2012 MSDA National Medicaid and CHIP Oral Health Symposium
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Session 13
Dental Quality Alliance Update

Krishna Aravamudhan, BDS, MS (DQA)
Martha Dellapena (MSDA)

Session 13 Objectives

• To gain awareness and knowledge of the activities of the Dental Quality Alliance
• To gain awareness and knowledge about the MSDA’s Center for Medicaid and Chip Oral Health Program Quality, Policy and Financing
...to advance the field of performance measurement to improve oral health, patient care, and safety through a consensus building process.
Measures
- Important
- Scientifically Sound
- Useable
- Feasible

Measure Development Process
- Collaborative
- Transparent
- Objective
- Meaningful

Measure Development: Pediatric Oral Health Project
- Environmental Scan
- Starter Set of Concepts
- Fully Specified Starter Set of Measures
Limitations in Existing Pediatric Measures

- Limited measurement of all aspects of care
- Limited availability of clear specifications
- Lack of standardization in measurement, with many duplicates
- Limited evidence to support many of the measures currently available
- Lack of measures assessing patient safety
- Lack of an organized system relating disease risk to diagnostic measures
- Limited measures across multiple care delivery systems including medical, dental and public health.
Starter Set

- 8 administrative measures as the starter set
- Area of high-impact
- Evidence-Based
- Scientifically-sound*  
  
  * Pending test

We must understand disparities to best target resources!

Our problems are different and need different solutions!

DQA measures...

- A broad set of measures to select from
- It’s not about everyone doing everything!
SELECTING MEASURES

• **BASELINE:** How good are we now?

• **GOAL:** What needs to improve?

• **STRATEGY:** Whom should we target (disparities)?

• **METRICS:** Did we succeed?

• Data Source
• Numerator
• Denominator
• Exclusions
• Time frame
• Data Elements
• Calculation
• Risk Adjustment
Example:

% of a. all enrolled children
b. enrolled children who accessed dental care (received any dental service) who received a comprehensive or periodic oral evaluation within the reporting year

Denominator 1
\text{(access)}

% of

\begin{itemize}
  \item a. all \textit{enrolled children}
  \item b. \textit{enrolled children who accessed dental care (received any dental service)}
\end{itemize}

who received a comprehensive or periodic oral evaluation within the reporting year

Denominator 2
\text{(process)}

Numerator
## Clinical Measure Concepts

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<tr>
<td><strong>Evaluation</strong></td>
<td>% of a. all enrolled children, b. enrolled children who accessed dental care (received any dental service) who received a comprehensive or periodic oral evaluation within the reporting year.</td>
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<tr>
<td><strong>Prevention</strong></td>
<td>% of a. enrolled children, b. enrolled children who accessed dental care (received any dental service) at elevated caries risk (e.g. &quot;moderate&quot; or &quot;high&quot; risk) who received topical fluoride application and/or sealants within the reporting year.</td>
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<td><strong>Treatment</strong></td>
<td>% of a. enrolled children, b. enrolled children who accessed dental care (received any dental service) who received dental treatment service within the reporting year.</td>
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## Care Delivery Measure Concepts

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<td><strong>Utilization of services</strong></td>
<td>% of all enrolled children who accessed oral healthcare services (received at least one dental service) within the reporting year.</td>
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<td><strong>Usual source of services</strong></td>
<td>% of enrolled children who accessed dental care (received any dental service) each year for 2 consecutive years and received care from the same practice or clinical entity for both years.</td>
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<td><strong>Care continuity—Regular source of care</strong></td>
<td>% of a. all enrolled children, b. enrolled children who accessed dental care (received any dental service) who received a comprehensive or periodic oral evaluation in the year prior to the measurement, who also received a comprehensive or periodic oral evaluation within the reporting year.</td>
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## Cost Measure Concepts

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<th>Cost</th>
<th>% of child health expenditures that is expended on dental care for the reporting year.</th>
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<td>Total amount that is paid for direct provision of care per a. enrolled child b. enrolled child who accessed dental care (received any dental service) within the reporting year.</td>
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## Stratifications of Measure Concepts

- **By age (years):** <1; 1-2; 3-5; 6-7; 8-9; 10-11; 12-14; 15-18; 19-20
- **By funding source for benefit plan:** e.g. Medicaid; CHIP programs; private commercial benefit programs.
- **By provider payment mechanism:** e.g. Fee-for-service, PPO or discounted fee-for-service, Capitation plan, Encounter fee plus used in FQHCs
- **By individual plans**
- **By geographic location or region**
- **By service location:** e.g., private dental office, community clinic or health center, dental school clinic, school-based dental clinic
- **By patient race/ethnicity/language/socioeconomic status**
- **By provider type:** Dentist; other dental professionals, medical professionals
- **By length of enrollment**
GOAL OF DQA MEASURES:

Standardization
- Meaningful comparison across communities
- Allows sharing our success and failures

Alignment
- Learn from different data sources

“In order to implement standardized measurement, it is imperative that along with the same measure concepts, a **uniform set of feasible, valid and reliable measure specifications are used** across measurement agencies using similar data sources.”

- What should the acceptable length of enrollment for inclusion?
- How does one adjust for risk when applying evidence-based recommendations to claims data?
An example of the problem that limits meaningful comparisons: definition for length of enrollment

**Medicaid:** 18 – 45%
**CHIP:** 31 – 58%

*Need to improve scientific basis!*

**Next Steps**

- Validation
- Endorsement
- Implementation support
- Outcome assessment
- Knowledge exchange
Education

Dental Quality Alliance

The Dental Quality Alliance (DQA) was established in 2011 by the three major dental organizations to develop performance measures, assure that measures and data are meaningful and can help improve dental care for all, and promote quality oral health care across states.

• American Dental Association
• American Academy of Pediatric Dentistry
• American Dental Hygienists’ Association

Objectives

1. To identify and oversee evidence-based dental and oral health care performance measures and implementation initiatives
2. To address the perceived and perceived knowledge and implementation gaps
3. To create and disseminate evidence-based policies and practices across professional organizations, insurance companies, and states in oral health care that will help development, implementation, and evaluation of performance improvement initiatives

Visit us at http://www.ada.org/5105.aspx

Collaboration

• National Quality Forum
• Centers for Excellence Grantee
• Federal Agencies
Improve healthcare quality

*What gets measured gets done.

**Do something with it or don’t require it.

THE CENTER FOR MEDICAID AND CHIP ORAL HEALTH PROGRAM QUALITY, POLICY AND FINANCING

Vision
All Medicaid/CHIP beneficiaries receiving quality and cost appropriate oral health care services.

Mission
Promote evidence based policies and “Best Practice” models that improve Medicaid and CHIP oral health program quality, processes and services.

Goal
Strengthen Medicaid and CHIP oral health program infrastructure and capacity to assure quality and cost appropriate services for optimal health.
DIVISION OF BEST PRACTICES

Goal:
To build infrastructure and strengthen the capacity of state Medicaid and CHIP oral health programs.

Objectives:
• Develop and promote evidence based “Best Practice” models for state Medicaid and CHIP oral health programs.
• We encourage States to participate in activities that result in information sharing.
DIVISION OF EDUCATION AND COMMUNICATION

Goal:
To build infrastructure and strengthen the capacity of state Medicaid and CHIP oral health programs.

Objectives:
To increase awareness, knowledge, and competency among key Medicaid and CHIP constituencies focusing on:
– Oral Health
– Medicaid and CHIP Oral Health Programs & Policies
– Dental Public Health

DIVISION OF QUALITY AND DATA

Goal:
To build infrastructure and strengthen the capacity of state Medicaid and CHIP oral health programs.

Objectives:
• To establish and maintain a 50 state registry of core Medicaid/CHIP dental program infrastructure and capacity.
• To collect and maintain on online database of state Medicaid and CHIP oral health program data.
• We promote the alignment of oral health quality measures with those used in other aspects of healthcare to positively affect meaningful outcomes data.
DIVISION OF RESEARCH

Goal:
To facilitate the transfer of science to practice.

Objectives:
To establish an oral health services financing research agenda.
To promote healthcare financing policies that align with the scientific evidence.

DIVISION OF POLICY

Goal: To build infrastructure and strengthen the capacity of state Medicaid and CHIP oral health programs.

Objectives:
• To work with State Medicaid and CHIP Oral Health Programs and the Center for Medicare and Medicaid (CMS) to foster discussion and evaluation of Medicaid and CHIP Oral Health Policies.
• To contribute to the education and awareness of State Oral Health Program Administrators around policies based on sound evidence.
INPUTS
WHAT WE INVEST

MANPOWER RESOURCES
BOARD
STAFF
MEMBERS
COMMITTEES
ADVISORS
PARTNERS

OUTPUTS
WHO WE REACH

- EDUCATORS
- PROVIDERS
- POLICY MAKERS
- PROGRAM ADMINISTRATORS
- PAYERS
- PHILANTHROPY
- INDUSTRY
- CONSUMERS
OUTPUTS
PRODUCTS AND ACCOMPLISHMENTS

• National Data Base of State Medicaid and CHIP Data
• Profile of State Medicaid and CHIP Dental Programs
• Federal Legislation and Program Updates
• PPACA Updates: MACPAC Reports
• Library of State “Best Practice” models
• Policy Briefs and White Papers
• Linkages to policies, guidelines and resources
• Archived educational seminars and webinars
• Symposium Resources
• Other key Information

OUTCOMES
SHORT TERM

• Achieved knowledge, competency, and skill
• Accessibility of current federal and state information
• Increased interest and awareness in Medicaid and CHIP dental programs
• Increased awareness of medical-dental systems integration
• Increased knowledge, understanding and skill related to oral health, evidenced based care, Medicaid, CHIP, data, policies and financing
OUTCOMES
INTERMEDIATE

• Increase use of measures and informatics to assess program quality
• Increased # states implementing “Best Practice” strategies
• Increased integration of medical-dental systems of care
• Evidence-based program policies
• Increased strategic financing of evidence based services
• Quality and cost appropriate oral health services
• Increased access to quality care
• Higher utilization rates

IMPACT
LONG TERM

IMPROVED HEALTHCARE SYSTEM

IMPROVED ORAL HEALTH FOR MEDICAID AND CHIP BENEFICIARIES
Come partner with MSDA

Contact Marty DellaPenna, QPF Center Director

Questions