Slow & Steady Improvement!

HRSA UDS Sealants Measure Annual Update

December 7, 2020
Webinar
Objectives

• Review national and state-level results for the 2019 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
Annual Update
UDS Dental Sealants Measure

December 7, 2020

Jennifer Holtzman, DDS, MPH
Dental Officer
Bureau of Health Work Force (BHW)

Vision: Healthy Communities, Healthy People
Health Resources and Services Administration (HRSA)

Overview

• Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged

• HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities

• Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care
Health Center Program Fundamentals

Serve High Need Areas
- Must serve a high need community or population (e.g., HPSA, MUA/P)

Comprehensive
- Provide comprehensive primary care and enabling services (e.g., education, outreach, and transportation services)

Collaborative
- Collaborate with other community providers to maximize resources and efficiencies in service delivery

Patient Directed
- Private non-profit or public agency that is governed by a patient-majority community board

No One is Turned Away
- Services are available to all, with fees adjusted based upon ability to pay

Accountable
- Meet performance and accountability requirements regarding administrative, clinical, and financial operations

The Health Center Program is authorized under Section 330 of the Public Health Service (PHS) Act.
Health Center Program Patients

HRSA-Funded Health Centers Improve Lives

Nearly 30M people—that’s 1 in 11 in the U.S.—rely on a HRSA-funded health center for care, including:

- 1 in 8 children
- 1 in 5 rural residents
- 1 in 3 living in poverty
- 1 in 5 Medicaid recipients
- 398K+ veterans
- 885K+ served at school-based health centers
- 1M+ agricultural workers
- 1.4M+ homeless

Source: Uniform Data System, 2019
Care Model of Health Centers
# Health Center Oral Health Program

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
<th>IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>Dental Sealant Measure Introduced to UDS</td>
<td>35% increase in the dental workforce since 2015</td>
</tr>
<tr>
<td>2016</td>
<td>Oral Health Service Expansion (OHSE) Funding Opportunity Awards $156 Million to 420 Health Centers</td>
<td>29% increase in the number of dental patients served since 2015</td>
</tr>
<tr>
<td>2017</td>
<td>2016-2017 NNOHA Dashboard Learning Collaborative Pilot with 5 Health Centers</td>
<td>14.4 percentage point increase in the dental sealants measure from 2015 to 2019</td>
</tr>
<tr>
<td>2019</td>
<td>Oral Health Infrastructure (OHI) Funding Opportunity Awards 298 Health Centers</td>
<td></td>
</tr>
</tbody>
</table>

**WORKFORCE**
- 5,323 FTE Dentists
- 2,855 FTE Dental Hygienists

**ACCESS**
- 6.7 Million Dental Patients Served

**CLINICAL QUALITY**
- 56.8% Patients with Sealants to 1st Molars
Dental Sealants Measure: National Results

Dental Sealants Measure, %

2016 2017 2018 2019

48.71 50.71 52.80 56.80

National Average †
2016 40.7%

† CDC National Health and Nutrition Examination Survey, NHANES 2015-2016
Source: Uniform Data System (UDS) Table 6B: Quality of Care Measure, 2016-2019
Dental Sealants Measure
Collaborative Participants

2019 Dental Sealant Measures

- NNOHA Collaborative Participants: 59.85%
- Non Participant Health Centers: 55.45%
- All Health Centers: 56.8%

HRSA Health Center Program
Dental Sealants Measure: State Results

Ranges are adjusted to account for outliers. *Territories excluded to make derive actionable insights on the continental US

Source: Uniform Data System 2015 - 2019 - Table 6B
Thank You!

Jennifer Holtzman, DDS, MPH
Dental Officer
Bureau of Health Work Force (BHW)
Health Resources and Services Administration (HRSA)
Jholtzman@hrsa.gov

bphc.hrsa.gov

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www.HRSA.gov

Sign up for the HRSA eNews

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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
Sealants More Important than EVER!!!!
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.
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.
Measure Computation Options

1. EDR vendor “push the button”

2. Compute electronically with work-around

3. Manual chart audit method

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


- Pg. 173- Sampling Methodology for Manual Chart Reviews

- 70 charts
Goal of Data Collection

All 2020 HC Users

UDS Sealants Measure Denominator
**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 2020 UDS reporting: date of birth between January 2, 2010 – January 1, 2014 (Change for 2020!)</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>
What are Exclusions?

**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.
Reasons #3, 14, 19 AND #30 Would be Excluded

• Unerupted
• Extracted
• Congenitally missing
• Sealable surface has caries
• Sealable surfaces fractured
• Sealable surface has restoration
• Sealable surfaces sealed
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
Numerator Criteria

Children in the denominator who received a sealant on a permanent first molar (CDT D1351)

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
Resources

• HRSA UDS Sealants Measure FAQ
  https://www.nnoha.org/resources/hrsa-sealant-measure-faqs/
6 Strategies to Improve Sealant Rates
#6- Treatment Plan Sealants

Sealants More Important than EVER!!!!
#5 Equipment & Materials

Flashmax P3 Curing Light

Description

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 spot! This speed and efficiency reduces both chair time and risk of cross-
Fuji Triage Technique In a COVID-19 World

1. Identify teeth to be sealed partially/fully erupted
2. Clean plaque from occlusal surfaces with a wet cotton roll
3. Tap capsule on hard surface, Tap, Activate, Mix
4. Set into mixer, Mix 10 sec., high speed (approximately 4,000 RPM), 8 sec. for longer working time
5. Extruded GI onto tooth with applier
6. Press into occlusal surface with wet finger
7. Apply GC Cavity Conditioner, 10 sec. with microtip brush. Use very wet cotton roll (pressing down into grooves) to remove the cavity conditioner
8. Place capsule into capsule applier, Prime (click 2x)
9. Let set 1-2 min. Patient is ready to go.

Photos courtesy of Rochelle G. Lindemeyer, DMD
Variation in Dental Hygiene Scope of Practice by State

The purpose of this graphic is to help planners, policymakers, and others understand 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
#3 Patient Protocols - Flow Charts for Sealants

Child Exams and Cor/Pol

- **No Pathology**
  - DF (3 weeks)
  - Sealants ~up to 21 years

- **Pathology**
  - Urgent Care
  - Caries Control
  - Extraction/Pulp
  - DF (3 weeks)
  - Sealants
  - Amalgam
  - Composite
  - Extraction
#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? P&F?
- Second visit:
  - Check SMGs
  - Extract Tooth #K, T?
- Third visit
  - Glass ionomer restoration # L & S or let exfoliate
#1 SAME DAY SEALANTS
Best Practices

• Daily morning huddle/EDR alerts to ID children 6-9
• Have sealant trays/curing light ready in every room
• Bring team to child not vice versa
• Policies ie. child w/o cavities must have sealants placed at exam
• Workflow for Same-Day sealants
• Embedded RDH in primary care for sealant placement
Improving UDS Sealant Measure

Providence Community Health Center
Juyoung Joyce An DMD – Dental Director
jan@providencechc.org
December 7, 2020
Since 1968, serving population in Providence, RI

In 2019, served over 60,000 patients at 9 sites

In 2019, Dental served 13,000 patients.

Services = Family Practice, Internal Medicine, Pediatrics, OB/GYN, Behavioral Health, Optometry, Podiatry, Express Care, Dental, and other specialties (Asthma, Hep C, Derm)

Dental

(1) Prairie Site – pediatric up to 19 years old and OBs
(2) Crossroads sites – adult population
### Sealant Reporting – Dentrix

<table>
<thead>
<tr>
<th>Date</th>
<th>Code</th>
<th>Procedure</th>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/27/2020</td>
<td>D0120</td>
<td>DENTIS Periodic oral evaluation</td>
<td>TP</td>
<td>59.00</td>
</tr>
<tr>
<td>11/27/2020</td>
<td>D1120</td>
<td>DENTIS Prophylaxis-child</td>
<td>TP</td>
<td>82.00</td>
</tr>
<tr>
<td>11/27/2020</td>
<td>D1330</td>
<td>DENTIS Oral hygiene instruction</td>
<td>TP</td>
<td>0.00</td>
</tr>
<tr>
<td>11/27/2020</td>
<td>D1206</td>
<td>DENTIS Topical fluoride varnish</td>
<td>TP</td>
<td>50.00</td>
</tr>
<tr>
<td>11/27/2020</td>
<td>D0603</td>
<td>DENTIS Caries Risk Assessment - High</td>
<td>TP</td>
<td>0.00</td>
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<tr>
<td>11/27/2020</td>
<td>D00000</td>
<td>DENTIS Non sealable teeth</td>
<td>TP</td>
<td>0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
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<th>Date</th>
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<th>Procedure</th>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/27/2020</td>
<td>D0150</td>
<td>DENTIS Comp oral eval-new/estab pat</td>
<td>TP</td>
<td>59.00</td>
</tr>
<tr>
<td>11/27/2020</td>
<td>D1120</td>
<td>DENTIS Prophylaxis-child</td>
<td>TP</td>
<td>82.00</td>
</tr>
<tr>
<td>11/27/2020</td>
<td>D1330</td>
<td>DENTIS Oral hygiene instruction</td>
<td>TP</td>
<td>0.00</td>
</tr>
<tr>
<td>11/27/2020</td>
<td>D1206</td>
<td>DENTIS Topical fluoride varnish</td>
<td>TP</td>
<td>50.00</td>
</tr>
<tr>
<td>11/27/2020</td>
<td>D0602</td>
<td>DENTIS Caries Risk Assessment - Moder</td>
<td>TP</td>
<td>0.00</td>
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<tr>
<td>11/27/2020</td>
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<td>0 D1351 DENTIS Sealant-per tooth</td>
<td>TP</td>
<td>66.00</td>
</tr>
<tr>
<td>11/27/2020</td>
<td>14</td>
<td>0 D1351 DENTIS Sealant-per tooth</td>
<td>TP</td>
<td>66.00</td>
</tr>
<tr>
<td>11/27/2020</td>
<td>19</td>
<td>0 D1351 DENTIS Sealant-per tooth</td>
<td>TP</td>
<td>66.00</td>
</tr>
<tr>
<td>11/27/2020</td>
<td>30</td>
<td>0 D1351 DENTIS Sealant-per tooth</td>
<td>TP</td>
<td>66.00</td>
</tr>
</tbody>
</table>
Sealant Reporting – Practice Analytics

Dental Sealants for Children 6–9 Years

Patients

Numerator: 154
Denominator: 279
Percent: 55%

Measure Criteria

Reporting Period: 01/01/2020 - 12/02/2020

Percentage of patients 6-9 years of age at "elevated" risk (i.e., "moderate" or "high") who received a sealant on a permanent first molar tooth within the reporting year.
Pre-Collaborative Data

<table>
<thead>
<tr>
<th>Year</th>
<th>Denominator (6-9 yrs old at least one exam with D0602, D0603 during reporting period)</th>
<th>Numerator (those who had first molars sealed during the reporting period)</th>
<th>UDS %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>579</td>
<td>217</td>
<td>37.5%</td>
</tr>
<tr>
<td>2017</td>
<td>528</td>
<td>235</td>
<td>44.5%</td>
</tr>
<tr>
<td>2018</td>
<td>858</td>
<td>345</td>
<td>40.2%</td>
</tr>
</tbody>
</table>
Effort 1: Hot Keys

- Automatic inclusion of D0602
  - edit according to the appropriate CRA

- Quick key for D1351

- Quick key for D0000
Effort 2: Clarified Workflow

- **Does the patient need sealant(s)?**
  - **Yes**
    - D1353 - seal repair (<2-4 yrs ago)
  - **No**
    - D1351 - new seal - seal aw hile back
    - Same-day Sealant (if enough time or other provider available*)

- **Need D0000**
  - active decay
  - missing
  - unerupted
  - already sealed
  - already restored
  - **SEALANT FIRST** Then schedule prophylaxis

- **Same-day Sealant** (if enough time or other provider available*)

* MUST discuss with the supervisor before assigning a different provider
Welcome to Providence Community Health Center (PCHC) Dental Clinic!

American Dental Association (ADA) recommends sealants as the most effective measure to prevent cavities and we, PCHC Dental Clinic, have been promoting sealants on permanent molars as our #1 priority. During this visit, dentists and hygienists will evaluate and may prioritize sealant placement over cleaning if sealants will benefit the patient. We will schedule the cleaning appointment for your child in the near future and during the cleaning appointment, we will also evaluate the sealants placed today and revise the self-management goals that have been discussed with your child and you today.

What are dental sealants?

Sealants are thin, plastic coatings painted on the chewing surfaces of the back teeth as liquid and quickly harden to form a shield over each tooth. Sealant placement is simple and painless.

Why get sealants?

The most important reason for getting sealants is to avoid cavity. Fluoride in toothpaste and in drinking water protects the smooth surfaces of teeth; however, back teeth need extra protection. Sealants cover the chewing surfaces of the back teeth and keep out plaque and food. Early sealant placement before any cavity will save time and money in the long run by avoiding fillings, crowns, or caps to fix cavity.

Who should get sealants?

Children should get sealants on their permanent molars as soon as the teeth come in before cavity attacks the teeth. The first permanent molars called “6-year molars” come in between the ages of 6 and 7. The second permanent molars “12-year molars” come in when a child is between 11 and 14 years old. Ctrn teeth with pits and grooves also might need to be sealed. Teenagers and young adults who are prone to cavity may also need sealants.

CAUTION

Sealants DO NOT substitute for cleaning.
Sealants help prevent cavity ONLY IF you practice good oral hygiene daily.

Before

After
Effort 3: Fuji Triage & DryShield

- Glass ionomer based sealant
  - 6x more fluoride release
  - no need for bonding and strict isolation

- DryShield
  - Good isolation
  - Patient comfort

Overall, we reduce aerosol and total procedure time!
Result of our effort

<table>
<thead>
<tr>
<th>Year</th>
<th>Denominator</th>
<th>Numerator</th>
<th>UDS sealant %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>858</td>
<td>345</td>
<td>40.2%</td>
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<td>506</td>
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<tr>
<td>2020</td>
<td>279</td>
<td>154</td>
<td>55%</td>
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</table>
Challenge 1: Constant Reminder for providers

* Repetitive reminder + encouragement to be on board
  - Hygienists = DryShield & Fuji Triage use
  - Dentists = “Sealant First” & availability for exam
  - Residents = “Sealant First” & proper charting

* Solution
  - Lead Hygienist + Dentist each floor
  - checklist for providers: charting reminder, workflow reminder
  - regular meetings for updates + check-in
Challenge 2: Pandemic

* Staff adjustment
  - Main players with sealant (hygienists + residents) off team Mar-Oct 2020

* Lack of consistent data collection
  - Emergency-focused visits (March 2020 – July 2020)
  - New data manager

* Solution
  - 3 hygienists back by Dec 2020 – training with SDF + Fuji Triage + DryShield
  - meeting with dentist to prioritize sealants
  - meeting with new data manager Nov 2020
By Jan 2021, all providers will return
- review the checklist for dentists, residents, and hygienists

* Reinforce the Core Team to continue with quality improvement

* Monthly measure share with Team for celebration

Goal 2021 = 70% or higher! Time to refocus!
AN OUNCE OF PREVENTION IS MORE THAN WORTH A POUND OF CURE

Thank you!
More Opportunities

Oral Health Workforce Learning Collaborative

Applications due this Friday, December 11!

https://nnoha.org/call-for-applications-oral-health-workforce-learning-collaborative/
Contact Us!

Candace Owen, RDH, MS, MPH  
NNOHA Education Director  
candace@nnoha.org

Irene V. Hilton, DDS, MPH, FACD  
NNOHA Dental Consultant  
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
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