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Review Article

SAARC-PT model: Endeavouring quality dental care

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Abstract: India has more than 290 dental institutions producing over 25,000 BDS graduates. There has been a marked improvement in the dentist to population ratio from 1: 80,000 in 1980 to 1: 42,500 in 1990 and at present approximately 1:13,000. Until now emphasis has been on increasing the number of dentists. Can there be a twist? Concentrating on the quality of care rather than the number itself. In future, the key for health care should be on Quality care. The present paper focuses on the dimensions of improving quality by providing safety of the care, environment, accessibility, appropriateness, research, continuity, patient satisfaction and trained professionals/ Auxiliaries which is a core component in providing quality care SAARC- PT model. Improving quality to combat quantity issue is our next move. Constant monitoring and quality assessment, leading to quality improvement on proactive preventive approach to redefine the future public health.
Keywords: SAARC- PT, Quality dental care, Quantity dentistry, Safety of care, Patient satisfaction

INTRODUCTION

According to the World Health Report 2006, India has 0.60% doctors, 0.80% nurses, 0.47% midwives, 0.06% dentists and 0.56% pharmacists respectively per 1000 population indicating acute shortage of dentists [1]. This acute shortage demands for an increase in the health work force. Therefore to address this issue more than 290 dental institutions producing over 25,000 BDS graduates have been established. There has been a marked improvement in the dentist to population ratio from 1: 80,000 in 1980 to 1: 42,500 in 1990 and at present approximately 1:13,000 [2]. This demonstrates that the emphasis is more on increasing the number of dentists.

Why are we concentrating on number? We all the time look at it as, for every 7500 population there should be one dentist. That is true, can't we think a solution to circumvent this problem. Can there be a twist in the Tail? Have we ever thought, what we have is sufficient? What we are doing is complete? Are we giving Quality services? Rather than asking for more, what can be done with the present resources?

The concentration should be more on the quality care rather than the number itself. In future, the key for health care should be on Quality. Quality in health care and health system needs to take a whole-system perspective, and reflect a concern for the outcomes achieved for both individual service users and whole communities. Let us glance with the present and required future scenario Fig: 1.

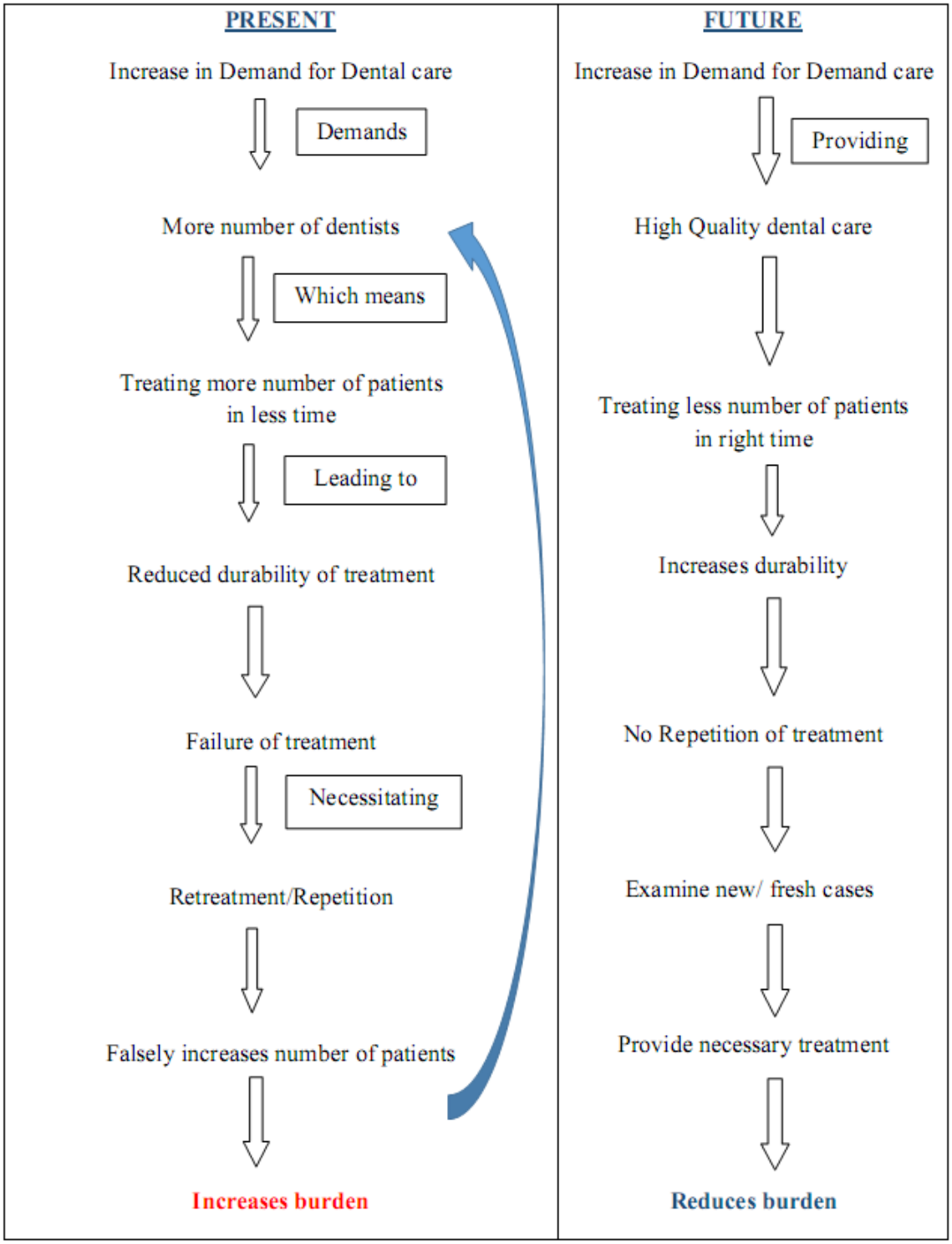

Fig 1: The present scenario and the required future scenario in Quality Dental Care

To achieve this, we propose a model which emphasises on factors having a high bearing on quality of dental care. "SAARC-PT". Fig: 2

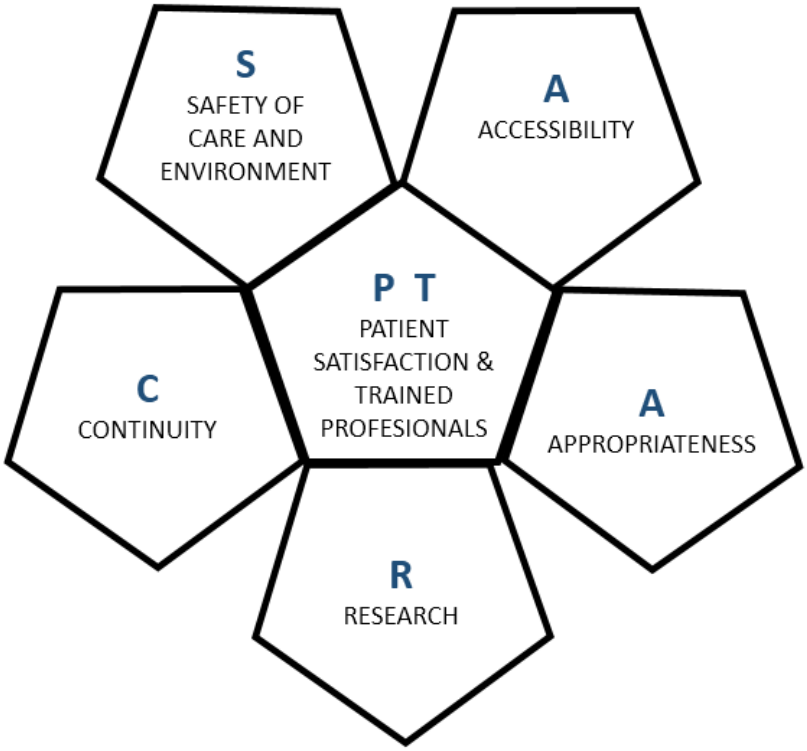

Fig 2: SAARC –PT Model for quality dental care

QUALITY TO BE EMPHASISED ON:-

SAFETY OF CARE AND ENVIRONMENT

Few fatalities have occurred as apparent by the result of failure to follow safety guidelines or of the use of inappropriate or outdated information related to the technology, such as usage of magnetic resonance imaging. The FDA indicates that MR-related acoustic noise levels must be below the level of concern established by pertinent federal regulatory or other recognized standard setting organizations. Therefore these kinds of unsafe measures should be stopped since it produces significant biological ill effects.

There are a number of hazardous dental wastes that, when disposed improperly, could cause harm to the environment and the patients. It includes chemical solutions, lead foil film backing, mercury, scrap dental amalgam, fluorescent tubes and batteries. If liquid hazardous wastes are discharged into a sewer system, they potentially impact the waste water treatment plant, and/or pass through the treatment plant into the bay, ocean, river, or other receiving waters. Alternatively, if materials are disposed of in the trash, they may eventually contaminate the soil, ground water, or create a public health problem. Most chemical waste streams generated in the dental office can be managed as non-hazardous waste, when proper disposal guidelines are followed [3]. These are only a few examples which highlight the importance of safety of care and environment. Less or no mishaps in safety care and safer environment drive in more patients, thus reducing the burden of dental diseases.

ACCESSIBILITY

'Inverse care law' explains that, the most in need of dental care are the least likely to receive it. Accessibility is one of the major issues which are being continuously developed due to the inequalities that exist. This can be improved by-

a) Providing a proper transport service from their region to the nearest general/ dental hospital.
b) By instituting Mobile Dental services and latest technologies through institution (private) and government sector.
c) Enabling the practice to provide a greater range of preventive services (health education and health promotion) that reduces demand for primary health care over the long term, particularly in under-served populations.
d) Enabling the PHC / general medical practitioner with dentist to focus more directly on patients who have greater need of their enhanced expertise, (i. e.) to have dentist and specialist at the primary health centre [4]. The Quality to be emphasized on is explained in Fig: 3.

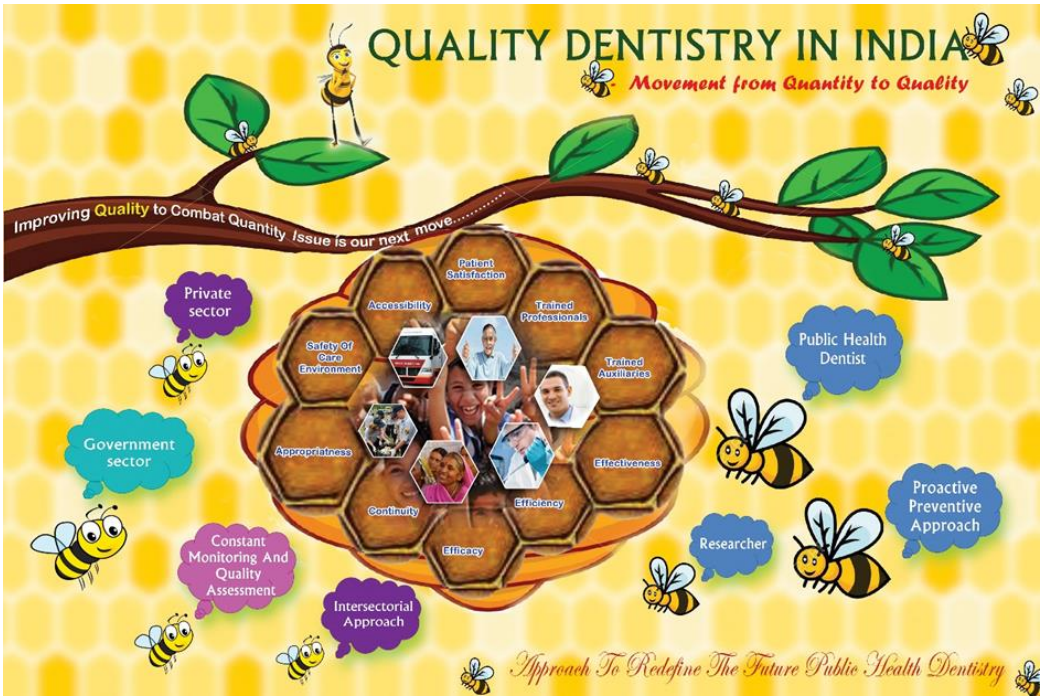

Fig 3: Quality dentistry in India- Movement from Quantity to Quality

APPROPRIATENESS

However best is the technology and methods used, if it does not benefit the situation the quality of care zeros down, for example installing a CBCT in a community center which lacks basic amenities reflects in-appropriateness. The decision related to the choice of treatment, methods and expense is a complex process. Therefore the dentist should be prepared for an appropriate treatment plan for the respective population or community where he is providing service.

DENTAL RESEARCH (EFFICACY, EFFICIENCY AND EFFECTIVENESS)

Evidence based dental practice has gained momentum. Evidence for dental practice is derived from high quality research. It has a direct relationship; High Quality Research provides good evidence and best Evidence based dental practice. Many publications can be found reporting on the quality issues in Oral health research. In many of the studies the study design, statistical design and analysis are not given due importance which is indeed for a quality research. Robinson *et al.;* (2006) discussed that essential information; reporting and levels of taking measurement also exist as a problem. Improvement in the quality of oral health research can be done in three stages a) Planning b) Conduct of the study c) Analysis.

In planning stage, the researcher should emphasize on the research question, what are the outcomes, i. e. primary and secondary outcome, framing a proper hypotheses, the study design, scientific sample size calculation, ethical and the financial aspects. Researcher should meticulously follow the guidelines of research methodology. Transferring of data from paper to computer requires special attention to guard the quality of research.

In analysis stage, whether proper and appropriate statistical tests are being used and discussed judiciously. Science Citation Index (SCI) and Institution of Science Information (ISI) indexed journals publish high quality research. Authors may improve the quality in reporting by utilizing the guidelines and checklists like STARD, STROBE, CONSORT and TREND for various study designs [5].

CONTINUITY

Dentists recall the patients once in six months; but how many of the patients really turn back? Patients revert back only when the situation worsens. Instead if the dentists follow up the patient and continue to be in touch with patients by providing health tips, remainders over the electronic gadgets, this may help in returning of more patients. When patients are on regular follow up, failure of treatment and new diseases can be identified at the earliest. Such continuity of care enhances the overall quality of dental care. Continuity of care as periodic preventive dental visit at six months the best way to control dental disease [6].

PATIENT SATISFACTION

'More people want more say about their health and health services'. The growing impact of patient satisfaction level will have an effect on the success of dental practice. In a study, 46% of patients switched their dentists because they were dissatisfied by the way they were handled by their dentists. The emphasis to be done depends on various factors such as age, gender, economic status, dental experience and dental anxiety.

Elderly people aged more than 60 are considered to be more satisfied people when the communication with the doctor is good. Females are more satisfied compared to males when the needs are properly addressed. Low economic status patients are considered to be less satisfied as compared to middle and high economic status; this is due to negative perceptions about dental care and lower intentions to seek care. Satisfaction with dental care is heavily influenced by previous dental experiences, dentists who had consistently performed well in the past could always do better or worst respectively. The dentally anxious individuals are more dissatisfied with dental care than their non-anxious counterparts; here the workout on dental anxious or diversion from anxiety will play a major role. Two well-known survey instruments, the Dental Satisfaction Questionnaire (DSQ), and the Dental Visit Satisfaction Scale (DVSS) can be used [7].

TRAINED PROFESSIONALS AND AUXILIARIES

Trained professionals and auxiliaries can be obtained by improvising the dental education system throughout the country. It can done by three phases by setting-

a) Short term goals- improving the effectiveness of undergraduate dental education by utilizing latest audiovisual devices and technologies, clinical sessions and utilizing the Internet to increase the number of exposure, sharing the resources and knowledge from other institution and by taking students feedback.
b) Long term goals- steps need to be taken to increase the clinical exposures and practice of the students during their training, increasing pedagogy courses, use of problem-based learning, evidence based curriculum, and competence-based education curricula with latest application.
c) Improving teaching quality- quality of individual classes can be improved by writing instructional objectives, use of active learning, cooperative learning, assessment and evaluation of teaching quality, and Student-centered instruction as a customer focus. Empowerment program for driving out fear. Collaborative or cooperative learning to be adopted as a new philosophy and improve teamwork. Felder and Brent *et al.;* Examined in detail the application of concepts of Total Quality Management (TQM) these type of qualitative concepts should be taken into consideration by the institution and the training centers. All of the concepts should also be applied simultaneously to the dental auxiliaries who also assist and perform laboratory work which sufficiently saves time and improve quality [8].

The ideal approach is to reform dental education for all institutions and hospitals to work to identify common challenges, share experiences and pool intellectual resources [9].

CONCLUSION

We endorse the recommendations by World Health Organisation (WHO) which emphasises on the following. Effective health care delivery that is adherent to an evidence base and results in improved health outcomes for individuals and communities, based on need. Efficient health care delivering in a manner which maximizes resource use and avoids waste; accessible, delivering health care that is timely, geographically reasonable, and provided in a setting where skills and resources are appropriate to medical need. Acceptable/patient centred delivering health care which takes into account the preferences and aspirations of individual service users and the cultures of their communities. Equitable delivering health care which does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status. Safe health care delivery which minimizes risks and harm to service users [10].

Quality of care is a never ending system of health care. Responsibility lies on the shoulders of Individual dentist, Public Health Dentist, Researcher, Government sector and private sector. Since it is difficult to change ourselves, are we simply trying to pass on the ball to the other court? Ponder; you can bring in the necessary change.

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