

Utilizing Caries Management by Risk Assessment to Deliver Person-Centered Care

CareQuest Institute Continuing Education Webinar

March 21, 2024

Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

To receive CE Credits:

- Look for the evaluation form, which we'll send via email within 24 hours.
- Complete the evaluation by **Friday, March 29**.
- Eligible participants will receive a certificate soon after via email.

We appreciate your feedback to help us improve future programs!

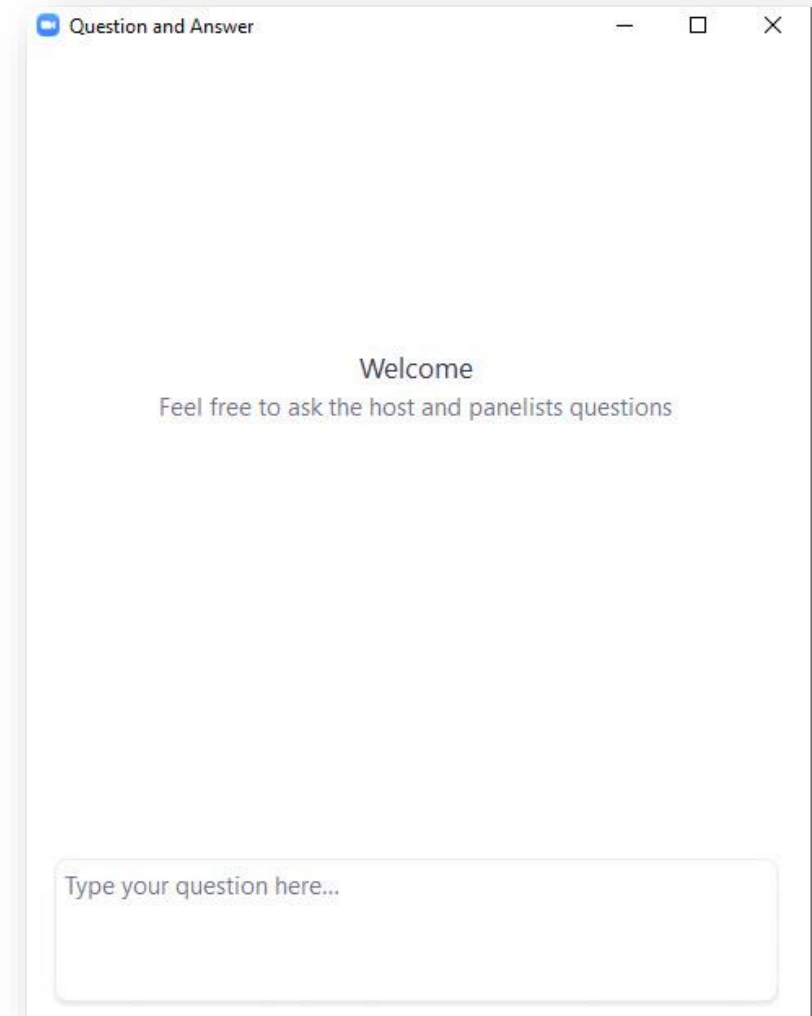
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Recognition Program

The CareQuest Institute for Oral Health is an ADA CER.P Recognized Provider. This presentation has been planned and implemented in accordance with the standards of the ADA CER.P.

*Full disclosures available upon request

Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.



Thank You!



Learning Objectives

At the end of this webinar, you'll be able to:

- Define caries management by risk assessment (CAMBRA).
- Discuss how dental teams use CAMBRA in their daily practice with various patient populations.
- Explain why CAMBRA is critical to delivering person-centered care for both children and adults.

Utilizing Caries Management by Risk Assessment to Deliver Person-Centered Care



WEBINAR | Thursday, March 21, 2024 | 7–8 p.m. ET | ADA CERP Credits: 1

MODERATOR



**Erinne Kennedy,
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Assistant Dean for Curriculum and
Integrated Learning, College of Dental
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PRESENTER



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Future/Current Practice



Person-Centered Care
(Shared decision making, co-cariologists)



Cost Containment



Point-of-Service Screening



Value-Based Care
(Bonus structure)



Evidence-Based Dentistry (ADA resources, current literature, decision trees)



Technology and In-House Focus



Oral Health Focus
(Disease management, technology assist, minimally invasive dentistry)

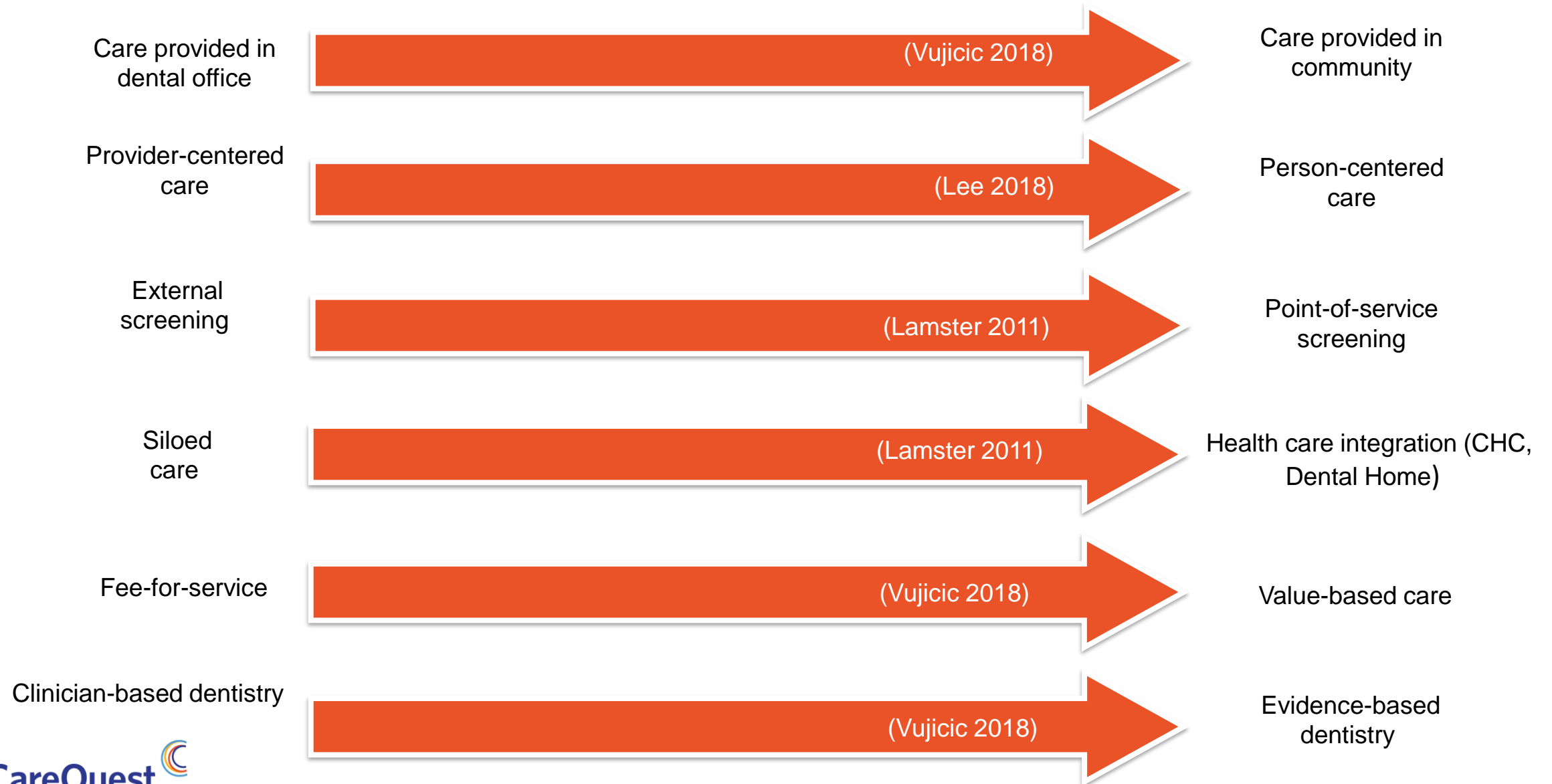


Whole Person Health
(Patient advocacy, address barriers/SDH)

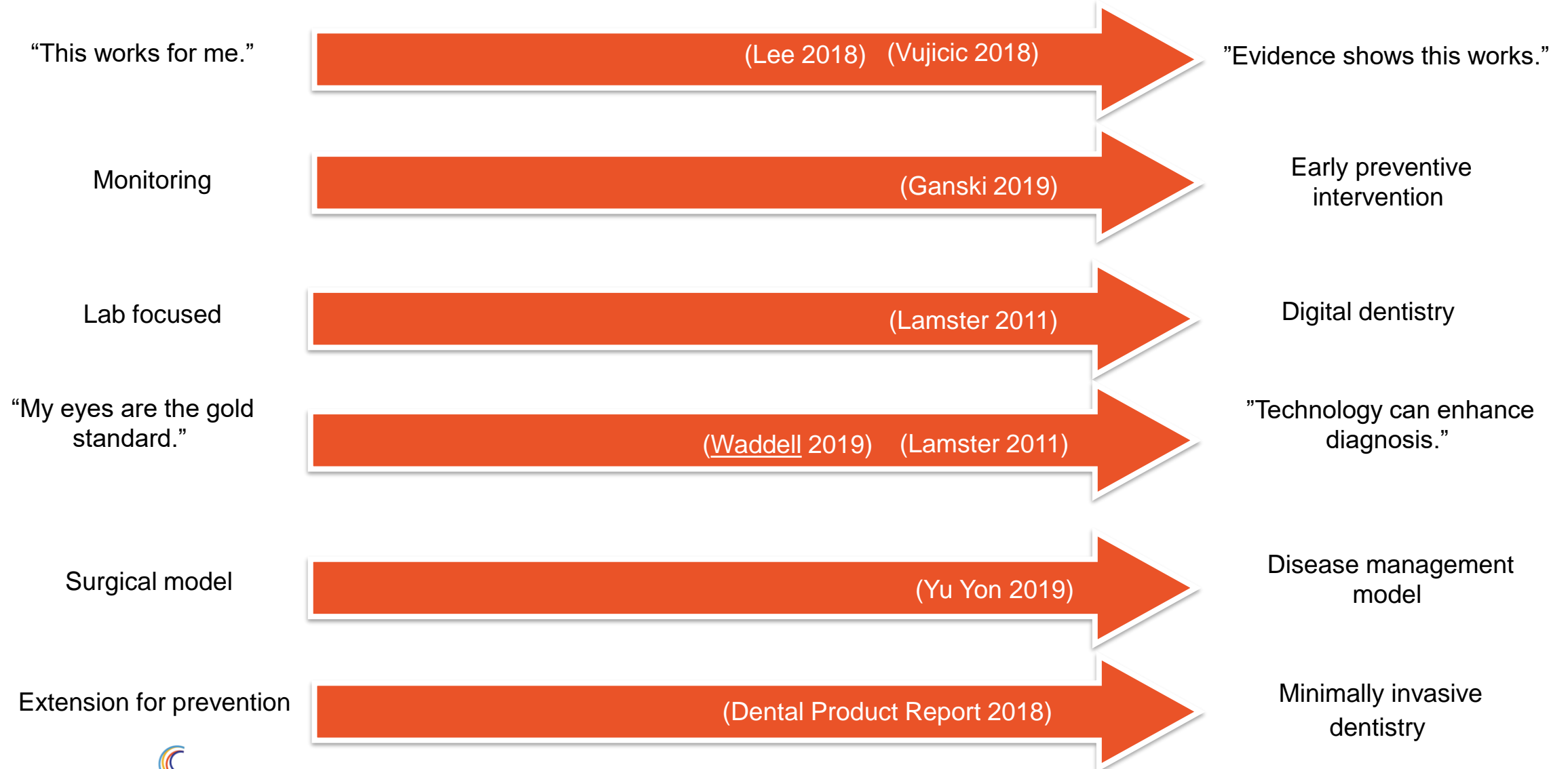


Innovation
(New products and materials)

Mindset Shifts in Dentistry



Mindset Shifts in Dentistry



Keystone Readings

DePaola et al. 2004	Pyle 2012	Dragan et al. 2020	Kennedy et al. 2021
<p>Current</p> <ul style="list-style-type: none"> - Web-based learning - Competency evaluations - Early pt. experiences - Decompression - Community-based care <p>Future:</p> <ul style="list-style-type: none"> - Curriculum around themes - Use of PBL and cases - EBD 	<p>Major Changes in 40 Years</p> <ul style="list-style-type: none"> - Comprehensive patient care - Competency-based education - Small-group learning - Patient-centered care - Community models for clinical education - Tracks of themed curricula 	<ul style="list-style-type: none"> - Pre-clinical education - “In the Classroom” learning - Telehealth - Patient care 	<ul style="list-style-type: none"> - Collaborative multisite course - Shared materials, faculty, and responsibilities - Hybrid courses with synchronous and asynchronous learning

How do we keep up with the speed of change?



COLLABORATE

Received: 27 January 2021

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PERSPECTIVES

ADEA | THE VOICE OF
DENTAL EDUCATION | WILEY

Collaborating and teaching a synchronous, multi-university, virtual course: Health policy and access to dental care

Erinne N. Kennedy DMD, MMSc¹  | **Benjamin Alex White DDS, DrPH²** |

Jane A. Weintraub DDS, MPH³ | **Mark E. Moss DDS, PhD⁴** |

Samantha L. Jordan DMD, MPH^{5,7,8} | **Karin K. Quick DDS, PhD⁶** | **Shenam Ticku BDS,**

MPH⁷ | **Boyen Huang DDS, PhD⁶**  | **Chester Douglass DMD, PhD^{2,8}**

Collaborating Programs



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES



Key Components of Course Structure

Elective course

Reviewed by each pre-doctoral programs Curriculum Management Committee (CMC)

Pre-doctoral dental students, master's students (hygiene, education etc.), post-doctoral students (residents)

No cost to participate

Shared responsibility

Focused contribution

Shared learning management system

TABLE 1 Structure of oral health policy collaborative multisite course, fall 2020

Session type	Title/Subject	Session speaker	Asynchronous (pre-class) activity	Synchronous class activity
Course Objectives:				
1. Understand the health policy process at the state and federal level.				
2. Apply the health policy process to improve the supply, increase the demand, or reduce the need for dental services.				
3. Identify possible linkages between the public health, medical care, and oral across health services delivery systems.				
Topics and issues explored include: Dental care policy and the health policy process, policy documents, and policy analysis; the legislative process; the role of data and advocacy in the health policy process; access to care for high risk populations; the development of supply side/workforce policies; integrating dental services into public health programs and medical care services; factors that influence consumer demand; trends in the demand for dental care; how insurance companies and provider groups can influence public health; trends in cost, price, and expenditures for dental services; value-based care; and the passage and future implementation of the Affordable Care Act. Competencies for the New General Dentist Addressed: 1.1, 1.3, 3.1, 3.3, 4.1, 4.3, 5.2, 5.6				
UNC/ECU Session 1	<i>Present Course Syllabus, Introduce Lead Instructors, Student Introductions, and Grading Criteria</i>	Chester W. Douglass Jane Weintraub Alex White Mark Moss Erinne Kennedy	Read: <u>Text:</u> Ch. 1* Assignment: Bring a quote to class that inspires you.	Introduction Students and Faculty Students presented their inspirational quote Large Group Discussion
UNC/ECU Session 2	<i>What is dental public health?</i>	Alex White	Read: <u>Text:</u> Chapter 1* <u>Articles:</u> Altman et al, Kennedy 2017 Assignment: Pre-Quiz	Word Cloud Interactive Lecture Career Panel
UNC/ECU Session 3	<i>Dental Public Health as a Specialty</i>	Jane Weintraub	Read: <u>Articles:</u> Weintraub et al Assignment: Review and Answer questions for AAPHD Renewal of Specialty Application	Small Group Work
Core Session 1	<i>The Public Policy Process and Health Care Reform</i>	Chester W. Douglass	Read: <u>Articles:</u> Douglass et al, Community Toolbox, Dzau et al, Additional State Policy Briefs. Assignment: Pre-Quiz	Interactive polls on the policy process Interactive Discussion
Core Session 2	<i>The Market for Dental Services</i>	Chester W. Douglass	Read: <u>Text:</u> Chapters 5, 14, 15, 16, 17.* <u>Articles:</u> Leake, Lipscomb et al, Crall and Edelstein 2001, Vujcic 2018. Assignment: Pre-Quiz, Assigned to Questions for Discussion	Interactive polls on market trends Interactive discussion
Core Session 3	<i>What does public health advocacy look like?</i>	Zachary Brian	Read: <u>Articles:</u> Koppelman, Brian and Weintraub, ASTDD Best Practice Reports. Assignment: Pre-Quiz Prepare 2 Questions for Class	Presentation Group discussion
Core Session 4	<i>Disparities and Trends in Demand</i>	Mary Otto	Read: <u>Text:</u> Chapter 3* "Teeth" Mary Otto** prepare 2 questions for class discussion	Virtual Book Club
Core Session 5	<i>Increasing Demand: Private Insurance and Trends in Types of Delivery Systems</i>	Alex White	Read: <u>Text:</u> Chapter 7* <u>Articles:</u> Walton Assignment: Pre-Quiz	Interactive Lecture Small Group Discussion
Core Session 6	<i>Increasing Demand: Public Dental Insurance</i>	Catherine Hayes	Read: <u>Text:</u> Chapter 7* <u>Articles:</u> Moss 2017	Interactive Lecture Small Group Discussion

Session type	Title/Subject	Session speaker	Asynchronous (pre-class) activity	Synchronous class activity
Core Session 7	<i>Participatory Learning Experience Presentations – Student Interviews</i>	Students present summaries of interviews.	Assignment: Conduct interview with dental policy leaders.	Student lead presentation
Core Session 8	<i>Supply Side Policies: Midlevel Oral Health Providers</i>	Karl Self, DDS Danae Seyffer, MDT Julie Bonham, ADT Cheyanne Warren, DDS Rachael Hogan, DDS Mary Williard, DDS Moderator: Karin Quick	Read: <u>Text:</u> Chapter 8* Assignment: Prepare 2 Questions for World Café Discussion	Panel Discussion World Café Small Group Exercise
Core Session 9	<i>Supply Side Policies: Integrating Oral and Systemic Health and Primary Care</i>	Christine Riedy, Jane Weintraub, Kathryn Atchison Moderator: Erinne Kennedy	Read: <u>Articles:</u> Atchison et al, Silk, Beil et al, Rozier, Brame et al, and Mertz. Assignment: Group Mind Map	Panel Discussion Group Q&A
Core Session 10	<i>Prevention in the 21st Century: From the Individual to the Community</i>	Erinne Kennedy	Read: <u>Articles:</u> Lamster et al, Novy et al, Slayton et al, Yon et al, Lee et al. Assignment: Group Exercise via Google Slides	Interactive lecture Polls on preventive research Small Group Work on Final Project
Core Session 11	<i>Future Trends in Oral Health Systems</i>	Sheila Riggs	Read: <u>Articles:</u> Health People 3030, Douglass et al, Garcia et al, Lamster et al. Assignment: Final Group Project	Interactive Lecture Small Group Work on Final Project
Core Session 12	<i>Group Presentations</i>	Students	Assignment: Final Group Project	Group Presentation
UMN Session 1	<i>Dental Public Health Career Options</i>	Erinne Kennedy Chester Douglass	Reading: <u>Text:</u> Chapter 1* <u>Articles:</u> Altman et al 2016, Kennedy Assignment: Review and analyze de-identified personal learning experience summaries.	Small Group Work Google Document Sharing
UMN Session 2	<i>Global Health: Compare and Contrast the Dental Care Delivery System in the USA and Australia</i>	Boyen Huang Winthrop Professor Marc Tennant, University of Western Australia Associate Professor Matthew Hopcraft, Australian Dental Association Miss Libby Warlow, Charles Sturt University	Read: <u>Articles:</u> Graham et al, Nguyen et al, Putri et al Assignment: Prepare 2 Questions for World Café Discussion	Panel Discussion World Café Small Group Exercise
UMN Session 3	<i>Debate: Integration of Medicine and Dentistry</i>	Erinne Kennedy Boyen Huang Chester Douglass Karin Quick	Read: <u>Articles:</u> MacNeil Case 1-5, Shimpi et al	Class Debate • For Integration • Opposed to Integration

Note: Each week journal articles, web resources, and the course textbook were assigned based on the topic.

*Course textbook: AMER ASSOC OF PUBLIC HEALTH DENTISTRY. (2021) Burt and Eklund's *Dentistry, Dental Practice, and the Community, 7th Edition*. St. Louis, Missouri, Elsevier.

**Additional print resource: Otto, Mary. *Teeth: The Story of Beauty, Inequality, and the Struggle for Oral Health in America*. The New Press, 2017.

**How could
this apply to
clinical
practices?**



Caries Management by Risk Assessment (CAMBRA)



CAMBRA

An evidence-based strategy to assess risk factors and protective factors for developing caries.



Risk and Protective Factors

CAMBRA considers various health and lifestyle factors.



Individual Level

CAMBRA assesses caries risk and tailors strategies, advocating lifestyle changes.



Community Level

Considers factors such as water fluoridation and encourages strategies that promote oral health within populations.

Evidence for CAMBRA

- Featherstone JDB, and Chaffee BW. The evidence for caries management by risk assessment (CAMBRA(R)). *Adv Dent Res.* (2018) 29:9–14. doi: 10.1177/0022034517736500.
- Christian B, Armstrong R, Calache H, Carpenter L, Gibbs L, and Gussy M. A systematic review to assess the methodological quality of studies on measurement properties for caries risk assessment tools for young children. *Int J Paediatr Dent.* (2019) 29:106–16. doi: 10.1111/ipd.12446.
- Featherstone JDB, Crystal YO, Alston P, Chaffee BW, Doméjean S, Rechmann P, Zhan L, Ramos-Gomez F. A Comparison of Four Caries Risk Assessment Methods. *Front Oral Health.* 2021 Apr 28;2:656558. doi: 10.3389/froh.2021.656558. PMID: 35048004; PMCID: PMC8757708.

We are called to
implement CAMBRA
into practice and into
our educational
settings!

Chat-ercise!

What is working well while teaching cariology and CAMBRA?



Chat-ercise!

What is often missing or challenging in teaching cariology and CAMBRA?



Shared Cariology Kit



CareQuest Kit for Dental Education on Caries

Session 6: CAMBRA Protocol

SESSION DETAILS
Pedagogy: <i>Lecture:</i> Interactive Presentation <i>In-Class Activity:</i> 1. Prevention Timeline Activity
Length: 50 mins
Description: Learners will explore prevention levels in this session, covering public health strategies and individual/community clinical interventions. The aim is to provide learners with insights into preventive dentistry, emphasizing the pivotal role of early intervention and a comprehensive understanding of risk factors.
Learning Objectives: <ul style="list-style-type: none">• Define primary, secondary, and tertiary prevention.• Discuss the CAMBRA protocol and the evidence for CAMBRA.• Examine the evidence for the protocols listed within the CAMBRA Framework.

- **Lesson Plan:**
 - Session type
 - Session length
 - Description
 - Learning objectives
 - Outline
 - References
 - Session plan
 - Slide breakdown
 - Test questions
- **PowerPoint:**
 - Content
 - Learning exercises
 - Speaker notes
 - References



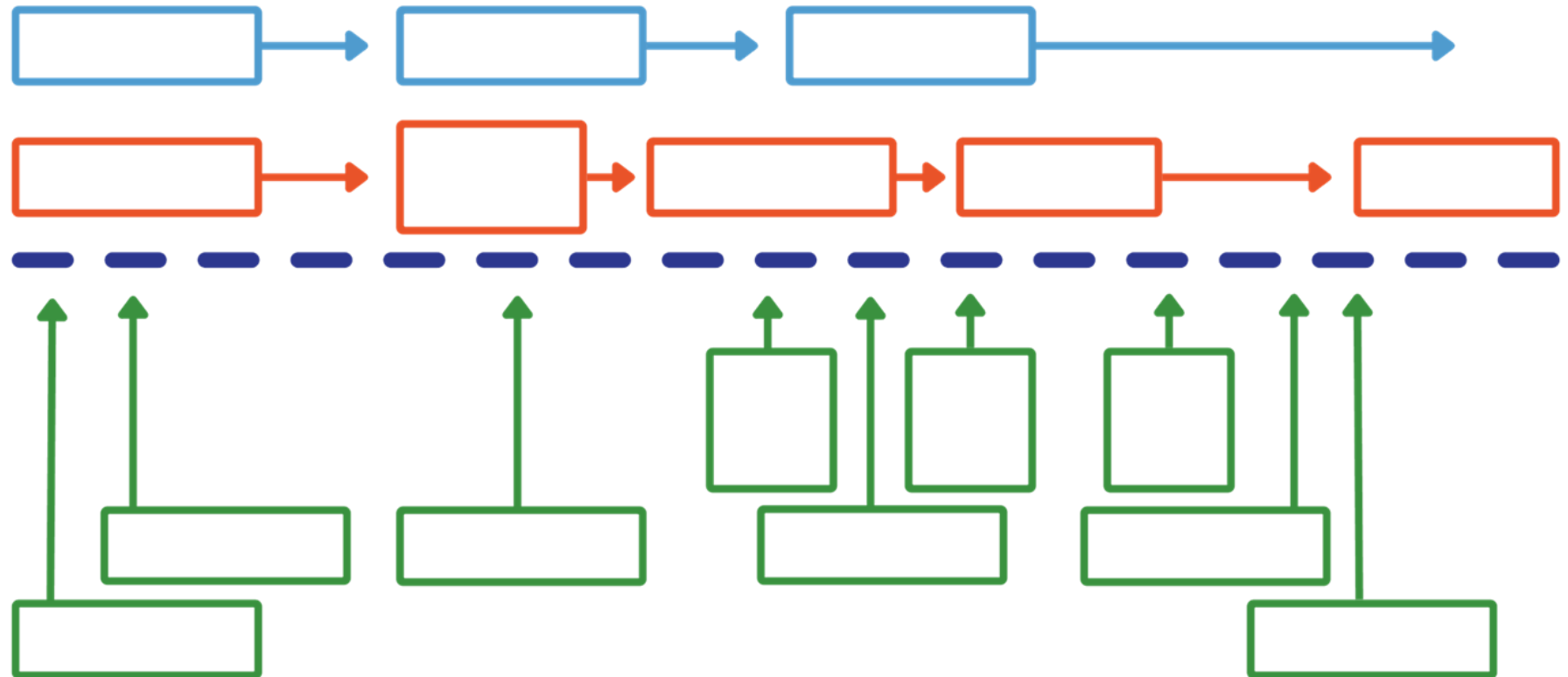
Shared Cariology Kit

- Understanding Caries
- Caries Disease Process
- Caries Risk and Caries Balance
- Caries Risk and Caries Balance Case Activity
- CAMBRA Protocol
- CAMBRA Protocol Case Activity
- Saliva in Health
- Saliva in Disease: Stroke and Heart Disease
- Saliva in Disease: Asthma and Allergic Rhinitis
- More?

Sample Exercise

Word Bank

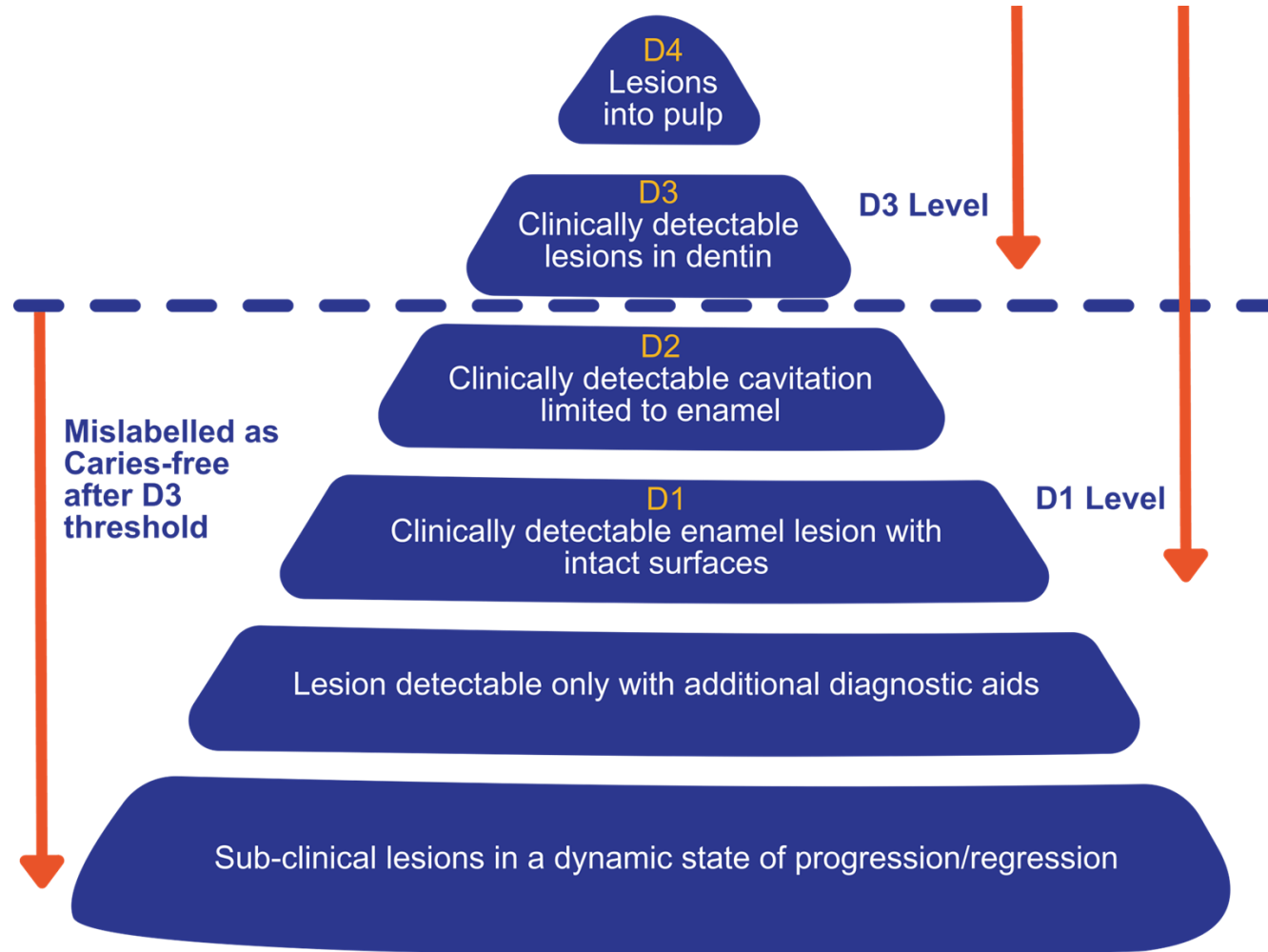
- | | |
|-----------------------------|-------------------------------|
| Primordial Prevention | Public Health |
| Upstream | Health Promotion |
| Biological Onset of Disease | Clinical Prevention |
| Downstream | Post-Clinical Phase |
| Primary Prevention | Risk and Protective Factors |
| Tertiary Prevention | Social Determinants of Health |
| Symptoms Appear | Clinical Phase |
| Diagnosis and Therapy | Preclinical Phase |
| Secondary Prevention | |



Sample Slides of Graphics: Environmental Change vs. Disease State



Sample Slides of Graphics: Environmental Change vs. Disease State



How can these curricular resources be used?



- Dental office/clinic team trainings
- Study clubs
- ECHO groups
- Clinical case reviews
- Health profession education Trainings and programs
- More?

Collaborating Around CAMBRA



CAMBRA Coalition

(<https://www.cambracoalition.org/about/about-cambra-coalition>)



ADEA Section on Cariology (adea-SECCariology@ConnectedCommunity.org)



More?



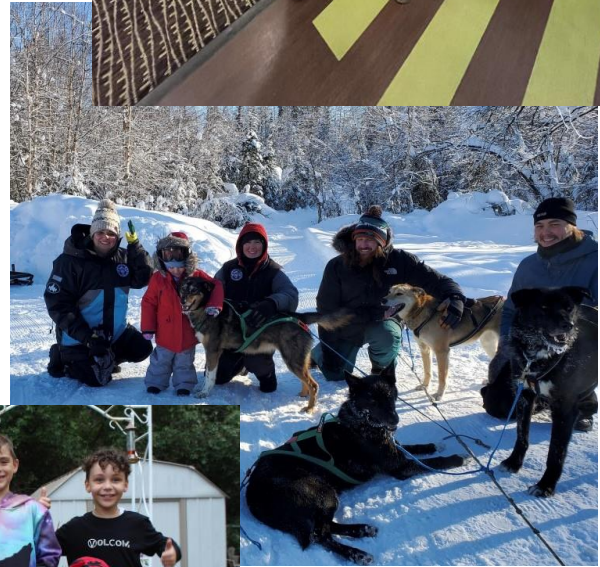
Erinne Kennedy, DMD, MPH, MMSc

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Why CAMBRA?

- Patient-centered approach to managing caries
- Focuses on disrupting the disease process
- Patients benefit from receiving evidence-based dental care
- We have an opportunity to do better!

Benefits of CAMBRA

1. Reduces overall disease rate

1. Behavior modification

- Diet
- Oral hygiene

2. Builds trust between provider and patient

- Addresses generational trauma



What Tools Are Needed?

1. Standardized processes (medical history form, note template)
2. Caries risk assessment form (including codes and documentation process)
3. Patient education materials
4. Nutrition and habit coaching
5. Management of the microbiome
 - Antimicrobials
 - PH balancing products
6. Calibration exercise

Standardized Processes

- Medical History Form
- Note template



Caries Risk Assessment

1

ADA American Dental Association
America's leading advocate for oral health

Caries Risk Assessment Form (Age 0-6)

Patient Name: _____

Birth Date: _____ **Date:** _____

Age: _____ **Initials:** _____

	Low Risk	Moderate Risk	High Risk
Contributing Conditions Check or Circle the conditions that apply			
I. Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
II. Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes <input type="checkbox"/>	Frequent or prolonged between meal exposures/day <input type="checkbox"/>	Bottle or sippy cup with anything other than water at bed time <input type="checkbox"/>
III. Eligible for Government Programs (WIC, Head Start, Medicaid or SCHIP)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
IV. Caries Experience of Mother, Caregiver and/or other Siblings	No carious lesions in last 24 months <input type="checkbox"/>	Carious lesions in last 7-23 months <input type="checkbox"/>	Carious lesions in last 6 months <input type="checkbox"/>
V. Dental Home: established patient of record in a dental office	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
General Health Conditions Check or Circle the conditions that apply			
I. Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Clinical Conditions Check or Circle the conditions that apply			
I. Visual or Radiographically Evident Restorations/ Cavitated Carious Lesions	No new carious lesions or restorations in last 24 months <input type="checkbox"/>		Carious lesions or restorations in last 24 months <input type="checkbox"/>
II. Non-cavitated (incipient) Carious Lesions	No new lesions in last 24 months <input type="checkbox"/>		New lesions in last 24 months <input type="checkbox"/>
III. Teeth Missing Due to Caries	<input type="checkbox"/> No		<input type="checkbox"/> Yes
IV. Visible Plaque	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V. Dental/Orthodontic Appliances Present (fixed or removable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VI. Salivary Flow	Visually adequate <input type="checkbox"/>		Visually inadequate <input type="checkbox"/>

Overall assessment of dental caries risk: Low Moderate High

Instructions for Caregiver:

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2

CRA Form

First name: _____ Last name: _____ Date: _____
Adults and Children 6+

Risk Factors *Circle one:*

Saliva

Do you take medications daily? NO YES
If so, how many? (_____)

Do you feel as though you have a dry mouth at any time of the day or night? NO YES

Diet

Do you drink liquids other than water more than 2 times daily between meals? NO YES

Do you snack daily between meals? NO YES

Biofilm

Do you notice plaque build-up on your teeth between brushings? NO YES

CariScreen reading results: LOW HIGH
(0-1500) (1501-9999)

Disease Indicators *Circle one:*

New/Progressing visible cavitations? NO YES

New/Progressing approximal radiographic radiolucencies? NO YES

New/Active white spot lesions? NO YES

Is decay history a concern? NO YES

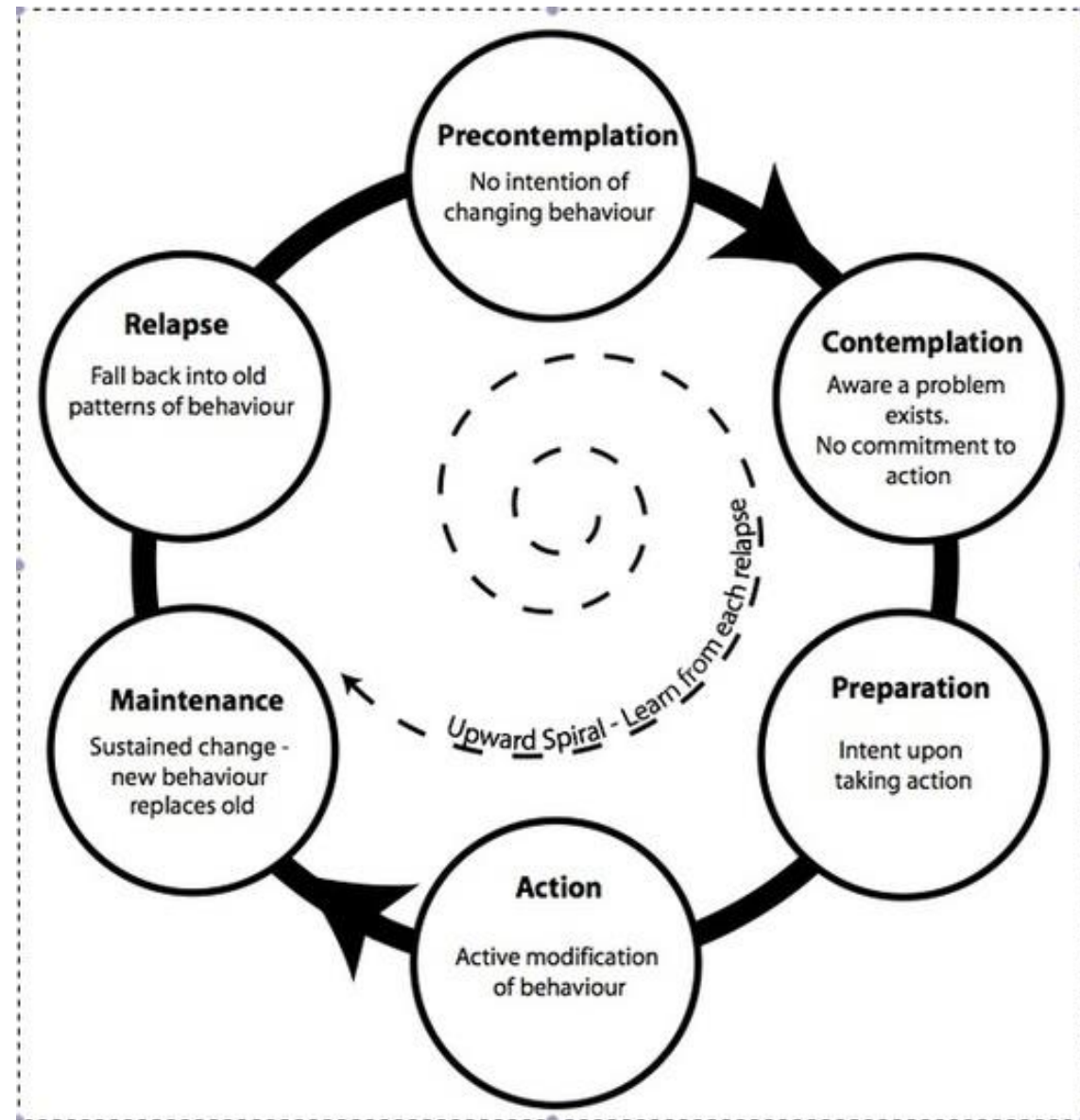
Risk Identification *Transfer information above to boxes below to determine risk.*

Healthy	+Risk Factors	+Disease Indicators
1 - Low Risk	2 - Moderate Risk	3 - High Risk
CDT Code D0601	CDT Code D0602	CDT Code D0603

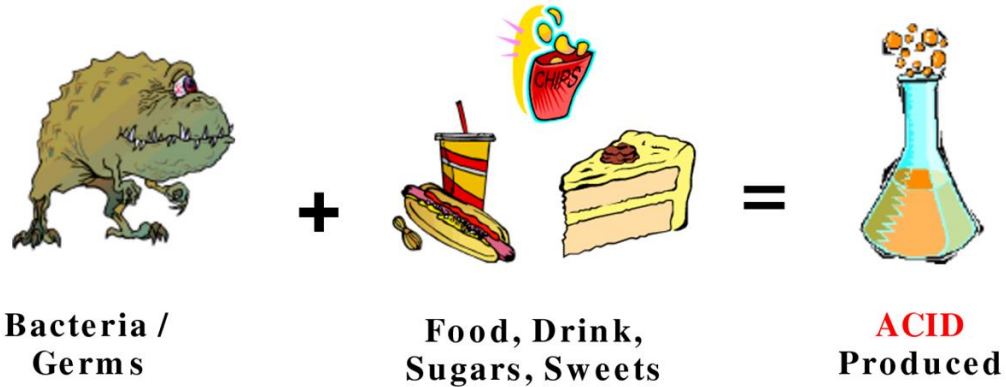
CARIFREE | CRM Rev. 13

Motivational Interviewing

- Open-ended questions
- Ask your patient to pick a reasonable goal; don't tell them what they need to do.
- How important is that goal to them?



Patient Education



CRA Form First name: _____ Last name: _____ Date: _____
Adults and Children 6+

Risk Factors Circle one:

Saliva		
Do you take medications daily? If so, how many?	NO	YES (_____)
Do you feel as though you have a dry mouth at any time of the day or night?	NO	YES
Diet		
Do you drink liquids other than water more than 2 times daily between meals?	NO	YES
Do you snack daily between meals?	NO	YES
Biofilm		
Do you notice plaque build-up on your teeth between brushings?	NO	YES
CariScreen reading results:	LOW (0-1500)	HIGH (1501-9999)

Disease Indicators Circle one:

New/Progressing visible cavitations?	NO	YES
New/Progressing approximal radiographic radiolucencies?	NO	YES
New/Active white spot lesions?	NO	YES
Is decay history a concern?	NO	YES

Risk Identification Transfer information above to boxes below to determine risk.

Healthy	+Risk Factors	+Disease Indicators
1 - Low Risk	2 - Moderate Risk	3 - High Risk
CDT Code D0601	CDT Code D0602	CDT Code D0603

Nutrition and Habit Coaching

Public Enemies for your Teeth

Starchy, Refined Carbs



Chips
Potatoes
Crackers
Bread
Pasta

Sugary Candy & Sweets

Hard Candies
Taffy & Caramels
Chocolate
Cookies, Cake
Brownies



Acidic Foods, Fruit



Lemons
Other Citrus
Diet Sodas
Vinegars

Sugary Beverages, Juice

All Soda
Fruit Juices
Alcohol
Sugar-added coffee, tea



Management of the Microbiome

- pH modification
 - Baking soda
 - Xylitol to increase salivary flow
 - Water with high pH
 - Other
- Antimicrobials
 - Povidone Iodine
 - Silver Diamine Fluoride
 - Hypochlorite Rinses
 - Chlorohexidine



Calibration Exercise

The Effect of Calibration on Caries Risk Assessment Performance by Students and Clinical Faculty

Douglas A. Young, DDS, EdD, MBA, MS; Bernadette Alvear Fa, DDS; Nicholas Rogers; Peter Rechmann, DMD, PhD

Abstract: Caries management requires a complete oral examination and an accurate caries risk assessment (CRA). Performing Caries Management by Risk Assessment (CAMBRA) is inefficient when the caries risk level assignment is incorrect. The aim of this study was to evaluate the ability of faculty members and students at one U.S. dental school to correctly assign caries risk levels for 22 CRA cases, followed by calibration with guidelines on how to use the CRA form and a post-calibration test two months after calibration. Inter-examiner reliability to a gold standard (consensus of three experts) was assessed as poor, fair, moderate, good, and very good. Of the 162 students and 125 faculty members invited to participate, 13 students and 20 faculty members returned pre-calibration tests, for response rates of 8% and 16%, respectively. On the post-calibration test, eight students and 13 faculty members participated for response rates of 5% and 10%, respectively. Without guidelines and calibration, both faculty members and students when evaluated as one group performed only poor to fair in assigning correct caries risk levels. After calibration, levels improved to good and very good agreements with the gold standard. When faculty and students were evaluated separately, in the pre-calibration test they correctly assigned the caries risk level on average in only one-quarter of the cases (students 24.1%±13.3%; faculty 23.6%±17.5%). After calibration, both groups significantly improved their correct assignment rate. Faculty members (73.8% correct assignments) showed even significantly higher correct assignment rates than students (47.7% correct assignments). These findings suggest that calibration with a specific set of guidelines improved CRA outcomes for both the faculty members and students. Improved guidelines on how to use a CRA form should lead to improved caries risk assessment and proper treatment strategy for patients.

Dr. Young is Professor, Department of Dental Practice, Arthur A. Dugoni School of Dentistry, University of the Pacific; Dr. Fa is Assistant Professor, Department of Integrated Reconstructive Dental Sciences, Arthur A. Dugoni School of Dentistry, University of the Pacific; Mr. Rogers is Administrative Lead for Personalized Instructional Programs, Department of Academic Affairs, Arthur A. Dugoni School of Dentistry, University of the Pacific; and Dr. Rechmann is Professor and Director of Clinical Sciences Research Group, Department of Preventive and Restorative Dental Sciences, School of Dentistry, University of California, San Francisco. Direct correspondence and requests for reprints to Dr. Douglas A. Young, Department of Dental Practice, Arthur A. Dugoni School of Dentistry, University of the Pacific, 155 5th Street, San Francisco, CA 94103; dyoung@pacific.edu.

Keywords: dental education, caries, dental caries, calibration, caries risk assessment, CRA, CAMBRA

Submitted for publication 12/21/16; accepted 2/9/17

- **22** Caries Risk Assessment cases were utilized
- Out of **162** students and 125 faculty, **13** students and 20 faculty members responded; **8%** for students, **16%** response rate in returning a pre-calibration test.
- Pre-calibration response for both groups showed only poor to fair in assigning correct caries risk level.
- After calibration: Faculty showed **73.8%** correct assignments
 - Students showed **47.7%** correct assignments

“We cannot drill and fill our way out of cavities. We have to treat the disease at the patient level.”

- Dr. Douglas Young



ADTA  
ANNUAL CONFERENCE '24

EDUCATE & ELEVATE: RIDING THE DENTAL THERAPY WAVE

NOVEMBER 12-15, 2024 | LAKE BUENA VISTA - ORLANDO, FL



Kari Ann Kuntzelman

Dental Health Aide Specialist and Dental Therapist
Northwest Portland Area Indian Health Board
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Question and Answer

To Explore More Industry-Leading Research

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Search by Keyword **Filter by Topic** **Filter by Type**

Title	Topic	Type
Improving Care Coordination Between Oral and Medical Providers	Care Coordination	Video
Veteran Oral Health: Expanding Access and Equity	Expanding Access	White Paper
2021 Oral Health Information Technology Virtual Convening	Care Coordination	Presentation
Dental Fear Is Real. Providers Can Help.	Expanding Access, Health Equity	Visual Report
Why We (Still) Need to Add Dental to Medicare	Adult Dental Benefit, Expanding Access, Health Equity	Report
A Cross-Sectional Analysis of Oral Health Care Spending over the Life Span in Commercial- and Medicaid-Insured Populations	Expanding Access, Health Equity	Article
Time Is on the Side of Change in Dentistry	COVID-19 and Oral Health, Health	Article

www.carequest.org/resource-library

Missed Connections
Providers and Consumers Want More Medical-Dental Integration

Oral health and overall health are inextricably linked. There is mounting evidence to suggest that poor oral health is related to a variety of chronic health conditions, such as high blood pressure, dementia, diabetes, and obesity. Despite this known connection, dental care is still largely siloed from medical care. The Centers for Disease Control and Prevention (CDC) estimates that integrating basic health screenings into a dental setting could save the health care system up to \$100 million every year.¹

CareQuest Institute for Oral Health conducted a nationally representative survey in January and February 2021 to assess consumers' perspectives on oral and overall health (n=5,320). CareQuest Institute also conducted a nationwide survey of oral health providers to assess perspectives and current behaviors related to interprofessional practice (n=377). Consumers and oral health providers described a lack of integration between medical and oral health care, and a desire for increased interprofessional collaboration.

Key Findings:
Medical-dental collaboration is currently uncommon.

- 63% of consumers report that their primary medical doctor "rarely" or "never" asks about their oral health.
- 33% of consumers report that their oral health provider "rarely" or "never" asks about their overall health.
- 45% of responding oral health providers report "rarely" integrating their care with clinicians outside of dentistry, with only 14% reporting it is part of their "daily" practice.
- Less than a third of consumers report receiving general health screenings from their oral health provider.
- A majority (89%) of adults report never receiving a referral from their oral health provider to a non-oral health professional.
- Almost a fourth (24%) of participating oral health providers report currently implementing interprofessional practice.

Webinar Evaluation

Complete the evaluation by **Friday, March 29** to receive CE credit. You will receive a link to the survey within 24 hours.

Next Webinar:

Exploring the New Recommendations for Patient Shielding During Imaging **on March 28 at 7 p.m. ET**

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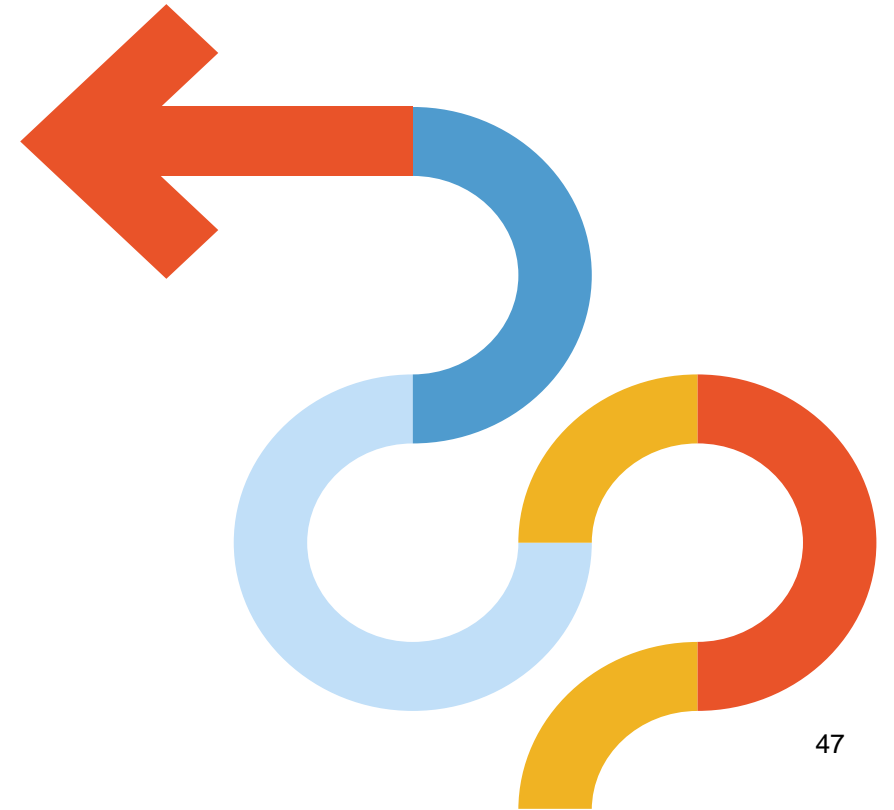
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