MEASUREMENT: IT’S HOW WE KNOW

DentaQuest Partnership Continuing Education Webinar
March 28, 2019
DentaQuest Partnership for Oral Health Advancement

DENTAQUEST FOUNDATION

DENTAQUEST INSTITUTE

THE DENTAQUEST PARTNERSHIP FOR ORAL HEALTH ADVANCEMENT
Who We Are

The DentaQuest Partnership for Oral Health Advancement, a not-for-profit organization, engages in grantmaking, research, care delivery improvement programs, and collaborations that transform the current broken system to achieve better health through oral health.

We are passionate about and committed to revolutionizing oral health by implementing meaningful change strategies to create an effective and equitable system that results in improved oral health and well-being of all.
Focus Areas

Pursue person-centered care through interprofessional practice and value-based transformation

A single, national oral health measurement system

Advocate for public adult dental benefit to expand access

For more information visit dentaquest.com/the-partnership/
Click here to sign up for news and updates
Today’s Presenter: Cindy Hannon, MSW

Cindy Hannon, MSW, is Measurement Systems Director for the DentaQuest Partnership. In this role, Cindy is responsible for thinking about quality and safety primarily at the practice level. She works to help understand providers, both medical and dental, to think about health outcomes.

Prior to joining DentaQuest, Cindy worked with national policy leaders at the National Institute for Children's Health Quality (NICHQ) as Associate Project Director and Obesity Operational Lead. Cindy also served as Managing Director for the UCLA/RAND Center for Adolescent Health Promotion and the Harvard School of Public Health Prevention Research Center. Cindy is passionate about child and adolescent health and supporting the development of care teams’ capacity for continuous improvement.

Cindy holds a Masters of Social Work degree from the Boston College Graduate School of Social Work with a focus on children and adolescents and a Bachelors of Arts from Providence College. She is a graduate of IHI’s Improvement Advisor Program.
Today’s Objectives

• Demonstrate an understanding of why measurement matters

• Recognize how quality improvement tactics and skills can be used within your dental practice
Disclaimer: DentaQuest has company focus on caries management

- Testing DM Model
  - ECC Phase I (2008-2010)
- Developing DM Model
  - ECC Phase II (2010-2012)
- Improving DM Model
  - ECC Phase III (2013-2015)
- Increasing patient base
  - DCM Collaborative (2015-2016)
- Moving DM Model online
  - DCM Practicum (2015->)
Why Measure?

**Improvement**
- Identifying opportunities for improvement
- Gathering baseline information
- Tracking the implementation of a new process

**Accountability**
- Collect data on outcomes or results without demonstrating how these results were achieved
- Measures what is important for external parties (complications rates, cost of care, etc.)

**Research**
- Often slow, expensive and elaborate

Health Care Quality

“The degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

• Institute of Medicine (2001)
“Quality is meeting and exceeding the customer’s needs and expectations and then continuing to improve.”

• W. Edwards Deming
Two Types of Knowledge

**Subject Matter Knowledge**
Knowledge basic to the things we do in life. Professional knowledge.

**Improvement Science**
Combined application of systems thinking, measurement, methods for learning, and psychology.

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**Knowledge for Quality Improvement**

**QI:** Joins subject matter knowledge with improvement science to develop effective changes.
Understanding Systems
IMPROVING THE WORK

The Model for Improvement
Model for Improvement

MODEL FOR IMPROVEMENT

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

Act

Plan

Study

Do
Q1. What are We Trying to Accomplish?

• Not just a vague desire to do better

• A commitment to achieve measured improvement
  • in a specific system
  • with a definite timeline
  • and numeric goals

MODEL FOR IMPROVEMENT

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?
Q1: ABC Clinic’s Aim Statement

By August 2020, ABC Clinic will improve the effectiveness of dental caries management in children ages 6-20 yrs. old by implementing a dental caries management (DCM) protocol to:

- Reduce % of patients with new caries lesions by 50%
- Increase % of patients with reduced caries risk status by 50%
- Maintain 95% of patients with low risk status
Q2. How Will We Know a Change is an Improvement?

- Measurement is feedback
- Can be rigorous or not
- Think about
  - Structure (tasks)
  - Process (how)
  - Outcomes (better)
Types of Measures for Improvement

• Outcome Measures
  • Relate to the Aim, or the clinical outcome
  • The “what”
  • Did we achieve what we set out to do?

• Process Measures
  • Relate to the processed that change to bring about improvement
  • The “how” it is done
  • Are we going in the right direction?

• Balancing Measures
  • Relate to unintended consequences of improvement
Measurement for Dental Caries Management

Process Measures
• % of patients with caries risk assessed
• % of patients with SMG reviewed
• % of treatment plans completed within 6 months of being established

Outcome Measures
• % of initially high-risk patients with new caries lesions
• % of initially high-risk patients with decreased risk status
• % of initially low-risk patients with risk status maintained
Measurement for Dental Caries Management

Process Measures
• 95% of patients with caries risk assessed
• 95% of patients with SMG reviewed
• 60% of treatment plans completed within 6 months of being established

Outcome Measures
• Reduce initially high-risk patients with new caries lesions by 50%
• Reduce initially high-risk patients with decreased risk status by 50%
• Maintain 95% initially low-risk patients as low status
Telling the Story of Improvement

Displaying data over time allows us to make informed predictions, and thus manage effectively.

- Huddles tried
- Calibration training held
- Reminders built into EDR

Direction of Goodness
Q3. What Changes Can We Make that Will Result in Improvement?

- Learn our way to results by testing
- Trying to diminish re-work
- Knowledge exists but usually cannot just be copied; rather need to adapt
Q3: ABC Clinic Implements DCM Protocol

- Caries risk assessment
- Caries lesion charting by tooth surface and activity
- Effective communication
- Self-management goals
- Remineralization modalities
- Recare intervals based on caries risk
- Treatment based on patient’s clinical needs and caregiver’s/patient’s desires
Ideas to Try

**LEARN**

The following table contains example practice changes tested and implemented during the DentaQuest Institute disease management initiatives that you may adapt to your practice.

**EXPLAINING THE CARIES PROCESS/COMMUNICATING WITH PATIENTS AND PARENTS**

**TRY FIRST**

- Use a flipchart or other visual to educate parents on caries process (see Appendix A-1).
- Train providers and other key staff (e.g. front desk) on how to use Motivational Interviewing/Effective communication and caries risk conversations.
- Use a camera to document caries progression and engage with patient and caregiver.

**CRA FORMS AND TRACKING**

**TRY FIRST**

- Select and/or modify a Caries Risk Assessment Form/Tool (i.e. ADA, AAPFD, AAPCDM) that will work best for your setting (see Appendix B-1 and B-2).
- Add caries risk assessment form into the electronic dental record (EDR).

**STANDARDIZATION AMONG PROVIDERS**

**TRY FIRST**

- Add caries risk classifications, documentation workflow, and when to decrease risk level to agendas for staff meetings and training new employees.
- Develop workflow for risk assessment within patient visit (see pages 8-10).
- Calibrate provider knowledge on caries risk definitions.

**ACT**

The following table contains example practice changes tested and implemented during the DentaQuest Institute disease management initiatives that you may adapt to your practice.

**FORMS AND TRACKING SELF-MANAGEMENT GOAL COMPLETION**

**TRY FIRST**

- Test a SMG form which suits your population on several patients, make revisions and try again.
- Develop method in EDR to:
  - Code that SMG review was conducted.
  - Document goal selected by patient for indicate no goal chosen.
- Use a SMG "menu"—a laminated menu of self-management goals for patients to view and elect their own goal (see Appendix C-1 and C-2).
- Use motivational interviewing/Friendly language on SMG sheets.
- Consider having front desk staff help reinforce the SMGs before the patient leaves the office.

**REWARDS AND INCENTIVES**

- Establish SMG kits with prizes and/or raffle to help motivate patients/parents to accomplish SMG.

**FLUORIDE VARNISH APPLICATION, REMINERALIZATION ALTERNATIVES AND TREATMENT BASED ON PATIENT’S CLINICAL NEEDS/CAREGIVER’S DESIRES**

**TRY FIRST**

- Review the proper use of fluoride varnish with clinical team to improve efficacy.
- Explore different opportunities for sealant placement:
  - Add the sealant placement to any visit type. If room and support staff are available encourage providers to apply sealants at same-day appointments, rather than rescheduling to another appointment.
  - Start and seal early caries lesions rather than restore them.
- Recommend xylitol containing products, such as chewing gum or toothpaste with patients/caregivers.
- Suggest the use of calcium phosphate products such as MI Paste.
- Try glass ionomer sealants for high risk patients, in teeth not fully erupted or in uncooperative patients.
- Prioritize sealant placement within a restorative treatment plan (e.g. complete sealants prior to restorative treatment).
- Explore the use of silver diamine fluoride in your clinical setting.
Ideas to Try

**TRACK TAKING IT CHAIRSIDE**

The following table contains example practice changes tested and implemented during the DentaQuest Institute disease management initiatives that you may adapt to your practice.

**CARIES LESION CHARTING**

- **TRY FIRST**
  - Test and use a standard charting system such as ADA Caries Lesion Classification System, International Caries Detection and Assessment System (ICDAS) for classifying caries lesions
  - Rather than “watching” initial lesions, chart and attempt remineralization
  - To get started, use one tooth as the barometer and only chart and monitor the progress of that lesion on the patient
  - Calibrate providers on caries charting system
  - Take photographs of caries lesions, use photos to:
    - track lesion progression over time (remineralization and demineralization)
    - compare lesion classification amongst providers

**USING DATA TO UNDERSTAND YOUR POPULATION**

- **TRY FIRST**
  - Integrate Disease Management Codes (CDT Procedure Codes and SMART Codes) into EHR to improve the tracking of procedures
- **TRY FIRST**
  - Have a staff member be responsible for data collection:
    - prepare data reports for team and leadership
    - conduct regular chart reviews to track success with documentation and coding
    - implement and use clinic-level and provider-level dashboards and review monthly with team
- **TRY FIRST**
  - Train staff about when to use the disease management codes in the EHR

**QUALITY IMPROVEMENT SKILLS**

- **TRY FIRST**
  - Work on initiatives improvements as a team, determine how to:
    - hold regular team meetings
    - hold regular meetings between data collection lead and IT department to ensure quality of data
    - hold morning huddles to coordinate and review tests
  - Learn to use and report on PDSA cycles to test improvements

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**BRING BACK TAKING IT CHAIRSIDE**

The following table contains example practice changes tested and implemented during the DentaQuest Institute disease management initiatives that you may adapt to your practice.

**CREATING REPORTS/AUDITS**

- **TRY FIRST**
  - Use EHR reports to generate list of patients due for recare visits based on caries risk level

**USE REMINDERS TO GET PATIENTS BACK/MINIMIZE RISK OF NO SHOWS**

- **TRY FIRST**
  - Generate reports from EHR of patients who failed/missed appointment (no shows)

**PROMPT FOLLOW UP WITH NO-SHOWS**

- **TRY FIRST**
  - Call patients who missed their visits on the same day to reschedule appointment

**INNOVATIVE APPROACHES TO SCHEDULING**

- **TRY FIRST**
  - Create a standard script for front desk to use when rescheduling patients
  - Create “failed visit” SMART code to track no show patients over time, generate reports of patients with failed visits and follow up

- **TRY FIRST**
  - Set up scheduling blocks for age 0-6 patients, keep in mind nap time
  - Offer non-traditional appointment times—field an extended hours survey with parents
DENTAL CARIES
MANAGEMENT
VIRTUAL PRACTICUM

Created to support the efforts of dental practices that are implementing a caries disease management program.

Participants of the DCM Virtual Practicum have access to:

- **Virtual Practicum**: A self-guided online course in dental caries management.
- **The Clinician’s Companion**: An in-depth guide that provides the rationale for caries disease prevention and management, and describes the components of this approach.
- **Webinars**: On-demand webinars which cover key aspects of dental caries management.

**REGISTER NOW TO LEARN MORE:**
www.dentaquestinstitute.org/dcm
PDSA Cycle

“What’s next?”:
• Adapt the idea?
• Adopt the idea?
• Abandon idea altogether?

“Did it work?”
Analyze data, compare results to prediction, summarize what was learned

“Let’s try it!”
Carry out plan and record observations

“What will happen if we try something different?”
Include an Objective, Prediction, and clear Plan to carry out test (who, what, when)

Decide next steps
PDSA: How do we get patients to ask about Weepuls?
Please ask about me!
HOW DO WE KNOW?
Model for Improvement

MODEL FOR IMPROVEMENT

What are we trying to accomplish?

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Do

© Associates in Process Improvement
Is ABC’s disease management efforts helping patients achieve better health?

Work to improve specific processes and track over time

Focus on oral health outcome
What About Here - Are Patients Getting Healthier?
How the Oral Health Center is Decreasing Caries Disease

What are we focusing on?

Setting one SMG for each patient

DATA

Questions & Comments:

Today's RCH

Central 4-Kids Foundation

Caring for Children With DIABETES

Tooth Snack Guide

Star Jar Winners!

The Role Of Nicotine In Caries Risk and Development

Parent Partners

They just need to be sure they have a good fit. If it is loose, they need to be replaced. Thank you for providing a note.
GETTING STARTED
What Can You Do By Next Tuesday?
How to Start

- What is something you want to improve? **What is your Goal?** Write it down.

- What are **2-3 measures** that can help understand progress toward goal?

- Go to lunch with a colleague and brainstorm an idea to try.
QUESTIONS/DISCUSSION
Webinar Evaluation

https://www.surveymonkey.com/r/March28DQPWebinar

*must be completed by EOD Wednesday, April 3 to receive CE credit
Next Webinar: Interprofessional Practice

Thursday, April 25
1-2 p.m. ET

Click here to register

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