
The Torres Strait Primary Oral Health Care Project

Initiative Type

Model of Care

Status

Deliver

Added

16 July 2018

Last updated

13 September 2022

URL

<https://test.clinicalexcelsence.qld.gov.au/improvement-exchange/torres-oral-health>

Summary

The project is using intra-oral cameras and existing tele-health technology to link the Torres and Cape Hospital and Health Service on Thursday Island with primary health personnel in indigenous communities of the Torres Cape, who will be able to seek real-time advice about oral health risk assessments, screening and referrals. Remote personnel will also be supported through ongoing mentoring and training to deliver oral health promotion and oral health disease prevention programs.

Key dates

Mar 2017

Mar 2019

Implementation sites

Torres and Cape Hospital and Health Service

Partnerships

Healthcare Improvement Unit, North Queensland PHN

Key Contacts

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Aim

- Development of appropriate oral health roles for remote primary health personnel.
- Integration of oral health assessments and first response duties within remote Primary Health Care Centres. Improving dental skill set of health care providers based in the remote locations.
- Use of Telehealth technologies to facilitate communication and clinical consultation between primary health personnel in remote communities and regional dental teams.

Benefits

- Provides training, support and dental clinical consultation capacity to remote area primary health personnel without dental facilities.
- Reduces the impact of early childhood caries on infants and children in remote Indigenous communities.
- Increases awareness of risks of early childhood caries on infants and children in remote Indigenous communities and promotes timely dental treatment for those at risk.
- Increases awareness of the current state of dental disease in remote communities, promotes timely dental treatment and in time, reducing the number of children requiring multiple dental extractions in distant regional hospitals and associated costs.

Background

The Torres and Cape Hospital and Health Service (TCHHS) provide health care to some of the most remote communities in Australia. Remote communities have a severe burden of oral disease, particularly among children. These communities have very limited access to dental services due to their remoteness. Oral conditions rate as one of the major contributing factors in acute preventable hospital admissions in Australia. Torres Strait Island Communities experience limited availability of dental care and there are no specific integrated technologies to assist with oral screening and remote primary health care providers receive little oral health training. The [Integrated Care Innovation Fund](#) provides financial support to innovative projects that deliver better integration of care, address fragmentation in services and provide high-value healthcare. Funded projects also demonstrate a willingness to embrace and encourage the uptake of new technology alongside the benefits of integrating care and improving communication between health care sectors.

Solutions Implemented

Dental clinical telehealth consultations will be conducted in remote communities using video-conference and intra-oral camera technologies. Dental Officer based at the Oral Health Unit on Thursday Island will provide live consultation with the patient and remote Health Care Provider through MOVI/Cisco Jabber and will view mouth and teeth in high detail using the intra-oral camera which is linked to both of their computer screens. Health Care providers based in the remote communities of Torres Strait will receive face to face training in oral health assessment and use of the new technology, followed with the mentoring and support from the Project Team.

Evaluation and Results

The completed Implementation phase of the innovative Project has brought dental education and training on the use of dental cameras for oral assessments to the 15 Primary Health Care Centres in the Torres Strait. This allows health centre staff on ground to perform oral assessments through health checks and other opportune appointments and promote oral health care in remote communities. Processes have been initiated for better and more direct communication and alignment of services between remote Primary Health Centres and Regional Dental Clinics. For sustainability of processes initiated, more resources are required to continue reinforcing consultations between Primary Health Centre, Dental and other associated staff in the health system.

Lessons Learnt

Integration of services requires strong stakeholder engagement and effective communication with Health Care Centre staff and management as well as acceptance of services by patients. Implementation of the project in the remote locations necessitates flexibility in delivery of training and education.