



# **DENTAL QUALITY METRICS WORKGROUP**

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Recommendation to the Metrics & Scoring Committee  
February 21, 2014

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# Overview

- Context
  - Science of Measurement for Dentistry
  - Dental Coding
  - OHP Dental Benefits
- Recommended Metrics (revisited)
- Metrics Alignment

# CONTEXT

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# Dental Workgroup Parameters

- ✓ Use nationally recognized measures where possible.
- ✓ Use valid and reliable performance measures.
- ✓ Measures should be measurable with available data.
- ✓ Measures should be representative of the services provided and beneficiaries served by the CCOs.
- ✓ Measures should focus on outcomes where possible.

# Science of Measurement for Dentistry

- Measurement for dentistry is in its infancy.
- NCQA has one dental measure (NQF #1388): Annual dental visit - Assesses the percentage of members 2-21 years of age enrolled in Medicaid who had at least one dental visit during the measurement year.
- The Dental Quality Alliance (DQA) is the national body for dental quality metrics.
- NQF published report on Oral Health Performance Measurement (2012)

## **NQF Oral Health Performance Measurement (2012): Environmental Scan, Gap Analysis and Measure Topics Prioritization**

- Healthy People 2020 objectives were cross-walked with the priorities of the HHS Oral Health Initiative and HRSA's oral health goals to create 9 high-level priority areas:
  - A: Oral Health of Children and Adolescents
  - B: Oral Health of Adults
  - C: Access to Care
  - D: Oral Health Promotion/Disease Prevention
  - E: Oral Health Interventions
  - F: Monitoring/Surveillance Systems
  - G: Public Health Infrastructure
  - H: Social Determinants of Health
  - I: Healthy Communities

# Dental Quality Alliance

The DQA was established in 2008 to develop performance measures for oral health care.

## Objectives:

- Identify and develop evidence-based oral health care performance measures and measurement resources.
- Advance the effectiveness and scientific basis of clinical performance measurement and improvement.
- Foster and support professional accountability, transparency, and value in oral health care through the development, implementation, and evaluation of performance measurement.

# DQA Measure Development Process

“Performance measures are developed through a consensus process based on the best available evidence. The process also identifies gaps in measures and limitations of the current data infrastructure.”

## Steps

1. Measure Identification
2. Measure Evaluation
3. Measure Dissemination

[http://www.ada.org/sections/dentalPracticeHub/pdfs/042213\\_Measure\\_development\\_Procedure\\_Manual.pdf](http://www.ada.org/sections/dentalPracticeHub/pdfs/042213_Measure_development_Procedure_Manual.pdf)

# Dental Quality Alliance Members

|  |  |   |   |
|--|--|---|---|
| Agency for Health Care Research and Quality (AHRQ) | Centers for Medicare and Medicaid Services (CMS)   | Centers for Disease Control and Prevention (CDC)                    | Health Resources and Services Administration (HRSA) |
| Academy of General Dentistry                       | American Academy of Oral & Maxillofacial Pathology | Council on Access, Prevention and Interprofessional Relations (ADA) | Council on Dental Benefit Programs (ADA)            |
| Council on Dental Practice (ADA)                   | Council on Government Affairs (ADA)                | Delta Dental Plans Association                                      | American College of Prosthodontics                  |
| American Dental Association's Board of Trustees    | American Dental Education Association              | American Dental Hygienists' Association                             | The Joint Commission                                |
| American Board of Pediatric Dentistry              | Managed Care of North America Dental               | America's Health Insurance Plans                                    | American Academy of Pediatric Dentistry             |
| American Academy of Periodontology                 | American Association of Endodontists               | American Association of Oral and Maxillofacial Surgeons             | American Association of Orthodontists               |
| American Association of Public Health Dentistry    | Medicaid – CHIP State Dental Association           | National Association of Dental Plans                                | National Network for Oral Health Access             |
| American Medical Association                       | DentaQuest   | American Academy of Oral & Maxillofacial Radiology                  | Public Members                                      |

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# Dental Coding

- American Dental Association Current Dental Terminology (CDT) is the coding standard for dental procedures.
- Dental does not bill procedures with diagnoses; dental claims only provide information about procedures.
  - Example: a new patient evaluation procedure code does not differentiate between a patient with no oral disease and one with many cavities.
- Using procedure code data to make assumptions about oral health is limited at best.

<http://www.ada.org/3827.aspx>

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# Oregon Health Plan Dental Benefits

- OHP did not cover all adults at a full Plus dental benefit level until January 1, 2014.
- The Standard dental benefit was an emergency only benefit (e.g.,. extractions).
- After January 1, 2014 – all OHP enrollees have a dental benefit that includes prevention and restorative dentistry services.

# RECOMMENDED DENTAL METRICS

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# Sealants on Permanent Molars for Children

Children ages 6-9 and 10-14 who received a sealant on a permanent molar tooth, regardless of whether the sealant was provided by a dentist or a non-dentist.

**Source:** Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and Dental Quality Alliance measure.

- This service would not be provided in a primary care office.

# State Baseline Data

Percent of children ages 6-14 covered by Medicaid receiving dental sealants in FFY 2011:

|  | Ages 6-9 | Ages 10-14 |
|--|----------|------------|
| Oregon   | 15.4%    | 12.7%      |
| U.S.   | 17.4%    | 15.0%      |
| Data source: annual EPSDT participation report, FY 2011.<br>Form CMS 416 |          |            |

Percent of children ages 6-14 covered by CHIP receiving dental sealants in FFY 2011:

|        | Ages 6-9 | Ages 10-14 |
|--------|----------|------------|
| Oregon | 16.7%    | 12.8%      |

# DCO Baseline Data

Percent of children ages 6-14 covered by Medicaid receiving dental sealants in FFY 2011, by DCO.

| DCO   | Ages 6-9 | Ages 10-14 | Total ages 6-14 |
|-------|----------|------------|-----------------|
| DCO A | 6%       | 5%         | 5%              |
| DCO B | 10%      | 9%         | 9%              |
| DCO C | 17%      | 15%        | 16%             |
| DCO D | 17%      | 14%        | 16%             |
| DCO E | 18%      | 14%        | 16%             |
| DCO F | 19%      | 16%        | 17%             |
| DCO G | 29%      | 23%        | 26%             |
| DCO H | 26%      | 26%        | 26%             |

# Rationale

- Sealants are a basic dental prevention strategy.
- CMS National Oral Health Goal to increase the rate of sealants in the Medicaid/CHIP population.
- Oregon lags behind the national sealant rate and the Healthy People 2020 goal for sealants:
  - 6-9 year olds: 28.1%
  - 13-15 year olds: 21.9%

# Members Receiving Any Dental Service

Total members ages 0-21 receiving at least one dental service by or under the supervision of a dentist as defined by HCPCS codes D0100 – D9999 (CDT codes D0100 – D9999).

**Source:** Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).

**Note:** NCQA measure is similar with age range 2-21 and requires at least 1 dental visit in the measurement year.

# State Baseline Data

Percent of eligibles receiving any dental or oral health service in FFY 2011:

|    | Total 0-20 | Total 1-20 | <1   | 1-2   | 3-5   | 6-9   | 10-14 | 15-18 | 19-20 |
|----|------------|------------|------|-------|-------|-------|-------|-------|-------|
| OR | 43.1%      | 45.5%      | 1.6% | 22.0% | 49.0% | 57.0% | 51.0% | 45.0% | 30.4% |
| US | 45.7%      | 49.4%      | 2.8% | 23.0% | 52.2% | 59.7% | 55.0% | 45.5% | 27.7% |

Data source: annual EPSDT participation report, FY 2011. Form CMS-416

| Dental Services Only   | Ages 0-20 |
|--|-----------|
| Oregon   | 42.4%     |
| Data source: annual EPSDT participation report, FY 2011.<br>Form CMS 416 |           |

# DCO Baseline Data

Percent of eligibles receiving any dental or oral health service in FFY 2011, by DCO:

| DCO   | At least one diagnostic dental service by or under the supervision of a dentist. | Any dental or oral health service. |
|-------|--|------------------------------------|
|       | <b>Total Ages 0 - 20</b>   | <b>Total Ages 0 - 20</b>           |
| DCO A | 21%  | 22%                                |
| DCO B | 28%  | 29%                                |
| DCO C | 35%  | 35%                                |
| DCO D | 39%  | 40%                                |
| DCO E | 42%  | 47%                                |
| DCO F | 45%  | 46%                                |
| DCO G | 50%  | 54%                                |
| DCO H | 60%  | 60%                                |

# Rationale

- Any dental service is a measure of access to dental care.
- Establish access to address prevention, treatment, etc. Comparable to a primary care visit.

| Utilization, annualized / 1,000 members   | Pre-CCO Baseline (2011) | Oct 2012 – Sept 2013 Average |
|---|-------------------------|------------------------------|
| Outpatient – dental visits (preventative) | 475.5                   | 481.7                        |
| Outpatient – primary care medical visits  | 2,655.2                 | 3,077.9                      |

[www.oregon.gov/oha/Metrics/Pages/utilization.aspx](http://www.oregon.gov/oha/Metrics/Pages/utilization.aspx)

# Rationale

- Any dental service is a measure of access to dental care.
- Establish access to address prevention, treatment, etc. Comparable to a primary care visit.
- Similar to the only NCQA (HEDIS®) dental measure (annual dental visit).
- Oregon lags behind the Healthy People 2020 goal for any dental service: 49.0%

# METRICS ALIGNMENT

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# Alignment by Focus Area

| Recommended Dental Metrics                 | Quality Improvement Focus Areas  |
|--|--|
| Sealants on permanent molars for children. | <ul style="list-style-type: none"><li>• Improving perinatal and maternity care.</li><li>• Improving primary care for all populations.</li></ul>  |
| Members receiving any dental service.      | <ul style="list-style-type: none"><li>• Improving access to timely and effective care.</li><li>• Ensuring appropriate care is delivered in appropriate settings.</li><li>• Improving perinatal and maternity care.</li></ul> |

## Additional Opportunities for Alignment

- Sealants are also provided in school-based health centers and through state school-based sealant program. Opportunity to coordinate care.
- These measures include school-aged children. No other incentive measures focus on this age group except ADHD medication.
- Reduce avoidable emergency department use for dental pain.

# Dental Costs

- Focus on prevention now to reduce costs for more expensive treatment later.

| Cost per member per month (PMPM) | Pre-CCO Baseline (2011) | Oct 2012 – Sept 2013 Average |
|----------------------------------|-------------------------|------------------------------|
| Outpatient – Dental              | \$12.20                 | \$8.31                       |

[www.oregon.gov/oha/Metrics/Pages/cost.aspx](http://www.oregon.gov/oha/Metrics/Pages/cost.aspx)

## Resources

- Dental Quality Metrics Workgroup  
[www.oregon.gov/oha/Pages/DentalQualityMetrics.aspx](http://www.oregon.gov/oha/Pages/DentalQualityMetrics.aspx)
- Dental Quality Metrics Workgroup Recommendation  
[www.oregon.gov/oha/MetricsMeetingMaterials/Dental%20Metrics%20Recommendation.pdf](http://www.oregon.gov/oha/MetricsMeetingMaterials/Dental%20Metrics%20Recommendation.pdf)
- Dental Quality Alliance  
[www.ada.org/5105.aspx](http://www.ada.org/5105.aspx)

# COMMITTEE DECISIONS

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## Sealant on a Permanent Molar Tooth

### Measure Basic Information

**Name and date of specifications used:** Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416), effective fiscal year 2010

**URL of Specifications:** <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/CMS-416-instructions.pdf>

**Measure Type:**

- HEDIS  PQA  Survey  Other  Specify: CMS

**Measure Utility:**

CCO Incentive  Core Performance  CMS Adult Set  CHIPRA Set  State Performance   
Other  Specify:

**Data Source:** MMIS

**Measurement Period:** Calendar Year (January 1 – December 31, 20xx)

**Benchmark:** TBD

**Denied Claims:** Included  Not included

*On October 1, 2014, the health care industry will transition from ICD-9 to ICD-10 codes for diagnoses and inpatient procedures. This will affect several of the 2014 CCO incentive measures. OHA is working to map all ICD-9 diagnosis codes currently used in the CCO incentive measures to ICD-10 and will publish updated specifications that incorporate ICD-10 later in 2014.*

### Measure Details

**Data elements required denominator: Total Individuals Eligible for EPSDT for 90 Continuous Days --**  
Total unduplicated number of individuals under the age of 21 enrolled in a Coordinated Care Organization who have been continuously enrolled for at least 90 days in the measurement year, distributed by age (based on age as of December 31) and by basis of enrollment.

“Unduplicated” means that an eligible person is reported only once per Coordinated Care Organization, although he/she may have had more than one period of continuous 90 day enrollment during the year.

In the case where individuals had 90 continuous days of enrollment in more than one CCO, they will be counted more than once at the state level (in this way state results will more closely reflect an aggregation of CCO results).

**Required exclusions for denominator:** N/A

**Deviations from cited specifications for denominator:**

Denominator will include children 6 - 9 and 10 - 14 years of age only.

**Data elements required numerator: Total Eligibles Receiving a Sealant on a Permanent Molar Tooth --**

Unduplicated number of children in the age categories of 6-9 and 10-14 who received a sealant on a permanent molar tooth regardless of whether the sealant was provided by a dentist or a non-dentist, as defined by HCPCS code D1351 (CDT code D1351).

Numbers should reflect services provided by Coordinated Care Organizations. OHA refers to “dental services” when referring to services provided by or under the supervision of a dentist.

**Required exclusions for numerator:** N/A

**Deviations from cited specifications for numerator:** N/A

**What are the continuous enrollment criteria:**

90 day continuous enrollment in a Coordinated Care Organization during the measurement period.

For example, if a child was enrolled from November 1st to September 30th and January 1st to February 28, the child would not be considered eligible for 90 continuous days in the Calendar year.

**What are allowable gaps in enrollment:** N/A

**Define Anchor Date (if applicable):** N/A

**For more information:**

## Explanation of Exclusions and Deviations

List other required exclusions and or deviations from cited specifications not already indicated (including specific populations, i.e. CAWEM):

## Validation

**External review:**

**Internal review:**

## Any Dental Services

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“Unduplicated” means that an eligible person is reported only once per Coordinated Care Organization, although he/she may have had more than one period of continuous 90 day enrollment during the year.

In the case where individuals had 90 continuous days of enrollment in more than one plan, they will be counted more than once at the state level (in this way state results will more closely reflect an aggregation of CCO results).

**Required exclusions for denominator:** N/A

**Deviations from cited specifications for denominator:**

Denominator will report birth through 20 years old.

**Data elements required numerator: Total Eligibles Receiving Any Dental Services**

The unduplicated number of children in the denominator receiving at least one dental service by or under the supervision of a dentist as defined by HCPCS codes D0100 - D9999 (CDT codes D0100 - D9999).

Numbers should reflect services provided under Coordinated Care Organizations. OHA refers to “dental services” when referring to services provided by or under the supervision of a dentist.

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## Validation

**External review:**

**Internal review:**

### **Public Comment on Dental Quality Metrics**

Provided on 2/19/2014 by Suzanne Browning, Executive Director of the Kemple Memorial Children's Dental Clinic in Bend.

**Regarding overall adoption of dental metrics:** dental metrics should address each part of the triple aim. For example:

- Reducing Cost: finding ways to deliver preventative services in non-dental settings that do not require a higher end of the dental professional categories to be involved in the less technical / restorative / specialized dental procedures; creating a diversely skilled dental professional workforce to meet the needs and a best use recommendation for the needs of the community.
- Improving Health Outcomes: measuring oral health indicators consistently over time, setting goals for improvement, and incentivizing those who contribute to this outcome.
- Quality of Patient Experience with Care: develop a formalized customer service process, administered by an outside organization, to assess the quality of care and patient experiences.

**Regarding the sealant metric:**

- This measure appears to incentivize “pay for treatment” rather than incentivizing the entire community to ensure that sealant education and application are happening. The metric would be more inspiring if it incentivized everyone in the community to see the percentage of sealants rise (measured via the OHA Smile Survey) using community resources collectively, rather than focusing on dental providers.
- Experience in Central Oregon has demonstrated that doing prevention work (applying fluoride and sealants) in non-dental settings in the community (such as Migrant Education Programs, Community Medical Centers, Head Start, WIC, School-Based Health Centers, Community Associations, etc...) has been very successful.
- This is also a best use workforce issue – preventative work done by the appropriate professionals. Oregon has taken great strides to create certifications for various levels of dental work / treatments. This work should be taken advantage of and everyone should be incentivized to champion prevention, oral health literacy, and preventative treatments in a variety of venues.
- See also the RWJF study on dental professionals working in non-dental settings to increase access to preventive oral health care. <http://www.rwjf.org/en/research-publications/find-rwjf-research/2013/09/dental-professionals-in-non-dental-settings.html>
- Recommend setting a baseline as the current percentage of sealants observed; then measure the percentage of sealants regularly by having various groups (private and OHP providers, community health organizations, non-profit groups, etc...) consistently measure what they observe over time. Alternately, measure through dental chart review at various intervals.

### **Regarding dental exams**

- The Central Oregon Oral Health Coalition has suggested a metric measuring the number of children near one year old that receive a dental exam, and a metric on the number of pregnant women who receive a cleaning, oral health instruction, and some instruction on the impact of their health on their new baby, and how to take care of the new baby / toddler teeth.
- Frequency of dental exams should be measured for children, adults, and especially seniors. Seniors in Central Oregon have very few services available to them to access dental care (as seen in the regional oral health coalition survey) – this is a very at risk group. A metric structured like the Adolescent Well Care Visit could easily be established.
- Incorporation of dental exam results in the primary care medical provider record could also be a metric. Dental information should be transmitted to the primary care medical provider to be integrated into the patient health profile, and measuring this would encourage more awareness of the importance of dental health to overall medical health. This metric might also encourage PCPs to encourage patients to see dentists and support care coordination.

### **Regarding access and patient experience:**

- Access to appointments is an important issue for the Central Oregon Oral Health Coalition. With over 13,000 new Medicaid patients in Central Oregon, there is concern there will not be enough practitioners to handle the dental needs of those coming into the system. A metric to measure patient wait time for appointments should be included.
- There is a lot of anecdotal data locally regarding inability to get in to see the dentist, long wait times for cleaning, exams, and a perceived lack of response for emergencies. A comprehensive customer satisfaction survey process should be designed and fielded by an outside agency to monitor all OHP dental providers. A customer satisfaction incentive metric might help address challenges with access, treatment, and attitude.