Risk Management: Protecting Your Patients, Your Providers and Your Health Center

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Objectives

- To define what risk management is.
- To identify common risks involved in the practice of oral health care.
- To discuss ways to prevent common risks.
- To review how the Federal Tort Claims Act (FTCA) can protect Health Centers and their providers.
- To describe how ethics and risk management work together.
Definition of Risk Management

Identification, assessment, and prioritization of risks (the effect of uncertainty) and the application of resources to minimize, monitor, and control the probability or impact of adverse events.

It specifies information needed by providers, leaders, and staff to minimize risks for their oral health programs, and next steps if an error occurs.
Where Are Your Risks?

- Credentialing/ Privileging
- Staff Orientation
- Standards of Care and Clinical Guidelines:
- Ethics: Is your staff behaving correctly?
- Informed consent/ Refusal
- Charting Protocols
Where Are Your Risks?

- Time outs
- Patient satisfaction
- Communication
- Compliance issues
- Risk Assessment Tools
- Legal Issues
Top 10 Potential Risk Areas For Health Center Oral Health Programs

1. Lack of informed consent
2. Failure to diagnose
3. Lack of a thorough exam
4. Failure to follow-up on emergencies
5. Treatment of the wrong tooth
6. Surgical complications
7. Removable prosthetics
8. Lack of/inadequate treatment plan
9. Incomplete treatment
10. Inappropriate procedures
Top 10 Professional Issues
(State Board Perspective)

- Quality of Care
- Patient treatment
- Infection Control Standards
- Informed Consent
- Prescriptions
- Aberrant Billing – Misrepresentation/Fraud
- Aiding and abetting unlicensed practice
- Moral turpitude
- Records release
- Failure to renew license
Informed Consent

- Informed consent is required for all surgical and other invasive and/or high risk procedures
- Know the Standards of Care in your state
- Not required for simple or common procedures where risk is generally known
- Must be a provider/patient conversation
- Must include the option of no care as well
Consent for Minors

- Know your state laws concerning minors
- Insure your front office staff understands about legal guardians, step parent issues and divorce issues
- Foster care issues- working with social workers
- Emancipated minors
- Procedures where you may want parents present regardless of what the law allows
- What to do when you don’t know what to do
Informed Refusal

- Patients do have a right to make informed decisions
- Must discuss:
  - Problem needing treatment or DX
  - All proposed treatment, medications and tests
  - Anticipated benefits, risks, adverse reactions etc.
  - Risks and potential consequences of refusing treatment
  - All of the above plus education handouts must be documented in the charts
Informed Consent and Informed Refusal are irrelevant and will not protect the dentist if malpractice is done.
Periodontal Issues

- **Top Risks**
  - Failure to Diagnose
  - Failure to inform
  - Failure to refer
  - Failure to treat

- Periodontal charting must be done for all adult patients who have received an initial exam and at each recall
Patient Follow-up

- Emergency care follow-up
- Biopsy reports
- Great follow-up enhances patient care and the dentist-patient relationship
- Poor follow-up is a huge risk issue
- Consider a Patient Call Back Log
- Document any call to or from patients
Nitrous Oxide

- Understand your State dental sedation laws
- Have written Consent: American Academy of Pediatric Dentistry (may depend on the state you’re in)
- Develop a nitrous oxide policy to include:
  - Equipment maintenance procedures
  - Record keeping requirements
  - Procedures for monitor nitrous oxide
  - Privileging for the use of nitrous oxide
  - Nitrous abuse issues
Radiographs

- One of the basic tenants of diagnosis
- Quality (apices of the teeth; distal of canines; no overlaps)
- Refusal of radiographs
Endodontics

- Failure to diagnose the need for endodontic treatment,
- Failure to refer
- Incorrect performance of the procedure
- Failure to take reasonable precautions
- Failure to inform the patient of a separated instrument left in the canal

_CNA HealthPro Manage Your Endodlontic Risks_
Risk Management
Risk Management Tools

- Privileging Form
- New Dentist Orientation Plan
- Standards of Care/Guidelines
- Chart Audits/Peer Review
- Patient Complaint Review
- Patient Satisfaction Surveys
- Equipment Maintenance Logs
Dental Privileging

Privileging helps you determine that a provider is practicing within his or her training abilities.

- Defines education, training, and assessment requirements for each procedure(s) performed in the dental program.
- Is granted for a specified period of time, typically not exceeding 2 years (periodic privileging is recommended).
New Dental Provider Orientation Plan

- Orientation is a critical step in risk management.
- Having a provider manual is ideal.
Standards of Care and Clinical Guidelines Manual

- Critical for prospective, retrospective, and concurrent reviews.
- Reduces the subjectivity of these types of reviews.
- Defines the quality you want for your program.
- Tells providers upfront expectations for their practice within the health center.
- Should be reviewed with each provider at the time of hire.
Standard of Care

- [A dentist is] under a duty to use that degree of care and skill which is expected of a reasonably competent [dentist] acting in the same or similar circumstances.

- The standard of care can change over time based on emerging clinical practice, prevailing knowledge, and court case precedent.

- Providers are advised to keep abreast of changes in dental practice.
Clinical Guideline Examples

- Oral Surgery: third molar extraction selection
- Endodontics: case selection:
- Pain Management:
  http://www.aae.org/uploadedfiles/publications_and_research/newsletters/endodontics_colleagues_for_excellence_newsletter/ecfeacutedentalpain.pdf
- Etc......
Chart Audits: Retrospective Reviews

- Very limited by the # of charts possible to review.
- Can identify basic charting issues that may not comply with Standards of Care or where gaps in guidelines may exist for the program.
- Raises overall awareness to QA issues.
- Chart Review Guidelines: Critical!!!!
Chart Audit Guideline
Sample Question

**Does the documentation supports the diagnosis?**

This category covers diagnosis and what is needed for an appropriate and accurate diagnosis.

**No Issues Found:**
- There were enough clinical tests listed to make a reasonable diagnosis. Remember that a radiograph that shows a large apical lesion and a destroyed crown may need no other diagnostic tests but a tooth with decay close to the nerve and no periapical lesions may need a full array of tests.

**Needs Improvement (examples):**
- There are not enough diagnostic tests listed to arrive at a reasonable diagnosis.
- The symptoms do not match the diagnosis?
- There is an emergency encounter with no listed diagnosis
Documentation

If it isn’t documented, then it didn’t happen.

ADA Documentation Standards
http://www.ada.org/~/media/ADA/Public%20Programs/Files/MPRG_Dental_Records.pdf?la=en
Record Release and Retention

- Understand your state law requirements for record release.
- Failure to release records is a common complaint sent to Dental Boards.
- Know who can release the records, who can you release records to and what is required before release.
- Know what is included in the definition of ‘legal record’ so you release the full record.
- Know what your clinic’s policy is when an attorney requests records.
Patient Satisfaction

- Happy patients generally do not take action to report even when things go wrong.
- **Example Survey Tools**
Addressing Patient Complaints

- Determine if there were any violations of the state dental law.
- Determine any standard of care violations.
- Good care/bad outcome vs poor care/bad outcome.
- Understand clinic policy for when to contact an attorney.
- Must make decisions and contact patient in a timely manner.
Provider Action Plans

- Does your clinic have a process and policy for dealing with providers that violate standards of care?

- Possible Action Plan components:
  - Chart reviews
  - Concurrent peer review
  - Procedure mentoring

- Who do you report to?
Never or Sentinel Events

Errors that:

- are serious (causing disability or death).
- can absolutely be prevented.
- are clearly definable and measurable.
- Are typically shocking and iatrogenic.

https://psnet.ahrq.gov/primers/primer/3/never-events
Examples of Dental Sentinel or Never Events

- The removal of non-diseased tooth structure (cutting, drilling, or extraction) unless clinically appropriate for continuing care (i.e. orthodontic extractions of healthy teeth).

- The removal of non-diseased tooth structure (cutting, drilling, or extraction) without the patient’s consent unless such consent cannot be obtained due to sedation and the removal is the professionally correct thing to do.

- Performing a procedure on the wrong patient or tooth.

- A medication error or dental infection that results in death or serious injury or disability.
Time Outs

- Your entire dental team (and the patient) should know the who, what, why and where of each procedure before it is done.
- Determine which member of the team should initiate the time out.
- If anyone has a question of what needs to be done, stop and get the questions answered.
- Record the time out in the chart notes.
- Chart exercise vs true time out.
Other Things to Think About
Compliance Issues

- Billing issues
- Record storage
- License: expiration
- CE requirements
- BLS
- Amalgam separators
- OSHA and CDC regulations
- DEA compliance
- HIPPA
Sexual/Relationship Issues

- Single dentists in rural areas
- Patients/ patient guardians
- Legal and ethical issues
- Time frame on when a person was a patient
- Staff relationships
Front Office Miscommunication

- Diagnosing by front office staff over the phone
- Triaging emergency patients
- Misquoting fees
- Not scheduling correct follow-up appointments or mis-scheduling of patients
- Not communicating messages from patients to the dentist
Churning

Definition:

- Churning - systematic, institutionalized practice of maximizing revenues by maximizing visits/encounters

- One visit = One procedure without justification is an example of dental churning.
Encounter Churning

- Unethical
- Not patient centric
  - Average patient centric appointment time is 45 minutes
- Not standard of care
  - Must document justification for deviation from the expected “Standard of Care” when that scenario arises
- Can be considered fraud
- Creates a two tiered system
Examples of Churning

- Separation of exam & imaging procedures
- Separation of exam, imaging & P&F for children
- Lack of quadrant dentistry especially if small restorations
- Separation of sealants
- Lack of definitive treatment of emergencies
- 15 minute restorative appointments
Federal Tort Claims Act (FTCA)

- Health Center employees treated as employees of U.S. Public Health Service for malpractice liability coverage.
- Health Center’s scope of project defines approved service sites, providers, service areas, and target population(s).
- PT contract dentists and students/residents are NOT covered.
- Volunteer dentists can now get FTCA coverage.
- Must submit annual application to continue coverage.
Federal Tort Claims Act (FTCA)

- HRSA may conduct a site visit, randomly or for cause, to any initial applicant or deemed grantee to ensure implementation
  - FTCA has been doing site visits for the last 7 years
  - Approximately 20-22 site visits per year
- If a site visit results in a finding of a lack of implementation of the FTCA program requirements, this may be grounds for not receiving FTCA deeming or redeeming and may receive conditions upon their Health Center Program award
Federal Tort Claims Act (FTCA)

- Factors that may prompt a site visit may include:
  - Submission of an initial FTCA deeming application
  - Documentation indicating non-compliance with requirements during the review of the health center’s FTCA application
  - The need for follow-up based on prior site visit findings
  - History of repeated conditions, or current conditions, placed by HRSA on the health center’s Health Center Program grant, as documented on the health center’s associated Notice of Award
  - History of medical malpractice claims.
Volunteer and Temporary Dentists

- Volunteers can now be covered by FTCA
- Free does not always mean no cost
- Are these dentists credentialed and privileged in your system?
- Are they included in your chart audits?
- What orientation do you have set up for them?
Supervision of Students and Residents

- Generally covered by the academic institution
- Deep Pocket liability: a legal concept also called joint-and-several liability. This concept means that supervising dentists are legally responsible for the care delivered by residents and students.
- Supervising dentists may be liable for residents' negligence or may be directly liable for their own negligence in supervision or administration
- Students and residents should not be viewed as another way to advance productivity
Start With Your Biggest Risks

- Identify and triage your own center’s risks
- Develop policies to mitigate those risks
NNOHA Dental Program Operations Resources

- Operations Manual for Health Center Oral Health Programs
- Fundamentals
- Leadership
- Financials
- Risk Management
- Workforce and Staffing
- Quality

http://www.nnoha.org/resources/operations-manual/
Questions?

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Quality: Striving to Provide the Highest Quality Care We Can to the Populations We Serve

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PrimeCare Community Health, Chicago, IL
What is Quality?

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

--Institute of Medicine (IOM) – National Academy of Medicine
IOM Quality Domains

- Safety
- Effectiveness
- Patient-centeredness
- Timeliness
- Efficiency
- Equity
What is driving the emphasis on quality?

- Increasing cost of healthcare without improvement of health
- Problems with fragmented health system
- Profound healthcare disparities in population
- Increasing awareness of these problems in the age of consumer empowerment

Evidence of Drivers

- As a nation, we spend much more of our gross domestic product on health care than the rest of the developed world and have poorer health outcomes.

Evidence of Drivers

• IOM report To Err is Human: Building a Safer health System and Crossing the Quality Chasm highlighted the problems with the US Health Care system in the areas

1) patient safety
2) inefficient use of resources
3) fragmentation of the delivery system
4) need to re-design the way healthcare is delivered.

All your labs are back. They show a serious overuse of unnecessary and inappropriate tests and procedures.
What is driving quality in oral health?

- Section 330 of Public Health Service Act requires every Health Center to have an 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.
- Positive patient outcomes
- Focus on population health
National strategy to transform the health care system

The Triple Aim

- Better care (improve quality of care, more patient centered, increased patient satisfaction)
- Improve health of the population
- Reduce cost

The *Triple Aim* philosophy of better health, better care and better value for the money keeps patient-centered care as the focus of each encounter.
## Evolution of the Changing Landscape

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Centric</td>
<td>Patient Centric/Consumer</td>
</tr>
<tr>
<td>Value Blind Reimbursement</td>
<td>Value-based Reimbursement and Accountabilitly</td>
</tr>
<tr>
<td>Episodic Fragmented Care</td>
<td>Continuous and Coordinated</td>
</tr>
<tr>
<td>Inpatient-Focused</td>
<td>Amulatory/Office/Home Focused</td>
</tr>
<tr>
<td>Individuals</td>
<td>Population Based</td>
</tr>
<tr>
<td>Disease and Treatment</td>
<td>Health/Wellness Prevention</td>
</tr>
</tbody>
</table>

Dentistry and Quality

- Quality assessment in dental care is in a relatively primitive state, and the measures used for such assessments are little changed in the past three decades.

Bader.J. Challenges in quality assessment of dental care. JADA 2009:140;1456-1464
Reasons for limited quality assurance in dentistry

- Emphasis on surgical treatment
  - Evaluation is on clinician rather than the effect of clinician’s effort on improving patient health
- Professional isolation
- Limited evidence based guidelines
- Lack of diagnostic codes
- No standard measures of meaningful treatment outcomes
- Limited ability of information systems of dental plans and practices to capture, transmit and share reliable information
Quote form Albert Einstein

- Everything that can be counted does not necessarily count; everything that counts cannot necessarily be counted.
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 Assurance continued

- QA programs ensure Health Center compliance with quality standards and provide quantifiable performance assessments.

- Answers questions like:
  - How are we performing?
  - Are we meeting our goals?
  - How do we compare to our benchmarks?
  - Are we providing the highest possible quality services to our community?
  - Are we focused on the patient experience for the first contact until case completion?
  - Are we utilizing the proper follow-up procedures?
Examples of Quality Assurance

- Peer Review
- Service measures
  - Treatment plan completion
  - HEDIS measures
- Subjective patient outcomes
  - Oral Health Impact Profile (OHIP-14)
  - Consumer Assessment of Healthcare Providers and Systems (CAPHS)
- Adverse outcomes
## Health Center Health Services
### Dental Provider Performance Review Form

**Quarterly Chart review**
- Date of Review: 
- Reviewing Dentist: 
- Dental Reviewed: 

### GENERAL CHART INFORMATION
1. Patient Information complete?  
2. General Consent complete?  
3. Medical History complete?  
4. Medical History update complete?  
5. Are Allergies and Medical conditions documented?  
6. Indicators discussed: caries risk, diabetes, smoking, etc.? 

### Comments:

### CLINICAL EXAM DATA
1. Soft Tissue findings noted?  
2. Occlusal findings noted: caries, missing teeth, dental needs?  
3. Periodontal findings / Classification noted? 

### Comments:

### RADIOGRAPHS
1. Appropriate Survey, type of X-rays taken?  
2. Adequate Film coverage, all apices covered?  
3. Any image defect: cone cuts, retakes needed?  
4. Number of X-rays taken documented? 

### Comments:

### PROBLEMS / DIAGNOSIS
1. Appropriate testing done:  
2. Diagnoses documented?  
3. Appropriate consultations made, if needed?  
4. Referrals made if needed?  
5. Findings documented on treatment plan? 

### Comments:

### TREATMENT PLAN / DENTAL RECORD
1. Does Treatment Plan follow appropriate sequence.  
2. Record is complete and appropriate for treatment rendered?  
3. Follow up appointment is indicated in clinical record?  
4. Documentation is complete, tooth area, anesthetic, procedure and/or materials, signed with Doctors and Assistant’s names, etc.? 

### Comments:

**Director's Comments**

__________________________  

__________________________  

**Dental Director**  
**Signature**  
**Date**
Quality Committee

*Every adverse outcome is an opportunity for improvement*

- QI team made up of members from various departments
- Clinical incidents, patient complaints & grievances, safety lapses, risk management
- System for identification, data collection review, root cause analysis, system improvement
Quality and Information Systems

Health Information Technology

- Data must be measurable, trackable and able to be extracted from the patient record
  - Benefits of the electronic dental record
    - Able to capture greater data versus sample measures
    - Often allows for easier accessibility to data
    - Information sharing opportunities
  - Challenges:
    - System limitations
    - Different EDRs may measure/track in different ways
    - Reliant upon complete documentation, Quality Event Coding (EVT coding)
    - EDR/EMR Interfacing

“You can’t change what you don’t measure.”
But you can’t measure unless you make it easy.
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.

We have also 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
The Health Center Dental Dashboard

### Population Health

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

<table>
<thead>
<tr>
<th>Sealants (10-14 year olds)</th>
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<tbody>
<tr>
<td>% of 10-14 year old children, at moderate to high risk, who receive a sealant on one or more permanent molar teeth.</td>
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### Fiscal & Operational Sustainability

<table>
<thead>
<tr>
<th>Recall Rates</th>
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<tbody>
<tr>
<td>No Shows</td>
</tr>
<tr>
<td>Gross Charges (Production) per Encounter</td>
</tr>
<tr>
<td>Encounters per Hour</td>
</tr>
<tr>
<td>Direct Cost per Visit</td>
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### Patient Satisfaction

<table>
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<tr>
<th>Recommendation to Family and Friends</th>
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<td>% of patients who would recommend health center services to family and friends.</td>
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Summary of Initiatives Utilizing the Dashboard©

- **Learning Collaborative Pilot (2016)**
  - 5 Health Centers, customized subset of Dashboard© measures used for Quality Improvement (QI)

- **Dashboard Learning Collaborative (2016-2017)**
  - 26 Health Centers, customized subset of Dashboard© measures used for Quality Improvement (QI)

- **Benchmarking Initiative (2017)**
  - Health Centers, customized subset of Dashboard© measures used for Benchmarking

- **Oral Health Improvement Collaborative (2017-2018)**
  - 42 Health Centers, customized subset of Dashboard© measures used for Quality Improvement (QI)
NNOHA Dental Dashboard


“Quality measurement implementation needs to be easy in routine practice for clinicians with measures captured as part of the clinical workflow”.

- The Future of Quality Measurement for Improvement and Accountability
Quality Improvement (QI)

- **An approach** to the analysis of performance and 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
- Proactive prevention approach
The Chronic Care Model

Community
Resources and Policies
Self-Management Support

Health Systems
Organization of Health Care
Delivery System Design
Decision Support
Clinical Information Systems

Informed, Activated Patient

Productive Interactions

Prepared, Proactive Practice Team

Improved Outcomes

Developed by The MacColl Institute
ACP-ASEM Journals and Books
The Chronic Care Model

1) Health Care Organization – QI program has support of entire organization including senior leadership
2) Community Resources and Policies – stronger links between Health Center and community resources
3) Self-Management Support – support and information to patients to be able to manage their own healthcare
4) Delivery System Design – multidisciplinary team approach
5) Decision Support – evidence-based guidelines and protocols in daily clinical practice
6) Clinical Information Systems – timely and relevant information on each patient as well as entire patient population
Model for Improvement

- The Model for Improvement enables an organization to approach quality improvement through rapid cycles of change and continual feedback on the effectiveness of those changes.
- When used in conjunction with the Chronic Care Model, the Model for Improvement can lead to positive, sustainable changes in the quality of health care.
Opportunity for Improvement

- Access to care (visit)
- Type of service (sealant)
- Cost (lower)
- Adverse patient event (latex allergy)
- Oral health outcomes (BP)
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
What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

PDSA CYCLES

Working towards improvement in the measures in what drives system change.
Plan-Do-Study-Act Cycle

Ideas → Action → Learning → Improvement

- Demonstrate improvement
- What changes are to be made?
- What is the next cycle?

- Complete the data analysis
- Compare data to predictions
- Summarize what was learned

- Identify problems and create a plan
- Implement the plan
- Monitor and document results
- Begin analysis of the data
Using the Cycle to Improve

Data  Improvement

Spread  Implementation of Change

Wide-Scale Tests of Change

Follow-up Tests

Very Small Scale Test

Ideas
Erie Family Health Center

- NNOHA Dental Benchmarking Initiative
- % of 10-14 year old children who receive a sealant on all eligible permanent molar teeth
  - Denominator: number of unique 10-14 year old patients who come to the dental clinic for any reason during the measurement month and have one or more permanent molar teeth eligible for sealants (This measure includes 1st and 2nd molars)
  - Numerator: number of patients in the denominator who received a sealant on ALL permanent molar teeth
Erie Family Health Center QI plan for sealants

- Project goal: To increase the number of 10-14 year old patients that receive sealants from baseline to 60% during course of initiative
- Project Team Leader: Dr Lisa Kearney
- Project Team: Cathy Arista, Dr Christina Bosak, Melissa Maldenado, Rolando Paz
- Established baseline - 28%
- Timeframe – course of initiative
  - 3 months
- Meeting time: discuss at morning huddle
Erie Family Health Center - PDSAs

- Train providers on the importance of placing sealants
- Smart code for tracking exclusions for 10-14 year olds
- Placing sealants at recall visits
- Utilizing DAs to place sealants
% of 10 - 14 yo that receive a sealant on all eligible molar teeth at EFHC
PCC’s PDSA: Medical-Dental Integration Process

- Problem Identified: several prenatal patients seeking emergent care
- Project Goal: To Increase the number of prenatal patients with an oral examination
- Team: Dr. Tuscher, Crystal, Stefanie, Dr. Mark
- Established Baseline: 4% of prenatal patients seen for D0150 or D0120
- Timeline: 6 months
- Team Meeting Schedule: monthly
PCC’s PDSA first steps

• Plan
  • Plan: Provider engagement and education provided at general medical staff meetings to increase prenatal referrals for oral examination

• Do
  • Collected data from the EDR
  • Ensured access in schedule
  • Checked in at monthly meetings
PCC’s PDSA Continued

- **Study**
  - Result: 9%
  - Some patients already had a dental home
  - Engaging the Nurse Midwives had big impact
  - Provider awareness generated more referrals
  - Patients rely on providers to give guidance and referral
  - Track referrals completed versus patients seen?

- **Act**
  - Did we demonstrate improvement?
  - Changes we needed to make? Shorter measurement period.
  - What’s next? Future PDSAs
    - Add prenatal referral into medical workflow
    - Same day visits with OB visits
    - OH education at group medical visits
    - Dental Assistants handing out OH brochures
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 new decay at recall
- Percentage of patients that are caries free
- Percentage of patients that have moved from high to medium risk
Who will create and define oral health quality measures?

- Nationally defined measures:
  - HEDIS measures
  - National Quality Forum
  - Meaningful use measures
  - NNOHA Dashboard
  - Healthy People 2020
  - Dental Quality Alliance

- All include different measures and different definitions of those measures
Nationally defined measure: HRSA Sealant Measure

- **Numerator:** number of dental patients 6-9 years old who received a sealant on the permanent first molar in the calendar year.

- **Denominator:** number of dental patients 6-9 years old who had a comprehensive or periodic exam and an elevated caries risk who needed a sealant on their permanent first molar in the calendar year.

- Is this our best oral health measure?
Questions about the sealant measure

- Are you doing a Caries Risk Assessment?
- No standard CRA
- Can you track the exclusions with your EDR?
- Sealants are a preventive measure – should all kids should receive sealants regardless of risk?
- Skewed results due to school sealant programs
- Measure exclusively for pediatric patients
What will our future oral health measures look like?

- WE NEED YOU!
Shift from Volume to Value

- **Examples**
  - Shared savings and shared risk methodologies (offers incentives for providers to reduce health care spending for a defined patient population by offering them a percentage of net savings realized as a result of their efforts)
  - Bundled payments (providers and/or healthcare facilities are paid a single payment for all the services performed to treat a patient undergoing a specific episode of care. An “episode of care” is the care delivery process for a certain condition or care delivered within a defined period of time.)
  - Pay for performance (bonus payment for meeting performance measures)
  - Inclusion of children’s dental services in global payment models
Example: Children’s Oral Health Initiative Value-Based Payment Technical Support

- The Centers for Medicare & Medicaid Services’ (CMS) Medicaid Innovation Accelerator Program (IAP) created the program
- New technical support opportunity for state Medicaid/CHIP agencies to select, design, and test Value-Based Payment approaches that will sustain children’s oral health care delivery models that are showing results.
- Opportunity for community health centers to work with state Medicaid offices to design and test value-based payment methods
What is next?

- Standardization
  - Of measures
  - Of benchmarks
  - Of reporting
- Value-based reimbursement
- Improvements in health information systems
NNOHA’s Resources

- **Quality Chapter** - NNOHA Operations Manual for Health Center Oral Health Programs
- Other Quality Improvement tools
- NNOHA Dashboard website
Questions?

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