



University
of Dundee

Embracing Realistic Dentistry: Are we Choosing Wisely?

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Presentation Overview

Background

Design & Methodology

Findings

Next steps: Feasibility study



Background



Aim:

To reduce unnecessary tests and treatments in dental primary care

- Six-monthly check ups
- Six-monthly scale and polishes

THIS.Institute The Healthcare Improvement Studies Institute

Why?

No evidence of clinical benefit:



2018/19

- 2.8 million check-ups (costing the NHS: £25.3 million)
- 2.2 million S&Ps (costing the NHS and patients: £31 million)



The evidence



Evidently Cochrane

Sharing health evidence you can trust



Fee P. "Dental check-ups: how often is often enough?"
Evidently Cochrane blog, 16 April 2021.
<https://www.evidentlycochrane.net/dental-check-ups-how-often-is-often-enough>

"Dental check-ups: how often is often enough?"

Take-home points

- A Cochrane Review shows that traditional practice of scheduling a universal, one-size-fits-all six-monthly check-up for all adults having routine check-ups is unlikely to improve oral health compared to a personalised risk-based check-up approach, or compared to check-ups every two years when patients are at low risk of dental disease
- Deciding upon an appropriate, tailored recall interval should be a joint decision between dentist and patient involves discussing the recommended interval, exploring patient preferences and expectations, and discussing relevant financial implications
- Currently there is not enough reliable evidence about how often children and adolescents should have dental check-ups



Routine scale and polish for periodontal health in adults



There is little or no difference between regular planned scale and polish treatments compared with no scheduled scale and polish treatment for the early signs of gum disease (high certainty evidence)

There may be a small reduction in tartar levels for people having a regular scale and polish (high certainty evidence)



Cochrane review of 2 clinical trials with 1,711 participants

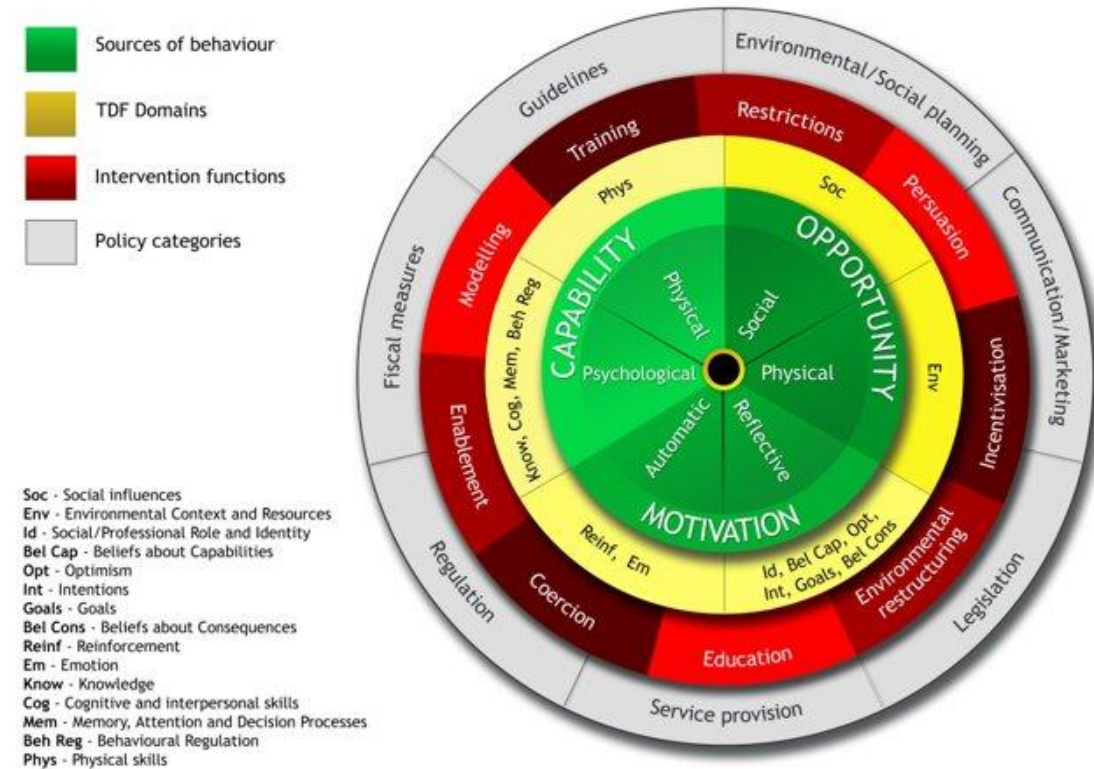
oralhealth.cochrane.org | [@CochraneOHG](https://twitter.com/CochraneOHG) | <https://bit.ly/2Cgdktt>



Study Methodology

Multi-method study underpinned by the Theoretical Domains Framework (TDF)

- A framework derived from a number of theories and constructs which proposes that the determinants for behaviour can be clustered into 14 Domains
- The TDF has been used extensively to explore and explain variation in clinical practice.



Michie et al.

Study Design



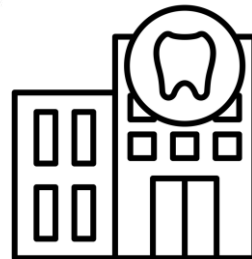
Pre-Study: PPI focus group to inform study design, methods and patient involvement.



Stage 1: Interview study to identify the barriers and enablers to reducing universal 6-monthly check ups and scale and polishes.



Stage 2: Focus groups and stakeholder engagement to identify and develop potential interventions.



Stage 3: In-practice feasibility study to explore feasibility and acceptability of the proposed intervention(s).

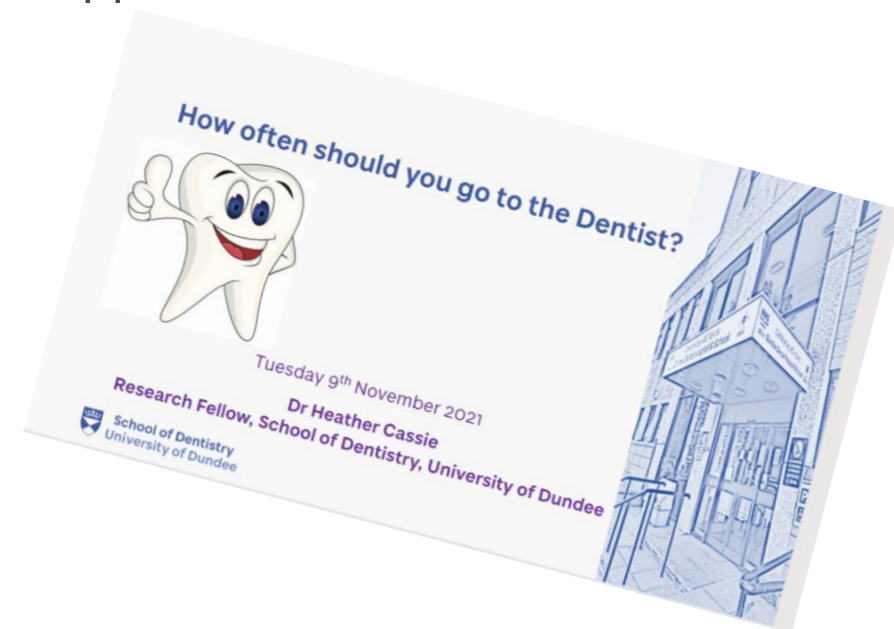
Results



Pre-study: PPI Focus Group

Key findings:

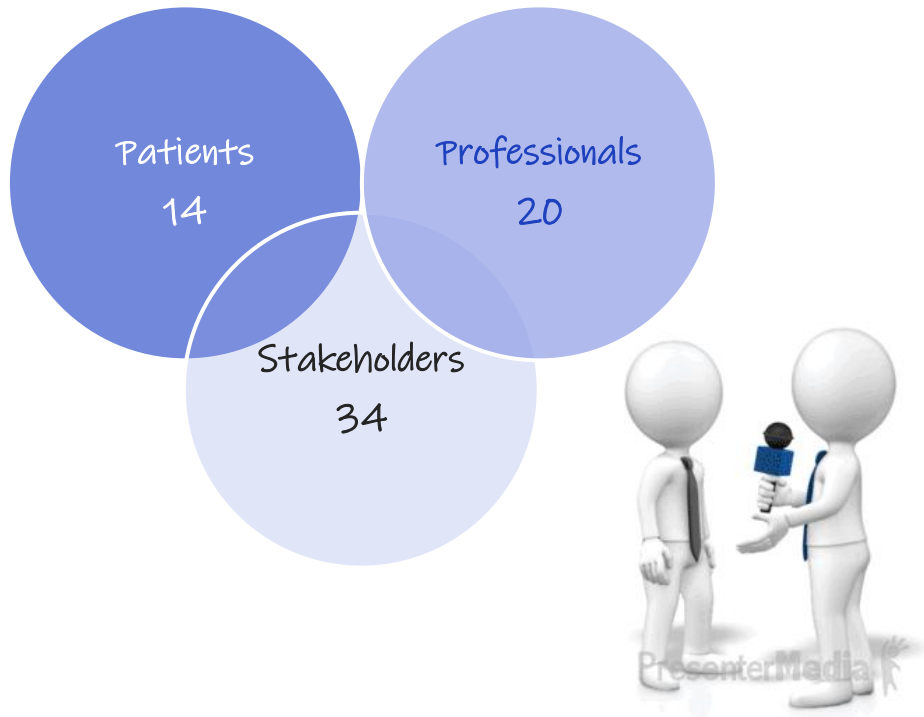
- Negative connotations with the terms ‘Low Value Care’ and ‘risk-assessment’ consider ‘personalised-care’.
- Importance of prevention/early detection (reduced opportunities to identify issues with longer recall intervals).
- Re-distribution of funds.
- Widening inequalities





Stage 1: Interview study

Semi-structured interviews to explore the barriers and enablers to reducing the universal provision of 6-monthly check-ups and scale and polishes.



Key findings

- Perceptions of low value care
- Routine behaviour
- Fear
- Knowledge & beliefs about evidence
- Communication



Patients



Routine/Habit

Worry about longer recall interval

Lack of knowledge/confidence

Trust and value time with their dentist

Want to know more about treatment options and decision-making processes

*“And all through my life since I was a wee girl. It's just you go for your check-ups. **You go routinely, you go for your check-ups. And that's just what you do..** and I don't know if its evidence based. I just do what I'm told.” Patient 7*

*“If **my dentist says my teeth are fine**, I don't have to go every 6 months, that means I don't have to take half a day off work. I think **the majority of people will be fine with it.**” Patient 11*

*“The most important thing is **communicating** that to the patient and how that decision's been come to and arrived at and **communicated in a clear and accessible way.**” Patient 1*



Dental teams



Fear of change

Loss of revenue

Patient reaction/expectations

Missing something/getting it wrong

Holistic relationship

*“I mean the consequences for dentist might be they're **terrified about loss of earnings.**”*

Participant 5 (Principal Dentist)

*“I think there's **always that fear of** something going wrong sort of thing and the less appointments you have, the less you're able to pick up.” Participant 13 (VT Dentist)*



Stakeholders

Priorities: Access, Funding,
Prevention, Workforce

Culture/Values

The Future of NHS Dentistry

Communication



“Prevention is still the most cost-effective thing that we do and yet we don't seem to put any value in it...there has to be some incentive for just giving time, talking to and educating patients...” Stakeholder 25

“We need to get the professionals, particularly the people delivering care...we need to help them fall back in love with delivering NHS care because you're never going to compete on cost and income.”
Stakeholder 22

“Patients need to be informed of the risks and benefits and importantly, the alternatives. So shared decision-making can well, not only help them do the right thing, not only help their patients get better value and care that they value...” Stakeholder 29



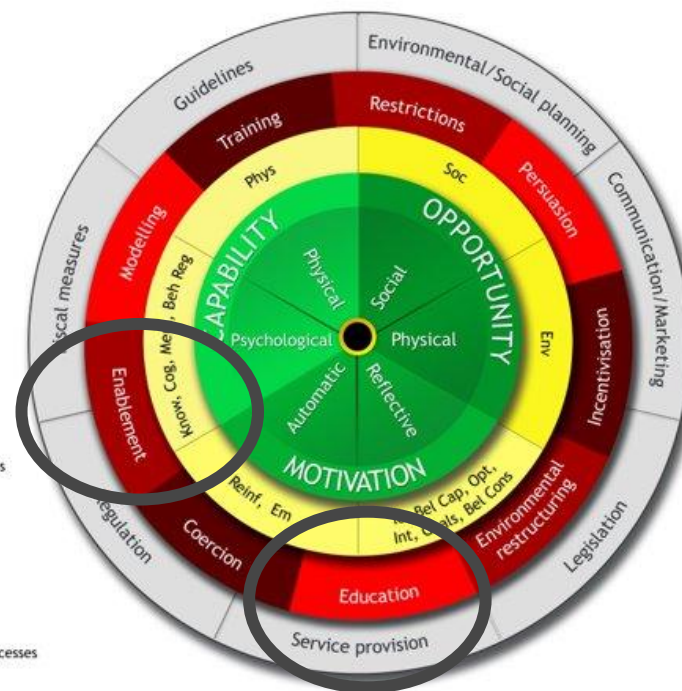
Stage 2: Focus groups and stakeholder engagement

Intervention mapping and refinement.



- Sources of behaviour
- TDF Domains
- Intervention functions
- Policy categories

Soc - Social influences
 Env - Environmental Context and Resources
 Id - Social/Professional Role and Identity
 Bel Cap - Beliefs about Capabilities
 Opt - Optimism
 Int - Intentions
 Goals - Goals
 Bel Cons - Beliefs about Consequences
 Reinf - Reinforcement
 Em - Emotion
 Know - Knowledge
 Cog - Cognitive and interpersonal skills
 Mem - Memory, Attention and Decision Processes
 Beh Reg - Behavioural Regulation
 Phys - Physical skills





Existing Shared Decision-Making Resources



Scottish Dental Clinical Effectiveness Programme

Patient Review and Personal Care Plan			
A summary of the status of your oral health is summarised below with details of when your next review or assessment will be.			
Surname		Dentist's Details	
Forename			
Examination Date Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>		Phone No.	
Assessment of Oral Health Status			
	High Risk	Medium Risk	Low Risk
Soft tissue disease assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gum disease assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tooth decay assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other assessment (details below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div></div>			
Overall risk of future dental problems <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Your next review or assessment			
After your treatment is complete, your next check-up with your dentist / hygienist / nurse will be in:			
patient under 18 years		patient 18 years and over	
3 months <input type="checkbox"/>	6 months <input type="checkbox"/>	3 months <input type="checkbox"/>	6 months <input type="checkbox"/>
9 months <input type="checkbox"/>	12 months <input type="checkbox"/>	12 months <input type="checkbox"/>	15 months <input type="checkbox"/>
		21 months <input type="checkbox"/>	24 months <input type="checkbox"/>
Type of assessment <input type="checkbox"/> Focussed review <input type="checkbox"/> Full assessment			
If you have problems or concerns about your oral health before your next scheduled visit, contact your dental practice.			

Patient Review and Personal Care Plan (cont.)	
Things you can do to maintain or improve your oral health are shown below followed by what the dental team plans to do.	
Actions for the Patient	
<div></div>	
Actions for the Dental Team	
Prevention	
<div></div>	
Treatment	
<div></div>	
Maintenance	
<div></div>	
Referral	
<div></div>	
Signature of Patient, Parent or Carer	Date
<div></div>	<div></div>
Signature of Practitioner	Date
<div></div>	<div></div>

This leaflet will help you get the most out of your dental appointment.

Sometimes there is more than one treatment available

Here are four questions you might want to think about at your appointment.

What are the Benefits?

What are the Risks?

What are the Alternatives?

What if I do Nothing?

If you choose not to have treatment now, it does not mean you cannot change your mind at a later stage. We know circumstances and conditions change.

You can talk with you healthcare professional about how to seek support later if you decide to do nothing now.

You may want to discuss your options with family or friends. It's also helpful to think about what affect these options will have on you and your lifestyle.

If there is anything you are unsure about please ask.

Please use this as a reminder to ask questions about your treatment.

Make the most of your appointment using the BRAN questions

What are the Benefits?

What are the Risks?

What are the Alternatives?

What if I do Nothing?



Make the most of your appointment

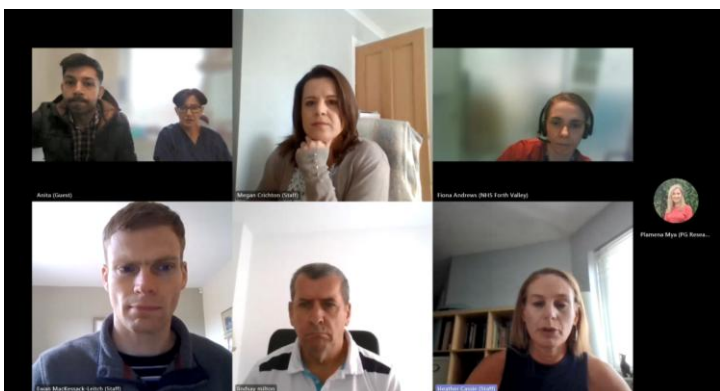
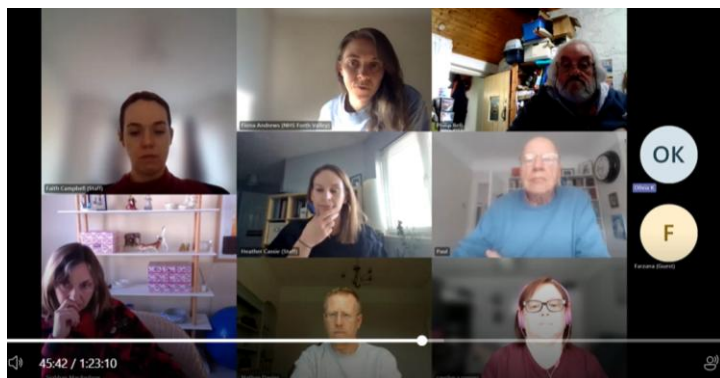
Helping you make the right choice using **BRAN**

 **Benefits**

 **Risks**

 **Alternatives**

 **Nothing**



**Photos shared with participant consent*

*"This PCP looks great... BRAN tool also looks great for shared decision making. Love it! **Much more likely to boost 'patient activation'** than generic leaflets."*

Patient 1



*"That piece of paper could actually come back and bite me ... Sod's law will say that that's the risk that will actually happen to that patient. **As a dentist, it would terrify me as a patient, I would find it quite helpful.**"* Patient 3



*"Finding information for NHS dentistry from a patient's perspective is actually quite difficult... **If there was some form of national resource** that we could say, you know, like it's supposed to be NHS Inform, but again the information wasn't very good there."* Dentist 3



Stage 3: In-practice feasibility study

To explore feasibility and acceptability of a patient-facing educational resource to support shared decision-making conversations

Objectives

- To develop a patient-facing resource to share information on:
 - National changes to dental care, including recall period and treatments.
 - Evidence on variable recall intervals and S&P frequency.
 - Prompts to initiate and structure shared decision-making conversations (BRAN)
- To explore usability, acceptability and practicability.

Methods

- Practice recruitment N=6
- Display educational resources
- Patient feedback form and interviews
- Dental team member interviews



Interested in finding out more?





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