Fundamentals of Health Center Dental Programs for Non-Clinician Dental Managers: Quality and Risk Management

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Objectives

• Define risk management
• Discuss ways to prevent common risks and protect patient and staff safety
• Review how compliance standards guide health center risk management protocols
• Describe how ethics and professionalism guide risk management protocols
• Describe the domains of quality and what is driving the emphasis on quality in oral health
• Understand the triple aim philosophy
Risk Management: Protecting Your Patients, Your Providers and Your Health Center

Ethan Kerns, DDS
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.
**Sentinal Event**

Sentinel Events are serious incidents that can be prevented and are typically unexpected.

Examples:
- The removal of non-diseased tooth structure
- Performing a procedure on the wrong patient or tooth.
- A medication error that results in death or serious injury or disability.
Format of Presentation

- Quality Assurance
- Compliance
- Ethics and Professionalism

Life Alert symbols:
Quality Assurance
Informed Consent & Refusal

• Process of providing the patient or appropriate guardians with relevant information regarding diagnosis and treatment needs so that an educated decision regarding treatment can be made.

• Includes:
  • Conversation between provider and decision-maker.
  • Description of dental problem.
  • Nature or proposed treatment.
  • Potential benefits and risks.
  • Alternatives to proposed treatment, including no treatment.
  • Documentation of education and informed refusal
  • Involving parents/guardians if applicable
Informed Consent and Informed Refusal are irrelevant and will not protect the dentist if malpractice is done.
Patient Follow-up

• Factors contributing to greater need for patient follow-up:
  • Medical Complexity
  • Dental Complexity
  • Social Determinants

• Establish standards for routine follow-up for
  • Emergency Care
  • Biopsy Reports
  • Complex Surgical Care
  • Medically Fragile Patients
  • Provider Discretion

• Best Practices
  • Develop written procedures for follow-up care, including patient logs or registries.
  • Leverage the team for efficiencies within state practice act rules.
  • Document calls to/from patients.
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.
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!!!!
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
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?
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.
COMPLIANCE
Common Compliance Issues

• Billing issues
• Record storage
• License: expiration
• CE requirements
• BLS
• Amalgam separators
• OSHA and CDC regulations
• DEA compliance
• HIPPA
Supervision of Students and Residents

- Need to have a formal arrangement with the teaching institution
- Students must practice within the supervising dentist’s approved privileging
- Student liability normally covered by the academic institution
- Supervising dentists may be liable for residents' negligence or may be directly liable for their own negligence in supervision or administration
  - Need to understand how FTCA works
- Students and residents should not be viewed as another way to advance productivity
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.
Compliance

• Community Health Centers have to be compliant with regulations from multiple organizations such as:
  • State Dental Practice Act
  • OHSA and CDC
  • HIPAA
  • HRSA

• Community Health Centers normally have a Compliance Officer and a Compliance Committee to focus on this topic
  • Ideally your Compliance Committee would have dental representation or knowledge
HIPAA

- The Health Insurance Portability and Accountability Act (HIPAA)
- According to the HHS website, these are the most common issues reported (according to frequency):
  - Misuse and disclosures of PHI
  - No protection in place of health information
  - Patient unable to access their health information
  - Using or disclosing more than the minimum necessary protected health information
  - No safeguards of electronic protected health information.
- Failure to comply with HIPAA regulations can result in fines and even criminal charges or lawsuits.
## Infection Prevention and Control (IPC)

- Food and Drink Policy
- Surface Disinfection of Common Areas
- Hand Hygiene Policy
- Personal Protective Equipment (PPE)
- Dental Operatory Disinfection
- Offsite Dental Infection Prevention and Control
- Safe Injection Practices (SIP)
- Dental Unit Waterline Quality (DUWLQ)

- Dental Sterilization
- Spore Testing/Failed Spore Testing
- Immunization/Vaccination Policy
- Post Exposure Prophylaxis
- Hazardous/Regulated Waste
- Dental Radiation Safety
- Spill Protocol
- Incident Reporting
Credentialing is the process of assessing and confirming the license or certification, education, training, and other qualifications of a licensed or certified health care practitioner.

- Is granted for a specified period of time, typically not exceeding 2 years
- The health center must have operating procedures for the initial and recurring review of credentials for all clinical staff members
Dental Privileging

**Privileging** is the process of authorizing a health care practitioner’s specific scope and content of patient care services.

- 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)
Volunteer and Temporary Dentists

- Volunteers can be covered by FTCA
- Free does not always mean no cost
- Dentists and hygienists must be credentialed and privileged in your system
- They should be included in your chart audits
- An orientation plan should be established for them
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).
- Part time contract dentists and students/residents are NOT covered.
- Volunteer dentists can get FTCA coverage
- Must submit annual application to continue coverage.
PROFESSIONALISM AND ETHICS
ADA Principles of Ethics

- Patient Autonomy
- Non-maleficence
- Veracity
- Justice
- Beneficence

Dental Ethics
Ethical Patient Care

• Focus on patient autonomy and respect their barriers to care
  • Your patients won’t always be able to afford the “ideal” treatment
  • Some patients won’t be able to make it to every appointment due to barriers
  • Don’t rush to label the patient as “non-compliant”

• Diagnose the patient
  • You must inform the patient of his/her diagnosis
  • If you cannot treat the patient’s needs, then you must offer a referral to someone who can
**Encounter Churning**

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

- 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

• One visit = One procedure without justification
• 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 for emergencies
• 15 minute restorative appointments
Medicaid Audits

• Most Common Audit Findings:
  • Lack of documentation or inadequate documentation
  • Claim an unusually large number of services per day
  • High payments per child
  • Do not always verify or document medical necessity
  • Improper claims - Services not rendered
  • Improper coding
  • Unbundling services
Start With Your Biggest Risks

• Identify and triage your own center’s risks
• Develop policies to mitigate those risks
Quality: Striving to Provide the Highest Quality Care Possible

Ryan Tuscher, DDS
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

- 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
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

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

• QA programs ensure Health Center compliance with quality standards and provide quantifiable performance assessments.
Answer 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
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 Health Information Systems

Health Information Technology

• Data must be measureable, trackable and able to be extracted from the patient record

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Challenges</th>
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<tr>
<td>More data vs sample measure</td>
<td>System limitations</td>
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<tr>
<td>Easier/Faster to access data</td>
<td>Each EDR is different</td>
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<td>Information sharing opportunities</td>
<td>Getting accurate and complete data</td>
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<tr>
<td>Improved care coordination</td>
<td>EDR/EMR communication</td>
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History

2013
Convening of Expert Advisors

2015
Launch of Health Center Dental Dashboard©

2017
Updates to User’s Guide and new data collection tool developed
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
Individual Dashboard Measures

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

- Population health.
- Fiscal and operational sustainability.
- Patient satisfaction.
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) and Sealant Improvement Collaborative (2018-2019)**
  - 39 Health Centers, customized subset of Dashboard© measures used for Quality Improvement (QI)
“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
If you have the data, what do you do now?

• Summarize data
• Celebrate successes
• Identify areas for improvement
• Share data and make it visual
  • LT, Board, Dental Team, Patients, Other dental centers
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

Improvement Outcomes

Informed, Activated Patient
Productive Interactions
Prepared, Proactive Practice Team
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

The Gap

Actual

Desired

- 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
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

1. Very Small Scale Test
2. Follow-up Tests
3. Wide-Scale Tests of Change
4. Implementation of Change
5. Spread
6. Improvement

Ideas → Data → Improvement
PCC’s PDSA: Same Day Sealants

• **Problem Identified**: Few patients were returning for sealants

• **Project Goal**: To increase the number of patients 6-9 years of age at moderate to high caries risk who had a sealant placed on an eligible molar

• **Team**: Dr. Tuscher, Justyna, Stefanie

• **Established Baseline**: 21%

• **Timeline**: 6 months

• **Team Meeting Schedule**: weekly
PCC’s PDSA first steps

• Plan
  • Plan: If we place sealants on the same day that the need is identified, will our sealant rate increase? Prediction: Yes

• Do
  • Started with one patient, on one day, in one provider’s schedule at one clinic
  • Collected data: number of sealants completed, patient feedback, staff feedback, appointment length
  • Met weekly and began implementation based on data
PCC’s PDSA Continued

• **Study**
  - Result: 66%
  - Increased appointment time
  - Improved patient and staff satisfaction
  - Same day sealant placement was a success!

• **Act**
  - Did we demonstrate improvement?
  - Changes we needed to make?
  - What’s next? Future PDSAs
    - Same day sealant set ups
    - Using schedule markers to identify sealant eligible patients
    - Patient sealant brochures

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4. Sealants (6-9 Year Olds)
Sample Measures

• 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
Shift from Volume to Value

• Examples
  • Shared savings and shared risk methodologies
  • Bundled payments
  • Pay for performance
  • Inclusion of children’s dental services in global payment models

• ~8 states are participating in some sort of value based payment initiatives
What is the future of Quality?

- Standardization
  - Of measures
  - Of benchmarks
  - Of reporting
- Value-based reimbursement
- Ethics and professionalism
- 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
SAVE THE DATE

NNOHA Annual Conference

Caesars Palace
October 13-16, 2019
Registration opens June 2019
Questions?

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