



HRSA's Oral Health Quality Improvement Initiative

National Oral Health Conference

St. Louis MO
April 28, 2010

Jay R. Anderson, DMD, MHSA
HRSA Chief Dental Officer
Department of Health and Human Services
Health Resources and Services Administration
Office of Strategic Priorities



HRSA's Oral Health quality improvement initiative

- To promote efficiency in planning and implementation of Oral Health quality activities
- To create agency level discussion of oral health quality measurement: roles, practices and results
- To promote collaboration and efficiencies around quality priorities and measurement
- To Support HRSA Programs in their quality initiatives



NNOHA Technical Assistance Cooperative

- HRSA supports a cooperative agreement with the National Network for Oral Health Access (NNOHA) to provide training and technical assistance to BPHC funded Health Center Program with the goal of advancing the HRSA and BPHC missions.
- National Cooperative Agreements (NCAs) are important partners in enabling HRSA to achieve its mission because they are uniquely positioned to work with oral health providers, policy makers, program administrators, States, and communities to improve the health of underserved communities and vulnerable populations.
- This program was funded as a 3-year project



Quality At HRSA

A HRSA Core Measures Initiative

- Align HRSA program measures with nationally accepted quality indicators (useful for trends, benchmarks and comparisons)
- Encourage and enable grantees to engage in continuous quality improvement and promote Agency-wide collaboration around quality improvement.
- Encourage programs to use broadly applicable core set of measures, thus enabling use of the same grantee data to assess the Agency's overall quality performance
- Encourage investment in quality improvement infrastructure (HIT, training, technical assistance, human resources)



Aligning Measures as Mechanism

HRSA level measures are meant to:

- Build on Bureau/Office data systems to tell a story about the *Agency as a whole-*
- Focus information about how a variety of programs from across the agency that share a targeted mission are performing...eg- improving access to prevention, treatment and improving health outcomes



HRSA Oral Health Performance Measure Workgroup

- The HRSA oral health work group led by the HRSA CDO and HRSA CQ that included members from BPHC, MCHB, ORHP, HAB, and BCRRS identified a set of oral health quality measures that would serve to measure quality of oral health programs Agency wide.
- As a precursor to launching HRSA's Oral Health quality improvement initiative it will be important to solicit formal feedback and input from Oral Health experts and HRSA programs about the evidence base and the validity of the measures.



HRSA Oral Health Performance Measure Workgroup

- Formal feedback from Oral Health Experts will be sought through a series of expert meetings.
- Convening a panel of Oral Health experts to vet the HRSA Oral Health measures.
- This will validate the importance, validity and evidence base for the HRSA Oral Health Measures.



The Value of Oral Health Performance Measures?

- Enable a new level of transparency
- Allow comparisons between organizations
 - report the exact same things
- Consumers and other purchasers of healthcare (ins, CMS etc) HRSA 😊
 - Know the quality they are getting for the \$\$



What is a “Core” Measure?

- Common Oral Health measures for use across HRSA programs
- For common clinical services provided to patients in multiple HRSA programs



Measuring (and Improving) Quality is the Goal

- Consistent Measures of quality,
Value, Comparisons,
Transparency



HRSA Oral Health Performance Measures

- *Comprehensive Oral Exam: Completed Treatment Plan*
- Percentage of all dental patients for whom the Phase I treatment plan is completed within a 12 month period.
- *Objective*
- To prioritize and complete phase 1 treatment needs identified in treatment plan.



Oral health education

Service given by a dentist or dental hygienist dental assistant and/or dental case manager

- Percentage of all oral health patients who received oral health education at least once in the measurement year
- ***Objective***
- To promote good oral health behavior and reduce oral disease through oral health education



Dental Sealant

- The percentage of children between the ages of 6 and 21 years who received at least a single sealant treatment during the report period
- *Objective: To prevent pit- and fissure caries in children and the progression of early non-cavitated carious lesions*



Annual Dental Visit

- The percentage of patients who had at least one dental visit during the measurement year



Cavity (caries) Free

Percentage of oral health patients that are caries free

- *Objective*
- Reduce the proportion of children, adolescents and Adults who have dental caries



Fluoride varnish applications (Early Childhood Caries)

- Percentage of children age 12 to 72 months and defined higher-risk with 1 or more fluoride varnish applications documented.
- *Objective*
- In compliance with the American Dental Association (ADA) recommendation, fluoride varnish is to be applied at 3- to 6-month intervals for higher-risk children. 1



*Oral Health Education Anticipatory Guidance:
Primary Care Provider Dental Counseling:
medical setting*

- Percentage of children age 12 to 48 months who received patient education and anticipatory guidance for oral health in the medical setting
- *Objective*
- To provide oral health promotion and oral disease prevention early in childhood through anticipatory guidance and education of the parent by non-dental health professionals, early detection and referral for appropriate intervention.



Periodontal screening or examination

- Percentage of all oral health patients who had a periodontal screening or examination at least once in the measurement year
- *Objective*
- To encourage periodontal screening and examination as a way to identify changes in periodontal status that will benefit patients by initiating early and simple treatment.



Topical Fluoride

- Percentage of patients, assessed moderate to high risk of developing dental caries*, with at least one topical fluoride treatment during the report period.
- *Objective*
- Periodic fluoride treatments should be considered for both children and adults who are at moderate or high risk of developing caries.



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U.S. Department of Health and Human Services
Health Resources and Services Administration

Office of Strategic Priorities

5600 Fishers Lane Rm. 17-105

Rockville, MD 20857

Telephone: 301.594.4295

E-Mail: janderson@hrsa.gov

