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The benefits for the professional working within a quality culture are manifold, but even more important, the patient is the final arbiter of quality care. Therefore patient centred aspects of treatment are focused upon in this manual. A quality manual intended for European use has to respect the national regulations and European diversity, and therefore needs to be flexible. The EOQM has been structured according to the treatment of the individual patient, which is what all professionals have in common, and which also is the most important target for quality improvement in orthodontic practice. The EOQM is primarily designed as a stimulus for the orthodontic professional to assess and improve the quality of orthodontic care. A Quality Improvement System (QIS) provides support for starting and maintaining activities. The manual provides tools to systematically assess and develop quality-related actions at individual (patient) treatment level and practice level. A systematic and comprehensive description of the treatment process is essential in order to provide a basis for establishing a QIS. Implementing a QIS will influence the provision of orthodontic care by: * Demonstrating the potentials for development of the organisational elements of orthodontics. * Planning and integrating systematic activities to monitor and improve treatment at the practice level and the patient-related level. Orthodontic treatment process is the central element in this manual. The route taken by an individual patient is described step by step. * Flowcharts describe the orthodontic treatment of the individual patient step by step. * Guidelines indicate what the professional should do at the various steps in order to follow the generally accepted objectives of orthodontics as described in the policy statements. * Indicators are tools to measure the effectiveness and efficiency of treatment. The indicators provide the professional with facts about own performance. The EOQM, provides the orthodontic professional with a model for incorporating quality improvement into daily practice, which is based on European orthodontic consensus and current principles of quality in health care. It can be incorporated in the quality initiatives that are already being developed nationally and vice versa.

The three keywords, Orthodontics, Europe and Quality represent the important issues in this book, describing the EURO-QUAL, BIOMED 1 Programme. In this Programme, individuals and representatives of institutions have been asked to contribute to the discussion on the development of a quality system for orthodontic care. The philosophy of Total Quality Management was adopted and specific emphasis was given to patient quality. When considering how the structure and quality of European orthodontic care continuously can be improved, there are certain conditions which are difficult to modify. From the start this has been realised and respected and therefore the guidelines for the quality are flexible and can be adapted to different conditions. Available knowledge has been bundled and an attempt has been made to understand the reality of orthodontic care in Europe: the product and the process.

One of the goals for the proposed book is to bring together leading experts in the world working in multidisciplinary areas including epidemiology, biomechanics, experimental and analytical research, physical modeling, and clinical aspects of whiplash injury. The contributing authors have submitted chapters in their area of expertise. 39 Chapters are included that cover the above aspects.Contributions by the federal government, industry, health care professionals, academic researchers, and various experts from the United States and abroad are included.

Used extensively in North America and Europe, seminal practice networks, also referred to as practice research networks, recruit office-based physicians to monitor defined events among their patients, such as influenza, mumps and asthma attacks, at regional, county and even national levels. After adequate analysis, these data indicate spatial and temporal trends in event frequencies: comparibility of national results is, however, limited, partly due to the different national health systems influencing the demand of medical care. More importantly, the lack of comparable data on the population from which the cases arise - denominator data - obstructs the comparison of data from primary care research between different regions or countries.

Health care and its financing will not be harmonized within the European Union (EU). Therefore, the differences between the health systems of the member-states in a Single European Market are gaining in relevance. The process of economic integration also effects health. This book integrates economics, law, social, political and health sciences in the analysis of health care issues in the EU. It covers the development of health systems and policy in the community, the markets for pharmaceuticals and for medical devices, EU-trends in hospital financing, issues in the comparison of financing systems, especially in the field of private expenditures, reforms of health care financing in social security systems and national health services in the EU and cross-border health care between EU member-states. The results feature an up-to date overview on the European dimension of health care and its financing. The book is relevant to experts in health care organizations, policy, industry and research.

Despite the growing activity in the field of health economics very little is known about the influence of economic evaluation studies on health-care decision-making in the EU member states. Several investigations about the impact of health economic studies on decision-making have been done, but most of them did not involve decision-makers themselves. In this work the results of the EUROMET survey are reported and discussed. To allow an international perspective, different types of decision-makers in nine European countries were surveyed. Besides the extent of knowledge about economic evaluation, the actual and potential use of study results as well as barriers and incentives for the use of economic evaluation studies had been investigated.

The pace of discovery, within the EU, of scientific aspects of cancer research and of developments in the clinical field is so rapid that it is sometimes difficult to keep abreast. This brief overview attempts to highlight some of the advances in the field, as part of BIOMED programme funded research and specific results due to the co-operative spirit established by the scientific community. It is particularly worth noting the financial investment of 35 million ECU in the current programme, has d as a catalyst in attracting a large number of Member States funded research in pooling their collective knowledge base.

The Biomedical and Health Research Programme 'BIOMED2' was in operation for four years between 1994-98 with a budget of 360 million ECU. The purpose of the programme was to support the competitiveness of the European scientific research base by participating in cost-sharing research in four key areas: pharmaceuticals, biomedical technology, brain research and human genome research. The overall objective was to promote general health improvements and the transfer of medical research results into medical practice. This publication seeks to assess the impact of BIOMED2 and to identify lessons to be learned for future programmes.

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