

**Oregon Dental Quality Metrics Workgroup**  
**February 5, 2014 Minutes**  
**1:00 – 3:00 pm**  
**By phone**

ITEM
<p><b>Welcome</b> Attending: Eli Schwarz, Mike Shirtcliff, Dan Pihlstrom, Amanda Cobb, Katherine Carvelli, Bill Ten Pas, Deborah Loy, Robert Finkelstein</p> <p>OHA: Carole Romm, Lori Coyner, Sarah Bartelmann, David Fischer, Geralyn Brennan, Dee Weston, Susan Arbor.</p>
<p><b>Consent Agenda</b> The workgroup approved the January minutes.</p>
<p><b>CMS National Goal for Sealants</b> Dee Weston summarized information on CMS potentially reevaluating the national oral health goal on sealants to focus on just one age, rather than an age range. CMS has not yet made a decision and no changes to required reporting (EPSDT) are under consideration.</p>
<p><b>Evidence-Base for Risk Assessments</b> Eli Schwarz and Mike Shirtcliff summarized information they provided to the workgroup on the literature behind risk assessments. Broadly: few studies on risk assessments in medical settings exist; risk assessments in dental settings are at an early stage -- not many studies showing results of risk assessments; and majority of guidelines agree risk assessments should be done, despite lack of evidence-base to date. There is considerable debate on how risk assessments should be implemented (e.g., which tools, which providers).</p> <p>The workgroup considered implications for the recommended dental measures, but concluded that the recommended measures already were modified to exclude risk assessments until there is either standardization in measurement or in practice. The workgroup agreed that while risk assessments were an important consideration in operationalizing the measures, they do not apply to the two recommended dental incentive metrics and this discussion was too far in the weeds to be useful to the Metrics &amp; Scoring Committee at this time.</p>
<p><b>Metrics Alignment</b> The workgroup identified potential areas of alignment between the recommended dental metrics and frameworks the Metrics &amp; Scoring Committee were familiar with, starting with the seven quality improvement focus areas from the 1115 demonstration waiver. The workgroup agreed that the recommended dental metrics fit well with:</p>

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- Improving primary care for all populations;
- Improving access to timely and effective care;
- Improving perinatal / maternal care; and
- Receiving appropriate care in appropriate settings;

The workgroup also noted several other opportunities for alignment, including sealants and the school-based state sealant program, and a focus on prevention.

**Metrics & Scoring Committee Presentation Planning**

The workgroup agreed the Metrics & Scoring Committee would benefit from additional context / background information on the following:

- The science of measurement for dentistry.
- The Dental Quality Alliance (DQA) – who they are, what they do.
- Dental costs.
- Workgroup criteria and thought process in selecting recommended metrics.
- How recommended metrics align with existing frameworks / strategy.
- The requirement to adopt at least one dental metric as a CCO incentive measure.

The workgroup agreed to limit the second presentation to the Committee only to the two recommended incentive metrics (sealants and any dental service). OHA will coordinate with the workgroup on adopting and implementing the recommended metrics for performance monitoring – the Committee's purview is limited to the incentive measures.

The workgroup agreed on presenters for the February 21<sup>st</sup> Metrics & Scoring Committee meeting. The workgroup also considered having an external facilitator present at the Committee meeting if possible to help moderate discussion.

**Next Steps**

The workgroup agreed to wait until after the Metrics & Scoring Committee meeting to determine if another meeting is needed.