Review Article

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ENVISIONING A BETTER PATIENT CARE IN INDIAN SCENARIO

Naresh Khandelwal, * Ritesh Modi, ** Preksha Pewa, *** Virendra Singh, † Dushyant Soni, †† Sushil Choudhary †††

* Reader, Department of Orthodontics and Dentofacial Orthopedics, Mithila minority Dental College and Hospital, Darbhanga, Bihar, India
** Reader, Department of Prosthodontics, Eklavya Dental College &Hospital, Kotputli, Rajasthan, India
*** Post Graduate Student, Department of Public Health Dentistry, Vyas Dental College and Hospital, Jodhpur, Rajasthan, India
† Reader, Department of Prosthodontics, Jodhpur Dental College & General Hospital, Jodhpur, Rajasthan, India
†† Reader, Department of Prosthodontics, Jodhpur Dental College & General Hospital, Jodhpur, Rajasthan, India
††† Post Graduate Student, Department of Orthodontics and Dentofacial Orthopedics, Jodhpur Dental College & General Hospital, Jodhpur, Rajasthan, India

ABSTRACT

Envisioning a better patient care becomes tricky when we think in terms of Indian framework where a great divide exists as one class of people ask for high end dentistry and other class still suffer from untreated oral diseases. To find solution for this fiddly situation extensive literature survey was done to get studies and reviews relating to the various appropriate ways for improving patient care. Endnote software was used as resource material to collect literature which was carefully arranged in a synchronized way. Dental health education, dental insurance, supporting and implementing the principles of primary health care and health promotion would be uplifting. Inclination towards preventive dentistry will be highly appreciable. Advancement in Pedo-dontic and geriatric oral health care facilities, dental home and oral health literacy can give an attention-grabbing result. Oral health economic evaluation, dental informatics and Tele-dentistry will be the bedrock for envisioning a better patient care.

KEYWORDS: Health education; dental insurance; dental home; dental informatics; tele-dentistry

INTRODUCTION

Visual imagery of better patient care truly is very interesting, especially when we think in terms of Indian context. India is presently a rich kaleidoscope, with the rich coexisting with the poor, with the best that the technology can offer, contemporaneous in a country still afflicted with infectious diseases long conquered and vanquished by the West.[1] The developed countries, the world over have made rapid strides in health sector, while developing and underdeveloped countries are still grappling with the absence of basic health facilities which calls for revisiting the underlying social, economic and political causes of poor health.[2] We still live a country where a large section of the populace is struggling for basic amenities like food, clothing and shelter. People still defecate in open fields, 80% of women in reproducing age suffering from anaemia, deliveries of pregnant women in rural areas still being carried in the absence of medical supervision. The situation is compounded when the plea and cry for health care facilities in the underserved areas of India falls into the deaf ears of politicians.[3] But with the other way round where Indian economy opening up in the past couple of decades, India has witnessed major overhaul not only in its economic sector, but also in the social and cultural spheres of life. The middle class section of the society is now able to dream of certain aspects which were unimaginable at one point in time. It is in this context that one has to envision better oral health care for the future.[3]

LET'S MAKE PEOPLE HEALTH EDUCATED

Health education is the most valuable warhead in the hands of health professionals which if in line with the felt needs of the population can make people think wisely to improve their oral health. But systematic review done in the field of oral health education is not very encouraging.[4] This situation is further complicated by health professionals who are strong followers of normative needs as they think that they know the best regarding what sort of services and health

education people need which makes health education a failure.[5] In India people suffers from infectious diseases, nutritional deficiency diseases, systemic diseases and systemic effects of the certain diseases which makes people unfit for work and even gives a threat to their life[3], but when it comes to oral diseases which are not life threatening and people can survive even without dentition for long, it becomes very difficult to educate people for prevention and treatment of oral diseases.[6] In spite of all these we can't afford to sit with the fingers crossed and let people suffer from oral diseases, as it is very painful condition when full blown, so to make health education effective many and many newer models are emerging, which require meticulous understanding and applicability in different situations, and even till today none of these models have proved themselves worthy.[6] Reasons for the failure are many, the first reason is, till today we are not successful to unearth the exact aetiologies for the oral diseases because of their multifactorial nature, till today we don't know the exact mechanisms for the causation of the dental caries, periodontal diseases, malocclusion and the emerging killer of the century, oral cancer. Health professionals talk in terms of *risk factors and web of causation* which is insufficient in terms of establishing the causality and hence aetiology. It is just like a fly, buzzing about in a sunny meadow one afternoon, changes its course towards some vegetation and suddenly becomes trapped in a spider's sticky web. The spider bites, paralyses, and then eats the fly. What caused the fly's demise? Its change of course? The sticky web? The venom? The spider? while some of the other flies crossed the same vegetation without any events. It becomes very difficult to answer this sort of situation with certainty.[7] Health education should be evidence based coupled with ingredients of ethics and should be complimentary to the local culture. So further analytical and experimental studies are required to find out the correct aetiologies of the oral diseases or if not then the percentage contribution of a particular risk factor in causing a particular oral disease. Oral health care professional should work together with other health professionals for the development of such health education models which becomes culturally and linguistically competent and the message form the health education becomes more embracing.[8] Health education has not been accorded a place of pride in government organizations, non-government agencies, educational institutions and media organizations in India.[9] Oral health education is so ignorant by the health professional that it's looking like oral health education in no one's job and the patients are paying the price for that.[6] If we want to improve this situation there should be some legislation like Oral health educator post in the central and state government run health care system, or oral health education should be tailored with the duties assigned to Anganwadi workers, multipurpose or ASHA workers through primary health care in the India and along the lines of bare foot doctors we should increase the number of dental auxiliary to provide the dental treatment where ever needed. The dream of '**Health for All By 2000 AD'** has not been translated into a reality mainly due to lack of formal and informal health education in India as health education is not managed compulsorily, systematically and meticulously and even 'Health Goals for 2010 and 2020' will be poured out until unless magnitude of health education is renowned.[5]

DENTAL INSURANCE: SOLUTION TO FINANCIAL BARRIER

Once people are motivated and the barriers of culture, attitudes, beliefs and language are conquered the next step is to overcome the financial barrier which is the most important factor in deciding the utilisation of oral health services. Cost of dental treatment includes both direct and indirect costs which are soaring; it becomes very difficult for people in underserved areas to seek dental treatments,[10] now here the concept of dental insurance comes into the scenario. Finding people trustworthy for insurance is difficult and unfortunately Indian dental insurance sector is in its nascent stages and currently only a handful of dental insurance plans are available on a standalone basis. A very few dental plan offers cover against sudden financial hardship due to dental emergencies.[11] Regular dental care roots out the need of major costly restorative repairs and when one adopt a dental health plan at discounted rates, it encourages one to be more aware about the health of one's teeth and as a result, one start visiting his dentist

Frequently.[12] Till now dental insurance plans are very much in the embryo stage and still insurance plans exists only for maxillo-facial fractures which require hospitalisation not for other dental treatments yet, even people are also less concerned to get insurance for other treatments like filling, extraction and scaling because these are not costly in India, but the time is not that far when we'll see mushrooming of these dental insurance companies providing insurance for all dental treatments.[6,11] Every dentist should focus on prevention; we should motivate dental insurance companies to finance for the preventive services like pit and fissure sealants, fluoride applications at schools and at community level, preventive resin restorations, incremental and comprehensive dental treatments. All these steps may pave the way for utilisation of the oral health services and more proclivities towards the preventive behaviours.[13]

REMOVING THE INEQUALITIES / INJUSTICE FOR HEALTH MATTERS

Strengthening the primary health care system which upholds the principle of Equitable Distribution of health services i.e. health services should be equally shared by all the people irrespective of their ability to pay, and all rich or poor must have access to the health care services, but unfortunately Indian scenario follows inverse care law and the process is termed as social injustice, this results in oral health care inequalities and the worst hit are the most needy and vulnerable groups in the rural areas and the urban slums. Primary health care aims to redress this imbalance by shifting the centre of gravity of the health care from cities to the rural areas and bring these services as near as people's home as possible.[6,14,15]

a) Bridging Gap between Health Care System & Health Professionals

We should focus on upstream approaches of oral health promotion and according to the which one of the components is Building Healthy policies which mean that working together to ensure that all organisations must take into account of the potential health effects of the policies they develop and implement,[13] e.g. when government can make policies to build houses, playgrounds, theatres, schools, facilities for transportation and providing household stuffs with subsidies for defence so that when they are posted in some rural or remote areas they should not feel deficient, why can't government make such policies for doctors and dentists too when they are posted to the rural areas through primary health care, little more hike in salary, provision of recreational facilities, good housing and good schools for their children will be a boosting factors for the health care professionals to work in rural areas which helps in bridging the gap between health care system and the health professionals. Other principle of oral health promotion is Creating Supportive Environment which means that the environment where people live should be conducive to health.[16] Like oral health care products should not be expensive and people should have access to purchase them, e.g. all the oral health care product are considered as luxury items so the tax on tooth-paste and tooth-brushes are more which makes them expensive and ultimately people have to pay the price, rural people who cry out for their daily livings, purchasing costly oral health care products would be very difficult for them.[17] Government should take steps to provide these oral health care products for much cheaper rates and it should be available at each and every shop of the villages so that the financial and the accessibility barrier between cost & purchasing can be bridged.

b) Heart of Practice→ Prevention, competence and capacity building

It's been fittingly told that 'Practice of Prevention in Dental/Medical Field Is the Slum Land of Townscape'. To incline oral health professional towards more towards prevention the curriculum and the teaching system for dentistry should also be modified, as we have to re-orient our curriculum and teaching more towards prevention along with curative services.[6] We have to focus on prevention because of the scarce resources; we can't afford to treat whole country, so the teaching part should concentrate more on prevention.[6,17]

c) Crossing the Bridge between Rural/Urban Divide

To break the rural/urban divide in terms of health and to make outreach programmes successful the policies makers should learn from the advertisement companies and the big players of the globe like Pepsi, coca cola, Procter & gamble, Cosmetics Industries etc. They execute propaganda in such a way that they cross each

and every barrier of the society that even an illiterate villager knows what is Pepsi and Coca-Cola, likewise government, big institutions and Dental Counsel of India learn marketing style from these to deliver health messages that every villager know what is meant by oral health and how to preserve and promote oral health and make them know that good oral health is important for good general health also. In country like India, people get more easily influenced by their role models they think like Religious Leaders, Actors/Actress and the Politician, we should utilize them for the propagation of the concept that oral health is the gateway for the general health and people should take necessary steps towards preservation of it. They can also help in removing the dominant taboos still existing in the 21st century. Our government should promote the utilisation of the locally available resources and should promote indigenous oral health care products like Babbol, Vicco, Anchor toothpastes & tooth brushes**.** Government should provide funds for the research in the area of the development of indigenous oral health care products.

SERVICES: THERE IS DEFINITE SCOPE FOR IMPROVEMENT

Now when the patient has entered the oral health care system by overcoming all the barriers, betterment of the oral health services should be focussed upon, which first of all should include stress on the prevention which includes chair side health education, which according to the recent literature is the most effective and lasts long.[18] Then at the time of completion of the treatment patient should be educated according to the diseases he is suffering from and susceptible for. Diet counselling, genetic counselling for cleft palate or cleft lip and tobacco counselling will prove very effective.

a) Dental Home→ Let's Make Oral Care Easy for Children and Parents

When it comes to the Pedo-dontic care the concept of Dental Home is the most effectual in continuing the utilisation of the dental care. The dental home is a locus for preventive oral health supervision and emergency care. It can be a repository for records and the focus for making specialty referrals.[19] When culture and ethnicity are barriers to care, the dental home offers a site adapted to provide dental health care delivery which is sensitive to family values. Exposure to dental home early in the child's life can expose a child to prevention and early intervention before problems occur, reduce anxiety and facilitate referral. Characteristic of dental care home are continuos, comprehensive, family centred, accessible, culturally competent, co-ordinated and compassionate.[19] The dental home could increase opportunities for preventive oral health services for children that can reduce oral disease disparities. The dental home is a concept that deserves support, further investigation and, in conjunction with the medical home, would provide the comprehensive health care to which all children are entitled.

b) Oral Health Literacy - Prescription to End Confusion

Now a days there is a developing concept of Oral Health Literacy which is defined as by (NIDCR) as – "the degree to which individuals have the capacity to obtain, process and understand basic oral health information and services needed to make appropriate health decisions".[20] It is proved that those who have less health literacy have poorer knowledge about health conditions, lesser use of preventive services, Medication non-adherence, higher hospitalization rates & Poorer self-reported health.[19] So indices like **REALM** (Rapid Estimate of Adult Literacy in Dentistry) and **TOFHLID** (Test of Functional Health Literacy in Dentistry)[21] should be implemented in institutions to measure and teach oral health literacy so that patients can read and follow instructions properly and adhere more towards medication and instructions.

c) New Avatar of Primary Health Care

From the demographic profile of India, it's very clear that our population has the highest child population which is around 27-33%,[13] and these are the ones who are victims of dental caries and needs prevention, early detection and correction. So at the primary health care level there should be jobs for the Pedo-dontists along with Public Health Dentists. Along with primary health care, there should be Selective Primary Health Care which selectively attack on a region's most severe public health problems would maximize improvement of health in developing countries.[22]

Geriatric Patients

Facilities of oral health care for Geriatric Patients in long-term-care facilities should be incorporated

into the primary health care. Barriers to improving the dental management of institutionalized geriatric patients should be discussed. The elderly population segment is the fastest-growing population, which presents a great burden to dental health professionals. Institutionalized geriatric patients are currently not receiving adequate care, and the number of these patients will double by the year 2020.[23] Commitment by dental professionals to meet the oral health needs of this underserved population is key to the improvement of and change in the current status of this population.

d) Justifying Cost and Benefit→ Economic Evaluation

What all policies we make, what all resources we spend for the detection and correction of diseases, we need economic evaluation that whether the resources we spent, up to what extent they have been successful in reducing the burden of disease or whether it has reached the needy people or not according to our aims and objectives.[24] So Economic evaluation is defined as 'comparative analysis of the alternative course of action in terms of both their costs and consequences'. This is becoming the fundamental science to examine the effectiveness of the oral health care delivery system.[25] It Helps Strengthening National Services for Health Care by

1) Efficient services that more individuals can be treated by the same resources
2) Avoid misdistribution of scanty resources, & to provide resources to those in need to increase 'rationing' or to provide smaller and effective range of services.

e) Dental Informatics→ Emerging Vital Pulse of Dentistry

Further the concept of dental health informatics should be brought into the institutions and at the governmental levels so that any information about the patient's diagnosis of the disease, its investigation reports, treatment planning and the treatment has done will be available through health information exchange for further discussions and improvement.[25, 26] It also fulfill the principle of autonomy that patient have all the rights to know about the treatment done to him/her and when it is available through internet and by doing this dentists or physician can't cheat the patient too, it also improves the doctor-patient relationship and builds the trust between them and helps more to the adherence to the services.[27] If the electronic health records are available through internet then it helps in the diseases surveillance and notification.[28] So it's been very correctly told that if physiology means 'physiology of life' and pathology is the 'logic of disease' so Health informatics is the 'logic of health care'

f) Tele-dentistry

Tele-dentistry is imparting various section of dental care where the patient and dentist are not in the same setting. Tele-dentistry currently offers real-time 'live' and 'store and forward' videoconferencing and consultations. Patients are able to receive care without taking time away from work or home to travel to the dental office. Tele-dentistry has the advantages of convenience and access.[28,29] The use of Tele-dentistry for specialist consultations, diagnosis, treatment planning and coordination, and continuity of care provides aspects of decision support and facilitates a sharing of the contextual knowledge of the patient among dentists.[30]

CONCLUSION

It's been thousands of years since Galen told that "Health and disease both are important but health precedes the disease". It implies that health has to be preserved first then disease has to be treated. Even according to Chinese tradition, great doctor is the one who treats not someone is already ill but someone not yet ill. But still our health care delivery system is based on curative treatments still prevention is not the priority. As the trends of the dental diseases are changing, technologies are fast improving; patient expectations are changing and the role of dentists too is changing. There is now evidence which implicates social, cultural and behavioural factors in the causation of oral diseases. So it is the need of the hour for the oral health professionals, the politician and the governmental to bring the necessary and productive changes for the betterment of the services to the patients. It is the prime importance to acknowledge the link between oral health and general health and wellbeing of the individuals. It is also crucial to link the need for better oral and general health with the overall socio-economic development of the common man in India. These shifts will have to be accompanied by a strong political will. One has to be optimistic about future of oral health care in India, but his optimism has to be guarded opined, so that we

oral health care professional can be called as good pilots of the dream envisioning a better patient care in Indian scenario.

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