



DENTAL QUALITY ALLIANCE: 2022 ANNUAL MEASURES REVIEW

REPORT FROM THE DQA MEASURE
DEVELOPMENT AND MAINTENANCE
COMMITTEE

JUNE 2022

Table of Contents

INTRODUCTION AND PURPOSE	3
ANNUAL MEASURE REVIEW PROCESS	3
ADDITIONAL MEASURES FEEDBACK RECEIVED	3
PUBLIC COMMENTS TO DQA ANNUAL MEASURE REVIEW	4
MEASURE-SPECIFIC COMMENTS.....	4
Non-Surgical Ongoing Periodontal Care for Adults with Periodontitis.....	4
Topical Fluoride for Children and Preventive Services for Children: Types of Fluoride	5
Oral Evaluation, Dental Services.....	6
GENERAL COMMENTS ON EXISTING MEASURES	7
Stratifications	7
Measures Requiring Medical and Dental Claims.....	9
Measures that Delineate both “Dental” and “Oral Health” Services	9
Measure Implementation Considerations	10
Other General Comments: Diagnosis Codes	11
PUBLIC RECOMMENDATIONS FOR NEW MEASURES.....	11
New Diagnoses of Periodontal Disease	11
Adults: Caries Risk Assessment.....	11
Adults: Treatment/Restorative Services Measure	12
GENERAL UPDATES TO MEASURE SPECIFICATIONS.....	12
CODE UPDATES.....	12
Code on Dental Procedures and Nomenclature	12
Health Care Provider Taxonomy Codes	12
ICD-10-CM Diagnosis Codes	12
Appendix A: Measure Development and Maintenance Committee.....	13
Appendix B: Public Comments.....	14
Appendix C: Request for Stakeholder Feedback on DQA Periodontal Measures	20

INTRODUCTION AND PURPOSE

The purpose of this report is to summarize the 2022 annual review of the Dental Quality Alliance's (DQA's) quality measures for pediatric and adult populations. DQA measures address prevention and disease management to promote oral health for both children and adults. DQA measures report results related to utilization, access, cost, and quality of dental services for individuals enrolled in public (Medicaid, CHIP) and private (commercial) insurance programs.

The detailed specifications can be found on the DQA [website](#) at:

<https://www.ada.org/resources/research/dental-quality-alliance/dqa-dental-quality-measures>.

ANNUAL MEASURE REVIEW PROCESS

The DQA has established an annual measure review and maintenance process. This measure review process is conducted by the DQA's Measure Development and Maintenance Committee (MDMC). The MDMC is comprised of seven subject matter experts and a member of the DQA Executive Committee. Members of DQA Leadership regularly attend MDMC meetings. ([Appendix A](#)).

The DQA released a call for comments to its members and the broader oral health community in February 2022. Following a 30-day comment period, the MDMC considered and addressed the comments.

The DQA's MDMC would like to thank all stakeholders who submitted comments to the DQA in support of this review of the measures.

ADDITIONAL MEASURES FEEDBACK RECEIVED

Three DQA measures are currently included in the Centers for Medicare and Medicaid Services (CMS) [Core Set of Children's Health Care Quality Measures](#) for reporting by state Medicaid and Children's Health Insurance Program (CHIP) programs: Oral Evaluation, Dental Services; Topical Fluoride for Children; and Sealant Receipt on Permanent First Molars. The Core Set undergoes annual review through a multi-stakeholder workgroup.

The DQA measures Oral Evaluation and Topical Fluoride for Children are also being considered for incorporation into the National Committee for Quality Assurance's (NCQA's) Healthcare Effectiveness Data and Information Set (HEDIS) for reporting by Medicaid managed care organizations. NCQA also released [a public comment period](#) for feedback on these measures as part of HEDIS reporting.

Clarification questions received during the above processes were also incorporated into the DQA's AMR activities.

PUBLIC COMMENTS TO DQA ANNUAL MEASURE REVIEW

The following paragraphs summarize the public comments and the results of the review by the MDMC. The detailed public comments are contained in [Appendix B](#).

MEASURE-SPECIFIC COMMENTS

Non-Surgical Ongoing Periodontal Care for Adults with Periodontitis

Call for Public Comment

The intent of the DQA measure, [Non-Surgical Ongoing Care for Adults with Periodontitis](#), is:

to identify specific dental care services, indicative of ongoing care associated with successful long-term management of periodontal disease. The measure was specifically designed to be broader than a measure based ONLY on D4910, periodontal maintenance. For that reason, the measure is termed "ongoing care" instead of "periodontal maintenance." It includes a broader set of services, reflective of the different types of care that patients with a history of periodontal disease may receive as part of conservative/limited ongoing disease management.

Consequently, this measure assesses the percentage of adults aged 30 years and older with a history of periodontitis who had at least 2 distinct visits within the reporting year that included any of the following services: an oral prophylaxis (D1110), scaling/root planing (D4341/D4342), or periodontal maintenance (D4910).

In the past, the DQA has received feedback on the numerator definition of this measure. One specific concern raised was that including scaling and root planing (D4341/D4342) in the numerator value set would constitute active treatment and not a follow-up or maintenance procedure. The MDMC considered this concern and clarified that the measure, as defined, is not intended to simply track periodontal maintenance but rather ongoing care/therapy for the patient who has been treated for periodontitis in the past. In its review, the MDMC reaffirmed that the measure of Non-Surgical Ongoing Care meets the intended purpose.

During the 2022 Annual Measure Review cycle, the MDMC sought additional feedback on measuring performance of programs (e.g., Medicaid) and dental plans related to periodontal disease prevention and management and the utility of adding an additional measure ([Appendix C](#)).

Public Comments and MDMC Recommendations

Commenters were specifically asked to provide the following feedback regarding the utility of developing an additional measure to assess program and plan performance related to periodontal disease prevention and management:

1. Is there a need for an additional, separate measure that specifically tracks prophylaxis (D1100) and periodontal maintenance (D4910) as follow up for adults with history of periodontitis (D4240 or D4241 or D4260 or D4261 or D4341 or D4342 or D4910)? Please explain your response from the perspective of how such a measure would or would not contribute to population-based assessments of care quality above and beyond the existing measure.
2. The MDMC welcomes additional feedback on the existing measure as well as any other feedback on this topic.

Four comments were received. All commenters supported the existing measure as an appropriate measure of "ongoing care." Two commenters additionally noted that they did not see a need for an additional measure. Two commenters indicated support for an additional measure that would track prophylaxis and periodontal maintenance specifically.

The MDMC reviewed and considered the comments. Given the continued support for the current measure, mixed feedback on the need for an additional measure to meaningfully drive quality improvement, and the resources required to fully develop and test a new measure, the MDMC recommended against a new, additional measure. The MDMC suggested that stratification of the existing measure by the numerator procedures could be explored.

Recommendation: Do not add an additional measure of periodontal care that is focused specifically on prophylaxis (D110) and periodontal maintenance (D4910). Explore stratification of the existing measure of Ongoing Care by numerator procedures.

Topical Fluoride for Children and Preventive Services for Children: Types of Fluoride

Topical Fluoride for Children measures the percentage of children who received at least 2 topical fluoride applications during the reporting year. Preventive Services for Children measures the percentage of children who received a topical fluoride application and/or sealants during the reporting year.

A commenter to the DQA's annual request for comments requested clarification regarding the forms of topical fluoride included and, specifically, whether fluoride foam should be excluded and whether the type of fluoride (varnish or gel) should be measured relative to child age.

Commenters to NCQA's public comment period also asked about the applicability of forms of the topical fluoride besides fluoride varnish. Both fluoride varnish and fluoride gel are recommended for children 6-18 years of age and fluoride varnish is recommended for children

younger than 6 years of age in [evidence-based guidelines](#). There are two CDT codes used in the measures to identify topical fluoride application: D1206 (topical application of fluoride varnish) and D1208 (topical application of fluoride – excluding varnish). Consequently, D1208 does not allow one to distinguish between fluoride gel versus other forms of topical fluoride, such as foam. This limitation is noted in the measure specifications.

Other forms of topical fluoride besides fluoride varnish are not recommended in evidence-based guidelines for children younger than age 6 because of concerns that the potential risks of adverse events, specifically nausea and vomiting, from swallowing these agents outweighs the potential benefits. Although other forms are not recommended, the [guidelines](#) additionally state that “practitioners may consider the use of these other agents on the basis of their assessment of individual patient factors that alter the benefit-to-harm relationship.” The overall intent of the measures is to assess and promote the use of professionally applied topical fluoride. Because evidence-based guidelines allow for the possibility of using other forms of professionally applied topical fluoride for children under age 6, the DQA’s measures capture all forms of professionally applied topical fluoride. Age stratifications are included in the measure specifications. The MDMC recognizes that topical fluoride varnish is the preferred agent for children younger than 6 years of age and recommends that the User Guide incorporate new guidance for how measure users can examine the proportion of professionally applied topical fluoride that is applied in the form of varnish versus other agents for children younger than 6 years of age in order to evaluate whether there are educational opportunities to encourage providers who are using other forms of topical fluoride to switch to topical fluoride varnish.

Oral Evaluation, Dental Services

Oral Evaluation, Dental Services measures the percentage of children who received a comprehensive or periodic oral evaluation with the reporting year. This measure requires that the services be provided by a dental provider. Commenters to NCQA’s public comment period asked about whether the measure should be expanded to include all provider types in order to capture oral screenings conducted by medical primary care providers, such as pediatricians. The measure intent is to capture whether children are receiving a periodic or comprehensive oral evaluation as these services are defined by the Code on Dental Procedures and Nomenclature. These oral evaluation services include diagnosis and treatment planning, extending beyond the oral health screenings conducted by non-dental health care professionals. Including such screenings would deviate from the measure’s intent. The DQA recognizes appreciates the important role played by medical primary care providers in promoting oral health, which includes screenings, topical fluoride application, and referrals to dental care. Consequently, there are other DQA measures, such as Topical Fluoride for Children, that capture oral health services provided by medical primary care providers.

Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults

Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults measures the number of emergency department (ED) visits for ambulatory care sensitive dental conditions per 100,000 member months among adults. There were two comments noting similarity between the DQA's quality measure and the Association of State and Territorial Dental Directors' (ASTDD) Guidelines for Surveillance of Non-Traumatic Dental Care in Emergency Departments. ASTDD was one of the commenters and requested ongoing communication with the DQA for continued collaboration to align the code sets where possible. The DQA welcomes this ongoing communication and supports aligning the code sets as long as any code set revisions also remain aligned with the measure's intent.

One commenter also requested a crosswalk for ICD-9 and ICD-10 codes for use with older years of data. The User Guide will be updated to include the most recent crosswalk as an appendix. In addition, prior years' versions of the measure that contain ICD-9 coding are available from the DQA upon request.

GENERAL COMMENTS ON EXISTING MEASURES

Stratifications

Measure score stratification refers to reporting the measure results by such population characteristics as age, race, ethnicity, geographic location, and socioeconomic status. Measure stratification is important for identifying disparities in care. Detailed guidance on implementing measure stratifications is available in the [DQA User Guides](#).

Age Stratifications

During the NCQA review process of incorporating DQA measures into HEDIS, clarification was requested regarding the rationale for the DQA standard age categories of <1; 1-2; 3-5; 6-7; 8-9; 10-11; 12-14; 15-18; 19-20. The DQA age stratifications were determined during measure development and testing. Detailed stratifications are used to reflect different stages of dentition development. Additional refinement was included to enable comparisons across payers that may cover different populations. For example, Marketplace coverage may only go through age 18 whereas Medicaid EPSDT benefits go through age 20. Consequently 19-20 years is included as a separate age stratification. The stratifications also were designed to be applicable across DQA measures so that comparisons can be made for the same age group across dental quality measures. Measure testing found statistically significant differences across

most stratifications with variations by measure and by reporting entity. Less granular age stratifications were considered, but they were rejected for the above reasons as well as the recognition that it is relatively easy for measures users to aggregate more granular age stratifications if desired.

Aligning Stratifications between Measures

One commenter noted variations between measures regarding the applicable stratification variables and recommended achieving greater alignment across measures. The DQA has tested and recommended stratification across a range of characteristics, including age, race, ethnicity, geographic location, socioeconomic status and payer type. The DQA does not govern measure implementation; rather, specific implementation requirements are determined by measure users such as the CMS, state Medicaid programs, and state Health Insurance Marketplaces. However, the DQA has recommended age as a “required” stratification and identified other important stratifications such as race, ethnicity, geographic location, socioeconomic status, and payer type as “optional” stratifications based on adequate data availability and reporting capabilities. Many high priority stratifications, such as reporting measures by race and ethnicity, continue to face feasibility issues due to high rates of missing data in many public and commercial claims databases.

Because the National Quality Forum (NQF) requires that measure specifications be consistently implemented across measures users, “optional” components to measure specifications are discouraged. Consequently, DQA measures that have undergone NQF review and endorsement include only the “required” stratification of age and no “optional” stratifications. Specifications for measures that have not been submitted to NQF have referenced all recommended stratifications.

The DQA agrees that aligning the approach across measures will be helpful for measure implementers who are using multiple measures. The DQA is reviewing all stratifications and will revise the specifications to achieve greater alignment. It is important to note, however, that all measures may not have the same stratifications because certain stratifications may not be universally applicable.

Additional Stratifications

The following stratification categories were recommended to be added where feasible:

- Special health care needs
- Sexual identity or gender orientation

The [DQA User Guides](#) include guidance for stratifying by special health care needs using CDT code D9997 (dental case management – patients with special health care needs). However, the User Guide also advises:

The absence of CDT D9997 may reflect that a patient does not have special health care needs or missing data (i.e., the provider does not record this code regardless of whether the patient was assessed for special health care needs). This code is best used for stratification in settings that have established consistent screening and recording of special health care needs.

The [DQA User Guides](#) also recommend stratification by sex assigned at birth (female, male). To date, administrative claims databases used for DQA measures have not included additional fields to distinguish categories related to sexual identity or gender orientation. The DQA will continue to monitor data collection and reporting in these areas and update the stratification categories as reporting becomes feasible.

Measures Requiring Medical and Dental Claims

One commenter noted that some DQA measures, such as *Adults with Diabetes – Oral Evaluation*, require both medical and dental claims which would be of interest to many federally qualified health centers but may not be feasible for settings without integrated medical and dental systems or data. The DQA measure specifications for measures that require both medical and dental claims are specified for program-level reporting by entities that have both medical and dental claims and contain the following note:

This measure only applies to programs, such as Medicaid, that provide both medical and dental benefits. Use of this measure as a requirement for stand-alone dental benefit plans may result in feasibility issues due to lack of access to appropriate data. Use by health plans that provide both medical and dental benefits to a population may be considered after assessment of data element feasibility within the plans' databases

The DQA appreciates the commenter's feedback and supports adoption of its medical-dental measures by FQHCs that have integrated medical and dental systems.

Measures that Delineate both “Dental” and “Oral Health” Services

The DQA has three measures that are reported by: dental services, oral health services, and dental or oral health services. These measures are *Utilization of Services*, *Preventive Services for Children*, and *Topical Fluoride for Children*. The [DQA User Guides](#) define “dental” and “oral health” services, and each measure's specifications provide detailed information about the provider types that are included. The definitions adopted by the DQA follow the Code of Federal Regulations, which defines “dental” services as follows:

§ 440.100 Dental services.

(a) "Dental services" means diagnostic, preventive, or corrective procedures provided by or under the supervision of a dentist in the practice of his profession, including treatment of —

(1) The teeth and associated structures of the oral cavity; and

(2) Disease, injury, or impairment that may affect the oral or general health of the beneficiary.

(b) "Dentist" means an individual licensed to practice dentistry or dental surgery.

Thus, "dental services" refer to oral health care services provided by or under the supervision of a dentist, and "oral health services" refer to oral health care services by a provider who is not a dentist nor under the supervision of a dentist. Comments received addressed different aspects of these measures related to the different provider types captured.

Measure Names

One commenter suggested renaming these measures to reflect the type of provider (medical or dental). The measure titles currently include whether they are dental services, oral health services, or dental or oral health services. The [DQA User Guides](#) define "dental" and "oral health" services, and each measure's specifications provide detailed information about the provider types that are included. The DQA appreciates the suggestion, but will retain the current measure titles that have been in use for 10 years and are familiar to many in the oral health measurement community.

Measure Stratification

One commenter suggested adding medical provider type as a stratification variable. By reporting the measures by dental services and oral health services separately, it is possible for measure users to understand broadly whether service delivery is occurring through the "dental" care delivery system or the "medical" care delivery system. Further delineating specific provider types within the measure (e.g., pediatricians, family physicians, ARNPs, etc.) as a standard for all measure users could result in burdensome reporting requirements. Measure users who are interested in exploring the data in more depth to understand which specific provider types in their care delivery systems are providing these services are encouraged to do so as part of their quality improvement activities. The DQA can provide technical assistance to measure users who are interested in doing so but would like guidance.

Measure Implementation Considerations

Commenters asked for additional resources to assist with measure implementation and interpretation, including:

- Guidance on trending measures over time
- Guidance on comparing measures across payers

- Links to reports using measures
- Benchmarks

The [DQA User Guides](#) currently contain implementation guidance. The DQA will expand this guidance to more thoroughly address trending measures over time and the use of DQA measures for comparisons between reporting entities.

In 2022, the DQA released a [State Oral Healthcare Quality Dashboard](#) that provides state and national values of selected DQA measures for state Medicaid and CHIP programs. These reports reflect analysis of Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAFs) from CMS.¹ The state values can be stratified by population characteristics, including age, sex assigned at birth, race, ethnicity, geographic location, and primary language spoken at home. These data can be used by measure implementers to evaluate their performance relative to national averages as well as by examining measure scores for the states in which they operate. Measure users with limited capacity for calculating their own reports may also wish to use the dashboard reports rather than calculating the measures themselves.

Other General Comments: Diagnosis Codes

One commenter noted its support of the adoption and implementation of diagnosis codes to advance quality measurement in dentistry.

PUBLIC RECOMMENDATIONS FOR NEW MEASURES

New Diagnoses of Periodontal Disease

One commenter suggested adding a new measure that tracks new diagnoses of periodontal disease.

Adults: Caries Risk Assessment

One commenter recommended developing a measure that documents caries risk assessment for adults.

¹ The DQA Oral Healthcare Quality Dashboard dynamically-generated reports are part of a research project titled "The State of Oral Healthcare Use, Quality and Spending: Findings from Medicaid and CHIP Programs," made possible through Data Use Agreement (DUA) RSCH-2020-55639 with the Centers for Medicare and Medicaid Services (CMS).

Adults: Treatment/Restorative Services Measure

One commenter recommended developing a measures of treatment services, focused on restorative services, for adults.

The MDMC will explore the feasibility of testing these concepts for validity, reliability and feasibility as part of its future measure development plans.

GENERAL UPDATES TO MEASURE SPECIFICATIONS

CODE UPDATES

Code on Dental Procedures and Nomenclature

In addition to the public comments submitted, the MDMC reviewed and approved several routine updates to the measure specifications. These include code updates and editorial updates. Review of the 2022 CDT Manual code updates did not identify new codes relevant to the measures.

Health Care Provider Taxonomy Codes

Review of the 2022 Health Care Provider Taxonomy code set maintained by the National Uniform Code Committee (NUCC) identified no new codes relevant to measures.

ICD-10-CM Diagnosis Codes

Review of the ICD-10-CM Diagnosis codes identified the following codes to be added to the set of codes used to identify non-traumatic dental conditions for the measure Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults:

- M26.641 Arthritis of right temporomandibular joint
- M26.642 Arthritis of left temporomandibular joint
- M26.643 Arthritis of bilateral temporomandibular joint
- M26.649 Arthritis of unspecified temporomandibular joint
- M26.651 Arthropathy of right temporomandibular joint
- M26.652 Arthropathy of left temporomandibular joint
- M26.653 Arthropathy of bilateral temporomandibular joint
- M26.659 Arthropathy of unspecified temporomandibular joint
- M35.0C Sjogren syndrome with dental involvement

Appendix A: Measure Development and Maintenance Committee

Measure Development and Maintenance Committee:

Craig W. Amundson, DDS, General Dentist, HealthPartners. Dr. Amundson serves as chair for the Committee.

Frederick Eichmiller, DDS, Vice President and Science Officer, Delta Dental Wisconsin

Chris Farrell, RDH, BSDH, MPA, Oral Health Program Director, Michigan Department of Health and Human Services

An Nguyen, Chief Dental Officer, Clinica Family Health

Chris Okunseri, B.D.S., M.Sc., Director, Predoctoral Program, Dental Public Health, Marquette University

Bob Russell, DDS, MPH, MPA, CPM, FACD, FICD, Previous State Public Health Dental Director, Chief, Bureau of Oral and Health Delivery Systems, Iowa

Tim Wright, DDS, MS, Distinguished Professor, University of North Carolina School of Dentistry

DQA Executive Committee Liaison to the MDMC:

Robert Margolin, DDS, ADA/ Council on Advocacy for Access and Prevention

DQA Leadership:

Paul Casamassimo, DDS, MS, Chair, Dental Quality Alliance

Ralph Cooley, DDS, Chair-Elect, Dental Quality Alliance

The Committee was supported by:

Krishna Aravamudhan, BDS, MS, Director, Council on Dental Benefits Program, American Dental Association

Diptee Ojha, BDS, PhD, Director, Dental Quality Alliance & Clinical Data Registry, American Dental Association

Erica Colangelo, MPH, Manager, Dental Quality Alliance, American Dental Association

Jill Boylston Herndon, PhD, Methodology Consultant to the DQA; Managing Member and Principal, Key Analytics and Consulting, LLC

Appendix B: Public Comments

MEASURE	COMMENT	SUBMITTED BY
PERIODONTAL MEASURES	<p>The American Academy of Pediatric Dentistry declines the opportunity to comment. We would rather defer to other DQA members and the community who care for patients with periodontal issues, as pediatric dentistry does not routinely include these procedures in our patient care mix.</p> <p>Thank you for your work and for this offer to review DQA measures and specifically DQA periodontal measures.</p>	American Academy of Pediatric Dentistry
PERIODONTAL MEASURES	<p>1. Delta Dental Plans Association supports the proposal for an additional, separate measure that specifically tracks prophylaxis (D1110) and Periodontal maintenance (D4910) as follow up for adults with history of periodontitis (D4240 or D4241 or D4260 or D4261 or D4341 or D4342 or D4910).</p> <p>Rationale supporting this measure provides an assessment of the population who have a history of periodontitis and are in a recall condition e.g., non-active disease state. In short, an outcome measure.</p> <p>Such measure contributes to the assessment of care outcomes by measuring the population who were treated for disease and are now in a recall or maintenance condition.</p> <p>2. Our comment above on the new measure is not intended to replace the existing measure. We believe the existing Non-Surgical Ongoing Care Measure does indeed capture ongoing care. The measure does not indicate disease inactivity, but is an appropriate utilization measure.</p>	Dr. Greg Theis, Delta Dental Plans Association
PERIODONTAL MEASURES	<p>We don't see a need for a separate measure limited to prophylaxis and periodontal maintenance. We agree with the previous position of DQA that the wider definition of ongoing care for patients previously diagnosed with periodontal disease should be the focus of measurement.</p>	Christine Wood, RDH, BS Executive Director Association of State and Territorial Dental Directors
PERIODONTAL MEASURES	<p>The DQA has a current measure called Non-Surgical Ongoing Care for Adults with Periodontitis. This measure assesses adults with a history of periodontitis who received an oral prophylaxis or scaling/root planning or periodontal maintenance within the reporting year. The DQA MDMC defines the intent of the current measure as indication of ongoing care associated with successful long-term management of periodontal disease. Dental hygienists are prevention specialists and invested in ongoing care of the patient and the total health of the patient. The current measure encompasses a wider definition of care for patients.</p> <p><u>The ADHA supports the previous position of the DQA as it supports the ongoing care of the patient and does not see a need for a separate measure limited to prophylaxis and periodontal maintenance.</u></p>	JoAnn Gurenlian, RDH, MS, PhD, AFAAOM Director of Education & Research American Dental Hygiene Association

2022 ANNUAL MEASURE REVIEW REPORT

PERIODONTAL MEASURES	<p>NNOHA supports the additional adult measure and feels that it tracks continuity of care for patients with periodontal disease.</p> <p><i>2022 Periodontal Evaluation</i> and <i>2022 Ongoing Care</i>: Both of these measures are for patients with a history of periodontitis. NNOHA would like to see the addition of a measure that tracks patients with a new diagnosis for periodontal disease.</p>	<p>Phillip Thompson, MS Executive Director</p> <p>An Nguyen, DDS, MPH Quality Committee Chair</p> <p>National Network for Oral Health Access (NNOHA)</p>
NON-SURGICAL ONGOING PERIODONTAL CARE FOR ADULTS WITH PERIODONTITIS	<p>Under application stratification variables, add:</p> <ol style="list-style-type: none"> 2. Payer Type (e.g., Medicaid; CHIP; private commercial benefit programs) 3. Program/Plan Type (e.g., traditional FFS; PPO; prepaid dental/DHMO) 4. Geographic Location (e.g., rural; suburban; urban) 5. Race 6. Ethnicity 7. Socioeconomic Status (e.g., premium or income category) 	<p>Sarah Bedard Holland Chief Executive Officer</p> <p>Virginia Health Catalyst</p>
CARIES RISK DOCUMENTATION	<p>Under application stratification variables, separate Race and Ethnicity (they are separated for other measures)</p>	<p>Sarah Bedard Holland Chief Executive Officer</p> <p>Virginia Health Catalyst</p>
PEDIATRIC PREVENTIVE SERVICES	<ul style="list-style-type: none"> • Under measure purpose, add 'What percentage of primary medical providers applied fluoride varnish for children?' • Under application stratification variables, add 'Medical Provider Type' 	<p>Sarah Bedard Holland Chief Executive Officer</p> <p>Virginia Health Catalyst</p>
	<p>The Preventive Services for Children measure may need clarification in terms of forms of topical fluoride. According to the Weyant et al. reference on the ADA Topical Fluoride for Caries Prevention guideline from the ADA Council on Scientific Affairs, fluoride varnish is recommended for children under 6 years of age, and the effectiveness of use of fluoride foams is questioned. We would therefore wonder if fluoride varnishes should be mentioned specifically in your Preventive Services for Children measure for children under 6 years of age, whether fluoride foam should be considered for exclusion from the measure, and whether the type of topical fluoride (varnish vs. gel) should be measured with consideration to child age to be in compliance with the ADA guidelines.</p>	<p>Christine Wood, RDH, BS Executive Director</p> <p>Association of State and Territorial Dental Directors</p>

2022 ANNUAL MEASURE REVIEW REPORT

PEDIATRIC TOPICAL FLUORIDE	<ul style="list-style-type: none"> Under measure purpose, add 'What percentage of primary medical providers applied fluoride varnish for children?' Under application stratification variables, add 'Medical Provider Type' 	Sarah Bedard Holland Chief Executive Officer Virginia Health Catalyst
DENTAL SERVICES, UTILIZATION OF SERVICES And ORAL HEALTH SERVICES, UTILIZATION OF SERVICES	For additional clarity, NNOHA suggests renaming these measures to include the type of provider (medical or dental) that is providing the treatment.	Phillip Thompson, MS Executive Director An Nguyen, DDS, MPH Quality Committee Chair National Network for Oral Health Access (NNOHA)
PEDIATRIC MEASURES – GENERAL COMMENTS	<u>For all measures</u> <ul style="list-style-type: none"> Where feasible, stratify variables by persons with special health care needs/disabilities Where feasible, stratify variables by sexual identity or gender orientation Where feasible, provide SAS/R/SPSS coding Where feasible, provide benchmarks for measures that are not including in Health People 2030 Where feasible, provide links to reports using these measures (a database by state, organization type, etc. would be helpful) Please provide guidance on limitations or other considerations for trending measures over time Please provide guidance on limitations or other considerations for comparing measures across payors 	Sarah Bedard Holland Chief Executive Officer Virginia Health Catalyst
PEDIATRIC MEASURES – GENERAL COMMENTS	<u>For the following measures</u> <ul style="list-style-type: none"> 2022 Dental Services: Utilization of Services 2022 Dental or Oral Health Services: Utilization of Services 2022 Oral Evaluation 2022 Topical Fluoride 2022 Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children 2022 Receipt of Sealants on First Permanent Molar 2022 Receipt of Sealants on Second Permanent Molar <p>Under application stratification variables, add:</p> <ol style="list-style-type: none"> Payer Type (e.g., Medicaid; CHIP; private commercial benefit programs) Program/Plan Type (e.g., traditional FFS; PPO; prepaid dental/DHMO) Geographic Location (e.g., rural; suburban; urban) Race Ethnicity Socioeconomic Status (e.g., premium or income category) 	Sarah Bedard Holland Chief Executive Officer Virginia Health Catalyst

2022 ANNUAL MEASURE REVIEW REPORT

ADULTS WITH DIABETES – ORAL EVALUATION	<p>Many federally qualified health centers would be interested in this measure, but it may not be applicable or feasible in settings without integrated medical and dental systems or integrated data sets.</p>	<p>Phillip Thompson, MS Executive Director An Nguyen, DDS, MPH Quality Committee Chair National Network for Oral Health Access (NNOHA)</p>
ADULT TOPICAL FLUORIDE	<p><u>Under application stratification variables:</u> Separate Race and Ethnicity (they are separated for other measures)</p> <p><u>Add:</u></p> <ul style="list-style-type: none"> o Payer Type (e.g., Medicaid; CHIP; private commercial benefit programs) o Program/Plan Type (e.g., traditional FFS; PPO; prepaid dental/DHMO) 	<p>Sarah Bedard Holland Chief Executive Officer Virginia Health Catalyst</p>
ADULT TOPICAL FLUORIDE	<p>Since this measure applies to adults with elevated risk, NNOHA supports the creation of a measure to document caries risk assessment for adults.</p>	<p>Phillip Thompson, MS Executive Director An Nguyen, DDS, MPH Quality Committee Chair National Network for Oral Health Access (NNOHA)</p>
ADULT ED MEASURES	<p>Under application stratification variables, add:</p> <ol style="list-style-type: none"> 2. Payer Type (e.g., Medicaid; CHIP; private commercial benefit programs) 3. Program/Plan Type (e.g., traditional FFS; PPO; prepaid dental/DHMO) 4. Geographic Location (e.g., rural; suburban; urban) 5. Race 6. Ethnicity 7. Socioeconomic Status (e.g., premium or income category) 	<p>Sarah Bedard Holland Chief Executive Officer Virginia Health Catalyst</p>
ADULT ED MEASURES	<p><i>2022 Ambulatory Care Sensitive Emergency Department Visits for Dental Caries and 2022 Ambulatory Care Sensitive Emergency Department Visit for Non-Traumatic Dental Conditions:</i> NNOHA supports these measures for both children and adults but acknowledges that it may not be applicable or feasible in settings without integrated medical and dental systems or integrated data sets.</p>	<p>Phillip Thompson, MS Executive Director An Nguyen, DDS, MPH Quality Committee Chair</p>

2022 ANNUAL MEASURE REVIEW REPORT

		National Network for Oral Health Access (NNOHA)
ADULT AND PEDIATRIC ED MEASURES	NNOHA supports these measures for both children and adults but acknowledges that it may not be applicable or feasible in settings without integrated medical and dental systems or integrated data sets.	Phillip Thompson, MS Executive Director An Nguyen, DDS, MPH Quality Committee Chair National Network for Oral Health Access (NNOHA)
AMBULATORY CARE SENSITIVE ED VISITS FOR NON-TRAUMATIC DENTAL CONDITIONS IN ADULTS	AASTDD has been in communication with DQA on ICD code sets used for the DQA measure on emergency department visits for non-traumatic dental condition in adults. We had suggested ICD codes that should be added to the DQA code set used to define NTDCs. After consideration by DQA, were told that modifications to the DQA code list would be made. Furthermore, in recent consultation with staff at the Health Care Utilization Project (HCUP), a small number of ICD codes were decided to be added to the ASTDD code set defining NTDCs. When we finalize our NTDC code set we would like the opportunity to again compare to the DQA NTDC code set. We believe that NTDC code set definitions should accurately define NTDCs and be in agreement to the extent possible across organizations. We hope that DQA has continued interest in this collaborative activity.	Christine Wood, RDH, BS Executive Director Association of State and Territorial Dental Directors
	Can there be a section added to state 1. The validity and applicability of measures over time- for example- if the measure can be compared over time and with what years. 2. For NTDC ED visits- Can a crosswalk for ICD 9 and ICD 10 be provided- for example- if someone is using older years of data The ED visit calculation methodology has also been developed by ASTDD. How similar or different two are and is there a place where we can find information on who is using these measures or what are the benchmarks?	Shillpa Naavaal BDS, MS, MPH <i>Sheel-pah Na-vah-l (she/her)</i> Assistant Professor, Dental Public Health and Policy Diplomate, American Board of Dental Public Health Oral Health Services Research Core, Philips Institute for Oral Health Research Oral Health Equity, iCubed Virginia Commonwealth University

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<p>PROPOSED ADDITIONAL ADULT MEASURE</p>	<p>Consider adding a treatment services measure (restorative services) for adults</p>	<p>Sarah Bedard Holland Chief Executive Officer Virginia Health Catalyst</p>
<p>GENERAL COMMENTS</p>	<p>The members of AGD’s Dental Practice Council have reviewed the reports provided in the February 1, 2022, Call for Public Comment on the DQA Annual Measure Review and have no recommended changes to submit in response.</p>	<p>Gerald J. Botko, DMD, MAGD President Academy of General Dentistry</p>
	<p>NNOHA supports the adoption and implementation of diagnostic codes as a mechanism to drive higher levels of transparency, quality, and evidence-based standardization in dentistry and within a larger healthcare context. Widespread adoption of standardized diagnostic codes could enable the field of quality in dentistry to move beyond plan-level and delivery-based procedurally-focused measures to one that can speak more robustly of population health and quality improvement at system and practice levels. This is an area of work for which there is significant opportunity for partnership between NNOHA and DQA.</p> <p>Overall, NNOHA supports the majority of 2022 DQA Measures. While we support the inclusion of measures that focus on all services provided, there is a need for an increased focus on the creation, implementation, and adoption of measures clearly tied to evidence and evidence-based practice guidelines, which more overtly drive improvements in oral health outcomes.</p>	<p>Phillip Thompson, MS Executive Director An Nguyen, DDS, MPH Quality Committee Chair National Network for Oral Health Access (NNOHA)</p>

Appendix C: Request for Stakeholder Feedback on DQA Periodontal Measures

Current DQA Periodontal Measures: The DQA currently has two DQA measures, (1) [Nonsurgical Ongoing Periodontal Care for Adults with Periodontitis](#) and (2) [Periodontal Evaluation in Adults with Periodontitis](#). These two measures are complementary to each other as oral evaluations can be used to identify the extent to which adults with a history of periodontitis are being seen for care and the Non-Surgical Ongoing Periodontal Care identifies specific dental care services indicative of ongoing care associated with successful long-term management of periodontal disease.

Non-Surgical Ongoing Care Measure:

The [DQA Non-Surgical Ongoing Care for Adults with Periodontitis](#) measure assesses the percentage of enrolled adults aged 30 years and older with a history of periodontitis (D4240 or D4241 or D4260 or D4261 or D4341 or D4342 or D4910) who received an oral prophylaxis (D1110) OR scaling/root planing (D4341/D4342) OR periodontal maintenance (D4910) visit at least 2 times within the reporting year.

The MDMC defines the *intent* of this measure as “to identify specific dental care services, indicative of ongoing care associated with successful long-term management of periodontal disease. The measure was specifically designed to be broader than a measure based ONLY on D4910, periodontal maintenance. For that reason, the measure is termed "ongoing care" instead of "periodontal maintenance." It includes a broader set of services, reflective of the different types of care that patients with a history of periodontal disease may receive as part of conservative/limited ongoing disease management.”

Previously Received Feedback: The DQA, in the past, has received feedback on the numerator definition of this measure. One specific concern raised was that including scaling and root planing (D4341/D4342) in the numerator value set would constitute active treatment and not a follow-up or maintenance procedure.

MDMC Determinations. The MDMC reviewed the concern and clarifies that the measure as defined is not intended to simply track periodontal maintenance but rather ongoing care/therapy for the patient who has been treated for periodontitis in the past. In its review, the MDMC reaffirmed that the measure of Non-Surgical Ongoing Care meets the intended purpose.

Stakeholder Feedback Requested: The MDMC seeks additional feedback on measuring performance of programs (e.g., Medicaid) and dental plans specific to periodontal disease prevention and management and the utility of current measures. Please provide your feedback on the following:

1. Is there a need for an additional, separate measure that specifically tracks prophylaxis (D1100) and periodontal maintenance (D4910) as follow up for adults with history of periodontitis (D4240 or D4241 or D4260 or D4261 or D4341 or D4342 or D4910)? Please explain your response from the perspective of how such a measure would or would not contribute to population-based assessments of care quality above and beyond the existing measure.
2. The MDMC welcomes additional feedback on the existing measure as well as any other feedback on this topic.