THE QUALITY QUESTION

WHAT TO DO AND WHY

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The NNOHA Quality Workgroup
October 23, 2011
OBJECTIVES

• Define quality in health/dental care
• Describe why quality is important
• Understand the difference between Quality Assurance & Quality Improvement
• Learn the elements of a Health Center oral health quality program
OUTLINE

• Cliff Notes History of Quality in Health Care
• Quality Assessment
• The Oral Health Quandary
• Quality Assurance
• Quality Improvement
• Sample Quality Improvement measures
• Sample HC Dental Program Quality Plan
WHAT IS QUALITY IN HEALTH CARE?


Qualitative Adequacy

The components of qualitative adequacy may be considered as fivefold:

1. Able, well trained, and efficiently functioning personnel.
2. Facilities and equipment which meet high technical standards.
3. Health services which encompass the best knowledge of modern medical science, and which insure availability and continuity of care.
4. Adequate financial arrangements, making possible the timely provision of all indicated services, without economic deterrents for patients or practitioners.
5. Sound administrative organization and operation, designed to promote efficiency and economy of service.
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
QUALITY ASSESSMENT
WHY DO WE NEED TO 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
Why Assess...

- Ensure Health Center compliance with quality standards and provide quantifiable performance assessments
- Metrics provide benchmarks that allow improvement comparisons

*Provide the best care we can!*
QUALITY INITIATIVES

- The Joint Commission
- National Committee Quality Assurance (PCMH)
- Agency Healthcare Research & Quality

- HRSA
  - http://www.hrsa.gov/publichealth/guidelines/qualityimprovement.html
  - http://www.hrsa.gov/quality/
ORAL HEALTH CARE QUALITY HARD TO MEASURE

• Lack of diagnosis codes - was care appropriate?
• Data collection infrastructure
• Lack of accepted metrics to measure disease status & progression
• Lack of clinical guidelines
• Long time frame for some outcomes
QUALITY ASSESSMENT CRITERIA IN MEDICINE

• A1c levels
• Cholesterol levels
• Blood pressure readings
• Immunization rates
• Pre-term birth rates
SAMPLE DENTAL QUALITY ASSESSMENT MEASURES

- Technical excellence of individual restorations
- Patient satisfaction
- Service use measures (getting, using)
- Other structure and process measures

Adapted from Bader
QUALITY ASSURANCE (QA)

QA is a set of processes focused on the continual monitoring of health care delivery.
DEVELOPMENT OF DENTAL QUALITY ASSURANCE

• Late 60’s - early 1970’s
• Emergence of indirect/direct evaluation of treatment as a means of assessment
• Concept of peer review- ADA

• A Comprehensive Quality Assurance System for Dentists. Neal A. Demby, DMD, MPH; Murray Rosenthal, DDS; Mary Angelo, Ph.D. 1985
QUALITY ASSURANCE

- 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)*
OBJECTIVE DENTAL RECORD

PEER REVIEW

• Indirect review (chart) – Quality of x-rays, chart notes, thoroughness of clinical exam and diagnosis, appropriateness of treatment plan, proper documentation, referrals and follow up

• Direct review (patient) – quality of restoration, treatment, patient experience
<table>
<thead>
<tr>
<th><strong>GENERAL CHART INFORMATION</strong></th>
<th><strong>CHART ONE</strong></th>
<th><strong>CHART TWO</strong></th>
<th><strong>CHART THREE</strong></th>
<th><strong>CHART FOUR</strong></th>
<th><strong>CHART FIVE</strong></th>
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</thead>
<tbody>
<tr>
<td>1. Patient Information complete?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
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<tr>
<td>2. General Consent complete?</td>
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<td>3. Medical History complete?</td>
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<td>4. Medical History update complete?</td>
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<td>5. Are Allergies and Medical conditions documented?</td>
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<td>6. Indicators discussed: caries risk, Diabetes, smoking, etc.?</td>
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<table>
<thead>
<tr>
<th><strong>CLINICAL EXAM DATA</strong></th>
<th><strong>CHART ONE</strong></th>
<th><strong>CHART TWO</strong></th>
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<th><strong>CHART FOUR</strong></th>
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<tbody>
<tr>
<td>1. Soft Tissue findings noted?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
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<tr>
<td>2. Occlusal findings noted—caries, missing teeth, dental needs?</td>
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<td>3. Periodontal findings / Classification noted?</td>
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<th><strong>RADIOGRAPHS</strong></th>
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<th><strong>CHART FOUR</strong></th>
<th><strong>CHART FIVE</strong></th>
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<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>
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<td>2. Adequate Film coverage, all apices covered?</td>
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<td>3. Any image defect: cone cuts, retakes needed?</td>
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<td>4. Number of Xrays taken documented?</td>
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<tr>
<th><strong>PROBLEMS / DIAGNOSIS</strong></th>
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<th><strong>CHART FOUR</strong></th>
<th><strong>CHART FIVE</strong></th>
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</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>
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<td>3. Appropriate consultations made, if needed?</td>
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<td>4. Referrals made if needed?</td>
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<td>5. Findings documented on treatment plan?</td>
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<tr>
<th><strong>TREATMENT PLAN / DENTAL RECORD</strong></th>
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<tbody>
<tr>
<td>1. Does Treatment Plan follow appropriate sequence.</td>
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<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>
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<tr>
<td>3. Follow up appointment is indicated in clinical record?</td>
<td></td>
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<td>4. Documentation is complete, tooth area, anesthetic, procedure and/or materials signed with Doctor's and Assistant's names, etc.?</td>
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**Comments:**

Director's Comments

Dental Director __________________________ Signature __________________________ Date __________________________
OBJECTIVE IT-TRACKED SERVICE USE MEASURES

• Electronic dental record, billing, or registry systems- EDR, PECS or Outlook
• HEDIS- national measures developed for insurance plans- includes annual dental exam measure
• Treatment plan completed measure- number of patients who complete Phase I treatment within 12 months of initial exam
SUBJECTIVE PATIENT SURVEYS

• Satisfaction - perception of process
  • Usually yearly
  • 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)
QUALITY IMPROVEMENT (QI)

QI builds on baseline data from QA processes to develop a data-driven plan focused on improvement.
QUALITY IMPROVEMENT

- **An approach** to the analysis of performance and systematic efforts to improve it
- Aimed at improvement- measuring where you are, and figuring out ways to make things better
- Data collected establishes “baseline” for an aspect of the dental program, and the QI process focuses on developing methods to improve from the baseline level
- Avoids attributing blame, and creates systems to prevent errors from happening
OPPORTUNITY FOR IMPROVEMENT

The Gap

Actual

Desired (Standards)

What we know

• Access to care
• Type of services
• Cost
• Adverse patient events
• Oral health outcomes

What we do
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 resources, talent, motivation, Board priorities, and population needs
• Chronic Care Model
  • Positive interactions between well-informed, empowered patient and a properly-equipped, proactive health team lead to improvements in health outcomes
  • HRSA/BPHC selected Chronic Care Model for Health Disparities Collaboratives in 1998
  • Oral Health Disparities Pilot showed can be used to manage common oral diseases - caries and periodontal disease
1. Health Care Organization
2. Community Resources and Policies
3. Self-management Support
4. Delivery System Design
5. Decision Support
6. Clinical information Systems
MODEL FOR IMPROVEMENT

• Approach quality improvement through rapid cycles of change
• Continual feedback on the effectiveness of changes
• Used with Chronic Care Model can lead to positive, sustainable changes in the quality of health care
PDSA CYCLE

• Shorthand for using the scientific method to test a change by planning it, trying it, observing the results, and acting on what is learned.
REPEATED USE OF THE PDSA CYCLE

Proposals, Theories, Ideas

Changes That Result in Improvement

Learning from Data

APSD

APSD

APSD

APSD

National Network for Oral Health Access
QUALITY MEASURES

• Super important step
• Establish measures for evaluation

• Working towards improvement in the measures is what drives system change!
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.”
- Measurement
- Knowledge
- Community Health Center (CHC) decided to work on increasing the number of pregnant women receiving a dental exam
- Aligned with AAPD, AAP, NY, CA & WA state guidelines
- Presented to HC QI committee which agreed
• Looked back 12 months- 50 women who had a initial diagnosis of pregnancy
• Cross checked how many had a dental exam procedure code visit
• 5/50= 10% had dental exam while pregnant
PDSA #1

1. Health Care Organization
2. Community Resources and Policies
3. Self-management Support
4. Delivery System Design
5. Decision Support
6. Clinical information Systems

• Plan
  • Train perinatal staff in importance of dental care, encourage referrals
• Do
  • Presented inservice to perinatal staff
• Study
  • After a day, week reviewed data- 20%
• Act
  • Maybe clients need assistance in making appointments
PDSA #2

- **Plan**
  - Assistance in making dental appointments

- **Do**
  - Perinatal coordinators make dental appts as women leave medical

- **Study**
  - After day, week reviewed data - 40%

- **Act**
  - Coordinators report some women refused dental appts - concerns about Tx

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1. Health Care Organization
2. Community Resources and Policies
3. Self-management Support
4. Delivery System Design
5. Decision Support
6. Clinical information Systems
SAMPLE MEASURES

- Caries Free (outcome)
- Annual Oral Health Visit
- Treatment Plan Documented
- Treatment Plan Completed
- Topical Fluoride Treatment
- Dental Sealants
- Oral Health Education (medical setting)
- Oral Health Education (dental setting)
- Periodontal Exam
TREATMENT PLAN COMPLETED

Measure

• Percentage of dental patients for whom a Phase I treatment plan is completed within 12-months of the exam visit.

Samples of Intended System Change

• Improve scheduling efficiency
• Improve appointment reminder/confirmation system
• Enhance patient education
DENTAL SEALANTS

Measure

• Percentage of children ages 6 to 21 years who received at least a single sealant treatment during the measurement year.

Samples of Intended System Change

• Increase visits of children in target age range
• Train providers on sealant indications
• Utilize most efficient team member to apply sealants according to State regulations
DEVELOPING A QI PLAN

• HC QA/QI committee/team
  - Team comprised of staff members representative of all areas within Health Center
  - Develops QI plan

• Dental QA/QI team
  - Entire department & patients involved
SAMPLE ELEMENTS OF A DENTAL QI PROGRAM

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

- **Goal of continuously striving to improve from baseline**
- Measure, measure, measure
• **Coming Soon:** Operations Manual for Health Center Oral Health Programs – “Quality” Chapter
  - [http://bit.ly/r0IN0I](http://bit.ly/r0IN0I)
  - Check back in December 2011
• Other Quality Improvement tools available at:
  [http://www.nnoha.org/practicemgmt.html](http://www.nnoha.org/practicemgmt.html)
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• **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
THANK YOU!