

REACH HEALTHCARE FOUNDATION - COMMON INDICATORS AND METRICS FOR GRANTEES PROVIDING ORAL HEALTH SERVICES

DRAFT 10-15-14

Identifier	Indicators of Access	Definition and Goals	Suggested Data Collection	How to Measure or Calculate
A-1.	Number of <u>unduplicated patients served</u> at least once in the measurement year	An unduplicated patient is a unique patient with one or more clinic contacts in the measurement year.	Query the electronic health record system or count manually the number of unique patients.	Whether the patient has more than one clinical encounter or not, count the patient only once. Report to the Foundation on the interim and final reports.
A-2.	Number of <u>patient encounters</u> in the measurement year	An instance of provider -patient interaction, regardless of the setting, between a patient and a practitioner vested with primary responsibility for diagnosing, evaluating or treating the patient's condition, or both.	Query the electronic health record system or count manually the number of office visits made across all patients.	For each patient seen during the measurement year count the number of encounters and sum up all encounters during the measurement year. Report to the Foundation on the interim and final reports.
A-3.	Number of <u>new patients seen</u> at least once in the measurement year	Interpret the phrase " new patient " to mean a patient who has not received any clinical services from the provider organization within the previous three years.	Query the electronic health record system or count manually the number of new patients seen at least once.	Count the number of new patients seen at least once in the measurement year. Whether a patient was seen once or more than once, count the patient ONLY once. Report to the Foundation on the interim and final reports.
A-4.	Number of new Medicaid patients seen at least once in the measurement year	New Medicaid patients are patients that have not received services in the previous three years from your agency and whose care is reimbursed by Medicaid. This will be a subset of patients in indicator A-3. Medicaid is a program funded by states and the federal government that reimburses hospitals/physicians for providing care to qualifying people who cannot finance their own medical expenses.	Query the electronic health record system or count manually the number of new patients seen at least once with Medicaid payer.	Count the number of new patients seen at least once in the measurement year. Whether a patient was seen once or more than once, count the patient ONLY once. Report to the Foundation on the interim and final reports.

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A-5.	<u>No show rate</u> during the measurement year	Percentage of appointments for which patients did not show.	On the last day of the month, review that month's schedule for each provider. Count the total number of appointment slots (denominator). Then count the number of no-show appointments (numerator).	Calculate: Total number of no-show appointments divided by the total number of appointment slots. Multiply the result by 100. Report to the Foundation on the interim and final reports.
A-6.	<u>Time to 3rd next available appointment</u>	<p>Average length of time in days between the day a patient makes a request for an appointment with a physician and the third available appointment for a new patient exam, routine exam, or return visit exam.</p> <p>The "third next available" appointment is used rather than the "next available" appointment since it is a more sensitive reflection of true appointment availability. For example, an appointment may be open at the time of a request because of a cancellation or other unexpected event. Using the "third next available" appointment eliminates these chance occurrences from the measure of access.</p>	Sample all providers on the same day of the week, once a month.	<p>Count the number of days between a request for an appointment (e.g., enter dummy patient) with a provider and the third next available appointment for a new patient exam, routine exam, or return visit exam. Report the average number of days for all providers sampled.</p> <p>Note: Count calendar days (e.g. include weekends) and days off. Do not count any saved appointments for urgent visits (since they are "blocked off" on the schedule.) The data collection can be done manually or electronically. Manual collection means looking in the schedule book and counting from the "index" (day when the "dummy" appointment is requested) to the day of the third available appointment. Some electronic scheduling systems can be programmed to compute the number of days automatically.</p> <p>Report to the Foundation on the interim (first six months) and final reports (all 12 months).</p>

Identifier	Indicators of Quality of Care	Definition and Goals	Suggested Data Collection	How to Measure or Calculate
Q-1.	Use of sealants on children	A plastic film coating that is applied to and adheres to the caries-free chewing surfaces of teeth to seal pits and fissures where plaque, food, and bacteria usually become trapped. Dental sealants are reported to reduce the incidence of caries in children's teeth by 50%.	Query the electronic health record system or count manually the number of patients between the ages of 6 and 21 who received at least a single sealant treatment.	Percentage of all children between 6 and 21 years of age who received at least a single sealant treatment on eligible teeth during the measurement year. Report to the Foundation on the interim and final reports.
Q-2.	Completion of random selection of chart audits	A chart audit is an examination of oral health records (electronic and/or hard copy), to determine what has been done, and see if it can be done better.	Standard chart audit procedures in your clinic. If procedures are not available REACH will provide a process.	Report the following at final report: A. % of charts with minor deficiency B. % of charts with major deficiency Please advise your program officer if you need a standardized chart audit process.
Q-3.	Quality of care complaints	Empirical studies have shown that health care organizations offering higher levels of patient-centered care—that is, those in which interactions are characterized by better patient-provider communication, such that the provider showed more empathy and allowed for the patient's perspective—see better recovery rates, better emotional health, fewer follow-up tests and referrals, and fewer malpractice lawsuits. ^{8,21-26} Thus, it appears that there is a direct association between a patient's observation of poor verbal and nonverbal communication skills on the part of the clinician and the patient's negative assessment of the quality of care received. Conversely, more favorable personal interactions result in higher patient satisfaction and quality-of-care assessments.	Create anonymous system of feedback to allow patients an opportunity to share complaints. Commonly cited reasons for quality of care complaints include the following: -the provider did not make eye contact -the provider did not sit down -the provider did not seem to listen -the provider seemed rushed and/or uncaring.	Answer the following two questions on your interim and final reports to the Foundation. A. How many complaints regarding clinical care are received during the measurement year? B. Describe the process to address clinical complaints

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Q-4.	Consumer experience at your organization	<p>Definition: Patient experience and involvement in decision making.</p> <p>Goal: To be determined by each grantee. After reviewing the results set a quality threshold (target) for future patient experience visit data. <u>For example</u>, the percent of patients that responded positively to all 4 items = 85%. Use this quality target to assess your organization's performance in subsequent patient experience data reports.</p> <p>Note: the target set should be based on discussion within the organization and be informed by the pattern of past survey results. Set a reasonable but challenging target.</p>	<p>Create a simple survey to ask patients questions about their experience at this organization.</p> <p>Choose one week each month to randomly ask 50 patients (e.g., flag every other appointment, or the first 50 appointments) to complete the survey at checkout and drop it in a secure collection box.</p>	<p>Survey items for patients who received oral health services today. Instructions: In your reporting to the Foundation please include the # of patients seen and the # surveyed during the measurement year. Please collect this information on a routine basis (see Suggested Data Collection).</p> <ol style="list-style-type: none"> 1. How satisfied are you with the oral health services you (or your child) have received at this organization? <ol style="list-style-type: none"> 1. Very satisfied 2. Somewhat satisfied 3. Somewhat dissatisfied 4. Very dissatisfied 2. How much are you included in deciding your (or your child's) treatment? <ol style="list-style-type: none"> 1. A great deal 2. Sometimes 3. A little 4. Not at all 3. Providers involved in my (or my child's) case listen to me and know what I/we want. <ol style="list-style-type: none"> 1. A great deal 2. Sometimes 3. A little 4. Not at all 4. I have a lot to say about what happens in my (or my child's) treatment. <ol style="list-style-type: none"> 1. A great deal 2. Sometimes 3. A little 4. Not at all <p><i>Source: Ohio Mental Health Consumer Outcomes System.</i></p>

Identifier	Indicators of Patient Outcomes	Definition and Goals	Suggested Data Collection	How to Measure or Calculate
O-1.	Completion of Phase I treatment plans	<p>Definition: Treatment plan is a schedule of procedures and appointments designed to restore, step by step, a patient's oral health. The plan contains the advantages, disadvantages, costs, alternatives, and sequelae of treatment. It must be presented to the patient for approval.</p> <p>Definition: Phase One is the first step of the treatment plan and addresses pain relief and emergency needs, diagnosis, prophylaxis, initial periodontal therapy and maintenance.</p>	Query the electronic health record system or count manually the number of patients who have had a Phase 1 treatment plan initiated and the number of those who have completed Phase 1.	<p>Percentage of all appropriate dental patients for whom a Phase I treatment plan is completed during the measurement year.</p> <p>Calculate: The number of all patients who completed a Phase I treatment plan divided by the number of all patients who had a Phase I treatment plan initiated</p>
O-2.	Caries free recall patients	<p>Definition: Caries: also known as tooth decay or a cavity, is an infection, bacterial in origin, that causes demineralization and destruction of the hard tissues of the teeth (enamel, dentin and cementum).</p> <p>Definition: Recall patients: the procedure of advising or reminding a patient to have his oral health reviewed or reexamined; an important phase of preventive dentistry. Term is being replaced by <i>preventive maintenance appointment</i>.</p>	Query the electronic health record system or count manually the number of patients who returned for a preventative visit who are caries free at the time of that visit.	<p>Percentage of all recall patients who are caries free in the measurement year.</p> <p>Calculate: Number of all recall patients who are caries free divided by the number of all recall patients</p>

Identifier	Indicators of Equity in Patient Outcomes	Definition and Goals	Suggested Data Collection	How to Measure or Calculate
E-1.	Disparities across patient populations in the rate of completion of Phase I treatment plans	<p>Percentage of all appropriate dental patients for whom a Phase I treatment plan is completed during the measurement year.</p> <p>Healthy People 2020 defines health equity as "attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."</p> <p>Health equity is a desirable goal/standard that entails special efforts to improve the health of those who have experienced social or economic disadvantage. It requires 1) continuous efforts focused on elimination of health disparities and 2) continuous efforts to maintain a desired state of equity after particular health disparities are eliminated.</p>	<p>Query the electronic health record system or count manually the number of patients who have had a Phase 1 treatment plan initiated and the number of those who have completed Phase 1.</p> <p>In order to study disparities in oral health outcomes data must be collected on the completion of Phase I treatment plans and the identification of subsets of patients for which a disparity exists between different groups of patients (often its ethnic/racial, gender, payer type, age, economic) and measures of these social, economic, or demographic factors must be collected and examined.</p>	<p>Calculate: The number of all patients who completed a Phase I treatment plan divided by the number of all patients who had a Phase I treatment plan initiated</p> <ol style="list-style-type: none"> 1. Compare groups of patients (ethnic/racial, age, gender, payer type, etc) on their completion of Phase 1 treatment plans. At minimum examine the percent of patients within each group who have and who have not completed a Phase 1 treatment plan by race/ethnic, gender, patient age, co-morbidities, payer type or other factors that clinicians identify as a potential contributor to disparities in clinical outcomes. 2. Are there any apparent disparities between the groups you compared? If so, among what groups? 3. What plan of action has been created to further understand and address these disparities? <p>Report on these three stages/questions in your interim and final reports to the Foundation.</p>

Identifier	Indicators of Equity in Patient Outcomes	Definition and Goals	Suggested Data Collection	How to Measure or Calculate
E-2.	Disparities across patient populations in the rate of caries free recall patients	<p>See definitions in O-2.</p> <p>Healthy People 2020 defines health equity as "attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."</p> <p>Health equity is a desirable goal/standard that entails special efforts to improve the health of those who have experienced social or economic disadvantage. It requires 1) continuous efforts focused on elimination of health disparities and 2) continuous efforts to maintain a desired state of equity after particular health disparities are eliminated.</p>	<p>Query the electronic health record system or count manually the number of patients who returned for a preventative visit who are caries free at the time of that visit.</p> <p>In order to study disparities in oral health outcomes data must be collected on the rate of caries free recall patients and the identification of subsets of patients for which a disparity exists or is expected to exist between different groups of patients (often its ethnic/racial, gender, payer type, age, economic) and measures of these social, economic, or demographic factors must be collected and examined.</p>	<p>Calculate: Number of all recall patients who are caries free divided by the number of all recall patients.</p> <ol style="list-style-type: none"> 1. Compare groups of patients (ethnic/racial, age, gender, payer type, etc) on the percentage of caries free recall patients. At minimum examine the percent of patients within each group who have who are caries free recall patients by race/ethnic, gender, patient age, co-morbidities, payer type or other factors that clinicians identify as a potential contributor to disparities in clinical outcomes. 2. Are there any apparent disparities between the groups you compared? If so, among what groups? 3. What plan of action has been created to further understand and address these disparities? <p>Report on these three stages/questions in your interim and final reports to the Foundation.</p>