



INFORMATION SYSTEM ON HEALTH: THE CLASH IN ROUTINE PRIMARY HEALTH CARE

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ABSTRACT

Objective: Analyze the implications of the Health Information System (HIS), in daily work in primary health care (PHC) in the municipality of Minas Gerais, Brazil. **Method:** This is a study on qualitative method under the Grounded Theory (GT), having as theoretical reference the symbolic interactionism (SI). **Results:** From the analysis came up the central category "health information system: the clash in routine primary health care", formulated from the compilation of the three theoretical codes, originated of eight codes in vivo denoting the understanding of the research participants about HIS in the daily work of everyone, defined in the causal conditions, context, strategies and consequences. **Conclusion:** The discussion and interpretation of the data generated in the HIS for the applicability and reversal in actions and services for the population, were not evident in this study, which leads to a clash in the routine of PHC: there are systems and data are collected and launched, but these data are not worked, which involves the mechanization of information at work and lack of actions based on socio-demographic and epidemiological reality to improve the living conditions and health of the population.

Keywords: Health Information Management, Information services, Primary Health Care, System of Health Information, Information Technology.

INTRODUCTION

Computerization and development of Health Information Systems (HIS) brought the ease in obtaining data, contributing to a more streamlined process, both in data and in planning; facilitated the process of recognizing the need and the epidemiological profile of the population, making the HIS, although weak in some spots, indispensable at work (Marques et al., 2015).

The data generated by these systems make up a large national base that has as its main purpose the production of health indicators that portray the health conditions of the population regarding the health-disease process and the administrative aspects of health services (Correia et al., 2014). Information is crucial to the democratization of health and the improvement of its management.

The implementation of information systems in Primary Health Care (PHC) brings great improvement on the knowledge of the socio-demographic and epidemiological profile of health indicators and the determination of local health-disease process. In this context it is considered that knowledge about the actual operation of the HIS is essential in order to have reliable and real data of a given population, thus providing an improvement in solving the health care processes. The HIS carries out the systematization of PHC in the actions, decisions, reconstruction of the care model and the micro and macro spaces of labor dimension health (Pinto et al., 2010).

The HIS contributes to organization and health care management capacity, with the integration between the various points of care network and allow interoperability between different systems. Thus, was created for the Brazilian public system, the Unified Health System (SUS), the e-SUS Primary

Care (e-SUS PC) as a strategy to restructure the PHC information at a national level, understanding that the qualification of management information is important for increasing the quality of care to the population. The e-SUS PC strategy refers to the process of computerization qualified of SUS in search of an electronic SUS. The e-SUS PC strategy includes, in addition to Simplified Data Collection Systems (SDS) and the Electronic Health Record Citizen (EHRC), the possibility of integration with existing systems. This integration is achieved through the Apache Thrift or XML technologies. It is possible the integration of systems e-SUS PC with other computerized systems that structure the work process of PHC teams in municipalities with own systems (Brasil, 2015a). The Strategy e-SUS PC is supported mainly by two systems: the Health Information System for Primary Care (HISPC), the national information system; and the System-SUS and Primary Care, composed of software systems that carry out the work process in PHC units. The HIS PC is the current system, replacing the system of the Primary Care Information (PCI). As a strategy, it is critical that e-SUS PC guarantees a comprehensive and standardized process of information exchange between systems at various levels of attention and own level of PHC (Brasil, 2015b).

The purpose of the object under study is justified by the need to examine the implications of the HIS in PHC in large city in the state of Minas Gerais (MG), Brazil, the possibility of knowing the context of the implementation of HIS, specifically because the municipality is working with e-SUS PC. Besides interventions, methodical and ongoing assessments, if performed, and if the results have implications for significant changes in the health care of the population. Considering the context of primary care, which are the implications of information systems in health care in PHC?

This study aims to analyze the implications of the HIS in the daily work in health care within the PHC.

MATERIALS AND METHODS

This is qualitative study on the method of grounded theory (GT) guided by the views of Strauss and Corbin (2008) and the theoretical framework of symbolic interaction (SI) (Blumer, 1969; Blumer, 1980).

The GT is a methodology that systematically uses the data collected and analyzed to formulate a theory from continuous interaction between the analysis and the collection of data (Strauss and Corbin, 2008).

The SI is a theoretical perspective that makes possible our understanding of how individuals interpret the objects and other people they interact with and how this process of interpretation leads the individual behavior in specific situations. The SI has its foundations on three premises: the human being acts towards things based on the importance that these things have for him; the sense of things is derived from, or originates from the social interaction between the individual and others; these senses are manipulated and modified through an interpretive process used by the person to handle things and situations that are found (Blumer, 1969).

Under the PHC in the municipality of Divinópolis-MG, scenario of this study, is already being implemented the e-SUS PC, but there is no integration with existing systems.

Divinópolis is headquarters of the Regional Health and Polo of the Macroregions Sanitary West State of Minas Gerais, consisting in 57 municipalities of small and medium businesses, which are six Microregions. It has an area of approximately 708.1 square kilometers and population in 2015 of 230,848 inhabitants. In the municipality are accounted for 47 public health facilities to provide services in 10 Traditional units of PHC, 23 houses of FHS, 01 Polyclinic, 01 Regional Unit for Emergency (UPA), 01 Psychosocial Care Center (PCC), which has Emergency services and Emergency Psychiatry, Psychiatric Clinic and 01 PCC ad III, 07 pharmacies to provide basic medicines, 01 health surveillance unit, 03 auxiliary services for diagnosis and therapy, 03 Specialized health care units with attention from 18: 00h to 22: 00h. It includes the services of 32 teams of the Family Health Strategy Services (FHS). Other private / philanthropic establishments participating in a complementary way to the SUS, including 03 hospitals and 16 specialized services.

This study took place at three units of Traditional PHC and three units of FHS in the urban area of the municipality of Divinópolis-MG. The selection of these units was given by random draw between the equal number of traditional PHC units and FHS, following the closing technique of sample size by data saturation, defined when there was repetition of significant content derived from talks (Fontanella et al., 2011).

Amounted to 37 research participants, 36 health professionals and a computer technician, considered the informant as a key, for being responsible for the implementation of HIS in the city, including the e-SUS PC. Among health professionals, took part some PHC managers, doctor, nurse, social worker, psychologist, physiotherapist, dentist, nursing technician, dental health aide, oral health technician, community health

workers (CHW), identified by the letter "E" and followed interviewed with a number as performed interview order. For inclusion of research participants, we adopted having six months or more of work in the job / position as requirement.

The period of data collection occurred from May to September 2015 and had as its source of evidence the open interview with semi structured script that allowed, when it was necessary, create new questions from the data collected for further deepening of the object under study. The interviews were recorded and lasted an average of 10 minutes; they were transcribed verbatim and analyzed simultaneously when collected for watching data saturation. It was used memos recorded by the researchers during the collection of data to support the discussion of the results from the interviews.

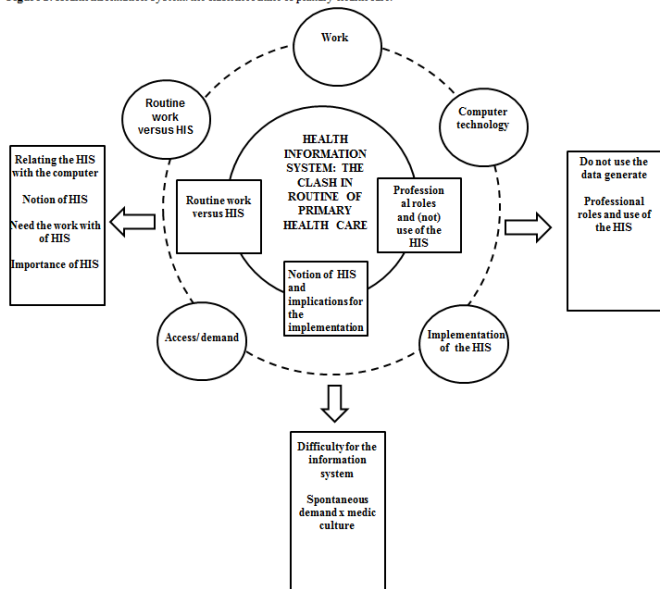
The analysis, according to Strauss and Corbin, initially happened with open coding, which is a phase of analysis focused on categorization and naming of phenomena, accompanied by an investigation of the data for comparatively discover the similarities and differences between them and the survey questions about the phenomena to which the data refers. This encoding requires decision making on which the initial codes allow a better analytical understanding to categorize data incisively and comprehensively. Later, in the axial coding, categories were related to subcategories and specified properties and dimensions of a category. Fragmented data were regrouped to give coherence to the analysis and to determine the causal conditions, context, strategies and consequences of the phenomenon under study. Finally, selective coding specified the possible relationships between the categories developed in the axial coding. The theoretical codes are integrative and led to the formulation of the central category. This category is the driver cement that puts and keeps together all components of the theory, ie, the central category makes explicit the experience lived by research participants (Strauss and Corbin, 2008) in the daily struggle to work with the information system in health in PHC.

The study was developed by the guidelines and regulatory standards defined in the National Health Council Resolution No 466 of 12 December 2012. It was approved by the Ethics Committee of the Federal University of Sao Joao del Rei, Campus Center West, under Opinion 1,055,102, CAAE 44377915.9.0000.5545.

RESULTS

From the analysis of the results emerged the central category "health information system: the clash in routine of primary health care," made from the compilation of the three theoretical codes: professional roles and (not) use of the HIS, Notion of HIS and implications for the implementation and routine work versus HIS; originated from eight codes *in vivo* denoting the understanding of research participants on HIS in the daily work of each and the team, setting the causal conditions, context, strategies and consequences, as shown in Figure 1:

Figure 1: Health information system: the clash in routine of primary health care.



Description of the results according to the theoretical codes:

Professional Role and (not) use of the HIS.

Causal condition

Indeed is a general routine of the unit, it has flaws, there are many things that need to be done and being released in the information system and that has not, even by my own inexperience with public health [...] so I'm looking for information to get more use of the information system. Now It is entering the National Immunization Program, NIP, we are learning on the ground, and some systems we do not use for lack of knowledge (E4).

We have used wrong, we do not have a very good system! [...] We never work with the same thing and this confuses a lot. Every day has changes, and the information should be passed from manager to us, but do not go very well for us... The information is vague, you know?! (E21).

Context

Here the HIS is used. When there is a pregnant we register in our program and then the newborn (E7).

I use very little data, I more feed any information than I work the information I feed, I would like to work more with the data I have, I think in general we use a bit. I do not know if it's our fault, because at this point we are going to another health facility (traditional) for FHS. Some days I wonder if: Hiperdia is a system I hustle on him, but we need Hiperdia? We use the FHS especially SIS for pregnant women, smokers and Hiperdia (E8).

SUS gives very little resource, you have the data, but you do not have no resource. So for me, I think it matters little that system! Matter to know how much and such, but has resoluteness. It gives information about how many hypertensive you have registered, but the feedback we give to people is too little! So, there is the info, but there is not the resoluteness (E30).

Today the one who feeds the FHS database are the HCW, we seek the data on the street and feed the system. So, the importance is very big! Are we the one who brings the information, from where it comes, from where it goes... Who changed, who's out, who's coming in the community (E9).

Strategy

The time I am spending, the whole afternoon, to be messing with paper, an administrative could do it [...] getting this data, helping to program certain actions, in order to do this in group. But we do not have that person to help us, and it would be very valid, I think we could do a better job as well (E2).

Consequence

It is the HCW that register pregnant women, we puts and takes, but if we put he there and leaves, it gets 10 years pregnant, because the nurse and the rest of the staff they do not have the control like we have [...] At sometimes a patient who was only hypertension, became diabetic, we have to do this update. I think it's essential, because if not the system is not up to date ever! (E11)

Notion of HIS and implications for implementation

Causal condition

Firstly the unit is missing computer for us HCW, and secondly, I think we have to gather all the players and have a training on the importance of these systems and for what they are useful, what happens after the data is inputted in computer and the reason why it is inputted. Once inputted, which is the analysis that they do? (E7)

Context

We work automatically and only learn the basics of the system: how to make an appointment, clear it, check the scheduling, scheduling examinations (E5).

The system exists, there are data, but I do not see any resoluteness. [...] Of course, the system is the same as the census. We see: so many people died, so do not do anything. It is a vague system, it is a newspaper! I see it like a newspaper! (E30)

This is ... Computer? I think it's just the computer, there is a business there, look ... I forgot his name, it's like a computer, is not the Hiperdia. It is green, it is in the nurse room, I forgot his name (Program TRIOS) ... I never touched it, do not know how it works (E1).

It is ... The system, the computer where all is researched at this point it helps (E21).

It is good ... health information system would be the system where people ... provides the information and data necessary to work with this information in our day to day in our planning and throughout the work process (E36).

Strategy

We had a training that was part-time in the afternoon. I think that the complexity should have been better applied (E7).

For HIS, which is the municipal information system, we are

trained, every time it is entered some information the responsibility is guiding us. Now regarding the standardized by the Ministry of Health, we have rather a difficult dialogue with the service (E14).

Consequence

We got lost and we had to do mistakes to get the rhythm. But I know it has several PHC systems to be used by HCW (E7).

It has implications, I need HIS through it I know my people, like the Hiperdia, hypertensive and diabetic I know more by demand here from the routine day to day, and I have to update always. So I need the HIS working well to meet my people. There are the pregnant, we use too much the prenatal HIS. And now it will start the NIP, I think it will be great, we will get a big gain for the control of vaccines (E4).

Routine work versus HIS

Causal condition

The patient who is not scheduled had to better see the seriousness of the problem, sometimes we make a mistake for letting go in a patient who does not need much care, and then comes in one with more serious case and we let the patient go out (E25).

Easy enough! The system, the computer, where all is researched, at this point it facilitates ... Because we have on hand, for example, the patient's code, which identifies it in that system, right?! We see everything that the patient has, if he consulted in cancer hospital if he did an examination a week ago. Sometimes I'll make an appointment ... Then you will open the system and see the patient's life in SUS. So at this point it is very good, because you will meet the patient in one aspect and ends up helping another, because we have the general information of the patient (E21).

Facilitates little, it is very vague this system information (E30).

Context

In the morning I come to the unit, input some information to the system, for the forms (E6).

Everything is on the computer, scheduling is computerized, launch our production, like today I had to be on the street, but I can not go because I have to launch production of the entire month (E15).

Now, to tell you the truth when we worked with the SIAB, every month we knew correctly how many families, how many people, now we are a little lost, is moving to SISAB, but I imagine that we have more or less some eight hundred families. Why? Just me, I have almost two hundred, we are five in HCW and each one has the same amount too, but I am not quite sure, we have to look at the data (E15).

As soon as I arrive at work, I turn on the computer and all the time I work on the information (E19).

My job is very dynamic; going to the units and do training, I work with the development of systems with our System Health Information (Divinópolis), I work with the systems of the Ministry of Health and Health Department. Regarding the typing it work out all these situations and other nuances that appear all the time in this area that is under development in the

Secretariat, we are already working with the e-SUS PC (E36).

Strategy

We also participate in this improvement of the system, if there's anything that we do not agree, we call to the call center and speak to them. Some things have been already taken off and others were added (E10).

Consequence

If we could even do this Hiperdia ... How many hypertension do you have? How many diabetics? In the system, for example, I'll schedule an appointment and I want to see the user's phone. What happens? At the time I open the screen and start clicking it will appear. This to me is very important, avoid queues, I do not like queues, and we have screening for Manchester protocol (E8).

The flow has been improved, now has more conditions of more access to mammography, it gets faster and better monitoring, because the system tells you whether the person was or was not in the consultation (E10).

The HIS was an important milestone for health in the municipality of Divinópolis, for easier the access to patient health information and therefore a better result in the approach (E26).

It helped too much! So ... things we used to do with paper, now we do everything by computer and is filed. My day to day, the same vaccine, medical schedule, everything is by computer (E33).

DISCUSSION

The HIS does not constitute yet as a priority for some professionals, providing a clash in daily work and in the construction of informatization of health data. Some study participants (not) understand the true purpose of the HIS. Failure to understand the HIS was rarely manifested in the mood to learn or use the systems correctly. The understanding was accompanied by the interest in learning more about it, however, the participants reported lack of training for this function and time to use of the HIS in everyday life. Stating that when professionals do not give due recognition to HIS, generate losses in the production of information. Regarding analysis and memo records, this (not) understanding of the HIS was similar depending on the reality where the professional is inserted, either FHS or Traditional PHC units. What symbolically sets that individual action is a reflex of joint action (Blumer, 1969).

Research participants bring work experience with information systems and cite the Information System for Health Primary Care systems (HISPC), or the Hiperdia that is intended for registration and monitoring of people with hypertension and / or diabetes mellitus; the SISPRENATAL that allows registering the pregnant woman, monitor and evaluate attention to prenatal and postpartum period provided by health services to every mother and newborn from the first assistance in the Basic Health Unit up to the hospital care of high risk; SI-NIP that allows managers to dynamic risk assessment for the occurrence of outbreaks and epidemics, from the record of applied biopharmaceuticals and quantitative population vaccinated, aggregated by age, time period and geographical

area. It also allows inventory control of immunobiologicals that are needed to administrators who have the task of program the acquisition and distribution.

The computerization needs of the services and the integration of information systems to improve productivity and quality of work in health, for management and social control is essential, but it brings many challenges. A study conducted in Minas Gerais municipalities on the implementation of SINASC (Live Births Information System) pointed hindering: insufficient qualification of human resources; the staff turnover; excessive powers over the informational practices; the lack of funding and funding line to strengthen the capacity of the organization's information and information technology in health SUS (Guimarães et al., 2013). These hindering corroborates the findings of this study, giving excess duties to professionals, flaws in the information inputted, the lack of material and human resources.

The reality studied works with CDS systems and e-SUS PC, but there is no implementation of the PEG. However, the difficulties for working with information systems are denoted in a study on electronic health records and support for teamwork in primary care. It is considered that electronic medical records facilitate communication, delegation and management tasks in PHC teams, and the ability to create evidence-based models for the collection of specific data symptoms of patients, medical assistants and nurses. It points out that computerized health records facilitate and pose challenges for PHC teams which include: lack of integrated software for management of care and primary care, poor functionality of records and interoperability, and the difficulty of tracking user data over the time (O'Malley et al., 2015).

It was emphasized the importance of proper data collection, professional look for answers and feed the system with information. Fostering the database with the information can not be a mechanistic activity, and it should start some actions from the professional that enable the use of this information so that there is a positive impact on the health-disease process. Thus, it is important to provide the information of organized systems and easy access to professionals. The HIS become tools to support activities for decision making and acquisition of knowledge, resulting in more qualified professionals, creative, able to change reality and improve the care of Health services (Duarte et al., 2013). These actions should start from professionals who may or may not have a positive impact on health and quality of life of users, show the changes of meaning obtained by the social interaction of professionals and users - facing the needs of each one - demonstrating a natural view of professionals to obtain improvements, which means using the data generated to try to solve the problems of the registered population.

However, the incipient understanding of the functionality of information system by some research participants, even with the notion / concept formulated denotes not be enough for decisions to be taken to the applicability of the data. The information produced are being used just a bit for the benefit of the population. The scenario describes shortcomings in work with HIS, there is an emphasis only on some systems or programs already implemented, in addition, some participants point as HIS only the integrated system of the municipality.

Giving emphasis on symbolic interaction, understanding and actions described by the participants are based, first, in the meaning that they have of HIS and certain means / tools used in everyday work, and that meaning is given from the individual social interactions at work and may or may not be modified through training, or interrelations with others who face the same difficulties and lack of resources to implement the HIS.

This reveals the need for training, in part, by the acceptance of difficulty of use of the HIS as a result of incipient information of professionals about it; another by considering the time to handle the systems and the practical difficulty of carry them, which leads to lack of use of the information collected to work with the data generated (Almeida et al., 2012). There are numerous possible uses of SISAB in daily work in the FHS. A study has shown that some difficulties were encountered in the use of SIAB - previous system used before the SISAB /e-SUS and that still exists in some Brazilian municipalities: lack of training and support / advice to ask questions; the limitations of the system itself; and lack of knowledge about the HIS (Duarte et al., 2013).

Thus, the meaning of things is a social product (Blumer, 1969), a creation emanating from the activities of the professionals as they interact with teammates.

Thus, the action is guided by the relationship with the world (Blumer, 1969), which is oriented by interpretative dynamics. Thus, the knowledge acquired in the HIS can facilitate interaction, guide actions and bring common benefits among people of the same team and users.

Permanence in the field for data collection and observation of some expressions and tone of voice in interviews denoted due importance, or not, that each professional offers to HIS. According memo records, some doctors do not access the HIS, leaving them under the nursing responsibility. Deficiencies in the coverage and quality of data occur because most health professionals consider the completion of the data collection instruments as a merely bureaucratic activity and of secondary importance (Barreto et al., 2012). The action of the individual to the social environment is characterized by a mutual orientation, to give meaning to things around (Blumer, 1969).

Information is vertical, there is development of systems, but health units do not work with the information generated. Health departments should train professionals for the systematic and continuous information, enabling a good health care to the population (Lima and Corrêa, 2013).

It is essential to obtain health information in a timely, accurate and accessible, as they are essential for the monitoring of services offered to the population, for the development of guidelines, standards and evidence-based approaches to decision making in the planning stage to support the implementation and evaluation of health programs, and also for the proper use of resources at all levels of health system (Lunkes et al., 2015).

Several participants reported that the HIS was a facilitator in day to day work. After its implementation in the health unit, there were implications on health care and was observed agility in attendance, dispensing medicines control, accessibility and scheduling examinations. Thus, highlights the importance of

information system for daily work in the FHS, seeing it as a tool for gathering information to enable many possibilities of use and aid in the diagnosis of local health (Duarte et al., 2013).

The results showed that the FHS teams are more familiar and organized to work with HIS than Traditional teams of PHC units, that are going through the training process to start implementation of e-SUS PC and other HIS. Most professionals in the FHS teams demonstrated knowledge and know how to use the HIS, even in part, in their daily practice. However, they were unable to report the number of people ascribed and registered families, and these are primary data for the organization, planning and PHC functionality, even if justified the transition from SIAB to SISAB. It is perceived that the reality is still very alarming in both scenarios.

Each research participant has a notion about the HIS, however, when we analyze the daily work where the professional is involved, it is understood that the meaning that this professional gives to HIS, is similar to what its teammates give to, then, when the management unit does not give due importance to the HIS, we observe similar thoughts in the other team members. Therefore, the results portray the three premises of SI: research participants react in relation to the HIS, based on the meaning that HIS have for them and that meaning arises from the interaction in the daily work with the team and can be modified facing new experiences and the interpretive process.

There were not evident in this study discussion and interpretation of the data generated in the HIS for the applicability and reversal in actions and services for the population, which leads to a clash in the PHC daily and theoretical formulation: there are systems and data are collected and inputted, but data is not worked out, which involves the mechanization of information at work and lack of actions based on socio-demographic and epidemiological reality to improve the living conditions and health of the population. The human "guides actions toward the things in terms of what they mean to them" (Blumer, 1969. p. 02). That is, the professional who works dealing with HIS, generates, processes, and should to analyze and apply health information. However, training is crucial in the development of the interpretive process to work with the systems and to assign significant value that the HIS can have, seeing in the front solving actions to the health needs of the population. In addition, the information culture, information policy, the organization of systems and analysis of institutionalization are essential to the effectiveness of health actions based on data from the HIS.

The information is the data which has been worked out, treated, useful, with significant value assigned or aggregate with a sense above all, natural and logical for anyone who uses the information (Ritter et al., 2013). Offer isolated training for only a few professionals may not be enough to enable them, the wisest course to improve data collection, processing, its consolidation and availability of the HIS would be the result of a permanent education (Pereira et al., 2013).

It highlights the importance of computerized systems supporting making decision that make it possible to transform raw data into facts and meaningful ways, generating executive and intelligent information. Such systems let analyze and use many details that come from various bases, and transforming

the entries of databases into useful and strategic information, decisive in the decision making (Costa and Nascimento Júnior, 2012).

A study conducted in the Autonomous Community of Madrid in order to understand the role of HIS in the Spanish Health System found that was established in the PHC, required, priority and elective services, directed to a system focused on the reality of each health area and the needs of the enrolled population and may represent an equitable distribution of the services of PHC of the sanitary system (Pinto et al., 2010).

The existence of a National Policy on Information and Health Informatics (PNIIS) shows up unknown to the research participants, since there was no report on it. The PNIIS has the purpose to promote the innovative use, creative and transformative of the information technology in order to improve the health work processes and thus resulting in a National Information System in Health articulated and producing information for citizens, management, professional practice, knowledge generation and social control, ensuring efficiencies and measurable quality by expanding access, equity, comprehensiveness and humanization of health services, thus contributing to the improvement of the health situation the population (Brasil, 2016).

Considering the symbolic interaction, we must explain that the symbolic world can only be built through the interaction between two or more people and hence the symbolism is not the result of the subject interacting with itself, or even of its interaction with the daily work in the face of HIS. Although the study has presented an individual sense of the participants and the meaning of the implications of the Information System in Health in daily work in health care in PHC, it is considered a base for any and all directions that each one gives to its own actions because it is founded on the individual's interactions, or what the "I" do, being governed by "we" built socially. Thus, the research participants demonstrate in their statements how they understand the HIS, but the clash do exist: they have the systems and the data are generated, but there is no resolution, because they use a bit of the information produced.

CONCLUSION

The importance of health professionals working with information systems at the expense of real local health situation was declared, as the real and quality information helps in proper planning of actions that benefit a population. The unpreparedness of professionals to work with HIS, both in the collection, processing, consolidation and dissemination of data is indeed, that part of these attributes when not done correctly, puts at risk the reliability of the data generated in the systems.

It became important to understand the vision of the research participants before the information management process and what the implications of that computerization for user assistance. The results demonstrate the discrepancy in the understanding of the HIS by the research participants, the strengths of this understanding, but also the everyday difficulties of working with health information systems. The research participants say they are hostages of the entire implementation process, since they were not trained to use the SIS, and many relate to know the HIS only as the personal registration system for users.

In the scenarios studied, the (non) knowledge of the HIS by health teams, reflected in a slowing of the process of use of the systems in the units, more frequent phenomenon in traditional PHC units.

It was concluded that the implementation of the SIS brought implications on health care in PHC by streamlining the appointments, simplification of scheduling and delivery of examinations, control in prescriptions and dispensing drugs. In the view of most participants, there was an agility in the daily work in PHC on Divinópolis.

It was evident that to obtain positive results, it is necessary that professionals use the system properly, requiring learning and continuing education to adapt to the computerized form to register and get health information.

In this sense, we suggest investment in professional training aimed at participatory and effective management, the planning of actions by the population profile and in the population's needs for the daily work in the collection, processing and analysis for the use of information generated. Since this study demonstrates the vertical transmission of the use of the HIS, and professionals stated that they do not really know how to operate and the purpose of the HIS, it states that the technicality leads to a daily struggle for the professional that works to meet the needs to generate the data, analyze and use this data in health care. It points to the need for studies on health information systems, especially in municipalities that already work with the e-SUS PC, so that their analysis can contribute to the different contexts experienced in different and similar situations to this study.

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