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Review Article

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Reference and counter-reference in the brazilian national health service: challenges for integrality

Referência e contrarreferência no Sistema Único de Saúde: desafios para a integralidade

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Abstract

Introduction: Integrality in health as a guiding principle of the Unified Health System in Brazil is constituted as a polysemic technical-operational concept that is present from specific advice on the biopsychosocial dimensions of the user, referrals that address the demand in a resolutive way. The reference and counter-reference in this sense allows the edification and ordering of the flows and transits of users in the Health Care Networks (RAS). **Objectives:** To identify and discuss the main challenges faced by the referral and counter-referral system in SUS and as a source brought from phenomena for completeness. **Materials and methods:** In November and December 2019 the bibliographic survey took place using the bases: SciELO (Scientific Electronic Library Online), LILACS (Latin American and Caribbean Literature in Health Sciences), Pubmed and Scopus. After applying the exclusion criteria pre-treated by the authors, 14 studies were obtained that comprised the final sample of the present study. There was a description by simple and qualitative statistics of the data, mentioned in four categories. **Results and Conclusions:** Among the 14 elected studies, it was noted that the realization of studies in this area is predominant in the Northeast (35.71%) of the country. The topicality of the theme drew attention, the majority was published in 2019 (35.71%), 12 of them (85.71%) were published in national journals. The design of the studies was predominantly cross-sectional (71.4%), of qualitative analysis (42.8%). The challenges were classified as difficulties in the technical-operational, logistical, communication and human resources segments related to the management of the

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reference and counter-reference system. Thus, it was possible to identify the situational panorama of the experiences with the reference and counter-reference system in SUS.
Keywords: referral and consultation. Unified Health System. health services. integrality in health.

Resumo
Introdução: A integralidade em saúde enquanto princípio norteador do Sistema Único de Saúde no Brasil se constitui como um conceito técnico-operacional polissêmico que se faz presente desde pontuais aconselhamentos acerca das dimensões biopsicossocial do usuário, a encaminhamentos que contemplem a demanda de maneira resolutiva. A referência e contrarreferência nesse sentido permite a edificação e ordenação dos fluxos e trânsitos dos usuários nas Redes de Atenção à Saúde (RAS). **Objetivos:** Identificar e discutir os principais desafios enfrentados pelo sistema de referência e contrarreferência no SUS e as implicações trazidas a partir desses fenômenos para a integralidade. **Materiais e métodos:** Em novembro e dezembro de 2019 ocorreu o levantamento bibliográfico utilizando-se as bases: SciELO (Scientific Electronic Library Online), LILACS (Literatura Latino-Americana e do Caribe em Ciências da Saúde), Pubmed e Scopus. Após a aplicação dos critérios de exclusão pré-estabelecidos pelos autores, obteve-se 14 estudos que compuseram a amostra final do presente estudo. Houve a descrição por estatística simples e qualitativa dos dados, apresentados em quatro categorias. **Resultados e Conclusões:** Dentre os 14 estudos eleitos, se notou que a realização de estudos neste âmbito é predominante no Nordeste (35,71%) do País. A atualidade do tema chamou atenção, a maioria foi publicada em 2019 (35,71%), 12 deles (85,71%) foram publicados em periódicos nacionais. O delineamento dos estudos foi predominantemente transversal (71,4%), de análise qualitativa (42,8%). Os desafios classificaram-se em dificuldades de segmento técnico-operacional, logístico, de comunicação e de recursos humanos relacionadas a gestão do sistema de referência e contrarreferência. Assim, foi possível identificar o panorama situacional das experiências com o sistema de referência e contrarreferência no SUS.
Palavras-chave: referência; Sistema Único de Saúde; serviços de saúde; integralidade em saúde.

Introduction

The Brazilian Unified Health System ("*SUS*"), designed after decades of struggle by the Brazilian Sanitary Reform Movement ("*MRSB*"), was instituted by the Federal Constitution ("*CF*") in 1988[1] and governed by federal laws 8080/90 and 8142/90. Among its contributions, the legal framework for the construction of the Brazilian healthcare system helped in the formulation and operationalization of the principles for the basis of the SUS, these being: universality of access, equity of healthcare, integrality of care, the right to information, preservation of the autonomy of people, disclosure of information, use of epidemiology for establishing priorities, social participation and decentralized political/administrative management[2,3].

In this respect, it should be observed that integrality in healthcare is the result of a polysemic notion, treated in different manners through the CF, where it takes on the characteristic of a guideline for the organization of the SUS, and of Law 8080/90, which articulated and continued a set of actions and preventive and curative services, individual and collective, required for each case at all levels of complexity of the system. The design adopted herein is based on the solid contributions of the MRSB towards the construction of the concept of integrality, according to the Brazilian experience, contemplating four perspectives: the integration of actions of promotion, protection, recovery and restoration of health; professional performance considering social, psychological and biological dimensions; continuity of healthcare at all levels of complexity of the health services; and development of public initiatives guided towards changes in relation to living conditions and health

determinants, from an intersectoral approach[4].

Regarding the scope and realization of integrality in the Healthcare Network ("RAS"), the need for establishing care through an articulated, coordinated and resolutive perspective of the flow and management of the transit of the healthcare users by means of the demand for care. This systemic and hierarchized organization of the flow and referral of the users in the RAS is what is known as reference and counter-reference[5-7]. Accordingly, in scenarios where the SUS reference and counter-reference process is based on an analysis of the structure of the network with an effective organization of the RAS in different technological levels, it is an important tool for articulation of the points of care and effective flow for a successful referrals of the users[8].

However, despite the importance of an adequate coordination of the healthcare flow and referral of users of the healthcare network, there are various challenges imposed for the full exercise of this attribute, due to multifactorial limitations, mainly associated to the management of the healthcare system. Among the factors already identified in literature, emphasis is given to the lack of efficiency in filling out and in the use of the reference and counter-reference files, unawareness, mainly with regards to the operational functioning of the system of reference, on account of the lack of communication among teams and among networks, as well as a general unawareness as to the functioning of the points that make up the healthcare[9]. In order for the attribute to occur in practice, the work processes must not be disassociated from the articulation of the Healthcare Networks, in such a manner as to incorporate organizational elements that assure the existence of shared objectives for the health systems and services, allocation of strategic communication resources and professional training and leadership culture among the teams, as well as the strengthening of the Primary Healthcare as the keystone of healthcare coordination[7,10,11].

In the face of the complexities involved in exercising integrality in health as a right, which includes the role of coordination of healthcare flow and referral, an adequate knowledge of the existing panorama of articulations among different services, teams and health networks, as well as possible outcomes associated to this scenario, is of relevance from a scientific, social and organizational viewpoint. Consequently, the need for researching registers and other tools is academically important, producing bibliographical material for the theoretical study of the reference and counter-reference system, as well as enabling the interest for other productions in the professional context, once it produces a scientific basis for a range of practices based on evidences disseminated through permanent education; and social, fulfilling the role of the Federal University in promoting comprehensive health to the whole external community.

Hence, the purpose of the present paper was to identify and discuss the main challenges faced by the SUS reference and counter-reference system and implications brought about from these phenomena to integrality in health.

Materials and Methods

The study is an integrative literature review ("RI"), consisting of a broad methodological approach, with the power of integrating data from researches with the same theme and different methodological designs. Among its objectives, it is possible to enumerate definition, review and analysis of concepts as well as complex problems involving the scope of health. One RI demands that the data analysis

and synthesis occur in a systematic and coherent manner[12,13].

Research design

The research process occurred during the months of October and December, 2020, from the following guiding question: What are the main challenges for the reference and counter-reference system in the Brazilian Unified Healthcare System and implications brought about for the realization of integrality? For the methodical fulfillment of the phases for the preparation of a RI, the stages preconized by Souza et al (2020) [12] were contemplated. 1. Preparation of the guiding question; 2. Research or sampling in literature; 3. Data collection; 4. Critical analysis of the studies included; 5. Discussion of the results; 6. Presentation of the integrative review.

Inclusion and exclusion criteria

As research strategy, the following descriptors were used "Reference (referral and consultation)", "Unified Healthcare System", "Healthcare Services" and "Integrality in Health", obtained from the site Health Science Descriptors (DECS/MeSH). The following databases were consulted *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS), *Scientific Electronic Library Online (SciELO)*, *Scopus* and *Medline*. The specific research strategies for each database are provided in Table 1.

Table 1. Databases consulted and respective search strategies.

Databases	Research strategies
LILACS	Reference AND Unified Health System AND Health Services AND Integrality in Health
SciELO	Reference AND Unified Health System AND Health Services AND Integrality in Health
Scopus	Referral and consultation AND Unified Health System AND Health Services
Medline	Referral and consultation AND Health Services AND Unified Health System

Source: prepared by the authors.

Inclusion criteria adopted for the study were: articles published and fully available in Portuguese, English or Spanish, carried out in the periods between January 2015 and October 2020, in Brazil. Articles excluded were those with methodological designs of integrative or systematic reviews of literature, technical documents, academic papers (end-of-course papers, master's dissertation and doctorate thesis), chapters from books, editorials and theoretical essays or papers that do not address or contribute towards the analysis of the phenomena at issue.

Procedures

The first bibliographical research resulted in the presentation of 127 articles that corresponded to the research strategies. After application of the inclusion criteria, 53 publications remained, representing the exclusion of 74 documents. Following the identification of the 53 articles, the titles and abstracts were read for eligibility of the articles to be included in the study, which articles were fully read and incorporated to the final research sample. In this last phase, 39 documents were excluded, among which 16 (41%) were duplicates, 16 (41%) did not answer the question of the research 6 (15.4%) were produced in other countries and 1 (2.6%) had a methodological design not contemplated under the inclusion criteria. Accordingly, the final sample was comprised of 14 articles. Figure 1

presents the flowchart of the research and selection of the articles of the study.

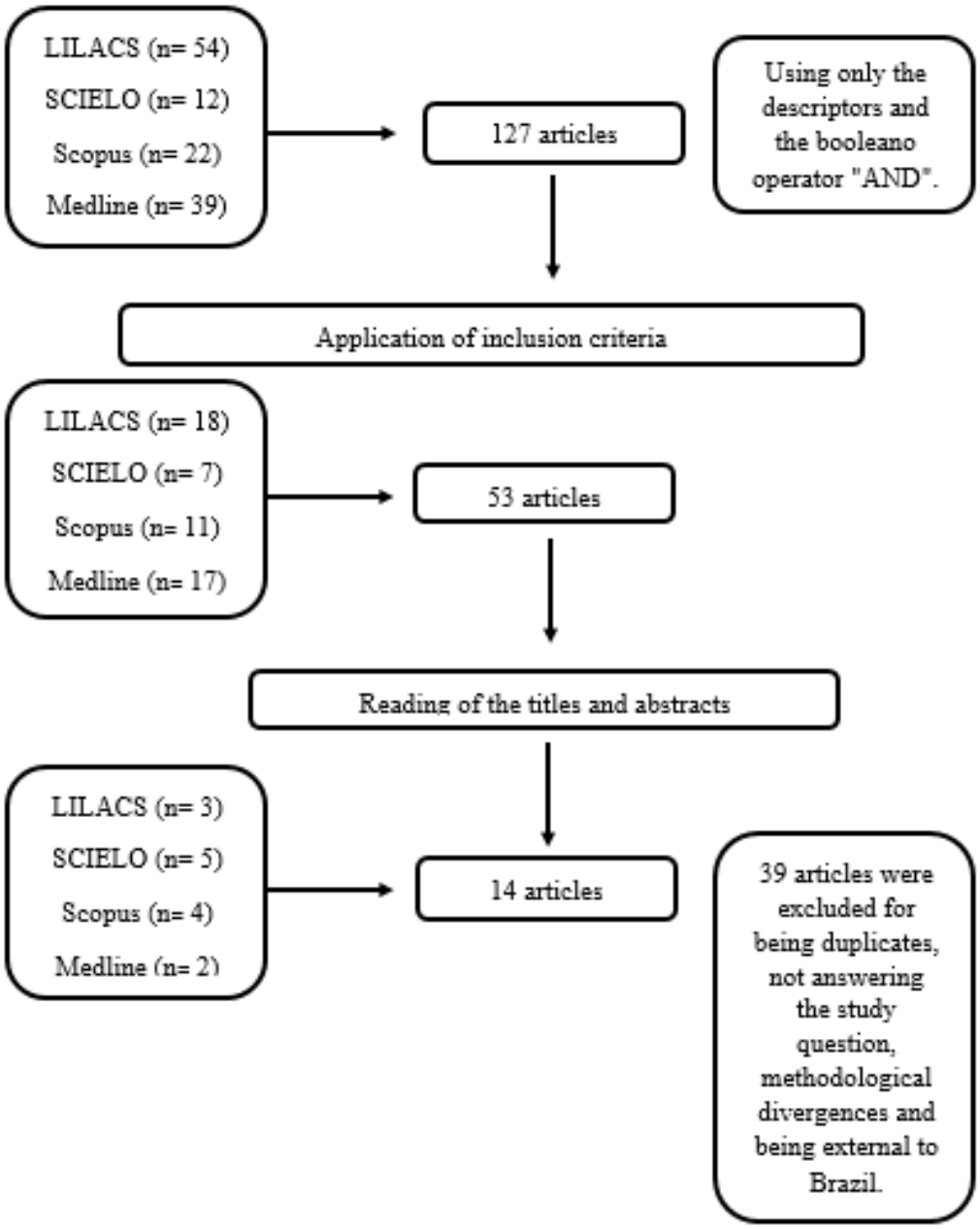

Figure 1. Flowchart of the research and selection of the included articles.
Source: prepared by the authors.

The analysis of the data and information from the review occurred as follows: after reading fully the included articles, a further descriptive analysis of the results was performed initially, identifying the general information related to the publications, as summarized in Table 1. Next, an analysis of the content, information, problematizations and recommendations pointed out by the authors of the studies, in order to construct a general panorama of the reference and counter-reference system in the SUS and the implication of these issues in the scope and realization of integrality in health

The study is exempt from submission and approval by the Research Ethics Committee ("CEP"), once it does not involve human beings in

its construction. Nevertheless, authorship ethical precepts, citations and references were fully respected.
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Results

Out of the fourteen articles selected and analyzed, four were developed in the state of São Paulo (28.57%), three in Ceará (21.42%), two in Rio Grande do Sul (14.28%), one in Bahia (7.14%), one in Minas Gerais (7.14%), one in Rio de Janeiro (7.14%) and one in Santa Catarina (7.14%). One article (7.14%) did not mention the state in which it was produced. Accordingly, the highest prevalence of location for performing the studies was in the Northeast of Brazil (35.71%) and Southeast of Brazil (35.71%), followed by the Southern (21.42%) and Mid-West (7.14%) areas.

In relation to the year of publication, five articles were found (35.71%) published in the year 2019, followed by four articles in 2018 (28.57%), three articles (21.42%) in 2016 and two (14.28%) in 2017. With reference to the language in which the studies were published, 5 (35.71%) in Portuguese, 3 (21.42%) in English and 6 (42.85%) published in both languages. As to the journals in which the articles were published, a wide variety was observed, once none of the journals appeared more than once among the selected articles. Also, out of the 14 journals in which the articles were submitted, 12, 12 (85.71%) were national and 2 (14.28%) were international.

Among the studies performed directly with human beings (42.8%) the total amount of participants was of 135, distributed among users, professionals and managers of the health system and of the Healthcare Networks, with an expressive part of the research scenario involving Primary Healthcare and secondary healthcare and rehabilitation services, with emphasis to services guided towards women's health, worker's health and segments of psychosocial care. The methodological designs are also diversified, with a predominance for cross-sectional studies (71.4%) with qualitative analyses (42.8%).

In general, the objectives of the publications were demonstrated to be clear and most of them had the purpose of identifying the healthcare paths of users of healthcare network in municipal services. For this purpose, different strategies of identification of the paths are used, from information collected directly from the user or through consolidated data on medical records and files of reference, with emphasis to the use of semi-structured scripts for data collection. The complete summarization of the information related to the articles included in the sample are demonstrated in Box 1.

Box 1. Sumarization of the artciles included in the research.

Author'es	Objective	Caracterization of the results
Lazarino; Silva; Dias[21].	Describe and analyze the matrix support practices developed by CEREST with primary care, for the incorporation of worker health actions	Descriptive study carried out in Minas Gerais with 41 health professionals. Based on semi-structured interviews, it was found that matrix support between CEREST and AB brought about an increase in the resolution of cases, greater articulation between professionals, a reduction in referrals to CEREST and greater qualification of referrals. The main challenge was the need to qualify supporters and face the work overload and the emphasis on care actions that occur at the expense of surveillance, making it difficult to provide comprehensive care.

Melo; Cavalcante; Façanha[19].	Understand how the mental health care of workers in the SUS works in a municipality in the interior of Ceará and whether there is a causal link between health, illness and work	Qualitative study carried out in Ceará with 12 health professionals based on semi-structured interviews. The results point to flaws in the actions proposed by CEREST, disarticulation of services in the network, difficulty in investigating the causal link and consequent underreporting of cases. Among the identified challenges, the construction of articulations between health services to have a more comprehensive care stands out.
Pinto; Soranz; Scardua; Silva[25].	Demonstrate the advances, limits and challenges displayed for management at the local level from the context of Brazilian sanitary federalism, and in light of the coordination of care by the PHC, in relation to the observed results of referrals for consultations and outpatient examinations in Rio de Janeiro	Quantitative study carried out in Rio de Janeiro with data from the National Register of Health Establishments (CNES) and the National Regulatory System (SISREG) with variables such as outpatient hours and number of vacancies. 45,980 consultations were measured, a total that differs from what was expected (372,652). It was identified that there is no shortage of specialists for outpatient care at SUS in the city of Rio de Janeiro in almost all areas. On the other hand, the offer of vacancies for regulation is vastly smaller than the installed capacity of care units, which can be proven by the lack of updating of the professionals' agendas in SISREG and by the outpatient production presented in the information systems (SIA) being greater than the existing offer in SISREG.
Toldrá; Ramos; Almeida[22].	Recognize the challenges for inserting users in the rehabilitation services network and the support strategies to face these challenges	Retrospective study that analyzed forms from 251 users of rehabilitation services in São Paulo. Among the findings, it was found that the reference and counter-reference is more operative when it occurs as a result of a multidisciplinary planning in a given hospital discharge process, in which the user obtains elements and clarification about the health condition. There was a partial inclusion of users in the rehabilitation network. However, the lack of vacancies or professionals in the service, became a limiting factor in the referral of users, as it was not always possible to get care for all referrals.
Ferreira; Carvalho; Valenti; Bezerra; Batista; Abreu; Matos[32].	Describe the clinical and epidemiological profile of women with breast cancer and document access to health services	Descriptive and retrospective study carried out in Ceará with 473 users, investigating subjective variables related to the trajectory of referral and personal data. It was observed that the treatment only got continuity and assistance with the referral made to the specific cancer center, and in some cases the public health service paid for the paid treatments. However, the waiting time between diagnosis and the first appointment for patients referred by the public service totaled an average of 94 days, compared to an average of 53 days for those referred by the private service or health plan.
Rigoli; Mascarenhas; Alves; Canelas; Duarte[23].	Describe the emerging patterns of patient flows to resolve the demands of pregnancy and provide new information to assist in interventions and strategies for flow of pregnant women.	Cross-sectional study carried out in São Paulo with data from the Regional Observatory for Hospital Care. The study region encompassed 60 municipalities with a significant flow of patients in hospitals. It was found that in 5,043 cases, patients had to be hospitalized in other cities due to inefficiency of the local health network. Hospitalizations in other cities result in exceptional situations, since support at the time of childbirth must be the responsibility of the city in which they reside. The result can be used for a comparison and mapping of the current regional distribution of the delivery service and its capacity to provide comprehensive

		care, which will help regional flows with needs to implement resources capable of effectively responding to obstetric care.
Galvão; Almeida; Santos; Bousquat[26].	Evaluate the organization and access to the Health Care Network in a health region, from the perspective of users	Qualitative study of care trajectories carried out with 26 users. Among the results, there is a perception of low PHC resoluteness associated with delays in scheduling referrals, irregular/insufficient supply of medicines and physician turnover, difficulty in accessing specialized care, especially in the countryside, lack or poor communication interprofessional and professional/user, disarticulation of the regionalized network and disordered flows, even in the main municipality. Despite the problems, users, in general, considered themselves satisfied with the service provided by the reference network.
Lanzoni; Koerich; Meirelles; Erdmann; Baggio; Higashi[33].	Understand the referral and counter-referral process experienced by patients with coronary artery disease undergoing coronary artery bypass graft surgery	Qualitative research carried out in Santa Catarina with 21 participants, through semi-structured interviews. Among the findings, some weaknesses of the network are evident, such as the report, by the patients, of the delay in seeking adequate care for not identifying the signs and symptoms of coronary disease, which were commonly attenuated with self-medication. In addition, the counter-referral of the patient who underwent surgery to a less complex service is avoided by the health team of the reference hospital, as, according to the interviewees, they are health care areas that are not prepared.
Roncalli; Moimaz; Gomes Garbin; Saliba[35].	Discuss the organization's municipal experience and demand for dental services, based on SUS guidelines	Research carried out in São Paulo with interviews with key informants and documents about the local SUS dental service, in which it is evident that most of the care is on demand and the referral and counter-referral system is incipient, which compromises resoluteness of the service. It was shown that traditional models still exist, which shows that the implementation of public oral health models based on the SUS is fraught with challenges. Despite advances in the implementation of the Family Health Team and the Dental Specialties Center, there is still a difficulty in establishing criteria for the organization of demand.
Barros; Coelho; Barradas; Luz; Carvalho; Sobral[27].	To analyze the strategies adopted by women in the face of low resolution in the coverage area of the Family Health Strategy	Descriptive and qualitative study that has integrality as an analytical category carried out in Bahia with 12 participants. Among the main results, the search for more complex services is the main strategy adopted by women to meet their demands in the absence of responses from Primary Care. They incorporate this network as a reference given the lack of infrastructure in the basic network to carry out their role and the Family Health Strategy becomes a place of eventual search. According to the survey, the search for FHS users for other places of care is mainly associated with geographic difficulties regarding the location of the unit; the difficulty in accessing medical care; the deficit of professionals in relation to the demand; and the way in which services are organized.
Quevedo; Rossoni; Pilotto; Pedroso; Pacheco[31].	Analysis of the organization of the reference system for Secondary Health Care at a USF in Rio Grande do Sul	Qualiquantitative research carried out in a Family Health Unit in Porto Alegre that analyzed the referrals to Secondary Care of the 7500 registered users. Two data sources were used: the quantitative part was based on the analysis of referral spreadsheets and the qualitative part was carried out through semi-structured interviews carried out with 8 people. Of the 8510 referrals made, 38.3% waited up to 30 days for care and 84.9% were treated within 6 months, varying according to the specialty. According to the

		interviews, users considered that the delay in care caused damage to the continuity of care and the integrality of care.
Sivinski; Schenkel[24].	Give visibility and qualify mental health practices in primary care, as well as contribute to the necessary articulation between these fields	Intervention research carried out in Porto Alegre. Among the findings, it is evident the difficulty of referrals between CAPS and AB services, the report of users of the feeling of abandonment in the referral process between these health services, the lack of link with the system's gateway, which weakens the logic of network organization and the development of isolated work between health services.
Oliveira; Meneguin[34].	Assess the resolvability of ophthalmological care in an Integrated Health Center	Cross-sectional and quantitative study carried out in São Paulo with consultation of the database of the health service and medical records of 816 patients. The results show that the greatest motivation for referrals to the Center was the generalist ophthalmological assessment, justified by the lack of materials, equipment for ophthalmological screening and a trained team. The waiting time for evaluation was different between the evaluated groups. The insufficiency and fragility of health services resulted in unnecessary referrals elsewhere in the care network. The waiting time proved to be an obstacle to access and comprehensive care, generating fear and embarrassment to the patient due to exposure to health risk.
Goya; Andrade; Pontes; Tarja[36].	Problematize the process of invisibility of regionalization as a path to integrality and universality, as well as the denaturalization of this process	Qualitative study conducted through documentary narratives and interviews with 23 state health managers in Ceará. The authors point out that the management method of the health region is influenced by capitalist interests and favorable to privatization, reducing the rights of integrality and universality. This logic is reflected in the lack of integration of health equipment in the RAS, which causes the regional network system not to function. Regionalization as a discourse and practice is more limited to management than to leading professionals, which weakens doctrinal principles.

Source: prepared by the authors.

Discussion

The articles selected for review present a broad situational panorama of the challenges identified by healthcare services in relation to the coordination of the flow and referral of users in the logic of the healthcare system. Generally speaking, it is possible to categorize the difficulties reported by the authors in relation to the technical-operational, logistics, communication and human resource segments for the effective management of the reference and counter-reference of users, exposing the weaknesses in the system, evidenced through the discontinuity of the clinical segment and execution of referrals only by the medical professional, aggregating possible negative impacts that directly affect the problem-solving of Primary Healthcare ("*APS*") and the functioning of the Healthcare Networks. At the same time, it is observed that the studies address the need of the implementation of the mentioned system as an advance of the APS, as well as the challenge of the multidisciplinary dialogue for the construction of a healthcare network actually based on reference and counter-reference, as stated by Aires & Collaborators (2017)[15].

Communication difficulties among professionals results in the interpretation of the technical report solely by the user. Thus, it is clear that standardization through the use of instruments for this purpose not only quantifies the register of the use of the service but permits e supervision in order for the service not to decline due to discontinuity. Emphasis is also given to the importance of reference and counter-reference as a

multidisciplinary practice, corroborating to the healthcare practice[14-16].

Additionally, the challenges presented by the system also affect the health workers and consequently the work process. The findings of the present review indicate the mention of lack of understanding and awareness about the functioning of the registers and respective services, which interferes in the organization logistics of the flow and referral. Such issue is decreased through the performance of reference and counter-reference practice during the undergraduate course, promoting education and healthcare practices in accordance to what is preconized by the healthcare service networks, as well as providing integrality of healthcare during health education. The importance of the enhancement of the use of information technology in healthcare, in the qualification of the flow and improvement of the protocol for permanent education in the execution of the theme of reference as being crucial for addressing the demand, should also be observed[17, 18].

Furthermore, there are challenges related to the logistics and/or financial perspective, such as the structure and operation of the primary healthcare units ("*UBS*"), the availability of equipment which promote the adequate flow of the referral and so forth, once these have a direct impact on the effectiveness, efficacy and efficiency in the management of the system. The outline of this context is as stated by Pereira & Machado (2016)[8], understanding that the execution of the mentioned system is inefficient, as well as the lack of counter-reference also mentioned by Souza (2016)[19]. Thus, the reference and counter-reference system appears as a powerful strategy for organization of the flow and referral in the healthcare network, providing the network coordination of healthcare based on the proposed demands, transit and problem-solving, being essential for the scope and realization of integrality in health, as well as offering opportunities of access and care in the different levels of healthcare[5, 15].

The present study identified important evidences associated to the increase in problem-solving of demands, especially in the APS, when the operationalization of the reference and counter-reference system was performed in a concrete manner, having as structuring axis healthcare integrality[22-24]. For this purpose, some elements were identified as key components for the effective operation of the reference and counter-reference system, these being: effective communication, articulation and integration between the RAS[25, 26], adequate management of the work process[27, 15] and reorganization of healthcare[28].

The exercise of integrality as proposed in the Organic Law of the Brazilian Unified Health System ("*SUS*")[1] is hampered due to the low recurrence and non-systemized practice through low recurrence and not sufficiently systematized practice in the management system with regard to the flows and referrals of users through the RAS, through the disarticulation and fragmentation of services, which impact on the quality of the healthcare offered to the population.

Integrality must instigate commitment, especially of health managers and professionals, in relation to adequate articulation of the RAS points, as well as guidance of the community with reference to the functions and importance of the flow of all of the services, at all levels of attention, in order to contribute towards the organization of the demand in accordance with the needs of the individual, having as a horizon a comprehensive healthcare[29, 30.]

Longitudinal care in the healthcare organization could be made feasible with

the adequate functioning of the tools of reference, which renders its recognition as crucial for communication between the social dynamics and the RAS. Thus, to rethink means of promoting the present practice is to foment the practice of an integral, resolutive and efficient SUS at all healthcare levels[31].

Accordingly, the scenario presented herein for the SUS reference and counter-reference system indicates the existence of gaps to be discussed, agreed-upon and organized as of a perspective of process management for optimizing the flows within the healthcare networks, structured from the expanded concept of the integrality phenomenon. Awareness of the demands and, above all, of the availability and problem-solving capacity of the RAS is therefore necessary, in order to strengthen the healthcare network, considering integrality and access of the user to the Brazilian Unified Healthcare System as guiding principles[32, 18].

Conclusion

As a result of the bibliographical research, it was possible to identify the situational panorama of experiences with the SUS reference and counter-reference system. It was observed that the challenges for implementing such dynamic is related to the weaknesses occurred in health education, such as the lack of use of these tools in the undergraduate education, as well as the lack of team and network communication skills; the difficulty in the coordination of the care in accordance with the health needs and to the functioning and/or existence of services in certain locations, factors that can contribute towards the disarticulation of the RAS points.

Considering that integrality is an essential attribute of the SUS in Brazil, it is fundamental that users, health professionals and health managers, in the different levels of healthcare, actively participate in the realization of this concept in order to guarantee increased universal and equal access to health services, in such a manner as to broaden the problem-solving of the demands presented, which will possibly bring about positive outcomes, especially as to the healthcare management at the APS.

In this perspective, it is recommended that intersectoral policies be developed for covenants at different levels of healthcare, based on apparatus such as adequate communication, articulation and integration among the RAS, optimization of the management of the work of multidisciplinary teams for the understanding of the dynamics of reference and counter-reference and reorganization of the healthcare process. In addition, the continuity of the performance of studies and researches on the matter is essential for the purpose of monitoring and understanding the dynamics of the paths of the healthcare network users.

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