

Philadelphia EMA

A grantee & subgrantee partnership for implementing the HAB oral health performance measures



Monday, August 23, 2010

Disclosures

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HRSA Education Committee Disclosures

HRSA Education Committee staff have no financial interest or relationships to disclose.

CME Staff Disclosures

Professional Education Services Group staff have no financial interest or relationships to disclose.

Objectives

1. Describe a process whereby a grantee and subgrantees worked together to draft a method for implementing the HAB oral health performance measures
2. Identify data elements for each of the HAB oral health performance measures and track and trend HAB oral health performance measure data
3. Explain the process for improving the performance for the HAB oral health performance measures

Overview of the Philadelphia EMA



Overview of Philadelphia EMA

- Nine counties spanning New Jersey and Pennsylvania
- >24,000 people living with HIV
- >\$45 million of funding for care and prevention

Ryan White funded services:

- >12,000 people receive HIV medical care
- >7,000 people receive HIV medical case management
- >2,300 people receive oral health care

Oral health care patients & visits

	Patients	Visits
Aggregate	2,359	7,923
Range	12-997	20-2955

Average number of visits per patient	3.4
Range	1.5 – 5.7

- Provide emergency and non-emergency oral health care
- Nearly 50% of the oral health patients lack insurance

Source: 2009 RDR

AACO quality principles

- Start slow and stage implementation
- At start, prepare to increase subgrantee buy-in
- First year data is baseline
- Build upon plans developed for other service categories
- Identify early adopters, work with them first, and capitalize on their experiences

AACO quality management plan

- EMA quality management plan
- Grantee and subgrantee priorities
- Population based
- Quality improvement committee at subgrantee site
- Establish performance measures
- Frequently report performance measure data
- Develop improvement projects



Blueprint for HIV Treatment Success

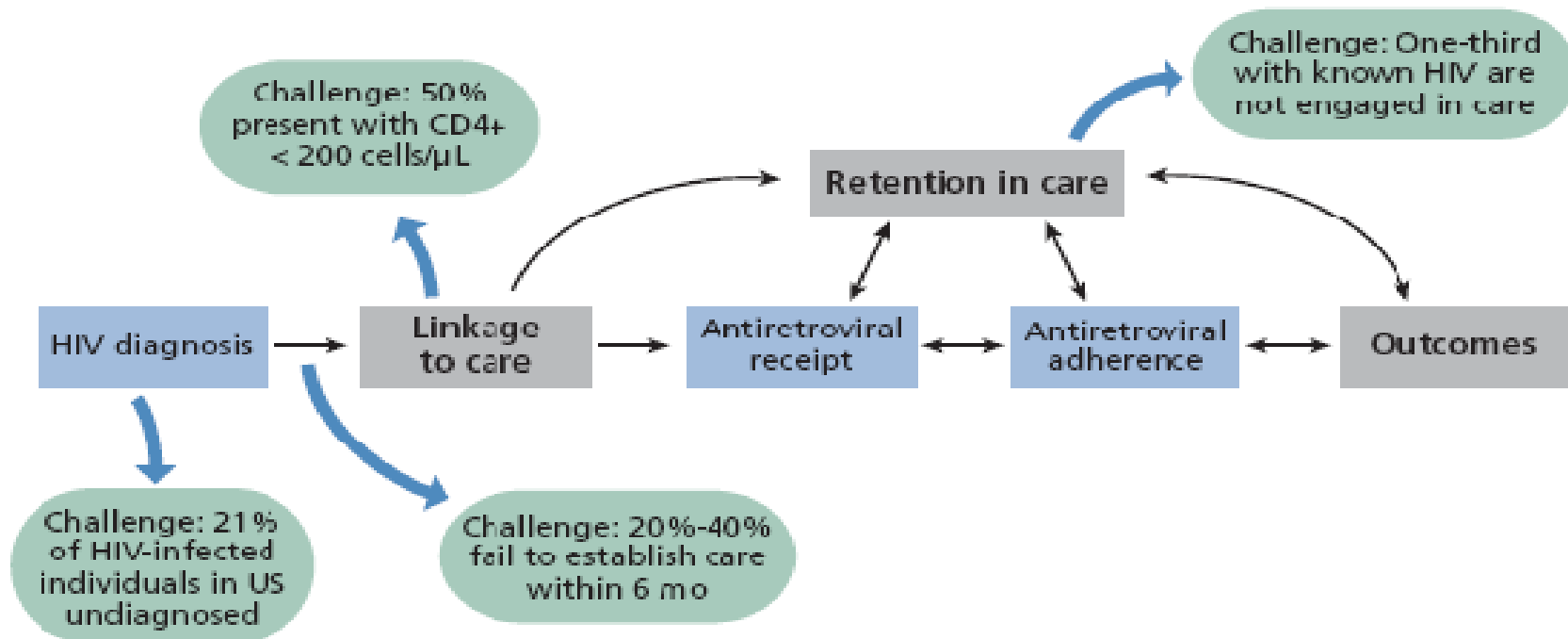


Figure 1. Blueprint for HIV treatment success, indicating the population-level challenges currently faced in the United States (Glynn and Rhodes, NHIVPC, 2005; Gardner et al, *AIDS*, 2005; Mugavero et al, *Clin Infect Dis*, 2007; Gay et al, *AIDS*, 2006; Mugavero et al, *Am J Med*, 2007; Fleming et al, CROI, 2002). Adapted with permission from Ulett et al, *AIDS Patient Care STDs*, 2008.

Blueprint for HIV Treatment Success

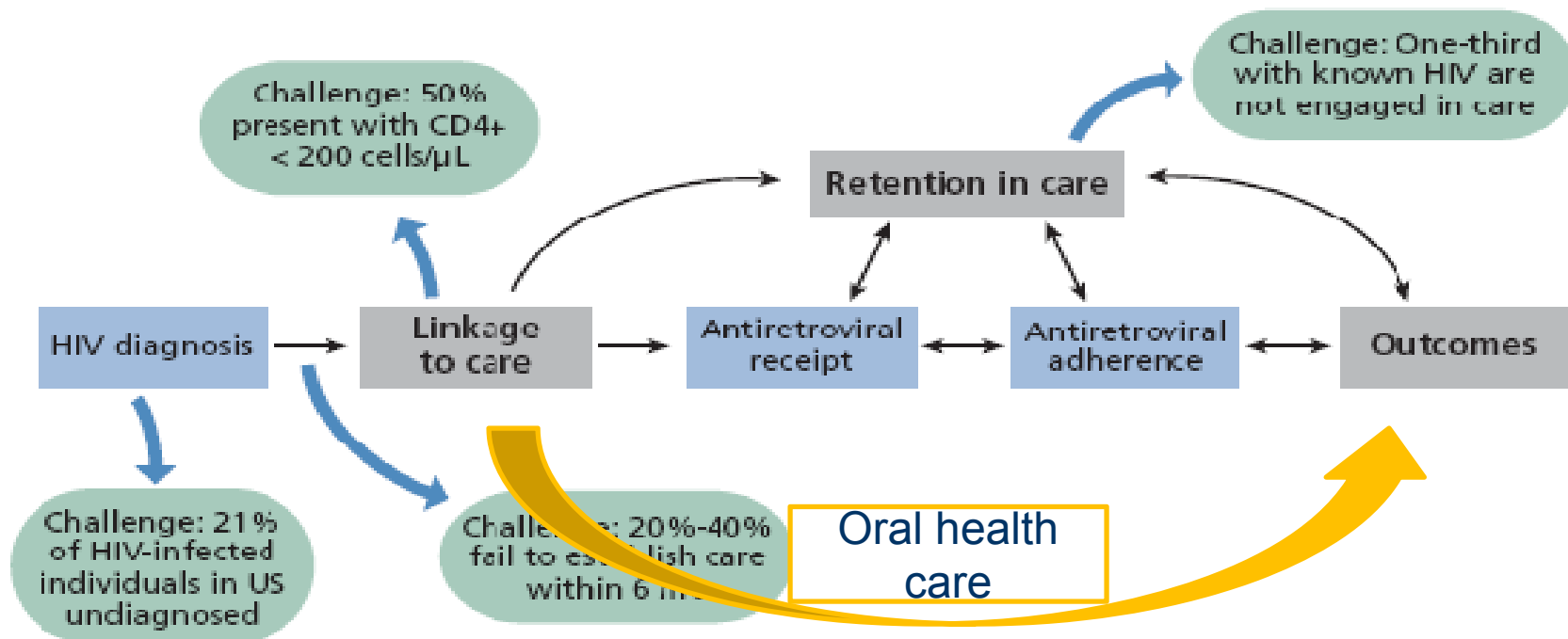


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Current performance

- 1 in 5 patients (20%) did not get 2 HIV medical visits in a 12 month period
- 1 in 3 patients (30-32%) did not get 2 CD4s in a 12 month period
- < 1 in 10 patients (8%) had an oral health examination by a dentist (self reported)

Source: Grantee data July 2010

Overview of the UMDNJ-NJDS



Overview of UMDNJ-NJDS

- Funded by HIV/AIDS Bureau in September 2002
- One of twelve Community Based Dental Partnership Programs (CBDPP)

Major Goals:

- To expand access to oral health services for patients with HIV infection
- To increase the number of dental providers capable of managing oral health needs of HIV-positive clients through community based service learning experiences

NJDS Statewide Network

- Created 1989
- Three extramural satellite dental centers
- 24 operator chairs
- Provide comprehensive oral health services in the seven county service area in Southern New Jersey
- Focus on underserved, uninsured and underrepresented populations

2005 Performance review site visit

Central to both the missions of the grantee and HRSA:

- To understand if HIV/AIDS patients are gaining access to primary medical and oral health service
- Directly linked to Government Performance Results Act (GPRA) 1.A.1. “Increase the number of people receiving primary care services”.
- Measure #1 measures the ability of the grantee to increase access to care and once engaged to retain HIV-positive clients in comprehensive oral health care services

Data development recommendation

- The Number of HIV-positive dental patients with a comprehensive oral health exam/and treatment plan with *satisfactory progress* toward completion, as evidenced by appointments kept within 3 months
- A similar measure is being considered as the HRSA/OPR national mandatory clinical measure for oral health services i.e. ***“The Percent of patients with a comprehensive oral exam and a treatment plan completed within a 12 month period”***; as stated, this measure refers to primary care patients (doesn't specify HIV status)



Three essential data elements

1. Number/percent of HIV-positive clients with comprehensive oral health exams
2. Of those, the number/percent with comprehensive treatment plans
3. Of those, the percent with *satisfactory progress* toward completion of the treatment plan, as evidenced by appointments kept within 3 months

Data source for measure

- Management information system (MIS)
- Dental productivity reports
- Random sample chart audit

Data Development:

- Develop “proxy codes” for grantees serving HIV-positive clients, i.e. ADA code 0110, ADA code 0130, code 00022, code 10099
- Implement a comprehensive patient record review procedure

Patient record review procedure

- Adopt patient record review form
- Determine sample size -- Sample Size Calculator
- Data collection
- Data reporting
- Performance improvement action plan

A health history assessment has been obtained at least annually and includes documentation of the following:			
I	Assessment of patient's current dental status	YES	NO
II	CD4 and viral load results	YES	NO
III	Contact information for primary care providers and whether the patient is receiving care	YES	NO
IV	Current medications and changes in regimen	YES	NO
V	Allergies	YES	NO
VI	Diagnostic studies (laboratory data) performed within the past six months	YES	NO
VII	Hepatitis B & C status	YES	NO
VIII	Platelet counts/PT PTT/INR	YES	NO
An intraoral exam was performed at least annually and included the following components:			
IX	Charting of hard tissue decay pathology or condition	YES	NO
X	Soft tissue pathology or condition	YES	NO
XI	Radiographs of diagnostic quality	YES	NO
A periodontal exam was performed at least annually, and included the following components:			
XII	Overall periodontal case type	YES	NO
XIII	Pocket or probing depths (where indicated)	YES	NO
XIV	Gingival inflammation	YES	NO
XV	Bleeding assessment	YES	NO
XVI	An extraoral (head and neck) exam was performed at least annually.	YES	NO
XVII	A written treatment plan was updated at least annually.	YES	NO
XVIII	Progress toward completion of treatment plans is being made.	YES	NO
Oral hygiene instruction was provided to the patient annually, and included the following components:			
XIX	Brushing and flossing techniques	YES	NO
XX	Dietary counseling	YES	NO
XXI	Soft tissue assessment	YES	NO
XXII	Management of soft tissue pathology	YES	NO



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III	Contact information for primary care providers and whether the patient is receiving care	YES	NO
IV	Current medications and changes in regimen	YES	NO
V	Allergies	YES	NO
VI	Diagnostic studies (laboratory data) performed within the past six months	YES	NO
VII	Hepatitis B & C status	YES	NO
VIII	Platelet counts/PT PTT/INR	YES	NO
An extraoral and intraoral exam was performed at least annually and included the following components:			
IX	An extraoral (head and neck) exam	YES	NO
X	Charting of hard tissue decay pathology or condition	YES	NO
XI	Soft tissue pathology or condition	YES	NO
XII	Radiographs of diagnostic quality	YES	NO
XIII	An updated written treatment plan	YES	NO
A periodontal exam was performed at least annually, and included the following components:			
XIV	Overall periodontal case type	YES	NO
XV	Pocket or probing depths (where indicated)	YES	NO
XVI	Gingival inflammation	YES	NO
XVII	Bleeding assessment	YES	NO
Oral hygiene instruction was provided to the patient annually, and included the following components:			
XVIII	Brushing and flossing techniques	YES	NO
XIX	Dietary counseling	YES	NO
XX	Soft tissue assessment	YES	NO
XXI	Management of soft tissue pathology	YES	NO
Phase 1 treatment plan is completed within 12 months to include the following:			
XXII	Restorative treatment (operative)	YES	NO
XXIII	Basic periodontal therapy (non-surgical)	YES	NO
XXIV	Basic oral surgery (simple extractions and biopsy)	YES	NO
XXV	Non-surgical endodontic therapy	YES	NO
XXVI	Space maintenance and tooth eruption guidance (for transitional dentition)	YES	NO



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I	Assessment of patient's current dental status	YES	NO	
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III	Contact information for primary care providers and whether the patient is receiving care	YES	NO	
IV	Current medications and changes in regimen	YES	NO	
V	Allergies	YES	NO	
VI	Diagnostic studies (laboratory data) performed within the past six months	YES	NO	
VII	Hepatitis B & C status	YES	NO	
VIII	Platelet counts/PT PTT/INR	YES	NO	
An extraoral and intraoral exam was performed at least annually and included the following components: initial exam (D0150) recall exam (D0120)				
IX	An extraoral (head and neck) exam	YES	NO	
X	Charting of hard tissue decay pathology or condition	YES	NO	
XI	Soft tissue pathology or condition	YES	NO	
XII	Radiographs of diagnostic quality	YES	NO	
XIII	An updated written treatment plan	YES	NO	
A periodontal exam was performed at least annually, and included the following components:				
XIV	Overall periodontal case type	YES	NO	
XV	Pocket or probing depths (where indicated)	YES	NO	
XVI	Gingival inflammation	YES	NO	
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XXV	Non-surgical endodontic therapy	YES	NO	NA
XXVI	Space maintenance and tooth eruption guidance (for transitional dentition)	YES	NO	NA



Sample Size Calculator [X]

Commands View Help MaCorr?

Determine Sample Size

Confidence Level: ?

Confidence Interval: (%) ?

Population: ?

Sample size: ?

Find Confidence Interval

Confidence Level:

Sample size:

Population:

Percentage: (%) ?

Confidence Interval: (%)

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Source: http://www.macorr.com/ss_calculator.htm

		YEAR 1/1/09 – 12/31/09	CORRECTIVE ACTION
I	Assessment of patient's current dental status		
II	CD4 and viral load results		
III	Contact information for primary care providers and whether the patient is receiving care		
IV	Current medications and changes in regimen		
V	Allergies		
VI	Laboratory data		
VII	Hepatitis B & C status		
VIII	Platelet counts/PT PTT/INR		
IX	Charting of hard tissue decay pathology or condition		
X	Soft tissue pathology or condition		
XI	Radiographs of diagnostic quality		
XII	Overall periodontal case type		
XIII	Pocket or probing depths (where indicated)		
XIV	Gingival inflammation		
XV	Bleeding assessment		
XVI	An extraoral (head and neck) exam was performed at least annually		
XVII	A written treatment plan was updated at least annually		
XVIII	Progress toward completion of treatment plans is being made		
XIX	Brushing and flossing techniques		
XX	Dietary counseling		
XXI	Soft tissue assessment		
XXII	Management of soft tissue pathology		
	PERCENTAGE OF ITEMS REVIEWED CORRECT		



Performance Review Measure #1:	
Number of Client Dental Records Reviewed:	
Percentage Correct for Period 1/1/09 thru 12/31/09:	
Key Action Steps/Activities	Person(s) Responsible
1.	
2.	
3.	
Performance Review Measure #2:	
Number of Client Dental Records Reviewed:	
Percentage Correct for Period 1/1/09 thru 12/31/09:	
Key Action Steps/Activities	Person(s) Responsible
1.	
2.	
3.	
Performance Review Measure #3:	
Number of Client Dental Records Reviewed:	
Percentage Correct for Period 1/1/09 thru 12/31/09:	
Key Action Steps/Activities	Person(s) Responsible
1.	
2.	
3.	
Performance Review Measure #4:	
Number of Client Dental Records Reviewed:	
Percentage Correct for Period 1/1/09 thru 12/31/09:	
Key Action Steps/Activities	Person(s) Responsible
1.	
2.	
3.	



Philadelphia EMA implementation plan



Implementation plan & timeline

HAB released oral health measures (December 2009)

- Grantee staff reviewed measures
- Grantee lack of oral health expertise

Scheduled meeting with oral health subgrantees (March 2010)

- Meeting preparation
 - Identified data elements for each HAB measure
 - Developed draft implementation plan
 - Identified potential local measures

Implementation plan & timeline

First subgrantee meeting (March 2010)

- Presented plan, measures and data elements
- Gathered feedback on measures and consensus on data elements
- Received and managed push-back
- Identified an “early adopter” and oral health expert

Meet with the “early adopter” (April 2010)

- Gained a better understanding of oral health care and measures
- Learned about their measurement and improvement process

Implementation plan & timeline

Presented the final implementation plan and timeline (May 2010)

- HAB oral health measures to implement:
 1. Dental and medical history
 2. Dental treatment plan
 3. Oral health education
- Finalized data elements for each measure
- Data collection
 - Monthly data collection and submission from chart reviews
 - Chart reviews based on a sample of all the patients with at least one oral health care visit in the measurement period

Collecting measure data

1. Determine sample size

- Based on your March 2009 – February 2010 services report
- 95% confidence level and 5 – 7% confidence interval

	Clients/Year	Charts/Year	Charts/Month
AIDS Care Group	300	119-169	10-14
Penn Dental	550	145-226	12-19
Temple Dental	465	138-211	12-18
UDMNJ	316	121-174	10-15

Collecting measure data

2. Determine sampling methodology

- AACO will set-up a report that will identify the patients who had an oral health care visit during the month
- Patients will be listed by encrypted unique record number
- Select patient charts for review via protocol

$$n^{\text{th}} \text{ chart to review} = \frac{\text{Number of pt charts to review in month}}{\text{Number of pts with at least 1 oral health visit in month}}$$

3. Conduct chart review

- Review chart for each performance measure's items
- Enter chart review data into a database

Philadelphia EMA Oral Health Care Patient Review Form

Client Information

Agency:			
Measurement period:	Date of review:		
Patient's name:	Chart number:	Patient's eURN:	
Dentist's name:	Student's name:		
Number of OH visits in measurement period:	Date of first OH visit in measurement period:		

Did the patient have the following items documented in the chart in the last 12 months?

	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	
Dental and medical history	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Confirmation of HIV medical visit within 6 months prior to the first oral health visit during the measurement period or within the measurement period			
CD4 (dated within 6 months of the oral health care visit)			
Viral load (dated within 6 months of the oral health care visit)			
Current HIV and non-HIV medications			
Allergies			
Hepatitis B status			
Hepatitis C status			
Platelet count (dated within 6 months of the oral health care visit)			
Assessment of patient's current dental status			
Dental treatment plan developed or updated	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Current dental treatment plan present in chart			
Patient signed dental treatment plan			
Dentist (not student only) signed dental treatment plan			
Preventive care documented on dental treatment plan (mgmt.of soft tissue pathology)			
Documentation of progress of dental treatment plan			
Oral hygiene education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Brushing and flossing techniques or denture care			
Dietary counseling related to tooth decay			
Dietary counseling related to oral health hygiene			
Tobacco use education			



Reporting data

4. Each site submits performance measure report from database
 - Site able to run performance measure report by provider and site
 - Each site submit performance measure report (site level) from database to AACO 21 days after the close of the month

Reporting Period	Performance Measure Report Due
August 1-31, 2010	September 21, 2010
September 1-30, 2010	October 21, 2010
October 1-31, 2010	November 22, 2010
November 1-30, 2010	December 21, 2010

Aggregating & reporting the data

Grantee will:

- Aggregate the performance measure data from the sites
- Report back the aggregate performance measure data to each site
 - Include the highest and lowest percentage for each measure
- And subgrantees will determine the goal for each performance measure after four months of monthly reporting



Quality improvement



- Each subgrantee will submit four monthly performance measure reports prior to developing a quality improvement project
- Quality improvement project will be focused on improving the performance of one of the three HRSA performance measures

Quality improvement

May 2010: Finalize implementation protocol

July 2010: Release database and train subgrantees

June-July 2010: Subgrantees review protocol and discuss with staff

September 2010: Subgrantees begin submitting monthly performance measure reports

November 2010: AACO and subgrantees meet to review implementation and plan for quality improvement process

January 2011: Subgrantees develop improvement plans

Lessons learned

- Find a local expert
- Find a quality champion among the subgrantees
- Start slow and stage implementation
- First year is baseline and a time to workout the process
- Engage subgrantees in the process
- Prepare for resistance to change
- Expect unintended positive consequences

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