

Introduction and use of the IHS Oral Health Status metric

Updated August 12, 2019 (v6)

The IHS Oral Health Status (OHS) metric is designed to provide a standardized, automated, calculation of an overall oral health status score for each patient with minimal additional burden on patient and clinic staff / provider time. This classification system is intended to assist clinics to prioritize assets to ensure each patient receives appropriate basic oral health treatment (and preventive care) to mitigate preventable (including serious) oral health complications.

The IHS OHS metric is available for use by all IHS federal, tribal and urban clinics using the IHS version of Dentrix Enterprise 8.0.9 (CU1). The IHS OHS Classification [status] score is determined by provider data entry of four objective, standardized oral health parameters:

1. Caries; both number of active carious lesions as well as maximum depth of carious lesion[s].
2. Soft tissue evaluation / condition (oral cancer, indication for biopsy, etc.)
3. Periodontal disease.
4. Presence of abscessed teeth.

The OHS data entry process also allows the provider to enter identified need for urgent care to address conditions that may not be directly related to those four specific parameters.

(i.e. lost/failed restoration[s] without associated carious lesions, etc.)

Although not considered in the actual OHS Classification matrix calculation, the OHS data entry process also allows recording of four specific risk factors:

1. Caries Risk.
2. Smoking.
3. Diabetes.
4. Dry Mouth.

IHS Oral Health Status (OHS) Classifications and reporting criteria:

Refer to spreadsheet matrix for integration of data entry fields and impact on IHS OHS Classification:

Patients that have never had any OHS category classification will not have any OHS classification designated within the IHS EDR system.

There are four [current] [IHS] Oral Health Status (OHS) classifications:

- OHS 1: Excellent** (no dental treatment required)
- OHS 2: Moderate-Good** (moderate dental treatment needs)
- OHS 3: Compromised** (Urgent dental treatment indicated)
- OHS 4: Poor** (Very Urgent dental treatment indicated)

A patient's [current] [IHS] Oral Health Status classification will 'expire' after two years of no recorded OHS update. At 25 months from last OHS category update, patients previously identified as [IHS] **OHS 1**, **OHS 2** and **OHS 3** will be listed as **OHS 6** (unknown health status). Patients that were previously identified as **OHS 4** will be listed as **OHS 5** to allow identification of patients identified with urgent need[s] for dental treatment for another twelve months. After this additional twelve months, these patients will be listed as **OHS 6**.

OHS 5: identifies people that were previously known to be in Poor oral health (**OHS 4**) but have not been seen within the [24-month] time range to report a 'current' oral health status. The **OHS 5** classification is to allow the clinic to contact patients for recall evaluation (and potential treatment) to address a potential urgent [dental] care need to prevent a more serious oral health emergency.

OHS 6: [current] oral health status is "unknown". These patients may, or may not, have compromised oral health. Patients can remain in **OHS 6** indefinitely until an **OHS 1**, **OHS 2**, **OHS 3** or **OHS 4** classification is assigned to this patient to 'restart' a [current] OHS classification designation for another (24-month) time increment.

IHS Oral Health Status metric operation in the IHS Dentrix Enterprise EDR program:

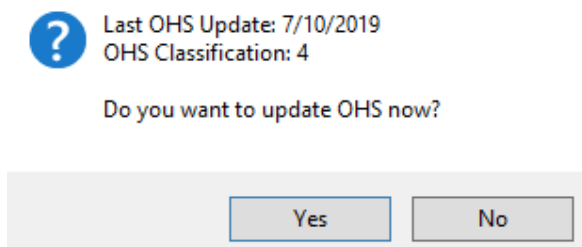
The IHS OHS module itself is controlled by a "Global setting" on the Dentrix server. Clinics / service units can contact the Dentrix Help desk to have the OHS module active or inactive on their Dentrix server. Although each clinic's participation is voluntary, the Global setting will activate (or inactivate) the IHS OHS metric for all clinics using the host server.

IHS OHS Data collection process:

After signing a Clinical Note, the provider will receive a 'pop-up' dialog box:

If the patient does not have a previous OHS category classification, the IHS OHS data entry dialogue box will open.

If the patient has a previous OHS category classification, a small 'pop-up' dialog box will open:



If "Yes" is selected, the IHS OHS data entry dialog box will open to allow further OHS data entry inputs:

OHS Oral Health Status - DEMO, FIDEL C [EDR_DEHR] [UTC -05:00 [CDT]] [JKNUTSON] [2321...]

Patient Oral Health (Dental Provider [objective] Observations)

1. Was a complete examination including charting of abscessed teeth, carious lesions and needed restorations completed at this appointment? No Yes

2. Are any teeth identified for extractions due to caries, periodontal disease or abscesses? No Yes

Soft Tissue Exam

3a. Any definitively diagnosed oral or pharyngeal cancer? No Yes

3b. Any abnormal oral lesions indicated for biopsy? No Yes

4. Community Periodontal Index (CPI) 5. Active Caries Depth Metric

Accept Previous Entry? No Yes

Accept Previous Entry? No Yes

CPI Status		
1-5	6-11	12-16
2	2	2
28-32	22-27	17-21
2	2	2

Last Update: 7/10/2019

Active Caries Depth		
1-5	6-11	12-16
2	2	0
28-32	22-27	17-21
0	0	0

Last Update: 7/10/2019

Patient Oral Health Risk Factors

6. Caries Risk: Unspecified

7. Smoking: Unspecified

8. Diabetes?: Unspecified

9. Dry Mouth?: Unspecified

OHS 4
Poor
Updated: 7/10/2019

OK Cancel

Category 2:

(?) statement:

Includes any teeth that are recommended for extraction due to: problematic exfoliation (deciduous teeth); non-restorable caries; periodontal bone loss; [periodontal or periapical] abscess; or any other non-elective reason. Includes third molars with probability for urgent treatment within 24 months.

2. Are any teeth identified for extractions due to caries, periodontal disease or abscesses? No Yes

Category 3:

(?) statement:

“Yes” response to oral or pharyngeal cancer requires definitive diagnosis by biopsy

Soft Tissue Exam

3a. Any definitively diagnosed oral or pharyngeal cancer? No Yes

3b. Any abnormal oral lesions indicated for biopsy? No Yes

For the **CPI** and **Active Caries Depth** Category ‘boxes’:

1. Right click on box to provide [dropdown] list of possible selections or:
2. Directly enter the desired data entry and ‘tab’ to the next box to expedite data entry

Category 4: CPI:

(?) guidance:

Third molars are excluded unless they are in the functional position of second or first molars.

A general rule for scoring is: if doubt exists, assign the lesser score. When heavy extrinsic stain is present in the absence of calculus or pockets, the sextant may be scored as 2 if dental services are needed to remove the stains.

4. Community Periodontal Index (CPI)
Accept Previous Entry? No Yes

CPI Status

1-5	6-11	12-16
<input type="text"/>	<input type="text"/>	<input type="text"/>
28-32	22-27	17-21
<input type="text"/>	<input type="text"/>	<input type="text"/>

Last Update: 8/7/2019

Dropdown (or direct data entry) options:

- X** No teeth in sextant
- 0** No pockets > 3.5mm (black band fully visible)
- 1** No pockets > 3.5mm Bleeding on probing (black band fully visible)

- 2 No pockets > 3.5mm Calculus present (black band fully visible)
- 3 Pocket > 3.5mm but < 5.5 mm (black band partially visible)
- 4 Pocket > 5.5mm (black band not visible)

Category 5: Active Caries Depth:

(?) guidance:

A general rule for scoring is: if doubt exists, assign the lesser score.

Dropdown (or direct data entry) options:

- X All teeth in sextant are missing
- 0 No caries present in sextant
- 1 Caries present; deepest caries does not penetrate past DEJ
- 2 Deepest caries penetrating past DEJ (includes any root surface caries)
- 3 Deepest carious lesions encroaching on pulp chamber (from any surface)
- 4 Deepest carious lesion penetrating into pulp chamber

Patient Oral Health Risk Factors:

Category 6: Caries Risk: (dropdown selection) (can only select one option)

(?) guidance: (reference: ADA Caries Risk Assessment Tool)

Low: No restorations or new active carious lesions within last 36 months

Moderate: 1-2 replacement restorations or new active carious lesions within 36 months

High: 3 or more replacement restorations or new active carious lesions within 36 months

Unspecified (default)
Low
Medium (Moderate)
High

Category 7: Smoking: (dropdown selection: can select multiple options)

(?) guidance:

Occasional smoker: does not smoke everyday but smokes most every week

Light tobacco smoker: less than 10 cigarettes (or 1 cigar) per day

Heavy tobacco smoker: more than 1 pack per day

Unspecified (default)
Never smoked tobacco
Tobacco smoking consumption unknown
Occasional tobacco smoker
Light tobacco smoker
Heavy tobacco smoker
Smokes tobacco daily
E-cigarette user
Smokeless tobacco user
Ex-smoker

Category 8: Diabetes?: (dropdown selection) (can only select one option)

(?) guidance:

Laboratory test/report is not required. Input based on provider discussion with patient.

Unspecified (default)
No patient history of diabetes
Type I; well controlled
Type I; not well controlled
Type II; well controlled
Type II: Not well controlled

Category 9: Dry Mouth?: (dropdown selection) (can only select one option)

(?) guidance:

Laboratory test/report is not required. Input based on provider discussion with patient.

Unspecified (default)
Normal saliva
Reduced saliva flow
Very dry mouth (dropdown selection) (can select any or all)
Pt using saliva substitute
Pt Using fluoride rinse
Pt using prescription strength fluoride toothpaste
Pt using fluoride trays
None

Examples of completed IHS OHS data entry [screens]:

Completed OHS data entry (example of Moderate / Good oral health):

OHS Oral Health Status - DEMO, STEVEN N [EDR_DEHR] [UTC -05:00 [CDT]] [JKNUTSON] [2... X

Patient Oral Health (Dental Provider [objective] Observations)

1. Was a complete examination including charting of abscessed teeth, carious lesions and needed restorations completed at this appointment? No Yes

Yes

Number of remaining teeth: >>

Are there any abscessed teeth? No Yes

How many teeth have active carious lesions? 0 1-3 4-10 11+

Do any teeth require immediate treatment/restoration? No Yes

2. Are any teeth identified for extractions due to caries, periodontal disease or abscesses? No Yes

3. Soft Tissue Exam

3a. Any definitively diagnosed oral or pharyngeal cancer? No Yes

3b. Any abnormal oral lesions indicated for biopsy? No Yes

4. Community Periodontal Index (CPI) Accept Previous Entry? No Yes

CPI Status

1-5	6-11	12-16
<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="2"/>
28-32	22-27	17-21
<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="2"/>

Last Update: 8/7/2019

5. Active Caries Depth Metric Accept Previous Entry? No Yes

Active Caries Depth

1-5	6-11	12-16
<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="2"/>
28-32	22-27	17-21
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>

Last Update: 8/7/2019

Patient Oral Health Risk Factors

6. Caries Risk: v

7. Smoking: v

8. Diabetes? v

9. Dry Mouth? v

OHS 2
Moderate/Good
Updated: 7/10/2019

OK Cancel

Completed OHS data entry (example of Poor oral health):

OHS Oral Health Status - DEMO, STEVEN N [EDR_DEHR] [UTC -05:00 [CDT]] [JKNUTSON] [2... X

Patient Oral Health (Dental Provider [objective] Observations)

1. Was a complete examination including charting of abscessed teeth, carious lesions and needed restorations completed at this appointment? No Yes

Yes

Number of remaining teeth: 26 >>

Are there any abscessed teeth? No Yes

How many teeth have active carious lesions? 0 1-3 4-10 11+

Do any teeth require immediate treatment/restoration? No Yes

2. Are any teeth identified for extractions due to caries, periodontal disease or abscesses? No Yes

Soft Tissue Exam

3a. Any definitively diagnosed oral or pharyngeal cancer? No Yes

3b. Any abnormal oral lesions indicated for biopsy? No Yes

4. Community Periodontal Index (CPI) Accept Previous Entry? No Yes

CPI Status

1-5	6-11	12-16
2	2	2
28-32	22-27	17-21
3	4	3

Last Update: 8/7/2019

5. Active Caries Depth Metric Accept Previous Entry? No Yes

Active Caries Depth

1-5	6-11	12-16
1	1	3
28-32	22-27	17-21
4	2	3

Last Update: 8/7/2019

Patient Oral Health Risk Factors

6. Caries Risk: High

7. Smoking: Occasional tobacc

8. Diabetes?: No patient history

9. Dry Mouth?: Very dry mouth

Patient using saliv.

OHS 4
Poor
Updated: 7/10/2019

OK Cancel

IHS OHS Frequently asked questions:

Q: When should [a provider] submit the first OHS for a patient?

A: At any appointment where the evaluation can reasonably address the basic data entry categories. Even if it is a walk-in sick-call appointment or an appointment for fluoride application. The earlier the better.

Q: How critical is it to accurately record the number of carious lesions, CPI and Active Caries Depth?

A: Total accuracy in reporting CPI and/or the number of teeth with active carious lesions is not critical for this metric to be effective and useful. An OHS data entry documenting there is a need for treatment of periodontal disease; treatment of active decay (and generally how deep that decay is) is the critical information required to determine patient recall urgency and frequency and to provide clinic leadership information to support data driven decisions on what assets are needed to provide improved oral health for the individual patient and total patient population.

Q: How often should a patient's OHS be updated?

A: A new OHS data entry should be completed whenever evaluation or treatment results in a change of oral health status classification. Some experience with the OHS data entries will allow a provider to easily estimate when a given treatment will result in a change in OHS classification. There is no significant benefit in generating another OHS data entry when the most recent classification is less than 4 months old and the treatment provided at an appointment will not change the resultant OHS classification.

Q: What category should be assigned to patients with temporary restorations (i.e.: temporary direct material or temporary indirect restorations [crowns, inlays, etc.]?)

A: The OHS should be updated and the data entry for: Needs urgent care should be "Yes" to identify need for follow-up care to replace the temporary restoration and/or placement of final indirect restorations (crowns, veneers, inlays, etc.) Type of 'temporary' indirect restorative material will determine the urgency of replacement of 'temporary' direct restorative material.

Q: What category should be assigned to patients with incomplete endodontic therapy that are currently not in pain nor have symptoms or objective evidence of active infection?

A: The OHS should be updated and the data entry for: Needs urgent care should be "Yes" to identify need for follow-up care to address the presence of a [preventable] condition with potential for serious oral health complications. This condition could also be listed as presence of an abscessed tooth to help identify this urgent care need as associated with need for endodontic treatment.

Q: What category should be assigned to patients with need for extraction of either permanent or deciduous teeth that are not abscessed nor have deep caries and are currently asymptomatic? (3rd molars, deciduous teeth that need to be extracted to allow eruption of permanent teeth, etc.)

A: The OHS should be updated and the data entry for: Needs urgent care should be "Yes". One of the main goals of the IHS OHS is to assist clinics to identify patients with dental needs to prevent an urgent care scenario.