Using Health Center Dashboards for Quality Improvement

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Participants Will Be Able To:

- Understand the 15 measures that make up the dashboard
- Review the principles of Quality Improvement
- Use the Dashboard to identify targeted areas for improvement and develop improvement goals
- Leave the session with a plan for next steps to implement the Dashboard
Session Overview

• Quality Improvement Overview
• History of the Project
• How we use our Dashboard and why we would never go back
• What are the 15 Oral Health Measures?
• How to Use the Online Dashboard & User’s Guide
• Develop operational definitions of the metrics
• Prioritize metrics for use within your organization
Our Quality Improvement Journey

Dr. Vander Beek
- Neighborcare Health
- Mentorship via CDO/CEO
- Institute for Healthcare Improvement
- NNOHA
  - CHC partners
- External Partners
- Healthcare Home Concept

Dr. Lieberman
- Private Practice Dentist
- Neighborcare Health
- Quality Improvement
- Institute for Healthcare Improvement
- IMPACT
- NNOHA
- Measure, Measure, Measure
Who Uses Dashboards?

• “Shorter, more focused dashboards that are reviewed on a frequent basis are associated with higher performance. According to the results of this dashboard analysis, hospitals that use dashboards with fewer measures are more likely to be in the high-performance group, suggesting that higher-performing hospitals have developed dashboards that focus on areas they see as critical for quality.”

Kroch et al. (2006)
Measure, Measure, Measure

- Management tool
- Clinic Leadership
- Clinic
- Senior Management
- Board
- Telling our story
The Chronic Care Model

Community
- Resources and Policies
- Self-Management Support

Health Systems
- Organization of Health Care
  - Delivery System Design
  - Decision Support
  - Clinical Information Systems

Informed, Activated Patient

Productive Interactions

Prepared, Proactive Practice Team

Improved Outcomes

Developed by The MacColl Institute
© ACP-ASIM Journals and Books
Model for Improvement

• The Model for Improvement enables an organization to approach quality improvement through rapid cycles of change and continual feedback on the effectiveness of those changes.

• When used in conjunction with the Chronic Care Model, the Model for Improvement can lead to positive, sustainable changes in the quality of health care.
Quality Improvement (QI)

• **An approach** to the analysis of performance and efforts to improve it
• Measuring where you are, figuring out ways to improve
• Data collected establishes “baseline” for an aspect of the dental program, and QI process develops methods to improve from the baseline
• Avoids attributing blame
• Creates systems to increase/decrease outcome
Profound Knowledge in Action

Old Way
(Quality Assurance)

- No action taken here
- Reject defectives

New Way
(Quality Improvement)

- Action taken on all occurrences

Requirement, Specification, Goal

Better Quality Worse

Better Quality Worse
Opportunity for Improvement

*The Gap*

- Access to care (visit)
- Type of service (sealant)
- Cost (lower)
- Adverse patient event (latex allergy)
- Oral health outcomes (BP)
Plan-Do-Study-Act Cycle

Ideas → Action → Learning → Improvement

- Demonstrate improvement
- What changes are to be made?
- What is the next cycle?

- Complete the data analysis
- Compare data to predictions
- Summarize what was learned

- Identify problems and create a plan
- Implement the plan
- Monitor and document results
- Begin analysis of the data
Using the Cycle to Improve

**Very Small Scale Test**

**Follow-up Tests**

**Wide-Scale Tests of Change**

**Implementation of Change**

**Spread**

**Data**

**Improvement**

**Ideas**
What Do We Do Next?
Use the Dashboard for Quality Improvement

• There are differing levels of capability to effectively and efficiently use the data and implement quality improvement plans

• Readiness questionnaire in the User’s Guide – designed to help you and your organization think through how to best use a dashboard before initiating its use.
Use the Dashboard for Quality Improvement

- Start small
- Establish baseline data for the Dental Dashboard measures
- Develop specific goals
- Identify areas for improvement (don’t just watch the dashboard, use the dashboard)
- PDSAs
- Over time, make course corrections
- Regularity
The “Triple Aim”

- Improved Health
- Improved Care
- Reduced Cost
Discussion
History Of The Project

• Delta Dental of Colorado Foundation and Washington Dental Service Foundation have been working with expert advisers to develop a set of recommended oral health measures for High-Performing Health Centers.

• We have also developed an online, interactive tool to help Health Centers gather data for the measures.
Development

Participants from:

• CMS
• NNOHA
• Institute for Oral Health
• Colorado and Washington CHC
• CHCs working on oral health
• WA Dental Service Foundation
• Delta Dental of Colorado Foundation
Vision For This Work

Health Centers are **sustainable**, high performing healthcare providers with strong operations to ensure **high productivity** and **health improvements** (including oral health improvements) among their patients.
Quality Improvement And Data

• Health Centers are required to have an ongoing Quality Improvement/Quality Assurance (QI/QA) program that includes clinical services and management.

• The QI/QA program must include:
  ✓ Clinical director who supports the QI/QA program and provision of high quality patient care
  ✓ Periodic assessment of the appropriateness of the utilization of services provided or proposed to be provided to individuals served by the health center
Attention To Dental Metrics Expanding

- 1st Dental UDS Measure this year!
- National Quality Measures Clearinghouse
- CHIPRA Pediatric Quality Measures Program
- Meaningful Use measures
- Dental Quality Alliance
- Healthy People 2020
- National Committee on Quality Assurance HEDIS
- NNOHA
- National Oral Health Quality Improvement Committee
- National Quality Forum
- Oregon Dental Quality Metrics Workgroup
How To Use The Oral Health Measures

• You cannot improve what you don’t measure.
• Selecting oral health measures places a value on oral health and focuses quality improvement efforts towards them.
• You do not need to select all 15 measures. Start with 1-2 measures that are inline with your center’s mission, your strategic plan, or parallel national standards.
• Collect data regularly, share with the appropriate people, use the data to instigate action.
• Add additional measures when you’re ready.
Why Use A Dashboard

• Dashboards give a quick status update for key measures.

• They are a snapshot, not an in-depth analysis.

• Regularly seeing the data makes it much easier to respond quickly to areas of concern, or to change courses of action.

• Dashboards can be used to facilitate communication between departments, highlight successful strategies, to maintain momentum in QI activities, and identify operational deficiencies.

• It is a tool to take action!
How Neighborcare Health Uses Our Dashboard And Why We Would Never Go Back
Caries Rate, Self Management Goal Setting, and Self Management Goal Review 0-5 year olds

Caries Rate, Self Management Goal Setting, and Self Management Goal Review 6+
How We Use Our Dashboard

• Reviewed monthly by dental leadership team
  – Takes the temperature of each clinic and program
  – Highlight one achievement from last month and one area of concern/focus for improvement
  – Share ideas with colleagues about metrics

• Has driven quality improvement projects
  – Examples: kids, supply costs, models

• Accountability and transparency
  – Currently clinic level data on report
Day-to-day Implementation

- Background data is collected via:
  - Automated reports
  - Weekly person reports (no show and enc/hour)
- See weekly productivity and no shows by provider for closer monitoring
- On the portal for reference at any time
- Goals (no show, productivity, treatment plan completion) are tied to dashboard
Best Practices

• Supply costs for clinics
  – Process improvement team
  – Digging deeper
  – Formulary
  – Lead DA duties and training

• No Show work started here
  – Reminder calls
  – Rolling 5 week schedule
  – New RDH model (pilot)
  – Monitoring 3rd available
Possible Roadblocks

• Have to make sure the data is reliable
  – Example: RVU’s

• Hard to discover the “why” behind some data and what the actionable item is
  – Example: Encounters per hour

• Too much data- not focused on what matters!

• Hard to get data out of EDR; measures ask and EDR cannot deliver
Advice

• Buy in
• Start small. If you do not currently utilize a dashboard, pick 1-3 measures
• If you are part of an organization with medical, what do they measure? Why? Opportunity to build off their metrics
• Pick things that are not just easy to measure, but that MATTER to you
  – The why. What gets measured, gets worked on
• Set goals- focuses people and providers
  – Clarity around expectations
• Work with your IT/BI team/program
The Dental Dashboard

• The Dental Dashboard is a set of measures that is an optional tool for Health Centers to use as part of their quality improvement program to...
  – More effectively monitor and measure factors that affect quality
  – Establish baselines for key measures
  – Set targeted improvements for individual measures
  – Develop methods to improve performance
  – Track improvements over time
### The Dental Dashboard

#### Individual Dashboard Measures

The dashboard consists of 15 measures that are organized into three categories:

- Population health.
- Fiscal and operational sustainability.
- Patient satisfaction.

#### Population Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Treatment Plan Completion</td>
<td>% of dental patients who have Phase I treatment plan completed within six months.</td>
</tr>
<tr>
<td>Caries at Recall</td>
<td>% of patients with caries diagnosed during a periodic oral exam.</td>
</tr>
<tr>
<td>Risk Assessment of all Dental Patients</td>
<td>% of all dental patients who have had an oral health risk assessment.</td>
</tr>
<tr>
<td>Oral Evaluation and/or Risk Assessment of all Primary Care Patients</td>
<td>% of all health center patients who have an oral evaluation and/or risk assessment performed by a medical provider.</td>
</tr>
<tr>
<td>Topical Fluoride</td>
<td>% of 0-5 year old children (dental and medical) who receive topical fluoride application.</td>
</tr>
<tr>
<td>Sealants (6-9 year olds)</td>
<td>% of 6-9 year old children, at moderate to high risk, who receive a sealant on one or more permanent first molar teeth.</td>
</tr>
<tr>
<td>Sealants (10-14 year olds)</td>
<td>% of 10-14 year old children, at moderate to high risk, who receive a sealant on one or more permanent molar teeth.</td>
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#### Fiscal & Operational Sustainability

<table>
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<th>Indicator</th>
<th>Description</th>
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<tbody>
<tr>
<td>Gross Charges (Production) per Encounter</td>
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</tr>
<tr>
<td>Encounters per Hour</td>
<td></td>
</tr>
<tr>
<td>No Shows</td>
<td></td>
</tr>
<tr>
<td>Direct Cost per Visit</td>
<td></td>
</tr>
<tr>
<td>Recall Rates</td>
<td></td>
</tr>
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</table>

#### Patient Satisfaction

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
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<tbody>
<tr>
<td>Recommendation to Family and Friends</td>
<td>% of patients who would recommend health center services to family and friends.</td>
</tr>
<tr>
<td>Self-Management Goal Setting</td>
<td>% of dental patients who have at least one oral health self-management goal set by their care team.</td>
</tr>
<tr>
<td>Self-Management Goal Review</td>
<td>% of health center patients who have oral health self-management goals reviewed by their care team.</td>
</tr>
</tbody>
</table>
① TREATMENT PLAN COMPLETION

# of Phase I Treatment Plans
Completed Within 6 Months After Initial or Recall Exams

# of Initial and Recall Exams
Performed 6 Months Ago

② CARIES AT RECALL

# of Patients with a Periodic Exam
Who Also Have a Diagnosis Code Indicating Caries

# of Patients with a Completed Periodic Exam
3. RISK ASSESSMENT OF ALL DENTAL PATIENTS

- # of Dental Patients with Completed Risk Assessments
- # of All Unique Dental Patients with a Periodic or Comprehensive Exam

4. ORAL EVALUATION AND/OR RISK ASSESSMENT OF ALL PRIMARY CARE PATIENTS

- # of Primary Care Clinic Patients that Receive an Oral Health Evaluation and/or Risk Assessment by a Medical Provider
- # of Unique Primary Care Patients with an Office Visit in Medical Setting
5. Topical Fluoride

- Number of Pediatric Patients (0-5 years) who receive topical fluoride application

- Number of all unique pediatric patients

6. Sealants (6-9 Year Olds)

- Number of 6-9 Year Old Pediatric Patients at moderate to high risk for caries who received a sealant on one or more permanent first molar teeth

- Number of unique 6-9 Year Old Pediatric Patients with an oral assessment or comprehensive periodic oral evaluation who are at moderate to high risk for caries and have sealable first molars
⑦ SEALANTS (10-14 YEAR OLDS)

# of 10-14 Year Old Pediatric Patients at Moderate to High Risk for Caries Who Received a Sealant on One or More Permanent Molar Teeth

# of Unique 10-14 Year Old Pediatric Patients With an Oral Assessment or Comprehensive Periodic Oral Evaluation who are at Moderate to High Risk for Caries and Have Sealable Molars

⑧ SELF-MANAGEMENT GOAL SETTING

# of Dental Patients Who Have an Oral Health Self-Management Goal Set with Their Care Team

# of Unique Dental Patients Who had a Comprehensive or Periodic Exam Within the Measurement Period
9. SELF-MANAGEMENT GOAL REVIEW

# of All Health Center Patients
Who Have Oral Health Self-Management Goals Reviewed with Their Care Team

# of All Unique Dental Patients
With Established Self-Management Goals

10. GROSS CHARGES (PRODUCTION) PER ENCOUNTER

Total # of Charged Procedure Codes
in Dental Department

# of All Dental Encounters
11) ENCOUNTERS PER HOUR

- # of Patients
  Seen by Each Provider

- # of Scheduled Hours
  for Each Provider

12) NO SHOWS

- # of Patients
  Who Do Not Show Up
  for Scheduled Dental Visits

- # of Patients
  Scheduled for a Dental Visit
13) DIRECT COST PER VISIT

Total Direct Expenses

# of Encounters

14) RECALL RATES

# of Patients
Up-To-Date With Recall Visits

# of Patients
With Recalls
RECOMMENDATION TO FAMILY AND FRIENDS

# of Patients that Indicate They Would Recommend the Health Center Services to Family and Friends

# of Patients Who Complete a Satisfaction Survey
How to Use the Online Dashboard & User’s Guide
Overview

• The Dental Dashboard combines two processes: **data entry** and **data charting**.
  – The data entry system uses a browser-based form to gather and store the data.
  – The data charting function uses Microsoft Excel to display the data graphically.
Getting Started

• System Requirements
  – Computer
  – Internet connection & browser
  – Microsoft Excel

• Requesting Access
  – Fill out form
  – An email will be sent to you with invitation link
  – Click on invitation link
Login to tool

- Afl-enterprises.com/dentaldashboardapp
Welcome to the Dental Dashboard Home Page.
The dashboard consists of two parts that you can easily access from this page: the data entry tool and the data charting tool.

The first tool is the data entry tool. Use this tool to enter your dental data metrics. The data entry tool opens in the browser, so data entry is simple to use. The data you enter is safe and secure in the cloud, and accessing it is easy. Just select "Data Output", and the data entered downloads to a file on your PC.

The second tool is the data charting tool, developed using a common file format - Excel. This tool takes your downloaded data, imports it, and allows you to create charts on up to fifteen dental metrics. It’s fast and easy, and in no time you will get a graphical picture of your data.

You can open the data entry tool here here ..... Dental Dashboard Data Entry.
You can download the data charting tool here ... DentalDashboard.xlsm
You can download the instructions here ... Dental Dashboard Users Guide.pdf
Data Entry Tool

Welcome to the Dental Dashboard,

Organization: Combined Dental
User Account: 

Data Entry:
- Data Entry for Specific Site and Date: 45th Street, November 2015
- Data Entry - Any Site: 

Data Output:
- Site Data
- Aggregate Data
Metric Data Entry

Filter the list...

45th Street
#14 - Oct 2015

45th Street
#5 - Sep 2015

45th Street
#1 - Sep 2015

45th Street
#1 - Sep 2015

45th Street
#9 - Sep 2015

45th Street
#8 - Aug 2015

45th Street
#3 - Jul 2015

Organization: Combined Dental
Site: 45th Street
Month / Year: 11/1/2015
Metric: #14 - Recall Rates

ENTER 1. Numerator 32 Denominator 23
# of Patients Up-To-Date With Recall Visits # of Patients With Recalls

Calculated Value: 1.391304347826087

OR 2. Your Calculated Value

NOTE: entering a value in this field will override any calculated value in #1
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<th>Organization</th>
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<th>Month / Year</th>
<th>Item #</th>
<th>Metric</th>
<th>Calculated Value</th>
<th>Numerator</th>
<th>Denominator</th>
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User’s Guide

- Complete instructions for accessing the Dental Dashboard are included in the User’s Guide.

- The User’s Guide gives more details about:
  - How the recommended measures were selected
  - Specifies the numerators and denominators
  - What codes are needed to track the measures
  - Tips for how to collect the data
Discussion/Questions
Develop operational definitions of the metrics

- **Worksheet:**
  - If you don’t currently use a dashboard, think about 3 measures you want to try. Fill out the worksheet.
    - What is the measure – how will you define it?
    - Why measure this?
  - If you do use a dashboard think about a measure you might want to add or expand
    - What is the measure – how will you define it?
    - Why measure this?
Breakout Session

• What metrics should you prioritize for your organization?
Small Group Breakout

• Break into 3 Groups
• Appoint a presenter to share key themes discussed in your group
• Discussion Questions:
  • What did you choose/What did you prioritize,
  • Why choose these measures? What challenges do you anticipate?
Debrief

• What are the most commonly selected metrics?
• Themes about the why?
• Major challenges?
• Did you come up with any solutions that you could share with the larger group?
• Areas where you need more support?
Create a Balanced View

1. **START SMALL**
   - Choose a few measures to understand how the system performs (getting data often presents the first challenge)

2. **BALANCE YOUR WORKFLOW**
   - Incrementally improving performance on several measures will improve care more than a high success rate in just one measure

3. **REVIEW THE METRICS**
   - Movement in one measure may impact another
First...any questions?
Wrap Up

• What is one thing (or the 1st thing) you will try when you get back to work?
Contact Information

Dashboard Questions:
Debra A Schmidt MPH CHES
Project Coordinator, NNOHA

debra@nnoha.org