Strategic management in preventive oral medicine

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Summary

The paper contains a survey of the present-day status of the Romanian health-care system, highlighting characteristic topics of oral medicine. It mainly aims at making connections between the types of prevention and the relative costs they involve, so as to lay on firm foundations the professional management of the health-care system.

Keywords: strategic management; human, material and informational resources; prevention types; oral medicine.

Introduction

In most countries of the world, the health care sector has reached dimensions comparable to those of top-important economy sectors through the last decades. Alongside with other public service institutions, the health care system has rapidly developed into a network through the last century. The budget allotted for health care and recovery – now amounting up to 8% of the GIP of developed countries, and reaching as high as 14 % of it in the USA – is expected to be raised from contributions made by non-governmental sources [1]. In parallel to such expansion, a change in mentality has occurred as regards the scope of medical practice.

Observing the morpho-functional correlations among the human body apparatuses and systems has lead to the conclusion that, in order to be effective, the medical act must rely on a number of factors influencing health status. The new idea is that health is the functional status of a system, and by this word a set of interrelated constituents is referred to, not a sum of autonomous parts.

Insofar as oral medicine is concerned, recent research has highlighted the rather inconspicuous connections existing among metabolic characteristics, individual diet and oro-dental health. The particular way in which these factors interconnect in each individual case is of consequence to the prevention practice in dental medicine. Hence, the importance is nowadays bestowed upon preventing illness through adapting lifestyles to the metabolic and energetic characteristics of every single person.

From corroboration by sociological studies, the conclusion has emerged that medical prevention should be paralleled by economic and social restructuring aimed at ensuring general access to health care as a basic human right [2]. On the other hand, the success of prevention appears to be closely connected to education, therefore educational steps are obviously a must in order to eradicate ideas and routines resulting from ignorance or distortion of reality as regards the impact of lifestyle on health.

Indeed, the scope of prevention is not strictly medical, but also social, economic [3], and cultural in the broad sense, namely in that it highlights the dependence of health upon socialized economic organizations [4] and mentalities. It is a fact that in all countries, ours included, a number of mentalities and routines are still functioning, although based on ancient pseudo-rationality patterns having nothing in common with present-day medical science.

The above are good reasons why a true reform of Romania's health care system – which is to say, an effective, intelligent reform adequate to the present circumstances – should start with the implementation of professional health care management [5].

The "inefficient management of human, material, and informational resources, complying with a change-resistant ideology, based on individual interest and inconsideration towards the others" [5] might sadly push the health system in our country into functional incapacity, with tremendous repercussions in the whole population [6].

The *bad management* of a health care system is conspicuous in:

· The diminishing number of qualified physicians and paramedics as compared to the number of inhabitants in the rural areas;

· The insufficient financial support for the network hospitals, clinics and consulting rooms, with its consequences:

- the poor equipment with medical apparatus, expendables and medicines, especially in the rural health care units;

- the dilapidation and disrepair of buildings or parts of buildings, in which units of the health care system function, which entails risks as regards the patients' life and integrity;

- the scarcity or absence of thermal agent, electric power, steam etc., with undesirable consequences in the patient's condition and in the unit's medical intervention capability;

- the closing down of school consulting rooms and numerous rural maternity homes, town and village hospitals;

- the stagnation of research and limitation of medical performance results;

- the sporadic character of health education activity in the rural areas and amongst the young.

Lest the above should develop into an insoluble national problem, urgent steps are necessary in the direction of improving the managerial activity in the national health care system [4]. That calls for a lucid evaluation of resources and for the establishment of substitute strategies where the steps taken so far have been faced with hurdles or obstructions.

Given the proportions of the problem and the fact that their solution necessarily implies correlating medical, economic, social, and educational aspects [7], we urge that a medium- and long-term strategy of the Romanian health care system be elaborated, in cooperation with all of the other ministerial bodies involved in the management of the activity sectors connected with the health condition and living standards of the population. As society is no amorphous mass, but a systemically structured set of constituents, more exactly *a system of systems*, the present-day deadlock can only be broken by securing optimum functionality in all components, both in our health care system and in all of the interdependent fields [1,4].

To attain this complex goal, the management of every component system, as well as that of the whole society, should be entrusted to a number of professionals. "The Romanian society, whatever the level of analysis it might be subject to, whatever the field taken into account, badly needs a **professional approach**, especially from a managerial standpoint. The acute need for **professional management** is patent in every field of activity, but especially in the vital

ones, which includes both health care and education." [5]. We cannot help confirming the current opinion, endorsed by the cited authors as well, according to which the measure of professionalism is given by **efficiency** and **quality**, deeply rooted into social **responsibility**.

The principle of prevention is also valid in a good management strategy, whatever the field. That manager is good who can prevent and avoid malfunctions, rather than letting them appear before choosing to intervene (thus consuming more substantial resources) in order to bring the situation to the normal. Sometimes, the changes for the worse may be irreversible, and the interventions occurring after the critical moment, in which entropy takes the upper hand, is a waste of resources.

In medical practice, prevention may be ***primary***, ***secondary*** and ***tertiary*** [8].

Primary prevention consists in *avoiding the causes* of illness, insofar as they are known, and *neutralizing the risk factors* that may contribute to its taking up, by means of *periodical examinations*.

The human, material, and informational resources involved in primary prevention may vary in both quantitative and qualitative terms [9]. As regards the quantitative aspects, one might say these are the less substantial, as compared to those necessary in the other prevention types. Indeed, it does not call for significant amounts of pharmaceuticals or expendables, while the medical instrumentation and laboratory apparatus necessary for the detection of incipient disease do not call for much expense. Such characteristics recommend primary prevention, once again, as an economically efficient solution in the action taken to ensure the good health of the population.

In qualitative terms, primary prevention calls for high level human and informational resources [9]. In fact, the personnel involved in such activity must be highly educated, so as to posses the capabilities to correctly understand the interrelations within the human body, as well as the correlations existing among the factors influencing health. Furthermore, such personnel should evince communication abilities exceeding the average, especially psychological intuition, persuasion, so as to determine the target population to adopt an active, responsible conduct as regards health.

At present, primary prevention is no longer thought of simply as informing activity concerning the etiology of pathological conditions and the risk factors inherent to lifestyles [5]. That type of unidirectional communication, from physician / paramedic toward a target-audience, is nowadays completely outdated. In the scope of modern medicine, primary prevention is based on the continuity of *feedback* messages directed from the target-audience toward the medical personnel. In the communications specific of health care, feedback is extremely important, as principal means of providing the medical personnel with information regarding the concrete problems that their assisted encounter. Only by learning to listen to one's patients, to understand their emotions and to stimulate the overt expression of their perplexities can the medical personnel correctly evaluate the comprehension of the information spread through the *health education programs* [8]. Good management in primary prevention starts with accurate information as regards the state of affairs and continues with the elaboration of *strategies adequate to every actual context*, in view of attaining efficiency in prevention.

Secondary prevention consists in the treatment of the disease at its onset and the prevention of its expansion/aggravation [8]. That involves more substantial human and informational resources, in both quantitative and qualitative terms, as well as ampler financial resources for subventions [3]. The pharmaceuticals, expendables, the wear and

tear of the medical apparatus made use of will appreciably raise the costs connected with this type of prevention.

Anyway, given that secondary prevention does not involve complex or very difficult handiwork, does not require high-precision apparatus and/or important quantities of pharmaceuticals and expendables, the costs relative to this type of prevention can be kept within moderate limits through proper administration. The proper administration of costs materializes in their layout as price-components and in the analysis of numerous tenders, as preliminaries to selecting the most convenient suppliers [1,3].

One important aspect to consider in secondary prevention, in relation to cost management, resides in the readiness of deliveries and maintenance/repair works on the medical apparatus. In primary prevention, one or two days' delay taken on the delivery term of, say, the leaflets by means of which the sanitary information is spread is of very little consequence. On the contrary, in secondary prevention the defecting expendables or deficient function of apparatus may result in medical intervention incapacity and aggravation of the patients' pathological condition. Therefore, the cost/delivery ratio should be looked upon as an important criterion in establishing the secondary prevention financial policy of medical units [1].

The instances discussed above support the idea that the proper carrying out of secondary prevention is only possible if the contributions from various sources (governmental and non-governmental) are corroborated. Physicians and dentists should unite their efforts with those of social workers, economic agents, cultural and/or cult institutions.

The complexity of the problems that require solutions entails a complex structure of costs, ever since the secondary prevention stage [1,10]. Such costs cannot be unilaterally supported by the budget of the health care system (by all means underfinanced in present-day Romania). Nevertheless, they can be equitably allocated to various social and economic structures, as a first step in their *good management*. Actually, we are not trying to suggest here that good management would or should be part of an exclusive *top-management* policy [9]. Indeed, the legislative is expected to ensure the framework apt to foster the establishment of cooperation relationships between the health care system and its governmental and non-governmental partners. Indeed, the executive is expected to implement its anti-corruption projects so as to prevent the leakage of funds from the budget of the State and those of economic agents [1,3]. But the effective implementation of any project highly depends on the managerial competence and business imagination, the intelligence and will of the local manpower. In other words, the key to success or to Pandora's Box is in the hands of those situated at the medium and low floors of the hierarchy.

Tertiary prevention regularly consists in the surgical eradication of the diseased organ/tissue and its eventual substitution, the sanitation of the area and its functional rehabilitation [8]. The aim resides in avoiding the repercussions that may interfere with the functionality of the apparatuses/systems interrelated with the affected one(s). In such fields as plastic and reconstructive medicine (facial surgery), the management of tertiary prevention requires substantial material, informational and human resources, involving costs that may sometimes be very high. These are allocated in view of immediate intervention goals, but also in connection with the projective scope of the medical act, meaning the continuous development of intervention capacity (information, research, specialization and exchanges). However, the costs relative to both sectors are inevitably high.

Increased efficiency of primary and

secondary prevention can obviously contribute to diminishing the need for tertiary prevention, but is unable to abolish them. Medical emergency deriving from accidents, for instance, directly calls for tertiary prevention, beyond the primary and secondary stages.

At present, the costs relative to tertiary prevention are largely supported by the whole society, by means of the social security system [1]. For that reason, it is vital that public money be administrated by competent and responsible professionals on the level of the Health Insurance Organization, the Ministry of Health and its territorial structures. It is also essential that such professionals be free from any political conditioning [5]. The demographical drop through the last fifteen years, the aging of population and the deterioration of its health condition create a context in which the good management of public funds in view of financing the health care system involves a projective aspect, connected with the increasing need for medical assistance through the following years. For such reasons we consider it imperious to elaborate a **responsible** management strategy for all levels of the Romanian health care system, so as to prevent the wasting of resources and their directing toward ends alien to the vital needs of the country's population.

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