

PRIMARY CARE AS A GATEWAY FOR DENTAL SERVICES IN S.U.S. (UNIFIED HEALTH SYSTEM): LITERATURE REVIEW

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Abstract: Despite advances after the implementation of the National Oral Health Policy in 2004, many factors still prevent or hinder the population's access to dental services provided in primary health care. In order to understand primary care as a gateway to dental services in the Unified Health System, this bibliographic study aims to review the literature with regard to access to services, in relation to the physical structure of the units and the organization of the care process. work of the oral health team inserted in the interprofessional team. The search for evidence to develop this review was carried out through the Scielo digital platform, in which 29 studies were found and after reading the title and abstract, 16 articles were selected for the study that responded to the research objective. In view of the analyzed studies, it was noted that the physical structure of the units and adequate materials for procedures in general are not a problem, since the organization of the work process of the units is a challenge. Occasionally, the training of teams through an interdisciplinary interface can improve this perspective of the work process and even the implementation of professionals in units that do not have dental care.

Keywords: Primary Health Care; Primary Health Care; Access to Health Services; Oral Health.

INTRODUCTION

Since 2004, after the advent of the National Oral Health Policy – BRAZIL Sorridente (PNSB, 2004), which evidently provided numerous advances in terms of access to oral health, lower disease rates have been observed in SB Brazil surveys (SB BRAZIL, 2010). This is a reality in every health service, including Primary Care, however there is still much to be done about the structure of health units, in the team's work process and also in terms of

access to services, since many units still do not have dental services on an ongoing basis.

It is pointed out that despite attempts to change the care model in the field of oral health, there are many factors that interfere with access to public health services, whether social, structural, organizational or personal (ROSELINO et al, 2019). In view of this, it must be noted that social vulnerability is one of the main reasons for not accessing oral health services, either due to lack of information regarding what is offered in the units or even due to habits transmitted from generation to generation of not caring of health.

The guarantee of dental care involves the development of practices based on health surveillance, in order to concretely promote integrality (NEVES et al, 2019). Based on this, the interdisciplinary work process stands out as a key point for the care of the patient as a whole in the health unit, in which, through weekly team meetings, they formulate an adequate treatment plan for the patient, in order to supply all health needs. Thus, if the patient went to make a routine appointment with the doctor, the doctor must forward it to the appointment with the dentist, if necessary, and in the same way the other way around, so that the principle of integrality is effectively fulfilled.

With regard to the physical structure of health units to serve the population and guarantee access to dental consultations, it can be pointed out that it ranges from the issue of accessibility for patients with disabilities, the lack of equipment and even in some territories that owns the health unit, however, without offering dental services to the community. This makes it even more difficult to provide comprehensive care to patients.

Based on everything mentioned so far, seeking to understand primary care as a gateway to dental services in the Unified Health System, this bibliographic study

aims to review the literature with regard to access to services, the physical structure of the units and the organization of the work process of the oral health team inserted in the interdisciplinary team.

METHODOLOGY

The search strategy for articles in the literature for this review was carried out using the keywords: “Basic Health Care”, “Primary Health Care”, “Access to Health Services” and “Oral Health” in Portuguese on the platform digital Scielo BRAZIL in which studies between 2013 and 2021 were found.

The Scielo digital data platform was used for the search, in which the inclusion criteria in the study were to be in accordance with the objective of the bibliographical research, that is, with a focus on primary care, which must cover at least one of the topics: access to health services, physical structure or the work process in these environments.

In the search, 29 articles were found, the title and abstract were read, 4 were excluded by title, 5 by abstract and after the rest (n = 20) 4 were read in full, so the total number of excluded articles was thirteen for not answering the objective of the research, two for focusing on tertiary care, six on secondary care, three for focusing on a restricted target population and two for simply not being relevant to this study, so the present study covers 16 articles.

The studies were approached through the following themes: Access to services, Physical Structure of the Units and Team Work Process for a better understanding and clarification of where the greatest difficulties are.

RESULTS AND DISCUSSIONS

From the selected studies according to the research objective, a table was developed (Table 1) that addresses the objectives, year in which the studies were carried out, authors

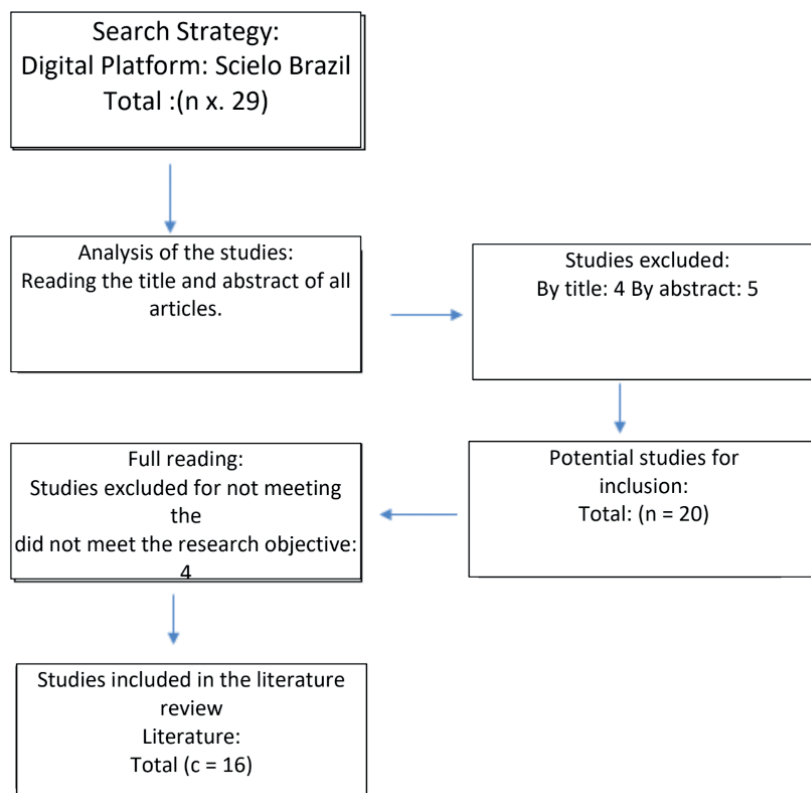
and main results of the studies selected for this review.

For a better understanding, the discussion of the present study will be presented according to 3 questions: Access to Health Services, Physical Structure of the Units and Team Work Process. These refer to the process of entering the Unified Health System for dental services.

With regard to access to health services, it is important to note first that there are numerous factors that influence the lack of access to dental appointments, such as lack of accessibility for people with disabilities, lack of a dentist in the unit and difficulties in scheduling appointments.

For Gonçalves et al., Units in general have good physical structure, low accessibility for people with disabilities, adequate equipment, however they exhibited a high offer of mutilating treatment. In addition, there were evident inequalities between the regions of the country, favoring the South and Southeast regions (GONÇALVES et al., 2020). In view of this, it can be noted that the lack of accessibility is still a problem despite existing public policies on the subject, in addition to the fact that, due to the high supply of mutilating treatment, it may be that dentistry based on health promotion and prevention is not being efficiently applied. The disparities between regions may be due to the fact that the South and Southeast regions have greater economic development and even greater oral health coverage. Which brings us to the study by Freire et al., which highlights that the highest chance of non-access occurred in municipalities with lower oral health coverage (FREIRE et al., 2021).

Correa et al. He highlighted that the incorporation of Oral Health Teams (ESB) into the ESF seems more effective for increasing indicators of the use of dental services, in his study he highlighted that 85% of Brazilian



Flowchart:For a better understanding of the methodology.

Authors/Year	Objectives/Type of study	Results
Gonçalves et al., 2020.	To analyze the conditions of accessibility, structure and provision of dental services at Health Units with ESB and compare them between regions in Brazil. Kind of study: Quantitative.	24,056 evaluated units in which 29,778 PHC teams worked and among these, 63.7% had dental services. In general, with good physical structure, low accessibility for people with disabilities, adequate equipment, however, they exhibited a high offer of mutilating treatment. Evident regional inequalities were found, favorable to the South and Southeast regions.
Freire et al., 2021.	To investigate factors associated with lack of access to oral health in Brazil. Kind of study: Quantitative	The greatest chance of non-access occurred in municipalities with lower oral health coverage and commuting to the health unit longer than 11 minutes and income of up to 1 minimum wage.
Correa et al., 2015.	To analyze the association between the population coverage of ESB's and ESF teams and the difference in rates of use of public dental services in the municipalities (years 1999 and 2011). Kind of study: Quantitative.	The sample had 5,507 municipalities in the 2 years in which 85% of the municipalities had ESB in 2011. Dental services increased by 49.5% in the period. The incorporation of ESB's into the ESF seems to be more effective in increasing indicators of the use of dental services.
Viana et al., 2019.	Evaluate the quality of oral health care in Primary Health Care in Pernambuco, Brazil, 2014. Kind of study: Quantitative.	The 168 municipalities in the state of Pernambuco were analyzed, which found that the quality standard was higher for structure than for the work process.

Amorim et al. 2014.	Compare the performance of ESB's of modalities I and II in the work process and differences between regions of the country. Kind of study: Quantitative.	15,886 ESB's were evaluated and it was found that those of modality II had a better index in the work process in relation to modality I. Being in the southeast region for modality II, a consolidated work process was found between 67.8% and 94.6 %.
Basso et al. 2019.	Report the main actions put into practice so that the BS could evolve-to a specific line of care. Kind of study: Qualitative	The reorganization of the teams in the Federal District - DF promoted a paradigm shift, characterized by the bond in the work process. In 2017 in the DF, oral health coverage was 10.66% and in 2019 it became 21.22% of the population of the country's capital.
Warmling et al., 2019.	Understand the way in which PHC ESB's articulate, in professional action, reception competence and access to oral health needs. Kind of study: Qualitative	In 2014, eight Basic Health Units (UBS) from five health districts in the city of Porto Alegre were evaluated. It was found that the participating units had difficulties in articulating in the work processes innovations of reception and access to oral health services.
Hirooka et al., 2018.	Identify the structure available for oral health care at health units with ESB in a regional network. Kind of study: Quantitative.	There were 156 units evaluated in which 92.3% of the ESB's were organized in type I modality and 6.4% in type II. In general, with adequate structure, however, advances are still needed in access and coverage by BS services. The active participation of all actors involved in care is recommended, in the search for qualification of BS services in this region.
Fagundes et al., 2018.	Describing the ESB's work process in Brazil and verifying work process data were able to assess attributes. Kind of study: Quantitative.	The 32,337 primary care teams in the country were analyzed and of these, 12,075 were ESF with ESB. It was highlighted in the study that there is great heterogeneity in the work process of the ESB's in the country and the essential attributes of the PHC are partially incorporated into the process of the ESB's in Brazil.
Neves et al., 2019.	Evaluate the association between contextual aspects of Brazilian municipalities, characteristics of the work process and the performance of a list of curative dental procedures by oral health teams (ESB). Kind of study: Quantitative	11,374 ESB's were evaluated and of these 3,468 (30.49%) do not perform one or more basic dental procedures such as: amalgam and resin restorations, tooth extractions and scaling, straightening and periodontal polishing. The need for change in the care model in oral health has been identified. investments in the qualification of management or sectorial management are necessary conditions for improving access and quality of oral health care in the country.
Aguilera et al., 2013.	Understand the discursive practice of managers in relation to the articulation between the levels of primary care and medium/high complexity of public health services in the Metropolitan Region of Curitiba. Kind of study: Qualitative	Study with 17 managers from the metropolitan region of Curitiba - PR in which the analysis showed that municipalities are in different stages of implementation and organization of primary health care. The difficulty in accessing medium/ high complexity services promotes interruption in the continuity of care lines, which aim to promote comprehensive health care and imply adequate coordination of primary care articulated with specialized care.

Moraes et al., 2015.	Evaluate the profile of the dental surgeon included in the Program and analyze the work process of the oral health team in three municipalities in the mountainous region of the State of Rio de Janeiro, verifying whether the traditional model of care has been replaced by one centered on the principles of SUS. Kind of study: Qualitative	Thirteen dentists from the mountainous region of the state of Rio de Janeiro participated in the study. The profile of the dentist found in these municipalities revealed potential for the transformation of oral health practices, the work process demonstrates little involvement of these professionals with the living conditions of the community and difficulty in working in multidisciplinary teams. Training policies are needed.
Lorena Sobrinho et al., 2015.	Evaluate the access and quality of actions and services of the Oral Health Teams participating in the National Program to Improve Access and Quality of Primary Care in Pernambuco in 2012. Kind of study: Quantitative	In the study, it was found that in terms of the work process, there was agenda sharing between the dentist and the other professionals on the team in 78.5% of the teams that make up the PMAQ-AB. In more than 40% of the teams, the dentist is part of welcoming the spontaneous demand that is met by the unit. Availability of dental equipment was verified, guaranteeing the performance of clinical procedures, with the exception of those referring to dental prostheses. Difficulties in making an appointment are still reported by users.
Kobayashi et al., 2015.	The objective of this study was to evaluate the relationship between family risk, for prioritizing home visits and oral health conditions, aiming to provide evidence on the first indicator for organizing the demand for oral health, in the Family Health Strategy. Type of study: Quantitative.	Eleven dentists evaluated the oral health conditions of 1,165 people, those with familial risk would be twice as likely to have caries compared to those without risk, corroborating the relevance of this element in the organization of oral health demand.
Moimaz et al., 2015.	To analyze the functioning of the Oral Health service in a municipality and to develop a diagnostic evaluation protocol for Oral Health in Primary Care. Kind of study: quantitative - qualitative.	It identified that the main form of access of the population of the city of Pereira Barreto, with 24,962 inhabitants, to services was the spontaneous demand; there were two Family Health teams without oral health teams.
Melo et al., 2016.	Carry out a situational diagnosis related to the organization of oral health services in 40 municipalities in the State of São Paulo, Brazil. Kind of study: quantitative - qualitative.	Oral health coordinators from 40 municipalities in SP were interviewed, 60% answered that the health planning process involved the oral health area, 47.5% performed risk assessment, 47.5% did not perform risk assessment and monitoring the results achieved. The study showed that municipalities have different moments in structuring the service and that managers must improve the organization of access, work process and evaluation of services.

Table 1: Publications selected for this literature review.

municipalities had oral health teams from the ESF in 2011 (CORRÊA et al., 2015). This shows the need to implement ESB in units that do not yet have it, in order to promote an efficient quality of oral health for the population.

Broadly addressing the issue of the work process in health units, there are many ways that this process has been affected, from the lack of interdisciplinary team meetings, to the type of oral health team that the unit has. Amorim et al., in their study, demonstrated that the ESB's evaluated in modality II had a better index in the work process compared to those in modality I (AMORIM et al., 2014). Demonstrating that an oral health team with more people promotes an improvement in the quality and organization of the unit's work. Basso et al., addressed in their study that the reorganization of teams in the DF promoted a paradigm shift in the process, characterized by the bond in the work process (BASSO et al., 2019). Knowing this, the link in the work process is important for the development of a complete care for the patient, this can be improved with professionals working 40 hours a week instead of 20 hours. Viana et al., points out that the quality standard was higher for structure than for the work process (VIANA, et al., 2019) which agrees with the study by Hirooka et al., which says that the units have adequate structure, however, advances are still needed in access and coverage by SB services (HIROOKA, et al., 2018). In short, there are many studies that express that the physical structure and issues of materials for daily use in the units are not a problem, but the organization in the teamwork process. this can be improved with professionals working 40 hours a week instead of 20 hours. Viana et al., points out that the quality standard was higher for structure than for the work process (VIANA, et al., 2019) which agrees with the study by Hirooka et al., which says that the units have adequate structure,

however, advances are still needed in access and coverage by SB services (HIROOKA, et al., 2018). In short, there are many studies that express that the physical structure and issues of materials for daily use in the units are not a problem, but the organization in the teamwork process. this can be improved with professionals working 40 hours a week instead of 20 hours. Viana et al., points out that the quality standard was higher for structure than for the work process (VIANA, et al., 2019) which agrees with the study by Hirooka et al., which says that the units have adequate structure, however, advances are still needed in access and coverage by SB services (HIROOKA, et al., 2018). In short, there are many studies that express that the physical structure and issues of materials for daily use in the units are not a problem, but the organization in the teamwork process. however, advances are still needed in access and coverage by SB services (HIROOKA, et al., 2018). In short, there are many studies that express that the physical structure and issues of materials for daily use in the units are not a problem, but the organization in the teamwork process. however, advances are still needed in access and coverage by SB services (HIROOKA, et al., 2018). In short, there are many studies that express that the physical structure and issues of materials for daily use in the units are not a problem, but the organization in the teamwork process.

The implementation of the PNSB brought about an increase in the number of oral health teams, however far from what can be considered satisfactory in the performance of curative dental care. It is noteworthy that the need for change in the care model in oral health is identified, investment in management qualification are necessary conditions for improving access and quality of oral health care in the country (NEVES et al., 2019). Warmling et al., found in their

study that the ESB's that participated in the study had difficulties in articulating in the work processes innovations of reception and access to oral health needs. (WARMLING et al., 2019) and for Fagundes et al., there is great heterogeneity in the work process of the ESBs in the country and the essential attributes of PHC are partially incorporated into the work process of the ESBs in Brazil (FAGUNDES, et al., 2018) which again collaborates with the idea that the biggest problem of access to dental services in primary care is the organization work process.

In the study Lorena Sobrinho et al., found that the availability of equipment and dental supplies guaranteeing the performance of clinical-surgical procedures, however, difficulties are still reported by users for scheduling an appointment (LORENA SOBRINHO et al., 2015). Moimaz et al., identified that the main form of access of the studied population to the services was the spontaneous demand (MOIMAZ et al., 2015). Evidencing that the difficulty of access is already given by the method of entering the service, either by appointment or spontaneous demand.

In study of Melo et al., in 2016, who carried out a situational diagnosis related to the organization of oral health services in 40 municipalities in the State of São Paulo, showed that municipalities have different moments in structuring the service and that managers must improve the organization of access, the work process and the evaluation of services to consolidate the principles stressed by the SUS of universality and comprehensiveness of health care (MELO et al., 2016). Stating that efficient public policies need to be implemented by health managers so that the principles that govern the SUS are consolidated, that is, efficiently applied.

Aguilera et al., in his analysis showed that municipalities of the metropolitan

region of Curitiba are at different stages of implementation and organization of primary health care and that the difficulty in accessing medium and high complexity services promotes interruption in the continuity of care lines that aim at the completeness of health care and imply the proper coordination of primary care articulated to specialized care (AGUILERA, et al., 2013). Given the assumption, it is noted the importance of efficient management in primary health care for the proper functioning of other levels of care, having the unburdening of these levels, i.e., with a quality primary care, fewer patients will be referred to medium to high complexity care which promotes a better progress in the health system.

The profile of the dentist found in a study by Moraes et al. in municipalities of the Mountainous Region of the State of Rio de Janeiro revealed potential for the transformation of oral health practices, the work process shows that there was little involvement of these professionals with the living conditions of the community and difficulty to work in multidisciplinary teams. The study highlights that there is a need for public policies that incorporate training programs for professionals (MORAES et al., 2015). Thus triggering an inefficient work process, without seeing the patient served as a whole, and the solution may be the training of professionals through residency in family health, specialization in public health or even training offered by health managers to have a quality service for the population.

Kobayashi et al., who evaluated the relationship between family risk and the prioritization of home visits and oral health conditions in 1,165 people, in their study highlighted that people who have family risk would be twice as likely to have caries disease in compared to those without risk, which contributes to the relevance of this element

in the organization of oral health demand (KOBAYASHI et al., 2015). In view of what was obtained in the study described, it is clear that habits of not taking care of health are passed from generation to generation in the most vulnerable families, and this cycle must be broken through health actions by the primary care team that covers the region, also demonstrating the importance of having this type of data to obtain a mapping of what each region needs to direct services to the needs of the population.

FINAL CONSIDERATIONS

In view of the analyzed studies, it is noted that the supply of inputs for procedures and the physical structure of the units as a whole are of good quality, however, many units still do not have accessibility for people with some type of disability. It is noted that the biggest problem is the organization of teams in the work process and even though many units do not have dental care and regions do not have a reference unit for these services, which makes it difficult for the population to access services. More studies involving the mapping of units in the country must be carried out in order to obtain more accurate results. Occasionally, the training of teams through a multidisciplinary interface can improve this perspective and even the implementation of professionals in units that do not have dental care.

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