

DQA Requests Stakeholder Feedback on the Denominator Definition of the DQA Topical Fluoride Measure

The [DQA Topical Fluoride](#) measure assess the percentage of children aged 1–21 years who are at “elevated” risk (i.e. “moderate” or “high”) who received at least 2 topical fluoride applications within the reporting year.

WHAT:

The DQA has focused **on a subset of children at elevated risk** to focus measurement on priority populations where evidence of effectiveness is greatest and there is the least uncertainty about the appropriateness of the intervention. [Evidence-based clinical recommendations](#) suggest that topical fluoride should be applied at least every three to six months in children at elevated risk for caries. Testing data found that significant performance gaps existed within the elevated risk populations.

“Elevated Risk”

Within the care delivery system, evidence-based guidelines also recommend that **patient-level risk assessment** should drive treatment planning and care delivery. Accordingly, the DQA’s approach to performance measurement within the care delivery system is based on these patient-centered decisions instead of using broad population level indicators such as socio-economic status to measure performance. Not every child enrolled in Medicaid is at elevated caries risk. While social determinants play a significant role in influencing outcomes, their impact on each patient needs to be carefully assessed.

The findings of an [American Dental Association - American Academy of Pediatric Dentistry Caries Risk Assessment Expert Panel](#), which reviewed the current state of science on caries risk assessment and developed guidance on risk categorization, found that current caries risk assessment tools share many common elements to assess risk and affirmed that they have at least dichotomous predictive ability to quantify “low risk” and “elevated risk. This review affirms the ability of current CRA tools to distinguish elevated risk from low risk.

ELEVATED RISK DETERMINATION:

The DQA claims-based specifications identify the subset of population at “elevated risk” by evaluating whether the patient has (1) a caries-risk assessment CDT code signifying elevated risk (D0602 or D0603) or (2) past caries history, using a “look-back method” to identify if there is a history of caries-related treatment codes. Both the caries risk assessment codes and past caries history are checked, and if there is *any* qualifying code, the child is identified as being at elevated caries risk. This approach is used to identify children who can be confirmed to be at “elevated risk” for caries using claims data for the purpose of measuring program performance. This method is not intended to identify every child who may be at elevated risk.

LIMITATIONS OF ELEVATED RISK DETERMINATION:

- As noted above, the purpose is to identify individuals who can be confirmed as being at elevated risk through administrative enrollment and claims data. Since this determination requires an evaluation (to record a CDT risk code) or a treatment visit (to record a CDT treatment code), children who are enrolled but do not have a visit in the reporting year or a treatment visit in any of the prior three years will not have sufficient information to be included in the measure.
- Given that the measure specifications require looking for specified caries-indicative codes in the reporting year and three prior years, some children who meet enrollment criteria in the reporting year may not have the claims history for prior years. This is especially true for very young children.

- The [USPTF](#) guidelines recommends topical fluoride for all children under the age 5 irrespective of risk. The guidelines are undergoing updates.
- The [ADA Topical Fluoride guidelines](#) are currently being reviewed.

STAKEHOLDER FEEDBACK REQUESTED:

DQA requests stakeholder feedback on the denominator definition for the DQA Topical Fluoride measure:

1. No change to the denominator. Monitor for current guidelines updates.
2. Develop a separate specification for children below age 6 with no "elevated risk" criteria applied. Modify the age range of the current measure for only ages 6-20.
3. Remove criteria for "elevated risk" [from the denominator) and stratify by elevated risk status with recommendations for how to use the stratifications.
4. Any other suggestion/ perspective to the denominator.