Healthcare Quality Movement and Geriatric Dentistry
“All great changes are proceeded by chaos.”

Deepak Chopra
In Nursing Homes, an Epidemic of Poor Dental Hygiene

By CATHERINE SAINT LOUIS
AUGUST 4, 2013
Healthcare Quality Movement

- Key frameworks in health care (3)
- Overall health and oral health messages
Healthcare Quality Movement

Key Frameworks:

1. Chronic Care Model
2. Patient Centered Medical Home
3. Healthcare’s Triple Aim
Chronic Care Model (CCM)

- Transformation of Healthcare
  - Continuous proactive care over the lifespan
  - Collaborative care (replaces silos of care)
  - Patient empowered to self manage/self care
  - Health literacy focus
  - Prevention focus
Traditional Care Model
Patient is a Passive Receiver of Silos of Services.

<table>
<thead>
<tr>
<th>Patient</th>
<th>Physician Primary Care</th>
<th>Pharmacy</th>
<th>Dentistry</th>
<th>Specialist</th>
<th>Hospital</th>
<th>Lab Tests</th>
</tr>
</thead>
</table>

TxOHC Annual Summit - 2014
Chronic Care Model

Patient

Physician Primary Care
Social Worker
Pharmacist
Health Educators
Case Manager
Dentist
Specialist
Dietitians
Hospital
Nurse Care Managers
Lab Tests
Dental Hygienist Educator
• 78 year old female – lives at home
• Wears an upper removable partial denture
• Severe weight loss because she quit eating
• Mild to moderate dementia
• Compromised dexterity

Proactive care over the lifespan?
Chronic Care Model Anticipates Inevitable Oral Neglect & Increased Risk of Oral Decline

- Evaluate and address risk factors
  - Examples: dementia, stroke, depression, etc.
- Proactive Measures to be carried over the lifespan.
  - Example: Ongoing oral care education for direct care staff, patient, and the family which addresses inevitable self care decline.
Healthcare Quality Movement: Key Frameworks

1. Chronic Care Model
2. Patient Centered Medical Home
3. Healthcare’s Triple Aim
Patient–Centered Medical Home

- All healthcare is coordinated and integrated.
- Promotes smooth transitions of care.
  - Across specialists, hospitals, home health agencies, nursing homes, etc.
  - Utilization of service coordinators, care managers
Patient–Centered Medical Home

- **Quality and safety** are assured by a care-planning process.
  - Evidence-based care paths = data
  - Performance measurement = data
  - Quality improvement activities = data
  - Participation of patients in decision-making = data
Payment Reforms to Promote PCMH

- Incentive payments for ACOs shared savings
- Pay-for-performance for processes and/or outcomes
- Direct payments for medical care coordination
Program of All-Inclusive Care for the Elderly

- For frail elders who are eligible for nursing home care.
- PACE elders remain in the community.
- PACE team takes care of all participant’s needs.
- PACE elders receive many services at the PACE center.
- PACE team provides and/or coordinates all needed care.

Goal: Participants remain out of LTC facilities.
Healthcare Quality Movement: Key Frameworks

1. Chronic Care Model
2. Patient Centered Medical Home
3. Healthcare’s Triple Aim
Healthcare Quality Movement’s Triple Aim

Better care

Better health

Lower costs
How do we measure better oral care?

- **Example: Meaningful Use of EHR**
  - Pt receives tobacco cessation education?
  - Pt receives annual oral cancer screening by nurse practitioner?
- Developed and maintained by the National Committee for Quality Assurance (NCQA).
- Widely used set of performance measures based on important dimensions of care and service.
- HEDIS makes it possible to compare on an "apples-to-apples" basis.
What is the patient’s experience?

Patient satisfaction is a growing healthcare policy focus:

- Patients complete hospital exit survey:
  - communication with doctors
  - responsiveness of hospital staff
  - cleanliness of the hospital environment
  - quietness of the hospital environment
  - pain management
  - communication about medicines
  - discharge information
  - overall rating of hospital
Healthcare Quality Movement’s Triple Aim

Better care
Lower costs
Better health
How do we measure better oral health, better overall health?
- By using benchmarks = data
- Population metrics
  - % of residents in a LTC facility who are caries free
  - % of PACE participants who have gingival health
Bench Marking of Clinicians

- Clinicians tend to overestimate how well they deliver services.
- Provides clinicians with specific feedback on their performance.
- Clinicians compared to national standards.
- Provides improvement goals and possible incentives.
  - Example: achieving the 90th percentile of a benchmark.
Healthcare Quality Movement’s Triple Aim

Better care

Lower costs

Better health
The Era of Accountability = Lower Costs

- Old system = more procedures = more $$$
- New system = more you improve health = more $$
- Movement of payment from volume to value
- Discourages unnecessary procedures/tests
Summary: Triple Aim and Oral Health

- Patients with poorly controlled diabetes
  1. Better care = Pt receives medically necessary periodontal treatment
  2. Better health = Perio dx has been stabilized & A1C levels improved
  3. Lower costs = Reduction in diabetic related health expenditures
Healthcare Quality Movement

- Key frameworks in health care (3)
- Overall health and oral health messages
Healthy Boomers

- Systemic Overall Health & Oral Health:
  - Better control A1c levels
  - Reduce risk of stroke
  - Reduce risk of heart disease
  - Lower risk of pneumonia
  - Improve quality of life
Frail Boomers

Medically Necessary Oral Care:

- Manage/eliminate infection
- Reduce risk of infection
- Maintain or improve PO nutrition
- Prevent weight loss related to oral factors
- Prevent additional tooth loss
- Reduce or eliminate pain
- Lower aspiration risk
- Improve quality of life
Reduce Hospitalizations of LTC Residents

- LTC resident moves to “acute care” setting
- Between 25%-50% of residents are hospitalized during any one year
  - Septicemia 13.4%
  - Pneumonia 7.0%
  - Aspiration pneumonitis, food/vomitus 4.0%

$2500 day versus $200 day
Healthcare Quality Movement

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  - Integration of Oral Health & Primary Care Practice
    - February 2014
    - [www.hrsa.gov/publichealth/clinical/oralhealth/primarycare/integrationoforalhealth.pdf](http://www.hrsa.gov/publichealth/clinical/oralhealth/primarycare/integrationoforalhealth.pdf)
Review:

- Dental Claims use **CDT** Codes to Report Dental Services
  - CDT = Current Dental Terminology

- Medical Claims Use **CPT** & **ICD – 9 CM** Codes to Report Medical Procedures & Diagnosis
  - CPT = Current Procedure Terminology
  - ICD–9 CM used since 2003
    - International Classification of Diseases, 9th revision, clinical modification
    - 13,600 codes
ICD = International Classification of Diseases

- ICD-10 will be used for Medical & Dental Claims
  - 69,000 codes = increased specificity & accuracy
  - Newest ADA claim form contains ICD 10 column

- Benefits of using ICD 10 codes:
  - Enable epidemiologic studies
  - Enable studies of health care costs/quality, predict trends
  - Enables better analysis of disease patterns & tx outcomes
  - Improve protocol development/evaluation/decision support
Oct. 1, 2015

K06.2  Gingival & edentulous alveolar ridge lesion associated w/ trauma
K08.124  Complete loss of teeth due to periodontal disease
K08.22  Moderate atrophy of the mandible
K13.6  Irritative hyperplasia of the oral mucosa
K13.23  Excessive keratinized residual ridge mucosa
Healthcare Quality Movement

- Key frameworks in health care (3)
  1. Chronic care model
  2. Patient centered medical home
  3. Triple aim

- Overall health and oral health messages
Dental profession must:

- Embrace data
- Tear down the silos
- Promote oral health as part of overall health
- Work as part of integrated healthcare teams
Fully Integrated
Medically Necessary Oral Care in all Geriatric Healthcare Systems
Thank you!
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