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Outcome-focused and value-driven oral care

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Dental practice has exclusively focused on providing procedures and the process of dental care. The only measure of outcomes that we have traditionally considered is the quality of the care or procedures provided to patients. Medicine, insurance companies and the federal government, are increasingly focusing on value of health care to patients. It is not how many tests for A1c are conducted but whether diabetes is being controlled. This is a new area for dentistry and requires that we start to reframe dental care and consider the consequences. A pivotal change required to implement this new model of care is to move away from developing traditional treatment plans to a new focus on "Comprehensive Patient Care Plan" when outlining the series of therapies deployed to manage dental and oral conditions in patients or populations. Traditional treatment plans list therapies for dental and oral health problems that should be provided, in an appropriate sequence, and in order of urgency. While this approach has been used successfully in dental practices all over the world, outcomes of oral healthcare have not been the target of care. Often outcomes of dental care are confused with quality of care. In order to achieve health outcomes, it is imperative that a new model for total disease management be adopted, with a focus on overall management of risk factors, risk-adjusted prevention and education, staging of disease severity to control early stages and treat extensive stages. The plan must start by defining the outcomes that patients' value. For caries management, for example, the preferred outcomes may be to keep sound teeth from developing caries, medically manage early lesions so they do not progress to cavitation and restoring or treating all cavitated lesions. If these are the outcomes that dentists and patients want to achieve, then the process of care should include different staging of the caries process, risk management, detailed preventive plans and conservative restorative care. Compensation for dental care must also consider whether outcomes are achieved. This change will radically refocus dental care.

Biography

Amid I Ismail, BDS, MPH, DrPH, MBA, is the Laura H Carnell Professor and Dean at the Kornberg School of Dentistry, Temple University. He has been an actively funded Researcher for over 30 years with expertise in population-based studies, caries research and interventions to reduce health disparities. He has received over \$20 Million in funding throughout his research career. His expertise is in the field of measurement, outcomes assessment, design and planning for complex statistical analyses, survey methods and organizational management. He is ranked in the top 95th percentile by ResearchGate in the impact of his research. He has received awards from the International Association for Dental Research (H Trendley Dean Award), the Regents' of the University of Michigan (Community Service), Leadership citations from the American Dental Association and the Shils-Meskin Leadership Award in Dental Education. He co-founded and co-chairs the International Caries Detection and Assessment System Coordinating Committee. He also founded and chairs the Alliance for Oral Health Across Borders. He has received his Dental Training at the College of Dentistry, Baghdad University, where he had the highest grade point average for 5 years. He completed a Master's and Doctorate of Public Health studies at the University of Michigan. He also graduated with distinction from the Ross School of Business at the University of Michigan where he received his MBA. He is a Diplomate of the American Board of Dental Public Health.

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