

Eisenhower Box for Prioritising Waiting List of Orthodontic Patients

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Abstract

The demand for orthodontic treatment is increasing greatly in the present days. In a country like India which has a humongous population of 1210 million the management strategies need to be formulated so as to give justice to the deprived. The prioritization should be based on the extent to which the malocclusion handicaps the patient and his motivation to commence the treatment. Eisenhower box, the famous productivity strategy, which was proposed by 34th U.S. president Dwight David Eisenhower is being presented in this article as a tool to deal with the orthodontic OPD. This Eisenhower matrix will act as a decision making tool for prioritizing the orthodontic OPD which will be immensely helpful to busy clinicians specially in government set up, in deciding which case needs to be treated first.

Key Words: Prioritizing waiting list, O.P.D management, Decision making, Treatment prioritization

Introduction

“Orthodontics is the area of dentistry concerned with the supervisions, guidance and correction of the growing and mature dentofacial structures including those conditions that require movement of teeth or correction of malrelationships and malformations of related structures by the adjustment of relationships between and among teeth and facial bones by the application of forces and/or stimulation and redirection of the functional forces within the craniofacial complex” [1].

The demand for orthodontic treatment is increasing greatly in the present days [2-4]. The reason for this high demand is increased awareness and consciousness regarding aesthetics. There can be numerous reasons for aspiring orthodontic treatment. The motivation can be either to ameliorate esthetics or function, or for psychosocial enhancement. Orthodontic treatment can be performed at the following centers:

- Exclusive orthodontic clinics
- Clinics of General dental practitioners with visiting orthodontist
- Government or private hospitals
- Academic institutes and hospitals

The duration of Orthodontic treatment is extensive ranging from one to three years depending on the case. The factors that determine the duration of treatment are number of extracted premolars, frequency of irregular appointments, some pretreatment cephalometric values like mandibular plane angle, ANB angle, and Salzmann Index [5,6]. Other factors such as the technique employed by the orthodontist, the skill and number of operators involved, and the severity of the initial malocclusion, all seem to play a role [7]. In a country like India which has a humongous population of 1210 million [8] the management strategies need to be formulated so as to give justice to the deprived. The daily OPD footfall in a dental government academic institution in India is around 200 total cases, out of which 150 are new cases, and out of these new cases around 20-25 are new orthodontic patients [9]. Because of varied reasons people from all socioeconomic status walk into government hospitals. The poor and middle classes approach because they cannot afford orthodontic treatment whereas the rich report because they repose greater faith in government institution that they will not be deceived.

However, in government organizations usually there is a long waiting list for patients coveting orthodontic treatment because the orthodontic treatment duration is long, and it takes time for the next case to be taken up by the clinician. Secondly, the treatment can be executed by specialists that are orthodontists or residents being trained in that specialty only, thirdly the orthodontist to population ratio is poor all leading to an overlong wait list. In major government institutions of Delhi like Maulana Azad Institute of Dental Sciences, All India Institute of Medical sciences, Vardhman Mahavir Medical College (Safdarjung hospital) and Jamia Millia Islamia the usual waiting time for a case to be commenced is 1-3 years. Their needs to be a system of prioritizing the orthodontic OPD on the basis of how much the malocclusion is handicapping the patient's quality of life in terms of limited function and psychosocial well-being, and at the same time we need to keep in mind the organizations demand.

Though many indices have been proposed in the literature to prioritize orthodontic treatment [10-16], majority of them measure the severity of malocclusion based on deviations from ideal. However, none of them evaluate the treatment need based on consequences of malocclusion for the subject. To what extent the malocclusion is handicapping the patient and is the patient really motivated to commence the treatment. Malocclusion can have severe consequences not only on physical wellbeing but also on social and psychological well-being. It can affect the physical health in terms of pain, temporomandibular disorders, and dental and gingival trauma, speech and mastication. It also affects psychological health and is reported to affect self-concept. Socially, malocclusion and its treatment can affect perceived attractiveness by others, social acceptance and perceived intelligence [17]. Malocclusion also predisposes the patients to higher chances of dental trauma [18-20]. All these factors need to be evaluated before, so that treatment is rendered to those patients first whose malocclusions are found to score higher in all these aspects.

There is a paucity of literature to assist clinicians in prioritizing their caseloads. Approaches vary between those that rely on organizational factors such as departmental policies and medical team directives. Eisenhower box, the famous productivity strategy, which was proposed by 34th

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U.S. president Dwight David Eisenhower is being presented here as a decision making tool [21]. The Eisenhower Matrix also referred to as Urgent-Important Matrix helps one to prioritize tasks by urgency and importance, sorting out less urgent and important tasks which one should either delegate or not do at all. This matrix divides the tasks into 4 categories: Important and urgent, Important but not Urgent, Urgent but not so important, neither urgent nor important. The work jotted under the first box is the “do first” work. These are those assignments which are important as well as urgent and not completing these assignments could have bad consequences. The second quadrant is called the “Schedule” quadrant. These tasks though are important could be scheduled at ones convenience. The third quadrant is for those tasks which one can “delegate” as they are less important to you than others but still pretty urgent. The last quadrant is called the “Don’t do” quadrant. One should delete these activities to increase the productivity of other quadrants. Dwight David Eisenhower had an incredible ability to sustain his productivity through the use of this “The Eisenhower matrix”. In this article the matrix has been modified to be applicable in the management of huge OPDs of orthodontic patients thus reducing waiting list and delivering treatment to the deserving. This Eisenhower matrix will act as a decision making tool for prioritizing the orthodontic OPD which will be immensely helpful to busy clinicians specially in government set up, in deciding which case needs to be treated first. It should definitely be a potent force of productivity (Figure 1).

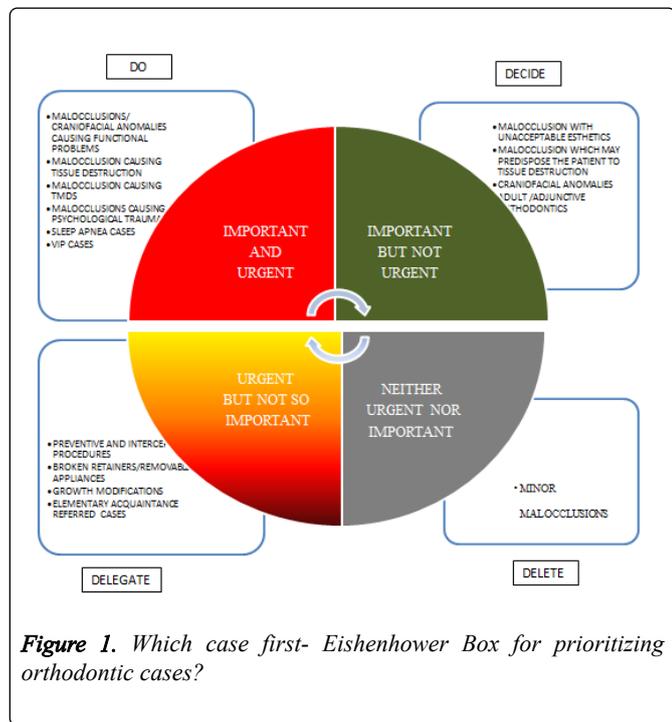


Figure 1. Which case first- Eisenhower Box for prioritizing orthodontic cases?

The cases listed under the ‘important and urgent’ section are the top priority cases and should be dealt by faculty members themselves. These are those cases whose malocclusions have already caused damage to tooth or supporting structures like loss of tooth due to excessive proclination. Craniofacial anomalies causing functional problems like feeding in patients with cleft, or class III malocclusion with problems in mastication are also included in this category. It also comprises of those patients

who are psychologically affected because of their malocclusion for example patients who are teased in school because of their protruding teeth or those patients who feel that straightening their teeth will improve their personal lives. Malocclusions causing impeded eruption of teeth are also listed in this section. Since in an organization we are in a hierarchy and many a times we have to oblige the governing bodies by attending to the VVIP patients on a priority basis, these patients also fall in the important and urgent category. All the cases under this category should be dealt by faculty members since they not only require experience and maturity but also sensitivity and counseling (Figure 2).

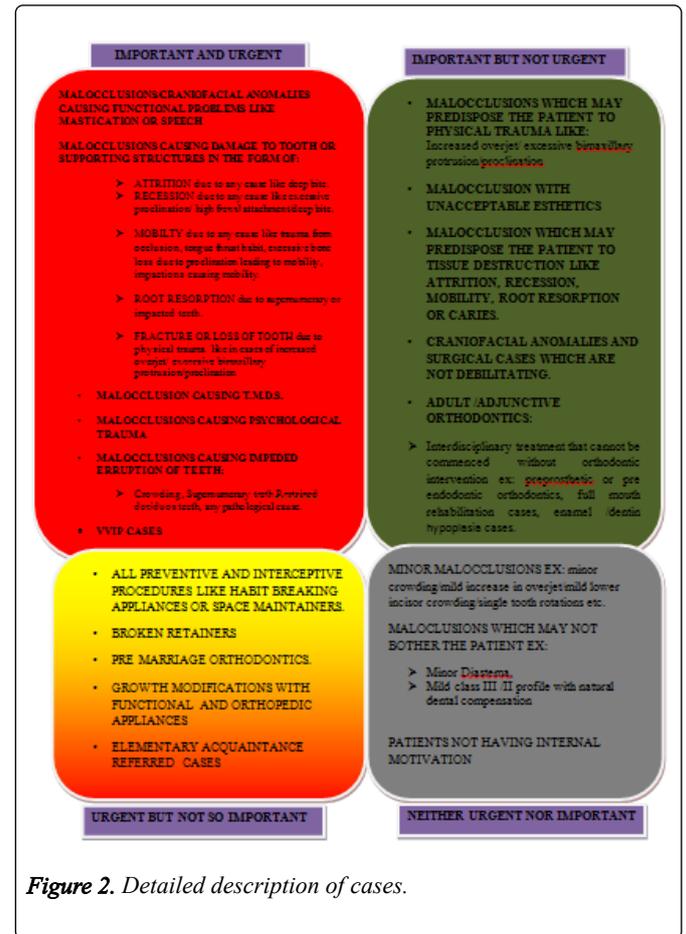


Figure 2. Detailed description of cases.

The cases under ‘important and not urgent’ can be scheduled at an appropriate time and treatment can be executed by residents under faculty’s supervision. These are those patients who if left unattended might turn into urgent and important criteria cases. Hence malocclusions with traits which might lead to damage or have been listed as a possible risk/predisposing factor for damaging tooth/support structure come under this section. Surgical cases and craniofacial anomalies without functional problems can also be given appointment at appropriate time and would be cases of interest for the residents. Also those cases needing adjunctive orthodontics like intrusion of an extruded molar for purpose of prosthesis fabrication, opening of bite for crown fabrication, extrusion of tooth for better margin preparation for prosthesis etc. are included in this section.

The cases that are ‘urgent but not so important’ are those simple cases which need immediate attention because either the growth phase will be lost or because relapse might occur.

Since every patient is important and no malocclusion demanding treatment can be classified as 'not important', so the term 'not so important' is being used in a relative context to other cases. These cases are those which can be tackled by residents themselves. They are the routine cases like of growth modifications in which immediate treatment needs to be rendered or else growth phase will be lost. The growth modification cases are being categorized under this section because they are the routine cases and usually are not causing any functional problems. If any malocclusion is leading to functional problem it automatically goes to box 1 that is important and urgent. A large chunk of these cases are also those who are referred to you by your near and dear ones and hence would like to bypass the waiting list but are usually simple cases. If the referred case is complicated it goes in one of the previously mentioned categories. A term which has been coined in this section is 'pre- marriage orthodontics'. This term is for those patients who desire orthodontic treatment since their marriage is on the cards and they want to look their best, or are in the phase of searching for their life partners, or are wanting the treatment because of their would be's desire. These patients should be counseled properly and treatment duration should be very clearly explained to them since they are in a hurry to commence the treatment and are in equal hurry to conclude the treatment. Patients with broken appliances/retainers also come in this category because if left unattended the treatment might relapse. Preventive and interceptive procedures fall under the 'urgent but not so important' category as they are simple procedures which can be executed by residents.

Lastly, a few cases which are listed under 'neither urgent and nor important' category are the patients with minor malocclusions. These patients can be educated to maintain good oral hygiene with adjunctive means apart from tooth brushing and do not essentially need treatment, so one can delete them from their waiting list. One must remember that the cases under this section are those cases that are not bothered much with their minor malocclusions and are confident to live with it. Apart from this these malocclusions should not cause any damage to tooth or supporting structures in the long run if good oral hygiene is maintained.

The bulk of the OPD is made by 'important and not urgent' and 'urgent but not so important' cases. Since these cases form the bulk of the OPD giving residents exposure to these cases would be most beneficial for them as it would help them in managing their clinics post residency. Cases under 'important and urgent' category form a minor part of the OPD and least number of cases are from the 'neither urgent and nor important' category.

The Eisenhower box has been used in many other fields like it has been developed as an app in iPhones to enable fight stress and procrastination while working [22] and also has been used in many software developments to manage workflows [23]. In clinics with huge foot falls, the clinicians need to have clarity about who needs to be treated first. This matrix may be useful at this juncture. The busy clinician can save on time and use it in planning research or doing cases in a systematic way. This matrix not only tells one on which case needs to be treated first it also tells who needs to treat which

type of case. This way one will become more focused and more productive in all the things he does.

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