

# Evaluation of the Omaha System for Dentistry

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## Terminology Use in Dentistry

- Dentistry Primarily uses Procedure Codes (CDT13)
- Limited Use of Diagnostic or Outcomes terms
- Limited Third party requirements
  - No diagnosis to procedure code rules
  - Rules based on frequency or time limits
  - Little relationship to health necessity
- No coding specific staff in dental clinics
- Limited evidence to support best practices
  - Anecdotal
  - Driven by education institutions at this time

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## Assessments

- Government and Third party desire for "best practices"
- Some Medical/Dental Crossover for diagnostic terms
  - Periodontal disease and its implications to overall health
- Assessment documentation terms available in 2014
- Currently designed as clinical specific assessments
- Assessment tools are missing some of the strongest correlates
  - Socioeconomic status
  - Age

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### *Why Evaluate the Omaha System?*

- It has Problem Classification for non-clinical factors
- It might provide better differentiation and identification, based on non-clinical factors
- Already included within SNOMED CT, where dental diagnostic terminologies are also being housed, making potential reference sets possible
- Includes Interventions and Outcomes that may be excellent measures for preventive care.
  - 40%+ of dental care are preventive services

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### *Findings from Survey*

- 22 of 42 problems within the Problem Classification Scheme of the Omaha System received over half of the potential ratings "points"
- 29 of 42 received at least 25% of the possible points
- Several factors that are not normally part of information obtained in dental offices
- Other specific signs and symptoms also appeared to have significant merit

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### *Results*

- As one would expect Oral Health was the problem classification with the highest point total
- Others Problems one might expect to receive higher point total and did include pain, circulation, nutrition, communicable and infectious diseases and growth and development
- Others, based on the point rating that received much attention included income, abuse, cognition, sleep/rest patterns, neglect, substance abuse and mental health

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### *Discussion*

- Social and economic factors were identified by dentists as being important considerations
- There is considerable research indicating that dental disease is concentrated in specific segments of our population
- Dentistry has been relatively unsuccessful in reaching these populations with preventive and restorative care
- Preponderance of dental disease is readily diagnosed
- Newer models coupled with mobile health are allowing for greater potential access for these populations
- Development of best practices protocol may be quickest for preventive care

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### *Possible Future Research relating to Dentistry and the Omaha System*

- The Omaha System Intervention Scheme has many classic disease prevention terms, allowing for identifying patterns of preventive care
- The Omaha System Problem Rating Scale for Outcomes allows for classification based upon knowledge and behavior.
- Public Health, Schools and Community Clinic collaborative. There may be a need for a standardized terminology to allow for two way communication.
- An evaluation of an Omaha System reference set as it relates to preventing dental disease and communicating needs between these groups could potentially identify best practices as well as economic value based on standardized terms and classifications.

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