What is the Objective of the DQA in Developing Performance Measures

Our mission is to improve the oral health of all.

Robert Compton, DDS
Executive Director

EBD Champions Conference  May 9-10, 2014
DISCLOSURE

Improving Oral Health

Through innovation, advocacy, and leadership, DentaQuest is changing oral health care as you know it.

Innovative Dental Benefits Solutions

DentaQuest dental benefits solutions improve oral health while proactively managing costs for:

- State Plans
- Health Plans
- Group Plans
- Individual Plans
- New! Marketplaces

DentaQuest Institute

The DentaQuest Institute is changing the future of oral health for the better using solid scientific and clinical research to improve the effective delivery of care.

More on the Institute »

DentaQuest Foundation

The DentaQuest Foundation supports and promotes optimal oral health by partnering and collaborating in communities across the United States, with a goal of connecting key stakeholders, raising awareness, and supporting solutions.

More on the Foundation »

Latest News

DentaQuest Begins Management of TennCare Dental Programs on October 1

Learn More »

- We are 1,000 people strong, passionate, committed, working tirelessly across the country to Improve the Oral Health of All
Disclosure on DentaQuest Benefits

- ~ 20 million members
- 28 States
- Partner with over 85 health plans
- Administer 10 state carve outs
- Administer over $5 billion of dental benefits
Congress Mandates Quality Improvement

- The Children’s Health Insurance Plan Reauthorization Act of 2009 (CHIPRA), mandates that quality assessment programs be implemented to assess and improve the quality of care for children that receive oral health care under the Medicaid and CHIPRA programs.

- In 2008 CMS proposed to the American Dental Association (ADA) that a Dental Quality Alliance be established to develop performance measures for oral health care and that the ADA take a leadership role in its formation.
Dental Quality Alliance

Mission
• The mission of the Dental Quality Alliance is to advance performance measurement as a means to improve oral health, patient care and safety through a consensus-building process.

Objectives
• To identify and develop evidence-based oral health care performance measures and measurement resources.
• To advance the effectiveness and scientific basis of clinical performance measurement and improvement.
• To foster and support professional accountability, transparency, and value in oral health care through the development, implementation and evaluation of performance measurement.

Members of the Dental Quality Alliance

DENTAL PROFESSIONAL ORGANIZATIONS
- Academy of General Dentistry
- American Academy of Oral & Maxillofacial Pathology
- American Academy of Oral & Maxillofacial Radiology
- American Academy of Pediatric Dentistry
- American Academy of Periodontology
- American Association of Endodontists
- American Association of Oral and Maxillofacial Surgeons
- American Association of Orthodontists
- American Association of Public Health Dentistry
- American College of Prosthodontists
- American Dental Association’s Board of Trustees
- American Dental Hygienists’ Association
- Council on Access, Prevention, and Interprofessional Relationships (ADA)
- Council on Dental Benefit Programs (ADA)
- Council on Dental Practice (ADA)
- Council on Government Affairs (ADA)

GOVERNMENT AGENCIES
- Agency for Healthcare Research and Quality
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- Health Resources and Services Administration
- Medicaid and SCHIP Dental Association

DENTAL PLAN ASSOCIATIONS
- America’s Health Insurance Plans
- Delta Dental Plan Association
- National Association of Dental Plans

OTHER MEMBERS
- American Dental Education Association
- American Medical Association
- DentaQuest
- The Joint Commission
- National Network for Oral Health Access
- Public Member

Quality Measurement in Dentistry: A Guidebook

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DQA Measure Activities

Measure Development Process

- Measure Development Process Manual

Programmatic Administrative Measure Effort

The Dental Quality Alliance is pleased to announce the availability of its first fully tested measures set titled "Dental Caries in Children: Prevention and Disease Management".

- Dental Caries in Children: Prevention and Disease Management DQA Measure Set.

Formative Documents for This Measure Set

- Pediatric Oral Health Quality & Performance Measure Concept Set: Achieving Standardization & Alignment (PDF)
- Pediatric Oral Health Quality and Performance Measures: Environmental Scan (PDF)

The DQA is currently working on the following projects:

- Additional Measures for Children: The DQA is currently testing these measures for feasibility, validity, reliability and usability.
  - Use of Emergency Department
  - Follow-up After Use of Emergency Department
  - Use of General Anesthesia
  - Treatment Following Sealant Use
  - Early Extraction of Permanent Teeth
- Adult Measures Under Consideration
- Patient reported outcomes measures (collaboration with Children's Hospital of Philadelphia)

e-Measure Effort

The Dental Quality Alliance has published an e-Measure document titled "Pediatric Oral Healthcare, Exploring the Feasibility for e-Measures". This document explores the feasibility of adopting the DQA's Starter Set of administrative (using claims/eligibility data) measures for pediatric oral health into e-Measures.

Document posted on Jan. 10, 2013:

- Pediatric Oral Healthcare, Exploring the Feasibility for e-Measures (PDF)

The DQA is currently working on developing two eMeasures for potential use within the Stage III Meaningful Use Program.
Example of Variability in Program Performance

CMS 416 12b. Total Eligibles Receiving Preventive Dental Services, FY11

US Avg 56.0%

37.4%

13.0%
Measure Sets

The Dental Quality Alliance Measure Sets can be found on this page.

Measure Set #1: Dental Caries in Children: Prevention & Disease Management (programmatic measures)

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Measure</th>
<th>AHRQ Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluating Utilization</td>
<td>Use of Services</td>
<td>Use of Services</td>
</tr>
<tr>
<td>Preventive Services</td>
<td></td>
<td>Use of Services</td>
</tr>
<tr>
<td>Treatment Services</td>
<td></td>
<td>Use of Services</td>
</tr>
<tr>
<td>Evaluating Quality of Care</td>
<td>Oral Evaluation</td>
<td>Access/Process</td>
</tr>
<tr>
<td>Topical Fluoride Intensity</td>
<td></td>
<td>Access/Process</td>
</tr>
<tr>
<td>Sealant use in 6-9 years</td>
<td></td>
<td>Access/Process</td>
</tr>
<tr>
<td>Sealant use in 10-14 years</td>
<td></td>
<td>Access/Process</td>
</tr>
<tr>
<td>Care Continuity</td>
<td></td>
<td>Access/Process</td>
</tr>
<tr>
<td>Usual Source of Services</td>
<td></td>
<td>Access/Process</td>
</tr>
<tr>
<td>Evaluating Cost</td>
<td>Per-Member Per-Month Cost</td>
<td>Cost</td>
</tr>
</tbody>
</table>

Below are the detailed specifications for the DQA measures. As you implement these measures, we would like your feedback. Please send us information on what worked, challenges you faced, and experiences with these measures. This information will be used as the DQA reviews and updates measure specifications in the future. Please send comments to Krishna Aravamudhan at aravamudhank@ada.org.
<table>
<thead>
<tr>
<th>Description</th>
<th>Specification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilization of Services</td>
<td>Percentage of all enrolled children who received at least one dental/oral health service within the reporting year. <a href="#">Utilization of Services Specifications</a></td>
</tr>
<tr>
<td>Oral Evaluation</td>
<td>Percentage of a. all enrolled children b. enrolled children who received at least one dental/oral health service who received a comprehensive or periodic oral evaluation within the reporting year. <a href="#">Oral Evaluation Specifications</a></td>
</tr>
<tr>
<td>Sealants in 6 – 9 years</td>
<td>Percentage of a. enrolled children b. enrolled children who received at least one dental/oral health service in the age category of 6-9 years at &quot;elevated&quot; risk (e.g. &quot;moderate&quot; or &quot;high&quot;) who received a sealant on a permanent first molar tooth within the reporting year. <a href="#">Sealants in 6-9 years Specifications</a></td>
</tr>
<tr>
<td>Sealants in 10 – 14 years</td>
<td>Percentage of a. enrolled children b. enrolled children who received at least one dental/oral health service in the age category of 10-14 years at &quot;elevated&quot; risk (e.g. &quot;moderate&quot; or &quot;high&quot;) who received a sealant on a permanent second molar tooth within the reporting year. <a href="#">Sealants in 10-14 years Specifications</a></td>
</tr>
<tr>
<td>Topical Fluoride Intensity</td>
<td>Percentage of a. all enrolled b. enrolled children who received at least one dental/oral health service who are at &quot;elevated&quot; risk (e.g. &quot;moderate&quot; or &quot;high&quot;) who received (1, 2, 3, 4 or more) topical fluoride applications within the reporting year. <a href="#">Topical Fluoride Intensity Specifications</a></td>
</tr>
</tbody>
</table>
Outcome of Care
is a health state of a patient resulting from health care AND is supported by evidence that the measure has been used to detect the impact of one or more clinical interventions.

Process of Care
Is a health care-related activity performed for, on behalf of, or by a patient AND is supported by evidence that the clinical process led to improved outcomes.

Access
Is the attainment of timely and appropriate health care by patients or enrollees of a health care organization or clinician AND supported by evidence of association with improved outcomes of care.

Structure
Is a feature of a health care organization or clinician related to the capacity to provide high quality health care AND supported by evidence that an association exists between the measure and one of the other clinical quality measure domains.

Access vs. Structure for Programmatic Measures
Access is whether the programs members are receiving timely and appropriate care.

Structure relates to capacity. Does the program have enough dentists in network; where are they located geographically; the enrollee to dentist ratio; etc.
Related Health Care Delivery Measures

Is used to assess the non-quality aspects....[of] the provision of care to their patients or enrollees. **NOT SUPPORTED BY EVIDENCE** that they indicate better or worse care.

Use of Services

The provision of a service to, on behalf of, or by a group of persons identified by enrollment in a health plan or through use of clinical services.

Use of service measures can assess **encounters, tests**, or interventions that **are not supported by evidence** of the appropriateness of the service for the specified individuals.
Why Adopt DQA Performance Measures?

• Need to Target Dental Caries. Percentage of children who have untreated decay by age:
  – 14% of kids 3-5; 17% of kids 6-9; 11% of kids 13-15

• Comprehensive strategy is needed to assess access, structure, process, clinical outcomes, population health status, and patient satisfaction

• What gets measured can be changed. Can use to:
  – Develop policies to target resources based on
    • Current utilization
    • Geographic/county variations
    • MCO/plan variations
    • Racial and ethnic disparities
Why Adopt DQA Performance Measures?

• Develop policies to support appropriate use of evidence-based preventive services based on:
  – Current provision of EB services
  – Timeliness & frequency of services
  – Continuity of services

• Develop policies to achieve higher utilization while maintaining or lowering per capita costs based on
  – Utilization trends
  – Amounts paid for clinical services
  – Overall program costs
ABCs of Measurement

Measure n. A standard: a basis for comparison; a reference point against which other things can be evaluated; “they set the measure for all subsequent work.” v. To bring into comparison against a standard.

How do we know? We measure.

How do patients know if their healthcare is good care? How do providers pinpoint the steps that need to be improved for better patient outcomes? And how do insurers and employers determine whether they are paying for the best care that science, skill, and compassion can provide? Performance measures give us a way to assess healthcare against recognized standards. While measures come from many sources, those endorsed by the National Quality Forum have become a common point of reference. An NQF endorsement reflects rigorous scientific and evidence-based review, input from patients and their families, and the perspectives of people throughout the healthcare industry. The science of measuring healthcare performance has made enormous progress over the last decade, and it continues to evolve. The high stakes demand our collective perseverance. Measures represent a critical component in the national endeavor to assure all patients of appropriate and high-quality care.

Learn the difference a good measure can make.

Download a printable version of The ABCs of Measurement (PDF).
What NQF Endorsement Means

Most developers put their measures through a rigorous process long before NQF considers them for endorsement. NQF’s careful review and assessment gathers input from stakeholders across the healthcare enterprise and develops consensus among those stakeholders about which measures warrant endorsement as the “best in class.”

According to Tim Ferris, co-chair of NQF’s Consensus Standards Approval Committee, “Measures are the only way we can really know if care is safe, efficient, effective, and patient-centered. Performance measures also help us improve faster. We can make corrections earlier in providing care.”

NQF USES FOUR CRITERIA TO ASSESS A MEASURE FOR ENDORSEMENT:

**Important to measure and report** to keep our focus on priority areas, where the evidence is highest that measurement can have a positive impact on healthcare quality.

**Scientifically acceptable,** so that the measure when implemented will produce consistent (reliable) and credible (valid) results about the quality of care.

**Useable and relevant** to ensure that intended users — consumers, purchasers, providers, and policy makers — can understand the results of the measure and are likely to find them useful for quality improvement and decisionmaking.

**Feasible to collect** with data that can be readily available for measurement and retrievable without undue burden.
dental

Search within:

Sort results by: Relevance (what's this?) Publication date

Filter results by: All Years

1-20 of 47 Next >

1. Dental plan members' experiences: adult dental plan members' ratings of their dental care. 2009 Feb. NQMC:005233
   Agency for Healthcare Research and Quality - Federal Government Agency [U.S.]; CAHPS Consortium - Health Care Quality Collaboration. View all measures by the developer(s)

2. Dental plan members' experiences: adult dental plan members' ratings of their dental plan. 2009 Feb. NQMC:005235
Progression of Measure Development

- First Step – Programmatic Measures
- Second Step – eMeasures & Meaningful Use Measures
- Third Step – Provider Measures
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