



e-Charting in Epidemiological Surveys: The Way Forward

Data Analysis Using Cloud-based e-Charting in Epidemiological Surveys

Wouter Put President DentalCharting

IADR Asia Pacific Region Brisbane 28.11.2019



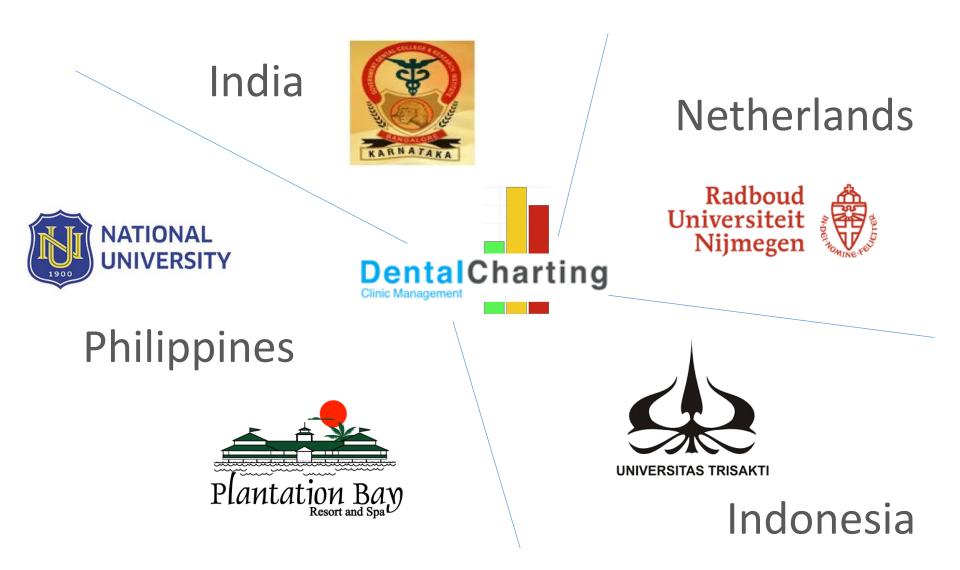
4th Meeting of the International Association for Dental Research

Asia Pacific Region 2019

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Brisbane Convention & Exhibition Centre, Queensland, Australia









Will e-Charting in combination with statistical analysis help make the world a healthier place ?





Definition

e-Charting is the process of marking the digital dental chart on a laptop/tablet/smartphone screen, which automatically generates instantaneous

- individual patient oral health indicators
- statistics and trends of such indicators for the total patient group/population



standard

Classical epidemiological surveys

DMFT

- Send paper forms to the field and collect data
- Gather collected data centrally
- Process data

modern

e-Charting epidemiological surveys — DMFT/ICDAS + CAST

Collect electronic data in the field + Process data

future?

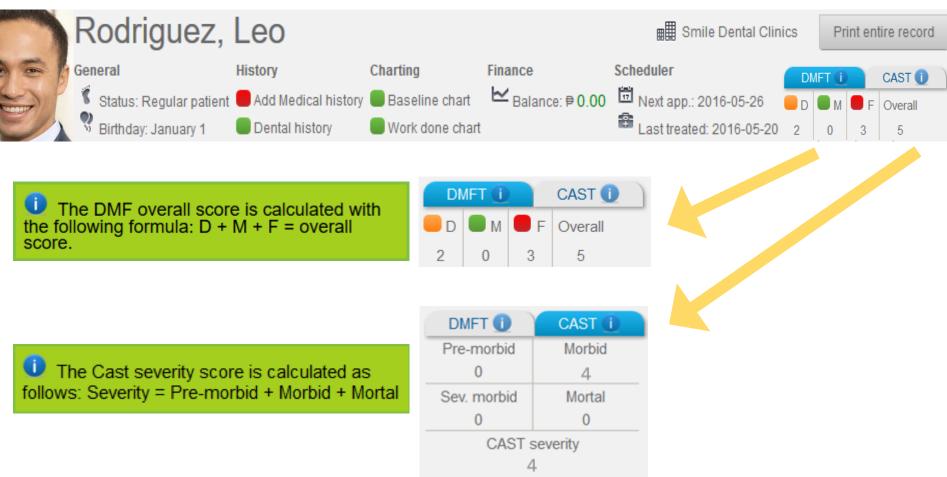
e-Charting epidemiological surveys

Collect electronic data in the field + Process data

CAS



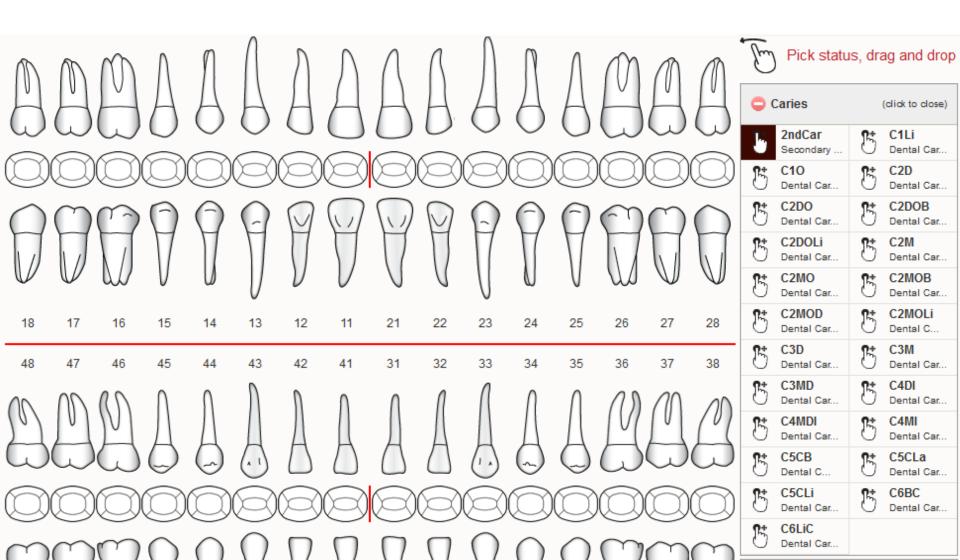
Individual oral health indicators



DentalCharting

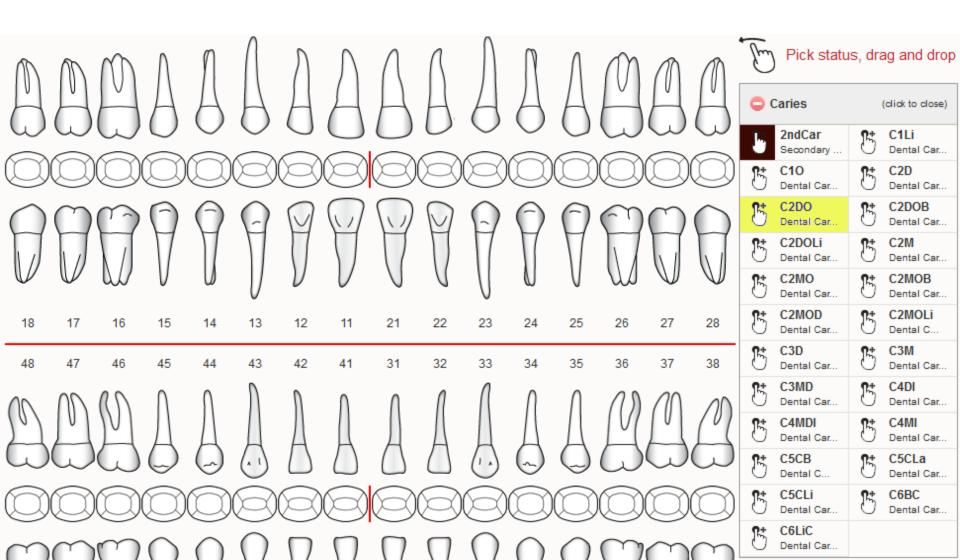






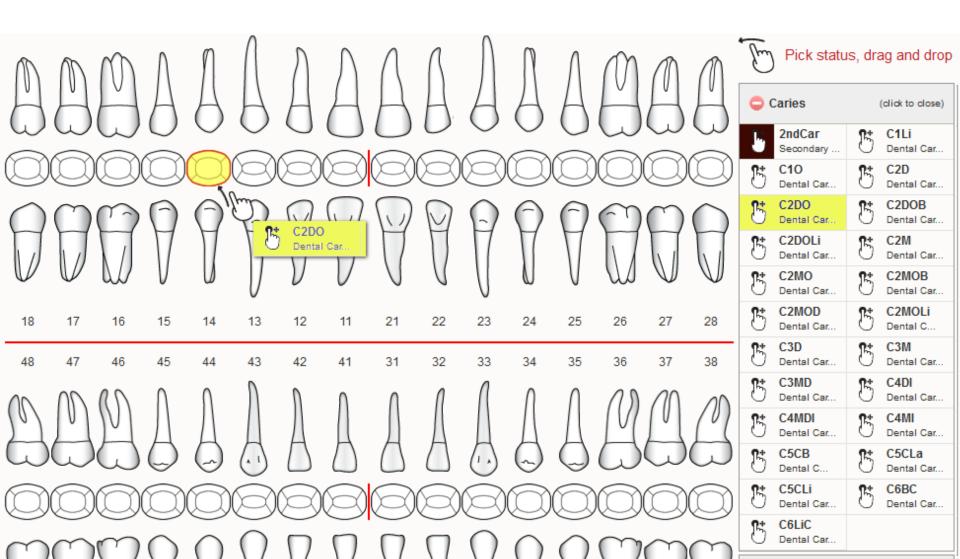






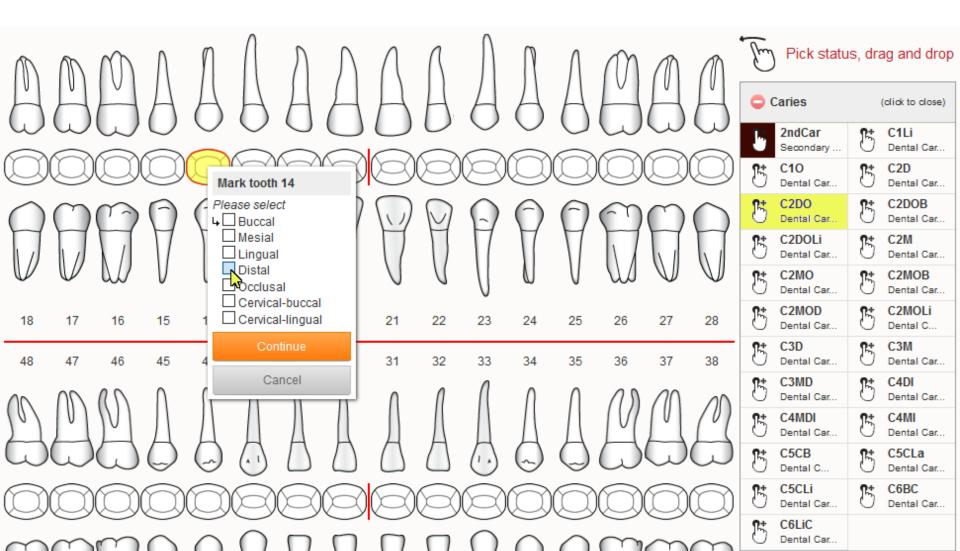






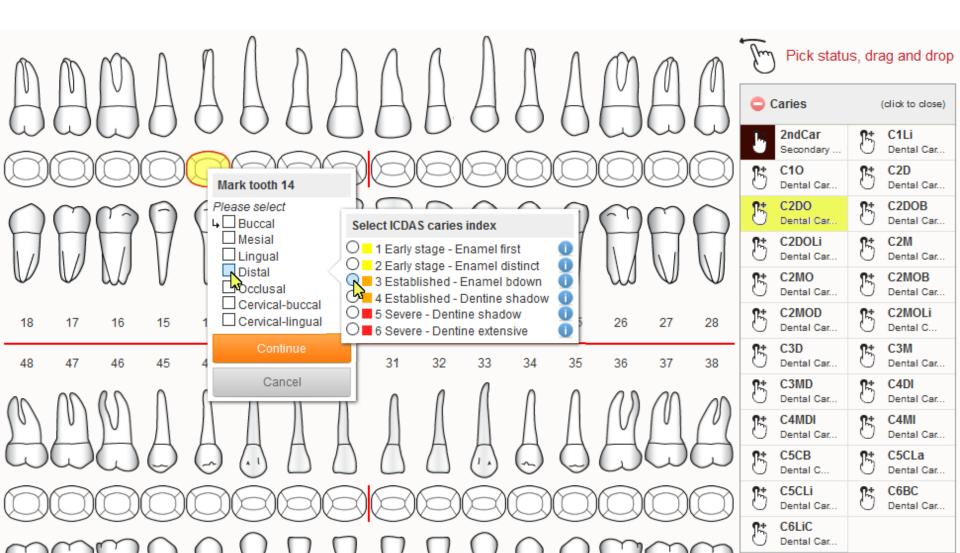






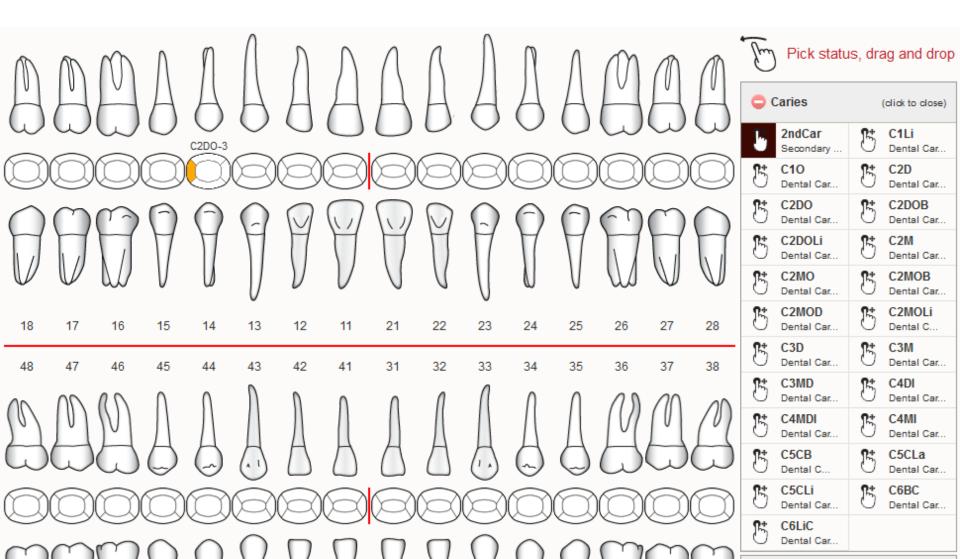






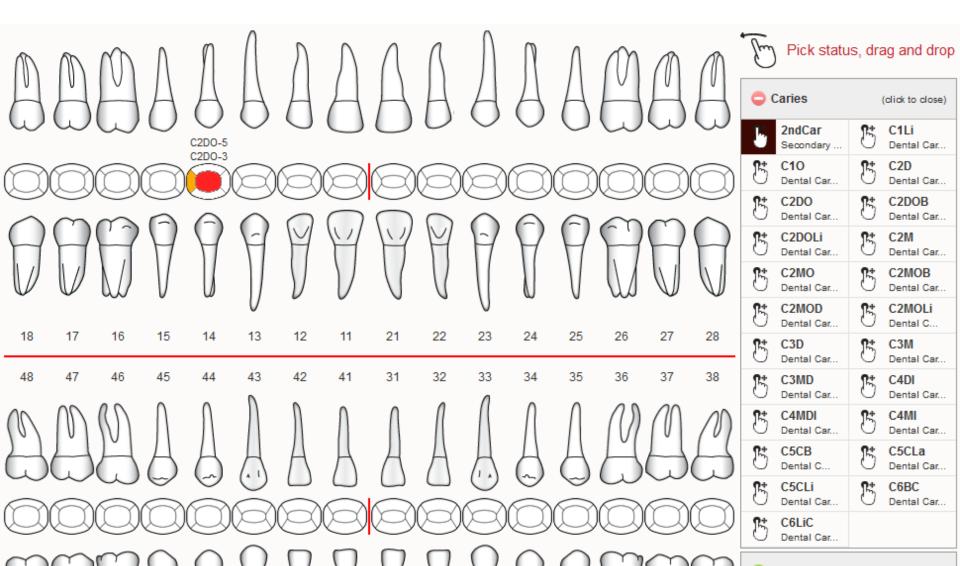














Automatic Analytics



- For permanent teeth
 - D, M, F
- For temporary teeth
 - D, f
- ICDAS 1-6 for permanent and for temporary teeth
- CAST for permanent and for temporary teeth
 - Caries severity
 - Spectrum
- Preventive therapies for permanent and for temporary teeth
 - Sealant
 - Varnish



Automatic Analytics (2)



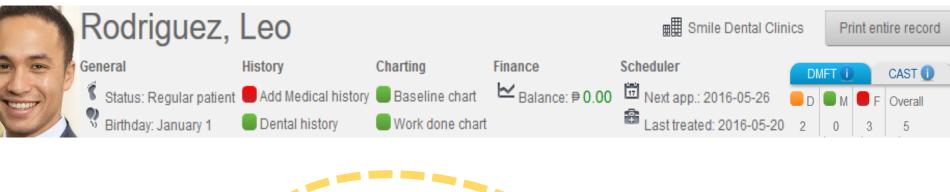
- Miscellaneous oral disease conditions for permanent and for temporary teeth
 - Decubital ulcer
 - Periodontal problem
 - Gingivitis
 - Abscess
- Behaviorial ?
- Nutritional ?
- ...



Individual oral health indicators









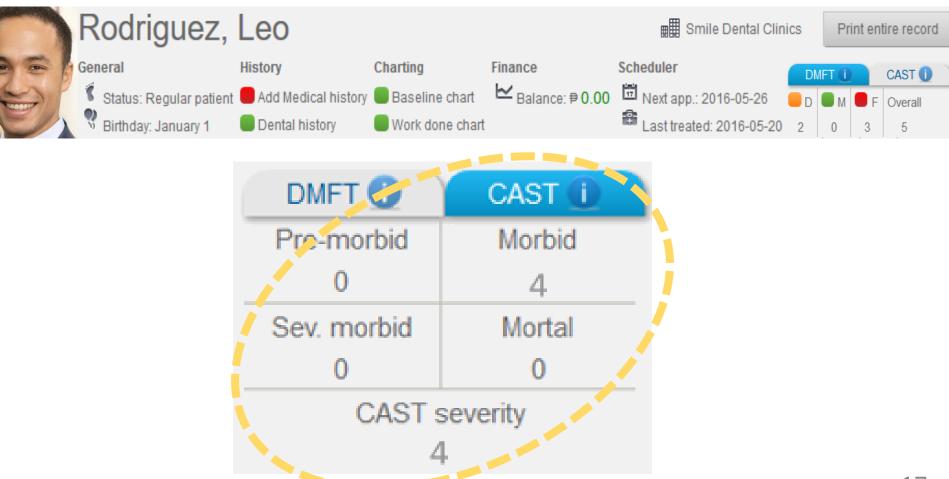
The DMF overall score is calculated with the following formula: D + M + F = overall score.



Individual oral health indicators













CAST

Caries Assessment Spectrum and Treatment

- developed and validated by dental researchers around the globe
- led by Prof. Jo Frencken
 - Department of Oral Function and Prosthetic Dentistry
 - Radboud University Medical Centre, Nijmegen, Netherlands





RADBOUD UNIVERSITY NIJMEGEN MEDICAL CENTRE

UNIVERSITY OF BRASILIA



MANUAL



Cast Manual 011115 Adobe Acrobat Document 4,71 MB

CAST

CARIES ASSESSMENT SPECTRUM

AND TREATMENT

JO E. FRENCKEN INA LUIZA DE SOUZA HILGERT EWALD M. BRONKHORST

SORAYA COELHO LEAL

DEPARTMENT OF GLOBAL ORAL HEALTH



Caries

Measurement instrument



	CAST	w. factors	
	0 = Sound	0	
	1 = Sealant	0	Healthy
	2 = Restoration	0	
(3 = Enamel	0.25	Pre-morbid
	4 = Dentine discoloration	1	Morbid
	5 = Dentine cavitation	2	INICIDIO
	6 = Pulp involvement	4	Severely morbid
	7 = Abscess / Fistula	5	
	8 = Lost	6	Mortal

Cast severity = Pre-morbid + Morbid + Sev. morbid + Mortal



CAST vs DMFT





DMF





Example 1



		CAST #	‡	w.f.	# occurr.	CAST severity			w.f.	# occurr.	DMF score
Healthy		0	Sound	0							
		1	Sealant	0							
		2	Restoration	0	1	0	F	Filling	1	1	1
	Pre-morbid	3	Enamel	0,25]		
	Morbid	4	Dentine discoloration	1	1	1					
Caries		5	Dentine cavitation	2			D	Caries	1	1	1
		6	Pulp	4							
	Sev. morbid	7	Abcess / Fistula 5								
	Lost	8	Lost	6	1	6	м	Missing	1	1	1
						7					3

Add CAST Pulp / DMF Caries :

		CAST #	•	w.f.	# occurr.	CAST severity			w.f.	# occurr.	DMF score
Healthy		0	Sound	0							
		1	Sealant	0							
		2	Restoration	0	1	0	F	Filling	1	1	1
	Pre-morbid	3	Enamel	0,25							
	Morbid	4	Dentine discoloration	1	1	1					
Caries		5	Dentine cavitation	2			D	Caries	1	2	2
	Sev. morbid	6	Pulp	4	1	4					
	Sev. morbid	7	Abcess / Fistula	5							
	Lost	8	Lost	6	1	6	N	1 Missin	g 1	1	1
						11					4



Example 2



		CAST #		w.f.	# occurr.	CAST severity			w.f.	# occurr.	DMF score
Healthy		0	Sound	0							
		1	Sealant	0							
		2	Restoration	0	1	0	F	Filling	1	1	1
	Pre-morbid	3	Enamel	0,25							
	Morbid	4	Dentine discoloration	1	1	1					
Caries		5	Dentine cavitation	2			D	Caries	1	1	1
		6	Pulp	4							
	Sev. morbid	7	Abcess / Fistula	5							
Lost		8	Lost	6	1	6	M	Missing	1	1	1
						7					3

Remove CAST Dent. discol. / DMF Caries + Add CAST/DMF Fill. :

		CAST #		w.f.	# occurr.	CAST severity			w.f.	# occurr.	DMF score
Healthy		0	Sound	0							
		1	Sealant	0							
		2	Restoration	0	2	0	F	Filling	1	2	2
	Pre-morbid	3	Enamel	0,25							
	Morbid	4	Dentine discoloration	1	0	0					
Caries		5	Dentine cavitation	2			D	Caries	1	0	0
	Sev. morbid	6	Pulp	4							
	Sev. morbid	7	Abcess / Fistula	5							
	Lost	8	Lost	6	1	6	м	Missing	1	1	1
						6					3

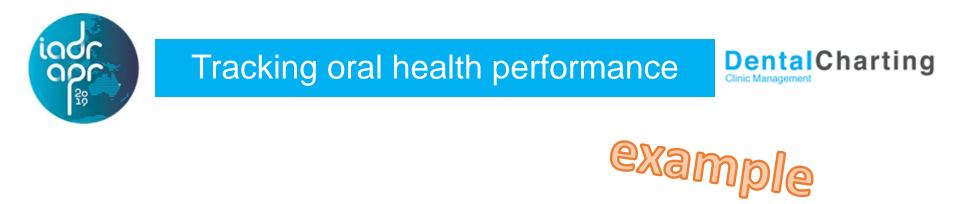


Observation CAST / DMF comparison

- CAST is a spectrum; distinguishes healthy vs unhealthy
- CAST "finer grain" / greater resolution
 - Penalizes unhealthy
 - Rewards healthy

Potential: e-Charting in combination with CAST enables

- Logging trends: regular tracking oral health performance
 - Any population
 - Classical "dental census" surveys
 - Dental clinics patient population
 - Individual patients
- Data-driven budgetting for treatment



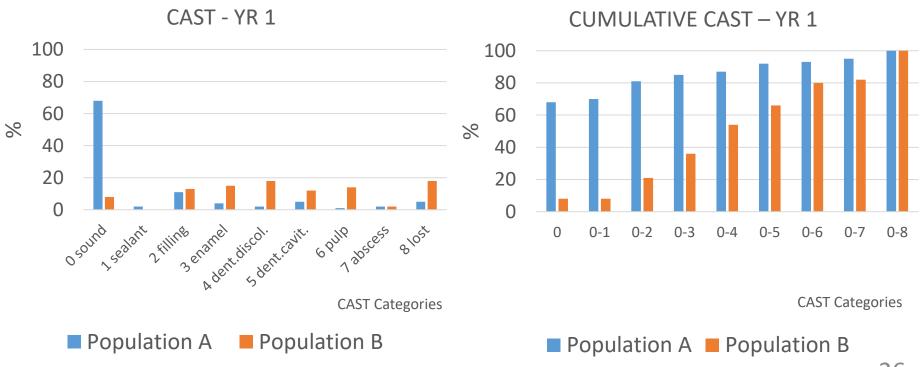
Quantifying oral health status



Oral health baseline

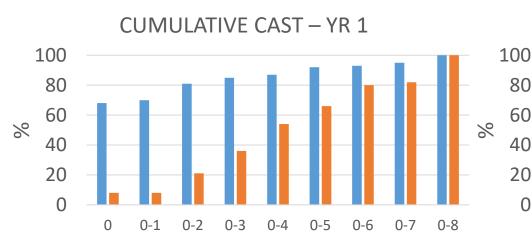


Statistics: CAST, cumulative CAST % occurrence in a given population









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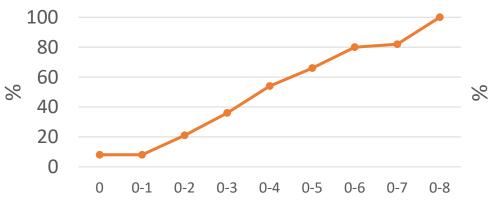
DentalCharting

Clinic Management

CUMULATIVE CAST - YR 2



CUMULATIVE CAST - YR 1

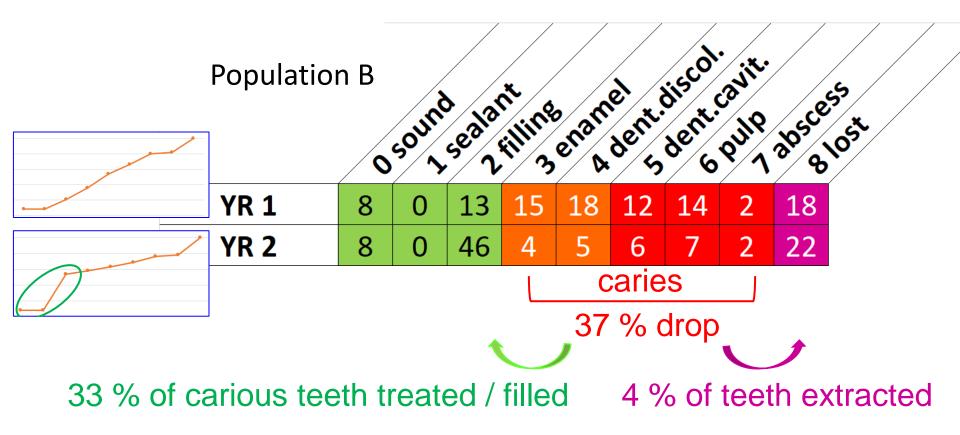




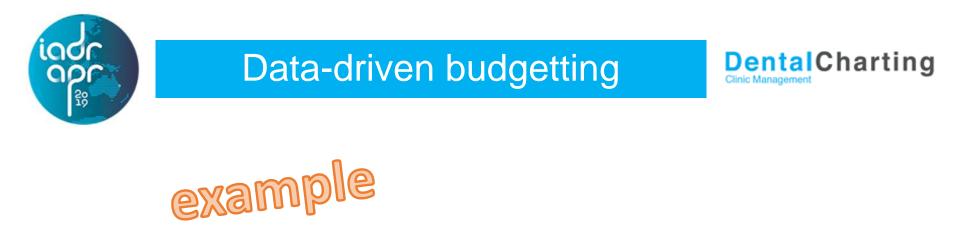
Treatment



Changes YR 1 – YR 2



Conclusion: % healthy teeth up from 21 % to 54 %



Data-driven annual policy cycle

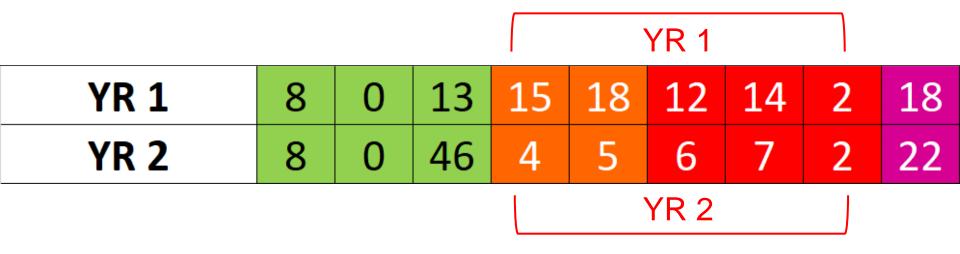


Annual budget



High

Based on *measured population data* the treatment budget for YR 1 was calculated as a function of CAST 3 - 7



Moderate

For YR 2 the budget was calculated again, it dropped



A healthier place ?



(Preliminary?) Conclusions

e-Charting in combination with CAST (or comperable indicators) promises to enable

- Logging trends: regular tracking oral health performance
 - Any population
 - Classical "dental census" surveys
 - Dental clinics patient population
 - Individual patients
- Data-driven budgetting

Further steps



A healthier place ...



Further steps

- Invite oral / dental health practitioners and researchers to think along towards even greater digital opportunities
- Utilize scalability (no population too large, too small)
- Manpower limitations alleviated (tele dentistry)
- Peer-to-peer data collection
- Standardization (gold standard, patient consent, ...)
- Education
 - Dental students (clinic management, diagnosis)
 - Patient participation (co-diagnosis, co-treatment)
 What is it you want to know ?





Thank you !

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Dental caries is the most widespread global disease

- Review study from 2016 shows that across 187 countries
 - Caries ranks # 1
 - Among 291 non-oral and oral diseases surveyed
 - Caries currently affects 2.4 billion people (31%)
- Economic and social impact
 - Adults miss work
 - Children miss school
 - Study from 2010: \$ 144 bln negative economic impact
- Poor oral health also impacts general health by causing
 - malnutrition
 - illnesses such as heart disease