

Electronic Patient Records for Dentistry Clinical Research

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Introduction

The purpose of this research was to reevaluate the patterns and factors that influence dental practices' adoption of electronic dental records (EDR) and related technologies, as well as the impact that the Health Information Technology for Economic and Clinical Health (HITECH) Act had on adoption rates up until 2012. In order to collect a specific sample, a novel, statistically modelled approach was used to distribute a 39-question survey across the nation over a three-month period. The adoption rate of clinical support EDR was 52%. Adoption rates were also higher among women, younger dentists, those with less than 15 years of experience, and group practices. Cost-benefit analysis, conversion to an electronic format, and poor EDR usability were the primary adoption barriers.

In 2012, dental offices in the United States had higher EDR deployment rates than medical offices did, and this difference was not caused by the HITECH program. The utilization of patient portals by dental practices in the United States remained sluggish. The United States has seen an increase in the use of computers in dental offices over the past three decades. In 1984, computers were used in 11% of general dentistry practices. That percentage had increased to more than 85% of the US's 166,000 dental offices by 2009 [1,2].

Description

Clinical computers and electronic dental records (EDRs) have seen a significant rise in usage, particularly over the past ten years, despite the modest level of further acceptance of EDRs by dental offices. Through 2006, Schleyer carried out a comprehensive investigation into the adoption, utilization rates, and attitudes of general U.S. dental practitioners toward clinical computing. They discovered that 25% of dental practitioners utilized a chairside computer and 1.8% of dental practitioners were completely paperless. From 2006 to 2007, the American Dental Association (ADA) conducted a survey of dentists. The results showed that 55.5 percent of offices now use chairside computers, while only 9.2 percent of practices use paper. A survey of California dentists conducted in 2010 found that 23% had fully incorporated an EDR into their practice. A recent Dental Practice-based Research Network survey found that 14.3% of solo practitioners and 15.9% of group practitioners implement EDR. More people should use five EHRs that have been approved for meaningful use. There is a possibility that some dentists in the United States will not be able to participate in this incentive program because they do not meet the minimum requirement of providing care to patients who have at least 30% enrollment in Medicaid. In addition, the regulatory definition does not include an official definition of "meaningful use" for dentistry.

The sample of respondents from all over the country showed high rates of computer use in dental practices to help with office and practice management, especially when it comes to scheduling and billing patients. In addition, patient waiting areas in dental offices are gradually receiving computer access. A patient portal that will enable future changes to medical, medication, and dental histories

is also included, as are instructional resources. 72% of chairside computer users, up from 25% and 55% in 2005 and 2006–2007, respectively, according to the results of our survey. Dental professionals are increasingly utilizing computers in the chair to access the internet, where they can electronically access data for clinical decision support, resources for patient education [3-6].

Conclusion

Our findings were consistent with those of a previous study¹ that found that dental practices primarily used computers to store administrative data. According to the findings of our study, U.S. dentists have increased their use of computers to save radiographic images, primary complaint information, dental history, and medical history by 20% since the year 2000. Rate required reaching the desired sample. The total number of mailings required to reach the desired sample was determined using the genuine response rates from the first two mailings. The targeted response rate was still 20% higher than the intended goal, despite the fact that only two thirds of potential recipients needed to be targeted for this strategy to be extremely effective. To see if there were any statistically significant differences, we compared our demographic data to the results of a significant national ADA survey regarding the gender of respondents, the split between solo and group practices, and the demographic location within the United States. This allowed us to ascertain whether the strategy was aimed at a population that was representative of the general public.

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