Permanente Dental Associates, P.C.

Quality Measurement Models

Dental Quality Alliance Conference

May 2, 2015

John Snyder, DMD
Dental Director and CEO
History and Overview of PDA

1974 - 2015

- Professional corporation owned, governed, and managed by Shareholder dentists
- Contracted exclusively with Kaiser Foundation Health Plan since 1974 to jointly operate and manage the Kaiser Permanente Dental Care Program (KPDCP) in the NW Region
- Operationally and financially successful group practice and partnership w/ KPDCP for 40 years
- Providers of high quality, evidence-based care to our patients, and leaders in clinical research studies that facilitate medical-dental integration
PDA Relationship with Kaiser

- Dental Service Agreement (DSA)
- Memorandum of Understanding (MOU) - Annual Contract
- Global Payment
KP Membership / Permanente Physician Groups

- 7 autonomous KP regions (Colorado, Hawaii, Georgia, Mid-Atlantic, Northern California, Southern California, and Pacific NW (OR & WA))
- Nearly **10 Million** medical members across all 7 Regions
- 7 autonomous Permanente physician groups
- 1 autonomous Permanente Dental group (Pacific NW)
- **236,000** Dental members and **502,000** Medical members in the NW region
- **90%** Dental members also have KP Medical coverage
PDA Dentists

- **SPECIALISTS:**
  - Endo 4
  - Perio 5
  - OMFS 4
  - Ortho 6
  - Pedo 9
  - Pros 1
  - TMD 1
  - **TOTAL: 31**

- **GENERAL DENTISTS:**
  - **TOTAL: 110**

**TOTAL: 141**
PDA Dentists

ASSOCIATES: 37
SHAREHOLDERS: 98
SPECIAL CONTRACT: 6
AVERAGE TENURE:
  *Ave Tenure > 1 Yr w PDA
  9 YEARS
  *11 YEARS
Evidence-Based Dentistry Philosophy

“An approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences.”

- American Dental Association

**ADA Policy--Definition of Oral Health**

Oral health is a functional, structural, aesthetic, physiologic and psychosocial state of well-being and is essential to an individual’s general health and quality of life. *

[*Adopted by the 2014 ADA House of Delegates*]
Defining Quality in Oral Health Care

- Quality Monitoring
- Evidence Based Guided Care
- Care Experience
- Scientific Evidence
- Patient Preferences or Values
- Clinical/Patient Circumstances
- Oral Health Status
- Risk Assessment
- Credentialing & Privileging
- Dentist Compensation
- Retention
- Recruitment

Experience and Judgment
The Practice of Choice for Dentists and Care Teams

RECRUITMENT & RETENTION
Recruitment: The Best and Brightest

- Dedicated Associate Director of Recruitment Coordinator
- Focus on dentists with advanced education and training
- 2014 = quarterly average of 22 applications received per open position

<table>
<thead>
<tr>
<th>Workforce Planning and Recruitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications Received Per Open Position</td>
</tr>
</tbody>
</table>
## Dentist Engagement Survey

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>% Change from 2013 to 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td>8.44</td>
<td>8.57</td>
<td>8.68</td>
<td>1.28%</td>
</tr>
<tr>
<td>Value</td>
<td>7.47</td>
<td>7.65</td>
<td>7.92</td>
<td>3.53%</td>
</tr>
<tr>
<td>Trust</td>
<td>8.05</td>
<td>8.01</td>
<td>8.19</td>
<td>2.25%</td>
</tr>
<tr>
<td>Leadership</td>
<td>8.57</td>
<td>8.73</td>
<td>8.85</td>
<td>1.37%</td>
</tr>
<tr>
<td>Operational Mgmt</td>
<td>7.58</td>
<td>7.69</td>
<td>8.02</td>
<td>4.29%</td>
</tr>
<tr>
<td>My Professional Director</td>
<td>8.36</td>
<td>8.18</td>
<td>8.50</td>
<td>3.91%</td>
</tr>
<tr>
<td>Belonging</td>
<td>8.75</td>
<td>8.61</td>
<td>8.72</td>
<td>1.28%</td>
</tr>
<tr>
<td>Problem Solving</td>
<td>7.31</td>
<td>7.59</td>
<td>7.89</td>
<td>3.95%</td>
</tr>
<tr>
<td>Accountability</td>
<td>8.24</td>
<td>8.07</td>
<td>8.29</td>
<td>2.73%</td>
</tr>
<tr>
<td>Results</td>
<td>7.49</td>
<td>7.77</td>
<td>8.10</td>
<td>4.25%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>80.26</td>
<td>80.87</td>
<td>83.16</td>
<td>2.83%</td>
</tr>
<tr>
<td>Average / Median</td>
<td>8.03</td>
<td>8.09</td>
<td><strong>8.32</strong></td>
<td><strong>2.83%</strong></td>
</tr>
</tbody>
</table>
## Retention: Continuity of Care

- Personal dentist linked to Recall Exam
- Personal dentist linked to Emergency Exam
- Selected audits when emergency care is not matched to personal dentist

<table>
<thead>
<tr>
<th>Category</th>
<th>Monitor&lt;=</th>
<th>YTD</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall Exams by DOR</td>
<td>65%</td>
<td>70.6%</td>
<td></td>
</tr>
<tr>
<td>DOR/140 Composite</td>
<td>86.0%</td>
<td>89.6%</td>
<td></td>
</tr>
<tr>
<td>% YTD Restorative by DOR - New &amp; Recall</td>
<td>70%</td>
<td>80.2%</td>
<td></td>
</tr>
<tr>
<td>Completion of Restorative Care or Treatment Planned within 3 months from Root Canal Therapy Q4 2014 YTD</td>
<td></td>
<td>97.4%</td>
<td>2.7% YTD Chg</td>
</tr>
</tbody>
</table>
Practice of Choice for Patients

CARE EXPERIENCE
### Access to timely care

- **New Patients**
- **Routine Care**

<table>
<thead>
<tr>
<th>Access Type</th>
<th>Target Status</th>
<th>Value</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access - 6U GD Prospective</td>
<td>TARGET PENDING</td>
<td>5.30</td>
<td></td>
</tr>
<tr>
<td>Access - Retrospective w/ emergency exams</td>
<td>MONITOR ONLY</td>
<td>4.15</td>
<td></td>
</tr>
<tr>
<td>Access - Retrospective w/o emergency exams</td>
<td>MONITOR ONLY</td>
<td>5.02</td>
<td></td>
</tr>
<tr>
<td>Access - NEWA Retrospective</td>
<td>MONITOR ONLY</td>
<td>4.43</td>
<td></td>
</tr>
<tr>
<td>Access - Hygiene At or After</td>
<td>MONITOR ONLY</td>
<td>9.63</td>
<td></td>
</tr>
<tr>
<td>Access - Hygiene before</td>
<td>MONITOR ONLY</td>
<td>0.70</td>
<td></td>
</tr>
<tr>
<td>Access - Hygiene 6U prospective</td>
<td>6</td>
<td>7.30</td>
<td></td>
</tr>
</tbody>
</table>
Access to Specialty Care

- Specialists geographically distributed throughout offices
- Outside referrals to ensure timely care for patients

### Managing Specialty Services

<table>
<thead>
<tr>
<th>Measure</th>
<th>Goal</th>
<th>Current Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dollars Paid to Community Specialists by PGM, by Specialty, by Office, by Dentist</td>
<td>≤ $600K Qtr</td>
<td>$741,300</td>
</tr>
<tr>
<td>Member-to-Specialist Ratio</td>
<td>TBD</td>
<td>35,612:1</td>
</tr>
<tr>
<td>% Implants Restored Internally</td>
<td>≥ 90%</td>
<td>98.50%</td>
</tr>
<tr>
<td>% Implants Surgically Placed</td>
<td>≥ 50%</td>
<td>66.90%</td>
</tr>
<tr>
<td>Completion of Endodontic Therapy or Tmt Planned within 3 months from Initiation Q4 2014 YTD</td>
<td>Monitor≤93%</td>
<td>89.30%</td>
</tr>
<tr>
<td>% Surgery Procedures by General Dentist</td>
<td></td>
<td>81.0%</td>
</tr>
<tr>
<td>% Obturations (ant., bi., molar total) by General Dentist</td>
<td></td>
<td>65.3%</td>
</tr>
</tbody>
</table>
### Patient Perceptions

#### Likelihood of Recommending Dentist

- **Overall Member Satisfaction (% VERY GOOD)**

<table>
<thead>
<tr>
<th>Managing the Care Experience</th>
<th>≥ 69.5%</th>
<th>70.4%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likelihood of recommending DMD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Member Satisfaction - Overall Top Box</td>
<td>65.9%</td>
<td>67.60%</td>
</tr>
<tr>
<td>Satisfaction w/ Concern/Steps taken to protect</td>
<td>≥ 65.6%</td>
<td>68.6%</td>
</tr>
<tr>
<td>Increase in Patients' Satisfaction: &quot;Your dental care team's concern for overall health&quot; (% Very Good)</td>
<td>Monitor Only</td>
<td>68.8%</td>
</tr>
</tbody>
</table>

Increase in Patients' Satisfaction: "Your dental care team's concern for overall health" (% Very Good)

Monitor Only 68.8%
The Model of Evidence-Based Total Health

EVIDENCE-BASED CARE
Caries Prevention Measures

- **FLUORIDE:** % of mod/high risk (C2M, C2H, C3H) Caries Patients Who are Treatment Planned for or Have Received Preventive Treatment

- **SEALANTS:** – Sealant Rate
  - Completed, Treatment Planned or Alert Indicated
  - Completed or Alert Indicated

<table>
<thead>
<tr>
<th>Advancing the Standard of Care</th>
<th>Caries Prevention - Fluoride</th>
<th>Caries Prevention - Sealants</th>
<th>Sealant Rate (Completed or Alert Indicated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>92%</td>
<td>80%</td>
<td>MONITOR</td>
<td>88.1%</td>
</tr>
<tr>
<td>98.1%</td>
<td>98.1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Medical-Dental Integration

9.3%
January 2015

Tobacco Cessation - % Assisted Referral Accepted

Front Desk
- Check in patient

Assistant
- Take Blood Pressure
- Take/Review Films
- Assess Smoking Status

Hygienist/Dentist
- Health History Review
- Document PPD and years, previous quit attempts
- Discuss nicotine replacement therapy

Referral
- Patient calls Health Education Services (HES)
  OR, Patient is ready for a call back from HES
  OR, Patient declines HES
## Patient Support Tool: Care Gaps

### Providing an Integrated Total Health Solution

<table>
<thead>
<tr>
<th></th>
<th>PST Participation</th>
<th>PST - Touch Points</th>
<th>Care Gaps Resolved</th>
<th>Improve HEDIS Composite Score: Increase % of Patient Care Gaps Closed using PST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>95%</td>
<td>MONITOR ONLY</td>
<td>MONITOR ONLY</td>
<td>34.5%</td>
</tr>
<tr>
<td></td>
<td>100.0%</td>
<td>16,112</td>
<td>11,779</td>
<td></td>
</tr>
</tbody>
</table>
Practice of Choice for Patients

ORAL HEALTH STATUS
## Oral Health Status Defined

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blank</td>
<td>Programming is not able make a determination of Oral Health Status.</td>
</tr>
<tr>
<td>OHS-1</td>
<td>Wellness. Requires only 12 month exam/recall.</td>
</tr>
<tr>
<td>OHS-2</td>
<td>Maintenance. Moderate perio/caries risk or with preventive care gaps, or with stable perio condition.</td>
</tr>
<tr>
<td>OHS-3</td>
<td>High Needs. Requires treatment that if not addressed could cause pain within 12 months.</td>
</tr>
<tr>
<td>OHS-4</td>
<td>Unknown. Has not had exam in past 15 months.</td>
</tr>
<tr>
<td>OHS-N</td>
<td>New. Has not had dental appointment since 2005.</td>
</tr>
</tbody>
</table>
Developing Transparent Oral Health Data

*Members with asthma, diabetes, kidney disease, heart disease, tobacco use, and prenatal
### Population Health Outreach Calls Pilot
Comparison of Intervention Group and Usual Group Data ran on 10/27/14

<table>
<thead>
<tr>
<th>Comparison</th>
<th>Cascade Park Intervention Group</th>
<th>Salmon Creek Usual Group</th>
<th>Difference between Intervention Group and Usual Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starting number in group - As of 4/1/14</td>
<td>525</td>
<td>460</td>
<td></td>
</tr>
<tr>
<td>Number in group as of 9/15/14</td>
<td>495</td>
<td>438</td>
<td></td>
</tr>
<tr>
<td>Number that lost coverage</td>
<td>30</td>
<td>22</td>
<td>8</td>
</tr>
<tr>
<td>Number that were seen, but programming unable to determine new OHS</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Number that had either had or scheduled an exam appointment as of 10/27/14</td>
<td>166</td>
<td>67</td>
<td>99</td>
</tr>
<tr>
<td>-Number that had an exam appointment</td>
<td>151</td>
<td>57</td>
<td>94</td>
</tr>
<tr>
<td>-Number that had scheduled an exam appointment</td>
<td>15</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Improved OHS</td>
<td>147</td>
<td>57</td>
<td>90</td>
</tr>
<tr>
<td>-Improved to OHS-1</td>
<td>10</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>-Improved to OHS-2</td>
<td>61</td>
<td>25</td>
<td>36</td>
</tr>
<tr>
<td>-Improved to OHS-3</td>
<td>76</td>
<td>31</td>
<td>45</td>
</tr>
</tbody>
</table>
PDA Peer Review Committee

- Trigger Audits
- Lab Model Review
- Root Cause Analysis
Level 1 Events

- Extraction of wrong tooth
- Unanticipated tooth loss from mistreatment or misdiagnosis
- Post-operative need for hospitalization resulting in morbidity or mortality
- Practitioner treats a patient while under the influence of drugs or alcohol
- Precipitation of a clearly avoidable emergency
- Practicing outside the scope of dentistry
- Willful attempt to disguise an event

<table>
<thead>
<tr>
<th>Assuring Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Level 1 Events</td>
</tr>
</tbody>
</table>

Quality Assurance Monitoring

≤ 1 Quarterly

Number of Level 1 Events
Level 2 Events

- Demonstrates a significant trend or cluster (two or more events occurring closely together within the quarter.)
- An event resulting in more extensive or complex treatment that may have been avoided but has not escalated to a Level 1 significance.
- Agreement regarding the level of significance occurs between the Associate/Operations (Risk Management) and Peer Review Chairman.

Assuring Quality

<table>
<thead>
<tr>
<th>Number of Level 2 Events</th>
<th>≤ 11 Quarterly</th>
<th>5</th>
</tr>
</thead>
</table>
Level 3 Events

- Irregularities or events that are:
  - Discovered by procedural or “triggered” focused audits
  - Discovered and reported at the clinic level
  - Discovered and reported by an individual

- Elevates to Level 1 or Level 2 if significant trending occurs or if the event becomes a member concern determined to be related to quality of care or a PCE

- Events that are undesirable by definition but possibly unavoidable and the patient was aware of the risks involved
Quality Assurance Monitoring

Incidence of Paresthesia's Reported by Anesthetic Type, Post-Operative (Surgical), or Post-Endodontic for 2002-2013

Number of Incidences

Year


- total LA paresthesia
- post surgical
- post endodontic
Practice of Choice for Dentists and Care Teams

DENTIST COMPENSATION
PDA Reimbursement vs. Traditional Reimbursement

**EVIDENCE BASED Reimbursement**

- **Insurance Company**
- **Global Payment**
- **Permanente Dental Associates, P.C.**
- **Payment**

**Claims Data**

*Lists the procedures done by the dentist, including preventative measures that the evidence supports.*

**TRADITIONAL Reimbursement**

- **Insurance Company**
- **Payment**
- **Dentist**

**Claims Data**

*Lists the procedures done by the dentist from which payments will be made.*
How the Measures for Reimbursement are Structured

Pay for dentists is structured according to performance incentives. The total pay is derived from three methods of reimbursement:

- **55%**: Fixed salary
- **25%**: Individual performance
- **20%**: Dental office performance
Variable Base Compensation (VBC): General Dentists

CARE EXPERIENCE

- New Patient Access
- General Dentist Access
- Patient Satisfaction Measures
Variable Base Compensation (VBC): General Dentists

MODEL OF EVIDENCE BASED CARE

- Caries Prevention
- CEC Sealants
- % of 140 exams by Dentist of Record (DOR)
- % of 120 exams by Dentist of Record (DOR)
- Endo Therapy within 90 days
Variable Base Compensation (VBC): General Dentists

TOTAL HEALTH SOLUTION

- % of Dentists using Patient Support Tool (PST)
- % of eligible patients receiving PST sheet
Summary

- **Quality** crosses over all the spheres that define evidence based dentistry
- **Management systems** are required to monitor performance
- **Quality monitoring** requires a “culture” of Trust and Transparency
- The **reimbursement model** has to support the EBD philosophy of care
- **External Validation**
  - AAAHC
    - Received full 3-year accreditation from the Accreditation Association for Ambulatory Health Care every cycle since 1990.
Questions?