Mini Review

# Indicators of Medical Social Security Expertise in Managerial Decision Making

**Adilson Da Silva Morato Filho\***

Assistant Professor, Brazil

**\*Corresponding author:** Adilson Da Silva Morato Filho, Assistant Professor, Brazil

## Introduction

The managerial approach, known as "new public administration", part of the recognition that contemporary democratic states seek the formulation and implementation of strategic public policies for their respective societies, using modern management practices, without losing the eminently public function [1]. The State cannot remain indifferent to the evolution of its users, which are increasingly numerous and demanding, and it must not neglect its servers, for which the lack of initiative and the slowness of hierarchical and management circuits are becoming more and more difficult to tolerate. Public pressure is directed at providing services to citizens [2]. The Instituto Nacional do Seguro Social (INSS) is the municipality responsible for granting benefits, which consist of monthly cash benefits paid by Social Security to policyholders or their dependents, hence it has sought practices that contribute to improving policy formulation and implementation public by the Union [3]. The institutional indicators for the year 2017 were determined in the form of an action plan, in which the central administration, superintendence, executive managements and social security agencies (APS) agree goals to be achieved in relation to the determined performance indicators [4]. Among the indicators, there are those associated with social security medical expertise, whose managerial responsibility falls within the scope of the Serviço de Saúde do Trabalhador (SST) of the INSS Executive Management, according to the SST Management Manual/Directorate of Occupational Health (DIRSAT), such as: TMEA (average scheduling waiting time), TMAA (average active scheduling time), Agenda Stock and IMA-GDAPMP (average age of the collection of performance bonus from the activity of the medical forensic expertise) [5].

These indicators are subject to audit, in order to avoid inconsistencies in the expert base, the responsibilities for the totality of the records of medical expert activities and the information in the SST management reports are qualified [6]. Among the various procedures inherent to the expert position, there are: the issuing of opinions on the claims for social security sickness and accidental sickness, on the initial exams and requests for extension, on the LOAS requirements, on the death or major disability pension, the grace period exemption, the transformation of the social security benefit into an accident and vice versa, the IRPF exemption, the analysis of the contestation of the Technical Social Security Nexus - NTEP and the special retirement, the approval or not of the expert and/or judicial retirement suggestions by disability, the 25% increase in disability pensions and the suggestion of accident assistance, judicial expertise, professional rehabilitation, the Board of Appeals/CRPS, civil servant and family expertise, admissions exam, exam for evaluation of patients with Thalidomide Syndrome, Medical Board, inspection of the job, Technical Supervision, Representations, training and qualification o, technical meetings, Ethics Committee and advice to the Specialized Federal Prosecutors [7]. Considering that new studies do not demand onerous operating costs, that a good part of the administrative entities is concerned with the qualification of the performance of the public service and that the results can serve to improve the INSS, the intention was to demonstrate the use of indicators of the medical expertise of the social security as reference elements for improving the results of the OSH management in Recife in the first decade of 2017.

## Method

The study was descriptive, cross-sectional, and retrospective, with information collection and analysis of the indicators of expert medical care provided by Recife Executive Management (GEXREC), at the Northeast Regional Superintendence (SR IV) and INSS Brazil, from January to October 2017.

These indicators are:

a) TMEA: is the average waiting time for scheduling, measuring the time that the citizen waits between the date of request for scheduling the medical examination and the date of scheduling the exam in the specific period.

b) TMAA: it is the average active scheduling time, allowing you to check the average waiting time for the expert scheduling stock in a given period.

c) Agenda Stock: is the number of appointments awaiting service, classified by time range in days, indicating the number of scheduled appointments (stock) of medical expertise, in time ranges.

d) IMA-GDAPMP: it is the average age of the collection of performance bonus for the activity of the medical forensic medical examination, meaning the average time for the completion of processes, except for the reasons for pending the benefit processes that are not the exclusive responsibility of the expert. The institutional target for the two 2017 cycles was up to 45 days.

The research instruments that made it possible to achieve the main objective were:

A. Documentary research - analysis of the Sigma database and Action Plan, looking for the time series of the TMEA, TMAA and Agenda Stock indicators in Recife, Northeast and Brazil in 2017, and normative acts of the Ministry of Social Development and Agrarian (MDSA), noting the approval of the IMA-GDAPMP indicator, after approval by the Ethics Committee of the Regional Council of Medicine in Pernambuco nº 001.

B. Semi-structured forms - script planned in Excel spreadsheet forms, seeking to organize the data of interest for documentary research on a monthly basis.

C. As the descriptive study was census, the inferential analysis of the data was dispensed with, being expressed through absolute and percentage values.

## Result

In the first ten months of 2017, the time series of the four expert medical indicators in Recife, the Northeast and Brazil were analyzed. In January, the TMEA was 47 days in Recife and 49 days in the Northeast; the Agenda Inventory was 13.324 in Recife and 169.564 in the Northeast; and the TMAA in 62 days in Recife, 82 days in the Northeast and 63 days in Brazil. In April, the IMA-GDAPMP was 23 days in Recife, 41 days in the Northeast and 31 days in Brazil. In

September, the IMA-GDAPMP was 15 days in Recife, 39 days in the Northeast and 28 days in Brazil. In October, the TMEA was 30 days in Recife and 53 days in the Northeast; the Agenda Inventory was 8.994 in Recife and 169.840 in the Northeast; and the TMAA in 33 days in Recife and 84 days in the Northeast.

## Discussion

In the first ten months of 2017, the TMEA indicator is 32.8 days at the average in Recife and 44.2 days in the Northeast, as well as a maximum monthly reduction of 20% in Recife and 10% in the Northeast in February. It is possible that the closest appointment date in Recife is attributed to the priority of ordinary appointments due to the reduction in demand for other medical expert activities, tending to distance at the end of the semesters by legal leave of the staff (vacation) [5]. For the same period, the TMAA stands at 41.5 days by the average in Recife, 79.7 days in the Northeast and 58.8 days in Brazil, as well as reaching a maximum monthly reduction of 16% in Recife, 4% in the Northeast and 5% in Brazil in March. Despite being a temporal scheduling indicator and thus less influenced by immediate measures, its decrease may mean better management team resolution, especially in Recife [8]. The Agenda Stock stands at 9,334 days by the average in Recife and 161,535 days in the Northeast, as well as the maximum monthly reduction was obtained in Recife by 15% in February and August, and in the Northeast by 10% in February. Although it is associated with the number of scheduled appointments and also with the lower impact per consecutive action, its attenuation can directly reflect the offer of vacancies to citizens, which may be the interface between Occupational Health, Occupational Medicine and Occupational Health [9]. The IMA-GDAPMP means the average time for completion of medical expert proceedings, with Recife as Executive Management with the best result, when compared to the Northeast and Brazil, with a reduction of 15%, 5% and 10%, respectively, in the month of April to September. It is a challenge for municipal management, considering it to be a financially responsible indicator in the conditions of medical expert work [10].

## Conclusion

The indicators of social security medical expertise reflect the socioeconomic impact generated by the incapacity to work due to illness, which already guides the management priority in the appropriate distribution of medical expert activities to assist the INSS benefit claimants, consequently the involvement with others. sectors of the Society. Among the guidelines described in the SST Management Manual, there are mandatory meetings with expertise and technical supervision, the projection of vacancy offers for the next three months and the absence of an unmotivated scheduling block. Considering the increase in claimants of benefits due to health disorders and adverse employment conditions, the absence of a public tender and the temporal complexity of the expert indicators, it is understood that the predominant downward trend of these indicators reflects the commitment to take managerial decision-making system shared with the team. Monitoring of expert indicators should continue to be discussed at regular SST

meetings with technical supervision and the medical social security expert team to assess goals and search for better work results, helping people involved in the process to think more strategically and reflecting the validity of the Service.

## References

1. Pereira LCB, Spink PK (2005) State reform and managerial public administration. Riode Janeiro Publisher.

2. Trosa S (2001) Public management for results when the state is committed. Riode Janeiro Revan.

3. DOU (1999) Presidency of the Republic. Social Security Regulation, Brazil.

4. DOU (2017) Ministry of social and agrarian development. National Institute of Social Security, INSS Action Plan for the 2017 fiscal year, Brazil.

5. DOU (2010) National institute of social security. Service Management Manual/Workers' Health Section, Brazil.

6. Federal court of accounts. Ruling 594, Brazil.

7. DOU (2004) Presidency of the republic. Career of the Social Security Medical Expertise, Brazil.

8. Nunes CM (2007) Management of teams in the public service - The challenge of being a manager in the INSS. Catholic University of Pernambuco, Brazil.

9. Lourenço EAS, Bertani IF (2008) Worker's health on the agenda. Social Service & Reality 17(2): 172-201.

10. João RJ (2014) A contribution to the understanding of the loss of specialized technical staff in the field of expert medical activity at the INSS. Porto Alegre: Federal University of Rio Grandedo Sul.

**For possible submissions Click below:**

Submit Article