Safety Net Oral Health Practice and Accountability

Leading the way!

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Measuring Accountability: new tools emerging

• In depth description of current sample elements of a HC Quality Assurance/Quality Improvement (QA/QI) program
• Quality Improvement & Measures
• Future trends
  ◦ National Quality Forum
  ◦ Meaningful Use
  ◦ Dental Quality Alliance
  ◦ CMS pay for performance
  ◦ Diagnostic Codes
Why Assess Quality?

• Section 330 of Public Health Service Act requires every Health Center to have ongoing QI/QA program.
• Federal Tort Claim Act (FTCA) deeming application process requires submission of Health Center QI/QA plan and QI/QA committee minutes
• Provides accountability to Board of Directors, community members, and funding entities

Congress Mandates Quality Improvement!

• The Children’s Health Insurance Plan Reauthorization Act of 2009 (CHIPRA), mandates that quality assessment programs be implemented to assess and improve the quality of care for children that receive oral health care under the Medicaid and CHIPRA programs.
• In 2009 the CMS proposed to the American Dental Association (ADA) that a Dental Quality Alliance be established to develop performance measures for oral health care and that the ADA take a leadership role in its formation.
Institutes of Medicine (IOM) definition-2001

- “The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

- Measurement
- Knowledge

Institutes of Medicine Quality Domains: Areas for Accountability

- Safety
- Effectiveness
- Patient-centeredness
- Timeliness
- Efficiency
- Equity
Quality Assurance (QA)

Traditional approach
• Development of a set of standards- comparison of services with established standards
• If standards met, services are of adequate quality
• If deficient, plans of correction are developed to address the problem (WHO, 1994; WHO, 1997)

Quality Improvement (QI)

• **An approach** to the analysis of performance and systematic efforts to improve it
• Measuring where you are, figuring out ways to improve
• Data collected establishes “baseline” for an aspect of the dental program, and QI process develops methods to improve from the baseline
• Avoids attributing blame
• Creates systems to increase/decrease outcome
Opportunity for Improvement

What we know

Desired

The Gap

Actual

What we do

• Access to care (visit)
• Type of service (sealant)
• Cost (lower)
• Adverse patient event (hospital)
• Oral health outcomes (BP)

Current Sample Elements of a SAFETY NET DENTAL QI PROGRAM

• Peer review
• Patient surveys
• Adverse outcomes (incidents/complaints)
• Service use or outcomes measures

• Goal of continuously striving to improve from baseline
• Measure, measure, measure
Objective Dental Record Peer Review

- Utilize dental peers to examine and evaluate patient
- Documentation against well-defined criteria
- Randomly selection of a sample of patient dental records for review by:
  - other staff dentists
  - contracted expert reviewers

Dental Quality Assurance in HCs

- A Comprehensive Quality Assurance System for Dentists. Neal A. Demby, DMD, MPH; Murray Rosenthal, DDS; Mary Angelo, Ph.D. 1985
Indirect Peer Review: Chart Audit

- Paper chart or EDR– Quality of x-rays, chart notes, thoroughness of clinical exam and diagnosis, appropriateness of treatment plan, proper documentation, referrals and follow up
- Relatively low-cost
- Review of process
- Can identify churning
Direct Peer Review

- Actual patient Evaluation – consistency of diagnosis, quality of restorative treatment, patient experience
- Higher cost
- Both process and outcome
- Individual vs. population

Knowledge Assessment Interview

- Structured assessment of current knowledge necessary for management of conditions and needs of specific populations served by Health Centers
- Another process review
Sample Knowledge Base Interview: Oral Cancer

- Ask the dentist to discuss the risk factors associated with Oral Cancer.
  - Was the dentist familiar with the risk factors?
- Ask the dentist to demonstrate or describe the proper way of performing an oral cancer exam.
  - Was the dentist able to perform an exam and explain what he/she is looking for?
- Ask the dentist: What complications are associated with radiotherapy?
  - Was the dentist conversant regarding complications?

Subjective Patient surveys: Opinions

- Satisfaction- perception of process
  - Usually yearly (i.e. CAPHs - Consumer Assessment of Healthcare Providers and Systems [http://cahps.ahrq.gov/])
  - Together or separate from general HC survey

- Outcomes- a perception of results
  - Before and after treatment
  - Oral Health Impact Profile (O-HIP)
  - General Oral Health Assessment Index (GOHAI)
IT-Tracked Service Use Quantity Measures

- Transition between QA and QI
- Individual to population
- Place to get & keep data
  - Electronic dental record
  - Billing system
  - Registry- PECS or Outlook
- Way to ID key data
  - Diagnostic codes, demographics

Sample Service Use or Quantity Measures

- HEDIS (*Healthcare Effectiveness Data and Information Set*) - national measures developed for insurance plans
  - Annual dental exam measure
- Medicaid dental plans-
  - Number beneficiaries that had a visit in a given year
Quality Assurance vs. Quality Improvement

- State sets goal 50% of children with Medicaid (MC) coverage get at least one dental visit in 12 months
- HC Q analyzes billing - 52% of child patients with MC had at least one dental visit in 12 months. *Since they met the goal - no action*
- HC W analyzes billing - 52% of child patients with MC had at least one dental visit in 12 months. *Set a goal of improving to 56% the following year*
- They start a program to increase child referrals from medical department

An Effective QI Plan

- Directly aligns services to program goals
- Provides specific measurable milestones or targets
- Identifies timelines
- Improvement decisions influenced by numerous variables including population needs, resources, motivation, Board priorities
Quality Measures

• Super important step
• Establish measures for evaluation

• Working towards improvement in the measures is what drives system change!

Sample Process Measures

• Annual Oral Health Visit (populations)
• Treatment Plan Completed
• Topical Fluoride Treatment
• Dental Sealants
• Oral Health Education (medical setting)
• Periodontal Exam (i.e HIV, diabetic)
Sample Outcome Measures

- Percentage who have had tooth decay or cavities in the past 6 months
- Percentage of completed treatment plans that remain caries free

Set Baseline

- Looked back 12 months - 500 children ages 6-9 had a dental exam & 100 had a sealant procedure billed
- Unknown how many needed sealants - data was not being collected
- Went back and looked at capabilities of EDR - were able to compute those children 6-9 that had sealants treatment planned - 250
- $\frac{100}{250} = 40\%$ baseline
QI Sealant Goal

• Decided to set goal of 50% of children 6-9 that had sealants treatment planned would receive them
• Strategies for system change
  ▫ Train providers on sealant indications
  ▫ Utilize most efficient team member to apply sealants according to State regulations
  ▫ Sealant brochures in pediatrics waiting

Measures and Transparency are the Keys for Accountability

• Allow you to individualize for your patient populations and their needs
• Allow you to collect data to show delivery of proven health care interventions
• Enable you to show improved health care outcomes
“The refinements of productivity measurements will require more intensive, real-time data collection, but will yield significant payoff in improved understanding of dental practice and its contributions to oral health.”


Outline- Where Are We Headed?

• Measures and...
  ◦ National Quality Forum - review of current quality status in dentistry 2012
  ◦ Dental Quality Alliance (ADA) – create/recommend new measures for evaluation
  ◦ Meaningful Use - CMS criteria for Medicare/Medicaid bonus payment structures being developed

• Diagnostic Codes
• Disease management (risk assessment)
Quality and Accountability: New Concepts in Dentistry

• Traditional Dentistry:
  ◦ Procedural driven
  ◦ Quality limited to mechanical outcomes and processes i.e. esthetics of restorations, marginal integrity, root canal fill lengths, etc...
  ◦ Little focus on outcomes and impact on patient health
  ◦ Limited to quantitative measures
  ◦ Few measures or data reported outside the dental practice

The Problem

• In a 1999 report published by the National Committee for Quality Assurance, the authors noted the following limitations to the development of pediatric dental quality measures.
Barrier Issues

- Limited scientific evidence and professional consensus on guidelines of care in pediatric oral health.
- Lack of universally accepted codes that record formal diagnoses.
  Limited use of computerized information systems that efficiently capture and compile relevant data for performance measurement.
- Limited inclusion of dental benefits in managed health care plans and lack of leverage on dental managed care plans to participate in performance measurement activities.

Additional Issues

- Differences in pediatric oral health needs of Medicaid and commercial populations that limit comparisons across populations.
- Difference in the scope of pediatric oral health care training and services provided by general dentists and pediatric dentists, and characteristics and treatment needs of patients served by these provider groups.
National Quality Forum (NQF)

• 2011-2012: NQF commissioned by HRSA and Healthy People 2020 to perform a review of all known current national dental quality indicators or measures in use

National Quality Forum

• Areas of Focus for Available Measures:
  • Oral Health of Children and Adolescents
  • B: Oral Health of Adults
  • C: Access to Care
  • D: Oral Health Promotion/Disease Prevention
  • E: Oral Health Interventions
  • F: Monitoring/Surveillance Systems
  • G: Public Health Infrastructure
  • H: Social Determinants of Health
  • I: Healthy Communities
National Quality Forum

- 257 oral health measures were identified
- Measurable characteristics were not available for all measures found
- Process measures were the most abundant and best defined

While a considerable number of oral health performance measures exist, many are redundant, overlapping, ill-defined or non-standardized (e.g., repetitive concepts but defined differently)
- Most were process or quantitative measures and not qualitative in scope
- There are many important areas in oral health that need improvement, yet related measures do not exist.
Dental Quality Alliance

- DQA – commissioned by the American Dental Association in 2008
- [http://www.ada.org/5105.aspx#top](http://www.ada.org/5105.aspx#top)
- Purpose:
  - To identify and develop evidence-based oral health care performance measures and measurement resources.
  - To advance the effectiveness and scientific basis of clinical performance measurement and improvement.
  - To foster and support professional accountability, transparency, and value in oral health care through the development, implementation and evaluation of performance measurement.

Dental Quality Alliance

- The DQA is composed of over 29 entities, including public representation. Its mission is to advance performance measurement as a means to improve oral health, patient care and safety through a consensus-building process.
Dental Quality Alliance

- Example of a proposed measures:
- Percentage of all enrolled children who accessed oral healthcare services (received at least one dental service) within the reporting year (Modified from CMS 416/Healthcare Effectiveness Data and Information Set--HEDIS)

Dental Quality Alliance

- A proposed measure with quality modifier:
- Percentage of enrolled children who accessed dental care (received any dental service) at elevated caries risk (e.g. “moderate” or “high” risk) who received topical fluoride application and/or sealants within the reporting year.
DQA Accepted Oral health measures

I. Oral Evaluation
   • Measure Concept: Children who received a comprehensive or periodic oral evaluation
   • Aligned Administrative Measure: Percentage of enrolled children who accessed [dental/ oral health] care (received at least one service) who received a comprehensive or periodic oral evaluation within the reporting year.

II. Prevention: Fluoride or sealants
   • Measure Concept: Children who received topical fluoride or sealants
   • Aligned Administrative Measure: Percentage of enrolled children at elevated risk who accessed [dental/ oral health] care (received at least one service) who received topical fluoride or sealants within the reporting year.

Additional oral health measures being proposed

III. Prevention: Sealants for 6 – 9 years - To be tested
   • Measure Concept: Children aged 6-9 years who receive sealants in the first molar
   • Aligned Administrative Measure: Percentage of enrolled children aged 6-9 years at elevated risk who accessed [dental/ oral health] care (received at least one service) who received a sealant in the first molar within the reporting year.

IV. Prevention: Sealants for 10 – 14 years
   • Measure Concept: Children aged 10-14 years who receive sealants in the second molar
   • Aligned Administrative Measure: Percentage of enrolled children at elevated risk aged 10-14 years who accessed [dental/ oral] health care (received at least one service) who received a sealant in the second molar within the reporting year.
Additional oral health measures being proposed

V. Prevention: Topical Fluoride —Already tested
  • Measure Concept: Children who receive topical fluoride
  • Aligned Administrative Measure: Percentage of enrolled children at elevated risk who accessed [dental/ oral] health care (received at least one service) who received topical fluoride within the reporting year.

VI. Care Continuity—Ready to be tested
  • Measure Concept: Children who received a comprehensive or periodic oral evaluation in two consecutive years
  • Aligned Administrative Measure: Percentage of enrolled children who accessed [dental/ oral health] services (received at least one service) who received a comprehensive or periodic oral evaluation in the year prior to the measurement, who also received a comprehensive or periodic oral evaluation within the reporting year.

VII. Dental caries—Already Tested
  • Measure Concept: Children who have new caries or untreated caries
  • Aligned administrative measure: NA.

Emerging Trends

• Risk Assessment – the key to diagnosis and outcome predictions
• Quality as “long term” outcomes that both corrects existing disease and reduces the risks for future dental disease
• CAMBRA – caries management by risk assessment
• Treatment protocols standardized based on relative risk for dental disease
Risk-Based Disease Management Protocols

INITIAL OR RECALL APPT
- Medical history
- Exam/X-rays
- Caries Risk Assessment (CRA)
- Behavioral assessment

VISIT 1
- Self-management goals (diet, oral hygiene, home fluoride)
- Fluoride varnish
- Indicated clinical care

DISEASE MANAGEMENT VISIT
- Clinical/X-ray exam
- Caries Risk Assessment
- Fluoride varnish
- Re-define or re-emphasize self-management goals
- Behavioral assessment

RESTORATIVE ITR VISIT(S)
- Provide restorative care as indicated
- Provide ITR as indicated
- Schedule OR time if indicated

CHILDREN AT HIGH RISK
- Schedule next Disease Management visit in 1 month

CHILDREN AT MEDIUM RISK
- Schedule next Disease Management visit in 3 months

CHILDREN AT LOW RISK
- Schedule next Disease Management visit in 6 months

Improved Outcomes and Patient Experience

Refer to OR 48% 65% 77%
New Cavitation 40% 42% 38%
Pain 36% 28% 27%
CMS Meaningful Use Standards

- HEDIS, NCQA, AHRQ, performed background to establish approved quality indicators in primary care practice and certification of Electronic Health Records
- Initially, no dental electronic records met certified standards
- Impact: Dental clinics and practices unable to advance in Meaningful Use incentive payment structure

CMS Meaningful Use: Approved EHR

- Emerging dental electronic record systems deemed dental certified systems
  - Henry Schein Practice Solutions, Inc. Easy Dental® - Meaningful Use Access 7.6 Complete EHR
  - Open Dental Software [Open Dental](http://www.opendental.com) version 11.0 Complete
  - Dentrix 7.0 (Henry Schein)
  - Eagle Soft
CMS Meaningful Use

- Certified EHR systems in dental open the door to Phase 2 level participation
- Protocols and standards for Medicaid - based dental programs limited for higher levels of incentive participation beyond phase 2

CMS Meaningful Use

- Clinical Quality Measures for 2014 and Beyond
  - 2014: All other providers would meet two years of meaningful use under the Stage 1 criteria before advancing to the Stage 2 criteria in their third year.
  - Beginning in 2014, all providers regardless of their stage of meaningful use will report on CQMs in the same way.
  - Eligible Professionals must report on 9 out of 64 total CQMs.
CMS Meaningful Use

- In addition, all providers must select CQMs from at least 3 of the 6 key health care policy domains recommended by the Department of Health and Human Services’ National Quality Strategy:
  - 1. Patient and Family Engagement
  - 2. Patient Safety
  - 3. Care Coordination
  - 4. Population and Public Health
  - 5. Efficient Use of Healthcare Resources
  - 6. Clinical Processes/Effectiveness

HRSA Bureau of Primary Health Care Quality Objectives

- Policies/Priorities
  - All Health Centers fully implement QI/QA plans
- Adopt Meaningful Use of Electronic Health Records
  - All Health Centers implement EHRs across all sites and provider types
- Patient Centered Medical Home Recognition
  - All Health Centers to receive PCMH recognition
- Improve Clinical Outcomes
  - All Health Centers meet/exceed Health People 2020 goals on one UDS clinical measure
Patient Centered Medical/Health Home

- *The Patient Centered Medical Home* is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient’s family.
- Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

Patient Centered Medical/Health Home

- National Committee for Quality Assurance (NCQA) recognized
- Encourages and supports health centers to transform their practices and participate in the PCMHH recognition process to:
  - improve the quality of care and outcomes for health center populations;
  - increase access; and
  - provide care in a cost effective manner
Disconnect and Barriers to Address

• Lack of a common diagnostic coding language across the health professions
• Dentistry limited due to procedural/billing codes
• Diagnosis as defined in dentistry is actually a treatment planning methodology
• Low utility for integrated practice models
• Resistance to change!

Risks of Accountability Failure

• Quality measures will be tied to future payment methods
• Certification and recognition by national quality organizations necessary for payment and meeting federal standards
• For dentistry to continue as part of the Health Center clinical system it must adopt standards consistent with the system
Accountability Goals: Improve Health!

Resources:

- **Quality Chapter** - NNOHA Operations Manual for Health Center Oral Health Programs
- Other Quality Improvement tools available at: [http://www.nnoha.org/practicemgmt.html](http://www.nnoha.org/practicemgmt.html)
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Conclusion

• Always changing: Environment in which health care/oral health care exists

• Never changes: Our mission to strive to provide the highest quality care we can to the populations we serve