Original Article

Qualification and Interaction Between Family Health Program and Family Health Support Center Professionals: An Intervention Proposal to Improve the Work Process in Primary Health Care

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Abstract: Primary health care in Brazil depends on effective articulation among multidisciplinary teams in order to ensure comprehensive, resolutive, and continuous care. In this context, the Family Health Program (PSF) and the Family Health Support Center (NASF) play complementary roles in health promotion, prevention, shared care, and territorial organization. However, difficulties in interaction between these teams may compromise work organization, delay care, generate functional overlap, and negatively affect the quality of assistance provided to users. This study aimed to propose an intervention to improve the interaction between professionals from PSF and NASF teams and to facilitate the discussion and reorganization of the work process in the Petrolândia Health District, municipality of Contagem, Minas Gerais, Brazil. This is a descriptive study with an intervention proposal based on situational analysis of the local work process. The intervention consists of monthly workshops involving PSF and NASF professionals, local and central managers, and technical references, focusing on the clarification of team roles, organization of work processes, matrix support, team meetings, and construction of care agendas. Four workshops were planned over a five-month period, followed by periodic evaluation using professional reports, agenda analysis, waiting time for matrix support, and waiting time for consultations as monitoring instruments. The proposal is expected to strengthen professional interaction and integration, improve work organization, reduce communication barriers, and enhance the quality of care delivered to users. The intervention may contribute to the consolidation of collaborative practice and shared responsibility in primary health care.

Keywords: Primary Health Care; Family Health Program; NASF; Teamwork; Work Process; intervention proposal.

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1. Introduction

Primary health care in Brazil is structured as the main gateway to the Unified Health System (SUS) and is guided by principles such as territorialization, accessibility, bonding, accountability, longitudinality, comprehensiveness, and coordination of care [1,2]. Within this framework, the Family Health Program (PSF), later consolidated as the Family Health Strategy, became one of the main organizational models for care delivery in the territory, through multiprofessional teams responsible for a defined population and focused on health promotion, prevention, treatment, rehabilitation, and community follow-up [2,4]. The Family Health Support Center (NASF) was created to strengthen primary health care by expanding the scope of care, increasing the resoluteness of actions, and offering matrix support to Family Health teams [2,3]. NASF is composed of professionals from different areas of knowledge and works in an integrated way with PSF teams, supporting case discussion, shared care, collective activities, and therapeutic planning [2,3].

Despite the conceptual and policy advances represented by these arrangements, daily practice often reveals important barriers to team integration. Difficulties in communication, lack of clarity regarding roles, disorganization of work flows, weak articulation between agendas, and dissatisfaction among professionals may compromise the care process and reduce the potential of interprofessional collaboration [4]. Such difficulties tend to affect not only work relationships, but also the timeliness, continuity, and quality of care delivered to users [4]. In the municipality of Contagem, Minas Gerais, the health care network is territorially organized into sanitary districts [4,5]. The Petrolândia Health District, which is the focus of this study, comprises several neighborhoods and has a care network formed by one traditional basic health unit, multiple Family Health teams, one reference unit, district pharmacies, vaccination rooms, oral health teams, and NASF support [4]. In this district, the NASF team started its activities in 2011 and has since experienced difficulties in interaction with Family Health teams, generating tensions in the organization of work and in the relationship between professionals [4].

Meetings conducted with both PSF and NASF professionals revealed recurrent complaints involving lack of organization in the work process, absence of clear care flow, delayed user assistance, overlapping functions, and insufficient understanding of each team's responsibilities [4]. These issues indicated the need for a structured intervention capable of fostering dialogue, clarifying roles, and reorganizing practices. Therefore, the aim of this study was to propose an intervention to improve the interaction between professionals from PSF and NASF teams and to facilitate the discussion and reorganization of the work process, thereby improving the quality of assistance provided to users in the Petrolândia Health District [4].

2. Materials and Methods

This study is characterized as a descriptive study with an intervention proposal, based on the situational analysis of the work process developed between PSF and NASF teams in the Petrolândia Health District, municipality of Contagem, Minas Gerais, Brazil [4]. The intervention proposal was designed considering the organizational context of the municipal health network and the difficulties identified in the interaction between teams. The Petrolândia district includes one traditional basic health unit, 15 Family Health teams, one Family Health reference unit, two district pharmacies, six vaccination rooms, two NASF teams—although only one belongs to the district—and four oral health teams [4]. The NASF team in Petrolândia is linked to 10 Family Health teams, which increases the complexity of articulation and support actions [3,4].

The intervention aimed to improve interaction among professionals and to organize the work process between NASF and PSF teams. For this purpose, monthly meetings in the form of workshops were proposed, involving all professionals from the PSF teams supported by NASF, NASF professionals, local and district managers, technical references, district directors, and representatives of the central health management structure [4]. A total of four workshops were planned. In the first workshop, the focus would be on knowledge of the teams and their responsibilities, based on guiding questions such as: what is NASF and what are its responsibilities, what is PSF and what are its responsibilities, and what are the main challenges faced by NASF and PSF professionals [4]. In all workshops, professionals would be divided into discussion groups, and at the end of each session the results of these discussions would be presented in plenary.

The subsequent workshops would be organized according to issues raised in the previous meeting and would also include discussions on team meetings, matrix support, and the construction of NASF and PSF care agendas [4]. The organization of the workshops would be the responsibility of local and central management professionals [4]. The human resources involved in the intervention would include PSF teams covered by NASF Petrolândia, NASF professionals, district management advisors, district technical references, district directors, the local NASF coordinator, and advisors from the Municipal Health Secretariat [4]. Material resources would include a computer, printer, A4 paper, pens, pencils, erasers, markers, Kraft paper, masking tape, and support texts [4].

The intervention was planned for a period of five months. After this phase, periodic evaluation would be carried out through local management meetings with PSF and NASF teams. The evaluation instruments proposed were: professional reports, analysis of professionals' agendas, waiting time for matrix support, and waiting time for scheduling consultations [4].

3. Results and Discussion

Although this study presents a proposal rather than implemented results, the situational diagnosis described in the TCC allows relevant discussion on the challenges and possibilities of organizing interprofessional work in primary health care [4]. One of the main problems identified was the fragile interaction between NASF and PSF teams, which appears as a central barrier to the work process [4]. According to the analyzed document, professionals from both sides reported dissatisfaction, frequent complaints in meetings, difficulty in defining flows, and limited understanding of each team's responsibilities [4]. These findings suggest that the problem is not merely operational, but relational and organizational.

The absence of clear care flow between NASF and PSF was pointed out as a factor leading to delays in user care and possible aggravation of clinical situations [4]. In primary care, such fragmentation weakens the continuity of care and reduces the effectiveness of shared therapeutic planning. Since NASF is not designed to replace Family Health teams but to support them through matrix support, any misalignment in this relationship may lead either to underuse of NASF potential or to inappropriate transfer of responsibilities [2-4]. Another relevant issue identified was the lack of clarity regarding the attributions of NASF and PSF professionals, generating overlap of functions and reduction in care quality [4]. This highlights the importance of permanent education and collective discussion spaces. In this sense, the proposed workshops are not merely informative activities, but devices for reorganizing micropolitics of work, creating shared understanding, and redefining responsibilities in a collaborative way [4].

The proposal to conduct discussion groups followed by plenary sessions is methodologically consistent with participatory educational processes. It allows professionals to express difficulties, analyze everyday practices, and collectively construct solutions. This is particularly relevant in health services, where many problems are sustained not by lack of formal norms, but by weak communication, poorly negotiated expectations, and fragmented decision-making [4]. The themes selected for the workshops are also pertinent. By starting with the identity and responsibilities of each team and then progressing to more specific issues such as team meetings, matrix support, and agenda construction, the intervention follows an incremental logic. First, it seeks conceptual alignment; second, it promotes operational organization [4]. This order may facilitate adherence and reduce defensiveness among professionals, especially in contexts marked by prior tension.

The expected gains of the proposal include strengthening interaction and integration between NASF and PSF professionals, improvement in work processes, and enhancement of user care quality [4]. In practical terms, this may translate into better agenda organization, more appropriate prioritization of cases, greater use of shared care, construction of therapeutic projects, and increased ability to develop collective and intersectoral actions in the territory [4]. The TCC also recognizes potential challenges to implementation, such as resistance to rethinking established work models, discomfort among professionals, and possible absence of team members during workshops [4]. These limitations are realistic and reinforce the need for active management participation. The involvement of local and central management in the organization of the intervention is therefore an important strength, since organizational change in health services usually depends on institutional support, continuity, and leadership [4].

A notable point in the conclusion of the original work is the idea that the user should not belong to one team or another, but should become a point of connection between NASF and PSF professionals [4]. This perspective is coherent with the principles of comprehensive care and with the collaborative logic of primary health care [1,2]. It shifts the focus from team-centered disputes to user-centered care and shared responsibility. Thus, the intervention proposal addresses an important gap in the local work process and offers a feasible pathway for improving professional qualification and interaction. Its value lies not only in resolving practical difficulties, but also in fostering a more integrated, dialogical, and co-responsible model of care in primary health care [4].

4 Conclusion

The interaction between PSF and NASF teams is fundamental for the effectiveness of primary health care, especially in contexts where care depends on shared responsibility, matrix support, and collective planning [2-4]. The situational analysis presented in this study showed that difficulties in communication, role definition, and work organization can negatively affect the assistance provided to users and weaken team performance [4]. The proposed intervention, based on monthly workshops and participatory discussion processes, represents a viable strategy to improve professional interaction, clarify responsibilities, organize care flows, and strengthen collaborative work between PSF and NASF [4]. By creating spaces for dialogue and exchange of knowledge, the proposal may contribute to the construction of therapeutic projects, better agenda planning, and more integrated responses to the needs of the territory [4].

Although challenges such as professional resistance, absenteeism, and turnover may interfere with implementation, the active participation of local and central management may favor continuity and sustainability of the intervention [4]. It is expected that this proposal will contribute to improving work processes, strengthening team integration, and enhancing the quality of care delivered to users in primary health care [4].

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Conflicts of Interest: None.

Supplementary Materials: None.

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