



Oral Health Assessment and Review (OHAR): In-Practice Implementation Study

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Translation Research in a Dental Setting (TRiaDS) Programme



'supporting the dental team to provide quality patient care'

Guidance development – Key stages

- Multi-professional Guidance Development Group
- **Scoping and preliminary research**
- Develop a draft for consultation
- **Consultation** (up to 3 months)
- Revise Guidance
- Peer Review
- Revise Guidance
- Design
- Publication & Dissemination

- Widespread translation of SDCEP guidance into practice is unlikely to be achieved through publication and dissemination only
- More sophisticated dissemination and implementation strategies are required





What is TRiaDS?

Clarkson *et al.* *Implementation Science* 2010, **5**:57
<http://www.implementationscience.com/content/5/1/57>



STUDY PROTOCOL

Open Access

The translation research in a dental setting (TRiaDS) programme protocol

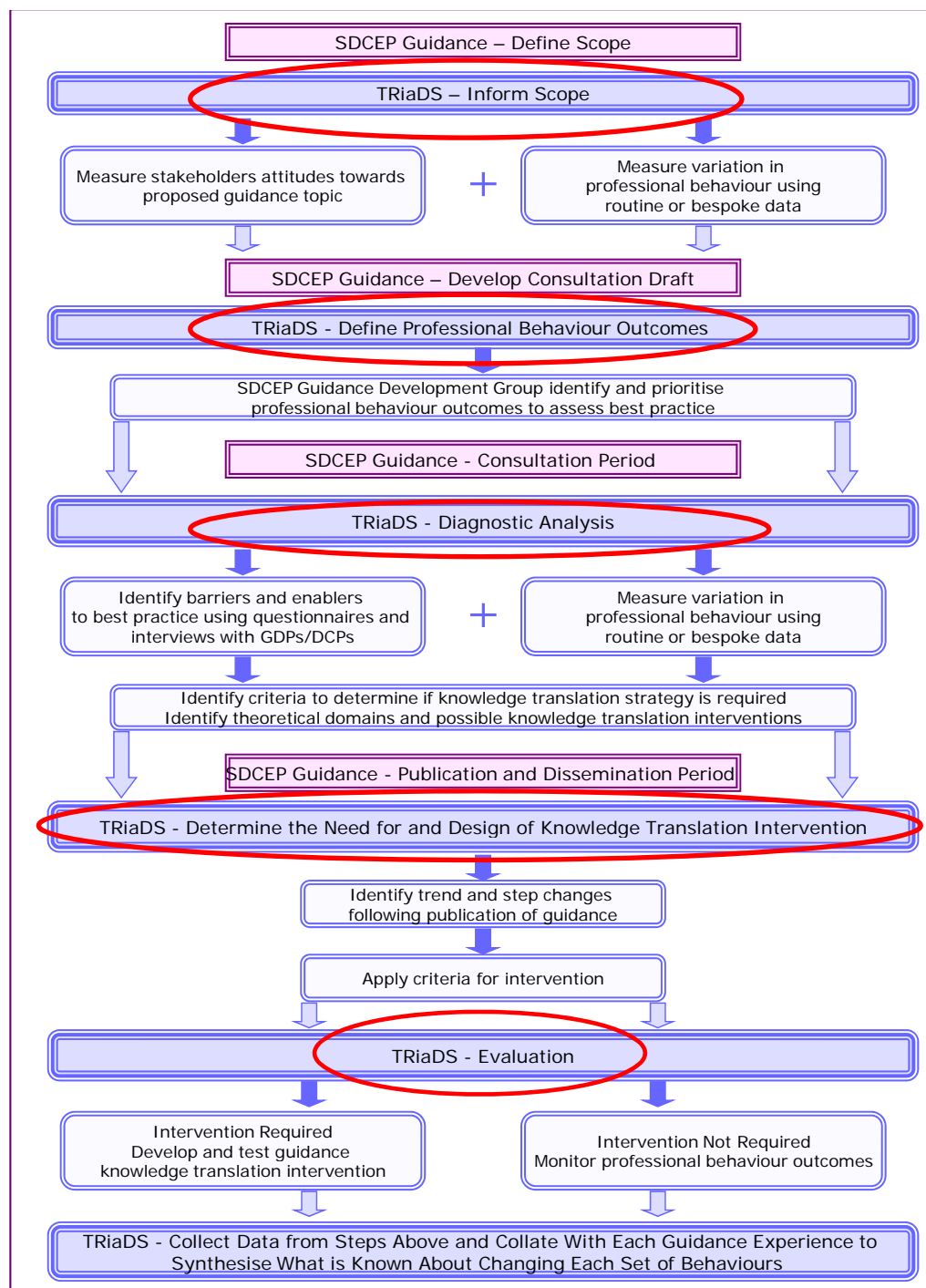
Jan E Clarkson^{1*}, Craig R Ramsay², Martin P Eccles³, Sandra Eldridge⁴, Jeremy M Grimshaw⁵, Marie Johnston⁶, Susan Michie⁷, Shaun Treweek⁸, Alan Walker⁹, Linda Young¹⁰, Irene Black⁹, Debbie Bonetti¹, Heather Cassie¹, Jill Francis², Gillian MacKenzie¹⁰, Lorna MacPherson¹¹, Lorna McKee², Nigel Pitts¹, Jim Rennie¹², Doug Stirling¹⁰, Colin Tilley¹³, Carole Torgerson¹⁴, Luke Vale²



uOttawa



The TRiaDS Framework



Published guidance



Conscious Sedation
May 2006



Decontamination I - Cleaning
March 2007



Emergency Dental Care
Nov 2007



Drug Prescribing
May 2008
August 2011



Caries Prevention and Management in Children
April 2010



Practice Support Manual
June 2010



Oral Health Assessment & Review
March 2011

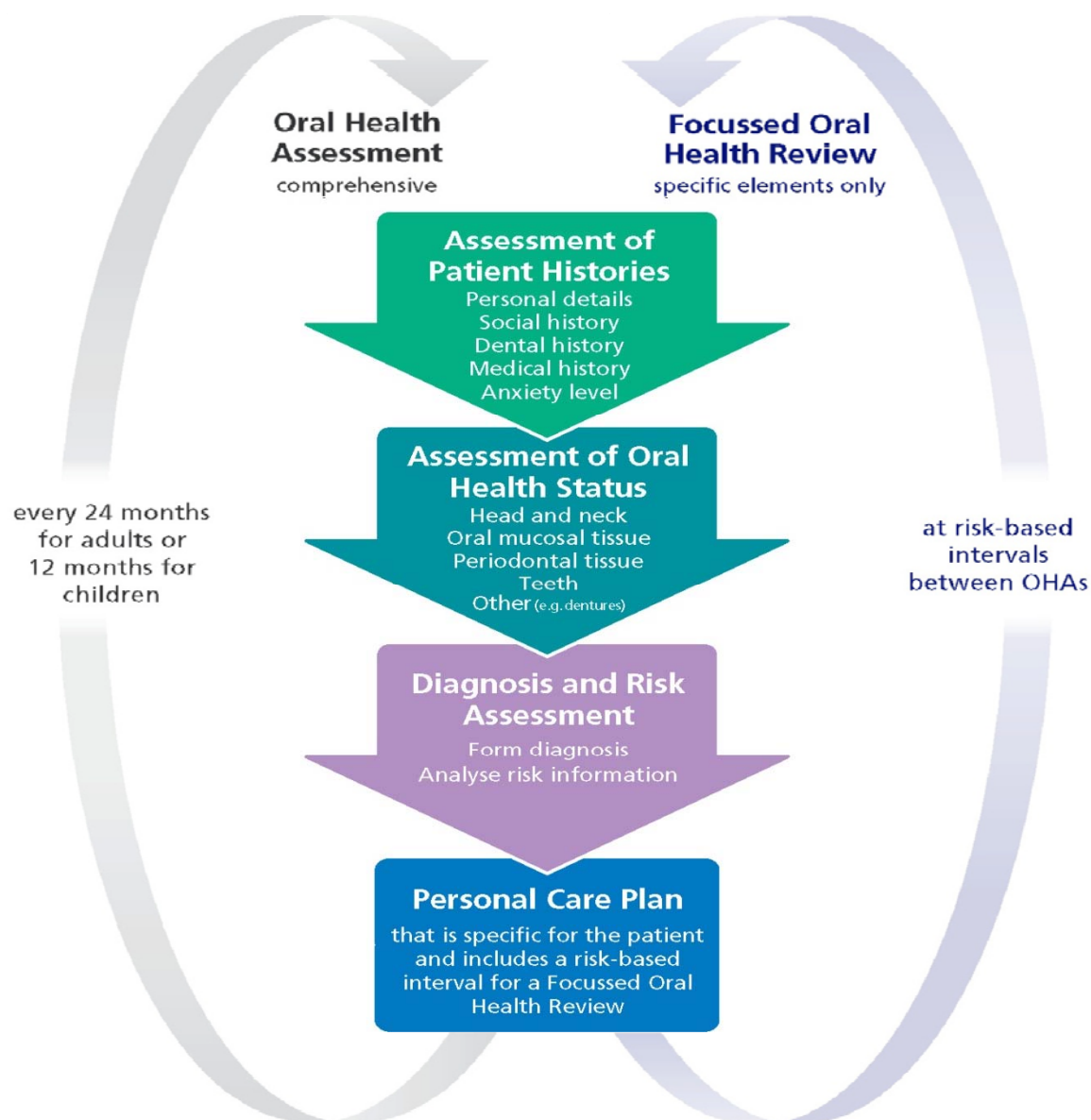


Bisphosphonates
April 2011

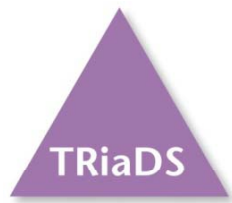


Decontamination II - Sterilization
December 2011

The OHA_R



OHA considered a fundamental change to traditional practice



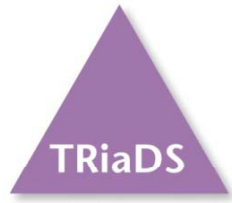
Consultation - Key Findings



- The majority agreed with the principles of the guidance
- Doing a lot of it already but a bit 'haphazard'

"We are doing a lot of this already but maybe over the course of a few appointments, not all in one."

- Barriers to implementation into practice
 - time
 - software
 - remuneration
 - lack of skills
 - patients' acceptance



In-Practice Implementation Study

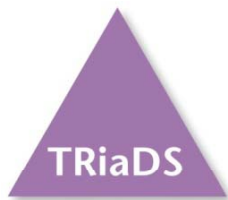


December 10 – March 11

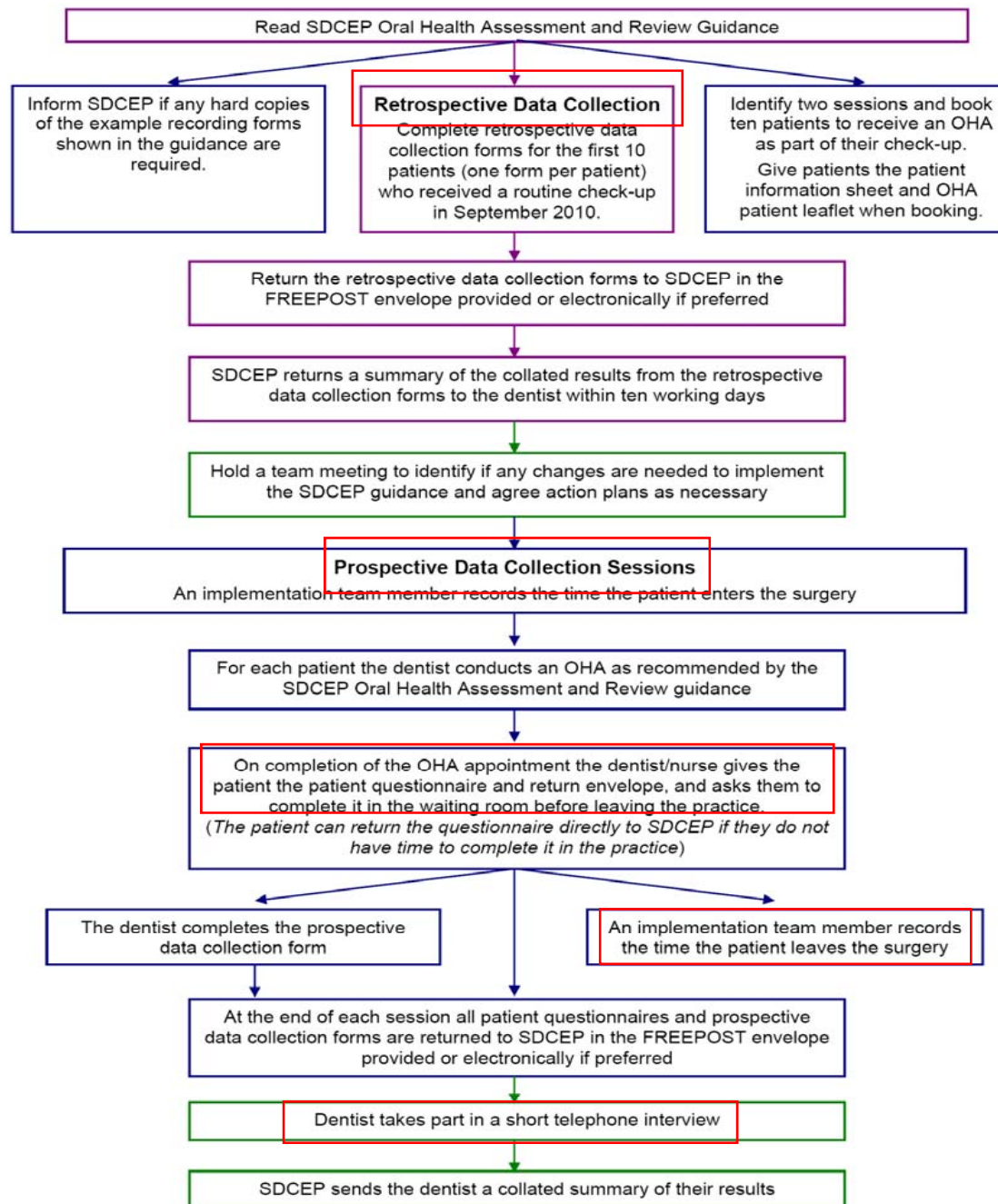
- 9 participants - a range of dental practices and practitioners

Objectives

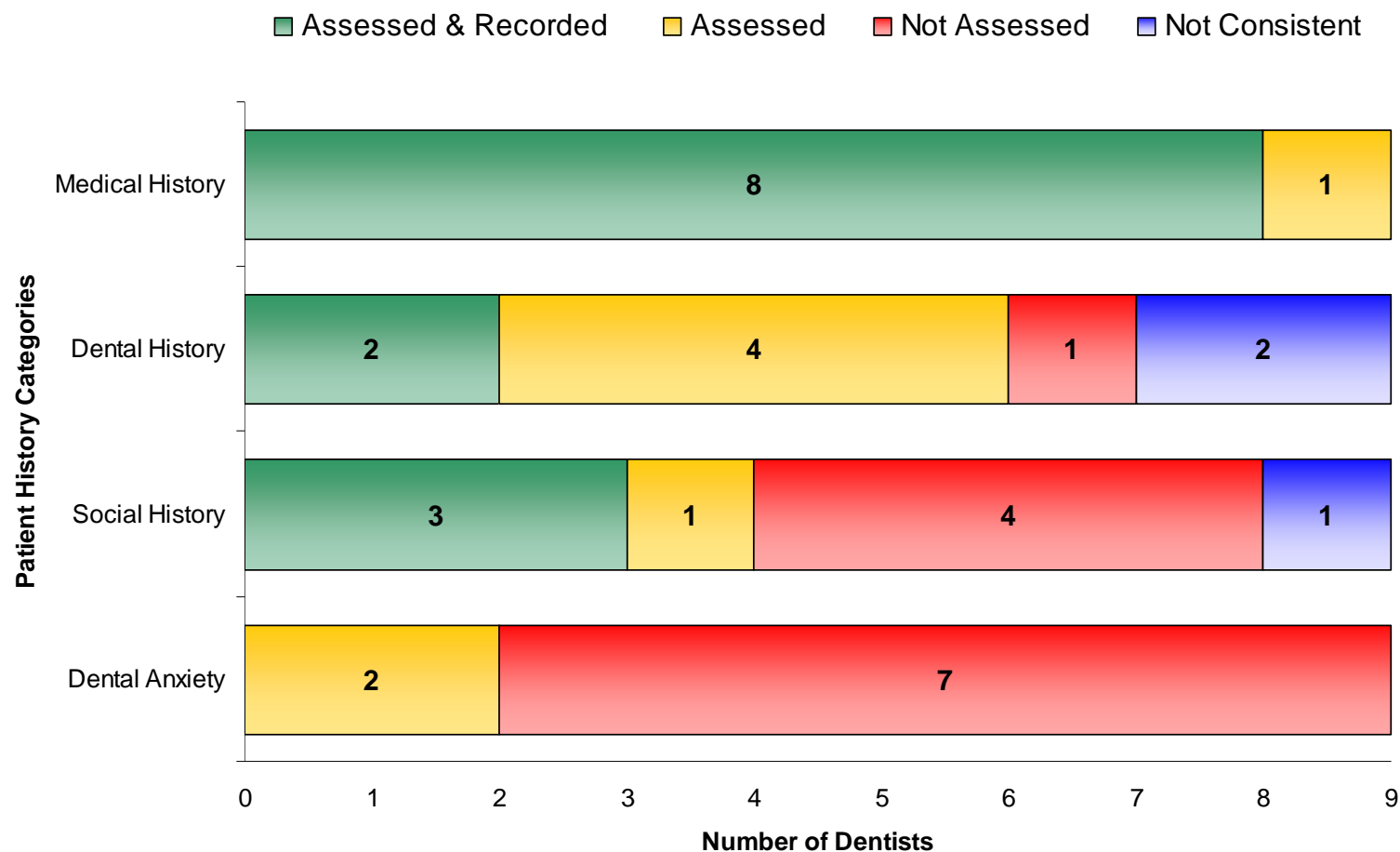
- to investigate which elements of an OHA are currently included in a routine examination
- explore the actual barriers to conducting an OHA from the dentist's perspective
- explore patients' views of the acceptability and importance of receiving an OHA
- inform the future implementation of the guidance by exploring the support and resources required by primary care dentists to enable them to conduct an OHA in practice



SDCEP OHAR Guidance In-Practice Implementation Study Flow Chart

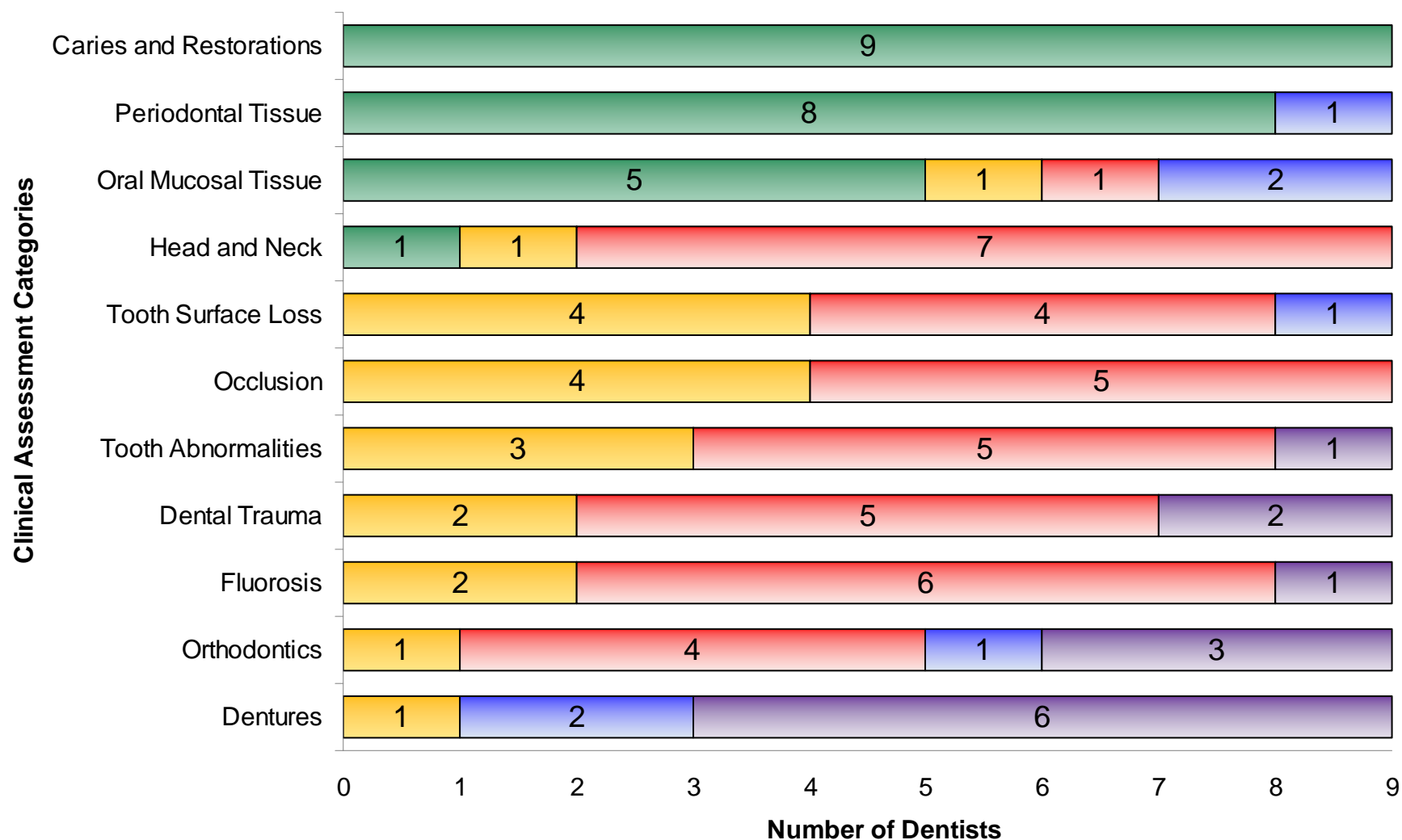


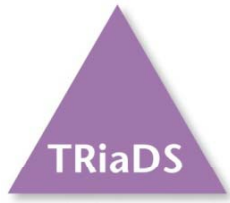
Key Findings – Patient Histories



Clinical Assessment

■ Assessed & Recorded
 ■ Assessed
 ■ Not Assessed
 ■ Not Consistent
 ■ Not Applicable

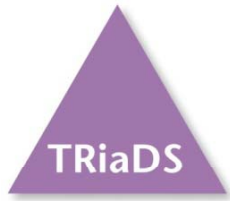




Retrospective Data Collection



- Personal Care Plan
 - with the exception of one dentist, personal care plans were not developed, recorded or agreed with the patient. A copy of the care plan was never given to the patient
- Risk assessment and assignment
 - in general dentists do not assess or assign risk
- Review
 - 86% of examinations were scheduled at 6 monthly intervals



Exploring the Barriers to Conducting an OHA



- Software cannot record all of the required information – new software

"All that is currently on R4 is to write free notes"

"Software of Excellence is already able to do most of it"

- Lack of knowledge, skills, self-confidence – provide training

"I wasn't comfortable with the head and neck assessment, possibly due to my lack of confidence and concern about what the outcome would be."

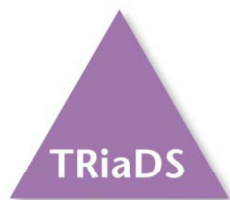
"For risk assessment, it would be good to discuss with other dentists to reach a consensus."

"Risk assignment is hard to do"

"Asking about alcohol consumption was not easy."

- Lack of appropriate remuneration/time – introduce a new fee

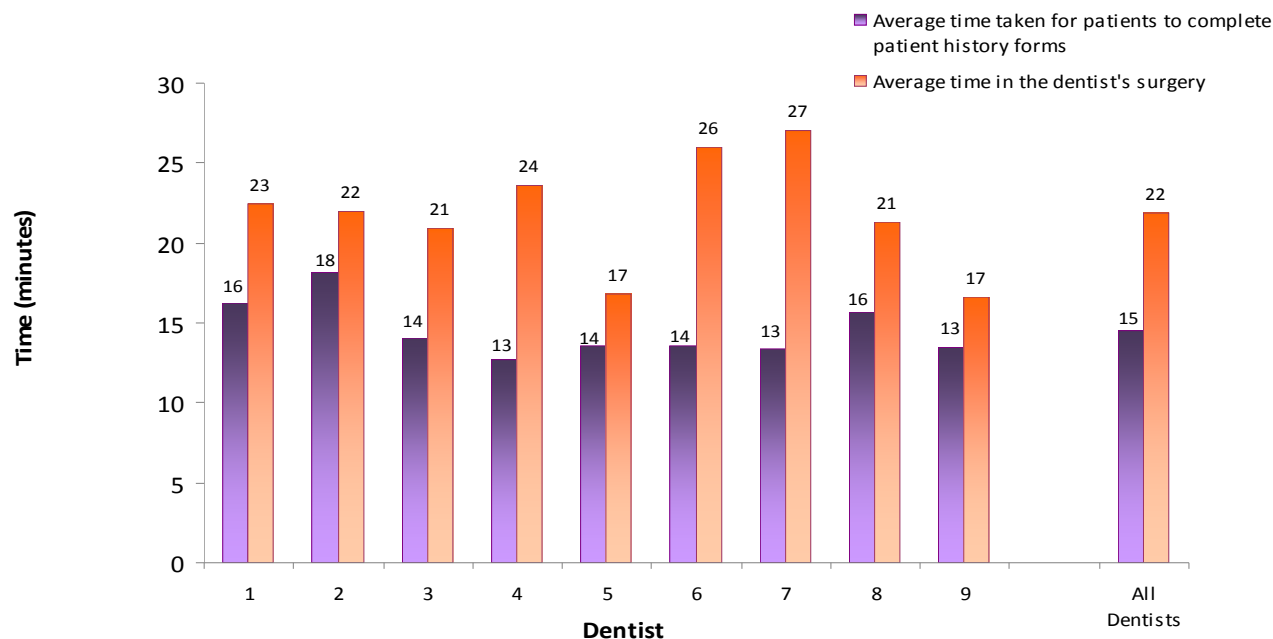
"The aims are very laudable. I just don't think it sits well within the current SDR. To expect it to become part of everyday practice would require a change in the SDR."

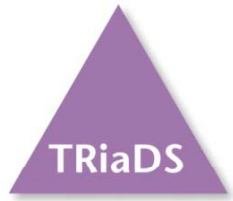


On average, it took patients **15 minutes** to complete the forms
(min = 7, max = 32)

On average, it took **22 minutes** for GDPs to conduct an OHA in the
surgery (min = 10, max = 41)

Suggested fee
ranged from
£15-£50

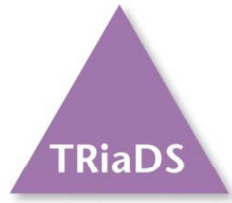




Patient Views



- 91% (75/82) of patient questionnaires were completed and returned
- most patients are willing to discuss, open and honestly, their medical, dental and social history and their level of dental anxiety
- approximately half of all patients think that advice on how to quit smoking, reduce alcohol intake and improve diet should always be included (approximately one third of patients were neutral on this)



Impact



- Findings are informing policy discussions – remuneration, quality improvement, and service re-design
- TRiaDS/SDCEP developed a national online OHA audit that closely mirrored this study – being endorsed by the BDA
- Working with software companies to discuss adapting it for compliance with the requirements of an OHA
- TRiaDS/SDCEP are now working with NHS Education for Scotland to develop and provide training for dental teams in Scotland
- In collaboration with Health Scotland, resources to support dentists provide alcohol advice are being developed and plans are in place to trial an intervention



Thank you

We thank all the dental care providers that took part in the diagnostic analysis and the TRiaDS Research Methodology Group for guiding the research

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