

The role of intermunicipal consortia as a tool in public health management*El papel de los consorcios intermunicipales como herramienta en la gestión de la salud pública**O papel dos consórcios intermunicipais como ferramenta na gestão da saúde pública***Roberto Pypcack Júnior¹**

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Abstract

The intermunicipal health consortium is the union or association of two or more two entities of the same nature as municipalities, which come together to jointly manage and provide health services. This study aimed to verify the performance of consortia as a fundamental agent in public health management through successful programs, through an integrative literature review. Consortia end up being the way to solve the health problems of most of the medium and small municipalities in Brazil, as they increase their capacity to serve the population, but end up not being able to do more due to the lack of human resources and financial investments, so common to all participants, in any intermunicipal health consortium.

Descriptors: Intermunicipal Consortium; Decentralization; Health Management**Resumén**

El consorcio de salud intermunicipal es la unión o asociación de dos o más de las entidades de la misma naturaleza que los municipios, que se unen para administrar y proporcionar servicios de salud de manera conjunta. Este estudio tuvo como objetivo verificar el desempeño de los consorcios como agente fundamental en la gestión de la salud pública a través de programas exitosos, a través de una revisión bibliográfica integradora. Los consorcios terminan siendo la forma de resolver los problemas de salud de la mayoría de los municipios medianos y pequeños en Brasil, ya que aumentan su capacidad para servir a la población, pero terminan sin poder hacer más debido a la falta de recursos humanos e inversiones financieras, por lo que común a todos los participantes, en cualquier consorcio de salud intermunicipal.

Descritores: Consorcio Intermunicipal; Descentralización; Manejo de la Salud**Resumo**

O consórcio intermunicipal de saúde é a união ou associação de dois ou mais de dois entes da mesma natureza como municípios, que se associam para gerir e prover conjuntamente serviços em saúde. Este estudo objetivou verificar a atuação dos consórcios como agente fundamental na gestão da saúde pública por meio de programas exitosos, por meio de revisão integrativa da literatura. Os consórcios acabam sendo o caminho para a resolução dos problemas de saúde de grande parte dos médios e pequenos municípios do Brasil, pois aumenta sua capacidade de atendimento à população, mas acabam não podendo fazer mais devido à falta de recursos humanos e investimentos financeiros, tão comuns a todos participantes, em qualquer consórcio intermunicipal de saúde.

Descritores: Consórcio Intermunicipal; Descentralização; Gestão em Saúde

Introduction

With the 1988 Constitution, the municipalities increased their autonomy about the formulation and implementation of public policies, generating less dependence on the State. Thus, inter-municipal health consortia appear to share and promote actions between municipalities, which are generally regionalized, and which are governed by Law No. 11107/05, called the Public Consortium Law, regulated by Decree No. 6017/07¹.

With the creation of the Unified Health System (SUS), health actions and services were organized in a regionalized and hierarchical manner, established from the Federal Constitution of 1988, and regulated by Laws No. 8080/90 (Organic Health Law) and No. 8142/90. One of the strategies advocated was to encourage the creation of health consortia to improve the quality of service to the population, as well as assist municipalities in the process of decentralizing health management and policies in the country, and in defining and organizing health services. hierarchical in its complexity, with previously defined location and clientele².

The public consortium consists of a legal entity formed exclusively by entities of the Federation - municipalities, states and the Union - to establish mutual relations of federative cooperation, including the achievement of objectives of common interest, constituted as a public association, with legal personality under public law and autarkic nature, or as a legal entity of private law without economic ends³.

The legal framework for intermunicipal consortia is Law No. 11,107, of 2005, which provides for general rules for the Union, States, Federal District and Municipalities to contract public consortia for the achievement of objectives of common interest, providing for benefits for consortium members, such as the rational use of resources, as well as the strengthening of links between municipalities in the region, due to the similarity between their activities and problems faced. In addition, there is the stimulus it represents in relation to public policies, which are more likely to be carried out in a more technical and efficient manner, and the possibility of coordinating action between different federal entities, through the creation of mechanisms for articulation and collaboration. the formulation and execution of regional policies with a reduction in operating costs, which leads to the political strengthening of the region, among other factors. According to study⁴, some states started to induce the formation of consortia with incentives and financing, aimed at medium and high complexity assistance, to expand the offer of specialized medical services.

Regarding management, consortia streamline project execution, reducing costs and meeting local and regional demands more effectively, featuring instruments for decentralizing technical and financial resources, in order to ensure greater cooperation, decentralization and prestige for municipalities. , ensuring gains of scale and improvement of the technical, managerial and financial capacity of groups of municipalities, through alliances in regions of common

interest, improving the provision of public services made available to citizens, contributing to the transparency of the actions of the spheres of power involved to rationalize and optimize the application of public resources⁵.

The consortium helps the municipalities promoting health actions, aiming at a better use of public resources and adding resources for the solution of problems that are common to them, because in isolation they would not be able to obtain the same result, being able to make financial and increase resolution, complexity and service capacity to the assisted population⁶.

The public consortium's substantial objective is to satisfy collective needs efficiently and effectively, through the provision of services with quality standards. For him, the union of entities can jointly solve problems, and can have good results in the short term, stimulating the sharing of responsibilities in the public service and leveraging the available financial resources⁷.

It is pointed out that 95% of the municipalities involved in health consortia in Brazil have less than 50 thousand inhabitants, which reinforces the importance of public consortia as an intergovernmental strategy for small municipalities. In this case, the creation of consortia is an instrument in the process of municipalization of health and contributes to the planning and structuring of actions and services, according to the specificities and needs of each location and region⁴.

It demonstrates the possibility of joint investments that the municipalities can make through Intermunicipal Consortia, they can carry out the construction and acquisition of equipment that would be extremely expensive if they were carried out by a single municipality, avoiding, still, the idleness of such equipment. In this way, it becomes possible to make the use of more advanced and efficient technologies possible for all the municipalities in consortium, professionalizing management and guaranteeing better results. For example, an MRI machine can serve dozens of patients per week, certainly, in small municipalities there are not so many patients needing this procedure, but at the other end, with the municipality knowing that their device would be idle, they may decide not to acquire it , leaving the population without the service. Thus, in the example, several municipalities would come together to acquire (and maintain) an MRI machine, which, as it serves a larger population, would not be idle. As a result, the provision of these services through an intermunicipal health consortium would avoid raising health care costs or even the unnecessary acquisition of high cost equipment⁸.

The use of health consortia in a useful and efficient way tends to improve the quality of access to health in their municipalities. Many of the actions carried out in a consortium way might not be available if each municipality walked alone, due to the financial resources available being, normally, scarce.

Thus, the consortium municipalities can take advantage of resources, such as professionals from different areas in the most diverse specialties, diagnostic equipment



(tomography, resonance, etc.), in addition to sharing personnel and other available health services, resulting in a better use of available resources. As these municipalities, usually neighbors, share the same problems, they must work in an organized way to meet their difficulties, generating a regional force, which can enable the increase of financial resources, so that it can increasingly expand the service capacity and improve population access to health services through the intermunicipal health consortium.

This work will cover the following research questions: What are the successful experiences highlighted in the Brazilian literature on intermunicipal health consortia? What is the system of operation of these consortia?

The objective was to discuss the implementation of established and successful programs of intermunicipal health consortia.

Methodology

Qualitative approach study, such as an integrative literature review. The integrative literature review is a method incorporated in several areas of knowledge as it allows the systematization of scientific knowledge, the approximation of the appreciated issue, facilitating the narrowing over a thematic evolutionary panorama portrayed by different authors, thus generating subsidies for further research⁹.

For its realization, six crucial stages were respected and outlined: the definition of the guiding

question; the definition of the criteria for selecting the articles; the selection of publications that comprised the review sample; description of the findings in the selected articles, interpretation of results and final report of the review¹⁰.

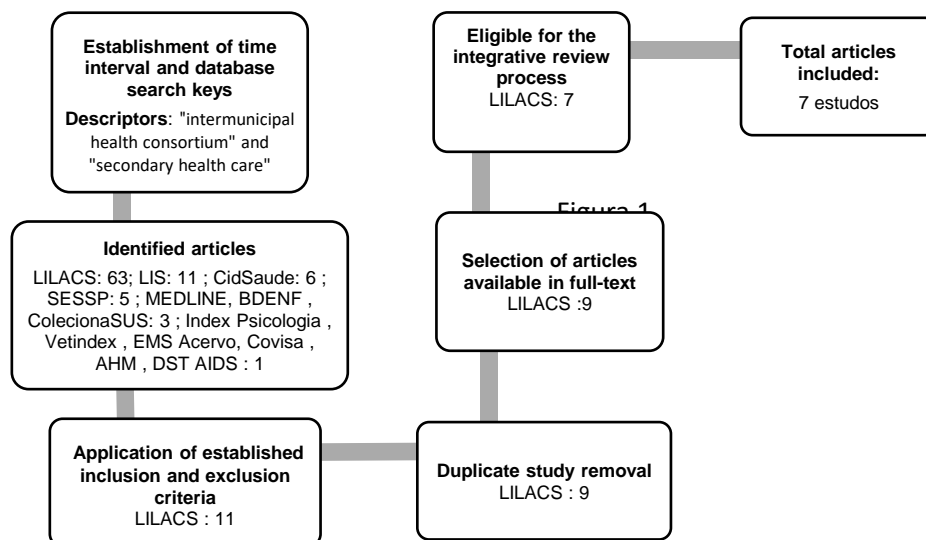
The studies were obtained by accessing the databases belonging to the Virtual Health Library (VHL): Latin American and Caribbean Literature in Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MedLine) and Database of Nursing (BDENF), in the months of February and March 2018. The descriptors: "intermunicipal health consortium" and "secondary health care" were used in the search process. In both searches, the Boolean operator "AND" was used.

As inclusion criteria, it was established after careful reading of their titles and abstracts: articles that addressed the successful experiences associated with the intermunicipal health consortia, in the period from 2009 to 2018. Articles in English, Spanish and Portuguese were included. Publications that were not available in full-text and duplicate articles were considered ineligible for the review process.

Results and Discussion

The results extracted from the eight articles that comprised the revisional sample were part of the results and discussions of the study. The path taken in the search process is shown in Figure 1.

Figure 1. Search flow of articles. Guarapuava, PR, Brazil, 2019



The literature on the topic is still being returned¹¹, the few existing studies did not delve into the question of the results obtained by the experiences of the intermunicipal consortia, taking into account the description of the consortia in terms of their administrative and legal structure, or of the political issues that involved their institutionalization.

Based on the researched articles, accessed through the databases belonging to the Virtual Health Library (VHL), eight articles related to the theme Intermunicipal Health Consortium were chosen and, after a critical and detailed reading, two categories emerged: The successful experiences of health consortia and flaws in the health consortia functioning system.

Figure 2. List of studies eligible for the review process, database, and year. Guarapuava, PR, Brazil, 2019

Article	Year	Database
Consórcio intermunicipal para a aquisição de medicamentos: impacto no desabastecimento e no custo	2011	LILACS
Dificuldade de acesso a serviços de média complexidade em municípios de pequeno porte: um estudo de caso	2017	LILACS
A regionalização da saúde no Estado de Mato Grosso: o processo de implementação e a relação público-privada na região de saúde do Médio Norte Mato-grossense	2014	LILACS
Percepção dos gestores municipais de saúde relacionada à saúde ambiental: consórcio intermunicipal de saúde Cerrado Tocantins Araguaia	2016	LILACS
Regionalização dos Serviços de Saúde em Mato Grosso: um estudo de caso da implantação do Consórcio Intermunicipal de Saúde da Região do Teles Pires, no período de 2000 a 2008	2013	LILACS
Municípios cooperando com municípios: relações federativas e consórcios intermunicipais de saúde no Estado de São Paulo	2008	LILACS
Avaliação do processo de implementação do Consórcio Intermunicipal de Saúde da região do Teles Pires	2010	LILACS

The successful experiences of health consortia

Examples of successful experiences are cited, such as the joint action of municipalities to purchase medicines. According to the survey, in 2008, the municipalities of the Association of Municipalities of the Middle Valley of Itajaí (AMMVI), in the State of Santa Catarina, started to use the Intermunicipal Health Consortium (CIS-AMMVI) for the purchase of medicines, having as a goal the reduction of the operational costs of the municipalities, as well as the search for more advantageous prices than those obtained in individual purchases.

There was an approximate reduction of 12% from 2008 to 2007, and of 48% from 2009 to 2007 in the number of items that were missing in at least one day; the reduction was 33% in the total acquisition cost when compared to the acquisition by the consortium (2009) with the municipal acquisition (2007), and 18% when compared to the average values of the Health Price Bank of the Ministry of Health in 2009. The purchase of medicines by the consortium reduced the shortage and presented savings, enabling the acquisition of a greater quantity of products with the same availability of resources¹².

The main gain generated by the introduction of the consortium (Alto Vale do Ribeira Health Consortium - Cisavar) was not only the expansion of the offer of specialized services, through better use of existing services,

reducing the idleness of the host hospital, but also the decrease in “free-rider” behavior on the part of neighboring municipalities, smaller and with less available services, which started to contribute financial resources to the hospital to which they were already referring patients, and not only resources, there was also an increase in the bargaining power of the municipalities involved with the state government, bringing resources to the region that would be difficult to obtain if requested separately. In addition, it provided an increase in the production of specialized services, such as exams and outpatient surgery. In other words, the consortium generated a better use of the existing installed resources¹¹.

Failure points in the health consortia functioning system

There is a major problem faced by consortia, it is in the relationship between demand and supply of services offered. Analyzing the offer of specialized consultations at the 18th Health Regional of Paraná, the areas of greatest difficulty in accessing the region are: Vascular Surgery, Proctology, Geriatrics, Endocrinology and Neurology, which were non-existent offers. Still according to the study, the possible causes of the problem of access to specialized consultations are: the number of places below the standard, number of insufficient doctors, difficulty in fixing doctors in the countryside, high dependence on the private sector, reduced participation by the Union and the state in the provision and financing of services¹³.



It appears that, although there was an increase in the volume of health services provided and an increase in the maintenance of the consortium's financing, they are still insufficient, not meeting the repressed demand and the population growth of the micro-region. The obstacles are those related to the way in which services are organized in the consortium region, mainly related to the referral and counter-referral system and the existence of queues for carrying out elective procedures and for consultations in some specialties, despite the availability of financial resources for the payment of competitive salaries to professionals. This fact shows the insufficiency of actions aimed at its resolution and reveals the importance of demand studies and prospective analysis¹⁴.

With this, the private sector ends up having its services purchased by the public sector, through consortia, to meet this demand, or even the population ends up seeking the private sector to solve their health problems.

Final Considerations

Inter-municipal health consortia have become a viable way to serve the population that needs a specialized and complex service, especially for small municipalities to have certain types of service, especially those of medium and high complexity, with expensive equipment and specialized professionals for meet only little demand. The partnership of consortia with states and municipalities is essential to achieve results for improving the quality of the population's health. Consortium municipalities feel united for sharing the same problems faced, and strengthened, increasing their power in the search for state resources for the region, optimizing their resources, almost always scarce, to improve the quality of health care for the population. The great difficulty that consortia face is the relationship between supply and demand, since the available resources, in most cases, remain scarce, both financial and human, especially specialized doctors and overly complex equipment. The search for increased resources is constant and necessary. Thus, the consortium's work in optimizing available resources is the main feature found for this tool in public health management.

References

1. Brasil. Lei n.º 11.107, de 06 de abril de 2005. Dispõe sobre normas gerais de contratação de consórcios públicos e dá outras providências [Internet]. Brasília (DF): Governo Federal, 2005 [acesso em 28 fev 2018]. Disponível em: http://www.planalto.gov.br/ccivil_03/_ato2004-2006/2005/lei/l11107.htm.
2. Brasil. Lei n.º 8080, de 19 de setembro de 1990. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências [Internet]. Brasília (DF): Governo Federal, 1990 [acesso em 10 set 2018]. Disponível em: http://www.planalto.gov.br/ccivil_03/leis/L8080.htm.
3. Brasil. Decreto n.º 6.017, de 17 de janeiro de 2007. Regulamenta a Lei n.º 11.107, de 6 de abril de 2005, que dispõe sobre normas gerais de contratação de consórcios públicos [Internet]. Brasília (DF): Governo Federal, 2007 [acesso em 28 fev 2018]. Disponível em: http://www.planalto.gov.br/ccivil_03/_ato2004-2006/2005/lei/l11107.htm.
4. Neves LA, Ribeiro JM. Consórcios de Saúde: estudo de caso exitoso. *Cad. Saúde Pública*. 2006;22(10). <https://doi.org/10.1590/S0102-311X2006001000027>
5. Ceará, Secretaria de Planejamento e Gestão do Estado do Ceará. Manual de Consórcios Públicos [Internet]. Fortaleza (CE): CE, 2009 [acesso em 05 fev 2018]. Disponível em: <http://www.gestaodoservidor.ce.gov.br/site/images/stories/manuais/bt18.pdf>.
6. Provin C. Consórcios Intermunicipais: uma alternativa para gestão pública de saúde no Rio Grande do Sul (trabalho de conclusão de curso). Especialização de Gestão em Saúde na Escola de Administração da Universidade Federal do Rio Grande do Sul/ Universidade Aberta do Brasil [Internet]. Porto Alegre, 2012 [acesso em 10 mar 2018]. Disponível em: <https://www.lume.ufrgs.br/bitstream/handle/10183/67677/000869974.pdf>.
7. Moraes E, Madruga SR. Aspectos da Integração a um Consórcio Público (trabalho de conclusão de curso). Curso de Especialização em Gestão Pública Municipal da Universidade Federal de Santa Maria [Internet]. Santa Maria, 2013 [acesso em 05 fev 2018]. Disponível em: http://repositorio.ufsm.br/bitstream/handle/1/2844/Moraes_Eliana_Thume_de.pdf?sequence=1.
8. Maia et al. Os consórcios intermunicipais de saúde como instrumentos para a administração pública: a experiência do SUS-MG. IV Congresso CONSAD de Gestão Pública [Internet], 2011 [acesso em 05 fev 2018]. Disponível em: <https://pdfs.semanticscholar.org/1670/206aaaa88d0fcdae257a7a8f4d928131131f.pdf>.
9. Botelho LLR, Cunha CCA, Macedo M. O método de revisão integrativa nos estudos organizacionais. *Gestão e Sociedade* [Internet]. 2011 [acesso em 05 fev 2018];5(11):121-36. Disponível em: <https://www.gestaoesociedade.org/gestaoesociedade/article/view/1220/906>.
10. Souza MT, Silva MD, Carvalho R. Revisão integrativa: o que é e como fazer. *Einstein*. 2011;8(1):102-6. <https://doi.org/10.1590/s1679-45082010rw1134>.
11. Oliveira VE. Municípios cooperando com municípios – relações federativas e consórcios intermunicipais de saúde no Estado de São Paulo. São Paulo em Perspectiva [Internet]. 2008 jan./jun. [acesso em 08 mar 2018];22(1):107-122. Disponível em: http://produtos.seade.gov.br/produtos/spp/v22n01/v22n01_08.pdf.
12. Amaral SMSA, Blatt CR. Consórcio intermunicipal para a aquisição de medicamentos: impacto no desabastecimento e no custo. *Rev. Saúde Pública*. 2011 Aug;45(4). <https://doi.org/10.1590/S0034-89102011005000016>.



13. Silva CR, et al; Dificuldade de acesso a serviços de média complexidade em municípios de pequeno porte: um estudo de caso, Ciênc. Saúde coletiva. 2017 abr;22(4). <https://doi.org/10.1590/1413-81232017224.27002016>.
14. Botti CS. Avaliação do processo de implementação do consórcio intermunicipal de saúde da região do Teles Pires no estado de Mato Grosso-MT (dissertação). Escola Nacional de Saúde Pública Sérgio Arouca [Internet]. Brasília, 2010 [acesso em 09 set 2018]. Disponível em: <http://bvssp.icict.fiocruz.br/lilbdi/docsonline/get.php?id=2354>.

