

# National Maternal and Child Oral Health Policy Center

## Ad Hoc Workgroup on Aligning Dental Quality Initiatives

Meeting Proceedings  
July 13, 2011  
Washington, DC

### Introduction

The mission of the National Maternal & Child Oral Health Policy Center (The Policy Center) is to work with a consortium of partners to explore critical health policy issues concerning access to comprehensive oral health services for children and their families. The ability to collect and analyze data is a critical component of influencing policy and evaluating programs. The emergence of various quality initiatives within the federal government and the private sector highlight a recent shift in the assessment of how oral health may be achieved. The following document is a summary of a one-day meeting hosted by The Policy Center. This opening discussion was intended to provide a platform in which a common research and policy agenda could be developed to ensure that our nation's children and their families, including children with special health care needs, have access to high quality oral health care.

### Background

Elimination of oral health disparities has remained the goal of countless public and private efforts since the 2000 release of the Surgeon General's Report on Oral Health, focused primarily on improving access to care. More recently however, the passage of the Children's Health Insurance Reauthorization Act of 2009 (CHIPRA), the American Recovery and Reinvestment Act of 2009 (ARRA) and the Patient Protection and Affordable Care Act (ACA) have created incentives and new initiatives to address the quality of health care, including dental care, across the country. While these new laws may serve as the predominant fiscal drivers of quality, they are not the first introduction of quality into dental care in the public or private sector.

### Goals of the Ad Hoc Workgroup

- Assess the current state of dental quality efforts
- Identify what should be in place in terms of dental quality
- Locate the gaps in the existing dental quality initiatives

In recent years, The Policy Center has regularly been asked to respond to requests regarding the content and outcomes of dental quality initiatives across the country. Unable to locate a central source of information the outcomes or how the numerous activities were being coordinated, The Policy Center hosted the Ad Hoc Workgroup on Aligning Dental Quality Initiatives. Recognizing that collectively these activities have great potential, The Policy Center, with support from the Health Resources and Services Administration (HRSA) hosted the Ad Hoc Workgroup to begin to tackle the challenges and opportunities for identifying shared goals and steps toward potential future collaborations.

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## Current Dental Quality Initiatives

Participants included individuals representing government agencies, policymakers, and private providers and/or industry that had been identified as being engaged in on the area of dental quality. The following provides a snapshot of the activities currently underway by participants, although all attendees recognized that this is only a sampling of current activities.

Federal Government: The Department of Health and Human Services (DHHS) has responsibility for the direct payment, access, and quality of dental services through various agencies within the Department. The Centers for Medicare and Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), and the Agency for Healthcare Research and Quality (AHRQ), are working on a number of initiatives, including:

- HRSA has a particular focus on quality measures, with a strategic priority on oral health, and improving quality within safety-net settings. HRSA recently recognized the lack of dental quality measures and has been working to bring together agency-wide experts to examine the development of quality measures. HRSA is in the process of submitting dental quality measures to the National Quality Forum for phase III meaningful use (regarding health information technology).
- CMS has located their oral health initiative within their Medicaid Division of Quality, Evaluation, and Health Outcomes. Traditionally, Medicaid's focus has been on access to care there is a growing emphasis on quality. CMS is responsible for the CHIPRA core quality measures developed through AHRQ.
- CDC's primary interest in quality measures is their incorporation into surveillance and evaluation of dental public health initiatives. For example, CDC is currently linking Medicaid/Medicare data to the National Health (NHANES) data.
- AHRQ is the home of a quality measure clearinghouse, including responsibility for oversight of measures. It has been the responsibility of AHRQ to develop the core CHIPRA quality measures, including dental quality measures.

Private Providers/Industry: Federal and state government have not been the only participants in the exploration of dental quality initiatives. Private dental providers, dental insurers, and foundations have all engaged to some extent in quality improvement efforts.

- The Dental Quality Alliance is comprised of 26 stakeholders from across the spectrum of dentistry. The coalition was developed for consensus building in the establishment of dental quality measures. The Alliance hopes to have at least three quality measures to submit to the National Quality Forum by the end of 2011.
- DentaQuest Foundation and DentaQuest Institute continue to engage in and support projects that improve the effectiveness and quality of oral health care. DentaQuest's national quality improvement initiatives are focused on disease management and prevention.
- Washington Dental Services has done extensive work with dental benefit companies but has continually encountered challenges in defining quality in dental services. Much of the focus has been on the value patients receive from their dental benefits. In partnership with the Institute for Oral Health, Washington Dental Services has been exploring opportunities to create national dental quality measures and attempt to commercialize those efforts.

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- Church Street Health Management (CSHM) has focused on dental quality primarily as a function of compliance and training programs. CSHM is currently in the process of narrowing down 6 to 8 quality measures that would be most meaningful with a specific focus on metrics that demonstrate reduced risk to patients and the company, however data remains limited to billing codes.
- American Dental Partners, Inc. is focused on the concept of enhancing value in the dental care delivery system by building the capacity for improvement. They are currently developing new systems to incrementally address credentialing, care protocols and care processes. Focused on technology for electronic health records and diagnostic coding, these efforts include the development of protocols and processes for risk management and utilization of those protocols for a registry that can be used to evaluate patient care and their health.
- The W.K. Kellogg Foundation became engaged in dental quality through their interest in the potential adoption of mid-level dental providers. The Foundation's current activity is an assessment of the spectrum of quality in dental care data and research.

Other items of note arose in the discussion that followed, including: the Center for Medicare and Medicaid Innovation (CMMI) as a possible funding source and testing ground for changes to financial incentives and delivery models; and regardless of existing quality-improvement modules, the dental profession as a whole is resistant to similar standards.

## **Learning from Quality Efforts in CHIPRA**

Dr. Denise Dougherty, Senior Advisor of Child Health and Quality Improvement at the Agency for Healthcare Research and Quality (AHRQ), provided participants with a brief presentation on ongoing quality efforts through the Children's Health Insurance Programs. The CHIPRA included a new partnership between AHRQ and the Centers for Medicare and Medicaid Services (CMS) to develop a roadmap for quality measurement and improvement. The initial core set of quality measures included two dental quality measures and is part of ongoing discussions by the Pediatric Quality Measures Program.

Dr. Dougherty stated that while quality efforts are underway on the medical side, there is still reason to think that dental can catch up and identify valid quality measures. Fortunately, according to Dr. Dougherty, through CHIPRA and ACA, the will and resources are now in place to move forward. State officials, however, face a number of barriers to developing quality measures, including insufficient data systems and financial constraints to offer incentives to the develop those systems.

## **Drivers and Drags on Systems Change**

Recognizing that change is not made easily or quickly, the group proceeded with identifying the current or potential drivers for more attention to dental quality efforts and significant barriers or what the group called "drags". The following provides an overview of the "drivers" and "drags" to implementing dental quality measures.

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Drivers	Drags
<ul style="list-style-type: none"> <li>• Desire for sustainability and value among payers, patients, and practitioners</li> <li>• Business community expects value because they are being financially stressed, as are patients and practitioners.</li> <li>• Economics</li> <li>• Ability to lower the cost of care</li> <li>• Incentives for payers exist if appropriate financing structures are developed</li> <li>• Technology, specifically electronic health records and registries, provide some nascent solutions for dental and may eventually help align payment approaches across the system</li> <li>• “Mavericks” within the profession as well as on the payment side are pushing innovation in the area of quality</li> <li>• Patient’s safety movement</li> <li>• Third party payer programs provide some examples that may be expanded</li> <li>• Individuals and organizations not at the table, including nonprofits, school-based systems, who have particular interest in the economics of quality</li> <li>• National Quality Forum approved measures</li> <li>• Discussions around the need for quality measures</li> <li>• Values/Beliefs of new dentists or those being imparted through dental education</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of diagnostic codes impedes progress towards pay-for-performance</li> <li>• No clear definition of quality</li> <li>• Nobody “owns” the issue of quality</li> <li>• Practice-management systems lack interest in implementing quality</li> <li>• Technology is currently behind in terms of integrating dental diagnostic codes into commercial software</li> <li>• Practitioners often see little incentive for changing the current system of care delivery</li> <li>• Paranoia within the profession prevents organized dentistry from moving forward with on initiatives that members perceive as injurious.</li> <li>• Lack of available data from employer-based plans given most aggregate claims information is proprietary by the payer</li> <li>• Cuts to coverage and services by states as they do not have the ability to see a return on long-term investments in prevention and early treatment</li> <li>• Disease management does not get the attention it deserves and payment typically does not support this approach</li> <li>• Public lacks oral health literacy needed to push for a more responsible approach</li> <li>• Dental practices often exist in the small-group form, making data collection and mining burdensome</li> <li>• Lack of national registries</li> <li>• Lack of stated aspirational outcomes</li> </ul>

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Patients as Drivers of Quality: While there was discussion of each of the above item, considerable discussion focused on the degree to which patients are a driver for quality in dentistry. While most participants agreed that patients should or could be driving quality in dentistry, a number of barriers were identified:

- Many patients lack basic access and are therefore unconcerned with quality-focused care as an alternative to any available care
- Patients lack the information to differentiate what is best for them in terms of care
- Oral health literacy, especially among underserved populations is far below what it should be in order to see a shift in thinking about oral health as part of overall health and an increase in expectations beyond simply getting their teeth fixed
- Quality and patient satisfaction are often conflated, though the two are related and necessary to evaluate independently
- Evaluating the experience of children is usually difficult as it is often done through a third party

Next Generation of Dentists as Drivers of Quality: The question of whether new dentists are drivers of quality was a focus of significant attention. While the group noted that new dentists are more technologically savvy and are receiving education in best-practices and evidence-based treatment, change in the profession remains slow and dental schools' training programs adapt slowly. Additionally, while programs like the Pipeline Program have shown some progress, they illustrate that educating dental students is not enough as they often emerge into a professional and financial environment that dilutes the values imparted in dental school.

## **Opportunities to Advance Dental Care Quality and the Delivery System**

The group consensus was that there was a need for ongoing support of:

- ✓ improved data collection
- ✓ defining the dimensions of dental quality
- ✓ communication about ongoing dental quality effort
- ✓ development of common vocabulary including terms such as “quality” and “systems of care”

Ultimately, the group agreed that the value of the meeting was largely that of becoming aware of others' efforts and the resources available but that much needed to be done in terms of getting a better sense of the commonalities between the various initiatives and developing actionable objectives for the short- and long-term.

# National Maternal and Child Oral Health Policy Center

Steve Adair, DDS  
Chief Dental Officer  
Church Street Health Management  
Email: [sadair@forba.com](mailto:sadair@forba.com)

Jay Anderson, DDS, MHSA  
Director of Practice Improvement  
DentaQuest Institute  
2400 Computer Drive  
Westborough, MA 01581  
Email: [jay.anderson@dentaquestinstitute.org](mailto:jay.anderson@dentaquestinstitute.org)

Jim Bader, DDS, MPH  
Research Professor, Operative Dentistry  
University of North Carolina School of Dentistry  
CB #7450  
Chapel Hill, NC 27599-7450  
Email: [jim\\_bader@unc.edu](mailto:jim_bader@unc.edu)

Laurie Barker  
Mathematical Statistician  
Centers for Disease Control and Prevention  
National Center for Chronic Disease Prevention  
and Health Promotion, Division of Oral Health  
4770 Buford Hwy NE, MS F-10  
Atlanta, GA 30341  
Email: [laurie.barker@cdc.hhs.gov](mailto:laurie.barker@cdc.hhs.gov)

Leigha Basini, JD  
Program Manager  
National Academy for State Health Policy  
1233 20th Street, NW, Suite 303  
Washington, DC 20036  
Email: [lbasini@nashp.org](mailto:lbasini@nashp.org)

Meg Booth, MPH  
Deputy Executive Director  
National Maternal & Child Oral Health Policy Center  
Children's Dental Health Project  
1020 19th Street, NW Suite 400  
Washington, DC 20036  
Email: [mbooth@cdhp.org](mailto:mbooth@cdhp.org)

Jim Crall, DDS, Sc.D.  
Division Chair, Public Health and Community  
Dentistry  
UCLA School of Dentistry  
63-045 CHS  
10833 Le Conte Ave  
Los Angeles, CA 90095-1668  
Email: [jcrall@dentistry.ucla.edu](mailto:jcrall@dentistry.ucla.edu)

Denise Dougherty, PhD  
Senior Advisor  
Agency for Healthcare Research and Quality  
Child Health and Quality Improvement  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Email: [Denise.Dougherty@ahrq.hhs.gov](mailto:Denise.Dougherty@ahrq.hhs.gov)

Catherine Dunham, Ph.D.  
Executive Director  
Children's Dental Health Project  
1020 19th Street, NW Suite 400  
Washington, DC 20036  
Email: [cdunham@cdhp.org](mailto:cdunham@cdhp.org)

Burton Edelstein, DDS, MPH  
Professor of Dentistry and Health Policy &  
Management  
Chair, Social & Behavioral Sciences, College of  
Dental Medicine  
Columbia University  
601 West 168th Street, Suite 32  
New York, NY 10032  
Email: [ble22@columbia.edu](mailto:ble22@columbia.edu)

Mary Foley, MPH  
Executive Director  
Medicaid/SCHIP Dental Association  
2 Grove Street  
Sandwich, Massachusetts 02563  
Email: [mfoley@medicaidental.org](mailto:mfoley@medicaidental.org)

Paul Glassman, DDS, MA, MBA  
Director of Community Oral Health  
University of the Pacific, School of Dentistry  
Department of Dental Practice  
2155 Webster Street  
San Francisco, CA 94115  
Email: [pglassman@pacific.edu](mailto:pglassman@pacific.edu)

Barbara Gooch, DDS, MPH  
Dental Officer  
Centers for Disease Control and Prevention  
National Center for Chronic Disease Prevention and  
Health Promotion, Division of Oral Health  
4770 Buford Hwy NE, MS F-10  
Atlanta, GA 30341  
Email: [barbara.gooch@cdc.hhs.gov](mailto:barbara.gooch@cdc.hhs.gov)

# National Maternal and Child Oral Health Policy Center

Albert Guay, DMD  
Chief Policy Advisor  
American Dental Association  
211 East Chicago Ave.  
Chicago, IL 60611-2678  
Email: [aguay@ada.org](mailto:aguay@ada.org)

Ron Inge, DDS  
Institute for Oral Health  
P.O. Box 75025  
Seattle, WA 98175-0025  
Email: [ringe@deltadentalwa.com](mailto:ringe@deltadentalwa.com)

Janet Leigh, BDS, DMD  
Health Resources and Services Administration  
Bureau of Health Professions  
Parklawn Building, Room 9A-27  
5600 Fishers Lane  
Rockville, MD 20857  
Email: [jleigh@hrsa.gov](mailto:jleigh@hrsa.gov)

Wendy Mouradian, MD, MPH  
Health Resources and Services Administration  
Office of Strategic Priorities  
5600 Fishers Lane  
Parklawn Building 12-61  
Rockville MD 20857  
Email: [WendyE.Mouradian@hrsa.hhs.gov](mailto:WendyE.Mouradian@hrsa.hhs.gov)

Laurie Norris, JD  
Senior Policy Advisor & Coordinator  
CMS Oral Health Initiative  
Division of Quality, Evaluation, and Health Outcomes  
Children and Adults Health Programs Group  
Center for Medicaid, CHIP and Survey & Certification  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, MS S2-01-16  
Woodlawn, MD 21244  
Email: [laurie.norris@cms.hhs.gov](mailto:laurie.norris@cms.hhs.gov)

Lauren Raskin Ramos, MPH  
Director  
Association of Maternal and Child Health Programs  
2030 M Street, NW, Suite 350  
Washington, DC 20036  
Email: [lramos@amhp.org](mailto:lramos@amhp.org)

Colin Reusch, MPA  
National Maternal & Child Oral Health Policy Center  
Children's Dental Health Project  
1020 19th Street, NW Suite 400  
Washington, DC 20036  
Email: [creusch@cdhp.org](mailto:creusch@cdhp.org)

Jesley Ruff, DDS  
Senior VP and Chief Professional Officer  
American Dental Partners, Inc  
9052 North Deerbrook Trail  
Milwaukee, Wisconsin 53223  
Email: [jruff@amdpi.com](mailto:jruff@amdpi.com)

Christopher J. Smiley, DDS  
Dental Quality Alliance  
Smiley Family Dentistry  
3299 Clear Vista Ct. NE, Suite A  
Grand Rapids, MI 49525  
Email: [Chris@SmileyDDS.com](mailto:Chris@SmileyDDS.com)

Margaret Snow, DMD, MBA, MPH  
Dental Director  
New Hampshire Department of Health & Human  
Services  
Office of Medicaid Business & Policy  
129 Pleasant Street / Brown Building  
Concord, NH 03301-3852  
Email: [mmsnow@dhhs.state.nh.us](mailto:mmsnow@dhhs.state.nh.us)

Brian Souza, MSW  
Managing Director  
2400 Computer Drive  
Westborough, MA 01581  
Email: [Brian.Souza@dentaquestinstitute.org](mailto:Brian.Souza@dentaquestinstitute.org)

Pamela Vodicka  
Public Health Analyst  
Health Resources and Services Administration  
Maternal and Child Health Bureau  
5600 Fishers Lane  
Parklawn Building 18A-39  
Rockville MD 20857  
Email: [Pamella.Vodicka@hrsa.hhs.gov](mailto:Pamella.Vodicka@hrsa.hhs.gov)

Albert K. Yee, MD, MPH  
Senior Project Director/Health Advisor  
Health and Human Development Division  
Education Development Center, Inc.  
55 Chapel Street  
Newton, MA 02458-1060 USA  
Email: [ayee@edc.org](mailto:ayee@edc.org)