

- meet the increasing need and demand for oral healthcare
- expand the role of healthcare professionals
- shape a responsive educational model
- mitigate the impacts of socio-economic dynamics
- foster fundamental and translational research and technology

FDI Vision 2020: shaping the future of oral health

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PREFACE

The initial idea for this document came to light in the aftermath of the FDI General Assembly in Mexico in the autumn of 2011, when it was observed that, at the present time, the dental profession is lacking an overarching long-term vision of the main challenges oral health is facing and direction as to how the profession can grow in order to make a significant contribution to the improvement of global oral health during the next decade. As a first step, the concept of this document was informally discussed within the FDI leadership. Shortly after, a task team was nominated under the name FDI Vision 2020. Great care was taken to ensure balanced representation from Academia, Research, Education, General Dentistry, Government and Industry in order to foster an overall view of all the issues discussed.

Under the chairmanship of Prof Michael Glick, the FDI Vision 2020 Task Team was given the mandate to identify the main challenges and opportunities oral health and its workforce are facing today, with a specific focus on issues with a legislative, regulatory or advocacy dimension. In an inclusive and iterative process, all FDI member associations were invited to nominate an official representative to provide input and comments on the task team's groundwork. Further comments and feedback were collected from FDI leadership, through its committees, and from a panel of industry leaders. The task team met twice, resulting in two rounds of consultation. The draft Vision was then circulated to all FDI committees and member associations for feedback and finally presented to FDI General Assembly.

The FDI General Assembly during its meeting in Hong Kong on August 31st, 2012, adopted the following resolution: 'It is resolved that FDI General Assembly support the objectives of Vision 2020 as a

working document, to drive forward the future priorities of FDI in accordance with the mission of 'Leading the World to Optimal Health'; and further, that FDI believes that only the dentist is the competent and responsible leader of the dental team. In this regard, FDI underlines the principle: 'Delegation – yes, substitution – no'.

The present document is therefore the result of a wide consultation process and reflects priorities which we hope are valid in various countries, regions and settings.

For the sake of clarity, let us briefly delineate what this document is, and what it is not. It is, as its name says, a Vision, which paves the way for a new model of oral health care led by dentists in collaboration with a wide range of other stakeholders. It roughly sketches the possible look of oral healthcare by the year 2020 if we tackle the challenges and seize the opportunities that arise in a timely and adequate manner. As a Vision, this document is meant to be aspirational and inspirational; it is NOT meant to be operational. It provides avenues which will need to be further explored and discussed, but, intentionally, it does not provide any specific strategies, tactical approaches, implementation tools or ready-to-use formulae, as those will depend largely on local needs and circumstances in the spirit of the United Nations Development Programme's report: 'Think globally act locally'. This document is the beginning of a continuous process aimed at generating discussion and collaboration between FDI and all its partners.

EXECUTIVE SUMMARY

Oral health is an essential component of good health, and good oral health is a fundamental human right. The role of the dental profession is to help the population and decision makers to achieve health through

Why do we need a definition?

“Oral health is an important contributor to overall health and well-being, and thus needs to be properly defined, assessed, managed and promoted.

However, an understanding of what is meant by, and the implications of, oral health may differ among different stakeholders.”

Why do we need a definition?

- more clearly position oral health within health;
- demonstrate that oral health does not occur in isolation, but is an important part of overall health and well-being;
- raise awareness of the different dimensions of oral health as a dynamic construct; and
- empower patients by acknowledging how individual's values, perceptions and expectations impact oral health.

“A common definition can bring stakeholders together to advocate for the importance of oral health; to influence and shape parameters of care, health policies, research, education, and reimbursement models; and to shape the future of our profession.”

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Editorials represent the opinions of the authors and not necessarily those of the American Dental Association.



EDITORIAL

A new definition for oral health developed by the FDI World Dental Federation opens the door to a universal definition of oral health

Michael Glick, DMD; David M. Williams, BDS, MSc, PhD; Dushanka V. Kleinman, DDS, MScD; Marko Vujcic, PhD; Richard G. Watt, BDS, MSc, PhD; Robert J. Weyant, DMD, DrPH

On September 6, 2016, a new definition of oral health was overwhelmingly approved by the FDI World Dental Federation General Assembly. This was a key part of the organization's advocacy and strategic plan—Vision 2020.¹ The definition, together with a companion framework, creates an opportunity for the profession to reflect on what oral health encompasses and what the implications are of this definition for clinical practice and oral health policy. But why was a new definition needed?

Although oral health has been recognized for millennia to be an essential component of overall health and well-being, it has not been clear whether oral health has meant the same thing for different components of our profession and for our stakeholders. And if we are uncertain as a profession what

The new definition acknowledges the multifaceted nature and attributes of oral health.

we mean, how can we explain ourselves clearly to our patients, other health care professionals, policy makers, and those others we seek to collaborate with and inform? A common definition can bring stakeholders together to advocate for the importance of oral health; to influence and shape parameters of care, health policies, research, education, and reimbursement models; and to shape the future of our profession. During the creation of FDI's Vision 2020,¹ it became evident that there was a need for a universally accepted definition of oral health, one that conveys that oral health is a fundamental human right and that facilitates the inclusion of oral health in all policies. To accomplish this goal, the FDI charged a newly created Think Tank with producing such a definition.

A definition was needed that included the full scope of health and well-being and, ultimately, one that could be agreed on by all. Traditionally, oral

The definition of oral health

Oral health is multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex.

Further attributes of oral health

Oral health:

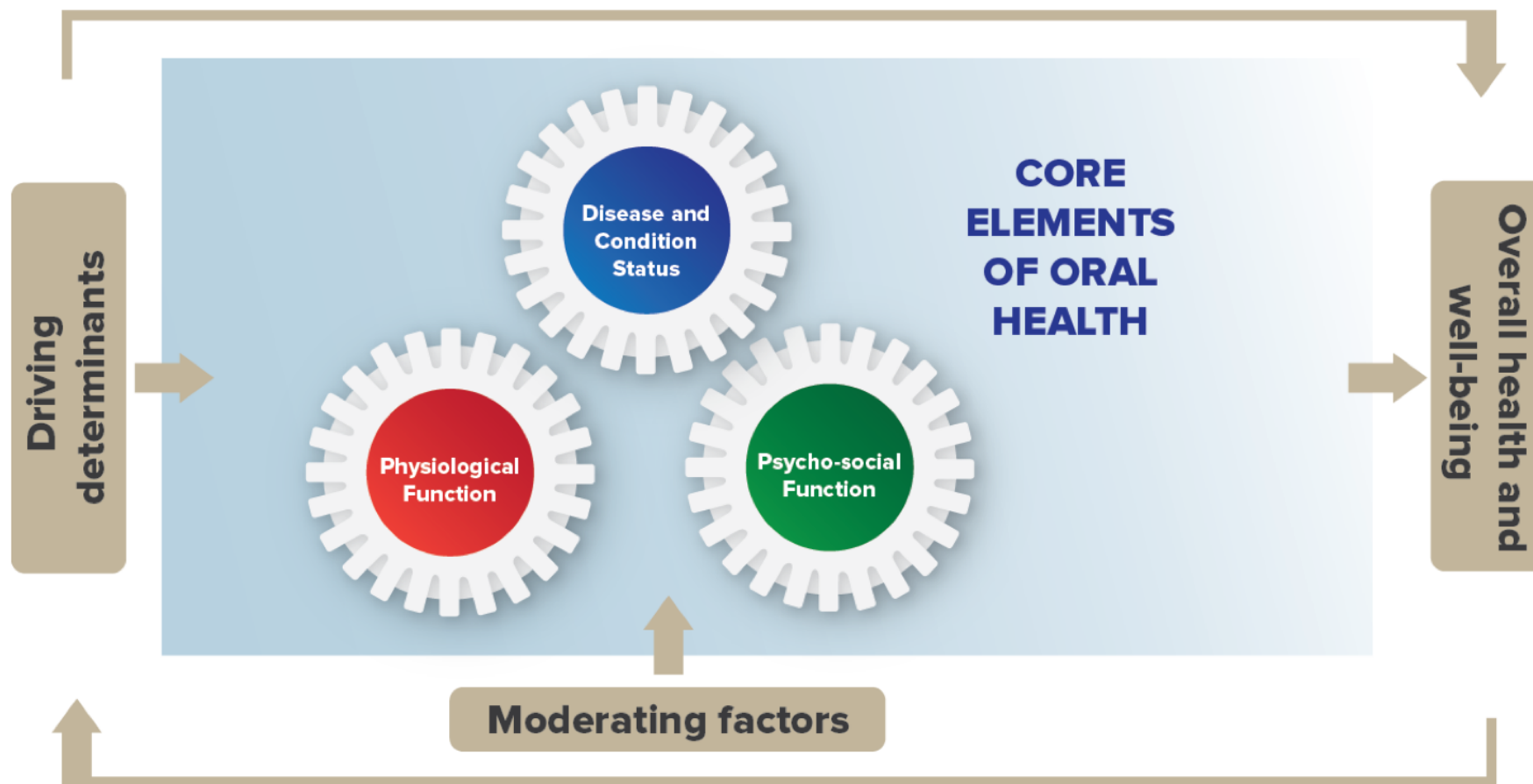
- *is a fundamental component of health and physical and mental wellbeing. It exists along a continuum influenced by the values and attitudes of individuals and communities;*
- *reflects the physiological, social and psychological attributes that are essential to the quality of life;*
- *is influenced by the individual's changing experiences, perceptions, expectations and ability to adapt to circumstances.*

Diseases and
Condition
Status

Physiological
Function

Psycho-social
Function

Framework for the Definition of Oral Health



Driving Determinants

Factors that affect oral health and cover 5 main domains:

- genetic and biological factors
- social environment
- physical environment
- health behaviors, and
- access to care

Moderating Factors

Elements that determine or affect how a person scores his or her oral health and include, but are not limited to:

- age,
- culture,
- income,
- experience,
- expectations, and
- adaptability

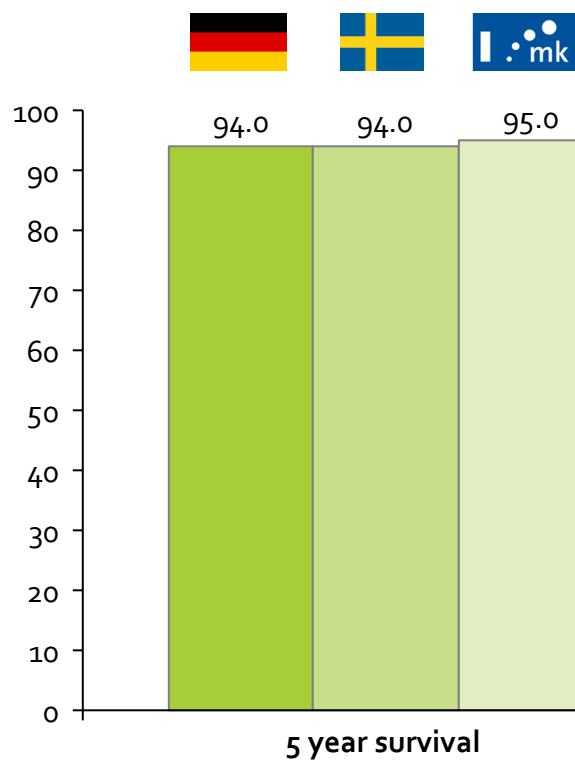
Why do we need a definition?

This definition lays the foundation for the
future development of standardized
assessment and measurement tools

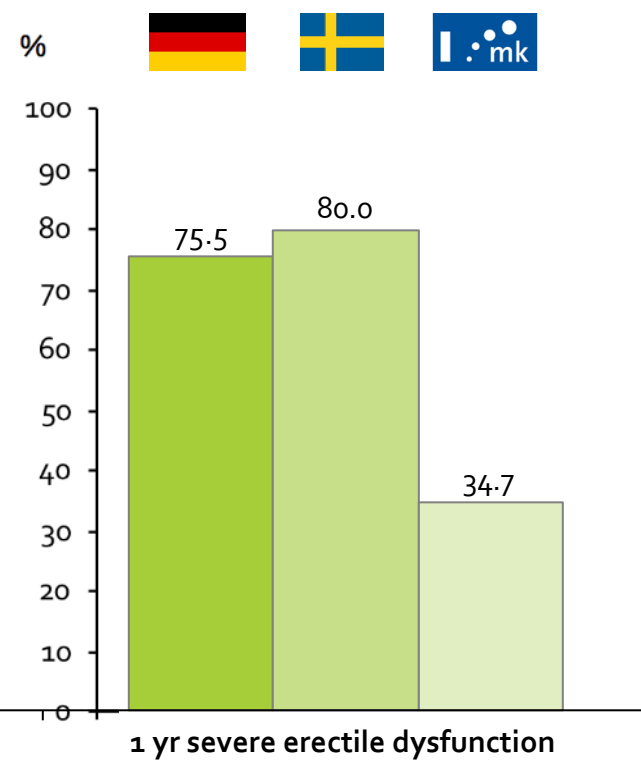
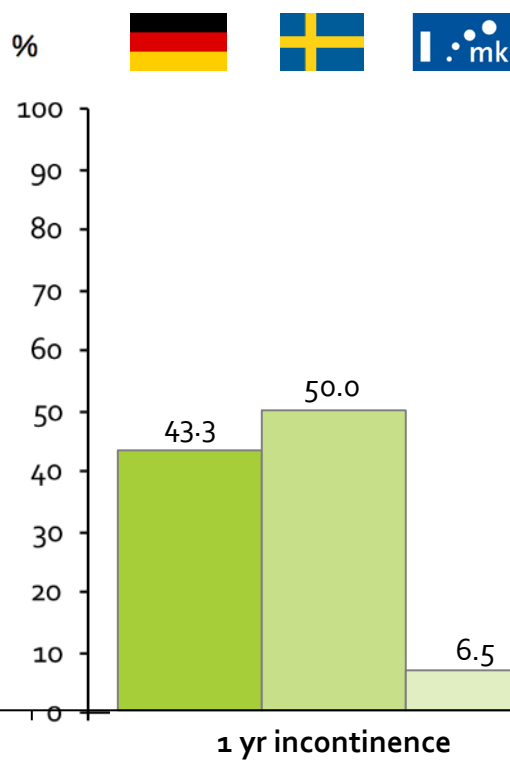
This is why measuring and reporting meaningful outcomes matters

Comparing outcomes of prostate cancer care

Focusing on
mortality alone...



...may obscure large differences
in outcomes that matter most to patients



Germany Sweden Best-in-class: Martini Klinik

Swedish data rough estimates from graphs; Source: National quality report for the year of diagnosis 2012 from the National Prostate Cancer Register (NPCR) Sweden, Martini Klinik, BARMER GEK Report Krankenhaus 2012, Patient-reported outcomes (EORTC-PSM), 1 year after treatment, 2010

Phase II: Measurement and evaluation

Aim:

Based on the agreed upon Definition of Oral Health (Poznan 2016), develop a set of measurement tools that incorporates the 3 main elements (*disease and condition status, physiological function, psycho-social function*) of the OH framework in order to monitor oral health outcomes:

Timeline

Outcome measures and measurement instrument to be presented at the FDI World Dental Congress in Buenos Aires, September 2018.

Collaboration with ICHOM...

A new dimension to the project

ICHOM is supported by the health care community

ICHOM's Strategic and Sponsoring Partners*

STRATEGIC PARTNERS



PLATINUM



GOLD



SILVER



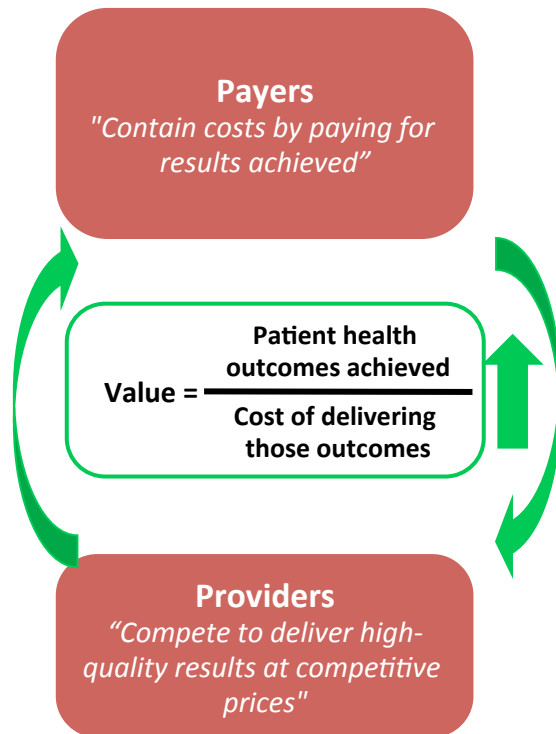
BRONZE



*As of August 2016

ICHOM in a nutshell: value-based health care

ICHOM believes in a model where value is at the center of health care...



... which will impact every stakeholder



Patients will **choose their provider** based on its expected outcomes and their share of the cost



Providers will **differentiate** into areas where they deliver superior outcomes at competitive prices



Payers will **negotiate contracts based on results** and encourage innovation to achieve those results



Suppliers will **market their products on value**, showing improved outcomes relative to costs

To date, ICHOM has completed 21 Standard Sets, covering 45% of the disease burden

Our current 21 Standard Sets



2016-2017 commitments

1. Chronic kidney disease
2. Oral health
3. Inflammatory arthritis
4. Congenital hand and upper limb malformations
5. Facial palsy
6. Hypertension*
7. Diabetes
8. Atrial fibrillation

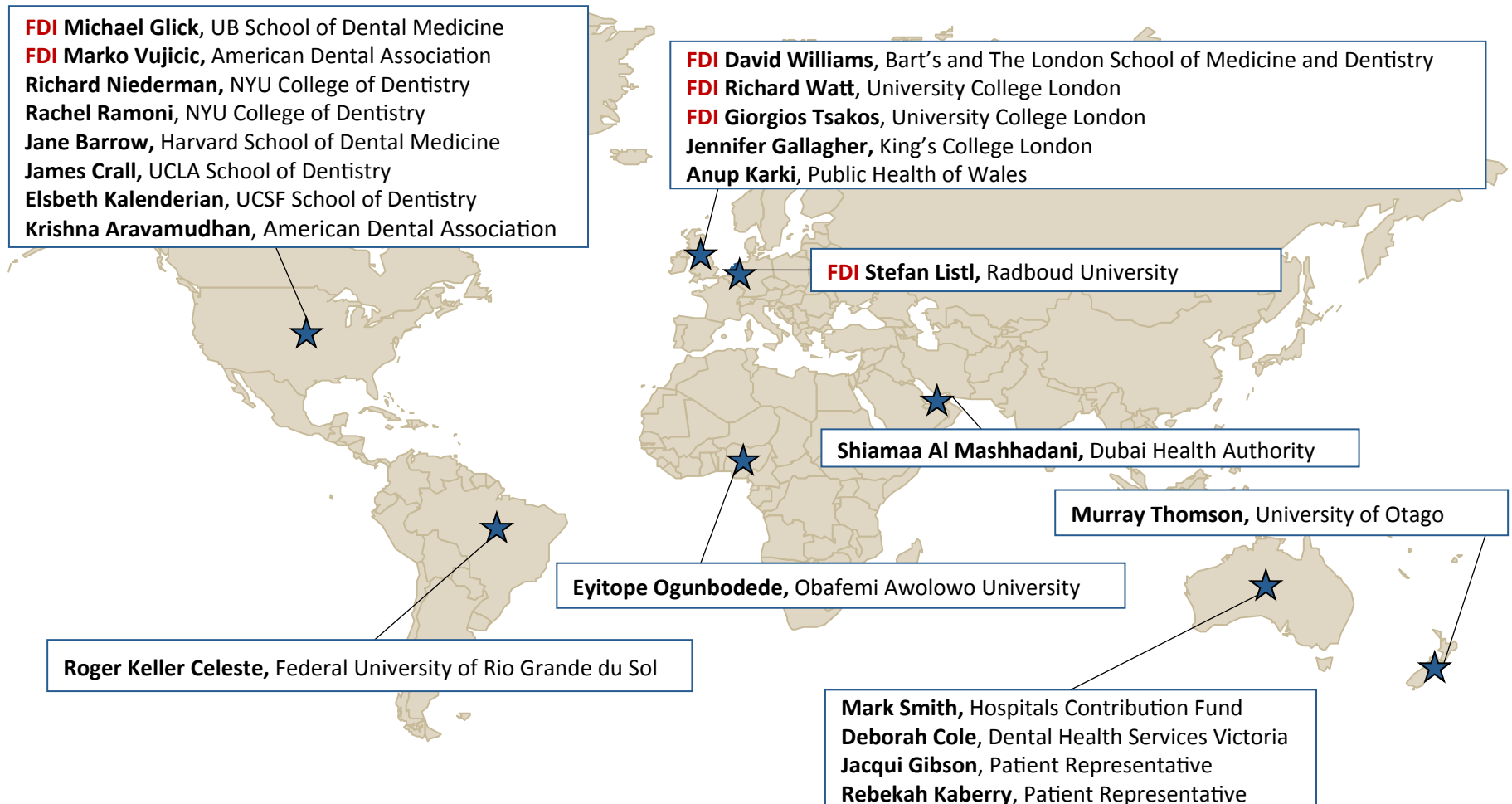
In discussions to launch

1. Mental health package
2. Overall adult health
3. Overall child health
4. Pediatric epilepsy

Numbers not representing prioritization/likelihood

*Focused on low and middle income countries

Geographical Representation of the FDI/ICHOM Group



Summary of the ICHOM Oral Health project

AIM:

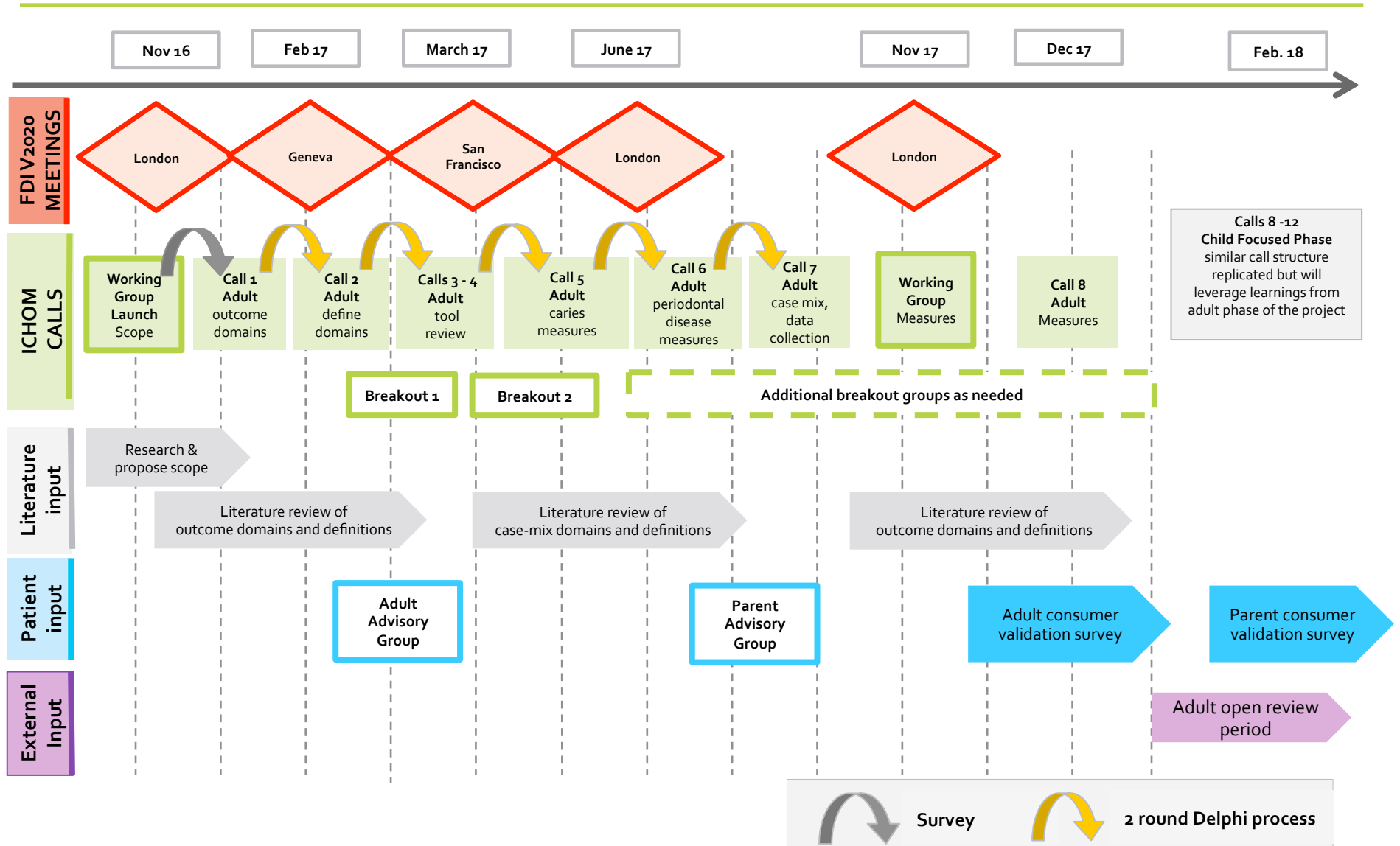
- We seek to balance a **comprehensive** view of measurements across the life course for common and preventable oral health conditions with a **feasible** recommendation that providers can reliably implement.

DELIVERABLE:

- A minimum Oral Health Standard Set which will **enable outcome measurement in routine clinical practice** to:
 - ✓ Improve decision making between providers and patients
 - ✓ Facilitate quality improvement
 - ✓ Allow for benchmarking across organizations



Oral Health Standard Set development process



Steps to be taken after the FDI WDC

Adapt outcome measures and measurement instrument for children

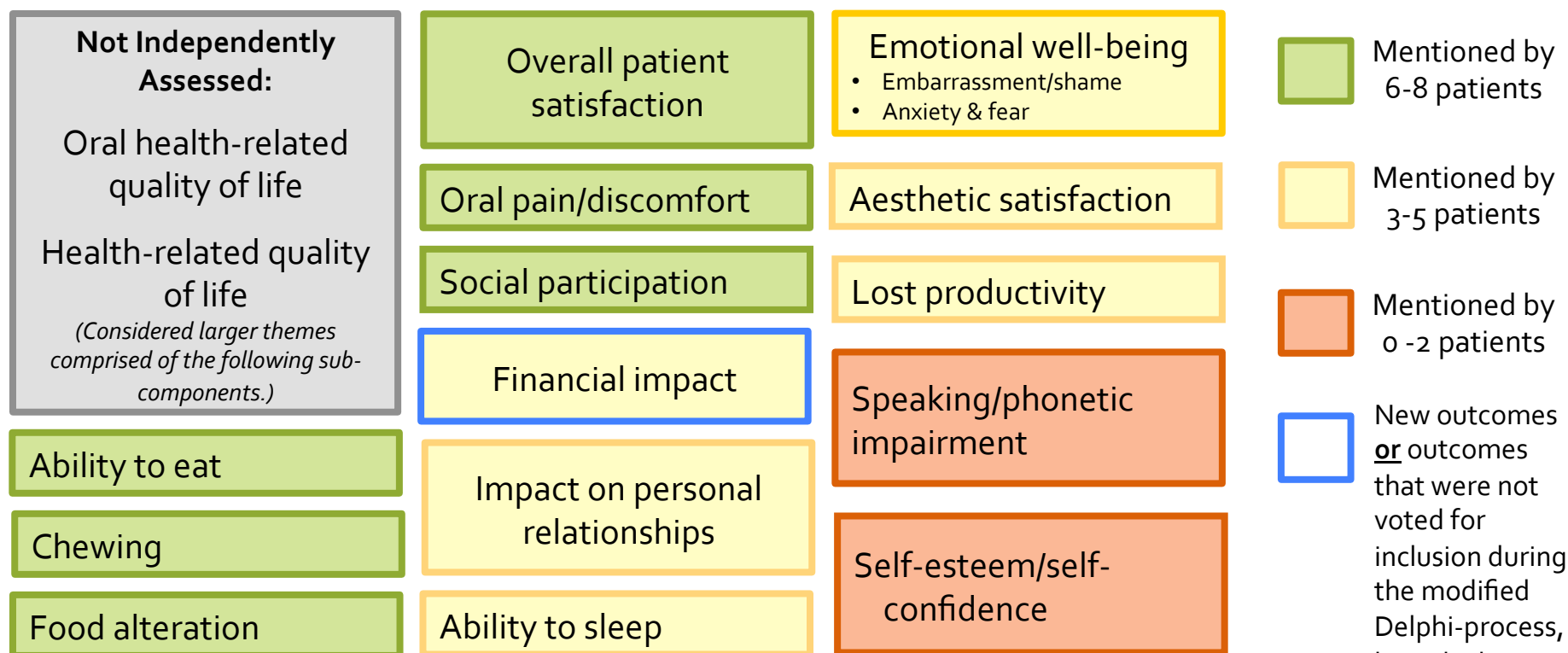
- In collaboration with ICHOM, adapt outcome measures and the measurement instrument to the needs of children.
- Conduct a scientific validation and reliability study of the instrument that has been developed.

Develop an Oral health index

- Based on a valid and reliable measurement instrument, develop a methodology to produce a one or multidimensional index, or score, of oral health, in order to monitor oral health outcomes.

There is **significant overlap** in domains identified via the Patient Advisory Group w/ those that reached consensus in the Working Group modified Delphi-process.

Outcomes that matter most to patients with common, preventable dental conditions



NOTE: All domains previously selected by the Working Group were mentioned by at least 2 patients.

Adult Oral Health Standard Set for Open Review

Physiological Status and Psychosocial Functioning

Physiological Status and Psychosocial Functioning

Concept	Measurement	Response Options
General Oral Health Status	How would you rate the health of your mouth, teeth, and gums today - would you say it is?	Very poor, Poor, Fair, Good, Very good
Self-confidence	To what extent did you feel nervous or self-conscious because of problems with your teeth, gums, or dentures?	Never, Hardly ever, Occasionally, Fairly often, Very often
Ability to Eat	To what extent have you had difficulty eating food due to problems with your mouth, teeth, or dentures?	Never, Hardly ever, Occasionally, Fairly often, Very often

Physiological Status and Psychosocial Functioning cont.

Food Alteration	To what extent did you change your food/drinks that you usually consumed because of problems with your mouth, teeth or dentures?	Never, Hardly ever, Occasionally, Fairly often, Very often
Ability to Speak	To what extent have you had difficulty speaking clearly due to problems with your mouth, teeth, or dentures?	Never, Hardly ever, Occasionally, Fairly often, Very often
Ability to Sleep	To what extent have you had difficulty sleeping due to problems with your mouth, teeth, or dentures?	Never, Hardly ever, Occasionally, Fairly often, Very often

Physiological Status and Psychosocial Functioning cont.

Social Participation	To what extent have you had difficulty enjoying the contact of, or interacting with, other people due to problems with your mouth, teeth, or dentures?	Never, Hardly ever, Occasionally, Fairly often, Very often
Aesthetic Satisfaction	To what extent were you pleased or happy with the look of your teeth and gums or dentures?	Never, Hardly ever, Occasionally, Fairly often, Very often
Productivity	To what extent have you had difficulty carrying out your usual work, job, role, or tasks due to problems with your mouth, teeth, or dentures?	Never, Hardly ever, Occasionally, Fairly often, Very often

Disease & Condition Status

Disease & Condition Status		
Concept	Measurement	Response Options
Dry Mouth Experience	To what extent are you bothered by a feeling of dry mouth?	Never, Hardly ever, Occasionally, Fairly often, Very often
Sensitivity Experience	To what extent are you experiencing sensitivity to hot or cold foods/ drinks?	Never, Hardly ever, Occasionally, Fairly often, Very often
Oral Pain	To what extent have you had pain in your mouth?	Never, Hardly ever, Occasionally, Fairly often, Very often
Caries Staging	Record the caries status of each tooth.	N/A -Missing, Sound, Restored (with no new or untreated disease), Enamel Involvement, Dentin Involvement, Pulp Involvement

Disease & Condition Status

Periodontal Disease Staging	Basic Periodontal Examination (BPE); recorded per sextant	Healthy (pristine, well maintained clinical health, periodontal stability), Pocketing < 5 mm, Pocketing 5 mm to 7 mm, Pocketing > 7 mm
Bleeding on probing	Bleeding upon probing?	Yes, No

Driving Determinants And Moderating Factors

Driving Determinants and Moderating Factors

Chronic medical conditions	<u>Does the patient have any of the following conditions?</u>	
	Cardiovascular disease	Yes, No
	Diabetes mellitus	Yes, No
	Respiratory disease	Yes, No
	Cancers	Yes, No
Other oral health conditions	Craniofacial abnormalities	Yes, No
	Oral cancer	Yes, No
	Oral infection	Yes, No
	Mucosal diseases	Yes, No
	Other	Yes, No
Pregnancy status	Is the patient pregnant?	Yes, No
Current tobacco use	What type of tobacco products do you use?	None, Cigarettes, Cigars, Pipe, Chew, Dip, Other
	How often do you use tobacco products?	Number of times per day
	For how long have you used tobacco products?	Number of years

Driving Determinants and Moderating Factors cont.

Current alcohol use	How often did you have a drink containing alcohol?	Never, monthly or less, 2-4 times per month, 2-3 times per week, 4+ times per week
Sugar Consumption	How often do you have sugary snacks and beverages?	Seldom/never, Several times per month, Several times per week, Once a week, Once a day, 2 -3 times a day, 4+ times a day
Treatment Type	What type of treatment was delivered?	Prevention or control (i.e. fluoride varnish, oral hygiene instructions, sealants, deep scaling, etc.), Preservation (i.e. periodontal surgery, fillings, crowns, etc.) Extraction

Driving Determinants and Moderating Factors cont.

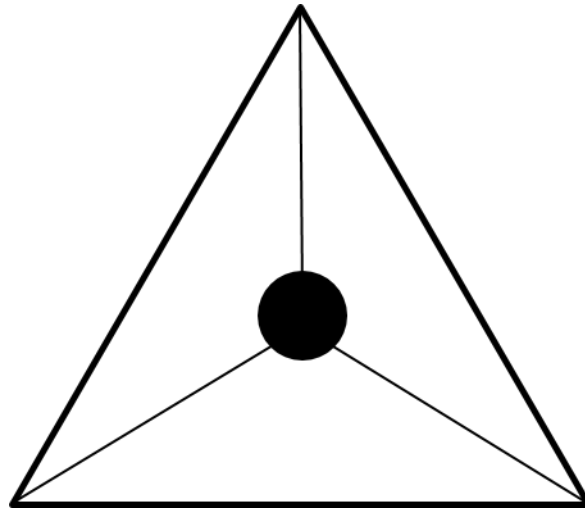
Complications	<u>Within 30 days of the intervention date:</u>	
	Were there any unplanned return visits?	Yes, No
	Did the patient experience a complication or other harm resulting from treatment or disease progression?	Yes, No
Patient Satisfaction of Care	To what extent are you satisfied with the dental care you received?	Never, Hardly ever, Occasionally, Fairly often, Very often
Financial Burden of Care	Have you had to delay or avoid dental care due to cost?	Yes, No

Driving Determinants and Moderating Factors cont.

Age	Date of birth	Month, day, and year recorded (MM/DD/YYYY)
Gender	Which gender do you identify as?	Male, Female, Other, Decline

Making the shift to population health

**Improve the
patient experience
of care
(including quality and
satisfaction)**



IHI *Triple Aim*

**Improving the health
of populations**

**Reducing the per capita
cost of health care**

Need to curtail ever-increasing health care costs.

Shift to direct resources towards keeping people healthy rather than paying to treat the sick.

How do we incorporate this within oral health?

What is “better care”?

Providing care that is:

- (1) safe;
- (2) effective;
- (3) patient centered (addresses patient’s needs and preferences);
- (4) timely;
- (5) efficient;
- (6) equitable.

Institute of Medicine (IOM) Domains

- **Safety.** Relates to actual or potential bodily harm.
- **Effectiveness.** Relates to providing care processes and achieving outcomes as supported by scientific evidence.
- **Patient centeredness.** Relates to meeting patients' needs and preferences and providing education and support.
- **Timeliness.** Relates to obtaining needed care while minimizing delays.
- **Efficiency.** Relates to maximizing the quality of a comparable unit of health care delivered or unit of health benefit achieved for a given unit of health care resources used.
- **Equity.** Relates to providing health care of equal quality to those who may differ in personal characteristics other than their clinical condition or preferences for care.

Patient safety is defined by IOM as “the prevention of harm to patients.”

Emphasis is placed on the system of care delivery that:

- (1) prevents errors;
- (2) learns from the errors that do occur; and
- (3) is built on a culture of safety that involves health care professionals, organizations, and patients.

What is Quality?

Institute of Medicine defines health care quality as "the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

What is Quality?

- Broadly there are 2 dimensions
 - a focus on population health (a health system perspective)
 - a focus on technical excellence (a practitioner perspective)

Both are important and interdependent but they are also unique in their own ways.

When we talk about “better care” for the SYSTEM, we have a focus on population health,

- OHCPs need to understand that achieving oral health in individual practice settings is part of a bigger system of care.
- OHCPs must work with other HCPs to achieve health for populations.
- Achieving patient-centered outcomes need to incentivized.
- Practices need to monitor oral health (all 3 core elements).

OHCs must work with other HCs to achieve health for populations

- Oral diseases share common risk factors with other non-communicable diseases (NCD)

Non-communicable diseases (NCD)

Common
risk factors

Bad diet

Stress

Obesity

Cancer

**Heart
disease**

**Respiratory
disease**

Dental caries

Periodontal disease

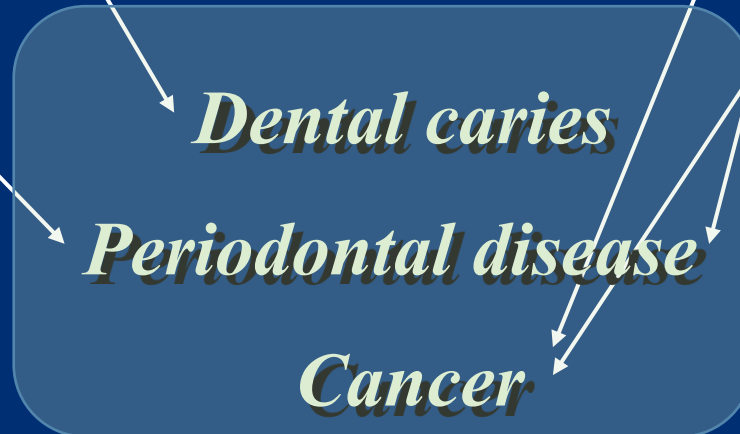
Cancer

Common
risk factors

Smoking

Alcohol

**Lack of
exercise**



OHCs must work with other HCs to achieve health for populations

- Oral diseases share common risk factors with other non-communicable diseases (NCD)
- Dentistry has adopted a “vertical silo” rather than a “horizontal” integrated approach

What is needed?

- ✓ Acknowledge that poor oral health is a threat to overall health and well being
- ✓ Recognize that oral diseases share common risk factors and biological pathways with other non-communicable diseases (NCD)
- ✓ Expand strategies for the dental profession and the role of the dental professional

Oral Health Objectives and Targets

- Reorient health systems to address the prevention and control of oral diseases based on the common risk factors of NCDs and their underlying social determinants.
- Embed oral health in the Health in All Policies (HiAP) agendas and training programs.
- Promote national capacity for high-quality research on the prevention of oral diseases as part of NCDs.
- Add free sugars to the list of exposures to raise the priority accorded to the prevention and control of oral diseases on global, regional and national agendas.

Discussion