

**EDITORIAL** 

## 'MI' reflections on a pandemic-governed 2020

Avijit Banerjee<sup>a</sup> / Anton Sculean<sup>b</sup> / Poul Erik Petersen<sup>c</sup>

**Summary:** Oral/dental healthcare delivery in the post-pandemic era will be different, with challenges to overcome and positive opportunities to take. Managing the needs, wants and expectations of all stakeholders must be communicated and actioned effectively, moving forwards. It is the responsibility of all stakeholders to work together to help provide high quality, evidence-based pragmatic oral healthcare delivery for the future. Patient-focused, team-delivered, minimum intervention oral healthcare (MIOC) is applicable to all patients at all stages of their lives and underpins long-term delivery of better oral and systemic health to all. Guidance, peer-support, whole-team training along with agile commissioning and suitable incentivisation will need to support the paradigm shift to prevention-based MIOC clinical practice.

Key words: Covid-19, dentistry, minimally invasive dentistry, minimum/minimal intervention, oral healthcare, pandemic

irstly and most importantly, we would like to take this opportunity to offer all OHPD readers our sincere best wishes in what has been a trying and at times difficult 2020. Most importantly, we do hope you, your family, friends and team colleagues have stayed well and safe over the past 12 months. At the beginning of a new decade, heralded by many as a fresh chance for humanity to embrace and nurture all that is positive in global and local society, we find ourselves having to re-adjust radically, both personally and professionally in such unusual times, to a new 'norm' and there is still much to evolve in this regard. We have purposely avoided the over-used descriptor 'unprecedented' to describe the events that have transpired globally. Pandemics are not at all unprecedented. Indeed, they have affected and will continue to affect humankind with a certain biological regularity over history and in the future. What is unprecedented is the reaction of humankind. As societies have begun the complex reactionary readjustment, it is clear that in the oral healthcare sector, many work practices and tenets of care delivery will be

forced to change. Positive opportunities need to be taken by all stakeholders in dentistry involved in delivering the best oral healthcare management to patients. These stakeholders include the clinical/research profession, educators, the needs, wants and expectations of the patients, service providers, service regulators, public health administrators, insurance/indemnity associations and industry partners.

There is a need to rethink the methods and processes of delivering better oral healthcare. We need to critically ask ourselves, to what extent was the oral healthcare provided during the COVID-19 pandemic supported by scientific evidence or was rather influenced by emotions, empirical and political thinking? National and international regulators will decide the new norms for social distancing at work, suitable personal protective equipment and infection prevention and control policies. Will the more limited use of aerosol-generating procedures (AGPs) be encouraged beyond the shortterm advice already actioned? Personalised preventive oral health advice via online tele-dentistry delivery may, or indeed should, become a funded aspect of primary care delivery, helping to evolve the relationship between 'oral health practices' and their patients. This may in turn improve the reach and access to the more underserved communities and populations. Government messaging to the population will need to be more balanced in this regard than ever before, where prevention, self-care, personal responsibility and awareness are given maximum priority in oral health promotion and maintenance. The patient-focused, team-delivered minimum intervention oral healthcare (MIOC) framework must now underpin all aspects of oral/dental healthcare provision, across the specialties.<sup>1-4</sup> The MIOC team-delivered framework is based on four interlinked domains, applicable to any of the preventive and restorative disciplines, across all ages and patient groups (with suitable adaptations where necessary):

<sup>&</sup>lt;sup>a</sup> Professor of Cariology & Operative Dentistry; Hon. Consultant, Restorative Dentistry, Faculty of Dentistry, Oral & Craniofacial Sciences, King's College London, Guy's Dental Hospital, London, UK.

<sup>&</sup>lt;sup>b</sup> Professor and Chair, University of Bern, School of Dental Medicine, Department of Periodontology, Bern, Switzerland.

<sup>&</sup>lt;sup>c</sup> Professor Emeritus, University of Copenhagen, Faculty of Health Sciences, School of Dentistry, Department for Global Oral Health and Community Dentistry, Copenhagen, Denmark.

**Correspondence:** Professor Avijit Banerjee, Departement of Cariology & Operative Dentistry, Dentistry, Oral & Craniofacial Sciences, King's College London, Floor 25, Tower Wing, Guy's Dental Hospital, Great Maze Pond, London SE1 9RT, UK. Tel: +44-207-188-1577/1594; e-mail: avijit.banerjee@kcl.ac.uk

- 'identifying problems' (detection, risk/susceptibility assessment, diagnosis and patient-focused care planning),
- 'prevention and control' (primary, secondary prevention of lesions, control of the disease process),
- 'MI treatments/procedures' (minimally invasive operative management of carious/periodontal lesions, pulp pathology, broken-down or missing teeth) and
- 'review/recall' (re-assessment of any treatment provided, patient behavioural adherence to change, recall periodicity dependent on longitudinal susceptibility assessments).<sup>1</sup>

The advances in clinical operative techniques/technologies/materials, behaviour management and another form of MI, motivational interviewing, are all enabling oral healthcare teams to successfully deliver this contemporary approach to achieve and maintain oral health and long-term well-being in our patients.

Service providers, regulators and the legal/indemnity profession will have to engage more in working together towards this common goal as opposed to the somewhat continued defensive, siloed, inward-focused attitudes that still seem to prevail in times of greatest need. Continued, even enhanced, support and funding for oral and dental research and education is more important than ever. Any rationalisation of the profession must not be used as a stealth measure to reduce funding.

## **OHPD** Developments in 2020

With respect to this journal, 2020 has been an exciting year. The rate of submission and acceptance of high quality manuscripts is on the rise, which is clearly reflected by the continued increase in its impact factor (IF 0.92 for 2019). Most importantly, the journal moved online in totality. It has been accepted into the Directory of Open Access Journals. These major beneficial changes have helped streamline production and have brought about a welcome sharp reduction in publication time. The editors thank wholeheartedly the large team of expert peer-reviewers who kindly give up their time to critically review all the submitted manuscripts thoroughly and fairly. It is a testament to them and the publishing team at Quintessence Ltd, that during the pandemic lockdown periods during this year, the online publication times for accepted papers have not been affected.

We wish you all a very happy Christmas and a peaceful New Year, hopefully celebrating with your friends and family safely where possible.

Avijit Banerjee

h alan

Anton Sculean

Poul Erik Petersen

## REFERENCES

- 1. Banerjee A. "MI" opia or 20/20 vision? Brit Dent J 2013;214:101-105.
- Banerjee A. 'Minimum intervention' MI inspiring future oral healthcare? Brit Dent J 2017;223:133–135.
- Banerjee A. Minimum Intervention oral healthcare delivery Is there consensus? Brit Dent J 2020;229(7):393-395. https://doi.org/10.1038/ s41415-020-2235-x
- Berlin-Broner Y, Levin L. "Dental hierarchy of needs" in the COVID 19 Era or why treat when it doesn't hurt? Oral Health Prev Dent 2020;18(1):95. doi: 10.3290/j.ohpd.a44371