



# DIAGNÓSTICO DA DISPERSÃO DE PRESTADORES DE SERVIÇOS PRIVADOS DE SAÚDE NO BRASIL

Gerência de Acompanhamento Regulatório das Redes Assistenciais – GEARA

Gerência-Geral Regulatória da Estrutura dos Produtos – GGREP

Diretoria de Normas e Habilitação de Produtos – DIPRO

**85ª Reunião da Câmara de Saúde Suplementar – CAMSS**

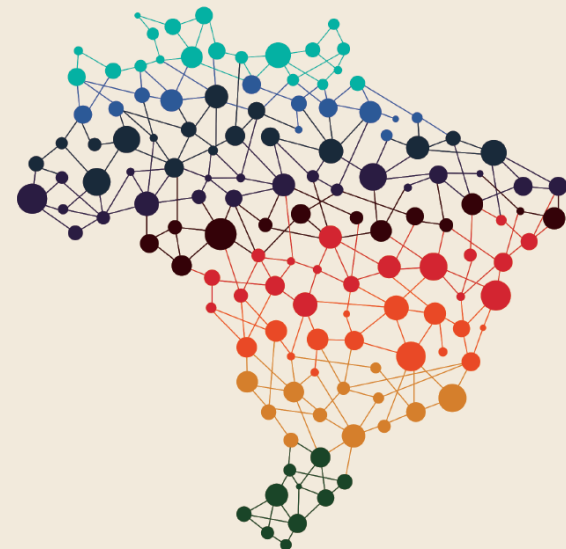
**10 de dezembro de 2015**

# AGENDA REGULATÓRIA 2013/2014

Eixo: “Garantia de Acesso e  
Qualidade Assistencial”

Projeto: “Promover o Acompanhamento da  
Dispersão de Rede e Garantia de Acesso”:

## DIAGNÓSTICO DA DISPERSÃO DE PRESTADORES DE SERVIÇOS PRIVADOS DE SAÚDE NO BRASIL



# DIAGNÓSTICO DA DISPERSÃO DE PRESTADORES DE SERVIÇOS PRIVADOS DE SAÚDE NO BRASIL

## Objetivo Geral

Avaliar os vazios assistenciais no setor de saúde suplementar, considerando a dispersão de prestadores de serviço e recursos humanos para atendimento aos beneficiários de planos privados de assistência à saúde, em todo o território nacional.

### Serviços estudados:

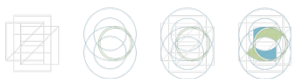
**Internação**

**SADT**

**Urgência**

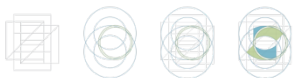
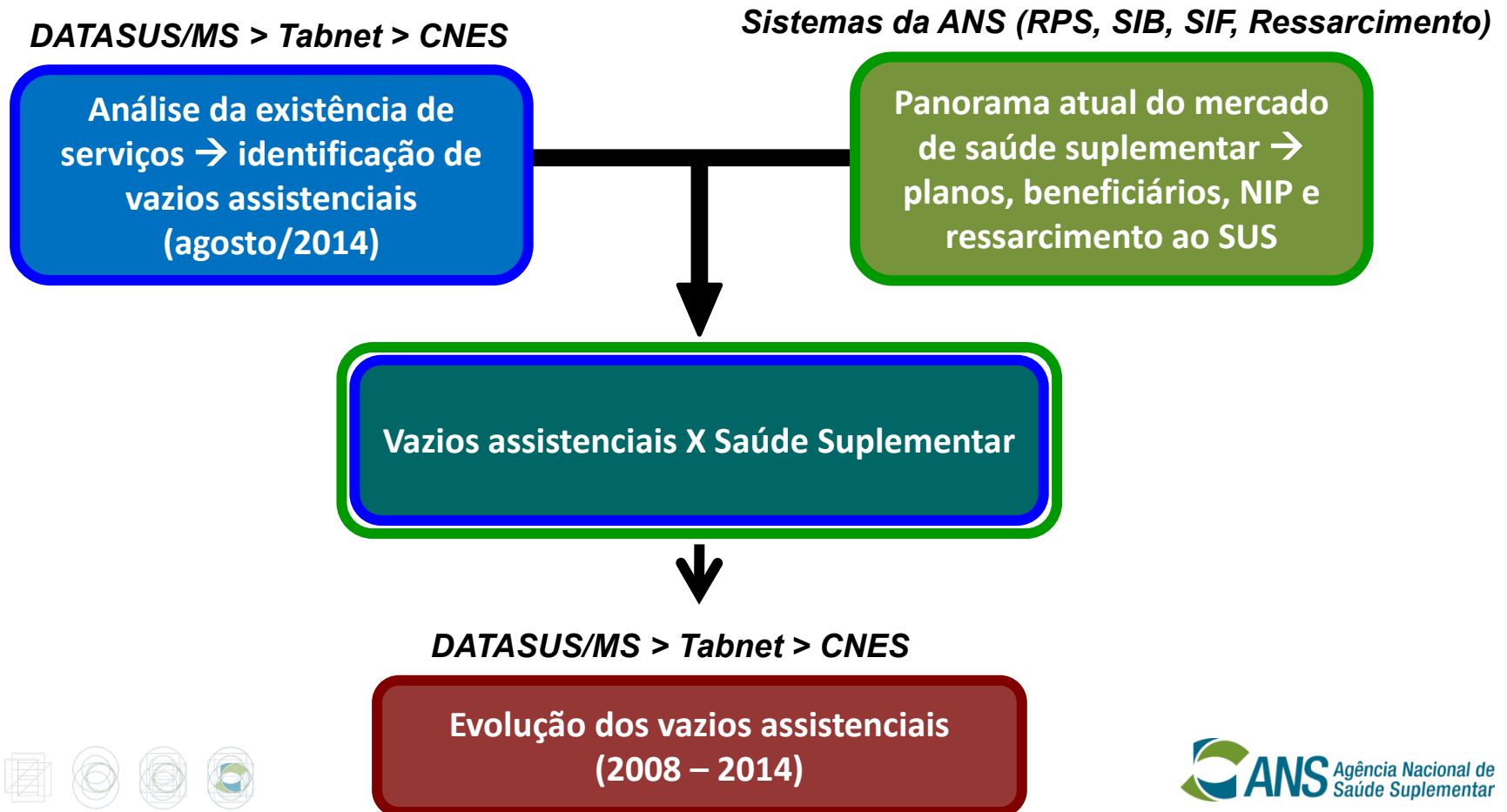
**Médico clínico**

Prestador: particular e plano de saúde privado / não atende ao SUS.



# DIAGNÓSTICO DA DISPERSÃO DE PRESTADORES DE SERVIÇOS PRIVADOS DE SAÚDE NO BRASIL

## Metodologia

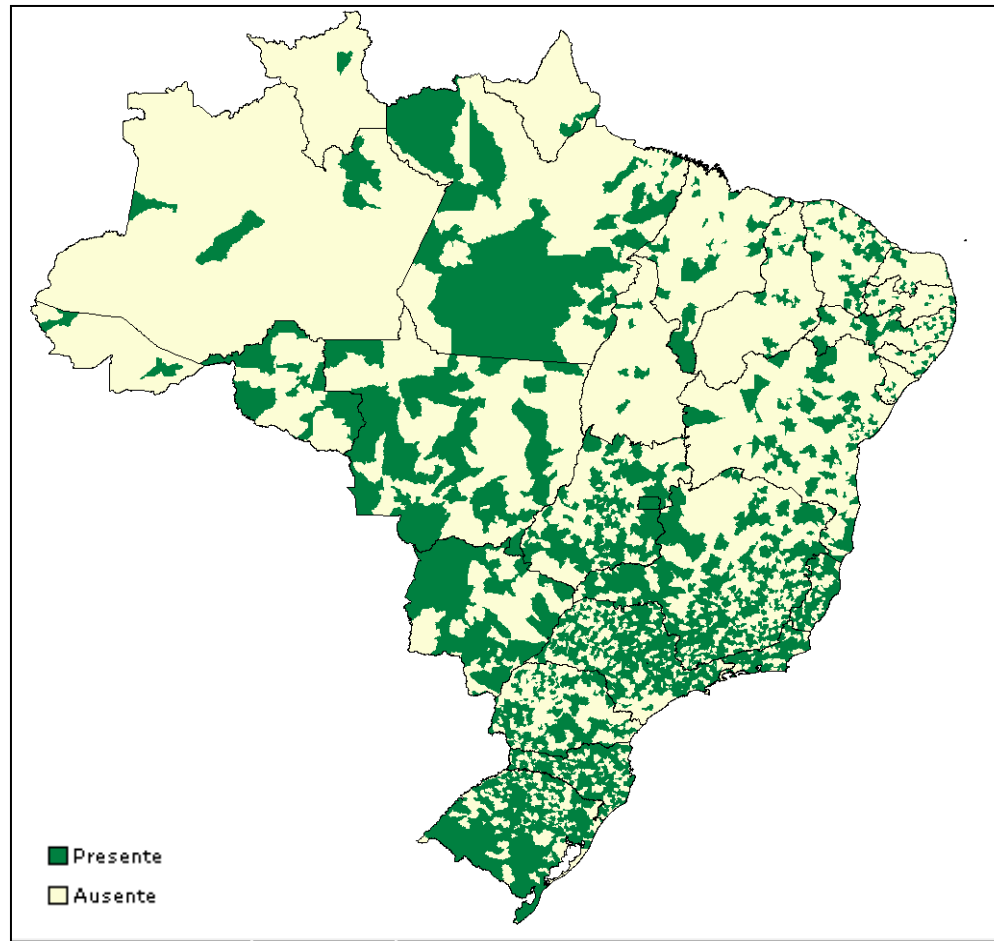


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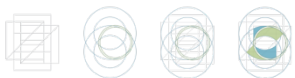
DATASUS/MS > Tabnet > CNES

Análise da existência de serviços → identificação de vazios assistenciais

## Internação - Brasil



Fonte: CNES/DATASUS/MS, ago/2014.

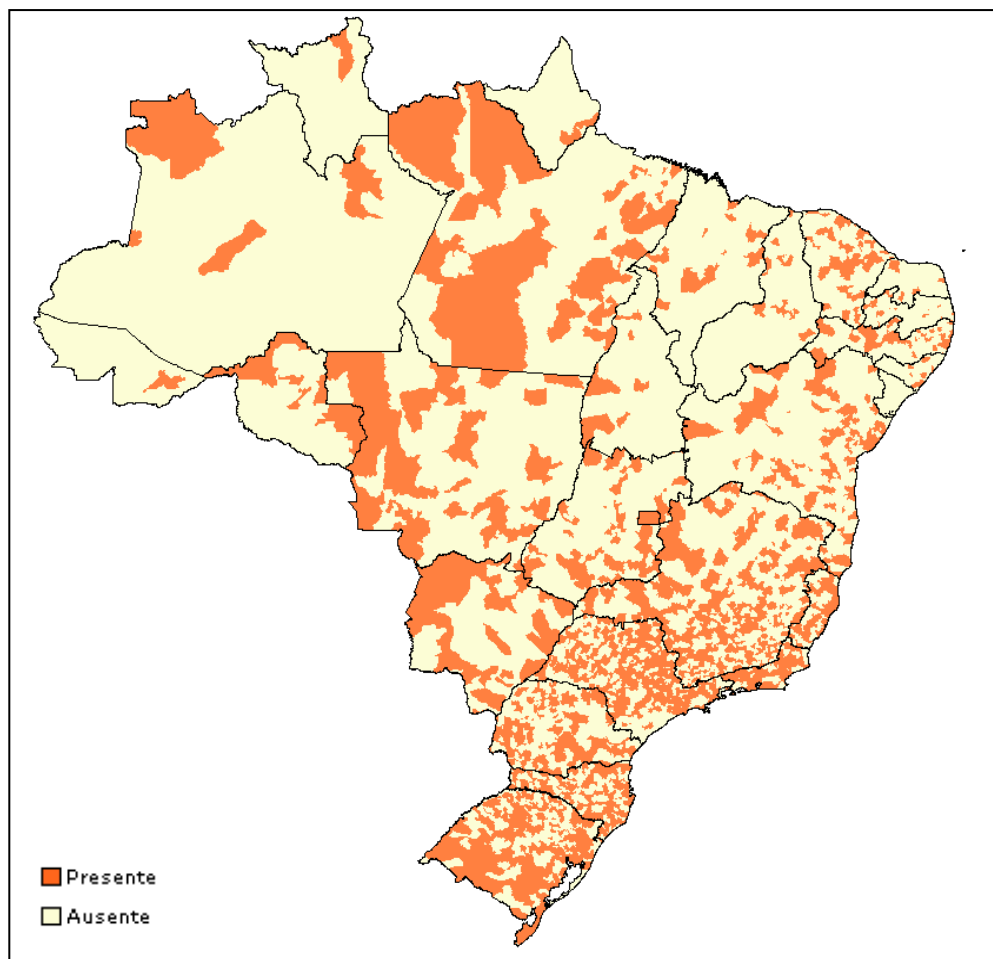


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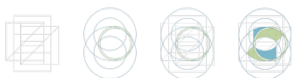
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Análise da existência de serviços → identificação de vazios assistenciais

## Urgência – Brasil



Fonte: CNES/DATASUS/MS, ago/2014.

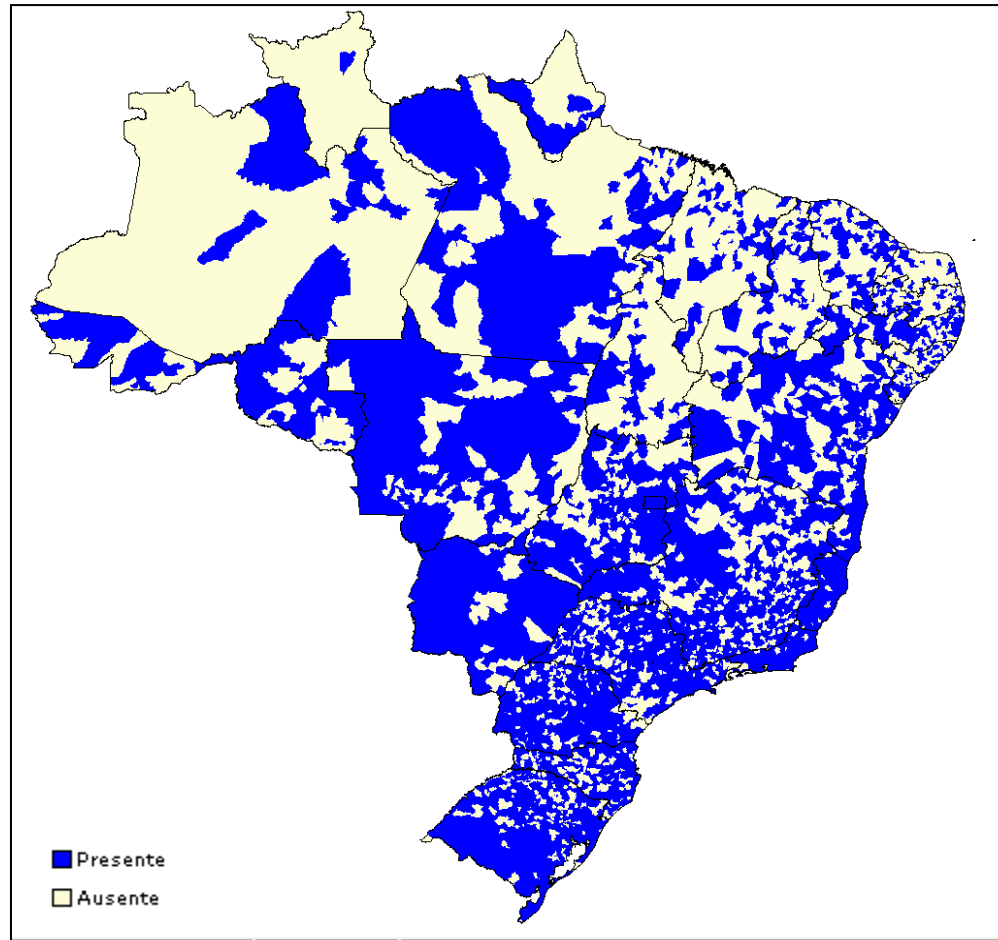


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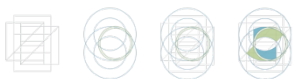
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Análise da existência de serviços → identificação de vazios assistenciais

## SADT – Brasil



Fonte: CNES/DATASUS/MS, ago/2014.

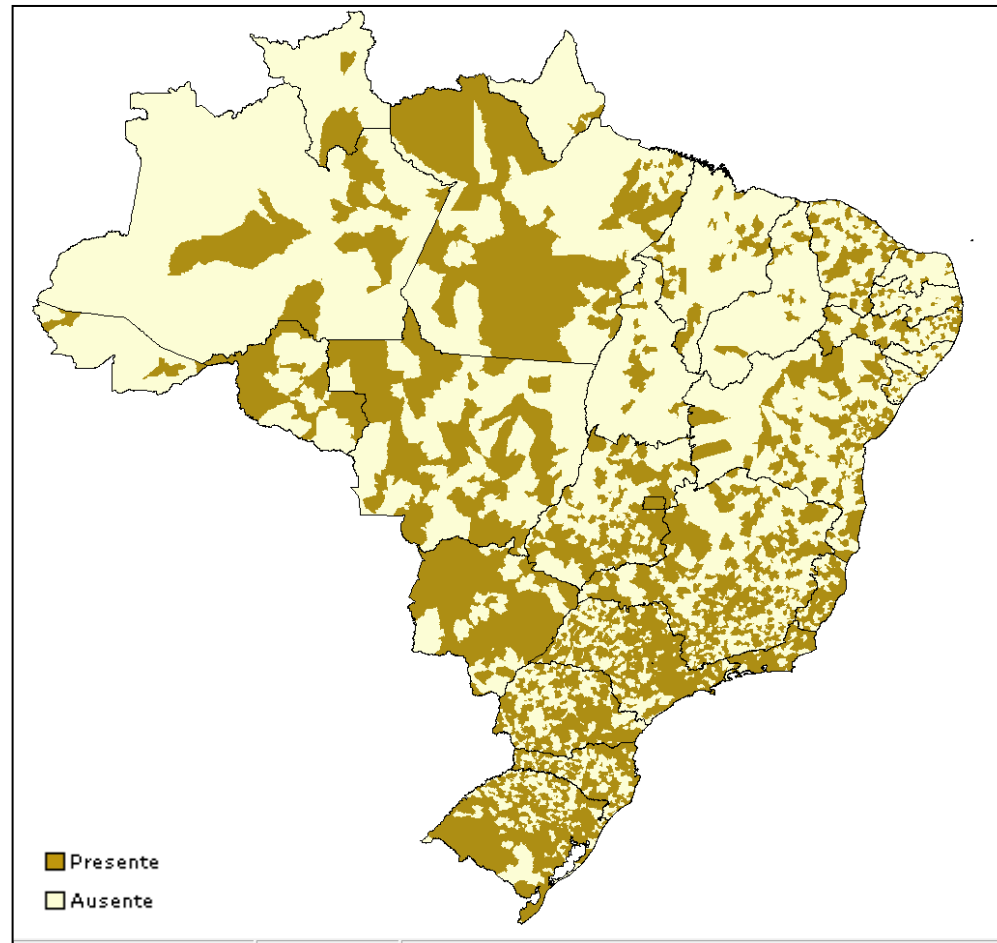


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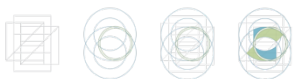
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Análise da existência de serviços → identificação de vazios assistenciais

## Médico clínico – Brasil



Fonte: CNES/DATASUS/MS, ago/2014.



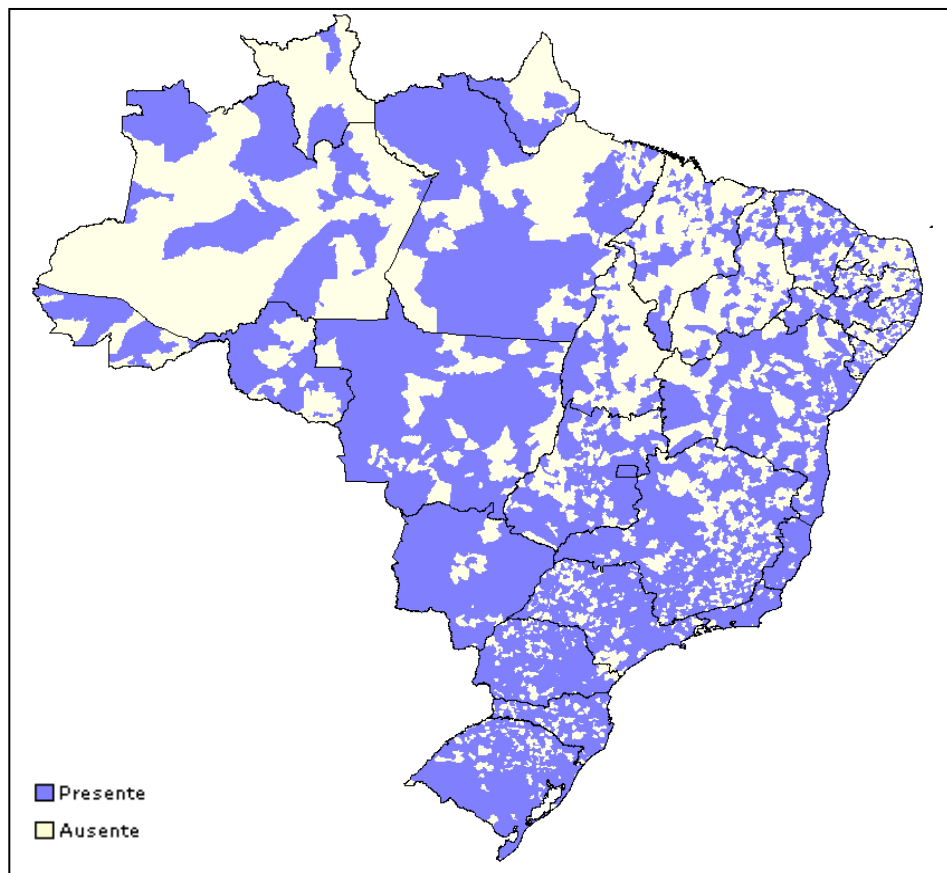


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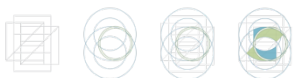
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Análise da existência de serviços → identificação de vazios assistenciais

Todos os serviços estudados



Fonte: CNES/DATASUS/MS, ago/2014.



# DIAGNÓSTICO DA DISPERSÃO DE PRESTADORES DE SERVIÇOS PRIVADOS DE SAÚDE NO BRASIL

## REGIÃO NORTE

Acre  
Amapá  
Amazonas  
Pará  
Rondônia  
Roraima  
Tocantins

## REGIÃO SUL

Paraná  
Rio Grande do Sul  
Santa Catarina

## REGIÃO CENTRO-OESTE

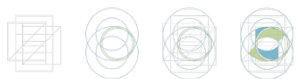
Distrito Federal  
Goiás  
Mato Grosso  
Mato Grosso do Sul

## REGIÃO NORDESTE

Alagoas  
Bahia  
Ceará  
Maranhão  
Paraíba  
Pernambuco  
Piauí  
Rio Grande do Norte  
Sergipe

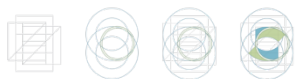
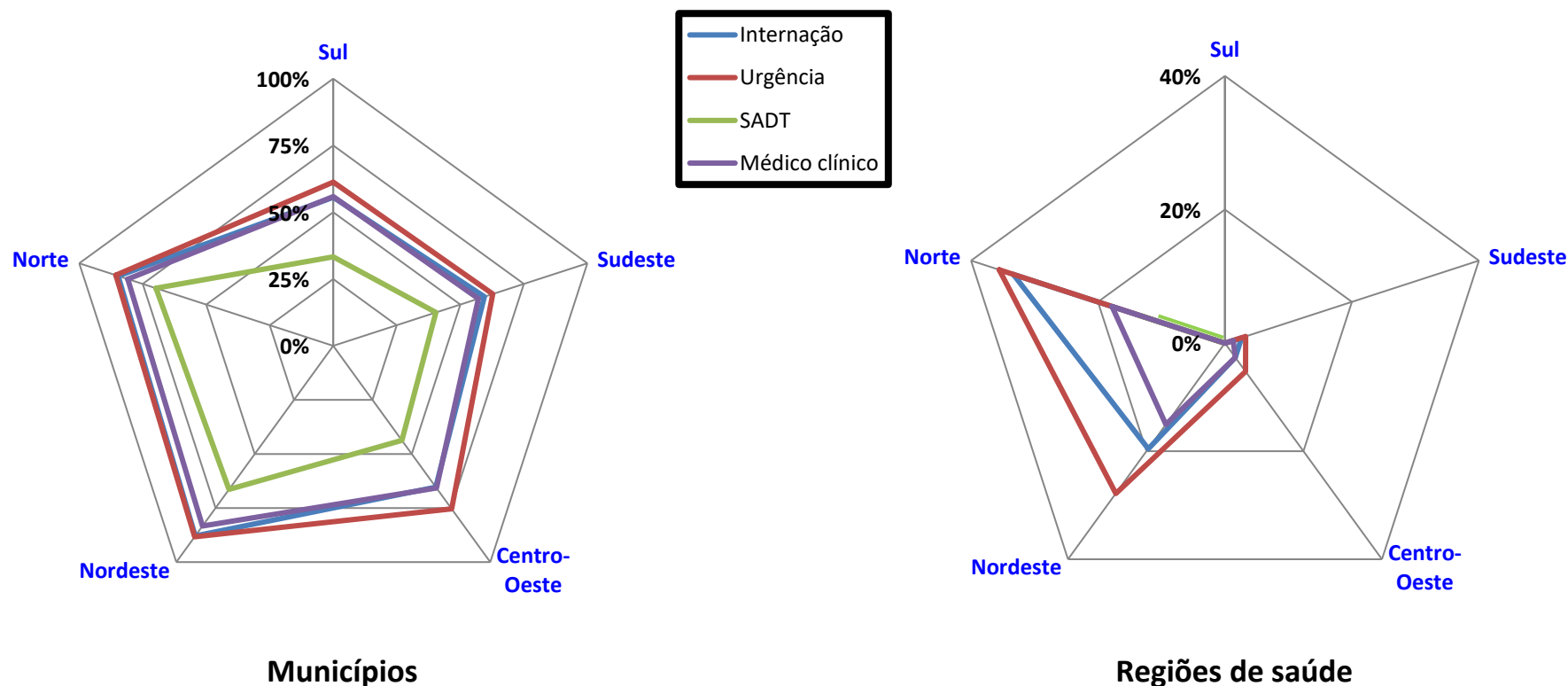
## REGIÃO SUDESTE

Espírito Santo  
Minas Gerais  
Rio de Janeiro  
São Paulo



# DIAGNÓSTICO DA DISPERSÃO DE PRESTADORES DE SERVIÇOS PRIVADOS DE SAÚDE NO BRASIL

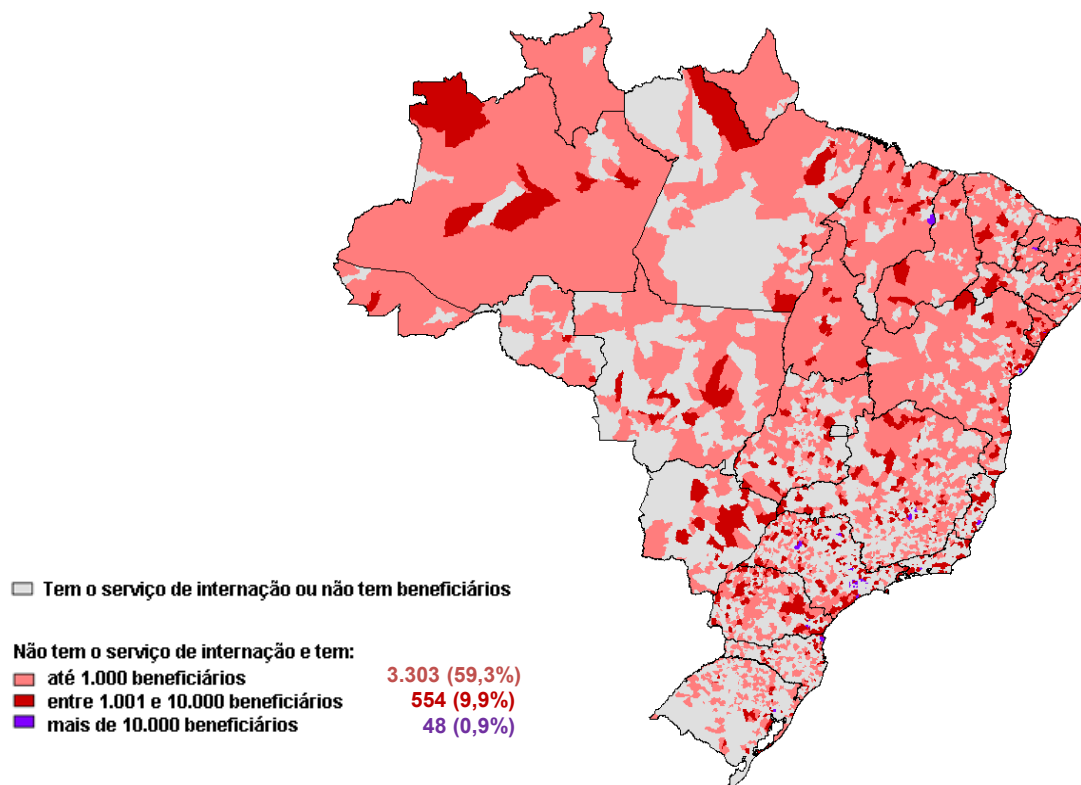
**Percentual de municípios/ regiões de saúde com vazios assistenciais para os serviços avaliados, por região do Brasil**



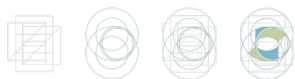
Fonte: CNES/DATASUS/MS, ago/2014.

# DIAGNÓSTICO DA DISPERSÃO DE PRESTADORES DE SERVIÇOS PRIVADOS DE SAÚDE NO BRASIL

**Internação X Beneficiários: municípios com beneficiários em planos com cobertura hospitalar e sem serviço de internação para a saúde suplementar**



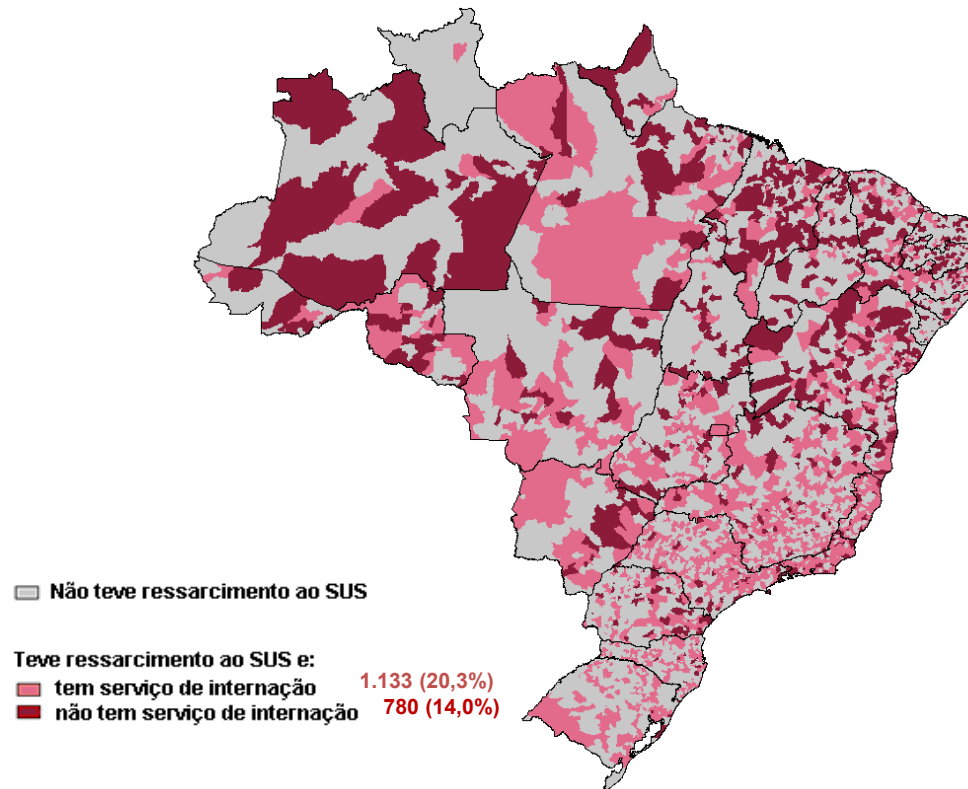
Vazios assistenciais X Saúde Suplementar



Fontes: CNES/DATASUS/MS, ago/2014; RPS/ANS, nov/2014; SIB/ANS, jun/2014.

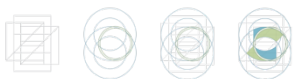
# DIAGNÓSTICO DA DISPERSÃO DE PRESTADORES DE SERVIÇOS PRIVADOS DE SAÚDE NO BRASIL

**Ressarcimento X Internação: comparativo entre os vazios assistenciais para internação e a ocorrência de ressarcimento ao SUS**



Vazios assistenciais X Saúde Suplementar

Fontes: CNES/DATASUS/MS, ago/2014; SIB/ANS, jun/2014; Ressarcimento ao SUS/ANS, out/2011 a set/2012.



# DIAGNÓSTICO DA DISPERSÃO DE PRESTADORES DE SERVIÇOS PRIVADOS DE SAÚDE NO BRASIL

## Conclusões

- ❖ **As operadoras de planos de saúde são obrigadas a oferecer todos os procedimentos previstos no Rol de Procedimentos e Eventos em Saúde da ANS**, para atendimento integral da cobertura prevista na Lei nº 9.656, de 1998.
- ❖ RN nº 259, de 2011
- ❖ Falta de uniformidade na distribuição de prestadores de serviços pelo país e ausência de prestadores em determinadas regiões **difículdade de se adotarem parâmetros quantitativos de suficiência para avaliar a adequação das redes assistenciais.**
- ❖ É importante **aprofundar os estudos** que permitam **aprimorar os critérios para monitoramento do acesso e da rede assistencial** na saúde suplementar.
- ❖ Necessidade de **ampliar as discussões relacionadas à rede assistencial com o setor de saúde suplementar.**



# PUBLICAÇÃO E SEMINÁRIO SOBRE REDE ASSISTENCIAL E GARANTIA DE ACESSO NA SAÚDE SUPLEMENTAR



[www.ans.gov.br](http://www.ans.gov.br) > A ANS > Notícias ANS > Números do Setor > Rede assistencial e garantia de acesso é tema de seminário

[www.ans.gov.br](http://www.ans.gov.br) > Publicações > Livros

[http://www.ans.gov.br/images/stories/Materiais\\_para\\_pesquisa/Materiais\\_por\\_assunto/rede\\_completo\\_digital.pdf](http://www.ans.gov.br/images/stories/Materiais_para_pesquisa/Materiais_por_assunto/rede_completo_digital.pdf)



# DIAGNÓSTICO DA DISPERSÃO DE PRESTADORES DE SERVIÇOS PRIVADOS DE SAÚDE NO BRASIL

## Obrigada!

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Gerente da Gerência de Acompanhamento Regulatório das Redes Assistenciais – GEARA

**Grupo Técnico do projeto “Promover o Acompanhamento da Dispersão de Rede e Garantia de Acesso” na Agenda Regulatória 2013/2014 – Eixo: “Garantia de Acesso e Qualidade Assistencial”**

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Cristiane Julianelli Arruda

Flavia Roberta Alves Nunes Gomes

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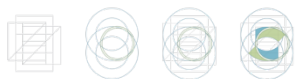
Lalucha Parizek Silva

Lucia Helena Barbosa

Marcia Fernandes de Assis

Milton Dayrell Lucas Filho

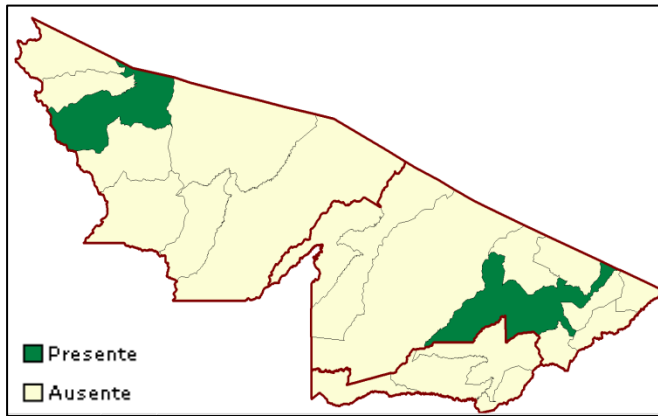
Monica Vieira Mendonça



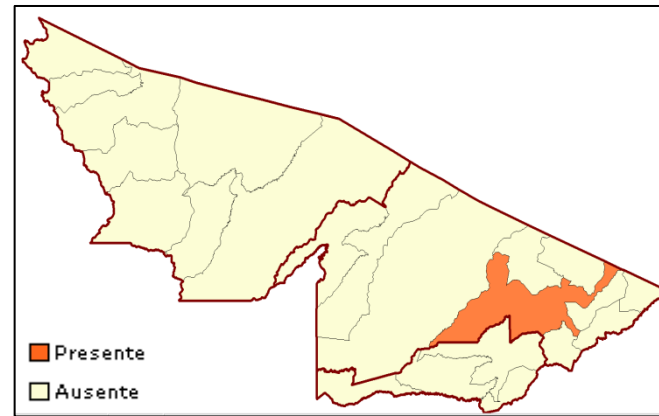


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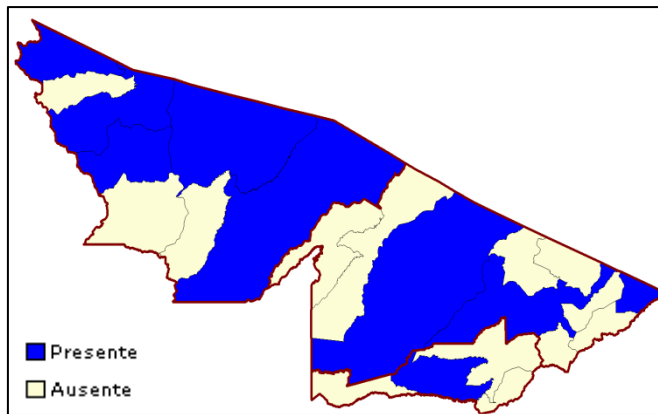
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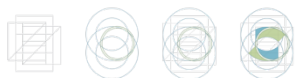
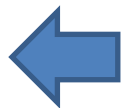
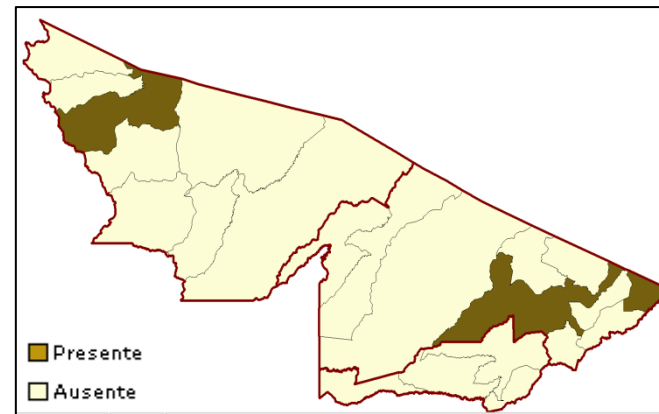
**URGÊNCIA**



**SADT**



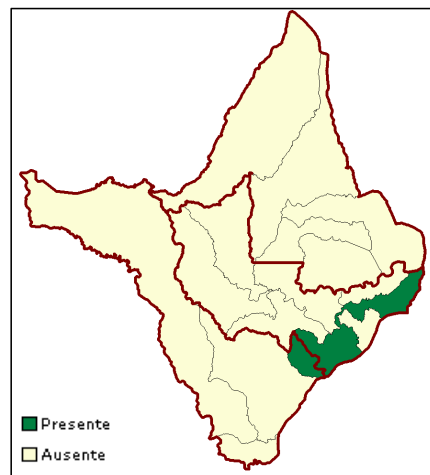
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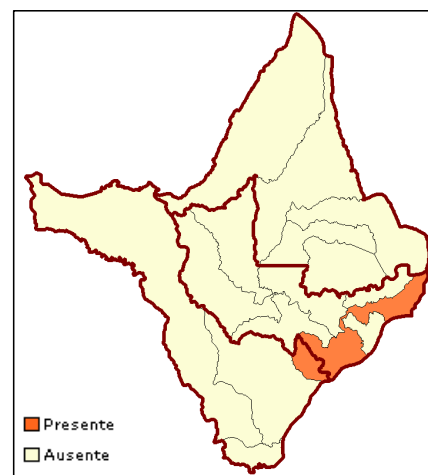
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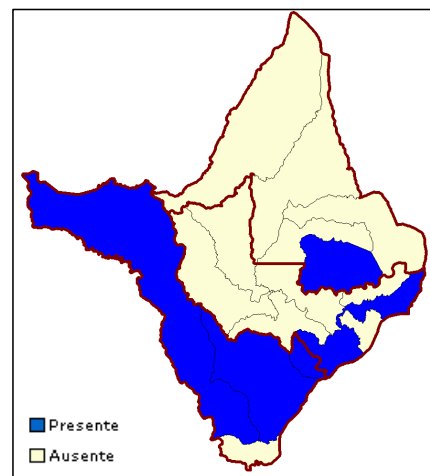
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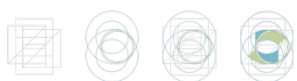
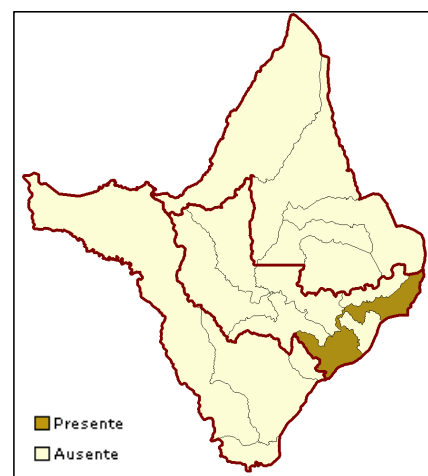
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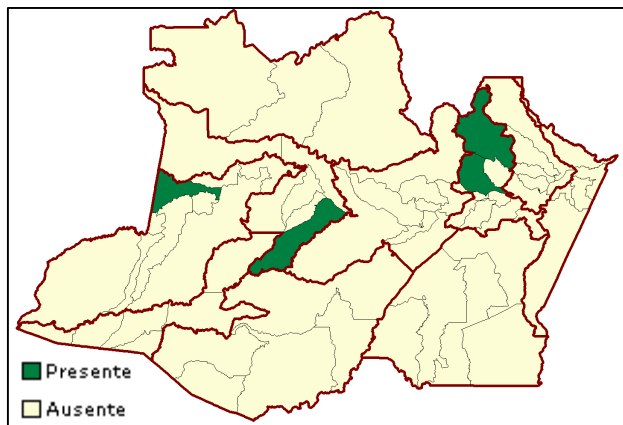


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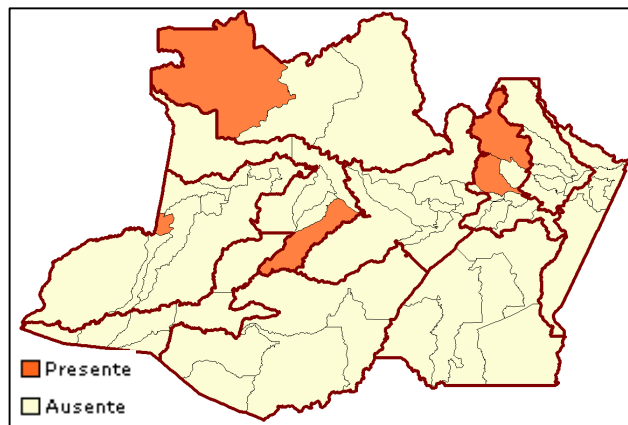


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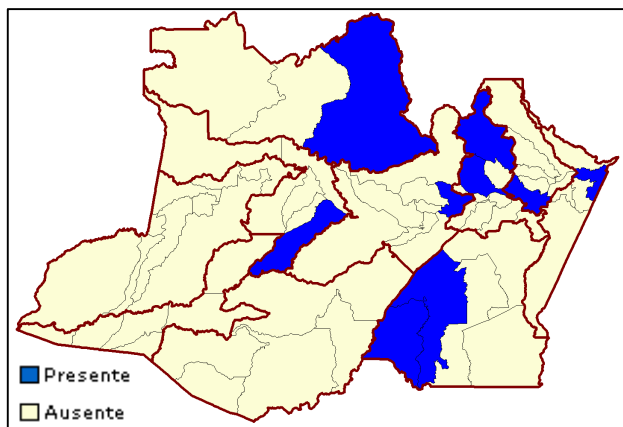
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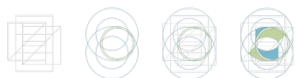
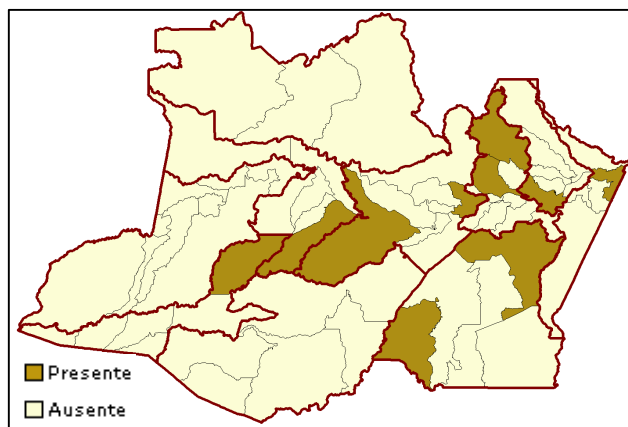
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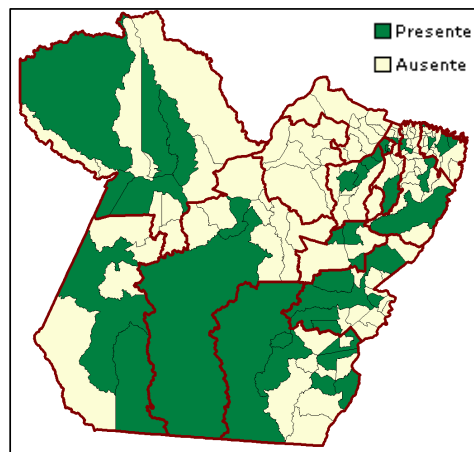
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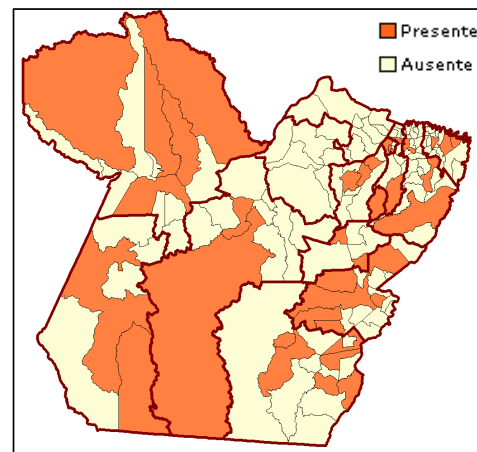
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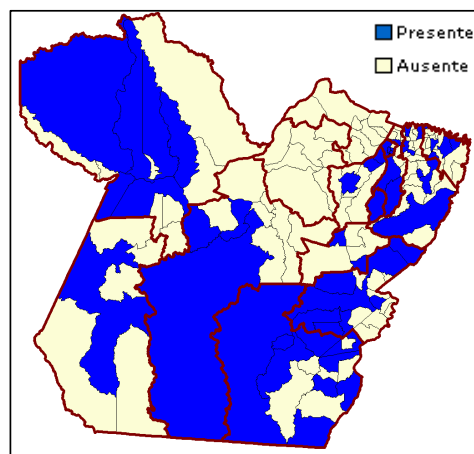
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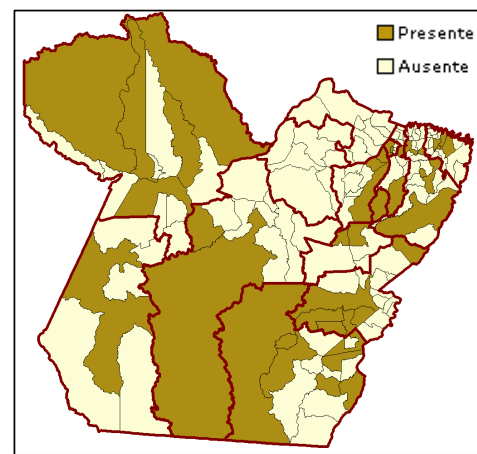
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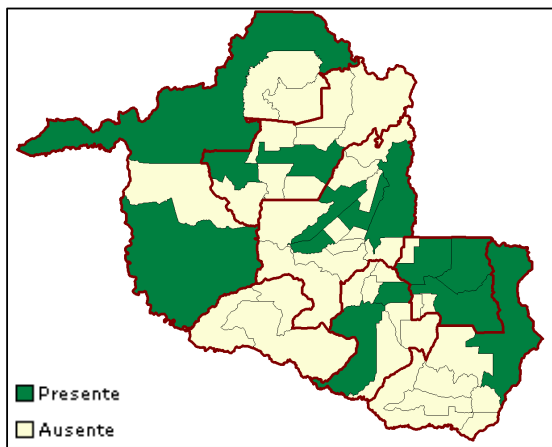


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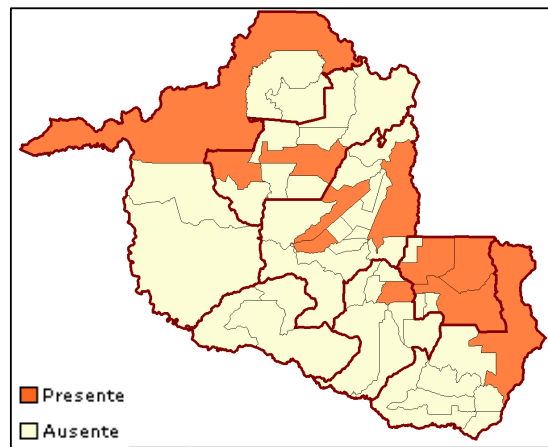


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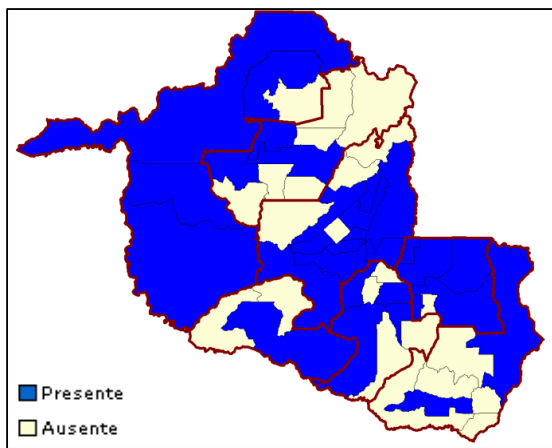
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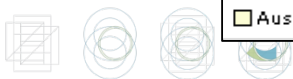
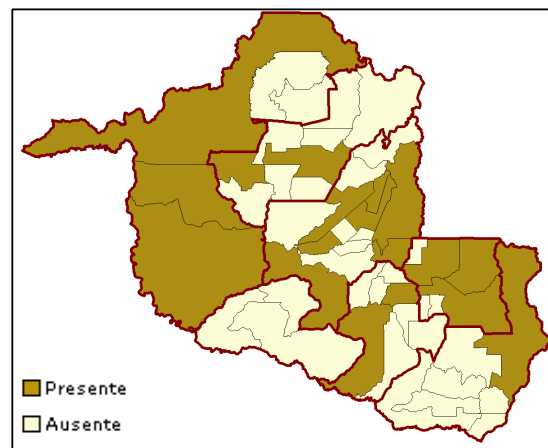
**URGÊNCIA**



**SADT**



**MÉDICO CLÍNICO-GERAL**



# Roraima

**INTERNAÇÃO**



**URGÊNCIA**



**SADT**

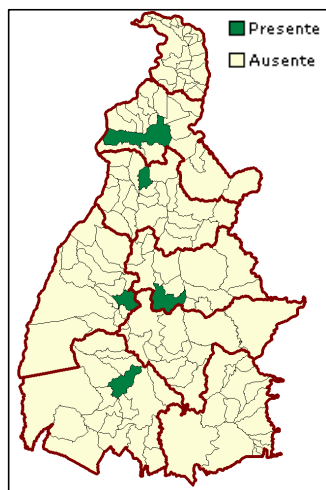


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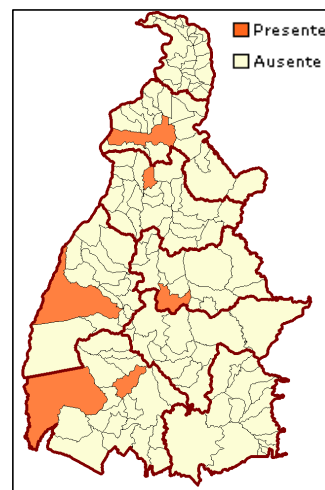


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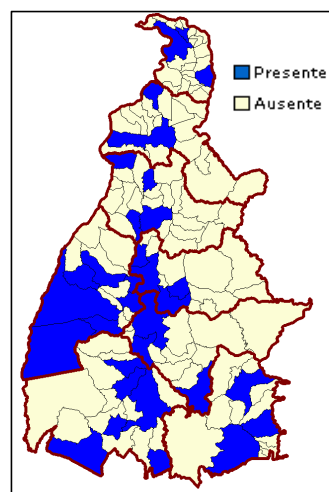
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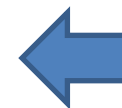
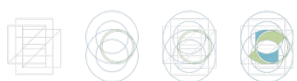
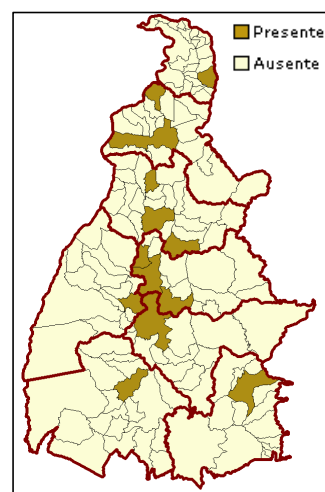
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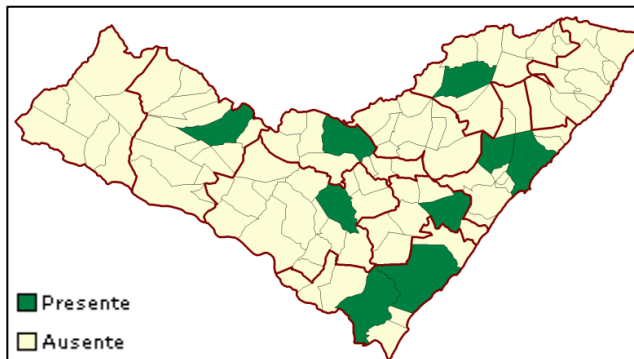


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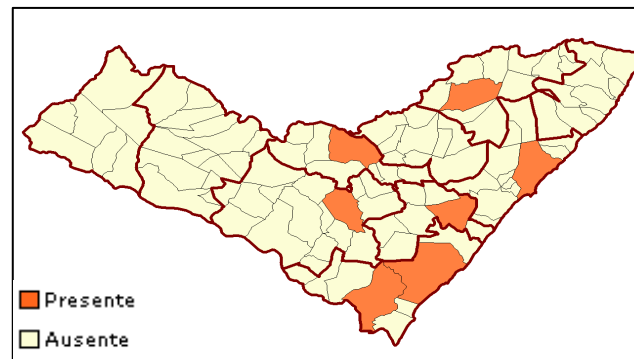


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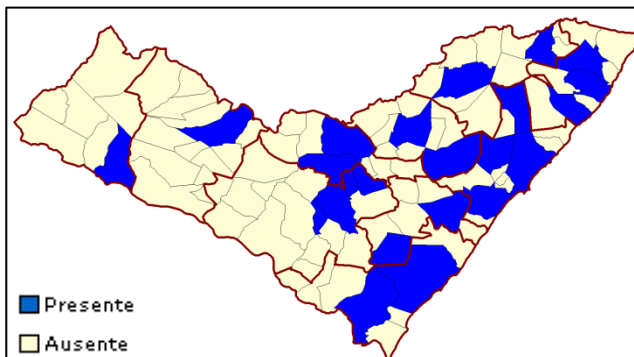
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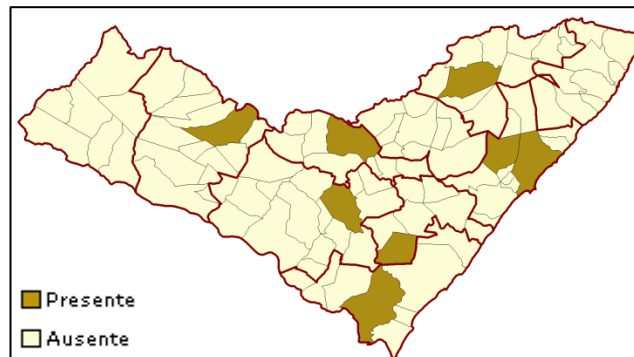
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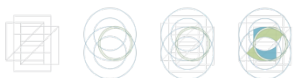
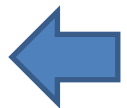
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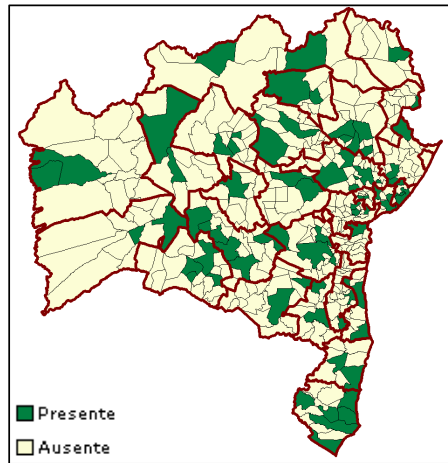
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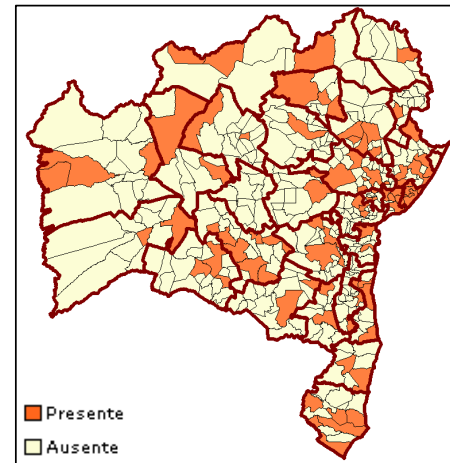


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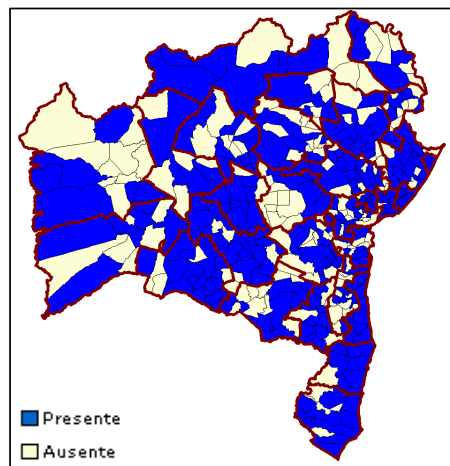
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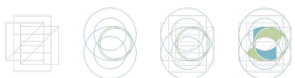
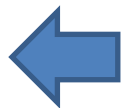
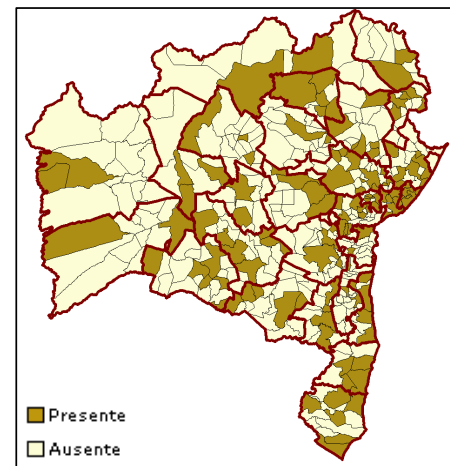
**URGÊNCIA**



**SADT**

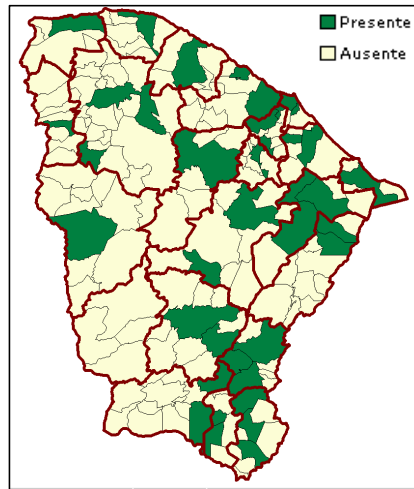


**MÉDICO CLÍNICO-GERAL**

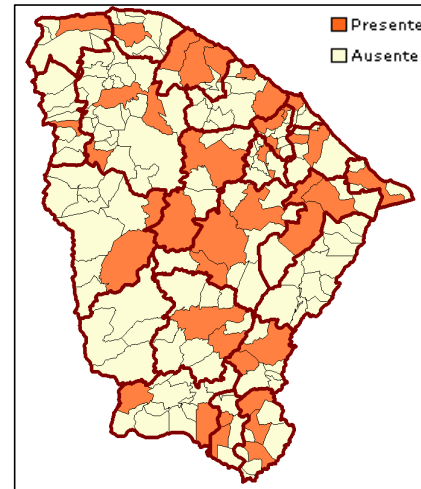


# Ceará

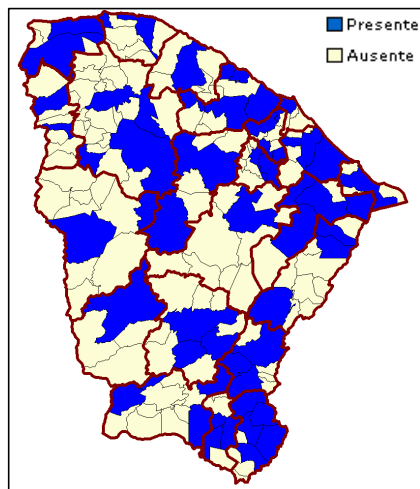
**INTERNAÇÃO**



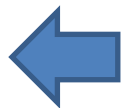
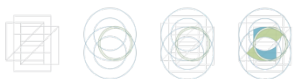
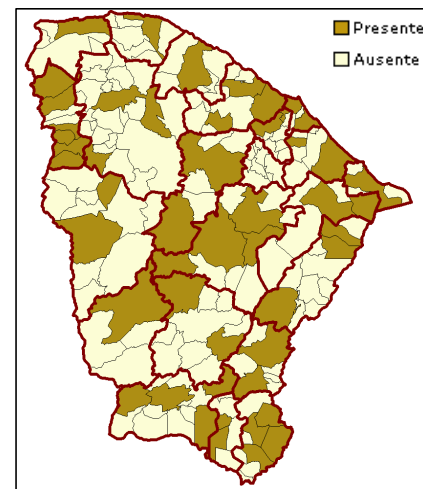
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**SADT**

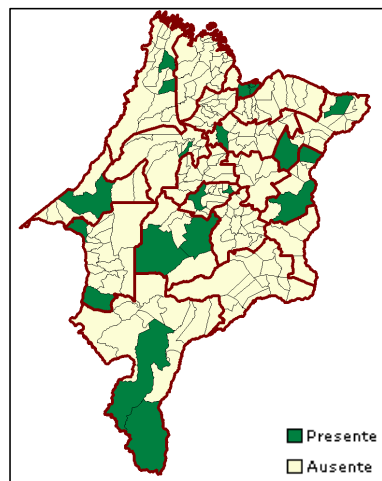


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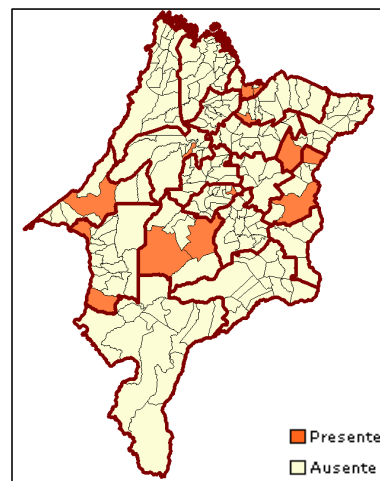


# Maranhão

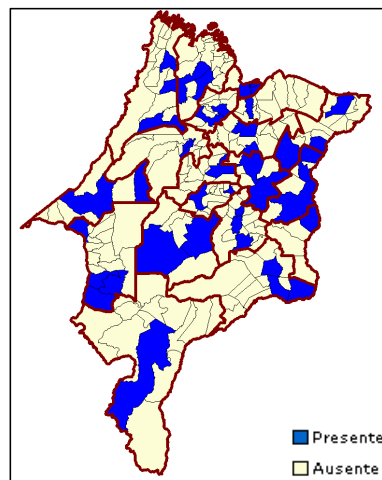
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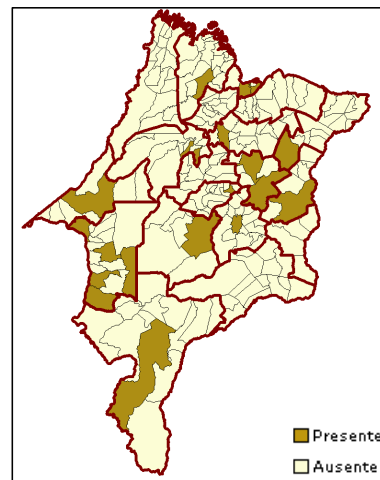
**URGÊNCIA**



**SADT**

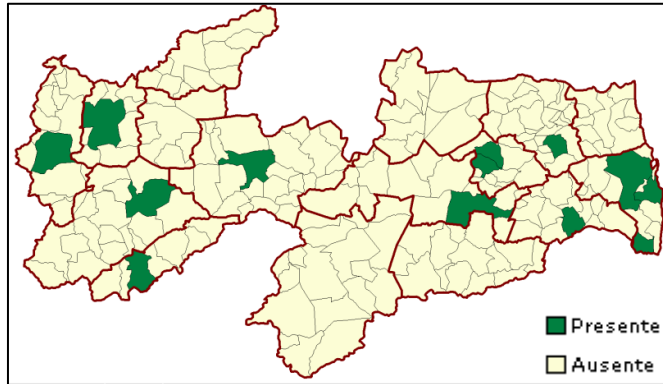


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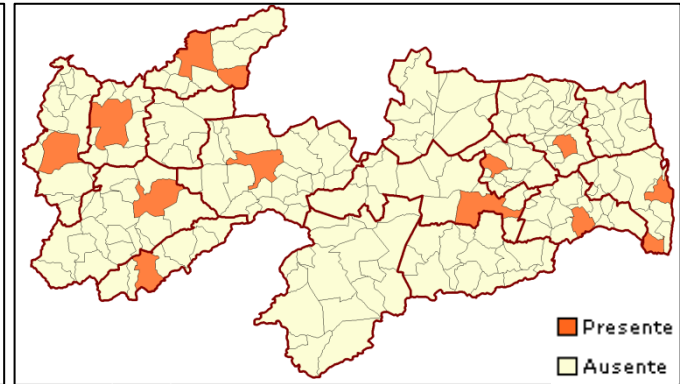


# Paraíba

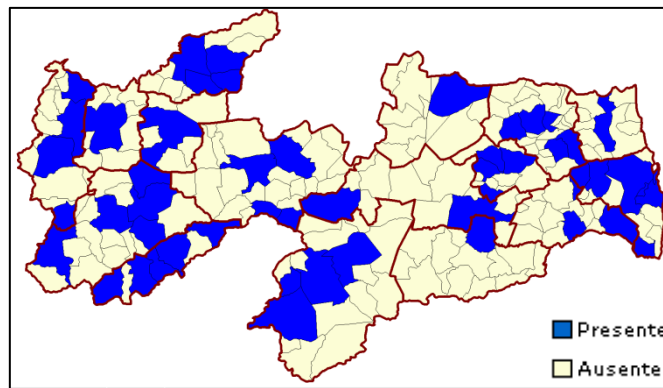
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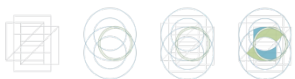
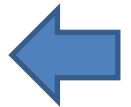
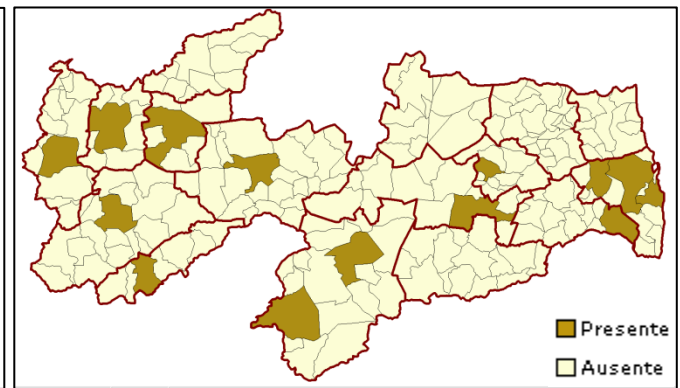
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**SADT**



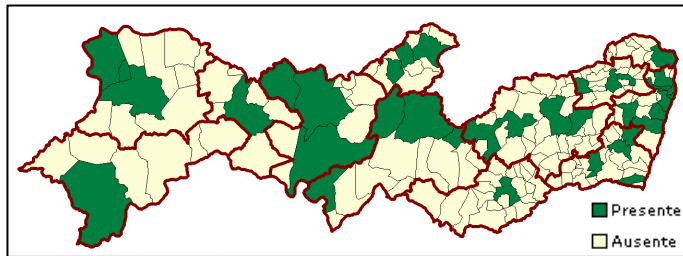
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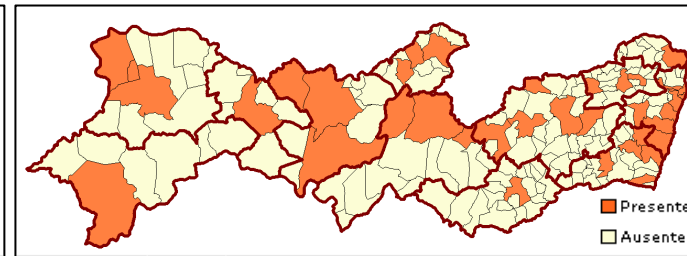
Fonte: CNES/Datasus.

# Pernambuco

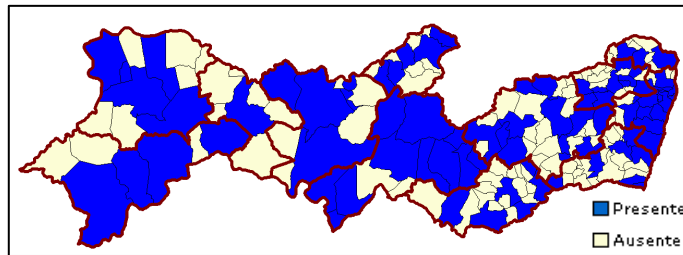
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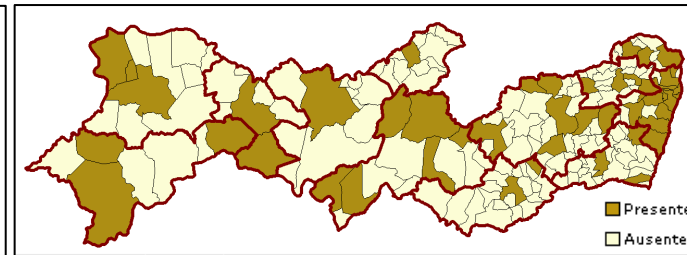
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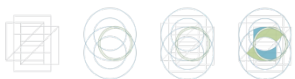
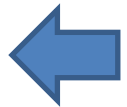
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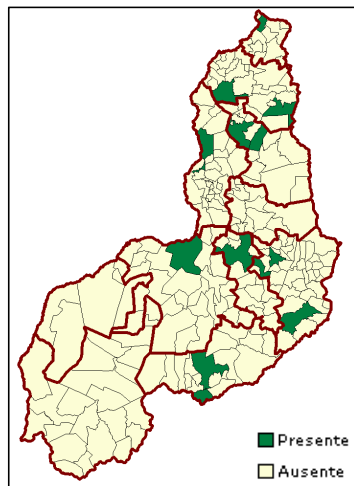


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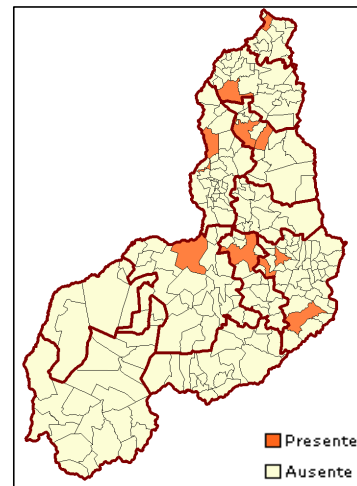


# Piauí

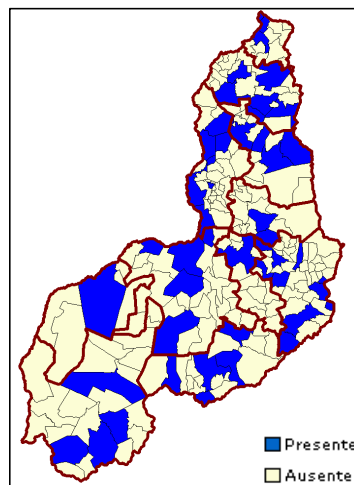
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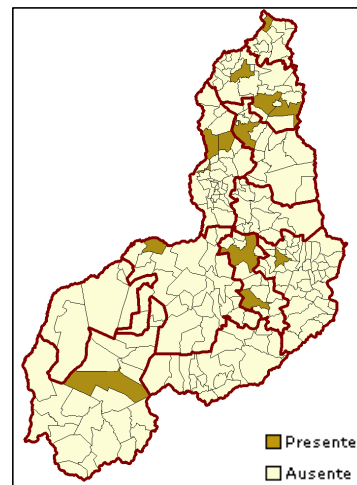
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**SADT**



**MÉDICO CLÍNICO-GERAL**

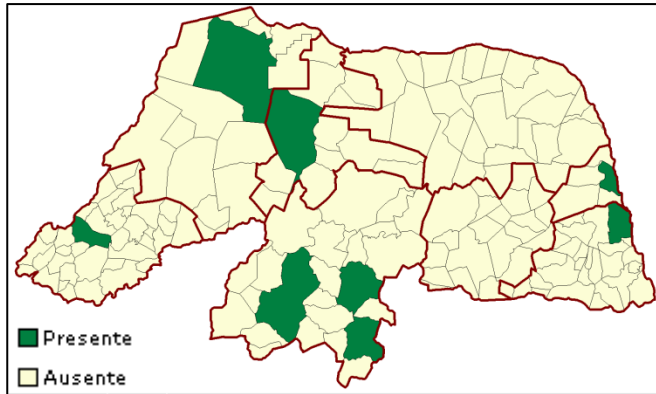


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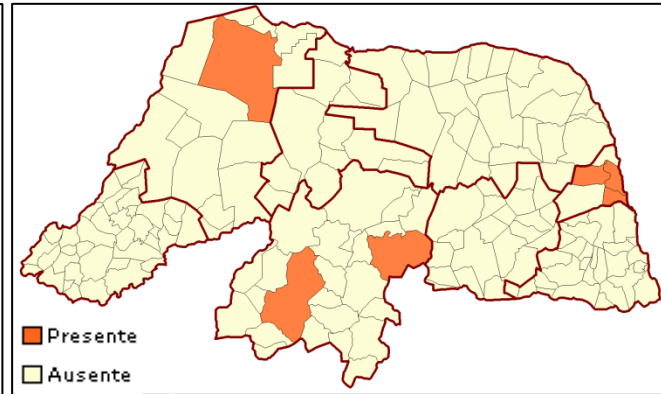


# Rio Grande do Norte

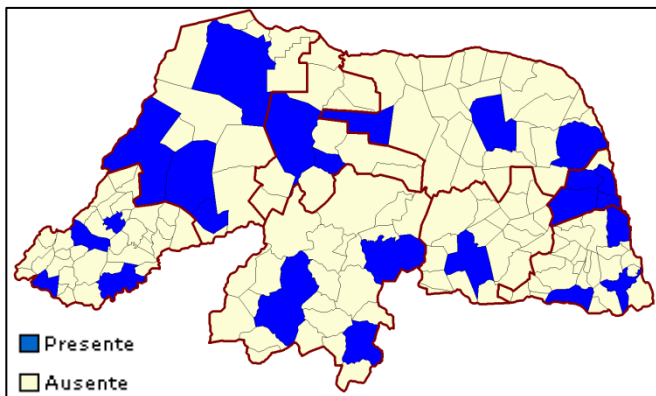
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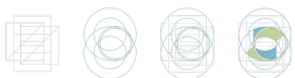
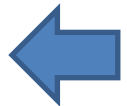
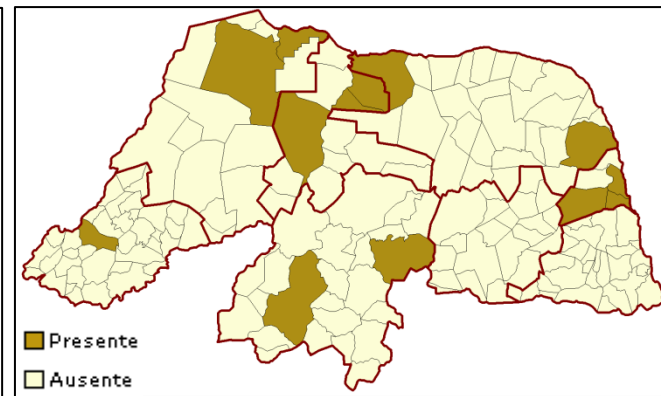
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**SADT**



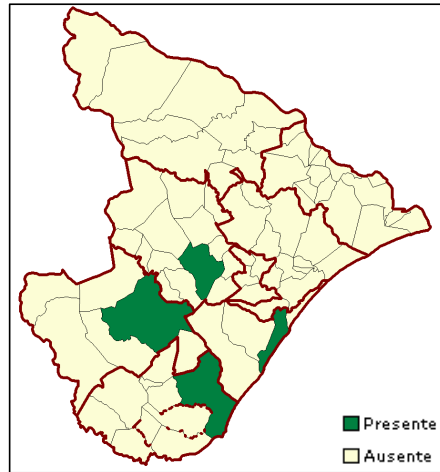
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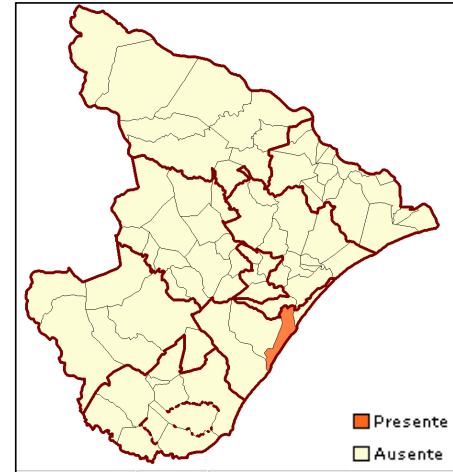
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# Sergipe

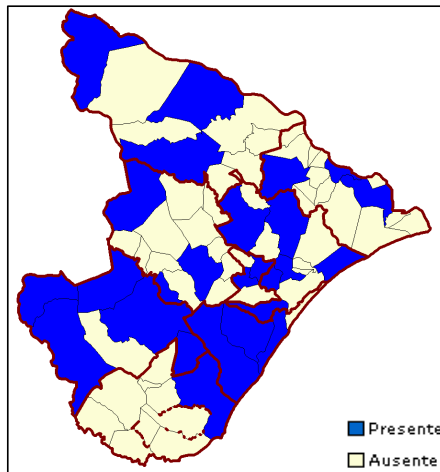
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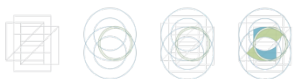
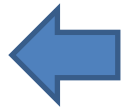
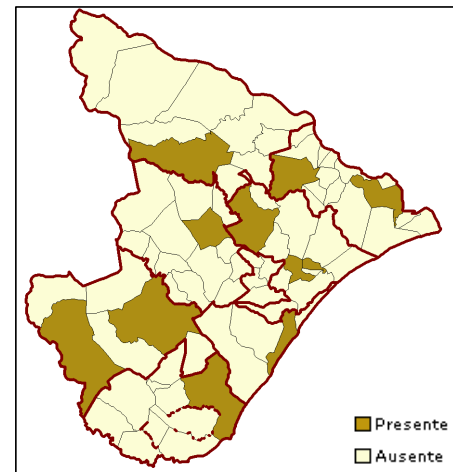
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**SADT**



**MÉDICO CLÍNICO-GERAL**



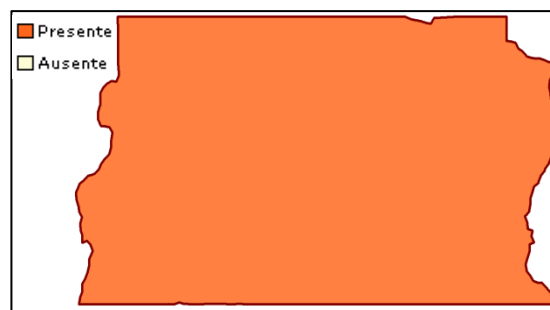


# Distrito Federal

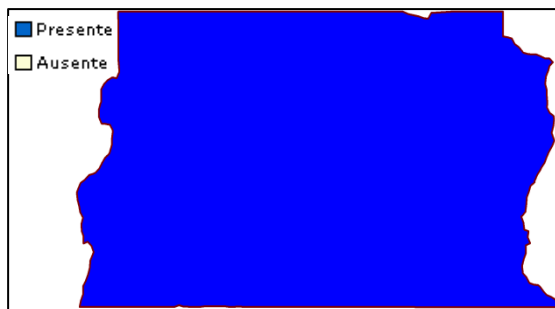
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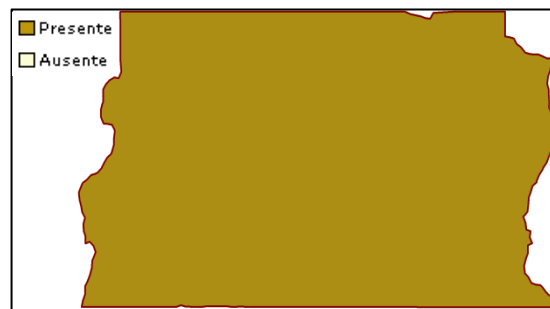
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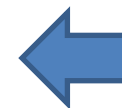
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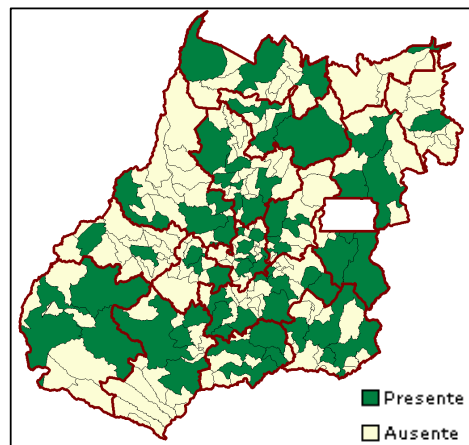


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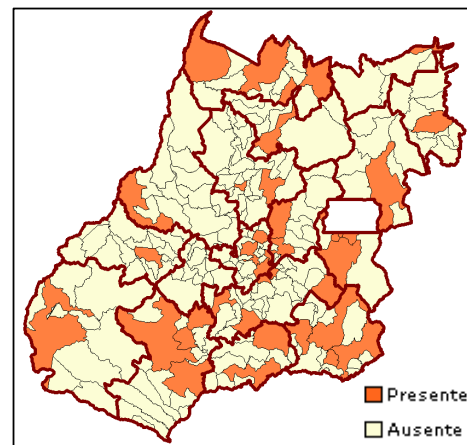


# Goiás

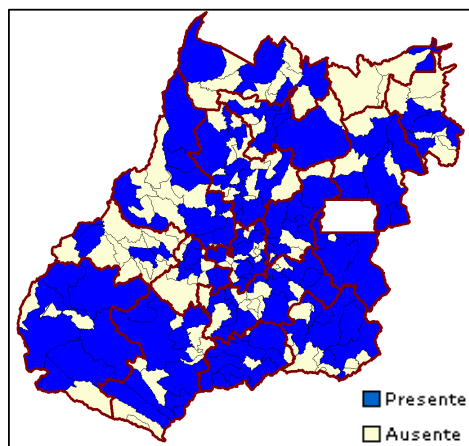
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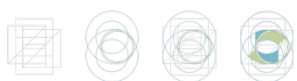
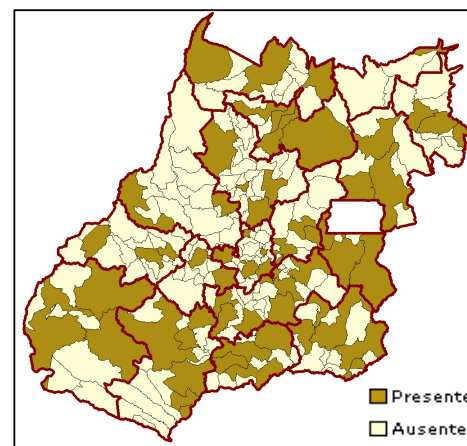
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**SADT**

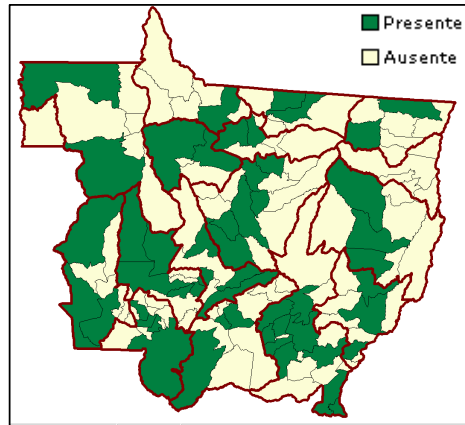


**MÉDICO CLÍNICO-GERAL**

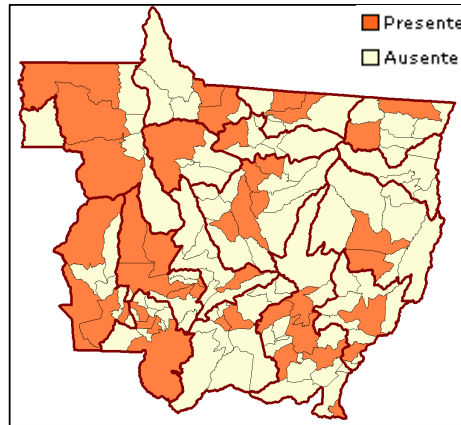


# Mato Grosso

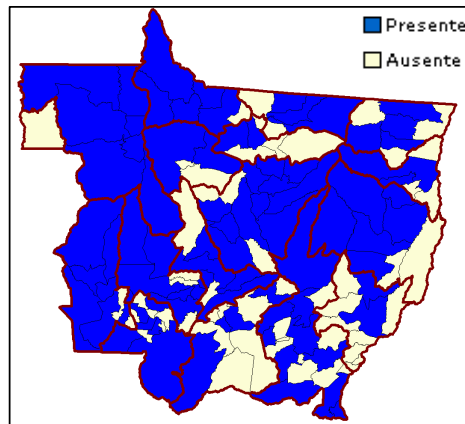
**INTERNAÇÃO**



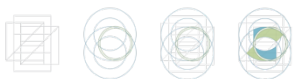
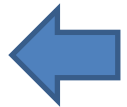
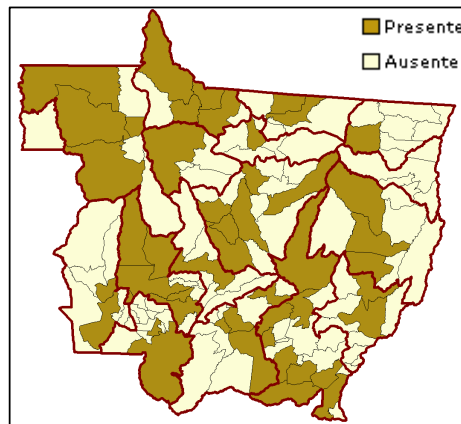
**URGÊNCIA**



**SADT**



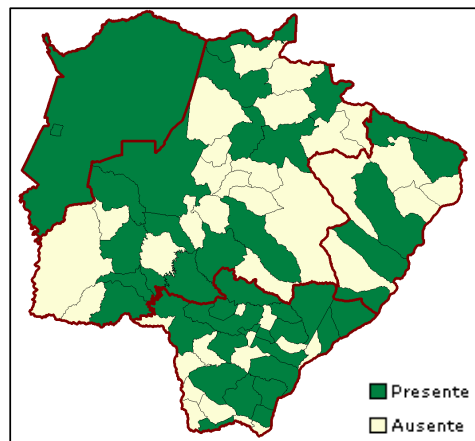
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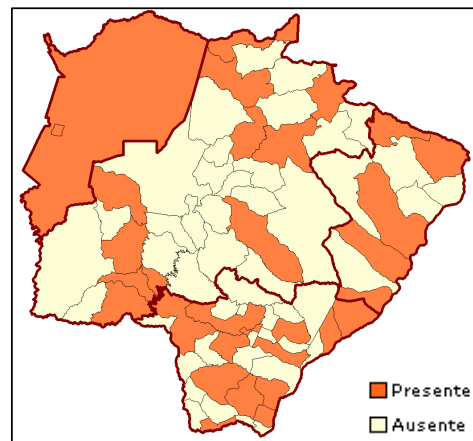
Fonte: CNES/Datasus.

# Mato Grosso do Sul

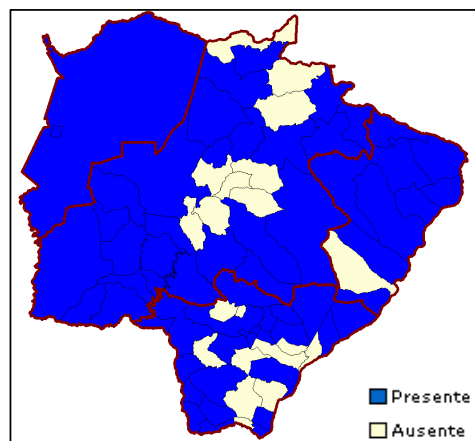
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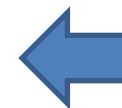
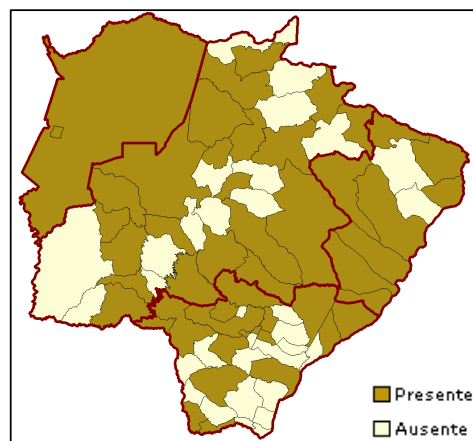
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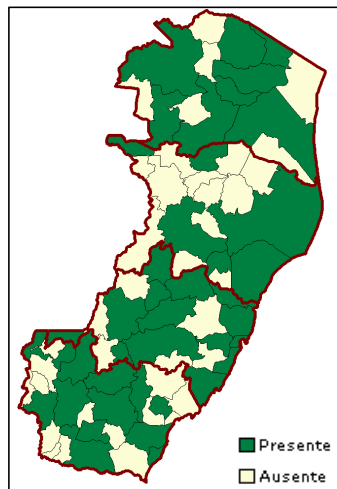
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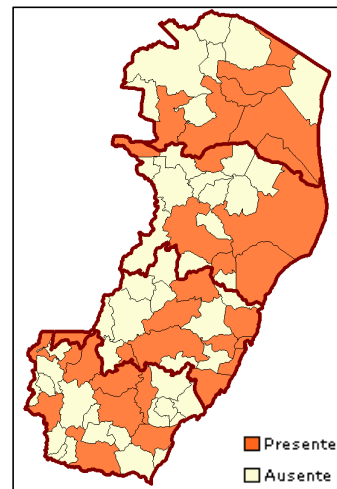
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# Espírito Santo

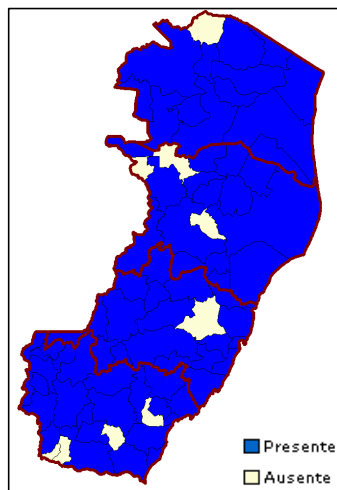
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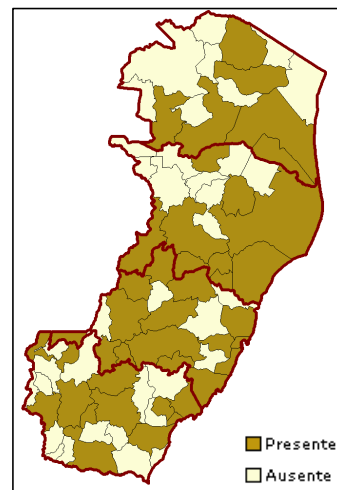
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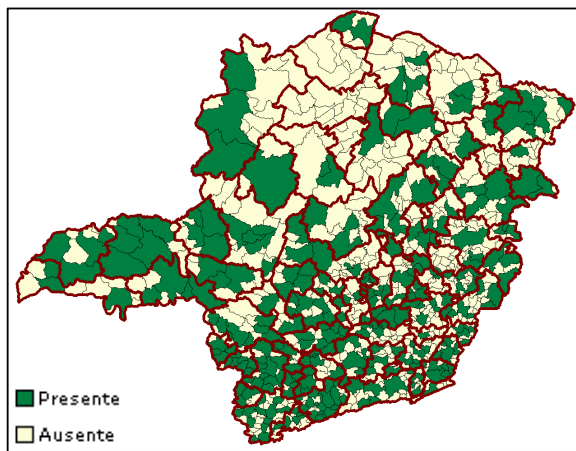


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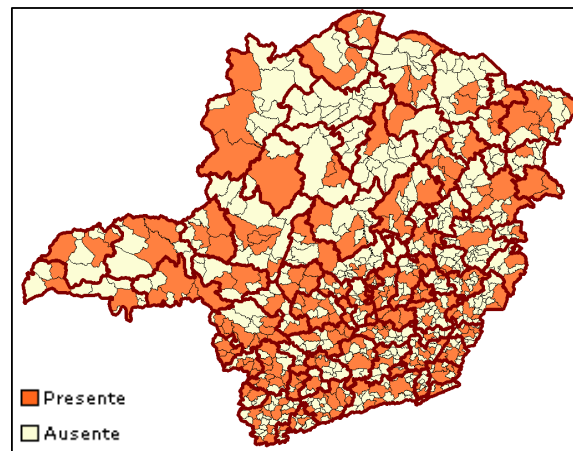


# Minas Gerais

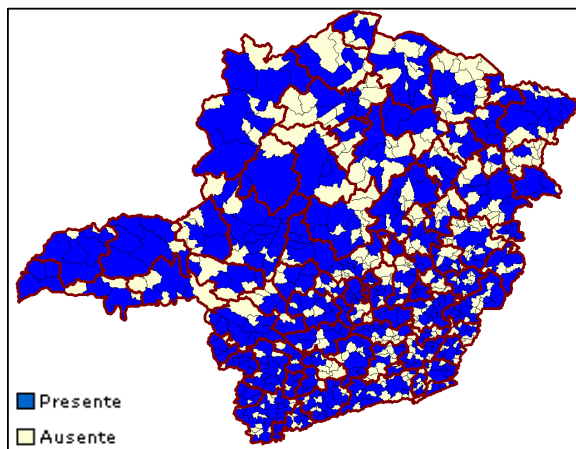
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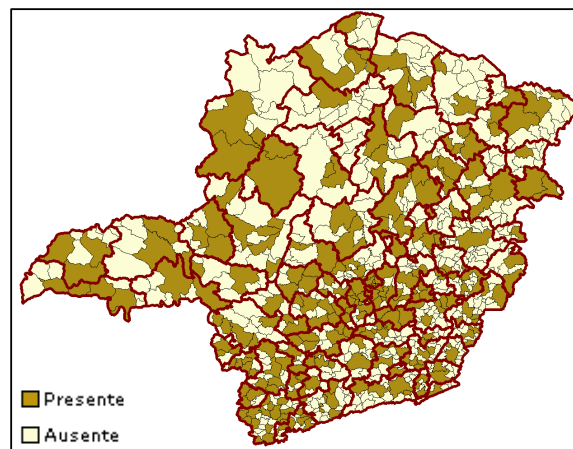
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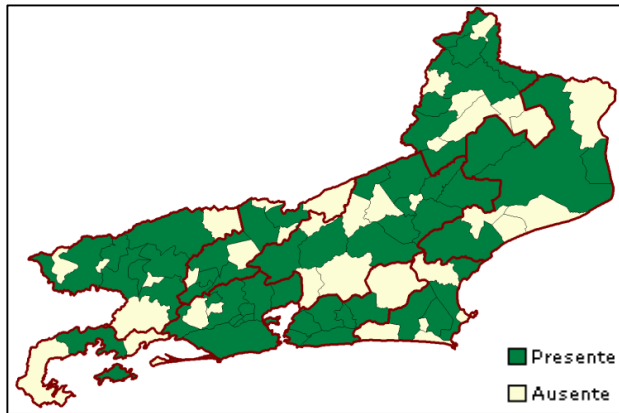
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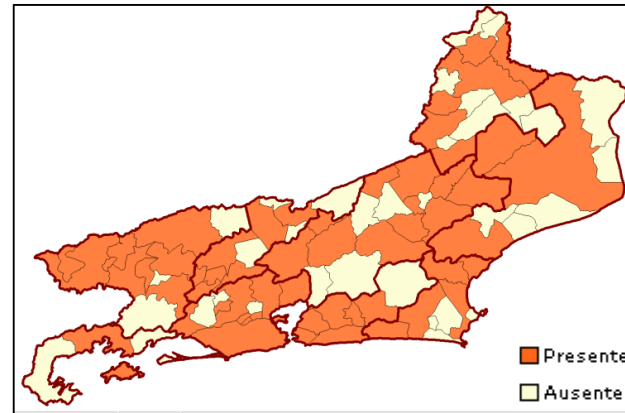
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# Rio de Janeiro

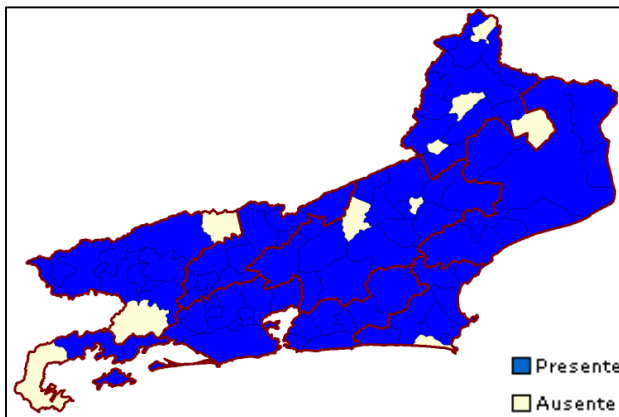
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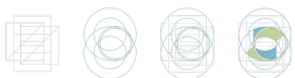
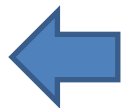
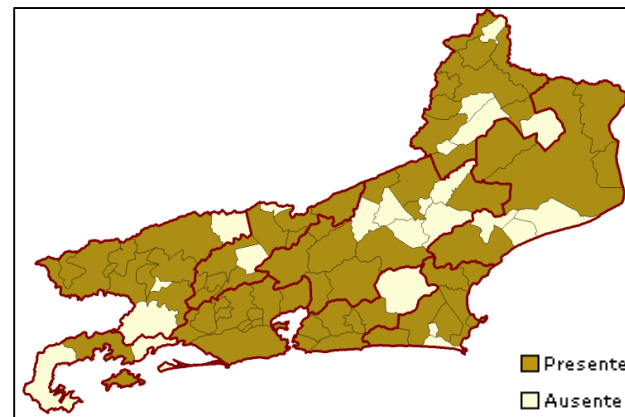
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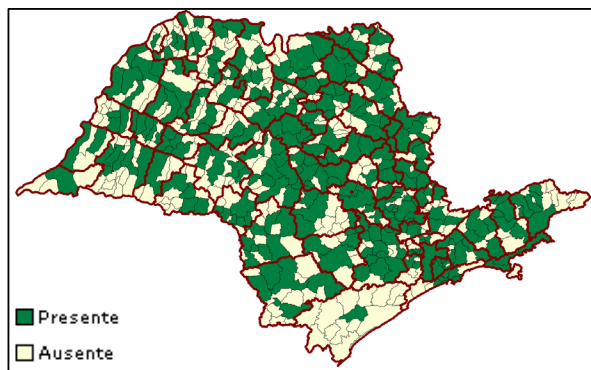
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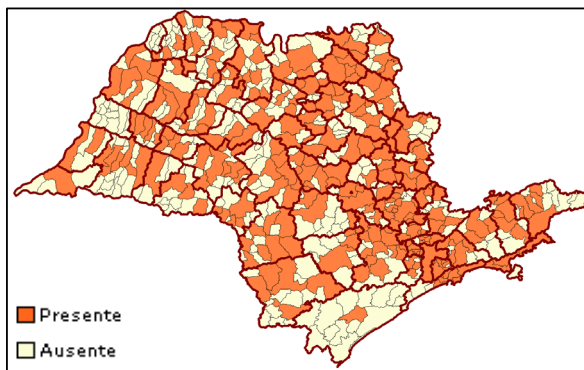
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# São Paulo

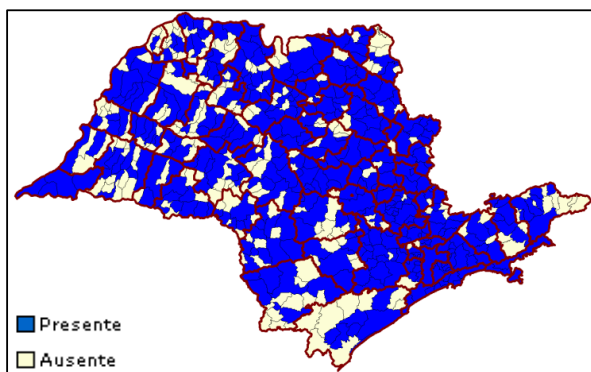
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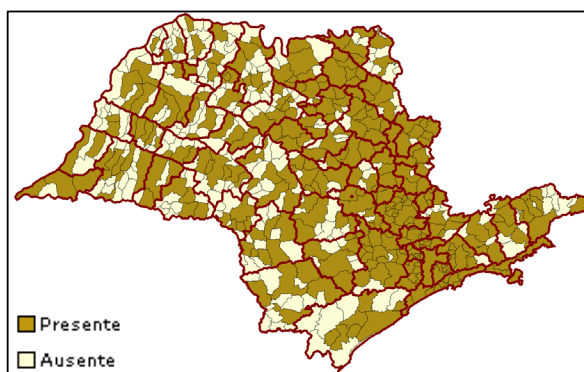
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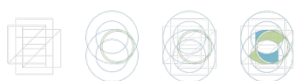
**SADT**



**MÉDICO CLÍNICO-GERAL**



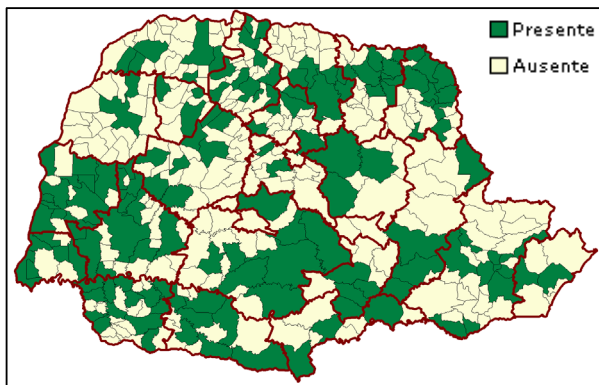
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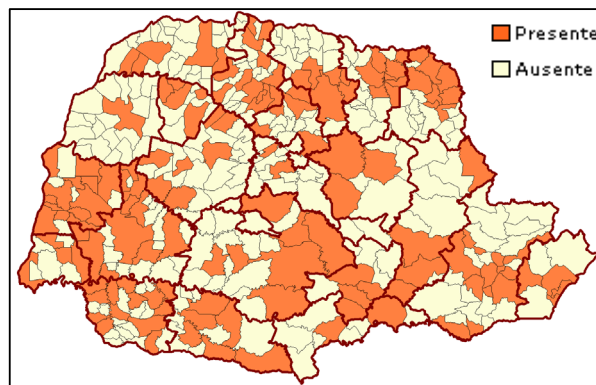


# Paraná

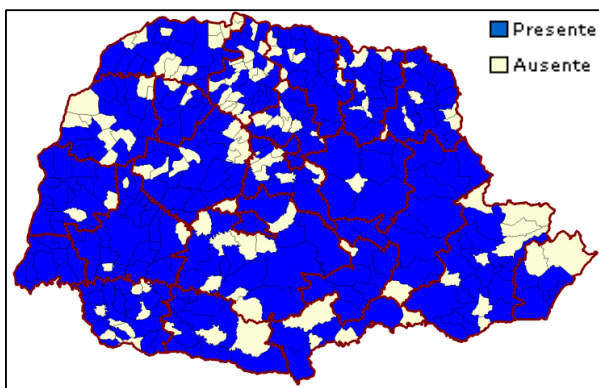
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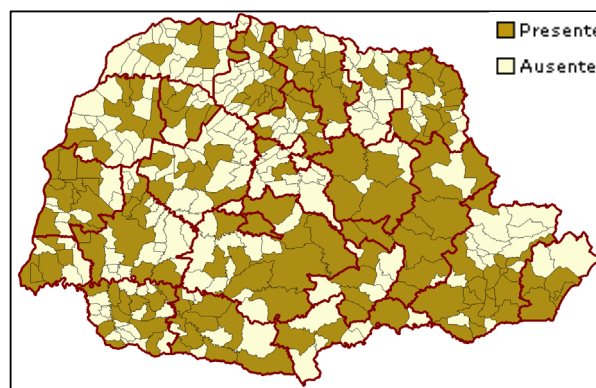
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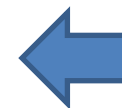
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**MÉDICO CLÍNICO-GERAL**

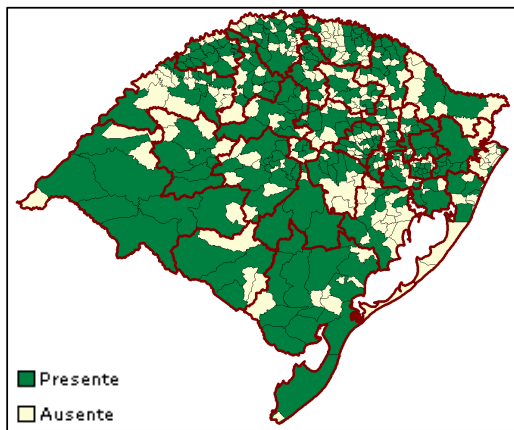


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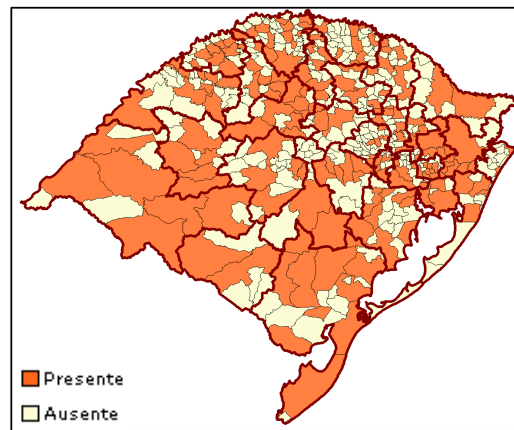


# Rio Grande do Sul

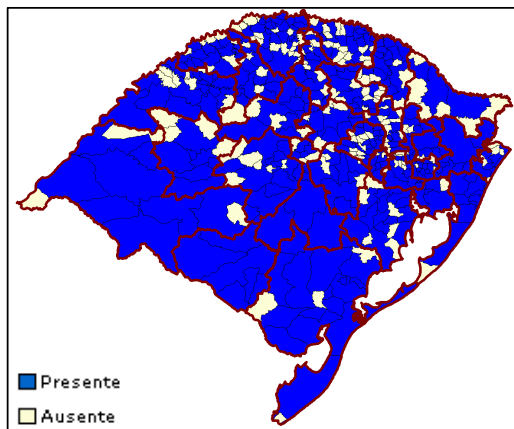
**INTERNAÇÃO**



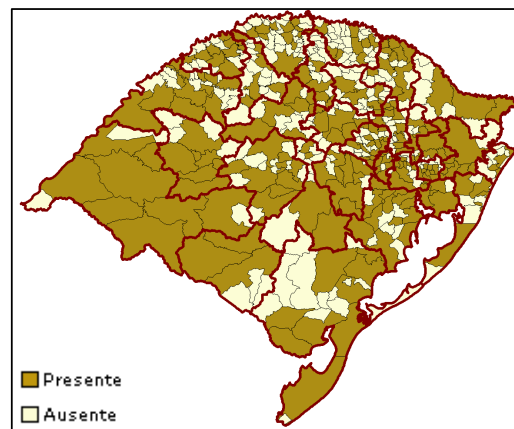
**URGÊNCIA**



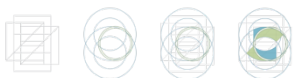
**SADT**



**MÉDICO CLÍNICO-GERAL**

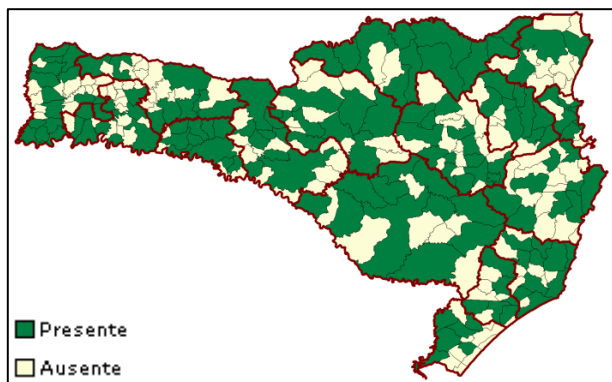


Fonte: CNES/Datasus.

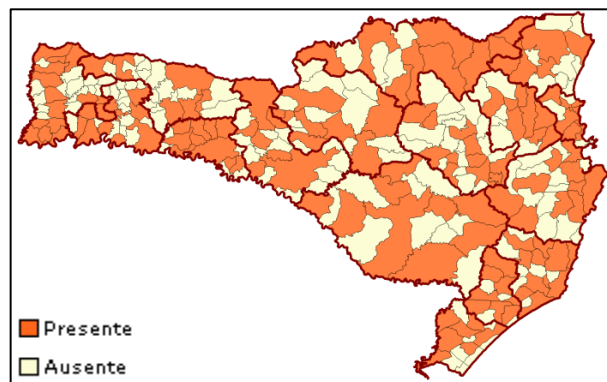


# Santa Catarina

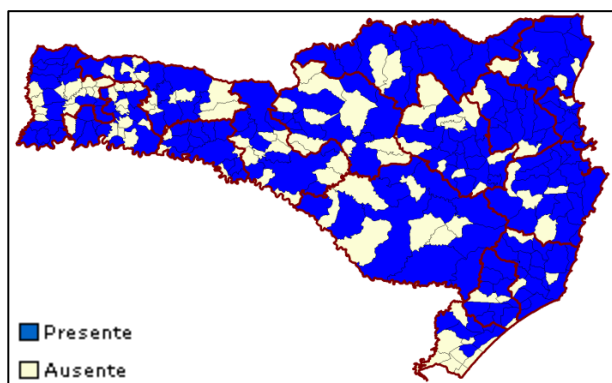
**INTERNAÇÃO**



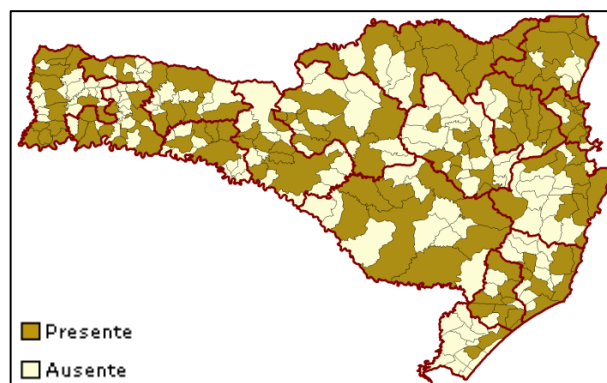
**URGÊNCIA**



**SADT**



**MÉDICO CLÍNICO-GERAL**



Fonte: CNES/Datasus.

