Annual Update on the HRSA UDS Sealants Measure

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January 5, 2018
Objectives

- Review national and state level results for the 2016 HRSA UDS dental sealants measure
- Recognize how your health center can improve the accuracy of the denominator for the UDS sealant measure
- Describe strategies for improving on UDS Sealants Measure outcomes
- Learn the strategies one health center has developed to increase its UDS Sealants Measure percentage
Questions?

Please chat in!
All Q’s will be answered by email &
Sealant FAQ will be updated

UDS Dental Sealants Measure

NNOHA Webinar

January 5, 2018

Vy Nguyen, DDS, MPH
Dental Officer, Office of Quality Improvement
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)
Bureau of Primary Health Care: Strategic Goals

- Increase Access to Primary Health Care
- Advance Health Center Quality and Impact
- Optimize Bureau of Primary Health Care Operations

Mission: Improve the health of the nation’s underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services.
2016 UDS Clinical Quality Measures

- Child/Adolescent BMI & Follow-up
- Adult BMI & Follow-up
- Childhood Immunization
- Tobacco Screening & Cessation
- Asthma & Meds
- Ischemic Vascular Disease: Therapy
- Colorectal Screening
- Cervical Screening
- Coronary Artery Disease: Lipid Therapy
- Early Entry into Prenatal Care
- Low Birth Weight
- Hypertension Control
- Uncontrolled Diabetes
- Depression Screening
- HIV Linkage to Care
- Dental Sealants
## Crosswalk of the UDS dental sealants measure and other national programs

<table>
<thead>
<tr>
<th>ID</th>
<th>Measure Title</th>
<th>Measure Steward</th>
<th>CMS e-CQM</th>
<th>NQF #</th>
<th>CMS Medicaid Core Set</th>
<th>Healthy People 2020</th>
<th>MIPS / QPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 6B, Line 19</td>
<td>Colorectal Cancer Screening</td>
<td>National Committee for Quality Assurance</td>
<td>CMS130v5</td>
<td>34</td>
<td>n/a</td>
<td>C-16</td>
<td>Yes</td>
</tr>
<tr>
<td>Table 6B, Line 20</td>
<td>HIV Linkage to Care</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>No</td>
</tr>
<tr>
<td>Table 6B, Line 21</td>
<td>Preventive Care and Screening: Screening for Depression and Follow-Up Plan</td>
<td>Centers for Medicare and Medicaid Services</td>
<td>CMS2v6</td>
<td>418</td>
<td>Adult Core</td>
<td>n/a</td>
<td>Yes</td>
</tr>
<tr>
<td>Table 6B, Line 22</td>
<td>Dental Sealants for Children between 6-9 Years</td>
<td>Dental Quality Alliance - American Dental Association</td>
<td>CMS277 (draft)</td>
<td>2508 (claims based measure)</td>
<td>Child Core</td>
<td>OH-12.2</td>
<td>No</td>
</tr>
</tbody>
</table>
Dental sealants measure introduced to the UDS in 2015 to capture the percentage of children, age 6-9 years of age, at moderate to high caries risk, who received a dental sealant on a first permanent molar during the measurement period.

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Children who received a sealant on a permanent first molar tooth during the measurement period.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator (Universe)</td>
<td>Children 6 though 9 years of age who had a dental visit in the measurement period who had an oral assessment or comprehensive or periodic oral evaluation and are at moderate or high risk for caries in the measurement period.</td>
</tr>
</tbody>
</table>

Source: 2017 UDS Manual
2016 UDS Dental Sealants Measure

**Numerator** | 134,294
---|---
**Denominator** | 275,690
**%** | 48.7%

**HP2020 Goal** – 28.1

**Total # of Health Centers in UDS 2015:** 1375
**Total # of Health Centers in UDS 2016:** 1367
2016 UDS Dental Sealants Measure by State

State Average %
- ≥ 60%
- 50% - 59%
- 40% - 49%
- ≤ 39%

Map showing the percentage of dental sealants by state.
Dental Sealants Measure for UDS 2017

2017 UDS Manual

• **Specification Guidance:**
  • The intent is to measure whether a child received a sealant on at least one of the four permanent first molars
  • “Elevated risk” is a finding at the patient-level, not a population-based factor such as low socio-economic status.
  • Look for tooth level data for sealant placement. Capture sealant application within buccal pits on a first permanent molar in the numerator.
2017 UDS Manual

• UDS Reporting Consideration:
  • Include dental visits with the health center or with another dental provider who saw patients through a paid referral.
  • Although draft e-CQM (CMS277v0) reflects age 5 to 9 years of age, use age 6 through 9 as measure steward intended.
  • Health centers providing dental services directly on site or through paid referral under contract must report dental patients age 6 through 9 who are at elevated risk for caries in the universe count.
  • Document the specific tooth a sealant was placed on.
Dental Sealants Measure for UDS 2017

Improvement for the measure:

• Integrate into clinical workflows, protocols, and processes
• Leverage EDRs/EHRs and work with EDR/EHR vendors
• Engaging in learning opportunities through NCA, PCA, and HCCN support
Thank You!

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Computing & Improving the UDS Sealants Measure

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2008 & 2016 JADA Guidelines

1. Sealants prevent cavities in permanent & primary molars

2. Sealants can prevent the progression of early non-cavitated carious lesions

3. Resin or glass ionomer
Measure Overview: Sealants 6-9 Years

**NUM:** How many received a sealant on a permanent first molar in the reporting year

**DEN:** Of dental patients, aged 6-9 years at elevated caries risk, of record in the practice in the reporting year, who needed a sealant in a permanent first molar

Denominator Exclusions (subtract from denominator):
- All four molars are not candidates for sealants.
Without an EDR vendor solution you cannot compute the measure by “pushing the button”

1. Chart audit method
2. Compute electronically with work-around

If you have vendor solution, the following functions are happening in the background
What if we don’t have an Electronic Dental Record system?

- [https://bphc.hrsa.gov/datareporting/reporting/2017udsreportingmanual.pdf](https://bphc.hrsa.gov/datareporting/reporting/2017udsreportingmanual.pdf)
  - Pg. 178- Sampling Methodology for Manual Chart Reviews
  - 70 charts
# Breaking Down the Denominator Criteria: Overview

**DEN:** Dental patients, aged 6-9 years at elevated caries risk, of record in the practice in the reporting year who needed a sealant in a permanent first molar

<table>
<thead>
<tr>
<th>6-9 years</th>
<th>For CY 2017 UDS reporting: date of birth between January 1, 2008 – December 31, 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>of record in the practice</td>
<td>had an oral assessment (CDT D0191) OR a comprehensive or periodic oral evaluation visit (CDT D0120, D0145, D0150, or D0180)</td>
</tr>
<tr>
<td>elevated caries risk</td>
<td>at moderate to high caries risk (CDT D0602 or D0603) based on caries risk assessment</td>
</tr>
</tbody>
</table>
Count/list of all 6-9 y/o seen in dental clinic for an exam/assessment (CDT codes 0150, 0120, 0191, 0145, 0180) in 2017

HC registration and/or billing system. Do not need EDR

Also first step of random chart audit method
**DEN:** Dental patients, aged 6-9 years at elevated caries risk, of record in the practice in the reporting year who needed a sealant in a permanent first molar.

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Documenting CRA Electronically
Documenting CRA Paper Encounter Form

- Add the 3 CDT codes D601, D602, D603 to your encounter form
- Assign fee $0
- Check off with 0150, 0120, 0191, 0145, 0180
Exclusions: Children who otherwise meet the denominator criteria are subtracted from the denominator if all four of the permanent first molars are non-sealable in the measurement period.

A “non-sealable” tooth:
- unerupted
- missing
- already sealed
- has restoration (filled)
- fractured
- active caries/decay

None of the four permanent first molars have erupted: exclusion.

All four permanent first molars have been sealed: exclusion.
1. Have vendor upgrade/solution

2. Used a SMART/dummy code for exclusions all year - run query for the code

3. Chart auditing review exam charting for teeth #3, 14, 19, 30

4. Forget about exclusions - % will be lower than it really is because your denominator is bigger
**NUM:** Children in the denominator who received a sealant on a permanent first molar

**What counts:**
- Any sealant placed on a permanent first molar during the reporting period regardless of whether it was placed before, on the same day as, or after the oral assessment/evaluation
- Sealants placed regardless of whether it was at the health center being measured or elsewhere – as long as it is documented
- Must be placed during reporting period
Number of children in denominator that had a sealant placed (CDT D1351)
If the parent declines sealants, does that count as an exclusion?

No.
Currently, exclusions are defined as “Children for whom all first permanent molars are non-sealable (i.e., molars are either decayed, filled, currently sealed, or un-erupted/missing)”.
What about D1353-sealant repairs?

Currently, only code D1351 is included in the e-specifications as a sealant for purposes of computing the measure.
Top 10 Ways to Increase Your UDS Sealants Measure Percentage
#10 Increase patient demand for sealants

#9 Increase treatment planning of sealants

#8 Decrease time with rapid cure light

#7 Decrease time with optimal materials

#6 RDH place sealants
#5  RDA place sealants where allowed

#4  Patient flow charts for sealants

#3  Sealant placement > routine restorative

#2  Sealant only schedules/columns
#1 Same Day Sealants

- Prioritize application of sealants over prophy visit if/when applicable
- Flag potential sealants patients during daily huddles
- Place “Ready to go” sealant set-up in each room
- Consider ability to add sealant placement to any visit type if rooms & support staff available
- Add 10-minutes to schedule for exam/prophy visits to make time to complete needed sealant(s)
The HRSA UDS Sealant Measure
A clinic’s story
Petaluma Health Center

- Two main sites: Petaluma and Rohnert Park
- Family medicine, behavioral health, women’s health, dental health, wellness, chiropractic, school based programs
- 35,000 health center patients
- Dental started in 2005, expanded in 2011 and again in 2015
- Across sites 24 dental operatories
- 8 FTE General dentists
- 1FTE Pediatric dentist
The HRSA UDS Sealant Measure

- 2015: 32.1%
- 2016: 81%
- Data collection method: EDR reporting
- No exclusions in 2015
- 5 other local clinics: 2 chart audits, 2 reports with no exclusions, 1 report with manual exclusion

![Graph showing percentage of sealants (6-9 years) from Jan-16 to Oct-18]
The HRSA UDS Sealant Measure

- Exclusion criteria - non-sealable molars: decayed, filled, already sealed, un-erupted or missing
- Exclusion solution - administrative code
- How about the age calculation?
- How about exams done at the end of one year and sealants done the following year?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>999</td>
<td>NO SLT</td>
</tr>
<tr>
<td>7000</td>
<td>OB pt</td>
</tr>
<tr>
<td>7001</td>
<td>post OB</td>
</tr>
<tr>
<td>7005</td>
<td>FINISHTX</td>
</tr>
<tr>
<td>7007</td>
<td>DECAY</td>
</tr>
<tr>
<td>D0603</td>
<td>CRAHIGH</td>
</tr>
<tr>
<td>D0602</td>
<td>CRAMOD</td>
</tr>
<tr>
<td>D0601</td>
<td>CRALOW</td>
</tr>
<tr>
<td>D9993</td>
<td>MI</td>
</tr>
<tr>
<td>RBRV</td>
<td>Risk Based Recall Visit</td>
</tr>
</tbody>
</table>
The Caries Risk Assessment (CRA)
- Workflow
- Form/Documentation
- CRA codes D0602 and D0603
- PDSA based CRA changes
  - Staff training
  - Included a CRA question in the clinical note template
  - Combined CRA questions with MI and SMG
  - Revised workflow and discussed in huddles
  - Monthly CRA reports discussed at staff meetings
- CRA included in clinical competencies, onboarding, job descriptions
The HRSA UDS Sealant Measure

- CRA data:

Caries Risk Assessment Documentation (<21 years)
The HRSA UDS Sealant Measure

- Sealants
  - Do we believe?
  - Are we treatment planning them?
  - How are they prioritized?
  - Are they being scheduled?
  - Are the patients showing for their appointment?
The HRSA UDS Sealant Measure

• **Sealant schedule**
  - Are we maintaining access?
  - Are we providing timely continuing care?
  - Are patients getting through the phones?
  - Are we increasing access when patients are available?
  - What are the no show reasons?

• **Changes more PDSAs**
  - Two additional scheduling templates
  - Sealant RDA column
  - Sealant day
  - Sealant providers
The HRSA UDS Sealant Measure

• Staffing ratios and staff allocation
  • 2-2.5 RDAs per dentist
  • 3 chairs per dentist
  • Sealant certified RDAs

• Sealant protocol efficiency
  • Sealant supplies kit in each operatory
  • Improved isolation system
  • Product testing for speed and quality
  • Consent on file
The HRSA UDS Sealant Measure

- Back to chart audits and reliability testing
  - Was the CRA done and documented?
  - Who did not receive sealants?
  - More huddles focused on sealants
  - “Go see”
  - Staff meetings

![Graph](Sealants (6-9 years))
Swim lane diagram:
Same Day Sealants Workflow with CRA and MI
• Data after implementing same day sealants
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• Documentation
  • Clarity on who owns the process
  • Per diem providers
• Other things to consider
  • Staff buy in: storyboards, huddles, champions, meetings
  • New employee training
  • Staff competencies/Performance evaluations
  • Reduce window internally on the sealant measure to 90 days
  • Run monthly data
  • Plan for sustainability
The HRSA UDS Sealant Measure

- THANK YOU!
- Ramona English, DMD, CDO
- ramonae@phealthcenter.org
In conclusion

- Don’t let difficulty in computing the measure distract you from the purpose!

- Pit and fissure sealants are one of our most important interventions in helping the high risk children we serve.

- We assure a healthy future by sealing all pits and fissures!