

Universal person-centred oral health care

A system-wide pre-requisite for UN SDG 3 to “Ensure healthy lives and promote wellbeing for all at all ages

Bruce Simmons

Central Australia Oral Health Services

1996 Project “To transform our dental service culture from ‘patient blaming to client enabling’

Our Mission: To promote optimum oral health for individuals and the community through the provision of an integrated community dental service (CDS).

Aims of Personalised (person centred) Oral Health Care

- To promote the best possible oral and general health and well-being of our individual clients through the consistent application of personalised, holistic, enabling oral health care
- To achieve expansion of our service into clients’ immediate family and social network to build supportive environments for clients
- To enable greater awareness over time of the issues and opportunities for oral health improvement across the community.

Mindset of “Patient Blaming”

- Browne. 2011 “The biomedical model of health is present in modern Western societies. Since it looks mainly at ill health being caused by biological factors, including lifestyle choices like smoking, unhealthy diets and lack of exercise, this could be seen as "blaming car breakdowns on poor maintenance and lack of proper servicing, or on bad luck”.
- ‘dentists drive by fear and guilt’
- CAOHS staff victimhood mindset and consequent patient blaming embedded in service culture

Mindset of “Client Enabling”

- Why use ‘Client’ not ‘Patient’?
- Why use ‘Enabling’?

Caring for Patients: A critique of the medical model

By Allen B. Barbour. 1995.

Barbour's concept of person-centered care differs from the medical care model. His approach focuses on:

- persons, not patients (or consumers);
- illness rather than disease;
- an understanding of the personal situation, not just the biologic situation;
- clinical judgment rather than diagnosis alone;
- healing rather than curing; collaboration with patients, not just treatment of them;
- achievement of health rather than the eradication of sickness.

Biomedical Model of Dental Care

- Traditional dentist-centred model and culture common to almost all dental practice
- Doesn't address public health components including social determinants of health
- Has multiple potential shortcomings including quality, equity, efficiency, access, sustainability, acceptability and affordability
- Oral health status and oral health literacy outcomes become highly dependent on the intrinsic capacity and socioeconomic status of patients
- Has produced minimal demonstrated improvements in
 - a) individual and population oral health literacy &
 - b) reductions in dental diseases

Patient-centred care in general dental practice - a systematic review of the literature

Ian Mills, Julia Frost, Chris Cooper, David R Moles and Elizabeth Kay BMC Oral Health 2014

Conclusion

- This systematic review reveals a lack of understanding of PCC within dentistry, and in particular general dental practice.
- Further research is necessary to understand the important features of PCC in dentistry and patients' views should be central to this research.

Defining patient-centred care in dentistry? A systematic review of the dental literature.

S. Scambler¹, M. Delgado¹ & K. Asimakopoulou¹ [2016](#)

- Suggests there is paucity of good quality research papers on the concept of patient-centred care in dentistry.
- Demonstrates that patient-centred care is treated in the literature as a concept that is about delivering care that is humane and delivered via good communication.
- Suggests that good quality research testing the efficacy of patient centred care in dentistry is lacking.

A model of patient-centred care – turning good care into patient-centred care

S. Scambler¹ & K. Asimakopoulou¹ BDJ 2014

A practical hierarchy of patient-centred care. If dentistry is to provide truly PCC, then three things need to happen.

1. The theory of PCC needs to be embedded within the undergraduate dental curriculum throughout the 5-year BDS course.
2. Practical skills are taught explicitly. Patient-centred care is very difficult to practice well and students need to develop the skills necessary to practice in a patient-centred way.
3. The theory and skills of PCC are developed as part of Continuing Professional Development (CPD) for dentists who are already practising

Patient + Person -> Relationship-centred care

Patient-centred care

Person-centred care. Patient-centred care + focus on increasing individual self-determination and improving independence.

Relationship-centred care. Nolan M.R. 2003

More expansive (holistic). Three main elements:

1. Health care that honours and focusses on relationships formed.
2. Addresses four types of relationships
3. Creates a '**new paradigm for population health management**'

Relationship-centered care: A new paradigm for population health management

[Shantanu Nundy](#), [John Oswald](#) Health Care: The Journal of Delivery Science and Innovation,

Relationship-centered care is defined as health care that focuses on four types of relationships that the provider needs to address in the health care services that they provide:

- the relationship with the patient
- relationships with other providers,
- relationships with the community and
- the provider's relationship to him- or herself.

Central Australia Oral Health Services

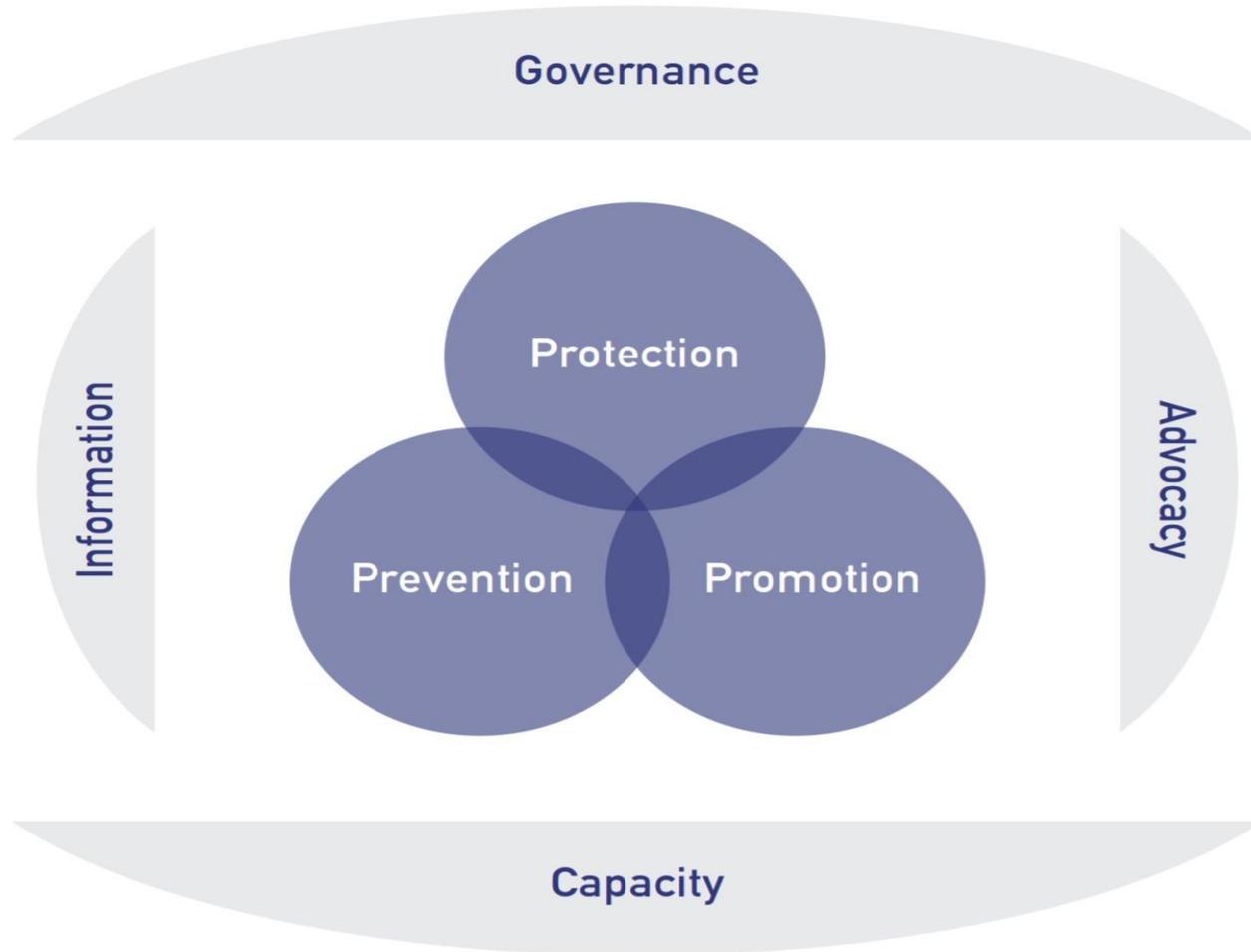
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Where are we at now in 2017?

- Service is renowned for and proud of positive, culturally sensitive attitudes towards our patients and for a supportive clinical environment
- Reductions in funding have constrained the original Aims of Personalised Oral Health Care, most notably in community engagement and oral health promotion
- Staff turnover generally brings in new staff with firmly entrenched biomedical model mindsets. Continual professional and team development is essential for sustainability.

A Global Movement toward Better Oral Health



**+ Person-centered
oral health care**

