DCM COLLABORATIVE

LEARNING SESSION 3

DentaQuest Divas

SINCE SEPTEMBER…

We have accomplished:

- Post-card re-care
- A “menu” for patients to choose their own self management goal
- Improvement in understanding & learning from run charts
- Feeling more comfortable with motivational interviewing
- Increased charting of caries classifications

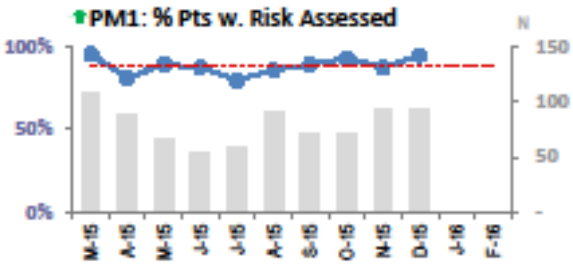
We’re struggling with:

- Time management
  - More frequent “huddles”
  - Motivational interviewing
- Data collection
  - Inaccuracy in Aggregator reports
- Calibration of risk assessments
- Calibration of caries classification between providers

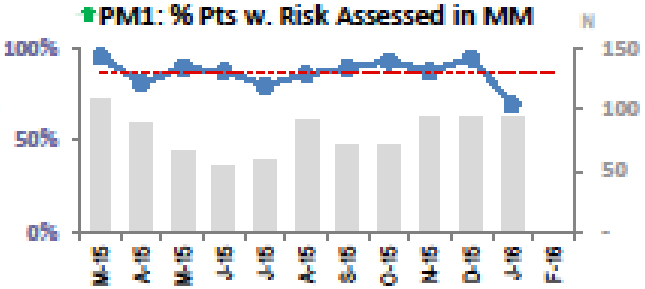
OUR DATA -

PM1: % PTS W. RISK ASSESSED IN MM

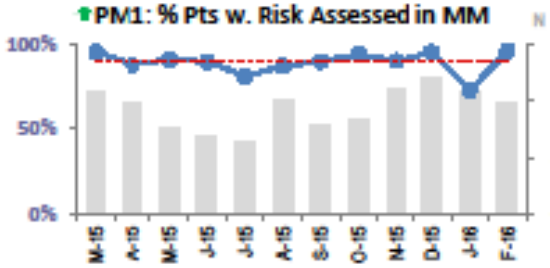
December



January



February



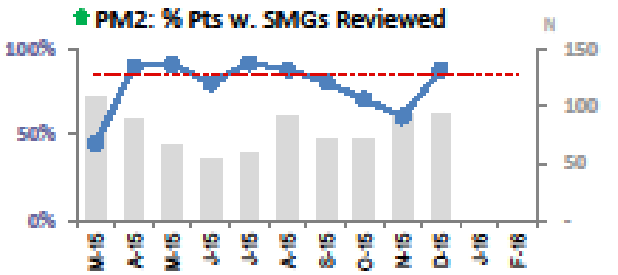
**w/ initial visit prophy

Risk is assessed at all hygiene visits. It was a surprise to not have our numbers reflect at least 90-100%. We learned that the data was only being pulled with D0120 or D0150. In February's data we changed the initial visit to include D1110 or D1120.

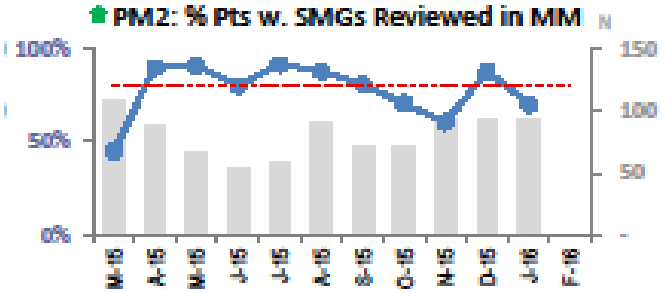
OUR DATA -

PM2: % PTS W. SMGS REVIEWED IN MM

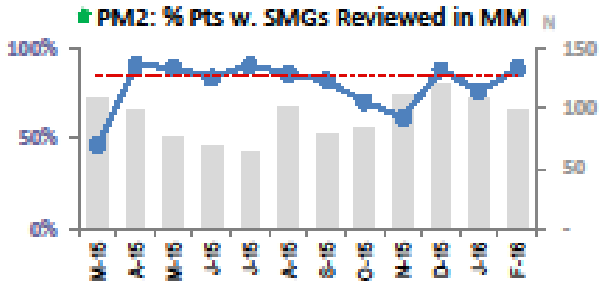
December



January



February

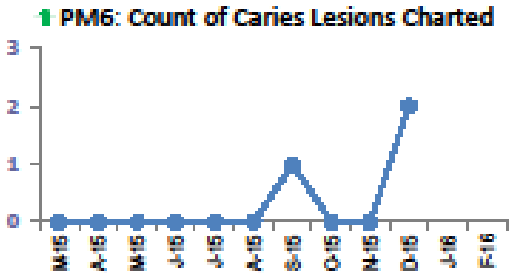


We have been consistent with establishing SMGs. The declines helped us to discover that all codes need to be marked as "complete" as well as recording that they were reviewed at all visits and not just at recare visits.

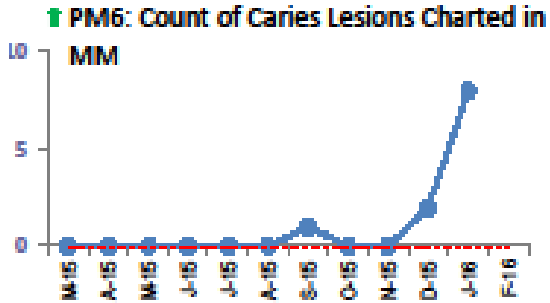
OUR DATA -

PM6: COUNT OF CARIES LESIONS CHARTED IN MM

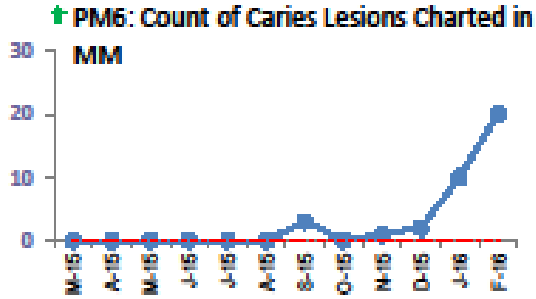
December



January



February



We have been steadily improving in classifying carious lesions.

However, this presented a challenge with the odontogram and patient ledger that we are still currently working on.

ADVICE TO PEERS

Modification of treatment guidelines is okay and sometimes necessary in order to increase compliance and build trust with our patients

Disease management is not "one-size fits all"

Use motivational interviewing as often as possible to effectively perform a caries risk assessment and treatment goals

Patient should always be the number one priority

Don't be afraid of failure!!! Mistakes are a great learning tool

MAKING IT STICK

In office:

- Through trial and error, we have learned easier ways to record caries progression and will adopt the coding.
- Modifications will be made for completion of codes to not affect the odontogram and patient ledger.
- Introducing motivational interviewing to our team we will strengthen our risk based treatment approach
- Providers to be calibrated
- Following patient care with reports to show improvement of evidence based care

- Training for non clinical staff to learn the objectives of DCM protocols for effective patient communication at checkout
- Continuation of Post Card Recare to see results of the effectiveness of the self management goal reminder system

LOOKING AHEAD…

More breakthroughs:

- spreading DCM throughout the entire clinic
- overcome the barriers mentioned earlier
- report an increase in low risk patients and a decrease in high risk patients
- as we become fully integrated throughout our clinic, our results will be even more apparent
- incorporate non clinical staff into understanding the concept of motivational interviewing & applying DCM protocol

In order to get to this point we still need to:

- calibrate all providers
- onboard the entire clinic
- continue following up with high risk patients in order to keep them on track and lower their risk

Q&A

Have any of the groups spread the DCM protocol throughout their entire clinic?

If so, how did you go about calibrating all providers & what challenges have you faced?

How are other teams incorporating non clinical members to enforce more recall visits to patients?

If so, what conversations are they having? What other methods of outreach to your patients do you use?

PATIENT CASE #1

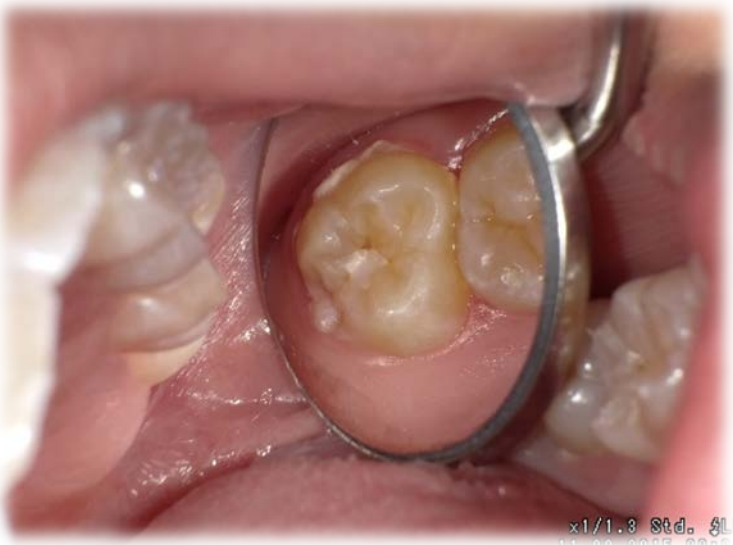
Initial DCM visit

- Full ortho treatment
- High risk
- Not brushing daily
- Reported sensitivity
- OHI and SMG reviewed
- Brush 1-2x/day with ClinPro5000 or Sensodyne
- Discussed increased recare frequency

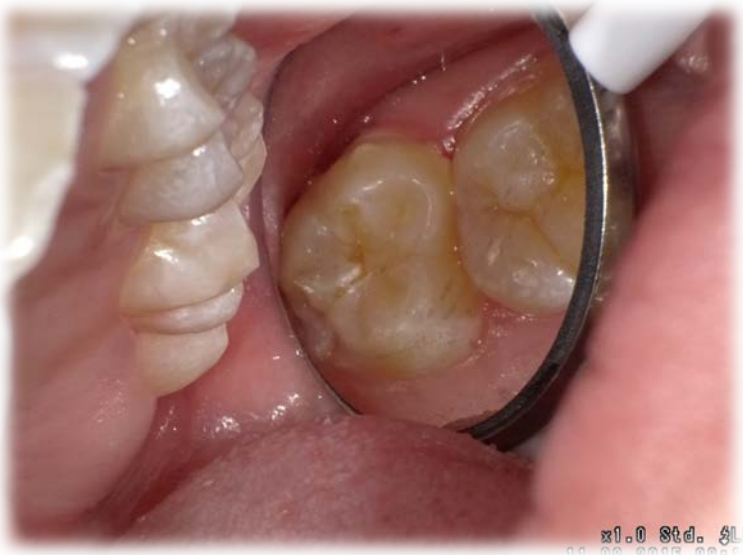
6 month DCM recare

- OH greatly improved despite only brushing once per day with electric toothbrush
- OHI and SMG re-established
- Brush and floss after dinner

PATIENT CASE #2



Patient with defective sealant margins.



Removed sealant and found an early lesion. A glass ionomer sealant was placed.