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Quality Assurance and Improvement Systems for Oral Health in India and the Relationship of Educational Innovations.

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ABSTRACT: What quality assurance and improvement systems for oral health services are relevant cross culturally and how can related educational innovations be utilized effectively. In Western countries, a variety of philosophies and models are applied in health systems to address quality and safety associated with oral health services. The value may relate to one or a combination of the following issues. Accountability to the public, variations in clinical decision making, the potential for continuous improvement in clinical care, quality as a potential mediator for cost and access issues, risk management, guideline development and marketing issues (Best,1999). In Australia, The Australian Council on Health care Standards has developed a continually evolving accreditation system for use in health services. Clinical Governance frameworks have a high profile in the United Kingdom. It is imperative that the educational elements of these philosophies and models are optimized. A great deal of further research is required and evidence developed on how professional knowledge should be packaged and used in relation to quality and safety issues from both public health and clinical perspectives. The focus of this paper will be an appraisal of quality and safety philosophies and models and performance review for oral health services and the linking of education research and utilization of educational innovations to optimize quality and safety outcomes for different stake holders

Introduction

A variety of philosophies and models are applied in health systems around the world to address quality and safety associated with oral health services and oral health promotion. The value may relate to one or a combination of the following issues, Accountability to the public, variations in clinical decision making, the potential for continuous improvement in clinical care, quality as a potential mediator for cost and access issues, Risk management, guideline development and marketing issues.

The functionality of oral health teams resides in a complex environmental milieu. Impacting upon the functions of oral health teams are also the functions of a variety of organizations, associations and third party groups. These include Dental Boards, Professional Dental associations, consumer groups, government

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bodies and insurance companies and with these bodies are associated various forces[1]. (social, political and economic) which are constantly changing. The response of the dental profession to forces impacting on quality and safety issues in health acre have in some instances occurred at strategic levels and have been coordinated internationally and in others have occurred at strategic levels and have been coordinated internationally and in others have occurred at an intra country or intra state level or have occurred in relative isolation such as single service quality studies. Some responses to quality issues for oral health teams in dental practice have been direct ones, such as the development of quality assessment instruments and others have been indirect, for example those occurring in the continuing education discipline. Examples include

Responses by Regulatory councils/Bodies

These include changes to fitness to practice regulations, complaint systems and mandatory continuing education and matters relating to oral health tea development[2].

Review of the structure and scope of dental quality assurance systems in different countries

Formation of specific Dental Councils/Bodies

As an example, at a meeting in December 1992 of the Committee Representative of the Dental Profession in Australia (CRODPA) a decision was made to establish an Australian Dental Council (Anonymous 1993;7), the role of which was defined in general to be "to ensure that standards in dentistry in Australia are maintained at a high level". As part of its function this council has implemented processes to accredit university based Dental Schools[3.]

Development of clinical governance systems

Clinical Governance is a contemporary concept to optimize quality, safety and continuous improvement in dental practices. It was defined by the Department of Health, England 1997 as a framework through which NHS organizations area accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care can flourish [4]

In May 2006, Primary Dental Care Services, NHS England Published an updated framework for clinical governance comprising 12 themes, which relate to core standards for better health defined by the Department Of Health[5]. The 12 themes are set out below.

- Infection Control
- Child Protection
- Dental Radiography
- Staff, Patient, public and environmental safety.
- Evidenced- Based practice and research.
- Prevention and public health
- Clinical records, patient privacy and confidentiality
- Staff involvement and development
- Patient information and involvement
- Fair and accessible care
- Clinical audit and peer review

There are educational elements for raising awareness of this framework, its implementation as well as elements implicit to specific themes[6]

Development of accreditation options for Dental Practice In Australia, the Australian Council on Healthcare standards has developed a continually evolving accreditation system for use in health services. It has traditionally been used for Hospital Accreditation but dental services have been accredited using the equip modules characteristic of this system. The quality Improvement Council Limited uses Australian Health and Community Service Standards for accreditation activities, with a focus on primary health care services and the social model of health. In India, IDA (Indian Dental Association) is an independent and exclusive body of dentists, committed to improving public oral health and harnessing its vast resources for promoting advanced science based dentistry through clinical research and development of high standards for dental care in India[6].

Development of clinical guidelines

An example of a national level clinical guideline involves the single use of endodontic instruments.(Department of Health, United Kingdom, 2007)

Educational Initiatives

These have included increasing accessibility to education and information by distance learning; computer assisted

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learning and multimedia initiatives and the teaching of ethics to professional students[7].

As early as 1993 Leclercq et al reported on the development of the computer Assisted Learning on Oral Manifestations of AIDS (CALOMA) tutorial program. The software was initially developed jointly by the Oral Health unit of the World Health Organization, Switzerland.(which has set up an international data base of the oral manifestations of AIDS and the faculty of Medicine at the University of Nancy ,France. The principal aim of this tutorial was stated as "to teach oral health professionals how to recognize microscopic oral lesions which may be related to HIV Infection"(Leclercq at al 1993:359). These authors concluded that a wider distribution of software is an essential practical step for developing a global strategy for transfer of knowledge"(Leclercq et al 1993:362) on this important topic[8].

Challenges and opportunities in relation to educational elements of quality assurance and improvement systems for oral health services and health promotion in India may be conceptualized as follows.

The post information era

Zimmerman and Binko (1995) stated that the impact of information technology on scholarly collaboration is being processed through three stages of connectivity., electrical connectivity, software and data connectivity and information connectivity and that in most industrialized countries the second stage of the hierarchy has been reached. They also proposed that the application of the concept of providing products and services at any time, to anywhere and to any group of potential consumers, will mark the transition to true information connectivity and the beginning of the post information age. Information connectivity implies a "Robust and pervasive electronic infrastructure coupled with software and data architectures that free user from concerns about the underlying technologies and management of resources allowing interconnections of data, software tools, textual references and groups of individuals on an instantaneous, but responsible basis[9].

However, has there been appropriate and timely evaluation of those educational initiatives that have been developed incorporating leading edge technologies? Did the Computer Assisted Learning on Oral Manifestations of AIDS (CALOMA) Tutorial program achieve its principal aims? Was it cost effective educational initiative? What was learned about the usefulness of this type of program and how has nay evaluation undertaken impacted upon future developments .For all countries, the aforementioned questions are reasonable to ask, whether the post information age is conceptualized or not, because the resources allocated to address worthy goals in terms of infections and oral cancer should be both effectively and efficiently utilized.

A number of research questions have been recently posted in relation to continuing professional development of oral health terms. These include (Best et AL 2003)

Does CPD Contribute to improved care of the patients?

Does CPD enhance clinician's competence?

Does CPD change the practice profile of the oral health team?

What are the clinician's needs for CPD?

How can CPD best be matched to Dental clinician's needs rather than demands?

However, whether these types of research questions are being systematically addressed by any researchers around the world is debatable; but developments for these types of educational research questions are much needed.

Quality Assurance Relating to continuing professional development per se, involves for example, the conceptualization of verifiable" as compared to "non verifiable" continuing professional development by the General Dental Council in the United Kingdom and the recognition by the accreditation of specific continuing dental education providers by Dental associations[10].

Integrated health services and health promotion.

The integration of oral health services and oral health promotion with general health services and promotion has been rationalized from a number of perspectives (Johnson et al 2006). Members of oral health teams as well as other practitioners and personnel from general health and social care have roles in relation to the

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reduction and /or cessation of tobacco use. The effectiveness of oral health team members in addressing these issues requires further analyses from the perspectives of working with each other (skill mix), as well as with other practitioners and the personnel and the ability to address barriers to smoking reduction and/or cessation. New concepts of patient encounters with relevant information further increase the complexity of assessing performance and outcomes in these domains. It is possible with wider engagement of oral health teams with a quality accreditation systems. There are educational elements to raising awareness of these types of frame works, implementation issues as well as elements implicit to specific themes.

Funding systems

Innovative health care services and promotion and associated educational planning and development requires innovative funding mechanisms. Currently education research is underfunded around the world, delaying developments in education that are potentially complementary to other initiatives which improve health and well being.

Concluding Remarks:

A variety of philosophies and models are applied in health systems around the world to address quality and safety associated with oral health services and oral health promotion. It is imperative that the educational elements of these philosophies and models are optimized. A great deal of further research is required and evidence developed on how professional knowledge should be packaged and used in relation to quality and safety issues from both public health and clinical perspectives . Educational research and the implementation of educational innovations to optimize quality and safety outcome for different stake holders and specifically in relation to infection and oral cancer issues in India should be prioritized.

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