Objectives, Indicators, Measures and Metrics

Payers Involvement with Quality Measurement & Improvement

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Medicaid-CHIP State Dental Association
April 21st, 2013
Acknowledgements

Health Resources and Services Administration
Maternal and Child Health Bureau

Rob Compton, DDS
DentaQuest Institute
Congress Mandates
Quality Assessment & Improvement

• The Children’s Health Insurance Plan Re-Authorization Act of 2009 (CHIPRA), mandates that quality assessment programs be implemented to assess and improve the quality of care for children that receive oral health care under Medicaid and CHIP programs.
4 Cornerstones of Value Driven Health Care
Introduced by the Bush Administration USDHHS Sec Leavitt

• Measure & Publish *Quality* Information
  [In order] to make confident decisions about *health care providers and treatment options*, consumers need *quality of care information*

• Measure & Publish *Price* Information
  [In order] to make confident decisions about their *health care providers and treatment options*, consumers need *price information*

• Promote *Quality & Efficiency* of Care
  All parties should *participate in arrangements* that *reward both those who offer and those who purchase* high-quality, competitively-priced health care... *including pay-for-performance methods for reimbursement*

• Promote Interoperable *Health Information Technology*
  [HIT] has the potential to create greater efficiency (improved costs) in health care delivery

Quality of Care

- Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired *health outcomes* and are consistent with *current professional knowledge*.

- This prescript contains just two concepts: *measurement and knowledge*.

Medicare: A Strategy for Quality Assurance. IOM, 1990, p.21
Problems in Quality

• “Quality problems are reflected today in the wide variation in the use of health care services, the underuse and overuse of some services, and the misuse of others.”

• **Evidence of Quality Problems**
  – Variation in services
  – Underuse of services
  – Overuse of services
  – Misuse of services
  – Disparities in quality

IOM Recommendations - 2001

• Evidence-based decision making.
  – Patients should receive care based on the best available scientific knowledge.
  – *Care should not vary illogically from clinician to clinician or from place to place.*

*Crossing the Quality Chasm.* Institute of Medicine 2001
NQMC Domain Framework

Measures Related to Health

Health Care Delivery Measures
Measures applied to clinicians, clinical delivery teams, delivery organizations, or health insurance plans

Clinical Quality Measures
Process
Access
Outcome
Structure
Patient Experience

Related Health Care Delivery Measures
User-Enrollee Health State
Management
Use of Services
Cost
Efficiency

Clinical Efficiency Measures

Population Health Quality Measures
Population Process
Population Access
Population Outcome
Population Structure
Population Experience

Population Health Measures
Measures applied to public health agencies, organizations that are not primarily deliverers of care, or geographic regions

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

Population Efficiency Measures
Population Efficiency

Clinical Quality – Process

• A process of care is a health care-related activity performed for, on behalf of, or by a patient

• Process measures are supported by evidence that the clinical process—that is the focus of the measure—has led to improved outcomes

• These measures are generally calculated using patients eligible for a particular service in the denominator, and the patients who either do or do not receive the service in the numerator

http://www.qualitymeasures.ahrq.gov/about/domain-definitions.aspx
Example #1 - Variation in Provider Performance Dental Sealants

Percent of 6 and 7 Year Olds Receiving Dental Sealant on First Molars

- Count of Ages 5, 6 & 7
- Percent 5-7 w/ Seal
Example of a Process of Care Measure
Program for Provider Performance Measurement

Preventistry Member Roster
Members Who May Benefit from Sealants
During the Period of January 1 thru December 31, 2011

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Total Potential Revenue: $2,000.00

*If you have questions about your Preventistry Member Roster, please contact your DentaQuest Professional Relations representative at 800-516-0124.*

*Patients with at least one dental sealant placed on their first molars (ages 6-7) or second molars (ages 12-13) are not included.*
Impact of Preventistry Sealant Program on Sealant Placement Rates

Overall Increase of 17.7%

Percent Increase in Sealant Rate

Number of Sealants per 100 Patients

Age of Children

- Sealants per 100 Patients before Sealant Program
- Sealants per 100 Patients after Sealant Program
- Percent Increase
## Preventistry Incentive Results

**For the period January 1 thru June 30, 2012**

### Topical Fluoride for Higher Risk Children

<table>
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<th>Number</th>
<th>Treated</th>
<th>Percentage Treated</th>
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<td>Number of Higher Risk Children</td>
<td>152</td>
<td>105</td>
<td>69.1%</td>
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**Bonus Calculation**

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<th>Awarded</th>
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<td>Level 1</td>
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<td>Level 2</td>
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**Fluoride Bonus**

- $1,368.00

### Perio Maintenance for Adults with Periodontal Disease

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<th>Number</th>
<th>Treated</th>
<th>Percentage Treated</th>
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<tr>
<td>Number of Adults with Perio Disease</td>
<td>20</td>
<td>14</td>
<td>70.0%</td>
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**Bonus Calculation**

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<tr>
<td>Level 2</td>
<td>75%</td>
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<td>$0.00</td>
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</table>

**Perio Bonus**

- $400.00

**Total Bonus**

- $1,768.00

**Percent of Potential**

- 88.7%

The Preventistry Program rewards dentists with financial incentives for achieving or exceeding specific goals based on the percentage of higher risk children and/or adults with periodontal disease who received the recommended preventive treatment. The results for your practice are above. Please note that we respect the confidentiality of your office’s data and will not share this information.

We would like to thank you for your participation in and dedication to the Preventistry Program. Our goal is to ensure that our higher risk members receive the preventive care that will help to keep them healthy. With your continued support we can achieve that goal. We look forward to sharing your results for the next six month time frame with you.

A check is enclosed in the amount of **$1,568.00**.
PROGRAM Performance for Fluoride and Perio Maintenance

Fluoride:
- Jan-Jun 2011: 46.3%
- Jul-Dec 2011: 59.9%
- Jan-Jun 2012: 61.0%

Perio Maintenance:
- Jan-Jun 2011: 49.1%
- Jul-Dec 2011: 61.8%
- Jan-Jun 2012: 63.6%
Provider Performance for Fluoride on Higher Risk Children

Names of Providers on X Axis

Jan-Jun 2011  Jul-Dec11  Jan-Jun 2012
What does all this mean for Medicaid and CHIP Programs?

- Medicaid-CHIP program administration is changing
- >60% programs contract with HMOs and MCOs
  - Interest in quality of care
  - Interest in utilization and cost of services in OR and ER
- Dental services are subcontracted to dental specialty payers
Contact Information

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