

## **Abstract of the PhD thesis:**

### **ORAL DENTAL CARE MANAGEMENT SYSTEM IN ROMANIA IN INTERNATIONAL CONTEXT. CLINICAL – STATISTICAL STUDIES**

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Addressing a topic about oral health, both in the scientific and in the social reality, is a delicate issue of the medical field due to individual concepts and to those relating to health policies. Despite many achievements of health systems in different countries of the world, maintaining a high prevalence of dental diseases shows that it is an area still neglected.

**Research objectives:** Analysis of oral - dental care system in Romania compared with other primary oral - dental care systems in Europe, America and Australia based on specific indicators. Clinical statistical analysis of the oral - dental social care system in the south -eastern Euro-region in Romania based on agglomeration indicators and prophylactic orientation indicators for curative and prophylactic services, child budgets, and the proportion of contracted dentists in the system and the number of children incumbent upon a dental social service provider. Statistical analysis on the perception of the importance of management in the activity of professionals' dentistry doctors in Galati and Constanta counties.

### **DOCUMENTARY STATISTICAL STUDY ON ORAL-DENTAL CARE SYSTEM VALUE IN ROMANIA INTERNATIONAL CONTEXT SPECIALIZED ON SPECIFIC INDICATORS**

**Purpose:** Evaluation of oral -dental care system in Romania compared with other primary oral - dental care systems in Europe, America and Australia.

**Objective:** Analysis of the number of dentists related to the population, the cost of oral - dental health services, the GDP percentage for dental medicine, the DMTF index, coverage of the population with one of the forms of social and health protection, suite package offered to policyholders, distribution of oral health services offer, the financial support of the population.

**Results:** In the European countries the number of dentists per 100,000 residents is between 58 and 102, for Romania value being of 95. In the U.S. states the values are between 14 and 114, and in Australia 58. The cost of oral health in euro / capita ranged in 2012 between 2.7 and 22.7 in Europe, with the exception of Romania where the value was 0.24. In the American countries the values were between 468 and 529 euro / inhabitant, and in Australia 41.78 euro / inhabitant. The GDP percentage assigned to oral health was between 0.6 to 0.9 %, with the exception of Romania with a value of 0.02 %. In the American countries the values were between 0.3 % and 0.8 %, in Australia 0.67 %. The DMTF index in European countries ranged from 0.7 to 1.23, with the exception of Romania, where the index was 2.7, in the American states the index values ranged from 1.4 to 3.1, and 0.8 in Australia. The number of population with dental health social insurance was between 85 % and 90 % in European countries, with the exception of Romania, with a value of 7 %; in the U.S. states the values ranged between 27.8 % and 84,8% and 47 % in Australia. Social services dental package is equitable for all age groups in European countries, except Romania, which has covered only adult emergencies, extractions and social prostheses; in the U.S. states the offer is limited for emergency services and primary prevention in children and in Australian in preventive and curative emergency services to children. European average salary is between 3200 and 3500 euros, except Romania where it is of 490 euro; in America the salary is between \$ 609 and \$ 3.263 and \$ 2.610 in Australia.

**Conclusions:** In terms of oral health indicators, Romania is below the average of the European countries, of the U.S. and Australia, with two exceptions: the number of dentists per 100,000 residents, for which the values show a superior position and the DMTF indicator, which is comparable to that in the American states. Access to oral - dental care social services for the population of Romania was the lowest among the European analyzed countries, comparable to some U.S. states, namely Canada. The dental social services package offered to the population was unfair for the adult population compared to other European countries. The co - payments level average related to the medium salary has the highest value among the European countries in Romania.

## **CROSSED-STATISTICAL STUDY ON ORO-DENTAL CARE SYSTEM OF SOUTH- EASTERN EUROREGION IN ROMANIA**

**Purpose:** Identify the oral-dental social care system ability in the south - eastern Euro-region in Romania in terms of the amount of services provided and the financial and material resources.

**Objectives:** Calculate the distribution average of the main types of curative and prophylactic services to 100 children; analysis of the prophylactic orientation indicators of the activity of all contracted dentists of the system; evaluating the budgets for dental social services for children, analysis of labor force in the system as share of all dentists and the number of children per social dental service provider.

**Results: curative services:** for scaling maneuvers there was an increase of 4.34 %, the remainder had a downward trend in variable percentages: 31.47 % for simple cavity obturations, 49.55 % for the treatment of complicated caries, 46,42 % for apical periodontitis treatment, 35.29 % for devital tooth obturations and 24.44 % for extractions. Prophylactic services: for sealing maneuvers was an increase of 12.35%, the remainder had a downward trend in variable percentages: 44.44 % prophylactic consultations, professional cleaning 29.82%, 48% fluoridation and sealing 12.35%. OP1 values between 2.29 and 5.98; OP2 values between 1.24 and 2.35; OP4 values between 0.16 and 0.31.

Evolution in time of child budgets were decreasing for all counties, with the following individual values: 18.42 % in Galati, 38.96 % in Buzau, 34.2 % in Braila, 42.86 % in Tulcea, 43 86% in Constanta and 23.01 % in the Vrancea. To the Euro-region the annual budget amounts per child was of 23 RON in 2008 , 17.18 RON in 2009, 14 RON in 2010 and 15.34 RON in 2011, with an interval average of 17.34 RON. The highest number of dental providers reported to the total number of dentists is in Tulcea (43%), followed by the counties of Braila, 38 %, Galati, 36% Buzău, 33%, Vrancea 32% and Contanța 33%. The number of children who returned to contracted doctor of the system was of 1362 in Vrancea, 1195 in Buzau, 1142 in Tulcea, 838 in Braila, 795 in Galati and 475 in Constanta.

**Conclusions:** The curative services were dominated by scaling which tended to increase by 4.3% while the other services decreased by 27.82% in the Euro-region. The prophylactic services were dominated by seals which increased with 29.05%, while the rest services decreased by 32.5%. The activity of the doctors had a prophylactic orientation in terms of the number of finite services for simple caries to the complicated caries and the total number of obturations to extractions; non-prophylactic orientation because there were more curative than prophylactic services. The allocated budget to child dentistry decreased by 33.3% over the studied period. The number of contracted dentists of the system represented 35.35% of all doctors in the Euro-region and the number of children related to a social dental service provider had a tendency to increase with 19.67%.

### **CURRENT PERCEPTION ON THE IMPORTANCE OF MANAGEMENT DENTAL PROFESSIONALS ACTIVITY IN GALATI AND CONSTANTA COUNTIES**

**Purpose:** To identify current perceptions regarding the management of dental office in Galati and Constanta counties.

**Objectives:** Identify the forms of organization of the profile activity, of the need for management knowledge, using the tools and management consecrated standards, the persons empowered in managing the dental medical cabinet; the criteria for budgeting, pricing policy and marketing, types of employees preferred in the medical- dental team, how to protect against malpractice.

**Results:** CMI form of organization, answers between 68% - 72%, 91.2% of doctors want more management courses offered by universities. In Constanta 75.4% of the respondents believe that the activity should be conducted by a manager, and in Galati 64.9% believe that the activity must be conducted by a doctor; the consecrated management tools and standards used are between 54.4 and 57% in Constanta and 57.8% in Galati. Budgets are calculated based on previous earnings, between 26.4% and 42.10%. The pricing policy is based on the inspiration of the market, between 39% and 73.7%. Marketing policy relies on satisfied patients who bring other patients, in percentages between 86% and 87.7%, and the performance of medical and office layout, 54.4% - 78.9%. The most used collaborators are: cleaning personnel 29.8% - 54.2% , nurses - 43.9% - 56.10%, orthodontists 78.9% - 87.7%, surgeons - 82.4% - 84.2%. Malpractice protection is based on informed consent documents - 31.5 % - 40.4% and photographs - 21%.

**Conclusions:** In both counties is preferred organization of work as the most advantageous in terms of bureaucracy and taxation. Instruments and standards set by management are not well understood terms, nor notions that are used properly. Calculating the budget of the office and the prices for profile maneuvers are not made based on judicious analysis, market inspiration being most often the only criterion calculation. Marketing policy of the dental office was seen as an important activity of dentist's office management. Activity in the dental office is efficient and effective only under judicious collaboration, both with members of their teams and with needed external collaborators. Malpractice is an area for which doctors are not well trained. In both counties doctors feel the need for more information in the management field, as well as a greater degree of accessibility to these types of classes.

**Keywords:** oro- dental care system, oral health assessment indicators, management of the dental office.