

HAB HIV Performance Measures: Oral Health Services

Performance Measure: Phase 1 Treatment Plan Completion	
Percentage of HIV-infected oral health patients ¹ with a Phase 1 ² treatment plan that is completed within 12 months.	
Numerator:	Number of HIV-infected oral health patients that completed Phase 1 ² treatment within 12 months of establishing a treatment plan.
Denominator:	Number of HIV-infected oral health patients with a Phase 1 treatment plan established in the year prior to the measurement year ³ .
Patient Exclusions:	1. Patients who had only an evaluation or treatment for a dental emergency in the year prior to the measurement year. ⁴
Data Element:	1. Is the patient HIV-infected? (Y/N) a. If yes, did the patient have a Phase 1 ² treatment plan established in the year prior to the measurement year ³ ? (Y/N) 1. If yes, was the Phase 1 ² treatment plan completed within 12 months of establishment? (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 clients identified as receiving oral health services. • Electronic Health Record/Electronic Medical Record (A specific “dummy code” to signify when patient treatment is complete can be used to facilitate data collection.) • Oral health services patient record data abstraction by grantee 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
Outcome Measures for Consideration:	<ul style="list-style-type: none"> • Rate of untreated dental disease and oral pathology in the practice population.
Basis for Selection:	
<p>Oral diseases are progressive and cumulative and can affect our ability to eat, the foods we choose, how we look, and the way we communicate. These diseases can affect economic productivity and compromise our ability to work at home, at school, or on the job. Health disparities exist across population groups at all ages. Over one third of the US population (100 million people) has no access to community water fluoridation. Over 108 million children and adults lack dental insurance, which is over 2.5 times the numbers who lack medical insurance. See: US Department of Health and Human Services. <i>Oral Health in America: A Report of the Surgeon General: Executive Summary</i>. Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000. See: http://www.surgeongeneral.gov/library/oralhealth.</p>	

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Community and migrant health center oral health programs seek to increase access to oral health care for the underserved. This performance measure addresses two fundamental areas within community and migrant health center oral health programs: 1) the need to perform a comprehensive oral health exam that culminates with an accompanying treatment plan and 2) assuring that quality care is incorporated in the process of completing needed treatment in a timely manner. The measure facilitates the identification of contributing and restricting factors and practical low cost improvement options relevant to significant areas listed above.

With access to codes associated with comprehensive oral exams and Patient Treatment Completion (PTC), most management information systems will be able to provide an average length of time associated with completion of treatment. With this information, staffing patterns, financial costs (overhead expenses) and efficiency of the oral health program can be assessed. These additional benchmarks could also be measured across health center programs at the local, regional and national levels. The ultimate goal is to measure and assure that health centers routinely and systematically deliver comprehensive, quality oral health services and patient treatment is completed within a reasonable amount of time.

The performance measure is comprehensive in that subsequent performance analysis can broach a number of significant areas, such as: appointment scheduling, ratio of oral health providers to dental operatories, ratio of oral health providers to support staff, collaboration with medical colleagues emphasizing oral health as an essential component of an interdisciplinary approach to patient care, prioritization of patients and/or procedures, general productivity and efficiency.

US Public Health Service Guidelines:

None.

References/Notes:

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

²Phase 1 treatment: Prevention, maintenance and/or elimination of oral pathology that results from dental caries or periodontal disease. This includes: restorative treatment; basic periodontal therapy (non surgical); basic oral surgery that includes simple extractions and biopsy; non-surgical endodontic therapy; and space maintenance and tooth eruption guidance for transitional dentition.

³Patients initiating Phase 1 treatment plan would not be captured in the denominator in the current measurement year. They would, if the care was completed on schedule, be captured in the performance data in the following measurement year.

⁴Pertinent 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 excluded patients.