Demystifying the HRSA Sealant Measure

Vy Nguyen, DDS, MPH
GM Nana Lopez, DDS, MPH
Jill Boylston Herndon, PhD
Irene V. Hilton, DDS, MPH, FACD

National Network for Oral Health Access
December 7, 2015
Objectives

- Explain why the evidence base refutes common myths about sealants
- Describe how the numerator and denominator for HRSA’s new sealant measure are calculated
- Develop a plan for calculating your 2015 sealant percentage
- Understand quality improvement strategies that will move your percentage in 2016
Primary Care Mission and Strategies

Improving the health of the Nation’s underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services.

- Increase access to primary health care services
- Modernize primary care infrastructure and delivery system
- Improve health outcomes and health equity
- Promote performance-driven, innovative organizations

Increase Value of Health Center Program

UDS Dental Sealant Measure
Background: Sealants Myths/Evidence Base

GM Nana Lopez, DDS, MPH
Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For 3 decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.
Year 2020 Objective for Sealants

- **OH-12** Increase the proportion of children and adolescents who have received dental sealants on their molar teeth

- **OH-12.2** Increase the proportion of children **aged 6 to 9 years** who have received dental sealants on one or more of their permanent first molar teeth
Goal and Baseline for 2020

- The goal for sealants on one or more permanent molars for 6-9 year olds: 28.1%

- Baseline (from 1999-2004 study):
  - For all children 6-9 years of age: 25.5%
  - For Black or African Am children: 18.4%
  - For White not Hispanic children: 30.1%
CHCs are Logical Places to Make a Difference

- One of our primary mandates is to do prevention

- We serve the children at highest risk due to location and SES
Why Choose Sealants

- Virtually prevents all pit and fissure caries
- About 80% of caries occurs in pits and fissures

- Mother nature incompletely fuses our enamel and we are doomed to get caries, no matter how much fluoride and brushing one is exposed to
This image shows the pit with sealants in it, protecting the inner area from decay causing germs.
Evidence-based clinical recommendations for the use of pit-and-fissure sealants
A report of the American Dental Association Council on Scientific Affairs

While dental sealants have been recognized as an effective approach to preventing pit-and-fissure caries in children, clinical questions remain about the indications for placing pit-and-fissure sealants, the criteria for their placement over early caries

ABSTRACT

Background. This article presents evidence-based clinical recommendations for use of pit-and-fissure sealants developed by an expert panel convened by the American Dental Association Council on Scientific Affairs. The panel addressed the following clinical questions: Under what circumstances should sealants be placed to prevent caries? Does placing sealants over early (noncavitated) lesions prevent progression of the lesion? Are there conditions that favor the placement of resin-based versus glass ionomer cement sealants in terms of retention or caries prevention? Are there any techniques that could improve sealants' retention and effectiveness in caries prevention?

Types of Studies Reviewed. Staff of the ADA Division of Science conducted a
Questions that were addressed by this paper

- Under what circumstances should sealants be placed to prevent caries?
- Does placing sealants over early (noncavitated) lesions prevent progression of the lesion?
- Are there conditions that favor the placement of resin-based versus glass ionomer cement sealants in terms of retention or caries prevention?
- Are there any techniques that could improve sealants’ retention and effectiveness in caries prevention?
Results

- The expert panel developed clinical recommendations for each clinical question.

- The panel concluded that sealants are effective in caries prevention and that *sealants can prevent the progression of early noncavitated carious lesions.*
Progression of caries - all sealable
Clinical Implications

- These recommendations presented as a resource to be considered in clinical decision-making process.
- As part of evidence-based approach to care, these clinical recommendations should be integrated with practitioners professional judgment and patient’s needs and preferences.
- Evidence indicates sealants can be used effectively to prevent initiation and progression of dental caries.
Take Home Messages from this unsexy Paper

- Choosing teeth for sealants

  - Visual examination after cleaning and drying the tooth is sufficient to detect early noncavitated lesions in pits and fissures

  - Use of explorers is not necessary for detection of early lesions, and forceful use of sharp explorer can damage tooth surfaces

  - Clinicians can use recently taken radiographs, if available, in the decision making process but should not obtain radiographs for the sole purpose of placing sealants.
Other conclusions and recent finding that will help facilitate placement of sealants on at-risk teeth

- Teeth do not need to be cleaned with pumice or air brush nor opened up with a bur to help with retention

- Other dental staff can be trained to select teeth for placing sealants

- Four handed technique is ideal
Why should we seal instead of fill incipient caries?

- We should strive to do no harm
- Drilling on a tooth starts the potential cycle of needing replacements, leading to larger loss of tooth structure and possible eventual tooth loss
Consequences of Placing Restorations

- Increased risk for secondary dental caries
- Compromised tooth integrity and vitality
- Expense and inconvenience
- Diminished esthetics and function
- Exposure to anesthetic, radiation, materials and instrumentation
Cycle of Re-Restoration

- A lifetime of re-evaluation and subsequent re-restoration results once a tooth is restored.
- Replacements are always larger.
- Longevity of restorations decreases as size increases.
- Risk for future tooth loss increases.

Life Cycle of a Molar

Acceptable Risk Assessment Tools

- American Dental Association
- American Academy of Pediatric Dentistry
- American Academy of Pediatrics
- Caries Management by Risk Assessment (CAMBRA)
- PreViser
In conclusion

- Pit and fissure sealants are one of our most important interventions in helping to make disease free populations
- They are safe and effective (even over early caries)
- There is not any more risk to a tooth of failure with a well placed sealant
- The highest risk children are seen in our CHC, we must use our resources and do all in our power to assure a healthy future by sealing all susceptible pits and fissures
Implementing the New HRSA UDS Sealant Measure

NNOHA Webinar
December 7, 2015
Dental Quality Alliance Contacts

Diptee Ojha, PhD, MBA ojhad@ada.org
Lead Staff, Dental Quality Alliance
Senior Manager, Office of Quality Assessment & Improvement
Council on Dental Benefits Program

Krishna Aravamudhan, BDS, MS aravamudhank@ada.org
Director, Center for Dental Benefits, Coding and Quality
American Dental Association Practice Institute

Jill Boylston Herndon, PhD jill.herndon@keyanalyticsconsulting.com
Managing Member and Principal Consultant
Key Analytics and Consulting
Consultant to Dental Quality Alliance

Complete eMeasure Specifications – AHRQ United States Health Information Knowledgebase:
Dental Quality Alliance

- **2008**: Dental Quality Alliance proposed by Centers for Medicare and Medicaid Services
- **2009**: Formation of Steering Committee
- **2010**: 1st DQA Meeting
- **2013**: 1st Fully Tested Comprehensive Measure Set
- **2014**: DQA Measures Endorsed by the NQF
  - Additional Measure Development in both Adult and Pediatric Populations
DQA eMeasures: Background

- Dental providers eligible to participate in Meaningful Use EHR Incentive Programs
- July 2015: >21,000 dentists have registered (CMS 2015)
- 2014 edition of MU: Only 2 of 64 electronic Clinical Quality Measures (eCQMs) related to oral health
- DQA developed two additional eCQMs under contract with the Office of the National Coordinator for Health Information Technology for 2017 edition of Meaningful Use
Meaningful Use Measurement Dashboard for EHR enabled oral health clinical quality measures

DQA Measure

STAGE 3 Access: Oral Evaluation/Continuity

STAGE 2 Prevention: Fluoride

STAGE 3 Prevention: Sealants

STAGE 2 Outcome: New Caries

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DQA eMeasure Development and Testing Process

Measure Development
- Topic Selection
- Environmental Scan
- Dental Community Input

Proposed Measures and Specifications eCQMs: Quality Data Model and Value Sets
- Dental Community Input

Dental Community Input
- Proposed Measure Concepts

Dental Community Input
- Feasibility & Usability Surveys of Stakeholders
- Implement Measures on Test Datasets with Known Values to Test Feasibility and Reliability

Dental Community Input
- Calculate Measure Scores using Clinical Data (Face Validity, Performance Gap Assessments)
- Critical Data Element Reliability/Validity of Automated Report Compared to Manual Abstraction of Full EHR

Final Measures

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Feasibility Assessments

Solicited feedback through surveys of the memberships of:

- NNOHA
- AAPD
- AAP
- AGD

Respondent Profile – Dental Care Providers

<table>
<thead>
<tr>
<th>Response</th>
<th>Chart</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large group practice</td>
<td></td>
<td>3.7%</td>
<td>15</td>
</tr>
<tr>
<td>FQHC/CHC</td>
<td></td>
<td>34.6%</td>
<td>139</td>
</tr>
<tr>
<td>Solo/small group practice</td>
<td></td>
<td>40.3%</td>
<td>162</td>
</tr>
<tr>
<td>Academic Health Center/Academic Dental Practice</td>
<td></td>
<td>14.4%</td>
<td>58</td>
</tr>
<tr>
<td>Other, please specify</td>
<td></td>
<td>7.0%</td>
<td>28</td>
</tr>
</tbody>
</table>

Total Responses 402
Sealants for 6-9 Year Olds

- Evidence based

- Aligned with Healthy People 2020 Oral Health Objective OH-12.2

- Aligned with CMS Oral Health Initiative

- Claims-based measure included in 2015 CMS Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP program-level reporting

Important note: The CMS and HRSA measures are distinct measures designed for different reporting levels and data sources. See: [http://www.ada.org/~/media/ADA/Science%20and%20Research/Files/FAQ_Sea... MeasureDifference.ashx](http://www.ada.org/~/media/ADA/Science%20and%20Research/Files/FAQ_Sea... MeasureDifference.ashx)
How does the UDS sealant measure relate to the HP 2020 objective?
How does the UDS sealant measure relate to the HP 2020 objective?

Healthy People 2020
Increase the proportion of children aged 6 to 9 years who have received dental sealants on one or more of their permanent first molar teeth.

- Broad objective
- Population based
- Retrospective surveillance
- Assessment that tells us if community, program, plan, provider level interventions are effective over time

- Quality measure with detailed specifications
- Practice/full clinical record level
- Indicates how well practice/health center is doing at sealing molars that can be sealed but have not yet been sealed during the reporting period

HRSA UDS Measure
Percentage of children, aged 6 through 9, at moderate to high risk for caries who received a sealant on a first permanent molar during the reporting period.
Measure Overview: Sealants 6-9 Years

**NUM**: How many received a sealant on a permanent first molar in the reporting year

**DEN**: Of dental patients, aged 6-9 years at elevated caries risk, of record in the practice in the reporting year, who needed a sealant in a permanent first molar

Denominator Exclusions (subtract from denominator):
- All four molars are not candidates for sealants.
## Sealant Measure Calculation Overview: Translation to UDS Reporting

<table>
<thead>
<tr>
<th>Line 22, Column A</th>
<th>Denominator After Exclusions = (Denominator Before Exclusions – Exclusions)</th>
</tr>
</thead>
</table>
| **Concept represented** | Number of dental patients, aged 6 through 9, who had an oral assessment or comprehensive or periodic oral evaluation visit during the reporting year and were documented as being at moderate to high risk for caries  
[Exclusions: Children for whom ALL first permanent molars are non-sealable] |

<table>
<thead>
<tr>
<th>Line 22, Column C</th>
<th>Numerator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Concept represented</strong></td>
<td>Number of dental patients aged 6 through 9 in the denominator who received a sealant on a permanent first molar in the measurement year</td>
</tr>
</tbody>
</table>

*For the purposes of illustrating the measure calculation, it is assumed that Column B is equal to Column A – i.e., data are reported on all patients in the denominator universe.*
Sealant Measure Calculation: Process Flow Overview

Health Center Dental Patients, CY 2015

- Age 6-9 years?
  - No: Not counted
  - Yes: Oral assessment OR comprehensive or periodic oral evaluation?
    - No: Not counted
    - Yes: Moderate or high caries risk?
      - No: Not counted
      - Yes: Are ALL FOUR permanent first molars non-sealable?
        - Yes: Denominator Exclusion: dental patients 6-9 years at elevated caries risk who do NOT have any sealable permanent first molars
        - No: Numerator: Dental patients 6-9 years at elevated caries risk who received a sealant in a permanent first molar

- Of patients in the denominator with at least one sealable permanent first molar
# Sealant Measure Reporting: Getting Started!

## How do I get started?

### Assess Availability of the Data Elements Needed to Calculate the Measure

<table>
<thead>
<tr>
<th>Measure Component</th>
<th>Concept</th>
<th>Data Element Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Denominator</strong></td>
<td>Age</td>
<td>Date of birth</td>
</tr>
<tr>
<td></td>
<td>Patient of record</td>
<td>CDT code (D0191, D0120, D0145, D0150, or D0180)</td>
</tr>
<tr>
<td></td>
<td>Elevated caries risk</td>
<td>CDT code (D0602 or D0603) or other documentation of caries risk assessment finding (low, moderate, or high)</td>
</tr>
<tr>
<td><strong>Numerator</strong></td>
<td>Sealant</td>
<td>CDT code (D1351)</td>
</tr>
<tr>
<td></td>
<td>Permanent 1st Molar</td>
<td>Tooth number</td>
</tr>
<tr>
<td><strong>Exclusions</strong></td>
<td>Non-Sealable Teeth</td>
<td>CDT codes (e.g., teeth already sealed, restored); patient findings (e.g., missing, un-erupted teeth); condition/problem lists (e.g., active decay)</td>
</tr>
</tbody>
</table>
Sealant Measure Reporting: Getting Started!

What if I don’t have all of the data elements?

Current Reporting
• Identify what you can report on using data from electronic patient records
• Consider whether you can obtain more complete data for CY 2015 reporting through a random sample of charts (following UDS Reporting Instructions)

Note: “Billing” data ≠ “electronic patient record” data

Future Reporting
• Assess the steps required to capture or improve structured data capture of the needed data elements electronically
• Engage key stakeholders – clinicians, staff, IT personnel, electronic record vendors

Improving documentation of services provided is a quality improvement initiative!
Sealant Measure Calculation

**NUM:** How many received a sealant on a permanent first molar in the reporting year

**DEN:** Of dental patients, aged 6-9 years at elevated caries risk, of record in the practice in the reporting year, who needed a sealant in a permanent first molar

= Measure Score
Sealant Measure Calculation: Denominator Determination

Health Center Dental Patients, CY 2015

Age 6-9 years?

NO

Oral assessment OR comprehensive or periodic oral evaluation?

NO

Moderate or high caries risk?

NO

Not counted

YES

DENOMINATOR (before exclusions): dental patients 6-9 years at elevated caries risk
**DEN:** Dental patients, aged 6-9 years at elevated caries risk, of record in the practice in the reporting year who needed a sealant in a permanent first molar.

<table>
<thead>
<tr>
<th><strong>6-9 years</strong></th>
<th>For CY 2015 UDS reporting: date of birth between January 1, 2006 – December 31, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>of record in the practice</strong></td>
<td>had an oral assessment (CDT D0191) OR a comprehensive or periodic oral evaluation visit (CDT D0120, D0145, D0150, or D0180)</td>
</tr>
<tr>
<td><strong>elevated caries risk</strong></td>
<td>at moderate to high caries risk (CDT D0602 or D0603) based on caries risk assessment</td>
</tr>
</tbody>
</table>
Breaking Down the Denominator
Criteria: Elevated Caries Risk

Why is the denominator restricted to children at moderate to high risk for caries?
Evidence

Rationale and Evidence

Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents

Originating Committee
Clinical Affairs Committee
Review Council
Council on Clinical Affairs
Adopted
1996
Revised
Breaking Down the Denominator
Criteria: Elevated Caries Risk

Why elevated risk?
• Quality measures should be based on current best evidence.
• Evidence-based guidelines recommend sealants be placed when the tooth or person is at risk.

Aren’t all low-income children considered elevated risk?
• Evidence-based guidelines recommend that patient-level (not population-based) risk assessment drive treatment planning and care delivery.
Breaking Down the Denominator
Criteria: Elevated Caries Risk

Does this mean that we should not place sealants on children who are not at elevated caries risk?

• The measure should not be construed as a policy statement or basis for altering benefit design.
• Rather, it is a means of assessing to what degree recommended services are being provided to a particular group of individuals for whom the evidence of effectiveness is the strongest.

What caries risk assessment tool should be used?

• The measure does not specify or recommend a particular risk assessment tool.
Do the caries risk assessment findings have to be reported as CDT codes in order to be counted in the measure?

• Ideally, to promote standard and consistent data capture, caries risk assessment findings are reported using the CDT codes D0601 (low), D0602 (moderate), or D0603 (high).

• However, your center may have captured these findings through a caries risk assessment template that currently does not record the findings as a CDT code.

• As long as you have patient-level assessments that can distinguish elevated caries risk from low caries risk, then those values can be used to identify elevated caries risk.
Sealant Measure Calculation: Exclusions Determination

Of patients in the denominator

Are ALL FOUR permanent first molars non-sealable?

YES

DENOMINATOR EXCLUSION: dental patients 6-9 years at elevated caries risk who do NOT have any sealable permanent first molars
Denominator Exclusions

**Exclusions:** Children who otherwise meet the denominator criteria are subtracted from the denominator if all four of the permanent first molars are non-sealable in the measurement period.

A “non-sealable” tooth:
- unerupted
- missing
- already sealed
- has restoration (filled)
- fractured
- active caries/decay

**Example:** 10 children meet age, caries risk, and oral assessment/evaluation criteria. 2 meet exclusion criteria. 8 are included in denominator.

None of the four permanent first molars have erupted: exclusion.

All four permanent first molars have been sealed: exclusion.
Denominator Exclusions

What if we don’t capture all exclusion reasons?

Current Reporting
• Evaluate exclusions based on the data you DO have available.
• You can still calculate the measure as NUM/DEN, even if you are unable to identify exclusions.
• But your measure score (NUM/DEN) will be lower if you are unable to identify eligible exclusions.

Future Reporting
• Identify opportunities (and the steps that need to be taken) to enable better identification of children who are appropriately excluded from the measure during the reporting year.
This is a quality improvement activity!
Sealant Measure Calculation: Numerator Determination

Of patients in the denominator with at least one sealable permanent first molar

Sealant?

YES

Permanent first molar?

YES

NUMERATOR: Dental patients 6-9 years at elevated caries risk who received a sealant in a permanent first molar
**NUM: Children in the denominator who received a sealant on a permanent first molar**

**What counts:**

- Any sealant placed on a permanent first molar during the reporting period regardless of whether it was placed before, on the same day as, or after the oral assessment/evaluation.

- Sealants placed regardless of whether it was at the health center being measured or elsewhere – as long as it is documented.

- Must be placed during reporting period.
Sealant Measure Calculation: Process Flow Recap

Health Center Dental Patients, CY 2015

Age 6-9 years?

- No
- Yes

Oral assessment OR comprehensive or periodic oral evaluation?

- No
- Yes

Moderate or high caries risk?

- No
- Yes

DENOMINATOR (before exclusions): dental patients 6-9 years at elevated caries risk

Are ALL FOUR permanent first molars non-sealable?

- No
- Yes

DENOMINATOR EXCLUSION: dental patients 6-9 years at elevated caries risk who do NOT have any sealable permanent first molars

Sealant?

- Yes
- No

Permanent first molar?

- Yes
- No

NUMERATOR: Dental patients 6-9 years at elevated caries risk who received a sealant in a permanent first molar

Not counted
Two Process Flow Options

Calculate Denominator Before Exclusions

Check All Denominator-Eligible Children for Exclusions

Calculate Denominator After Exclusions

Calculate Numerator

OR

Calculate Denominator Before Exclusions

Calculate Numerator

Check All Denominator-Eligible Children NOT meeting Numerator Criteria for Exclusions

Calculate Denominator After Exclusions
Two Process Flow Options

Both approaches result in the same numbers. The second approach reduces the number of children for whom exclusions are checked by only focusing on those in the denominator who do not qualify for the numerator.

Calculate Denominator Before Exclusions
Check All Denominator-Eligible Children for Exclusions
Calculate Denominator After Exclusions
Calculate Numerator
Check All Denominator-Eligible Children NOT meeting Numerator Criteria for Exclusions
Calculate Denominator After Exclusions

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Sealant Measure Calculation: Recap

**NUM:** How many received a sealant on a permanent first molar in the reporting year

**DEN:** Of dental patients, aged 6-9 years at elevated caries risk, of record in the practice in the reporting year, who needed a sealant in a permanent first molar = Measure Score
Implementation Considerations

Within your current data systems:

• identify whether all critical data elements (procedures performed, caries risk assessment findings, etc.) for the measure are captured in a structured format

• assess extent of missing or invalid data

• ensure the measure is implemented following the specifications

Note: Your electronic record vendor can be a key partner! Vendors are programming the measure.

Work with your clinical staff to:

• improve documentation of services/data collection

• validate resulting measure scores - i.e., do the values for the denominator, numerator and overall measure score seem correct
Implementation Resources

HRSA Uniform Data System CY 2015 Reporting Instructions for Health Centers:  

Complete eMeasure Specifications – AHRQ United States Health Information Knowledgebase:  

Distinction between administrative claims based measure versus the eMeasure of Dental Sealants for 6-9 Year Olds:  
http://www.ada.org/~/media/ADA/Science%20and%20Research/Files/FAQ_SealantsMeasureDifference.ashx

Additional questions?

Contact DQA staff at dqa@ada.org.
Other Resources:

Information on DQA: http://www.ada.org/dqa

Future DQA measures/activities:

DQA Educational Resources:
Thank You!
Quality Improvement & the HRSA Sealant Measure

Irene V. Hilton, DDS, MPH, FACD
NNOHA Dental Consultant
Quality Improvement (QI)

- **An approach** to the analysis of performance and systematic efforts to improve it
- Measuring where you are, figuring out how to improve
- Data establishes “baseline” and QI process develops methods to improve from the baseline
- Creates systems to improve outcomes
Applied to Oral Health

System
- Use of guidelines
- Clinic flow
- Materials
- Data systems
- Staffing

Process of Care
- Oral cancer screening
- Risk Assessment
- Fluoride
- Sealant
- Periodontal treatment
- Smoking cessation

Health Outcomes
- Cancer incidence
- Caries status
- Periodontal status
- Glycemic control
- Quality of life
- Cost
Opportunity for Improvement

The Gap

Actual

Desired

- Access to care (visit)
- **Type of service (sealant)**
- Cost (lower)
- Adverse patient event (ER visit)
- Oral health outcomes (caries free)
PDSA Cycle

- Shorthand for using the scientific method to test a change by planning it, trying it, observing the results, and acting on what is learned
Repeated Use of the PDSA Cycle

Proposals, Theories, Ideas

Learning from Data

Changes That Result in Improvement
Can I use QI techniques to implement the sealant measure?

Risk Assessment
- What tool
- When to administer
- Who will administer
- How to document

Exclusions
- How to document
- Where to document

Future Reporting
- Improve structured data capture of the needed data elements electronically
- Better identification of children who are appropriately excluded from the measure
We Have Baseline Data... Now What?
Case Study

- 12 months- 500 children ages 6-9 had dental exam & 100 had sealant procedure billed
- 1st year-unknown how many needed sealants- data was not being collected
- 2nd year- after exclusions & risk assessment 250 children 6-9 had sealants treatment planned
- 100/250 = 40% baseline
QI Sealant Goal

- Decided to set year 3 goal of 50% of children 6-9 that had sealants treatment planned would receive them

- Strategies for system change?
  - Train providers on sealant indications
  - Utilize most efficient team member to apply sealants according to State regulations
  - Sealant brochures in pediatrics waiting room
PDSA #1

- **Plan**
  - Train providers on sealant indications
- **Do**
  - Presented inservice to providers
- **Study**
  - After 3 months reviewed data - 40%. Tx planned but not done
- **Act**
  - *What next?*

- Usually, study of the first PDSA will lead to new challenges
- Leads to second PDSA
- OK to let challenges come up in natural order
- Be flexible
- Approach that if things go wrong, move on
Thank you!

Questions?
What if we don’t have an Electronic Dental Record system?

HRSA Uniform Data System 2015 Reporting Instructions for Health Centers


- Pg. 183- “health centers have the option of reporting on their entire patient population as a universe or to select a scientifically drawn random sample to review”

- 70 charts

- Exact process for selecting charts described
Do we include children in school-based prevention only programs?

Children who are health center dental patients and have sealants placed as part of an in-scope school-based dental program are counted in the UDS dental sealant measure.
Thank you!

Questions?