

## IHS Oral Health Status (OHS) metric: background, discussion and purpose v3, updated 17 May 2019

### IHS OHS goals and uses:

The primary goal of continuous individual patient oral health status assessment is to reduce the likelihood of a patient suffering a preventable urgent, emergency, or life-threatening oral health condition. Most dental ‘emergencies’ are due to an acute flare-up of a previously existing condition; usually a periapical or periodontal abscess. From an overall healthcare system cost effectiveness standpoint, this early diagnosis and tracking for appropriate [treatment] intervention is ultimately prevention-oriented program and should decrease the number of Emergency Room visits for evaluation and/or treatment of serious oral infections.

The IHS proposed OHS classifications are: ‘Excellent’ (class 1), ‘Good’ (class 2), ‘Compromised’ (class 3) and ‘Urgent Care Indicated’ (class 4). The IHS OHS classification[s] system is based on commonly used [dental] metrics which relieves the provider of memorization of specific criteria. When used in an EDR database, the resultant OHS classification is easily ‘auto-calculated’ using a standardized matrix. From a program implementation perspective, this IHS OHS proposal makes data entry and OHS classification selection process as efficient and consistent as possible. The IHS OHS metric proposal with simplified objective data collection and criteria may also prove to be appropriate for oral assessments done in ‘visual exam only’ scenarios which may increase its use in non-clinical oral health evaluation settings.

For IHS EDR database reporting options, the IHS OHS proposal is to extend ‘currency’ of an IHS Oral Health assessment to 24 months. OHS assessments greater than 24 months become classification status “6” (‘Unknown’ status). Classification status “5” includes patients that have not had an OHS assessment within 24 months but their last OHS assessment was class “4”. This allows the IHS EDR based reporting system to track class “4” patients for another 12 months to allow clinics to continue identification (and therefore treatment) of patients identified with ‘Urgent Care needs’.

### IHS OHS assessment criteria:

1. Presence of any abscessed teeth
2. Identification of any teeth or conditions requiring immediate treatment / restoration
3. Identification of teeth requiring extraction
4. Soft tissue evaluation (oral / pharyngeal cancer; or abnormal oral lesion[s] recommended for biopsy)
5. Number of teeth identified with active carious lesions (reported in increments of 0, 1-3, 4-9, 10+)
6. Maximum depth of individual active carious lesions (reported by sextant, similar to CPI)
7. Periodontal health (measured using CPI)
8. To indirectly measure oral health status history, the number of remaining teeth is collected as an independent data element.
9. Identification of Risk factors that could affect long-term (or short term) oral health stability:
  - Caries Risk
  - Smoking
  - Diabetes
  - Dry mouth