2012 MSDA National Medicaid and CHIP Oral Health Symposium
June 24th – 26th, 2012

Session 5
Measuring Quality

Tegwyn Brickhouse DDS, PhD
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The Fundamentals of Measurement
• There’s seemingly no end to the economic, political, and cultural divides that separate Americans......

  – Republican vs. Democrat
  – Religious vs. Secular
  – Beer vs. Wine Drinkers
  – Starbucks vs. Dunkin’ Donuts
  – NPR vs. the NRA
  – NASCAR vs. World Cup Soccer


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**America's Great Dental Divide**

• What separates those who regularly go to the dentist, and those who do not?
• Mapping oral health as a reliable measure of socioeconomic class and citizen well-being.
• Gallup notes that dentist office visits tend to track income level (.66) and health insurance coverage (?).

• Dental visits are fewer in states with higher levels of income inequality.
  – Income inequality (measured as the Gini coefficient across states) is negatively associated with going to the dentist (-.63).

• Visits to the dentist are negatively associated with the working class share of a state’s workforce (-.28).

• As Americans are working longer hours to make ends meet. Oral health is negatively associated with working hours (-.74).

• Oral health also reflects the underlying divide between Red and Blue America.

• Oral health is positively associated with states that voted for Obama in 2008 (.38) and negatively associated with McCain states (-.42).

With the caveat that these are only associations and cannot be presumed to have a causal relationship, the strength of the correlations is astounding........
Developing Valid and Reliable Measures

- **Validity**: they are all right on the target are they actually measuring a dental visit?
- **Reliability**: they are all off the bull’s eye but they are consistently measuring a dental visit

Reliability has to do with the quality of measurement.
- Reliability is the degree to which the measure is free from random error.
- Reliability testing demonstrates the measure data elements are repeatable, producing the same results a high proportion of the time when assessed in the same population in the same time period and/or that the measure score is precise.
- This allows for meaningful comparisons across states, programs, individual providers or institutional providers.
Validity

- **Validity** demonstrates extent to which a measure truly measures that which it is intended and designed to measure.
- To reduce the burden of testing the National Quality Forum allows validity to be established through expert consensus.
- To what extent does the measurement score truly represent what it is intended to measure (compare with published literature)?
- **Construct validity** Ensures that a measurement truly measures the idea or construct in question.

Qualitative Versus Quantitative

**Qualitative**
- Human Behavior
- Why and How?
- In-Depth or open-ended investigation of the why and how of decision making.
- Focus Groups
- Supports Contextual Validity

**Quantitative**
- Human Behavior
- What, Where, When?
- The process of measurement that connects observations with mathematical expression of a relationship.
- Analysis of numerical data form, percentages, means, etc.
- Surveys & Evaluations
**Mixed Method Approach**

- Qualitative Analysis
  - Key informant interviews, Clinicians, Administration, Staff, Patients, Caregivers.
- Quantitative Analysis
  - Collection/analysis of reported process and outcome indicators
  - Analysis of MCO vs. matched FFS data
  - Claims, Care Coordination, Transportation

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**Establishing Sound Measures: Defining Numerators and Denominators**

**Numerators**
- A subset of the population
- Subsets may be established by:
  - Age
  - Special population groups
  - Types of services
    - Specific dental service(s)
    - Specific preventive service
    - Specific diagnostic service
  - Other categories

**Denominators**
- The total population of enrolled Medicaid eligible individuals
Existing Measures of a Dental Visit

- **Enrollment Interval**: Enrolled children are those who have applied and are covered for healthcare benefits.
- Four options for defining “enrolled” are commonly used
  - CMS-416 counting those continuously enrolled for at least 90 continuous days (34%)
  - HEDIS (45%) counting only those children continuously enrolled, but having a single break in enrollment of no more than 45 days (the HEDIS method)
  - FTE (45%) recording the total number of children enrolled by calculating the portion of the reporting year that individuals were enrolled – the “Average Period of Enrollment/person-time” method,
  - All new enrollees (18%) all “anytime” enrolled.
  - New 11-12 month enrollees (41%)


Graph indicating number of claims predicted by the hurdle model for preventive, restorative or any dental visit.

Example 1. Existing enrollee at beginning of study period with 365 continuous days of eligibility in FFS.
Example 2. New enrollee with 365 continuous days of eligibility in FFS.
Example 3. Existing enrollee with one interruption in eligibility and one switch in payer, 90 days in FFS and 275 days in managed care.
Example 4. New enrollee with one interruption in eligibility and one switch in payer, 90 days in FFS and 275 days in managed care.

Brickhouse TH, Harless DW submitted
Virginia

- Virginia implemented sweeping Medicaid Policy Reform in 2005 with the goal of improving utilization rates, increasing provider participation, and improved oral health outcomes for enrolled children.

Reform Results

- The 2005 Virginia Medicaid policy reform had a significant, and positive, impact on pediatric dental utilization rates.
- One of a limited number of studies examining state policy reform implications on dental utilization rates.
- Unable to identify which specific elements of Virginia’s policy reform correlate to greatest improvement in utilization rates.

Brickhouse TH, Winheim MA submitted
Feasibility or Limitations

- **Sample Bias**
  - May underestimate use of dental services
  - We cannot measure dental care that occurs outside of the plans.

- **Selection Bias**
  - May overestimate use of dental services
  - We do not know the demand for care or the propensity of those who use services to enroll in one plan or the other.

- **Confounding Issues**
  - Delivery settings or provider characteristics
  - Income level and education of enrollees
  - Dental health status or treatment needs

NQF Activities

Heidi Bossley
NQF Mission

The National Quality Forum (NQF) operates under a three-part mission to improve the quality of American healthcare by:

- Building consensus on national priorities and goals for performance improvement and working in partnership to achieve them.
- Endorsing national consensus standards for measuring and publicly reporting on performance.
- Promoting the attainment of national goals through education and outreach programs.
NQF’s Primary Roles

- **Standard setting organization**
  - Performance measures
  - Serious reportable events
  - Preferred practices

- **Neutral convener**
  - National Priorities Partnership
  - Measure Applications Partnership

National Priorities Partnership

- 51 leaders across every key health and healthcare sector
  - Consumers
  - Purchasers
  - Quality alliances
  - Health professionals/providers
  - State-based associations
  - Community collaboratives & regional alliances
  - Accreditation/certification groups
  - Health plans
  - Industry
  - Federal agencies (AHRQ, CDC, CMS, FDA, HRSA, NIH, OMH, SAMHSA, VA)

- Co-Chairs
  - Bernie Rosof, Physician Consortium for Performance Improvement
  - Helen Darling, National Business Group on Health

© National Priorities Partnership

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The Affordable Care Act: A Framework & Resources for Measurement-Based Improvement

- HHS must “establish a national strategy to improve the delivery of healthcare services, patient health outcomes, and population health”
- The national strategy is to be shaped – and specified – with input from diverse healthcare leaders in the filed of health and healthcare
- Coordination and alignment within the Federal government and across the public and private sectors is key to the ultimate success of the national strategy in transforming the US healthcare system
NQS Progress Report: Three Sets of Strategies

• **One:** National strategy for data collection, measurement, and reporting that supports measurement-based improvement so we can monitor progress against the NQS

• **Two:** Community infrastructure (public-private) responsible for improvement efforts; resources for benchmarking and comparing performance; and mechanisms to identify, share, and evaluate progress

• **Three:** Payment and delivery system reform—emphasizing primary care—that rewards value over volume and promotes patient-centered outcomes, efficiency, and appropriate care while reducing waste

NPP INPUT ON HHS’ NATIONAL PRIORITY:
Promote Health and Well-Being

**Goals:**
Promote healthy living and well being through:
- Community interventions (e.g., adequate social supports)
- Adoption of healthy lifestyle behaviors (e.g., no smoking, healthy diet, adequate exercise)
- Delivery of clinical preventive services (e.g., treatment of dental caries and untreated dental decay)
Measure Applications Partnership

Statutory Authority
Health reform legislation, the Affordable Care Act (ACA), requires HHS to contract with the consensus-based entity (i.e., NQF) to “convene multi-stakeholder groups to provide input on the selection of quality measures” for public reporting, payment, and other programs.

- HR 3590 §3014, amending the Social Security Act (PHSA) by adding §1890(b)(7)
Proposed MAP Work for 2012-2013

- Develop MAP 3-year strategic plan for achieving aligned performance measurement that enables improvement, transparency, and value
- Identify families of measures for specific topics and core measure sets composed of available measures and gaps
  - Enhance existing two-tiered structure with topic-focused, time-limited task forces
- Provide pre-rulemaking input to HHS on measures under consideration for rulemaking
  - Expand decision making support for activities
- Delve into measurement issues for dual eligible sub-populations

Measurement Facilitates Improvement

- Measurement is necessary, but insufficient to achieve quality
- Provides information about performance useful for selecting providers with high quality (consumers, purchasers, health plans)
- Provides information about outcomes and processes useful to providers for identifying areas that need improvement and changes in care processes/systems
Quality Measurement Enterprise

Measure Development

Priorities and Goals \rightarrow Standardized Measures \rightarrow Electronic Data Platform \rightarrow Alignment of Environment Drivers \rightarrow Evaluation and Feedback

National Priorities Partnership
High Impact Conditions

NQF Endorsement Process

Select Measure Developers

Additional logos from various organizations.
Patient-Focused Episode Model

• Promote shared accountability & longitudinal measurement across patient-focused episodes of care:
  – Outcome measures
  – Appropriateness measures
  – Cost/resource use measures coupled with quality measures, including overuse

Integrated Framework for Performance Measurement
NQF Evaluation Criteria

- Importance to measure and report
  - What is the level of evidence for the measures?
  - Is there an opportunity for improvement?
  - Relation to a priority area or high impact area of care?
- Scientific acceptability of the measurement properties
  - What is the reliability and validity of the measure?
- Usability and Use
  - Extent to which potential audiences (e.g., consumers, purchasers, providers, policymakers) are using or could use performance results for both accountability and performance improvement.
- Feasibility
  - Can the measure be implemented without undue burden, capture with electronic data/EHRs?
- Assess related and competing measures

Need for greater integration of measure development and measure endorsement
Proposed Two-Stage Endorsement Process

- Stage 1: Measure Concept
  - Focus on importance to measure & report (evidence, gap, impact)
  - Concept: Numerator, denominator, exclusion statements
  - Identify related and competing measures

- Stage 2: Fully Specified Measure
  - Focus on scientific acceptability, feasibility, usability
  - If concept approved, submit specified & tested measure

NQF Oral Health: Project Overview

- Address the need for oral health measures that are applicable to safety net dental programs, the Child Health Insurance Program Reauthorization Act (CHIPRA), and the Medicare and Medicaid core measures set;

- Build on the work by HHS to identify oral health measures throughout the measure pipeline, including measure concepts;

- Identify where there are gaps in measures for the priority areas defined by the HHS Oral Health Initiative, Healthy People 2020, and HRSA’s strategic priorities; and

- Use an Expert Panel to put forward recommendations

- Final report with recommendations to be released in July 2012
Existing Endorsed Measures for Oral Health

- 1334 - Children Who Received Preventive Dental Care (HRSA)
  - Assesses how many preventive dental visits during the previous 12 months
- 1335 - Children Who Have Dental Decay or Cavities (HRSA)
  - Assesses if children age 1-17 years have had tooth decay or cavities in the past 6 months
- 1388 - Annual Dental Visit (NCQA)
  - The percentage of members 2-21 years of age who had at least one dental visit during the measurement year
- 1419 - Primary Caries Prevention Intervention as Part of Well/Ill Child Care as Offered by Primary Care Medical Providers (U of Minn)
  - tracks the extent to which the provider applies fluoride varnish as part of the EPSDT
Heidi Bossley, MSN, MBA
Vice President, Performance Measures
hbossley@qualityforum.org

Oral Health
Quality Improvement
In the Era of Accountability:

NQF and AHRQ Activities

Paul Glassman DDS, MA, MBA
Professor and Director of Community Oral Health
University of the Pacific School of Dentistry
San Francisco, CA
Context:
The US Health Care System is Undergoing Profound Change as is the Oral Health Delivery System

The 2011 IOM Reports on Oral Health

Advancing Oral Health in America

Improving Access to Oral Health Care for Vulnerable and Underserved Populations
Themes from the 2011 IOM Reports on Oral Health

Improve access to services and oral health through:
• Chronic disease management
• Delivery Systems
  – Telehealth
  – Payment incentives
  – Workforce expansion
• Drive change and accountability through
  – Quality measures and improvement
The Era of Accountability

The Urban Institute

Moving Payment from Volume to Value: What Role for Performance Measurement?
Timely Analysis of Immediate Health Policy Issues
December 2010
Robert A. Berenson
Levels of Quality Improvement Activities

Quality Measurement or Improvement Activities in Sectors of the Oral Health Delivery System

- Federal or National Agencies and Programs
- The Oral Health Safety-Net
- Large Group Dental Practices
- The Dental Benefits Industry
- Professional Dental Associations
- Hospital-based Dental Practices
- Dental Practice-based Research Networks
National Oral Health Measures

- The National Quality Forum (NQF)
- The National Priorities Partnership (NPP)
- Healthy People 2020
- The AHRQ National Healthcare Quality and Disparities Reports
- The AHRQ National Quality Measures Clearinghouse (NQMC)
- The AHRQ National Guideline Clearinghouse

- The AHRQ Pediatric Quality Measures Program (PQMP)
  - Consumer Assessment of Healthcare Providers and Systems (CAHPS) Program
  - The National Committee for Quality Assurance (NCQA)
  - Healthcare Effectiveness Data and Information Set (HEDIS)
  - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
  - Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA)
HHS Operating Divisions

- Administration for Children and Families (ACF)
- Administration for Community Living (ACL)
- Agency for Healthcare Research and Quality (AHRQ)
- Agency for Toxic Substances and Disease Registry (ATSDR)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Food and Drug Administration (FDA)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- National Institutes of Health (NIH)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

CHIPRA Pediatric Quality Measures Program

In early 2009, Congress passed the Children's Health Insurance Program Reauthorization Act (CHIPRA, Public Law 111-3), which presents an unprecedented opportunity to measure and improve health care quality and outcomes for the Nation's children, including the almost 40 million children enrolled in Medicaid and/or the Children's Health Insurance Program (CHIP). Since the law was passed, the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) have been working together to implement selected provisions of the legislation related to children's health care quality. The law called first for the identification of an initial set of core measures to be used to assess voluntarily the state of children's health care quality across and within State Medicaid and CHIP programs and then for establishment of the CHIPRA Pediatric Quality Measures Program (PQMP) to improve and strengthen the initial core set of measures and develop new measures as needed.
• Phase I: Identification of an initial core set of health care quality measures for voluntary use by Medicaid and CHIP programs (completed in December 2009)
• Phase II: Implementation of a Pediatric Quality Measurement Program (PQMP), the purpose of which is to:
  – Improve and strengthen the initial core set of children’s health care quality measures;
  – Expand on existing pediatric quality measures used by public and private health care purchasers and advance the development of such new and emerging quality measures; and
  – Increase the portfolio of evidence-based, consensus pediatric quality measures available to public and private purchasers of children’s health care services, providers, and consumers.

• Definition and development of pediatric quality measures
• PQMP Centers of Excellence Grants (7)
• CHIPRA State Quality Demonstration Grants (10)
  – Illinois and Massachusetts are developing measures
• Expert Panels on Assessing Healthcare Quality Measures for CHIPRA Improved Core Sets (EPAC)
• AHRQ National Advisory Council Subcommittee on Children's Healthcare Quality Measures for Medicaid and CHIP Programs (SNAC)
**2009 : Initial Core Measures for Voluntary Use by Medicaid and CHIP Programs**

Two oral health measures selected:

- Total Eligibles* who Received Preventive Dental Services (CMS-416 - Line 12B)
  - Unduplicated children, CDT codes D1000-D1999
- Total Eligibles* who Received Dental Treatment Services (CMS-416 - Line 12C)
  - Unduplicated children, CDT codes D2000-D9999

Met criteria but not selected:

- Total Eligibles* who Received any Dental Services (CMS-416 - Line 12A)
  - Unduplicated children, CDT codes D0100-D9999

* Individuals <21 yo, continuously enrolled for at least 90 days in fiscal year

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**Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report, (Form CMS-416)**

- **Purpose** - The annual EPSDT report (form CMS-416) provides basic information on participation in the Medicaid child health program.

- **Reporting Requirement** - Each State that supervises or administers a medical assistance program under Title XIX of the Social Security Act must report annually on form CMS-416.
## Annual EPSDT Participation Report

**State:**

**FY:**

### Age Groups

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### 1. Total Individuals

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### 2. Total Individuals Eligible for EPSDT for 90 Continuous Days

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### 3. Total Individuals Eligible under a CHIP Medicaid Expansion

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### 4. State Periodicity Schedule

### 5. Number of Years in Age Groups

### 6. Annualized State Periodicity Schedule

### 7. Expected Number of Screenings per Eligible

### 8. Expected Number of Screenings

### 9. Total Screenings Received

### 10. Total Screenings Received

### 11. Total Screenings

### 12. SCHEDULING RATIO

### 13. Total Months Eligible

### 14. Average Period Eligible

### 15. Total Individuals

### 16. Total Individuals Eligible for EPSDT

### 17. Total Individuals Eligible for EPSDT for 90 Continuous Days

### 18. Total Individuals Eligible under a CHIP Medicaid Expansion

### Notes:

- "CN" = Categorically needy
- "MN" = Medically needy

*Includes 12-month visit.*

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### Page 2

### State:**

**FY:**

### Age Groups

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### 1. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen

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### 2. Total Eligibles Receiving at Least One Initial or Periodic Screen

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### 3. PARTICIPANT RATIO

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### 4. Total Eligibles Referred for Corrective Treatment

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### 5. Total Eligibles Receiving Any Dental Services

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### 6. Total Eligibles Receiving Preventive Dental Services

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### 7. Total Eligibles Receiving Dental Treatment Services

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### 8. Total Eligibles Receiving a Visit on a Permanent Basis

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### 9. Total Eligibles Receiving Dental Diagnostic Services

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### 10. Total Eligibles Receiving Oral Health Services By a Non-Dentist

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<th>Eligible for Oral Health Services</th>
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### 11. Total Eligibles Receiving Any Dental Or Oral Health Services

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### Notes:

- "CN" = Categorically needy
- "MN" = Medically needy

*Includes 12-month visit.*
Subcommittee on Quality Measures for Children's Healthcare
Members List

2012

The Agency for Healthcare Research and Quality's (AHRQ) National Advisory Council on Healthcare Research and Quality has appointed a Subcommittee on Quality Measures for Children's Healthcare (SNAC) to review publicly nominated and Centers of Excellence (CoE)-developed children's health care quality measures for potential inclusion in improved core measure sets and for other CHIPRA purposes.
• **Standard setting organization**
  – Voluntary consensus standards:
    • Performance measures
    • Serious reportable events
    • Preferred practices
    • Frameworks

• **Neutral convener**
  – National Priorities Partnership (NPP)
  – Measure Applications Partnership (MAP)

• **HHS funded oral health project**
  – Address the need for oral health measures that are applicable to safety net dental programs, CHIPRA, and the Medicare and Medicaid core measures set
  – Identify oral health measures, including measure concepts;
  – Identify where there are gaps in measures for the priority areas defined by the HHS Oral Health Initiative, Healthy People 2020, and HRSA’s strategic priorities; and
  – Use an Expert Panel to put forward recommendations
• NQF Environmental Scan
  – 237 measures
  – Overlapping
  – Unclear/variable definitions
  – Not evidence based
  – Not clear applicable population/circumstance for use
Measure Concept Domains

- Measures of Oral Health – Children and Adults
- Measures of Oral Health – Primarily (but not exclusively) for Adults
- Measures of Satisfaction or Opinions about Health or Health Care
- Measures of Use of Services
- Measures of Factors that Influence Risk for Oral Disease or Disease Treatment
- Measures of Oral Health Infrastructure
- Measures of Health Disparities
- Measures of Healthy Communities
- Measures of Oral Health Expenditures
- Measures of Patient Safety

Recommendations (draft/summary)

- Development of a national plan for prioritizing, developing and using oral health measures in systems likely to have significant impact on population oral health
- Development of categorized and standardized measure concepts that could subsequently be used to create oral health measures.
- Development of quality improvement systems that would apply measures in order to have the maximum impact on provider and health care systems and on improvement of population oral health.
Moving Oral Health Care from Volume to Value**

**Value = health outcomes achieved per dollar spent over the lifecycle of a condition

Questions?