

American Dental Association
Technical Report No. 1030

Dental Provider's Guide to the Electronic Dental Record

A Technical Report prepared by the American Dental Association and registered with ANSI.

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AMERICAN DENTAL ASSOCIATION TECHNICAL REPORT NO. 1030 FOR DENTAL PROVIDERS GUIDE TO THE ELECTRONIC DENTAL RECORD

The Council on Dental Practice of the American Dental Association has approved American Dental Association Technical Report No. 1030 for Dental Providers Guide to the Electronic Dental Record. Working Groups of the ADA Standards Committee on Dental Informatics (SCDI) formulate this and other specifications and technical reports for the application of information technology and other electronic technologies to dentistry's clinical and administrative operations. The ADA SCDI has representation from appropriate interests in the United States in the standardization of information technology and other electronic technologies used in dental practice. The ADA SCDI confirmed approval of ADA Technical Report No. 1030 on January 7, 2015.

Publication of this technical report that has been registered with ANSI has been approved by the American Dental Association, 211 E. Chicago Ave., Chicago, IL 60611. This document is registered as a technical report according to the *Procedures for the Registration of Technical Reports with ANSI*. This document is not an American National Standard and the material contained herein is not normative in nature. Comments on this document should be sent to the American Dental Association, 211 E. Chicago Ave., Chicago, IL 60611.

This technical report was prepared by SCDI Working Group 11.2 on Practitioner's Guide to the Electronic Dental Record. SCDI Working Group 11.2 prepared this report at the request of SCDI Subcommittee on Clinical Informatics (Mark Diehl, chairman).

The ADA SCDI thanks the members of Working Group 11.2 and the organizations with which they were affiliated at the time the specification was developed:

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FOREWORD

(This foreword does not form a part of American Dental Association Draft Technical Report No. 1030 for Dental Providers Guide to the Electronic Dental Record)

In 1992, there was interest in the standardization of clinical information systems related to electronic technology in the dental environment. After evaluating current informatics activities, a Task Group of the ANSI Accredited Standards Committee MD156 (ASC MD156) was created by the ADA to initiate the development of technical reports, guidelines, and standards on electronic technologies used in dental practice. In 1999 the ADA established the ADA Standards Committee on Dental Informatics (SCDI). The ADA SCDI is currently the group that reviews and approves proposed American National Standards (ANSI approved) and technical reports developed by the standards committee's working groups. The ADA became an ANSI accredited standards organization in 2000.

The scope of the ADA SCDI is:

"The ADA SCDI shall develop informatics standards, specifications, technical reports and guidelines and interact with other entities involved in the development of health informatics standards aimed at implementation across the dental profession."

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SCOPE

This technical report is intended to increase the awareness and knowledge of dentists and dental healthcare providers about key concepts of the Electronic Dental Record (EDR) and the standards development process. The document can serve as a primer on the subject and as a tool to help dental offices implement an EDR. This report is useful because the application of computer-based systems in the management of dental practices, both private and institutional, have proven to be a significant and necessary resource. Over the past 25 years computer based systems supporting patient care have evolved from accounting and administrative information systems to digitally based patient record systems.

This paper also serves as a primer for consumers, private and institutional, who will use and develop electronic dental records and/or components of these record systems, based on concepts of computer-based patient records and their application to dentistry. Perspectives related to the use of these systems in private practice, as well as institutional users such dental education and governmental organizations that provide dental care, are included as part of this technical report. The report is also intended to support the previously approved dental informatics standards: *ANSI/ADA Standard No. 1000, Standard Clinical Data Architecture and ANSI/ADA Standard No. 1027, Implementation Guide to ADA Standard No. 1000.* ANSI/ADA Standard No. 1000 is a model-based standard clinical data architecture that addresses the need for standardized electronic health data and provides a blueprint for developers of health information systems

Ultimately, the document's purpose is to improve an end-user's understanding of an EDR and its components as well provide an understanding of what can be done with computer-based systems that cannot be done with paper-based analog records. Additionally, this document will cover any implementation issues surrounding the computer-based oral health record.

To provide an adequate reference point, this document will provide users with a better understanding of the evolution of electronic records in dentistry. In recent years we have witnessed the migration from "clinical information systems and practice management systems" (PMS) utilized for business functions to "computer-based oral health records" that incorporate clinical point of care computing. With the vast majority of dental practices already "computerized," users of these systems need to become more knowledgeable about clinical data and patient record systems to become a more informed consumer.

Who Benefits from the Electronic Dental Record (EDR)?

Patient	Patient information is available at the "point of need"
Practitioner	Point of need access, decision support, effective patient management
Managers	Access to individual and aggregate information for effective management
Staff	Improve time management related to records management
Payers	Increase accuracy of information and efficiency of reimbursement process
Community	Improve health and manage of a population of patients