**Supplementary material**

British Dental Association Case mix tool criteria

BDA CMT narrative for ability to communicate

|  |  |  |
| --- | --- | --- |
| ***Complexity score*** | | ***Narrative*** |
| 0 | 0 | Free communication with adequate understanding between patient, carer and dental team |
| A | 2 | Mild restriction  Some difficulty in communication, but can overcome  Patient can communicate for themselves without intervention of 3rd party  Patient has mild learning difficulty |
| B | 4 | Moderate restriction  Interpreter/ 3rd party required to communicate  Non-verbal communication |
| C | 8 | Severe restriction  No ability to communicate due to impairment |

BDA CMT narrative for ability to cooperate

|  |  |  |
| --- | --- | --- |
| ***Complexity score*** | | ***Narrative*** |
| 0 | 0 | Patient will accept all restorative care and simple extractions with local anaesthesia +/- standard behavioural management techniques |
| A | 3 | Full examination and/or simple treatment possible, but requiring additional support or behaviour management techniques |
| B | 6 | Limited examination only possible  Clinical holding required  Patient will accept limited restorative care of anterior teeth only with difficulty |
| C | 12 | Patient requires general anaesthesia, sedation or other advanced management techniques to accept treatment |

BDA CMT narrative for medical status

Note: This criterion covers both issues where modifications have to be made to provision of oral healthcare due to the patient’s medical history and where a patient’s medical history is not readily obtainable at a dental appointment.

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| --- | --- | --- |
| ***Complexity score*** | | ***Narrative*** |
| 0 | 0 | Adequate medical history obtainable at appointment with no significant relevance to this course of treatment.  No additional investigations required |
| A | 2 | Medical history unable to be obtained at first appointment Further information required in order to complete medical history |
| B | 6 | Medical or psychiatric status complex or unstable, affecting the provision of treatment |
| C | 12 | Multidisciplinary review required to treat  Multidisciplinary appointment for medical reasons |

BDA CMT narrative for oral risk factors

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| --- | --- | --- |
| ***Complexity score*** | | ***Narrative*** |
| 0 | 0 | Minimal risk factors  Stable oral environment; brushes twice a day with fluoride paste  Can comply with all aspects of 'Delivering Better Oral Health' advice |
| A | 3 | Moderate risk factors  Can comply with most aspect of 'Delivering Better Oral Health' advice  Good oral hygiene hindered by malocclusion /manual dexterity  Cariogenic diet resulting in uncontrolled caries  Course of treatment following period of neglect |
| B | 6 | Severe risk factors  For example, extensive support to achieve some aspects of 'Delivering Better Oral Health' advice  Oral hygiene relies on 3rd party to maintain  Patient does not spit toothpaste out  Altered salivation  Access to oral cavity severely restricted |
| C | 12 | Extreme risk factors  For example, unable to comply with any aspects of 'Delivering Better Oral Health’  High calorie supplementation  Regular sugar-containing medication  Severe xerostomia  PEG feeding  Immunocompromised |

Refer to Appendix 3 for Delivering better oral health: an evidence-based toolkit for prevention summary guidance tables third edition.

BDA CMT narrative for access to oral care

|  |  |  |
| --- | --- | --- |
| ***Complexity score*** | | ***Narrative*** |
| 0 | 0 | Unrestricted  Patient can access surgery without staff intervention  Child accompanied by a parent |
| A | 2 | Moderately restricted  Patient who fails to attend, or cancels at short notice, more than once in a course of treatment  Patient requires support to access the surgery. For example, carer attends; administrative support |
| B | 4 | Severely restricted  Specialised equipment required to attend the surgery (for example, ambulance, hoist, wheelchair tipper, slide board) |
| C | 8 | Domiciliary care required  This criterion is intended ONLY for patients seen on a domiciliary basis in a hospital or nursing home. Do not use for operating theatre cases |

BDA CMT narrative for legal and ethical barriers to care

Note: This criterion includes issues related to collection of patient charges as well as the actual provision of treatment.

|  |  |  |
| --- | --- | --- |
| ***Complexity score*** | | ***Narrative*** |
| 0 | 0 | No legal or ethical issues affecting care  For example, no problems with consent or parental responsibility |
| A | 2 | Some legal/ethical difficulties may arise:  Best interests decision not requiring additional correspondence |
| B | 4 | Moderate legal/ethical difficulties may arise:  Fluctuating capacity to consent  Best interests decision requires additional correspondence with carers/relatives  Financial responsibility requires further clarification Parental responsibility requires further clarification |
| C | 8 | Severe legal/ethical difficulties  Multi-professional consultation/ case conference required  Referral to an Independent Mental Capacity Advocate (IMCA)  Safeguarding referral made |

Simplified case mix tool criteria and complexity scale

|  |  |  |  |
| --- | --- | --- | --- |
| ***Criteria*** | ***Three-point scale*** | | |
| ***None***  ***(0)*** | ***Mild***  ***(A)*** | ***Moderate/Severe (B/C)*** |
| Ability to communicate | □ | □ | □ |
| Ability to cooperate | □ | □ | □ |
| Medical status | □ | □ | □ |
| Access to oral care | □ | □ | □ |
| Legal and ethical barriers to care | □ | □ | □ |

□ Represents a check box to indicate the level of complexity for each criteria along the three-point scale.

Simplified case mix tool criteria in detail

|  |  |  |  |
| --- | --- | --- | --- |
| ***Criteria*** | ***None (0)*** | ***Mild (A)*** | ***Moderate/Severe (B/C)*** |
| Ability to communicate | Free communication with adequate understanding between patient, carer and dental team. | Mild restriction:  Some difficulty in communication but can overcome with or without use of aids. In most situations patients can communicate for themselves without intervention of 3rd party.  Patient speaks English but not as first language  Patient has mild learning difficulty.  Patient has hearing impairment. For example lip reads. | Moderate/severe restriction:  Patient does not speak English and requires services of interpreter to communicate.  Limited communication where possible. Problems with communication not able to completely overcome.  Patient requires communication in writing; using sign/language/Makaton or other communication aids.  Patient communication requires carer as interpreter.  Patient has moderate learning difficulty  Patient has mild dementia.  No ability to communicate. All discussions regarding treatment conducted through a 3rd party.  Patient has profound learning disability.  Patient has advanced dementia.  Patient with advanced Huntington’s disease.  Patient with severely debilitating brain injury. |
| Ability to cooperate | Not restricted. Full cooperation for treatment possible. | Some difficulty in cooperation:  Able to complete examination but not all other procedures required in episode of care.  Treatment completed with a limited amount of interruption.  Patient requires up to 50% longer appointment length to complete treatment (in comparison to code 0).  Patient requires up to 2 behaviour modification/acclimatisation visits before treatment commences. | Considerable or severe difficulty in cooperation:  Limited examination, or examination only possible under general anaesthesia.  Formal risk assessment relates to any physical intervention that maybe required.  Considerable interruption disrupts provision of treatment.  Additional precautions required because of violent or inappropriate behaviour.  Patient requires more than 50% longer appointment length to complete treatment (in comparison to code 0).  Patient requires 3 or more behaviour modification/acclimatisation visits.  General anaesthesia or sedation required for treatment. |
| Medical status | Adequate medical history obtainable at appointment with no significant relevance to this course of treatment. No additional investigations required. | Some treatment modification required.  Medical history obtained but some slight modifications to patient management required. For example, antibiotic cover, prescription needed. | Moderate or severe impact of medical or psychiatric condition on provision of care.  Complex medical condition severely affects the ability to treat and choice of treatment.  Tests and special arrangement are necessary For example steroid cover, INR.  Medical or psychiatric history not able to be obtained without additional investigations and requiring with other health and social care workers.  Medical status unstable affecting provision of dental treatment. For example unstable epilepsy, unstable diabetes.  Complex medical history requiring multidisciplinary review in order to decide whether or not to treat and precautions required. For example case conferences, joint review with anaesthetists. |
| Access to oral care | Unrestricted:  Patient can access surgery without staff intervention. Child accompanied by a parent. | Moderately restricted:  Patients can access surgery but needs support. For example needs taxi, needs carer to bring them.  Patient who arrives using a wheelchair – can transfer to dental chair themselves or with minor assistance.  Patient who has difficulty keeping appointments by virtue of their impairment or disability.  Patient whose arrangement for appointments need to be made with a carer.  Patient seen in a mobile dental surgery.  Patient who has difficulty getting into and out of the surgery and/or the dental chair.  Patient who fails to attend, or cancels at short notice, more than once in a course of treatment. | Severely restricted or domiciliary care required:  Patient requires our staff to arrange transport in order to attend surgery.  Patient who needs to be treated whilst in a wheelchair. For example using a wheelchair tipper.  Patient who requires the use of a hoist to transfer to the dental chair.  Domiciliary care required.  Patient treated at home, or in a hospital or nursing home bed. |
| Legal and ethical barriers | No legal or ethical issues affecting care. For example, no problems with consent or parental responsibility. | Some legal/ethical difficulties may arise:  Looked after children.  Parental responsibility requires further clarification.  Financial responsibility requires further clarification.  Dentist required to make a best interests decision not requiring a second opinion. | Moderate legal/ethical difficulties may arise:  Children in foster care.  Fluctuating capacity to consent due to psychiatric illness.  Consultation with other professionals/carers/relatives required in order to determine patients’ best interests/capacity to consent.  Dentist required to make a best interest decision requiring obtaining a second opinion  Multi-professional consultation required in order to overcome legal/ethical difficulties.  Best interest meeting/case conference required. |

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