After Visit Summaries in Community Based Dental Clinics in Maryland

Institute of Medicine
Roundtable on Health Literacy
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Colleagues

- Dental directors & managers of the 26 clinics
- Dushanka V. Kleinman
- Catherine Maybury
- Sarah D. Radice
- Rima E. Rudd
- Min Qi Wang
Health Literacy Scans of Community Based Dental Clinics

- Based on work by Rudd and Anderson The Health Literacy Environment of Hospitals and Health Centers and
- The Agency for Health Care Research and Quality's Health Literacy Universal Precautions toolkit.
Overall Purpose

- To determine the ‘user friendliness’ of the clinics.[accessibility; signage, facility navigation, educational materials* and patient forms*].

- We conducted a feasibility study using health literacy environmental scans.

- We conducted HLES in 26/32 community-based dental clinics in Maryland.

- It was all voluntary on the part of the dental directors.
  - *especially relevant to this discussion
Health Literacy Scans of Community-based Dental Clinics

• Methods
  • Instruments developed for data collection
  • Interview with director
  • Technology assessment including use of EHR*
  • Print materials assessment [educational materials* and forms used*]
  • Patient interviews
  • Mail survey of dentists and dental hygienists regarding tier use their use of communication techniques.

  • *especially relevant to this discussion
Oral Health Literacy Environmental Scan

Pre-Visit Assessment

**Website**
- Clinic & Services Information
- Navigation
- Layout
- Plain Language

**Phone**
- Answered by Person
- Callback Received

**Dental Director Interview**
- Hours of Operation
- Eligibility Criteria
- Services Provided
- Interpretation Services
- Electronic Health Records
- Patient Demographics (Age, Insurance, Income, Race/ethnicity)
- Transportation
- Evaluate Clinic Services
- Outreach Services

On-Site Assessment

**Building Exterior**
- Exterior Signage
- Parking
- Walk to Clinic from Parking Lot

**Building Interior**
- **Lobby**
  - Security
  - Signage for Dental Clinic
- **Dental Reception**
  - Signage
  - Reception Staff Assistance
  - Video Equipment
- **Walk-through lobby, hallway & operators**
  - Note Educational Materials on Walls
  - Get Copy of Educational Materials /Forms

Post-Site Assessment

**Print Materials**
- Pamphlets
  - SAM
  - SMOG Forms (Health History, Consent, etc.)
  - SMOG
  - Re-Write in Plain Language

**Patient Interviews**
- Analyze data

**Provider Survey**
- Administer mail survey
- Collect responses
- Analyze data

**Reports**
- Synthesize Findings into Report for Dental Director
This HLES is part of a Statewide model of oral health literacy assessment that focuses on prevention of dental caries [tooth decay]
Results

• This study confirmed the feasibility of conducting a HLES in community-based dental clinics and

• Provides guidance for extending the Rudd and AHRQ guidelines into the dental environment.
Results

- Technology assessment included website, phone system and use of EHR and educational DVDs/video.
- 18 of the 26 clinics use EHR
- Of the 18 who use EHR only 3 are integrated with medical records
Oral Health is not considered an integral part of health.
Lack of Integration causes barriers

- Decreasing early childhood caries...we need MD’s, NP’s, PA’s to counsel parents and to provide fluoride varnish for infants
- Decreasing periodontal disease and its impact on controlling diabetes
• Printed forms [consent, health history, post-op instructions] were assessed using SMOG readability formula to determine readability.

• Collectively, the forms were rated between 9\textsuperscript{th} and 16\textsuperscript{th} grade reading level.

• Forms tended to use complex dental and legal terminology instead of common words.
Specifically relevant to this Roundtable

- We found no after visit summaries (AVS) in any of the 26 clinics.
- Thus..........................
The real title to this presentation should be:

The **Absence** of After Visit summaries in Community Based Dental Clinics in Maryland
Despite the Availability of Guidelines for Developing AVS from CMS

Dentistry has not [to my knowledge] exhibited interest in this potential activity that could make dental facilities and patients more health literate
Pediatric Dental Resident in a Hospital Setting

• “When we perform sedations or oral rehabs under general anesthesia, the parent receives significant written post op instructions and a verbal summary of treatment, but not a written summary. Unfortunately, it seems like we tend to do a lot of "afterthought" dentistry. Meaning, our attention is focused on what we did to treat the problem and not necessarily what we should be doing to stop it from happening in the first place.”
What are our Challenges/Opportunities?
Use of AVS in Community-based Dental Clinics

- Exciting new area to explore, develop and evaluate
- Appropriate use of EHR
- Assist the dental facilities to become more health literate organizations
- Provide additional opportunity for patient to ask questions
- Provide additional opportunity to remind patients of:
  - Reasons for visit—what was accomplished
  - Topics discussed during visit
  - Home care needs
  - Prescriptions
  - Next appointments
  - Referrals
Thank you!