

Uses of IHS Oral Health Status (OHS) metric:

(for IHS Dentrix Enterprise clinic training_v2 updated: August 29, 2019)

The IHS OHS metric can be the most versatile 'tool' available in the IHS Dentrix Enterprise program.

To best explain and understand the potential of the IHS OHS metric:

The IHS Oral Health Status metric has multiple functions:

1. Track overall [service unit or clinic] patient population health.
2. Identify individuals with specific treatment conditions / needs: (caries; abscessed teeth; extractions; soft tissue lesions for biopsy / cancer referral or tracking; periodontal 'disease'; restorations)
3. An objective measurement tool to measure the direct oral health impact of treatment / prevention programs. By itself, the IHS OHS provides no direct benefit for the patient. However, the IHS OHS metric can provide objective, direct measurement of the impact (success or not) of any patient care initiative with a goal of improving patient oral health.

Every IHS dental clinic is 'required' to have at least one Quality Assessment / Process Improvement (QAPI) initiative. The OHS metric data reporting capability provides IHS clinics the versatility to design hundreds of QAPI projects; the options are only limited by the imagination.

For example: The OHS metric can assist clinics in measuring the impact of initiating the Health Literacy campaign by identifying patients at risk (for Caries, Diabetes, Smoking, Dry mouth as well as any "Patient Tag" groups the clinic may have) and directly measuring the impact of providing appropriate health literacy information to patients [at risk] that will benefit the most from this specific initiative.

Similarly, the IHS OHS metric data can 'track' the direct impact on patient oral health using silver diamine fluoride (SDF); other ECC program effectiveness such as administering fluoride treatments and/or sealant programs; and/or elder population healthcare initiatives.

Another example: OHS information will allow the service unit to measure the impact of 'competing' programs: if treatment is primarily focused on one age group (or multiple age groups), what is the impact on the other age groups?

Therefore, whether on a clinic-wide or patient-specific basis; whether for young or elder patients, the IHS OHS is a patient management and measurement tool that is "age appropriate".

The only limitation at this time is whether a clinic is using the Oral Health Status metric.

So, let's get to it!

Suggested IHS Oral Health Status metric training highlights:

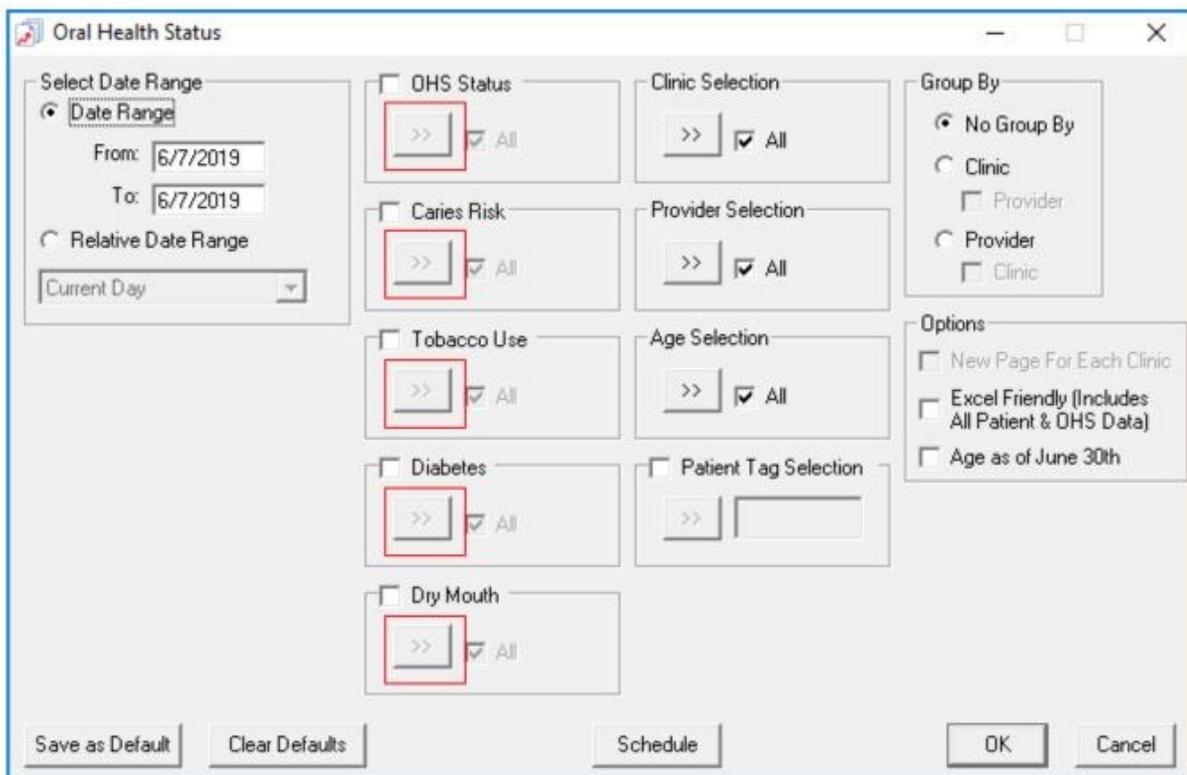
1. Review one-page OHS data input 'chairside' summary sheet
2. Run videos of data input
 - a. Have participants follow along with the: *Introduction and use of the IHS Oral Health Status metric* handout
3. Run DXOne OHS report function to demonstrate:
 - a. How the [Default] OHS report summarizes the number of patients in each IHS OHS classification by age brackets
 - b. How the OHS report can identify a specific patient (by treatment need) to fill a specific type of appointment (oral surgery, restorative case, periodontal recall) without the need to set up a formal treatment plan or continuing care plan for every patient.
 - i. Run OHS report with patient details,
 - ii. Create and save spreadsheet (if desired),
 - iii. Sort (and/or delete) spreadsheet columns to limit data displayed
 - iv. Identify specific information and appropriate dental information
 - c. How to select specific OHS data field items using the DXOne Report function:

Note that the OHS report can select patients from any Patient Tag group they create in their clinics as well as any of the direct OHS metric data input fields. Again, this capability makes the OHS DXOne report function extremely versatile.

Therefore, it is very important the IHS EDR trainers demonstrate the IHS Oral Health Status program very early in the training schedule so the clinic can recognize how the OHS data and report can serve multiple functions to identify specific patients without the need to have a complete charting, treatment plan or Continuing Care plan.

Note: Many (if not most) IHS clinics will not have a majority of patients with a complete charting, treatment plan or Continuing Care plan in their Dentrix EDR. That is why the Oral Health Status module was created specifically for IHS.

DXOne OHS Report dialogue box:



DXOne OHS reports:

OHS Statistics

Date Range: 5/6/2019 - 6/6/2019

Age: <ALL>

Clinics: <ALL>

Providers: <ALL>

05/06/2019

Report Generated By: ALLY1

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| Age Statistics | OHS 1 | OHS 2 | OHS 3 | OHS 4 | OHS 5 | OHS 6 | NO OHS | Age Total |
|--|----------|----------|----------|----------|----------|----------|-------------|-------------|
| Patient(s) that are 0 to 2 years old | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Patient(s) that are 3 to 4 years old | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Patient(s) that are 5 to 6 years old | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 2 |
| Patient(s) that are 7 to 8 years old | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Patient(s) that are 9 to 10 years old | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Patient(s) that are 11 to 12 years old | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Patient(s) that are 13 to 14 years old | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Patient(s) that are 15 to 16 years old | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Patient(s) that are 17 to 20 years old | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Patient(s) that are 21 to 30 years old | 0 | 0 | 0 | 0 | 0 | 0 | 164 | 164 |
| Patient(s) that are 31 to 40 years old | 0 | 0 | 0 | 0 | 0 | 0 | 493 | 493 |
| Patient(s) that are 41 to 50 years old | 0 | 0 | 0 | 0 | 0 | 0 | 292 | 292 |
| Patient(s) that are 51 to 60 years old | 1 | 0 | 0 | 0 | 0 | 0 | 708 | 707 |
| Patient(s) that are 61 to 70 years old | 0 | 0 | 0 | 0 | 0 | 0 | 885 | 885 |
| Patient(s) that are 71 to 80 years old | 0 | 0 | 0 | 0 | 0 | 0 | 427 | 427 |
| Patient(s) that are 81 years and older | 0 | 0 | 0 | 0 | 0 | 0 | 348 | 348 |
| Patient(s) without a birthday entered | 1 | 1 | 1 | 1 | 0 | 0 | 1375 | 1379 |
| Total Number of Patients | 3 | 4 | 3 | 3 | 0 | 0 | 4690 | 4703 |

Spreadsheet report format (first screen shot)

| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X |
|----|-----------|-------------|----------------|------------|-----|-------------------|------|---------|------------|------------|------------|---------------|--------------------|-----------------|-----------------|----------------|--------------|------------------|-------------|---|---|---|---|
| 1 | Last Name | First Name | Middle Initial | DOB | Age | Patient Account # | Sex | Patient | Exam | OHS Status | OHS Visits | OHS Unique ID | Last Exam Date | Remaining Teeth | Abscessed Teeth | Cariou Lesions | Imm TX/Rstrn | Extractions Rqrd | Oral Cancer | | | | |
| 7 | Abis | Albert | T | 8/12/1958 | 60 | | Male | CENTRAL | ENTERPRISE | 1 | 1 | 5 | 05/20/2019 9:47AM | 26 | No | 0 | No | No | No | | | | |
| 8 | Test | 10 Year | | 5/1/2009 | 10 | | Male | CENTRAL | ENTERPRISE | 2 | 1 | 13 | | 27 | No | 0 | No | No | No | | | | |
| 9 | Test | 11 Year | | 5/1/2008 | 11 | | Male | CENTRAL | ENTERPRISE | 2 | 1 | 9 | | 28 | No | 0 | No | No | No | | | | |
| 10 | Test | 13 Year | | 5/1/2006 | 13 | | Male | CENTRAL | ENTERPRISE | 4 | 1 | 8 | | 24 | No | 1-3 | No | No | No | | | | |
| 11 | Test | 8 Year Old | | 5/1/2011 | 8 | | Male | CENTRAL | ENTERPRISE | 2 | 1 | 12 | | 24 | No | 0 | No | No | No | | | | |
| 12 | Test | Asdfgasdfas | | | | | Male | CENTRAL | ALLY | 4 | 1 | 15 | 11/29/2018 10:37AM | 27 | No | 0 | No | No | No | | | | |
| 13 | Test | Asdfgasdfas | | | | | Male | PROVO | ALLY | 4 | 2 | 18 | 11/29/2018 10:37AM | 31 | No | 0 | No | No | No | | | | |
| 14 | Test | Ben | F | | | | Male | CENTRAL | ALLY | 2 | 1 | 16 | | 32 | No | 0 | No | No | No | | | | |
| 15 | Test | Ben | S | | | | Male | CENTRAL | ALLY | 3 | 1 | 17 | | 31 | No | 0 | No | No | No | | | | |
| 16 | Test | Ben | F | | | | Male | PROVO | ALLY | 2 | 2 | 19 | | 32 | No | 0 | No | No | No | | | | |
| 17 | Test | Ben | S | | | | Male | PROVO | ALLY | 3 | 2 | 20 | | 28 | No | 0 | No | No | No | | | | |
| 18 | Test | Child1 | | | | | Male | CENTRAL | ENTERPRISE | 4 | 1 | 4 | 05/05/2019 9:31AM | 29 | No | 0 | No | No | No | | | | |
| 19 | Test | Child1 | | | | | Male | CENTRAL | ENTERPRISE | 1 | 2 | 7 | 05/05/2019 9:31AM | 32 | No | 0 | No | No | No | | | | |
| 20 | Test | Infant | | 5/5/2018 | 1 | | Male | CENTRAL | ENTERPRISE | 1 | 1 | 10 | | 5 | No | 0 | No | No | No | | | | |
| 21 | Test | Test | | 5/8/2000 | 19 | | Male | CENTRAL | ENTERPRISE | 1 | 1 | 1 | 05/20/2019 7:26AM | 28 | No | 0 | No | No | No | | | | |
| 22 | Test | Test | | 5/8/2000 | 19 | | Male | CENTRAL | ENTERPRISE | 4 | 2 | 14 | 05/20/2019 7:26AM | 29 | No | 0 | No | No | No | | | | |
| 23 | Test | Test 1 | | 12/20/2013 | 5 | | Male | CENTRAL | ENTERPRISE | 4 | 1 | 2 | 05/20/2019 7:44AM | 31 | No | 4-10 | No | No | No | | | | |
| 24 | Test | Test 1 | | 12/20/2013 | 5 | | Male | CENTRAL | ENTERPRISE | 3 | 2 | 3 | 05/20/2019 7:44AM | 28 | No | 0 | No | No | No | | | | |
| 25 | Test | Test 1 | | 12/20/2013 | 5 | | Male | CENTRAL | ENTERPRISE | 3 | 3 | 6 | 05/20/2019 7:44AM | 32 | No | 0 | No | No | No | | | | |
| 26 | Test | Young | C | 5/1/2014 | 5 | | Male | CENTRAL | ENTERPRISE | 3 | 1 | 11 | | 16 | No | 0 | No | No | No | | | | |

Spreadsheet report format (second [continued] first screen shot)

| Y | Z | AA | AB | AC | AD | AE | A | AG | AH | A | AJ | AK | AL | AM | AN | AO | AP | A | AR | AS |
|--------------|-------------------|-----------------|------------------|------------------|-----------------|-------------|-------------------|-----------------|------------------|------------------|-----------------|-------------------|-------------|-----------------------|-----------------------|--------------------------|----|---|----|----|
| ABNL Lesions | CPI 1 Upper Right | CPI 2 Upper Jaw | CPI 3 Upper Left | CPI 4 Lower Left | CPI 5 Lower Jaw | CPI 6 Lower | ACD 1 Upper Right | ACD 2 Upper Jaw | ACD 3 Upper Left | ACD 4 Lower Left | ACD 5 Lower Jaw | ACD 6 Lower Right | Caries Risk | Tobacco Use | Diabetes | Dry Mouth | | | | |
| No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Medium | Occasional tobacco | No patient history of | Reduced saliva flow | | | | |
| No | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 2 | 1 | 0 | Low | Occasional tobacco | No patient history of | Normal saliva | | | | |
| No | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | Low | Never smoked tobacco | Type II, well | Reduced saliva flow | | | | |
| No | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 3 | 1 | 4 | 1 | Medium | Occasional tobacco | Type I, well | Very Dry, Fluoride Trays | | | | |
| No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 2 | 1 | 0 | Medium | Unspecified | Type I, well | Reduced saliva flow | | | | |
| No | 1 | 2 | 3 | 2 | 3 | 4 | 0 | 1 | 2 | 0 | 4 | 3 | Medium | Tobacco smoking | Type I, well | Normal saliva | | | | |
| No | 1 | 2 | 3 | 2 | 3 | 4 | 0 | 1 | 2 | 0 | 4 | 3 | Medium | Tobacco smoking | Type I, well | Normal saliva | | | | |
| No | 0 | 1 | 2 | 3 | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 1 | Low | Occasional tobacco | No patient history of | Normal saliva | | | | |
| No | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 3 | 3 | 3 | 3 | Low | Tobacco smoking | Type I; not well | Reduced saliva flow | | | | |
| No | 0 | 1 | 2 | 3 | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 1 | Medium | Light tobacco smoker, | No patient history of | Very Dry, RX | | | | |
| No | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 3 | 3 | 3 | 3 | Medium | Tobacco smoking | Type I, well | Normal saliva | | | | |
| No | 1 | 1 | 1 | 1 | 1 | 1 | 4 | 3 | 3 | 3 | 3 | 3 | High | Ex-smoker, | Type II; not well | Very Dry, Fluoride | | | | |
| No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Low | Never smoked tobacco | Type I, well | Reduced saliva flow | | | | |
| No | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Low | Unspecified | Unspecified | Unspecified | | | | |
| No | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | High | Never smoked tobacco, | No patient history of | Very Dry, Saliva | | | | |
| No | 3 | 3 | 4 | 4 | 4 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | Medium | Occasional tobacco | Type I, well | Normal saliva | | | | |
| No | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 4 | 4 | 4 | 4 | High | Tobacco smoking | Type I, not well | Very Dry, Saliva | | | | |
| No | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 3 | 1 | 1 | 1 | Low | Never smoked tobacco, | Type I, well | Normal saliva | | | | |
| No | 3 | 3 | 3 | 0 | 3 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | High | Tobacco smoking | Type I; not well | Reduced saliva flow | | | | |
| No | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 1 | 1 | 1 | 1 | Low | Unspecified | No patient history of | Unspecified | | | | |

DXOne dialogue box selection screen shots:

