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Research Article

Multiprofessional care and the development of the Singular Therapeutic Project within the scope of Primary Health Care in Brazil, 2014–2023

Abstract

Multiprofessional care in Primary Health Care (PHC) is characterized by the application of interdisciplinary and humanized technologies. Among these, the Singular Therapeutic Project (STP) stands out, consisting of the development of personalized care plans based on the biopsychosocial context of service users. PHC is structured by teams dedicated to preparing such plans, particularly the Multiprofessional Teams (eMulti). These teams represent the Ministry of Health's renewed focus on comprehensive and multidisciplinary care in PHC in 2023, as well as the continuation of the work carried out by the Family Health Support Center teams (NASF), whose federal co-financing was discontinued in 2019. In this context, this study aimed to describe, in a ten-year historical series, the meetings held for the preparation of STP by NASF and eMulti teams. A descriptive quantitative study was conducted using secondary data on meetings held for the preparation of STP by these teams between 2014 and 2023 in Brazil. Data were extracted from the public online Collective Activities platform of the Primary Health Care Information System (Sisab). From 2014 to 2023, a total of 423,793 meetings were held for the purpose of developing STP by NASF and eMulti teams in PHC. The year 2019 stood out with the highest percentage of meetings (18.84%, n=79,862) carried out by NASF, compared to the other years in the period, including 2023, the year in which eMulti teams were implemented. Between 2019 and 2023, there was a 50.19% decline in this activity. When stratifying the data by macro-region, a predominance of meetings was observed in the Southeast (44.08%, n=186,803), followed by the Northeast (29.38%, n=124,505). The South (14.97%, n=63,463), Center-West (6.48%, n=27,466), and North (5.09%, n=21,556) regions showed lower percentages of records. Moreover, all regions of the country presented a decline in meetings for the preparation of STP from 2019 onwards. The highest number of meetings was held by NASF teams in 2019, followed by a decline in subsequent years, can be attributed to the discontinuation of federal co-financing for these teams, as well as to the emergence of the COVID-19 pandemic in 2020. The Southeast and Northeast regions concentrated the largest number of activity records: the former stands out for its demographic size and team implementation, while the latter holds historical prominence in the implementation of NASF in its municipalities. In contrast, the North region presented the lowest frequency of meetings for STP preparation, which may be explained by challenges related to regional mobility, professional retention, and difficulties in ensuring adequate human resources. Among the limitations of this study, it is important to note the impossibility of identifying the professional categories and intersectoral actors who participated in the meetings. Furthermore, in Sisab, it is not possible to distinguish between NASF and eMulti outputs from 2023 onward, since the system considers both as the same type of team. Despite these limitations, the results indicate the need to monitor these activities to ensure the continued incorporation of STP into multiprofessional work processes in PHC.

Keywords: primary health care, multiprofessional team, health care technology

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Introduction

Demographic and epidemiological transitions have emerged as challenges in the provision of health care worldwide [1]. The former is characterized by accelerated population aging and declining birth rates, while the latter is marked by the predominance of chronic diseases over other health conditions.

In developing countries, in addition to the epidemiological transition, there is a persistence of infectious and endemic diseases, as well as external causes (violence and accidents), which characterizes a triple burden of disease that compounds scenarios of social vulnerability and regional disparities in health service coverage [2], [3], [4]. This situation demands that health services be restructured and adopt care technologies that enable a holistic view of the individual, considering their social context.

Among the various possibilities for applying care technologies, the Singular Therapeutic Project (STP) stands out. It is an organized approach to providing integrated and interdisciplinary health care, developed by multiprofessional teams with the active participation of the individual, their family, and support network [5].

Brazil is a developing country experiencing accelerated population aging and facing a triple burden of disease [6]. The country has a public, free, and universal health system—the Unified Health System (SUS)—with Primary Health Care (PHC) as its main entry point [7]. Within PHC, the STP is one of the main tools used to provide individualized care, considering the person's needs, life history, and the resources available in the health network [8].

Brazilian PHC includes team models that work closely with the community, with multiprofessional teams (eMulti) being those that encompass the greatest diversity of professional categories. The eMulti may include physiotherapists, psychologists, nutritionists, pediatricians, among others, totaling up to 22 possible specialties [9]. Historically in Brazil, these teams were previously known as Family Health Support Centers (NASF), created in 2008 through Ordinance GM/MS No. 154/2008 [10]. However, due to financial austerity measures, their federal co-financing was discontinued starting in 2019 [11]. Despite this, some Brazilian municipalities maintained their teams. In 2023, Brazil resumed federal co-financing through Ordinance No. 635/2023, renaming them as eMulti and expanding the range of medical specialties eligible for team composition [12].

The diversity of specialties within the eMulti teams enhances the development and monitoring of the STP, especially in more complex cases that require an interdisciplinary approach [13]. Considering the national context and the interdisciplinary potential of these teams in care provision, this study aimed to describe, through a ten-year historical series, the meetings held for the development of STP by eMulti teams within PHC.

Methodology

This is a quantitative descriptive study, conducted using production data from multiprofessional teams between the years 2014 and 2023. The information used was obtained exclusively from secondary data available in public and accessible databases, specifically from the SISAB platform [14].

For methodological purposes, STP was defined as the activity of interest, while NASF/eMulti represented the multiprofessional team classification used for data extraction. The unit of analysis comprised records related to meetings held for the development of STP conducted by these teams, including those with an interdisciplinary and intersectoral nature. The time frame was defined based on the availability of production data for these teams starting in 2014.

Data were extracted from the Collective Activities report, available in the Health section of the SISAB public-access platform. For each extraction, the corresponding study period was selected under Competence; NASF/eMulti was selected under Team Type; and Case discussion/Singular Therapeutic Project was selected under Meeting Topics.

No numerical codes were required for data extraction, as these categories were selected directly from the filters available in the SISAB public report. Activities recorded by other team types were excluded because the study was specifically designed to analyze STP activities developed within NASF/eMulti. Regarding changes in team classification, SISAB records were labeled as NASF through 2023 and as eMulti thereafter.

The transition from NASF to eMulti was primarily associated with the resumption and restructuring of federal financing and the expansion of professional categories eligible for team composition. The multiprofessional nature of the teams and the STP-related activities analyzed in this study remained unchanged. Therefore, the change in nomenclature did not require recoding or harmonization of the STP activity across the historical series.

The data were organized to enable the quantification and description of actions carried out during the study period, considering variables such as year of occurrence, type of activity, meeting frequency, and team participation. The analysis was based on the presentation of absolute and relative frequencies, spatial distribution, and the construction of historical series to identify variations and trends. Data were analyzed using RStudio version 2024.04.0+735 and QGIS version 3.36.

As the study used public and aggregated data, there was no nominal identification of individuals, ensuring compliance with ethical principles applicable to research involving secondary data.

Results

Between the years 2014 and 2023, a total of 423,793 records of meetings for case discussion and elaboration of STP by eMulti in PHC were identified. The year 2019 presented the highest number of records (n=79,862) when compared to the others, which reflects the decrease of production between the years 2020 and 2022 (Table 1). Regarding the total of teams, there was significant growth, which went from 5,511 in 2022 to 7,666 in 2023, with an increase of 39%.

On the other hand, even though all states presented production in the observed period, the registration by municipalities showed important oscillations: in 2019, more than 2,200 municipalities registered activities, a number that fell to approximately 1,000 in 2023, which may indicate both a reduction in adherence and weaknesses in the maintenance and continuity of the teams in the territory. This scenario corroborates with the total of registering municipalities in the period (n=3,406), which allows to identify that these territories vary from one year to another and are not maintained over time.

Between 2014 and 2019, all major regions of Brazil presented significant growth in STP activities, reaching the maximum point in 2019 (Table 2). The Southeast stood out with 30,507 activities, followed by the Northeast with 27,203, while the other regions also followed the expansion trend. This period can be characterized as a phase of consolidation and territorial expansion, reflected both in the increase in the number of municipalities and in the diversity of states involved.

From 2020 on, there is an abrupt fall in activities in all regions, with more accentuated reductions in the Southeast and Northeast, which nevertheless remained the most relevant poles in absolute terms.

In the accumulated period from 2014 to 2023, the Southeast (186,803 activities; 44%) and the Northeast (124,505; 29%) concentrate more than 70% of the national total, confirming the predominance of these regions. The South (63,463; 15%), the Center-West (27,466; 6.5%) and the North (21,556; 5%) had more modest participation, but still contributed in a relevant way to territorial coverage. While the Southeast stands out for the largest absolute numbers, the Northeast presents the largest municipal coverage, involving 1,329 municipalities in nine states, which demonstrates greater territorial capillarity.

Regarding the three professional categories that are most registered STP, these are nutritionists, psychologists, and social workers (Figure 1). In 2014, the category "Others" predominated, accounting for 41% of the total registrations of STP activities, while psychologists and social workers represented 26% and 21%, respectively. Nutritionists had a smaller participation with 12%. This initial scenario shows that registrations were highly diversified, with a significant portion outside the three main categories.

By 2019, there was a shift in the distribution: psychologists reached their highest level of participation (36%), followed by social workers (31%). The "Others" group decreased to 20%, while nutritionists remained relatively stable at 13%. This year marked the consolidation of psychology and social work as the primary registrants in multiprofessional teams.

In 2023, social workers became the leading group, reaching 40%, while psychologists dropped to 20%. Nutritionists showed a gradual increase, attaining 15%, and the "Others" group rose again to 25%. These findings reveal a dynamic redistribution over the decade: from the predominance of "Others" in 2014, to psychology in 2019, and finally to social work in 2023, suggesting changes in professional engagement and responsibilities within multiprofessional teams.

Discussion

The results show a substantial number of records of meetings focused on case discussion and the development of STP in PHC between 2014 and 2023. The year 2019 stood out as the period of greatest production, preceding the decline observed between 2020 and 2022. The decline observed from 2020 onward coincided with two distinct contextual changes. At the policy level, federal co-financing for NASF had been discontinued [15]. At the same time, the COVID-19 pandemic disrupted the routine of health services and redirected the activities of PHC teams [16]. Given the descriptive design of this study, these factors should be considered contextual explanations rather than causal determinants of the observed decline.

On the other hand, the growth in the number of registered teams is noteworthy, which increased by 39% from 2022 to 2023. This increase coincided with the implementation of eMulti and the resumption of federal co-financing for multiprofessional teams [17]. However, the increase in the number of teams was not reflected proportionally in the production of activities. This finding may indicate challenges in the consolidation and maintenance of teams in the territory, although the data analyzed do not allow the underlying reasons for this pattern to be determined.

The analysis of territorial records also showed substantial variation in municipal participation over time. Although all states presented records, the number of municipalities with recorded activities varied considerably between years. This variation may reflect differences in the continuity of STP activities, local organizational conditions, or recording practices. Factors such as changes in municipal financing and limitations in technological and physical infrastructure may also contribute to this pattern [18]; however, these explanations cannot be directly assessed using the data analyzed in this study. The total of 3,406 unique municipalities with records during the study period demonstrates the broad territorial reach of these activities, while the annual variation indicates that their geographic distribution was not constant over time.

Table 1: Distribution of STP activities, total teams, municipalities, and states by year of registration, Brazil, 2014–2023

Year	Total activities (n)	Teams (n)*	Total municipalities (n)*	Total states (n)*
2014	4,629	3.133	299	24
2015	15,879	3.488	818	24
2016	38,352	3.609	1,337	26
2017	54,324	3.791	2,034	27
2018	72,027	4.400	2,221	27
2019	79,862	4.577	2,257	27
2020	40,918	5.479	1,411	27
2021	40,541	5.454	1,039	26
2022	37,486	5.511	980	26
2023	39,775	7.666	1,058	27
Grand total	**423,793**	**7.666**	**3.406**	**27**

Source: SISAB, 2014-2023. Extracted on April 4, 2024. Data subject to change.
*Teams, municipalities, and states are not additive across years, as the same unit may have recorded activities in more than one year. The Grand total therefore represents unique teams, municipalities, and states with at least one recorded STP activity during the 2014–2023 period.

Between 2014 and 2019, all Brazilian regions showed marked growth in STP activities, with emphasis on the Southeast, which concentrated the highest absolute number of records, and the Northeast, which demonstrated greater territorial capillarity by involving a large number of municipalities and states. From 2020 onward, a decline was observed across all regions, particularly in the Southeast and Northeast. This period coincided with the discontinuation of federal co-financing for NASF and the COVID-19 pandemic; however, the contribution of each of these factors to the observed pattern cannot be determined from this descriptive analysis.

In the accumulated period from 2014 to 2023, the Southeast and Northeast accounted for more than 70% of activities, demonstrating the concentration of STP records in these two regions. The South, Central-West, and North showed lower participation, reflecting regional differences in the distribution of recorded activities and territorial coverage. The large population of the Southeast may partly contribute to the predominance of records in this region. The Northeast, on the other hand, has a consolidated history in family health and multiprofessional team implementation [19].

The distribution of professional categories involved in STP activities changed over the study period. In 2014, the “Others” group accounted for the largest proportion of records. In 2019, psychologists and social workers represented a greater share, and by 2023, social workers had become the professional category with the highest proportion of records, while nutritionists showed a gradual increase in participation. These findings describe changes in the professional composition of STP records but do not allow conclusions regarding the motivations underlying the participation of each professional category. One possible interpretation is that these changes reflect adaptations to PHC demands and broader social needs. In particular, the increased participation of social workers and nutritionists may be considered in the context of the social and food-related consequences of the COVID-19 pandemic [20], [21]. However, this interpretation remains a hypothesis, as SISAB data do not provide information on professionals’ motivations or the factors determining their participation in STP activities.

The STP stands out as an essential care technology in PHC, strengthened by multiprofessional teams. By articulating different types of knowledge and practices, STP fosters interdisciplinarity, promotes team co-responsibility, and values the active participation of users in the care process. Its relevance expands in the face of social vulnerabilities, when this technology contributes to articulating responses that integrate both the continuity of clinical care and social protection, reinforcing its strategic role in promoting comprehensiveness and equity in health. The resumption of federal co-financing may contribute to supporting the continuity of this care technology in Brazil.

This study has limitations inherent to the use of routine health information systems. SISAB data may be affected by underreporting and differences in recording practices across teams and municipalities, including variations in training and familiarity with data-entry procedures. Changes in PHC financing and monitoring mechanisms over the study period may also have influenced recording practices. Therefore, variations in the number of STP activities recorded over time should not be interpreted exclusively as changes in the actual provision of these activities, as they may also reflect differences in data completeness and recording practices. In addition, given the descriptive and ecological nature of the study, the variations observed in the historical series do not allow causal relationships to be established with changes in public policies, financing, or the COVID-19 pandemic.

Conclusions

The historical series of meetings for the development of STP in PHC from 2014 to 2023 reveals both advances and persistent challenges in multiprofessional practices.

Table 2: Distribution of STP activities by year of registration and Major Region, Brazil, 2014–2023

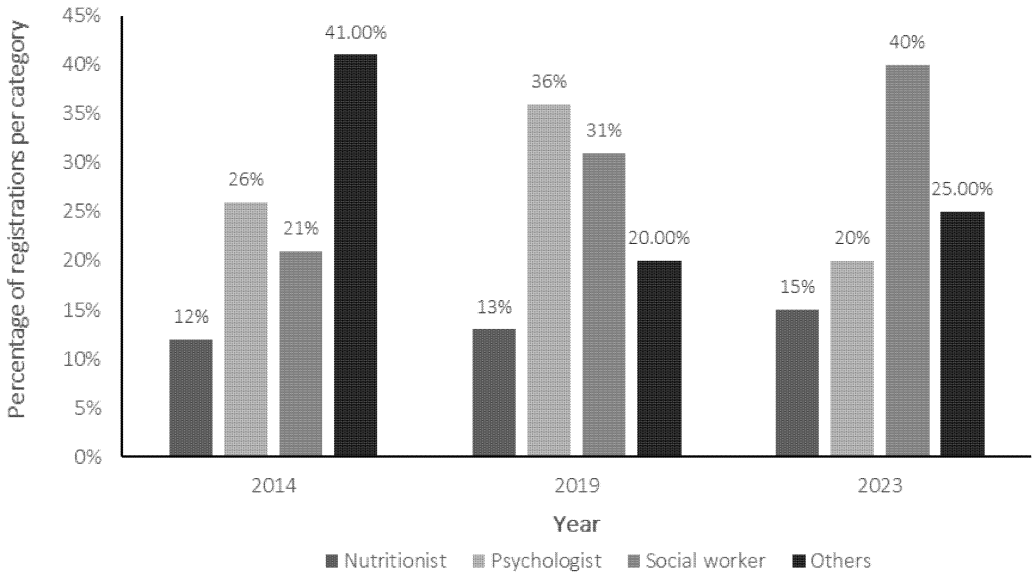
Year	Total activities (n)	Total municipalities (n)*	Total states (n)*
Major Region: Central-West			
2014	320	11	3
2015	1,402	53	3
2016	2,805	90	4
2017	3,825	134	4
2018	5,930	170	4
2019	5,282	160	4
2020	3,385	94	4
2021	1,420	54	4
2022	1,691	42	4
2023	1,406	40	4
Total Central-West	27,466 (6.48%)	260 (7.63%)	4 (14.81%)
Major Region: Northeast			
2014	2,145	157	9
2015	5,228	371	9
2016	10,121	541	9
2017	16,495	858	9
2018	21,503	859	9
2019	27,203	896	9
2020	10,956	500	9
2021	12,417	358	9
2022	9,637	296	9
2023	8,800	326	9
Total Northeast	124,505 (29.38%)	1,329 (39.02%)	9 (33.33%)
Major Region: North			
2014	131	12	5
2015	344	48	5
2016	2,549	77	6
2017	3,325	130	7
2018	3,554	165	7
2019	5,090	156	7
2020	1,597	101	7
2021	1,564	69	6
2022	1,658	64	6
2023	1,744	46	7
Total North	21,556 (5.09%)	259 (7.60%)	7 (25.93%)
Major Region: Southeast			
2014	1,427	78	4
2015	5,174	207	4
2016	15,232	405	4
2017	20,898	592	4
2018	28,866	679	4
2019	30,507	686	4
2020	19,836	495	4
2021	20,034	395	4
2022	20,626	435	4
2023	24,202	467	4
Total Southeast	186,803 (44.08%)	985 (28.92%)	4 (14.81%)

(Continued)

Table 2: Distribution of STP activities by year of registration and Major Region, Brazil, 2014–2023

Year	Total activities (n)	Total municipalities (n)*	Total states (n)*
Major Region: South			
2014	606	41	3
2015	3,731	139	3
2016	7,645	224	3
2017	9,781	320	3
2018	12,174	348	3
2019	11,780	359	3
2020	5,144	221	3
2021	5,106	163	3
2022	3,874	143	3
2023	3,622	179	3
Total South	63,463 (14.98%)	573 (16.82%)	3 (11.11%)
Grand total	**423,793 (100.00%)**	**3,406 (100.00%)**	**27 (100.00%)**

Source: SISAB, 2014-2023. Extracted on April 4, 2024. Data subject to change.
*Municipalities and states are not additive across years, as the same territorial unit may have recorded activities in more than one year. Regional and national totals therefore represent unique municipalities and states with at least one recorded STP activity during the 2014–2023 period.



Source: SISAB, 2014, 2019 and 2023. Extracted on April 4, 2024. Data subject to change.
Note: "Others" comprises all professional categories other than nutritionists, psychologists, and social workers.

Figure 1: Percentage distribution of STP activity records by professional category, Brazil, 2014, 2019, and 2023

The peak in 2019 followed by a sharp decline highlights the vulnerability of these activities to policy and structural changes, particularly the discontinuation of federal co-financing and the disruptive effects of the COVID-19 pandemic. Despite this, the increase in the number of registered teams in 2023 suggests efforts toward the reorganization and strengthening of multiprofessional care with the implementation of eMulti. Regional disparities remain evident, with the Southeast and Northeast concentrating most activities, while the North, Center-West, and South contribute more modestly, reflecting structural inequalities in health provision. The dynamic redistribution of professional categories, with the increasing role of social workers and nutritionists, demonstrates the responsiveness of teams to social needs, especially those exacerbated by the pandemic, such as hunger and broader social vulnerabilities. Overall, the STP stands out as an essential care technology to ensure comprehensive and equitable health care, and its sustainability depends on continuous monitoring, investment in multiprofessional teams, and the return of stable federal co-financing mechanisms. Future research should monitor the sustainability of these teams to ensure the long-term incorporation of STP as a core technology in PHC.

Notes

Competing interests

The authors declare that they have no competing interests.

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