

Firm Footing on Shifting Ground: A Very Bright Future

Learning Objectives:

- Discover what inter-operable electronic health record (EHR) means for your practice
- Understand documentation with a diagnosis-driven component
- Learn to create simple narratives to maximize coverage
- Explore the implications of *creative billing*
- Create an action plan for your office

Charles Mayo in 1928 presentation to the American Dental Association

“The practice of medicine includes dentistry and dentistry is the practice of a special branch of medicine, as is ophthalmology. It may be going too far to say that all dentists should be doctors of medicine, but certainly all dentists should know much about the practice of medicine as a whole; and, conversely, all physicians should know more about dentistry, its importance and possibilities”

Journal of AHIMA April 2011 <http://journal.ahima.org/2011/04/01/april-2011/>

The vinyl record is gone from music, and the paper record is exiting healthcare.

But the music keeps coming, in fact, more of it, in smaller and smaller pieces.

What does the future hold for that touchstone of health information management—the record?

Patti DiGangi Articles on EHR

<http://www.rdhmag.com/index/display/article-display/7657518523/articles/rdh/volume-31/issue-2/features/electronic-health-records.html>

<http://www.rdhmag.com/index/display/article-display/356447/articles/rdh/volume-29/issue-3/feature/chartless-future.html>

ADA News: Feds Push for 2014 Deadline <http://www.ada.org/news/5591.aspx>

Code Interoperability: All information captured in the EHR must be codified to ensure interoperability between computer systems

SNODENT: <http://www.ada.org/2060.aspx>



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ADA Abbreviations:

http://www.ada.org/sections/professionalResources/pdfs/dentalpractice_abbreviations.pdf

ADHA Clinical Standards of Dental Practice

http://www.adha.org/downloads/adha_standards08.pdf

Hoped-for benefits of EHR

- To improve *patient safety*
- To improve *healthcare quality*
- For *Bioterrorism* detection
- To better understand health care *costs*
- To better inform and empower health care consumers regarding their *own* personal health information

Definitions:

EMR-electronic medical record: The electronic record of health-related information on an individual that is created, gathered, managed, and consulted by licensed clinicians and staff from a single organization who are involved in the individual's health and care.

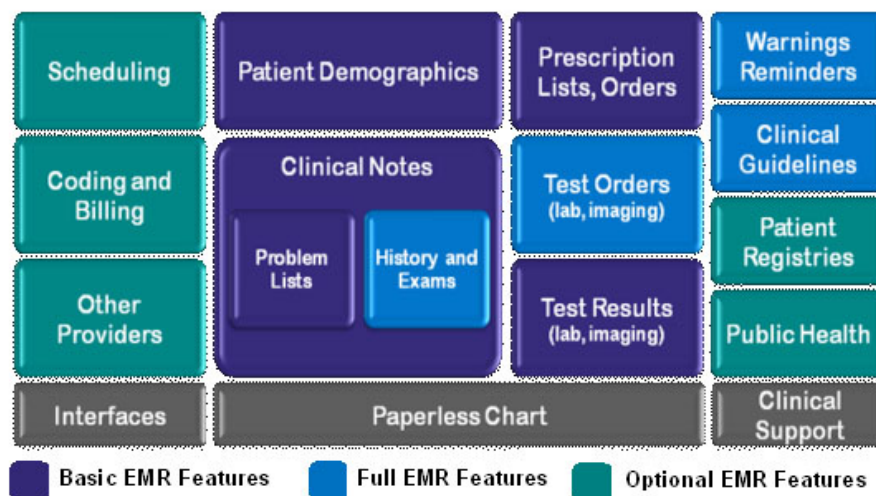


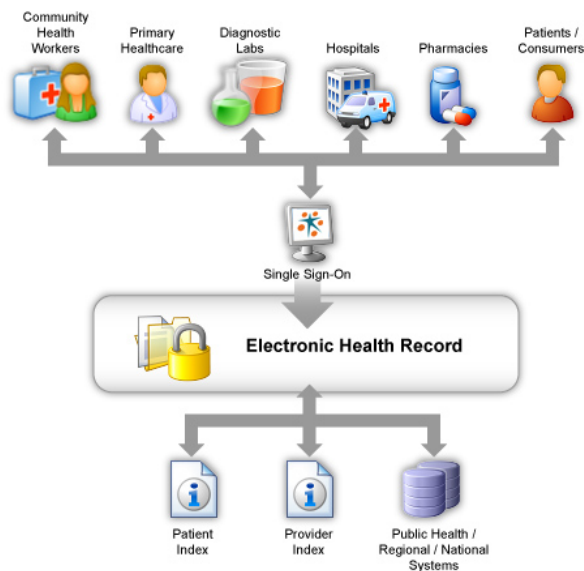
Figure 3: EMR System Components^{2,3}

EHR-electronic health record: The aggregate electronic record of health-related information on an individual that is created and gathered cumulatively across more than one health care organization and is managed and consulted by licensed clinicians and staff involved in the individual's health and care.

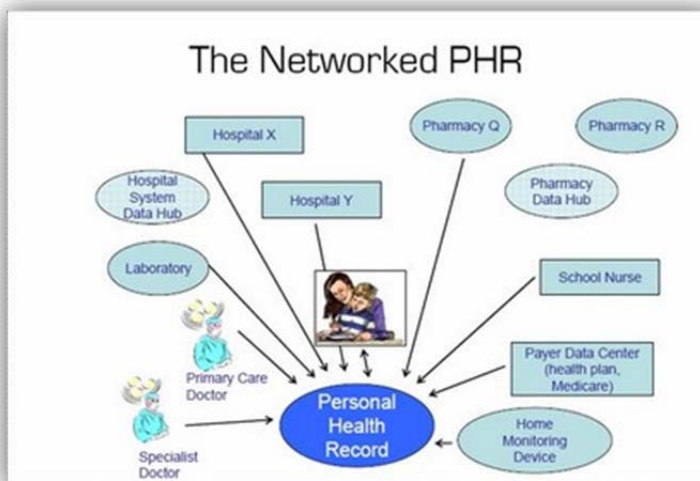


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PHR-Personal Health Record: A tool the patient can use to collect, track and share past and current information about their health



Ways PHR can make a difference to patients

- Knowledgeably discuss individual health with healthcare providers
- Provide information to new caregivers
- Have easy access to individual health information while traveling
- Access individual information when office is closed
- Record individual progress toward specific health-related goals



2 Categories of Concerns

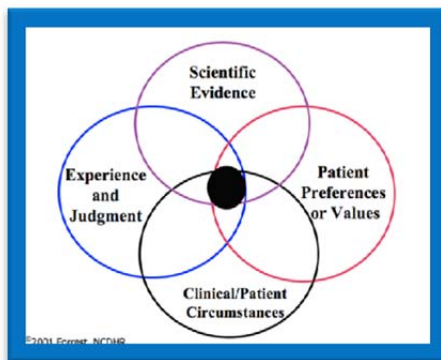
- Inappropriate releases of information from individual organizations
- Systemic flows of information throughout the health care and related industries

HIPAA/HITECH ACT: Increases civil monetary penalties for non-compliance to \$50,000/violation <http://www.hhs.gov/news/press/2009pres/10/20091030a.html>

Cloud/web-based computing: Advantages for Dentistry

- Smaller capital output
- Backup is automatic
- Access over multiple machines

Evidence-Based Decision Making



Risk Assessment Affects Treatment Outcomes

- How aggressively we treatment plan
- Restoration choice, materials used
- Fluoride/remineralization
- Frequency of radiographs
- How we code
- How claims are adjudicated
- Frequency of visits

Practical chair-side technologies

ADA Center for Evidence Based Dentistry <http://ebd.ada.org/>



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For Patients My Dental Risk Score <http://www.mydentalscore.com>

ADA Caries Risk Assessment Forms <http://www.ada.org/2752.aspx?currentTab=2>

ADHA Hyposalivation Risk Tool <http://adha.org/>

LexiComp Online <http://online.lexi.com> **10% Discount by mentioning this course
#J3Y9U**

Risk Assessment with Previser www.previser.com

FDI World Dental Federation: “Global Caries Initiative is a profession-led *call to action* to eradicate caries, and thus, improve the oral and general health of populations globally by the year 2020.”

Insurance Paradigm Shift

“The nation’s largest dental carriers (Aetna, BCBS, CIGNA, Delta, MetLife, etc.) have been tracking their internal data for years. The preponderance of evidence suggests that it makes more economical sense to the patient, insurance carrier, and the employer purchasing the plan to pay for prevention rather than paying for the restoration or extraction of teeth. As a result, some of the nation’s largest dental plans are covering more preventive and diagnostic services in hopes of avoiding more costly and invasive restorative services in the future”. Richard Celko Aetna’s National Dental Director of Utilization Management, 2009

P&G Pros in the Profession

<http://www.dentalcare.com/en-US/dental-education/pros-in-profession/prosinprofession.aspx>

Restore health not just teeth and gums

Dental hygienists are the professionals best suited to guarantee prevention because we are licensed and educated to provide safe, effective, quality care to all Americans. -ADHA

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Name						Date	
HYPOSALIVATION SCREENING TOOL						Tally Points	
Complete To Determine Risk for Reduced Saliva Levels *							
HYPOSALIVATION SOURCE BY DENTAL HYGIENE ASSESSMENT							
<input checked="" type="checkbox"/> CAUSATIVE DISEASE?		<input type="checkbox"/> None (0 pts)		<input type="checkbox"/> Present (10 pts); indicate disease(s)			
<input type="checkbox"/> Affective Disorder <input type="checkbox"/> Amyloidosis <input type="checkbox"/> Autoimmune Connective Tissue Disorders - Sjögren's syndrome, Rheumatoid Arthritis, or Scleroderma <input type="checkbox"/> Bell's Palsy <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Diabetes (poorly controlled) <input type="checkbox"/> Eating Disorders/Malnutrition - Anorexia, Bulimia, or Dehydration				<input type="checkbox"/> Graft-versus-Host Disease <input type="checkbox"/> Granulomatous Diseases - Sarcoidosis, Tuberculosis <input type="checkbox"/> HIV Infection <input type="checkbox"/> Late Stage Liver Disease <input type="checkbox"/> Thyroid Disease - Hypo/Hyperthyroidism <input type="checkbox"/> _____ <input type="checkbox"/> _____			
<input checked="" type="checkbox"/> CAUSATIVE LONG-TERM DAILY MEDICATION USE?		<input type="checkbox"/> None (0 pts)		<input type="checkbox"/> One (5 pts); check type(s)		<input type="checkbox"/> Two or More (10 pts); check type(s)	
Causative Prescription/Over-The-Counter Medications				Causative Herbal Preparations			
<input type="checkbox"/> Anticholinergics <input type="checkbox"/> Antidepressants <input type="checkbox"/> Antihistamines <input type="checkbox"/> Antihypertensives <input type="checkbox"/> Antipsychotics		<input type="checkbox"/> Diuretics <input type="checkbox"/> Painkillers <input type="checkbox"/> Sedatives or Tranquilizers <input type="checkbox"/> _____ <input type="checkbox"/> _____		<input type="checkbox"/> Capsicum <input type="checkbox"/> Dandelion <input type="checkbox"/> Garlic <input type="checkbox"/> Ginkgo biloba <input type="checkbox"/> Labiatae family- salvias		<input type="checkbox"/> St. John's Wort <input type="checkbox"/> Stinging nettle <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
<input checked="" type="checkbox"/> DAILY LIFESTYLE CHOICES? Type(s)/Level(s); (5-10 pts each)		<input type="checkbox"/> None		<input type="checkbox"/> Alcohol		<input type="checkbox"/> Caffeine	
				<input type="checkbox"/> Recreational Drugs		<input type="checkbox"/> Tobacco	
<input checked="" type="checkbox"/> CAUSATIVE THERAPY? Type(s)/Level(s); (5-10 pts each)		<input type="checkbox"/> None		<input type="checkbox"/> Bone Marrow Transplant		<input type="checkbox"/> Chemotherapy Within Year	
						<input type="checkbox"/> Head and Neck Radiation	
XEROSTOMIA (dry mouth) SYMPTOMS BY DENTAL HYGIENE ASSESSMENT							
<input checked="" type="checkbox"/> Thirst Level?		<input type="checkbox"/> None		<input type="checkbox"/> Slight (1 pt)		<input type="checkbox"/> Moderate (2 pts)	
						<input type="checkbox"/> Severe (3 pts)	
<input checked="" type="checkbox"/> Eating/Swallowing Difficulty?		<input type="checkbox"/> None		<input type="checkbox"/> Slight (1 pt)		<input type="checkbox"/> Moderate (2 pts)	
						<input type="checkbox"/> Severe (3 pts)	
<input checked="" type="checkbox"/> Speech Difficulty?		<input type="checkbox"/> None		<input type="checkbox"/> Slight (1 pt)		<input type="checkbox"/> Moderate (2 pts)	
						<input type="checkbox"/> Severe (3 pts)	
<input checked="" type="checkbox"/> Saliva Level?		<input type="checkbox"/> Regular (0 pts)		<input type="checkbox"/> Low (1 pt)		<input type="checkbox"/> Very Low (2 pts)	
<input checked="" type="checkbox"/> Dryness Level?		<input type="checkbox"/> Regular (0 pts)		<input type="checkbox"/> High (1 pt)		<input type="checkbox"/> Very High (2 pts)	
<input checked="" type="checkbox"/> Dryness Frequency?		<input type="checkbox"/> None		<input type="checkbox"/> Occasional (1 pt)		<input type="checkbox"/> Constant (2 pts)	
<input checked="" type="checkbox"/> Dryness Duration?		<input type="checkbox"/> None		<input type="checkbox"/> Short-term (1 pt)		<input type="checkbox"/> Long-term (2 pts)	
<input checked="" type="checkbox"/> ORAL SYMPTOMS? Select specific symptoms below		<input type="checkbox"/> None		<input type="checkbox"/> One (1 pt)		<input type="checkbox"/> Two (2 pts)	
						<input type="checkbox"/> Three or More (3 pts)	
<input type="checkbox"/> Burning Oral Tissues <input type="checkbox"/> Lip/Tongue Irritation		<input type="checkbox"/> Painful Oral Sores <input type="checkbox"/> Poor Denture Retention		<input type="checkbox"/> Saliva Consistency Change <input type="checkbox"/> Spicy Food Sensitivity		<input type="checkbox"/> Tissue Stickiness <input type="checkbox"/> Tooth Sensitivity	
<input checked="" type="checkbox"/> EYE, NOSE, THROAT, SKIN, GENITAL DRYNESS?				<input type="checkbox"/> None		<input type="checkbox"/> Present (1 pt)	
XEROSTOMIA (dry mouth) SIGNS USING DENTAL HYGIENE DIAGNOSIS							
<input checked="" type="checkbox"/> TISSUE SIGNS? Circle specific signs (1 pt each)		<input type="checkbox"/> None		<input type="checkbox"/> Atrophy/Fragility		<input type="checkbox"/> Dryness/Stickiness	
						<input type="checkbox"/> Redness/Bleeding	
<input checked="" type="checkbox"/> ORAL DISEASE? (1 pt each)		<input type="checkbox"/> None		<input type="checkbox"/> Candidiasis		<input type="checkbox"/> Caries	
						<input type="checkbox"/> Periodontal Disease	
<input checked="" type="checkbox"/> GLAND CHANGE? (1 pt each)		<input type="checkbox"/> None		<input type="checkbox"/> Enlargement		<input type="checkbox"/> Pain	
						<input type="checkbox"/> Stone(s)	
<input checked="" type="checkbox"/> Failure To Express? Indicate gland(s) (1 pt each)		<input type="checkbox"/> None		<input type="checkbox"/> Parotid		<input type="checkbox"/> Submandibular/Sublingual	
RISK LEVEL BY DENTAL HYGIENE EVALUATION (Note amount and circle level)						TOTAL	
LOW RISK NOTED		MODERATE RISK NOTED				HIGH RISK NOTED	
From 1 to 10 pts		From 10 to 20 pts				Greater than 20 pts	
DENTAL HYGIENE PLANNING AND IMPLEMENTATION							
<ul style="list-style-type: none"> Document in patient record; Correlate with other oral disease risk tools; Recommend palliative management; Monitor by evaluation over 6-months. 		<ul style="list-style-type: none"> Document in patient record; Correlate with other oral disease risk tools; Recommend palliative management; Perform diagnostic salivary tests to evaluate for high risk; If negative, monitor by evaluation over 3-months; If positive, consider high risk and proceed. 				<ul style="list-style-type: none"> Document in patient record; Correlate with other oral disease risk tools; Recommend palliative management; Perform diagnostic salivary tests for baseline; Refer to oral surgeon and/or physician for further testing if from unknown source or for prescribing medication(s), and follow-up. 	

Copyright ADHA 2010; * See ADHA Standards for Clinical Dental Hygiene and Fox PC: Xerostomia: Recognition and Management, Access Supplementary Issue, Feb. 2008.

Caries Risk Assessment Form (Age >6)

Patient Name:

Score:

Birth Date:

Date:

Age:

Initials:

		Low Risk (0)	Moderate Risk (1)	High Risk (10)	Patient Risk
Contributing Conditions					
I.	Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	Yes	No		
II.	Sugary or Starchy Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes		Frequent or prolonged between meal exposures/day	
III.	Caries Experience of Mother, Caregiver and/or other Siblings (for patients ages 6-14)	No carious lesions in last 24 months	Carious lesions in last 7-23 months	Carious lesions in last 6 months	
IV.	Dental Home: established patient of record, receiving regular dental care in a dental office	Yes	No		
General Health Conditions					
I.	Special Health Care Needs*	No	Yes (over age 14)	Yes (ages 6-14)	
II.	Chemo/Radiation Therapy	No		Yes	
III.	Eating Disorders	No	Yes		
IV.	Smokeless Tobacco Use	No	Yes		
V.	Medications that Reduce Salivary Flow	No	Yes		
VI.	Drug/Alcohol Abuse	No	Yes		
Clinical Conditions					
I.	Cavitated or Non-Cavitated (incipient) Carious Lesions or Restorations (visually or radiographically evident)	No new carious lesions or restorations in last 36 months	1 or 2 new carious lesions or restorations in last 36 months	3 or more carious lesions or restorations in last 36 months	
II.	Teeth Missing Due to Caries in past 36 months	No		Yes	
III.	Visible Plaque	No	Yes		
IV.	Unusual Tooth Morphology that compromises oral hygiene	No	Yes		
V.	Interproximal Restorations - 1 or more	No	Yes		
VI.	Exposed Root Surfaces Present	No	Yes		
VII.	Restorations with Overhangs and/or Open Margins; Open Contacts with Food Impaction	No	Yes		
VIII.	Dental/Orthodontic Appliances (fixed or removable)	No	Yes		
IX.	Severe Dry Mouth (Xerostomia)	No		Yes	
TOTAL:					

Patient Instructions:

*Patients with developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers.

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Indicate 0, 1 or 10 in the last column for each risk factor. If the risk factor was not determined or is not applicable, enter a 0 in the patient risk factor column. Total the factor values and record the score at the top of the page.

A score of 0 indicates a patient has a low risk for the development of caries. A single high risk factor, or score of 10, places the patient at high risk for development of caries. Scores between 1 and 10 place the patient at a moderate risk for the development of caries. Subsequent scores should decrease with reduction of risks and therapeutic intervention.

The clinical judgment of the dentist may justify a change of the patient's risk level (increased or decreased) based on review of this form and other pertinent information. For example, missing teeth may not be regarded as high risk for a follow up patient; or other risk factors not listed may be present.

The assessment cannot address every aspect of a patient's health, and should not be used as a replacement for the dentist's inquiry and judgment. Additional or more focused assessment may be appropriate for patients with specific health concerns. As with other forms, this assessment may be only a starting point for evaluating the patient's health status.

This is a tool provided for the use of ADA members. It is based on the opinion of experts who utilized the most up-to-date scientific information available. The ADA plans to periodically update this tool based on: 1) member feedback regarding its usefulness, and; 2) advances in science. ADA member-users are encouraged to share their opinions regarding this tool with the Council on Dental Practice.

Caries Risk Assessment Form (Ages 0-6)

Patient Name:

Score:

Birth Date:

Date:

Age:

Initials:

		Low Risk (0)	Moderate Risk (1)	High Risk (10)	Patient Risk
Contributing Conditions					
I.	Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	Yes	No		
II.	Sugary or Starchy Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes	Frequent or prolonged between meal exposures/day	Bottle or sippy cup with anything other than water at bed time	
III.	Eligible for Government Programs (WIC, Head Start, Medicaid or SCHIP)	No		Yes	
IV.	Caries Experience of Mother, Caregiver and/or Other Siblings	No carious lesions in last 24 months	Carious lesions in last 7-23 months	Carious lesions in last 6 months	
V.	Dental Home: established patient of record in a dental office	Yes	No		
General Health Conditions					
I.	Special Health Care Needs*	No		Yes	
Clinical Conditions					
I.	Visual or Radiographically Evident Restorations/Cavitated Carious Lesions	No carious lesions or restorations in last 24 months		Carious lesions or restorations in last 24 months	
II.	Non-cavitated (incipient) Carious Lesions	No new lesions in last 24 months		New lesions in last 24 months	
III.	Teeth Missing Due to Caries	No		Yes	
IV.	Visible Plaque	No	Yes		
V.	Dental /Orthodontic Appliances Present (fixed or removable)	No	Yes		
VI.	Salivary Flow	Visually adequate		Visually inadequate	
TOTAL:					

Instructions for Caregiver:

*Patients with developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers.

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