# BigMouth: A multi-institutional dental data repository

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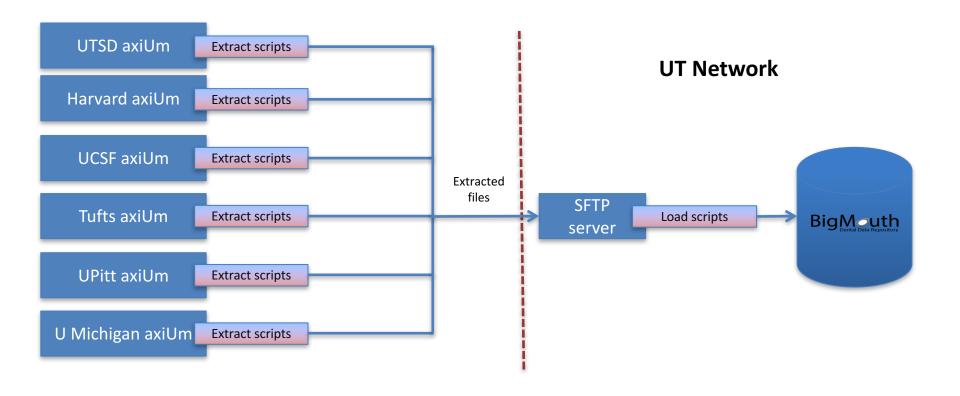


#### Outline

- Demonstration of BigMouth
- Data Governance (how to contribute and access)
- Data Standardization in Dentistry
- Examples of Research Projects using BigMouth
- Dental Quality Measurement

### **BigMouth**

- BigMouth contains data from six dental schools
- BigMouth allows non-technical users to query the axiUm data
- Data available Demographics , Diagnosis, Procedures, Forms,
   Odontogram, Perio, Medication, Insurance, Practice



### Electronic Health Records (EHRs)

Increased adoption in dentistry

 Large amount and variety of data

 Majority of US Dental Schools use same platform Unstructured data

 Data collected for Treatment, Payment, Operations

 Limited standardization
 No diagnostic terminology until recently

#### Data in axiUm

- Patient Information Demographics, vitals, height, weight, zip code etc.
- Dental information

   Treatments, Diagnoses, Dental History etc.
- Medical information Medical History
- Medication Current medication, Prescription etc.
- Tooth level information Odontogram, DMFS/ DMFT
- Periodontal Chart
- Educational Students and Residents, Grades
- Financial Billing, Insurance

### Benefits of using EHR data for research

- Lower cost and quicker than traditional clinical research<sup>1</sup>
- Patients rather than research subjects<sup>1</sup>

- Data readily available
  - Potential of using these resource to generate abstracts/proposals
  - Opportunity to develop scholarly portfolio

# Challenges of using EHR data for research

- Clinical notes(free text) are not readily queryable<sup>1</sup>
- Data quality issues<sup>1</sup>
  - Incomplete, Missing (e.g. Ethnicity)
  - Inaccurate (e.g. self reported data)
  - Inconsistent (Coding issues)
- Ethical Issues (e.g. Patient Privacy)
- Data may be idiosyncratic and may not be generalizable<sup>1</sup>

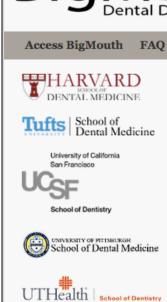
<sup>1</sup> Mei Song, Kaihong Liu, Rebecca Abromitis, Titus L. Schleyer, Reusing electronic patient data for dental clinical research: A review of current status, Journal of Dentistry, Volume 41, Issue 12, December 2013, Pages 1148-1163



**Publications** 



The University of Texas
Health Science Center at Houston



The University of Texas

SCHOOL OF DENTISTRY

(Coming Soon)

#### Welcome to the BigMouth Dental Data Repository

BigMouth is an oral health database developed from partially de-identified electronic health record data contributed by dental schools who are part of the Consortium for Oral Health Research and Informatics (<u>COHRI</u>). Access to the database is provided by <u>i2b2</u>, an open source data warehousing tool.

BigMouth contains data from five dental schools and is hosted at UTHealth | The School of Biomedical Informatics, Houston. The current participants are:

- · Harvard | School of Dental Medicine
- · Tufts University | School of Dental Medicine
- The University of California, San Francisco | School of Dentistry
- · The University of Pittsburgh | School of Dental Medicine
- UTHealth | School of Dentistry

Contact

. Coming soon: The University of Michigan | School of Dentistry



https://bigmouth.uth.edu/

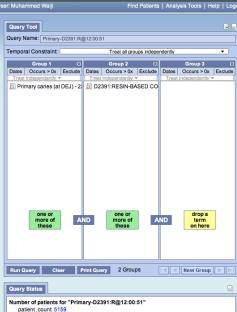


YES-PERIODO@13:35:54 [8-14-2012] [mwalji@uth.tmc.edu]

□ Denta-Diagn-Proce@16:27:09 [8-10-2012] [mwalji@uth.tmc.edu]







Race patient breakdown for "Primary-D2391:R@12:00:51"

American Indian or Alaska Native: 81

Black or African American: 327

Some Other Race: 1427

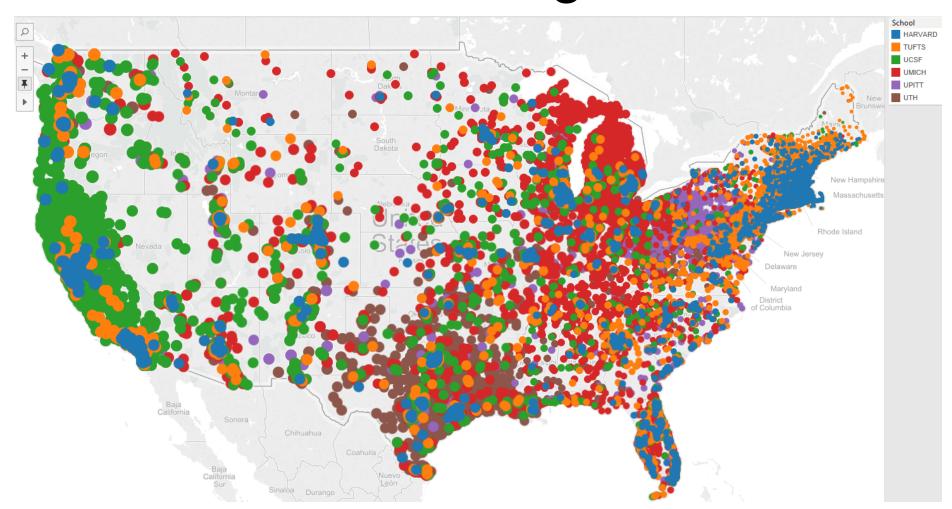
White: 1981

# Data in BigMouth

#### # of patients

	# of patients
Demographics	2,178,816
Diagnosis	301,970
Procedures	1,223,806
Forms	462,001
Odontogram	1,903,625
Periodontal Chart	227,369
<b>Prescribed Medication</b>	141,613
Insurance	444,727

# Geographical distribution of Patients in BigMouth



# Linking Medical and Dental Records Using an eMPI

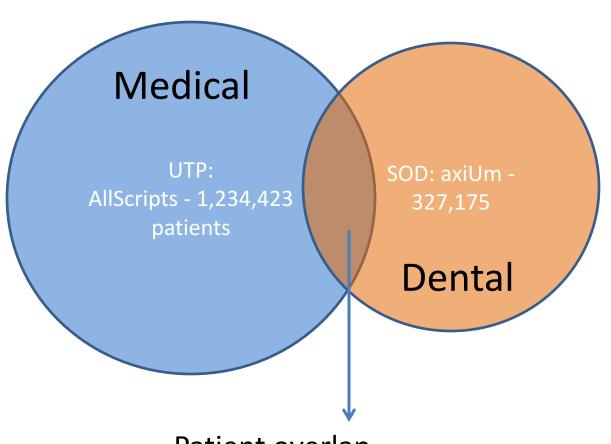
The Enterprise-wide Master Patient Index:

- A database of all patients across an organization, each assigned a unique ID.
- Matches patients across systems using "essential data":
  - Name, Gender, Date of Birth, Race and Ethnicity, Social Security Number, Current address and Contact information
- Necessary for the maintenance of accurate demographic and clinical data

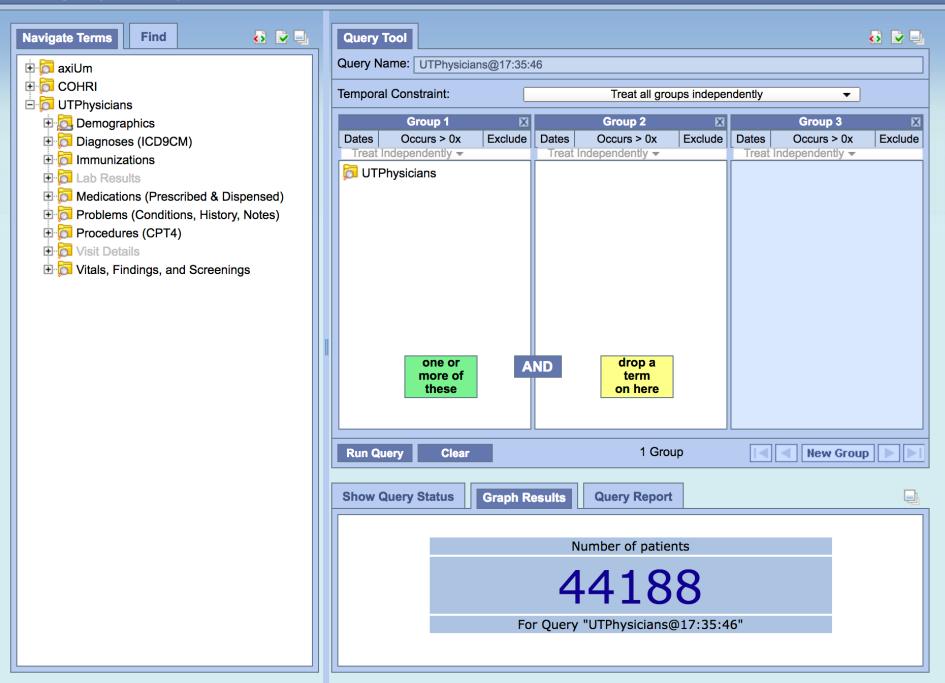
Joffe, E., Byrne, M. J., Reeder, P., Herskovic, J. R., Johnson, C. W., McCoy, A. B., ... & Bernstam, E. V. (2014). A benchmark comparison of deterministic and probabilistic methods for defining manual review datasets in duplicate records reconciliation. *Journal of the American Medical Informatics Association*, 21(1), 97-104.

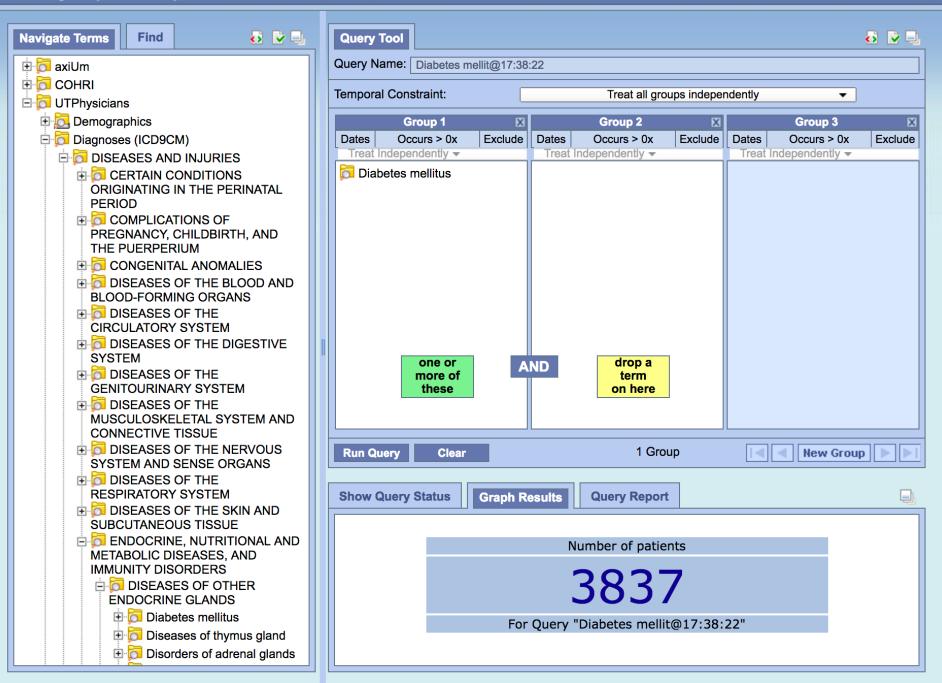
McCoy, A. B., Wright, A., Kahn, M. G., Shapiro, J. S., Bernstam, E. V., & Sittig, D. F. (2013). Matching identifiers in electronic health records: implications for duplicate records and patient safety. *BMJ quality & safety*, 22(3), 219-224.

## **Data Availability**



Patient overlap 44,188 patients





#### Data Governance

- 1. Adhere to privacy and security requirements
- 2. Access provided to those institutions that contribute
- 3. Each source site retains control/ownership of contributed data
- 4. Project review committee approval required for use of data for specific research projects
- 5. Continuously assess and improve the quality of data

#### Data Governance 2.0

- 1. Adhere to privacy and security requirements
- 2. Access provided to researchers from non-profit institutions
- 3. Each source site retains control/ownership of contributed data
- 4. Project review committee approval required for use of data for specific research projects
- 5. Continuously assess and improve the quality of data

### How to Access BigMouth

- Contributing Institution
  - Signup at https://bigmouth.uth.edu/
- Level 1 Access
  - Explore the data using the BigMouth Workbench
- Level 2 Access
  - Submit proposal to Research Review Committee
    - IRB Approval
  - Receive dataset to conduct analysis
    - Fill out the research data request template

# How to become a Contributing Institution

COHRI member institutions eligible

Complete a data use agreement

IRB approval



#### **VISION**

To be leading experts in informatics for oral health research, education, and patient care

#### **MISSION**

#### **COHRI will:**

- Create, standardize, integrate and share data using electronic health records
- Improve informatics utilization in dental education, health care, and research
- Work collaboratively to develop research projects to promote evidence based dentistry

#### **Current Member Institutions (n = 40)**

**Academic Centre for Dentistry (ACTA)** 

**Baylor University** 

**Columbia University** 

**Creighton University** 

Harvard

**Indiana University** 

**LECOM Bradenton** 

**Loma Linda** 

**Medical University of South Carolina** 

**Meharry Medical College** 

**Midwestern University Downers Grove** 

**New York University** 

**Nova Southeastern University** 

**Oregon Health & Science University** 

**Southern Illinois University** 

**Temple University** 

**Tufts University** 

**University of California, San Francisco** 

**University of Colorado** 

**University of Florida** 

**University of Illinois** 

**University of Kentucky** 

**University of Louisville** 

**University of Michigan** 

**University of Minnesota** 

**University of New England** 

**University of Nevada Las Vegas** 

**University of Oklahoma** 

**University of Pacific** 

**University of Puerto Rico** 

**University of Pittsburgh** 

University of Sharjah, UAE

**University of Southern California** 

**University of Tennessee** 

**University of Texas, Houston** 

**University of Texas, San Antonio** 

**University of Washington** 

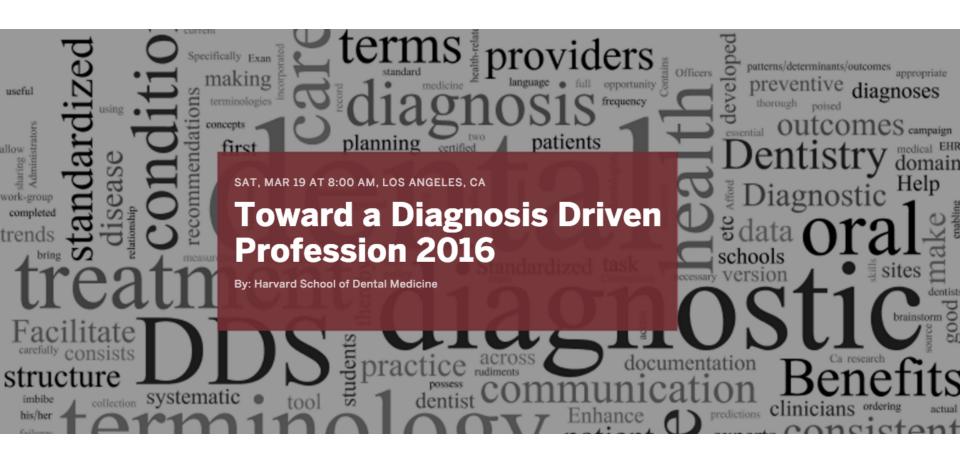
**Virginia Commonwealth University** 

**West Virginia University** 

Willamette Dental Group

#### **COHRI Resources**

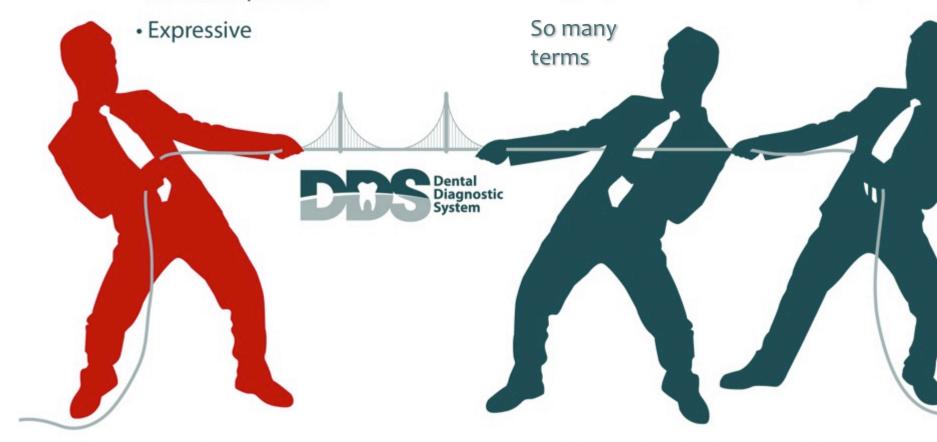
- 1. Adult medical and dental histories
- 2. Pediatric medical and dental histories
- 3. Problem list
- 4. Dental Diagnostic System (DDS)
- 5. Caries risk assessment (long + short)
- 6. BigMouth Dental Data Repository



#### **Interface Terminology**

- Clinical Usability
- Flexibility
- Common phrases

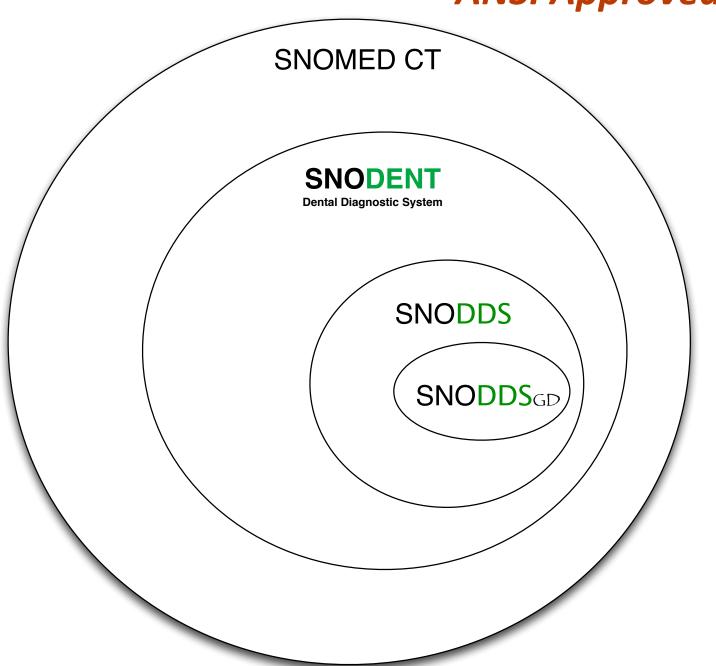
- Potential for nonsense terms
- Formally defined concepts
- Rigidly defined inter-relationships



**USER** 

**FORMAL TERMINOLOGIES** 

#### **ANSI Approved Standard**



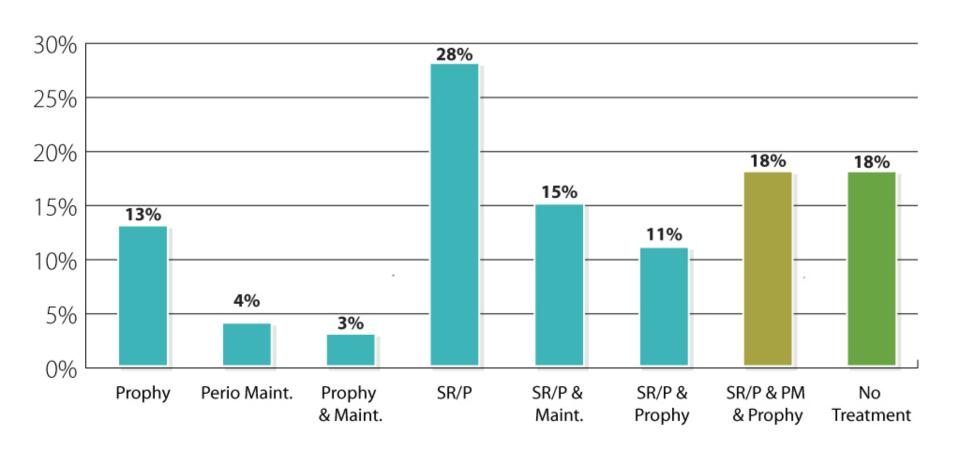
### **Examples of Research Projects**

# The Value of Using a Dental Diagnostic Terminology in an Electronic Health Record – Kalenderian et al.

- Goal: Find patients diagnosed with moderate chronic periodontitis who received treatment according to current American Academy of Periodontology (AAP) guidelines.
- Data used: Diagnosis and Procedures

Kalenderian E, Tokede B, Ramoni R, Khan M, Kimmes N, White J, Vaderhobli R, Yansane A, Feilzer A, Walji MF. Dental clinical research: an illustration of the value of standardized diagnostic terms. Journal of Public Health Dentistry. 2015. Oct 30. doi: 10.1111/jphd.12124.

#### Tx for Generalized Chronic Moderate Periodontitis



Efficacy and accuracy of pre-doctoral periodontal education in the US: An evaluation of the generalist and specialist teaching models on periodontal education – Ali Sajadi, DDS

- Goal: To understand the accuracy of diagnosis by analyzing clinical charting parameters and diagnostic codes by final year students
- Data used: Diagnosis

# Partial-mouth periodontal examination protocol for estimation of prevalence, severity and extent of periodontitis – Tran et al.

- Goal: This project aims to identify a partial-mouth periodontal; examination protocol which closely approximates a full-mouth periodontal examination protocol in estimating prevalence, severity and extent of periodontitis in population
- Data used: Perio, Forms

# Association between obesity and periodontitis: Cross-sectional study on patients visiting universities' dental clinics - Tran et al.

- Goal: Evaluate perio initial exam of obese patients.
- Data used: axiUm (Perio, medical and dental history and Missing teeth) and AllScripts (Diagnosis, medical history etc.)

# Statin Use is Inversely Correlated with Symptomatic Endodontic Diagnoses – Kanwal et al.

- Goal: The purpose of this retrospective study was to verify if correlations exist between endodontic diagnoses and statin use.
- Data used: Forms, Procedure

# Assessment of Diagnosed Temporomandibular Disorders and Orofacial Pain Conditions by Predoctoral Dental Students – Adibi et al.

- Goal: The purpose of this study was to assess the degree to which 1) patients report signs and symptoms of TMD/OFP, 2) if pre-doctoral dental student diagnose TMD/OFP, and 3) if patients receive any treatment for TMD/OFP.
- Data: Forms, Procedures, Diagnosis, Provider

Adibi SS, Kookal KK, Fishbeck NM, Thompson CR, Walji MF. Assessment of Diagnosed Temporomandibular Disorders and Orofacial Pain Conditions by Predoctoral Dental Students: A Pilot Study. J Dent Educ 2016 80:1450-1456.

# Implementing Dental Quality Measures in Practice

- > R01, 5-Year NIH/NIDCR Grant
- > UT Houston, HSDM, UCSF, WDG
- March 01 2015 February 28 2020
- 1. Assess dental quality measure implementation feasibility and validity across 4 core sites.
- Implement valid dental quality measures across all 11 sites and assess inter-site variation.
- 3. Develop useful and usable Dental Quality Measure dashboard views and functionality to support the interpretation of dental quality measures

### What is Quality?

"The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

IOM

https://www.nationalacademies.org/hmd/Global/News%20Announcements/Crossing-the-Quality-Chasm-The-IOM-Health-Care-Quality-Initiative.aspx

### What are Clinical Quality Measures?

- Clinical quality measures, are tools that help measure and track the quality of health care services provided
- CQM Measure:
  - health outcomes
  - clinical processes
  - patient safety
  - efficient use of health care resources
  - care coordination
  - patient engagements
  - population and public health
  - adherence to clinical guidelines

#### Measure domains

#### Clinical quality measures:

**Process** Percentage of elevated caries risk patients who were prescribed a high concentration fluoride toothpaste

Access Percentage of elevated caries risk patients who visited a dental clinic

Outcomes Percentage of elevated caries risk patients who remained disease free in the past year

**Structure** Does the health care facility uses EHRs?

Patient Satisfaction Patient reports the dentist communicated well with him/her

### Ten Dental Quality Measures

- 1. Diabetes and Annual Oral Evaluation
- 2. Sealants
- Tobacco Screening and Cessation Counseling Intervention
- 4. Caries Risk
- Caries Treatment
- 6. Caries Outcomes
- 7. Periodontal Risk
- 8. Periodontal Treatment
- 9. Periodontal Outcomes
- 10. Pregnancy and Oral Evaluation

# What percentage of diabetics receive an annual oral examination?

**NUM:** Number of diabetics who received the following dental examination procedures: D0150, D0120 & D0180 in the measurement period

**DEN:** Dental patients, who reported having diabetes, of record in the dental clinic in the reporting year



Claims data → EHR

## Approach for Evaluating DQM

- 1. Development of EHR query
- 2. Calculate sample sizes needed to review
- 3. 2 Reviewers independently reviewed 50 charts
- 4. Inter-rater reliability
- 5. Single review of remaining charts
- 6. Calculation of sensitivity, specificity, NPV, PPV and Kappa
- 7. Identification of why patients did not receive oral evaluation
- 8. Develop and evaluate improved measure

#### **Initial EHR-Measure results:**

**NUM:** How many received the following procedures: D0150, D0120 & D0180 in the measurement period

**DEN:** Dental patients of record, who reported having diabetes, in the dental clinic in the reporting year



<sup>\*</sup> Manual Review

<sup>\*\*</sup> Automated query

	Initial EHR measure				
Overall Score	Manual Review	Measure rate: 60.3%	P<0.001 <sup>1</sup>		
	(n= 1,242)	(95% CI; 58-63%)			
	Automated	Measure rate:			
	Query	71.7%			
	(n=12,960)	(95% CI; 71-72%)			
Sensitivity	93% (95% CI;				
	manual review revea				
	identifi				
Specificity	100% (95% CI; 1				
	manual review did				
	the query did no				
Positive	100% (95% CI; 100-100) of the time that the				
Predictive	query identified Oral Evaluation, the manual				
Value	review revealed Oral Evaluation				
Negative	100% (95% CI; 1				
Predictive	query did not identify oral evaluation, the manual				
Value	review did no				

### Why did Diabetics Not Receive an Oral Evaluation?

• Group 1: Reasons that justified the patient being excluded from the denominator

Group	Category – Reasons for Exclusion	
1	Patients were discontinued	
2	Edentulous	
3	Patient reported for limited/emergency/urgent./specialist care only	
4	Less than a year of visit	
5	Miscoded	

• The selection of eligible patients in the initial measure did not follow an exclusion criteria

### Why did Diabetics Not Receive an Oral Evaluation?

 Group 2: Reasons that justified the patient being included in the numerator

#### **Category – Reasons for Inclusion**

Other acceptable Periodontal care:

Adult Prophylaxis (D1110)

Periodontal maintenance (D4910)

Full mouth debridement (D4355)

Scaling and root planing of one to three teeth (D4342)

Scaling and root planing of four or more teeth (D4910)

Periodontal Chart Completed or In Progress

Dental Procedures under Planned and in conjunction with the DDS

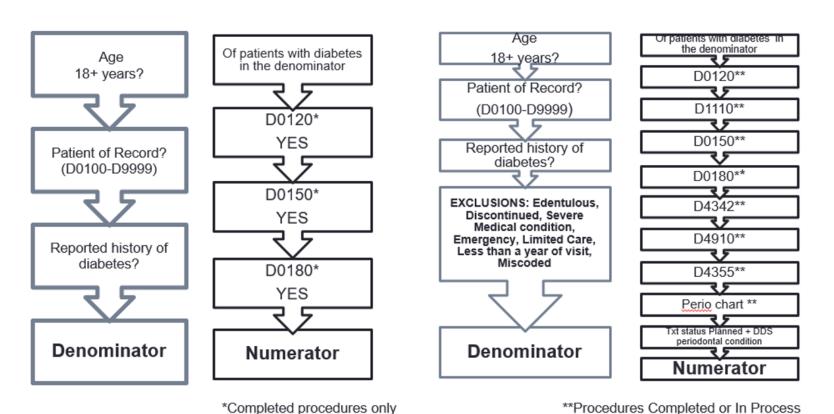
terminology

 To include only comprehensive periodontal evaluation OR comprehensive oral evaluation OR periodic oral evaluation may underestimate the care patients received

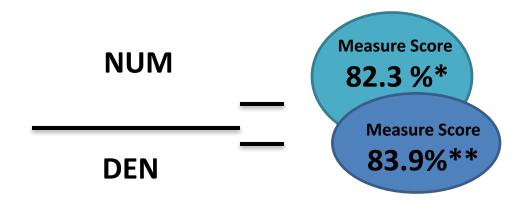
Figure 1. Numerator and Denominator workflow for Initial and Revised EHR-Measures:

#### Initial EHR- Measure

#### **Revised EHR- Measure**



### **Revised EHR-quality Measure scores:**



<sup>\*</sup> Manual review

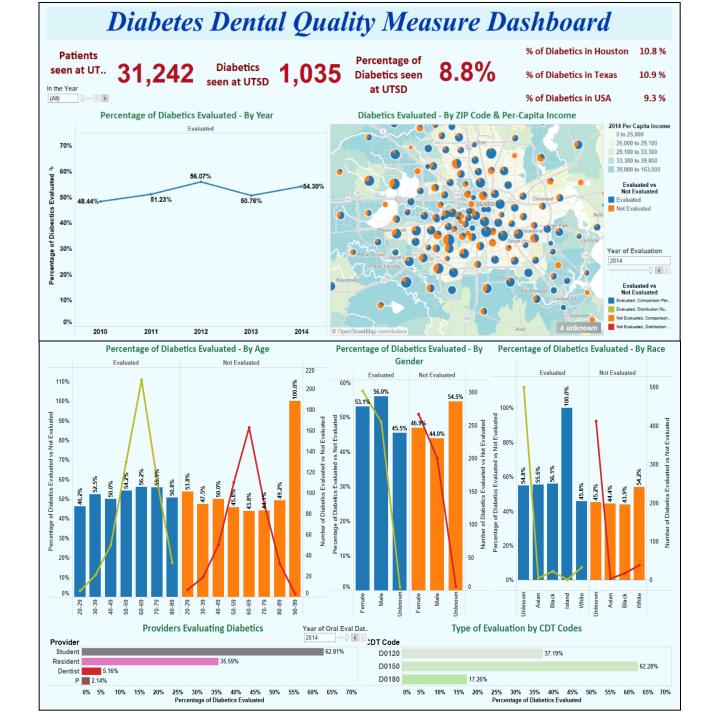
<sup>\*\*</sup> Automated query

## Measure rates for the Initial and Revised EHR-Measures across four sites for both automated query and manual reviews.

	Initial EHR measure			Revised EHR measure		
Overall Score	Manual Review (n= 1,242)	Measure rate: 60.3% (95% CI; 58-63%)	P<0.001 <sup>1</sup>	Manual Review (n= 710)	Measure rate: 82.3% (95% CI; 79-85%)	P =0.260 <sup>1</sup>
	Automated Query (n=12,960)	Measure rate: 71.7% (95% CI; 71-72%)		Automated Query (n= 13,221)	Measure rate: 83.9% (95% CI; 83-85%)	
Sensitivity	93% (95% CI; 90.7-94.5)			99% (95% CI; 98.7-100)		P <0.001
Specificity	100 (95% CI; 100-100)			90% (95% CI; 85.0-95.2)		P <0.001
Positive Predictive Value	100 (95% CI; 100-100)			98% (95% CI; 96.5-99.0)		P <0.001
Negative Predictive Value	100 (95% CI; 100-100)			98% (95% CI; 94.8-100)		P <0.001

<sup>&</sup>lt;sup>1</sup> – Relationship between manual and automated queries calculated with two sample test of proportions

<sup>&</sup>lt;sup>2</sup>- Relationship between of the validation analysis between the adapted and revised measures calculated with two sample test of proportions



## **Next Steps**

- Scalability
- Standardization

- Sustainability
- Linking to Medical Data
- Linking to Genomic Data

## BigMouth Team

#### **UT-Houston**

- Muhammad Walji PhD
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- Joseph Applegate
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#### **UCSF**

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### Univ of Michigan

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**R01DE023061** (NIDCR): A Whole Systems Approach To Implementing Standardized Dental Diagnostic Terms

R01DE022628 (NIDCR): Developing a Patient Safety System for Dentistry

R01DE024166 (NIDCR): Implementing Dental Quality Measures in Practice

Thank you to our research team members!

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## Questions?

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Access BigMouth FAQ Publications Contact





University of California San Francisco



School of Dentistry







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- The University of California, San Francisco | School of Dentistry
- The University of Pittsburgh | School of Dental Medicine
- UTHealth | School of Dentistry
- The University of Michigan | School of Dentistry







### UTHealth Authentication





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privacy & security | contact | UTHealth date last modified: July1, 2010

on here

Clear

**Graph Results** 

**Run Query** 

**Show Query Status** 

0 Groups

**Query Report** 

New Group

