



## FACTORS ASSOCIATED WITH THE PERFORMANCE OF PRIMARY HEALTH CARE SERVICES

*Fatores associados ao desempenho de serviços da atenção primária à saúde*

*Factores asociados con el rendimiento de los servicios de la atención primaria de salud*

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### ABSTRACT

**Objective:** To assess the performance of Family Health teams (equipes de Saúde da Família – eSF) and Primary Care teams (equipes de Atenção Básica – eAB) in relation to the presence and extension of attributes of Primary Health Care (*Atenção Primária à Saúde – APS*) from users' point of view. **Methods:** This is an observational cross-sectional study conducted in a municipality in the Midwest region of Minas Gerais (MG), Brazil, between January and June 2016 with a representative sample of 384 users assisted by eSF and eAB. Data were obtained through the application of the Primary Care Assessment Tool (PCATool-Brazil) – adult users. First, the score for each attribute/component and the essential and general scores were calculated. Multivariate analysis modeling was used to identify variables associated with satisfactory assessment (score  $\geq 6.6$ ) of APS. **Results:** The results indicate that most attributes/components of APS are not properly implemented in the scenario analyzed. The multivariate analysis also showed that the assessments made by users of eSF (Odds Ratio: 2.09) and people with up to eight years of study (Odds Ratio: 1.94) were associated with a satisfactory assessment of APS. **Conclusion:** According to the users' point of view, eSF have a greater potential for the presence and extension of attributes/components of APS, thus reinforcing the important role of this strategy as the main organizational arrangement of APS in the national scenario.

**Descriptors:** Health Evaluation; Primary Health Care; Family Health.

### RESUMO

**Objetivo:** Avaliar o desempenho de equipes de Saúde da Família (eSF) e equipes de Atenção Básica (eAB) sobre a presença e extensão de atributos da Atenção Primária à Saúde (APS) através da visão dos usuários. **Métodos:** Trata-se de um estudo observacional transversal realizado em um município da região centro-oeste de Minas Gerais (MG) entre janeiro e junho de 2016 com amostra representativa de 384 usuários assistidos por eSF e eAB. Os dados foram obtidos por meio da aplicação do instrumento Primary Care Assessment Tool (PCATool-Brasil) - usuários adultos. Inicialmente, calculou-se o escore de cada atributo/componente e os escores essencial e geral. Utilizou-se a modelagem de análise multivariada para identificar variáveis associadas à avaliação satisfatória (escore  $\geq 6,6$ ) da APS. **Resultados:** Os resultados apontam que a maioria dos atributos/



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componentes da APS não está devidamente implantado no cenário em questão. Identificou-se, ainda, na análise multivariada, que a avaliação de usuários da eSF (Odds Ratio: 2,09) e de pessoas com até oito anos de estudo (Odds Ratio: 1,94) está associada à avaliação satisfatória da APS. **Conclusão:** Na visão dos usuários, a eSF tem maior potencial para a presença e extensão dos atributos/componentes da APS, reforçando, assim, o papel de destaque dessa estratégia como principal arranjo organizacional de APS no cenário nacional.

**Descritores:** Avaliação em Saúde; Atenção Primária à Saúde; Saúde da Família.

## RESUMEN

**Objetivo:** Evaluar el rendimiento de los equipos de Salud de la Familia (eSF) y los equipos de la Atención Básica (eAB) sobre la presencia y extensión de los atributos de la Atención Primaria de Salud (APS) a través de la percepción de los usuarios.

**Métodos:** Se trata de un estudio observacional transversal realizado en un municipio de la región centro-oeste de Minas Gerais (MG), Brasil, entre enero y junio de 2016 con una muestra representativa de 384 usuarios asistidos por el eSF y el eAB. Se han obtenido los datos a través de la aplicación del instrumento Primary Care Assessment Tool (PCATool-Brasil) - usuarios adultos. A principio, se ha calculado la puntuación de cada atributo/componente y las puntuaciones esencial y general. Se utilizó el análisis multivariado para identificar las variables asociadas con la evaluación satisfactoria (puntuación  $\geq 6,6$ ) de la APS. **Resultados:** Los resultados señalan que la mayoría de los atributos/componentes de la APS no se ha implantado correctamente en el escenario en cuestión. Se ha identificado, aún, en el análisis multivariado, que la evaluación de los usuarios de la eSF (Odds Ratio: 2,09) y de las personas con hasta ocho años de escolaridad (Odds Ratio: 1,94) se asocia con la evaluación satisfactoria de la APS. **Conclusión:** En la percepción de los usuarios, el eSF tiene mayor potencial para la presencia y extensión de los atributos/componentes de la APS, reforzando, de esa manera, el papel de destaque de esa estrategia como el principal ajuste organizacional de la APS para el escenario nacional.

**Descriptores:** Evaluación en Salud; Atención Primaria de Salud; Salud de la Familia.

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## INTRODUCTION

Primary Health Care (*Atenção Primária à Saúde - APS*) is of great importance for the operationalization of health systems. It is the users' main entrance to the system, and it organizes the actions and services provided by the Health Care Network (*Rede de Atenção à Saúde - RAS*)<sup>(1)</sup>. The scope of the actions offered, the accessibility, the continuity and coordination of care, and the responsibility over a given territory distinguishes APS from other types of care services<sup>(2)</sup>.

In Brazil, APS expansion and consolidation occurred mainly through the Family Health Strategy (*Estratégia Saúde da Família – ESF*), considered the main APS organization arrangement in the country. In 2018, the ESF covered 59.7% of the population in the country, with 39,872 Family Health Teams (*equipes de Saúde da Família – eSF*) distributed in 5,402 Brazilian municipalities<sup>(3)</sup>. The progressive increase in population coverage by the ESF was accompanied by improvements in the physical structure of services and the training of APS professionals and managers<sup>(4)</sup>.

The ESF has contributed to the expansion of access, disease prevention, active tracing of patients, health education, home care and increased number of women and child health care consultations. All this has produced improvements in health indicators, such as the reduction of low birth weight, infant mortality and hospitalizations<sup>(5)</sup>.

It is important to highlight that in addition to the ESF there are other organizational arrangements of APS in the country. According to the current National Primary Health Care Policy (*Política Nacional de Atenção Básica - PNAB*), all these other arrangements are called Primary Health Care teams (*equipes de Atenção Básica – eAB*) and should be recognized as long as they respect the principles and guidelines of the Unified Health System (*Sistema Único de Saúde - SUS*)<sup>(1)</sup>. Most eAB are focused on disease care in its individual and biological aspects and the prioritization of patients who seek care spontaneously and/or who are referred by other services, without emphasis on programmatic actions<sup>(6)</sup>.

In general, the ESF has been better rated compared with the eAB regarding equity, comprehensiveness of care and programmatic actions, performance, multidisciplinary work, family and community orientation, user embracement, bonding, and humanization<sup>(5)</sup>.

Regardless of the organizational arrangement adopted, APS should be guided by essential and derived attributes<sup>(7)</sup>. Essential attributes include first contact access, continuity of care, comprehensiveness and coordination. Derived attributes include focus on the family, community orientation and cultural competence<sup>(7,8)</sup>. The presence and extension of these attributes qualify APS and opportunely increase interaction with users and community<sup>(7,9)</sup>.

The evaluation of the orientation of a service towards APS through the presence and extension of its attributes aims at better performance and quality of services, the consolidation of implemented actions and the ability to respond to the health needs of the population<sup>(10,11)</sup>.

Given the prominent role of APS in health systems and its different care arrangements, which are still present today, it is necessary to carry out evaluations aimed at analyzing the performance of these different arrangements<sup>(12)</sup>. In addition, PNAB emphasizes that every APS center, regardless of the type of team implemented, must monitor and evaluate the performance of its actions through the satisfaction of its users. However, this is not a frequently performed practice<sup>(1,13)</sup>.

APS evaluation can impact the promotion of population health and the construction and review of healthy public policies as a central reference for institutionalized health action, thus strengthening structures and processes that are compromised. In this regard, it is necessary to broaden the understanding of health promotion in the context of primary health care as a reference for the entire work process. Therefore, the evaluation of health services has gained prominence in the improvement of public policies and in the reorientation of health actions, thereby improving SUS performance<sup>(14)</sup>.

It is in this context that this study emerges and aims to assess the performance of Family Health teams (*equipes de Saúde da Família - eSF*) and Primary Care teams (*equipes de Atenção Básica - eAB*) in relation to the presence and extension of attributes of APS from users' point of view.

## METHODS

This cross-sectional study was conducted in a municipality in the Midwest region of Minas Gerais (MG), Brazil, which has an estimated population of approximately 234,937 inhabitants<sup>(15)</sup> and 42 APS centers: 32 with Family Health Care teams (eSF) and 10 with Primary Health Care teams (eAB).

Study participants were people served at APS centers located within the coverage area of residence. The study included APS centers in operation for more than a year. Thus, participants were recruited from 26 APS centers: 16 with eSF and 10 with eAB. Sampling defined a finite population and an absolute error of 5%. Sampling demonstrated the need for 384 participants who were stratified by type of APS center. Thus, a sample of 117 users assisted by eSF and 267 users assisted by eAB was defined taking into account the population registered in each health center included in the study.

Data were collected between January and June 2016. We interviewed users over 18 years old who attended the selected APS centers seeking some type of care on a day predetermined by the researchers and who agreed to participate in the study. The interviews were conducted by a trained researcher and lasted, on average, 15 minutes.

The short form of the Primary Care Assessment Tool (PCATool-Brasil) for adults was used for data collection. The short form of PCATool-Brasil is validated and available for free. It measures the presence and extent of APS attributes. It consists of 23 items covering the essential attributes: first contact of the individual with the health system (use and access); continuity of care; comprehensiveness (services available and services provided); coordination (care and information system) and derived attributes: focus on the family and community orientation<sup>(16)</sup>.

It should be noted that the PCATool-Brasil allows the comparison of the degree of orientation towards APS of other models of primary care that still coexist within the ESF, thus allowing to identify aspects of the structure and process of services that require reaffirmation or reformulation in the search for quality of both planning and execution of APS actions<sup>(17)</sup>.

The tool has five response options on a Likert scale: 'Definetely yes' (value=4); 'Probably yes' (value=3); 'Probably not' (value=2); 'Definetely not' (value=1) and; 'I don't know/I don't remember' (value=9)<sup>(17)</sup>. Na author-developed questionnaire was also used to assess the sociodemographic profile of the participants. It contained questions on sex, age, education and marital status.

Double data entry was used and the results were then compared to ensure quality. All tabulations and analyses were performed using the Statistical Package for the Social Sciences (SPSS) software, version 20.0. Scores were calculated for each of the APS attributes present in short form of the PCATool- Brasil for adults. The scores were obtained by estimating the simple arithmetic mean of the response values of the items that compose the tool transformed into a scale of 0 to 10 using the following formula:  $(\text{Score obtained} - 1) \times 10/3$ <sup>(17)</sup>.

After that, we estimated the essential scores (measured as the sum of the degree of affiliation plus the mean score on each of the components that belong to the essential attributes divided by the number of components) and general scores (measured as the sum of the degree of affiliation plus the mean score of the components that belong

to the essential and derived attributes divided by the total number of components) of the APS<sup>(17)</sup> and the rate of users who assigned high scores ( $\geq 6.6$ ) to the municipality in general and by type of APS center, eSF and eAB. The degree of affiliation aims to identify the service or health professional (physician/nurse) that serves as a reference for care. These are not considered an attribute of APS, but they are used in the estimation of essential and general scores<sup>(17)</sup>.

Statistical analyses were performed using the chi-squared test with a significance level of 5% to compare the rates of satisfactory ratings of essential and general APS scores (scores  $\geq 6.6$ ) between exposure variables (sex, age, education, marital status and type of APS center). After that, a multivariate analysis was performed using logistic regression models.

Variables that presented a value of  $p < 0.25$  in the bivariate analyses were included in the model. After performing non-automatic backward procedures, variables with a  $p$  value  $< 0.05$  were maintained in the final model. With the modeling, adjusted Odds Ratio values and their respective 95% confidence intervals were obtained for the variables selected in the final model. The adjustment of the final model was assessed by the Hosmer-Lemeshow test.

The present study followed the ethical precepts of Resolution No. 466/2012 and was approved by the Research Ethics Committee under Approval No. 1.234.728. All the participants signed an Informed Consent Form in accordance with current legislation.

## RESULTS

Study participants were 384 users of 26 APS centers: 117 users assisted by eSF and 267 users assisted by eAB. With regard to the participants' profile, most participants were: women, people aged 40-59 years, people in a common-law marriage, and people with up to 8 years of study (Table I).

Table I - Sociodemographic profile of participants according type of Primary Health Care center. Minas Gerais, Brazil, 2016.

| Sociodemographic Profile  | Total<br>n (%) | Type of Primary Health Care Center |              |
|---------------------------|----------------|------------------------------------|--------------|
|                           |                | eSF<br>n (%)                       | eAB<br>n (%) |
| <b>Sex</b>                |                |                                    |              |
| Men                       | 74 (19.3)      | 22 (18.8)                          | 52 (19.5)    |
| Women                     | 309 (80.5)     | 95 (81.2)                          | 214 (80.1)   |
| Not informed              | 1 (0.2)        | -                                  | 1 (0.4)      |
| <b>Age (years)</b>        |                |                                    |              |
| Up to 40                  | 127(33.1)      | 49 (41.9)                          | 78 (29.2)    |
| 40-59                     | 160 (41.7)     | 48 (41.0)                          | 112 (42.0)   |
| 60+                       | 96 (25.0)      | 20 (17.1)                          | 76 (28.5)    |
| Not informed              | 1 (0.2)        | -                                  | 1 (0.3)      |
| <b>Marital status</b>     |                |                                    |              |
| Single, divorced, widowed | 162 (42.2)     | 46 (39.3)                          | 116 (43.4)   |
| Common-law marriage       | 220 (57.3)     | 71 (60.7)                          | 149 (55.8)   |
| Not informed              | 2 (0.5)        | -                                  | 2 (0.8)      |
| <b>Education</b>          |                |                                    |              |
| Up to 8 years of study    | 238 (62.0)     | 70 (59.8)                          | 168 (63.0)   |
| 9 years and more          | 145 (37.8)     | 47 (40.2)                          | 98 (36.7)    |
| Not informed              | 1 (0.2)        | -                                  | 1 (0.3)      |

eSF: *equipes de Saúde da Família* (family health care teams); eAB: *equipes de Atenção Básica* (Primary health care teams)

Table II presents the description of the percentage of satisfactory rating (scores  $\geq 6.6$ ) of the attributes evaluated by users in general and according to the type of reference APS. In the evaluation of the municipality we found that 82.3% and 93.2% of users evaluated positively the degree of affiliation and the essential attribute of first contact (use), respectively. These were the best rated components.

With regard to the essential score, 49.5% (95%CI: 44.0% – 54.4%) of the ratings were satisfactory compared with 31.8% (95%CI: 27.1% – 36.5%) in the general score.

Table II also shows that all APS attributes and the essential and general scores – respectively – obtained a higher percentage of satisfactory ratings in the eSF when compared with the eAB.

It should be noted that the attribute best rated by users was the first contact (use). On the other hand, community orientation and focus on the family were the attributes with the lowest percentages of satisfactory rating.

Table II - Descriptive analysis of the ratings that obtained a score indicating quality of Primary Health Care (APS) and comparison of ratings between types of Primary Health Care center according to users. Minas Gerais, Brazil, 2016.

| Attributes of APS                           | Rate (%) of scores $\geq 6.6$      |                |                |
|---|------------------------------------|----------------|----------------|
|   | Type of Primary Health Care center |                |                |
|   | Municipality<br>(n=384)            | eSF<br>(n=117) | eAB<br>(n=267) |
| *Degree of affiliation                      | 82.3                               | 79.5           | 83.5           |
| First contact (use)                         | 93.2                               | 94.9           | 92.5           |
| First contact (access)                      | 53.8                               | 55.8           | 53.0           |
| Longitudinality/continuity of care          | 44.4                               | 61.2           | 37.1           |
| Coordination (care and information systems) | 62.5                               | 71.2           | 57.8           |
| Comprehensiveness (services available)      | 36.3                               | 45.0           | 33.1           |
| Comprehensiveness (services provided)       | 42.8                               | 57.5           | 36.5           |
| Focus on the family                         | 25.0                               | 35.1           | 20.6           |
| Community orientation                       | 17.6                               | 27.6           | 13.6           |
| **Essential score                           | 49.5                               | 61.5           | 44.2           |
| ***General score                            | 31.8                               | 44.4           | 26.2           |

\*Degree of affiliation: aims to identify the service or health professional (physician/nurse) that serves as a reference for care.

\*\*Essential score: measured as the sum of the degree of affiliation plus the mean score on each of the components that belong to the essential attributes divided by the number of components.

\*\*\*General score: measured as the sum of the degree of affiliation plus the mean score on the components that belong to the essential and derived attributes divided by the total number of components.

eSF: *equipes de Saúde da Família* (family health care teams); eAB: *equipes de Atenção Básica* (Primary health care teams)

Table III presents the explanatory variables according to the percentage of satisfactory rating (scores  $\geq 6.6$ ) of the essential and general scores. According to the characteristics of the users, the variables type of APS center (eSF and eAB) and education (up to 8 years of study or 9 or more years of study) were significantly related to the proportion of quality of the essential and general scores, with the percentage of satisfactory rating being higher in eSF than in eAB.

Table III - Distribution of explanatory variables according to the essential and general scores. Minas Gerais, Brazil, 2016.

| Explanatory variables                     | Essential score (%) |           | General score (%) |           |
|---|---------------------|-----------|-------------------|-----------|
|   | $\geq 6.6$          | p - value | $\geq 6.6$        | p - value |
| <b>Type of Primary Health Care Center</b> |                     |           |                   |           |
| Family health care teams                  | 61.5                | 0.002     | 44.4              | <0.001    |
| Primary health care teams                 | 42.2                |           | 26.2              |           |
| <b>Sex</b>                                |                     |           |                   |           |
| Men                                       | 47.3                | 0.658     | 32.4              | 0.905     |
| Women                                     | 50.2                |           | 31.7              |           |
| <b>Age (years)</b>                        |                     |           |                   |           |
| Up to 40                                  | 47.2                | 0.443     | 26.8              | 0.277     |
| 40-59                                     | 48.1                |           | 33.1              |           |
| 60+                                       | 55.2                |           | 36.5              |           |
| <b>Marital status</b>                     |                     |           |                   |           |
| Single, divorced, widowed                 | 48.8                | 0.744     | 32.1              | 0.954     |
| Common-law marriage                       | 50.5                |           | 31.8              |           |
| <b>Education (years of study)</b>         |                     |           |                   |           |
| Up to 8                                   | 55.5                | 0.003     | 37.0              | 0.006     |
| 9 and more                                | 40.0                |           | 23.4              |           |



Table IV shows the evaluation of satisfactory essential and general scores. The variables type of APS center and level of education showed an association and remained in the final logistic regression model. As for the variable type of APS center, the odds of users assisted by eSF assigning a satisfactory essential score to APS services was 2.09 times higher compared with those assisted by eAB. Additionally, the odds of users assisted by eSF assigning a satisfactory general score to APS services was 2.33 times higher compared with those assisted by eAB.

As for education, the odds of users with up to 8 years of study assigning a satisfactory essential score to services was 1.94 times higher compared with users with 9 years and more of study. Furthermore, the odds of users with up to 8 years of study assigning a satisfactory general score to the services was 2.05 times higher compared with users with 9 years and more of study.

Table IV - Factors that influence the quality of the essential and general score of Primary Health Care. Minas Geras, Brazil, 2016.

| Influencing factors                       | Essential score    |         | General score      |         |
|---|--------------------|---------|--------------------|---------|
|   | Odds ratio (95%CI) | p value | Odds ratio (95%CI) | p value |
| <b>Type of Primary Health Care Center</b> |                    |         |                    |         |
| Primary care teams                        | 1                  |         |                    |         |
| Family health teams                       | 2.09 (1.33 - 3.28) | 0.001   | 2.33 (1.47 - 3.71) | <0.001  |
| <b>Education (years of study)</b>         |                    |         |                    |         |
| 9 and more                                | 1                  |         |                    |         |
| Up to 8                                   | 1.94 (1.27 - 2.98) | 0.002   | 2.05 (1.25 - 3.24) | 0.004   |

## DISCUSSION

The attributes that achieved a considerable percentage of satisfactory rating, such as first contact (use), continuity of care and coordination (care and information systems), show that individuals assisted by eSF and eAB see APS centers as a source of care and establish a better bond and trust, which consequently leads to a greater guarantee of continuity of care<sup>(18)</sup>. According to the type of APS center, eSF centers exhibited a greater presence and extension of all APS attributes when compared with eAB centers.

However, most users generally did not rate the presence and extent of APS attributes satisfactorily, which indicates that there might be some weaknesses in the context of APS in the scenario under analysis. The attributes that were not positively rated demonstrate that users point out difficult and time-consuming access to APS centers, lack of programs and services, and teams' lack of knowledge of the needs of the individual, the family and the community. This expression of dissatisfaction with services indicates that APS in the analyzed scenario has a weak potential for interaction with users<sup>(9,19)</sup>.

A possible explanation for the difference regarding the greater presence and extension of all attributes in the eSF compared with the eAB is the organization of the teams' work processes. The eSF favors the reorientation of the work process towards a greater problem-solving capacity and impact on the population's health situation. It is the main strategy for improving the quality of and consolidating APS; in addition, it is structured around the real needs of the population and it is in permanent contact with the territory<sup>(1)</sup>.

The discussion of cases in team meetings, the home visits, the presence of the community health worker (CHW), who is considered a fundamental link in the mediation between the eSF and the community, the knowledge about the health problems of the population and the range of services provided on a biopsychosocial basis influence the greater presence and extent of attributes in eSF. In addition, the contact between health professionals and users and the establishment of referral and counter-referral when a patient is referred to a specialist are factors that stand out in eSF when compared with eAB<sup>(20)</sup>.

With regard to each APS attribute evaluated, although there is an interaction between users and services in the face of a new health problem or episode of the same problem, the low percentage of satisfactory rating of the first contact (access) attribute portrays difficulties in access to APS centers. Several factors may be related to these limitations, such as the location of the center, opening hours, and availability and convenience of services<sup>(7)</sup>.

It should be noted that the essential attribute of first contact (use) contributed considerably to the quality of the rating of the essential score in eAB since the rest of the attributes did not obtain significant satisfactory rating

percentages. As previously mentioned, the eSF obtained a higher percentage of satisfactory rating in relation to all the attributes of APS when compared with eAB. This fact influenced the better performance of the eSF in the essential and general scores. Positive rating of the essential score in the eSF refers to the way the eSF organizes actions and services and it also demonstrates the need for strengthening<sup>(4)</sup>.

Another challenge found in the present study refers to the lack of programs and services available for the individual to receive care from the biopsychosocial point of view, as well as promotion, protection, treatment and rehabilitation actions. This fact demonstrates that there are still gaps in the work process of the teams, in the professional training and in the organization of the RAS. Moreover, it indicates the persistence of the biomedical model of care centered on the disease<sup>(19,21)</sup>. Adequate provision and recognition of the services and resources made available presupposes the construction of a situational diagnosis of the coverage area and the planning of actions targeted at the population's health needs<sup>(21)</sup>.

The derived attributes focus on the family and community orientation presented a low percentage of satisfactory rating, which consequently influenced the quality of the rating of the general score. Although focus on the family and community orientation exhibited better performance in the eSF when compared with the eAB, they presented a percentage of satisfactory rating below the ideal considering the ESF principles and guideline. This confirms that professionals in both eSF and in eAB have a poor knowledge of the health needs of the population and do not correlate the care for the individual and the family to reality<sup>(18)</sup>.

The orientation towards APS with characteristics such as focus on the family and community orientation constitutes a new paradigm for SUS. The services' difficulty in integrating the family and the community in the care process and the community's lack of knowledge about the activities carried out in the APS center are factors that can strengthen the culture of curative and disease-centered care<sup>(22)</sup>.

A APS-oriented health service with these attributes favors the planning and execution of actions and the strengthening of the bond between the health service, the individual, the Family, and the community, thus generating an impact for SUS as a comprehensive and universal health policy. Teams and users must remain allied in the development of actions for disease prevention and recovery and health promotion aimed at fostering autonomy and tackling the social determinants of health<sup>(13)</sup>. Thus, care becomes more effective and centered on the population's health needs, which consequently leads to improvement in health indicators and in the promotion of the population's health<sup>(22,23)</sup>.

In addition, education was also a factor that influenced the quality of APS essential and general scores. Contrary to what was demonstrated in this study, higher levels of education are associated with a better perception of APS performance, which may be related to the user's ability to obtain, understand and communicate basic health information<sup>(24,25)</sup>. A higher level of education can provide a greater understanding of what is informed and raise one's concern for health-related issues involving well-being and preventive aspects<sup>(22)</sup>.

Even with eSF showing better results when compared with eAB, the coexistence of different care models makes APS services complementary or competing<sup>(26)</sup>. The different care models that still exist demonstrate weaknesses in the potential of APS to promote changes in clinical care practices, thus showing that actions continue to be predominantly centered on disease treatment and rehabilitation activities and that there are deficiencies in the teams' work process<sup>(27)</sup>. There is a need for changes in managers' attitude and practices and for a comprehensive look at the individual, family and Community based on macro and micropolitical concepts in order to ensure the effectiveness of APS services and a greater presence and extension of attributes<sup>(23)</sup>.

The limitations of the present study consist of the fact that it was carried out in a single municipality. However, it should be noted that the evaluation of services should be discussed considering local reality. There are also difficulties inherent to the study design that could be minimized based on complementary studies with a qualitative approach. It should be noted that despite the weaknesses presented, there are points to be highlighted, such as the recognition of the APS center by the user as the main entrance to the health system. The challenges to be overcome involve mainly those related to the teams' work process. In addition, investments should be made in strategies to redirect practices aimed at the population's health needs, focus on the family and community participation.

## CONCLUSION

It is concluded that, according to the interviewed users, the eSF presented a better potential for the presence and extension of the attributes/components, thereby reinforcing the prominent role of this strategy as the main APS organizational arrangement in the national scenario.

The importance of evaluating the quality of APS services from users' point of view in order to improve the services provided should be highlighted. The short version of the PCATool-Brasil is suggested for routine evaluation in APS centers.

## CONFLICTS OF INTEREST

There are no conflicts of interest.

## CONTRIBUTIONS

All the authors contributed to the conception and design of the study; the acquisition, analysis and interpretation of data; the writing and/or revision of the manuscript.

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