Creating a Health Center QA/QI Program

Where we are & Where we are Going
Objectives

- Demonstrate how to implement a dental peer review program
- Select quality measures for your dental program that will drive progress towards population health status goals
- Describe how Meaningful Use requirements may be interrelated with quality measures
- Explain how the activities of the Dental Quality Alliance might affect Health Centers
Outline

• In depth description of current sample elements of a HC QA/QI program
• Quality Improvement & Measures
• Future trends
  ▪ National Quality Forum
  ▪ Meaningful Use
  ▪ CMS pay for performance
  ▪ Diagnostic Codes
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- 10 years moderator Quality Assurance Committee, San Francisco Department of Public Health
- Primary Editor, Quality Chapter of NNOHA’s Operations Manual for Health Center Oral Health Programs
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- 3rd Year HHS Appointee: Advisory Committee on Primary Care Training in Medicine and Dentistry
- Project Advisor; DentaQuest Institute’s Elimination of Dental Disease Project
- 2012 Member: CDC Division of Oral Health Infrastructure and Capacity Development Program Indicator Project
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
- Start preparing for future efforts
Quality: 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
IOM Quality Domains

- 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

- Access to care (visit)
- Type of service (sealant)
- Cost (lower)
- Adverse patient event (hospital)
- Oral health outcomes (BP)
Sample Elements of a 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 record
• Documentation against well-defined criteria
• Random 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

- 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
**Health Center Health Services**

**Dental Provider Performance Review From**

**Quarterly Chart review**

**Quarter Reviewed**: ____________

**Chart Review From**: ____________

**Date of Review**: ____________

**Reviewing Dentist**: ____________

**Dentist Reviewed**: ____________

<table>
<thead>
<tr>
<th>GENERAL CHART INFORMATION</th>
<th>CHART ONE</th>
<th>CHART TWO</th>
<th>CHART THREE</th>
<th>CHART FOUR</th>
<th>CHART FIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patient Information complete?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>2. General Consent complete?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>3. Medical History complete?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>4. Medical History update complete?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>5. Are Allergies and Medical conditions documented?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>6. Indicators discussed: caries risk ,Diabetes, smoking, etc.?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
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**Comments**: ____________

<table>
<thead>
<tr>
<th>CLINICAL EXAM DATA</th>
<th>CHART ONE</th>
<th>CHART TWO</th>
<th>CHART THREE</th>
<th>CHART FOUR</th>
<th>CHART FIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Soft Tissue findings noted?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>2. Occlusal findings noted-carries, missing teeth, dental needs?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>3. Periodontal findings / Classification noted?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
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</table>

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<th>RADIOGRAPHS</th>
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<th>CHART THREE</th>
<th>CHART FOUR</th>
<th>CHART FIVE</th>
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</thead>
<tbody>
<tr>
<td>1. Appropriate Survey, type of Xrays taken?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>2. Adequate Film coverage, all apices covered?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>3. Any image defect; cone cuts, retakes needed?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>4. Number of Xrays taken documented?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
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**Comments**: ____________

<table>
<thead>
<tr>
<th>PROBLEMS / DIAGNOSIS</th>
<th>CHART ONE</th>
<th>CHART TWO</th>
<th>CHART THREE</th>
<th>CHART FOUR</th>
<th>CHART FIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Appropriate testing done:</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
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<tr>
<td>2. Diagnosis documented?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>3. Appropriate consultations made, if needed?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>4. Referrals made if needed?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>5. Findings documented on treatment plan?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
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</table>

**Comments**: ____________

<table>
<thead>
<tr>
<th>TREATMENT PLAN / DENTAL RECORD</th>
<th>CHART ONE</th>
<th>CHART TWO</th>
<th>CHART THREE</th>
<th>CHART FOUR</th>
<th>CHART FIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does Treatment Plan follow appropriate sequence.</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>2. Record is complete and appropriate for treatment rendered?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>3. Follow up appointment is indicated in clinical record?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>4. Documentation is complete, tooth area, anesthetic,procedure and/or materials,signed with Doctor's and Assistant's names, etc.?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

**Comments**: ____________

**Director’s Comments**: ____________

**Dental Director**: ____________

**Signature**: ____________

**Date**: ____________
Direct Peer Review

• Actual patient – 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 - 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

- Satisfaction - perception of *process*
  - Usually yearly (i.e. CAPHS)
  - Together or separate from general HC survey

- Outcomes - perception of *results*
  - Before and after treatment
  - Oral Health Impact Profile (O-HIP)
  - General Oral Health Assessment Index (GOHAI)
Patient Satisfaction-CAHPS
(Consumer Assessment of Healthcare Providers and Systems)

- Standardized, validated survey developed by federal Agency for Healthcare Research & Quality (AHRQ)

- During your most recent visit, did you see this provider within 15 minutes of your appointment time?
- During your most recent visit, did this provider explain things in a way that was easy to understand?
- During your most recent visit, were clerks and receptionists at this provider’s office as helpful as you thought they should be?
Oral Health Impact Profile

- Short form 14 questions
- Validated
- At beginning of treatment experience
- After treatment and at recalls
Sample O-HIP

- Functional limitation- Have you had trouble pronouncing any words because of problems with your teeth, mouth or dentures?
- Psychological discomfort- Have you been self-conscious because of your teeth, mouth or dentures?
- Physical disability- Have you had to interrupt meals because of problems with your teeth, mouth or dentures?
- Social disability- Have you had difficulty doing your usual jobs because of problems with your teeth, mouth or dentures?
Adverse Outcomes

- Every adverse outcome is an opportunity for improvement
- System for identification, data collection review, root cause analysis, system improvement (PDSA)
- Clinical incidents, patient complaints & grievances, safety lapses, risk management
IT-Tracked Service Use 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 Measures

- HEDIS®- national measures developed for insurance plans
  - Annual dental exam measure
- Medicaid dental plans-
  - Number beneficiaries that had a visit in a given year
QA to QI

- 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 an program to increase child referrals from medical department
Measures are the Key

- 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
- 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 caries free
Case Study: Tying it Together

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

- Healthy People 2010 Goal OH-12.2
  - Increase the proportion of children aged 6 to 9 years who have received dental sealants on one or more of their permanent first molar teeth from 25.5% to 28.1%
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 that 250 children 6-9 had sealants treatment planned
- $\frac{100}{250} = 40\%$ 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 room
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
Outline - Future

• Measures and...
  ▪ National Quality Forum
  ▪ Meaningful Use
  ▪ CMS (Center for Medicaid/Medicare Services) criteria for bonus payment structures being developed

• Diagnostic Codes

• Disease management (risk assessment)
Quality: A New Concept 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
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.
The 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.
Summary 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.
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
  ▪ Oral Health of Adults
  ▪ Access to Care
  ▪ Oral Health Promotion/Disease Prevention
  ▪ Oral Health Interventions
  ▪ Monitoring/Surveillance Systems
  ▪ Public Health Infrastructure
  ▪ Social Determinants of Health
  ▪ 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
National Quality Forum

- 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 year14 (Modified from CMS 416/ Healthcare Effectiveness Data and Information Set--HEDIS®)
  ▪ 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.
Current NQF Approved Dental Measures

1. Percentage of children who had preventive dental visits during the previous 12 months.

2. Assesses if children age 1-17 years have had tooth decay or cavities in the past 6 months.

3. Percentage of Medicaid members 2 through 21 years of age who had at least one dental visit during the measurement year. The measure is reported stratified by age and as a combined rate.

4. Primary Caries Prevention Intervention as Part of Well/Ill Child Care as Offered by Primary Care Medical Providers.

5. Medical Assistance With Smoking Cessation.
Emerging Trend

- Risk Assessment – the key to diagnosis and outcome predictions
- Quality is “long term” outcomes that both corrects existing disease and reduces the risks for future dental disease
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

Currently, 2 dental electronic record systems are deemed certified systems

http://oncchpl.force.com/ehrcert/EHRProductSearch

- Henry Schein Practice Solutions, Inc. Easy Dental® - Meaningful Use Access 7.6 Complete HER
- Open Dental Software Open Dental version 11.0 Complete
CMS Meaningful Use

- Certified EHR systems in dental open the door to Phase 2 level participation
- Protocols and standards for dental programs still lacking for higher levels of incentive participation beyond phase 2
CMS Meaningful Use

• Clinical Quality Measures (CQM) 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.
• 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
Meaningful Use: Medicaid Providers

“We are expanding the definition of what constitutes a Medicaid patient encounter, which is a required eligibility threshold for the Medicaid EHR Incentive Programs.”

(Final Rule: Medicare and Medicaid Programs; Electronic Health Record Incentive Program--Stage 2)
HRSA Bureau of Primary Health Care Quality Objectives

- Strategic Implementation
  - Programs/Policies
  - Funding
  - Technical Assistance
  - Data/Information
  - Partnerships/Collaborations

- 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 PCM/HH recognition process to:
  - Improve the quality of care and outcomes for health center populations;
  - Increase access; and
  - Provide care in a cost effective manner
Patient Centered Medical/Health Home

- For further information on the PCM/HH Initiative:
- BPHC Helpline: bphchelpline@hrsa.gov or 1-877-974-BPHC (2742)
- PCM/HH email: PCMHHinitiative@hrsa.gov
Disconnect

- 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
Risks

• 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
NNOHA’s Resources

• **Quality Chapter** - NNOHA Operations Manual for Health Center Oral Health Programs
  ▪ [http://bit.ly/r0IN0l](http://bit.ly/r0IN0l)

• Other Quality Improvement tools available at:
  [http://www.nnoha.org/practicemgmt.html](http://www.nnoha.org/practicemgmt.html)
Contact information

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State of Iowa Public Health Dental Director
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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