Activity Name:

Periodontal Screening and Recording Baseline Analysis

Baseline:

Out of the 36 (10% of participating general dentist network) offices surveyed and 180 (36 x 5 records each = 180) patient records reviewed during the 1st quarter of 2000, which included appropriate patient age parameters, 10 (28% of sample) providers were found to be documenting Periodontal Screening and Recording during routing oral examinations on adult CompDent members, while 2 (5% of the 36 in the sample population) were not. The 24 remaining site/record reviews indicated a response of “N/A” for the Periodontal Screening and Recording documentation question for any of the five (5) patient records found to meet appropriate age parameters.

From the above results, the QI staff found that they were unable to verify whether the “N/A” reflected that the patient had only been seen on an emergency basis, that the patient no longer had his/her natural teeth, or that the patient was only seen for a problem focused evaluation. In summary, the QI staff determined the reviewer guidelines would require some revisions and clarification in order to increase both internal and external validity of the data collection instrument and by extension the data itself.

The aim of the initiative is to increase the number of CompDent general dentists who document Periodontal Screening and Recording (PSR) scores during routine oral examinations, on adult CompDent members. The QI staff will implement an improvement intervention to increase the rate of providers documenting PSR on their adult patients.

Planned Intervention:

Beginning in May of 2000, all participating network general dentists’ offices will be provided American Dental Association (ADA) PSR charting stickers. The PSR charting stickers will assist the general dentists’ with recording PSR scores, which will assist with early detection of periodontal disease in adult CompDent members.
Re-Evaluation:

Reassessment will be performed during the third quarter of the calendar year, 2000, in order to evaluate the effectiveness of improvement intervention. Re-evaluation will be performed via office site/record review responses.