

Measuring

the

Quality

of Care

The Importance of Dentist Involvement in Determining Quality Measures

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The need to ensure accuracy where quality and efficiency of health care are evaluated in the United States has been on the rise due to legislative mandates and increasing expenditures, and this need is starting to exist in dentistry. Understanding what is happening today concerning quality measures in dentistry and how it impacts the general dentist is essential in order to have an organizational impact on the delivery of dental care in the 21st century.

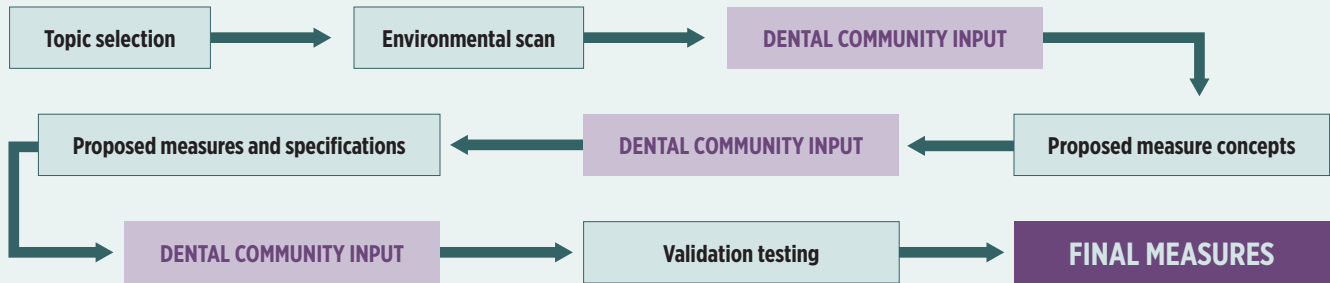
QUALITY OF CARE, QUALITY MEASURES AND THE NEED TO ASSESS

Understanding the meaning of certain terms is essential for understanding how quality of care is measured in health care organizations today. The Institute of Medicine defines quality of care as “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.” Quality measures are also defined as “the mechanisms that enable the user to quantify the quality of a selected aspect of care by comparing it to an evidence-based criterion that specifies what is better quality,” according to the National Quality Measures Clearinghouse.

However, as dentists, we already do a lot of this within our own practices. We establish quality expectations with our dental team members and provide the best care using our professional judgment, while being mindful of the needs of each individual patient. So why do we need centralized quality measures to be used to evaluate what is done in dentistry today?

The answer is that there has been and continues to be inconsistency in the development and implementation of dental quality measures by various parties upon the practice of dentistry, and this needs to be addressed.¹ Private payers have long used administrative data analyses to assess various quality or performance-related aspects of their benefit plans. Government programs such as Medicaid and Medicare will continue to use quality measurement to evaluate the effectiveness of their various programs.² A growing number of quality measures and reporting initiatives have resulted in a proliferation of measures that are often duplicative and unduly burdensome on health care providers and increase the potential for confusion among the public.³ Organizations that have developed dental quality measures in the past include federal agencies such as the Centers for Medicare & Medicaid Services (CMS), Health Resources and Services Administration (HRSA), Agency for Healthcare Research and Quality, commercial private purchasers/payers, data analytics companies supporting these commercial health plans and the National Committee for Quality Assurance.⁴

DQA MEASURE DEVELOPMENT PROCESS



Therefore, dentists should be involved in determining what quality measures are truly meaningful for evaluation.

HOW THE DENTAL QUALITY ALLIANCE IS DEVELOPING MEASURES

In 2008, the federal government, through CMS, proposed to the American Dental Association the idea of establishing a Dental Quality Alliance (DQA) to lead efforts in quality measurement development in dentistry. The mission of the group is “to advance performance measurement as a means to improve oral health, patient care, and safety through a consensus-building process.”⁵

The Measures Development and Maintenance Committee of the DQA is charged with the development and maintenance of dental performance measures. This process includes the following: refining the topic, identifying the availability of published measures related to the topic, and development of the rationale and specifications of the measures, along with the protocol for testing the measures. The committee oversees the testing of the measures to satisfy criteria set forth by the National Quality Forum (NQF), an independent nonprofit organization that evaluates health care quality measures.⁶ DQA measures are developed through extensive testing for four criteria: validity, reliability, feasibility and usability. The intent is to evaluate dental health services to allow dental plans and programs to monitor these services in a way that is as fair and reasonable as possible for dentistry. The measurement development process is shown above.

To date, the DQA has developed and approved 14 pediatric measures targeted at addressing dental caries in children, along with prevention and disease management.⁷ Of these, 12 are claims administrative quality measures that have been developed with the intent to evaluate state and federal programs such as the Medicaid and state Children Health Insurance Program (CHIP) and dental plans. DQA has developed two eMeasures that require electronic health records data for computation. These measures have been developed in partnership with the University of Florida in the testing process, and seven of the quality measures have been endorsed by the NQF.⁸

CMS has incorporated the DQA dental sealant for 6–9-year-olds measure into the CHIP Reauthorization Act core set of children’s health care quality measures, with reporting starting in 2015.⁹ Covered California, a state-based marketplace operation within the state, has adopted DQA measures for its qualified dental plan contracts for plan year 2016. HRSA

has adopted the DQA dental sealant eMeasure to be reported by Health Center Program grantees that started in 2016.¹⁰

ADDITIONAL RESOURCES

There is a need for all areas of the oral health care community to stay abreast of changes in dental quality measurement and the impact on the profession of dentistry. The DQA has extensive educational resources at www.ada.org/dqa, including *Quality Measurement in Dentistry: A Guidebook*, which offers more insight in this area. The website also contains up-to-date information on what is happening with existing measures and what is on the horizon. ♦

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