

# Quality Measurement 103

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Measurement in Action

*Improving Outcomes Through the  
Use of Quality Measures*

# Before We Begin...

- ***This Webinar does not have a LIVE Q&A session.*** However, throughout this webinar, questions can be asked via the Q&A icon on the toolbar. All questions will be compiled and responded to via email.
- ***Continuing Education Credit*** will be provided to attendees upon completion of a post-webinar survey. In order to complete this post-webinar survey, please do not close your browser at the end of the webinar.
- ***Continuing Education Credit Letters*** will be sent within 10 business days to the email used for registration.



# MEASURE and IMPROVE

# The Golden Rules of Measurement for Improvement

Identify AIM(s)

Measure  
Over Time

Maintain a  
Population  
Health Focus



# Learning Objectives

*Participants will:*

- *Learn how quality measures are being used at the plan and program levels to support improvement and outcomes.*
- *Explore the Delta Dental of Massachusetts Prevention Focused program implemented to improve oral health for adults and children.*
- *Discover the key components of the Boston Children's Hospital Early Childhood Caries Collaborative Project implemented to reduce the incidence of early childhood caries.*

# Speakers



## **Linda Vidone, DMD**

Vice President, Clinical Management  
Delta Dental of Massachusetts



## **Man Wai Ng, DDS, MPH**

Dentist-in-Chief, Department of Dentistry  
Boston Children's Hospital  
Associate Professor, Developmental  
Biology, Harvard School of Dental  
Medicine



# Prevention Focused Program



# Dental Disease Science

## Dental Diseases

- Caries
- Periodontal Disease

## Associated Medical Conditions

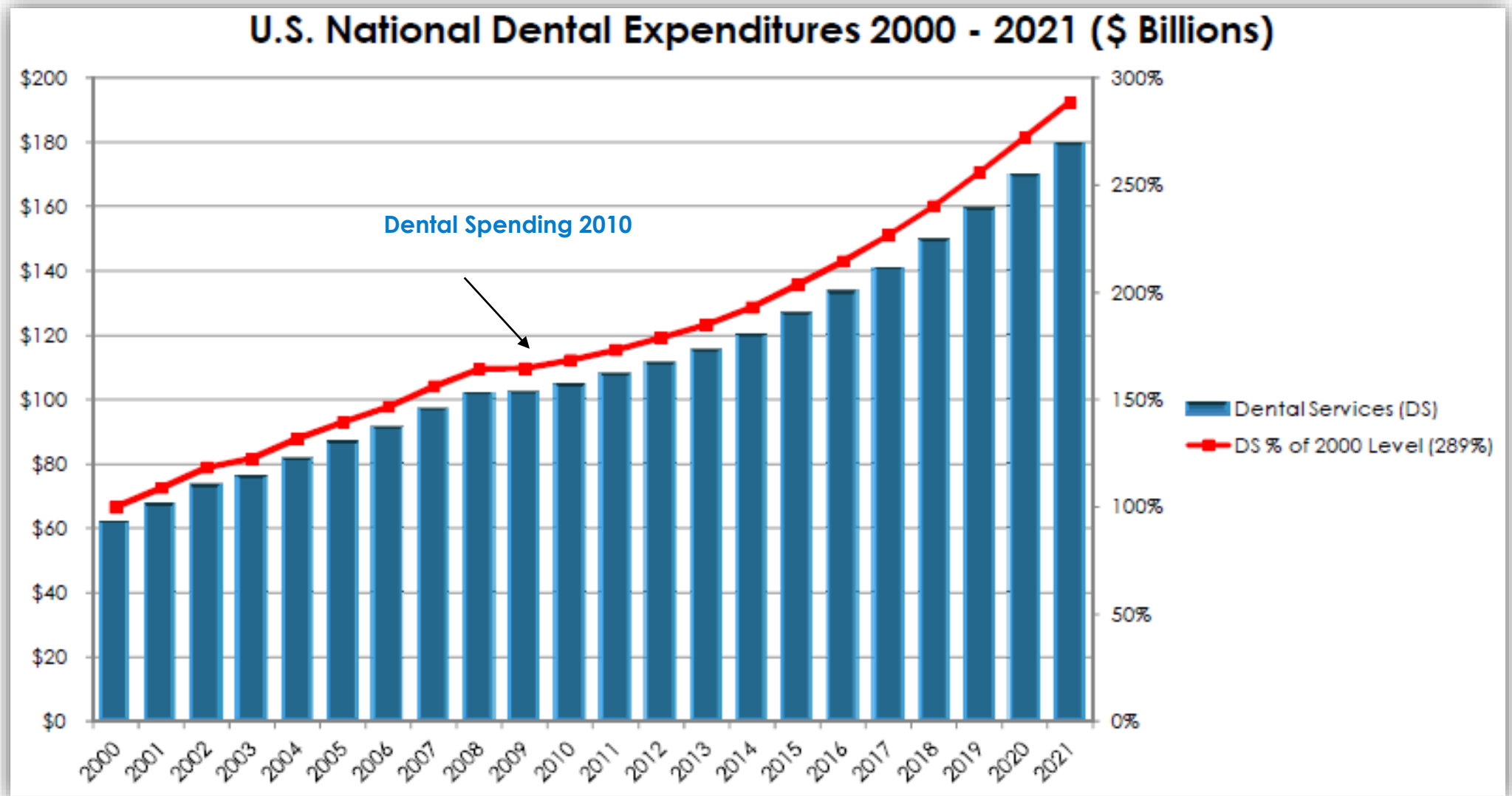
- Diabetes
- Cardiovascular disease
- Coronary artery disease



FACT: Dental Disease Nearly 100% Preventable



# Dental Spending Expected to Keep Climbing



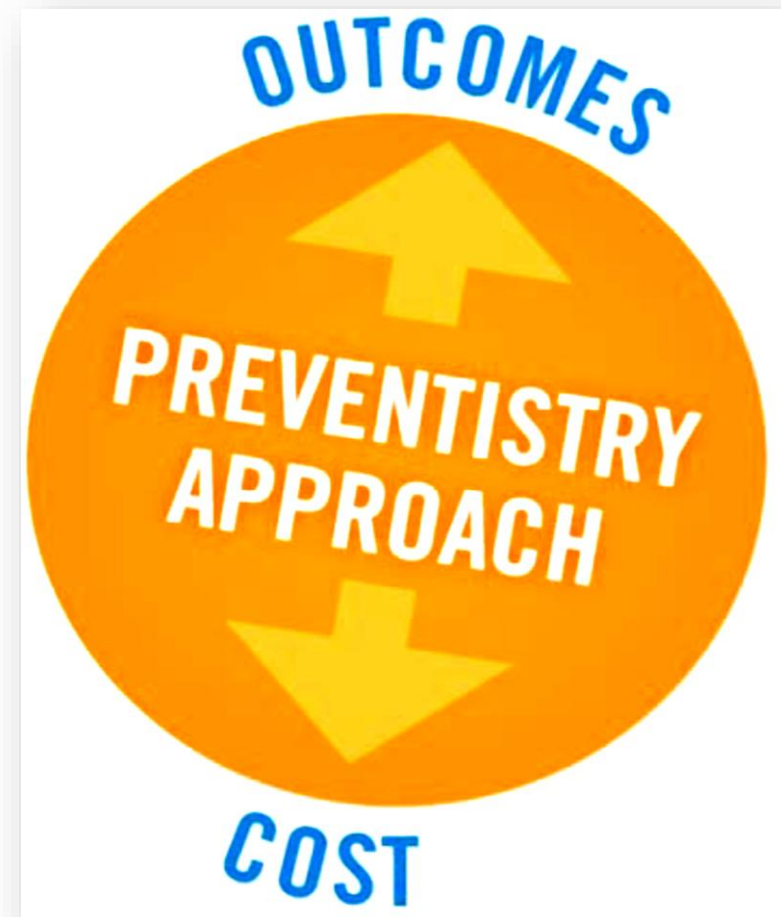
Source: The Centers for Medicare and Medicaid Services. National Health Expenditure Projections 2010-2020

# Traditional Approach to Dental Benefits

- Traditional approach:
  - Benefit programs are usually one-size-fits-all
  - Resources not targeted for higher-risk patients
- Obstacles to innovation:
  - No diagnostic codes to measure presence and severity of disease
  - No code-set to capture risk status of patients

# Solution: Prevention Focused Program

- Benefits and supporting programs that are more patient centered and effective, which can produce improved health outcomes and help control costs.
- Thoughtful integration of benefits, programs and policies to promote prevention-focused oral healthcare in order to achieve our vision of a world free of dental disease.
- Empowers dentists and engages members to take a more active role in improving oral health by providing coverage and practical information about important preventive services.
- Our philosophy is to improve oral health and control costs.





# Provider Incentive Program



Improving Oral Health Through Measurement

*An innovative program that helps dentists do what they care about most, improve oral health.*



### The Preventistry<sup>SM</sup> Incentive

*Strengthening the partnership between dentist and patient to reduce dental disease*

Preventistry<sup>SM</sup> Patient Reports  
Higher-Risk Children with Caries ■ Higher-Risk Adults with Periodontal Disease

Prevention and early diagnosis are fundamental to sustaining good oral health and keeping dental care affordable and accessible. Delta Dental of Massachusetts knows that you are committed to keeping your patients healthy with basic preventive treatments.

In 2011, Delta Dental of Massachusetts will begin providing participating primary care dentists (general dentists and pediatric dentists) in the Delta Dental PPO network in Massachusetts a semi-annual, customized **Preventistry Patient Report** to help you identify specific higher-risk<sup>1</sup> Delta Dental members in your practice who should benefit the most from preventive and therapeutic (and covered<sup>2</sup>) treatments. These reports are the newest tool from Delta Dental of Massachusetts to support disease management and prevention.

Beginning in 2012, Delta Dental of Massachusetts will pay a bonus to dentists participating in the Delta Dental PPO network in Massachusetts who successfully reach a threshold for getting their higher-risk Delta Dental PPO patients to return for the recommended treatments.

<sup>1</sup> All members are considered to be at risk by Delta Dental because low risk does not mean no risk. Therefore, we use the term higher risk to differentiate those members who would be considered moderate or high risk from those considered low risk.  
<sup>2</sup> Specific account exceptions may apply.

Delta Dental of Massachusetts

# Quality in Health Care

- 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 contains two concepts:
  - **measurement** and **knowledge**



Medicare: A Strategy for Quality Assurance. IOM 1990

# Rating System for Scientific Evidence

**TABLE 1**

<b>System used for grading the evidence.</b>	
<b>GRADE</b>	<b>CATEGORY OF EVIDENCE</b>
<b>Ia</b>	Evidence from systematic reviews of randomized controlled trials
<b>Ib</b>	Evidence from at least one randomized controlled trial
<b>IIa</b>	Evidence from at least one controlled study without randomization
<b>IIb</b>	Evidence from at least one other type of quasi-experimental study
<b>III</b>	Evidence from nonexperimental descriptive studies, such as comparative studies, correlation studies, cohort studies and case-control studies
<b>IV</b>	Evidence from expert committee reports or opinions or clinical experience of respected authorities
* Amended with permission of the BMJ Publishing Group from Shekelle and colleagues. <sup>27</sup>	

**TABLE 2**

<b>System used for classifying the strength of recommendations.</b>	
<b>CLASSIFICATION</b>	<b>STRENGTH OF RECOMMENDATIONS</b>
<b>A</b>	Directly based on category I evidence
<b>B</b>	Directly based on category II evidence or extrapolated recommendation from category I evidence
<b>C</b>	Directly based on category III evidence or extrapolated recommendation from category I or II evidence
<b>D</b>	Directly based on category IV evidence or extrapolated recommendation from category I, II or III evidence
* Amended with permission of the BMJ Publishing Group from Shekelle and colleagues. <sup>27</sup>	

# Fluoride Recommendation

RISK CATEGORY	AGE CATEGORY FOR RECALL PATIENTS					
	< 6 Years			6 to 18 Years		
	Recommendation	Grade of Evidence	Strength of Recommendation	Recommendation	Grade of Evidence	Strength of Recommendation
<b>Low</b>	May not receive additional benefit from professional topical fluoride application*	Ia	B	May not receive additional benefit from professional topical fluoride application*	Ia	B
<b>Moderate</b>	Varnish application at 6-month intervals	Ia	A	Varnish application at 6-month intervals	Ia	A
				OR Fluoride gel application at 6-month intervals	Ia	A
<b>High</b>	Varnish application at 6-month intervals	Ia	A	Varnish application at 6-month intervals	Ia	A
	OR Varnish application at 3-month intervals	Ia	D <sup>†</sup>	Varnish application at 3-month intervals	Ia	A <sup>†</sup>
				OR Fluoride gel application at 6-month intervals	Ia	A
				OR Fluoride gel application at 3-month intervals	IV	D <sup>‡</sup>

Professional applied topical fluoride: Evidence-based clinical recommendations. ADA Council on Scientific Affairs. JADA 2006;137;1151-1159

# Frequency for Periodontal Maintenance (PM)



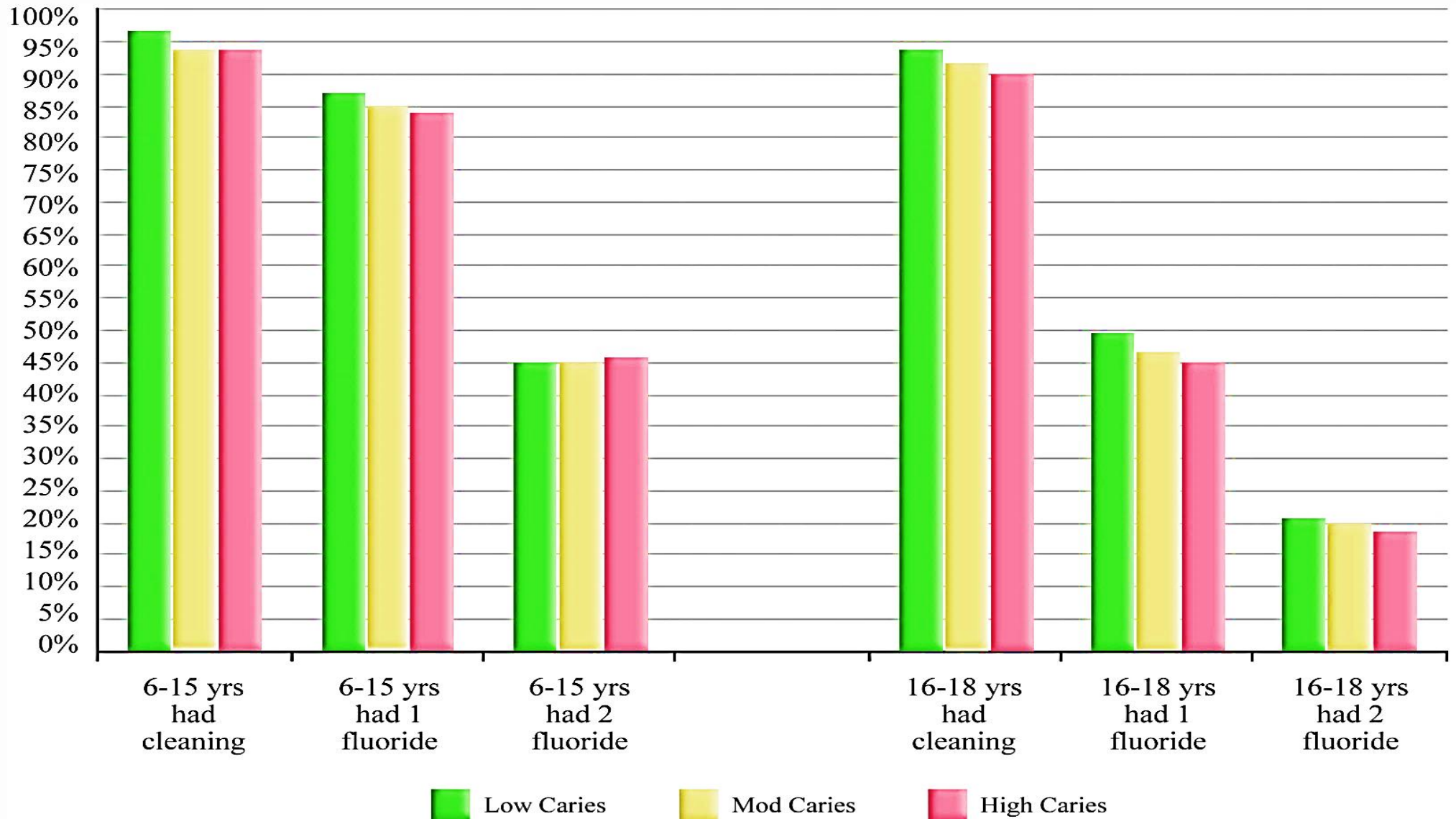
Improving Oral Health Through Measurement

- Many patients presenting with recurrent gingivitis without additional attachment loss after definitive periodontal therapy may be adequately maintained with PM performed semiannually. However, for most patients with a history of periodontitis, numerous clinical studies suggest that PM should be performed at intervals of less than 6 months.
- In general, data suggest that *most patients* with a previous history of periodontitis should obtain PM at least four times per year, since that interval will result in a **decreased likelihood of progressive disease**, compared to patients receiving PM on a less frequent basis.

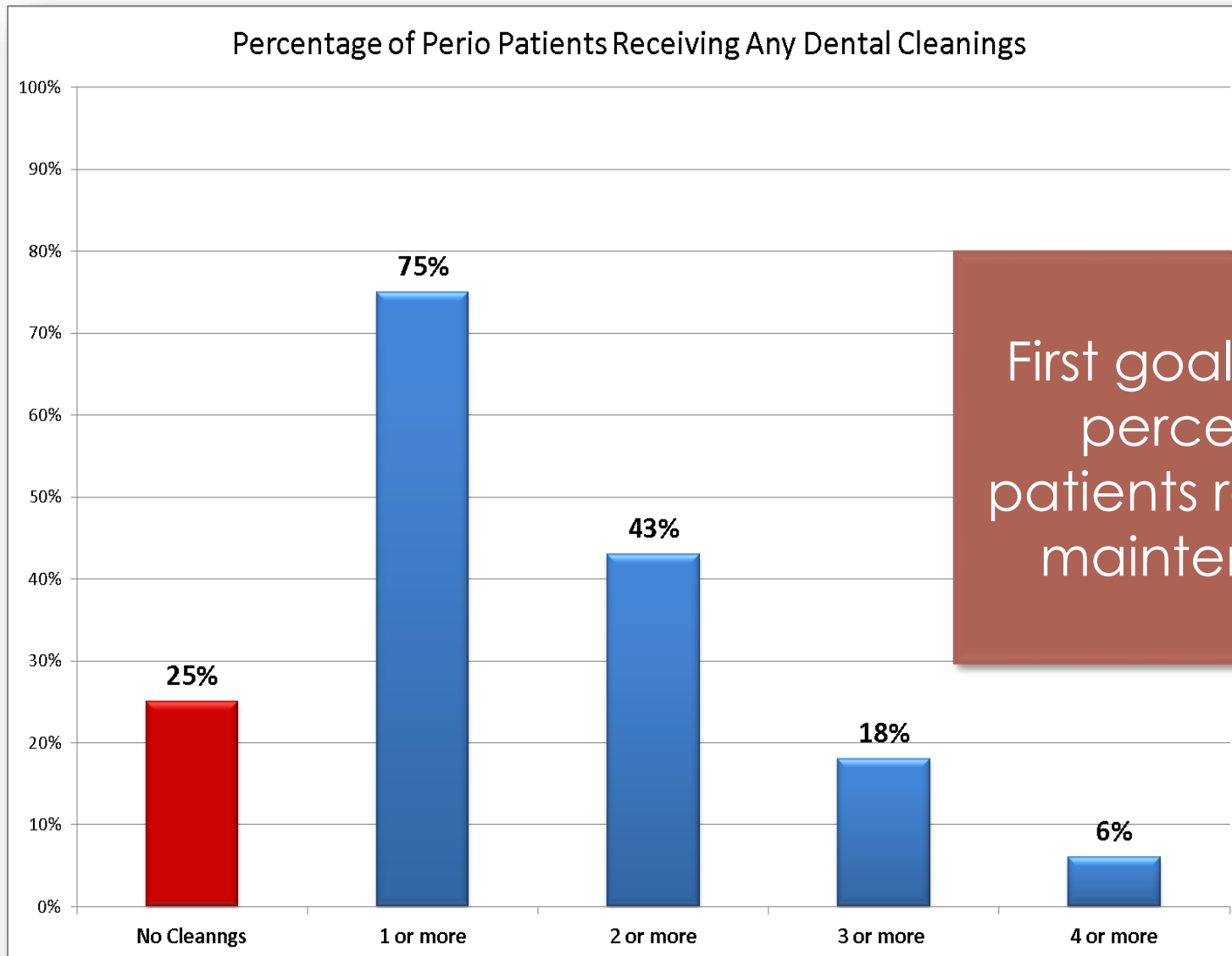
Periodontal Maintenance (2003) J Periodontal 2003;74:1395-1401



# Children's Compliance with Recommended Fluoride Treatment-Prior to Program



# Adult Compliance with Recommended Treatment – Prior to Program



First goal is to increase the percentage of perio patients receiving at least 2 maintenances per year

# Provider Receive a Patient Report



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## Step 1



### The Preventistry<sup>SM</sup> Incentive

Strengthening the

Higher-Risk Children

Prevention and early diagnosis are fun and accessible. Delta Dental of Massachusetts basic preventive treatments.

In 2011, Delta Dental of Massachusetts and pediatric dentists in the Delta Dental Patient Report to help you identify the most from preventive and therapeutic treatments of Massachusetts to support dental health.

Beginning in 2012, Delta Dental of Massachusetts PPO network in Massachusetts who send patients to return for the recommended preventive treatments.

1. All members are considered to be at risk by Delta Dental. It would be considered moderate or high risk from those conditions. Specific account exceptions may apply.

### Pre.ven.tist.ry<sup>SM</sup> Philosophy

A New Approach to Dental Benefits from Delta Dental of Massachusetts.

At Delta Dental of Massachusetts, improving oral health is our number one priority. That's why we are embracing the Preventistry philosophy, a multi-faceted approach to oral health care that recognizes the important roles of dentists, patients and the insurer in improving oral health.

The Preventistry approach includes:

- Partnering with dentists to improve the oral health of our members, with tools that help dentists identify higher-risk patients, and incentives that reward successful care management
- Educating members about the importance of oral health care and ways to prevent oral disease
- Identifying members with dental disease (specifically those with caries and periodontal disease) and providing information on ways they can effectively manage their disease and
- Providing additional, evidence-based benefits to members that need them.

**Partnering with Dentists** – We provide our dentists with Preventistry Patient Reports that assist them in identifying and reaching out to higher-risk patients, and enhanced benefits to ensure that these higher-risk patients stay healthy.

**Partnering with Accounts** – We provide medium and large-size accounts an annual *Preventistry Oral Health Report* which presents a snapshot of the oral health status of the company's employees, as well as the amount of preventive care they've received and comparative benchmarks for companies in similar industries.

**Enhanced Benefits\*** We continue to lead the industry in making the latest innovative, evidence-based benefits available to our members, including coverage for Chlorhexidine mouth rinse and prescription-strength fluoride toothpaste for members with periodontal disease, and extended sealant coverage for members ages 16-19 who have had a recent cavity. We also cover periodontal cleanings (up to 4 per year) as a Type I benefit for members who have had scaling and root planing and are in periodontal maintenance.

**New Member Education** – We send all new members information on the importance of maintaining good oral health, ways to prevent dental disease from occurring, and a reminder to visit their dentist regularly.

**Outreach to Members with Dental Disease** – Members with dental disease receive information on:

- Managing Gum Disease** – Targeted to those with periodontal disease, this brochure talks about what gum disease is, treatment options, things members should do at home to improve their oral health, and items they should speak to their dentist about including Chlorhexidine mouth rinse and prescription-strength fluoride toothpaste.
- Preventing Cavities** – Sent to the parents of children 15 and younger who have had a recent cavity, this brochure talks about what causes cavities, how to prevent future cavities and services they should speak to their dentist about including sealants and fluoride.
- Sealants** – Parents of children age 16 up to age 19 who have had a recent cavity receive this brochure that explains what sealants are, why they are beneficial, how they are applied, and who should get them.

\*Enhanced benefits are included in all standard Delta Dental PPO and Delta Dental Premier plans.  
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SP626 11.30.11

- Dentists in the MA PPO network receive reports identifying high-risk members
- Children ages 6-18 with a history of cavities were targeted for **fluoride treatments**
- Adults ages 19 and older with a history of gum disease were targeted for **periodontal maintenance**

## The Preventistry<sup>SM</sup> Incentive

PREVENTISTRY PATIENT REPORT FOR HIGHER-RISK CHILDREN AND ADULTS  
 ERICA MARTIN DMD PC  
 6622879810 - 01  
 TREATMENT FROM JANUARY 1, 2010, THROUGH JUNE 30, 2010



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CHILDREN AT HIGHER RISK FOR CARIES				
LAST NAME	FIRST NAME	DATE OF BIRTH	TREATMENT	DATE OF TREATMENT
ARENAS	MARIA	3/30/95	FLUORIDE TREATMENT	2/16/10
BARSTOW	MARTIN	3/26/93		
CONNORS	JESSICA	4/1/95	FLUORIDE TREATMENT	6/30/10
DUSTIN	OWEN	3/8/96	FLUORIDE TREATMENT	2/16/10
GLEASON <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">a</span>	HARRY	3/13/94	FLUORIDE TREATMENT	6/11/10 <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">c</span>
HARRISON	MICHAEL	11/12/91		
HARRISON	SAMUEL	12/9/93		
HELLMAN	TREVOR	11/12/91		
LEWISON	EVELYN	9/15/02	FLUORIDE TREATMENT	5/30/10 <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">d</span>
NESTOR	CONNOR	8/19/01	FLUORIDE TREATMENT	3/1/10
REMY	DAVID	8/1/94	FLUORIDE TREATMENT	4/21/10
SYMONDS	FUGENE	10/7/99	FLUORIDE TREATMENT	5/21/10

<span style="border: 1px solid red; border-radius: 50%; padding: 2px;">e</span>	NUMBER OF HIGHER-RISK CHILDREN:	12
	NUMBER OF HIGHER-RISK CHILDREN TREATED:	8
	PERCENT OF HIGHER-RISK CHILDREN TREATED:	67%

*Includes claims processed through July 31, 2010*

ADULTS AT HIGHER RISK FOR PERIODONTAL DISEASE				
LAST NAME	FIRST NAME	DATE OF BIRTH	TREATMENT	DATE OF TREATMENT
AMELYN	VANESSA	3/10/53	MAINTENANCE	1/4/10
DISANTOS	STEVEN	7/31/72		
GREGORIO	LESTER	5/18/65	MAINTENANCE	2/11/10
KOUZNETSOV	VLADIMIR	3/26/49		
KELLY	MEGAN	5/12/47	MAINTENANCE	5/12/10
MAZZOTTA	MICHAEL	2/18/77	MAINTENANCE	3/25/10
MELLON	BARBARA	1/4/53		
OESTERHAUS	SOPHIA	6/19/56	MAINTENANCE	6/17/10
PRATT	MAUREEN	10/10/43	MAINTENANCE	1/25/10
STODDARD	HELEN	12/14/81		

	NUMBER OF ADULTS AT RISK FOR PERIODONTAL DISEASE:	10
	NUMBER OF ADULTS AT RISK FOR PERIODONTAL DISEASE TREATED:	6
	PERCENT OF ADULTS AT RISK FOR PERIODONTAL DISEASE TREATED:	60%

# The Incentive For Providers

## Step 2



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**DELTA DENTAL**

DELTA DENTAL OF MASSACHUSETTS

BROOKLINE, MA 02446

### PREVENTISTRY INCENTIVE RESULTS

FOR THE PERIOD JANUARY 1 THRU JUNE 30, 2012

**TOPICAL FLUORIDE FOR HIGHER RISK CHILDREN**

Number of Higher Risk Children	152
Number Treated	105
Percentage Treated	69.1%

**BONUS CALCULATION**

	Goal	Potential	Awarded
Level 1	45%	\$684.00	\$684.00
Level 2	65%	\$684.00	\$684.00
<b>FLUORIDE BONUS</b>		<b>\$1,368.00</b>	<b>\$1,368.00</b>

**PERIO MAINTENANCE FOR ADULTS WITH PERIODONTAL DISEASE**

Number of Adults with Perio Disease	20
Number Treated	14
Percentage Treated	70.0%

**BONUS CALCULATION**

	Goal	Potential	Awarded
Level 1	50%	\$200.00	\$200.00
Level 2	75%	\$200.00	\$0.00
<b>PERIO BONUS</b>		<b>\$400.00</b>	<b>\$200.00</b>

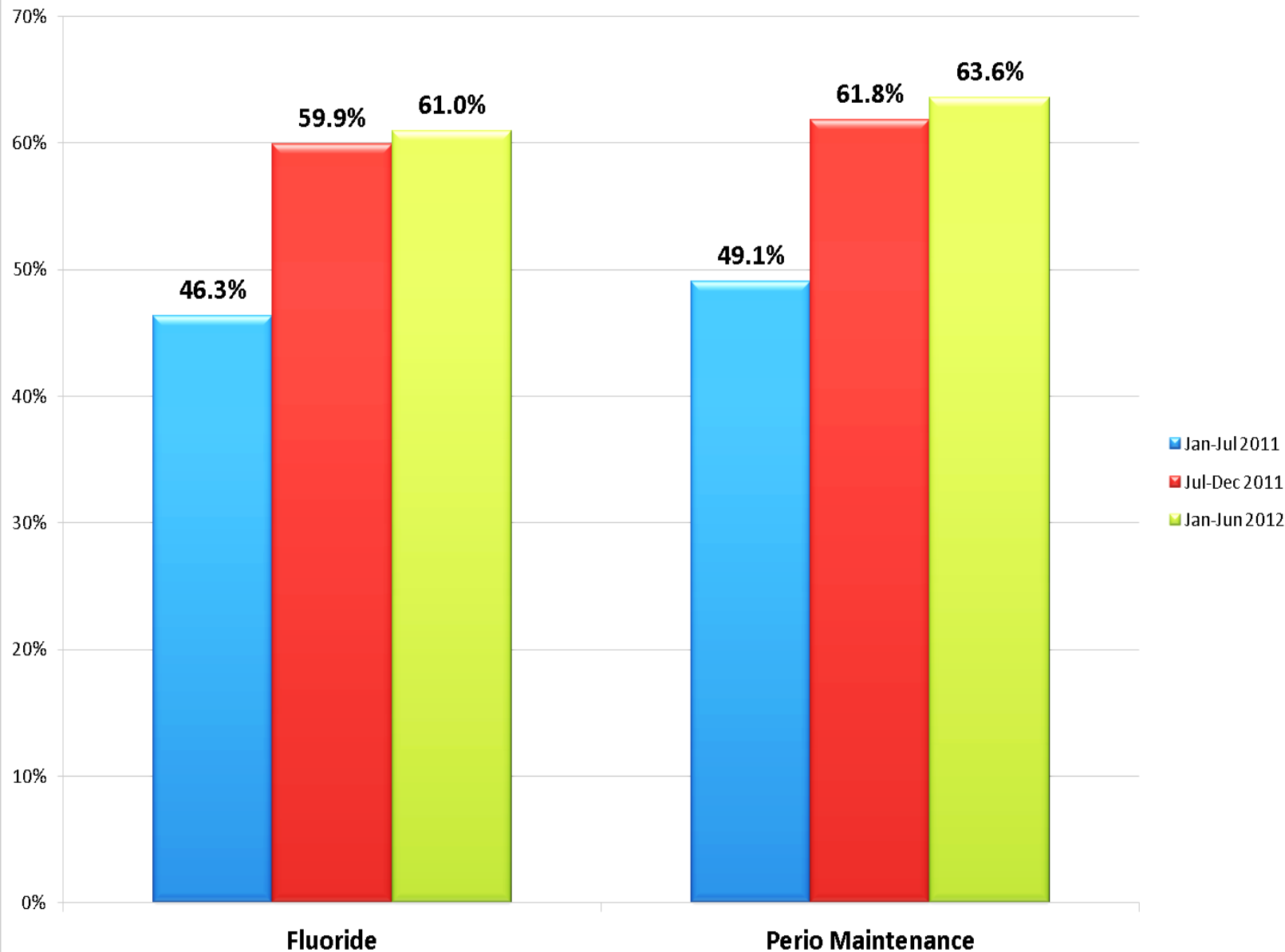
	Potential	Awarded
<b>Total Bonus</b>	<b>\$1,768.00</b>	<b>\$1,568.00</b>
<b>Percent of Potential</b>		<b>88.7%</b>

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**

### Network Average Performance for Fluoride and Perio Maintenance

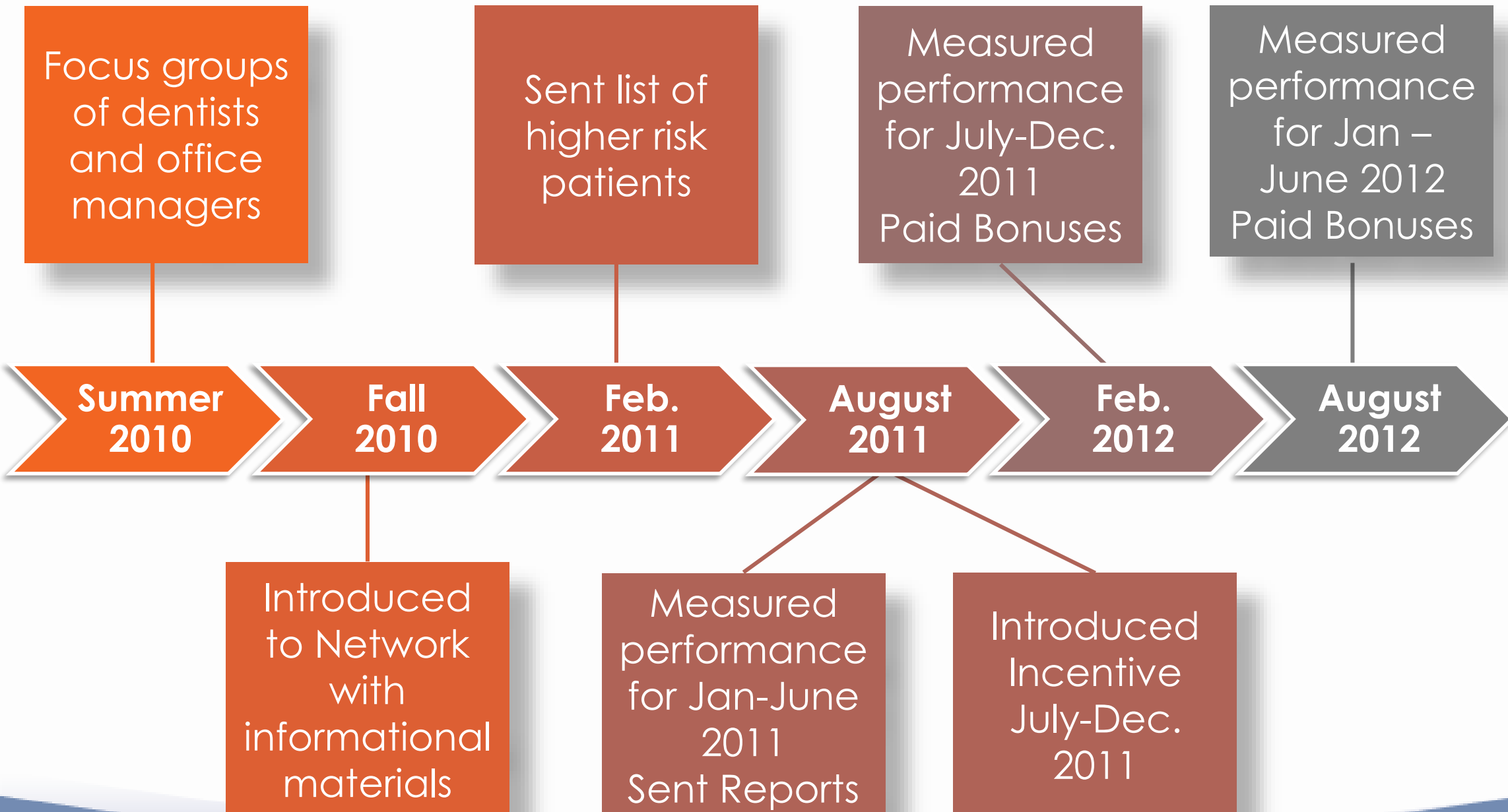


- Percentage of High Risk children receiving fluoride increased from 46% to 61%
- Percentage of high risk adults receiving periodontal maintenance raised from 49% to 63%.

# Timeline Incentive Program Fluoride and Perio Maintenance



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# Prevention Incentive Results



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	Jan – Jun 2012	Jul – Dec 2011	Jan – Jul 2011
Percent of higher risk children receiving fluoride	61%	60%	46%
Percent of perio patients receiving maintenance	64%	62%	49%
Top Office Bonus Amount	\$7,947	\$6,714	
Top 10 Offices Averaged	\$4,770	\$4,120	
Top 25 Offices Averaged	\$3,098	\$2,699	
Top 50 Offices Averaged	\$2,076	\$2,024	
Top 100 Offices Averaged	\$1,362	\$1,340	
Average for all offices receiving bonus	\$350	\$362	
Percent of dentists receiving bonus for fluoride	62%	58%	
Percent of dentists receiving bonus for perio	78%	75%	
Percent of offices receiving any bonus	85%	83%	
			<i>Increase in awards</i>
Number of locations receiving fluoride bonus	430	385	12%
Number of locations receiving perio bonus	506	471	7%
Number of offices receiving any bonus	627	580	8%
Total fluoride bonus	\$116,906	\$109,359	
Total Perio Bonus	\$102,160	\$100,310	
<b>TOTAL BONUSES</b>	<b>\$219,066</b>	<b>\$209,669</b>	

- Improved quality of care
- Reimbursed for quality not just quantity

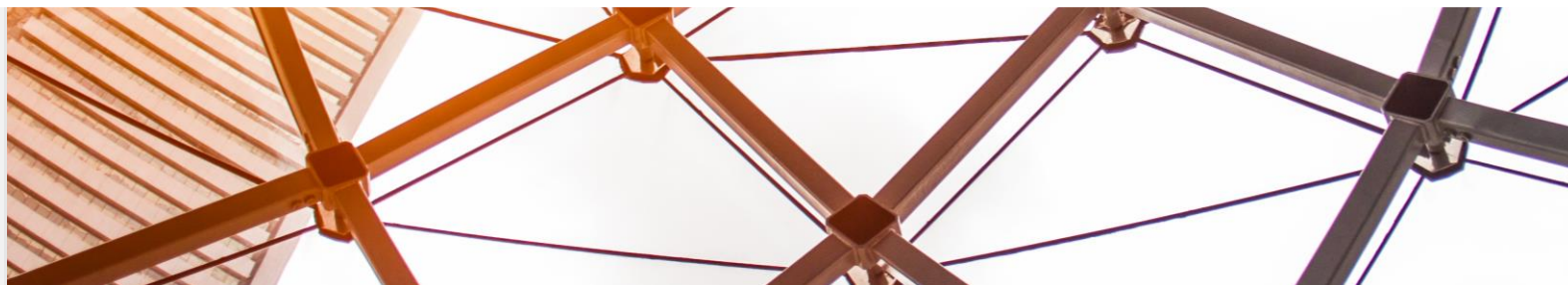


# Prevention Focused Program

- We're creating powerful incentives to increase preventive care.
- We're increasing access to quality, affordable care.
- We're helping at-risk patients take charge of their oral health.
- We're working to eradicate dental disease.



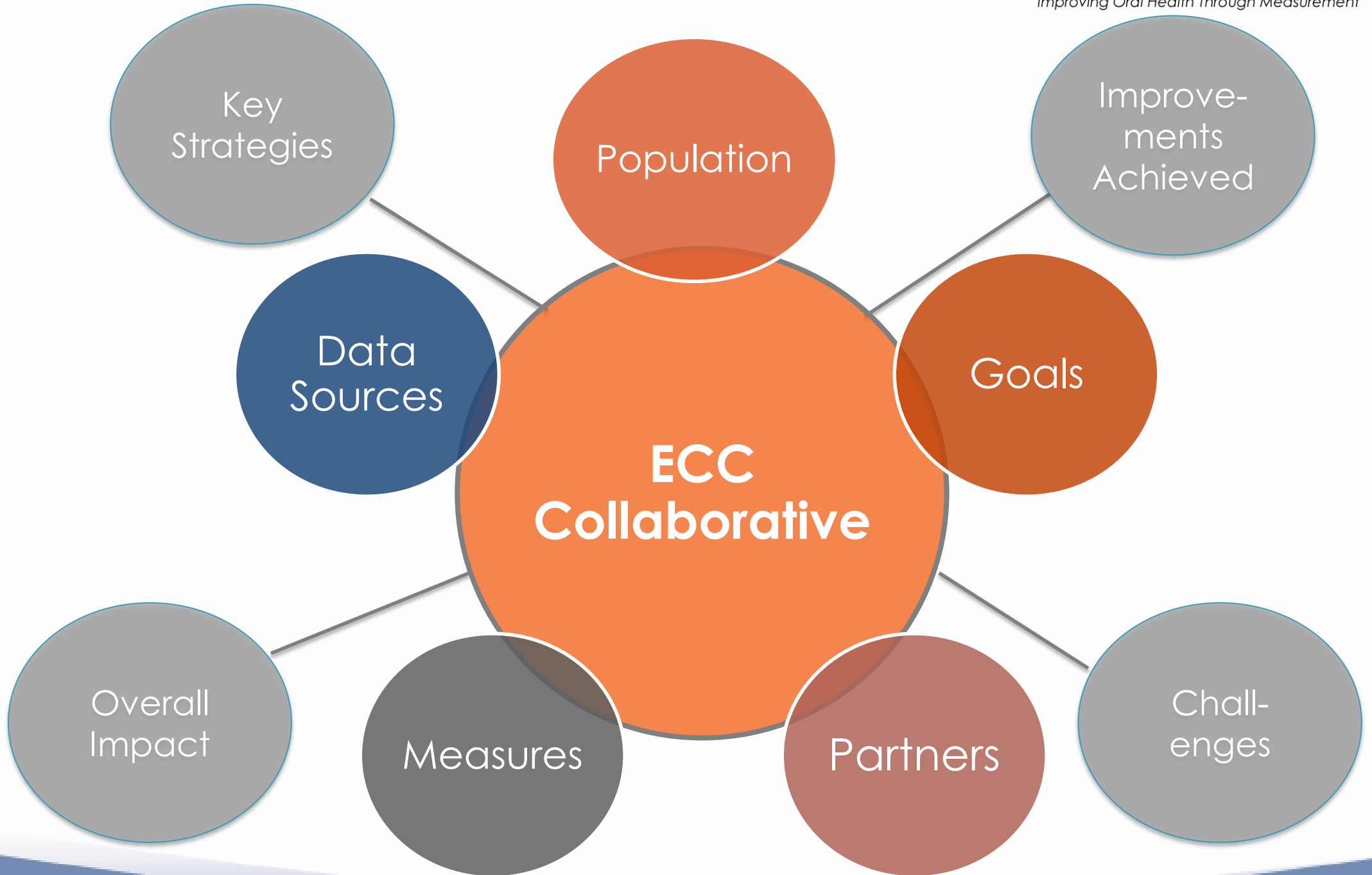
# Early Childhood Caries (ECC) Collaborative





DENTAL QUALITY ALLIANCE®

Improving Oral Health Through Measurement



# ECC Collaborative

## Purpose

- Reduce ECC in children at Boston Children's Hospital and St. Joseph Health Services as a demonstration project
- Following favorable outcomes, launched two additional phases with over 35 additional dental practices

## Improvement Goal

- Facilitate adoption of disease management (DM) approaches into clinical practice

## Key Strategies and Processes

- Learning collaborative model
- Institute for Healthcare Improvement's Breakthrough Series
- Project Tools and Resources (logic models, risk assessments, patient goal-setting, and fluoride use)
- Disease management clinical protocol

# Opportunity for Improvement

DM

- Focused prevention
- Assess and manage risk
- Support behavior change
- Repair defects

← **What we know  
DESIRED**

↑  
**THE GAP**  
↓

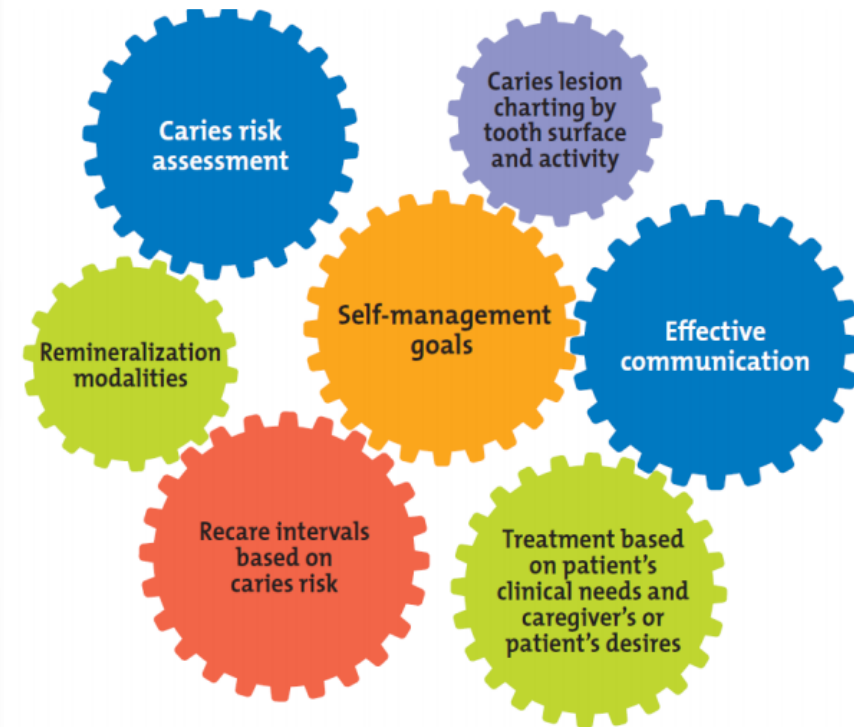
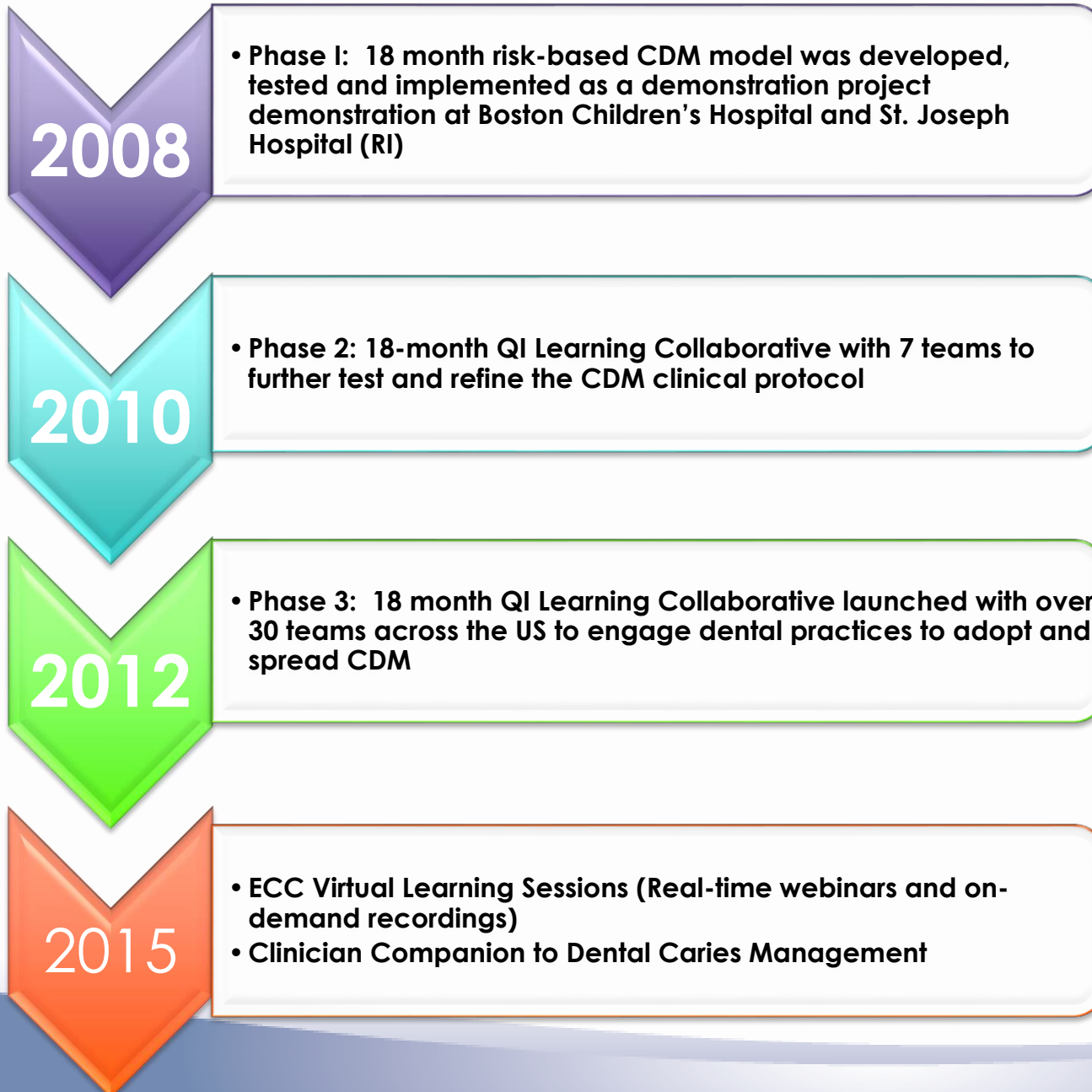
- Applying evidence
- Changing processes
- Training workforce
- Educating parents
- Using information technology
- Aligning payment

- Prevention essentially the same for everyone
- Little focus on self-management
- 6-month recall visits
- Restore teeth

← **What we do  
ACTUAL**

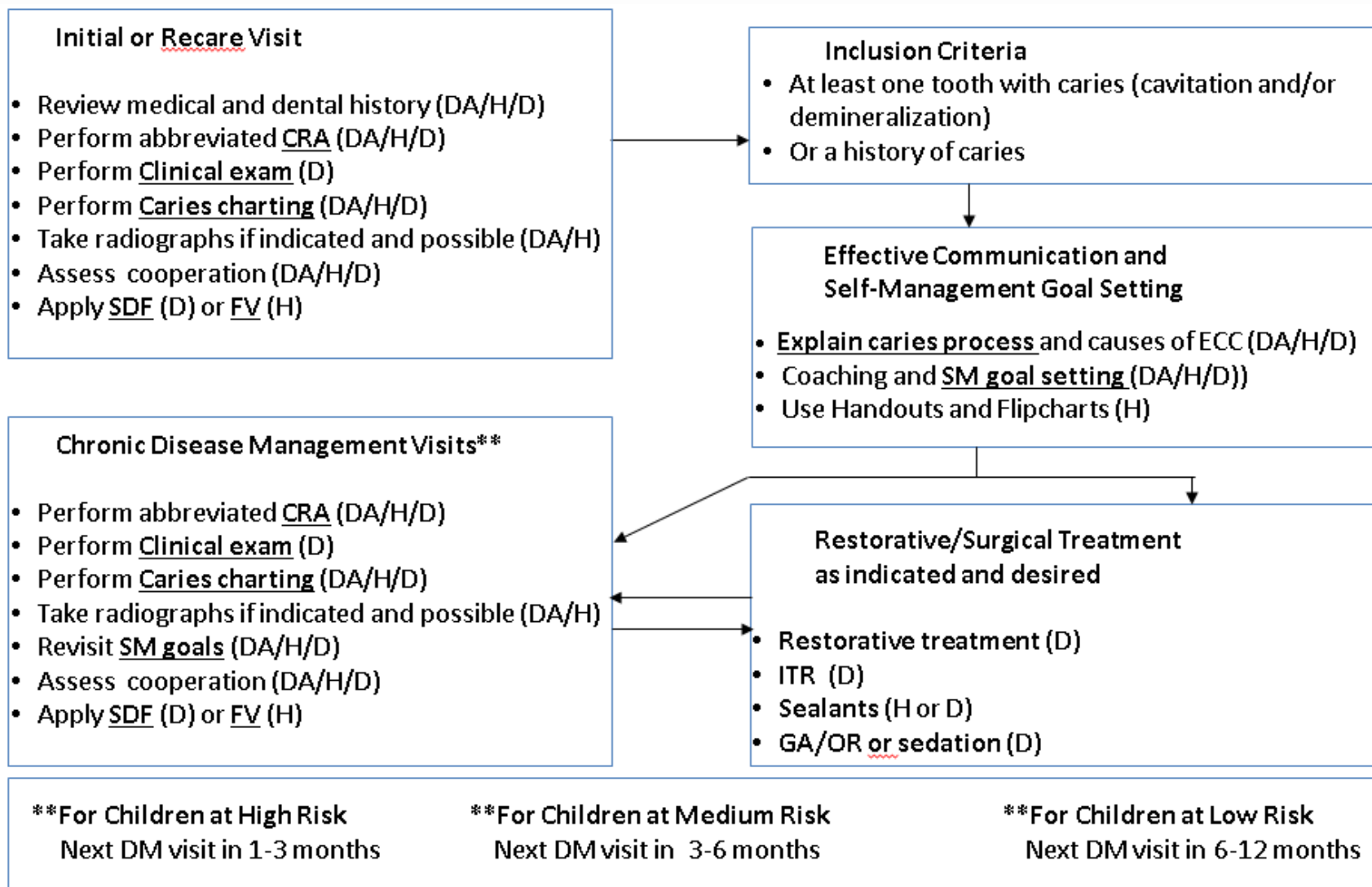
# What did we do?

## ECC Collaborative



\*Funded by DentaQuest Institute

# Team-based ECC DM Clinical Protocol

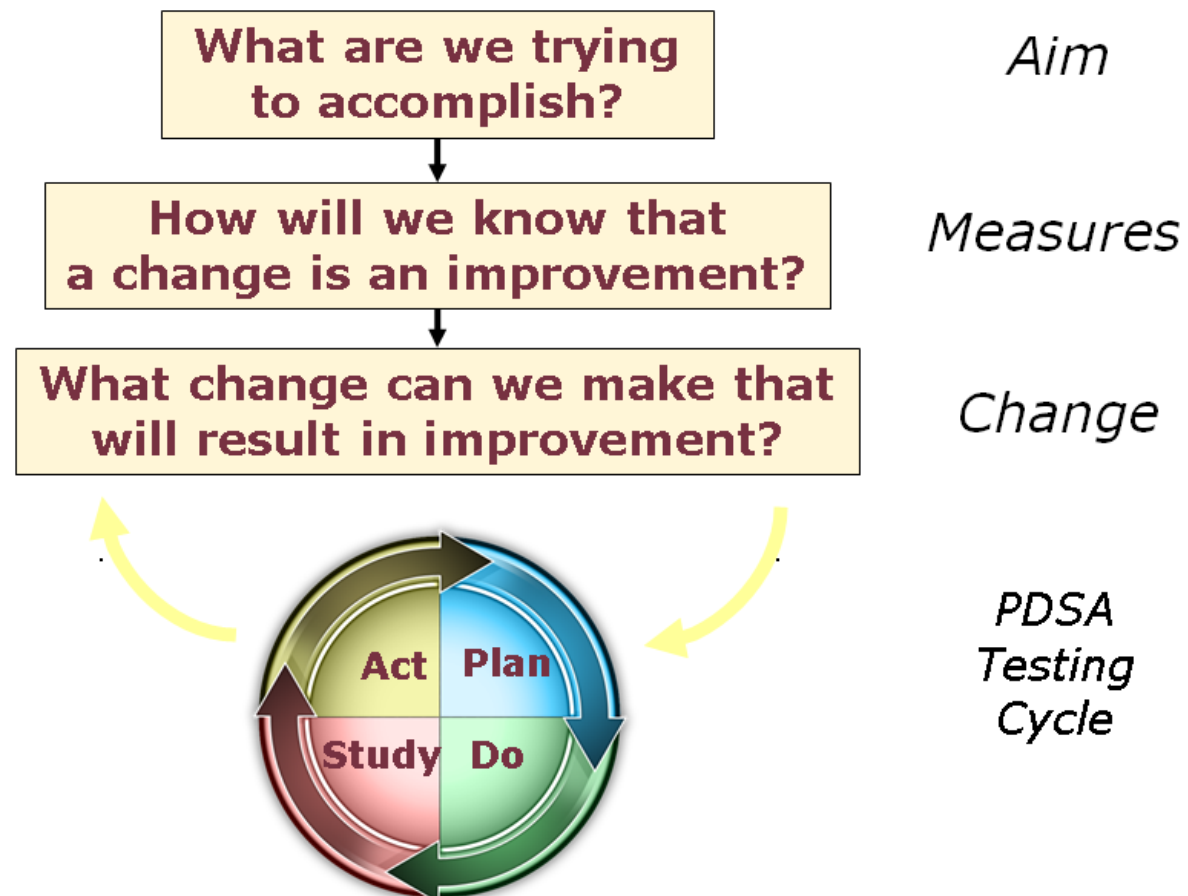


(H) = Hygienist's role  
 ECC = early childhood caries  
 DM = disease management  
 SDF = silver diamine fluoride

(D) = Dentist's role  
 ITR = interim therapeutic restoration  
 CRA = caries risk assessment  
 FV = fluoride varnish

(DA) = Dental assistant's role  
 GA/OR = general anesthesia/operating room  
 SM = self management

# Model for Improvement





# ECC Collaborative

## Essential Partners

- Dental Practices
- Hospitals, Clinics, Private Practices, and Dental Schools
- Dental Providers
- Parents

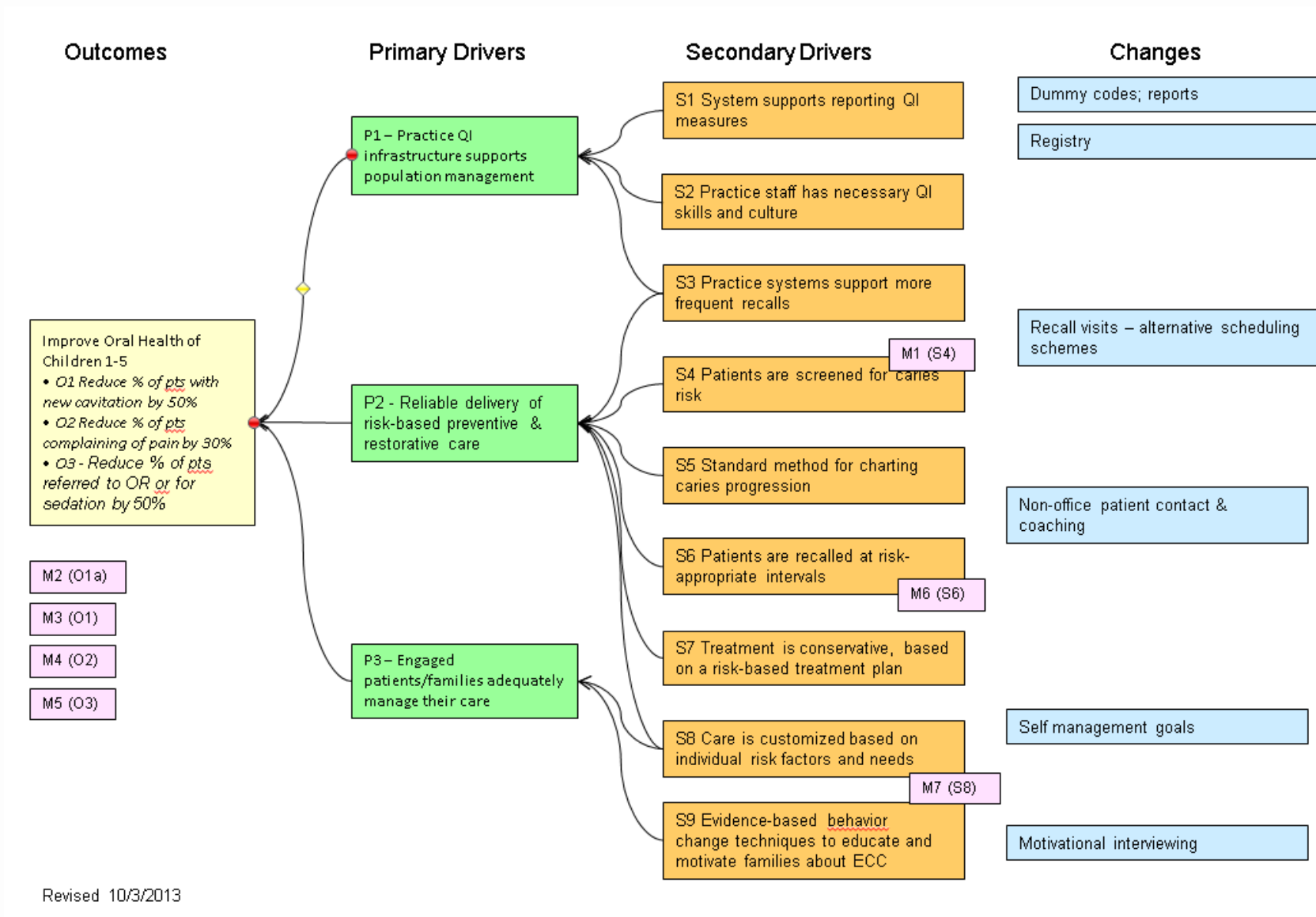
## Key Measures

- Reduce % of children with newly cavitated lesions
- Reduce % of children with pain
- Reduce % of children with referrals to the operating room

## Observed Improvements

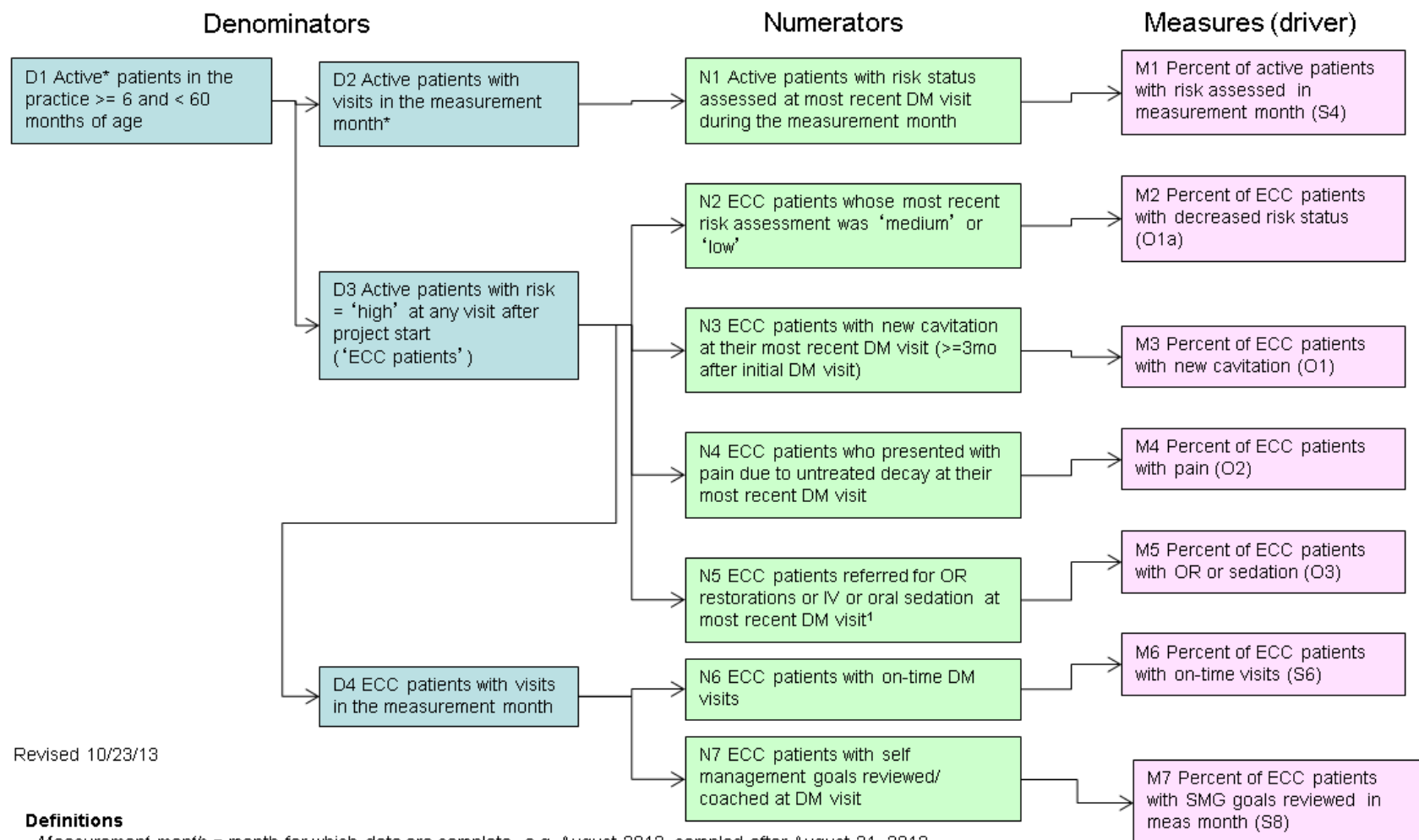
Phase	Location	Reduction in New Cavitation	Reduction in Pain	Reduction in Referrals to OR
Phase 1	Boston Children's	65.3%	38.2%	47.8%
Phase 1	St. Joseph	57.5%	23.3%	67.8%
Phase 2	Aggregate	28%	27%	36%

# DentaQuest Institute Early Childhood Caries Collaborative Driver Diagram (Phase III)



Revised 10/3/2013

# ECC Phase III Measures Structure Diagram



Revised 10/23/13

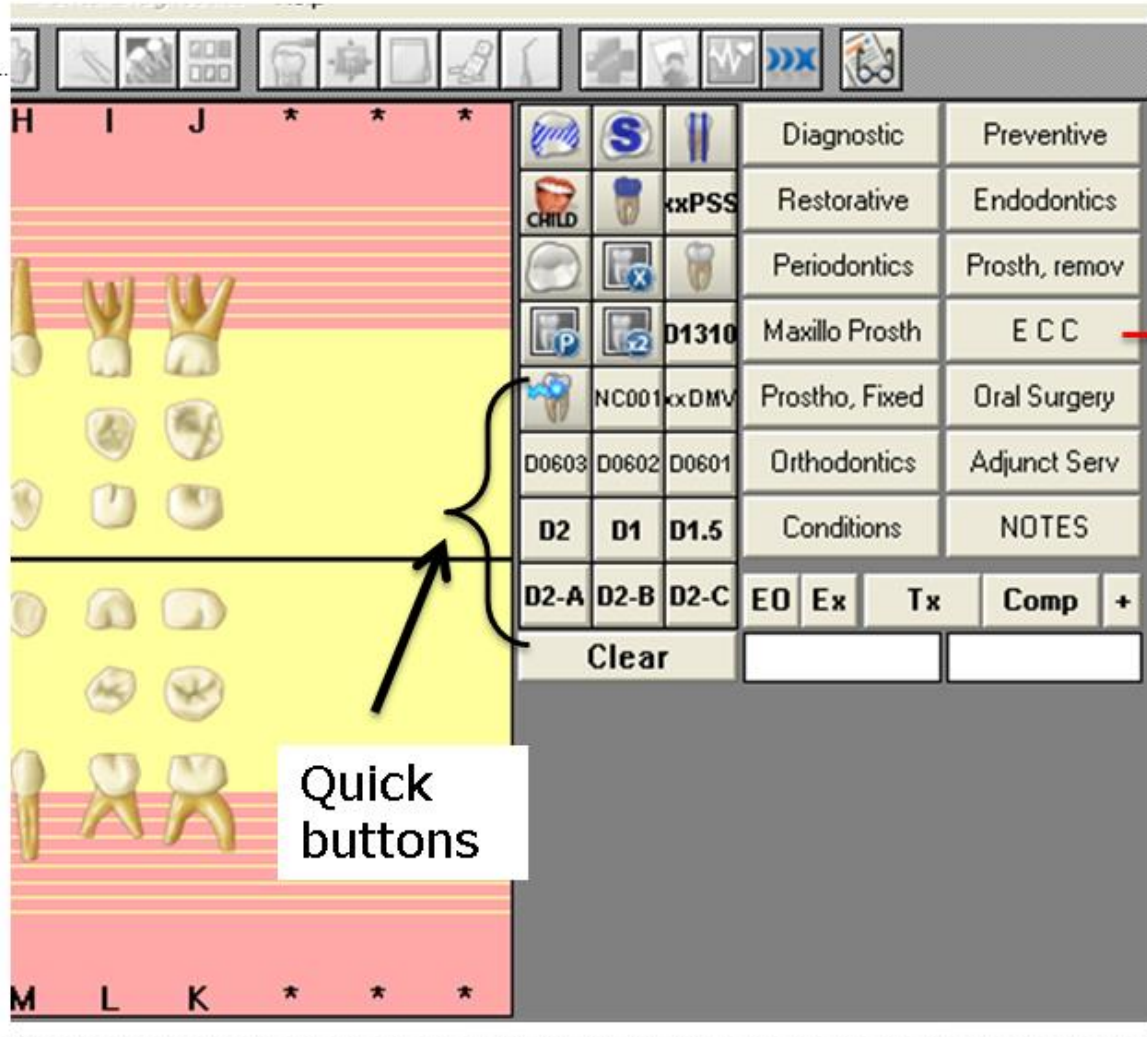
## Definitions

- *Measurement month* = month for which data are complete, e.g. August 2012, sampled after August 31, 2012.
- *Active patient* = Patients between the age of 6 and 60 months of age with a comprehensive oral exam within 18 months of the last day of the measurement month, unless otherwise excluded.
- *Initial Disease Management (DM) Visit* = The visit after project start at which the patient was first designated as 'high' risk.
- *Disease Management (DM) Visit*: Any visit where the child's current risk status should be assessed. Include billable exams, restorative visits, and non-billable, short-interval visits for high risk patients. This includes all diagnostic or preventive visits other than emergency visits.
- *Dummy Code*: Non-ADA codes used in electronic dental records systems (EDRs) to record events such as self-management goals review.

## Notes

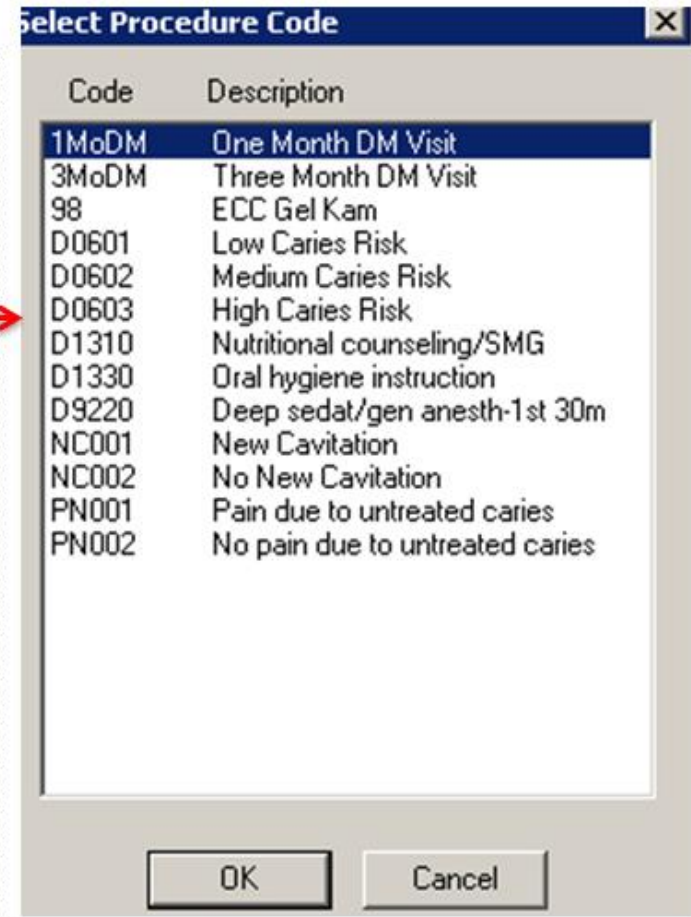
<sup>1</sup>Sites that perform sedation on-site should consider these patients as 'self-referrals' and count them accordingly

# Coding in Dentrix Enterprise



The screenshot shows the Dentrix Enterprise interface with a dental chart on the left and a procedure selection grid on the right. A callout box labeled "Quick buttons" points to the grid. The grid contains various procedure codes and descriptions:

[Icon]	[Icon]	[Icon]	Diagnostic	Preventive			
CHILD	[Icon]	xxPSS	Restorative	Endodontics			
[Icon]	[Icon]	[Icon]	Periodontics	Prosth, remov			
[Icon]	[Icon]	D1310	Maxillo Prosth	E C C			
[Icon]	NC001	xxDMV	Prosth, Fixed	Oral Surgery			
D0603	D0602	D0601	Orthodontics	Adjunct Serv			
D2	D1	D1.5	Conditions	NOTES			
D2-A	D2-B	D2-C	EO	Ex	Tx	Comp	+
Clear							



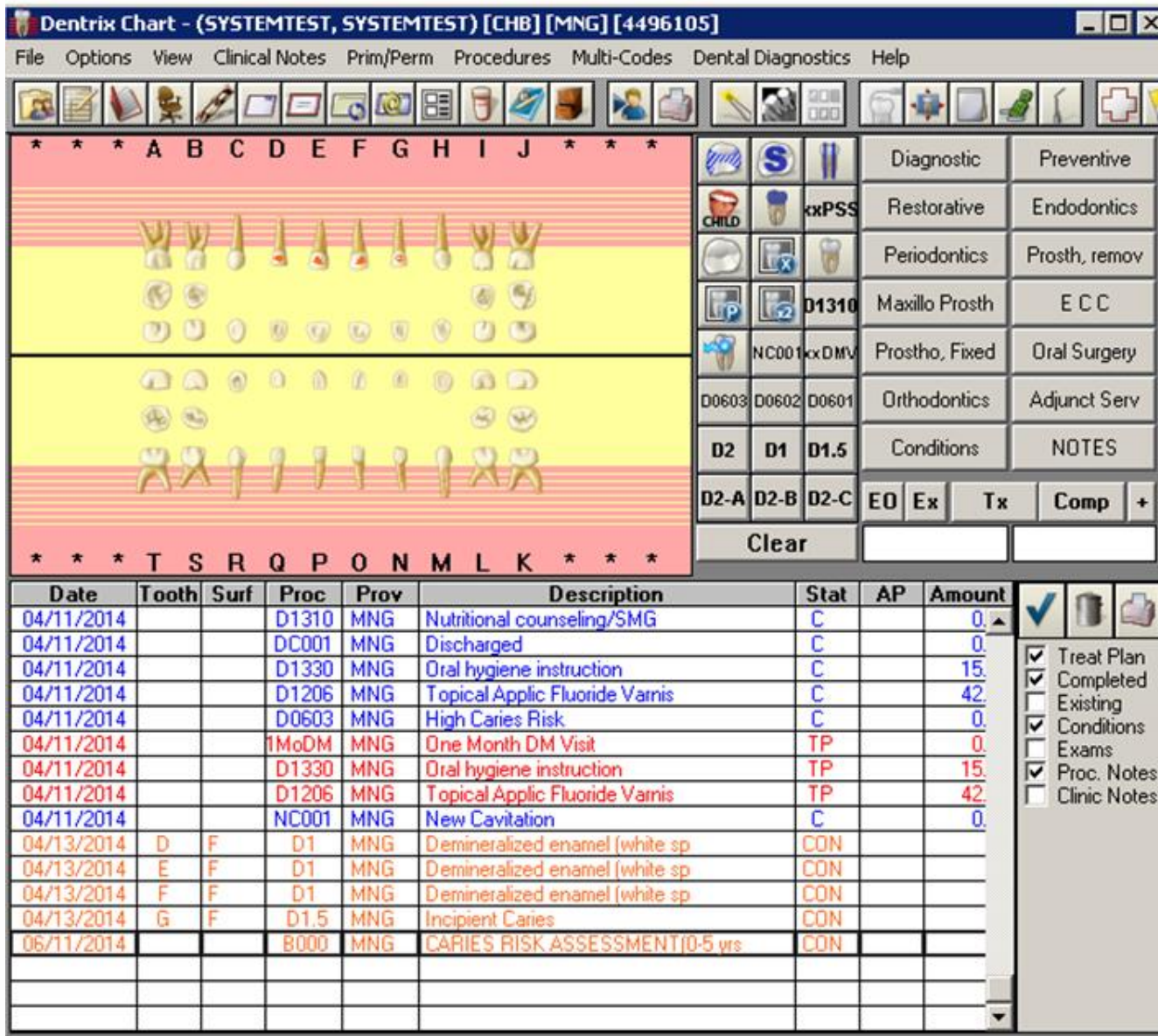
The "Select Procedure Code" dialog box displays a list of procedure codes and their descriptions. A red arrow points from the "E C C" code in the main interface to the "D0603 High Caries Risk" entry in this dialog.

Code	Description
1MoDM	One Month DM Visit
3MoDM	Three Month DM Visit
98	ECC Gel Kam
D0601	Low Caries Risk
D0602	Medium Caries Risk
D0603	High Caries Risk
D1310	Nutritional counseling/SMG
D1330	Oral hygiene instruction
D9220	Deep sedat/gen anesth-1st 30m
NC001	New Cavitation
NC002	No New Cavitation
PN001	Pain due to untreated caries
PN002	No pain due to untreated caries

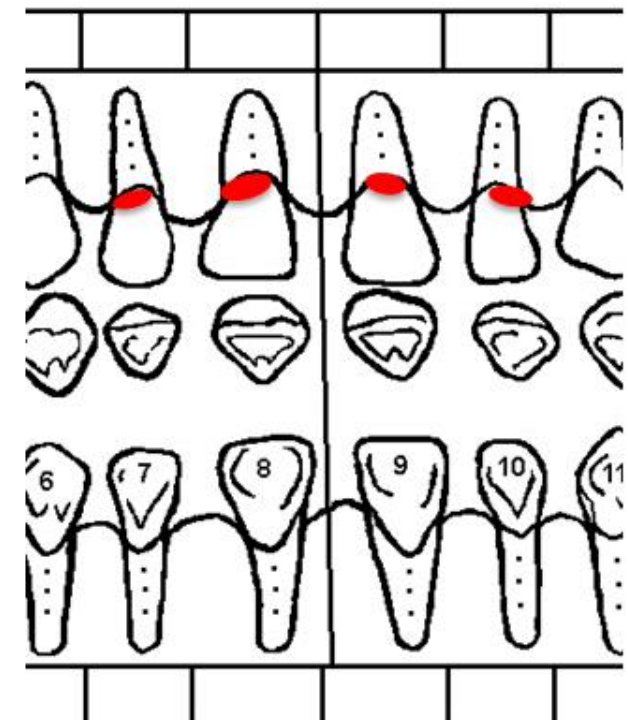
Buttons: OK, Cancel

**Dentrix Chart - (SYSTEMTEST, SYSTEMTEST) [CHB] [MNG] [4496105]**

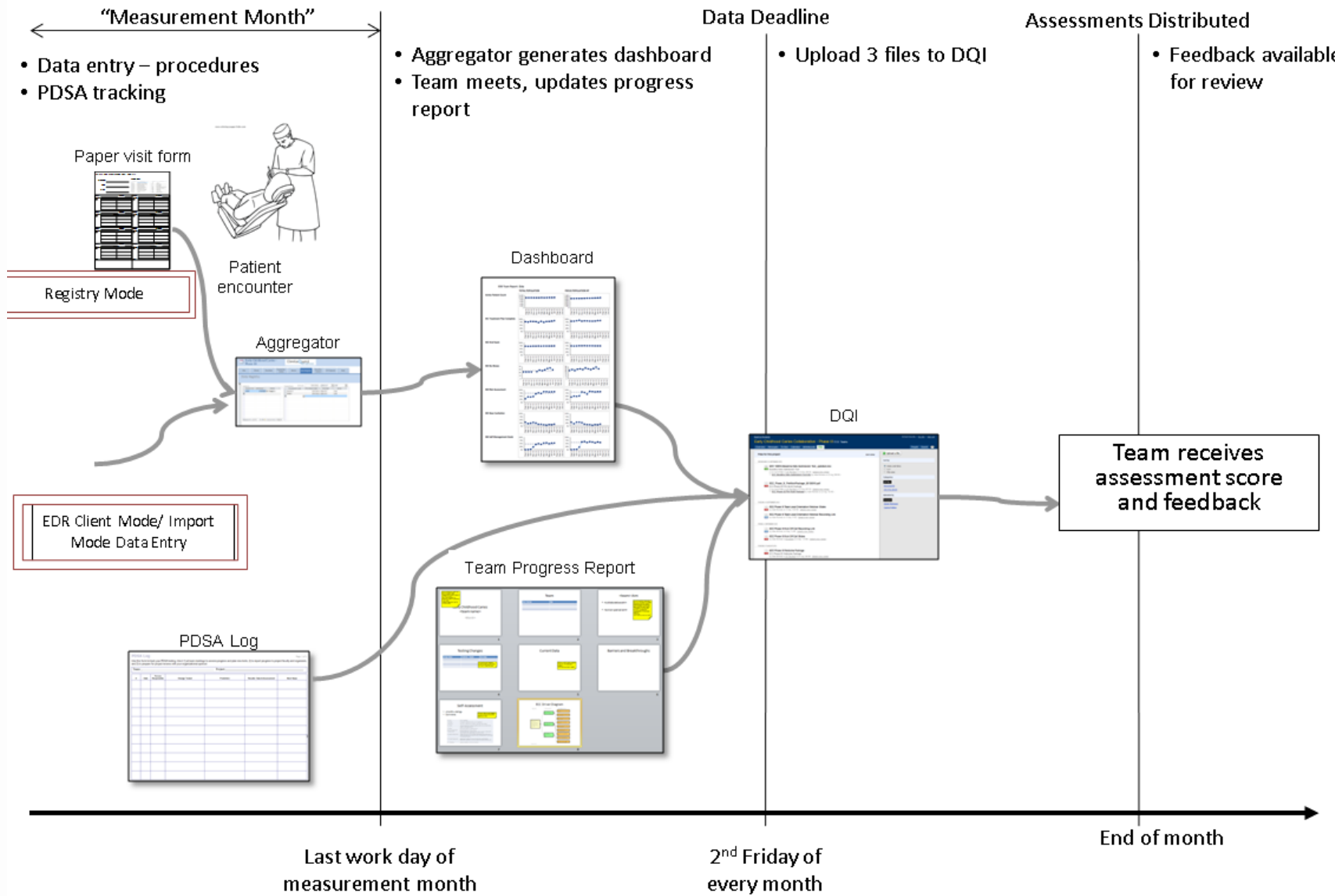
File Options View Clinical Notes Prim/Perm Procedures Multi-Codes Dental Diagnostics Help



Date	Tooth	Surf	Proc	Prov	Description	Stat	AP	Amount
04/11/2014			D1310	MNG	Nutritional counseling/SMG	C		0.
04/11/2014			DC001	MNG	Discharged	C		0.
04/11/2014			D1330	MNG	Oral hygiene instruction	C		15.
04/11/2014			D1206	MNG	Topical Applic Fluoride Varnis	C		42.
04/11/2014			D0603	MNG	High Caries Risk	C		0.
04/11/2014			1MoDM	MNG	One Month DM Visit	TP		0.
04/11/2014			D1330	MNG	Oral hygiene instruction	TP		15.
04/11/2014			D1206	MNG	Topical Applic Fluoride Varnis	TP		42.
04/11/2014			NC001	MNG	New Cavitation	C		0.
04/13/2014	D	F	D1	MNG	Demineralized enamel (white sp	CON		
04/13/2014	E	F	D1	MNG	Demineralized enamel (white sp	CON		
04/13/2014	F	F	D1	MNG	Demineralized enamel (white sp	CON		
04/13/2014	G	F	D1.5	MNG	Incipient Caries	CON		
06/11/2014			B000	MNG	CARIES RISK ASSESSMENT (0-5 yrs	CON		



# ECC Team Reporting Cycle



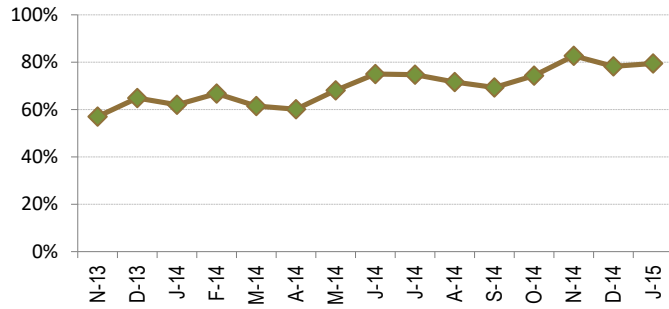
# Aggregate Process Measures



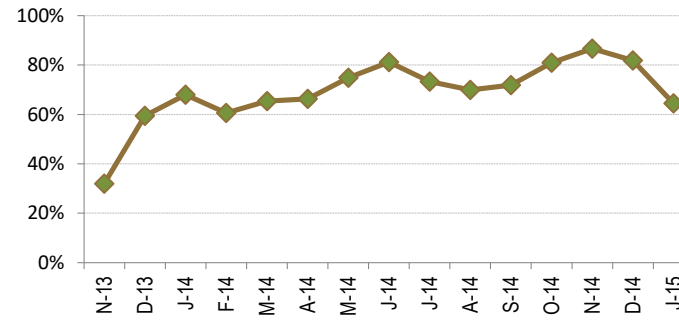
DENTAL QUALITY ALLIANCE®

Improving Oral Health Through Measurement

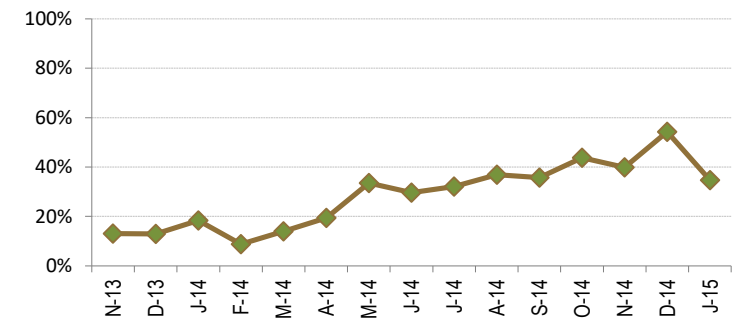
Pct Risk Assessed



Pct SMG



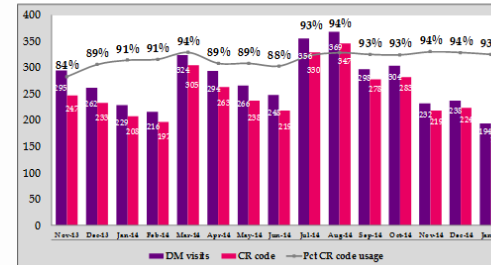
Pct On Time



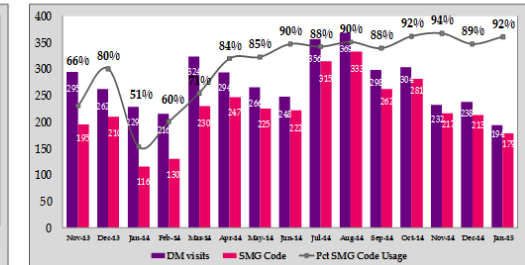
# Data Use

- Evaluate practice patterns in total and consistency of practice among providers
- Recall patients due for DM visits by caries risk by running reports
  - High risk within 3 months
  - Med risk within 6 months
  - Low risk within 12 months

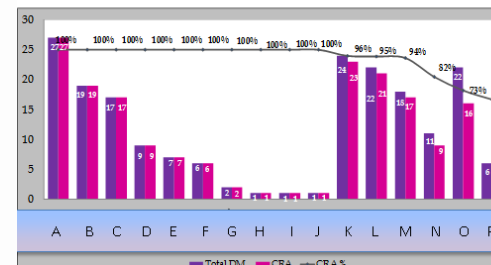
Caries Risk Usage



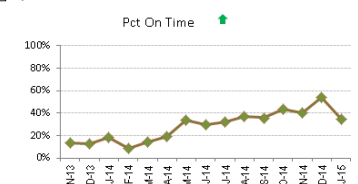
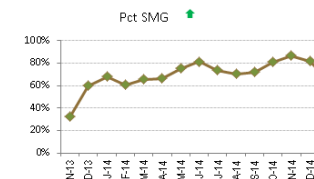
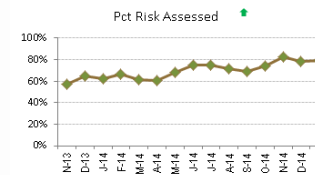
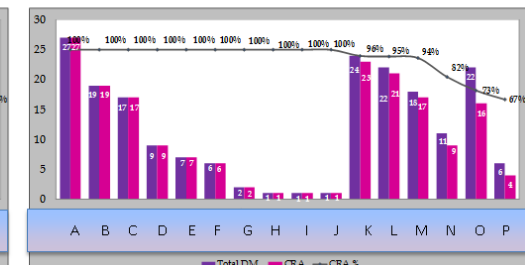
SMG Usage



Caries Risk Usage by Provider



SMG Usage by Provider





# ECC Collaborative

## Challenges/Strategies to Overcome Them

- Time Constraints
- Appointment No-Shows
- Data Collection Burden
- Staff and Leadership Buy-in
- Lack Reimbursement

## Collaborative Impact

- Since 2008, DentaQuest Institute has invested close to \$1 million in the successful learning collaborative
- Accelerated adoption of DM of ECC as evidence-based clinical approach with use of QI and measurement strategies
- Promising results from ECC Phase III showed reduced risk of new caries among younger children and those with more DM visits

# Perinatal and Infant Oral Health Care

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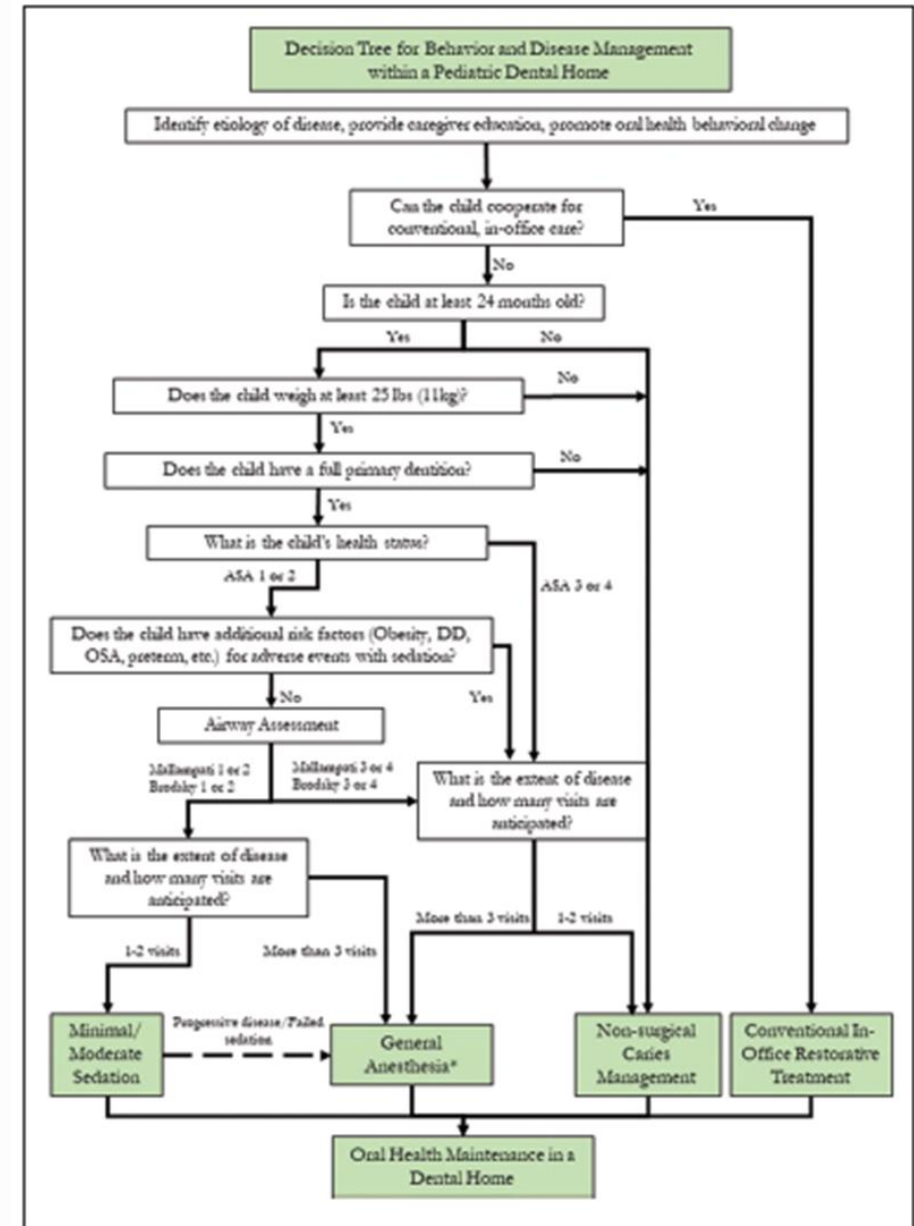
## Latest Revision

2016

Because restorative care to treat ECC often requires the use of sedation and general anesthesia with associated high costs and possible health risks,<sup>20</sup> and because there is high recurrence of lesions subsequent to the procedures,<sup>21</sup> there is now more emphasis on prevention and arrestment of the disease processes to manage ECC. Approaches include methods that have been referred to as (1) chronic disease management, which includes parent engagement to facilitate preventive measures and temporary restorations to postpone advanced restorative care,<sup>22</sup> (2) active surveillance, which emphasizes careful monitoring of caries progression and establishment of a prevention program in children with incipient lesions,<sup>23</sup> and (3) interim therapeutic restorations (ITR) that temporarily restore teeth in young children until a time when traditional cavity preparation and restoration is possible.<sup>24</sup>

# CDM-ECC FRAMEWORK

- Not a dental treatment, but a framework under which the clinician can better manage children with dental disease
- Can be useful to buy time for the child to reach an age and developmental status to cooperate for conventional in-office treatment
- In some instances, GA or sedation may be necessary
- **In all instances, the CDM framework** calls upon the clinician and the family to maintain an active role in address disease etiology



# Conclusion: ECC Collaborative has been Impactful

## Disease Management

- Can be implemented into clinical practice
- Has strong potential to improve children's oral health
- Can defer restorative treatment (under sedation or GA)
- Should be included in the clinician's toolbox of ECC treatment
- Requires and will benefit from evolving healthcare delivery and financing systems
- QI and measurement strategies are useful to facilitate adoption and spread



# Interested in Quality Improvement?



*Think Big*

*Start Small*

*Scale Fast*

Jim Carroll - <https://jimcarroll.com/2010/05/innovation-think-big-start-small-scale-fast/>

# For More Information

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- Email DQA: [dqa@ada.org](mailto:dqa@ada.org)
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