modeling for operational use by local health actors. | 2020 | Madagascar | Geographical survey with a participatory approach. | VI |

| Id | TITLE | Year | Country | Design | LE |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------------------------|----|
| A8 | Communication interventions for social and behavioral change carried out face-to-face and via mobile phone to increase adherence to vaccination and improve child health in rural India: a randomized pilot study. | 2020 | India | Randomized pilot study | II |
| A9 | Access barriers to Primary Health Care in remote rural municipalities in Western Pará. | 2022 | Brazil | Exploratory, qualitative study. | VI |
| A10 | Access, accessibility, and demands in family health strategy. | 2020 | Brazil | Exploratory, qualitative study. | VI |
| A11 | Elements that influence access to primary care from the perspective of professionals and users of a health service network in Recife. | 2015 | Brazil | Qualitative case study. | VI |

Caption: Id – Identification; A – Article; LE – Level of Evidence

Discussion

The analysis of the studies selected allowed establishing two thematic categories to group the strategies used in the promotion of PHC access. They were related to improvements in the organizational aspects of the services, and to the use of digital technology as a way to overcome access barriers.

Organizational Adaptation of Services

Although the Alma-Ata (1978) and Astana (2018) Declarations recommend that primary care should be universal, many countries, especially low-income or developing ones, still have trouble regarding the coverage of these services and access to them. The lack of resources, inadequate infrastructures, and socioeconomic inequality are persistent obstacles that hinder the possibility of providing this fundamental right, and, as such, must be addressed.¹¹

In Brazil, a study by Chávez *et al.*¹³ found several access barriers to the PHC, from the perspective of both professionals and users. Their main difficulties include low coverage, too many people registered, low resolution rates, insufficient health professionals, and management inefficiency. These issues, coupled with the lack of humanization and welcoming, cause those involved to become frustrated and dissatisfied, especially due to the lack of resources and the inability of health services to appropriately address health demands.

In the same vein, a study by Lima *et al.*¹⁴, carried out in the urban area of Recife-PE, investigated the factors that influenced the access to PHC services, both from the perspective of professionals and users. They found challenges regarding structural and organizational aspects of health units, which were pointed out by users as significant obstacles. Lima *et al.*¹⁵, in turn, surveyed the barriers to the access of people from remote rural regions, finding four crucial elements: geographic accessibility, organizational issues, the role of primary care units as a first point of contact, and PHC within the Health Care Networks (HCN).

The studies analyzed show that barriers to the access to the PHC, especially organizational ones, must be addressed through coordinated strategies, which may involve the reorganization of the provision of health services, increased coverage, the use of innovative technology, as well as improvements in reception and communication, among other possibilities.

In the international setting, some events and initiatives have sought to find solutions for these challenges, emphasizing the need to strengthen the health systems and the reorganization of services. The study by Albert *et al.*¹² reports on the conference "Primary Care 2030", which was attended by representatives from around the globe. This conference explored ways to enhance the connection between



PHC and Universal Health Coverage, and the strategies to conduct both together. It determined four crucial categories for the progress of people-centered PHC, in general: enhanced involvement of community and people, and patient participation in subnational and national decisions; improved provision of services; impactful use of innovation and technology; and significant and timely use of measurements and data.

Fernandes *et al.*¹⁹ also highlighted the contributions of nursing when it comes to improving universal health coverage and access, reiterating the relevance and positive results of strategies such as the 24 Health Line and home visits, in the context of Portugal. The 24 Health Line (*Linha Saúde 24*, in Portuguese), is a 24/7 national health attention service that can be accessed via phone, Internet, email, or fax. It carries out evaluations, counseling, and refers diseased citizens, whether their cases are urgent or not. This service was found to be effective in reducing the use of hospital urgency services, with nurses providing guidance and proper referral.

In this context, in regard to PHC organization, the nurse has a central and essential position. In addition to frequently leading primary care teams, this professional performs multiple roles that have a direct impact on the improvement of access and the efficiency of services. With a significant number of professionals, nursing workers have a fundamental role in reducing health and social inequality, especially considering their understanding of the complexity of social determinants in the health-disease process, as well as their expertise in work management and health education.²⁰

In Brazil, Cavalcanti *et al.* (2020)¹⁶, by focusing on the issues faced by the male population, mentioned approaches capable of mitigating these challenges: increasing service hours; improving the problem-solving capabilities of the practices in

regard to health needs; improving the reception for consultations; and enhancing communication between workers and patients, so health demands can be better understood. Furthermore, they emphasized the relevance of establishing long-lasting bonds between professionals and patients, including home visits when necessary.

Some of these strategies have been adopted by the Brazilian government. They include strategic programs to improve work processes, such as the Program for the Improvement of Access and Quality of Primary Care (PMAQ), and programs to increase the working hours of the service, such as the Health On Time program. The Health On Time program, released in 2019, allows increasing the service hours when patients can be attended in the family health units. Literature highlights that the innovation in these experiences is the fact that these units work beyond business hours. Most experiences reported a positive result in regard to increasing access, especially for workers and other people who had never used primary health care services.¹⁷

On the other hand, although promising to ensure adequate access, the use of Primary Health Care Units (PHCU) as mini Emergency Units (EU) is still incipient¹⁸, especially in the context of universal health system and the expanded understanding of primary care used in the country. From that perspective, PHCU would work as a complementary service, that could reduce the load of existing urgency services, as opposed to being only the coordinator of an organized health care network.

In short, strategies to overcome access barriers to PHC, especially organizational ones, involve the reorganization of health services to attend the needs of the population in its specificities. This includes increased coverage, as well as improvements to work processes, reception, and communication

between professionals and users, in addition to the adaptation of service hours and the use of innovative technologies. These actions can make services more efficient, effective, and accessible, especially for vulnerable populations. They should be supported, so they can ensure that PHC is effective in the context of universal health systems.

Use of Health Innovations and Technologies

Digital health is a promising response to the challenges faced by health systems, as it seeks to improve efficiency and expand access to individuals that are not served by traditional health care methods.²¹ Digital technologies do not replace current health systems, but they can significantly contribute to improve health care.²² They can help improve the operational efficiency of services (information systems), optimize diagnostic processes (artificial intelligence), or even enable remote care (telehealth) and individualized care based on the access to patient data (electronic records).

In India, the lack of immunization and child primary care in rural areas shows how important it is to create strategies that can effectively overcome existing barriers, such as the lack of awareness and the demand for services. The digital health initiative called Taka Vaani, implemented in rural Indian communities, shows how technology can be used to provide accessible and interactive health education. This application is projected to be accessible for mobile devices, such as phones, providing information on children's health and immunization in an interactive tool. The community as a whole adhered to the intervention, significantly increasing primary health knowledge after its implementation.²³

In remote and insular contexts, such as the island of Tuvalu, communication and information technology, exemplified by the VSAT, facilitates real-time communication

among health workers and improves primary health care. Additionally, the use of the VSAT reduced the referrals of patients to the hospital, allowing local physicians to receive specialized guidance remotely.²⁴ In the context of Madagascar, the analysis of the geographical accessibility of rural health services shows that a detailed mapping of commuting routes may lead to better interventions in order to improve access.²⁵

The elaboration of online apps with access routes to health services helps locating and accessing health care in remote areas.²⁶ Especially in low income countries, whose health indicators are worrisome, mobile apps have been widely used to improve primary care services, helping improve professional health care and expand user access to information.²⁶

In addition to digital innovations, strategies such as Mobile Health Clinics (MHC), in Italy, show how providing health services out of the bounds of traditional health units can increase access to primary care, especially for disadvantaged population groups. The MHCs provide various services tailored to the needs of the community and lead to high rates of adherence, bringing significant health benefits to its users.²⁷

In short, digital health strategies and innovations in health services have an essential role in overcoming access barriers and improving health care in several parts of the world. Nevertheless, the implementation of technological strategies in public health also has to deal with significant barriers to its implementation, especially in underdeveloped countries with high levels of socioeconomic, educational, and, consequently, technological inequality. As a result, it cannot be seen as the only possible solution, since digital exclusion is still a challenge for health equity to be achieved.

It is worth emphasizing that, in Brazil, there are sizable barriers for the



implementation of digital health in SUS, especially in the PHC. These include infrastructure, such as limited access to the Internet and lack of appropriate equipments in remote areas; digital health maturity, especially in regard to data management and governance, technology, systems integration and infrastructure, and data generation; and even issues connected to human resources and digital health literacy.^{28,29,30}

Thus, it is essential to highlight that, in the wake of increasingly present technological innovation, services and actions still must be planned considering the needs of individuals and communities, being adapted to the specific characteristics of territories and populations and using digital tools and health technologies as instruments to ensure equal and efficient access to the PHC.

Conclusion

Overcoming access barriers to PHC services involves the joint efforts of health

workers and managers, in addition to policies that are open to the real demands of the population. This review showed that rural populations have difficulties accessing health services due to geographical barriers, such as trouble going to the units and an inadequate distribution of health units. Strategies such as the use of digital health, exemplified by projects such as "Taka Vaani" in India and VSAT in Tuvalu, were found to be promising tools to overcome these challenges, allowing remote care and the transmission of crucial health information.

Therefore, despite the limitations inherent to literature reviews, the strategies found here to promote access provided potential contributions to improve the efficacy and coverage of health services in Primary Health Care. The growing use of digital health and increased working hours in health units were key points here, standing out as promising strategies to overcome access barriers and ensure a better use of resources available in the health system.

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