

In conversation with **Miranda Steeples**¹ on facilitating the 'Making Every Contact Count' initiative in dental practice.

Introduction

'Making Every Contact Count' (MECC) is an approach to healthcare that encourages all those who have contact with the public to use these interactions as opportunities to help people improve their health and wellbeing. This involves using the time spent in routine and planned contacts, across a wide range of settings, to have supportive conversations about health and wellbeing. These conversations aim to motivate individuals to make positive changes to their behaviours, such as stopping smoking, reducing alcohol intake, eating well, and being physically active, thereby addressing the broader determinants of health. MECC seeks to integrate health promotion into the day-to-day activities of all health and care professionals, making health improvement a core part of the work of the health and care system.

The conversation

The 'Making Every Contact Count' (MECC) initiative is gaining traction in the dental community. Could you start by explaining the core idea behind MECC and its relevance to dental professionals?

Miranda: The essence of MECC is quite straightforward but profoundly impactful.

It's about seeing every interaction we have with patients as an opportunity to promote healthier lifestyles. In the context of dental care, this means not just focusing on the teeth or gums in isolation but considering the patient's overall wellbeing. The association between oral health and general health is undeniable and, as dental professionals, we're in a unique position to support our patients' health beyond their mouths.

That sounds like a more holistic approach to patient care. How do dental hygienists and dental therapists specifically fit into this MECC model?

Miranda: Dental hygienists and dental therapists are, in many ways, at the forefront of this approach. Every day, we review medical histories, discuss lifestyle factors, and offer advice that impacts oral health directly. But it's more than that. By embracing MECC, we can extend those conversations to include general health and wellbeing, based on the understanding that oral health is a mirror of overall health. The BSDHT is keen on supporting our members to adopt this integrated approach, reflecting our belief in the importance of holistic patient care.

Author information

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Integrating MECC sounds like it could significantly enhance patient care. Can you elaborate on how this approach benefits patients and aligns with the broader goals of dental professionals?

Miranda: MECC enriches patient care by shifting the focus from treating disease to preventing it. It encourages us to view patients more comprehensively, understanding that factors like diet, exercise, and lifestyle choices play a significant role in oral health. This perspective aligns perfectly with the preventive ethos of dental hygiene and dental therapy. By adopting MECC, we not only help our patients maintain better oral health but also contribute to their overall health and wellbeing, which is ultimately what healthcare is all about.

To put this in context, quitting smoking and cutting down on alcohol consumption can significantly decrease the risk of mouth cancer, alongside benefits like better blood pressure and reduced stroke risk. Additionally, adopting a healthier diet, increasing physical activity, and shedding excess weight can diminish the likelihood of developing type 2 diabetes, and may even reverse pre-diabetes conditions. These lifestyle changes not only

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enhance overall health but also contribute to improved oral health, lowering the chances of gum disease progression and tooth loss.

What kind of training or resources are available to help dental professionals implement MECC in their practices?

Miranda: At the BSDHT, we believe that empowering our professionals with knowledge and skills is key to making MECC a natural part of dental consultations.

For those looking for the latest guidance and tips, a quick online search can do wonders. You'll likely find advice tailored to your local area, especially if you're searching for services like stop smoking clinics or alcohol support.

Keep in mind, though, that these services might not be the same everywhere. So, it's a good idea to dig a little deeper and see what specific help and resources are available where you work. That way, you can make sure you're getting the best possible support tailored to your needs.

Starting conversations about general health might be new territory for some. How can dental hygienists and dental therapists begin to incorporate MECC into their patient interactions?

Miranda: It's about starting small and naturally integrating these conversations into appointments. For example, a discussion about a patient's medical history can organically lead to talking about lifestyle factors like diet and exercise. It's also about listening and responding to the patient's needs and readiness to change. We often find that patients are more open to making small, incremental changes when they understand how these can improve both their oral and overall health.

And what about follow-up? Is there a role for literature or resources that patients can take away with them?

Miranda: Absolutely. Follow-up is crucial. We encourage practices to have a variety of resources available – brochures, websites, local service recommendations – that patients can refer to after their appointment. It's about providing that initial nudge but also giving patients the tools they need to take the next steps on their own.

It sounds like integrating MECC could be quite transformative. Are there any challenges dental professionals might face in adopting this approach?

Miranda: As with any new initiative, there might be some initial hurdles – time constraints during appointments, uncertainty about how to broach certain topics, or even just adapting to a broader scope of patient care. However, these challenges are manageable with the right training and mindset. It's about incorporating MECC into the fabric of our daily practice, making it a seamless part of how we interact with patients.

Finally, could you share any success stories or positive outcomes that have emerged from MECC's implementation in dental settings? Miranda: I have had patients who, after conversations about their lifestyle and health during dental appointments, have made significant changes. For example, I have cared for patients who have been told that they were pre-diabetic. I have advised them to reduce their alcohol intake and take more exercise, which they have done, and this has led to weight loss and them reversing their pre-diabetic status!

It's stories like these that truly highlight the potential of MECC to make a meaningful difference in our patients' lives.

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