Getting Started

☐ Choose a recognized CRA Form/Tool (i.e. ADA, AAPD, AAP, CDA) that works best for your office setting.

☐ Determine how you will document and gather important information from the CRA. Start with one of the following:
  □ Paper form
  □ Build CRA Form into practice management software (i.e. Dentrix)
  □ Integrate key knowledge gathered from CRA into clinical notes/other field in practice management software (i.e. Dentrix)

☐ Have a conversation with staff to gain buy-in on Disease Management and why we use CRAs. Explain what you want to track. Don’t leave out staff from Information Technology.

☐ Consider starting with a small group (i.e. patients ages 0-5, 6-9, etc.).

☐ Start small—one provider tries CRA on one patient and builds learning and experience.

☐ Draft (and revisit) your office’s workflow for completing CRA from start to finish. Determine whom, when, where for each step in the process.

☐ Measure your progress and set goals for your measures. Suggested measures include:
  □ % of patients receiving CRA
  □ % of patients with reduced caries risk status

☐ After pilot testing, train providers and calibrate how low, moderate and high risk patients are defined and addressed.

Dental Provider Workflow

Patient seated in exam room

RDH/DA begins clinical assessment/exam

RDH/DA uses CRA to guide conversation; draws out patient information on risk and protective factors

Key information from CRA (i.e. risk factors, protective factors, clinical indicators) is confirmed by DDS/DMD and documented in practice management software (i.e. Dentrix)

Risk level is determined, explained and recorded:

D0603 – HIGH RISK
D0602 – MODERATE RISK
D0601 – LOW RISK

Based on risk level, determine treatment, OHI, nutritional counseling, and recare interval. Engage with patient to help set their Self-Management Goal

Make follow-up appointment with appropriate recare interval