Management Models of Centers of Dental Specialties: Analysis from PMAQ-CEO

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Abstract

Objective: To identify and understand how management models are being institutionalized in Centers of Dental Specialties, specifically with regard to the public-private relationship. Material and Methods: A descriptive and quantitative study using database of the 1st cycle PMAQ/CEO External Evaluation, specific to the question directed to managers or Dentists working at CEO: what is the labor link of CEO professionals? It was considered an alternative model when at least one dentist had non-statutory labor relationship. Statistical analyses performed were exploratory and descriptive. Results: Data were collected from 930 CEOs distributed throughout Brazil, of which 170 (18.3%) are under alternative management model, especially in the southeastern (37.6%) and northeastern regions (34.7%), distributed in 147 municipalities, 144 (85%) under municipal management, 22 (13%) under state management. Of CEOs with state management, 68% are in Ceará State and 27% in Paraná State. In 78.6% of CEOs, the labor link of dentists is exclusively via direct public administration. Other 10.1% are in direct public administration with new legal arrangements. Only alternative management models were identified in 8.2% of CEOs. Conclusion: A significant number of CEOs are under alternative management model, and its distribution to all regions indicates a consolidation trend.

Keywords: Health Services Administration; Oral Health; Health Services.
Introduction

Throughout the 1980s, in a context of global economic crisis and globalization, the debate about the government's fiscal crisis and its consequences on the process of financing public policies was intense. The issues of relationships between State and Society were at the core of the discussion. The need to reduce state intervention and the containment of public spending, together with the market strengthening have boosted the wave of state reforms in central countries. In this reformist conjuncture, the bureaucratic model, predominant in the public administration, was pointed out as inadequate. Macroeconomic adjustments and administrative flexibilization have come to be seen as solutions to capitalism in facing the economic crisis that has hit many countries. In Brazil, the decade of 1990 was marked by the State reform policy that was responsible for the expansion of market, flexibilization of labor relations and transfer of state responsibilities to private entities [1].

Organizational reformulations reached the health sector in the 1990s, as a result of the new guidelines introduced by the State reform [2]. The rising costs of medical technology coupled with population aging have significantly contributed to the emergence of new organizational arrangements for microeconomic efficiency [3]. In addition, the lack of flexibility and agility in the processes of purchasing inputs and materials, hiring and firing personnel coupled with inefficient financial management have combined to form an unfavorable framework in the public health sector [4].

New legal arrangements were then regulated from late 1990s. The creation of Social Organizations (OS) (Law 9,637 / 1998), Civil Society Organizations of Public Interest (OSCIP) (Law 9,790 / 1999) and recently regulations regarding Non-Governmental Organizations (NGOs) (Law 12.435 / 2011) and Philanthropic Entities (Law 12.435 / 2011) have shaped the new public-private relations in the health sector. These arrangements were considered as alternatives to flexibilizing, for example, the regulations imposed by the public administration, especially regarding the hiring and firing of personnel, conditioned by the legal regime of civil servants and the Fiscal Responsibility Law [5,6].

Criticisms of these new management models include the precariousness of labor relations resulting from flexibilization, lack of control over public spending, and the relaxation of social control. Despite these contradictory arguments, the inclusion of these new private modalities in the management and provision of public health services was expanded throughout the decade of 2000, with important impacts on the design and structuring of the Unified Health System [7].

Studies indicate the marked presence of the various legal agents in the management of hospitals in the country. The state of São Paulo pioneered the adoption of new organizational arrangements in secondary care or hospital services, followed by other states of the federation [3,8]. These new arrangements have also been observed in the field of basic care, especially in the management of human resources [9]. In the field of secondary care in oral health, no studies regarding the adoption of these legal-institutional modalities for the management of Centers of Dental Specialties (CEO) were found.
CEOs are secondary care units that offer the population services for diagnosis and detection of oral cancer, minor oral surgeries, specialized periodontics, endodontics and care for patients with special needs (Decree GM / MS No. 1,570, 2004). The expansion of the offer of specialized dental services by CEOs is one of the main lines of action of the current National Oral Health Policy (PNSB) \[10\].

The aim of this study was to identify and describe how new management models are being institutionalized in CEOs throughout the country, specifically with regard to the public-private relationship.

**Material and Methods**

**Study Design**

The present study is of descriptive type of quantitative nature. The database of the 1st cycle PMAQ / CEO External Evaluation (National Program for Improvement of Access and Quality of Centers of Dental Specialties) was used, which consisted of the *in loco* survey of information for analysis of conditions of access and quality of the 984 Centers of Dental Specialties (CEOs) throughout the country that did or did not join the PMAQ / CEO according to Ordinance No. 2.513 / GM / MS, of October 29, 2013. However, 54 CEOs were excluded from the evaluation because they were in process of structural reform or because service managers refuse to participate in the External Evaluation. Therefore, the present study involved in a census form, 930 CEOs implemented and registered with the General Oral Health Coordination of the Ministry of Health in 2014 in Brazil, under conditions to be evaluated.

**Data Collection**

Data collection was performed through a visit to CEOs by quality assessors duly calibrated and with the help of tablets. Interviews were carried out with service managers, Dental Surgeons and users. However, for the present study, we sought to investigate the following question directed to managers or Dental Surgeons working at CEOs: what is the labor link of CEO professionals? The options for answer to the question included the 12 possible contracting agents of these professionals, namely: direct administration, public law inter-municipal consortium, private law inter-municipal consortium, public law public foundation, private law public foundation, social organization (OS), civil society organization of public interest (OSCIP), philanthropic entity, nongovernmental organization (NGO), company, cooperative and others. The respondent was allowed to indicate more than one response option. In this way, CEO in which at least one dental surgeon had a non-statutory labor link was considered as a new management model.

Interviews were conducted in a reserved environment in order to allow the free expression of the respondent. In order to evaluate the labor link of CEO professionals according to the municipal size, municipalities were distributed according to IBGE population criteria: small size I, up to 20 thousand inhabitants; small size II, from 20 to 50 thousand inhabitants; medium size, from 50 to 100
thousand inhabitants; large, from 100 to 900 thousand inhabitants; metropolis, above 900 thousand inhabitants.

Data Analysis

Statistical analyses were of exploratory and descriptive type (frequencies and percentages).

Ethical Aspects

PMAQ / CEO external evaluation was conducted within standards required by the Declaration of Helsinki and approved by the Ethics Research Committee of the Center of Health Sciences - Federal University of Pernambuco under Protocol No. 740.974 and CAAE 23458213.0.0000.5208.

Results

Data were collected from 930 CEOs distributed throughout the country, of which 170 (18.3%) were under new management model, especially in the southeastern (37.6%) and northeastern (34.7%) regions (Table 1). The macro-region with the largest number of CEOs is the northeastern region, where 355 services are located. The southeastern region occupies the second position, with 337 CEOs. On the other hand, the mid-western and northern regions have the lowest quantitative values. The southern region has almost twice the CEOs of the mid-western and northern regions, and about one-third of the northeastern and southeastern regions (Table 1).

Table 1. Distribution of Centers of Dental Specialties according to macro-region and alternative management models.

<table>
<thead>
<tr>
<th>Macro-Region</th>
<th>CEO</th>
<th>N</th>
<th>N</th>
<th>N</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern</td>
<td>59</td>
<td>56</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northeastern</td>
<td>355</td>
<td>296</td>
<td>59</td>
<td>347</td>
<td></td>
</tr>
<tr>
<td>Southern</td>
<td>117</td>
<td>85</td>
<td>32</td>
<td>18.8</td>
<td></td>
</tr>
<tr>
<td>Southeastern</td>
<td>337</td>
<td>273</td>
<td>64</td>
<td>37.6</td>
<td></td>
</tr>
<tr>
<td>Mid-western</td>
<td>62</td>
<td>50</td>
<td>12</td>
<td></td>
<td>7.1</td>
</tr>
<tr>
<td>Total</td>
<td>930</td>
<td>760</td>
<td>170</td>
<td>18.3</td>
<td></td>
</tr>
</tbody>
</table>

It was verified that 121 CEOs are distributed in capitals, representing 13% of the total CEOs in the country, which indicates the movement of these services towards smaller municipalities. Of these CEOs, 26 are under new managerial models, representing 21.49% of the total CEOs in the capitals with at least one professional hired outside the statutory regime. Regarding the regional distribution of CEOs in the capitals, it was observed that the southeastern is the region with the largest amount (+4 CEOs), representing 36.36% of services located in capitals. The northeastern is the region with the second largest concentration of CEOs by capital, with 31 CEOs (25.6%). The representativeness of CEOs under alternative models in capitals of the southeastern and mid-western regions is reported (Figure 1).
Figure 1. Distribution of CEOs in the capitals of macro-regions according to alternative management models.

It can be seen that in all states and the Federal District, there is the presence of CEOs, with the highest number of services in São Paulo (179), accounting for 19.3% of the total CEOs in the country. Minas Gerais has 83 CEOs (8.9%) and the states of Ceará and Bahia with 79 (8.5%) and 74 (7.9%) services of this nature, respectively (Figure 2).

Figure 2. Distribution of Centers of Dental Specialties in states according to management model.

The 170 CEOs under alternative management models are distributed in 147 municipalities in the country, of which 144 (85%) are under municipal management, 22 (13%) are under state management. Of CEOs under state management, 68% are in Ceará, 27% in Paraná and 4% in Mato Grosso. It was observed that 2 (1%) CEOs are under management of the Federal District and another 2 (1%) are under federal management, linked to Universities in the cities of Brasília and Belém.
It can be observed that 78.60% of CEOs have a dental surgeon hired exclusively through direct public administration. Another 10.1% are in direct public administration with new legal arrangements. Exclusively alternative management models were identified in 8.2% of CEOs. In 3.1% of CEOs, it was not possible to establish the type of labor link.

Thus, 18.3% of Brazilian CEOs have alternative models to direct public management, either exclusively or coexisting with the direct public administration. New management models are found in 55.6% of states, plus the Federal District and in all regions, denoting their national character. The highest percentages of CEOs with new management models are found in the states of Mato Grosso (90%), Paraná (46.9%), Piauí (42.8%), Federal District (33.3%), Tocantins (28.57%), Rio Grande do Sul (28%), Bahia (24.3%), Ceará (24%) and São Paulo (20.1%) (Figure 2).

When observing the distribution of Centers of Dental Specialties in capitals, it is verified that 100% of CEOs of Cuiabá present dental surgeons hired under new management models; Recife, 75%; Teresina, 50%; São Paulo, 40%; and Brasilia, 33% (Figure 3).

Table 2 presents the different legal arrangements adopted by CEOs. It is observed the predominance of public law inter-municipal consortium, comprising 24% of CEOs and public law foundation observed in 21% of services. It is noteworthy that 7 municipalities have CEOs with more than one management modality.

<table>
<thead>
<tr>
<th>Management Models / Federative Entity</th>
<th>Municipal N</th>
<th>State N</th>
<th>District N</th>
<th>Federal N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Law Inter-Municipal Consortium</td>
<td>18</td>
<td>19</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Private Law Inter-Municipal Consortium</td>
<td>02</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Public Law Public Foundation</td>
<td>29</td>
<td>01</td>
<td>02</td>
<td>02</td>
</tr>
<tr>
<td>Social Organization (OS)</td>
<td>26</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Civil Society Organization of Public Interest (OSCIP)</td>
<td>07</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Philanthropic Entity</td>
<td>14</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
When analyzing the juridical arrangements in CEOs according to population size, public law public foundations are predominant in large municipalities, while consortia are not present in metropolitan areas (Figure 4).

**Figure 4. Legal arrangements of Centers of Dental Specialty according to population size.**

### Discussion

The expansion of CEOs with administrative models distinct from traditional public administration follows a movement started in Brazil in the late twentieth century. Authors point out that these management models have been introduced in SUS in a progressive process of disengagement from the government in the health area [6]. Regarding hospital services, these modalities have played a very important role. However, in recent years, in the face of the expansion of the Family Health Strategy, the presence of new institutional arrangements has been frequent in basic care, especially in human resources management [11].

Since 2000, there has been a wide diversity of organizations spread throughout the country, with emphasis on the southeastern and southern regions, where there were 49% and 28.3% of social organizations that worked in SUS, respectively. It was also observed that the more developed regions of the country have increasingly used more third agents for hiring personnel, compared to the other regions [10]. However, in the present study, the southeastern and northeastern regions exhibited the highest percentage of CEOs with new management models.
Generally, one of the first actions of technicians and, above all, of managers in trying to solve a problem is to look for examples of administrations from other levels of government. This is due to the possibility of reducing time and cost to cope with social problems, which are usually complex and difficult to solve [12]. In the case of federations, federated entities can learn from each other and from central government, and conversely, central government can learn from federated entities [12,13]. This may be the main explanation for the occurrence of more CEOs administered by more private administrative models in the southern and southeastern regions, a similar fact is found in medium and high complexity services [14].

Public law public foundations, public law inter-municipal consortia, Social Organizations, Cooperatives and Companies were the main alternative management models identified throughout the national territory. The results found in the present study, therefore, are consistent with the process of distribution of new management modalities in hospital services and primary care. In several Brazilian states, there are legal arrangements distinct from traditional SUS management models [6].

The present study pointed out that 85% of CEOs with alternative management models are under municipal management and 13% of these services are under state management. It should be noted, therefore, that municipalities have significantly expanded the adoption of new legal arrangements to reduce impacts of the Fiscal Responsibility Law and the hiring of health professionals through the Consolidation of Labor Laws (CLT), avoiding the statutory regime. In addition, a spread of the new management modes in CEOs regardless of population size has been observed [10].

The choice of non-state model, according to managers, is due to issues related to the ease in hiring human resources and the supervision facilitated by actors who were hired for this purpose. However, the improvement of public management is not due to the substitution of the attributes of the public manager. In fact, greater state regulation, coupled with instruments that benefit and stimulate better performance, are the path to quality public administration [15].

When the management model was highlighted by the federated entity, it was possible to observe greater evidence on foundations, which can be created to act in the most different sectors, including health. However, even if they are public, they should not act in areas that are directly linked to the functions of state management. It is possible to create Inter-federative State Foundations to meet the challenges of public management, which, although not observed in the present study, can be an instrument for CEO management in some regions of the country [16].

The results found corroborate the principles of scale gain and scope, characteristic of the consortium services, both in the acquisition of products and services, due to the greater bargaining power and organizational capacity [17], favoring smaller municipalities. It is observed that most CEOs managed by consortia or even cooperatives were found in cities with smaller populations, and are often organized only to provide medium complexity services [18], reducing their potential to mere service providers, when they could be an instrument of reorganization of demand and supply of
services with greater efficiency and less permeated by privatist interests. On the other hand, in the southern and southeastern regions, there is a common occurrence of private administration and Social Organizations in the health network, especially linked to hospital administration [19], a fact that is repeated in CEOs in these regions.

Some advantages presented by alternative management models (flexibility, agility, efficiency) are interesting for the public administration. However, it is opportune to discuss aspects such as compliance with targets, scope of indicators and, above all, social control and the state itself [10]. The new institutional arrangements suggest a tendency of the deregulation of labor relations and can generate consequences in the quality of the attention given [5].

Conclusions

Although not reaching 20% of the total Brazilian CEOs, it is important to highlight the capillarization of new administrative arrangements present in the secondary oral health care and its direct consequences on the hiring of Dental Surgeons associated with these services. The public law inter-municipal consortium and the public law public foundation are the alternative management models prevailing throughout the national territory, covering respectively 24% and 21% of CEOs.

In this sense, it is important that managers of the direct or indirect public administration, as well as control or regulatory agencies (Health Councils, Public Prosecutors and Account Courts), are attentive to the fulfillment of labor obligations by the service provider, because cases of the suppression of rights and precariousness labor relations have been frequently reported.

References