

HAB HIV Performance Measures: Oral Health Services

Performance Measure: Oral Health Services: Dental Treatment Plan	
Percentage of HIV-infected oral health patients ¹ who had a dental treatment plan ² developed and/or updated at least once in the measurement year.	
Numerator:	Number of HIV-infected oral health patients who had a dental treatment plan ² developed and/or updated at least once in the measurement year
Denominator:	Number of HIV-infected oral health patients that received a clinical oral evaluation ³ at least once in the measurement year.
Patient Exclusions:	<ol style="list-style-type: none"> 1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year.⁴ 2. Patients who were < 12 months old.
Data Element:	<ol style="list-style-type: none"> 1. Is the patient HIV-infected? (Y/N) <ol style="list-style-type: none"> a. If yes, did the patient have a clinical oral evaluation³ at least once in the measurement year? (Y/N) <ol style="list-style-type: none"> i. If yes, did the patient have a dental treatment plan² developed and/or updated at least once in the measurement year? (Y/N)
Data Sources:	<ul style="list-style-type: none"> • Data reports required by HRSA/HAB, such as the Ryan White HIV/AIDS Program Services Report (RSR), may provide useful data regarding the number of patients identified as receiving oral health services. • Electronic Health Record/Electronic Medical Record • Oral health services patient record data abstraction of a sample of records. • Provider billing systems may be used; however, this will be dependent on the completeness and accuracy of coding of the procedures of interest.
National Goals, Targets, or Benchmarks for Comparison:	None available at this time.
Outcome Measures for Consideration:	<ul style="list-style-type: none"> • Rate of emergency dental visits in the practice population.
Basis for Selection:	
<p>A comprehensive dental treatment plan that includes preventive care, maintenance and elimination of oral pathology should be developed and discussed with the patient. Various treatment options should be discussed and developed in collaboration with the patient. As with all patients, a treatment plan appropriate for the patient's health status, financial status, and individual preference should be chosen.</p> <p>Medications may interfere with dental treatment and cause adverse effects, such as decreased salivary flow, altered liver function, and bone marrow suppression, resulting in anemia, thrombocytopenia, and neutropenia. There is no evidence to support modifications in oral health care based solely on the presence of HIV infection. However, such modifications may be indicated on the basis of certain medical problems that occur</p>	

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Dental Treatment Plan

as a result of HIV infection. Severely or terminally ill patients, for example, will require alterations in care similar to those of patients suffering from other conditions that cause debilitating illness, such as cancer or mental health impairment.^{5, 6}

The American Dental Association (ADA) Dental Practice Parameters address the process of diagnosis and treatment planning: “In the process of diagnosis and treatment planning, the attending dentist should review the accuracy of the data collected as part of patient evaluation. The behavioral, psychological, anatomical, developmental and physiological limitations of the patient should be considered by the dentist in performing the periodic evaluation and in developing the treatment plan.”⁷

US Public Health Service Guidelines:

None.

References/Notes:

¹ “Patient” includes all patients aged 12 months or older.

² A complete dental treatment plan should include the following: Provision for the relief of pain, elimination of infection; preventive plan component; periodontal treatment plan if necessary; elimination of caries; replacement or maintenance of tooth space or function; consultation or referral for conditions where treatment is beyond the scope of services offered; and determination of adequate recall interval.

[<http://www.healthdisparities.net/hdc/hdcsearch/isysquery/2b08788b-e88c-4f75-8755-743fb786bcb6/1/doc/>]

³ Clinical oral evaluations include evaluation, diagnosis and treatment planning. Pertinent ADA CDT codes may include the following: D0120-Periodic Oral Evaluation-established patient; D0150-Comprehensive oral evaluation, new or established patient; D0160-Detailed and Extensive Oral Evaluation; D0170-Re-evaluation, limited, problem focused (established patient; not post-operative visit); and D0180-Comprehensive Periodontal Evaluation-new or established patient.

⁴ Pertinent ADA CDT codes for patient exclusion may include the following: D9110-Palliative (emergency) treatment of dental pain-minor procedure; and D0140-Limited Oral Evaluation-Problem Focused; however, the diagnostic and treatment procedures associated with emergency evaluation and treatment encounters (including those using these or other ADA CDT codes, as well as other procedures which may not be coded) should be considered when identifying patients for exclusion.

⁵ Glick M, Abel SN, Muzyka BC, DeLorenzo M. Dental complications after treating patients with AIDS. *J Am Dent Assoc* 1994;125:296-301.

⁶ Dental management of the HIV-infected patient. *J Am Dent Assoc* 1995;(Suppl):1-40.

⁷ American Dental Association. Dental Practice Parameters. Patient of record requiring a periodic evaluation. Available at: http://www.ada.org/prof/prac/tools/parameters/eval_periodic.asp. Accessed on May 8, 2009.