

Level of Implementation

-- Dental Plans with Network Practices

Target Population

-- Children and Adults

Improvement Goals

For commercial beneficiaries:

- Increase the number of children at elevated risk for dental caries who receive topical fluoride.
- Increase the number of adults with periodontal disease who receive periodontal maintenance at least four times in the year.

For Medicaid beneficiaries:

- Increase the number of sealants for 6-9 year-olds.

Essential Partners

- Plan sponsor/employer: To expand benefits and remove cost barriers to quality care
- Plan: To organize and implement the program, outreach to enrollees
- Practices: To implement the preventive interventions

Key Measures

- Increase percentage of children at elevated risk receiving topical fluoride
- Increase percentage of adults with chronic periodontitis receiving periodontal maintenance
- Increase percentage of children aged 6-9 years at elevated risk receiving dental sealants Medicaid

Measurement Data Source

- Administrative Claims Data

More Information

Linda.Vidone@greatdentalplans.com



Improving Oral Health Through Measurement

2017-004 Dental Quality Alliance®

The *DQA Quality Innovators Spotlight* (QIS) compiles quality improvement stories from around the nation to share knowledge and spread successful changes regardless of whether DQA was involved in the project. Inclusion in the QIS in no way implies DQA's endorsement of a program.

DQA Quality Innovators Spotlight: *The Inside Story***How did this project start?**

Purchasers of dental benefits both from the public (Medicaid) and private (commercial) sectors were beginning to demand higher value care -- achieve better care at lower per capita cost. Delta Dental of Massachusetts' philosophy is: Prevention is the most effective way to change and improve outcomes, therefore, the key was to focus on prevention. The PreventistrySM program targeted higher risk members who would benefit the most and yield the greatest program impact.

What were the key strategies to achieve the improvement goal?

The key strategies included:

- ❖ Expanding benefits to remove cost barriers for high-risk beneficiaries for commercial plans.
- ❖ Educating high-risk beneficiaries on need for prevention through a wealth of information on the website and through brochures specific to their dental disease with each explanation of benefits statement sent to beneficiaries.
- ❖ Educating dentists and their teams on the latest evidence-based guidelines.
- ❖ Sharing information with practices through twice yearly PreventistrySM reports to dental practices that identify patients who appear to be at greatest risk of developing disease.
- ❖ Providing a financial incentive for practices that achieve improvement.
- ❖ Providing an exclusive PreventistrySM Oral Health Report to the plan sponsor/employer. This report shows the oral health status of their members and the preventive care they received for the year.

What improvements were achieved?

- ❖ Simply providing the PreventistrySM Reports to providers led to a 17% increase in 6-9 year-olds receiving sealants in one market.
- ❖ With an incentive to our commercial plan in Massachusetts, the average percentage of higher risk children who received fluoride increased from 46% to 60%, and the average percentage of periodontal patients that received maintenance increased from 49% to 62%; each of these represents about a 30% improvement in the percentage of patients receiving prevention.

What were the main challenges that needed to be overcome?

The greatest challenge was identifying higher risk patients for dental disease. Ideally, dentists would perform risk assessments and that information would be captured through diagnostic codes; however, without those data, the next strongest predictor of risk is a history of disease or treatment for disease (a disease indicator rather than risk factor). Therefore, caries risk was identified by looking back over the past three years and classifying any child who had a restoration as being at higher risk for future decay. Patients with a history of treatment for periodontal disease were identified to indicate who should receive periodontal maintenance.

What was the overall impact of this program?

During each six month period where incentives were offered, about 60% of the providers achieved the fluoride goals for children, 75% achieved the periodontal maintenance goals for adults, and between the two programs nearly 85% of providers received a financial bonus. They average amount of the bonus was \$350 with 100 offices receiving \$1,300. There was no incentive for the sealant program: only reports were provided.

DQA OPINION: What would it take to spread this change?

The PreventistrySM program illustrates how a managed care plan or dental benefits administrator can achieve improvements in care for its beneficiaries by adjusting benefit design and providing information and supports to network providers. Similar programs can be adopted by other purchasers of care and benefit designers.

The opinions expressed in this section are those of the DQA's Implementation and Evaluation Committee based on their individual expertise and experiences.