Back to Basics: Linking Program Activity to Quality Measures

Presenters
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Facilitated by
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Acknowledgement

• Health Resources and Services Administration, Maternal and Child Health Bureau
• DentaQuest Foundation
MSDA Center for Policy, Quality and Financing
Division of Best Practices
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James Sutherland, DDS, MPH [Oral Health Improvements, LLC]
Julie Tang, DMD, MPH [Best Practices Consultant]
Objectives

• Describe the role that Best Practices play in promoting quality driven Medicaid and CHIP Oral Health program policies and protocols;

• Increase knowledge and understanding of the Agency for Healthcare Research and Quality (AHRQ) Healthcare Domain Framework for Quality Measures and how they are used in the MSDA Best Practice Criteria.

• Understand the process for submitting a best practice to MSDA for consideration
Lynn Douglas Mouden, DDS, MPH

Chief Dental Officer
Centers for Medicare & Medicaid Services
MSDA Best Practices Project History

• ASTDD – 2000
  – to provide leadership in promoting and cultivating best practices in dental public health.
  – input from state dental directors, organized dentistry, Federal partners, advocates
    • Document successful practices
    • Share ideas and lessons learned
    • Develop best practice criteria or models

• “Best Practice Approach Reports”
ASTDD Best Practice Approach Reports (History Continued)

- **State-based Oral Health Surveillance System**
- **State Oral Health Coalitions and Collaborative Partnerships**
- **State Oral Health Plans and Collaborative Planning**
- **Statutory Mandate for a State Oral Health Program**
- **Perinatal Oral Health**
- **Use of Fluoride: Community Water Fluoridation**
- **Use of Fluoride: School-based Fluoride Mouthrinse and Supplement Programs**
- **School-based Dental Sealant Programs**
- **Access to Oral Health Care Services: Workforce Development**
- **Oral Health of Children, Adolescents and Adults with Special Health Care Needs**
- **Improving Children's Oral Health through Coordinated School Health Programs**
- **Prevention and Control of Early Childhood Tooth Decay**
MSDA Best Practices Project History

• 2009 MSDA BP Project begins
• Diverse workgroup
  – State Medicaid/CHIP dental program managers
  – Centers for Medicare & Medicaid Services
  – Centers for Disease Control and Prevention
  – National Maternal and Child Oral Health Resource Center
  – American Dental Association
  – Funders
  – Consultants with expertise in best practices protocols
MSDA Best Practices Project
Logic Model Overview

• The Goal: to strengthen Medicaid and CHIP oral health program infrastructure and capacity to assure quality and cost appropriate services for optimal health.
  – Deliver Education and Training
  – Identify, Develop and Promote BP Models
  – Provide Support and Technical Assistance
  – Develop Collaboration and Partnership
  – Build Capacity and Conduct Evaluation
Importance to CMS

The CMS Triple Aim

MSDA Best Practices

• Quality and cost appropriate oral health services
• Improved oral health care delivery system
• Improved oral health status among Medicaid and CHIP beneficiaries
Importance to CMS

- The CMS Oral Health Initiative and State Oral Health Action Plans
- Information Dissemination
- Technical Assistance
- Quality Initatives
How Best Practices Relate to Quality Medicaid/CHIP Oral Health Programs

- Relevance to programs
  - Improved cost- efficacy
  - Improved systems delivery of services
- Impact on the health of beneficiaries
  - Evidence-based care and quality measurement
Mary E. Foley, RDH, MPH
MSDA Executive Director

MSDA Best Practices Project
Criteria Development
Problem Statement

“Health expenditure in industrialized countries has doubled in the last 30 years; however, the highest-spending countries are not always those with the best results.

One reason is the fragmentation of their health care delivery systems.”

Quality of Care World Health Organization 2006
Solutions

• Increased attention to the organization of the systems of healthcare
• Taking a systems perspective
• Orienting all systems to the delivery and improvement of quality processes and outcomes—Best Practices

World Heath Organization 2006
Two Components

- Healthcare delivery
- Healthcare administration
Definition of Quality in Healthcare Delivery

"the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."
Definition of Quality Healthcare Administration

• A process for making strategic decisions in health systems  [World Health Organization, 2006]
For Medicaid and CHIP Dental Programs

Both are important.
Neither one is mutually exclusive.
Health Care Delivery Measures
Measures of care delivered to individuals and populations defined by their relationship to clinicians, clinical delivery teams, delivery organizations, or health insurance plans. Denominators for these measures are defined by some form of affiliation with a clinical care delivery organization, e.g., recipients of health care, health plan enrollees, clinical episodes, clinicians, or clinical delivery organizations.

Population Health Measures
Measures that address health issues of individuals or populations defined by residence in a geographic area or a relationship to organizations that are not primarily organized to deliver or pay for health care services (such as schools or prisons). The responsibility for “performance” typically falls to public officials, public health agencies, or organizations that are not primarily deliverers of care.

Population Health Quality Measures

Clinical Quality Measures

Related Health Care Delivery Measures

Clinical Efficiency Measures

Population Efficiency Measures

Population Process
Population Access
Population Outcome
Population Structure
Population Experience

Population Health State
Population Management
Population Use of Services
Population Cost
Population Health Knowledge
Social Determinants of Health
Environment

Efficiency
Cost
Use of Services
Management
User-Enrollee Health State
Patient Experience
Structure
Outcome
Access
Process
AHRQ Quality Healthcare Domain Framework

Health Care Delivery Measures
Measures of care delivered to individuals and populations defined by their relationship to clinicians, clinical delivery teams, delivery organizations, or health insurance plans. Denominators for these measures are defined by some form of affiliation with a clinical care delivery organization, e.g. recipients of health care, health plan enrollees, clinical episodes, clinicians, or clinical delivery organizations.
MSDA Best Practices Criteria Rationale

• Quality improvement in Medicaid and CHIP dental programs focuses on the delivery of oral health care:
  – to individuals and/or populations
  – by clinicians, clinical teams, delivery organizations and insurance plans
    [http://www.qualitymeasures.ahrq.gov/about/domain-definitions.aspx](http://www.qualitymeasures.ahrq.gov/about/domain-definitions.aspx)

• To improve program quality, program administrators should measure activities at all levels of the health care delivery system
  – Individual patient and/or population levels
  – Clinician and clinical team levels
  – Delivery organization level (including subcontractors)
  – Insurance plan level
### Aims of Quality Improvement

**Institute of Medicine**

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<thead>
<tr>
<th>Aims</th>
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<tr>
<td><strong>Safe:</strong> Avoid injuries to patients from the care that is intended to help them.</td>
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<tr>
<td><strong>Effective:</strong> Match care to science; avoid overuse of ineffective care and underuse of effective care.</td>
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<td><strong>Patient-Centered:</strong> Honor the individual and respect choice.</td>
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<td><strong>Timely:</strong> Reduce waiting for both patients and those who give care.</td>
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<td><strong>Efficient:</strong> Reduce waste.</td>
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<td><strong>Equitable:</strong> Close racial and ethnic gaps in health status.</td>
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*Crossing the Quality Chasm* - IOM, 2001
What are the MSDA Best Practices Criteria?
Clinical Quality “Process”

Criteria:

• A state Medicaid/CHIP dental program policy supported by evidence that the clinical process leads to improved outcomes.
Clinical Quality “Process” Example

• An incentive for primary care providers (non-dental) to bill for fluoride varnish.

• A policy/activity that increases the delivery of preventive fluoride varnish services.
Clinical Quality “Access”

Criteria:

• A state Medicaid/CHIP dental program activity supported by evidence, that increases the attainment of timely and appropriate oral health care services.
Clinical Quality
“Access” Example

• A process/policy that results in the delivery of at least two fluoride varnish applications annually.

• A protocol to monitor the delivery of preventive services, such as fluoride varnish.
Clinical Quality
“Outcome”

Not available:

• The current dental delivery system does not use dental diagnosis codes for routine dental care.

• Medicaid/CHIP dental programs cannot monitor oral health status without the use of dental diagnosis codes.

• No example available
Clinical Quality “Structure”

Criteria:

• A state Medicaid/CHIP dental program policy that increases the capacity of the program to provide high quality oral health care to enrolled beneficiaries.

• “Structure” Best Practices are *supported by evidence* that an association exists between a measure and one of the other clinical quality domains.
Clinical Quality “Structure” Example

• A program policy that aligns with scope of practice resulting in increased capacity to deliver oral health care services.

• A policy that recognizes and reimburses for a service or services regardless of where they are delivered.
Clinical Quality “Patient Experience”

• A state Medicaid/CHIP dental program activity that seeks to incorporate patient values, preferences or observations as a means to inform and/or develop policy.
Clinical Quality
“Patient Experience” Example

A regular assessment of beneficiaries’ dental care experience that identifies improvement in:

– access to providers
– choice of providers
– timeliness of obtaining an appointment
– provider/program satisfaction
– satisfaction with care provided
– effectiveness of managed care organizations (MCO)
– access to benefits information
– communication
– member enrollment
– provider participation
Related Healthcare Delivery “Management”

Criteria:

• A state Medicaid/CHIP dental program administrative or oversight activity that results in improved healthcare delivery and/or lower costs.
Related Healthcare Delivery “Management” Examples

Administrative policies and/or procedures that improve:

- customer service
- eligibility determination and enrollment
- communication to members and providers
- use of technology
- coordination with third party administrators and/or MCOs
- network development
- program integrity
Related Healthcare Delivery
“Use of Services”

Criteria:

• A state Medicaid/CHIP dental program activity that increases appropriate utilization of dental care services.
Related Healthcare Delivery “Use of Services” Examples

• An oral health literacy initiative that results in the increased use of preventive dental care service.

• An outreach activity that demonstrates increased utilization such as:
  – program generated appointment reminders
  – peer navigation programs
  – post cards
  – social media campaigns

• A protocol that monitors use of services.
Related Healthcare Delivery
“Cost”

Criteria:

• A state Medicaid/CHIP dental program policy or activity that impacts the cost of care resulting in lower expenditures for the delivery of dental services.
Related Healthcare Delivery “Cost” Examples

A program policy or activity that:

• reduces inappropriate emergency department usage for dental care
• includes an objective assessment of medical necessity for orthodontic treatment candidates.
• results in demonstrated increased orthodontic case completion rates.
• promotes the delivery of cost-effective preventive dental sealants on permanent molars to reduce dental disease and the costs associated with tooth restoration.
Clinical Efficiency Measures “Efficiency”

Criteria:

• A state Medicaid/CHIP dental program policy or protocol that includes any one or more of the following activities that addresses the relationships between the quality of care and the cost of care.
Clinical Efficiency Measures
“Efficiency” Examples

• A program activity that assesses the costs associated with the delivery of a preventive service, such as dental sealants, fluoride varnish, and dental prophylaxis, compared with the cost of restorative services
STRENGTH OF EVIDENCE

Best Practices for State Medicaid and CHIP Oral Health Programs

Research
+ A few studies in dental public health or other disciplines reporting effectiveness.
++ Descriptive review of scientific literature supporting effectiveness.
+++ Systematic review of scientific literature supporting effectiveness.

Expert Opinion
+ An expert group or general professional opinion supporting the practice.
++ One authoritative source (such as a national organization or agency) supporting the practice.
+++ Multiple authoritative sources (including national organizations, agencies or initiatives) supporting the practice.

Field Lessons
+ Successes in state practices reported without evaluation documenting effectiveness.
++ Evaluation by one or a few states separately documenting effectiveness.
+++ Cluster evaluation of several states (group evaluation) documenting effectiveness.

Theoretical Rationale
+++ Only practices which are linked by strong causal reasoning to the desired outcome of improving oral health and total well-being of priority populations will be reported on this website.
Rationale for Using the Quality Domain Framework for State Medicaid-CHIP Dental Program Best Practices

• Oral healthcare delivery and administration should be quality driven
• Quality improvement needs structure and a consistent approach
• Improvement activities are linked to an established healthcare quality measures framework
• Program improvement efforts require measurement to assess success
• Measurement through data collection is key
Donna Balaski, DMD
Dental Director
Connecticut Department of Social Services
Medical Care Administration

A State Program Experience with
MSDA’s Best Practices Project
Essential Considerations for Assessing Best Practices and Ensuring Quality Outcomes

• Critical planning calls for the ability to:
  – Recognize problems, to create means for overcoming the problems and develop a mechanism to evaluate the process
  – Recognize unstated assumptions and values
  – Comprehend and use language with accuracy, clarity and discernment
Essential Considerations for Assessing Best Practices and Ensuring Quality Outcomes

• Implementation and evaluation calls for the ability to:
  – Collect meaningful data, interpret the data, appraise the evidence and evaluate the associated pros and cons
• Evaluation entails the ability to:
  – Observe consequential conclusions
  – Apply the conclusions at which one arrives
Simplified Considerations

• What is the problem?

• Why is there a problem?

• How can the problem be alleviated?

• What outcome did the solution produce?
Systematic Approach is Essential

Identify → Assess → Measure → Intervene → Communicate

Lee Serota - President, BeneCare Dental Plans
Marty Milkovic - Director of Care Management,
Connecticut Dental Health Partnership
September 26, 2012 slide 3
Connecticut’s Experience: Identify

• Identified two associated problems that resulted in poor utilization of oral healthcare services by children
  – Low rates for service reimbursement
  – The existence of six different Medicaid Dental Programs and four different Medical Care Organizations
Connecticut’s Experience: Create a Solution and Implement

• Raised the rate of reimbursement for dental services
• Eliminated multiple dental programs and MCO oversight of dental services
• Unified the rates for all providers
• Unified and standardized program policies
• Simplified administrative processes
Connecticut’s Incidental Findings:
Connecticut’s Incidental Findings: ABC Program

<table>
<thead>
<tr>
<th></th>
<th>Group Count</th>
<th>% Utilization of Dental Services</th>
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<tr>
<td>ABC Biller</td>
<td>46</td>
<td>35.5%</td>
</tr>
<tr>
<td>Non-ABC Biller</td>
<td>1,103</td>
<td>35.3%</td>
</tr>
<tr>
<td>Total</td>
<td>1,149</td>
<td>34.3%</td>
</tr>
</tbody>
</table>
Connecticut’s Incidental Findings: ABC Program

• What is the problem?
  – Low utilization rate for < 3 years of age

• Why is there a problem?
  – Utilization rate the same for ABC vs. Non ABC groups

• How can the problem be alleviated?
  – Change needed in ABC Education Process

• What outcome did the solution produce?
  – To be determined
Next Steps
How will your Best Practice ideas be processed and shared?

1. Request an MSDA Best Practices Submission Form
2. Complete and submit your proposed BP project, activity, and/or policy using MSDA’s online submission process
3. Your state program submission will be assessed against the MSDA Best Practice Criteria
4. MSDA staff will work with you to finalize your report
5. The MSDA Center for Quality, Policy and Financing will publish your state’s Best Practice report online at www.medicaiddental.org
MSDA welcomes your state program’s Best Practice submissions.

Please watch for our online call for submissions:

www.medicaiddental.org
QUESTION AND ANSWER

PLEASE USE THE CHAT TEXT BOX AT THE BOTTOM OF YOUR SCREEN TO TYPE IN YOUR QUESTIONS.
MSDA THIRD ANNUAL SYMPOSIUM

“Optimizing Program Impact Through Innovation and Leadership”

Sunday-Tuesday, June 2nd-4th, 2013
Washington Marriott Wardman Park,
Washington DC
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PLEASE STAY ON TO COMPLETE THE WEBINAR EVALUATION-

YOU WILL NOW BE REDIRECTED...

THANK YOU
SPEAKER BIOGRAPHY

Lynn Mouden, DDS, MPH

Dr. Mouden is the Chief Dental Officer for the Centers for Medicare and Medicaid Services (CMS). Dr. Mouden earned an undergraduate degree from the University of Kansas; a DDS with distinction, from the University of Missouri at Kansas City; and a Masters in Public Health from the University of North Carolina. In 1998 he was named a fellow by the US Department of Health and Human Services Primary Care Policy Fellowship.

Dr. Mouden practiced clinical dentistry for 16 years before joining the Missouri Department of Health in 1991, and the Arkansas Department of Health in 1999. In 2012 he became the Chief Dental Officer for the Center for Medicaid and CHIP Services within CMS.
Mary E. Foley, RDH, MPH

Ms. Mary E. Foley is the Executive Director of the Medicaid-CHIP State Dental Association (MSDA). She is a licensed dental hygienist in Massachusetts; and holds a Masters Degree in Public Health with a concentration in Epidemiology and Biostatistics from the University of Massachusetts School of Public Health and Health Policy. Since joining the Medicaid-CHIP State Dental Association, Ms. Foley has been instrumental in broadening collaboration, convening a variety of federal, national and state Medicaid and CHIP stakeholders, and advancing state Medicaid and CHIP dental program policy and protocols by incorporating quality driven, program and performance improvement concepts into efforts aimed at building and promoting organizational and state Medicaid/CHIP dental program infrastructure and capacity.
Donna L. Balaski, DMD

Dr. Balaski’s current employment at the Connecticut Dental Health Partnership in the Department of Social Services lies with improving access to oral healthcare and the balance of ethics in dental medicine with a wide variety of audiences. In her professional career Dr. Balaski has served in various senior management capacities. She is an energetic and progressive thinker, utilizing balanced analytical processes to evaluate situations in order to achieve effective solutions in problem solving. Many assignments in her managerial career have included evaluation and restructuring of programs with known functional and fiscal issues and imparting changes which produced measurable results that are appreciated by all stakeholders.

Dr. Balaski attended the University of Connecticut for her B.S. and D.M.D. degrees. Further training in the specialty of Oral and Maxillofacial Surgery was undertaken at Emory University and later Catholic Medical Center in Brooklyn, New York.