Dental Quality Metrics Workgroup

November 6, 2013

Oregon Health Authority

Consent Agenda

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October Decisions

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Measures Recommended for Monitoring

CAHPS Patient Experience

- Question #4 -- A regular dentist is one you would go to for check-ups and cleanings or when you have a cavity or tooth pain. Do you have a regular dentist?
- Question #14 -- If you needed to see a dentist right away because of a dental emergency in the last 12 months, did you get to see a dentist as soon as you wanted?

Fluoride Varnish Application Rate

Comprehensive Exam Rate

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Sealants on Permanent Molars for Children

Baseline Data	Recommended Benchmark	Improvement Target
Medicaid children receiving dental sealant in FFY 11: • 6-9 year olds: 15.4% • 10-14 year olds: 12.7%	Healthy People 2020 Goal • 3-5 year olds: 1.5% • 6-9 year olds: 28.1% • 13-15 year olds: 21.9%	Minnesota Method

The Healthy People 2020 age groupings are 13-15; Oregon baseline data / EPSDT measure uses 10-14 years old. The workgroup agreed to use the HP2020 benchmark for 13-15 year olds for the 10-14 year old age group.

→ Improvement target with floor?

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Any Dental Service

Baseline Data	Recommended Benchmark	Improvement Target
Any dental service, ages 0-20 in FFY 11: 42.4%	Healthy People 2020 Goal 49.0%	Minnesota Method

The workgroup recommends tying the quality pool payment to the rate for the total population, but also recommends reporting on the following identified subpopulations: children, pregnant women, and adults with disabilities. The workgroup suggests considering use of population-specific benchmarks in a future measurement year.

→ Improvement target with floor?

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Other Workgroup Recommendations

- OHA should establish a workgroup to obtain / reconcile data on sealants across programs or explore building a sealant registry so we have a clear picture of which Medicaid children have received sealants.

- OHA should assemble a workgroup in the summer 2014 to:
  - revisit measurement activities to date;
  - assess use of CDT codes in Oregon; and
  - revisit the DQA measure specifications.

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Review Draft Recommendations

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Review Process

- Committee received first draft on November 1, 2013.
- OHA needs feedback on the draft by November 22, 2013.
  - *Can continue editing / sharing drafts over email as needed.*
  - *Send feedback to Stefanie Murray or Sarah Bartelmann*
- Final draft due December 6, 2013.
- Present to Metrics & Scoring Committee December 13, 2013.

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Presentation to Metrics & Scoring Committee

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Considerations

Who presents?
Format?
Content / emphasis?

Assume approximately 30 minutes will be available at the December Metrics & Scoring Committee meeting for this presentation.

The Metrics & Scoring Committee will also hold time in February and April 2014 to continue discussing dental measures / this recommendation. Unlikely the Committee will make a decision in December meeting.

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Next Steps

- Future workgroup participants?
- When the workgroup might meet again?
- New codes (January)

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Follow-up from October

OHA was asked for additional information on:

- Financial / Utilization Reporting for dental services.

  November 5, 2013 Quarterly Oregon Health Policy Board Report
  http://www.oregon.gov/oha/Metrics/Pages/measures.aspx

- Specific Utilization of Preventive / Treatment Services

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FINANCIAL DATA

Quarterly Data

UTILIZATION DATA

CATEGORY	OREGON PRE-CCO BASELINE**	BENCHMARK	OCT-DEC 2012 *	JAN-MAR 2013 *	APR-JUN 2013 *	OCT 2012 - JUN 2013 AVERAGE
UTILIZATION DATA (ANNUALIZED / 1000 MEMBERS)						
Inpatient – Medical / General – Patient Days	161.1	***	163.4	184.8	143.6	163.9
Inpatient – Medical / Rehabilitation – Patient Days	3.0	***	3.4	3.0	1.9	2.7
Inpatient – Surgical – Patient Days	81.5	***	79.0	74.1	61.1	71.4
Inpatient – Maternity / Normal Delivery – Patient Days	45.8	***	39.1	42.7	42.3	41.4
Inpatient – Maternity / C-Section Delivery – Patient Days	27.5	***	20.7	22.0	18.5	20.4
Inpatient – Maternity / Non-Delivery – Patient Days	9.0	***	6.5	7.1	7.0	6.9
Inpatient – Newborn / Well – Patient Days	40.0	***	35.4	38.5	36.2	36.7
Inpatient – Newborn / With Complications – Patient Days	51.7	***	45.2	34.2	33.5	37.6
Inpatient – Mental Health / Psychiatric – Patient Days	53.1	***	50.8	43.7	37.4	44.0
Inpatient – Mental Health / Alcohol and Drug Abuse – Patient Days	5.7	***	6.5	5.0	5.1	5.5
Outpatient – Primary Care Medical Visits (Includes Immun/Inject)	2,655.2	***	3,103.4	3,363.2	2,934.1	3,133.6
Outpatient – Specialty Care Visits	4,163.5	***	3,980.4	3,896.1	3,560.8	3,812.4
Outpatient – Mental Health Visits	885.4	***	973.8	765.3	704.8	814.6
Outpatient – Dental Visits (preventative)	475.5	***	416.8	484.2	452.4	451.1
Outpatient – Emergency Dept Visits	See Ambulatory Care ED utilization metric in CCO Incentive and State Performance Measures section of this report					
Outpatient – Pharmacy Prescriptions Filled	9,490.9	***	8,902.2	9,410.6	8,555.8	8,956.2
Outpatient – Labs and Radiology (Service Units)	4,858.9	***	4,607.7	4,937.5	4,785.1	4,776.7
Outpatient – Freestanding ASC Procedures	25.4	***	21.9	24.5	24.7	23.7

For footnote explanations, see page 82.

FINANCIAL DATA

Quarterly Data

COST DATA

CATEGORY	OREGON PRE-CCO BASELINE**	BENCHMARK	OCT-DEC 2012 *	JAN-MAR 2013 *	APR-JUN 2013 *	OCT 2012 - JUN 2013 AVERAGE
COST PER MEMBER PER MONTH (PMPM)						
Inpatient – Medical / General	$25.51	***	$24.94	$28.24	$23.13	$25.44
Inpatient – Medical / Rehabilitation	$0.27	***	$0.27	$0.23	$0.15	$0.22
Inpatient – Surgical	$20.99	***	$19.38	$18.87	$17.44	$18.56
Inpatient – Maternity / Normal Delivery	$6.47	***	$5.77	$6.01	$6.15	$5.98
Inpatient – Maternity / C-Section Delivery	$4.36	***	$3.26	$3.51	$3.04	$3.27
Inpatient – Maternity / Non-Delivery	$1.21	***	$0.82	$0.94	$0.85	$0.87
Inpatient – Newborn / Well	$2.12	***	$2.16	$2.37	$2.30	$2.28
Inpatient – Newborn / With Complications	$7.21	***	$5.59	$4.97	$4.58	$5.05
Inpatient – Mental Health / Psychiatric	$3.97	***	$3.27	$2.98	$2.63	$2.96
Inpatient – Mental Health / Alcohol and Drug Abuse	$0.52	***	$0.54	$0.42	$0.43	$0.46
Outpatient – Primary Care	$34.41	***	$35.95	$38.13	$35.91	$36.66
Outpatient – Specialty Care	$25.48	***	$24.28	$24.82	$23.52	$24.21
Outpatient – Mental Health	$23.19	***	$21.56	$20.79	$19.77	$20.71
Outpatient – Dental	$12.20	***	$7.08	$8.20	$7.80	$7.69
Outpatient – Emergency Department	$9.71	***	$7.85	$8.40	$7.74	$8.00
Outpatient – Pharmacy Prescriptions	$32.48	***	$32.35	$33.56	$31.47	$32.46
Outpatient – Labs and Radiology	$21.72	***	$18.93	$20.09	$18.83	$19.28
Outpatient – Freestanding ASC Procedures	$1.60	***	$1.56	$1.80	$1.68	$1.68
Outpatient – Health Related Services	$0.00	***	$0.00	$0.00	$0.00	$0.00
Outpatient – Other Hospital Services	$29.00	***	$24.38	$27.13	$25.40	$25.64
Outpatient – All Other	$21.00	***	$21.10	$22.22	$21.31	$21.54

For footnote explanations, see page 82.

Specific Utilization of Preventive / Treatment Services

- Considerations regarding pregnancy
- Considerations regarding adult data
- Adapting DQA measure specifications for oral evaluation
- Stratification possibilities

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Any Dental Service: Pregnant Women

Stratifying by pregnant women by CCO may result in very small numbers with limited validity, especially in rural areas. This is due to:

- The length of pregnancy, when OHP coverage begins, timeliness of prenatal care, and the number of exams covered per year

Staff recommend stratifying by all females of reproductive age (15-44) *or* only reporting on pregnant women at the state level, instead.

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Adult Data on OHP Standard Dental Services

2011 versus 2014

2011	2014
Population has larger proportion of high need persons (TANF medical, old age assistance, blind and disabled, pregnant females)	OHP expansion means the population will have more low income adults that are not part of special high need populations, but may have many unmet needs after long period(s) of being uninsured.
Coverage for OHP Plus includes more services (maxillofacial prosthetics, oral and maxillofacial surgery)	Changes in coverage in 2012 mean some new procedures are funded and others are not
Data pulls will be organized by DCO	Data pulls will be organized by CCO

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Adult Dental Benefit Changes
2012 versus 2014

- Fairly significant coverage changes took place for OHP Plus effective Jan. 2012
- OHP Standard covered urgent/immediate treatment only for non-pregnant adults (21 and older)
- Beginning Jan. 2014, adults with OHP standard will receive the OHP Plus benefit package
- New for non-pregnant adults (21 and older) beginning 2014:
  - Basic services including cleaning, fillings and extractions
  - Endodontics, periodontics and removable prosthodontics
  - Orthodontics, oral and maxillofacial surgery

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Adapting DQA Specs for Oral Evaluation

	DQA	Adaptation
Age range	<21 years	All ages
Continuous enrollment	90 days OR 180 days	90 days
Denominator 1	All enrollees that meet the age and enrollment criteria	
Denominator 2	All enrollees receiving an oral health service*	
Numerator	Enrollees who had an oral evaluation**	
Calculation 1	Numerator / Den 1	Numerator / Den 1
Calculation 2	Numerator / Den 2	Numerator / Den 2
Calculation 3	-----	Den 2 / Den 1

*Oral health service includes D0100 to D9999
**Oral evaluation includes D0120, D0145 and D0150

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Oral Health Services – Oregon Sample

Oral Health Services for Persons Enrolled 90 Continuous Days, CY 2011

	Persons 2 years and older	Persons 21 years and older	Females 15 to 44 years old
A) Eligible/enrolled for 90 or more continuous days	600,089	251,052	134,863
B) Had at least one oral health service	252,365	79,544	52,992
C) Had an oral evaluation (D0120, D0145, D0150)	187,485	43,764	33,669
% of enrolled receiving oral health service (B/A)	42.1%	31.7%	39.3%
% of enrolled receiving oral evaluation (C/A)	31.2%	17.4%	25.0%
% receiving oral health service that also received oral evaluation (C/B)	74.3%	55.0%	63.5%

Data Source: DSSURS, 2011

Future Stratification Possibilities

- CCO
- Race/ethnicity
- Language
- Age
- Gender
- Disability
- Provider (dental vs. oral health services)
- Types of services

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Public Testimony