

Caries Management by Risk Assessment

— A PRACTITIONER'S GUIDE

DOUGLAS A. YOUNG, DDS, MS, MBA; JOHN D.B. FEATHERSTONE, MSC, PHD; AND JON R. ROTH, MS, CAE

GUEST EDITORS

Douglas A. Young, DDS, MS, MBA, is associate professor in the Department of Dental Practice at the University of the Pacific, Arthur A Dugoni School of Dentistry, in San Francisco.

John D.B. Featherstone, MSC, PHD, is interim dean, University of California, San Francisco, School of Dentistry, and is a professor in the Department of Preventive and Restorative Dental Sciences at UCSF.

Jon R. Roth, MS, CAE, is executive director of the California Dental Association Foundation.

Last month we reviewed the updated CAMBRA assessment tools for children age 0-5, children age 6 through adult, as well as the latest products in the marketplace that can assist practitioners with incorporating CAMBRA into their practices.

In Part 2 of this series, we will look through the lens of practicing dentists who are using CAMBRA in their offices, how to establish financially viable models for CAMBRA adoption, as well as how to enlist the rest of the dental team and patients into the benefits of the CAMBRA approach to care.

V. Kim Kutsch, DMD; Graeme Milicich, BDS; Max Anderson, DDS, MS, MEd; Edwin J. Zinman, DDS, JD; and William C. Domb, DMD, begin with a discussion regarding the importance of the dentist owner/manager detailing the CAMBRA benefits to the dental office team and patients in order to facilitate a smooth transition. The authors examine the different requirements of each member of the dental team to integrate caries risk assessment into an existing dental practice.

Shirley Gutkowski, RDH, BSDH; Debi Gerger, RDH, MPH; Jean Creasey, RDH, DDS; Anna Nelson, CDA, RDA, MA; and Douglas A. Young, DDS, MS, MBA, present information relating to the role of the dental team in CAMBRA as a critical component to successful patient outcomes. Proper appointment scheduling, diagnostics, and data gathering, as well as implementation of noninvasive or minimally invasive procedures can be the responsibility of all members of the dental team.

Bruce Peltier, PhD, MBA; Philip Weinstein, PhD; and Richard Fredekind, DMD, MA, discuss managing the behavioral components of prevention as crucial to creating buy-in by both dental team members and patients. Challenges to successful implementation of CAMBRA include such issues as resource

allocation, the inherent complexity of the process, and the influence of third-party payers on patient acceptance.

Dr. Young; John D.B. Featherstone, MSc, PhD; Jon R. Roth, MS, CAE; Dr. Anderson; Jaana Autio-Gold, DDS, PhD; Gordon J. Christensen, DDS, MSD, PhD; Margherita Fontana, DDS, PhD; Dr. Kutsch; Mathilde (Tilly) C. Peters, DMD, PhD; Richard J. Simonsen, DDS, MS; and Mark S. Wolff, DDS, PhD, complete this series with a consensus document adopted by hundreds of dental experts, academic researchers, practitioners, and dental organizations that summarizes the main principles and clinical application of CAMBRA. ■■■■

CDA Foundation will host a live Web cast featuring Drs. John D.B. Featherstone and Douglas A. Young, along with authors from last month's issue and this month's Journal, from 5 to 7 p.m. Dec. 5. Participants will be able to submit questions on the topics covered in these issues for answers during the Web cast. This course is sponsored by the CDA Foundation through its grant from First 5 California, and is approved to confer two C.E. credits. To register for the event, go to: cdfoundation.org or first5oralhealth.org.