

PROPOSED AGENDA
PLENARY MEETING OF THE AMERICAN DENTAL ASSOCIATION
STANDARDS COMMITTEE ON DENTAL INFORMATICS
8:30 A.M. WEDNESDAY, SEPTEMBER 4, 2019
MARRIOTT MARQUIS SAN FRANCISCO, CA

I. Call to Order, 8:30 a.m. -- Chairman Stephen Glenn

II. Conflict of Interest Statement

Dr. Jurkovich read the Conflict of Interest Statement and ask for any disclosures.

III. Roll Call and Self-Introduction of Those Present

Chairman Glenn and Vice-Chairman Jurkovich opened the meeting with the roll call of organizations and then proceeded to self-introductions of those present with disclosure. All specialty organizations as well as equipment manufacturers, industry reps, insurance companies, military representatives, software developers and general observers were present.

IV. Approval of the Agenda and Consent Calendar Items

Approved

V. Approval of Minutes, Meeting of February 26, 2019

Approved

VI. Report on Action Items from Meeting of February 26, 2019

Reviewed

VII. Report of the Nominating Committee

The Nominating Committee Chairman will present the slate of candidates for SCDI subcommittee officers to be elected by the ADA SCDI.

The list was reviewed and voted upon.

VIII. Robert H. Ahlstrom New Investigator Award

The 2019 recipient of the Robert H. Ahlstrom New Investigator Award, Dr. Ashley Barrineau, presented her research project, **"Systematic Evaluation of Commercially-Available Sensors Using Standardized Image Quality Parameters."**

Ashley Breanne Barrineau, DDS

University of California Los Angeles, School of Dentistry

Abstract:

This research validates the ADA SCDI Report, TR1094, Quality Assurance for Digital Intra-Oral Radiographic Systems. When standards are propagated it is important to validate their clinical appropriateness. Following the procedures described in ADA TR1094 to optimize the intraoral radiographic exposure, the Dental Digital Quality Assurance (DDQA) radiographic phantom which met the QA criteria for a phantom, 7 digital intraoral systems, an endodontically prepared upper molar tooth phantom with a #6 K endodontic file placed at the apex of the MB root were used. Apical placement of a

#6 K file in MB canal of the molar was confirmed using a scanning electronic microscope.

Optimal exposure is the lowest radiation dose where maximum diagnostic information is provided. At the optimum exposure, the endodontic phantom was used to confirm sensor optimization in a simulated clinical situation by visualizing the #6 file at the apex of the MB canal on an upper molar tooth on a radiograph. At the optimal exposure with each sensor system, the #6 K file at the apex of the MB root was visualized in the prepared endodontic tooth. In this era of public concern on radiation exposure from dental radiographic examinations, it is paramount that the patient's concerns on the appropriateness of radiographic exposures are justified. This study validates the SCDI standards to improve patient health and allay patient concerns on the use of radiation in dental exams. Our study validates the feasibility of using the approach recommended by TR1094 in a dental practice environment.

IX. ADA 2019 & 2020 CE Courses

Courses at this and at next year's ADA meeting were reviewed. Next years are proposed on Digital Data Security, Teledentistry and Forensic Dentistry

X. SCDI Subcommittee and Working Group Chairmen Reports of Activities and Progress

Each subcommittee chairman will call on the working group chairmen within his subcommittee to provide their reports, after which the subcommittee's resolutions will be presented for approval by the

ADA SCDI.

A. Subcommittee on Information Exchange – Dr. Jonathan Knapp

All these working groups have been reaffirmed to continue

1. WG 10.3 Dental Information Systems Security and Safeguards – Dr. Mary Licking
[Technical Report 1018](#) TECHNICAL SECURITY MECHANISMS AND THEIR APPLICATION TO DENTISTRY was reformatted and reviewed and revised. It also must be reaffirmed. The newly revised technical report will be posted when it is completed. Hopefully it will be available for publication in February 2020
2. WG 10.4 Data Redundancy – Dr. Scott Benjamin
Very important with the increase of Ransomware. Although this committee was dormant lately, it is now important to deal with backing up data.
3. WG 10.9 Dissemination of Dental Laboratory Prescriptions – Mr. Jim McLees
Did not meet
4. WG 10.10 Electronic Dental Claim – Dr. Carla Evans
The Perio and Ortho attachment to claims are done but haven't been tested. They can't go further at this time.
5. WG 10.11 Guidelines for Hardware and Software – Dr. Mohamednazir Harunani
Meeting was cancelled
6. WG 10.13 Electronic Prescription Standard – Dr. Mohamednazir Harunani
Meeting was cancelled

7. WG 12.1 Digital Imaging – Dr. Scott Benjamin

The FDA no longer regulates new devices and controls over dental radiation equipment and devices. That is now relegated to the individual States and Professional Organizations, such as the ADA SCDI. That makes the Standards Committee very important. A group of physicists came up with detailed recommendations on how to do these evaluations. There was also a discussion about regulating individual devices, especially hand held – that have to be registered now in each State and each State has different requirements. In every State, when new equipment is installed, it has to be tested and calibrated and meet manufacturers recommendations. Quality Standards are consistent across States. *In a separate document is the technical report for Radiation QA – which needs to be converted to a Standard. (Document is NOT READY FOR PUBLICATION- FOR INFORMATIONAL PURPOSES ONLY – INCLUDING SCHEDULE ON PAGE 11.)* The document discusses the differences between CMOS and Phosphor plates and how to test them with Phantom plates – in a single image Phantom plate system – vs three different exposures. The image display (monitor) is also a critically important in this diagnostic chain.

B. Subcommittee on Clinical Informatics – Dr. Greg Zeller

The Working Groups were reaffirmed. Except 11.2, which will be moved to Knowledge Management WG 13.3

1. WG 11.1 Standard Clinical Data Architecture – Dr. Sharon Pollick

Reviewed and corrected line by line the 2013 version of Standards Document 1067, Standards for the Electronic Dental Record. There are 7 sections to this document. The purpose of this document is to identify the minimum functionality required of an electronic dental system to perform effectively in an interoperable and coordinated care environment. The scope of this very detailed 86-page document is the functional requirements for the dental health care domain, consisting of information system support for direct and indirect dental services, supporting functions, and functions of the electronic dental system infrastructure.

2. WG 11.2 Consumer Guide to the Electronic Dental Record – Dr. Gary Guest

TR 1030 (Dental Provider’s Guide to the Electronic Record) was being reaffirmed.

3. WG 11.6 Integration of Orthodontic Standards– Dr. Carla Evans, Mr. Antonio Magni
Reviewed various reports and Standards – including what casts, photos, etc used in Orthodontics and codes that need to be included.

4. WG 11.7 Risk Assessment Software – Dr. Cliff Carey

Committee focuses on the Digital Cares Risk Assessment Resources ADA Standards document 1097. The draft has been reviewed and comments noted. It now has to be approved by the Oversight committee and then further by the ADA. The purpose of this documents is to provide requirements for the essential characteristics for digital caries risk assessment resources including standardized definitions, clinical input elements, assessment methods for data collection, scoring methodology considerations and reporting formats Uses of digital risk assessment resources are to provide clinical decision support for healthcare

providers, guidance for caregivers and patients among additional information for all stakeholders.

5. WG 11.8 Track and Trace for Implantable Devices – Dr. Mohamednazir Harunani
Did not meet but will have a report in February 2020.
6. WG 11.9 Core Reference Data – Dr. Ray Jeter
Agreed to continue to work in February and report next year in Orlando

C. Subcommittee on Knowledge Management – Dr. Gary Guest

1. WG 13.1 Educational Software Used in Electronic Media – (vacant)

TR 1090 was reaffirmed from 2016. There is also a reference document - Course Design Rubric Standards that is also available. Adoption and Augmentation of Quality Matters Design Standards for Online and Blended Courses
2. WG 13.3 Research Applications in Dental Informatics – Dr. Gary Guest
Will collaborate with 11.2
3. WG 13.4 Use of Computer-based Resources – (vacant)
Did not meet.
4. WG 13.5 SCDI Standard Terminology – Dr. Gary Guest

This is a 43-page document (TR 1069) of Acronyms and Definitions. It is still be reviewed.
5. WG 13.6 Utilization of EDR to Support Quality Improvement – Dr. Gary Guest

Regarding TR 1083 – Utilization of the Electronic Dental record to Support Clinical Quality Improvement, Business Intelligence and Decision Support. – was plumped out to make the business side better. Some corrections are still being done to this document.
6. WG 13.7 SNODENT – Dr. Gary Guest

The document was previously reviewed in Chicago and the Technical Report has been updated. It is Technical Report 1092. The diagram on page 9 gives a general idea how SNO-DDS fits in with SNODENT. However the diagram and the whole TR are still not available publicly. There is a final revision and Appendix Update.

D. Subcommittee on Forensic Odontology Informatics – Dr. Kenneth Aschheim

A new working group has been established called Human Abuse Recognition by Dental Professionals. Nothing to report at this time.

There were also 2 action items to work on approving a new work item and approval a minor revision and approval of the 3 working groups. Below are the approved and reaffirmed working groups.

1. WG 14.1 Forensic Odontology Informatics Terminology – Dr. Kenneth Aschheim

[ADA Standard 1058](#), which is a Forensic Standard, was last reaffirmed in 2015, but was never implemented. It will be recertified next year but will be replaced by the ISO Standard which is taking it over.
2. WG 14.2 Human Identification by Comparative Dental Analysis

[Technical Report 1088](#) covers this subject. It is being reviewed for a minor revision – but a **new work group is being proposed** so it can become a Standard. The establishment of a positive identification of unknown human remains or an unidentified living individual by comparative dental analysis requires both the submission of supporting documentation from the dental provider (s) who treated the patient as well as careful documentation of the unidentified remains or an unidentified living individual. Human Identification by dental analysis is the comparison of oral maxillofacial structures.

3. **WG 14.3 Human Age Assessment by Dental Analysis – Dr. Kathleen Kasper**

Technical report 1077 covers this area. It is being considered to be converted to a Standard. 1077 is a multi-part technical report addressing biometric data concerning oral and perioral related characteristics. Part 1 covers images of pattern injuries on an individual of possible intraoral origin. Part 2 covers latent images of possible perioral origin. Part 3 covers palatine descriptors. Part 4 covers radiographic dental age determination. (Unfortunately) It now is used by immigration to determine the age of people coming into the US to determine if they are still minors (The Innocence Project). Problems arise that development of structures might change with different ethnic groups.

E. Working Group on Joint SCDI/SCDP Activities – Dr. Scott Benjamin, Mr. Jim McLees

F. Joint SCDP/SCDI WG on Infection Control –Dr. Shannon Mills, Dr. Greg Zeller

Discussed TR 1006. We just reaffirmed the existing TR (Technically Report.) This was partially based on the 2003 CDC Guidelines. Elements were added. The TR gives General Guidance for Infection Control specifically for Dental Use. It includes materials and equipment. It uses the [Spaulding criteria](#) of Critical, Semi-Critical and Non-Critical. If you have an instrument that can't be sterilized and it is classified as Critical, it needs to be disposable. Most non-metal instruments and equipment in dentistry are classified as Semi-Critical. So instruments like cameras, endoscopes are considered in the Semi-Critical or Non-Critical category. There are weaknesses in the document but making it more specific might not be possible. There are new equipment and materials out there that have new sterilization criteria- such as Touch Screen displays, pens and styli. The TR Report 1006 will now get a minor revision.

XI. SCDI Strategic Issues/Oversight Committee

The chairman will brief the SCDI on strategic issues and bring forward actions taken by the Oversight Committee for SCDI approval. They are trying to simplify procedures. There are 3 proposed revisions to the operating procedures of this committee. Most of these involve voting approval procedures. These will be submitted to the ADA.

1. Revisions of ADA Operating Procedures

XII. Discussion of Other Informatics Activities (Consent calendar)

This section contains informational and reference material that require no action.

- A. ADA Department of Dental Informatics Activities
- B. X12 Liaison Activities
- C. HL7 Liaison Activities

- D. DICOM activities
Discussed the standard, which has been accepted and the relationship to other types of images.
- E. ISO Activities—ISO/TC215 Health Informatics and ISO/TC 106 Dentistry

XIII. Report and Statement of the Secretary (Consent calendar) - Not reported here

- A. Membership of Standards Committee (Requires SCDI approval)
Requires approval. N xxx provides the current membership of the ADA SCDP.
SCDI/September #1: Resolved, that the ADA SCDP approves the current membership.
- B. SCDI Ballots and Actions
The list of ballots circulated since the last meeting is provided here.
- C. Working Group Structure
A listing of the SCDI work program and working groups is shown here.
- D. Membership of Working Groups
The requirements for working membership and rosters are given here.
- E. Status of Projects
The current status of all SCDI work projects is given here.
- F. Reaffirmation of Technical Reports and Specifications
Working group chairmen are asked to review this list of standards and technical reports requiring action over the next two years.

XIV. Development of Standards (Consent calendar)

Tools provided to assist in standards development will be discussed:

- A. ADA Connect
This new version of ADA Connect was reviewed by Paul Bralower. Looks like it was easier to use and find documents.
- B. Review of Deliverables
- C. Model Standard

XV. Future Meeting Dates and Locations

The Spring 2020 meeting will take place Monday, February 17- Wednesday, February 19, in Chicago, prior to the Chicago Midwinter meeting. The Fall 2020 meeting will take place Monday, October 12 – Wednesday, October 14, in Orlando, FL, prior to the ADA annual meeting.

XVI. New Business

There was a presentation by a representative of the Dental Trade Alliance and changes as a result of Brexit and other European issues. Selling US products overseas has to be thought about.

XVII. XVII. Old Business

XVIII. Adjournment - Meeting was adjourned at 11:38 AM

Obituary for Robert Ahlstrom.

Robert H. Ahlstrom November 27, 1947 - September 04, 2018

It is with immense sorrow that we inform you of the passing of our dear friend Dr. Robert H. Ahlstrom on September 4, 2018 at the age of 70. His obituary follows:

Robert was born November 27, 1947 in Boulder City, NV to Jack and Fae Ahlstrom. With both of his parents as practicing dentists, Robert followed their footsteps and attended Arizona State University in preparation for dental school. Shortly before entering dental school he joined the U.S. Army and served in the dental unit at Fort Sam Houston. On acceptance to the University of the Pacific Arthur A. Dugoni School of Dentistry he moved to San Francisco and completed his dental school in 1975. Immediately following, he attended the University of North Carolina School of Dentistry where he completed a residency in Prosthodontics and graduated with a Master of Science in Oral Medicine. Dr. Ahlstrom returned to the San Francisco Bay area to teach prosthodontics at UOP and practiced with Dr. Henry Sutro in Piedmont, CA. Returning to his Nevada roots, he opened his practice in 1979. He returned to teaching in 1999 as the director of the implant clinic at UOP, while he maintained his dental practice in Reno for over 35 years.

He is survived by his loving wife Walli; son R.W.; daughter Brooke (Christopher); granddaughter Kianna and soon to be born grandson Dante, in addition to his sister Jacki, brother Danny (Pandora), and nephew and niece Luke and Brittany. Dr. Ahlstrom was a member of several local and national dental societies and will be missed by his beloved colleagues, friends, and patients.

One of Robert's greatest pleasures was watching a patient's transformation with the improvement of a smile. The pride in his work is reflected by the thousands of patients treated under his care with precision, dedication, and a unique obligation that he was responsible for improving their quality of life. Teaching dental students was another one of his great pleasures. He enjoyed watching them mature in the practice of dentistry, giving them guidance, and support throughout their dental school careers. His goal in teaching was to make a student the best they could be. His love for the dental profession was evident through his numerous accomplishments and will be forever cherished.