

Assessing the Delivery of Comprehensive Care at a Dental School

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Introduction

Measuring patient experiences can be determined by an interview with a patient who completed the prescribed treatment and is an important part of the assessment of patient care delivery. It is necessary to understand areas of opportunities and those that require improvement to better serve patients' oral health needs. Serious adverse health ramifications have been found to be associated with delayed dental care (1).



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Abstract

A key mission of a dental school is to train students to be competent dentists through the delivery of comprehensive care to patients. Comprehensive care is defined as a seamless and integrated dental treatment that addresses all patients' dental needs. Identification of a health care problem is the essential first step in quality improvement to medical education curriculum and its outcomes. It is critical for students to receive adequate clinical experience and for patients to receive needed treatment. This study assessed the degree to which comprehensive care was delivered from the patient and student perspective, and to determine why patients discontinue their course of treatment. We conducted a retrospective analysis of electronic health record (EHR) data in one group practice at the University of Texas School of Dentistry at Houston. Semi-structured interviews of patients, students and faculty were also conducted. The results showed that 29% of assessed and admitted patients received comprehensive care. A large proportion of dropouts occurred after the third or fourth visit. It took on average 9.8 visits and 210 days for patients to complete their planned treatments. Dental students had a patient family of 25-29 patients, delivered 75% of their care in their fourth year, and predominantly provided restorative treatments compared with other dental disciplines. Interview transcripts were analyzed to determine strengths, weaknesses, and opportunities relating to the provision of comprehensive care. Patients perceived that they received cost effective and high quality care. Students and faculty provided suggestions for streamlining care. Findings from both the retrospective analysis of EHR data and semi-structured interviews revealed several areas for improvement. One solution that was subsequently piloted was to combine the separate assessment and treatment planning appointments into a single all-day session to reduce patient dropouts. During the pilot period over the summer session, 84 patients were scheduled in the combined assessment and treatment planning session. Of this population, 69% percent were accepted and deemed suitable for undergraduate care. And 83% among those accepted received a treatment plan on the first appointment. In the future we expect to integrate more formal evidence-based exercises and reassess the impact of these changes in improving educational and clinical care outcomes. In addition we expect to adopt evidence-based solutions and reassess the impact of these changes in improving educational and clinical care outcomes.

KEY WORDS:

Electronic health records, EHR, clinic workflow, patient drop-outs, procedure codes, patient satisfaction, patient experiences, curriculum, quality improvement

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Management of Perforations: 4 Cases from 2 Private Practices with Medium- to Long-term Recalls

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Perforations are unfortunate complications that occur in the course of endodontic treatment even for the most skilled clinicians. Not surprisingly, perforations are reported to result in lower success rates (1, 2). How they are managed can make the difference between retention and the loss of a tooth. Fuss and Trope developed a classification of perforations as a predictor of prognosis. They described perforations that are small, within bone, and repaired immediately as having the best prognosis (3).

Mineral trioxide aggregate (MTA) is widely accepted as the preferred repair material for root perforations within bone (4). This is supported by case reports, animal studies, and retrospective studies (5-14). Perforation repairs can be performed nonsurgically or surgically (14). Gray and white MTA are reported to work equally well (15,16).

Several articles describe "long-term" follow-up of their cases (8, 9, 13), but they range only from 2 to 5 years. Other case reports present even shorter recall intervals. Long-term outcomes for perforation repairs are lacking in the endodontic literature. Therefore, the purpose of this case series was to present 4 perforation repairs performed in 2 private practices, 3 nonsurgical, and 1 surgical, with 4.5- to 13-year recalls.

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Abstract

Introduction: Perforation repair is a fairly common endodontic procedure, but most of the recall data in the endodontic literature are short-term (ie, 1–2 years). The purpose of this article was to present 4 clinical cases of perforation repair with medium- to long-term recalls.

Methods: Four cases were selected with different clinical scenarios. Three nonsurgical cases were retreated, repaired with mineral trioxide aggregate, and restored. The fourth case was strictly a surgical repair. Recalls up to 13 years are presented.

Results: Perforation repair was shown to be successful in this case series, the teeth were preserved, and extraction was avoided.

Conclusions: If managed properly, perforation repairs can result in long-term clinical success.

KEY WORDS:

Case report, mineral trioxide aggregate, perforation repair, retreatment, surgery

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