

Oregon Health Authority Dental Quality Metrics Workgroup

AGENDA

October 2, 2013

10:00 a.m. – 12:00 p.m.

Human Services Building, Room 353

500 Summer Street, NE

Salem, OR 97301

Call In: 1-877-336-1831, Participant Code: 712317

#	Time	Item	Presenter
1	10:00	Welcome and introductions	Rhonda Busek
2	10:10	Consent agenda: September minutes	Rhonda Busek
3	10:15	State sealant program data discussion	Shanie Mason
4	10:45	Review decisions and selected measures from September meeting	Michael Bailit
5	11:00	Identify benchmarks for selected measures	Michael Bailit
6	11:45	Next steps and wrap up	Rhonda Busek
7	11:50	Public testimony	

Next Meeting:

November 6, 2013

10:00 AM - Noon

Oregon Dental Quality Metrics Workgroup

Minutes

September 4, 2013

10:00 a.m – 12:00 p.m.

Human Services Building

500 Summer St, NE

Salem, OR 97301

Item
<p>Welcome</p> <p>Patrice Korjenek (Trillium); Russ Montgomery (AllCare); Janet Meyer (Health Share); Robert Finkelstein (Willamette Dental); Deborah Loy, Linda Mann (Capitol Dental); Mike Shirtcliff (Advantage Dental); Bill Ten Pas (ODS); Eli Schwarz, Denice Stewart, Mike Plunkett (OHSU); Michael Bailit (Bailit Health Purchasing).</p> <p>OHA Staff: Rhonda Busek, Carole Romm, Sarah Bartelmann, Dave Fischer, GERALYN BRENNAN.</p>
<p>Consent Agenda</p> <p>The workgroup approved the August 7th meeting minutes.</p>
<p>Review Initially Selected Measures</p> <p>Michael Bailit reviewed the discussion from the August meeting and summarized the follow-up information staff gathered for the workgroup on the five measures selected for additional consideration.</p> <p><i>Additional DQA Measures</i></p> <p>Staff obtained the final versions of these measure specifications (July 19, 2013) and added them to the measure library.</p> <p><i>CAHPS Patient Experience Questions</i></p> <p>The workgroup agreed to recommend two questions from the CAHPS dental survey for monitoring only:</p> <ul style="list-style-type: none">• 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? This question provides information to CCOs on their education and outreach to members about dental benefits / available services.• 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? This question provides information to CCOs on their education and outreach to members, marketing profiles, and/or network contracts. <p>OHA will research the potential of adding these questions to the CAHPS Health Plan survey fielding in Q1 2014. The workgroup will review the data from the 2014 survey and determine if there are specific issues that should be addressed (by including these as recommended quality pool / CCO incentive measures for CY 2016).</p>

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Fluoride for Children

The DQA and HRSA measures are based on risk assessment, using CDT codes that will not be available / used until January 2014. The ADA does not automatically deem all Medicaid beneficiaries high risk. The workgroup agreed that risk assessment is important, but we do not currently have the structure in place to measure it.

The workgroup agreed to propose measuring the rate of fluoride varnish application without consideration of risk for tracking purposes in the 2014 measurement year, but not for inclusion as a quality pool / CCO incentive measure.

Due to the importance of fluoride varnishes, the workgroup also recommends studying the use of CDT codes in 2014 following education of medical and dental providers about the availability of the code, and the possibility of payment for risk assessment, to determine the viability of adopting the standardized DQA measure including risk assessment for a subsequent measurement year.

Sealants on Permanent Molars for Children

As the standardized sealant measures also rely on risk assessments / new CDT codes for risk assessment, the workgroup recommends the EPSDT measure as a quality pool / CCO incentive measure while the new codes are operationalized. DQA measures using risk assessment codes will be reconsidered for a subsequent measurement year.

Staff will coordinate with the state sealant program and identify options for improved / expanded data collection. Staff will invite Shanie Mason and/or Lori Johnson from the Oral Health Unit (OHA Public Health Division) to attend the October workgroup meeting to talk more about coordinating sealant data and initiatives.

Comprehensive Exam Rates

The workgroup agreed to not recommend the comprehensive exam measure as a quality pool / CCO incentive measure in favor of the members receiving any dental service measure (below). The comprehensive exam rate focuses more on the dentist, rather than on population health improvement; additionally, the comprehensive exam services can only be done by a dentist, while the any dental services can be provided by dentist or non-dentist (broader reach).

The workgroup recommends inclusion of comprehensive exam rates as a measure for overall tracking /

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monitoring, including population stratification (i.e., children, pregnant women, and adults with disabilities).

Members Receiving Any Dental Services

The workgroup agreed to recommend the EPSDT “any dental service” measure as a quality pool / CCO incentive measure. The workgroup also encouraged OHA to explore options to drill down in the data and report on more specific utilization of preventive and treatment services provided by dentists and non-dentists across the population. OHA will provide additional information at the October meeting.

Consider Additional Measures

Michael Bailit provided a summary of new measures that have been added to the measures library. The workgroup agreed that rather than include specific cost measures, the measures already selected (above) were sufficient measures of utilization and focusing on those preventive services should result in reduced costs. Additional utilization or cost measures are not necessary at this time.

Staff will provide additional information in October about what kinds of financial / utilization reporting is possible.

The workgroup discussed several potential measures for additional development, including leveraging existing CCO incentive measures such as emergency department utilization to focus on dental services. The workgroup also agreed to wait for additional measure development / testing from DQA before considering new pediatric measures for inclusion as a quality pool / CCO incentive measure.

Summary of Selected Measures

The workgroup agrees to include the following measures in their recommendation to the Metrics & Scoring Committee:

- Sealants for children – recommend for inclusion in the CY 2015 quality pool / CCO incentive metrics.
- Any dental services – recommend for inclusion in the CY 2015 quality pool / CCO incentive metrics.
- Two CAHPS dental survey measures – recommend for monitoring only.
- Fluoride varnishes for children – recommend for monitoring only.
- Comprehensive exam rates – recommend for monitoring only.

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Benchmark Options

The workgroup will review baseline data and benchmarks for the selected measures at the October meeting. The workgroup will also consider options for measuring improvement across these measures.

OHA will distribute the improvement target brief to the workgroup in advance of the October meeting.

Next Steps

Staff will begin drafting a summary of the workgroup recommendations, including rationale for each decision to document the considerations the workgroup has gone through for the Metrics & Scoring Committee. Staff will provide a draft for initial review at the October meeting.

The workgroup agrees there is a need to reassemble in the summer of 2014 to determine what has been learned from measurement activities, and reassess options for measures relying on risk assessments. The workgroup may also make revised recommendations of dental measures for inclusion in the quality pool for CY 2016.

Public Testimony

No public testimony was provided.

Adjourn

Next Meeting:

October 2, 2013

10:00 am - Noon

Dental Quality Metrics Workgroup

October 2, 2013

The logo for the Oregon Health Authority is centered at the bottom of the slide. It features the word "Oregon" in a smaller, orange, serif font positioned above the word "Health", which is in a larger, dark blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. The entire logo is set against a light blue, curved background that spans the width of the slide.

Oregon
Health
Authority

Consent Agenda

State Oral Health Program: Sealant Data

Shanie Mason, MPH, CHES

Oral Health Program Manager

shanie.m.mason@state.or.us

September Decisions

Measures Recommended for Quality Pool

Sealants on permanent molars for children

The workgroup recommends the EPSDT measure for CY 2015 and reconsideration of the DQA measures using risk assessment codes for a future measurement year.

Members receiving any dental services

The workgroup recommends the EPSDT measure for CY 2015, and encourages OHA to explore reporting on more specific utilization of preventive and treatment services provided by dentists and non-dentists across the population.

Measures Recommended for Monitoring (1)

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?

Measures Recommended for Monitoring (2)

Fluoride varnish application rate

Will not include consideration of risk assessment until new CDT codes are available and in use across Oregon.

Comprehensive exam rate

Include population stratification for children, pregnant women, and adults with disabilities.

Additional Workgroup Recommendations

- Studying the use of CDT codes in 2014 following education of medical and dental providers about the availability of the codes, and the possibility of payment for risk assessment, to determine the viability of adopting the standardized DQA measure including risk assessment for a subsequent measurement year.
- Reassembly of the workgroup in the summer of 2014 to determine what has been learned from measurement activities, and reassess options for measures relying on risk assessments.
- Workgroup consideration of possible revised recommendations of dental measures for inclusion in the quality pool for CY 2016.

Additional OHA Follow Up

Financial / Utilization Reporting

- OHA is working on cost and utilization reporting for dental services. Information should be available in the upcoming quarterly health system transformation report (November 5, 2013).
www.oregon.gov/oha/Metrics/

Specific Utilization of Preventive / Treatment Services

- OHA is still working on options for drilling down in available data. Additional information will be available for the November workgroup meeting.

Benchmarks for Measures Recommended for the Quality Pool

Why Benchmarks and Improvement Targets?

Under Oregon's 1115 Demonstration Waiver for the quality pool and CCO incentive program, CCO performance must be compared to an appropriate benchmark and their own past performance (baseline).

- Additional details in the waiver online here:
www.oregon.gov/oha/OHPB/Documents/special-terms-conditions-accountability-plan.pdf
- And the quality pool methodology online here:
www.oregon.gov/oha/CCODData/Quality%20Pool%20Methodology.pdf

Benchmarks and improvement targets are recommended by the Metrics & Scoring Committee.

Improvement Target Methodology

The improvement target is the amount that each CCO must improve from its own baseline; it is meant to reduce the gap between the CCO's baseline and the benchmark.

The majority of Quality Pool improvement targets for CY 2013 are based on the "Minnesota Method", calculated as:

$$\frac{[\text{State Benchmark}] - [\text{CCO Baseline}]}{10} = x$$

$$[\text{CCO Baseline}] + [x] = \text{Improvement Target}$$

Details available online at:

www.oregon.gov/oha/CCOData/Improvement%20Targets.pdf

Setting Benchmarks for Recommended CCO Incentive Measures

If you have...	Then you can set...
Baseline data	Informed improvement target
National or other benchmark data	Informed benchmark

Sealants for Children – Baseline Data

Percent of children ages 6-14 covered by Medicaid receiving dental sealants in FFY 2011

	Ages 6-9	Ages 10-14
Oregon	15.4%	12.7%
U.S.	17.4%	15.0%

*Data source: annual EPSDT participation report, FY 2011.
Form CMS 416*

In 2012, 38 percent of 6-9 year old children statewide had dental sealants, representing approximately 48,000 children in 1st to 3rd grades. Oregon Smile Survey, <https://apps.state.or.us/Forms/Served/le8667.pdf>

Sealants for Children – Baseline Data by DCO

Total eligibles receiving sealant on permanent molar tooth,
FFY Oct 1, 2010 – Sept 30, 2011

DCO	Ages 6-9	Ages 10-14	Total ages 6-14
DCO1	6%	5%	5%
DCO2	10%	9%	9%
DCO3	17%	15%	16%
DCO4	17%	14%	16%
DCO5	18%	14%	16%
DCO6	19%	16%	17%
DCO7	29%	23%	26%
DCO8	26%	26%	26%

Sealants for Children – Benchmark Options

Healthy People 2020 Goals (OH-12)

- 3-5 year olds: 1.5%
- 6-9 year olds: 28.1%
- 13-15 year olds: 21.9%

Healthy People 2020 goals set based on 10 percent improvement over national baseline data.

Healthy People 2020 available online at:

www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=32

Sealants for Children – Benchmark Options

CMS National Oral Health Goals (proposed in 2010)

- Increase the rate of children ages 6-9 enrolled in Medicaid or CHIP who receive a dental sealant on a permanent molar tooth by 10 percentage points over a 5-year period.

Details available online at:

- www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/CMS-Oral-Health-Strategy.pdf
- www.medicaid.gov/federal-policy-guidance/downloads/CIB-04-18-13.pdf

Sealants for Children – Benchmark Decision



Any Dental Service – Baseline Data

Percent of children eligible for EPSDT receiving:
(1) any dental service in FFY 2011:

	Total 0-20	Total 1-20	<1	1-2	3-5	6-9	10-14	15-18	19-20
OR	42.4%	44.7%	1.1%	19.2%	48.1%	56.7%	50.9%	45.0%	30.4%
US	47.2%	48.1%	4.9%	28.0%	53.5%	60.5%	55.6%	46.0%	28.2%

*Data source: annual EPSDT participation report, FY 2011.
Form CMS-416*

No adult data available at this time.

Any Dental Service – Baseline Data

Percent of children eligible for EPSDT receiving:
(2) any dental or oral health service in FFY 2011:

	Total 0-20	Total 1-20	<1	1-2	3-5	6-9	10-14	15-18	19-20
OR	43.1%	45.5%	1.6%	22.0%	49.0%	57.0%	51.0%	45.0%	30.4%
US	45.7%	49.4%	2.8%	23.0%	52.2%	59.7%	55.0%	45.5%	27.7%

*Data source: annual EPSDT participation report, FY 2011.
Form CMS-416*

No adult data available at this time.

Any Dental Service – Baseline Data by DCO

Oct 1, 2010 – Sept 30, 2011

	At least one diagnostic dental service by or under the supervision of a dentist.	Any dental or oral health service.
DCO	Total Ages 0 - 20	Total Ages 0 - 20
DCO1	21%	22%
DCO2	28%	29%
DCO3	35%	35%
DCO4	39%	40%
DCO5	42%	47%
DCO6	45%	46%
DCO7	50%	54%
DCO8	60%	60%

Any Dental Service – Benchmark Options

Healthy People 2020 Goal (OH-7)

- Persons 2 years and older who had a dental visit in the past 12 months: 49.0%

Healthy People 2020 goal set based on 10 percent improvement over national baseline data.

Healthy People 2020 available online at:

- www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=32
- www.healthypeople.gov/2020/LHI/oralhealth.aspx?hlitem=186#hiTop

Any Dental Service – Benchmark Decision



Baseline Data for Measures Recommended for Monitoring

CAHPS Questions – No Baseline Data

- **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?
- No Oregon baseline data available.
- No national baseline data available.

Fluoride for Children – Baseline Data

This measure cannot be directly derived from the EPSDT report, as the physical health section of the EPSDT report is separate from the dental health part of the EPSDT report. OHA does not currently pull fluoride varnish services separately from preventive services.

OHA can produce baseline data for the following:

- Of the children that received a physical health exam, how many received a fluoride varnish.

Comprehensive Exam – Baseline Data

OHA does not currently produce this measure, but could produce the baseline, as it is part of the dental codes used for the DCO report on diagnostic dental services.

Percent of children covered by Medicaid receiving diagnostic dental services in FFY 2011:

	Total 0-20	<1	1-2	3-5	6-9	10-14	15-18	19-20
OR	38.1%	0.8%	17.7%	44.3%	50.7%	45.9%	39.0%	25.9%
US	42.5%	2.5%	21.9%	49.5%	53.0%	50.5%	40.8%	23.9%

*Data source: annual EPSDT participation report, FY 2011.
Form CMS-416*

Workgroup Recommendation

Next Meeting

November 6, 2013
10:00 AM – Noon

Agenda

Public Testimony