

12-31-2018

The Roles of Dental Professionals Team among the Family Care Team Policy in Lower-Northern Region, Thailand

Supaporn Sangouam

Department of Preventive Dentistry, Faculty of Dentistry Naresuan University, Phitsanulok 65000, Thailand,
supapornsa@nu.ac.th

Follow this and additional works at: <https://scholarhub.ui.ac.id/jdi>

Recommended Citation

Sangouam, S. The Roles of Dental Professionals Team among the Family Care Team Policy in Lower-Northern Region, Thailand. *J Dent Indones.* 2018;25(3): 148-152

This Article is brought to you for free and open access by the Faculty of Dentistry at UI Scholars Hub. It has been accepted for inclusion in *Journal of Dentistry Indonesia* by an authorized editor of UI Scholars Hub.

ORIGINAL ARTICLE

The Roles of Dental Professionals Team among the Family Care Team Policy in Lower-Northern Region, Thailand

Supaporn Sangouam

Department of Preventive Dentistry, Faculty of Dentistry Naresuan University, Phitsanulok 65000, Thailand
Correspondence e-mail to: supapornsa@nu.ac.th

ABSTRACT

Objective: To determine the roles of dental personnel in the Family Care Team Policy in Lower–Northern region, Thailand. **Methods:** Purposively selected samples were collected from 15 dental personnel in the lower Northern region, Thailand, an in-depth, semistructured interview was conducted, and data were analyzed thematically. **Results:** The main roles of the dental professional team according to the Family Care Team Policy consisted of a continuous care role in the patient’s home, primary dental health services, risk screening and provision of services as needed, and health promotion and oral disease prevention. The most challenging role of the multidisciplinary dental professional team was the continuous care role at home. The dentist has a role as a complex case counselor, while the role of dental hygienist is in coordinating and supporting patient information provided to the dentist. The multidisciplinary team provides basic knowledge to caregivers regarding patient’s oral hygiene and dental care consult, and/or refers patients to the dentist in complex cases. **Conclusion:** The important role of the dental professional team is to support and join the Family Care Team to provide effective holistic care to patients, especially dependent elderly, disabled, and end-of-life patients, thus, constituting a multidisciplinary team which is the most challenging role of dental professionals.

Key words: dentists, health care team, professional role

How to cite this article: Supaporn Sangouam. The roles of dental professional team among the family care team policy in Lower-Northern Region, Thailand. *J Dent Indones.* 2018;25(3):148-152

INTRODUCTION

The “Family Care Team Policy,” begun at the end of October 2014 in the fiscal year 2015 by the Ministry of Health, Thailand, is aimed at ensuring that people of all age groups are adequately cared for by the primary care unit closest to the public, and linked to the physician from the district to the subdistrict hospitals. Attempts have been made to provide patient-centered care, as well as to determine how to reach the family doctor. This is an important innovation in changing the concept of service. In first year (2015–2016), the Family Care Team Policy gave priority to elderly, disabled, and end-of-life patients.¹

Oral health is linked to overall health at all ages and affects quality of life. Oral health can help improve overall health. Primary and family care teams are levers to improve the health service system.² Specifically, the dentist focuses on treatment and rehabilitation of

oral health, such as fillings, root canal treatment, or implantation. A “one man show” is the working style of dental personnel in a clinic and focuses on disease-oriented conditions and eliminating pathogens. In fact, oral disease is caused by many factors (multifactorial disease), with associated common risk factors, such as relevant behaviors or ways of life; eating, drinking, or smoking; stress; and hygiene. The cooperation of many sectors is required to address oral health problems, limit risk factors, and increase factors contributing to health.

Therefore, the original working style cannot solve the problem of sustainable oral health, and a multidisciplinary approach is required, working with network partners and empowering people to take care of their own health. According to the principles of health promotion, the Ottawa charter will help people achieve good oral hygiene, which will affect overall health. A sustainable working style under the Family Care Team Policy focuses on teamwork, which is a

major challenge for dental personnel to adapt as a new way to work in accordance with this policy. Studies related to dental work, teamwork and family care teams are limited. Therefore, we studied the role of dental personnel in the Family Care Team Policy in the Lower–Northern region, Thailand to determine the roles of dental personnel for further information regarding this policy development.

This study aimed to determine the roles of dental professional teams in the family care team policy in lower northern region of Thailand.

METHODS

A qualitative semistructured interview was constructed from a literature review and related research. Data were collected by in-depth interview of over 45 minutes to 1 hour and were audio-recorded. The researcher conducted interviews until data saturation. Data were analyzed thematically. This study was performed from September 1, 2019 to September 1, 2017 according to the ethics in human research of Naresuan University (Research Permit for Human Research in Naresuan University IRB No.089/59).

Population and sample

Purposively selected samples were collected from 15 dental personnel (9 dentists, 6 dental hygienists) who worked at the Provincial Health Office, district and subdistrict hospitals in the lower northern region in the Phitsanulok, Uttaradit, Kamphaengphet, Nakhon Sawan, and Phichit provinces.

RESULTS

The roles of dental personnel could be summarized by key points of the main role of the dental professional team among the Family Care Team Policy.

Continuous care role at the patient's home

The researcher asked about the most challenging role of the Family Care Team Policy. Most of the informants focused on the ongoing care role at home operating under this policy. This is a home visit for the elderly, including disabled and end-of-life patients who were the target group at the beginning of this policy. Dentists and dental hygienists visit the patient's house together with a multidisciplinary team, including family medicine personnel, pharmacists, nurses, physiotherapists, public health officers, and health village volunteers, and some teams include psychologists. The frequency of home visits varies by location. In some areas, homes are visited once a week and in some 2–3 times a week. In some areas, such as the Samyam district and the Kamphaeng Phet province, district team home visits

include a sheriff (district-chief officer), the Red Cross, and a soldier, along with a large family care team of doctors, dentists, physical therapists, and nurses. Dentists and dental hygienists are part of this team to provide oral care advice to patients and caregivers. In addition, the District team also provided survival bags and cleansing equipment to targeted patients once a month. The team will visit the home upon notification that help is needed.

In Phitsanulok, the informant stated that the dental professional team had started work on home visits before this policy was implemented because they had realized the importance of chronic noncommunicable disease (NCD) related to oral health. The best practice at the dental department of Phromphiram Hospital was to visit the dependent patients for examination and treatment. The operation of the dental department at Phromphiram Hospital begins when patients present to the hospital ward, where the nurse or physician sees oral health problems.

“The role of continuous care at the patient's home is the key and most challenging role of the Family Care Team Policy, because I will care for patients with a multidisciplinary team, such as making a care plan, which will be discussed in the “Home Health Care Line Group.” Before the patient leaves the hospital, our team will make a discharge plan together to prepare to care for patients at home after hospital discharge, such as providing knowledge of patient care to caregivers.” [A1]

At the home visit, the nurse will screen the case before the multidisciplinary team arrives and some cases will receive treatment, such as tooth extraction. The dentist will prepare to remove the teeth in the patient's home using a nasogastric (NG) tube. The family care team will provide oral care advice to caregivers to prevent infection. In this way, the principle common risk factor is linked to oral and physical health, because oral disease is associated with other diseases, so that the other parties realize the importance of oral health and work together to manage joint risk factors. Regarding home visiting, the informants emphasized that dental personnel must learn to listen to and understand the caregiver(s), because each has a different context. Someone may never have been prepared to be a caregiver or may have an additional burden. Some patients have no children; therefore, the caregiver may be a neighbor. Bed care preparation and many things, such as wound cleaning, food preparation, and oral cleaning must be learned.

“I will have to listen to him to understand, and then gradually enter the mouth. Some oral cases are not the most important. Our story may be at the very end of the planning process. By the common case, we must prioritize which tasks should be treated first. Each patient's care plan is different. The same care

plan cannot be used with everyone, depending on the context of each case. The complexity is different and teaching must be written to be understandable and to teach them step-by-step. Keep practicing to clean the mouth, because one caregiver may be responsible for all patient care. It makes him confused. Please tell me one by one, and it is important to understand how he can do it, we expect it very much [A12]

The dentist at the hospital's center in Phitsanulok reported a high prevalence of oral health problems in urban areas. Some patient's houses are attached to the hospital, but they do not reach the hospital. The informants considered that people in the municipality were neglected, possibly due to the different lifestyle from that in the countryside. The family doctor must know where access is more difficult in the countryside, because trust is more difficult to achieve, which is a barrier to work as it takes time to get to know the open mind.

In some areas, such as a community hospital in the Phichit province, this is not fully implemented. The hospital has only just been opened for 2 years and the medical team is not ready. "We (dental hygienists) visit patient's home every month, but the dentist has not visited the patient's home with the Family Care Team because most dentists often go to study. The role of dental hygienists is a home visit together with the hospital team to deliver the case to the dentist at the community hospital to treat complex cases." [B9]

In Uttaradit, information on dentists' home visit focused on providing oral health care to patients and caregivers, but did not provide treatment at home. "The role of home visits with multidisciplinary teams will coordinate the preparation of patient space and information for dentists and the multidisciplinary team. Providing basic knowledge to caregivers in patient's oral hygiene. Dental care consult and or refer patients to the dentist in a complex case." [B6]

The role of primary dental health services

In this research, we found that this role already is practiced in all areas. The dentist turns over service to the subdistrict hospital, especially in the hospital that does not have dentists to work regularly. The role of the dentist is to provide dental services beyond the capabilities of dental hygienists, such as difficult tooth removal or dentures for the elderly. The frequency of dentist turnover varied. The dentist may arrive once a week in some areas or once a month in others. The role of the dental hygienist was to provide primary dental health services and to work to prevent oral diseases and promote oral health in the community. "This role already is practiced routinely by dental professional the team before the Family Care Team Policy began, it is not a new task for the dental professional team. [B13]

The Role of risk screening and provision of services as needed

Most dentists have performed screening for need for dentures in the elderly, oral cancer in the elderly, and oral health examinations for diabetes and kidney disease, which follows the policy of the Dental Public Health Bureau, Ministry of Public Health. "This role followed the policy of the Dental Public Health Bureau, Ministry of Public Health, which assigns the dentists to risk screening and provision of services as needed, especially in older people because this group is the target of this policy in this period." [A3]

The role of health promotion and oral disease prevention

Most of the informants said that this role of dental personnel has been undertaken already in their workload and it follows the policy of the Dental Public Health Bureau, Ministry of Public Health. The provision is for preventive services for oral diseases by age groups, such as preschool children, school children, working groups, and the elderly. Indicators set by the Public Health Ministry's indicators are 0-12-year-old children being cavity-free, the percentage of 12-year-old children without tooth decay, and the percentage of elderly people with at least 20 teeth and 4 pairs of teeth. "The role of health promotion and oral disease prevention already has been undertaken in our workload and follow the policy of the Dental Public Health Bureau, Ministry of Public Health, which assigns the provision of preventive services for oral diseases by age groups." [A9]

DISCUSSION

We found that the main roles of the dental professional team according to the Family Care Team Policy are a continuous care role at the patient's home, primary dental health services, risk screening and provision of services as needed, and health promotion and oral disease prevention. The most challenging role of the dental professional team in the Family Care Team Policy was the continuous care role at home (home visit) to the dependent elderly, disabled, and end-of-life patients with a multidisciplinary team, probably because of the teamwork required with a multidisciplinary team that focuses on continuous and holistic patient care. This is consistent with the image of the Family Care Team Policy over other roles. In this role, dental personnel joined with a multidisciplinary team at district and subdistrict hospitals by consulting through communication technology, such as online groups or telephone, to make the Individual Care Plan for each patient consistent.

Suriyawongphaisal et al.,¹ found that 95% the questionnaire was used to determine how the team worked. The mobile team members (96% and 84%) with the study of

Srijaranai et al.³ Communication technology is complementary to the operation and consistent with the study of Srivaniyakorn et al.,⁴ who reported communication between the Family Care Team mainly through mobile phones. Most lineages (42%) communicate three times a week and 27 (27%) communicate once a week (19%). An individual plan among the Family Care Team was very important for patient care. Coulter et al.⁵ found that the individual plan of care for individual patients affected the physical and mental health status of the patients better, with the emphasis on patients and caregivers to manage their own health.

Dentists and dental hygienists who work on routine tasks, such as primary dental health services, risk screening, provision of services as needed, and health promotion and prevention services in oral health perform most of the roles. Continuing to care for the patient at home is the most challenging role of dental professional teams (dentists and dental hygienists) who perform home visits with a multidisciplinary team. In some areas, such as the Kamphangphet province, the dentists and dental hygienists will visit patients at their home with large teams, including the sheriff, Red Cross, provincial army, and multidisciplinary team from the district hospital. In line with the meaning of the family doctor's definition, the multidisciplinary team includes medical and public health personnel.

At local and in-hospital service units, village health volunteers, local government organizations, community, and people are involved in the public health care to cope with physical problems. In addition, it is important to note that the quality of life of patients, families, and communities is closely related to the overall quality of life and consistent with quality evidence reported by Suriyawongphaisal et al.,¹ indicating that some districts have a powerful District Health System (DHS), which is chaired by the sheriff. There may be direct or indirect influences on the working patterns of the family care team, such as the community leader, who reports on infrastructure problems of a patient's house. This will be encountered by visiting the district health committee and it also led to the amendment by the local government organization, which was followed up in later meetings. It may be a sign that the district leadership has given priority to home visits with a holistic care. Some interviewees stated that the sheriff combined knowledge about risky behavior into a social visit. These findings also are consistent with the study of Chienwattanawong et al.,⁶ who evaluated integrated learning in DHSs.

With family care teams to develop a network of health services with quality home visits, the success of health care system development has been recognized with integration of the DHS, especially for home visits with a family care team in the elderly, disabled, and end-of-life patients with participation of the community. The

patient-centered concept can build trust ties between people and the health team, and understanding of the problem and needs of the service to patients. Therefore, it can truly meet the needs of patients and relatives. This is consistent with the study of Chainet,⁷ who found follow-up visits to home care patients useful for patients and families. It encourages people in the community to take care of themselves and their families, creating a healthy family and community network, which can develop into a family health lead. Patients discharged from the hospital will feel at ease with nursing home care. Relatives will understand the illness and pay more attention to the patient. Patients and families cooperate to heal quickly. Treatment is good, and patients have a better quality of life.

In addition, the importance of teamwork in the care of patients is emphasized. In particular, the primary care team is based on the studies by Mundt et al.,^{8,9} who evaluated the effects of social networks among primary care teams on the quality of care for cardiovascular and diabetes patients and found that the team had a very good relationship with each other, reducing the number of hospital days and cost of treatment in patients with coronary artery disease and diabetes.

The role of dental staff in the family doctor-based research was dentistry was carried out mainly by the dental personnel as a primary dental provider in the service and in the hospital. Most of them have a regular job consistent with the study of Srivaniyakorn et al.,⁴ who found that the same role of dental professional teams under this policy was to be primary care providers and consultants providing health advice to responsible families.

CONCLUSION

Oral health issues are linked to overall health in all ages. Moreover, oral health also can help improve overall health. Dental care in the Family Care Team Policy will be the lever for advancement. Dental professional teams in the Family Care Team have an important role, including continuous care at home, risk screening and provision of services as needed, primary dental services focus on providing services that are not complicated, and health promotion and prevention of oral diseases. The important purposes of the dental professional team were to support and join the Family Care Team to provide effective holistic care with a multidisciplinary team to patients, especially dependent elderly, disabled, and end-of-life patients.

ACKNOWLEDGEMENT

The authors would like to thank Naresuan University for their financial support.

CONFLICT OF INTEREST

The authors declare no conflict of interest related to the study.

REFERENCES

1. Suriyawongphaisal P, Pehengphit S, Wiridiromkul S, Wanichakul N, Phataramongkolrit S, Priyatrug P, Sritawarin J, Thammakul D, Bormann Fon S, Meeboon S, Krutkas S, Thongtanunam Y, Boonpleng W, Milintarangkul S & Kullabutr S. (2016). Assessment of health policy on promoting family care team. Retrieved from <http://kb.hsri.or.th/dspace/handle/11228/4428?locale-attribute=th>
2. Office of Public Health Administration Office of the Permanent Secretary, Ministry of Public Health. (2015). Family Care Team Book: Happy Thai Family relatives are family doctors. Bangkok: Agriculture Cooperatives of Thailand Printing.
3. Srijaranai S, Wansirikul C, Sukrit P, Khajornwongwatthana O & Nokdee S. (2015). Research evaluates the performance of a family care team policy. Office of Policy and Strategy Office of the Permanent Secretary, Ministry of Public Health. Retrieved from http://bps.moph.go.th/new_bps/sites/default/files/Researchers%20family%20doctor.pdf.
4. Sriwanichakorn S, Yana T, Bookboon P & Traakoolwong P. (2016). Report of the Situation and Operation Survey And the opinion of family care team policy. Retrieved from <https://www.hsri.or.th/researcher/research/new-release/detail/6158>
5. Whitehead L. The effects of personalized care planning for adults living with chronic conditions. *Int J Nurs Pract.* 2016; 22(2):138-140.
6. Chienwiwattanawong N, Rongmuang D, Suema N, Kojhauntiew W, Pupa K, Suansun N, Rirao S, & Baisani S. Integrated Learning of District Health System (DHS) and Family Care Team (FCT) to Develop Health Service Networks Using the Quality Home visit Program: Suksumran Caring Society with Family Care Team. *The Southern College Network Journal of Nursing and Public Health.* 2016; 3(2):1-16.
7. Chainet M. Effect of home visits on family participation in caring for persons with chronic obstructive pulmonary disease in Mae Lao District, Chiang Rai Province. [dissertation] Chiang Mai University; 2010.
8. Mundt MP, Gilchrist VJ, Fleming MF, Zakletskaia LI, Tuan WJ, Beasley JW. Effects of primary care team social networks on quality of care and costs for patients with cardiovascular disease. *Ann Fam Med.* 2015; 13(2):139-48.
9. Mundt MP, Agneessens F, Tuan WJ, Zakletskaia LI, Kamnetz SA, Gilchrist VJ. Primary care team communication networks, team climate, quality, and medical costs for patients with diabetes: A cross-sectional study. *Int J Nurs Stud.* 2016; 58:1-11.

(Received October 2, 2018; Accepted December 11, 2018)