Slow & Steady Improvement!

HRSA UDS Sealants Measure Annual Update

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Irene V. Hilton, DDS, MPH, NNOHA Dental Consultant
Allison Hargrove, RN, BSN, Paloma Soto Florido, Terron E. Yoder, Jr, DMD, CommWell Health

December 6, 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 it's UDS Sealants Measure percentage
UDS Dental Sealants Measure Update
NNOHA Annual Conference

December 6, 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>Description</th>
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</thead>
<tbody>
<tr>
<td>2015</td>
<td>Oral Health Service Expansion (OHSE) Funding Opportunity Awards $156 Million to 420 Health Centers</td>
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<tr>
<td>2016</td>
<td>Dental Sealant Measure Introduced to UDS</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.

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

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)
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

<table>
<thead>
<tr>
<th>State</th>
<th>% Point Increase from 2016-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>KS</td>
<td>↑ 16.40</td>
</tr>
<tr>
<td>NE</td>
<td>↑ 11.77</td>
</tr>
<tr>
<td>ID</td>
<td>↑ 13.02</td>
</tr>
<tr>
<td>PA</td>
<td>↑ 2.76</td>
</tr>
<tr>
<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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BPHC Oral Health and Primary Care Integration Webpage

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Connect with HRSA

To learn more about our agency, visit

www.HRSA.gov

Sign up for the HRSA eNews

FOLLOW US:
Computing & Improving the UDS Sealants Measure

Irene V. Hilton, DDS, MPH
NNOHA Dental Consultant
Staff Dentist, San Francisco Department of Public Health
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
Potential to save 38 out of every 100 kids from a lifetime of restorations & repairs.
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
### 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 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
Resources

• HRSA UDS Sealants Measure FAQ
  
  https://www.nnoha.org/resources/hrsa-sealant-measure-faqs/
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. Thanks to its advanced LED technology, FlashMax P3 cures most composites in 1-3 seconds per layer! The speed and efficiency reduces both chair time and risk of cross-

Description: Flashmax P3 Curing Light
FAQ and Documents: World’s most powerful curing light delivers 6000mW/cm² performance.
Special Offers: FlashMax P3 cures most composites in 1-3 seconds per layer! The speed and efficiency reduces both chair time and risk of cross-

Write a Review
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
#3 Patient Protocols - Flow Charts for Sealants

Same Day Sealants Workflow

- Patient ages 6-12 present for comprehensive or periodic exam with RDH
- RDH completes medical X-rays, ODA, visual exams, and takes X-rays
- RDH identifies that 1 or more molars may be eligible for sealants
- RDH enters D21351 sealant exclusion code into EDR when completing exam note
- RDH or EFOA utilizes sealant tray in operatory to complete sealants
- RDH or EFOA enters D3133 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 maintenance kit

Eligible for sealant: Unrestored molar, molar with cavities into enamel

Ineligible for sealant: Missing, previously restored, previously sealed, unrestored, caries below dentine or pulp
#2 Sealant Placement > Routine Restorative

- First Visit: Exam, x-rays, P&F
- Second visit: LL
- Third visit: LR
- Fourth visit: Bilateral Spacer
- Fifth visit: Recall (six months have now passed!)
- Sixth visit: Seal Teeth #19, 30? *Oh wait, now they have cavities...*

- Exam/First visit: Exam, x-rays
  - Self Management Goals
  - Seal Teeth #19, 30
  - SDF? FL & prophy(?)
- Second visit:
  - Check SMGs
  - Extract Tooth #K, T(?)
- Third visit
  - Glass ionomer restoration # L & S or let exfoliate
#1 SAME DAY SEALANTS
Contact Us!

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irene@nnoha.org

National Network for Oral Health Access
181 E 56th Avenue, Suite 401
Denver, CO 80216
Phone: (303) 957-0635
Fax: (866) 316-4995
info@nnoha.org
CommWell Health’s Journey to Excellence

Tips and strategies that helped improve our UDS Sealant measure

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

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

- 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.
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?
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

Same Day Sealants
PDSA's

Plan-Do-Study-Act Record

Date: 01/29/2019

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 in 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>List the tasks necessary to complete this test (what)</th>
<th>Person responsible</th>
<th>When</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Front Desk, Patient, Dental Assist, Hyg, and dental.</td>
<td>Staff and Clinical staff</td>
<td>All Staff</td>
<td>All Sites</td>
</tr>
<tr>
<td>2.</td>
<td>Supervisor</td>
<td>01/30/2015</td>
<td>All Sites</td>
</tr>
<tr>
<td>3. Reporting weekly to Director of Dental Supervisor</td>
<td>Supervisor</td>
<td>01/30/2015</td>
<td>From all Sites</td>
</tr>
<tr>
<td>4. Director of Dental Services report to Lead Providers</td>
<td>Director of Dental Services</td>
<td>Every Friday</td>
<td>Newton Grove Dental</td>
</tr>
<tr>
<td>5. Re-educate in our monthly meetings</td>
<td>Lead Providers/Director of Dental Services</td>
<td>Thursday Meetings</td>
<td>Dental Conference Room</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
Sealant Tray
## Dental Quality Performance Audit Form

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>DOB</th>
<th>Exam</th>
<th>Sealants 6-9 10-14</th>
<th>Fluoride 5 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>
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</table>

*******Completed Corrections*******

<table>
<thead>
<tr>
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<th>DOB</th>
<th>Exam</th>
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***Items marked with an “X” need to be correct within 24 hours***

Provider ___________________ Staff ___________________ 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: 2600</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarterly Minimum: 650</td>
<td></td>
<td>X %</td>
</tr>
<tr>
<td>Exceeds Minimum by 10%: 715</td>
<td></td>
<td>X %</td>
</tr>
<tr>
<td>Exceeds Minimum by 20%: 780</td>
<td></td>
<td>X %</td>
</tr>
<tr>
<td>Exceeds Minimum by 30%: 845</td>
<td></td>
<td>X %</td>
</tr>
<tr>
<td><strong>2. Patient Satisfaction Scores (Provider Star Rating)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarterly Average: 4.6 or 92%</td>
<td></td>
<td>X %</td>
</tr>
<tr>
<td>Quarterly Average: 4.7 or 94%</td>
<td></td>
<td>X %</td>
</tr>
<tr>
<td>Quarterly Average: 4.8 or 96%</td>
<td></td>
<td>X %</td>
</tr>
<tr>
<td><strong>3. Quality Performance (Metrics)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sealants Ages 6-9: 75%</td>
<td></td>
<td>X %</td>
</tr>
<tr>
<td>Treatment Completed: 35%</td>
<td></td>
<td>X %</td>
</tr>
<tr>
<td>Self-Management Goal: 95%</td>
<td></td>
<td>X %</td>
</tr>
<tr>
<td>Depression Screening: 94%</td>
<td></td>
<td>X %</td>
</tr>
<tr>
<td>Carries Risk Assessment: 95%</td>
<td></td>
<td>X %</td>
</tr>
</tbody>
</table>
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
Questions?