



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

85^a Reunião da Câmara de Saúde Suplementar – CAMSS

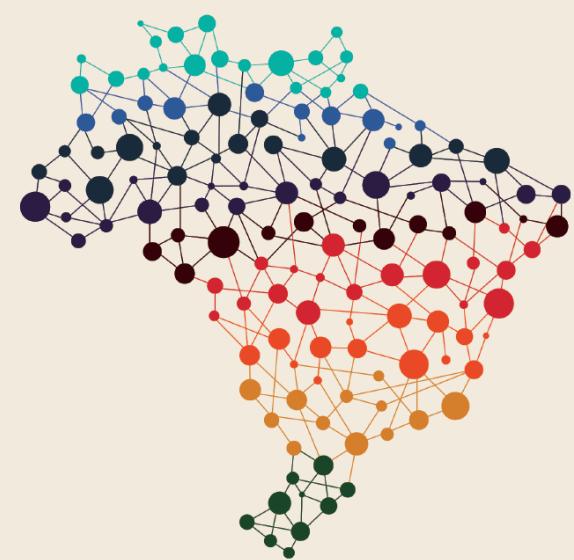
10 de dezembro de 2015

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.



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Metodologia

DATASUS/MS > Tabnet > CNES

Análise da existência de serviços → identificação de vazios assistenciais (agosto/2014)

Sistemas da ANS (RPS, SIB, SIF, Ressarcimento)

Panorama atual do mercado de saúde suplementar → planos, beneficiários, NIP e ressarcimento ao SUS

Vazios assistenciais X Saúde Suplementar

DATASUS/MS > Tabnet > CNES

Evolução dos vazios assistenciais (2008 – 2014)

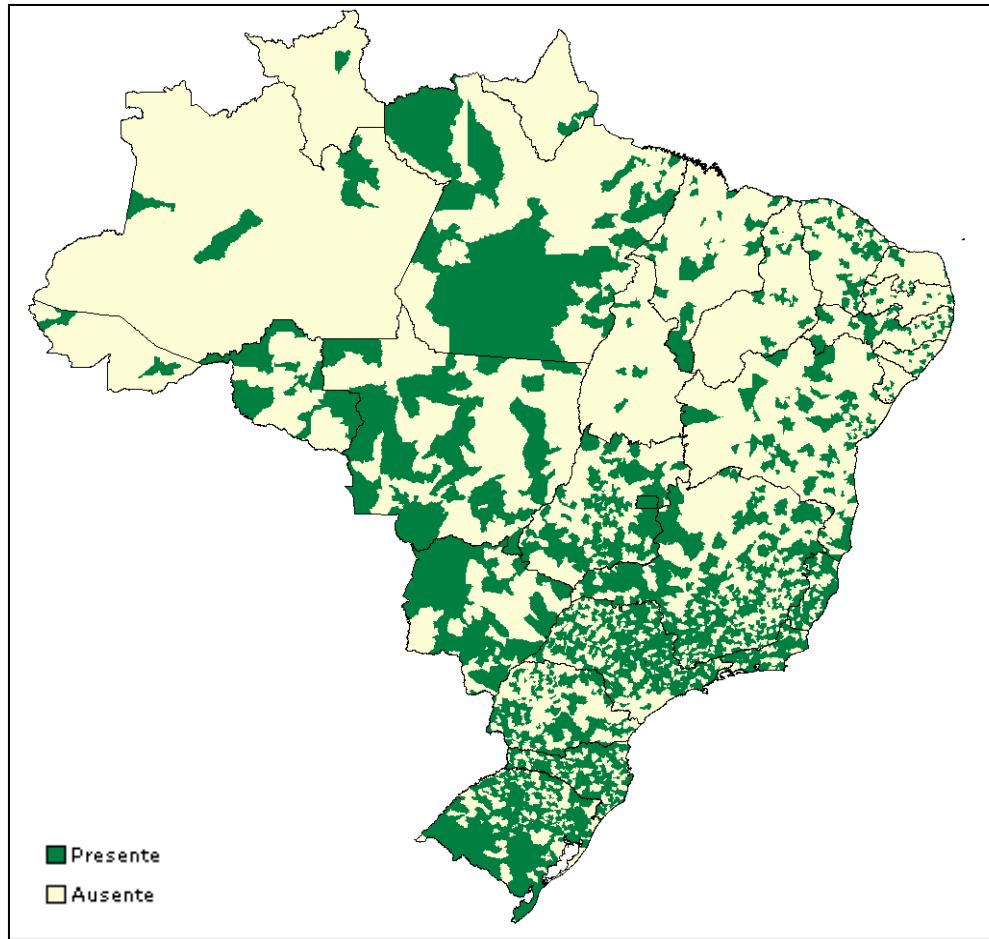


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DATASUS/MS > Tabnet > CNES

Análise da existência de serviços → identificação de vazios assistenciais

Internação - Brasil



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

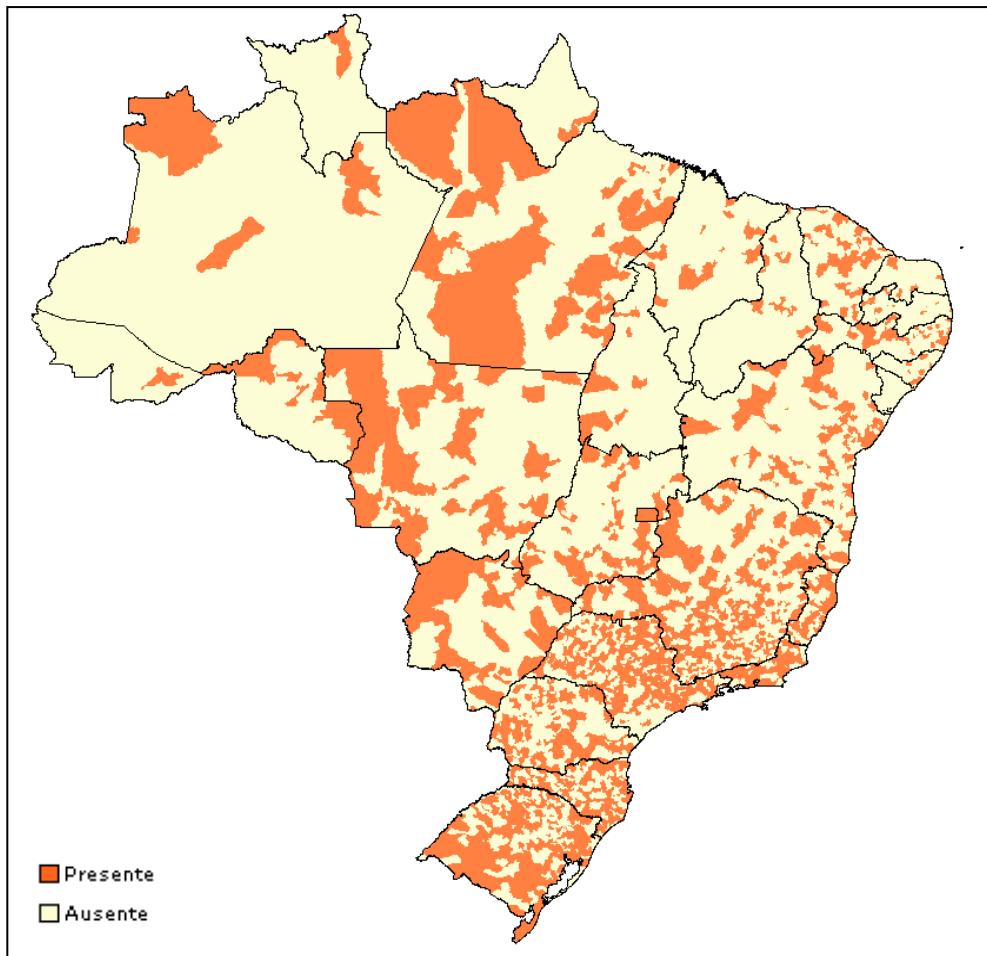


DIAGNÓSTICO DA DISPERSÃO DE PRESTADORES DE SERVIÇOS PRIVADOS DE SAÚDE NO BRASIL

DATASUS/MS > Tabnet > CNES

Análise da existência de serviços → identificação de vazios assistenciais

Urgência – Brasil



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

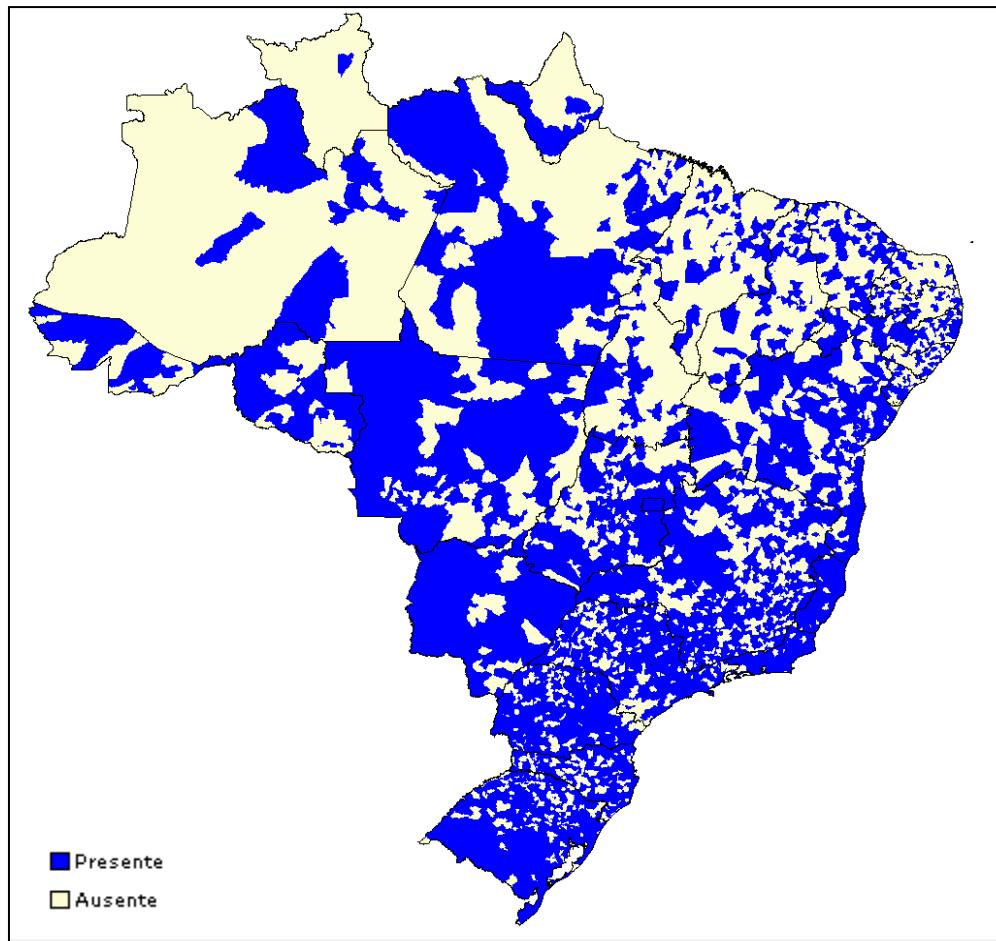


DIAGNÓSTICO DA DISPERSÃO DE PRESTADORES DE SERVIÇOS PRIVADOS DE SAÚDE NO BRASIL

DATASUS/MS > Tabnet > CNES

Análise da existência de serviços → identificação de vazios assistenciais

SADT – Brasil



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

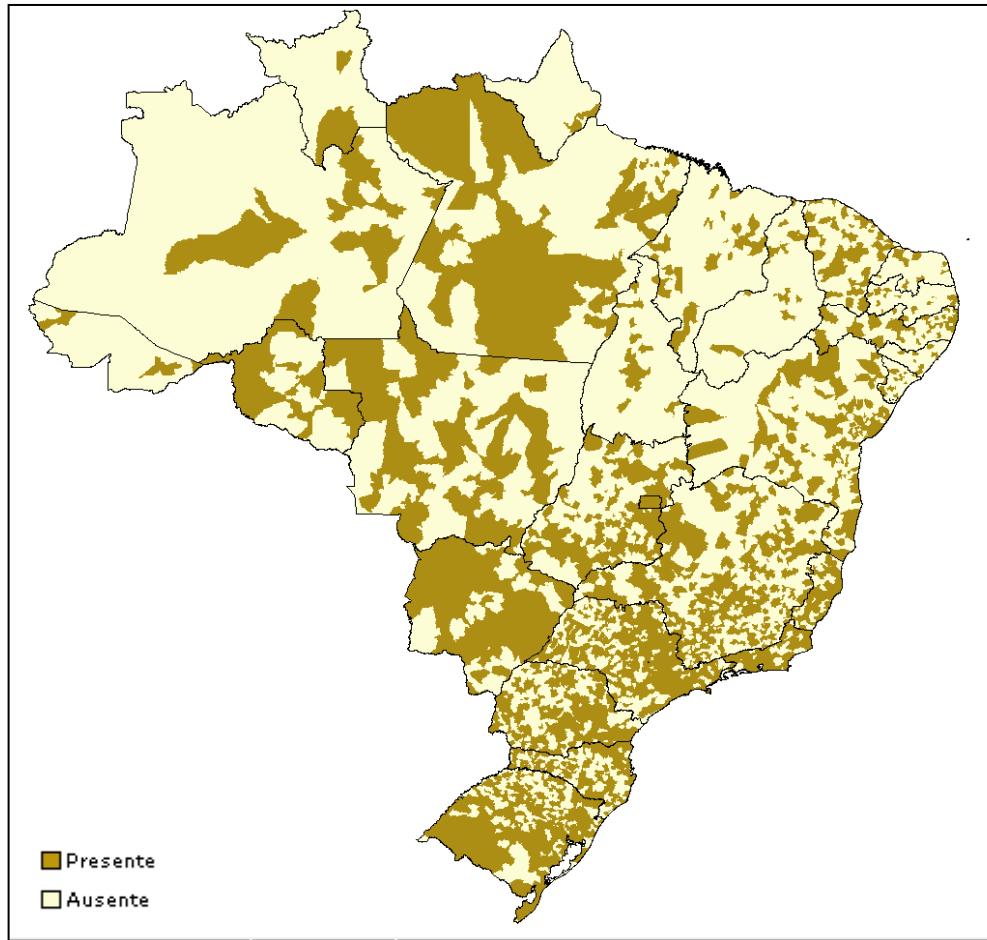


DIAGNÓSTICO DA DISPERSÃO DE PRESTADORES DE SERVIÇOS PRIVADOS DE SAÚDE NO BRASIL

DATASUS/MS > Tabnet > CNES

Análise da existência de serviços → identificação de vazios assistenciais

Médico clínico – Brasil



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

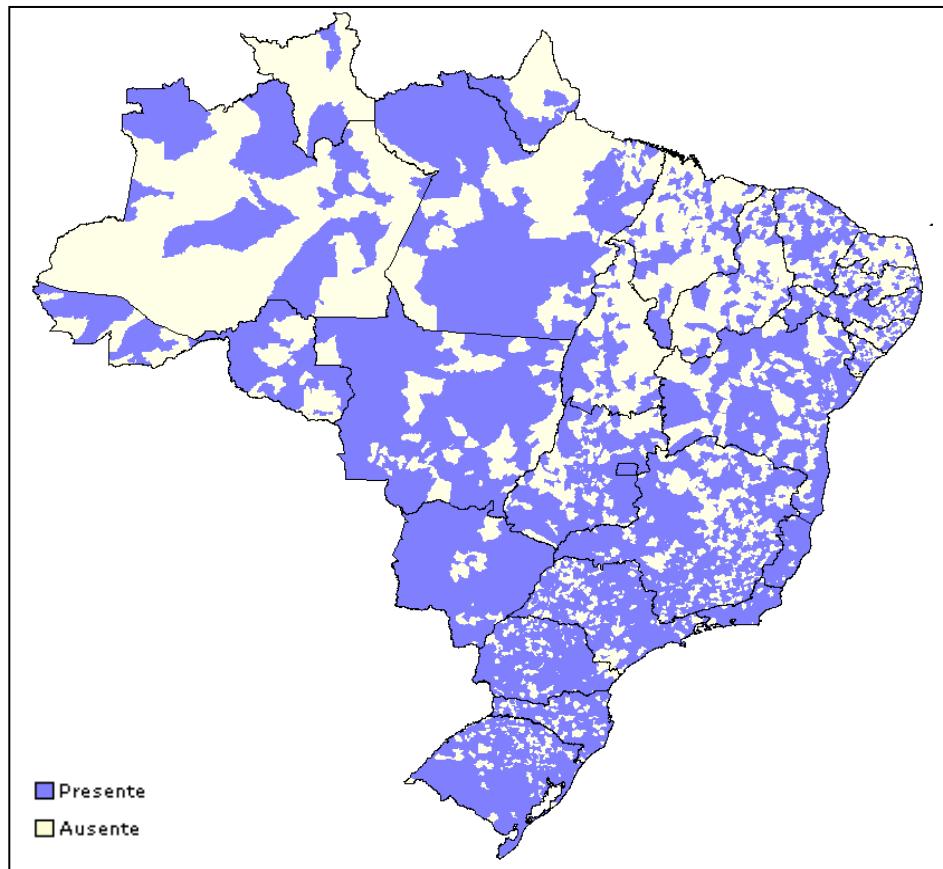


DIAGNÓSTICO DA DISPERSÃO DE PRESTADORES DE SERVIÇOS PRIVADOS DE SAÚDE NO BRASIL

DATASUS/MS > Tabnet > CNES

Análise da existência de serviços → identificação de vazios assistenciais

Todos os serviços estudados



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



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REGIÃO NORTE

Acre	Rondônia
Amapá	Roraima
Amazonas	Tocantins
Pará	

REGIÃO SUL

Paraná
Rio Grande do Sul
Santa Catarina

REGIÃO NORDESTE

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

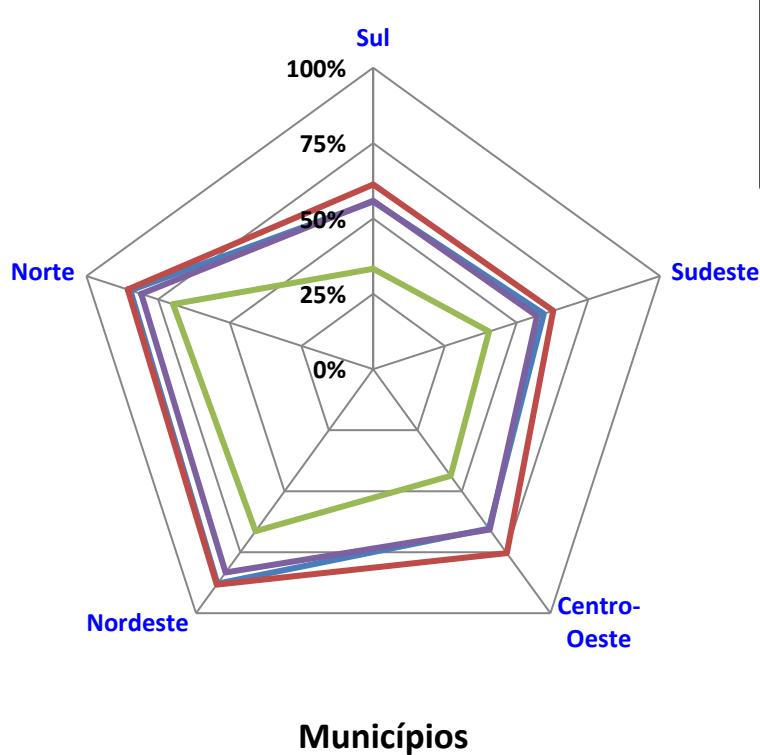
REGIÃO SUDESTE

Espírito Santo
Minas Gerais
Rio de Janeiro
São Paulo

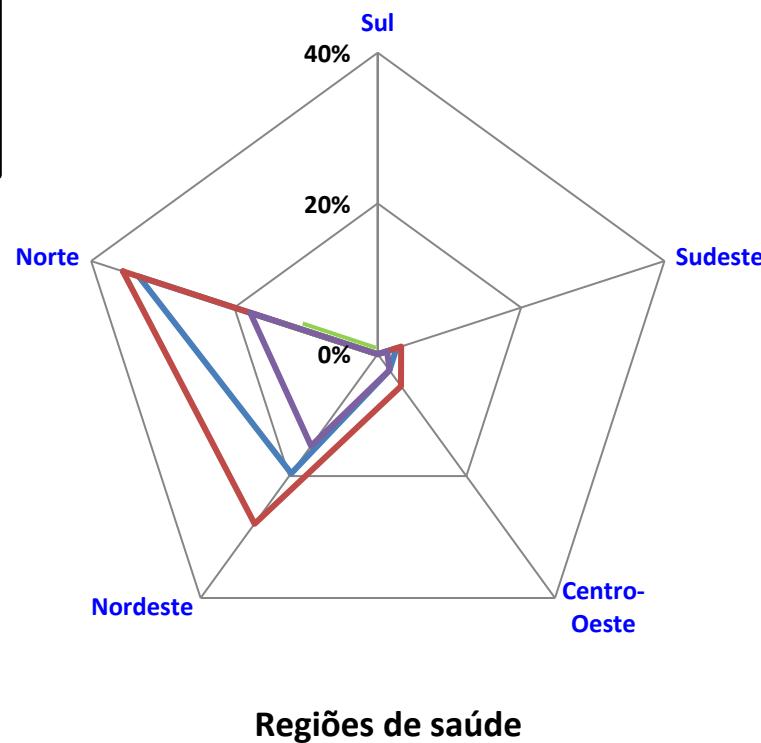


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Percentual de municípios/ regiões de saúde com vazios assistenciais para os serviços avaliados, por região do Brasil



Internação
Urgência
SADT
Médico clínico



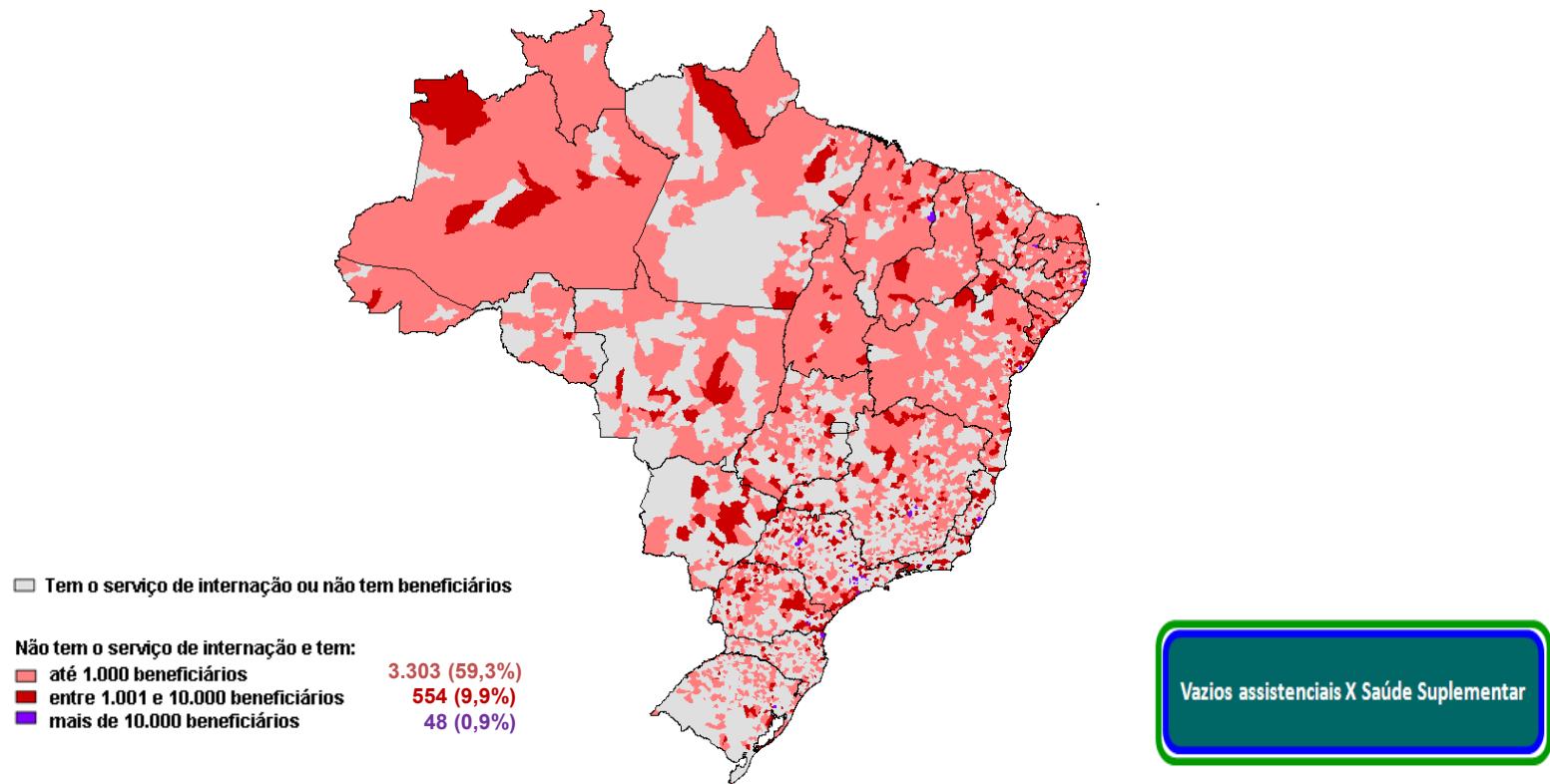
Regiões de saúde



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

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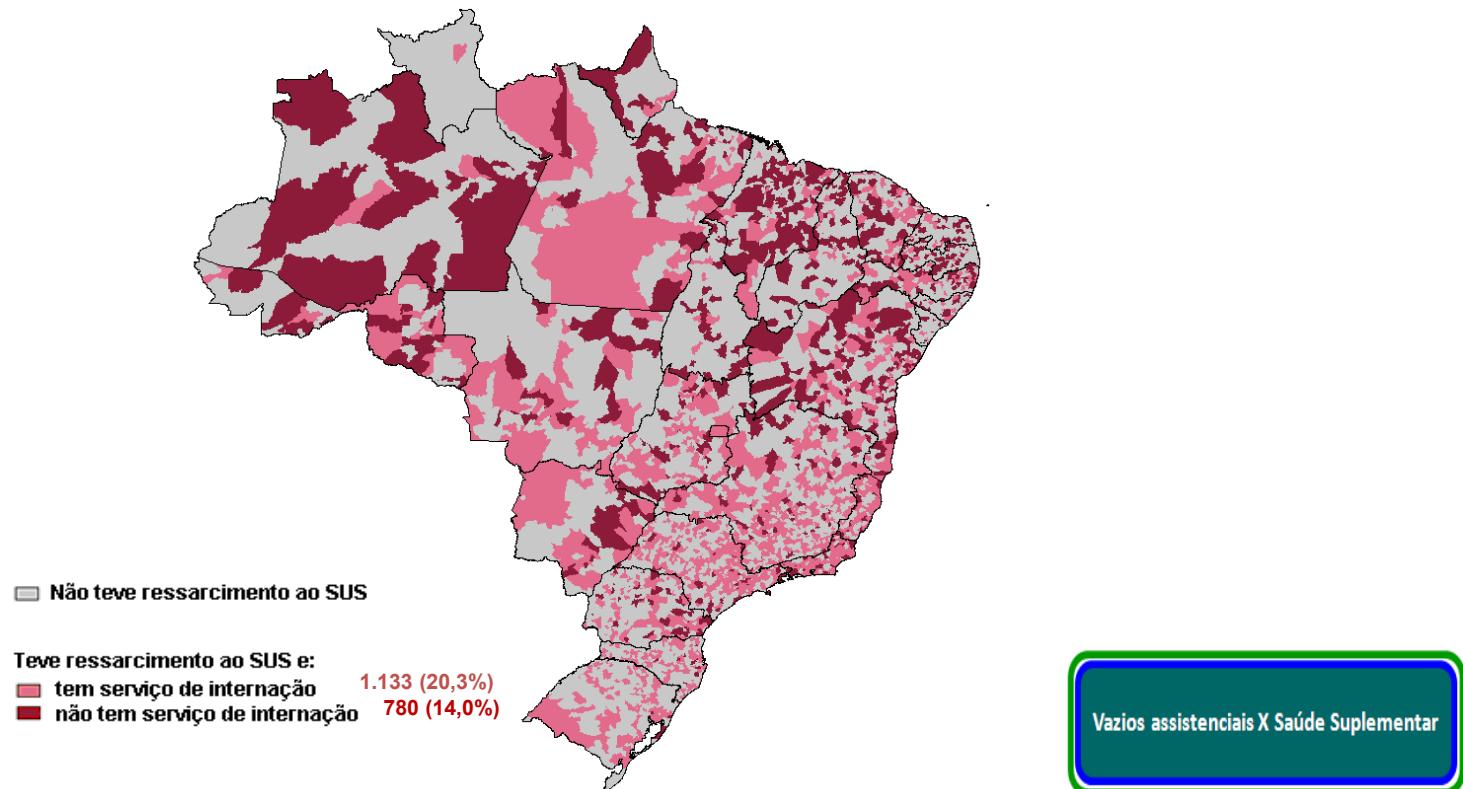
Internação X Beneficiários: municípios com beneficiários em planos com cobertura hospitalar e sem serviço de internação para a saúde suplementar



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

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



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



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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 **dificuldade 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 > A ANS > Notícias ANS > Números do Setor > Rede assistencial e garantia de acesso é tema de seminário

www.ans.gov.br > Publicações > Livros

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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Flávia Harumi Ramos Tanaka

Diretora-Adjunta de Normas e Habilitação dos Produtos – DIPRO

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Felipe Umeda Valle

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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Lalucha Parizek Silva

Lucia Helena Barbosa

Marcia Fernandes de Assis

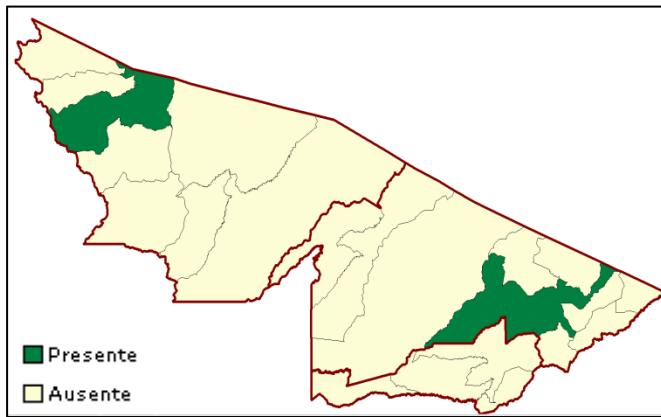
Milton Dayrell Lucas Filho

Monica Vieira Mendonça

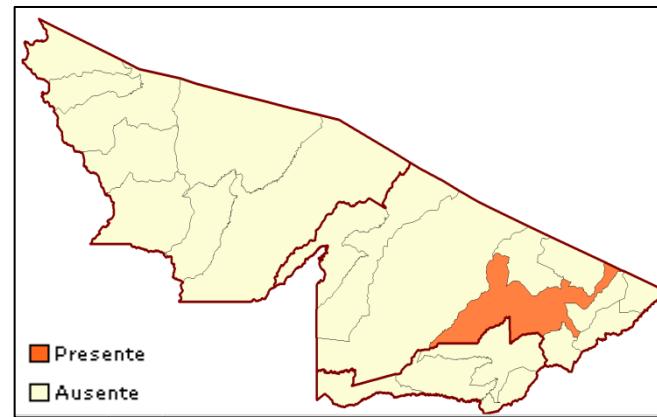


Acre

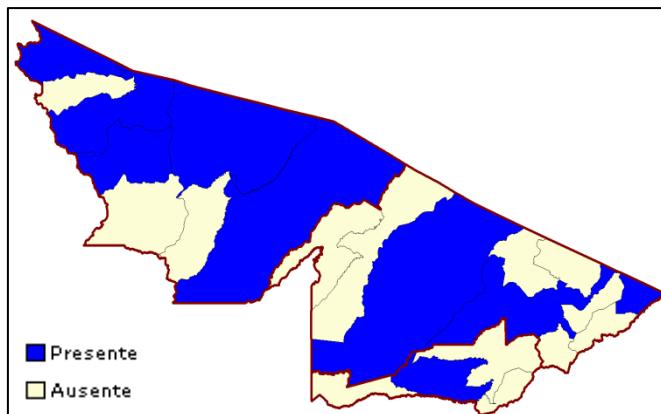
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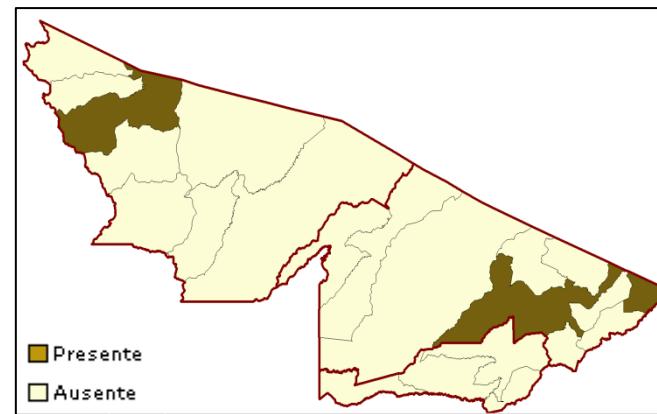
URGÊNCIA



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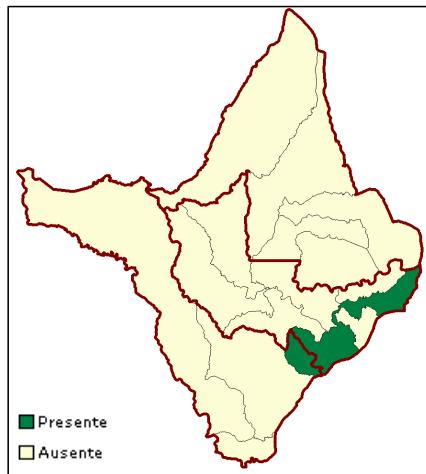


Fonte: CNES/Datasus.

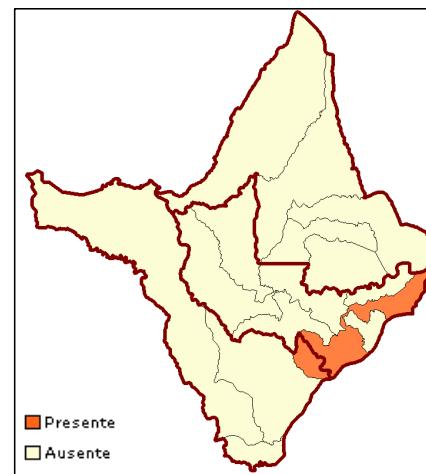


Amapá

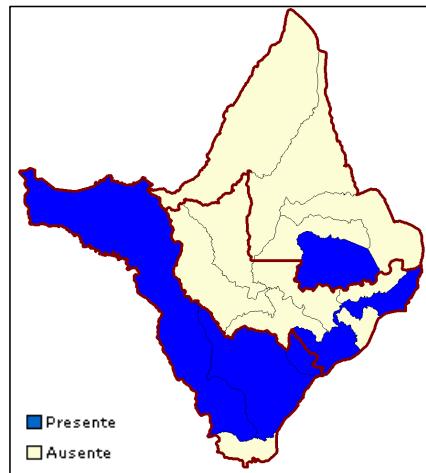
INTERAÇÃO



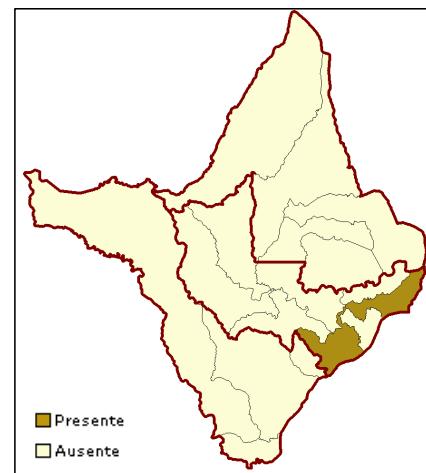
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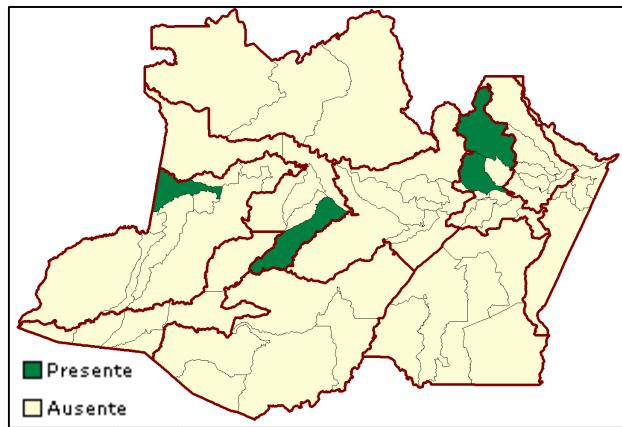


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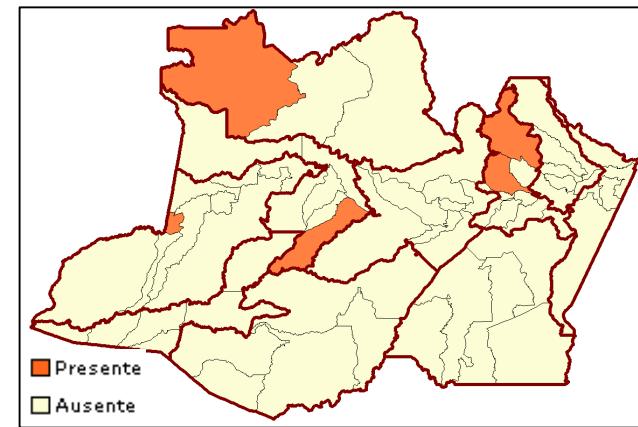


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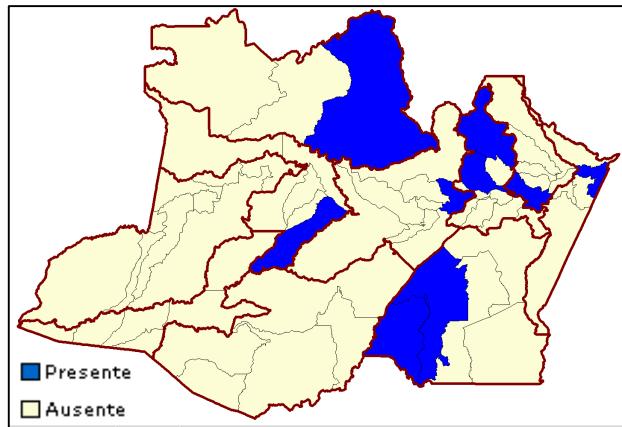
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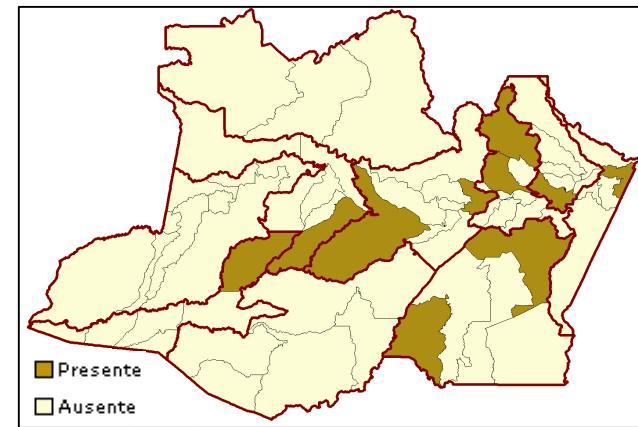
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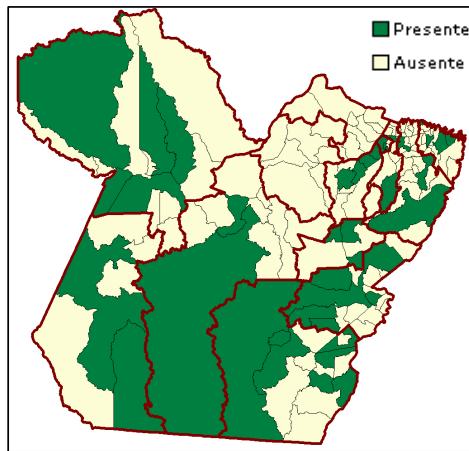
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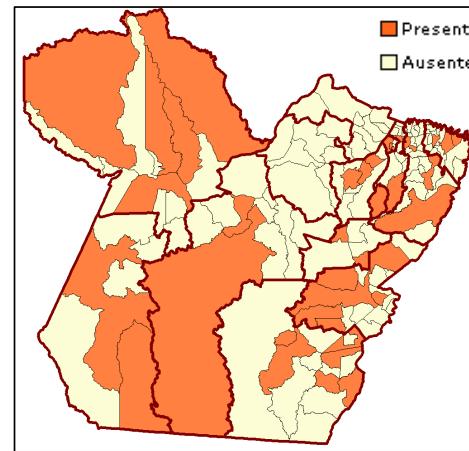
Fonte: CNES/Datasus.

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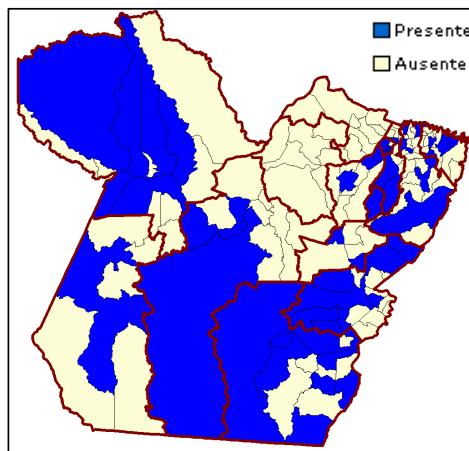
INTERAÇÃO



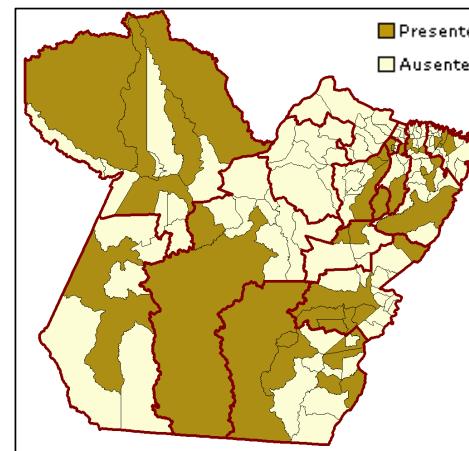
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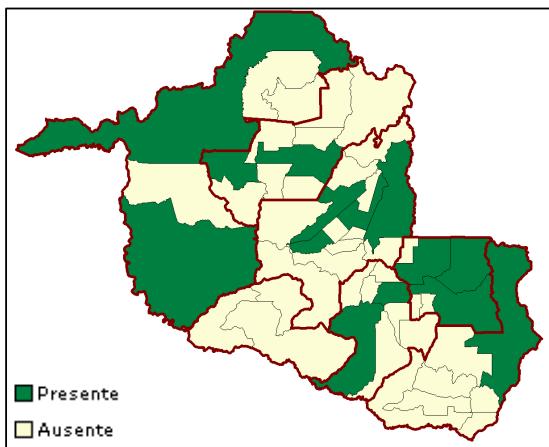


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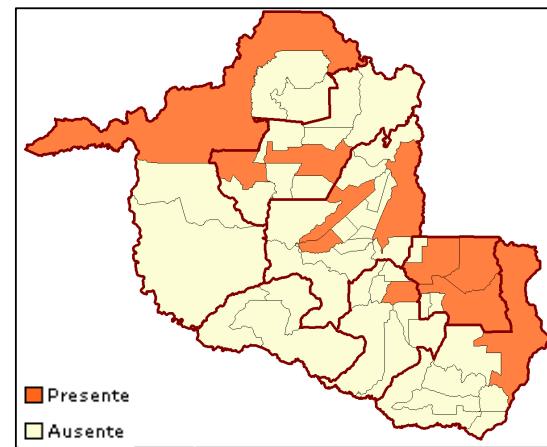


Rondônia

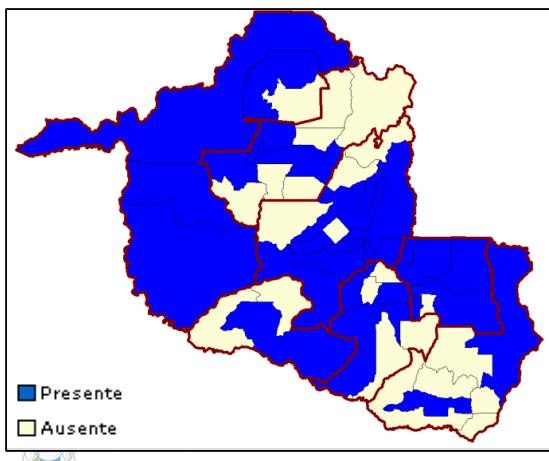
INTERAÇÃO



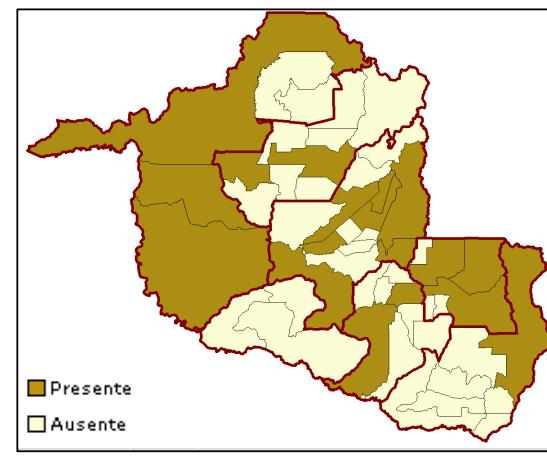
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Roraima

INTERAÇÃO



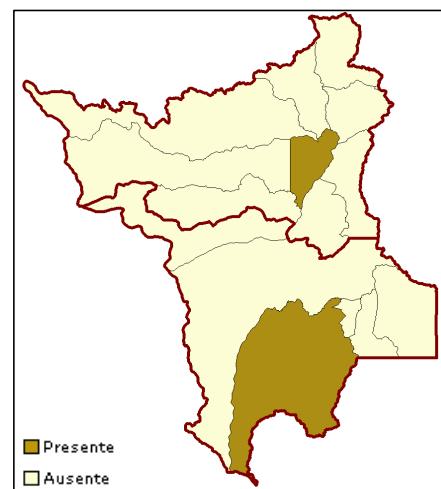
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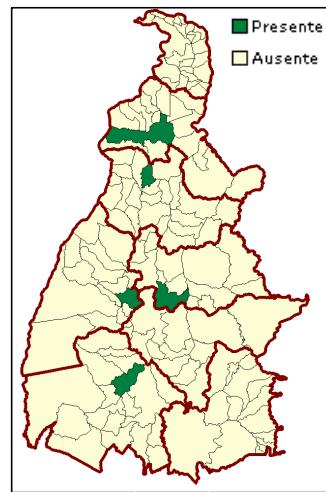


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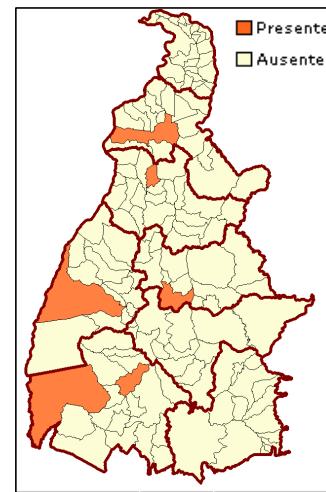


Tocantins

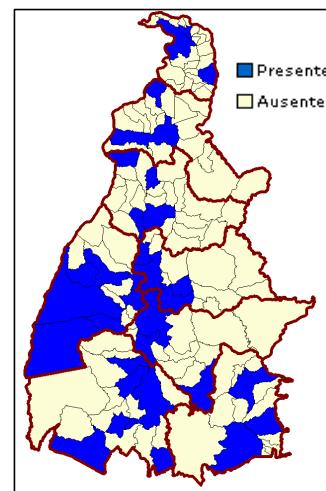
INTERAÇÃO



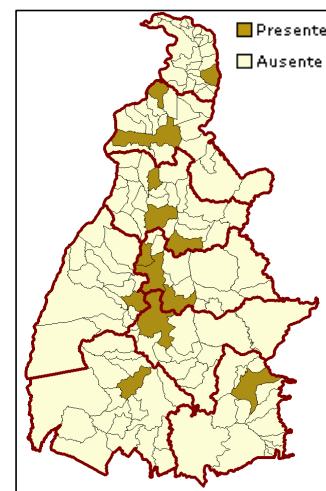
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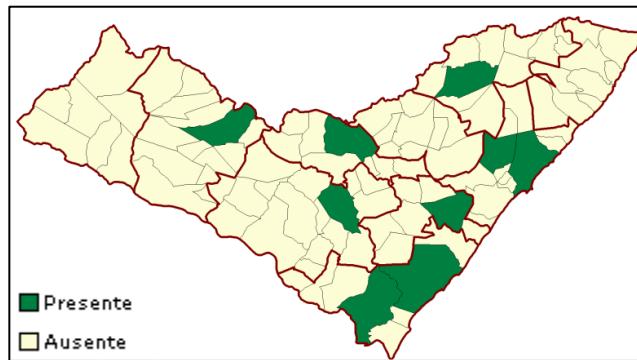


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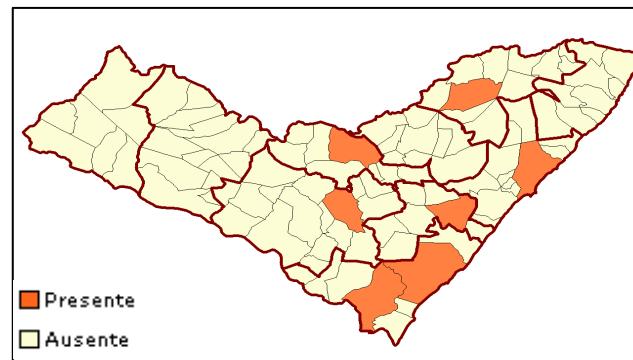


Alagoas

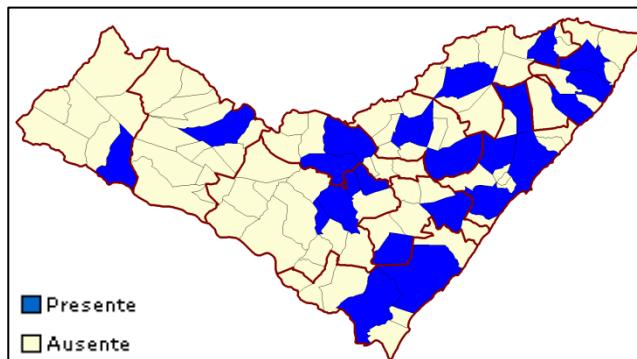
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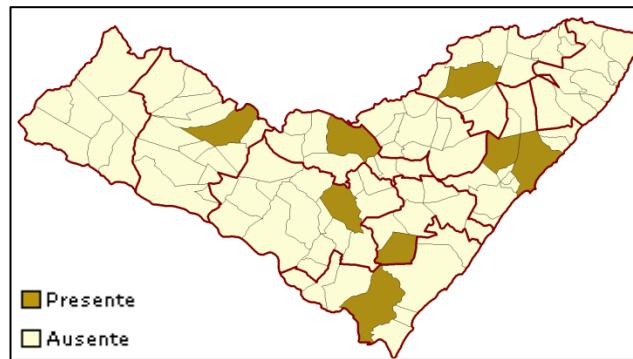
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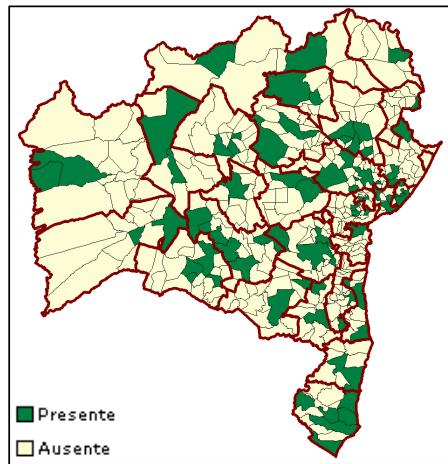


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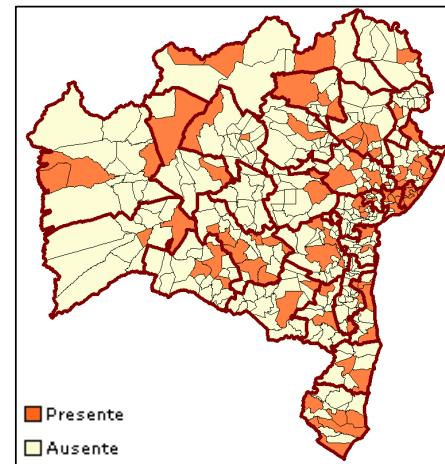


Bahia

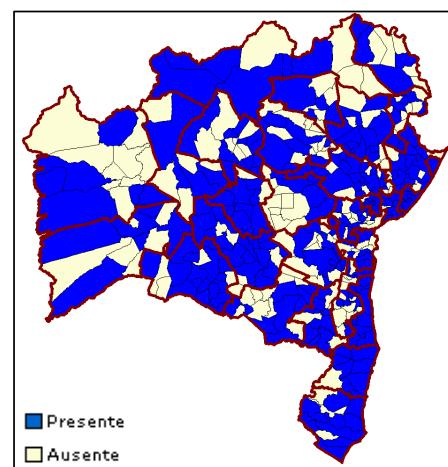
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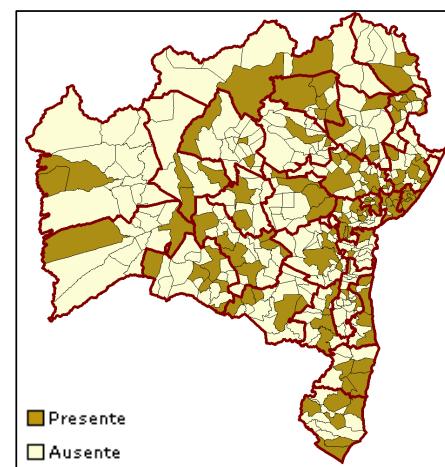
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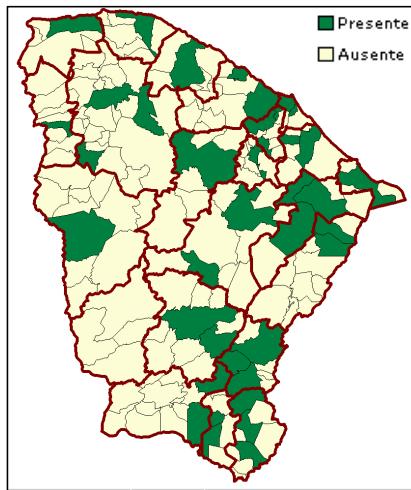


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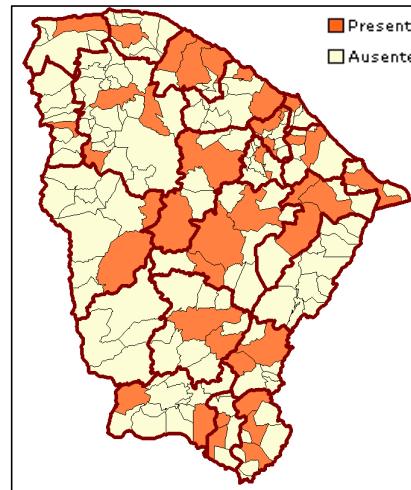


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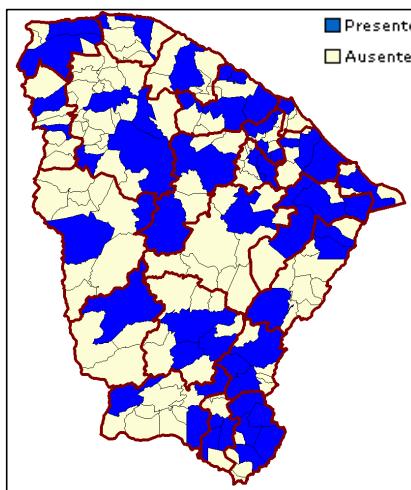
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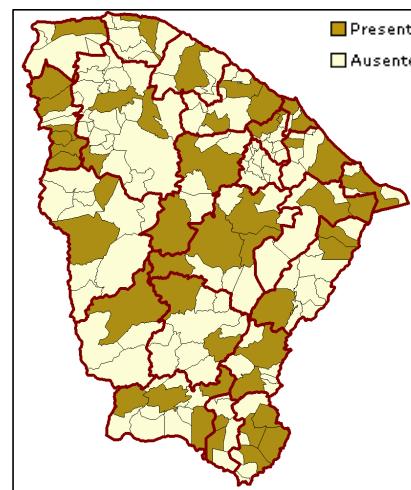
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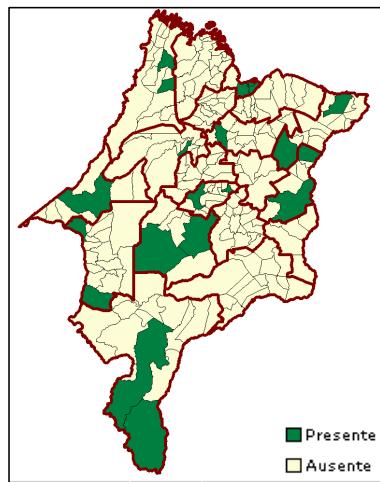


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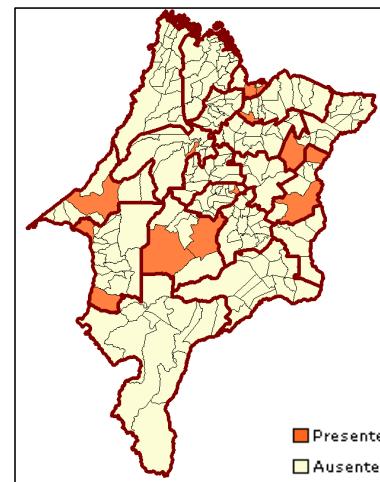


Maranhão

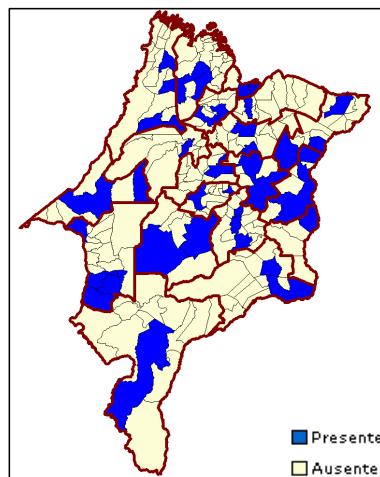
INTERAÇÃO



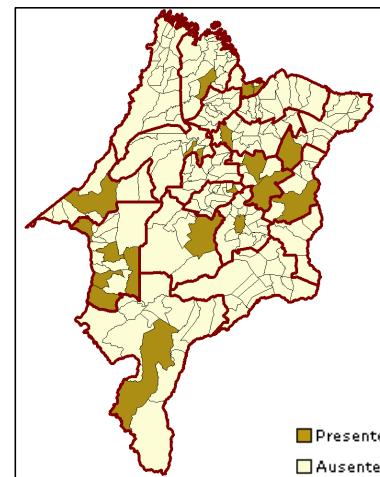
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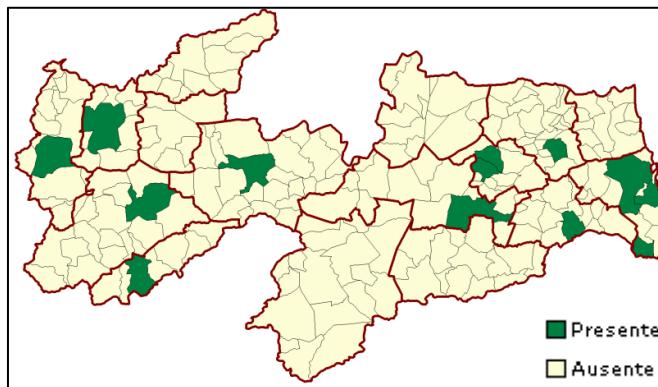


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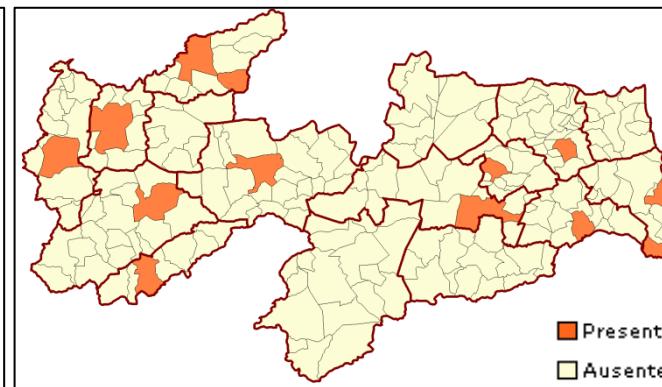


Paraíba

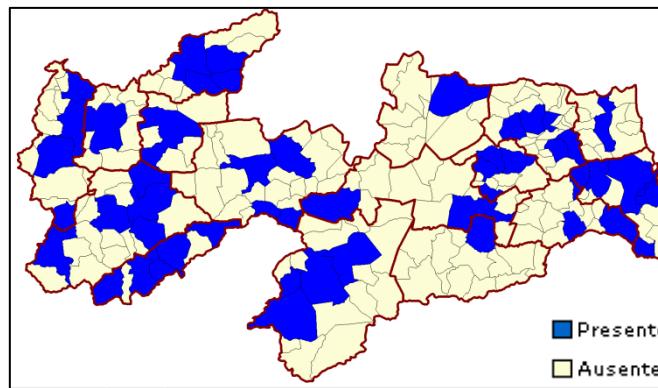
INTERAÇÃO



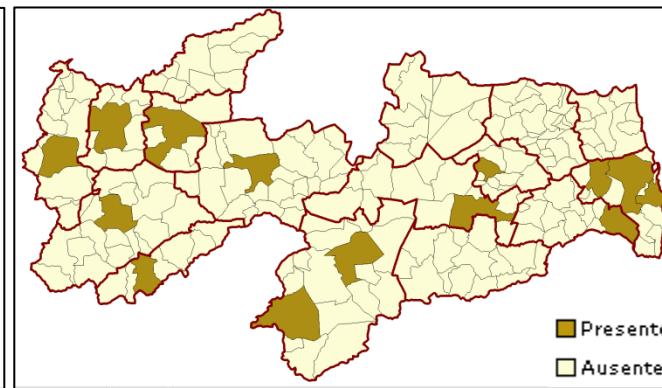
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SADT



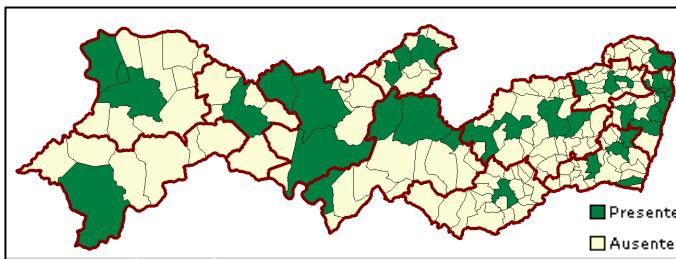
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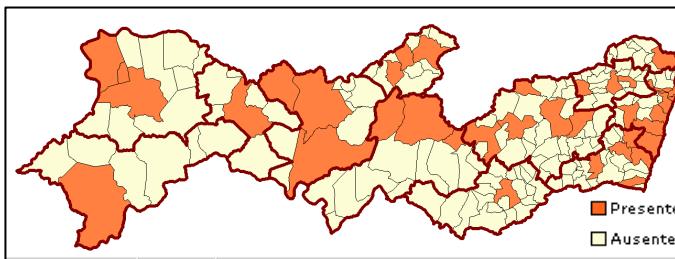
Fonte: CNES/Datasus.

Pernambuco

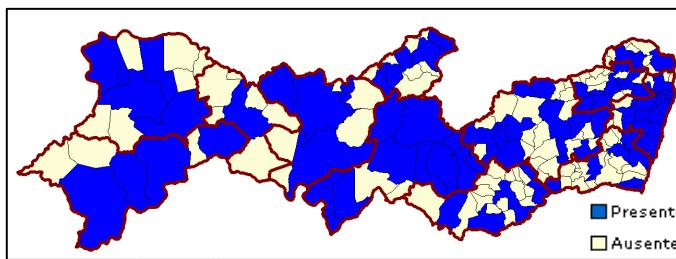
INTERAÇÃO



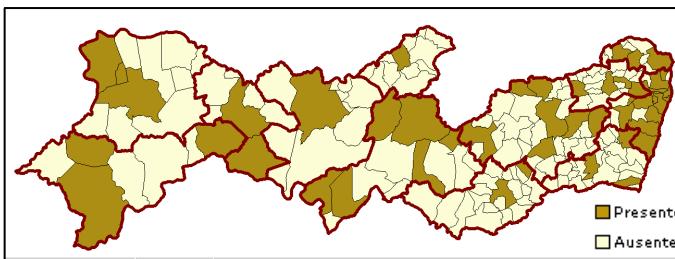
URGÊNCIA



SADT



MÉDICO CLÍNICO-GERAL

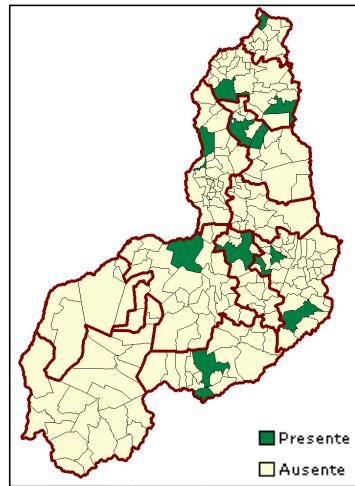


Fonte: CNES/Datasus.

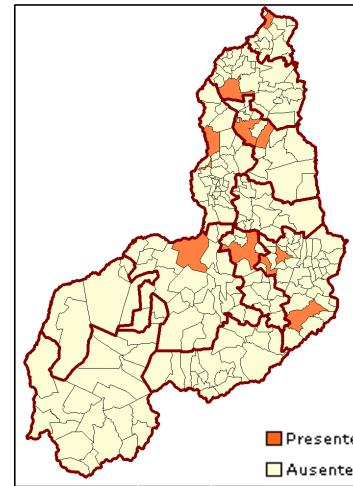


Piauí

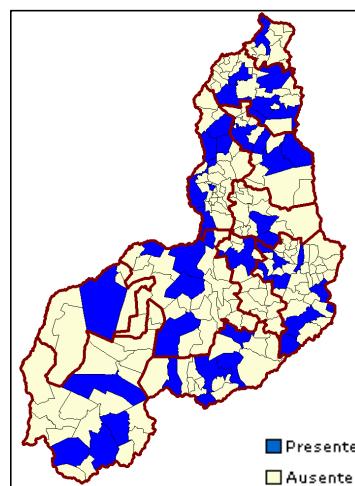
INTERNAÇÃO



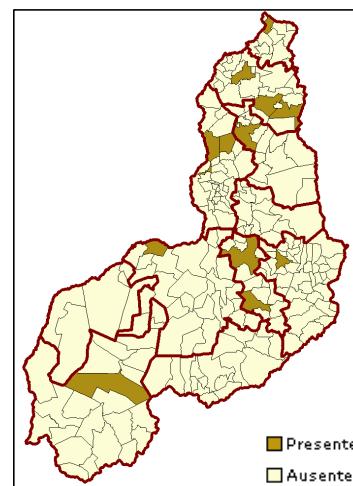
URGÊNCIA



SADT

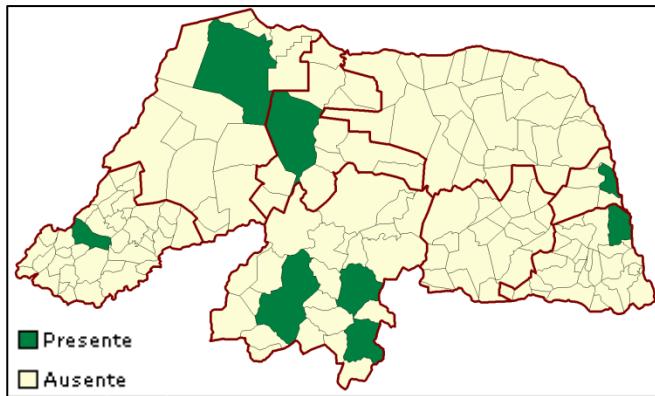


MÉDICO CLÍNICO-GERAL

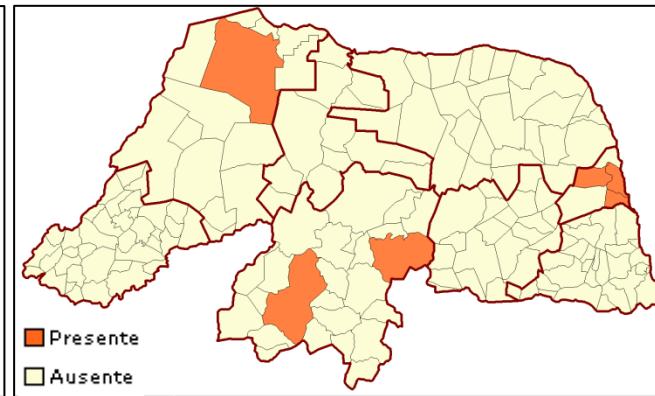


Rio Grande do Norte

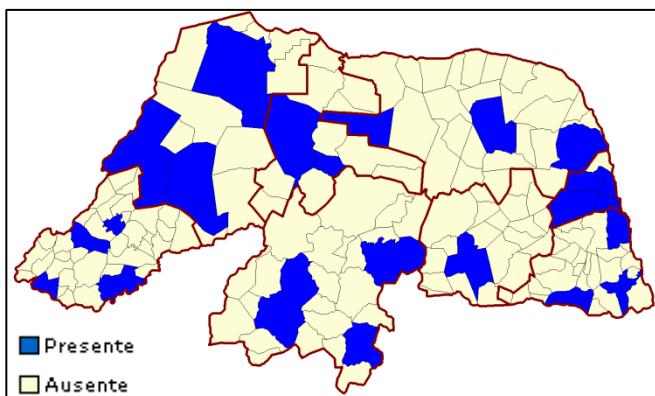
INTERAÇÃO



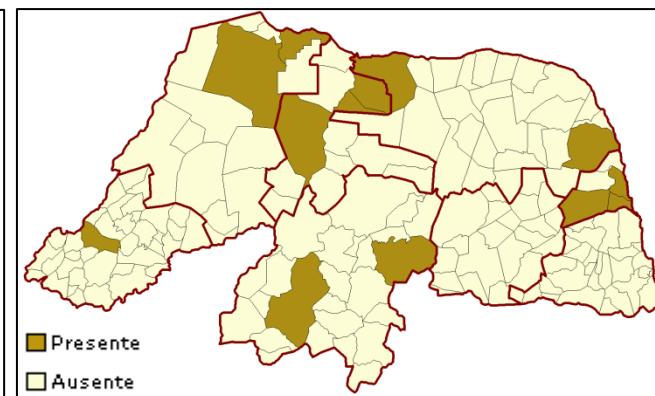
URGÊNCIA



SADT



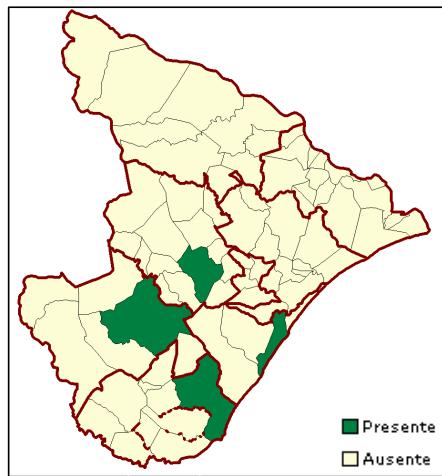
MÉDICO CLÍNICO-GERAL



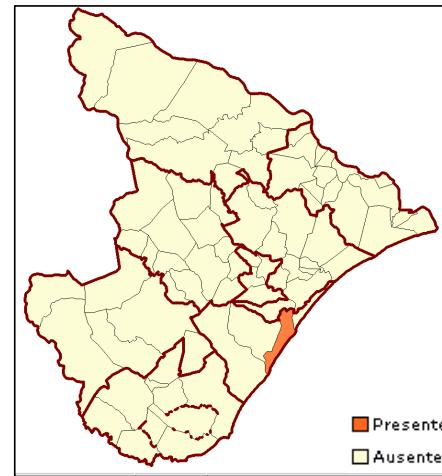
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Sergipe

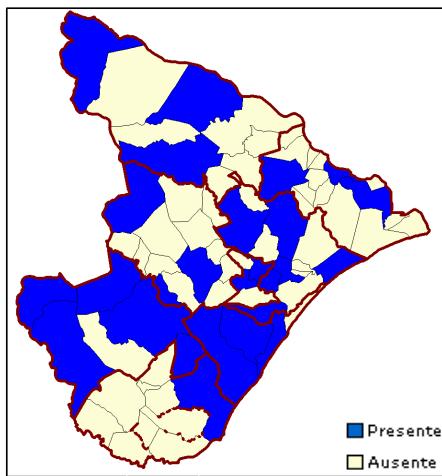
INTERAÇÃO



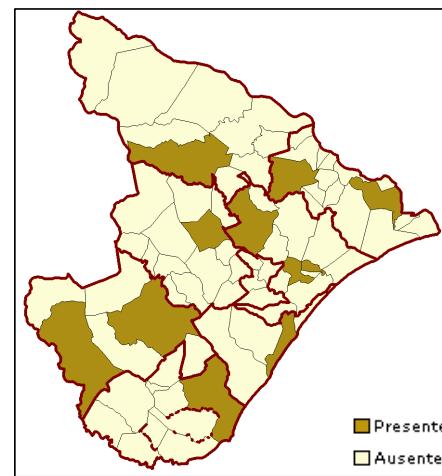
URGÊNCIA



SADT

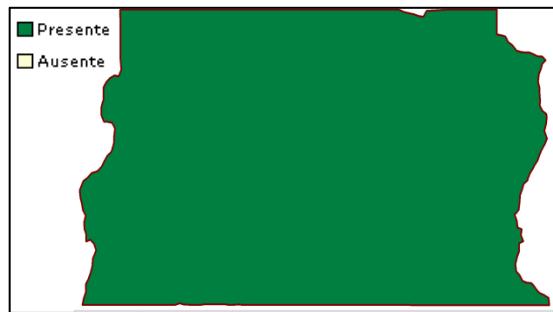


MÉDICO CLÍNICO-GERAL

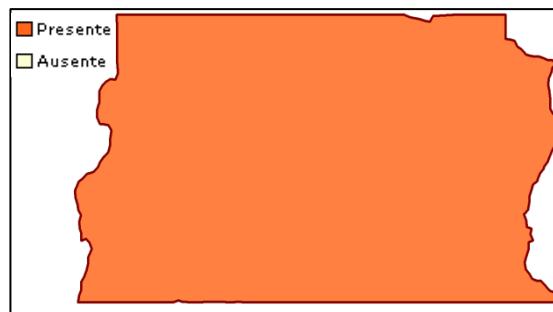


Distrito Federal

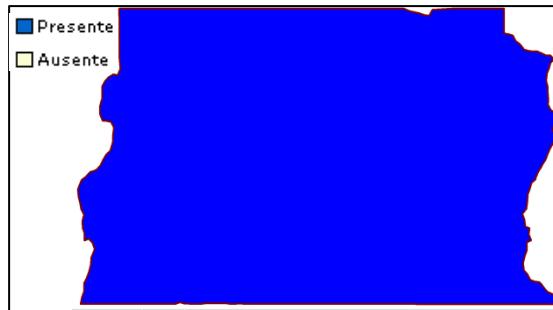
INTERAÇÃO



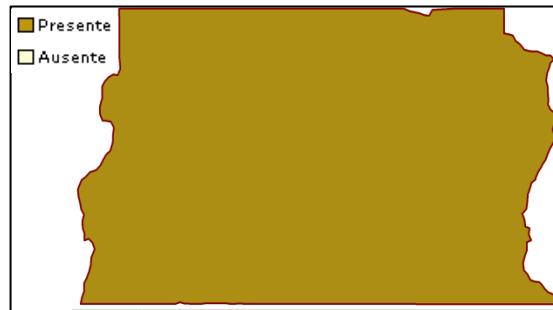
URGÊNCIA



SADT



MÉDICO CLÍNICO-GERAL

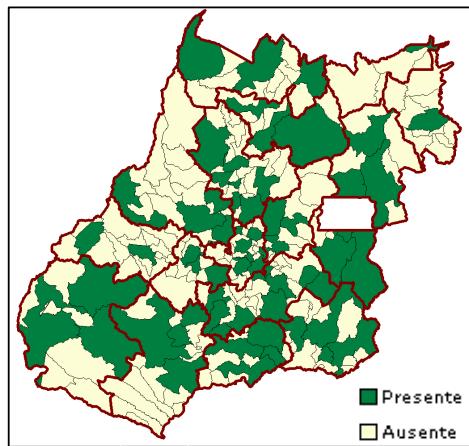


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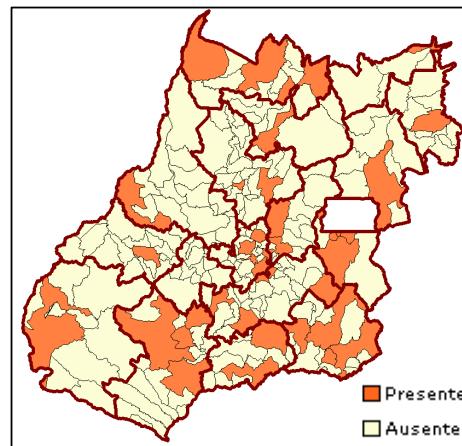


Goiás

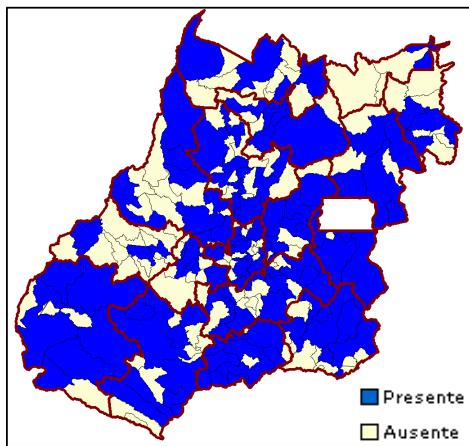
INTERAÇÃO



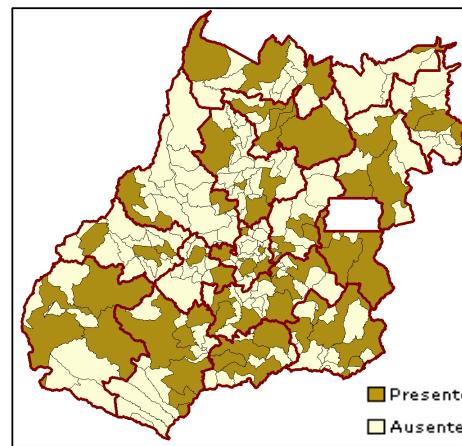
URGÊNCIA



SADT

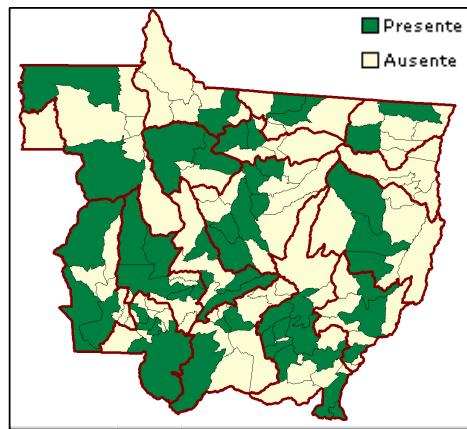


MÉDICO CLÍNICO-GERAL

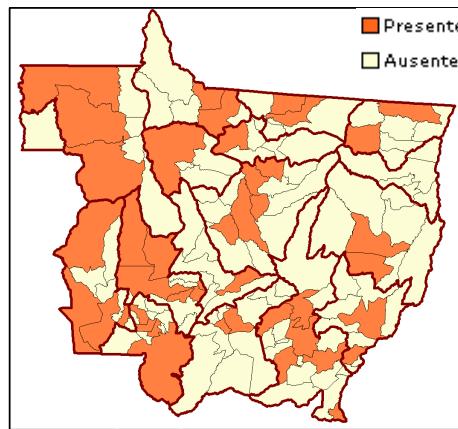


Mato Grosso

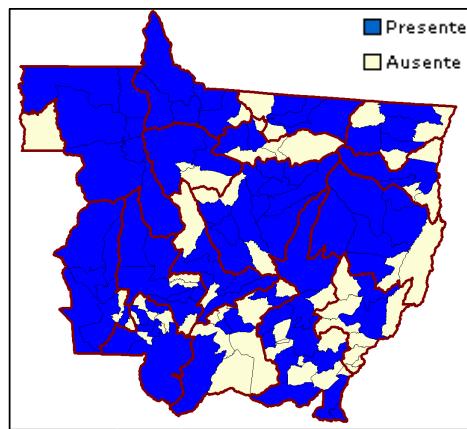
INTERAÇÃO



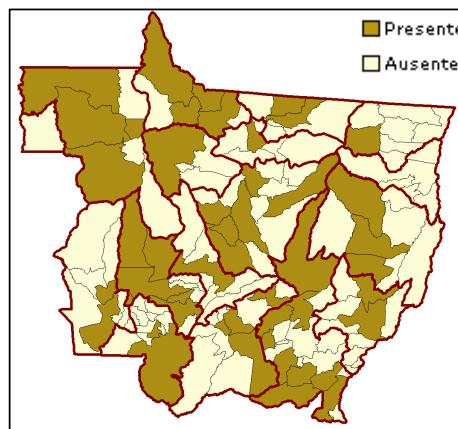
URGÊNCIA



SADT



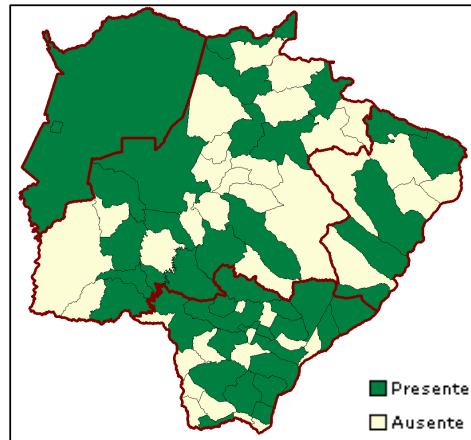
MÉDICO CLÍNICO-GERAL



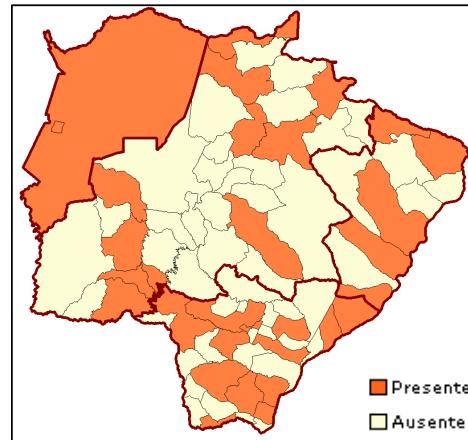
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Mato Grosso do Sul

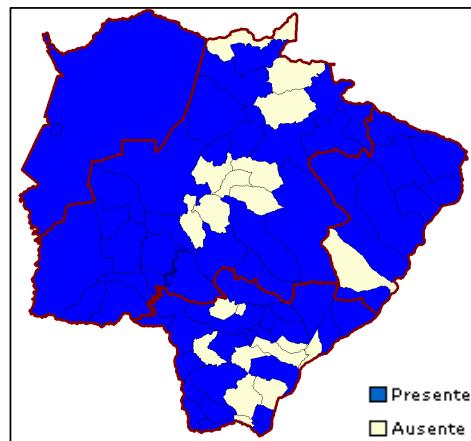
INTERAÇÃO



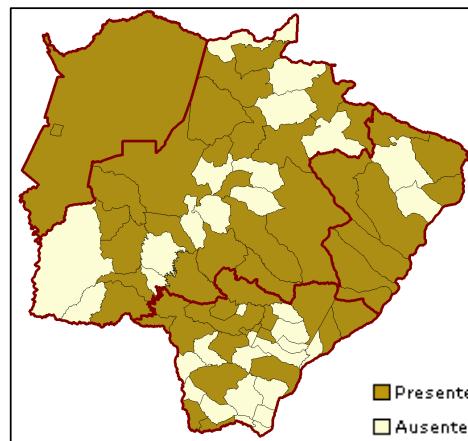
URGÊNCIA



SADT



MÉDICO CLÍNICO-GERAL

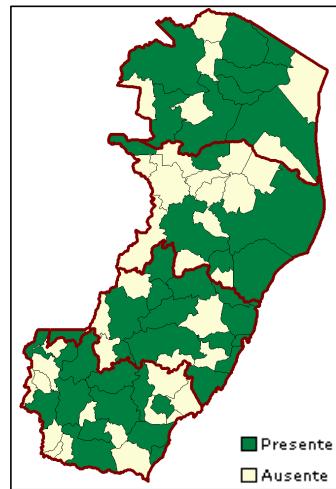


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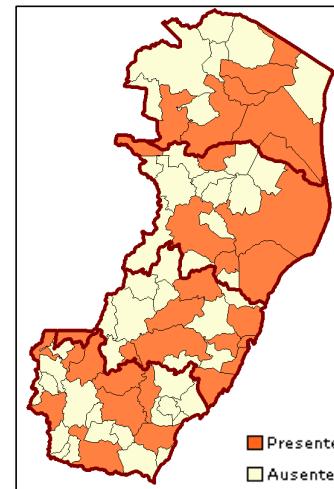


Espírito Santo

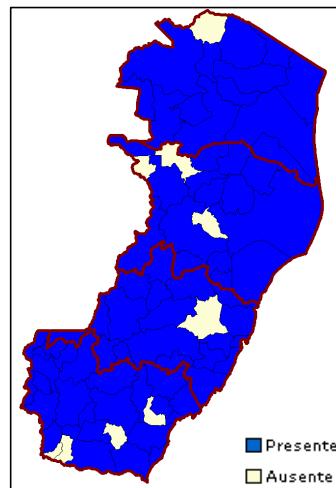
INTERAÇÃO



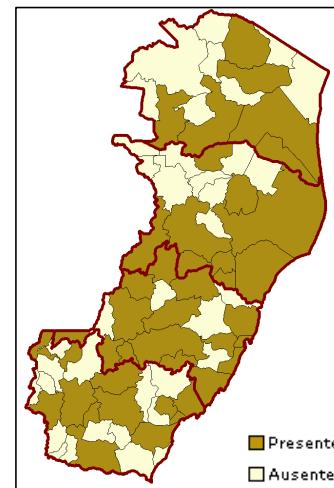
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SADT



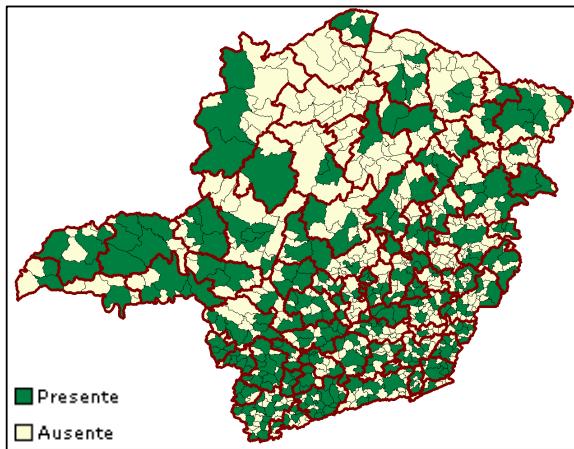
MÉDICO CLÍNICO-GERAL



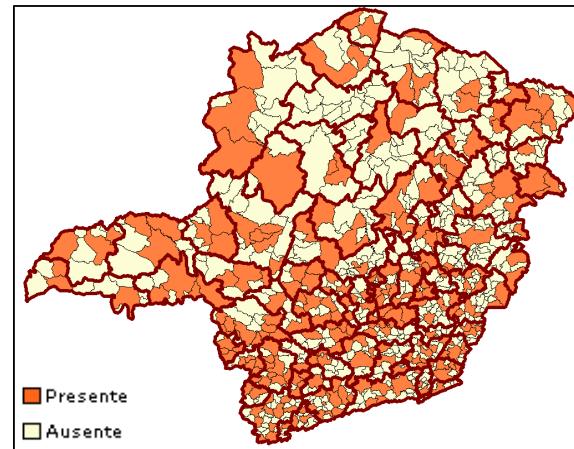
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Minas Gerais

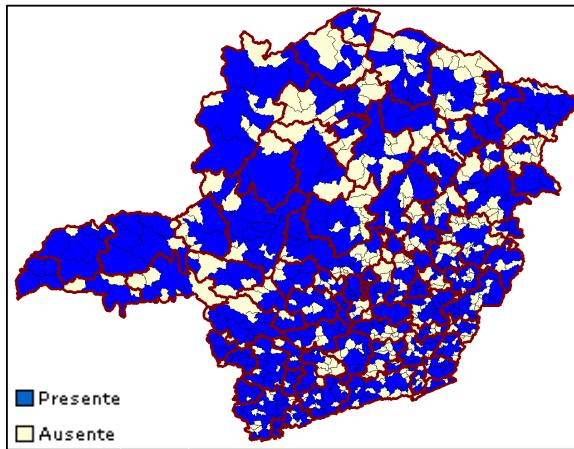
INTERNAÇÃO



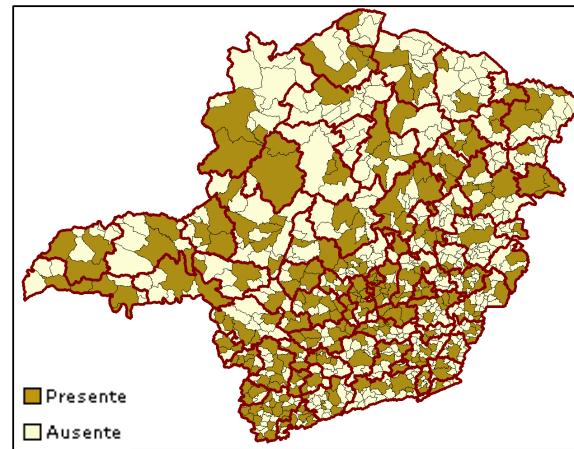
URGÊNCIA



SADT



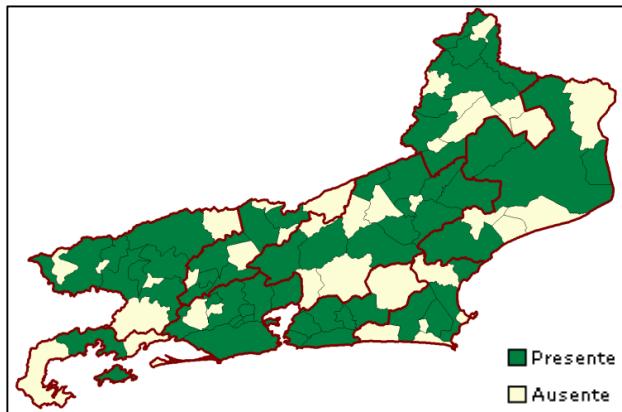
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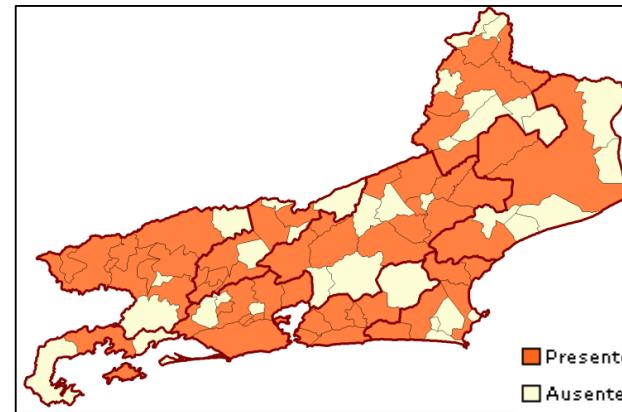
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Rio de Janeiro

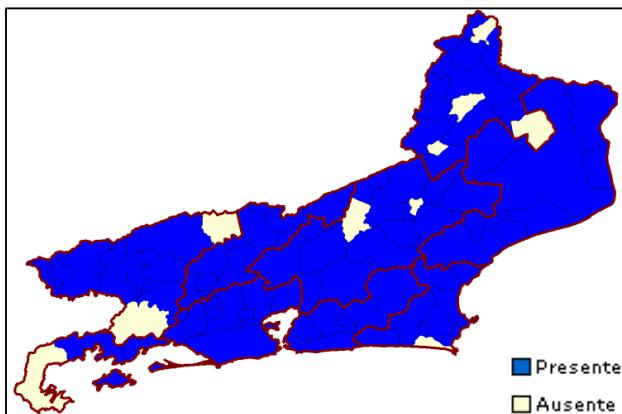
INTERAÇÃO



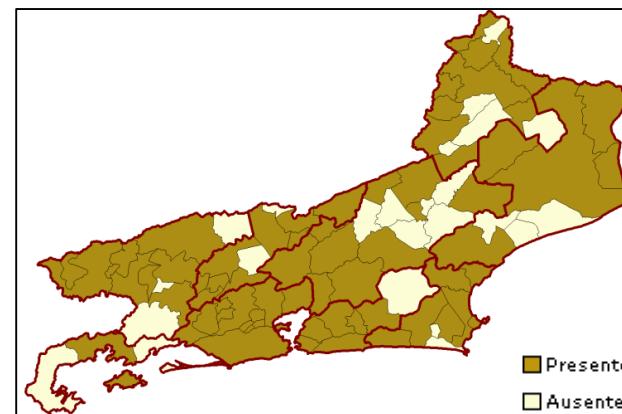
URGÊNCIA



SADT



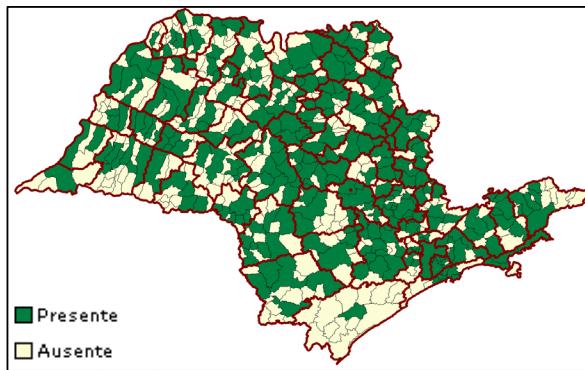
MÉDICO CLÍNICO-GERAL



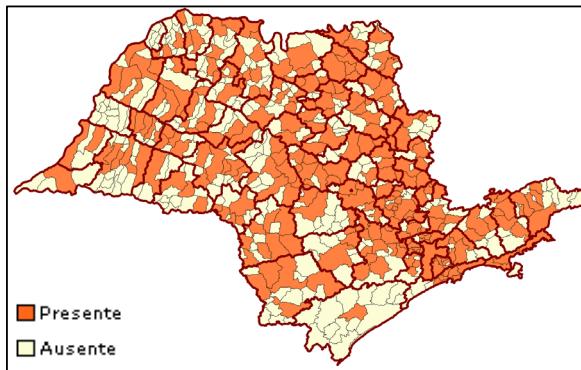
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São Paulo

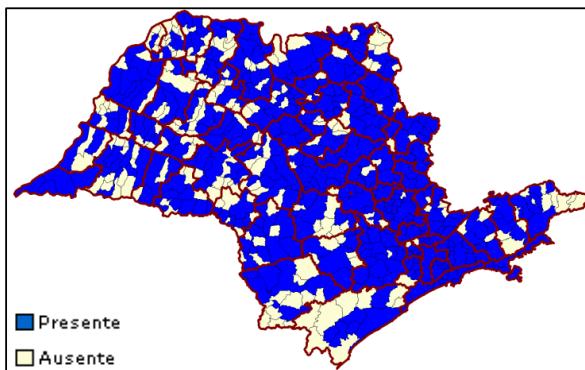
INTERAÇÃO



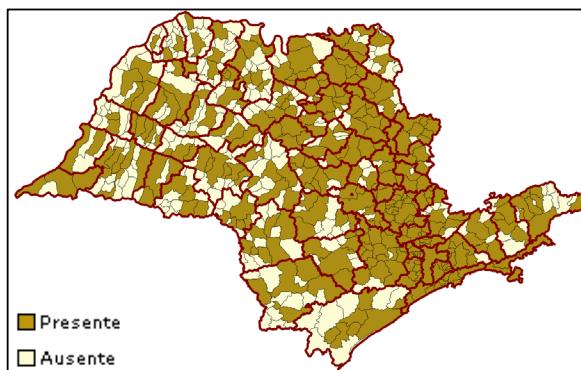
URGÊNCIA



SADT



MÉDICO CLÍNICO-GERAL

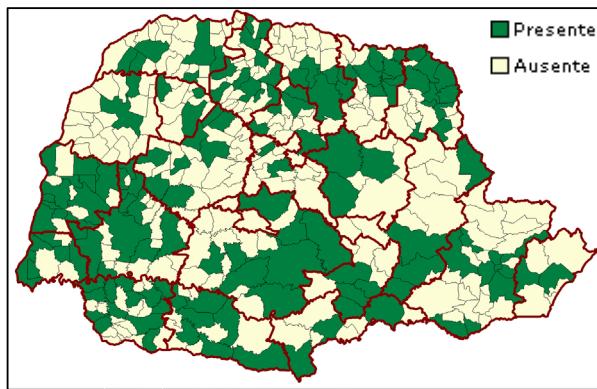


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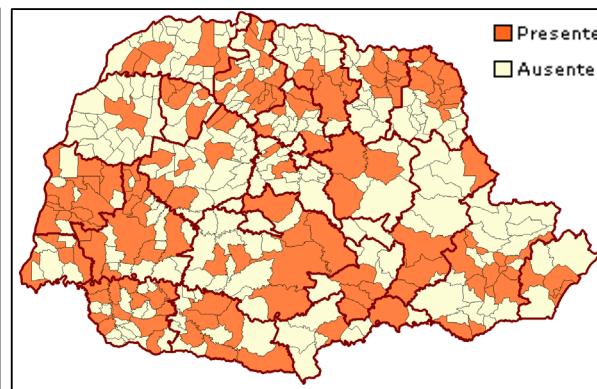


Paraná

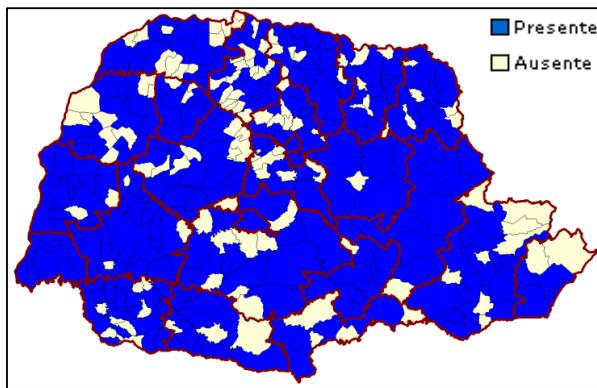
INTERAÇÃO



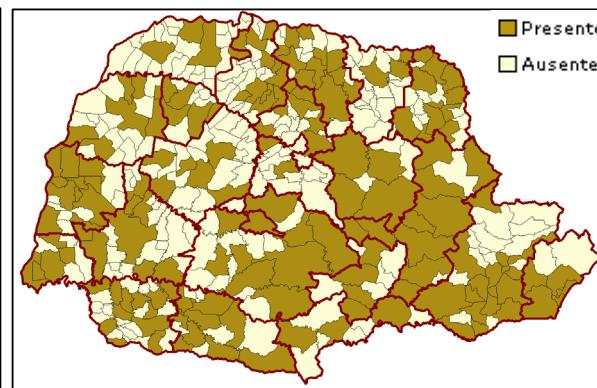
URGÊNCIA



SADT



MÉDICO CLÍNICO-GERAL

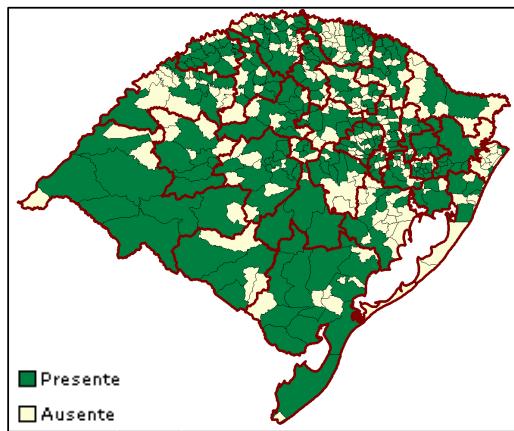


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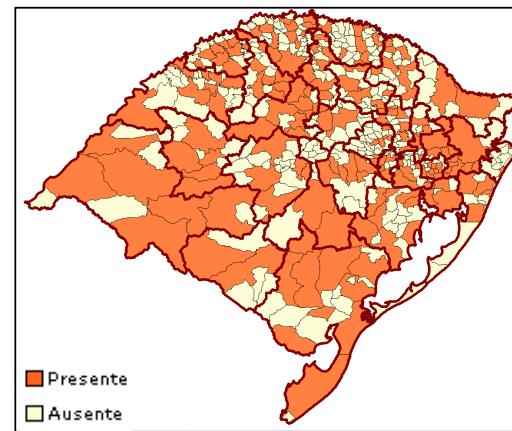


Rio Grande do Sul

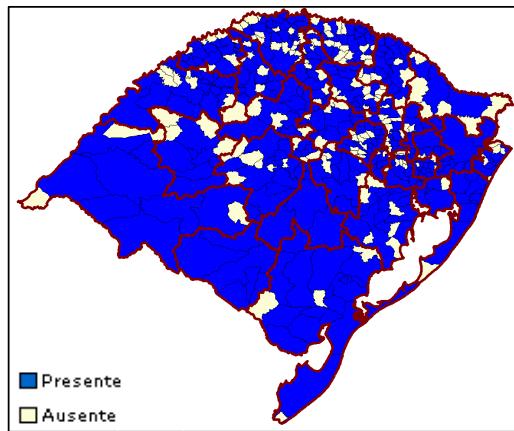
INTERAÇÃO



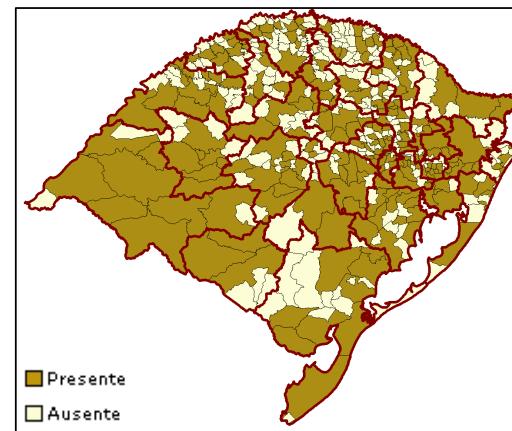
URGÊNCIA



SADT



MÉDICO CLÍNICO-GERAL

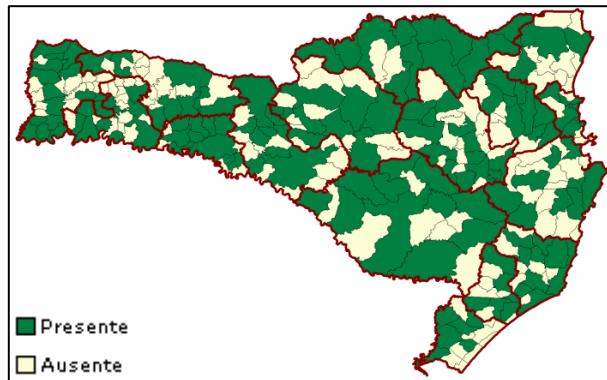


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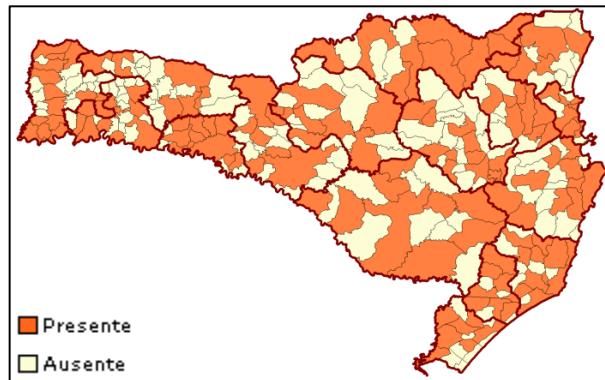


Santa Catarina

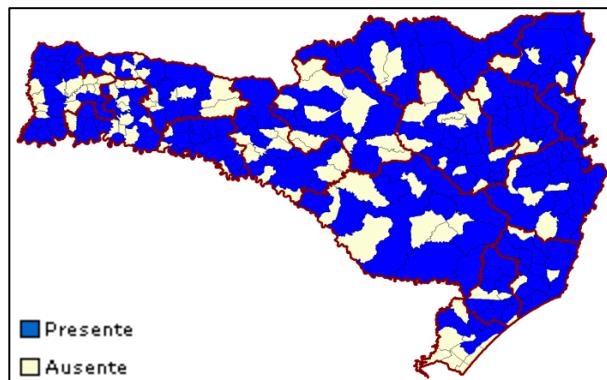
INTERAÇÃO



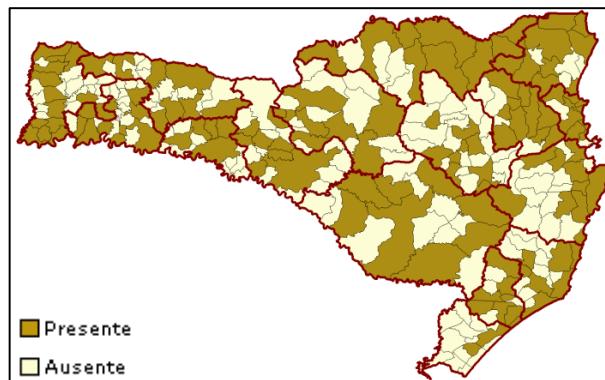
URGÊNCIA



SADT



MÉDICO CLÍNICO-GERAL



Fonte: CNES/Datasus.

