CMS Learning Lab: Improving Oral Health Through Access

Quality Improvement Processes:

An Introduction for Medicaid and CHIP Dental Programs

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Agenda

Welcome and Introduction

Overview of CMS's Oral Health Strategy and Oral Health Measures

Setting Up a Framework for Health Care Delivery Quality Improvement

Introducing a Quality Improvement Process for Medicaid and CHIP Oral Health Care Programs

    What is a Quality Improvement Process?

    How Can this Process Link with Other Efforts?

    What are the Goals and Key Activities in the Process?

Case Study of Connecticut Experience: Using a Data-driven Process to Improve Oral Health Care

Next Steps

Office Hours: Q&A

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CMS Triple Aim

Better Care, Better Health, Lower Costs

Population Health

Experience Of Care

Per Capita Cost
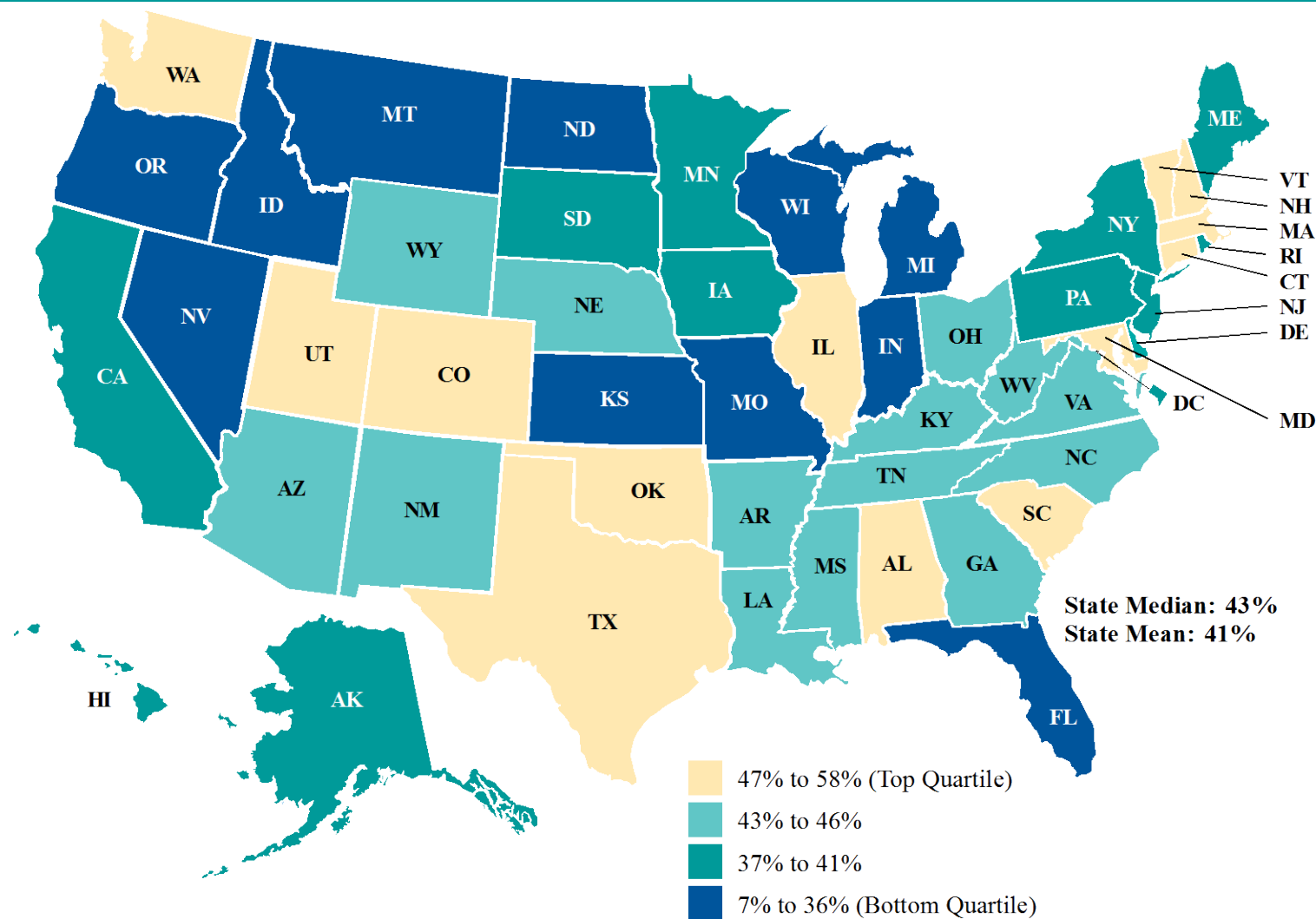
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CMS Oral Health Strategy

CMS Oral Health Initiative

- Announced April 2010

- Goals

  - Goal #1 – Increase by 10 percentage points the proportion of Medicaid and CHIP children (enrolled for at least 90 days) who receive a preventive dental service

    - Medicaid and CHIP Medicaid Expansion programs: baseline year is FFY 2011; goal year is FFY 2015

    - Separate CHIP programs: baseline year is FFY 2012

  - Goal #2 – Increase by 10 percentage points the proportion of Medicaid and CHIP children ages 6 to 9 (enrolled for at least 90 days) who receive a dental sealant on a permanent molar tooth

    - This goal will be phased in

- National Oral Health Strategy released April 2011

- Oral Health Action Plans under development by States

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Geographic Variation in the Percentage of Children Receiving Preventive Dental Services, FFY 2010

State Median: 43%
State Mean: 41%

Legend:
- 47% to 58% (Top Quartile)
- 43% to 46%
- 37% to 41%
- 7% to 36% (Bottom Quartile)

Source: FFY 2010 CMS-416 reports, Line 1b, Line 12b.

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Percentage of Children Receiving Preventive Dental Services, 2000 to 2010

Percentage of Children Age 1-20 Eligible for EPSDT who Received Preventive Dental Services, 2000-2010
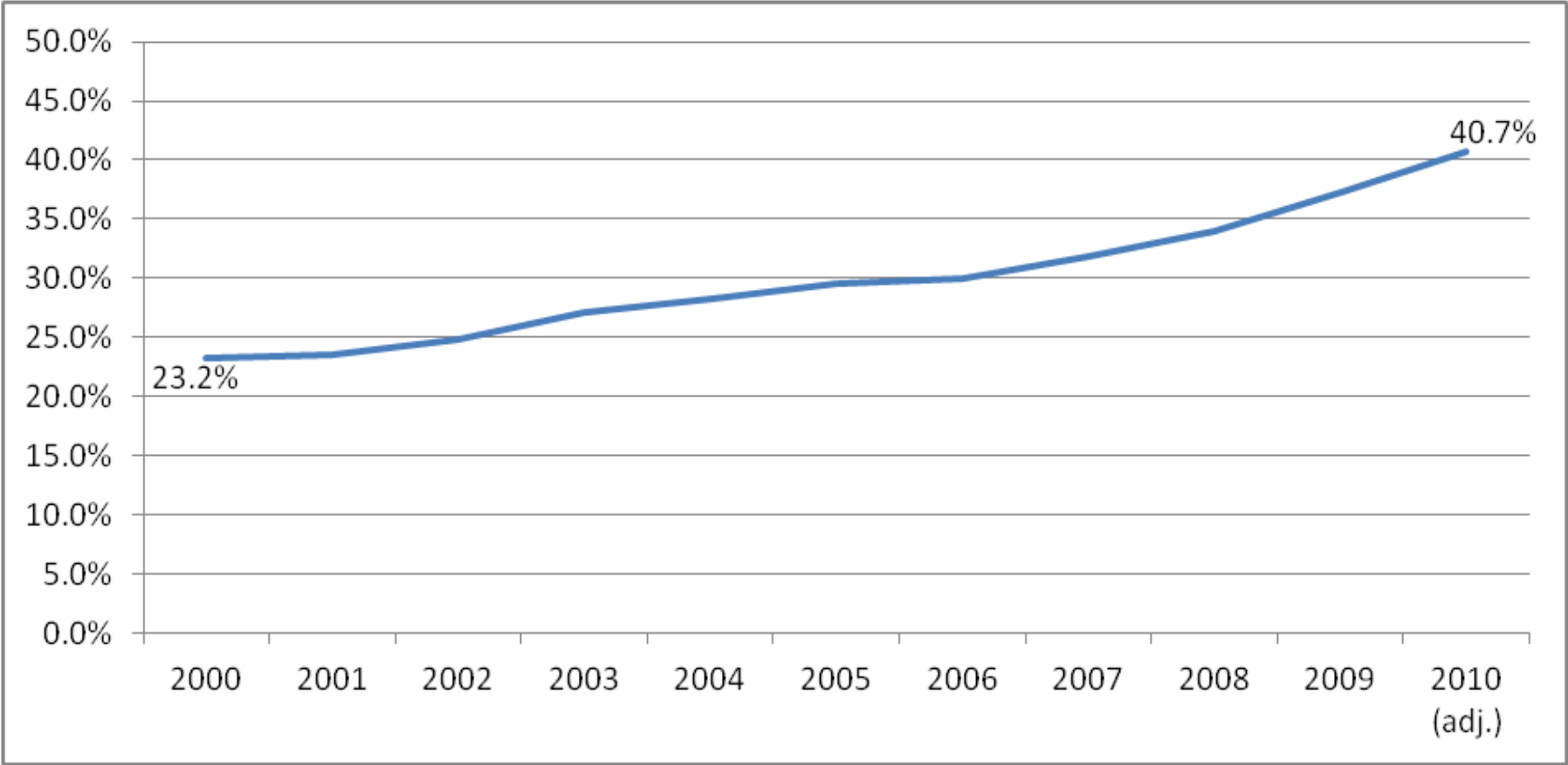
Source: FY 2000 – 2010 CMS-416 Reports, Line 1, Line 1b, 12b as adjusted by GWU

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CMS Measures of Progress on Oral Health Care

- CMS EPSDT 416 Form – annual EPSDT report
  - Line 12a: enrollees ages 0-20 that received any dental service
  - **Line 12b: enrollees ages 0-20 that received a preventive dental service**
  - Line 12c: enrollees ages 0-20 that received a dental treatment service
  - **Line 12d: enrollees ages 6-9 and 10-14 that received a sealant on a permanent molar**
  - Line 12e: enrollees age 0-20 that received a dental diagnostic service
  - Line 12f: enrollees ages 0-20 that received an oral health service
  - Line 12g: enrollees ages 0-20 that received any dental or oral health service

- CARTS – annual report on separate CHIP programs (Section III.G)
  - Enrollees ages 0-18 that received any dental service
  - **Enrollees ages 0-18 that received a preventive dental service**
  - Enrollees ages 0-18 that received a dental treatment service
  - **Enrollees ages 6-9 that received a sealant on a permanent molar**

- Dental Quality Measures – pediatric core measure set (reported in CARTS)
  - **Measure 13: percentage of eligibles ages 1-20 that received preventive dental services**
  - **Measure 17: percentage of eligibles ages 1-20 that received dental treatment services**

Questions?

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# Setting up a Framework for Health Care Delivery Quality Improvement

Health Care Delivery Quality Improvement:
Domains of Measurement

- Quality Improvement in Medicaid and CHIP dental programs focuses on the delivery of oral health care to individuals and/or populations by clinicians, clinical teams, delivery organizations and insurance plans (http://www.qualitymeasures.ahrq.gov/about/domain-definitions.aspx)

- To improve program quality, program administrators should measure activities at **all levels** of the health care delivery system
  - Individual patient and/or population levels
  - Clinician and clinical team levels
  - Delivery organization level (including subcontractors)
  - Insurance plan level

- The Agency for Healthcare Research and Quality has identified **domains of measurement** for health care quality
  - The domains of measurement represent the umbrella framework of oral health program quality improvement activities
  - To assess quality in health care programs effectively, the analysis should include metrics in these domains

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Basic Foundation for Measurement Related to Health Care Delivery

NQMC Domain Framework
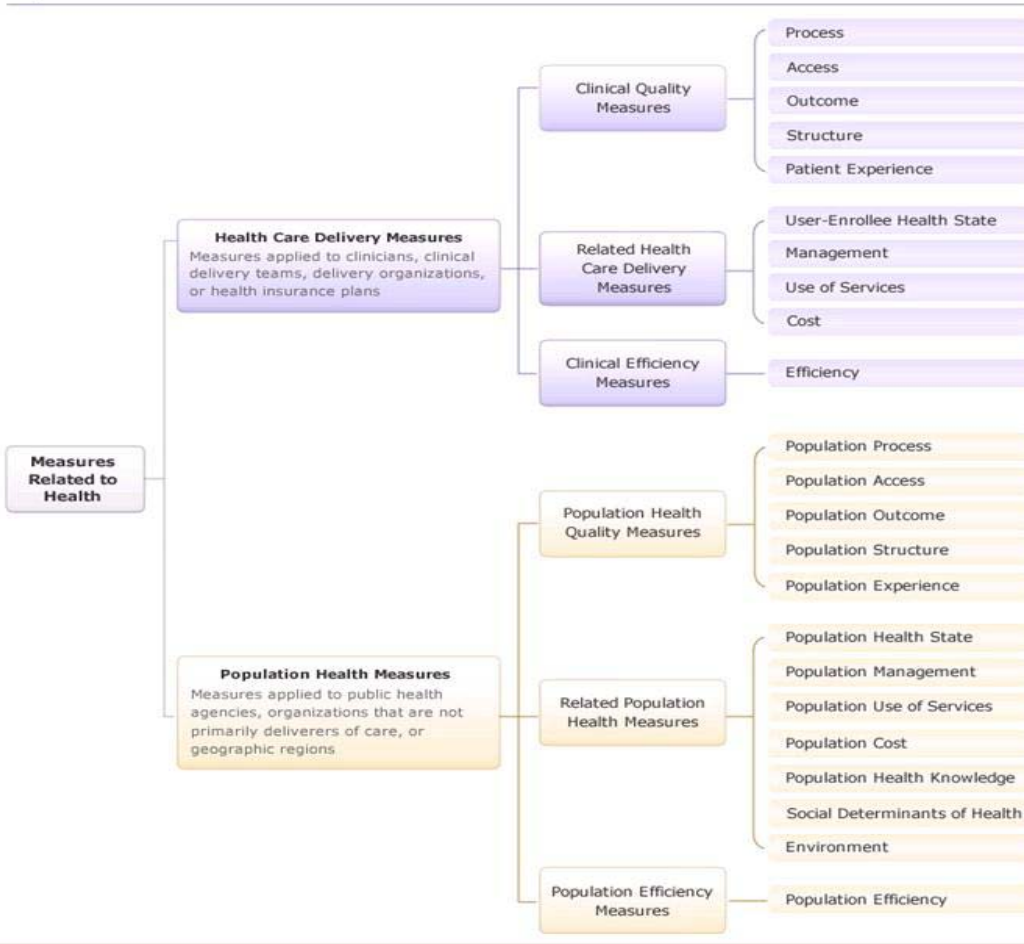
Aims of QI Institute of Medicine

Safe: Avoid injuries to patients from the care that is intended to help them.
Effective: Match care to science; avoid overuse of ineffective care and underuse of effective care.
Patient-Centered: Honor the individual and respect choice.
Timely: Reduce waiting for both patients and those who give care.
Efficient: Reduce waste.
Equitable: Close racial and ethnic gaps in health status.

http://www.qualitymeasures.ahrq.gov/index.aspx
http://www.ihi.org/knowledge/Pages/HowtoImprove/ScienceofImprovementTipsforSettingAims.aspx
Agency for Healthcare Research and Quality/National Quality Measures Clearinghouse

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Introducing a Quality Improvement Process for Medicaid and CHIP Oral Health Programs

What is a Quality Improvement Process for Medicaid and CHIP Oral Health Care Programs?

- A systematic way for Medicaid and CHIP programs to:
  - Use data to identify gaps in quality of care and access
  - Select and implement targeted strategies for improvement
  - Assess progress toward goals and refine strategies

- Why should states engage in a quality improvement process for oral health care?
  - A systematic process that uses administrative data and other evidence can help states identify gaps and target interventions
  - A defined process helps to fully involve stakeholders and ensures that everyone is working together toward common goals
  - Although oral health care quality improvement is difficult and there are no universal solutions, systems are under-performing and need to improve

Applying Quality Improvement to an Oral Health Care Delivery System

- Numerous quality improvement models exist… this process takes a **systems approach** tailored to oral health care delivery in Medicaid and CHIP

- Key features of the process

  - Can be implemented based on existing oral health data. For example:
    - Use of preventive dental services
    - Application of dental sealant on a permanent molar tooth

  - Considers the varying environments in which oral health care quality improvement occurs, including differences in:
    - Delivery systems
    - Provider availability
    - Enrollee populations
    - Payment arrangements

  - Considers the domains associated with health care delivery and clinical quality (such as structure and process of care, access to care, use of services, outcomes of care, patient experience, and costs of care)

Steps in a Quality Improvement Process
for Medicaid and CHIP Oral Health Programs

Six-Step Oral Health Care Quality Improvement Process

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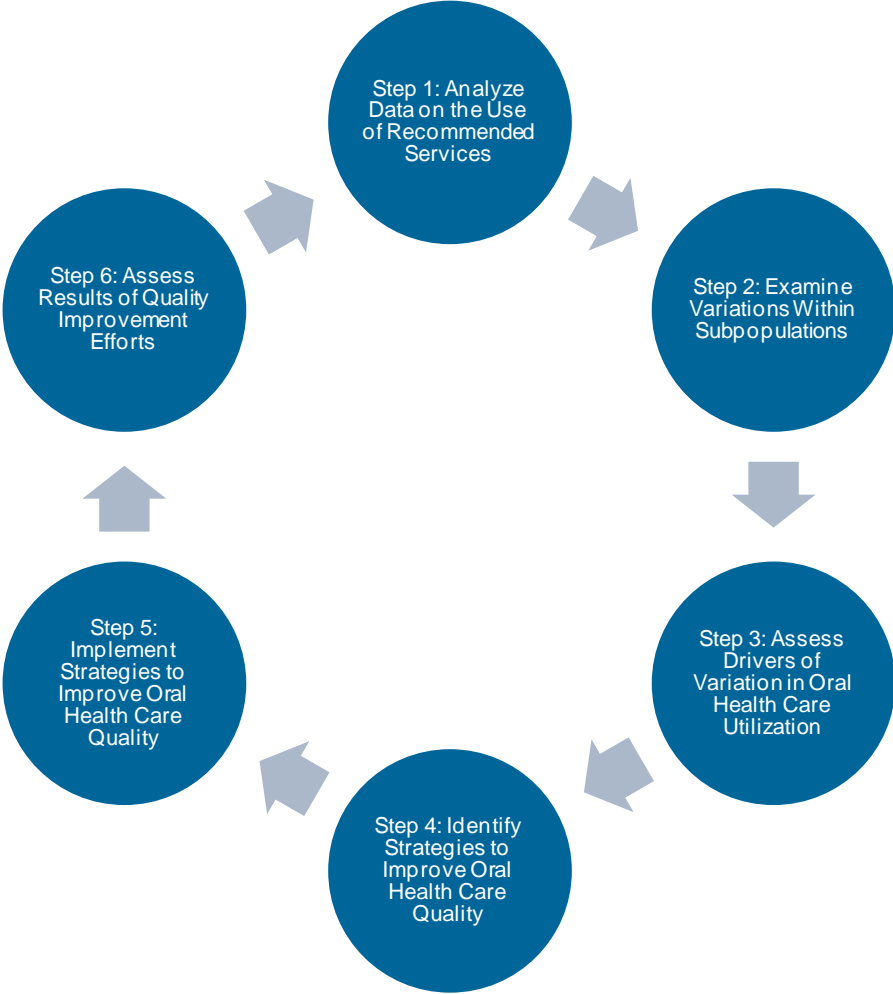
Steps 1-3: Analyze Data and Identify Gaps

- **Step 1:** Use existing data to establish baseline rates of oral health care service use

  - Analysis should include assessment of data quality and completeness to ensure that baseline rates and trends are reliable and consistent

- **Step 2:** "Drill down" within the baseline utilization rates to identify disparities in recommended oral health care services for subpopulations of enrollees

- **Step 3:** Identify factors that account for higher rates of oral health care service use among some populations and lower rates of use among others

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Steps 4-5: Plan and Implement Targeted Interventions

- **Step 4:** Select targeted interventions to improve oral health care service utilization rates among publicly-insured children

- **Step 5:** Implement selected strategies to improve oral health care service utilization rates

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Step 6: Monitor Progress and Refine Strategies

- **Step 6:** Evaluate whether implemented strategies are meeting desired goals and use results to revise goals and strategies for ongoing efforts

Getting Started

Establish a Multidisciplinary Quality Improvement Team

Quality Improvement Team: Potential Partners

State Medicaid/CHIP Dental/Medical Directors and Clinical Team

State Medicaid/CHIP Policymakers

State Medicaid/CHIP Quality/Marketing/Outreach Staff

State Data Systems and Analytic Experts

State/Local Oral Health Program Staff

Federally Qualified Health Centers

Dental Benefits Administrators

HMOs, MCOs, and ASOs

Private Oral Health Care Providers

External Quality Review Organizations (EQRO)

State Oral Health Coalitions

Other Community Groups and Stakeholders

Purpose: Team members will work collaboratively to set the goals of the oral health care quality improvement process and develop and implement the process

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Identify Existing Resources

- Work with quality improvement team to identify **existing quality improvement efforts** and ensure that QI work is coordinated and aligned with those efforts

- Identify **data sources** on oral health service utilization for Medicaid/CHIP enrollees:
  - EPSDT Participation Report (Form CMS-416): Medicaid and CHIP Medicaid Expansion Programs
  - CHIP Annual Report Section IIIG: Separate CHIP Programs
  - Other data sources (such as Behavioral Risk Factor Surveillance System, State Screening Survey)

Key Activities in Implementing a Quality Improvement Process

Step 1: Analyze Data on the Use of Recommended Services

- **Calculate baseline rates** using existing data sources

- Conduct **data quality checks** to identify **logical inconsistencies** in data. Examples:
  - The number of children with a dental visit was greater than the eligible population
  - The number of children with any dental visit was less than the number with a preventive visit, sealant, or other type of service
  - Major increases or decrease in rates over time that could be an artifact of data quality or calculation methods

- Identify **systematic exclusions** from the data. Is utilization missing or under-reported for any subgroup? Examples:
  - Program: Medicaid, CHIP, Eligibility Groups
  - Delivery System: FFS, PCCM, Managed Care
  - Service Provider: PCPs, School-Based Clinics, Community Health Centers, Federally Qualified Health Centers, Indian Health Service
  - Payment System: Services covered under prospective payment or capitated payment

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Step 2: Examine Variations within Subpopulations

- Compare population and subpopulation data to discover **differences in utilization rates** and how these disparities may have persisted over time. Relevant subpopulations may vary by state, but may include:
  - Demographic characteristics: age, race/ethnicity, language, geography
  - Delivery system characteristics: CHIP/Medicaid, managed care/FFS, type of managed care, type of provider, payment methods

- Consider variations in utilization rates by subpopulations **over time.**
  - Are variations new?
  - Have gaps between subgroups widened or narrowed?

- Compare data to **benchmarks.** Possible benchmarks include:
  - National EPSDT Participation Report (Form CMS-416) National Rates and State Targets
  - CMS Oral Health Initiative Goals
  - Commercial Utilization Rates (e.g., HEDIS®)

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Step 3: Assess Drivers of Variation in Oral Health Care Utilization

- Consider common **drivers of variation** using qualitative information (e.g., results of focus groups/interviews) or quantitative data (e.g., claims, administrative data) and assess the relevance of these factors to the service utilization rates in your state

  - **Differences in provider participation:** number/distribution of providers, types of providers, adherence to guidelines

  - **Differences in program administration:** policies/procedures, reimbursement rates or payment mechanisms, efficacy of program changes

  - **Differences in enrollee utilization:** outreach efforts, ability of enrollees to make/keep appointments, ability to access transportation, partnerships with other state agencies or community groups

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Step 4: Identify Strategies to Improve Oral Health Care Quality

- Identify **potential strategies** by linking drivers of variation to specific approaches for addressing barriers

		Potential Strategies			
		Administrative	Provider-Focused	Patient-Focused	Collaborative
Barriers	Inadequate Provider Participation				
	Complex Program Administration Rules				
	Low Enrollee Utilization				

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Step 4: Identify Strategies to Improve Oral Health Care Quality (cont.)

- Selection of strategies should consider:

  - How the strategy will improve access among populations that were identified as having lower utilization

  - Resources required for implementation

  - Potential barriers/resources for implementation

  - How the strategy will align with other existing or planned strategies

Step 5: Implement Strategies to Improve Oral Health Care Quality

- Develop **work plan and timeline** to guide efforts
  - Identify key activities and milestones
  - Develop a timeline for each phase of the plan
  - Identify necessary resources, participants, and collaborators; ensure that all appropriate stakeholders are involved
  - Identify measureable goals and outcomes
  - Delineate responsibility for plan oversight

- **Tailor implementation** to your state context. Key factors may include:
  - State's methods for administering and offering dental services
  - Complexity of planned changes

Step 6: Assess Results of Quality Improvement Efforts

- **Assess progress** toward goals
  - Use the same initial measures to monitor progress
  - Monitor rates of oral health care service utilization: did utilization increase, decrease, stay the same? Did these changes vary by enrollee characteristics, type of service, provider type, delivery system, or payment methodology?
  - Did strategies have expected effects on provider and enrollee participation or on program administration?

- **Plan for ongoing efforts**
  - What challenges or barriers did the state encounter?
  - What worked well during the implementation efforts?
  - What surprised you?
  - How should strategies be modified?
  - Re-assess goals. Should QI focus on additional services or outcomes? Should future efforts focus on specific subpopulations?
  - Are there any data issues that should be addressed?

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Questions?

Case Study of Connecticut Experience

Steps 1-3: Analyze Data and Identify Gaps

- Low oral health service utilization rates in Connecticut throughout 1990s

- Independent monitoring of Medicaid EPSDT dental program performance introduced after implementation of Medicaid managed care in the late-1990s

  - Linkage of enrollment and utilization data supported more in-depth analysis of utilization patterns

- Analysis conducted by Children's Health Council and Connecticut Voices since 1997

  - Funded by state appropriation (with 50% federal match)

- Data-driven approach to improving oral health care quality involved an analysis of trends, selection of improvement strategies, and assessment of program changes

# Disparities in Preventive Care Use, 1998-1999

- Use of preventive services by continuously enrolled 3-19 year-old Medicaid children was:

  - Highest among children ages 6 to 11 (47%) and lowest among teens ages 15 to 19 (25%)

  - Highest in Hartford (47%), Litchfield (44%), and New London (45%) counties and lowest in Fairfield (34%) and Tolland (33%) counties

  - Greater among children enrolled in BlueCare (45%) than members of Physicians' Health Services (37%) or Preferred One (38%)

  - Higher among Hispanic children (44%) than African-American children (38%)

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Steps 4 - 5: Plan and Implement Targeted Interventions

- Administrative and Collaborative Strategies

  - Implemented Connecticut Department of Public Health local oral health initiatives

  - Developed statewide strategic plan and community collaboratives funded by Connecticut Health Foundation

  - Delivery system reforms:

    - Carved out dental program from Medicaid managed care contracts (2008)

    - Implemented dental ASO contract in 2010 to single vendor (all Medicaid managed care terminated in 2012)

- Provider-focused Strategies

  - Offered Medicaid reimbursement for public health hygienists

  - Substantially increased Medicaid EPSDT reimbursement rates for dental services (2008)

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Step 6: Monitor Progress and Refine Strategies

Utilization trends following implementation of program improvement strategies
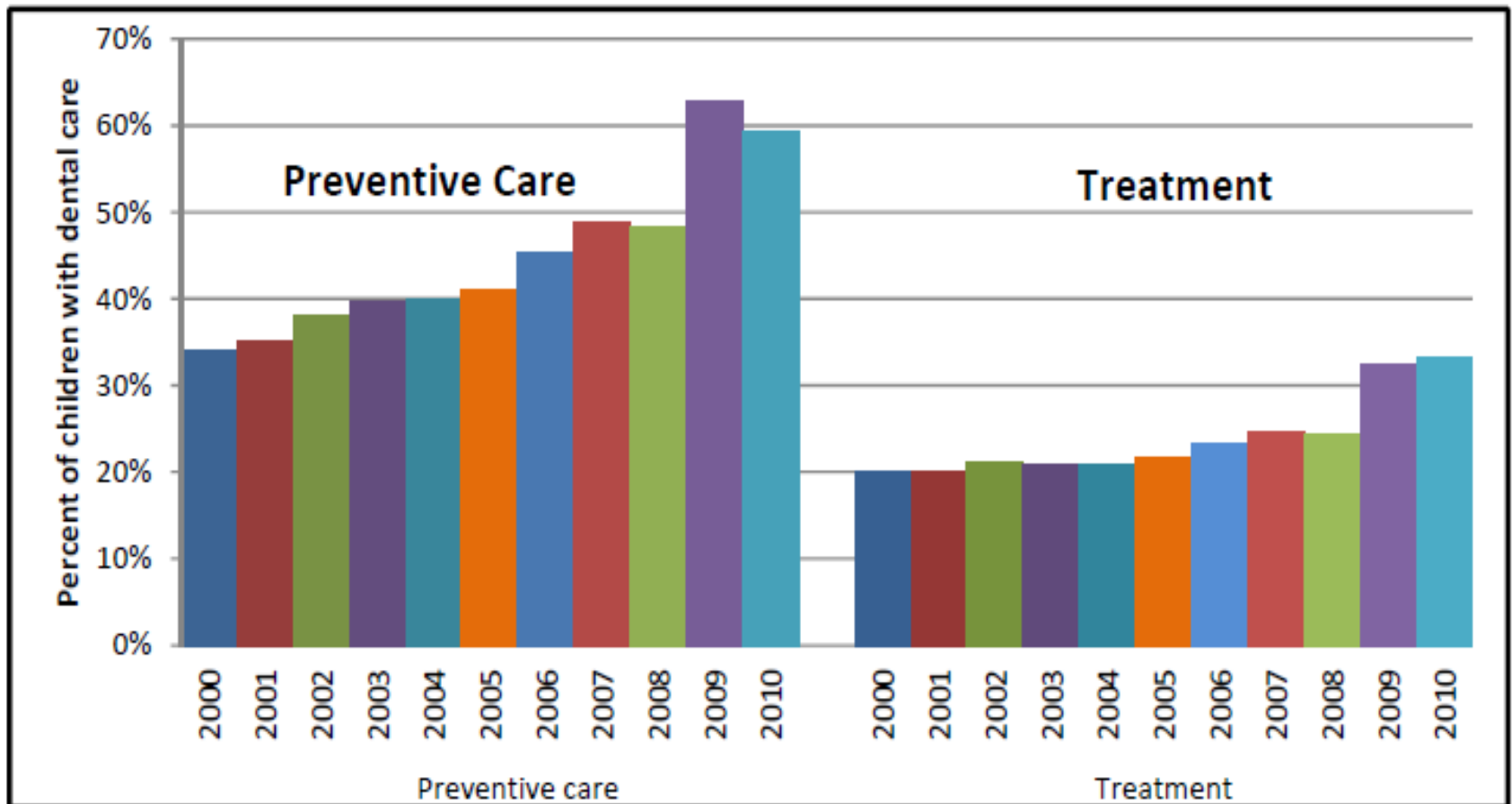
Source: CT Voices for Children, 2011.

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More Evidence of Progress and Ongoing Monitoring

- Number of Medicaid dental providers and service locations increased

    - Number of participating dental providers increased from 376 in 2008 to 1,567 in 2012

    - Number of service locations increased from 562 in 2009 to 845 in 2012

    - 99% of Medicaid children have access to at least two providers within 10 miles of their home

    - More than 90% of Medicaid providers accept new patients

- Ongoing monitoring by program administrators using data 'dashboards'

    - Utilization by age groups

    - Provider enrollment, types of providers, service locations

    - Types of services provided and financial data

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Next Steps

Oral Health Quality Resources

Quality Improvement Resources

- Oral health QI toolkit is forthcoming (Spring 2013). Toolkit provides more detailed discussion of each QI step and contains tools for states interested in using the process.

- Upcoming quality improvement webinars (Winter/Spring 2013)

Technical Assistance Related to Oral Health Measures

- Technical assistance brief on using the initial core set dental measures available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/TA1-Dental.pdf

- For future technical assistance, please contact us through the TA mailbox at CMSCHIPRAQualityTA@cms.hhs.gov

Additional Resources

- CMS Oral Health Strategy (CMS): http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/CMS-Oral-Health-Strategy.pdf

- The CMS Form-416 Report: Understanding its Use in Assessing Dental Care Utilization in Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Service for Children. A Technical Issue Brief: http://www.healthychild.ucla.edu/nohpc/National%20Oral%20Health%20Policy%20Center/OralCenterPubs/416technicalbrief.pdf

- EPSDT Participation Report data (FFY 1995-2011): http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-Periodic-Screening-Diagnosis-and-Treatment.html

- Behavioral Risk Factor Surveillance System (BRFSS): www.cdc.gov/brfss

- Healthy People 2020 Oral Health Objectives (HealthyPeople.gov): http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32

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Questions?

Office Hours until 3:30

Thank you for participating in today's webinar!
Please complete the evaluation as you exit the webinar.

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