

THE PROBLEM OF DENTAL PUBLIC HEALTH

Lecture 3

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Objectives

- ▣ Discuss goals of public health in general
- ▣ Assumptions related to patient care
- ▣ Models of clinician-patient relationship
- ▣ Understand values in health care

Goal of Health Care?

- ▣ Prevention of premature death and disability
- ▣ Enhancement of current quality of life
- ▣ Support of personal growth and development

Assumptions

Assumption 1

All patients want to avoid death above all other goals up to the point when life becomes intolerable or loses its meaning

- That point is different for each person
- People's opinions about this may change somewhat over time

Assumptions

- ▣ Assumption 2
- ▣ Quality of life depends primarily upon the ability to do things that give life meaning
 - Those things will be very different for different people
 - They will change over time

Assumptions

Assumption 3:

Oral health is fundamental aspiration that should be supported by right of access to dental care.

Assumption 4:

Gross inequalities in oral health and access to dental care are unacceptable

Assumptions

Assumption 5:

Promotion and protection of oral health
contributes to better quality of life

Assumption 6:

Each person should have access to adequate
level of dental care

Four Models of Clinician-Patient Relationship

- ▣ Paternalistic – clinician chooses interventions most likely to restore the patient's health and well-being
- ▣ Informative – clinician describes options, let the patient choose
- ▣ Interpretive – clinician elucidate patients' values and helps them select interventions that realize those values
- ▣ Deliberative – clinician helps the patient choose the best health-related values that can be realized, given the situation

Emanuel EJ and Emanuel LL. Four models of the physician-patient relationship. JAMA 1992; 267(16): 2221-2226.

Creating a high value health care system

- ▣ Today 21st century medical and dental technology is delivered with 19th century organization structures, managed practices.

Objective function of health care

- ▣ Quality
- ▣ Safety
- ▣ Evidence based medicine/ dentistry
- ▣ Patient satisfaction
- ▣ Cost containment
- ▣ Equity
- ▣ Access

Value in health care

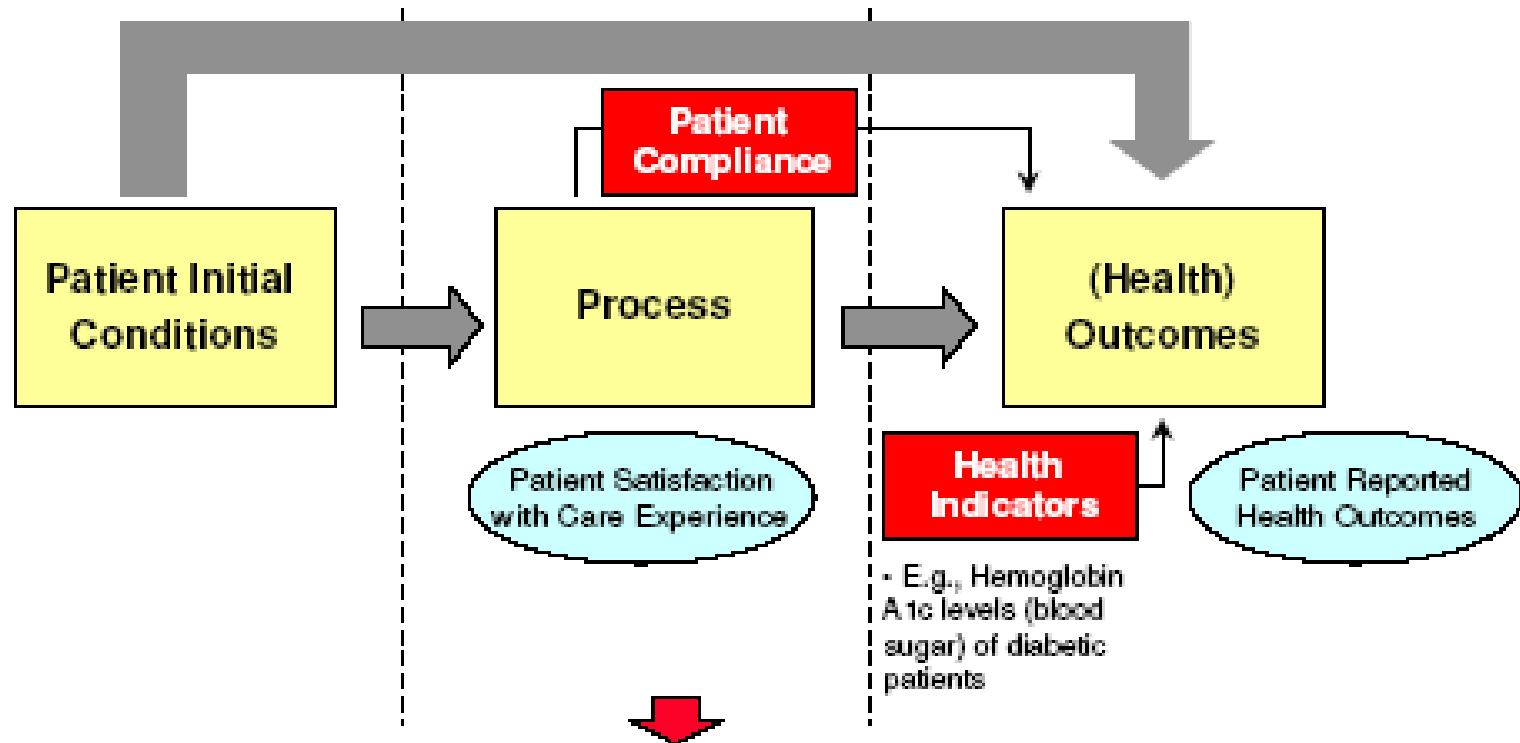
- ▣ The purpose of healthcare is to deliver value to patients
- ▣ Value must be measured by **outputs** not **inputs**
- ▣ What does that mean?

Value in Health Care

- ▣ Value: Patient health outcome per dirham spent
- ▣ Therefore:
- ▣ In dentistry (just like any other field), value must be defined around the customer
- ▣ Value should be defined by outputs

Measuring Value in Health Care

Outcomes versus Processes



- Process compliance is **not quality**
- Process compliance is **not value**
- Process compliance **leaves out** crucial influences on value
- Process compliance tends to **freeze** or **assume current delivery structures**

The questions are

- ▣ How to define value?
- ▣ How to design a health care system that continually improves value?

Measuring value in health care

▣ Value = Quality / Cost

Quality medical care can be defined as that care that has the capacity to achieve the **goals** of both the physician and the patient.”

Steffen GE. Quality medical care. JAMA 1988; 260(1): 56-61.

“Relational value” refers to the development, between a clinician and patient, of greater **knowledge, understanding, common purpose, and trust.**

Zubialde JP and Mold JW. Relational value: Bridging the worldview gap between patients and health systems. Fam Med 2001; 33(5): 393-398.

Measuring value in Practice

- ▣ Need to track outcomes and cost for every patient

What is the benefit of doing that?

- ▣ A. More knowledge about outcomes/ Cost
- ▣ B. Compare performance of all providers

Measuring outcomes

- ▣ There are several outcomes for every medical/dental condition
- ▣ Survival
- ▣ Safety

Patients may put different weight for each outcome

Improvement in delivery of certain outcomes, will lead to attempts to achieve excellence in other outcomes

What would be an example in Dentistry?

Measuring outcomes



Source: Porter and Teisberg, 2008

Example: measuring oral cancer outcome

Survival

Survival rate (number of years)

Degree of recovery/health

- Remission, function status, prosthetic outcome

Time to recovery

- Time to achieve functional status (could be few months to few years)

Measuring oral cancer outcome

treatment related discomfort,
complications

- Nausea, vomiting, inability to eat

Recovery or health over time

- Cancer recurrence
- Sustainability of functional status

Long term consequences of
therapy

- Incidence of secondary cancer

In Summary

Need to have priorities:

Why?

We have reached a point in the evolution of health care where there are many more things that can be done than any patient is able to do. *(This will get dramatically worse once we all have our DNA sequenced at birth.)*

Both clinicians and patients must therefore learn how to prioritize available interventions based upon personal goals, values, preferences, resources, and action constraints and the potential impact of each intervention.

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