

DRIVERS ADVANCING ORAL HEALTH IN A LARGE GROUP DENTAL PRACTICE ORGANIZATION

Kristen Simmons^a, Stephanie Gibson^b, and Joel M. White^c

Editor's Note

A dental hygienist, who is chief operating officer of a very large group practice organization, describes how she and her team were inspired by an American Dental Hygienists Association commissioned environmental scan to improve patient centric care. Her journey and achievements are inspirational.

ABSTRACT

Three change drivers are being implemented to high standards of patient centric and evidence-based oral health care within the context of a large multispecialty dental group practice organization based on the commitment of the dental hygienist chief operating officer and her team.

Background and purpose

A recent environmental scan elucidated 6 change drivers that can impact the provision of oral health care. Practitioners who can embrace and maximize aspects of these change drivers will move dentistry forward and create future opportunities. This article explains how 3 of these change drivers are being applied in a privately held, accountable risk-bearing entity that provides individualized treatment programs for more than 417,000 members. To facilitate integration of the conceptual changes related to the drivers, a multi-institutional, multidisciplinary, highly functioning collaborative work group was formed.

Methods and approach

The document *Dental Hygiene at a Crossroads for Change*¹ inspired the first author, a dental hygienist in a unique position as chief operating officer of a large group practice, to pursue evidence-based organizational change and to impact the quality of patient care. This was accomplished by implementing technological advances including dental diagnosis terminology in the electronic health record, clinical decision support, standardized treatment guidelines, quality metrics, and patient engagement to improve oral health outcomes at the patient and population levels. The systems and processes used to implement 3 change drivers into a large multi-practice dental setting is presented to inform and inspire others to implement change drivers with the potential for advancing oral health.

Conclusions

Technology implementing best practices and improving patient engagement are excellent drivers to advance oral health and are an effective use of oral health care dollars. Improved oral health can be leveraged through technological advances to improve clinical practice.

Keywords: Practice guidelines, Caries risk, Periodontal diagnosis, Willamette Dental Group, Clinical decision support systems, Electronic Health Records

^aBSDH, RDH, MHA, Willamette Dental Group, P.C., OR, USA

^bMHA, Willamette Dental Group, P.C., OR, USA

^cDDS, MS, School of Dentistry, University of California, San Francisco, San Francisco, CA, USA

Conflict of interest: The authors have no actual or potential conflicts of interest.

Corresponding author: Kristen Simmons. Tel: +1 503 952 2536.

E-Mail: ksimmons@willamettedental.com

J Evid Base Dent Pract 2016;16S:
[104-112]

1532-3382/\$36.00

© 2016 Elsevier Inc. All rights reserved.

<http://dx.doi.org/10.1016/j.jebdp.2016.01.022>

INTRODUCTION

The American Dental Hygienists Association recently commissioned an environmental scan to survey and interpret relevant data regarding the future of oral hygiene and needed changes within the profession of dental hygiene to continue contributing to the health and well-being of society. The document which emerged from that environmental scan was entitled *Dental Hygiene at the Crossroads of Change 2011-2021*.¹ The authors, accomplished futurists, analyzed issues such as the economy, society, politics, technological advances, demographic shifts, and other trends to assess influences and opportunities ahead. Their impactful concluding statement was “The dental hygiene profession is coming to a crossroads of change that may require difficult and personal and collective decisions to either seize new roles and leadership opportunities or stay with a familiar yet possibly declining position”.¹

Evidence-based, patient centric practice settings will thrive if patients are improving as a result of the care. Therefore, working to incorporate systems and processes that lead to documentable quality improvements for patients will support a positive image for dentistry and dental hygiene.

A personal perspective.

I began working as a registered dental hygienist at Willamette Dental Group (WDG) in 1990 and moved into various leadership roles by finding new ways to use my knowledge of primary prevention to enhance our practice. As a dental hygienist, I am now in a unique position as Chief Operating Officer (COO) of WDG. This large, privately held, accountable risk-bearing entity provides individualized treatment programs for more than 417,000 members and consists of 1265 active employees in the Pacific Northwest. The 188 dentists and 191 registered dental hygienists are held responsible by the provider teams for the day-to-day activities and for supporting the mission, vision, and values of the organization.

Within my current COO position, I am motivated to be one of the collaborative leaders mentioned by Bettles and Rhea in the environmental scan document.¹ Each day I engage individuals and groups to work toward common goals. This skill set is shared by many dental hygienists, although they may not recognize or capitalize on it. As COO, I am committed to WDG's mission to partner with patients to deliver proactive care to arrest the disease-repair cycle with evidence-based methods of prevention and treatment.

During 30 years of practice as a clinical dental hygienist, I felt that my mission was to promote oral health and total body wellness. I was committed not only to the patients who were in my chair but also to the community that I worked in. To further impact the health care system, I decided after my 10th year of practice to earn my Bachelor's Degree in Dental Hygiene. It was immediately after this that I accepted the first of many leadership positions within WDG. To advance the company to another level of patient-centered compassionate care, again I felt that I needed additional education and earned my Master of Healthcare Administration degree. I developed skills such as systems planning, strategic thinking, operations management, and finance. I also learned how to push myself to higher levels of performance and how to benefit from mentors, both valuable lessons.

Three change drivers and associated concepts are (1) ‘technology advances in oral health’ exemplified by standardized dental diagnostic terminology and a clinical decision support system; (2) ‘harmonization of practice’ explained by the team-based dentistry construct and attitudes and beliefs of providers; (3) ‘expanding access and equity in oral health care’ illustrated by comprehensive care for all, risk stratification, and patient engagement. The American Dental Hygienists' Association report suggested that although many dental hygienists will work as they always have, some will become pioneers in moving oral health care to new places. These collaborative leaders will engage people and groups to work toward common goals that rise above traditional expectations and definitions.

As my journey of leadership growth and development continues, I strive to bring increased value to the cost of dental care and to evolve to higher levels of patient-centered, evidence-based care. To do so, I considered the drivers described in the environmental scan publication¹ and began to evaluate their role in our organization.

It became clear that these critical change elements can drive quality improvement in dentistry. This article explains how these change drivers have been implemented into the daily operations of WDG to create improvements in patient centric, compassionate, evidence-based prevention and treatment.

CHANGE DRIVERS IMPACTING ORAL HEALTH PROVISION

The 6 change drivers described within *Dental Hygiene at the Crossroads of Change*¹ are provided in [Table 1](#), with 3 of these specifically discussed here.

Driver #1: Technology Advances in Oral Health Care

Standardized dental diagnostic terminology

Dentistry does not use the same standardized diagnostic terminology as medicine. In dentistry, Current Dental Terminology (CDT) codes are used solely for billing dental procedures. Diagnostic codes have not been traditionally used in dentistry. For example, the CDT code D 1110 for oral prophylaxis limits meaningful data analytics because this CDT code only describes a procedure only for administrative purposes. As a result of technological advances in dentistry, a dental diagnostic terminology within the electronic health record (EHR) allows a dental diagnostic term (and code) to reach beyond merely describing a procedure, but instead, specifies the dental diagnosis based on the patient's condition. An example would be a diagnosis of healthy periodontium paired with the prophylaxis procedure. When the diagnosis is paired with the treatment procedure, appropriateness of care

Download English Version:

<https://daneshyari.com/en/article/6054134>

Download Persian Version:

<https://daneshyari.com/article/6054134>

[Daneshyari.com](https://daneshyari.com)