

# Developing Choosing Wisely Methodology: Reducing Low Value Care in Dentistry

## Background

NHS constraints have intensified the need to prioritise effective, high-quality care. This has led to concern about the provision of 'low-value care'; a test or treatment for which there is no evidence of patient benefit or evidence of more harm than benefit.

In the UK, despite limited evidence of clinical benefit, adult dental check-ups have traditionally been provided six-monthly, including a scale and polish. Moving away from this model requires dentists to adopt a new behaviour: risk-based recall intervals (RBRs). Research has identified multiple barriers to this, including patient expectations. The Choosing Wisely initiative promotes patient-clinician communication and shared decision-making (SDM) to reduce unnecessary interventions.

Adopting this approach, this study developed and feasibility-tested a co-designed educational resource to support SDM in primary care dentistry, to enable the delivery of clinically effective, high-quality, and personalised care.



## Aim

To improve quality and safety in healthcare through the reduction of Low Value Care.

## Objectives:

1. Identify barriers and enablers to reducing LVC in relation 6-monthly check ups and Scale and Polish
2. Identify and develop potential interventions to address these barriers.
3. Test the feasibility of the proposed intervention(s)

## Methods

### PPI

Pre-Study: Patient and Public Involvement focus group to inform the study design, methods and patient involvement.

### Work Package 1

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

### Work Package 2

Focus groups and stakeholder engagement activities to develop theoretically informed intervention(s).

### Work Package 3

An in-practice feasibility study to explore feasibility and acceptability of the proposed intervention(s).

## Results

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### Interview study

68 Interviews with patients, dental team members and other key stakeholders involved in education, policy and service delivery.

The key findings from these interviews were:

- Mixed views about what constitutes 'low value care'.
- 6 monthly check-ups were habitual and easy (routine behaviour).
- Dentists and patients fear something being missed (e.g. oral cancer).
- Patients lacked knowledge and confidence to ask questions.
- Funding models did not encourage implementation of evidence based practice.

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### Intervention Development



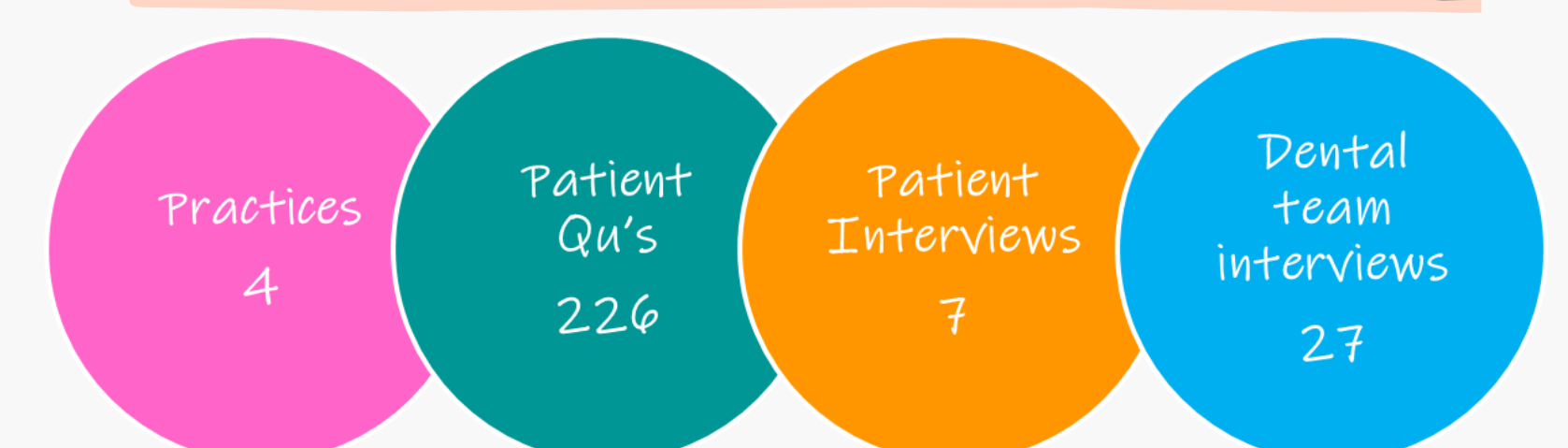
"This PCP looks great... BRAN tool also looks great for shared decision making. Love it! Much more likely to boost 'patient activation' than generic leaflets." Patient 1



"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

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### Feasibility Study



The feasibility study identified:

- The educational resources were acceptable and feasible.
- Value lay in initiating conversations and supporting dental team explanations.
- 65% of patients believed 6-monthly check-ups were necessary irrespective of risk status.
- Some patients were accepting of RBRs once the process was explained.
- High patient trust and a preference for information at the point of care.
- Dentist's professional caution limited full implementation of RBRs.