

QUALITY MEASUREMENT: Dental Practice Perspective



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Learning Objectives:

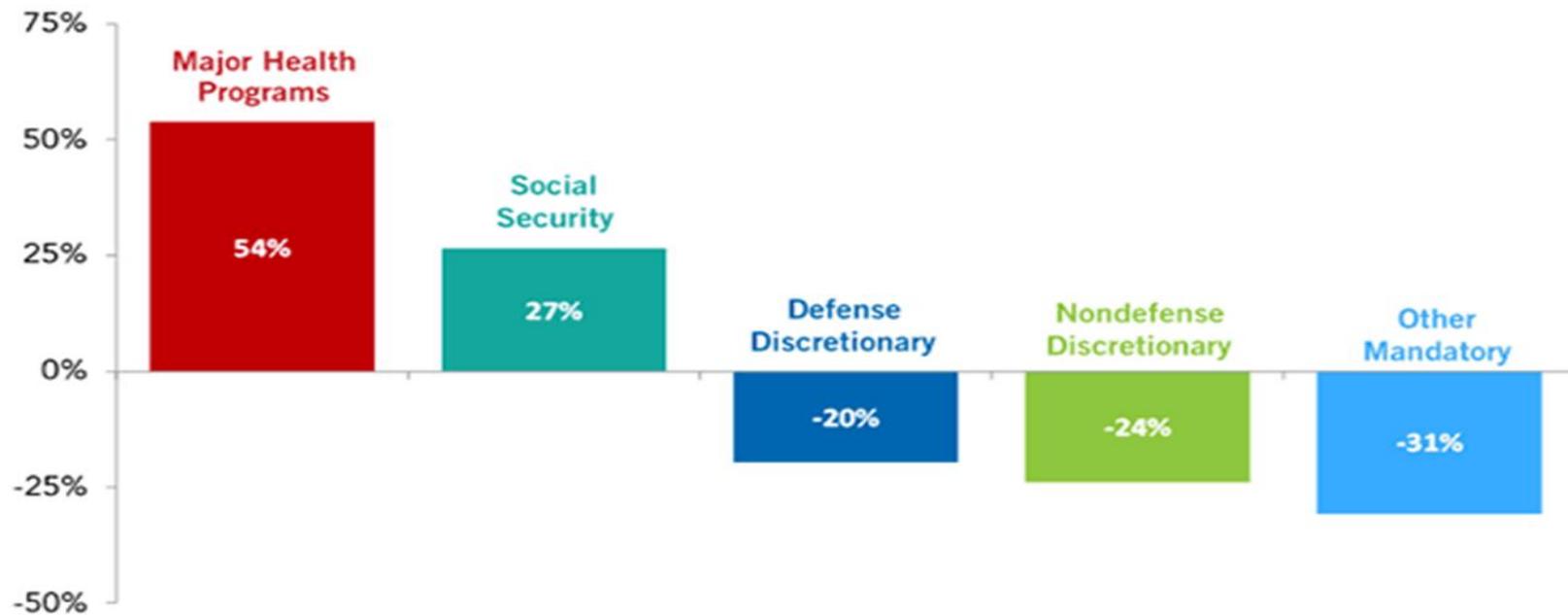
- Understand quality of care in the current healthcare landscape as it relates to the dental practice
- Learn about the different mechanisms of measurement
- Learn how quality measurement can enhance and improve patient care and oral health status





Healthcare and Social Security are the major drivers of the projected growth in federal spending over the next twenty-five years

CUMULATIVE GROWTH IN SPENDING FROM 2015 TO 2040 (% CHANGE)



SOURCE: Congressional Budget Office, *The 2015 Long-Term Budget Outlook*, June 2015; and PGPF projections based on CBO data. Calculated by PGPF.

NOTE: Projections are based on CBO's extended baseline scenario. Major health programs include Medicare, Medicaid, Children's Health Insurance Program (CHIP), and the health exchanges. The figures express the growth rate in each spending category as a share of GDP.

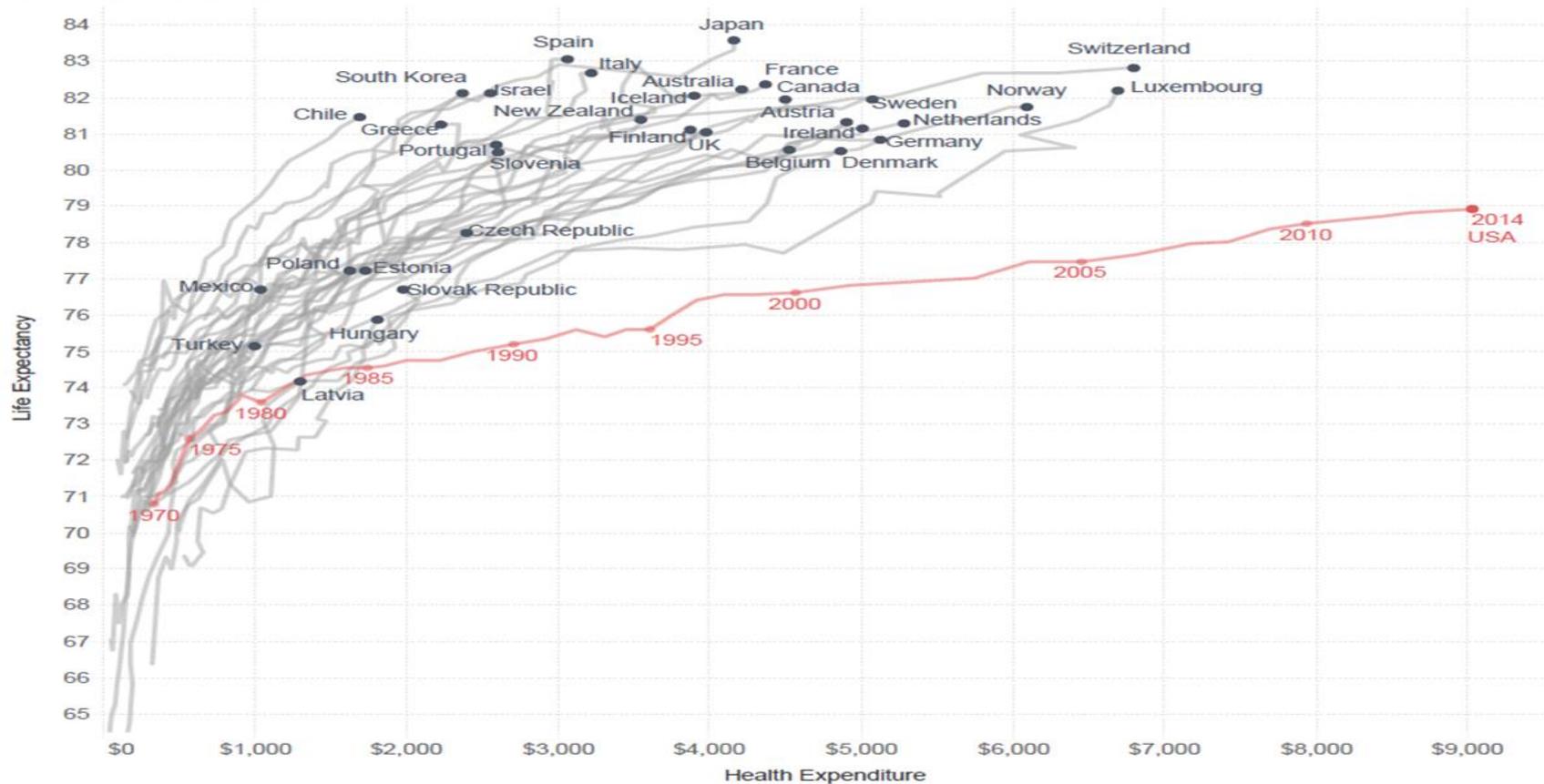
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Significant increases in healthcare spending hasn't lead to much longer lives in America

Life Expectancy vs. Health Care Expenditure in OECD Countries: 1970-2014

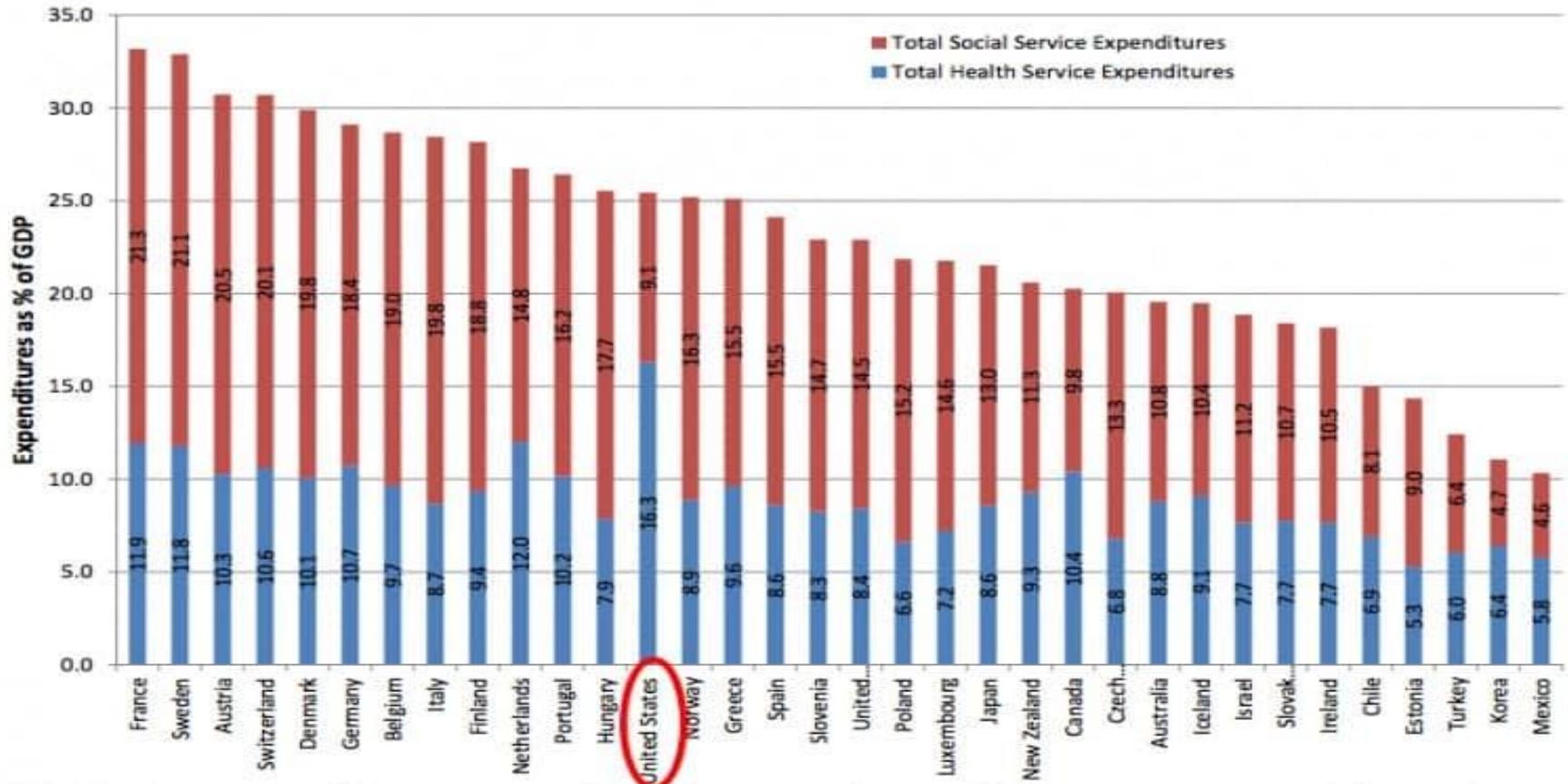
Health expenditure measures as share of total health spending in USD per capita, adjusted for inflation and price differences between countries. Life expectancy at birth indicates the number of years a newborn infant would live if prevailing patterns of mortality at the time of its birth were to stay the same throughout its life.



Data source: Life Expectancy via World Bank and Health Care Expenditure via OECD

Designed by: Andy Kriebel @VizWizBI

Total health care investment in US is *less*



In OECD, for every \$1 spent on health care, about \$2 is spent on social services
 In the US, for \$1 spent on health care, about 55 cents is spent on social services

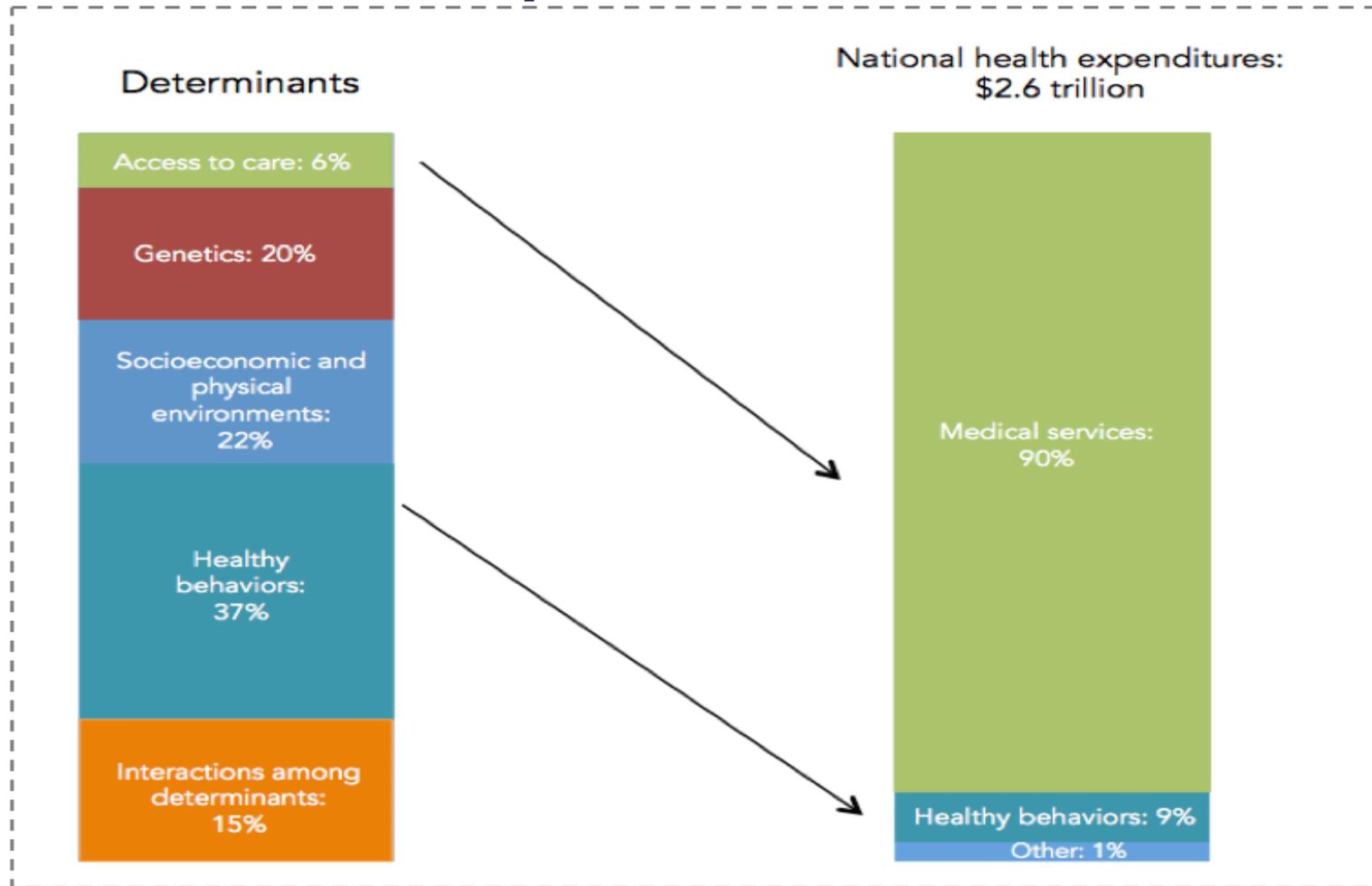
Source: [Washington Post](#)

Table 3. Personal Health Care Spending in the United States by Condition for 2013

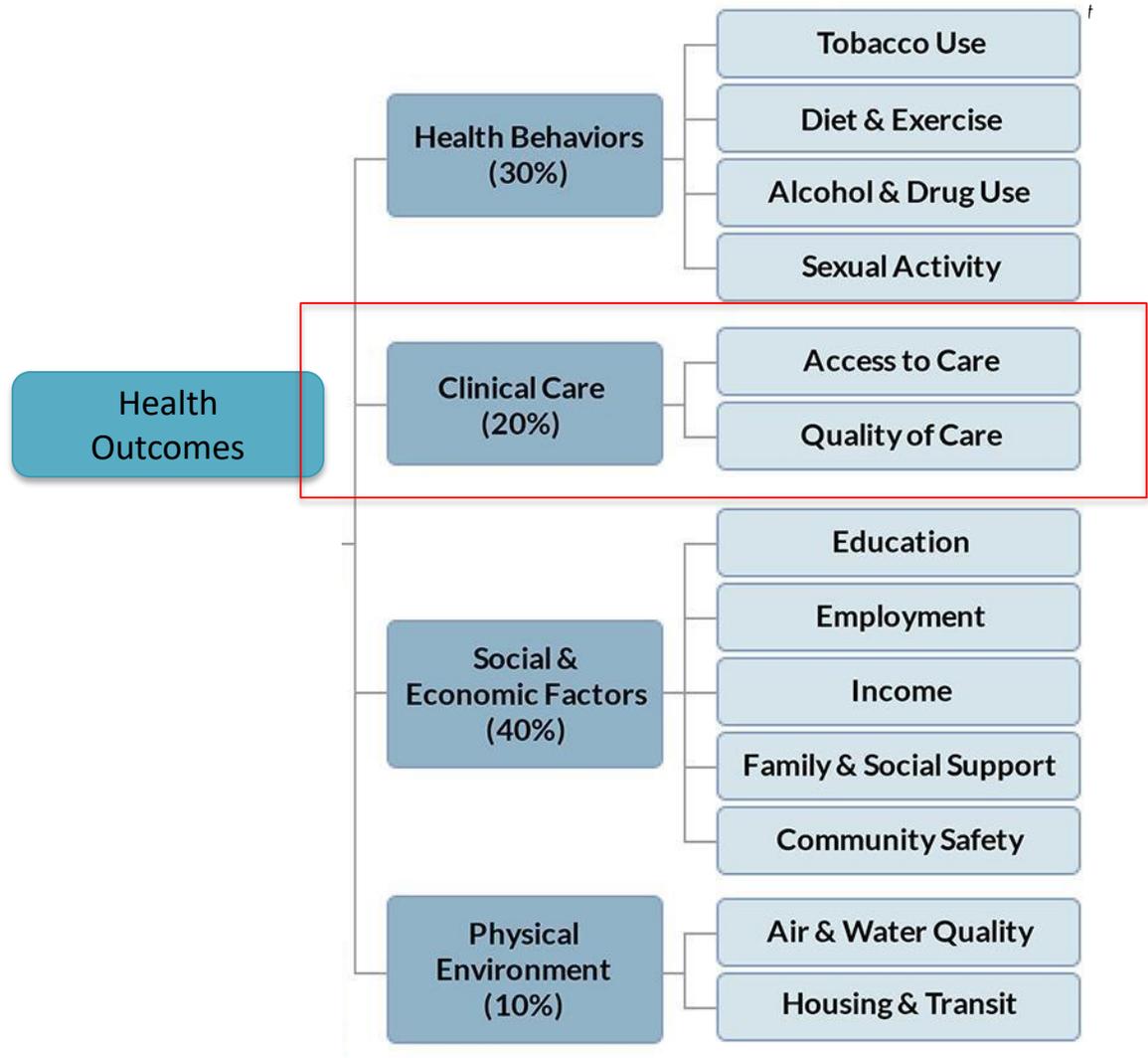
Rank ^a	Condition	Assigned Aggregated Condition Category	2013 Spending (Billions of Dollars), \$
	All conditions		2100.1
1	Diabetes mellitus	Diabetes, urogenital, blood, and endocrine diseases	101.4
2	Ischemic heart disease	Cardiovascular diseases	88.1
3	Low back and neck pain	Musculoskeletal disorders	87.6
4	Treatment of hypertension	Treatment of risk factors	83.9
5	Falls	Injuries	76.3
6	Depressive disorders	Mental and substance abuse disorders	71.1
7	Oral disorders ^b	Other noncommunicable diseases	66.4
8	Sense organ diseases ^c	Other noncommunicable diseases	59.0
9	Skin and subcutaneous diseases ^d	Other noncommunicable diseases	55.7
10	Pregnancy and postpartum care ^e	Well care	55.6
11	Urinary diseases and male infertility ^f	Diabetes, urogenital, blood, and endocrine diseases	54.9
12	COPD (chronic bronchitis, emphysema)	Chronic respiratory diseases	53.8

Source: December 27, 2016 US Spending on Personal Health Care and Public Health, 1996-2013 Joseph L. Dieleman, PhD¹; et al JAMA. 2016;316(24):2627-2646. doi:10.1001/jama.2016.16885

Health Status: Determinants of Health and Health Care Expenditures



Source: [Public Health Post](#)



Why all the Emphasis on “Measures”?

“The only way to know whether the quality of care is improving is to measure performance.”

Institute of Medicine. *Performance measurement: accelerating improvement*. 2006.

How are you being measured NOW?



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Improving Oral Health Through Measurement



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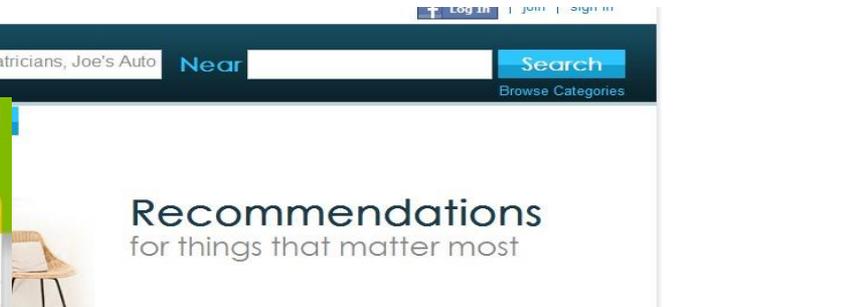
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- Obstetrics & Gynecology
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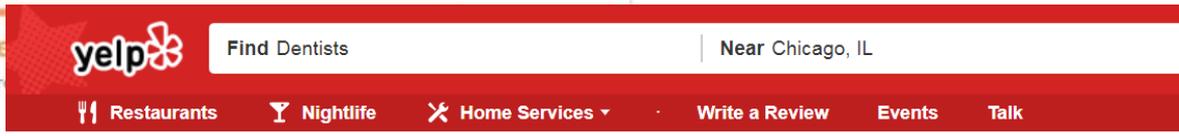
Name: Location:

e.g., Jane Doe e.g., 10018 or New York, IL

Specialty:

Dentist

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Physician Quality Summary

Search Criteria: Pediatrics within COLUMBIA County

Click on the site name to view a list of physicians at each site.
Click on any of the measures for an explanation of the measure.

Practice Address	Clinical Care				Value	
	Preventive Health Measures	Chronic Illness Measures	Medication Management	Medication Adherence	Efficiency of Care	Emergency Care
Geisinger Medical Group Berwick ★★ ★ 2200 West Front St. Berwick, PA 18603	★ ★ ★	★ ★ ★	★ ★ ★	★ ★	★ ★	★
GMG-Bloomsburg Pediatrics 425 East First St. Bloomsburg, PA 17815	★	★ ★	★ ★	★	★ ★	★ ★ ★
John, M. Joseph, M.D. 1453 W Front St Berwick, PA 18603	★	★	★ ★	★ ★	★ ★ ★	★

★★★ 3 star site: 3-star sites have attained the highest level of success based upon a comprehensive listing of quality and efficiency criteria like member access, preventive health, satisfaction, and acute/chronic care. The scoring methodology assigns stars based upon the successful achievement of these goals. The 3-star designation is the highest level possible.

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- Preventive Health
- Chronic Illness
- Medication Management
- Medication Adherence
- Efficiency of care
- Emergency care

Where Did This Lead?

From the providers' perspective:
Subjective evaluation of clinical
delivery systems



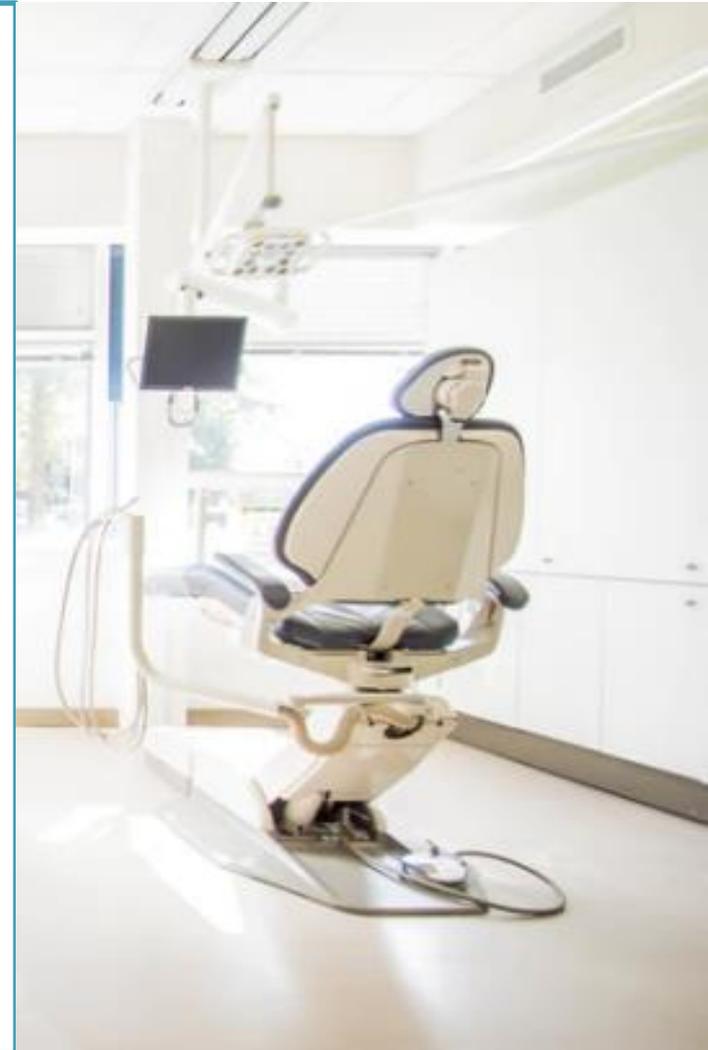
From the public's perspective:
Evaluation of clinical delivery
systems



What is Quality?

In the dental profession, we often measure technical quality by:

- ❖ Fit of restoration margins
- ❖ Fill of root canals
- ❖ Appearance of esthetic restorations
- ❖ Retention of a removal partial denture
- ❖ Alignment of teeth after orthodontic treatment



Practitioners Also Assess the Following:

- % of sealants placed
- # of new patients per month
- % of Broken Appointment
- % of Patients Adherence with Treatment



Payers Assess Quality Through:

- Medical/Dental Integration
- Performance Guarantees
- Assessing Benefit Designs



- Care Continuity
- Number of Claims Processed
- Member Surveys
- Provider Evaluation through Utilization Review

The Institute of Medicine Defines Quality as...



Improving Oral Health Through Measurement

**“The degree to which
health services for
individuals and populations
increase the likelihood of
desired health outcomes
and are consistent with
current professional
knowledge.”**

Source: [Crossing the Quality Chasm](#)

The Relationships Between the IHI Triple Aim and NQS Three Aims



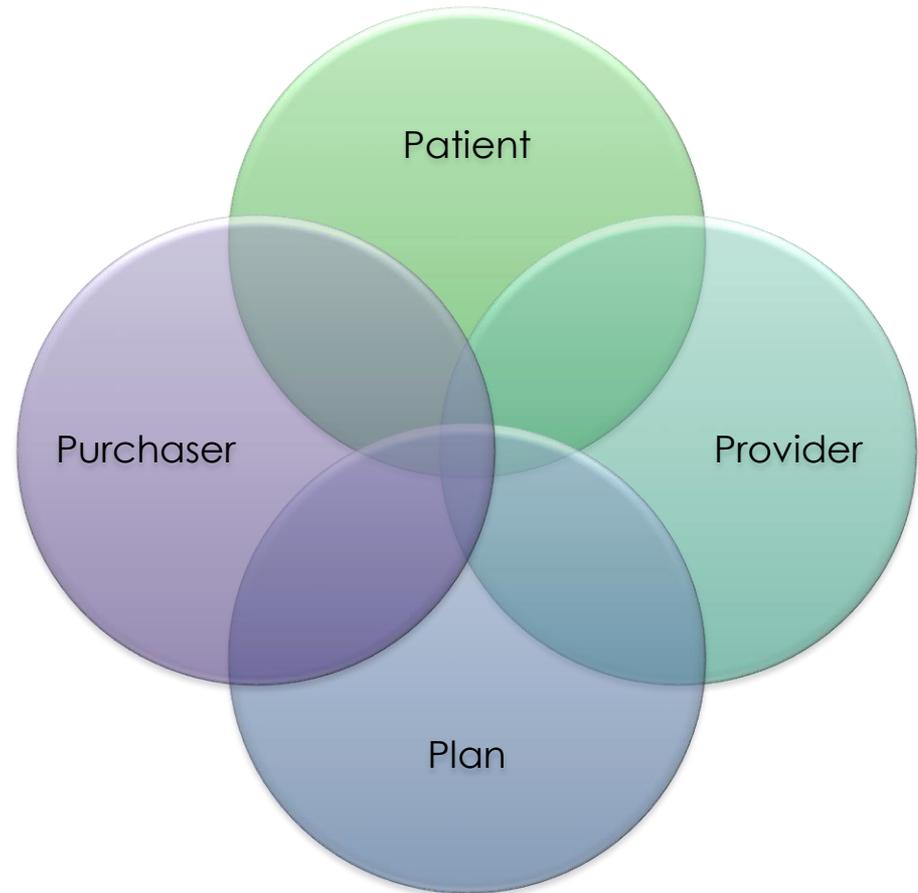
- ✓ **Better Care**
- ✓ **Healthy People/Healthy Communities**
- ✓ **Affordable Care**

Healthcare System

**Shared
performance**

**Shared
responsibility**

**Shared
accountability**

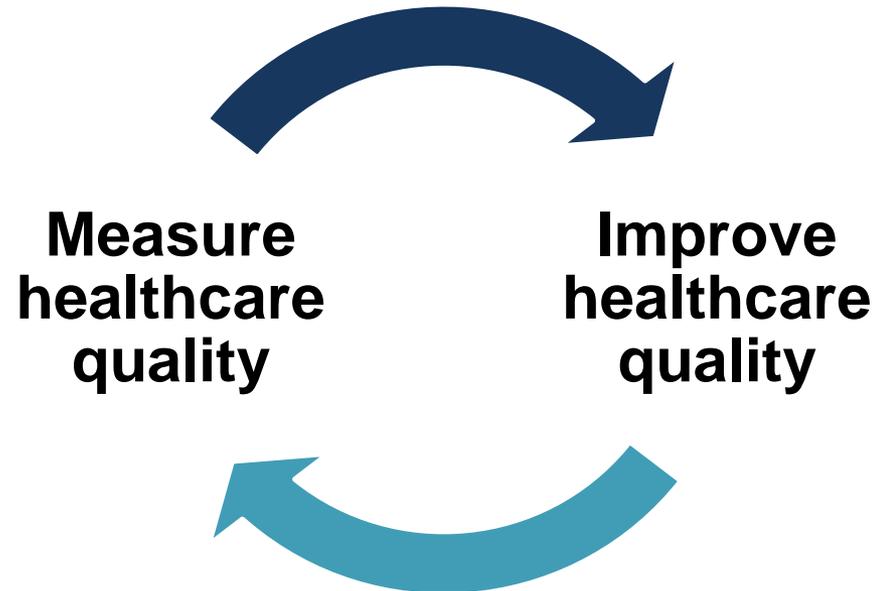


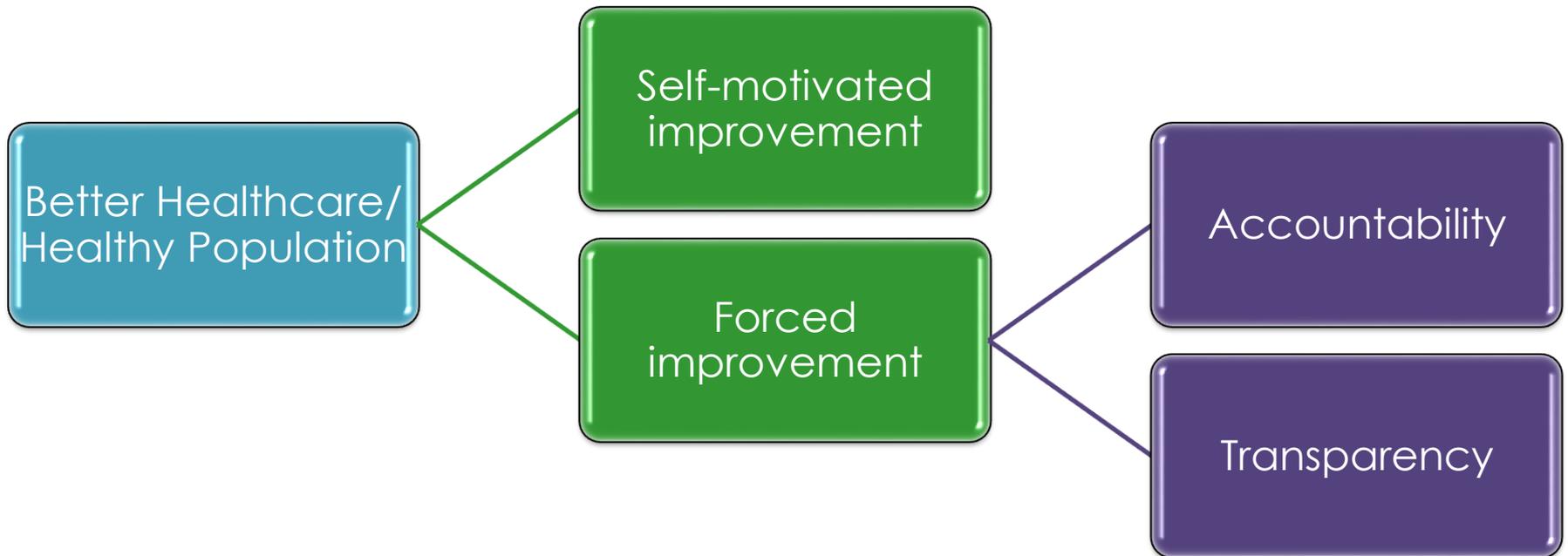
Where Were We?

- “Oral health lags significantly behind the remainder of the health care system in developing quality measures...” -IOM (2011), *Advancing Oral Health In America*, Key Findings and Conclusions
- “Many complex and interrelated factors contribute to poor oral health and lack of access to oral health care, including a lack of quality measures by which to evaluate and improve oral health care.” -IOM (2011), *Improving Access to Oral Health Care for Vulnerable and Underserved Populations*, Findings and Conclusions



Why Should We Measure Quality?





Domains of Quality





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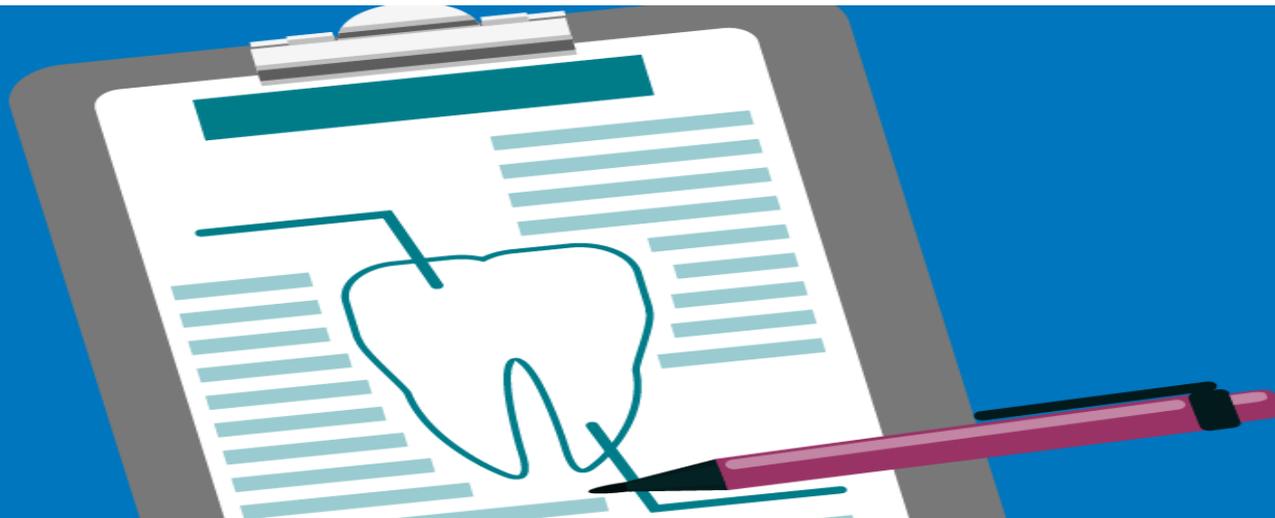
Improving Oral Health Through Measurement

**A measure
is a tool to
improve**



Quality is Measured by...

- Cost: Program cost per member per month
- Access: % of enrollees with a dental visit in a year
- Process: % of periodontal patients on maintenance
- Outcome: % of children remaining caries-free
- Experience: % satisfied with the care visits



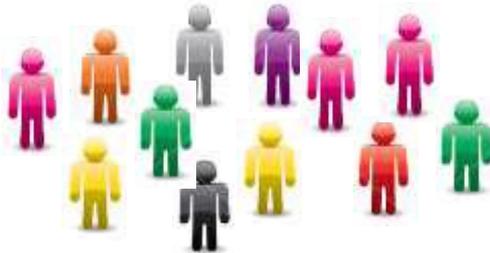
Quality in Health Care: Who is Being Measured?



% of patients **in the practice** who received recommended care



% of patients **enrolled in the health plan** who received recommended care



% of patients **enrolled in the program (e.g. Medicaid)** who received recommended care

Barriers to Quality Measurement in Dentistry:

Relative absence in patient
care systems

Limitations of coding systems

Relative lack of validated and
endorsed quality measures



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Improving Oral Health Through Measurement

Quality Measurement: POINT-COUNTERPOINT



PROS:

- ✓ Provides comparisons that encourage providers to not function in a “silo/tower”
- ✓ Encourage evidence-based guidelines be put into practice
- ✓ Objective quality measures can provide actionable information for clinicians to and improve care.
- ✓ Provides a way for outcomes for managing prevention and intervention of care at the population level to be improved



CONS:

- ❖ **Challenges in data collection**
- ❖ **Reliance on claims data that is procedure oriented rather than disease and patient oriented**
- ❖ **Challenge in securing agreement on care delivery protocol to establish goals and benchmarks**
- ❖ **Can be a conflict of interest for a provider if goals and benchmarks are linked to pay rather than shared decision making with the patient**



Motivators for Change in Quality Measurement



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- **Population Demographic**
- **Payers**
- **Evolving Practice Models**
- **Policy Makers**
- **Patients**

To provide balance, consistent measures for clinicians will be essential!

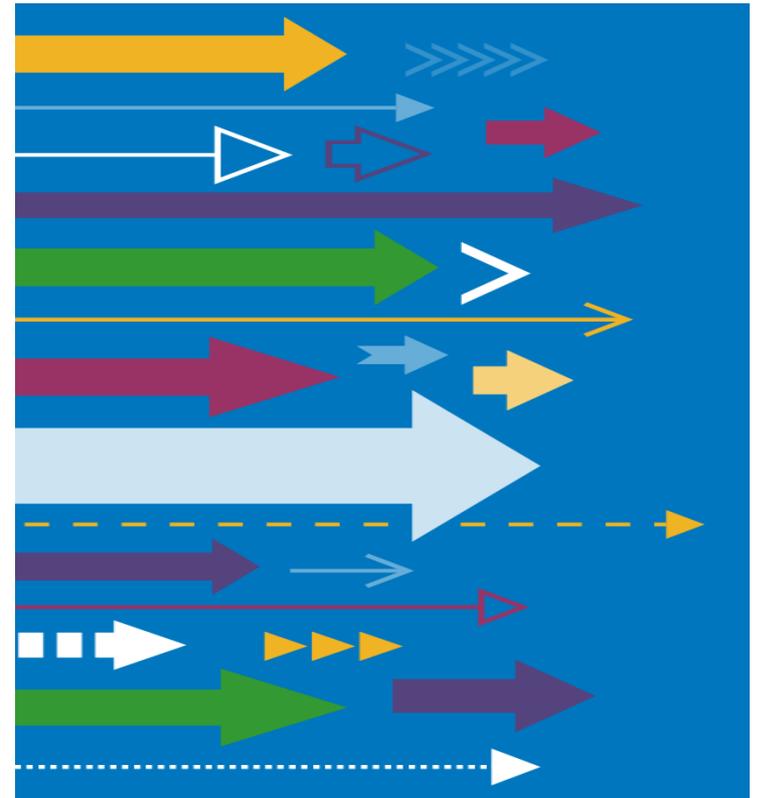
....How Do they Mesh?

- What is happening now vs. the future
- Objective Analysis
- Likelihood to recommend/Patient satisfaction reports
- Value to each party involved
- **Dental Quality Alliance**



The Future: “Did we make the population healthy?”

- Patient reported oral health outcomes/ quality of life (QOL)
- Population health state
- Patient experience
- Patient engagement
- Clinical care indicators
 - Oral Status- chew, smile
 - Disease Status- caries free
 - Risk Status- low, elevated risk

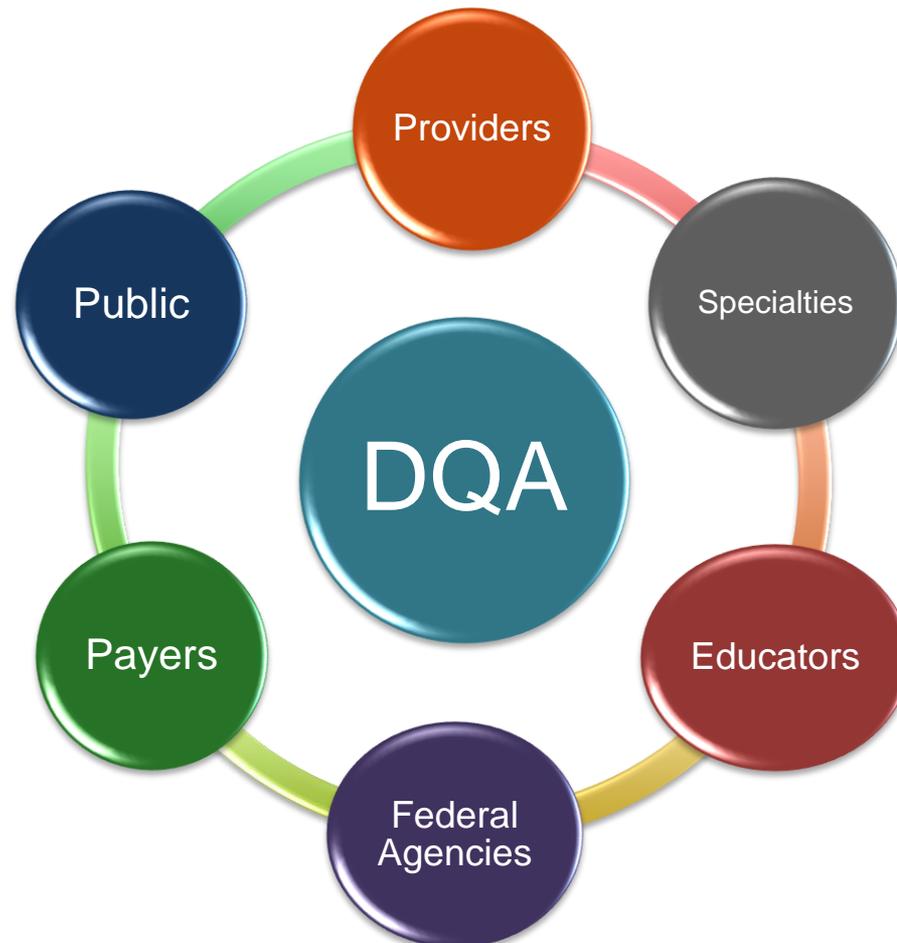




DENTAL QUALITY ALLIANCE

Mission

Advance the field of performance measurement to improve oral health, patient care, and safety through a consensus building process.





DENTAL QUALITY ALLIANCE®

Improving Oral Health Through Measurement



**The Dental Quality Alliance
was formed to provide
input and direction for
quality measurement in
the oral health community**

Questions? Comments?

- Contact the DQA via email: dqa@ada.org
- Explore the DQA website: www.ada.org/dqa

Explore the DQA



Educational Resources



Improvement Resources



Measure Activities



Measures: Medicaid and
Dental Plan Assessments



Measures: Practice
Assessments



Electronic Pediatric
Measures