Good management practices of the Care Network for People with Disabilities: protocol of scoring review

Boas práticas gerenciais da Rede de Cuidados à Pessoa com Deficiência: protocolo de scoping review

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ABSTRACT

Objective: to map in the scientific literature evidence on good practices in the management processes of the Care Network for People with Disabilities. **Method**: scope review conducted by the *Joana Briggs Institute* (JBI) methodology and *checklist Preferred Reporting Items for Systematic Reviews e Meta-analyses for scoping review* (PRISMA-ScR), using the research question elaborated by the acronym PCC: "what are the best practices related to the management of care network for people with disabilities?" Searches for gray literature will be conducted in six databases and other libraries. In the search strategy, related words will be searched in the titles, abstract, and subject on all bases. The data will be presented in the form of tables and word cloud generated by the *software Interface of R pour les Analyses Multidimensionnelles de Textes et de Questionnaires (IRAMUTEQ), in addition to a* descriptive summary that will show how the results relate to the objective and the question of the review.
Descriptors: People with Disabilities; Health Services for People with Disabilities; Health Management.

RESUMO

Objetivo: mapear na literatura científica evidências sobre as boas práticas nos processos gerenciais da Rede de Cuidados à Pessoa com Deficiência. **Método:** revisão de escopo conduzida pela metodologia do *Joana Briggs Institute* (JBI) e *checklist Preferred Reporting Items for Systematic Reviews e Meta-analyses for scoping review* (PRISMA-ScR), utilizando a questão de pesquisa elaborada pelo acrônimo PCC: "quais são as melhores práticas relacionadas à gestão da rede de cuidados à pessoa com deficiência?". As buscas serão conduzidas em seis bases de dados e outras bibliotecas para literatura cinzenta. Na estratégia de busca em todas as bases, serão pesquisadas palavras relacionadas nos títulos, resumo e assunto. Os dados serão apresentados em forma de quadros e nuvem de palavras geradas pelo *software Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires (*IRAMUTEQ), além de um resumo descritivo que mostrará como os resultados se relacionam com o objetivo e com a pergunta da revisão.
Descritores: Pessoas com Deficiência; Serviços de Saúde para Pessoas com Deficiência; Gestão em Saúde.

INTRODUCTION

Health is a universal and fundamental right for individuals, families, and communities. It is supported by the Universal Declaration of Human Rights and the Constitution of 1988. Law No. 8,080 of 1990 deliberates on the conditions for promoting, protecting, and recovering health, the provision, and the operation of the then-established Unified Health System (SUS). SUS is a system governed by the government, regionalized, and organized hierarchically that offers health actions and

services throughout the national territory[1-2]. To ensure the integrality of care, Health Care Networks (RAS) arise as organizational arrangements of different technological densities, actions, and health services integrated through technical, logistical, and management support systems should provide access to qualified assistance[3-4]. It is the best strategy to overcome challenges and integrate health systems [3].

Among the several RAS existing in the Unified Health System, the Disability Care Network (RCPD) aims to increase the supply and quality of care provided to people with disabilities through different strategies to achieve an effective, integrated, and articulated service network[1].

For the establishment of an effective RCPD, it is necessary to ensure the articulation between the components of health care (primary care, specialized care, hospital care, and urgency and emergency), efficient, disseminated, and regulated care flows, ongoing and continuing education, established epidemiological information, foster inclusive practices for people with disabilities [1].

Despite the need for effective articulation, RCPD has been fragmented with non-interconnected services, thus generating the care voids that victimize people with disabilities. In addition to the absence of services in the territories, there is the difficulty created by the specificity of each service. The absence or disarticulation of health services compromises patients' and their families' physical and emotional well-being[4-5]. It is worth noting that the lack of participation of all players in decision-making prevents their potentialities and weaknesses from being discussed and aligned under the various optics of a health care network[6-7].

Research on the subject in several regions of Brazil presents similarities in outcomes in affirming that the RCPDs cannot offer what is recommended in the regulations. The persistent disarticulation of RCPD makes it impossible for people with disabilities to access comprehensive, interdisciplinary, and intersectoral care, compromising their rehabilitation and social inclusion[5-7].

To do so, it is necessary to recognize the good (or best) practices related to the management processes of the Care Network for People with Disabilities. A preliminary search was conducted on September 26th, 2023, in the following informational resources: *Prospero Systematic review*, *Open Science Framework* (OSF). The preliminary search results did not identify systematic or scope reviews and/or current or ongoing scope review protocols. Moreover, there are primary studies on the topic that ensure the feasibility of this review. Thus, this study aims to map in the scientific literature evidence on good practices in the management processes of the Care Network for People with Disabilities.

METHOD

Scope review to be developed based on the recommendations of *the Joana Briggs* Institute (JBI), following the steps proposed by the method, namely: to define and align the research objective and question; to develop and align the inclusion criteria with the objective and the research question; to describe the planned approach to the search, selection, data extraction and presentation of evidence; seek evidence; to select evidence; to extract evidence; to analyze evidence; to present the results and; to summarize the evidence regarding the objective of the scope review, making conclusions and observing the implications of the findings[8]. The scope review protocol was registered in the *Open Science* Framework (OSF) platform, where it can be consulted through DOI 10.17605/OSF.IO/VPDMW.

Review question

The acronym PCC, which refers to the population, concept, and context, was applied. This strategy was adopted to formulate the research question of the scope review: " What are the best practices related to the management of care networks for people with disabilities?" Where P (target audience): Person with disabilities; C (concept): Best practices related to management; C (context): care network for people with disabilities (Figure 1).

Figure 1- PCC mnemonic for formulating the research question of the scope review. Rio de Janeiro, RJ, Brazil, 2023

POPULATION	People with disabilities
CONCEPT	Best practices related to the management of care networks, especially when implementing improvements in management processes. (Characteristics, evaluation, and results).
CONTEXT	Perspectives that cover the care networks of people with disabilities and their various scenarios.

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Eligibility criteria

As this is a scope review, this protocol will adopt comprehensive inclusion criteria, not considering temporal, local or idiomatic clipping. Duplicate articles will be deleted and counted only once.

For the population, primary or secondary studies related to people with disabilities, regardless of disability or age, will be included that address good practices linked to the context, the care networks for people with disabilities, and their various scenarios. Publications on care provided to persons with disabilities will be excluded as these sources would not be appropriate to meet the purpose of the review.

Types of sources

This scope review will consider descriptive and analytical observational studies, case series, individual case reports, qualitative research, and clinical trials. It will also consider documents from relevant organizations' government reports, such as manuals, policies, and clinical practice guidelines related to the concept already mentioned in this scope review. It will also include pre- and post-intervention, interrupted time series, cohorts, and case-control studies. Systematic reviews, meta-analyses, theses, dissertations, and opinion articles will be considered.

Summary of events, letters, and editorials will be excluded. Thus, the return of various materials and evidence is expected, which will contribute to the construction of a diagnosis in relation to the proposed theme.

Research strategy

The initial search strategy was built with the help of a librarian, the search and selection of the studies will be carried out in three distinct phases, namely: 1) Search of keywords in titles and abstracts; 2) Use of keywords to search in a database and; 3) Search in established databases and application of eligibility criteria. Phases one and two helped construct the search strategy/expression for the third phase. The first phase of the search will be given by words in the title and abstract and the subject terms that describe the articles. In the second phase, the keywords and the terms of subjects identified in the previous phase will be used for complete research in other bases. In the end, the search was performed with descriptors of controlled vocabularies (Descriptors in Health Sciences – DeCS; *Medical Subject Headings* Section – MeSH and *EMTREE*), keywords, and their variations contained in the titles, abstracts, and subject of the documents. The search strategy will be adapted for each database, and no filters will be applied (Figure 2).

Figure 2- Search strategy for retrieval of publications in databases. Rio de Janeiro, RJ, Brazil, 2023

Search	SEARCH STRATEGY	Result
#1	("redes de atenção" OR "Network of care" OR "serviços de saúde" OR "Health Services" OR "Atenção à Saúde" OR "Delivery of Health Care" OR "Atención a la Salud")	79,160
#2	("pessoas com deficiência" OR "People with Disabilities" OR "Personas con Discapacidad" OR "Disabled Persons" OR "Serviços de Saúde para Pessoas com Deficiência" OR "Health Services for Persons with Disabilities" OR "Servicios de Salud para Personas con Discapacidad" OR "red asistencial para personas con discapacidad" OR "Rede de Cuidados para a Pessoa com Deficiência" OR "Rede de Cuidados à Pessoa com Deficiência")	6,750
#3	("Administração de Serviços de Saúde" OR "Health Services Administration" OR "Administración de los Servicios de Salud" OR "Gerencia de los Servicios de Salud" OR "Gerencia de Servicios de Salud" OR "Gestión de los Servicios de Salud" OR "Gestión de Servicios de Salud" OR "Administração de Serviços de Saúde" OR "Gerência de Serviços de Saúde" OR "Gerência dos Serviços de Saúde" OR "Gestão de Serviços de Saúde" OR "Gestão dos Serviços de Saúde" OR "Administration, Health Services")	1,482
#4	#1 AND 2	1,658
#5	#3 AND 4	33

The following databases will be used for review*: Medical Literature Analysis and Retrieval System* Online (Medline *) via Pubmed,* Latin American and Caribbean Literature in Health Sciences (LILACS) via Virtual Health Library (VHL), Web of Science (WOS), *Scopus and Excerpta Medica* Database (Embase) via the Coordination of Improvement of Higher Education Personnel (CAPES). For contemplation of gray literature, the Digital Library of Theses and Dissertations of CAPES will be used, for government documents, the Virtual Health Library Ministry of Health (VHL MS), and for unpublished documents Google Scholar.

Selection of evidence
The search results will be exported to *EndNote* WEB reference manager software, where duplicates will be deleted, and to *Rayyan Rayyan review manager software®*, where the selection of studies comprising the scope review will be managed, *both* online and free. The selection of evidence will be carried out by two previously trained reviewers, who will select the articles individually, with peer blinding, in different machines, without interference or knowledge about the selection of the other reviewer.

Initially, the titles and abstracts will be read by independent reviewers seeking studies that meet the eligibility criteria. The selected studies will be read fully to exclude those not meeting the review question.

Suppose there are differences between the two reviewers in the selection process. In that case, such disagreements will be brought to the third independent reviewer, with expertise in the subject, for the final opinion. The studies that are not chosen, as opposed to the inclusion criteria, will be pointed out in the final report. The findings of the search and inclusion process of the study will be reported in full, descriptively, and reflectively. To ensure the quality and transparency of the study, the results will be presented in a flowchart of *Preferred Reporting Items for Systematic Reviews and Meta-analyzes for scoring review* (PRISMA-ScR).

Data extraction
Eligible studies will be recovered in full and analyzed by an independent reviewer who has read the texts in full. To extract data from the literature included in the scope review, a spreadsheet in *Excel* developed by the authors will be used, contemplating specific information according to the recommendation of the JBI *Manual for Evidence Synthesis.*

The data extracted from the selected literature will include authorship, year of publication, country where the study was developed, objectives, study design, population and sample, results, best practices indicated in the management of the network of attention to people with disabilities, and conclusions.

Analysis and presentation of data
The data will be presented in the form of tables and word cloud generated by the *software Interface of R pour les Analyses Multidimensionnelles de Textes et de Questionnaires (IRAMUTEQ), in addition to a* descriptive summary that will show how the results relate to the objective and the question of the review.

CONFLICT OF INTERESTS
The authors have declared that there is no conflict of interests.

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