ASSESSING THE QUALITY OF CARE OF PROSTHODONTIC SERVICES USING RAPID ASSESSMENT PROCEDURES *

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ABSTRACT

Quality of care (QoC) in health services is a crucial issue in the last decade, since there is a competition in relation to the era of globalization. Accordingly, the demand of quality of care in prosthodontic services has also to be considered and assessed. In this regard, Rapid Assessment procedures can be carried out to evaluate the quality of care in prosthodontic services, using many questionnaire - based, secondary data analysis, interview and direct observation. This assessment will be concerned on the principles, concept and practices in prosthodontic, which will be associated with the satisfaction of both clients and providers. Since then, the standard of quality of care will be obtained as a tool to evaluate of prosthodontic services. We hope that we will be able to provide better services in the future.

INTRODUCTION

Quality of care (QoC) is crucial issue in the last decade, since there is an increasing demand on health services in relation to the era of globalization. Since then the competition regarding the quality of care is significantly notified among health services. Accordingly, the demand of quality of care in prosthodontics service has also to be considered. However, the extent of quality of care in prosthodontics service in Indonesia has not been assessed. Therefore, the assessment is highly recommended. In this regard, Rapid Assessment Procedures can be carried out to evaluate the quality of care in prosthodontics services, since this strategy was designed to be applied rapidly, including many questionnaire - based, secondary survey data analysis, casual interview and observation.1.

QUALITY OF CARE IN HEALTH DELIVERY

Defining QoC in health services is a complex endeavor, because QoC is context dependent in terms of geographical location, specific socio-economic conditions, cultural value systems, and the area of health services. Many researchers, try to define and measure quality from the point of providers and managers view and clients 2.


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Basically, program managers and researchers use the terms "quality of care" and "quality assurance" as synonyms, thus leading to confusion. Some refer to the client's perspective (quality of care); some others toward the provider's perspective (quality assurance); and the remainder refer to program manager's perspective (access and coverage). Therefore, there is not any definitive criteria yet to determine what constitute 'quality' in health care delivery, what elements need to be measured, and how to measure them so as to obtain an evaluation on current state of the quality of available health program. Meanwhile, the Indonesian Medical Association defined "quality" in health care delivery as" health services that satisfy all health service clients according to the general satisfaction level, whereby its provision is in accordance to the established ethical code and standards of professional conduct.

Furthermore, Bruce (1994) declared 6 components of quality of care as follows: 1) Choice of method provided and 2) information to clients; These components reflect the beginning of the process of health care delivery, which concerning on "quality formation". Because, it is important that the clients, providers as well as program managers come together to exchange information, services, payments, and materials. It has been concluded in several studies that the quality of information between clients and providers is poor. 3) Capability of providers is a crucial component in health care delivery, because it will lead to the success of the services. According to the clients, the capability of providers brings the clients to the decision whether they choose the provider or not. The technical quality of health care delivery were reported by several studies to be low, which was suspected as due to an in-a-dequate training and supervision. Obviously, a continuing education for health personnel is always needed. In addition, the ethical clearance is highly recommended, especially in terms of the invasive treatment. 4) Relationship between providers and clients is very important to note, because if the process is 'quality', the outcomes are also likely to be the best quality available under given resources. In which, mutual understanding between clients and providers has to be tied properly. 5) Follow-up of treatment can be obtained successfully if both clients and providers have a good relationship, in which the motivation of both sides to seek and receive follow-up care will be relatively high. However there are many other factors influence the successful of follow-up care, such as the severity of illness, socio-economic status (SES) of clients, and the awareness of clients. 6) Proper services related to clients concept, is also dependent on the situation and condition of illness, geographical location, SES, as well as cultural value system. Therefore, those variables have to be considered by providers or/and program managers. To some extent, clients age is positively correlated with her/his knowledge of health care provided.

COMPONENTS OF PROSTHODONITICAL SERVICES

Discussing the components of prosthetics services in term of QoC is associated with the principles, concepts and practices in prosthetics (PCP). The quality of care components therefore should reflect the following statements:

1) The providers understanding of definitions, diagnosis and treatment planning,
prognosis, pre-restorative treatment, reevaluation and refinement plan, and prosthodontics treatment (fixed, removable, maxillofacial, or implant dentures). Accordingly, prosthodontics treatment has to be informed proportionally to the patients including the cost and benefit of the treatments.

2) Based on the proper information, clients are allowed to choose the type of treatment related to the clients concept, oral and general condition proportionally. The socio-economic status must be considered. Therefore the diagnosis and treatment planning must be a comprehensive information with criterias as follows:

2.1. Diagnostic is a scientific evaluation of existing conditions

2.2. At first appointment, the patient should be encouraged to describe previous dental and medical experiences, using a list of questions

2.3. Diagnosis may require the following sources: medical and dental histories, a clinical examination, radiographic evaluation, diagnostic cast, consultation with other health practitioners

2.4. The patients should be considered a potential carrier of contagious disease. Hence, the providers should allow the universal precaution procedures

Then, the providers can make a judgment about the prospects for success of therapy and restoration. Since prognosis is a forecast of probable results, and a design of a treatment plan.

3) Dealing with a method of treatment we have to consider the pre-restorative treatment both systemic and local aspects. Furthermore, treatment of oral structures may consider such criterias as follows:

3.1. preserving oral tissue

3.2. correction of soft and hard tissue such as: periodontal therapy; oral surgery; occlusal correction; operative dentistry; endodontics; orthodontics and fixed partial dentures to restore satisfactory functional relationship

3.3. tissue conditioning

3.4. referral request to other health practitioners

Then, the reevaluation and refinement of treatment plan can be done precisely, following prosthodontic treatment according to the Ministry of Health standard, including:

3.5. design, fabrication and classification

3.6. tooth preparation and soft tissue management

3.7. impressions

3.8. casts

3.9. maxillomandibular records and registrations

3.10. trying and verification procedures

3.11. esthetic considerations

3.12. initial placement and insertion

4. Post operative treatment is very important since prosthodontics treatment is a continuous service that does not end with the placement of the oral and facial prosthesis. In this regard the patients should be impressed with the need for routine examinations to evaluate the occlusion and assess the oral environment's response to the prosthetic restoration. In addition, proper oral health care and diet should be emphasized. Therefore, patient's name, date, articulator, cast, and other
Rapid Assessment Procedures

The Rapid Assessment Procedures (RAP) methodology was developed in response to a need for timely information relevant. It has opened up new avenues for social investigation in the service of ongoing progress. Rapid assessment procedures (RAP) are anthropological approaches which were designed to be applied rapidly, including many questionnaire-based, quantitatively analyzed sample surveys, casual interviews and observations. It can be applied to assess programs for health and development, because sometime we can not wait for lengthy and careful scientific studies to guide the development or revision. It should be noted that anthropological research attempts to understand social phenomena from insider perspective rather than by imposing an investigative framework from the outside. The researchers make every effort to avoid placing their own biases on the collection and interpretation of information. During this task, observations become as important as information obtained from the interviews. Therefore the criteria of data collecting are as follows:

1) Informal interviewing: Open ended questions are asked and recorded about specific topics following general outline and allowing additional subjects to be incorporated as they arise
2) Conversations: Informal/casual conversation with informants or with small groups are incorporated in the data
3) Observation: careful documentation of observed events and behaviors provides valuable nonverbal clues as to what is actually occurring
4) Focus group discussion: small homogenous groups are gathered for group discussion of appropriate research topics
5) Collection of data from secondary sources: previously published and unpublished research, government and community records, and health services records
6) Some structured questions for rapid survey used as inventories and demographic information

The data from multiple sources are collected using a guideline, and face the following issues:

a. Convincing others of validity and reliability of these approaches
b. Finding or training skilled evaluators and field workers
c. Interpreting results in ways which are understandable to the consumers, the community and the program planners as well as providers
d. Recognizing the limitation of the approach

This methodology can be applied to assess or evaluate health and nutrition program, growth monitoring and promotion, women morbidity, AIDS project, acute respiratory infection among children, sanitation program, etc.

THE APPLICATION OF RAP TO ASSESS PROSTHODONTIC SERVICES

To assess the QoC in prosthodontic services, the evaluators or researchers have to consider the meaning of QoC in some extends of the principles, concepts and practices in prosthodontics. The RAP can be applied to assess the inputs, process and
output as follows:

1. **INPUT COMPONENTS:**

1.1. Providers: Many aspects of availability and capability of providers in clinical services can be explored from interview to clients and program managers as well as secondary data analysis.

1.2. Facilities: The availability of basic facilities in prosthodontic services such as basic oral examination, basic tooth preparation, impression materials and tray, articulators, and some other materials relevant can be observed. The information can also be obtained from the secondary data and/or interview to policy makers and providers.

1.3. Funding: Since the amount of budget allocated for prosthodontic services is very limited, while the equipments and materials are very expensive, the various sources can be explored and the socio-economical status of the patients involves in this issue. Many aspects of funding can be evaluated through the analysis of secondary data, and interview to providers, clients and policy makers.

1.4. The political support both from MOH and local program managers can be explored through indepth interview with policy makers and their staff.

2. **PROCESS COMPONENTS**

2.1. Communication: The process of communication between providers and clients about the objective, cost and benefit of prosthodontic services can be observed during the communication occurs. The other strategies are: indepth interview the providers and clients.

2.2. The method of prosthodontic services provided, can be observed in clinical practice and explored using interview the providers and policy makers.

2.3. The capability of providers to communicate with clients and technical skill to provide services can be observed, and explored from the interviews the policy makers and clients.

2.4. Relationship between clients and providers can be explored through interviewing the patient's.

2.5. Follow up of treatment, can be evaluated through interviewing the clients and providers as well as through medical record.

2.6. Proper services provided can be evaluated through interviewing the clients.

3. **OUTPUT COMPONENTS**

3.1. Clients satisfaction, as a measurement of quality of care in prosthodontics, is also based on the number of implicit assumption about the nature and meaningful of prosthodontic treatment. It can be explored from interviewing the clients.

3.2. Stomatognathic rehabilitation coverings mastication, phonetic, esthetic and comfort can be evaluated through clinical observation based the treatment planning.

3.3. Duration of prosthesis survival can be assessed using clinical observation and interviewing the clients.

To evaluate the input, process and output components alltogether, the focus group discussion can be conducted among the homogenous small group such as providers, clients, and program managers.
CONCLUSION

Based on the above mentioned discussion, it can be concluded that:
1. Quality of care of prosthodontic services is highly needed
2. Prosthodontic services are relatively complex
3. The assessment is recommended to improve the QoC
4. RAP is relatively easy to be conducted

REFERENCES