





Role of PHC-MO and Service Delivery Framework in Oral Health Care





























LEARNING OBJECTIVES

At the end of the session the participant should be able to:

- Describe the oral health care services delivered at Community, SHC-HWC, PHC-HWC, and referral center levels.
- List the key tasks of the PHC Medical Officer in providing oral health care.



















The delivery of quality oral care services is envisioned as a joint team effort

of ASHAs at the Community level,

CHOs and MPWs at SHC- HWC level,

MO at PHC- HWC level and

Dentists at secondary level care.





ORAL HEALTH CARE SERVICES DELIVERED AT DIFFERENT LEVELS OF CARE





COMMUNITY LEVEL (ASHA, MPW)















Health Promotion & Awareness Generation

Through (a) Home visits and (b) Community platforms like VHNDs,VHSNC, MAS meetings etc

Oral Health Education- addressing oral hygiene practices, habits, myths, and taboos

Awareness generation of common oral diseases and their prevention including dietary advice and tobacco cessation

Special focus on pregnant women, mothers, children, elderly and medically compromised

Screening & Early Detection

Identify symptoms of common oral diseases – using CBAC (annually)

Coordinate populationbased screening for 0-18 years (under RBSK)

Early identification of common conditions during home visits

Facilitating Referral & Follow-up Care

Accompanying referred patients to the referral center, if required

Follow-up care of identified cases for treatment adherence and any side effects during home visits and outreach activities



















COMMUNITY-BASED ASSESSMENT CHECKLIST

Part B: Early Detection: Ask if Patient has any of these Symptoms					
B1: Women and Men	Y/N		Y/N		
Shortness of breath (difficulty in breathing)		History of fits			
Coughing more than 2 weeks*		Difficulty in opening mouth			
Blood in sputum*		Any ulcers in mouth that has not healed in			
		two weeks			
Fever for > 2 weeks*		Any growth in mouth that has not healed in			
		two weeks			
Loss of weight*		Any white or red patch in mouth that has not			
T BLEE		healed in two weeks			
Night Sweats*		Pain while chewing			
Are you currently taking anti-TB drugs**		Any change in the tone of your voice			
Anyone in family currently suffering from		Any hypopigmented patch(es) or discolored			
TB**		lesion(s) with loss of sensation			
History of TB *		Any thickened skin			
Recurrent ulceration on palm or sole		Any nodules on skin			
Recurrent tingling on palm(s) or sole(s)		Recurrent numbness on palm(s) or sole(s)			
Cloudy or blurred vision		Clawing of fingers in hands and/or feet			
Difficulty in reading		Tingling and numbness in hands and/or feet			
Pain in eyes lasting for more than a week		Inability to close eyelid			
Redness in eyes lasting for more than a week		Difficulty in holding objects with hands/			
		fingers			
Difficulty in hearing		Weakness in feet that causes difficulty in			
		walking			

















SHC-HWC LEVEL (CHO)

Outpatient services for oral care and opportunistic oral screening

Early detection of common dental diseases

First-level management of common dental diseases like arresting bleeding, temporary pain relief, antibiotic/anti-inflammatory medication etc

Identification and referral of cases requiring specialized care to the facility with a dentist (keep PHC-MO informed)

Maintaining case records and providing follow up care

Coordinate with health programmes such as RBSK, School health program, NPCDCS, NPPCF, etc.

Oral health promotion activities at SHC-HWC and outreach programmes

Capacity building and Supportive supervision of oral care activities carried out by ASHA and MPW

















PHC-HWC LEVEL (MO MBBS)

Outpatient services for oral care and opportunistic oral screening

Examination of referred cases from the SHC-HWC and first level management

Emergency management of pain, uncontrolled bleeding, tooth avulsion and first aid management for maxillofacial trauma.

Topical application of fluoride for caries prevention

Atraumatic Restorative Technique (ART) after adequate training

Identification and referral of cases requiring specialized care to facility with a dentist

Maintaining case records and providing follow up care

Coordinate with health programmes such as RBSK, School health program, NPCDCS, NPPCF, etc

Oral health promotion activities at PHC-HWC and outreach programmes

Capacity building of primary healthcare team and Monitoring of activities undertaken at SHC-HWCs.

















PHC-HWC LEVEL (IF DENTIST IS AVAILABLE)

Restoration of carious teeth using Glass Ionomer Cement (GIC) or Composites

Sealing deep pits and fissures with sealants when indicated

Scaling, root planning and polishing of teeth

Emergency access opening and pulp therapy to address infections of dental origin

Address fractured restorations and faulty restorations

Simple extractions and abscess drainage

Emergency management of dental/ facial trauma













SRC

ROLE OF MEDICAL OFFICER AT PHC-HWC



















O CASE SCENARIO

A lady comes to the PHC with her 10-year-old son saying that he has been complaining of tooth pain and not eating anything for a week.

There is no Dentist posted at the PHC.

Describe the roles of the PHC-MO in the management of this case and related functions.

CLINICAL

PUBLIC HEALTH

MANAGERIAL



















The following slides show a list of various services for Oral health care.

Participants will have to answer:

- At what level of care is the particular service delivered?
- Who is responsible for providing that service?

















Service	Level of care	Provider
Identifying symptoms of common oral diseases – using CBAC	Community	ASHA
Planning and organizing oral health awareness camps	Community	CHO/PHC-MO
Supportive supervision of the CHO and SHC team	PHC-HWC	PHC-MO
Coordinate with RBSK and School health program to ensure oral health check-up for all children	Community	CHO/PHC-MO

















Service	Level of care	Provider
Promote oral hygiene through VHNDs	Community	ASHA, MPW
Management of dental or facial trauma/ tooth avulsion as per clinical protocol	PHC/CHC/DH	Dentist/OMF surgeon
Follow up of referred patients to ensure compliance to treatment	Community	ASHA
Conduct and coordinate oral healthcare trainings for various healthcare workers, school teachers, volunteers, etc	PHC-HWC/ Community	PHC-MO

















REFERRAL PATHWAY

















Community level screening and early detection by ASHA, MPWs

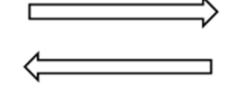
- Population based screening for 0-18 years (under RBSK)
- Completion of Community Based Assessment Checklist (CBAC) for people > 30 years
- Early detection of conditions like pain, and potential malignant lesions

SHC-HWC

Early detection, screening and first level management of common dental diseases.

- Opportunistic dental screening for individuals (18-29 years) who are not covered under CBAC for NCD screening.
- Examination of cases referred by ASHA, MPWs
- Arresting bleeding, temporary pain relief, antibiotic/antiinflammatory medication

Referral for confirmation and treatment



Follow up care

PHC-HWC

- Emergency management of pain, uncontrolled bleeding, tooth avulsion and first aid management for maxillofacial trauma
- Examination of cases referred by SHC-HWCs
- Restoration, scaling, pulp therapy, extraction, abscess drainage where dentist is available

Primary choice of referral

Secondary choice of referral

Secondary choice of referral

Treatment for tooth loss mal-alignment of teeth/jaws cleft

 Treatment for tooth loss, mal-alignment of teeth/jaws, cleft lip/palate, dental fluorosis, premalignant lesions, and oral manifestations of systemic conditions. Follow up care







Thank You











