



Quality Care A Payer's Perspective

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Defining Quality of Care

Care: the services rendered by members of the health professions for the **benefit** of a patient¹.

Quality of care: the degree to which health services for individuals and populations **increase the likelihood** of desired health outcomes and are consistent with current professional knowledge².

This prescript contains just two concepts: measurement and knowledge.

1. Dorland's Medical Dictionary

2. Medicare: A Strategy for Quality Assurance. IOM, 1990, p.21

Historical Context



Background – 1960's

John Wennberg – VT, ME & IA

- | | | | |
|---------------------------|-----|-----|-----|
| • Hysterectomy by age 70 | 20% | vs. | 70% |
| • Prostatectomy by age 85 | 15% | vs. | 60% |
| • Tonsillectomy | 8% | vs. | 70% |

Reader's Digest - 1997*

- Same patient – 50 different dentists

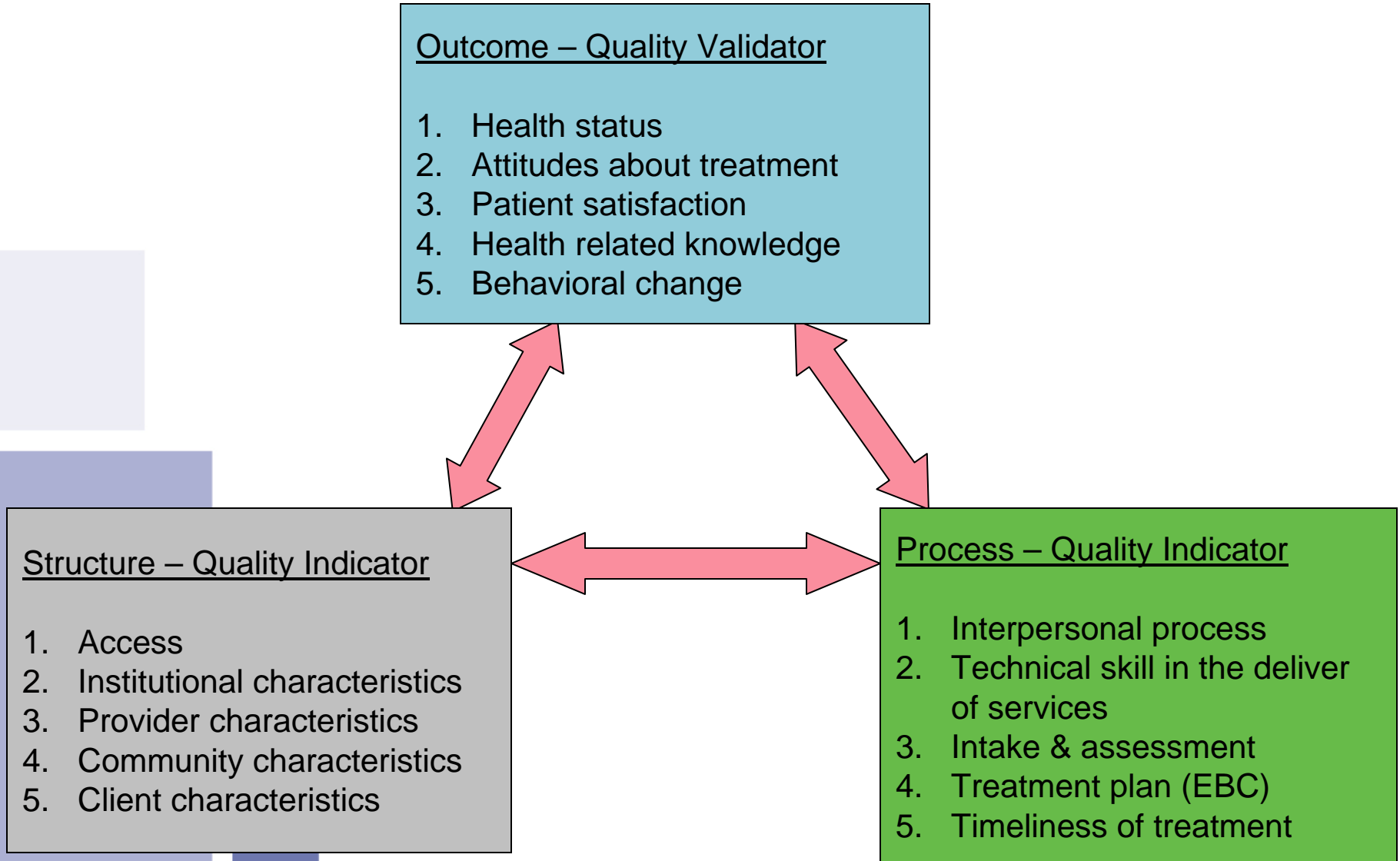
\$ 460	\$ 700	\$ 1,220	\$ 3,110
\$8,665	\$13,774	\$19,402	\$29,850

Goal is to identify the most effective and beneficial treatments for each diagnosis ***based on scientific evidence*** and then ***reduce illogical treatment variability*** by creating ***clinical guideline*** to ensure consistent quality of care.

**How Honest are Dentists?* Reader's Digest, February 1997

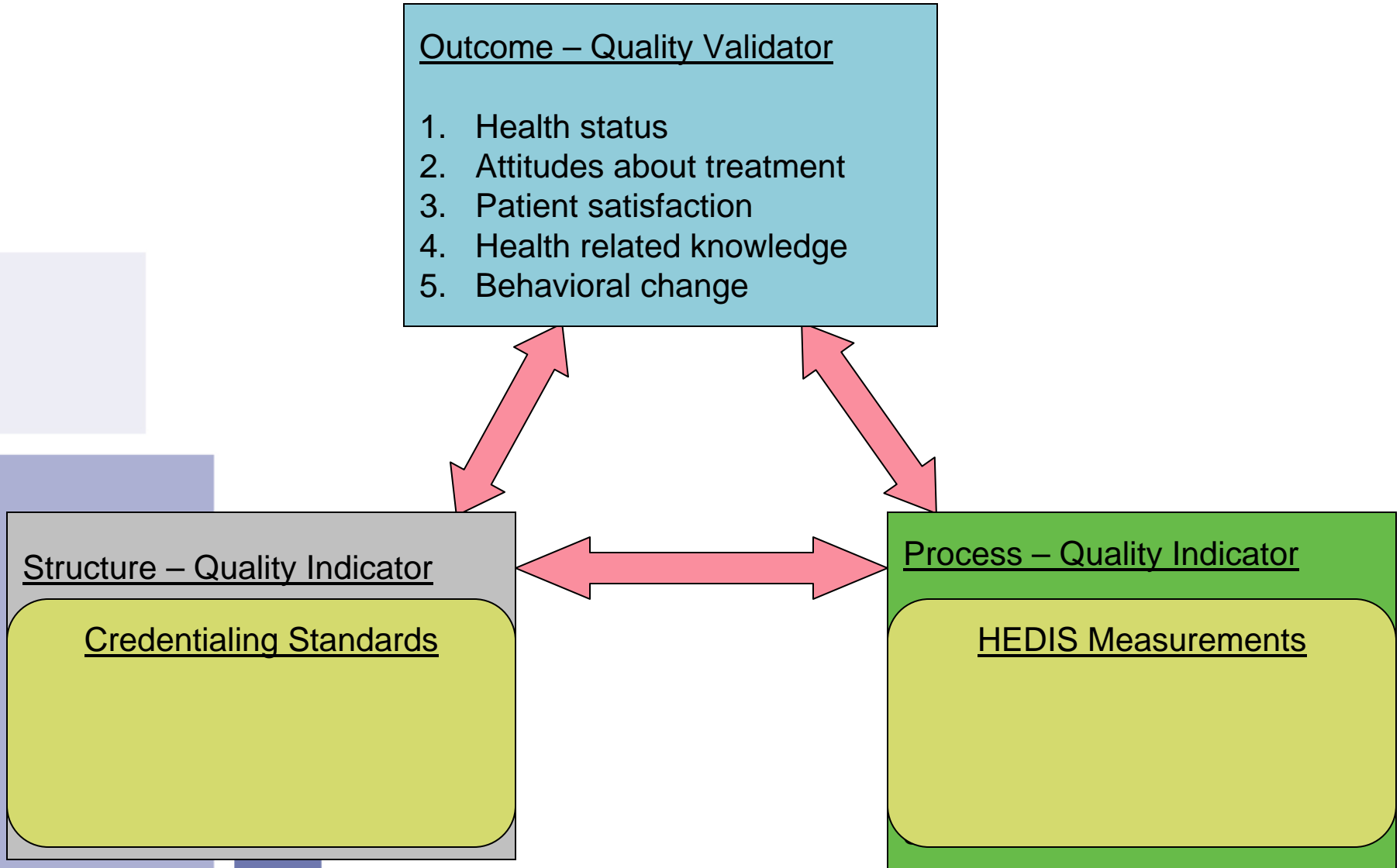
Background – 1970's

Avedis Donabedian MD, MPH



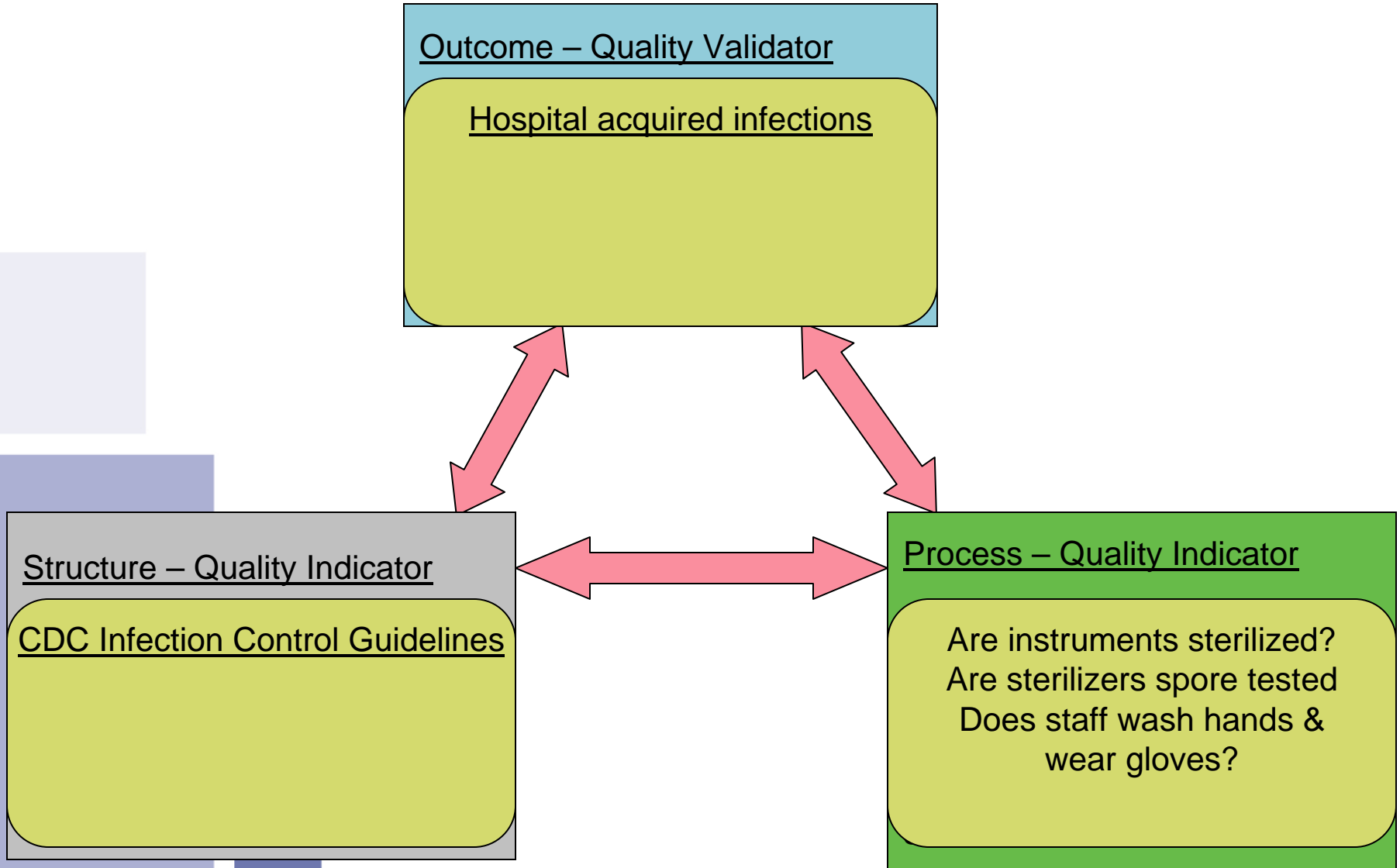
Background – 1990's

National Committee for Quality Assurance



Background – 2000's

Quality Measurement & Improvement



2008 - Thousands of Guidelines listed at www.guideline.gov

Disease/Condition

- Diseases 1919
- Mental Disorders 171

Treatments

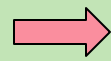
- Chemical & Drugs 1204
- Analytic, Diagnostic & Therapeutic Tech & Devices 1804
- Behavioral Disciplines & Activities 292

- Dental ~45

Quality Based on Evidence



Research → Review → Recommend



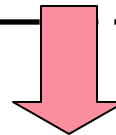
Reconcile

Performance Measurements

- NCQA/HEDIS
- National Quality Forum
- AQA

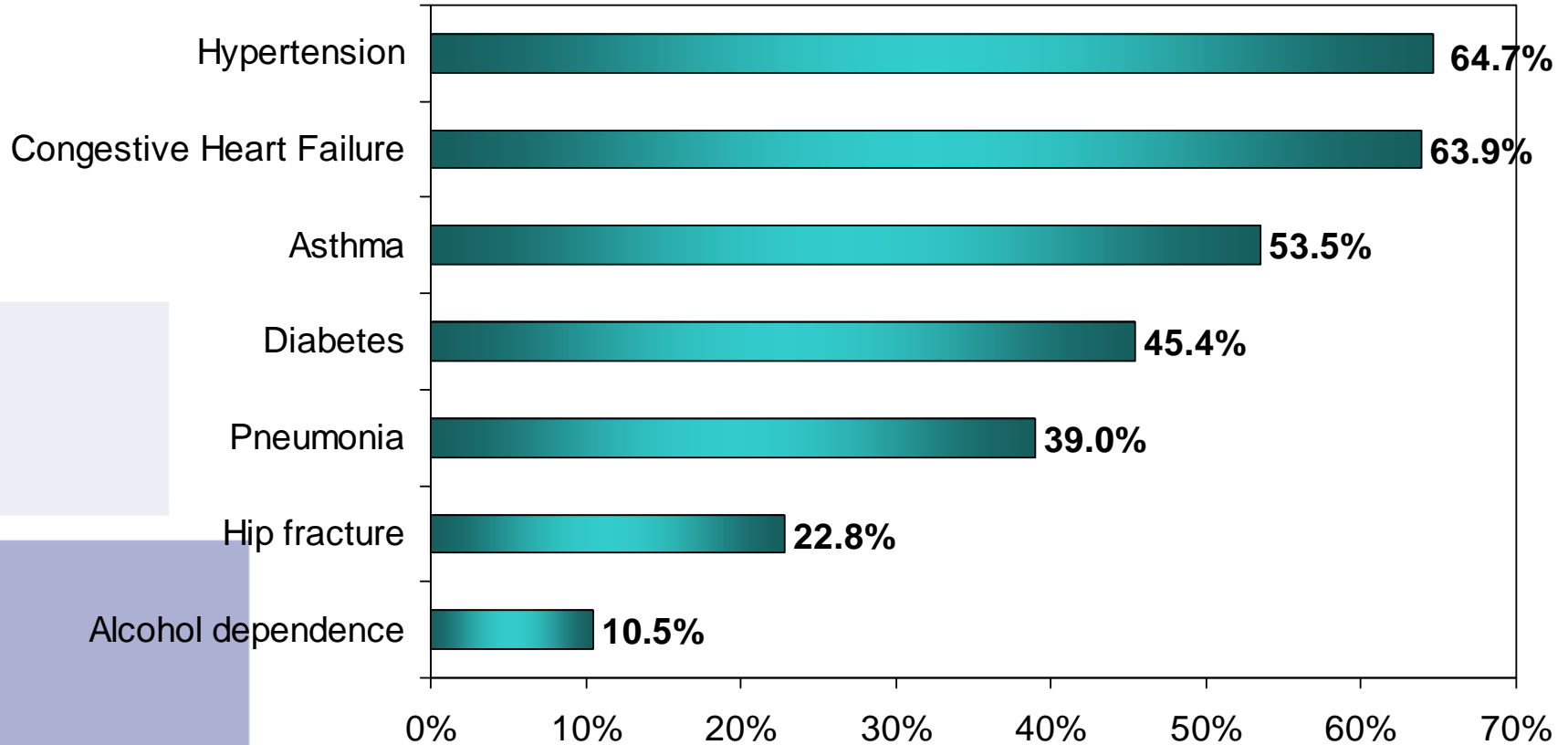
Systematic Review

- Identify & assess study quality
- Critically appraise body of evidence
- Develop qualitative or quantitative synthesis



Clinical Guidelines & Recommendations

Performance on Clinical Guidelines



Source: **Rand study** “*The Quality of Health Care Delivered to Adults in the US*”.

The New England Journal of Medicine, June 2003

What Does Evidence-based Mean?

Evidence based healthcare is based on a set of principles and methods intended to ensure that to the greatest extent possible, medical [and dental] decisions, guidelines, and other types of policies* are based on and consistent with good **evidence of effectiveness** and **benefit**.

*Other types of policies include **benefit coverage**, disease management, performance measurement, **quality improvement**, **medical necessity**, regulations, and public policy.

Evidence-based decision making. Patients should receive care based on the best available scientific knowledge. Care should not vary illogically from clinician to clinician or from place to place.

The need for transparency. The health care system should make information available to patients and their families that allows them to make informed decisions when selecting a health plan, hospital, or clinical practice, or choosing among alternative treatments.

Continuous decrease in waste. The health system should not waste resources or patient time.

Aims of Quality Care

Effective — providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively).

Efficient — avoiding waste, including waste of equipment, supplies, ideas, and energy [including financial resources].

Patient-centered — providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

Equitable — providing care that does not vary in quality because of personal characteristics

Safe — avoiding injuries to patients from the care that is intended to help them.

Timely — reducing waits and sometimes harmful delays for both those who receive and those who give care.

Evidence-based vs. Patient-centered

Some readers might question ***whether a commitment to evidence-based care conflicts with an emphasis on patient-centered care.***

We emphasize that the commitment to patient-centered care is not intended to imply that clinicians have an obligation to provide unnecessary services merely because patients request them.

All unneeded services have the potential to cause harm.

Because unnecessary services can do harm and offer no benefit, ethical principles dictate that a physician not recommend or prescribe requested treatment that is of no known benefit

IOM Definitions

Overuse is the provision of a health service under circumstances in which its potential for harm exceeds the possible benefit

Underuse is the failure to provide a health care service when it would have produced a favorable outcome for a patient

Misuse is where an appropriate service is provided, but a *preventable complication* occurs, and the patient does not receive the full potential benefit of the service

Our Findings



Performance Measurement Top Q

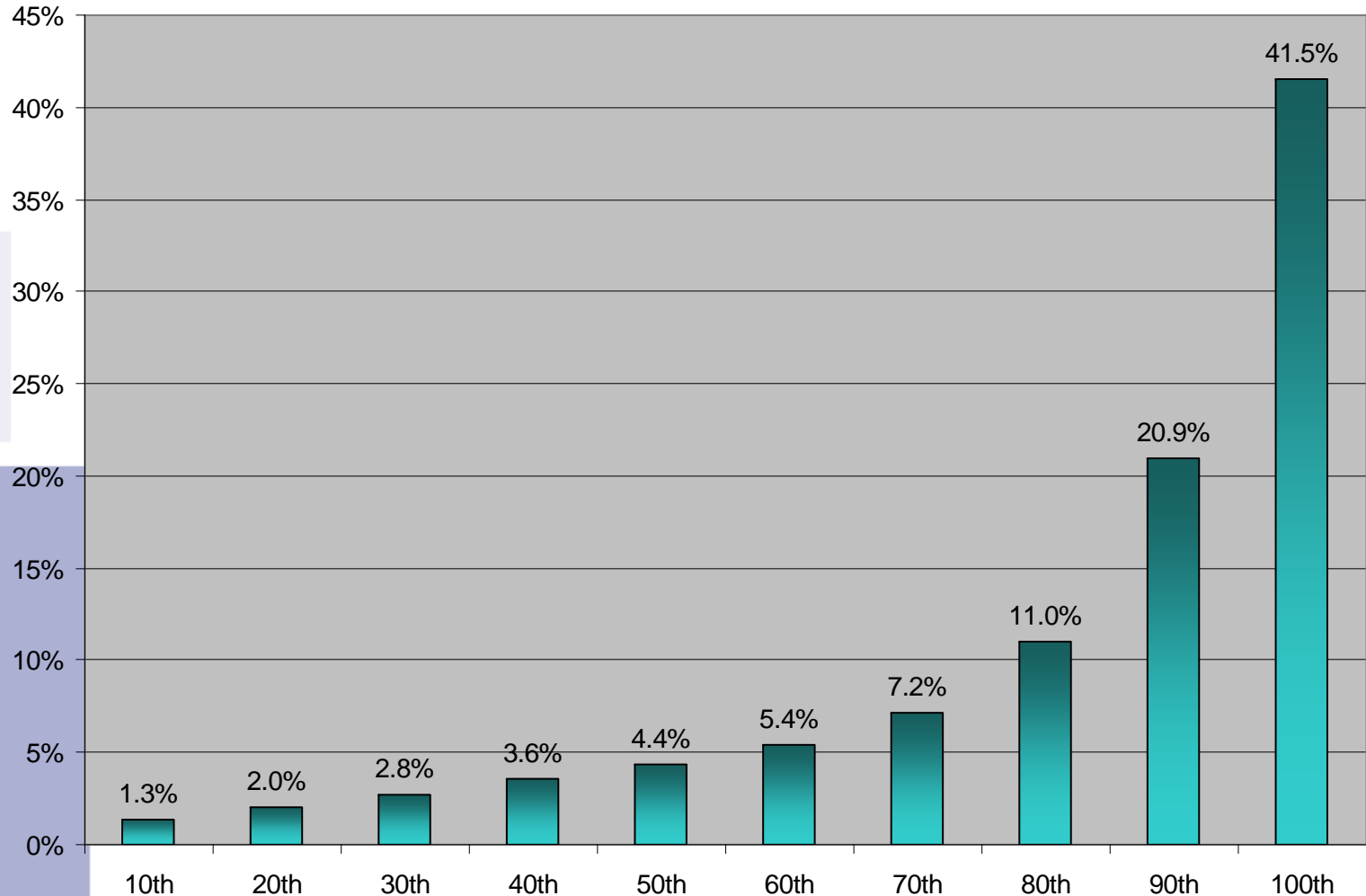
Primary Provider ID	Member Count	Members Under 19	% Pts Getting Cleaning	% Under 19 Getting Cleaning	Under 19 At Risk Getting Cleaning	% Prosth Pts Getting Cleaning	% Perio Pts Getting Cleaning	Avg. Score
1	23	6	100%	100%				100%
2	425	14	93%	100%	100%	100%	92%	97%
3	98	14	84%	100%	100%	91%	100%	95%
4	403	4	93%	100%	100%	100%	81%	95%
5	283	12	93%	100%	100%	83%		94%
6	126	12	90%	92%	83%	100%	100%	93%
9	279	20	89%	95%	100%	80%	100%	93%
10	367	105	93%	97%	92%	80%	100%	92%
11	423	10	92%	100%	100%	92%	78%	92%
13	903	6	93%	100%	100%	69%	92%	91%
14	154	38	89%	97%	100%	75%		90%
15	361	11	86%	82%	100%	100%	83%	90%
16	186	28	89%	89%	78%	95%	100%	90%
17	780	35	90%	94%	100%	79%	85%	90%
18	232	24	91%	92%	93%	100%	71%	90%
19	222	36	87%	100%	100%	60%	100%	89%
20	383	63	92%	94%	94%	100%	67%	89%
21	22	4	77%	100%	80%	100%		89%
22	38	0	87%			80%		83%
25	602	56	83%	96%	95%	90%	78%	88%
24	563	92	87%	96%	84%	90%	85%	88%
25	275	84	81%	88%	86%	100%	86%	88%
26	396	7	92%	100%	60%	100%		88%
27	371	80	82%	98%	100%	72%	87%	88%
28	1,608	353	91%	92%	88%	84%	81%	87%

Performance Measure Bottom Q

Primary Provider ID	Member Count	Members Under 19	% Pts Getting Cleaning	% Under 19 Getting Cleaning	Under 19 At Risk Getting Cleaning	% Prosth Pts Getting Cleaning	% of Perio Pts Getting Cleaning	Avg Score
85	85	20	74%	75%	73%	50%		68%
86	391	143	73%	76%	69%	20%	100%	68%
87	199	19	78%	89%	50%	56%	60%	67%
88	3,185	387	74%	69%	71%	56%	61%	66%
89	379	86	74%	79%	75%	33%	70%	66%
90	47	6	72%	67%	75%	50%		66%
91	164	57	68%	84%	50%	71%	53%	65%
92	293	81	73%	65%	68%	63%	55%	65%
93	142	4	68%	100%	25%	60%	67%	64%
94	421	101	66%	93%	85%	46%	27%	64%
95	138	59	54%	51%	46%		100%	63%
96	179	27	56%	81%	75%	33%		62%
97	176	66	64%	89%	89%	33%	30%	61%
98	132	7	67%	57%	100%	32%	50%	61%
99	93	19	46%	95%	88%	44%	27%	60%
100	415	36	78%	78%	88%	33%	23%	60%
101	59	24	44%	83%	86%	33%	50%	59%
102	171	6	72%	33%	80%		50%	59%
103	164	46	60%	65%	45%	30%	86%	57%
104	2,684	355	60%	66%	67%	42%	35%	57%
105	26	14	62%	64%	40%			55%
106	53	24	42%	46%	57%		75%	55%
107	35	15	57%	53%	40%			50%
108	112	3	72%	33%	0%	50%	67%	44%
109	201	76	50%	58%	50%	17%	33%	42%

Members – Chronic Disease

30% of Members Consume Almost 75% of Benefits



Disease Burden Assignment

Examination of claims data going back 3 years

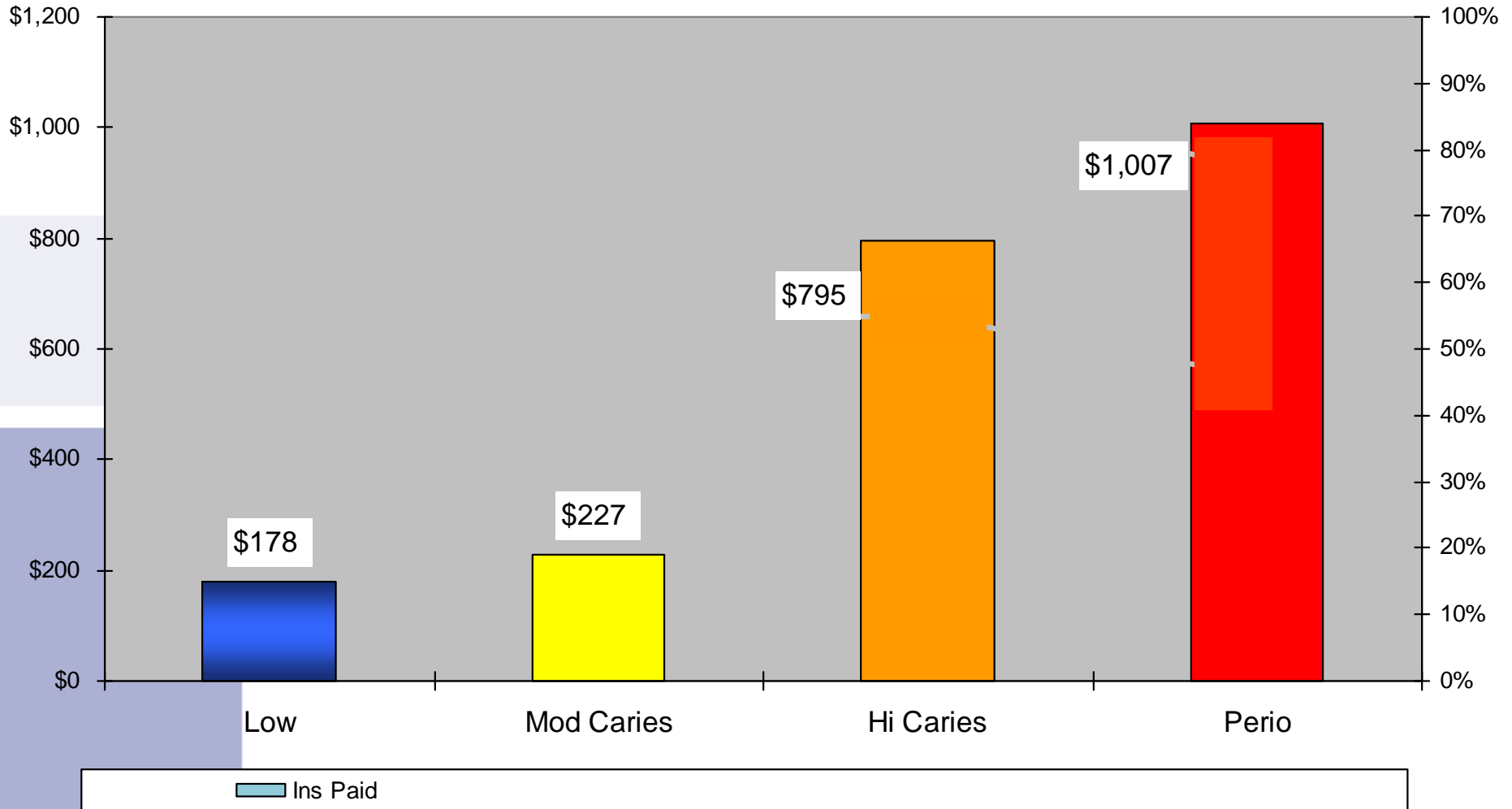
Low Burden – No Restorations or Perio treatment history

Moderate Caries – 1 or 2 restorations

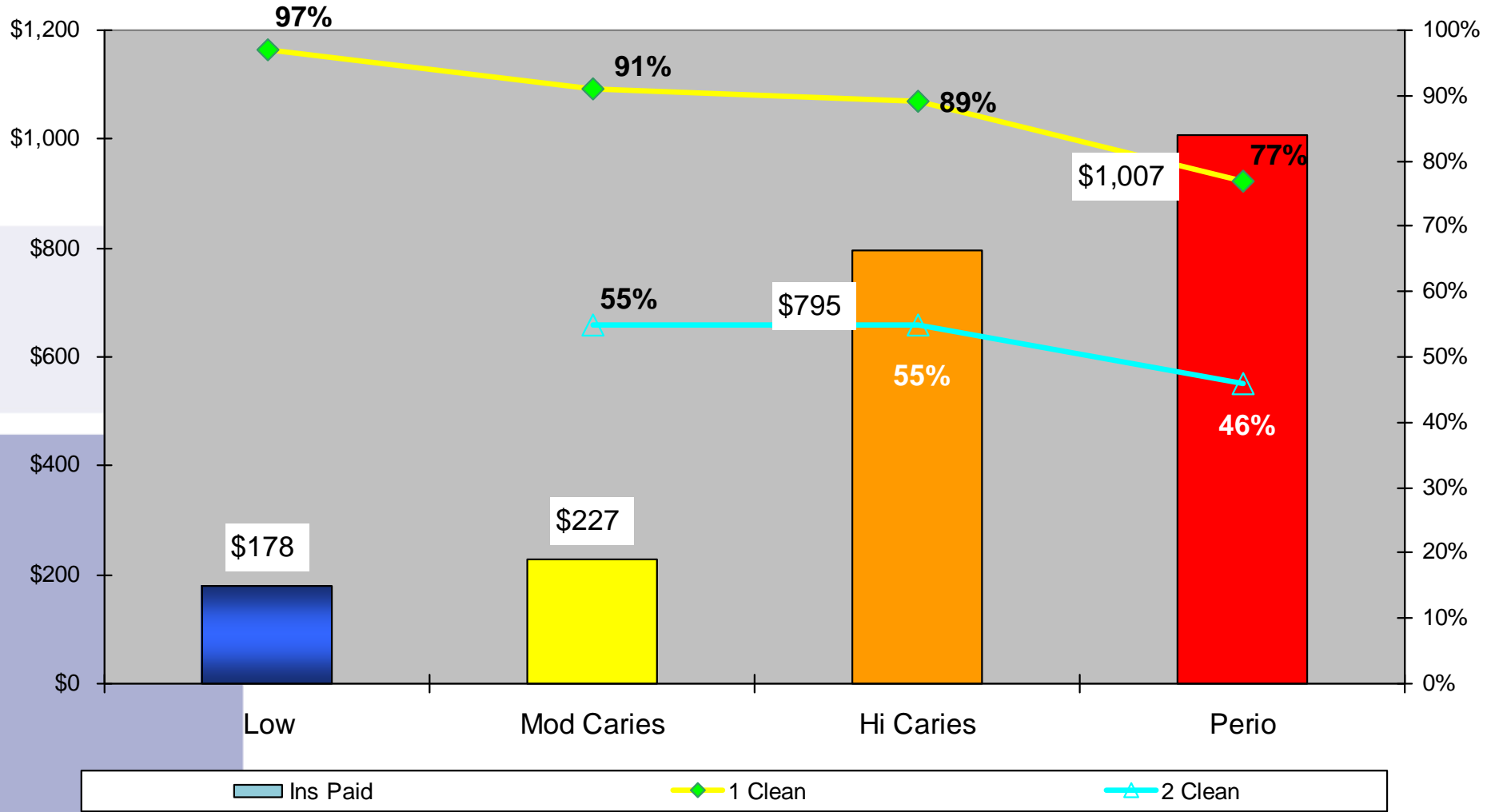
High Caries – 3 or more restorations

Perio Disease – Osseous surgery or scaling and root planing

Percent Receiving Cleaning



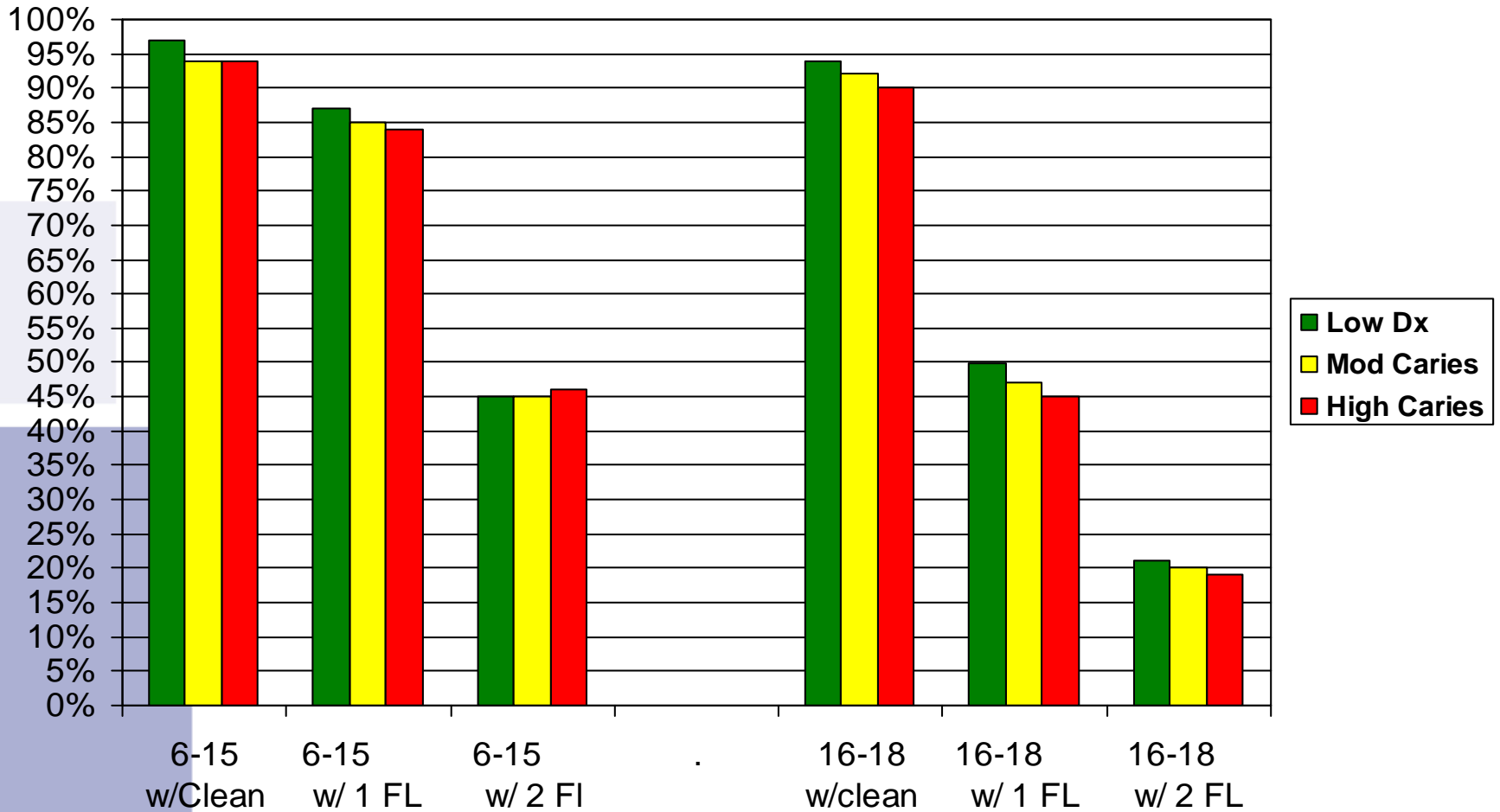
Percent Receiving Cleaning



Children at moderate caries risk should receive a professional fluoride treatment at least every 6 months; those with high caries risk should receive greater frequency of professional fluoride applications (ie, every 3-6 months).

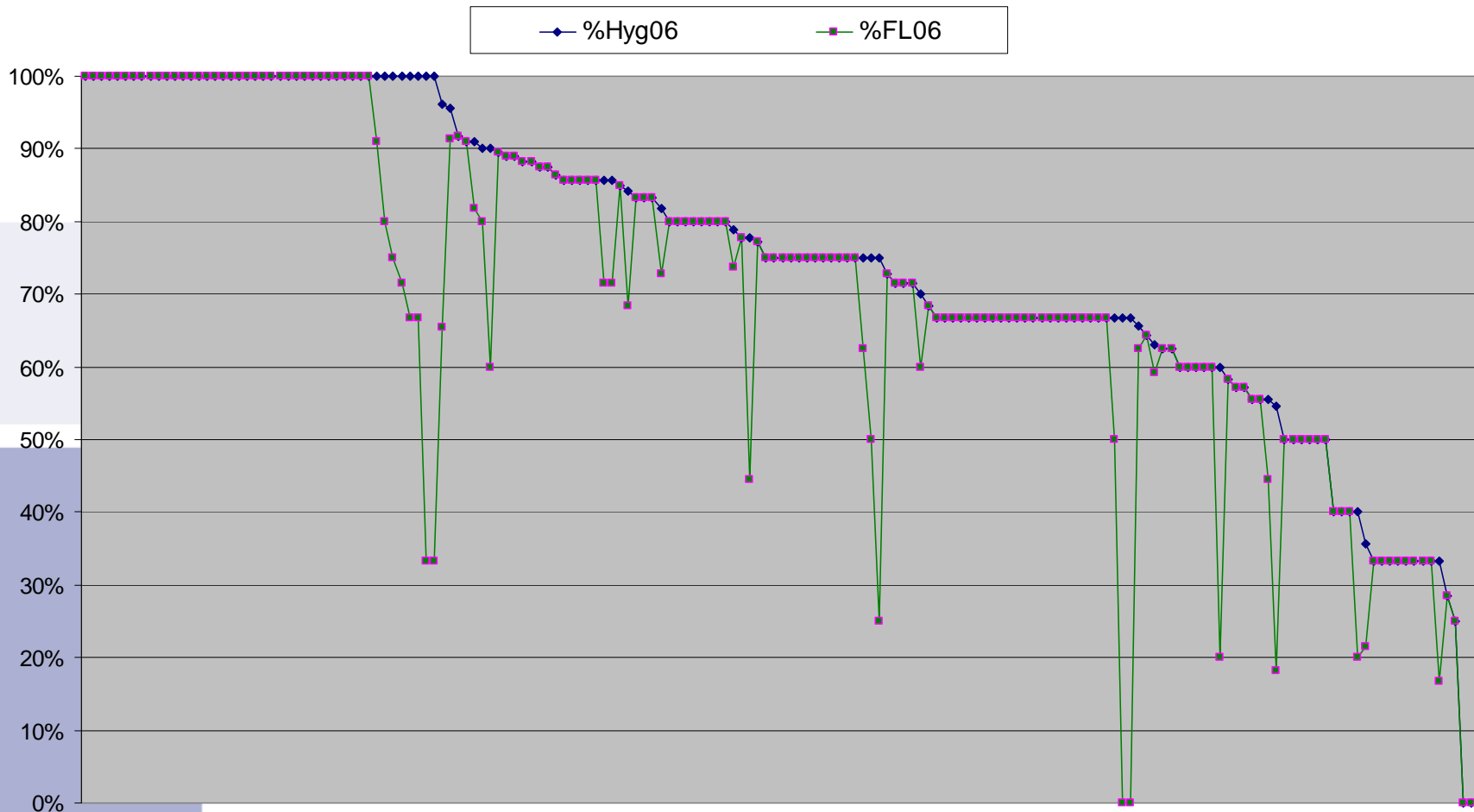
The mean increment of dmfs in the experimental group was 24.2% lower than that in the control group

Percent Getting Fluoride Treatment



Performance Measure - Preventive Care

Percent of At-Risk Kids in Practice Who Got Cleaning & Fluoride



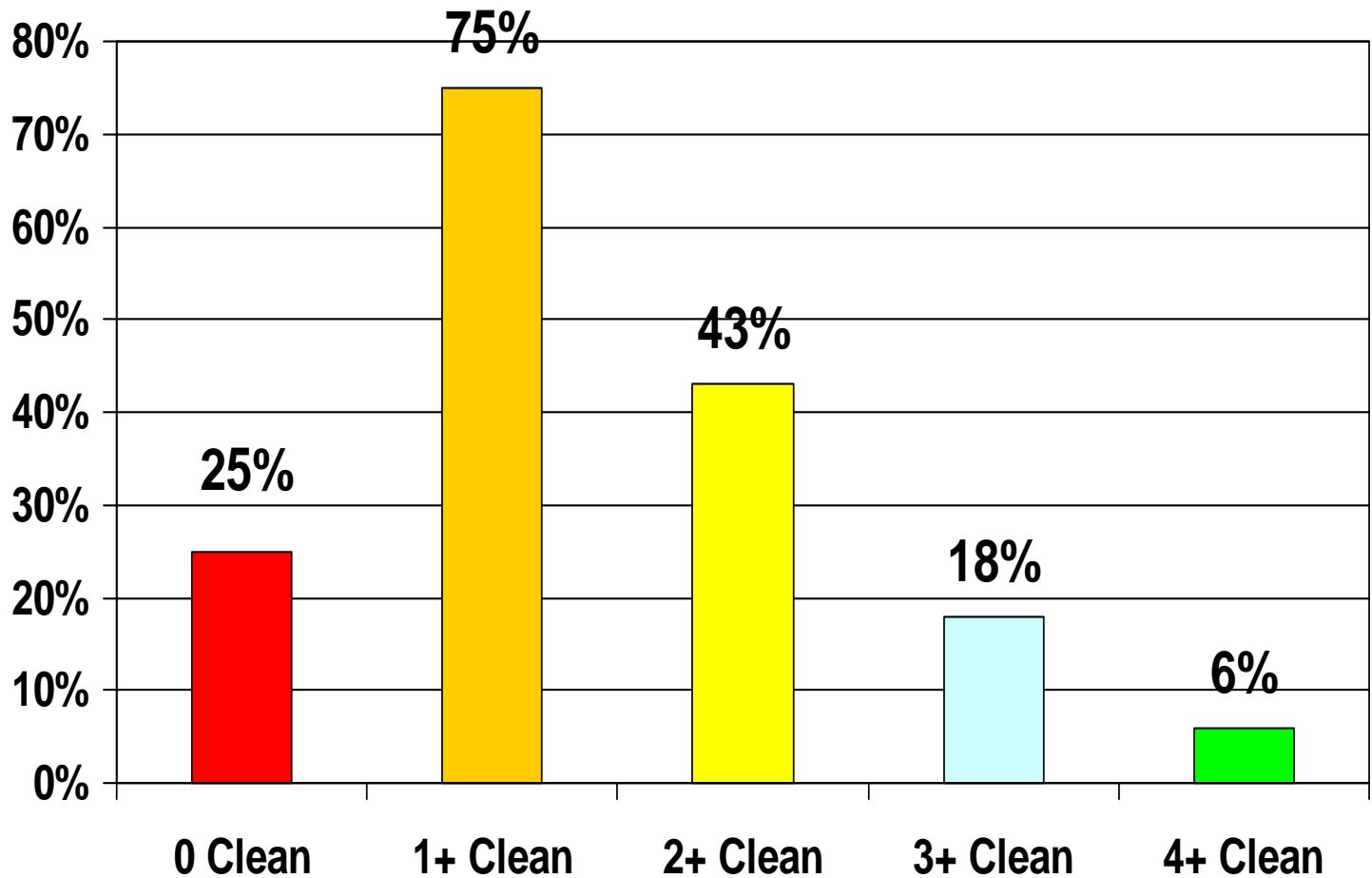
American Academy of Periodontology

Position Paper of Perio Maintenance

In general, data suggest that most patients with a previous history of periodontitis should obtain Perio Maintenance at least four times per year, since that interval will result in a decreased likelihood of progressive disease, compared to patients receiving Perio Maintenance on a less frequent basis

Periodontal Maintenance (2003)
J Periodontol 2003;74:1395-1401.

Percent of Adults with History of Periodontal Disease Who Received a Cleaning



Partnership to Improve Health

Prevention Report for At-Risk* Children

3-D DENTAL PC

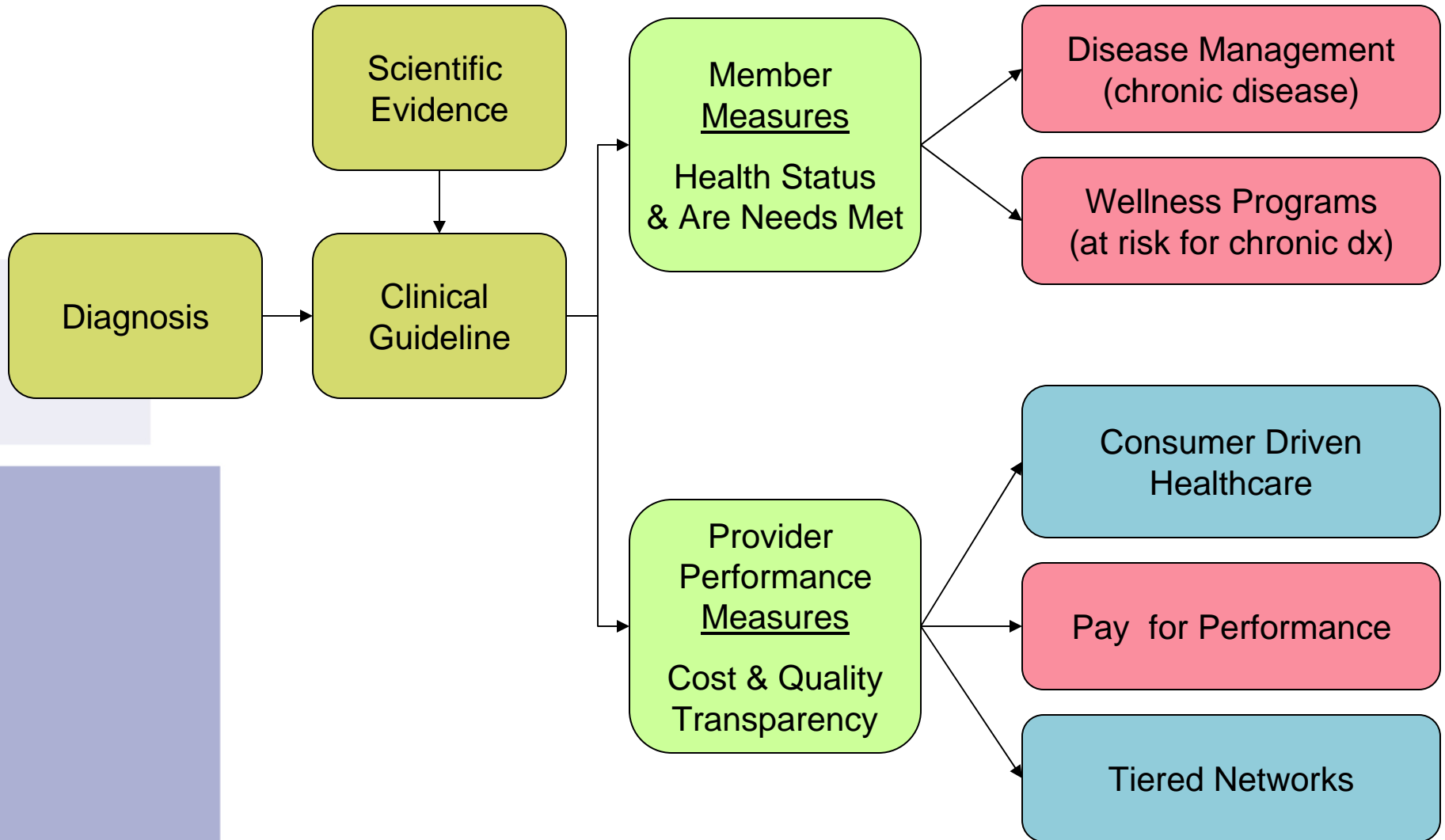
January 1, 2008 thru December 31, 2008

Last Name	First Name	Date of Birth	Age	3 Year Ct	During Past 12 Months			3 Year		
				Restore	Clean	FL	FL Comply	Last FL	Seal	
Compton	Robert	11/29/1996	12	2	1	1	No	8/5/2008	4	
Compton	Robert	8/2/1999	9	2	1	1	No	3/29/2008	4	
Compton	Robert	4/2/1997	12	2	2	2	Yes	8/13/2008	2	
Compton	Robert	3/1/1993	16	8	2	2	Yes	8/13/2008		
Compton	Robert	6/5/1993	16	8	1		No			
Compton	Robert	7/18/1991	18	4	1		No			
Compton	Robert	12/29/1996	12	3	1	1	No	8/19/2008		
Compton	Robert	10/2/1997	11	3	2	1	No	9/30/2008	3	
Compton	Robert	1/25/1994	15	1	1	1	No	6/25/2008	4	
Compton	Robert	2/21/2001	8	1	1	1	No	6/9/2008	4	
Number of Children				10						
Sum				34	13	10	2			
Average per At-risk Child for this Practice				3.4	1.3	1.0	20%			
Average per At-risk Child for Other MPE Providers				2.8	1.4	1.2	36%			

**This report uses ADA guidelines on risk assessment that says that children who have had carious lesions in the past 3 years are at-risk for future caries. The ADA recommends that these children receive topical fluoride at least twice per year and that they be evaluated for dental sealant application.*

ACCOUNT REPORTS

Improving Quality: EBC, Performance Measurement and Dental Benefits





Questions?