Setting the CAMBRA Table

What the session is…

**A Call To Action!**

What it is not…

CAMBRA 101

Appetizer

Passionate CAMBRA Supporters…

- Douglas A. Young, DDS, MS, MBA
  - University of the Pacific, Arthur A. Dugoni School of Dentistry
  - Department of Dental Practice
- Michael Monopoli, DMD, MPH, MS
  - DentaQuest Foundation
  - Director of Policy and Programs
- Margherita Fontana, DDS, PhD
  - University of Michigan School of Dentistry
  - Department of Cariology, Restorative Sciences and Endodontics

Entree

- **SWOT Analysis Lays the Foundation**
- **Sustaining the Paradigm Shift by Aligning Reimbursement with Policy**
- **Focus on the Evidence to make Systems Change a Reality**

**A Moveable Feast?**

Q & A… Please share your comments and questions

Let’s take action to move forward.
Don’t just dream it…be it!

A CAMBRA Champion!
Laying a strong foundation: SWOT Analysis of CAMBRA

The Term CAMBRA is...

- simply an acronym for "caries management by risk assessment"
- an evidenced-based philosophy to provide preventive and intervention therapy based on individual caries risk
- a generic concept NOT a CRA form, protocol, company, or product line, nor is it "owned" by anyone.

Objectives

1. Brief update on where we are
   A. Define CAMBRA
   B. Caries Balance/Imbalance
2. WHY?
3. SWOT Analysis
4. Where do we go from here?

Update: caries disease

Evidence-Based Caries, Risk Assessment, and Treatment

Dental caries is a dietary and host-modified biofilm disease process, reminiscent early in life that, if left untreated, will cause destruction of dental hard tissues. If in dental proportion, this disease will result in the development of caries lesions or tooth decay. Caries occurs when oral microbiota and biofilms are exposed to a substrate rich in carbohydrates and saliva, leading to demineralization. The "three-step model" where the etiologic disease-driving agents are balanced against protective factors, in combination with risk assessment, offers the possibility of patient-centered disease prevention and management before there is irreversible damage done to the teeth. This article discusses how to use evidence supporting risk assessment and management strategies for the caries process.
WHY...

- are you here?
- do we still treat caries disease with a drill?
- don’t we change?
- don’t we speak with one voice and make it happen?
- "Demand Change!"... "Make Change Happen!"
This I Believe: A Reaction to CAMBRA and its Effects on Access to Care

STEVEN A. SCHERER, DDS

ABSTRACT: This article suggests opportunities to incorporate new preventive paradigms, such as CAMBRA and motivational interviewing, into current preventive programs. Government and organizational programs often focus on increasing access to care for those most in need.

The Business of Prevention

HERALD D. REID, DDS

ABSTRACT: Providing good oral health care is the goal of both the dental profession and the dental benefit industry. Dentists are well trained to provide appropriate care. Dental benefit companies must meet needs to create a structure that allows for new programs to be introduced.

The Evolving Role of Insurance Carriers in Caries Prevention in Children

JEFF L. LEFRAK, DDS, AND ROBERT W. SALTER, DDS

ABSTRACT: This article suggests opportunities to incorporate new preventive paradigms, such as CAMBRA and motivational interviewing, into current preventive programs. Government and organizational programs often focus on increasing access to care for those most in need.

Federal Policy-Making in Support of CAMBRA Implementation

KARLA S. SMITH, DDS

ABSTRACT: For caries management by risk assessment to become broadly institutionalized in practice, dental professionals need to be trained, the public needs to be informed, research needs to develop, and best practices, payment incentives, and reimbursement systems need to be aligned. Health information systems need to be developed, and integrated, accountable systems of care need to be advanced.

Translating the Caries Management Paradigm Into Practice: Challenges and Opportunities

SANDRA F. THOMAS, DDS, AND MARIE WIDATI, DDS

ABSTRACT: In an era of evidence-based care, the question of how much evidence is needed to implement changes into practice becomes central to dentistry. Recognition that dental caries management must change to a focus on risk-based, patient-centered disease management rather than just restorative care. This article reviews some of the major outcomes, needs, and challenges associated with the adoption and implementation of caries management strategies that provide practical solutions.

Successful Business Models for Implementation of Caries Management by Risk Assessment in Private Practice Settings

WILLIAM S. COWEN, DDS; ROBERT F. COBLENZ, DDS; AND PRATAPRAJNA PANDAY, DDS

ABSTRACT: This article describes how to implement caries management by risk assessment successfully in private practice, detailing the formats used in a pediatric dental practice and in a general dental practice. The article focuses on the business for implementing this program, as well as the benefits and challenges inherent for private practice.
**CAMBRA Vision Statement**

- CAMBRA represents best practices and should become the standard of care in caries disease prevention and treatment.

**CAMBRA Mission Statement**

- Promote the CAMBRA philosophy to practitioners and patients through research, education, and collaboration. CAMBRA provides an evidence-based methodology to assess caries disease indicators and risk factors on an individual basis. Results are the basis for an individualized treatment care plan that includes behavioral, chemical, and minimally invasive procedures that are most appropriate for the individual patient.
Organize and speak loudly with one voice!
How best to collaborate with all stakeholders?
Do we need a unifying organization?
Leverage the "why" first not the "what or how"

CAMBRA and Dental Benefits
April 2013

The Challenge
To develop and apply benefits appropriate to the new paradigm
Must be science based and incorporate principles of disease management
Must be based on individual need and/or risk, patient centered and prevention focused
Must improve outcomes and reduce cost
Must have buy in from all stakeholders

CAMBRA
MOVING TOWARD REIMBURSEMENT
Given a goal, you decide on what key variable you need to change to achieve it—the same way a business picks objectives for inside the company like customer satisfaction—and develop a plan for change and a way of measuring the change. Bill Gates

Current Model
- Surgically based
- One size fits all benefits
- Group underwriting
- Based on historic norms
- Purchaser preferences
- Some scientific basis, some EB guidelines
- No quality measures
- Outcomes never really evaluated
- No universally accepted diagnostic codes
- Cost is the primary driver
Dental Coding: What tools do we need?

- Procedure codes
- Diagnostic codes
- Outcome studies
- Caries classification
- Risk Assessment
- SNOD ENT/EZ Codes
- Risk Assessment Codes

Growing Reliance on Risk Assessment - Key to Success

**The Environment**
- ADA/Specialty Guidelines
- Risk Assessment tools
- CAMBRA

**Elephant in the Room**
- Provider Concerns: Will Carriers use to downgrade benefits?

**Additional Concerns**
- Purchaser buy-in
- Patient buy-in
- Implementation
- Pricing

Cost is King - Measurement is Key

- Accelerated Gains
- Improved Quality
- Cost of Care
- Program Cost

Need some Help from our Clinical Friends

- Standardization of Risk Assessment Protocol
- Identification of missing procedure codes
- Best practices in Caries Management
- Payment for non-traditional services - products, wellness, other

Formula for Success

- Code Sets
- Clinical Guidance
- Demonstration Projects/Outcome and Cost
- Implementation CAMBRA based Products
- Align incentives around prevention and wellness
- Ongoing Validating
What are we doing today?

- Evaluating diagnostic code sets: SNODENT and EZ Codes
- PBRN Network evaluating CAMBRA in Practice
- Project Engage-Temple U. thinking outside the box
- Introduction of Risk Assessment Codes in CDT
- Dental Quality Alliance working on dental quality measures

CAMBRA Implementation

**Improved Outcomes**
- Breaking the cycle of disease
- Improved mother and child risk profile
- Improved oral and overall health
- Improved school performance
- Avoiding a lifetime of dentistry

**Healthier Patients**
- & Lower Costs
  - Reduction in lost work & school time
  - Reduced need for costly dental interventions
  - Lower medical costs (OR & ER Hospitalizations)
  - Improved corporate image & market standing

CAMBRA: How much evidence is needed? What kind of evidence?

Margherita Fontana, DDS, PhD

University of Michigan School of Dentistry
Department of Cariology, Restorative Sciences and Endodontics

Are we ready for a different model of care?

- Who are “we”?

It is true evidence (quality, quantity and consistency) for many of our daily caries intervention choices should be much stronger, and yet we want to allow for EBD and fluidity of changes overtime

So...what can be safely incorporated into practice? and how?

- Opponents of “high risk strategy”: Difficult to identify risk, and evidence risk-based management is limited
- But, considering the health of our patients, is more important to assess risk using best available evidence than doing nothing due to lack of perfect evidence?

Is caries risk assessment addressed in dental education?
- Practice has remained focused on the consequences of the disease
- Is evidence the culprit for lack of change?

**Evidence for Current Model of Care?**

- Caries control = restorative care (strongest predictor of increased problems overtime)
- Evidence for six month interval recall?
- Evidence for prophylaxis during recall?
- Evidence for flossing?
- Use of EB strategies (e.g., fluoride, sealants)?

  E.g., fluoride only used in 63% high risk and 32% of moderate risk patients (Bader et al., 2003)

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**Modern Caries Management = Personalized Dentistry = CAMBRA**

- Detect caries lesions early enough to reverse or prevent progression (need diagnostic codes)
- Assess caries risk (need risk codes…soon to come!)
- Use risk-based non-surgical therapy
- Use risk-based minimally invasive restorative procedures only when needed

**Goal-Outcomes:** Maintain health and preserve tooth structure

(need outcomes assessment/quality metrics)

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A recent survey of 467 practices within one of the three U.S. Practice-Based Research Networks found that:

- 84.1% of children and 36.2% of adults received in-office fluoride,
- 69.5% children and 13.6% adults received sealants,
- 7.7% children and 17.3% adults were prescribed chlorhexidine rinse,
- 35.3% children and 32.2% adults were recommended xylitol gum.

(Riley et al., JADA 2010)

- A significant number of practices have yet to adopt treatments based on assessment of caries-risk

(Riley et al., Comm Den Oral Epidemiol 2010)

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**Should similar caries management and preventive measures be administered to all?**

- Targeted health care has become paramount in an environment of increasing healthcare costs and resource constraints
- There is a marked disparity in dental caries distribution and access to care

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**Outcomes Based Practice?**

**Doctor:** A person who is trained to help people stay healthy

**Dentist:** A person who is trained to examine and fix teeth

**FUTURE? Dentist:** A member of the healthcare team who is trained to help people stay healthy (…and preserve tooth structure)

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Reading: Let’s Learn Together (2000). Chapter: Communities (expository non-fictional) by Gail Saunders-Smith
Caries Lesion Assessment and Management of Pits and Fissures of Permanent Teeth

- No Caries Lesion (ICDAS 0) or Arrested Noncavitated Caries Lesion with Caries-susceptible Morphology
- Active Non-Cavitated Caries Lesion (ICDAS 1-2)
- Cavitated Caries Lesion (ICDAS 3-6), or Radiographically-evident carious lesion more than halfway through the dentin

Caries Lesion Assessment and Management of Pits and Fissures of Permanent Teeth

- No Treatment
- Sealant
- Restoration

Caries Risk Assessment

- For All: Appropriate Preventive Care Based on Caries Risk. Examples provided below
- Hygiene
- Diet
- Sealants and Fluorides
- Other

Caries Risk Re-Assessment

- Monitor Based on Risk

Reliability of Caries Risk Indicators

- Visible Plaque Buffer Capacity Flow Rate Diet (sucrase activity) White spots DMFT >1 DS Combined Sensitivity 37% Specificity 71%
- Raitio et al., 1996; Angulo et al., 1995

Reliability of Caries Risk Indicators

- Raitio et al., 1996; Angulo et al., 1995

Evidence on existing caries risk assessment systems: are they predictive of future caries?

- Wide variations (definitions, type and # of risk factors/indicators)
- Cariogram (Prospective studies; Sen+spec=110-139)
- CAMBRA (1 retrospective)
- Need to validate existing forms or develop new ones...

And how about evidence on therapies?

- Evidence-based clinical recommendations for the use of pit-and-fissure sealants
- A report of the American Dental Association Council on Scientific Affairs

Changing Paradigms

- Can we agree on best practices?
  - Challenges?
    - #1: Is it Evidence or is it Reward?
    - Procedures vs. Outcomes
    - Calibration
    - Public Expectations/Standard of Care
    - Etc.

Conclusions

- Continue building strength of EBD approaches
- Continue using same outdated approach? Or
- Change current system to use of best EBD approach

The latter choice is the one that the scientific community has been encouraging the profession to embrace.

- Best practices? Focus on outcome associated reward?

Thank you…