Slow & Steady Improvement!

HRSA UDS Sealants Measure Annual Update

Vy Nguyen, DDS, MPH, Dental Officer, Office of Quality Improvement, Bureau Primary Health Care, HRSA
Irene V. Hilton, DDS, MPH, NNOHA Dental Consultant
Allison Hargrove, RN, BSN, Paloma Soto Florido, Terron E. Yoder, Jr, DMD, CommWell Health

2019 NNOHA Annual Conference
October 15, 2019
Objectives

• Review national and state-level results for the 2018 HRSA UDS Sealants Measure

• Recognize how your health center can improve the accuracy of the denominator for the UDS Sealants 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
UDS Dental Sealants Measure Update
NNOHA Annual Conference

October 15, 2019

Vy Nguyen, DDS, MPH
Dental Officer, Office of Quality Improvement
Bureau of Primary Health Care (BPHC)
Care Model of Health Centers

- Primary Care
- Mental Health
- Oral Health
- Enabling Services
- Substance Use Disorder Prevention and Treatment
- Vision
Health Center Oral Health Program

<table>
<thead>
<tr>
<th>Year</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>Oral Health Service Expansion (OHSE) Funding Opportunity Awards $156 Million to 420 Health Centers</td>
</tr>
<tr>
<td>2016</td>
<td>Dental Sealant Measure Introduced to UDS 2016-2017 NNOHA Oral Health Service Expansion (OHSE) Funding Opportunity Awards $156 Million to 420 Health Centers</td>
</tr>
<tr>
<td>2017</td>
<td>Oral Health Infrastructure (OHI) Funding Opportunity Awards 298 Health Centers</td>
</tr>
<tr>
<td>2019</td>
<td>IMPACT 29% increase in the dental workforce since 2015 23% increase in the number of dental patients served since 2015 10.4 percentage point increase in the dental sealants measure from 2015 to 2018</td>
</tr>
</tbody>
</table>

WORKFORCE
- 5,100 FTE Dentists
- 2,683 FTE Dental Hygienists

ACCESS
- 6.4 Million Dental Patients Served

CLINICAL QUALITY
- 52.8% Patients with Sealants to 1st Molars
Dental Sealants Improvement Strategy

National Cooperative Agreement (NCA) for Oral Health Training/Technical Assistance: NNOHA

NCA Goal: Improve oral health outcomes
Increase the percentage of health center patients age 6-9 years at elevated risk for cavities who received a dental sealant on a permanent first molar tooth in the calendar year.

Ongoing:
- **Dashboard/Sealant Learning Collaborative** with nearly 100 health centers participating
- **State Sealant Learning Collaborative** in collaboration with 6 state Primary Care Associations (PCA)
- Annual conference session, webinar and FAQ update, vendor workgroups

Upcoming:
- **2 National Sealant Learning Collaboratives** (5 health centers each)

- UDS Dental Sealants Measure State Results & Adjusted Quartile Rankings
- OHSE Listening Sessions
- Health Center Questions
Dental Sealants Measure: National Results

Source: Uniform Data System (UDS) Table 6B: Quality of Care Measure, 2015-2018

Source: Uniform Data System (UDS) Table 6B: Quality of Care Measure, 2015-2018
Dental Sealants Measure: State Results

NNOHA/PCA Sealant Collaborative Participants

<table>
<thead>
<tr>
<th>Collaborative Year</th>
<th>State</th>
<th>% Point Increase from 2016-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017-2018</td>
<td>KS</td>
<td>↑ 16.40</td>
</tr>
<tr>
<td></td>
<td>NE</td>
<td>↑ 11.77</td>
</tr>
<tr>
<td></td>
<td>ID</td>
<td>↑ 13.02</td>
</tr>
<tr>
<td>2018-2019</td>
<td>PA</td>
<td>↑ 2.76</td>
</tr>
<tr>
<td></td>
<td>LA</td>
<td>↑ 27.06</td>
</tr>
</tbody>
</table>

Source: Uniform Data System 2016 - 2018 - Table 6B
Next Steps

BUILDING UPON OUR EXISTING QUALITY IMPROVEMENT INFRASTRUCTURE:

• Use experience with clinical quality measures, collecting data, and utilizing QI methodology to:
  ▪ Improve on the sealants measure
  ▪ Position health center for a new or additional oral health clinical quality measure

• Leverage funding (OHSE, OHI) for quality improvement
  ▪ Health IT infrastructure
  ▪ Provider and staff training
Thank You!

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Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)

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bphc.hrsa.gov
BPHC Oral Health and Primary Care Integration Webpage

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www.HRSA.gov

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Computing & Improving the UDS Sealants Measure

Irene V. Hilton, DDS, MPH
NNOHA Dental Consultant
Staff Dentist, San Francisco Department of Public Health
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Life Cycle of a Molar

Potential to save 38 out of every 100 kids from a lifetime of restorations & repairs.
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

https://jada.ada.org/article/S0002-8177(16)30473-1/pdf
Measure Overview: Sealants 6-9 Years

**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

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

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. 171- Sampling Methodology for Manual Chart Reviews
- 70 charts
**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 2019 UDS reporting: date of birth between January 1, 2010 – December 31, 2012</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.
What are Exclusions?

**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

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

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
Visit Your EDR Vendor @ NNOHA

• Dentrix Enterprise

• ECW

• MediaDent

• QSI
Resources

• HRSA UDS Sealants Measure FAQ
  https://www.nnoha.org/resources/hrsa-sealant-measure-faqs/

  Webinar: HRSA UDS Sealants Measure Update

  Friday December 6th, 2019
  10amPST/11amMST/12noonCST/1pmEST
Top 5 Ways to Increase Your UDS Sealants Measure
#5 Equipment & Materials

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. Its speed and efficiency reduces both chair time and risk of cross-
Polling Question!

• How fast is your curing light for sealants?
  • 0-9 seconds
  • 10-19 seconds
  • 20-29 seconds
  • 30 seconds or more
Polling Question!

• What material is your clinic using for sealants?
  • Resin sealant
  • Glass ionomer sealant
  • Both, depending on the clinical situation
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.¹²

http://www.adha.org/resources-docs/7511_Permitted_Services_Supervision_Levels_by_State.pdf
Same Day Sealants Workflow

Patient ages 6-14 presents for comprehensive or periodic exam with RDH

RDH identifies that 1 or more molars may be eligible for sealants
RDH completes Medical History review, CRAs, sets SMS, and takes X-rays

RDH discusses with parent that sealant will be prioritized over prophylaxis, using consent Information sheet to present evidence if needed
RDH or EFDA utilizes DryShield setup in drawer and sets up DryShield for patient

RDH or EFDA utilizes sealant tray in operatory to complete sealants
RDH or EFDA enters DI1951 sealant code into EDR when completing exam note

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, tooth with caries into enamel

Insufficient for sealant: Missing, previously restored, previously sealed, unrestored, caries into dentin or pulp

RDH groups for future treatment for "Next Dental Visit" or completes CZ12COMPLETE in EDR to indicate completed treatment plan
#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
Contact Us!

Irene V. Hilton, DDS, MPH, FACD
NNOHA Dental Consultant
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CommWell Health’s Journey to Excellence

Tips and strategies that helped improve our UDS Sealant measure

Terron Yoder, DMD  Lead Dental Provider
Paloma Soto-Florido, DAII Director of Dental Services
Allison Hargrove, RN  Senior Director of IT & Data Management
Learning Objectives

To share tips that worked in a FQHC setting that resulted in sealant measure improvement

To share how Organizational Culture can improve patient outcomes and improve provider engagement

To share an example of rapid PDSA cycles to make system wide process improvements

To share the importance of tracking your key performance metrics by center, site, provider and analyzing data
CommWell Health Services

- Medical
- Pediatrics, OB/GYN
- HIV/AIDS
- Dental
- Substance use (outpatient, residential)
- Mental Health (outpatient)
- Psychiatry / Tele-psychiatry
- Pharmacy
- Health Coach
- WIC

Target Populations:

- Agricultural workers
- Community members
- Local schools
- Uninsured and working poor
CommWell Health Locations

- Southeastern North Carolina
  - 4,613 square miles
- 16 Practice Locations
- Interdisciplinary Care
- 7 Dental Sites
- 1 Dental Mobile Unit
- 9 Dentists
- 8 Hygienists
- 20 Dental Assistants
POLLING QUESTION

Which area of the sealant measure does your organization struggle with the most?

a. Low pediatric patient population
b. Tracking/recording data
c. Having necessary supplies/equipment
d. Provider buy-in
e. Auxiliary staff utilization
<table>
<thead>
<tr>
<th>YEAR</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Percent</th>
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<tbody>
<tr>
<td>2015*</td>
<td>4</td>
<td>5</td>
<td>80%</td>
</tr>
<tr>
<td>2016</td>
<td>6</td>
<td>21</td>
<td>28.6%</td>
</tr>
<tr>
<td>2017</td>
<td>20</td>
<td>46</td>
<td>43.5%</td>
</tr>
<tr>
<td>2018</td>
<td>?</td>
<td>?</td>
<td>?</td>
</tr>
<tr>
<td>2019</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Our Journey

Our pediatric population has grown. We were able to get integration between Intergy/Dentrix to count the results. Didn’t know how to track proper. The Dental Bus· New Providers open to QI and
How do we improve on the UDS Sealants Measure?
Implementing changes...
Educating staff about the UDS measure

- HRSA UDS sealant measure introduced in 2015
- HCN QTECH Committee provided training to Quality department
- Daily morning huddles in dental clinics used to review new measure
- Weekly dental department meetings reinforced introduction of measure
Organizational Culture

- Commwell Health operates on a Collaborative Leadership Model

- Morning Huddles

- Weekly and monthly meetings dedicated to quality improvement and team interaction
Implementing changes...
Grow pediatric population

- Community outreach— health fairs, school open houses, migrant head start
- Internal referrals from Pediatrics/WIC
- Mobile Dental Clinic
  - Received a grant to operate a mobile unit in 2017
  - Started with renting a church bus to provide dental screenings
  - Production completed and we began using our own bus in 2018
  - Contracted with 3 county school systems to provide school-based dental care
- Seek to hire pediatric dentist
Polling Question

How comfortable and confident are you in your EDR tracking and reporting?

- Extremely confident
- Somewhat confident
- Neutral
- Not very confident
- Completely lost and confused
Implementing changes...
Tracking and recording data

Electronic Dental Record
- Dentrix Enterprise support relationship

"Dummy" ("Smart"?) codes
- Exclusion codes
  - NotEl4Seal
- AllSealed
- IncSealed

Generating accurate reports
- Worked with Dentrix directly to learn more about reports
- We involved Director of IT to assist with Data Management
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>D16</td>
<td>Hyg McAllister</td>
</tr>
<tr>
<td>D17</td>
<td>Hyg Gertz</td>
</tr>
<tr>
<td>D18</td>
<td>Hyg Copper</td>
</tr>
<tr>
<td>D19</td>
<td>Dr. Siddiqui</td>
</tr>
<tr>
<td>D21</td>
<td>Dr. Pinnix</td>
</tr>
<tr>
<td>D22</td>
<td>Dr. Maldonado</td>
</tr>
<tr>
<td>DAllSeal</td>
<td>All sealed</td>
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<tr>
<td>DCarRe</td>
<td>Caries at Recall &lt;21</td>
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<tr>
<td>DCN</td>
<td>Dental Clearance Needed</td>
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<td>Edentulous</td>
<td>Edentulous</td>
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<tr>
<td>HvgRecall</td>
<td>Hygienic Recall</td>
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<tr>
<td>IncSealed</td>
<td>IncSealed</td>
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<td>LP/NP</td>
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<td>NOSHOW</td>
<td>NOSHOW</td>
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<td>NOTE4sea</td>
<td>Not Elig 4 sealants</td>
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<tr>
<td>Phase1</td>
<td>Phase 1 Tx completed</td>
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<tr>
<td>PHQ2</td>
<td>PHQ2</td>
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<td>SELFMGMTG</td>
<td>SELFMGMTG</td>
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<tr>
<td>TXCOMP</td>
<td>Treatment Plan Completed</td>
</tr>
<tr>
<td>Walkin</td>
<td>Walkin</td>
</tr>
</tbody>
</table>
**Multicodes**

- Grouping CDT procedure codes
  - Faster/more efficient
  - Ensure no codes are missed
Increased motivation and engagement

- At the collaborative we gained valuable knowledge and left with a huge boost in motivation.
- We developed a training presentation at the airport waiting to return home, and decided to try Same Day Sealants on all patients age 6-9.
- We held a Dental-wide training session using the presentation we developed, speaking to all Dental GSAs (Front Desk), Dental Assistants, Hygienists and Dentists.
- We implemented new work flows immediately

LESSONS LEARNED NNOHA

Evidence shows the Two Biggest Ways to Prevent Decay and Spread of Caries is:

1. Fluoride
2. Sealants
Implementing changes...
Expand the workforce

Know your state laws to ensure that auxiliary staff and hygienists are working to their full capacity

Can your hygienist place sealants? Should they?

Can your assistants place sealants? Should they?
<table>
<thead>
<tr>
<th>Education/Training/Certification Required</th>
<th>Job Title/According to State of NC</th>
<th>Proposed National Job Title</th>
<th>Radiography Requirements</th>
<th>Functions NOT Permitted by Dental Assistants in NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate associate degree in dental hygiene, dental assistant programs or associate degree in a CODA-accredited dental hygiene program or any dental hygiene program accredited by any health profession regulatory body that is recognized by the State of North Carolina</td>
<td>Dental Assistant (OA)</td>
<td>Dental Assistant (OA)/RA</td>
<td>To legally operate dental x-ray machines, dental assistant radiographic procedures in the state of North Carolina, a dental assistant must:</td>
<td>The following functions are not permitted by any state x-ray technicians:</td>
</tr>
<tr>
<td>must pass the National Board Certified Dental Assistant (NB-CDA) exam</td>
<td></td>
<td></td>
<td></td>
<td>12. Performing the placement or fabrication of fixed dentures, bridges, or partial dentures.</td>
</tr>
<tr>
<td>Certified Dental Assistant, either Associate in Dental Assisting (ADA) or complete 2 years of postsecondary education in Dental Assisting at a CODA-accredited Dental Assisting program</td>
<td>Dental Assistant (RA)</td>
<td></td>
<td>13. Performing the placement or fabrication of removable or partial dentures.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>14. Operating or controlling any medical equipment and/or assisting in surgical procedures.</td>
<td></td>
</tr>
<tr>
<td>DCO certified as a Dental Assistant</td>
<td>Dental Assistant (OA)</td>
<td>Radiographic Techniques</td>
<td></td>
<td>15. Performing any radiographic techniques or procedures.</td>
</tr>
</tbody>
</table>

The following functions are not permitted by any state x-ray technicians: 
- Performing the placement or fabrication of fixed dentures, bridges, or partial dentures.
- Performing the placement or fabrication of removable or partial dentures.
- Operating or controlling any medical equipment and/or assisting in surgical procedures.
- Performing any radiographic techniques or procedures.
Same Day Sealants

Paradigm shift from initial cleaning visit --> initial sealant visit

Focus on sealing molars first, prophy later if necessary --> may not return for the sealant appointment

Parent education

Improved workflows
- Dentist/exam first
- Increased efficiency
### PDSA's

#### Plan-Do-Study-Act Record

**DATE:** 01/20/2019

**Change Idea to:** _X_ test or _implement_

Which change idea from the change package are you testing? Can we make sure that the self-management goal is being understood by all patients? Laminated Tool.

### PLAN

**Questions:** What do we want to know?

Are we doing same day Sealants? Is the patient/parent being involved and do they understand their role?

**Predictions:** What do we think will happen? Some Objections?

The patient/Parent will be aware of their dental need and will play the most important role in their oral health. Patient of all ages will feel that they can relate and open for discussion.

**Plan for Change or Test:** who, what, when, where. What are we going to do to make our test happen?

<table>
<thead>
<tr>
<th>#</th>
<th>Task Description</th>
<th>Person Responsible</th>
<th>When</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Front Desk, Patient, Dental Ass't, Hyg, and Dental.</td>
<td>Patient and Clinical</td>
<td>At all exams</td>
<td>All sites</td>
</tr>
<tr>
<td></td>
<td></td>
<td>staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Supervisor/Dentists</td>
<td>01/03/2016</td>
<td>All sites</td>
</tr>
<tr>
<td>3</td>
<td>Reporting Weekly to Director of Dental Services</td>
<td>Supervisors</td>
<td>01/03/2016</td>
<td>Front Desk Staffs</td>
</tr>
<tr>
<td>4</td>
<td>Director of Dental Services report to Lead Providers</td>
<td>Director of Dental</td>
<td>Every Friday</td>
<td>Newton Dental</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Services</td>
<td></td>
<td>Office</td>
</tr>
<tr>
<td>5</td>
<td>Re-educate in monthly meetings</td>
<td>Lead Providers/Dental</td>
<td>Thursday Meetings</td>
<td>Dental Conference Room</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Plan for Collection of Data:** who, what, when, where. How will we compare predictions to actual?

Graph weekly to see where would need improve.

**DO:** carry out the change or test; collect data and begin analysis; describe the test

Once report is completed an email will be sent to Practice Manager, Dentist, and Lead Providers. We will ask for feedback on how it worked?

**STUDY:** complete analysis of data; summarize what was learned.

Will test for 2 weeks.

**ACT:** are we ready to make a change? Plan for the next cycle.
Staff Roles for Same Day Sealant

GSA’s Flag the Chart
- Is patient between age 6-9 or 10-14?
- Attach Sealant Route Slip

RDH or DA
- Triage/X-Rays
- Explain Same Day Sealant process to the patient/parent
- Notify provider when patient ready for exam

Provider
- Treatment Plan and Diagnosis
- Eligible for Sealant?
  - Yes—proceed with sealant first
  - No—proceed with prophy

RDH or DA
- Apply Sealants on Eligible Molars
- If not eligible—prophy
- Drop the correct CDT Codes
Sealant Route Slip

- Used to identify age-eligible children (6-9, 10-14) for sealants
- Printed on bright neon paper—Attached to patient encounter form
- Fail-safe to ensure that sealants are being completed at the appropriate time
- Exclusions/ineligibilities can be documented on form if not completed
Sealants— Having the right supplies and adequate equipment is key!

- We audited our workflow and determined we should have curing lights for each operatory.
- Checked inventory across all sites and made a purchase order for the additional lights.
- We also created "Sealant Trays" (acid etch, cotton rolls, etc) and ensured that each operatory had one or two prepared for each day.
Sealant Tray
## Dental Quality Performance Audit Form

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>DOB</th>
<th>Exam Sealants 6-9 10-14</th>
<th>Fluoride S and under</th>
<th>Caries Risk Assessment</th>
<th>Self-Management</th>
<th>Caries at Recall</th>
<th>Phase 1</th>
<th>Timeout Type</th>
<th>Thompson sticks</th>
<th>Clinical Note Signed</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
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<td>No</td>
<td>Yes</td>
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</tr>
</tbody>
</table>

***Completed Corrections***

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>DOB</th>
<th>Exam Sealants 6-14</th>
<th>Fluoride S and under</th>
<th>Caries Risk Assessment</th>
<th>Self-Management</th>
<th>Caries at recall</th>
<th>Phase 1</th>
<th>Timeout Type</th>
<th>Thompson sticks</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

***Items marked with an “X” need to be correct within 24 hours***

Provider: ______________________  Staff: ______________________  Date: ______________________

**Due date:** ______________________
Provider buy-in

- Sometimes providers are not on board with changes
  - Different dental philosophy
  - Uninterested in change—"This is how I've always done it…"
  - Afraid of more work
  - Lack of information

- How can we get all providers involved?
  - Explain why we want to change—evidence-based, improved care
  - Explain how we are making the changes
  - $$$
Provider Incentives tied to Quality Measures

**Example**

<table>
<thead>
<tr>
<th>Indicator/Criteria</th>
<th>Threshold</th>
<th>Pay Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Productivity (Patient Encounters)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual:</td>
<td>2600</td>
<td>X %</td>
</tr>
<tr>
<td>Quarterly Minimum:</td>
<td>650</td>
<td>X %</td>
</tr>
<tr>
<td>Exceeds Minimum by 10%:</td>
<td>715</td>
<td>X %</td>
</tr>
<tr>
<td>Exceeds Minimum by 20%:</td>
<td>780</td>
<td>X %</td>
</tr>
<tr>
<td>Exceeds Minimum by 30%:</td>
<td>845</td>
<td>X %</td>
</tr>
</tbody>
</table>

| **2. Patient Satisfaction Scores (Provider Star Rating)** |           |          |
| Quarterly Average:                   | 4.6 or 92%| X %      |
| Quarterly Average:                   | 4.7 or 94%| X %      |
| Quarterly Average:                   | 4.8 or 96%| X %      |

| **3. Quality Performance (Metrics)** |           |          |
| Sealants Ages 6-9                    | 75%       | X %      |
| Treatment Completed                  | 35%       | X %      |
| Self-Management Goal                 | 95%       | X %      |
| Depression Screening                 | 94%       | X %      |
| Carries Risk Assessment              | 95%       | X %      |
Implementing changes...
Networking with other FQHC’s

- State Dental Board meetings
- State Community Health Center Associations
- NNOHA Sealant Collaborative
Where are we now?

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015*</td>
<td>4</td>
<td>5</td>
<td>80%</td>
</tr>
<tr>
<td>2016</td>
<td>6</td>
<td>21</td>
<td>28.6%</td>
</tr>
<tr>
<td>2017</td>
<td>20</td>
<td>46</td>
<td>43.5%</td>
</tr>
<tr>
<td>2018</td>
<td>181</td>
<td>270</td>
<td>67.0%</td>
</tr>
<tr>
<td>2019</td>
<td>135</td>
<td>165</td>
<td>81.8%*</td>
</tr>
</tbody>
</table>

* As of June 30th
Our Collaborative Experience

- Able to learn, compare and share how to improve center workflows to achieve high quality measures
- Learned about Evidence Based Tools and connected with our EDR vendor (Dentrix) which assisted with reporting/data collection
- The Collaborative held us accountable and encouraged us to stay on task by timely submission of monthly assignments
Questions?