

Direct Observation of Prevention Counseling and Procedures in Dental Offices

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Objective: Direct observation of the frequencies of prevention counseling and procedures that occur during the dental visit and compare the delivery rates of those modalities within the dental office.

Methods: Trained hygienists observed 2269 dental visits in 73 practices, recording visit discussion and procedures using the modified Davis Observation Code (DOC) and Post Visit Checklists (PVC). Counseling included any oral health discussion or promotion and smoking, nutrition and alcohol counseling. Procedures (PVC) included topical fluoride, sealants, oral hygiene instruction, oral cancer screening, and provision of mouthguards, but excluded prophylaxis. Visits were coded positive for counseling if any preventive counseling was recorded (DOC) and positive for preventive procedures if any procedure was recorded (PVC). Percent of positive visits was aggregated by office for both dentists and hygienists.

Results: Prevention service delivery (PSD) by either modality varies widely among general dental offices. Graph 1 depicts the office-level proportion of visits in which any prevention procedure was delivered (mean 41.1%, s.d. 17.5%); a prevention procedure was performed in 14.4% of dentists' visits compared to 78.1% of hygiene visits. 28.7% of dentists' visits included prevention counseling compared to 87.7% of hygiene visits (office-level mean 47.6%, s.d. 16.5%). **Conclusions:** Intra-office differences between the delivery of counseling and procedures may represent opportunities for additional PSD, so that patients receive the optimal information and treatment to promote oral health and self-care. Observed inter-office differences reflect the spectrum of emphasis placed on prevention and suggest that interventions to enhance PSD could benefit many dental practices.

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Graph 1.

