





e-Charting – Public Health Data Acquisition Efficacy Via Undergraduate Dental Students

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Purpose

To evaluate a curriculum-based study to compare the ability of undergraduate dental students to

- master and utilize e-Charting methods versus traditional analog methods (paperbased charting)
- in determining the potential effects of increasing available manpower resource allocation
- as well as increasing significant insight for dental epidemiological database creation

Rationale

- Lack of governmental priority
- Lack of governmental funding support
- Limitations in dental professional manpower
- Limited numbers of MPH and DPH professionals
- Limited numbers of epidemiologists in the field
- Need for reliable, up-to-date oral health databases

Particularly in developing nations...









Precedent

An eChart for each child Dr. Clarissa Jane F. Pe

6 weeks

60 volunteer dentists trained in e-charting
42 Philippine schools
8,000 school children

Precedent Results

Feasibility was clearly demonstrated that large scale public oral health surveys could be met by utilizing the digital e-Charting platform deployed within a coordinated organizational approach

YET, ONE YEAR LATER:

- No up-to-date Philippines public oral health data
- 2011 most recent data from the DOH and funding sequestered until fiscal 2018 or beyond
- Reported by FDI in 2014, Philippines #1 in caries incidence in Asia
- No furtherance of past success via enlarged programs of the Philippine Dental Association although memoranda of agreement still exist

Methods

- 198 dental students Sophomore to Senior
- 2 week online training in e-charting
- Virtual patient comparison of analog- and e-charting
- Gold standard pro forma evaluation
- 50 students selected to serve as clinician candidates
- 10 students chosen to serve as Student Research Assistants (SRA)
- SRA's randomly assigned patients from a 200 sample population,
 20-80 y.o.a.
- SRA's randomly performed either analog- or e-charting and were evaluated on a gold standard pro forma
- Data was measured for performance time, errors in consistency, as well as data recording accuracy
- Student attitudinal survey also deployed post-facto
- Time = 12 mos.

e-CHARTING vs. PAPER The Virtual Patient

SPICE, NEMO TIME ALLOWABLE: 45 min.

Male MHX FACTS: 7

DOB: JUL 30, 1987

HX: Hospitalization – C-Section; 2008

Bowel obstruction; 2010

Blood Type = A+

BASELINE	BASELINE DATA: 62
Tooth #:	
18	Missing; Extracted
17	Occluso-lingual composite restoration; Lingual caries; ICDAS 3
16	Occluso-lingual composite restoration; Occlusal recurrent caries; ICDAS
15	Disto-occlusal composite restoration
14	Occlusal composite restoration
13	Sound tooth; ICDAS 0
12	Sound tooth; ICDAS 0
11	Facial caries; ICDAS 3
21	Facial caries; ICDAS 3
22	Sound tooth; ICDAS 0
23	Sound tooth; ICDAS 0
24	Occlusal composite restoration
25	Sound tooth; ICDAS 0
26	Occlusal composite restoration; occlusal recurrent caries; ICDAS 2
27	Occlusal composite restoration; Buccal composite restoration
28	Missing: Extracted

e-CHARTING vs. PAPER The Virtual Patient

100th #:	
38	Sound tooth; ICDAS 0
37	Occlusal composite restoration; Linguo-occluso-buccal caries; ICDAS
36	Occlusal composite restoration; Buccal composite restoration
35	Occlusal composite restoration
34	Occlusal composite restoration
33	Sound tooth; ICDAS 0
32	Sound tooth; ICDAS 0
31	Missing tooth; replaced by Removable Partial Denture
41	Missing tooth: replaced by Removable Partial Denture

Occlusal composite restoration; Occluso-buccal caries; ICDAS 2

Sound tooth; ICDAS 0 Sound tooth; ICDAS 0

Sound tooth; ICDAS 0

Missing; Extracted

Porcelain Fused to Metal Crown

Porcelain Fused to Metal Crown

42

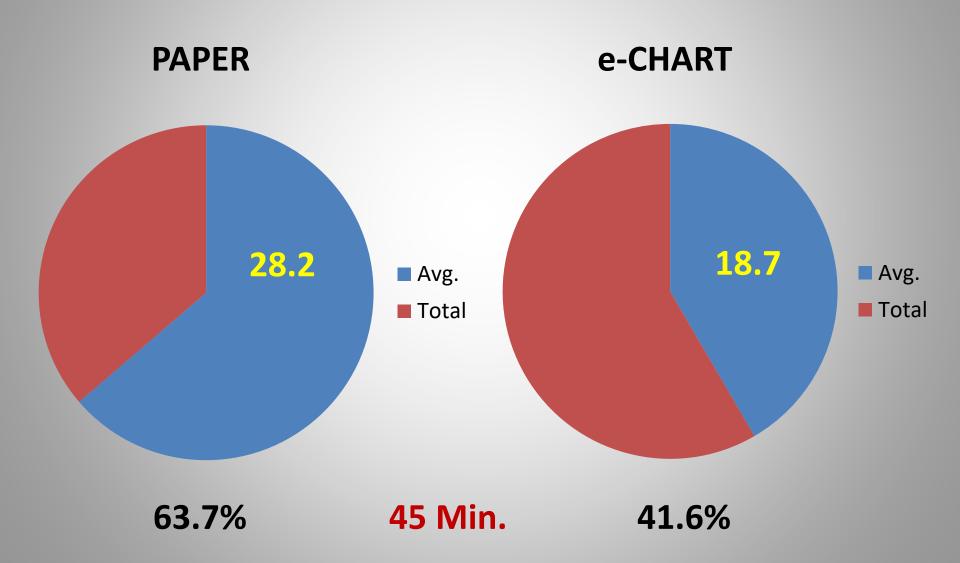
43 44

45

46 47

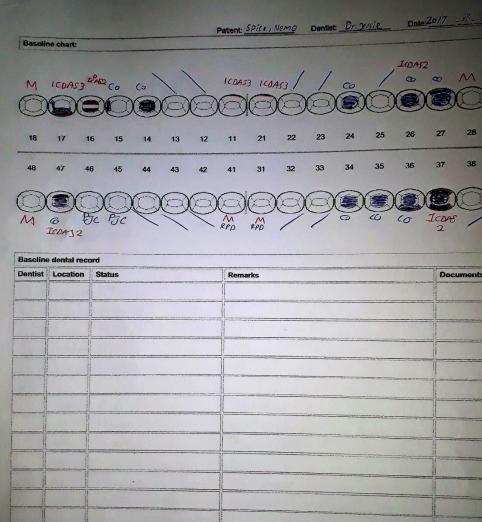
48

e-CHARTING vs. PAPER The Virtual Patient – <u>Time</u>

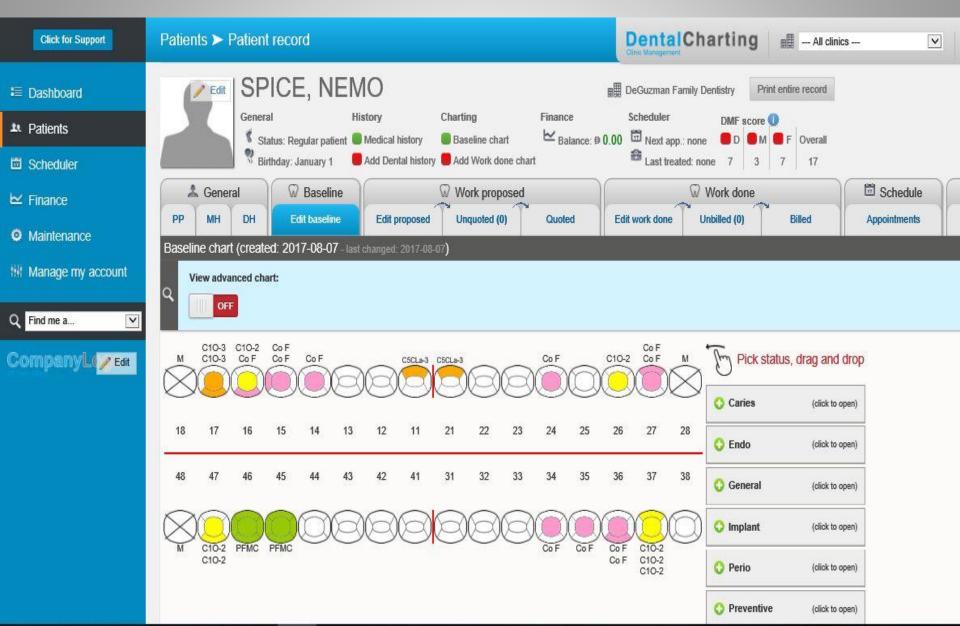


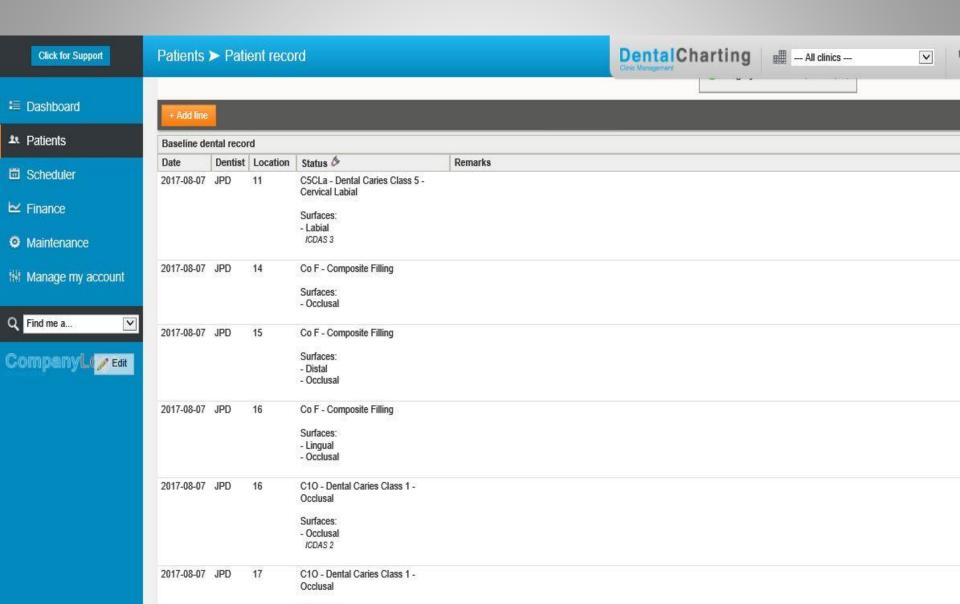
Paper... Inconsistencies

Penalt			Patient: SPic	E, NEMO	Dentist:			Date:	July.	7 -20
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_	3 0	0 0	3 4	, ,			0	2		
(XX)					(A)		M			D
			Je Jie							X
18	17 1	6 15 14 13 12	11 21	22	23	24	25	26	27	28
48	47 4	6 45 44 43 42	41 31	32	33	34	35	36	37	38
OX.						_			-	_
(A)			(X)(X)	(E)						
	2	0 0 0	7.	0	0				2	0
Baseline dental record (ICOAS)										
Dentist	Location	Status	Remarks						Docu	nents
	10	missing / Extracted								-
	17	odiresto, Licaries (3)								
	14	ocli bostu, oc caries (2)								
-	IC	di-oc neuto								
	14	oc composite nexto			Miles of water services	200000000000000000000000000000000000000				
	13	Facial carior (37								
	21	Facial carries (3)								
	24	oc composite needs								-
	26	Oc composite resto (2)	occiusa	1 neum	w car	ies				
	27	oc composite nexto						1		-
	37	ochustal composite nexts								
	36	oc composite news								
	35	or composite new				Notes the state of				
, i	45	porcelain fused to met	al crown]
	46	porculain fessed to meta								
	47	occlusal composite i								

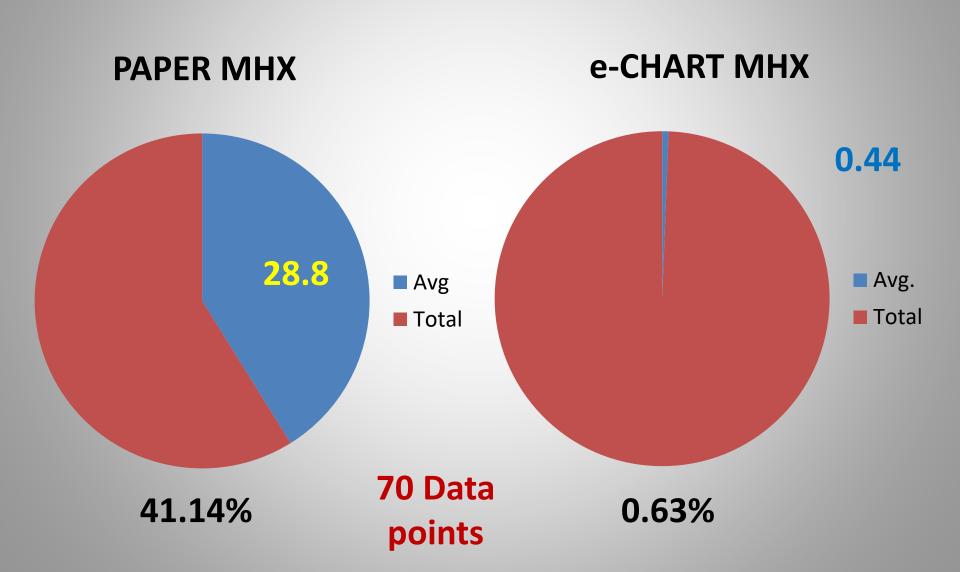


... errors, and omissions

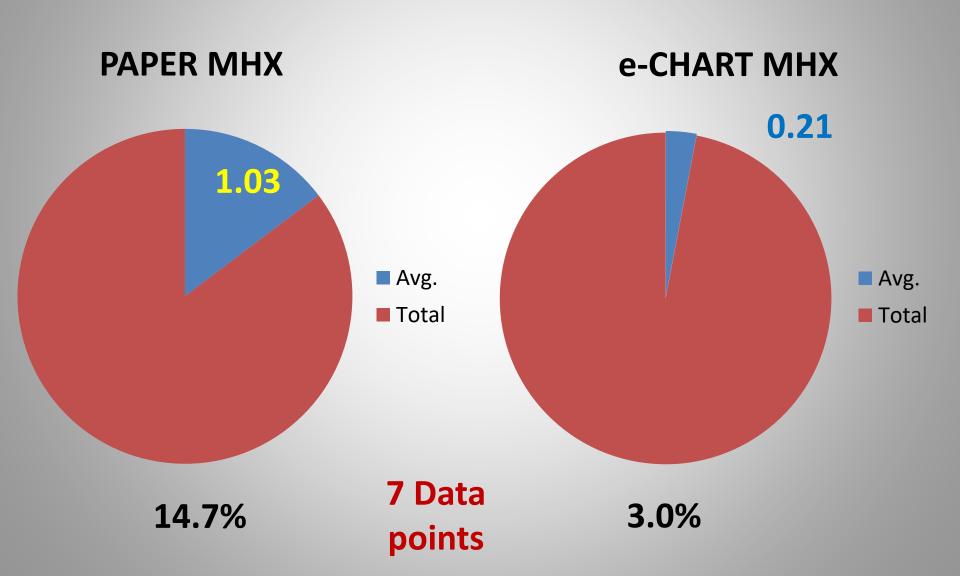




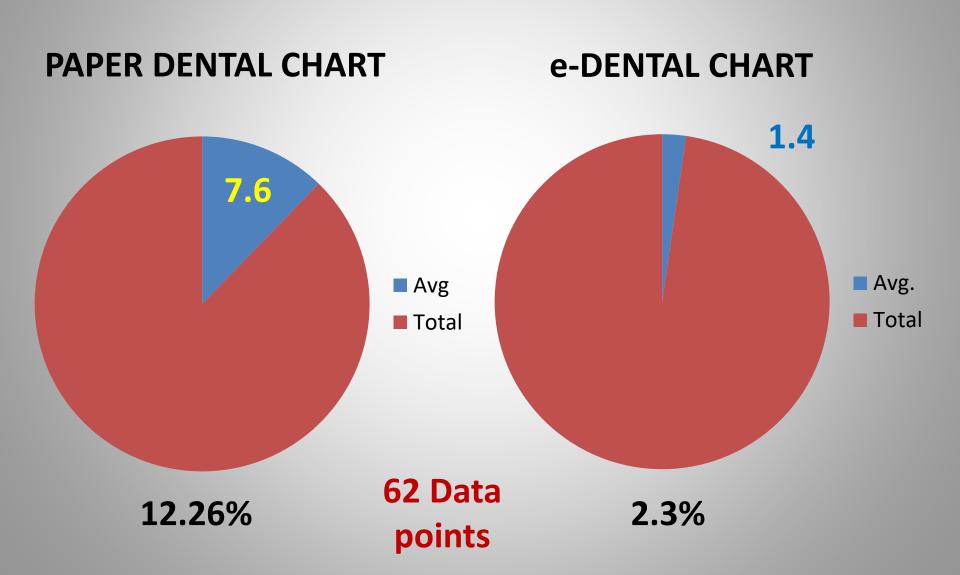
e-CHARTING vs. PAPER The Virtual Patient – Consistency Errors



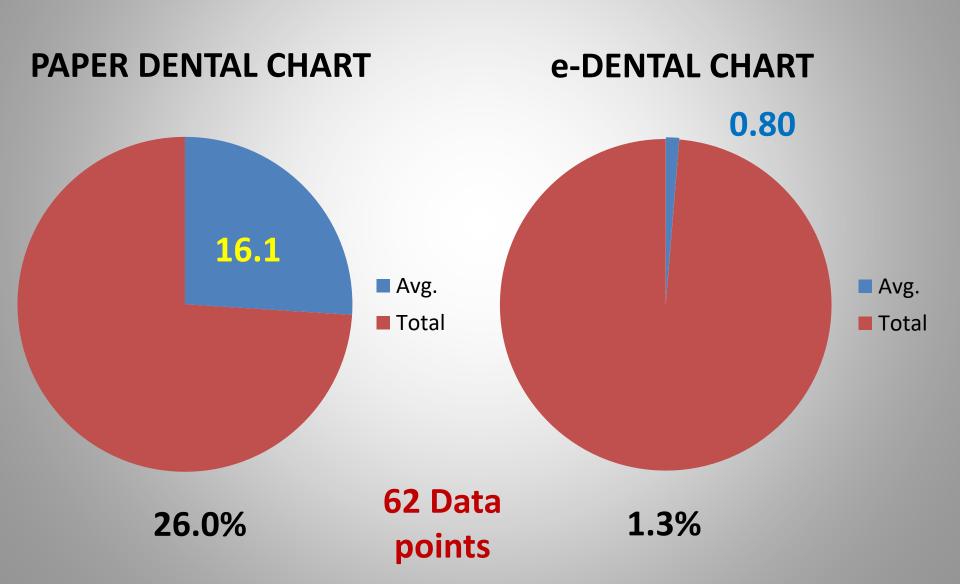
e-CHARTING vs. PAPER The Virtual Patient – <u>Data Accuracy</u>



e-CHARTING vs. PAPER The Virtual Patient – <u>Consistency Errors</u>



e-CHARTING vs. PAPER The Virtual Patient – <u>Data Accuracy</u>



Student Research Assistants

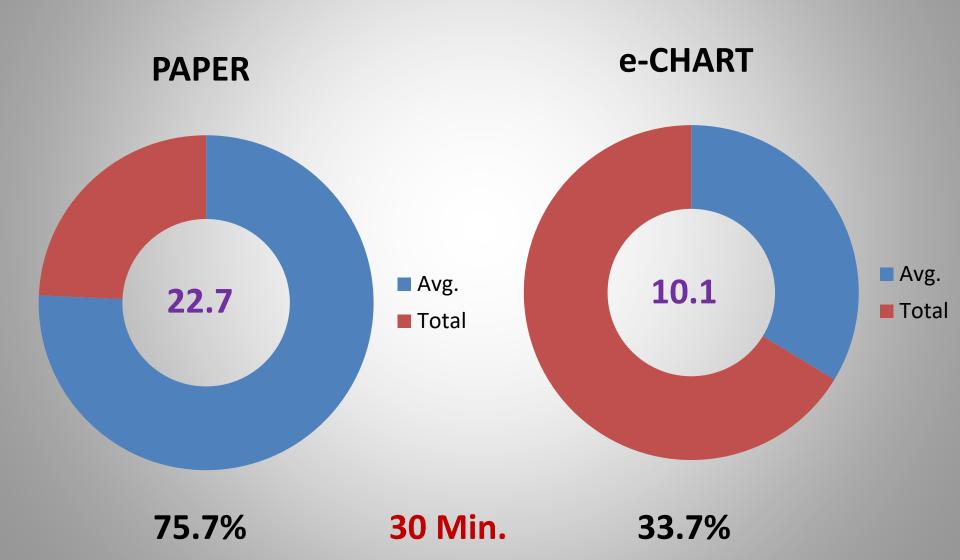


J. DeGuzman A. Bakhtiyari

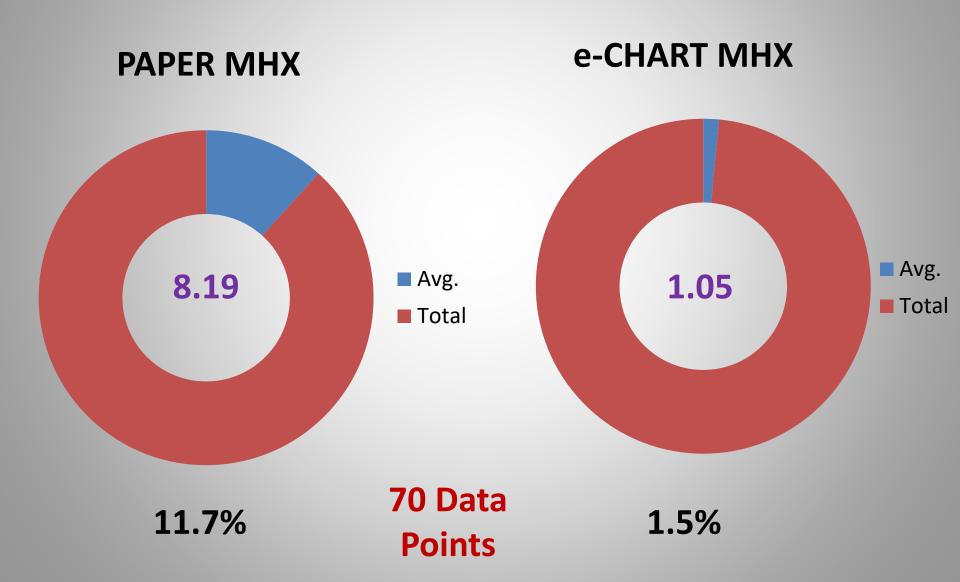
L. Yazouri J. Sangalang S. Sinco

L. Goto M. Cortuna C. Apolonio D. Pauco

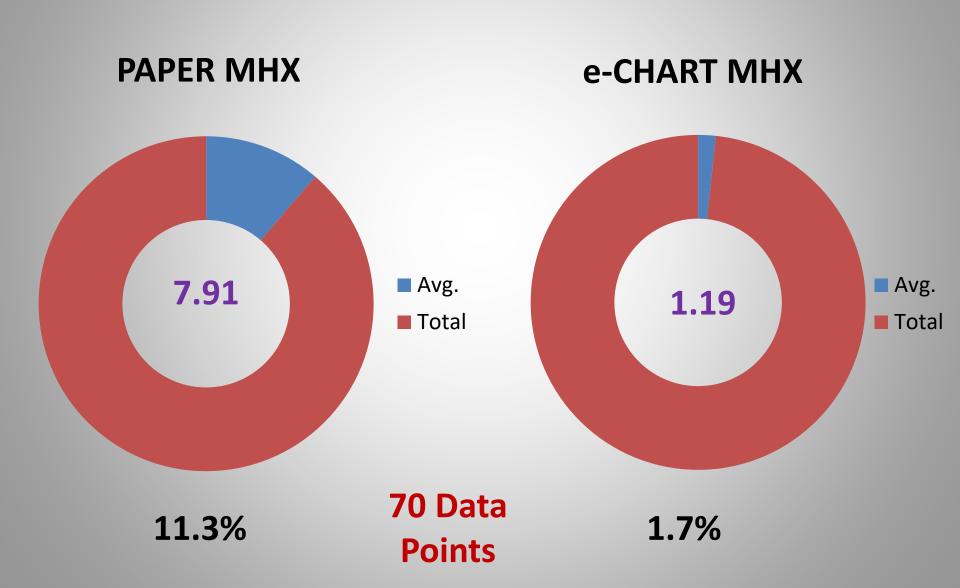
e-CHARTING vs. PAPER The Clinical Patient – <u>Time</u>



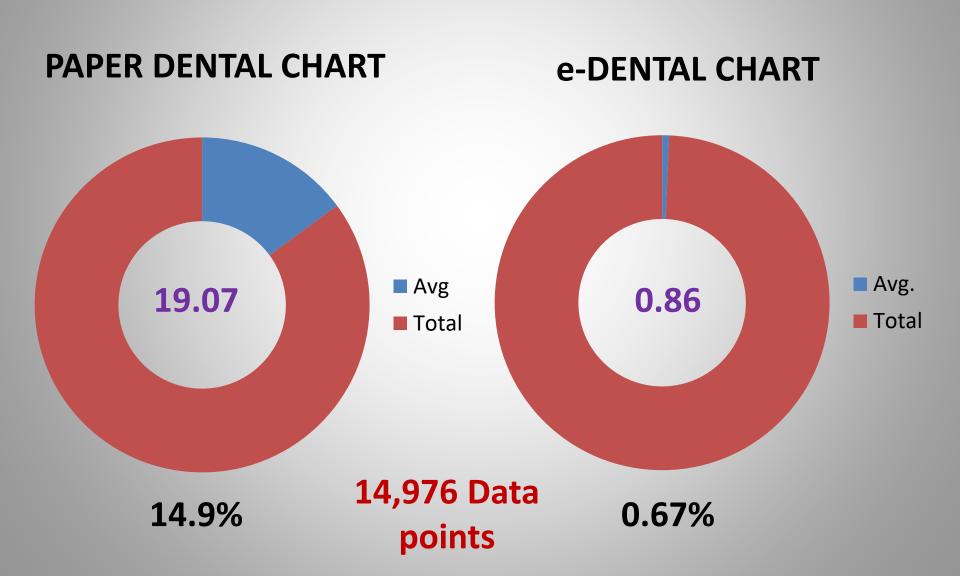
e-CHARTING vs. PAPER The Clinical Patient – <u>Consistency Errors</u>



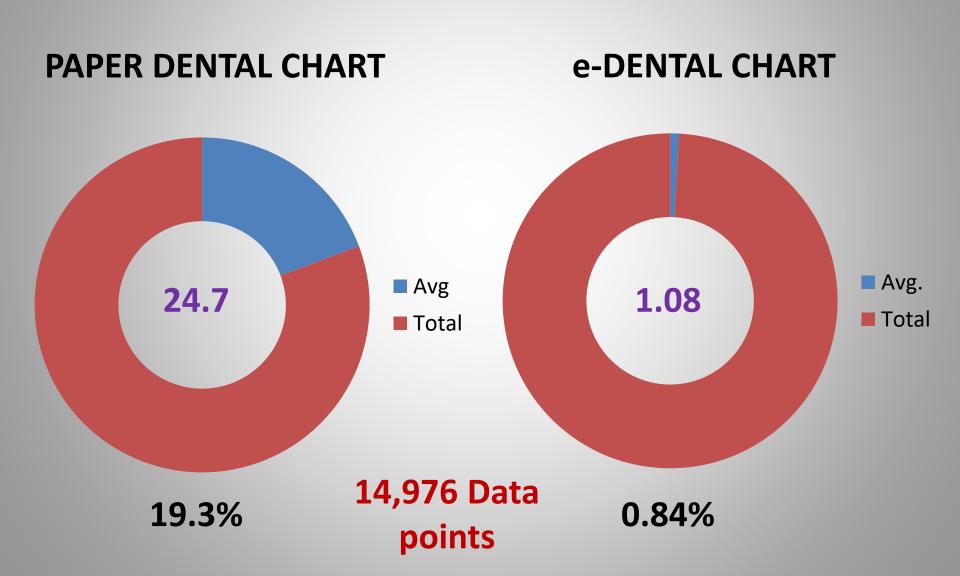
e-CHARTING vs. PAPER The Clinical Patient – <u>Data Accuracy</u>



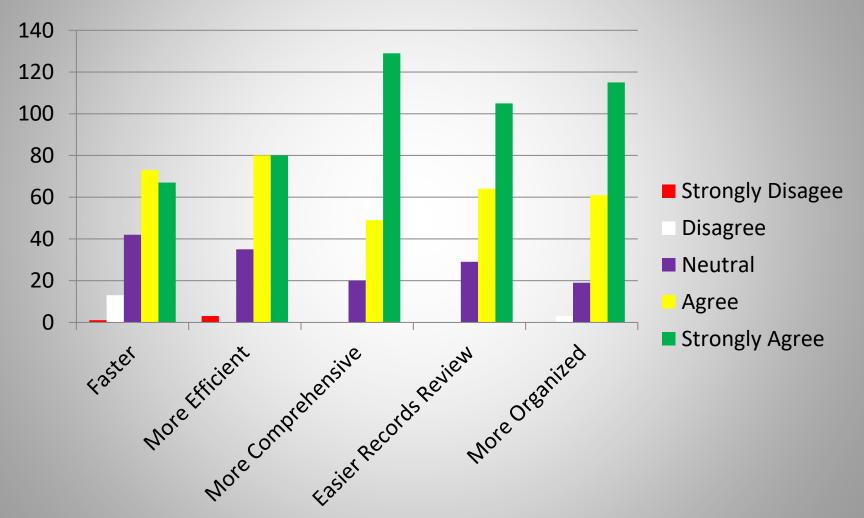
e-CHARTING vs. PAPER The Virtual Patient – Consistency Errors

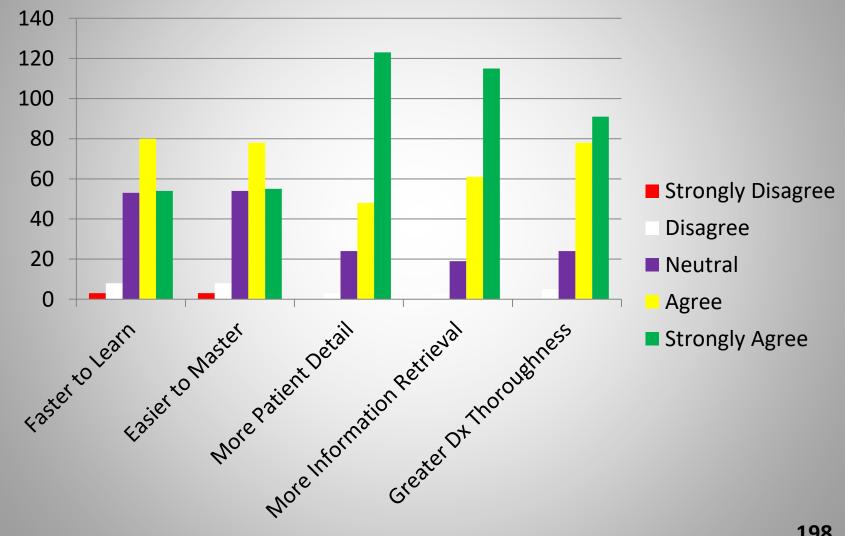


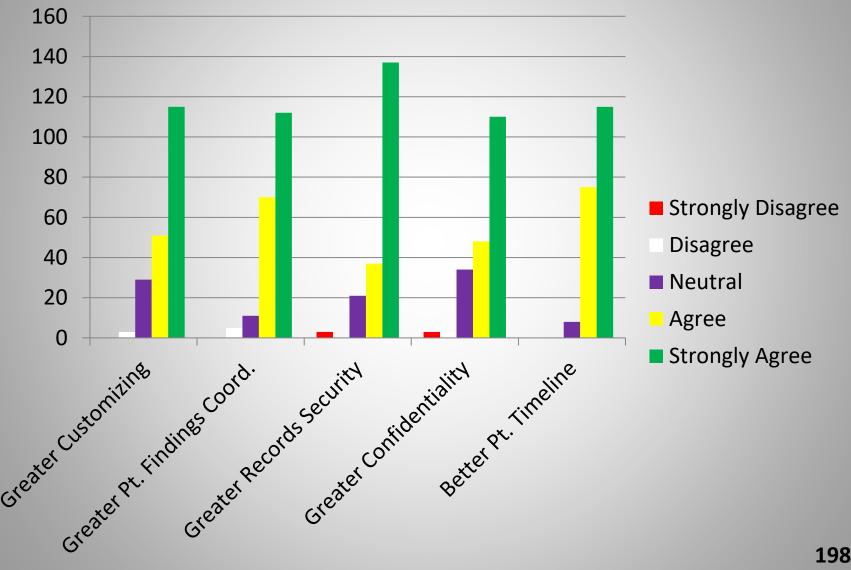
e-CHARTING vs. PAPER The Virtual Patient – <u>Data Accuracy</u>

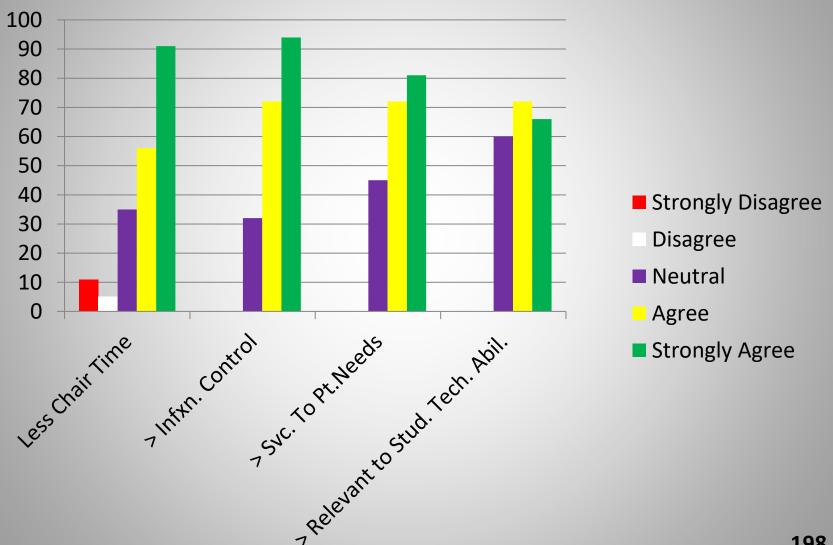


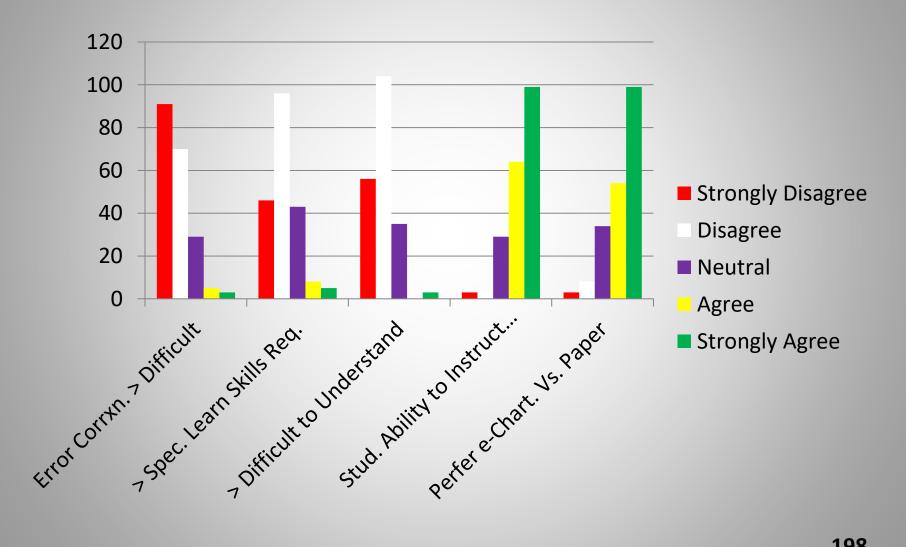
	PAPER	e-CHART		
Time				
Virtual	28.2	18.7		
Clinical	22.7	10.1		
MHX Consistency Errors				
Virtual	28.8	0.44		
Clinical	8.90	1.05		
MHX Data Accuracy				
Virtual	1.03	0.21		
Clinical	7.91	1.19		
Chart Consistency Errors				
Virtual	7.60	1.40		
Clinical	19.07	0.86		
Chart Data Accuracy				
Virtual	16.1	0.80		
Clinical	24.7	1.08		











Conclusions

- Feasibility was demonstrated at 100% within results of training/comparative efficacy of information obtained
- Facility and use of e-Charting format far outdistanced older, analog protocols while demonstrating statistically more accurate acquisition of DMFT, needed treatment, and existent oral health condition data
- Students clearly validated attitudinal preference for e-Charting over analog modalities while recognizing its benefits on all levels
- Undergraduate dental students can serve as valuable manpower in public oral health initiatives

Future Scope & Recommendations

- Refine / develop /publish curriculum for e-chart training of undergraduate dental students
- Enroll / train pan-Philippine Colleges of Dentistry
- Enlist the aid of salient stakeholders:
 - Local / national governments
 - **Department of Education**
 - Commission on Higher Education
 - Department of Health
 - National Institute of Health
 - NGO /Industry / Corporate underwriters
- Identify / Establish regional post-training pilot programs; begin to acquire, assemble, and extrapolate data
- Use the Philippines template for similar global initiatives wherever applicable







On Behalf of The Republic of the Philippines

National University
National University College of Dentistry

DentalCharting Clinic Management

Our Deepest Thanks!