



Dental Quality Metrics as Part of Oregon's Health Transformation

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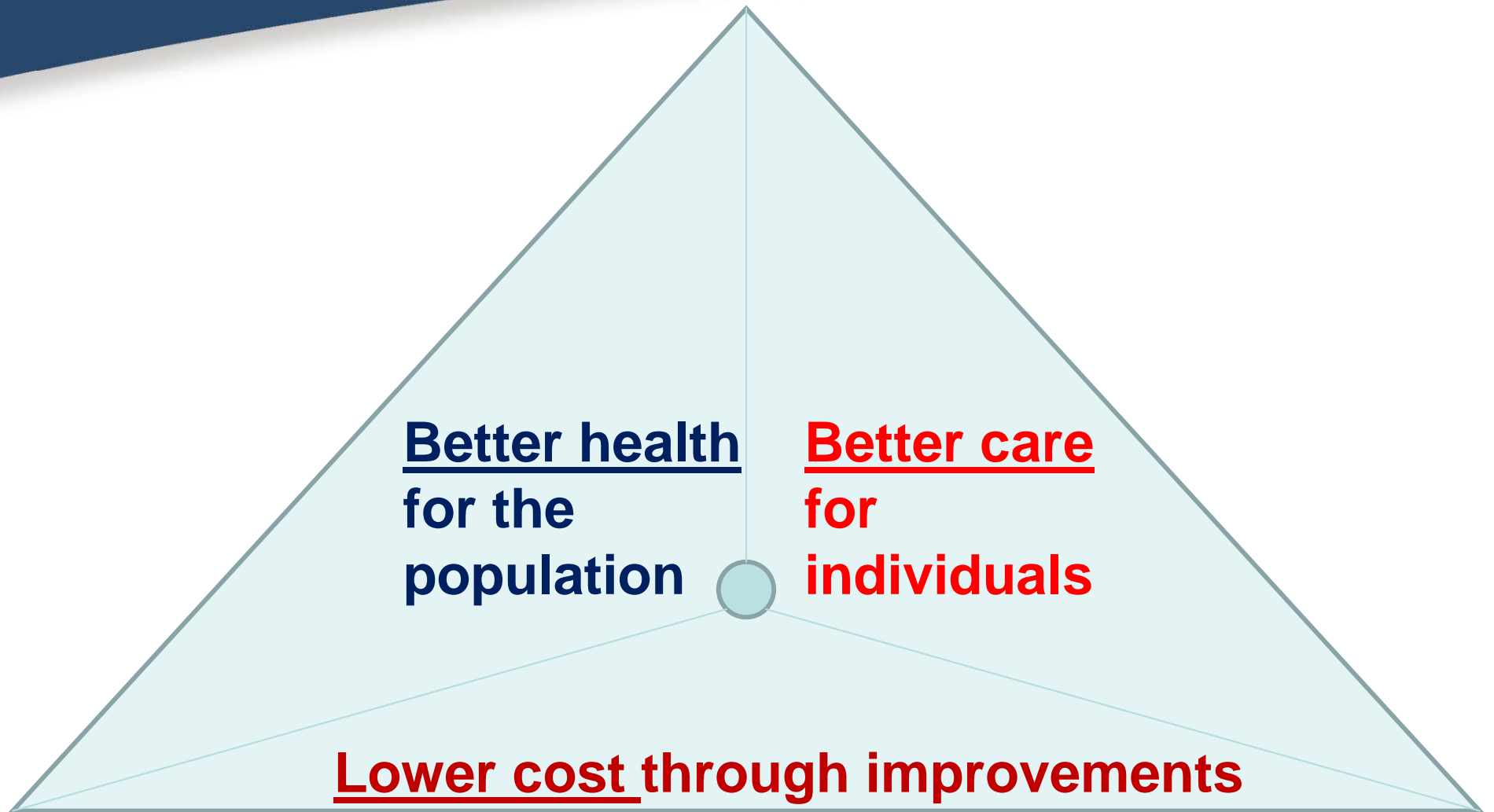
Acknowledgments and Disclaimer

- The Oregon Health Authority and its consultant Bailit Health Purchasing is acknowledged for leading the work of the Dental Quality Metrics Workgroup;
- I am an employee of the Oregon Health and Science University;
- The following presentation is my personal opinions and should not be construed as representing the views of OHSU, or the Oregon Health Authority and its workgroup.

Outline of this Presentation

- Performance Metrics framework in Oregon's Health Care Transformation
- CCO Metrics Requirements and Incentives
- Integration of Dental Care and Quality Metrics
- Proposed Metrics for 2015 (process)
- Conclusions and future perspectives

Overriding Goals - Triple Aim



Performance measurement structure

- Oregon Metrics and Scoring Committee was established in 2012
- Main purpose: Establish outcomes and quality measures for CCOs as part of the Accountability Plan – waiver agreement with CMS
- Initial task: To define quality improvement metrics for the CCO integration of the physical and mental health fields
- Later: Define quality metrics for dental care for 2014 integration process

State Commitment to CMS: Quality and Access Metrics

- ❑ State is accountable to CMS for 33 metrics –significant financial penalties for the state for not improving
- ❑ CCO's are accountable for 17 of the metrics– there are financial incentives for improvement or meeting a benchmark
- ❑ The 33 metrics are grouped into 7 quality improvement focus areas:
 - –Improving behavioral and physical health coordination
 - –Improving perinatal and maternity care
 - –Reducing avoidable ED visits and re-hospitalizations
 - –Ensuring appropriate care is delivered in appropriate settings
 - –Improving primary care for all populations
 - –Reducing preventable and unnecessarily costly utilization by super users
 - –Addressing discrete health issues (such as asthma, diabetes, hypertension)

Dental Quality Metrics Workgroup formed by Oregon Health Authority (OHA) in June 2013

- Recommend objective outcome and quality measures and benchmarks for oral health care services provided by coordinated care organizations
- Measures to be incorporated into OHA's overall measurement framework and recommended for inclusion in the set of CCO incentive measures for 2015 .

Workgroup Tasks

- Identify recommended measures and benchmarks for the adult and pediatric populations; and for the following domains: prevention; treatment; and access.
- Measures consistent with existing state and national quality measures
- Oregon Health Authority will hold Coordinated Care Organizations accountable for performance and customer satisfaction requirements.

Measure Selection Criteria

1. Representative of the services provided and beneficiaries served by the CCOs.
2. Use valid and reliable performance measures.
3. Rely on national measures whenever possible.
4. Focus on outcomes to the extent possible.
5. Exclude measures that would be expected to be heavily influenced by patient case mix.
6. Control for the effects of random variation (e.g. measure type, denominator size).

National Quality Forum Summary on Dental



NATIONAL
QUALITY FORUM

Oral Health Performance Measurement:
Environmental Scan, Gap Analysis &
Measure Topics Prioritization

TECHNICAL REPORT

July 6, 2012

- ❑ Considerable number of oral health performance measures exist, many are redundant, overlapping, ill-defined or non-standardized
- ❑ Process measures are abundant; outcome measures are scarce
- ❑ Lack of diagnostic coding limits the ability to collect and report data
- ❑ Few examples of measures that are both standardized and robust enough to be tied to incentives
- ❑ Well developed and tested patient experience of care survey exists, but not in widespread use

Identifying Candidate Metrics in Dental

- Review of metrics library comprising almost 100 dental quality metrics by DQA, NQF, NPP, Healthy People 2020, AHRQ, NQMC, CAHPS, HEDIS, EPSDT, CHIPRA, CMS, MSDA, HRSA
- Workgroup preference vote
- Prioritization, selection, and discussion

Recommendations of Dental Metrics

1st round

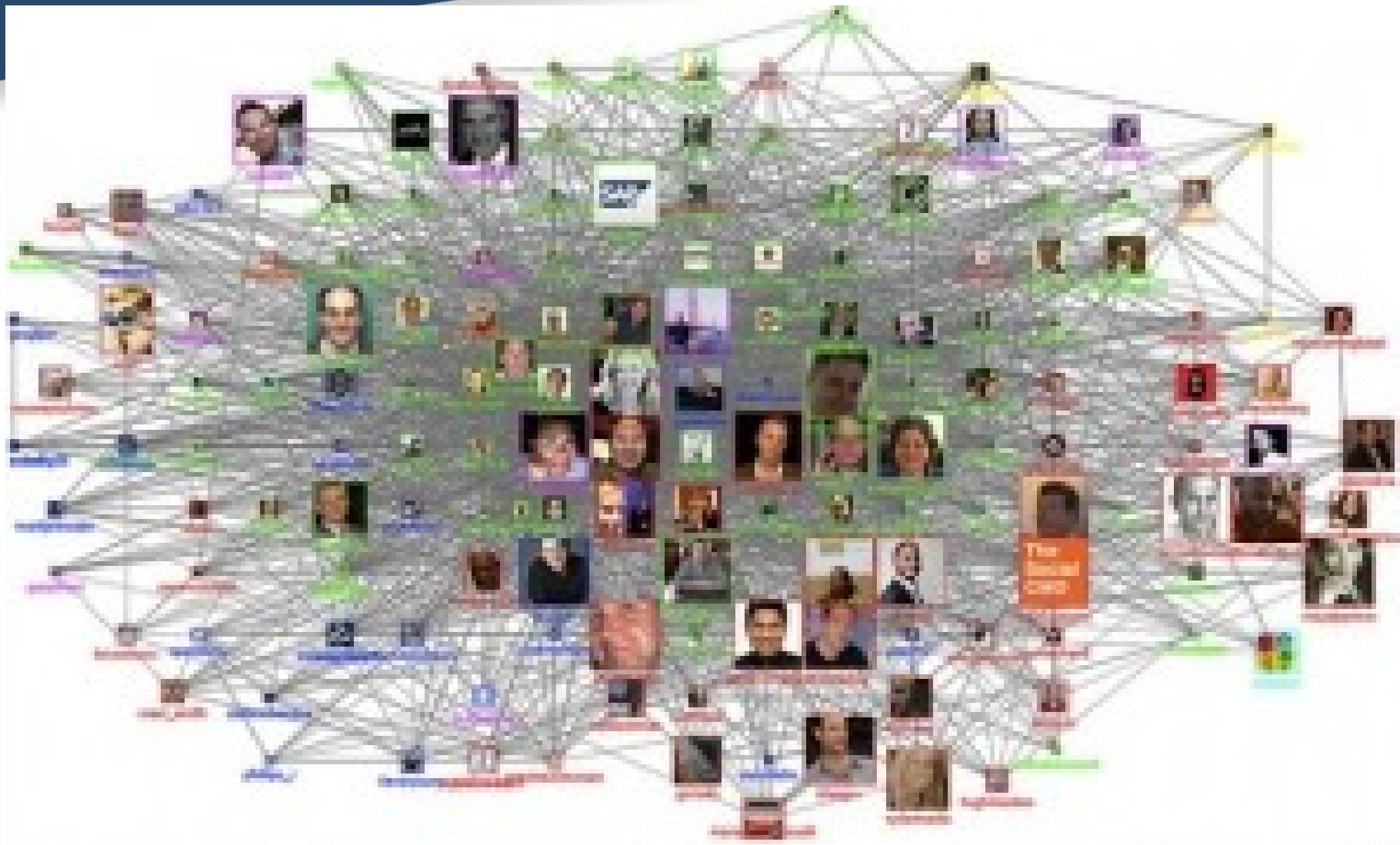
Measure	Source
Dental fissure sealant on permanent molars *	EPSDT [CMS 12d]
Members aged 2-21 receiving any dental service *	EPSDT [CMS 12a]
Dental CAHPS (Consumer Assessment of Healthcare Providers and Systems – 2 questions) #	CAHPS dental plan survey
Topical fluoride intensity for children at elevated caries risk #	DQA
Comprehensive exam rate #	DQA

- * Incentive Pool candidate
- # Monitoring

CAHPS Patient Experience

- Question #4 -- A regular dentist is one you would go to for check-ups and cleanings or when you have a cavity or tooth pain. Do you have a regular dentist?
- Question #14 -- If you needed to see a dentist right away because of a dental emergency in the last 12 months, did you get to see a dentist as soon as you wanted?

Discussion...



Performance evaluation - sealants

Baseline Data Oregon	Recommended Benchmark Oregon	Improvement Target for incentive pay
Medicaid children receiving dental sealant in FFY 11 (EPSDT): · 6-9 year olds: 15.4% · 10-14 year olds: 12.7%	Healthy People 2020 Goal · 6-9 year olds: 28.1% · *13-15 year olds: 21.9%	“Minnesota Method” with floor of 3%

* The workgroup agreed to use the HP2020 benchmark for 13-15 year olds for the 10-14 year old age group.

Rationale

- Sealants are a basic and evidence based dental prevention strategy.
- CMS National Oral Health Goal to increase the rate of sealants in the Medicaid/CHIP population.
- Oregon lags behind the national sealant rate and the Healthy People 2020 goal for sealants:

Performance evaluation - Any dental service

Baseline Data Oregon	Recommended Benchmark Oregon	Improvement Target for incentive pay
Any dental service, ages 0-20 in FFY 11 (EPSDT): 42.4%	Healthy People 2020 Goal: 49.0%	Minnesota Method with floor of 3%

➤ Intention to expand monitoring by stratified subpopulations who receive CDT codes D0100-D9999:

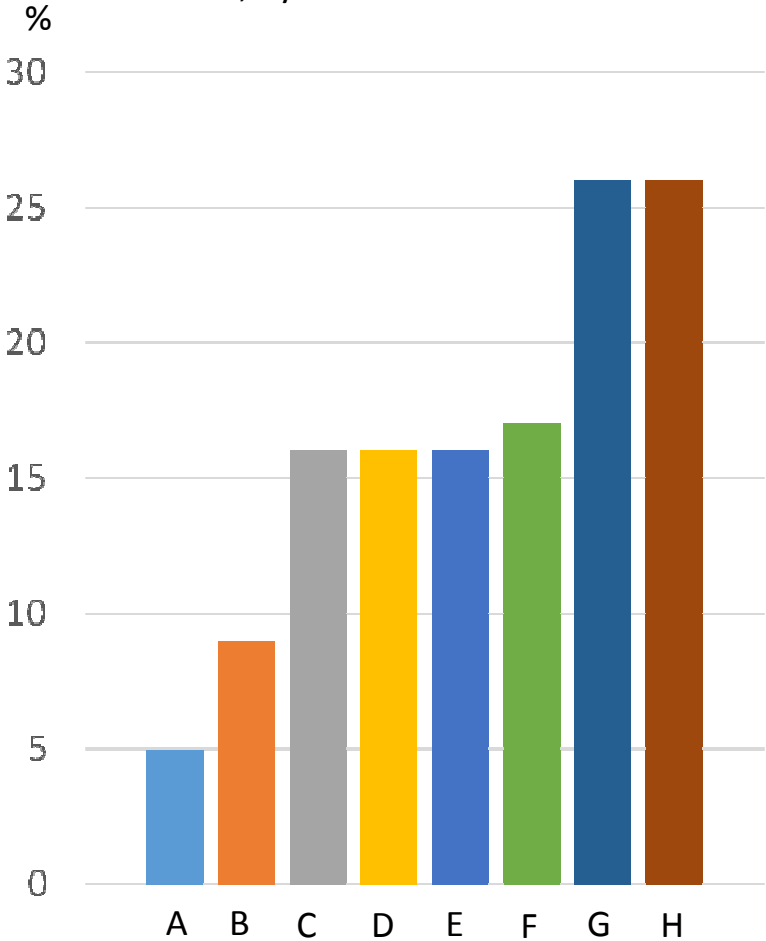
- Children
- Pregnant women
- Adults
- Persons with disabilities

Rationale

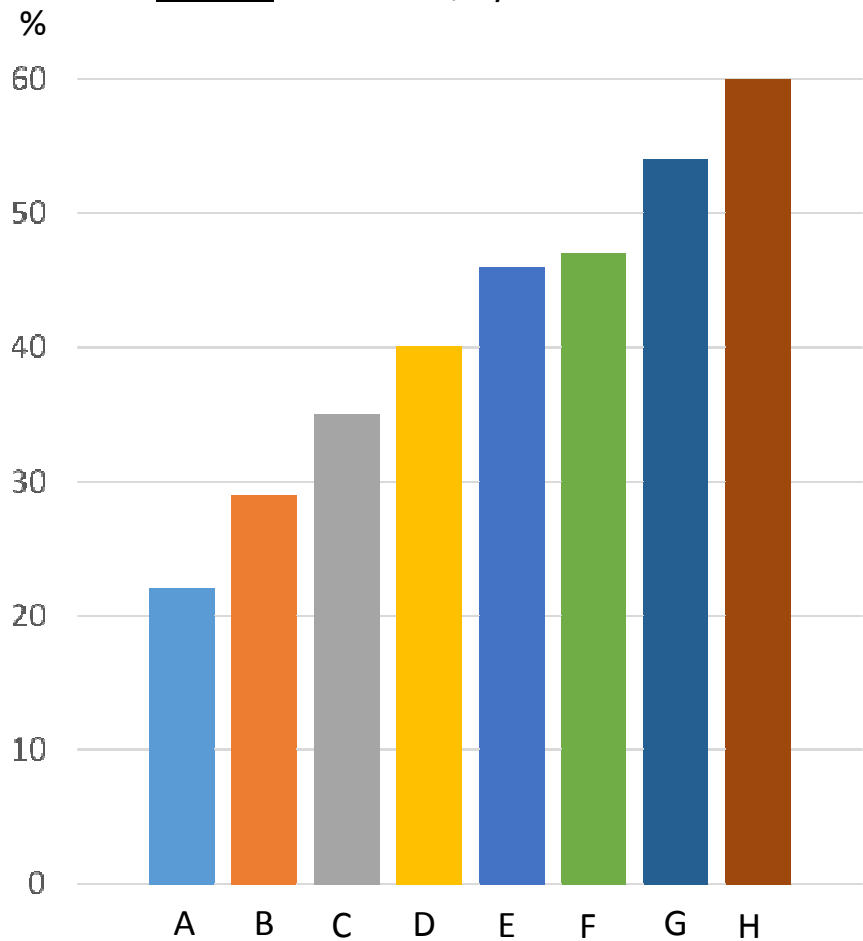
- Any dental service is a measure of access to dental care.
- Establish access to address prevention, treatment, etc. Comparable to a primary care visit.
- Similar to the only HEDIS® dental measure (annual dental visit).
- Oregon lags behind the Healthy People 2020 goal for any dental service: 49.0%

State Baseline Data by DCO

Percent of children ages 6-14 covered by Medicaid receiving dental sealants in FFY 2011, by DCO



Percent of eligible ages 0-20 (EPSDT) receiving any dental or oral health service in FFY 2011, by DCO



Metrics alignment by Focus Area

Recommended Dental Metrics	Quality Improvement Focus Areas
Sealants on permanent molars for children.	<ul style="list-style-type: none"> • Improving perinatal and maternity care. • Improving primary care for all populations.
Members receiving any dental service.	<ul style="list-style-type: none"> • Improving access to timely and effective care. • Ensuring appropriate care is delivered in appropriate settings. • Improving perinatal and maternity care.

Additional Opportunities for Alignment

- Sealants are also provided in school-based health centers and through state school-based sealant program. Opportunity to coordinate care.
- Reduce avoidable emergency department use for dental problems.

Future perspectives I

- Final approval of dental metrics by Metrics and Scoring Committee (May 2014)
- Metric workgroup terminated (May 2014)
- CCOs to integrate dental care services with physical health and mental health (June 2014)
- Monitoring of CCO performance compared to benchmarks and improvement targets (from 2015)

Future perspectives II

- Workgroup on reconciling state and local sealant program performance
- New workgroup on practical integration issues, possibly involving the OHA Transformation Center
- CCO action if provider groups unable to achieve performance targets?
- Revisit metrics assessment when new information (DQA?) arises
- Consideration of health outcome measures when available



Thanks for your attention

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