Secondary care in Dentistry and the articulation of the referral process in the Oral Health Care Network

Julia Schlichting Azevedo*; Aydée Dupret Leite Martins*; Heverton Siqueira Silva*; Willian Silveira da Costa*; Marilene da Cruz Magalhães Buffon; Eduardo Pizzatto****

* Resident, Multiprofessional Residency Program in Family Health, Federal University of Paraná
** Professor, Department of Community Health, Federal University of Paraná

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ABSTRACT

Residents of the Multiprofessional Residency Program in Family Health (MRPFH) at the Federal University of Paraná (UFPR) work in a city in the South region, where Dentistry is one of the areas included in the program. These have a diversified practical field, inserted both in Primary Health Care (PHC), first level of care and care coordinator; and in secondary care, working in the minor oral surgery service at the Piraquara Specialty Center (CESP) in Paraná, since there is no possibility of structuring a Center of Dental Specialties (CEO). Thus, it is possible to monitor the referral and counter-referral process of patients in the service. This reality is also observed in other Brazilian regions, as a result of the lack of logistical and structural conditions and human resources, which demands improvement in planning, guidance and consolidation of public policies in oral health. This study aimed to report the experience of dental professionals, residents of MRPFH at UFPR in a Specialty Center in a city in the metropolitan region of Curitiba, capital of the state of Paraná, which, despite not qualifying in the parameters proposed by the Brazilian Ministry of Health for the implementation of CEO, presented the initiative to incorporate the most urgent dental specialties for the population. Therefore, it is important to consider specific problems, such as the absence of a municipal epidemiological survey, waiting time, geographical distance between services and communication between primary and specialized care professionals.

Descriptors: Secondary Health Care. Health Integrality. Oral Health.

1 INTRODUCTION

Currently, public dental care in Brazil is mainly restricted to basic services[1], centered on Primary Health Care (PHC), which is defined as the first care level of health systems and of greater contact between users and the team, considering the individual as a whole and in the sociocultural insertion, promoting better quality of life[2]. Specialized dental services, within the scope of the Brazilian Unified Health System (SUS), correspond to at most 3.5% of the total dental clinical procedures, evidencing this great disproportion in the offer between basic and specialized dental procedures[3].

The last epidemiological survey on oral health, the SB Brasil 2010, evidenced the urgent need to organize the oral health network, since its indicators demonstrated early tooth loss. This

study showed inequity in the access to dental services, besides highlighting the expressive rate of edentulism in the population, especially in the elderly group. This demonstrates the importance of strengthening the specialized dental care[4].

Despite the resolution of the main oral health problems and considering the situation of inequality in the access of Brazilian population to dental services and health promotion, prevention and recovery actions, it is necessary to offer more complex procedures by SUS[5].

In this context, the Ministry of Health implemented the National Oral Health Policy (PNSB), known at the time as Brasil Sorridente, composed of measures aimed at ensuring the coverage of actions to improve the Brazilian oral health, fundamental for the population quality of life. The PNSB proposes that changes in dental practice require processes that aim to expand and qualify care, from the effective inclusion of oral health teams in the Family Health Strategy (ESF) as a manner to ensure the access to primary care, as well as to other levels of care[1].

The provision of dental assistance in secondary care did not follow the expansion of actions and services in PHC, due to the increased demand for dental services in the public system. It is observed that greater resolution at all levels of care in the Oral Health Care Network (RASB) provides a perspective of comprehensive care[5].

This network is a dental care organization promoted by the PNSB composed of different levels of complexity, available according to the user's needs[6], to establish actions with impacts on individual and collective spheres, mainly aiming at expanding the access to dental treatments for all Brazilian individuals, ensuring the resolution of oral health demands and social inclusion[7].

The Dental Specialty Centers (CEO) are one of the components of the PNSB, providing the population with at least five specialized services: oral diagnosis, with emphasis on the diagnosis and detection of oral cancer; specialized periodontics; minor oral soft and hard tissue surgery; endodontics; and assistance to individuals with special needs[8].

The referral to these specialties requires the regulation of access, which are based on the referral and counter-referral mechanism adopted by SUS in all areas of care, including Dentistry. For that purpose, referral protocols are necessary, which are essential subsidies for decision-making in daily health care, for an adequate organization of demand, evaluation, monitoring and planning of actions[9].

Magalhães et al. (2015)[10] also emphasize the importance of implementing the CEO as a strategy to ensure integrality and increase the resolution by the PHC. Despite the advantages of the CEO, due to the requirements made by the Ministry of Health for its recognition, the alternative created by some cities to assist their population is to structure their own specialty centers, without the obligation to offer all specialties foreseen at the CEO, thus adapting the service to the local reality.

In the context of the different levels of care, the interaction between the presence of a CEO and the coverage of more than 80% of oral health teams (ESB) in Brazil was analyzed, in which lower proportions of tooth extractions were found in relation to preventive and restorative dental procedures. In this study, it was shown that cities with a Human Development Index (HDI) between 0.6-0.7, Gross Domestic Product (GDP) per capita greater than 20,000 reais and a greater population residing in urban areas had a lower proportion of tooth extractions compared to preventive and restorative dental procedures in 2015/2016[11].

A great part of Brazilian cities faces difficulty in complying with regulations for the implementation of specialized dental services in

secondary care. Although they do not present logistical and structural conditions and human resources capable of covering the CEO establishment itself, it is possible to manage similar services with quality training and organization[12].

The study is justified by the need to identify and evaluate the referral process to secondary dental care and its importance in the articulation of the RASB sectors.

Therefore, it aims to report the experience of dental professionals, residents of the Multiprofessional Residency Program in Family Health (MRPFH) of the Federal University of Paraná (UFPR) in a city in the metropolitan region of Curitiba, which despite not qualifying for the parameters proposed by the Ministry of Health for the implementation of CEO, presented the initiative to incorporate the most urgent dental specialties for the population.

2 EXPERIENCE REPORT

The city of Piraquara, a practical field of the MRPFH at UFPR, which includes the dental residents, is part of the G100, a group of populous cities with low per capita income and high socioeconomic vulnerability[13]. In its Municipal Plan, it has a general municipal HDI of 0.749 referring to the year 2010, GDP per capita of 10,679 reais and most of the population living in urban areas. It was also possible to observe a decrease in the proportion of extractions in relation to other procedures, in the period from 2012 to 2015[14].

The municipal RASB is structured in primary care services, offering oral health teams in the PHC, included in the UBS and providing medium-complexity services through CESP, which provides assistance in the fields of psychiatry, psychology, speech therapy, gynecology, and also offers specialized dental care for minor oral surgery and complete and partial dentures offered to the population by the Regional Dental Prosthesis Laboratory, procedures incorporated into CESP.

The maintenance of this referral channel is possible by a joint effort between the municipal management and the professionals registered in the municipal RASB, who were relocated in this health establishment to practice their specialties.

Referrals for this service are performed by the UBS, where the dental professional responsible for the care must assess the need for referral, stratify the patient's risk as low, medium or high for the organization of flow and perform the evolution in the patient record with clinical observations and previous interventions. A weakness exposed in this process is the maintenance of reference by physical forms, generated by the municipal user information system. These documents have personal information of users, and by this mechanism they can also be lost.

Additionally, with regard to services not offered, in the data collection of the G-MUS system (table 1) established in March 2020, a growing demand for medium-complexity procedures was identified, characterizing a high unassisted demand, mainly for the specialties of Endodontics and Prosthodontics. Inconsistencies were also observed when crossing the data, such as the number of coronal openings and the respective underreporting of referrals to endodontic treatment.

It is important to be aware of the numbers presented as a reflection of the pandemic and to consider the limiting variables, such as the insertion of a new information system and the consequent need to train professionals to fill it. The increased number of referrals can also be assigned to the greater dissemination of services offered by PHC professionals.

Table 1. Epidemiological data from the information system of the city of Piraquara from March 2020 to September 2021

Data of g-MUS		March to September 2020	October 2020 to March 2021	April to September 2021
Production		3598	6007	8210
Coronal openings		369	892	1203
Referrals	Endodontics	120	298	399
	Oral/Maxillofacial Surgery	27	73	236
	Prosthodontics	20	52	96

Source: SMS Piraquara

Thus, it is observed that the residents of MRPFH of the UFPR experience this process initiated in the UBS where they are inserted, performing the aforementioned procedures. In the field of practical activities developed at CESP, there is also the organization of reception for referred patients. Besides, they perform and monitor outpatient surgical procedures, being supervised by their field preceptors, and participate in the counter-referral process, in which continuity of care, postoperative evaluation of the patient and other necessary demands are provided.

3 FINAL CONSIDERATIONS

One of the main current challenges of Brazilian public health is the search for integrality in the care of users. Favorably, oral health has already shown great advances, by the investment in secondary health care with the implementation of CEOs, which, when well-structured and articulated with PHC, achieve a significant improvement in oral health indicators.

Thus, even though the city of Piraquara does not have a CEO, the insertion of Dentistry in CESP has provided several benefits to the population. However, it is necessary to plan the implementation of other specialties, by an evaluation process of the flow of care and diagnosis of users' needs, which is essential for planning, guidance and consolidation of public policies, considering the challenges inherent to SUS such as underfunding and lack of human resources.

Therefore, even in a context of emergency of public health, the experience enabled the residents to enhance the surgical technique of the profession, positively impacting the qualification of primary care professionals, and to recognize alternative strategies to the ideal concepts, by the incorporation of dental specialties that are most urgent for the population.

RESUMO

Atenção secundária em Odontologia e a articulação no processo de referência na Rede de Atenção em Saúde Bucal

Os residentes do Programa de Residência Multiprofissional em Saúde da Família (PRMSF) da Universidade Federal do Paraná (UFPR) atuam em um município da região Sul, sendo a Odontologia uma das áreas que compõem o programa. Esses possuem campo prático diversificado, estando inseridos tanto na Atenção Primária à Saúde (APS), primeiro nível de atenção e coordenadora do cuidado, quanto na atenção secundária, atuando no serviço de cirurgia oral menor, inserido no Centro de Especialidades de Piraquara (CESP) no Paraná, uma vez que não há possibilidade de estruturação de um Centro de Especialidades Odontológicas (CEO). Dessa forma, é possível acompanhar o processo de referência e contra referência dos pacientes no serviço. Essa realidade também é observada em outras regiões do Brasil, consequência da falta de condições logísticas, estruturais e de recursos humanos, o que demanda aprimoramento do

planejamento, orientação e consolidação de políticas públicas em saúde bucal. O objetivo desse estudo é relatar a experiência dos residentes cirurgiões-dentistas do PRMSF da UFPR em um Centro de Especialidades de um município da região metropolitana de Curitiba, capital do estado do Paraná, que mesmo não se qualificando nos parâmetros propostos pelo Ministério da Saúde brasileiro para implementação do CEO, apresentou a iniciativa de incorporar especialidades odontológicas mais urgentes para a população. Portanto, é importante o enfrentamento de problemas específicos, como ausência de levantamento epidemiológico municipal, tempo de espera, distância geográfica entre os serviços e comunicação entre profissionais da atenção básica e especializada.
Descritores: Atenção Secundária à Saúde. Integralidade em Saúde. Saúde Bucal.

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Correspondence to:
Eduardo Pizzatto
e-mail: eduardo.pizzatto@ufpr.br
Departamento de Saúde Coletiva – UFPR
R. Padre Camargo, 280 – 7º Andar
Alto da Glória
80060-240 Curitiba/PR