Disclosures

All speakers in this session have completed conflict of interest forms and none have any relevant financial relationships to disclose for themselves or any immediate family members.
Introduction to the Health Center Dental Dashboard ©
NNOHA Conference Abstract Session

Monday, November 13, 2017 3:30-5:00pm,
LOCATION: Grand Ballroom B & C – Marina Tower
Speakers

- **Ramona English, DMD**
  Chief Dental Officer/Dental Director
  Petaluma Health Center
  NNOHA Collaborative Participant

- **Christine Myles, DMD**
  Director of Clinical Dentistry
  Blackstone Valley Community Health Center
  NNOHA Benchmarking Participant

- **Michael Beral, DDS**
  Dental Director
  St Johns Well Child and Family Center
  Independent Dashboard© Adopter

- **Angela Relf, DDS**
  Department Chairperson
  Mountain Park Health Center
  NNOHA Dashboard© Collaborative Pilot

- **Chad Lennox, MPH**
  Director Operations, Finance and Clinic Access
  Arcora Foundation

- **Martin Lieberman, DDS**
  Vice President, Graduate Dental Education
  NYU Lutheran Medical Center
  NNOHA Dashboard© Faculty

- **Colleen Lampron, MPH**
  Oral Health Consultant
Participants Will Be Able To:

- Understand how Health Centers can monitor, measure and use oral health data to improve patient care;
- Learn how to access the Dental Dashboard© template and User's Guide;
- Recognize best practices and successes in using dashboards and possible barriers with gathering and using data.
Session Overview

• History of the Project
• Case Studies – real health center examples
  – Day-to-day implementation of the Dashboard©
  – Benefits & challenges
  – Possible roadblocks with gathering and using data
• Lessons Learned in using the Dashboard©
  – Measuring for improvement
  – What are the 15 oral health measures?
• Questions & Answers/Discussion
Summary: History of the Health Center Dental Dashboard©

http://www.nnoha.org/resources/dental-dashboard-information/
AFL Enterprises and NNOHA have been working with Delta Dental of Colorado Foundation and Arcora Foundation (Formerly Washington Dental Service Foundation) since 2013 to convene expert advisors to develop a set of recommended oral health measures for High-Performing Health Centers.

- Conducted an environmental scan of dental quality metrics at the population, plan, and practice level;
- Developed a tool to help Health Centers gather and graph data for each of the measures. (Sharepoint or Excel)
Development

Participants from:

- CMS
- NNOHA
- Institute for Oral Health
- Colorado and Washington CHCs working on oral health
- Arcora (Formerly WA Dental Service Foundation)
- Delta Dental of Colorado Foundation
- Primary Care Associations
Vision For This Work

Health Centers are **sustainable**, high performing healthcare providers with strong operations to ensure **high productivity** and **health improvements** (including oral health improvements) among their patients.
Poll the Audience

WIFI Network: NNOHA
Password: NNOHA2017

Go to menti.com

Enter code 35271

When a question comes up, select your answer and submit!
Is your health center measuring the UDS sealants measure?

- **Yes**: 90%
- **No**: 8%
- **I don't know**: 2%

Go to [www.menti.com](http://www.menti.com) and use the code 35 27 1
Is your health center measuring at least 2 other clinical metrics?

- Yes: 71%
- No: 19%
- I don't know: 10%

Total Responses: 94
Is your health center measuring no shows (in dental)?

- Yes: 86%
- No: 13%
- I don't know: 1%

Go to [www.menti.com](http://www.menti.com) and use the code 35 27 1
Is your health center measuring at least 2 operational or financial metrics?

- Yes: 74%  
- No: 12%  
- I don't know: 14%  

Total responses: 104
What we hope you will take away today:

• Recognize some measures you may want to use for your quality improvement work
  – Think about how measures can impact your patient care

• Seek out resources so you can implement the Health Center Dental Dashboard ©
The Health Center Dental Dashboard© in Action: Case Studies

- Understand how Health Centers can monitor, measure and use oral health data on a day-to-day basis to improve patient care;

- Recognize best practices and successes in using dashboards and possible barriers with gathering and using data.
How BVCHC Uses Our Dashboard
And Why We Would Never Go Back

Christine Myles, DMD
Dental Director
Blackstone Valley Community Health Care
Pawtucket, RI
BVCHC’s Dashboard

- Treatment Plan Completion
- Caries at Recall
- Risk Assessment of all Dent
- Topical Fluoride
- Sealants (6-9 year olds)
- Sealants (10-14 year olds)
- Gross Charges (Production) per Encounter
- No Shows
How We Use Our Dashboard

1. Caries at Recall

per cent

How We Use our Dashboard

4. Sealants (6-9 Year Olds)

5. Sealants (10-14 Year Olds)
Quality Improvement

• Organizational Wide QI committee only report on sealant UDS Measure
• Workgroup for Fl Varnish Initiative: 1 Pediatric NP, MA, Dental Director, Dental Assistant
• Office Manager and Dental Director meet with organizational QI Analyst to try to improve reporting
• All Dental Staff are given metrics monthly at staff meeting and discussion there
• PDSA- sealants
How Petaluma Health Center Uses The Dashboard And Why We Would Never Go Back

Ramona English
DMD, CDO
Petaluma Health Center
Our Organization’s Dashboard

Caries Risk Assessment Documentation (<21 years)

Measure definition:
% 0-20 patients who have an oral evaluation and risk assessment performed

Change ideas:
• Embed the form in the EDR and/or clinical note template
• Train staff on form, codes and post reminders in the operatory
• Develop workflows that include the CRA questions, form and code
• Integrate CRA with MI
Our Organization’s Dashboard

Sealants (6-9 years)

Measure definition:
% of patients (6-9 years) who have sealants within 3 months of being diagnosed as high or moderate risk

Change ideas:
- Scheduling strategies around school vacations, space and staff availability; follow up on no shows
- Ready to go sealant set up in each op; sealant RDA
- Documentation considerations
- Same day sealants incorporated in exam visit workflow
Our Organization’s Dashboard

Measure definition:
% of patients (10-14 years) who have sealants within 3 months of being diagnosed as high or moderate risk

Change ideas:
• Same as 6-9 years olds
• Same days sealants during school visits
Our Organization’s Dashboard

Self-Management Goals (<21 years)

Measure definition:
% of 0-20 patients who have at least one oral health self-management goal set with their care team.

Change ideas:
• Staff training and one on one coaching in MI and SMG/competency/performance review
• Identify a champion and utilize role play
• Follow up calls for improved patient engagement
• Create a form for patient to sign and take home
• Documentation considerations: coding, clinical note and patient alert
Our Organization’s Dashboard

Measure definition:
% of 0-20 patients who have Phase I treatment plan completed within six months.

Change ideas:
• Quadrant dentistry and staff working at top of their license
• Documentation simplification and clarification
• Run weekly reports: unscheduled treatment, age mix, overdue deliveries
• Incorporate into staff goals and audit the check out process
• Calibrate providers; new caries management techniques
Measure definition:
% of 0-20 patients that are seen for recall based on risk

Change ideas:
- Non billable visits without payment reform; capitalize on “unusable” appointment slots
- Focus on a population subset
- Utilize auxiliaries and community dental health workers
- Implement system to track patients by risk
- Train staff on risk based recall protocols
Our Organization’s Dashboard

Caries at Recall (<21 years)

Measure definition:
% of patients 0-20 with caries diagnosed during a recall oral exam.

Change ideas:
• Run weekly reports of overdue continuing care
• Capitalize on the other measures improvement – Population health
• Sit back and relax
Our Organization’s Dashboard

No Shows (<21 years)

Measure definition:
% of patients 0-20 that did not show for their appointment

Change ideas:
• Review policy and send follow up letters
• Create scheduling templates around patient availability
• Care team model engages patients in their care
• Analyze no show reasons, no show statistics
• Phone system/Technology optimization
Quality Improvement

• Share how your organization conducts dental quality improvement activities
  – The organization promotes a culture of QI
  – Dental QI is part of the organization’s strategic plan
  – Dental data is reviewed at Board QI committee meetings, Internal QI committee meetings and Dental staff meetings
  – Data drives change - robust data collection program in place
  – We use The Model for Improvement, The Driver Diagram, Human Centered Design and PDSAs
  – Test – Implement – Sustain – Spread
  – Build evidence and commitment by testing
Quality Improvement

• How do you use PDSA testing
  Run PDSA cycles small to wide scale over a variety of conditions
  Find out what change can work and how it will work every day
  Anticipate several cycles and the requirements of implementation
  Run multiple PDSAs in parallel to accelerate the process
  Link quality improvement to quality control
  Useful tool: the PDSA Log
Quality Improvement

How do you use PDSA testing

Useful tool: the PDSA Log

<table>
<thead>
<tr>
<th>Driver</th>
<th>Phase of Improvement</th>
<th>Plan</th>
<th>Do</th>
<th>Study</th>
<th>Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>S5. Sealants and topical fluoride are applied as required</td>
<td>Develop</td>
<td>Increase access to sealant appointments by creating a Sealant day for one provider during winter school break</td>
<td>More patients who need sealants will receive them in a timely manner</td>
<td>12/13/2016</td>
<td>20 Sealant patients were scheduled for 2.8 sealants each on 12/28/16. 1 provider working an extra &quot;sealant day&quot;</td>
</tr>
</tbody>
</table>
Share an example of your favorite PDSA test (s)

- What was the objective of the test?
  - To see if we can do same day sealants

- What was the change?
  - Asked staff during huddle to do sealants same day as treatment planned

- What was your prediction?
  - Staff will not have time to do same day sealants

- What data did you collect?
  - Number of patients that came in for an exam and needed sealants and received them the same day

- What did the data from your test show?
  - 2 out of 4 patients that needed sealants had them done same day
  - Staff had time to place same day sealants on 50% of the patients, but could benefit from a better workflow and procedure set up.

- How did your experience compare with your prediction?
  - Staff had time to place same day sealants on 50% of the patients, but could benefit from a better workflow and procedure set up.

What did you decide to do next based on your data?
- Create and refine a swim-lane diagram with the most efficient workflow for the same day sealant. Post in operatory for staff to refer to during the visit. Staff needs this visual aid due to multiple steps and certain order of events needed for best results. Plan staff and space availability.
Dental Quality Dashboard

Michael Beral Dental Director

St. John’s Well Child & Family Center
The information contained in this presentation is not intended as a substitute for professional or legal advice. It is provided for educational purposes only. The information presented with no warranty as you assume full responsibility of how you choose to use this information.
• 15 Medical Sites
• 8 Dental Clinics
• St. Johns provides medical, Dental, Mental health, Pediatric, Women's health, Transgender, HIV clinic, Homeless services, Optometry, Pharmacy, fitness classes, Nutritional counseling,...
Why Quality dashboard

- Improve outcome
- Efficiency
- Sustainability
- Integration of care
- Improve Access
- Future reimbursement based on Quality
- Developing empanelment
**Weekly Dashboard**

**Overall Dental Dashboard**

<table>
<thead>
<tr>
<th>Overall Dental Throughput</th>
<th>Budget</th>
<th>Dental Dept Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of weekly visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No show rate [%]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of walk-in and same day visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of visits per dentist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Templates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insured payer mix [%]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Monthly Financials**

| Revenue per visit with grant |        |                   |
| Revenue per visit without grant |        |                   |
| Expense per visit (direct only) |        |                   |
| Expense per visit (incl. indirect) |        |                   |
| Profit/(Loss) per visit with grant |        |                   |
| Profit/(Loss) per visit without grant |        |                   |

**Current Performance For Week Ending**

<table>
<thead>
<tr>
<th>Current Week</th>
<th>Last Week</th>
<th>Two weeks prior</th>
<th>Three weeks prior</th>
<th>Four Weeks Prior</th>
<th>Five Weeks Prior</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/28/2017</td>
<td>10/21/2017</td>
<td>10/14/2017</td>
<td>10/7/2017</td>
<td>9/30/2017</td>
<td>9/23/2017</td>
</tr>
</tbody>
</table>
1. To increase oral health access to 0-5 years old and prenatal patients
2. Education and prevention to reduce caries rates and improve quality dental care
3. Collaboration with different department within the clinic
4. Outreach to entities with 0-5 population
5. Link patients to dental home
0-5 with reduce risk

Total # of high and moderate risk patients that have dropped in risk level respectively

Ex. D0603> D0602 & D0602> D0601

0-5 CRA at WCV

Total # of Caries Risk Assessments
By the total # of Well Child Visits in MM
**UCLA/First 5**

**0-5 dx caries at recall exam**

The total number of recalls (D0120) by the total number of caries diagnosis (2000-2999) in measurement month

Data from 11/16-6/17 only include active caries 6/17 and on is include pts that tx has completed.

**0-3 high risk at WCV**

The total number of high risk medical patients from WCV
UCLA/First 5

0-5 w/2 FV in 12-months

Percentage of patients (medical and dental) who received ages 0-5 who received at least 2 FV in the last 12 months

Count of pt. 0-5

Total Count of patients ages 0-5 in medical
0-5 CAMBRA at dental exam

The total number of dental exams by the total number of CAMBRAS (Caries Management By Risk Assessment) in measurement month.

0-5 high risk, on time dental exam

The total number of 0-5 high risk Time/clock/pt or caregiver.
• Gross charges
• Net revenue
• Expenses
• Total Account receivable for last 90 days
• Number of visits
• Revenue per visit
• Cost per visits
• Unduplicated number of patients
• Number of new patients
• Number of procedures per visit
• Broken appointment Rate
• Emergency rate
• Phase 1 treatment plan completion rate
• Sealants 6-9
Health Center Dental Dashboard

User’s Guide

A Tool for High Performing Health Centers

Developed by
with assistance from
## Monthly Dental Quality Dashboard

<table>
<thead>
<tr>
<th>Dental Quality Dashboard</th>
<th>Base</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population Health Dental</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total # of Completed Treatments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Plan Completion rate (all ages - all sites)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Plan Completion rate (0-21 every 8-months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Plan Completion rate (21-over every 18 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total # of Recalls (D0120) all sites/ all ages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recall Rates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caries at recall 0-21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caries at recall 21-over</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caries at recall % all ages - active infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total # of new exams all sites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of CAMBRAS (D601,602,603) all ages/ all sites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of CAMBRAS (0-5) in Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total # Self-Management Goal (All sites) (all ages)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total # Topical Fluoride at Exam Visit (0-5) Dental all sites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total # Sealants (6-9 year olds) all sites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total # Sealants (10-14 year olds) all sites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Tx per visit (all sites)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Rate all sites</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Oral Health Quality Dashboard</th>
<th>Base</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population Health Medical</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of Caries Risk Assessments (0-5) in Medical (Fray,Mag,Comp,Dom)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Caries risk assessment (0-5) in Medical (Fray,Mag,Comp,Dom)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total # Topical Fluoride at Exam Visit (0-5) in Medical all sites</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Fiscal & Operational Sustainability | | |
|-----------------------------------|------|
| Total number of visits | | |
| Unduplicated number of pts | | |
| New patients D0150 | | |
| Total # of Walk-Ins | | |
| No Show Rate | | |
| Payer Mix | | |

| Patient Satisfaction | | |
|----------------------|------|

<table>
<thead>
<tr>
<th></th>
<th>Sep</th>
<th>August</th>
<th>July</th>
<th>June</th>
<th>May</th>
<th>Apr</th>
<th>Mar</th>
<th>Feb</th>
<th>Jan</th>
</tr>
</thead>
</table>
Quality Dashboard Measures

Total number of visits
Total number of Unduplicated patients
Total number of new patients
Total number treatment completed patients
Total number of walk in
No show rate
Payer mix
**Total number of visits**

The total number of visits in MM

**Total number of unique patients**

The total number of unique patients—Dentirx enter all CDT codes and exclude "dummy codes" or codes that only serve for tracking purposes.
**Total number of new patients**

The total number of new patients – D0150 in MM

**Treatment completion rate**

Treatment plan completion rate (all ages):
the total number of treatment completion by the total number of exam
Total number of walk-ins

The total number of emergency walk-ins in MM

No show rate
Caries at Recall (Active Caries)

Caries at recall % - active infection - all ages
The total number of recalls (D0120)
by the number of caries diagnosis (2000-2999) in measurement month
Caries on recall 0-20

Caries at recall % - active infection - change age range
The total number of recalls (D0120)
by the number of caries diagnosis (2000-2999) in measurement month

Caries on recall 21 and over

Caries at recall % - active infection - change age range
The total number of recalls (D0120)
Additional Tracked Measures

Total number of Sealants 6-9

Sealants ages 6-9, and 10-14
The # of unique 6-9 year old High and moderate risk

Total number of sealants 10-14

Sealants ages 10-14
The # of unique 10-14) with elevated risk
**Average Treatment Per Visit**

**Number of Tx per visit**
Total # of treatments (Includes all the CDT codes except: ALL DUMMY CODES and the following codes- D1310,D1320, D1330, D0601,D0602, D0603, D9993 and, D3110, D3120-
By the total number of visits (all CDT billed procedures

**Emergency Rate**

# of emergency visits
By the # of total visits
Future Projects

- Empanelment
- Individual quality dashboard for each provider
  - Tx completion rate
  - Caries on recall
  - CAMBRA/SMG
  - Average treatment per visit
  - Number of treatment provided per CDT code/month/provider
  - Open notes
  - Caries on recall
  - Sealants
  - Average productivity
Challenges and Barriers

- Data collection
- Continues PDSA
- Limited Resources
- Integration of EDR and EHR
- Change of culture
- Staff Turn overs
- Not knowing bench mark for best practices
- Which measure to track
- What logic to use for certain measures
- What strategy to use to improve your quality
- Validation of Data
How Mountain Park’s Dental Clinic Uses Our Dashboard And Why We Would Never Go Back

Angela Relf DDS
Dental Department Chair
Mountain Park Health Center
Session Objectives

• Understand how Health Centers can monitor, measure and use oral health data to improve patient care; Currently we are using only 3 measures: caries rate, sealants and caries at recall. The caries rate measure is important because it gives us a measure of how effective we are in reaching patients and changing their behavior and ideas about oral health.

• Recognize best practices and successes in using dashboards and possible barriers with gathering and using data. We recognized that the easiest way to implement these measurements was to integrate them to an already established workflow. The barrier has been that once we saw improvement in the measures the staff stopped doing them.
Our Organization’s Dashboard
Mountain Park Health Center

**Risk Assessment**

- **START**
  - Low: 31%
  - Medium: 34%
  - High: 35%

- **YEARTODATE**
  - Low: 50%
  - Medium: 25%
  - High: 21%

**Caries Rate**

- **START**
  - Low: 44%

- **YEARTODATE**
  - Low: 57%

**Sealants Completed**

- **START**
  - 0%

- **YEARTODATE**
  - 9%
How We Use Our Dashboard

We integrated our measures into our Auto Codes. The caries risk rate populates into every exam using codes D0120 and D0145. Our sealant measure and caries at recall were created as their own Auto Codes. The assistants will pick which code applies to each patient.
Quality Improvement

- Our Dental Management teams meet monthly and we review and discuss our measures.
- We use PDSA in everything we do now - from integrating with more of our Pediatric departments to implementing new policy changes.
- After we meet in our management team meetings we discuss our results with our staff and providers at our monthly meetings. We discuss the barriers that may be preventing them from completing the measures and recommendations on how to improve them.
- My Favorite PDSA is actually the sealant measure. because it was the most challenging. It also improved how our Company was counting the measure.
Panel Q&A

• If you have an envelope at your place, you may open now.
• Inside you will find a question for the panel – please raise your hand and read it aloud.
  — You will also find a gift card in the envelope – thank you for your participation! 😊
• Any other audience questions?
Poll the Audience

WIFI Network: NNOHA
Password: NNOHA2017

Go to menti.com

Enter code 35271

When a question comes up, select your answer and submit!
After hearing from the panel I am more likely to implement a dashboard in my health center dental program.
Measurement for Success: Using the Health Center Dental Dashboard® Measures

- Quality Improvement and the importance of data
- Recognize the 15 measures that make up the dashboard
- Share lessons learned from the first two years of the Dashboard
  - Include difference between measurement for quality vs. accountability
  - Start small (3-5 measures max in the first 3 months)
- Identify available tools:
  - The Dental Dashboard Template
  - Dental Dashboard User’s Guide
Why Use A Dashboard

• Dashboards give a quick status update for key measures.

• They are a snapshot, not an in-depth analysis.

• Regularly seeing the data makes it much easier to respond quickly to areas of concern, or to change courses of action.

• Dashboards can be used to facilitate communication between departments, highlight successful strategies, to maintain momentum in QI activities, and identify operational deficiencies.

• It is a tool to take action!
Measurement for Success: The 15 Health Center Dental Dashboard© Measures
The Health Center Dental Dashboard©

Individual Dashboard Measures

The dashboard consists of 15 measures that are organized into three categories:

- Population health.
- Fiscal and operational sustainability.
- Patient satisfaction.

<table>
<thead>
<tr>
<th>Population Health</th>
<th>Fiscal &amp; Operational Sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caries at Recall</td>
<td>Topical Fluoride</td>
</tr>
<tr>
<td>% of patients who complete a periodic oral evaluation</td>
<td>% of 0-5 year old children (dental</td>
</tr>
<tr>
<td>and have a caries diagnosis.</td>
<td>medical) who receive topical fluoride application.</td>
</tr>
<tr>
<td>Risk Assessment of all Dental Patients</td>
<td>Self-Management Goal Setting</td>
</tr>
<tr>
<td>% of all dental patients who have had an oral health</td>
<td>% of dental patients who</td>
</tr>
<tr>
<td>risk assessment.</td>
<td>have at least one oral health self-management goal set by their care team.</td>
</tr>
<tr>
<td>Oral Evaluation and/or Risk Assessment of all Primary Care Patients</td>
<td>Self-Management Goal Review</td>
</tr>
<tr>
<td>% of all health center patients who have an oral</td>
<td>% of health center patients who</td>
</tr>
<tr>
<td>evaluation and/or risk assessment performed by a</td>
<td>have oral health self-management</td>
</tr>
<tr>
<td>medical provider.</td>
<td>goals reviewed by their care team.</td>
</tr>
<tr>
<td>Sealants (6-9 year olds)</td>
<td>Treatment Plan Completion</td>
</tr>
<tr>
<td>% of 6-9 year old children, at moderate to high risk,</td>
<td>% of dental patients who</td>
</tr>
<tr>
<td>who receive a sealant on one or more permanent first</td>
<td>have Phase I treatment plan completed within six months.</td>
</tr>
<tr>
<td>molar teeth.</td>
<td></td>
</tr>
<tr>
<td>Sealants (10-14 year olds)</td>
<td></td>
</tr>
<tr>
<td>% of 10-14 year old children, at moderate to high risk,</td>
<td></td>
</tr>
<tr>
<td>who receive a sealant on one or more permanent molar</td>
<td></td>
</tr>
<tr>
<td>teeth.</td>
<td></td>
</tr>
</tbody>
</table>
Caries at Recall

The Caries at Recall measure assesses the percent of patients who complete a periodic oral evaluation and have a caries diagnosis. Tracking this measure answers the question: How well is the patient’s dental disease being managed?

### of Patients with a Periodic Exam Who Also Have a Diagnosis Code Indicating Caries

### of Patients with a Completed Periodic Exam
RISK ASSESSMENT OF ALL DENTAL PATIENTS

The Risk Assessment of all Dental Patients measure identifies how many dental patients have been evaluated for caries risk. This measure helps a health center manage patient care according to risk.
ORAL EVALUATION AND/OR RISK ASSESSMENT OF ALL PRIMARY CARE PATIENTS

*Oral evaluation and/or risk assessment* measures the percent of patients who receive an oral health evaluation and/or risk assessment in a primary care setting. Tracking this measure answers the question: Are primary care medical providers delivering basic oral health screenings as a part of their patients' general wellness?
SEALANTS (6-9 YEAR OLDS)

The Sealants measure helps identify how many pediatric patients in the 6-9 year old age range have received sealants on at least one permanent first molar tooth. Tracking this measure addresses the question: How many pediatric patients are receiving recommended preventive treatments?
SEALANTS (10-14 YEAR OLDS)

The *Sealants* measure helps identify the percent of pediatric patients in the 10- to 14-year-old age range who are at “elevated” risk (“moderate” or “high” in risk assessments) who have received sealants on at least one permanent molar tooth. Tracking this measure addresses the question: **How many pediatric patients are receiving recommended preventive treatments?**

<table>
<thead>
<tr>
<th>Number of 10-14 Year Old Pediatric Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>at Moderate to High Risk for Caries</td>
</tr>
<tr>
<td>Who Received a Sealant on One or More Permanent Molar Teeth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Unique 10-14 Year Old Pediatric Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>With an Oral Assessment or Comprehensive Periodic Oral Evaluation who are at Moderate to High Risk for Caries and Have Sealable Molars</td>
</tr>
</tbody>
</table>
TOPICAL FLUORIDE

This measure tracks the percent of pediatric patients in both the medical and dental clinics who receive a topical fluoride application (e.g., fluoride varnish). This measure answers the question: How many pediatric patients receive recommended preventive treatments?
SELF-MANAGEMENT GOAL SETTING

The measure for Self-Management Goal Setting identifies the percent of dental patients who have at least one oral health self-management goal set with their care team. This measure answers the question: **How well are we supporting patients in managing their own health?**
Self-Management Goal Review tracks the percent of health center patients who have established oral health self-management goals and reviewed them with their care team. Tracking this measure answers the question: How well are the medical and dental teams working collaboratively with their patients to improve their patients’ health?
The *Treatment Plan Completion* measure assesses the percent of patients who complete their recommended treatment within a six-month time frame. Tracking this measure answers the question: **to what extent are patients completing recommended treatment?**
RECALL RATES

The *Recall Rates* measure tracks the percentage of patients who have returned for a recommended recall visit established during a previous dental appointment. This measure tracks *continuity of care.*
NO SHOWS

The No Shows measure tracks the percent of patients who do not show up for an appointment or call to cancel. Tracking this measure addresses the question: How well is the system of patient appointments and reminders functioning?
GROSS CHARGES (PRODUCTION) PER ENCOUNTER

The *Gross Charges per Encounter* measure tracks the actual charges established from dental patient visits. Tracking this measure answers the question: **How much dentistry is being done at each visit over time?**
ENCOUNTERS PER HOUR

The *Encounters Per Hour* measure tracks the average number of patients a provider sees per hour. This measure answers the question: *Are providers meeting general productivity standards?*
The *Direct Cost Per Visit* measure tracks the actual cost of a dental encounter. Tracking this measure helps centers understand: the actual cost of private care.
RECOMMENDATION TO FAMILY AND FRIENDS

This measure tracks the percentage of patients who have completed a satisfaction survey and would recommend the health center’s services to their family and friends. Tracking this measure answers the question: **Do the patients perceive that the health center provides valuable, quality services?**
Poll the Audience

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When a question comes up, select your answer and submit!
Which of the 15 Dashboard measures are you currently regularly reviewing, or plan to start reviewing by the end of 2017?

- Caries at Recall: 48%
- Risk Assessment of all Dental Patients: 44%
- Oral evaluation and/or Risk Assessment of all Patients: 14%
- Topical Fluoride: 49%
- Sealants (6-9 year olds): 86%
- Sealants (10-14 year olds): 52%
- Self-Management Goal Setting: 7%
- Self-Management Goal Review: 7%
- Treatment Plan Completion: 59%
- Recall Rates: 42%
- No Shows: 79%
- Gross Charges per Encounter: 33%
- Encounters per Hour: 40%
- Direct Recommendation to Family and Friends: 27%
- Slide is not active
Poll the Audience

Which of the 15 measures are you currently regularly reviewing, or plan to start reviewing by the end of 2017?

- Caries at Recall
- Risk Assessment of all Dental Patients
- Oral evaluation and/or Risk Assessment of all Primary Care Patients
- Topical Fluoride
- Sealants (6-9 year olds)
- Sealants (10-14 year olds)
- Self-Management Goal Setting
- Self-Management Goal Review
- Treatment Plan Completion
- Recall Rates
- No Shows
- Gross Charges per Encounter
- Encounters per Hour
- Direct Cost per Visit
- Recommendation to Family and Friends
## The Three Faces of Performance Measurement

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Improvement</th>
<th>Accountability</th>
<th>Research</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aim</strong></td>
<td>Improvement of care</td>
<td>Comparison, choice, performance management</td>
<td>New knowledge (efficacy)</td>
</tr>
<tr>
<td><strong>Methods:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Test Observability</td>
<td>Test are observable</td>
<td>No test, evaluate current performance</td>
<td>Test blinded or controlled</td>
</tr>
<tr>
<td>• Bias</td>
<td>Accept consistent bias</td>
<td>Measure and adjust to reduce bias</td>
<td>Design to eliminate bias</td>
</tr>
<tr>
<td>• Sample Size</td>
<td>“Just enough” data, small sequential samples</td>
<td>Obtain 100% of available, relevant data</td>
<td>“Just in case” data</td>
</tr>
<tr>
<td>• Flexibility of Hypothesis</td>
<td>Flexible hypotheses, changes as learning takes place</td>
<td>No hypothesis</td>
<td>Fixed hypothesis (null hypothesis)</td>
</tr>
<tr>
<td>• Testing Strategy</td>
<td>Sequential tests</td>
<td>No tests</td>
<td>One large test</td>
</tr>
<tr>
<td>• Determining if a change is an improvement</td>
<td>Run charts or Shewhart control charts (statistical process control)</td>
<td>No change focus (maybe compute a percent change or rank order)</td>
<td>Hypothesis, statistical tests (t-test, F-test, chi square, p-values)</td>
</tr>
<tr>
<td>• Confidentiality of the data</td>
<td>Data used only by those involved with improvement</td>
<td>Data available for public consumption and review</td>
<td>Research subjects’ identities protected</td>
</tr>
</tbody>
</table>
Feedback

Next Steps

• The Dashboard© is free to use, but user’s will need to sign up to receive the Excel template;
• Access to the Dashboard© and the User’s Guide is posted on NNOHA’s website: http://www.nnoha.org
• Measures continue to be refined through NNOHA’s Dashboard© Learning Collaborative;
Next Steps

• NNOHA will be hosting a Quality Learning Collaborative in Spring 2018
• NNOHA will send out information about the opportunity to be involved.
Poll the Audience

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Password: NNOHA2017

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When a question comes up, select your answer and submit!
A best practice that I will try related to measurement and quality is:

- **79%**: Look at my data more frequently to identify trends and patterns.
- **70%**: Share our dashboard with all dental staff.
- **23%**: Track fewer measures, and segment the data to look at different patient populations.
- **67%**: Review our Dashboard with clinic leadership on a monthly basis.

*Slide is not active Activate*
Poll the Audience

A best practice that I will try related to measurement and quality is:

1: Look at my data more frequently to identify trends or patterns.
2: Share our dashboard with all dental staff.
3: Track fewer measures, and segment the data to look at different patient populations.
4: Review our Dashboard with clinic leadership on a monthly basis.
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