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

Session 9
*Mining the Data for Quality Assessment; Planning and Improvement*

Alan Finkelstein, DDS (Formerly United Healthcare)
David Kilber, DDS (P&R Dental Strategies)
Rob Compton, DDS (DentaQuest)

Session 9 Objectives
Alan Finkelstein, DDS  
Formerly United Healthcare

What Program Administrators Need to Know to Attain and Sustain Quality Programs

A view of the Changing Landscape In the Era of Accountability

<table>
<thead>
<tr>
<th>From...</th>
<th>To...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Centric</td>
<td>FOCUS</td>
</tr>
<tr>
<td>Value Blind Reimbursement</td>
<td>VALUE</td>
</tr>
<tr>
<td>Episodic Fragmented Care</td>
<td>PATIENT FLOW</td>
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<tr>
<td>Inpatient-Focused</td>
<td>DELIVERY SETTING</td>
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<tr>
<td>Individuals</td>
<td>APPROACH</td>
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<tr>
<td>Disease and Treatment</td>
<td>OBJECTIVE</td>
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<td>Ambulatory/Office/Home</td>
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<td>Population Based</td>
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<td>Health/Wellness Prevention</td>
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Outcomes in the Era of Accountability

Quality Outcomes in the Era of Accountability

Moving Oral Health Care from Volume to Value**

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

* Kellogg Foundation February 2012
### New Jersey Dental HEDIS Report

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>2-3 yrs</td>
<td>32.03</td>
<td>31.97</td>
<td>30.13</td>
<td>26.03</td>
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<td>59.91</td>
<td>57.61</td>
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<tr>
<td>7-10 yrs</td>
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<td>11-14 yrs</td>
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<td>49.91</td>
<td>47.29</td>
<td>46.26</td>
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<td>19-21 yrs</td>
<td>41.89</td>
<td>36.87</td>
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<tr>
<td>Total</td>
<td>53.25</td>
<td>52.26</td>
<td>51.18</td>
<td>47.25</td>
<td>44.50</td>
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</table>

### Children birth to age 6

**Review of the Data – Overall, by HMO**

![Graph showing children's dental check-up rates](image-url)
Fluoride Varnish Reimbursement Model

- Primary Care Physicians will be reimbursed for the application of fluoride varnish for all children 7 years of age and younger.
- Primary Care Physicians will receive additional reimbursement when the referred child has an initial dental visit after the PCP fluoride application.
- An online dental provider directory can be accessed for PCP dental referral as is a training program.

DATA TRACKING FLUORIDE VARNISH

- Track by CDT code number of PCP Fluoride applications
- Track by dental claims number of PCP referrals with a dental visit
- Track cost of care for first time dental visits by age
- Track cost profiles for children receiving Fluoride Varnish as to ER, OR, treatment procedures and average cost per claim quarterly and annually
- Track sibling and caregiver dental costs
Return on Investment

• In addition to the reduction in average claims costs, savings were realized by a decrease in emergency room and operating room utilization.

• Changing the dental treatment venue to an office friendly preventive environment reduced analgesia and behavior management costs.

“Early Preventive Dental Visits: Effects on Subsequent Utilization and Costs”
Savage, MF, Lee, JY, Kotch, JB, Vann, WF

• The investigation studied North Carolina children who were enrolled continuously in Medicaid from birth for a 5 year period

• Age of first preventive dental encounter had a significantly positive effect on dental-related expenditures, with the average dental-related cost being less for children who received earlier preventive care

• Average dentally related costs per child according to age at first preventive visit:

  Under 1: $262
  Age 1-2: $339
  Age 2-3: $449
  Age 3-4: $492
  Age 4-5: $546
**Data Analysis Criteria: Florida Hospital Admissions**

- Florida Medicaid Data (not including Medicaid HMOs) for 12 months (July 2006 through June 2007)
- Medicaid-eligible Children 6 years of age or under
- Hospital Admissions billed at discharge for any of the following codes (even if not primary diagnosis):
  - ICD 522.5  Dental Abscess without Sinusitis
  - ICD 522.7  Dental Abscess with Sinusitis
  - ICD 682.0  Facial Cellulitis

**Results:**

- Number of Admissions = 196
- Average Stay = 3.7 days per admission
- Total Expenditures for All Admissions : $1,076,229.28
- Mean Expenditure per Admission: $5490.97
- Mean Expenditure per Day: $1484.04

*The inpatient costs were for Hospital Admissions billed at discharge for any of the 3 ICD Codes (even if not primary diagnosis).*

Source: Florida Agency for Health Care Administration; via Deepa Ranka, MS; Elizabeth Shenkman, PhD; & Frank Catalonotto, DMD, University of Florida & Sandy Halperin, DDS, Florida Department of Health

<table>
<thead>
<tr>
<th>OUTREACH PROGRAM</th>
<th>Providers Serving Pre-School Children at Risk for Medical/Dental Disease</th>
<th>TARGETED PROVIDERS</th>
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</thead>
<tbody>
<tr>
<td><strong>Identification and Prioritization</strong></td>
<td>• High-volume, high-opportunity providers</td>
<td>• General and pediatric dentists in target areas</td>
</tr>
<tr>
<td></td>
<td>• High-risk children</td>
<td>• High-volume pediatric primary care providers (PCPs) in target areas</td>
</tr>
<tr>
<td></td>
<td>• Children ages 0-6.99s</td>
<td></td>
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<tr>
<td></td>
<td>• Target racial and ethnic disparities</td>
<td></td>
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<tr>
<td><strong>Provider Engagement</strong></td>
<td>• Pediatric dentists</td>
<td>• Encourage and support general dentists to see children ages 0-6.99</td>
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<tr>
<td></td>
<td>• General dentists</td>
<td>• Provide back-up specialty care (i.e., pediatric dental referrals ) with complex cases</td>
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<tr>
<td></td>
<td>• Pediatric PCPs</td>
<td>• Train pediatric PCPs</td>
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<tr>
<td></td>
<td>• Obstetrical providers</td>
<td>• Early screening</td>
</tr>
<tr>
<td><strong>Patient Self-Management and Family Education</strong></td>
<td>• Primary care and oral health interface</td>
<td>• Prevention, children 0-6.99</td>
</tr>
<tr>
<td></td>
<td>• Obstetrical care and oral health interface</td>
<td>• Referrals for dental exam</td>
</tr>
<tr>
<td></td>
<td>• Outreach strategies for target members to include dental visits, medical well child, immunizations, and lead screenings)</td>
<td>• Follow-up to treatment</td>
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<tr>
<td></td>
<td></td>
<td>• Anticipatory guidance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Fluoride varnish</td>
</tr>
<tr>
<td><strong>Community Engagement</strong></td>
<td>• School-based programs (pre-schools)</td>
<td>• Dental provider champions for pre-schools</td>
</tr>
<tr>
<td></td>
<td>• Nutrition programs</td>
<td>• Other maternal and child health programs</td>
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<tr>
<td></td>
<td>• Community public health initiatives</td>
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</table>
Overview of Quality Management Program

- Quality Management Program [QMP] is designed to review and monitor the structure, process and outcome of services.

- The QMP establishes a framework for Managed Care Organizations to assess and improve quality of care for its’ members.

- Metrics system assure effective and efficient dental care in accordance with professionally accepted standards regardless of the method of dental provider reimbursement.

Quality Measures

- National standards for measuring dental quality are limited. Over the years there have been numerous changes in the standards of care and recommended preventive treatment options.

- The need to develop new measures that would provide relevant information about the quality of dental services can not be understated.

- The HEDIS measure is not a quality measure as it is a one time per calendar year dental encounter with no regard to services and outcomes.
Needed quality measures by category are as follows:

**Utilization of Dental Services**
- Annual Dental Visit (HEDIS measure)
- Overall Utilization of Dental Services

**Examinations**
- Examinations and Oral Health Assessments
- Continuity of Care

**Prevention and Treatment**
- Preventive Dental Services
- Sealants to Single Surface Restoration Ratio
- Restoration to Preventive Services Ratio
- Utilization of Dental Treatment Services to “Recall Visit” Services
Provider Reimbursement
Volume to Value

- Align Provider incentives-
  Managed Care Organizations should maintain a Pay-for-Performance/Quality (P4P/Q) program which promotes a financial incentive for facilitating access to quality care and efficiently achieving successful outcomes.

- Augmenting non financial incentives-
  Managed Care Organizations must also reward Providers who meet quality goals with non-financial benefits.

Paradigm Shift
Preventive not Repair/Surgical
CAMBRA

- CAMBRA is a method of assessing risk and determining treatment based on the child’s risk assessment.

- The dental caries experience and the management of dental caries incidence are the focus of Caries Management by Risk Assessment.

- CAMBRA represents a paradigm shift in the management of dental decay. It treats dental caries as an infectious disease that is curable and preventable.

"VOLUME TO VALUE"

“the future belongs to those who believe in the beauty of their dreams”

Eleanor Roosevelt
The New World of Data Driven Decisions and Management
Common Needs and Objectives of States and Administrators

• "Desire" to use the “Best Data” available to...

• Make the best “Data Driven Decisions” to...

• Ensure Optimal Plan Quality, Access, Outreach and Program Integrity

Limitations Faced by Many States & Administrators

• Limited data available to them
• Scarce IT resources to create analytic tools, maintain and mine data for multiple operational functions
• Limited by old claims processing systems incapable of easily slicing and dicing data
• Limited by their own IT expertise and resources
Outsourcing Data & Analytics Solution

- Utilize “state of the art” data warehousing and analytics applications available from a third party vendor
- Collaborate with other states and/or administrators to share, house, scrub, maintain and analyze data without disclosing confidential information
- Third Party Services are available at a fraction of the cost of internal development, maintenance and operation

Outsourced Data & Analytics Tools

[DentSource Image]
Actuarial Module
Home Screen

Analysis of Submitted Fees by Procedure Family
Actuarial Intelligence Module
Utilization Analysis

Utilization Management Module
Dashboard
Utilization Management Module
Standard & Custom Ratio Builder

Utilization Management Module
Practice Pattern Distribution by Score
### Network Development Module

**Drill Down - Provider Details**

**Provider Summary Information**
- Dr. Mary Radford
- LIC #: 3334455
- TIN#: 23385943
- Oral Surgeon
- Number of Networks: 3
- 81 Main Street
- Houston TX, 22880
- (888) 534-1100

**Provider Summary Information**
- Dr. Chakra Elangon
- LIC #: 329387
- TIN#: 54402094
- Pedodontist
- Number of Networks: 3
- 2280 Houston Blvd
- Houston TX, 22880
- (888) 555-1212

**Provider Summary Information**
- Dr. Fritz Siegrist
- LIC #: 904588
- TIN#: 56227948
- General Practice
- Number of Networks: 4
- 2280 Houston Blvd
- Houston TX, 22880
- (888) 555-1212

**Provider Discounts Within DentaBase**
- Click for Code Details

**Regional Per 200 Patient Comparisons**

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Regional Norm</th>
<th>Sanctioned</th>
<th>Number of Sanctioned Patients</th>
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<tbody>
<tr>
<td>Preventative</td>
<td>25%</td>
<td>High</td>
<td>50%</td>
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<tr>
<td>Diagnostic</td>
<td>25%</td>
<td>High</td>
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<td>15%</td>
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Outsourcing Data & Analytics

• Is one method of getting your state of plan up and running quickly

• Save states and plans from recreating the wheel

• If used by multiple states & plans allows for national collaboration and enhances development of best practices

ROBERT COMPTON, DDS
VICE PRESIDENT QUALITY MANAGEMENT DENTAQUEST

Comprehensive Approach to Program Quality Improvement
Evidence-based Clinical Recommendations

- ADA Sealant Recommendation
  

- ADA Topical Fluoride Recommendation
  
Quality & Strength of Sealant Recommendation

**TABLE 3**


The clinical recommendations in this table are a resource for dentists to use in clinical decision making. These clinical recommendations must be balanced with the practitioner’s professional judgment and the individual patient’s needs and preferences.

Dentists are encouraged to employ caries risk assessment strategies to determine whether placement of pit-and-fissure sealants is indicated as a primary preventive measure. The risk of experiencing dental caries exists on a continuum and changes across time as risk factors change. Therefore, caries risk status should be re-evaluated periodically. Manufacturers’ instructions for sealant placement should be consulted, and a dry field should be maintained during placement.

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>RECOMMENDATION</th>
<th>GRADE OF EVIDENCE</th>
<th>STRENGTH OF RECOMMENDATION</th>
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<tr>
<td>Caries Prevention</td>
<td>Sealants should be placed in pits and fissures of children’s primary teeth when it is determined that the tooth, or the patient, is at risk of developing caries†</td>
<td>1a</td>
<td>B</td>
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<td>Sealants should be placed on pits and fissures of children’s and adolescents’ permanent teeth when it is determined that the teeth, or the patient, is at risk of developing caries†</td>
<td>1a</td>
<td>D</td>
</tr>
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</table>

Effectiveness of Dental Sealants

- Reduction of caries incidence in children and adolescents after placement of resin-based sealants ranges from **86 percent** at one year to **78.6 percent** at two years and **58.6 percent** at four years. (1a)

- Sealants are effective in reducing occlusal caries incidence in **permanent first molars of children** by **76.3 percent** at four years, when reapplied as needed. Caries reduction was **65 percent** at nine years with no reapplication during the last five years (1b)

Preventistry Member Roster

Members Who May Benefit from Sealants During the Period: January 1 thru December 31, 2011.

<table>
<thead>
<tr>
<th>Member ID</th>
<th>Name</th>
<th>DWH</th>
<th>Potential Revenue</th>
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Preventistry Incentive Results 2011

Preventistry Network Performance for Fluoride 2011
Questions?