Half-Way There!

HRSA UDS Sealants Measure 2018 Update

Vy Nguyen, DDS, MPH, Dental Officer, Office of Quality Improvement, Bureau Primary Health Care, HRSA
Irene V. Hilton, DDS, MPH, NNOHA Dental Consultant
Sherilee Callahan, Director of Oral Health, Regional Primary Care Network

December 7, 2018
Objectives

• Understand the trends from three years of HRSA UDS dental sealants measure data

• Implement systems to document and report sealant data, including exclusions, to improve the accuracy of the UDS sealant measure

• Describe how one health center increased its UDS Sealants Measure percentage by implementing same-day-sealants
UDS Dental Sealants Measure Update
NNOHA Annual Conference

December 7, 2018

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

Health Center Program Mission: Improve the health of the nation’s underserved communities and vulnerable populations

Increase Access to Care

Advance Quality and Impact

Optimize Operations
Provided dental sealants to 50.7% of children 6-9 years of age at elevated caries risk.

Children 6-9 years of age at elevated caries risk that received dental sealants increased by 8.3 percentage points since 2015.

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.

Source: Uniform Data System 2015-2017 Table 6B
36 states, the District of Columbia, and Puerto Rico increased by at least 5 percentage points on the dental sealants measure from 2015 to 2017.
Impact of BPHC Investments on the Dental Sealants Measure (1/4)
Oral Health Service Expansion (OHSE) Supplemental Funding

In 2016, 420 health centers were awarded $156 million through the OHSE Supplemental Funding to increase access to oral health care services and improve oral health outcomes for Health Center Program patients.

Health centers that received OHSE funding had a higher average for the UDS dental sealants measure compared to health centers that did not receive OHSE funding.

Source: Uniform Data System 2015-2017 Table 6B
Impact of BPHC Investments on the Dental Sealants Measure (2/4)
Oral Health Service Expansion (OHSE) Supplemental Funding

From January to June 2018, HRSA in partnership with NNOHA hosted 6 Listening Sessions across the 10 HHS regions with a total of 162 health centers that received OHSE funding. One of the topics of discussion under quality improvement included challenges, opportunities, and successes with the UDS dental sealants measure.

Challenges and Areas of Opportunity

- Consistency among provider documentation and coding
- Understanding and applying the exclusions
- Lack of or inaccuracy of vendor solutions

Strategies to Improve Measure Reporting

- Using “dummy” or “smart” codes
- Building templates to facilitate access to “favorite” dummy codes for easier coding by providers and staff
- Address coding issues at team and individual meetings with providers
- Incentivize providers for correct coding
Impact of BPHC Investments on the Dental Sealants Measure (3/4)
Health Center Controlled Networks (HCCNs)

HCCNs support health centers in achieving meaningful use of ONC-certified EHRs, adopting technology-enabled quality improvement strategies, and engaging in HIE to strengthen the quality of care and improve patient outcomes.

Health centers in HCCNs are more likely to report on the universe of patients using their EHR. 83% of health centers in HCCNs versus 80% of health centers not in HCCNs reported on the universe of patients using their EHR for the dental sealants measure.

Source: HCCN Impact Fact Sheet 2018
As a NCA partner, the National Network for Oral Health Access (NNOHA) provides training and technical assistance to health centers to expand and integrate high quality oral health services and improve oral health outcomes.

From 2016 to 2017, NNOHA piloted a learning collaborative to train 5 health center oral health programs and subsequently expanded to 27 new health centers to:

- Use the Model for Improvement
- Create the foundation for monitoring, reporting, and improving on specific set of dashboard measures, including the UDS dental sealants measure

<table>
<thead>
<tr>
<th>Learning Collaborative Participants (32 Health Centers)</th>
<th>53.3%</th>
</tr>
</thead>
<tbody>
<tr>
<td>UDS 2017 National Average</td>
<td>50.7%</td>
</tr>
</tbody>
</table>

Source: Uniform Data System 2017 Table 6B
Moving Forward ... UDS 2018

Improve on the measure

- Integrate into clinical workflows and quality improvement strategies
- Train providers and staff
- Leverage EDRs/EHRs and work with EDR/EHR vendors and in-house IT support
- Engaging in learning opportunities through NCAs, PCAs, and HCCNs

Source: Uniform Data System 2017 Table 6B
Thank You!

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

vnguyen@hrsa.gov
(301) 827-9045

bphc.hrsa.gov

Sign up for the Primary Health Care Digest
To learn more about our agency, visit

www.HRSA.gov

Sign up for the HRSA eNews

FOLLOW US:  

Facebook  
Twitter  
LinkedIn  
YouTube
Computing & Improving the UDS Sealants Measure

Irene V. Hilton, DDS, MPH
NNOHA Dental Consultant
Dental Director, San Francisco Department of Public Health
irene@nnoha.org
This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number cooperative agreement number U30SC29051, Training and Technical Assistance National Cooperative Agreement for $500,000 with 0% of the total NCA project financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
HRSA UDS Sealants Clinical Quality Measure

% Children 6-9 Sealed

<table>
<thead>
<tr>
<th>Year</th>
<th>% Sealed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>42.4</td>
</tr>
<tr>
<td>2016</td>
<td>48.7</td>
</tr>
<tr>
<td>2017</td>
<td>50.71</td>
</tr>
</tbody>
</table>
Potential to save **38 out of every 100 kids** from a lifetime of restorations & repairs
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

https://jada.ada.org/article/5002-8177(16)30473-1/pdf
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.
What if we don’t have an Electronic Dental Record system?

- [http://www.bphcdata.net/docs/uds_rep_instr.pdf](http://www.bphcdata.net/docs/uds_rep_instr.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 2018 UDS reporting: date of birth between January 1, 2009 – December 31, 2011</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>
ARE YOU SURE THE DATA YOU GAVE ME IS CORRECT?

I'VE BEEN GIVING YOU INCORRECT DATA FOR YEARS. THIS IS THE FIRST TIME YOU'VE ASKED.

WHAT?

I SAID THE DATA IS TOTALLY ACCURATE.
Documenting CRA Electronically
What are Exclusions?

**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.
Documenting if a Child is Excluded from the Denominator

• Vendor solution- DEPENDENT ON CHARTING FOR TEETH #3, 14, 19, 30

• Use an EDR code- create a SMART code for electronic method

• Do not exclude- denominator will be bigger than it really is, so UDS % will be lower
Smart Codes
Top 10 Ways to Increase Your UDS Sealants Measure %
#10
Increase Demand

Dental Sealants
Protecting teeth, preventing decay

WHAT ARE SEALANTS? HOW DO THEY HELP YOUR TEETH?

Without Sealant
With Sealant

Prevents cavities on chewing surfaces
Applied to permanent 6 and 12 year molars
Protects teeth for years
Economical
Applied in minutes without anesthesia
Sealed teeth are easier to clean

Division of Dental Health
Virginia Department of Health

Designed by Bob Barefoot
#9
Increase treatment planning
#8 Equipment

**Flashmax P3 Curing Light**

World's most powerful curing light delivers 6000mW/cm² performance.

Undoubtedly the most powerful curing light on the market, FlashMax P3 cures most composites in 1-3 seconds per layer! This speed and efficiency reduces both chair time and risk of cross-
<table>
<thead>
<tr>
<th>Time Range</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9 seconds</td>
<td></td>
</tr>
<tr>
<td>10-19 seconds</td>
<td></td>
</tr>
<tr>
<td>20-29 seconds</td>
<td></td>
</tr>
<tr>
<td>30 seconds or more</td>
<td></td>
</tr>
</tbody>
</table>
#7 Materials

- GI or Resin?
- Moist field
- Partially erupted
- Self-cured
<table>
<thead>
<tr>
<th>Resin sealant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glass ionomer sealant</td>
</tr>
<tr>
<td>Both, depending on clinical situation</td>
</tr>
</tbody>
</table>
#6 RDH Place Sealants w/o Dentist

The purpose of this graphic is to help planners, policymakers, and others see differences in legal scope of practice across states, particularly in public health settings.

Research has shown that a broader scope of practice for dental hygienists is positively and significantly associated with improved oral health outcomes in a state’s population.¹,²

[Diagram showing allowable tasks for dental hygienists by state]

http://www.adha.org/resources-docs/7511_Permitted_Services_Supervision_Levels_by_State.pdf
States where practice act allow RDA (EF/certificate) to place sealants under direct supervision
#4 Sealant Only Columns/Days

- Schedule when most efficient
- Economies of scale
- Frees provider time for surgical
#3 Patient Protocols - Flow Charts for Sealants

**Same Day Sealants Workflow**

- **Patient ages 6-34 presents for comprehensive or periodic exam with RDH**
  - RDH identifies that 1 or more molars may be eligible for sealants
  - RDH completes medical hx, review, CRRA, sets SMS, and takes x-rays

- **RDH identifies that no molars are eligible for sealants**
  - RDH enters DZ1251 sealant exclusion code into EDR when completing exam now

- **RDH discusses with parent that sealant will be prioritized over prophylaxis, using sealant info sheet to present evidence if needed**
  - RDH or EFDA utilize DryShield setup in dam with pop-up and sets up DryShield for patient

- **RDH or EFDA utilize sealant tray in operatory to complete sealants**

- **RDH or EFDA enters DZ135 sealant code into EDR when completing exam now**

- **If insufficient time remains, RDH will apply fluoride and plan for prophylaxis (if indicated) at next hygiene visit**

- **If time remains, RDH will complete prophylaxis (if indicated), apply fluoride, and provide patient with toothbrush kit**

---

**Eligible for sealant: unrestored molar, molar with caries into cementum**

**Ineligible for sealant: missing, previously restored, previously sealed, unerupted, caries into dentin or pulp**

Adapted from Stephen Klein Wellness Center
#2 Sealant Placement > Routine Restorative

- First Visit: Exam, x-rays, P&F
- Second visit: K/L
- Third visit: T/S
- Fourth visit: Bilateral Spacer
- Fifth visit: Re-care (because six months have now passed and we’re due again)
- Sixth visit: Seal Teeth #19, 30? *Oh wait, now they have cavities…*

- Exam/First visit:
  - Self Management Goals
  - Seal Teeth #19, 30
  - SDF? P&F?
- Second visit:
  - Check SMGs
  - Extract Tooth #K, T?
- Third visit
  - Glass ionomer restoration # L & S or let exfoliate
#1 SAME DAY SEALANTS
Regional Primary Care Network (RPCN)

Sherilee Callahan, Director of Oral Health

scallahan@rpcn.org
Current Quality Measures

- Caries Risk Assessment (CRA) on all patients
- Blood Pressure on New patients 12+ years old
- Blood Pressure on all Extraction patients
- Smoking Cessation on Smokers 12+ years old
- And recently added: Ages 6-9 Sealant Measure
Do you have incentive programs that include dental quality measures?

Yes

No
Plan Do Study Act Model of Improvement (PDSA)

- We utilized several PDSA’s simultaneously to increase number of sealants for children ages 6-9 & 10-14
- Main PDSA focused on implementing “Same Day Sealants”
Initial Data (9 months prior to PDSA’s)

6-9 year olds - 19%

10-14 year olds - 14.7%
Barriers to Doing Same Day Sealants

Senior Management Buy-In:
- Will revenue be lost?

Provider Resistance:
- Many of our providers were resistant to doing this. As an FQHC we all know how booked we can be and the thought of adding another thing to the appointment was overwhelming for some providers. Are we going to get more time? A new work flow too...ugh!

Provider Confusion:
- Is this the same as the UDS Sealant Measure?
- Am I supposed to do this at all appointments?
- What codes should I be using?

Data Collection:
- Initial data was not what we had expected so we planned on making adjustments to provide more accurate results.
Current Sealant Workflow

Dental Sealant Flow Chart

Patient age 6-14 comes in for any dental appt. (except for same day emergency, ext. & limited exams)

- Patient has no molars that are sealable
  - Use smart code: SEALE to exclude them

- Has molars that are sealable
  - Sealants are placed on all sealable molars during dental visit and coded with appropriate sealant code.

Sealant Codes:

SEALE-sealant exclusion code (Every patient every time)
D1351
1351D (CDP Only)
N2223 (any re-seal <5 years)
Major Lessons Learned from PDSA Cycles

- We had to change the way our providers thought about the need for sealants as a disease management strategy.

- Providers needed more training to increase their confidence in documenting correctly.
Do you prioritize sealants over a prophy?
Some Change after 2 PDSA Cycles

All RPCN - From 19% to 27%

4. Sealants (6-9 Year Olds)

All RPCN - From 14.7% to 25%

5. Sealants (10-14 Year Olds)
## 1st site data after 2 cycles

### 6-9 year olds

<table>
<thead>
<tr>
<th>Codes</th>
<th>Dental Visits</th>
<th>January-2018</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dental Vists and N2223,D1 351, 1351D</td>
<td>43</td>
<td>44.19%</td>
</tr>
<tr>
<td># Unique Patients</td>
<td>43</td>
<td>19</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Codes</th>
<th>Dental Visits</th>
<th>February-2018</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dental Vists and N2223,D1 351, 1351D</td>
<td>32</td>
<td>65.63%</td>
</tr>
<tr>
<td># Unique Patients</td>
<td>32</td>
<td>21</td>
<td></td>
</tr>
</tbody>
</table>
# 2nd Site

## 1st month

<table>
<thead>
<tr>
<th>Codes</th>
<th>March-2018</th>
<th>Dental Vists and N2223,D1 351, 1351D</th>
</tr>
</thead>
<tbody>
<tr>
<td># Unique Patients</td>
<td>16</td>
<td>2</td>
</tr>
</tbody>
</table>

**Percentages**: 12.50%

## Following Month

<table>
<thead>
<tr>
<th>Codes</th>
<th>April-2018</th>
<th>Dental Vists and N2223,D1 351, 1351D</th>
</tr>
</thead>
<tbody>
<tr>
<td># Unique Patients</td>
<td>11</td>
<td>10</td>
</tr>
</tbody>
</table>

**Percentages**: 90.91%
## 3rd Site

### Sealants 6-9

<table>
<thead>
<tr>
<th>Codes</th>
<th>Initial Month</th>
<th>Following Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Visits</td>
<td>Dental Vists and N2223,D1 351, 1351D</td>
<td>Dental Vists and N2223,D1 351, 1351D</td>
</tr>
<tr>
<td># Unique Patients</td>
<td>60</td>
<td>48</td>
</tr>
<tr>
<td>Percentages</td>
<td>15.00%</td>
<td>31.25%</td>
</tr>
</tbody>
</table>
Where We Are Now

Sealants 6-9: 49%

Sealants 10-14: 52%
Have We Been Successful?

Compared to our initial data we have seen an improvement throughout the organization.

- 6-9 yr. went from 27% to **49%**
- 10-14 yr. went from 25% to **52%**
Has doing same day sealants helped to improve your organizations UDS Measure?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RPCN Overall</td>
<td>461</td>
<td>384</td>
<td>359</td>
</tr>
<tr>
<td></td>
<td>1254</td>
<td>1155</td>
<td>694</td>
</tr>
<tr>
<td></td>
<td>36%</td>
<td>33%</td>
<td>52%</td>
</tr>
</tbody>
</table>

Healthier Patients = Success
Thank You & Questions: