Understanding Levels of Care, Recalls, and GPRA

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Learning Objectives

Upon completion of this presentation, participants should be able to:

• Categorize common dental procedures in one of the dental levels of care.

• Understand and explain the basis of both preventive and periodontal recall management in an IHS dental public health practice.

• Distinguish the three current IHS dental GPRA indicators and discuss the rationale behind these indicators.
Levels of Services

IHS Oral Health Program Guide, Chapter 5,
http://www.doh.ihs.gov/clinicmanagement/ohpg/Chapters/Chapter%2005%20Table%20of%20Contents.html
Level I
Emergency Services

- Control of oral and maxillofacial bleeding in any condition when loss of blood will jeopardize the patient's well being. Treatment may consist of any professionally accepted procedure deemed necessary.

- Relief of life-threatening respiratory difficulty and improvement of the airway (respiratory system) from any oral or maxillofacial dental condition. Treatment may consist of any professionally accepted procedure deemed necessary.

- Relief of severe pain accompanying any oral or maxillofacial dental conditions affecting the nervous system, limited to immediate palliative treatment, but including extractions where professionally indicated.

- Immediate and palliative procedures that include but are not limited to: (1) fractures, subluxations and avulsions of teeth, (2) fractures of jaw and other facial bones (reduction and fixation only), (3) temporomandibular joint subluxations, (4) soft tissue injuries, (5) broken dentures, and (6) chipped tooth.

- Initial treatment for acute infections.
Common Level I Services

• Emergency oral examination (limited to problem area)
• One or more periapical radiographs associated with the problem
• Simple tooth extractions
• Temporary or sedative restorations
• Palliative procedures
• Prescription medications for pain and infection
• Endodontic access preparations
• Draining of oral abscesses
• Denture repairs and other urgent repairs
Level II
Preventive Services

• The listed services are those which prevent the onset of the dental disease process.

• The preventive oral health services most frequently provided are:
  • Adult prophylaxis with or w/o topical fluoride
  • Child prophylaxis with or w/o topical fluoride
  • Sealants by tooth or quadrant
  • Preventive (self-care) training
  • Periodontal recall procedures
  • Athletic mouthguards
  • Water fluoridation activities
  • Group education
  • Tracking of number of children receiving supplemental fluorides per month
Level III
Basic OH Services

• Basic dental care includes those services provided early in the disease process and which limit the disease from progressing further.

• They include most diagnostic procedures, simple restoration of diseased teeth, early treatment of periodontal disease, and many surgical procedures needed to remove or treat oral pathology.
Common Level III Services

- Initial or periodic oral exam
- Bitewing and panoramic radiographs
- Diagnostic casts
- Space maintainers
- Amalgam restorations (1,2,3-surface)
- Composite restorations (1,2,3-surface)
- Stainless steel crowns (primary teeth only)
- Therapeutic pulpotomy (primary teeth only)
- Anterior endodontics (one canal)
- Periodontal scaling/root planing
- Biopsy, excision of lesion
Level IV
Basic Rehabilitative

• Basic rehabilitation services are those necessary to contain the disease process after it is established or improve the form and/or restore the function of the oral structures.

• These services are more difficult to provide since the disease process is well established.

• The investment of resources will have a good cost-effectiveness because the procedures are directed at containment or basic rehabilitation.
Common Level IV Services

- Complex amalgams (4 or more surfaces)
- Cast onlays or crowns with or w/o porcelain
- Post and core restoration
- Crown buildups
- Acid etch retainers (Maryland Bridge)
- Bicuspid endodontics (two canals)
- Apicoectomy/retrograde filling
- Gingivoplasty
- Limited/interceptive orthodontics
Level V
Complex Rehabilitative

- The complex rehabilitation services listed in Level V are those that require significant time, special skill or cost to provide.
- Certain patients will require referral to dental care providers skilled in providing the specific procedure and/or which have limited their practice to that specific specialty area.
- Generally the patient must present special circumstances that would warrant the added time and transportation associated with specialty referral.
- Level V services may not improve the overall prognosis for most patients so patient selection is of critical importance when considering the provision of these services.
Common Level V Services

- Molar endodontics (3 or more canals)
- Periodontal surgery (mucogingival and osseous)
- Complete and partial dentures
- Denture rebase (laboratory)
- Fixed bridgework (retainers and pontics)
- Implants
- Surgical extractions (impactions)
- Analgesia (e.g., nitrous oxide)
- Cephalometric or TMJ radiographs
- Occlusal adjustment (complete)
- Periodontal surgery
- Overdentures
- Consultation for specialty services
- Precision attachment prosthetics
- Comprehensive orthodontics (Class I, II, or III)
- Surgical extractions (bony impactions) and unusual or complex oral surgery
- Maxillo-facial prosthetics
- Intravenous (IV) sedation, general anesthesia
Level IX
Excluded Services

• These services have been determined to be of limited benefit in the treatment of oral disease or maintenance or oral health.

• These services have a variable rate of success, are difficult to monitor from an appropriateness or effectiveness standpoint, are not universally defined or accepted as the preferred method of treatment.

• Some of the services listed under exclusions require heroic effort and therefore are questionable from a cost benefit standpoint.

• Other services use material which is obsolete or of disputable effectiveness.

• In certain other cases the IHS simply will not pay for the service.
Common Level IX Services

- Removable unilateral space maintainers
- Silicate restorations
- Gold foil restorations
- Cast inlay
- Porcelain inlays or crowns
- Full resin or resin/metal crowns
- Direct pulp caps
- Unilateral cast partials
- Chairside denture relines
- Pulpotomy in permanent tooth
- Tooth transplantation
- Removable appliance therapy
- Behavior management
- Broken appointments
About the Levels of Care

• The majority of treatment needs in American Indian/Alaska Native communities falls within the first three levels, sometimes called “basic care,” which comprise the most cost-effective services to provide on a community-wide basis.

• The general principle for implementing the schedule is always to use the available resources for providing the greatest health benefit to the greatest number of people for the longest time possible.
Recall Management
## Caries Risk Classification

<table>
<thead>
<tr>
<th>AGE</th>
<th>RISK CATEGORY</th>
<th>PREVENTIVE REGIMEN</th>
<th>RECALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 years</td>
<td><strong>LOW</strong>: No active lesions of any type at exam</td>
<td>Education/Reinforcement</td>
<td>6-12 months</td>
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<tr>
<td></td>
<td></td>
<td>Fluoride Toothpaste (supervised). **</td>
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<tr>
<td></td>
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<td>Sealants/behavior permitting **</td>
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<td>Fluoride Supplements PRN *.</td>
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<tr>
<td></td>
<td><strong>HIGH</strong></td>
<td>Education/Reinforcement</td>
<td>3-6 months</td>
</tr>
<tr>
<td></td>
<td>Any cavitated or white spot lesions at exam. Continued bottle feeding after 12 months, family caries history</td>
<td>Emphasize fluoride toothpaste (supervised)**</td>
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<td></td>
<td></td>
<td>Sealants/behavior permitting **</td>
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<td></td>
<td>Fluoride supplements PRN *</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Professionally applied topical fluorides (varnish)**</td>
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<tr>
<td></td>
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<td>Appropriate restorative Tx</td>
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| 5+ years | **LOW:** No active cavitated or non-cavitated lesions at exam | - Education/Reinforcement  
- Fluoride toothpaste **  
- Sealants **  
- Fluoride supplements PRN * | 24-36 months more often for children and adolescents |
|      | **MOD:** 1 active cavitated smooth surface lesion at exam or pit and fissure lesions | - Education/Reinforcement  
- Emphasize use of fluoride toothpaste **  
- Sealants & PRRs **  
- Fluoride supplements PRN *  
- Home use fluoride rinses and professionally-applied topical fluorides *  
- Appropriate restorative Tx | 6-24 months |
## Caries Risk Classification

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| 5+ years | HIGH          | Education/Reinforcement  
Emphasize use of fluoride toothpaste **  
Sealants & PRR's **  
Fluoride supplements PRN *  
Home use fluorides and professionally-applied  
topical fluorides *  
Dietary counseling (refer to nutritionist if practical)  
Xylitol gum if available and patient chews gum  
Restorative Tx  
Chlorhexadine * | 3-12 months |
| 5+ years | VERY HIGH:  | Education/ Reinforcement  
Emphasize use of fluoride toothpaste **  
Sealants & PRRs **  
Fluoride supplements PRN*  
Home use fluorides and professionally-applied  
topical fluorides**  
Dietary counseling (refer to nutritionist if practical)  
Xylitol gum if available and patient chews gum  
Eliminate cavitated lesions ASAP  
(2 or fewer appts.)  
Toothbrushing or rinsing w/ chlorhexidine 2x day*  
Assess compliance and/or mutans streptococci levels  
Restorative Tx | move to high-risk category;  
3-6 months |
PSR/CPITN Codes

From: Periodontal Screening and Recording: Early Detection of Periodontal Diseases, by Tanya Villalpando Mitchell, RDH, MS.
Nashville Area IHS. Slight to Moderate Periodontal Disease Management Recommendations. 2010
Ongoing Periodontal Therapy

CPITNs 3 or 4

1. Gross Debridement (4355) if needed
2. OHI/education (1310, 1320, 1330)
3. 1-2 week re-eval (OH, calculus, PD)
   IF HEAVY CALCULUS IS NOT PRESENT
   Begin with Perio Charting
   1. Perio Charting: PD, recession, furcation, mobility, BoP, OHI (0180) (Dentist or RDH)
   2. Appropriate radiographs
      (0210, 0330, 0220, 0272 or 0274)
   3. Assess risk factors
   4. Perio diagnosis (Dentist)
   5. Perio treatment plan (Dentist and Hygienist)
   6. SRP (4341, 4342) w/anesthesia as needed
   7. Address other local irritants
      (overhangs, caries, ill fitting crowns)
   8. Schedule 2-3 month re-eval

PD ≥ 5mm w/ BoP OR Any PD ≥ 6mm

1. Evaluate OH
2. Re-scale areas w/ calculus

Nashville Area IHS. Slight to Moderate Periodontal Disease Management Recommendations. 2010
Recall Summary

• Preventive and periodontal recall intervals should be based on risk.
  • There should NOT be standard, across-the-board 6-month recalls.

• Preventive recalls should be based upon the risk of developing caries (see the Caries Risk modules on www.doh.ihs.gov).

• Periodontal recalls should be based upon risk and scientifically justified (more details will be provided in the perio presentation).
Government Performance and Results Act (GPRA)
The Government Performance and Results Act (GPRA) requires Federal agencies to demonstrate measurable results or benefits gained by the consumers of Federal programs.

It went into effect under the Clinton administration in September 1997 and has since been transformed by the Bush administration to have more budgetary strings.

Goals are proposed by the Indian Health Service and finalized by the Office of Management and Budget (OMB).
GPRA

• There are a total of 21 or 22 nationally reportable GPRA measures each year, including 3 dental measures.

• Dental measures include:
  • Increase the number of individuals receiving at least one topical fluoride application.
  • Increase the number of dental sealants placed.
  • Increase annual access to dental services for the American Indian and Alaska Native (AI/AN) population.
Access to dental care has long been understood to be important to realizing optimal oral health.

“Regular dental visits provide an opportunity for the early diagnosis, prevention, and treatment of oral and craniofacial diseases and conditions for persons of all ages, as well as for the assessment of self-care practices” (Healthy People 2010).

Last year, the Indian Health Service reported that just 24% of our clinic users accessed dental services, while Healthy People 2010 calls for an access to care rate of 56% nationally.

IHS Division of Oral Health. “IHS Dental GPRA Initiative.” 2010
Dental Sealants

GPRA Rationale

• Dental sealants have been shown to reduce the incidence (beginning of) dental caries, especially in children.

• The IHS is one of the largest sealant programs in the country, if not the largest.

• The dental sealant GPRA goal closely aligns to Healthy People 2010 Objective 21-8: “Increase the proportion of children who have received dental sealants on their molar teeth,” with the goal being 50% of 8 and 14 year-olds with dental sealants.

IHS Division of Oral Health. “IHS Dental GPRA Initiative.” 2010
Fluoride
GPRA Rationale

• Fluoride has been shown to both prevent new dental caries and to arrest (stop) existing caries.

• While there isn’t an exact corresponding Healthy People 2010 objective on patients receiving topical fluorides, it is considered to be extremely important in overall dental caries prevention and meeting Healthy People 2010 Objective 21-1: “Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth.”

IHS Division of Oral Health. “IHS Dental GPRA Initiative.” 2010
Methods to Improve Access

• Establish a walk-in clinic for infants or see infants in a WIC or MCH clinic.

• Go to Early Head Start, Head Start, and daycare centers to screen and apply topical fluoride varnish treatments on site.

• Establish school-based programs to apply sealants and fluoride varnish for school age children.

• Leave a block of time in the appointment book to schedule new patients for exams and prophies.

• Recruit newly-diagnosed diabetic patients to the dental clinic for an exam, prophy, and education.

IHS Division of Oral Health. “How to Track GPRA Locally.” 2009
Methods to Improve Sealants

• Start a school-based sealant program.
• Recruit children into the dental clinic.
• Place sealants at routine restorative appointments.

IHS Division of Oral Health. “How to Track GPRA Locally.” 2009
Methods to Improve Fluorides

• Provide fluoride varnish as part of your school fluoride varnish program.
• Provide screenings and fluoride varnish treatments at Head Start or daycare centers.
• Collaborate with MCH, WIC, and other medical staff to provide an oral health assessment and fluoride varnish treatment for infants and toddlers.
• Include fluoride varnish treatments as part of your protocol for any patients receiving orthodontic care.
• Include fluoride varnish as part of the tray setup for routine operative care.
• Provide fluoride varnish treatments as part of emergency care and during the first dental exam appointment.

IHS Division of Oral Health. “How to Track GPRA Locally.” 2009
The change in fluoridation

- Although fluoride exists naturally in nearly all water sources, the amount can vary widely. That's why Pew strongly supports communities adjusting the fluoride level to protect the public's dental health.

- HHS proposes that community water systems adjust the amount of fluoride to 0.7 mg/L to achieve an optimal fluoride level. For the purpose of this guidance, the optimal concentration of fluoride in drinking water is that concentration that provides the best balance of protection from dental caries while limiting the risk of dental fluorosis. Community water fluoridation is the adjusting and monitoring of fluoride in drinking water to reach the optimal concentration (Truman BI, et al, 2002).

• The HHS's updated recommendation regarding the optimal level of fluoride for public water supplies that adjust fluoride levels to prevent tooth decay is based upon the latest science. This decision will continue to protect Americans' dental health while also minimizing the chance of dental fluorosis-discoloration of teeth.

• These decisions strengthen the public's health and affirm the safety of fluoride in water supplies at the level considered optimal to prevent tooth decay.

• Drinking water with the right level of fluoride can safely prevent tooth decay. The fact that federal health officials are regularly reviewing and monitoring drinking water standards should reassure the public that fluoridated water is both safe and effective.
References

- Indian Health Service Division of Oral Health, Department of Health and Human Services. 2000, “How to Track GPRA Locally.”