

New projects recently approved by the eViDent DPBRN Committee

Understanding the relationship between dental professionalism and Preferred Provider Status

Over recent decades there have been major environmental and contextual changes in health care, such as the proliferation of private health insurance (including dental insurance) and the emergence of a "health care marketplace". One method by which health insurers hope to contain costs and manage treatment quality is via contracted dentist schemes, commonly known as a Preferred Provider Schemes. Under these schemes, dentists agree to work in a particular manner at a pre-specified fee rate for the contracted period. In return, the funding agent promotes the service of the contracted dentist(s) to its patient members. With these contractual arrangements, dentists become implementers of policies determined by the funding agent. This research aims to:

- provide some insight into how a change in the working landscape is impacting on dental professionalism, autonomy and patient relationships; and,
- explore how individual dentists are responding to and adjusting their work practices in light of their preferred provider status.

By providing some insight into how changes our working environment may be impacting on dental professionalism, autonomy and patient relationships, this project hopes to identify the key adjustments (ethical, legal and professional) that need to be made, and to develop strategies to respond to these altered work conditions.

It is anticipated this project will examine the impact of Preferred Providers on dental professionalism and dentists' experience of clinical and ethical decision-making and develop an explanatory theory or concept of the impact of the altered dental service delivery model.

Investigation of the longevity of anterior resin bonded bridges

Anterior adhesive bridges were developed in the 1970s and widely

promoted in the 1980s. The concept was to create a metal ceramic bridge to replace missing teeth which required minimal tooth preparation and still provide adequate retention. This was in contrast to conventional crown and bridge work which required full crown preparation on the abutment teeth.

After the initial euphoria, anterior adhesive bridges began to fail after de-bonding of the retainer on the abutment teeth. In some cases, failures would occur after only a few months, with no predictability and the bridges were considered to be temporary or short-term. Numerous design and material changes were experimented with during the 1980s in an attempt to get long-term retention and reliable success.

This project aims to evaluate the survival of anterior adhesive bridges with a specific tooth preparation design provided to a patient cohort by prosthodontists in Melbourne.

This study is designed to review the retention of Anterior Adhesive Bridges following design principles. The bridges were placed in the patients mouths from 1990 to 2012. If de-bonding rates are low then adhesive bridges could be considered as a permanent restoration rather than a temporary restoration.

It is anticipated that this project will determine the incidence and reasons for any failures/complications, e.g. caries on abutment, periodontal on abutment.

Evaluation of the Health Promoting Practices Pilot Project

In recent years there has been a significant shift from a practitioner led approach to healthcare to a more patient centred approach. Patients are being encouraged to take control of their own healthcare and participate in a collaborative relationship with their health care provider to ensure the best possible health outcomes. Health professionals can play a role in helping their patients to reduce the incidence of preventable diseases by providing necessary information about risk factors and healthy behaviours. Patients can take action to self-manage their health by adopting recommended habits (or health promoting practices).

The purpose of the Health Promoting Practices (HPP) pilot project is to develop a voluntary health promotion framework through which dentists and physiotherapists positively influence health behaviours of patients attending their practices.

The project aims to assess whether the implementation of the HPP pilot project contributes to positive behaviour changes:

- for practitioners in relation to the delivery of health promoting messages; and
- for patients in relation to healthy eating, physical activity, alcohol consumption and tobacco use.

The project will evaluate the pilot project to determine the effectiveness of the framework of the HPP project and whether the associated messages contribute to positive health behaviour change in practitioners and patients.

It is anticipated this project will provide data to determine the suitability and value of wider implementation of the HPP project across multiple health disciplines.

If you would like to know more about these projects, or have a project idea of your own, please contact Meaghan Quinn on 8825 4603 or email_ask@evident.net.au

If you are interested in being interviewed for this project (you do not need to be a preferred provider to participate) please contact Dr Denise Bailey on 9341 1559 or dlbailey@unimelb.edu.au

App for brushing teeth

French start-up company Kolibree has announced the "connected toothbrush" which aims to ensure healthier teeth by counting brush strokes. It connects to smart phones via Bluetooth using the company's app. The app tracks and records toothbrushing information and lets the user know how successful the operation has been through a series of fancy charts. The toothbrush – expected to be released later this year - will have several models and will range in price from \$US100 – 200. www.kolibree.com



Certified members of the AOB in Victoria and Tasmania

Some 41 members of the Victorian (includes Tasmania) Branch ASO members have fulfilled the criteria for Certification with the Australasian Orthodontic Board. AOB Certification entails prospectively nominating orthodontic cases and then treating those cases to completion. These cases are evaluated and assessed by peers to establish the appropriateness of treatment and the standard of records presentation. Certification lasts for five years by the end of which time the AOB member must undergo the process again to maintain Certification. For a list of certified members in Victoria and Tasmania please visit: <http://www.aso.org.au/AOB>

*Adj. A/Prof James Hawkins
Chairman, Australasian Orthodontic Board*

Did you have enough sleep last night?

The Australasian Sleep Association, in conjunction with the Sleep Health Foundation, is raising awareness on the common but under-recognised individual and community problems of sleep loss and sleep disorders.

In 2010 it was estimated that the financial cost of sleep disorders to the community was \$5 billion a year. When non financial costs are added, this increases to over \$36 billion a year. Most of the financial costs relate to the decreased productivity and increased accident risk that accompany sleep loss. Added to these sleep disorders-related costs are those related to sleep loss from poor sleep habits or pressure from the conflicting priorities of work, family and social life.

In order to share information about sleep and its disorders with the medical and allied health community, a supplement to the Medical Journal of Australia on sleep and its disorders was published in October 2013. <https://www.mja.com.au/journal/2013/199/8/supplement>

CPI up

Australia's Consumer Price Index rose 0.8% in the December quarter 2013, following a rise of 1.2% in the September quarter 2013. It rose 2.7% through the year to the December quarter 2013, compared with a rise of 2.2% through the year to the September quarter 2013.

The health group fell in the December quarter 2013. The main contributors to the fall were pharmaceutical products (-1.6%) and medical and hospital services (-0.3%). Over the twelve months to the December quarter 2013, the health group rose 4.4%. The main contributor to the rise was medical and hospital services (+5.6%). <http://www.abs.gov.au/ausstats/abs@.nsf/mf/6401.0>

Donate to help promote the prevention and control of dental and oral diseases!

We invite you to make your donation to the eViDent Foundation using the donation form from www.evident.net.au > Donate to the eViDent Foundation

Donations of \$2 or more are tax deductible. Most people who make donations to deductible gift recipients see a tax benefit in their return.

The Australian Taxation Office has endorsed the eViDent Foundation ABN 81 152 078 487 as a Health Promotion Charity and as a Deductible Gift Recipient. eViDent's fundraiser registration number is 11984 (valid 6 June 2012 to 5 June 2015).

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