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Post-pandemic primary care and public health paths: territory, active surveillance, and bond of care

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Most people who use the health system see the gateway but only sometimes perceive the continuity of care. Sometimes patients are *at the end of the line* between primary and specialised services, with no idea about the next step in their journey or how all this communicates and complements itself.[1] Fragmented healthcare systems are organised through isolated and uncommunicated healthcare points.[2-3] Consequently, these fragmented systems need to pay more attention to the population and build the necessary longitudinal bond of care for health care to be effective. In general, the levels of health care have well-organized structures. Still, they often communicate through a regulation system that manages patients' references and counter-references to specialties, diagnostic or therapeutic services.

Communication between the levels of care concerning the patient is fragmented and contributes to a limited view of the procedures performed and clinical conducts taken. The current paradigm can no longer meet the population's needs and demands. An effective movement must build care in a healthcare network, ensuring the patient's path within the system and the offer of the expected service for the correct person at the appropriate time. Primary-level health care is not low-complexity care; quite the contrary. Specialised care points support the care provided in primary care, contemplating the needs identified, already in the period of pathogenesis with diseases in latency, with changes in tissues, or with discernible early disease, aiming at limiting the damage and its complications.[4] Primary health care is a structuring axis and coordinator of care within health care networks at its levels because even if the patient is in clinical follow-up at the specialised level, it is up to family medicine to monitor the patient in their living environment – in their home or the community.[5-7] After the COVID-19 pandemic, we realised that it is no longer enough to care for patients just inside our offices or consider that digital health would be the last resort where we can hold on, so we do not drown. The need for health interventions in the territory is remarkable, developing mapping and georeferencing to collaborate with the territorialisation of the units and visualisation of services and populations attached to the list of family medicine teams.

Making primary health care increasingly practical and close to patients and their family nucleus should be part of the guidelines of the entire health system. Access is crucial in consolidating case integrity and a better individual experience.[8-9] Strengthening the longitudinal bond of care with health units and family medicine teams in an interdisciplinary way is a crucial factor for the integral functioning of the network.[7] Promoting access to primary care actions such as promotion, prevention, follow-up, and treatment primarily related to the care lines of women's health, childhood, the elderly, mental health, care for chronic diseases such as diabetes, hypertension, and obesity, and family planning are fundamental tools for social and epidemiological management, bringing benefits to the collective health of the population and its management. Contrary to patients' perception, customising working during pre-pathogenesis, controlling determinant and

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conditioning factors against the background of demographic and epidemiological transitions is a challenging task.[4,7] Seeking to see the health dynamics of populations within health service buildings makes this task even more arduous. The call today is for creating new activities to maximise community care. Extramural active surveillance tasks aim to provide health care in the prevention, promotion, and health surveillance.[10-11] Recognising that the territories are very diverse and dynamic, these activities seek to customise the actions of primary care and, within it, family medicine. These actions must adapt to the choice of locations, times, communication, and approach strategies beyond the offices. It reinforces the longitudinal bond of care, preparing the network for greater integration and effective communication, bringing patients closer to health units.

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