MANAGING QUALITY IN AN ENVIRONMENT OF HIGH PRODUCTIVITY

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San Diego, CA
Nov 7th 2019
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Objectives

- Understand how dental fits into your organization's Quality Improvement Plan
- How to monitor quality in a high productivity environment
- Learn an ideal way to identify, resolve and improve from Patient Complaints
- Understand the basics of Medicaid Compliance to better protect your program

Spend Time on Quality? I Have Production to Worry About!!

#1 Way Many CHCs Deal With Quality

Quality Concept #1

“An ounce of prevention is worth a pound of cure.”

Benjamin Franklin

-proactive-build systems to gain control of or prevent quality issues

-retroactive-fire control

Two Versions of Quality

- **Quality that directs itself?**
  - Chart audits with no follow-up
  - No formal process for privileging
  - Each dentist determining quality
  - No peer review process
  - No formal approach for improving quality
  - Always in fear (and at risk) of a Medicaid Audit
- **Quality that you direct?**
  - Quality Mission statement
  - Formal Quality Improvement Plan
  - Clinical guidelines
  - Formal peer review process
  - Quality metrics in place
  - Compliance program

Quality Concept #2

Measuring quality in dentistry poses significant conceptual and practical problems when designing a QI.

Quality is extremely difficult to define and quantify.

Everyone from your providers to your patients will define it in their own individual terms and experiences

How Is Quality Defined?

- From the Dentist's perception?
- From the Patient's perception?
- From the Dental Board's perception?
- From the COO's perception?
- From the Government auditor's perception?

Basic Definitions

Quality Assurance – QA was reactive, retrospective, policing, and in many ways punitive. It often involved determining who was at fault after something went wrong. This term is older and not as likely to be used today.

Quality Improvement – QI involves both prospective and retrospective reviews. It is aimed at improvement -- measuring where you are, and figuring out ways to make things better. It specifically attempts to avoid attributing blame, and to create systems to prevent errors from happening.

QA verses QI

	Quality Assurance	Quality Improvement
Definition	Measuring against standards	Continuously improving processes to improve patient care
Means	Incident reports; data from chart reviews etc.	Similar but more broad based
Attitude	Required, defensive	Required, proactive
Focus	Focused on finding the problem providers	Focused on fixing processes and systems,
Scope	provider centered	Patient centered
Responsibility	Few	Everyone

Risk Management

A function designed to identify, evaluate, and correct potential risks that could result in damage to patients, staff or property.

Peer Review

Definition: The concurrent or retrospective review by practicing physicians or other health professionals of the quality and efficiency of patient care practices or services ordered or performed by other physicians or other health professionals

From The Facts On File Dictionary of Health Care Management, 1988).

HRSA Operational Site Visits- Requirement 8

HRSA QA/QI CHC Requirements

- **QI Plan and Health Care Plan**
- Clinical Practice Guidelines
- Policies and procedures
- QI Committee
- Peer review
- Chart audits
- Pt satisfaction surveys
- Tracking systems
- Credentialing and privileging
- Data sources
  - Requires one oral health measure

HRSA Program Requirement 8: QI / QA PLAN

Health center has an ongoing Quality Improvement/ Quality Assurance (QI/QA) Plan that includes:

- Provisions for clinical services and management.
- Confidentiality of patient records.
- A **clinical director** to support the QI/QA program and high quality patient care.
- A periodic assessment of the utilization and quality of services provided by the health center.

HRSA Program Requirement 8: Periodic Assessments

These assessments shall:

- Be conducted by physicians or by other licensed health professionals under the supervision of physicians.
- Be based on the systematic collection and evaluation of patient records.
- Identify and document and change, when needed, the provision of services by the health center.

HRSA Program Requirement 8: OSV Document Review

Documents to Review Onsite or in Advance:

1. Quality improvement/quality assurance (QI/QA) plan and related and supporting policies
2. Clinical Director's job description
3. HIPAA-compliant patient confidentiality and medical records policies and/or procedures
4. Clinical care policies and/or procedures
5. Clinical information tracking policies and/or procedures

Elements of an Effective QI Plan

- Description of organizational mission, program goals, and objectives
- Definition of key quality terms/concepts
- Description of how QI projects are selected, managed, and monitored
- Description of training and support for staff involved in the QI process
- Description of quality methodology (such as PSDA, Six Sigma) and quality tools/techniques to be utilized throughout the organization
- Description of communication plan of planned QI activities and processes, and how updates will be communicated to the management and staff on a regular basis
- Description of measurement and analysis, and how it will help define future QI activities
- Description of evaluation/quality assurance activities that will be utilized to determine the effectiveness of the QI plan's implementation
- FTCA requirements also include board approval of the QI/QA plan every three years.

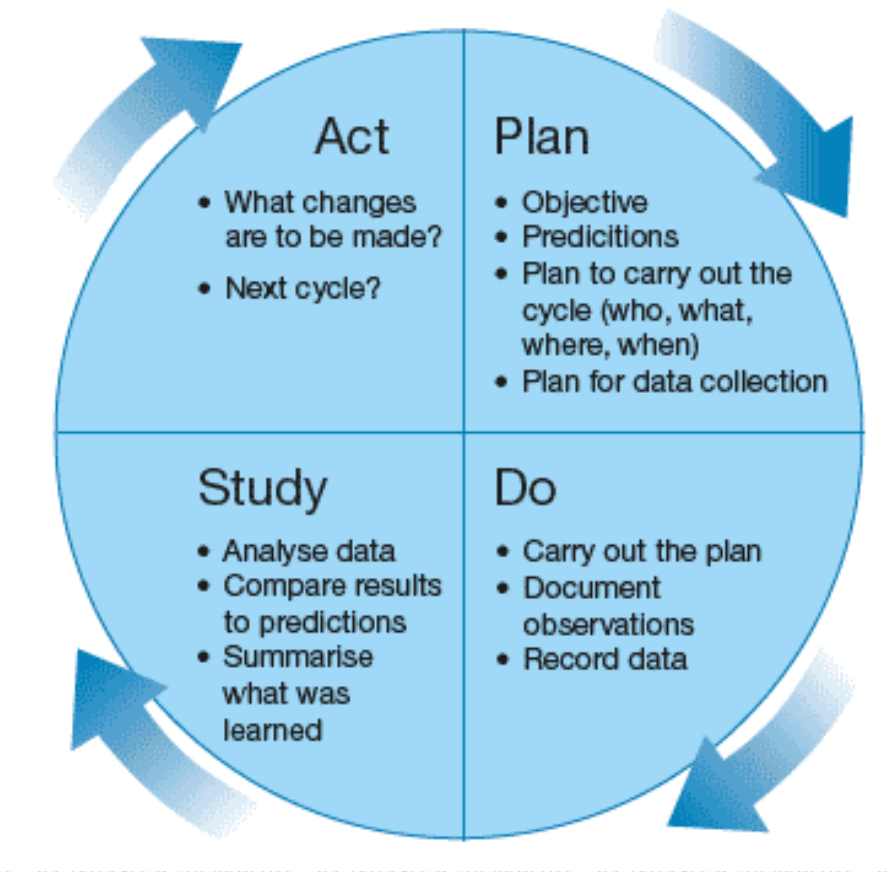
HRSA- Developing and Implementing a QI Plan

So What Does Dental Need To Do?

- Dental must be and integral part of the formal CHC Quality Improvement Plan and CHC's Quality Committee
- Must gather/ analyze data and prioritize results to improve care
- Recommend using PDSAs to guide improvement and involve the entire staff
- If the dental program is large enough it should have it's own Quality Committee that is part of the CHC's QI Plan

SIMPLY HAVING AN ONGOING CHART AUDIT PROCESS DOES NOT MEET THE REQUIREMENTS

PDSA – An Essential Process For QI



Credentialing and Privileging: It all start here

- HRSA Pin 2002-22 Requires Credentialing and Privileging of providers including dentists.
- Credentialing is the process of establishing and insuring that a provider is qualified to practice in your center.
- Your health center should own and control the credentialing process
- Privileging is establishing the right of a provider to perform specific procedures
- The Dental Director should own and control the privileging process
- Defines for the incoming dentist what procedures are allowed at the clinic and for that dentist
- Required for FTCA insurance and many other malpractice insurers

Clinical Privileging: Sample form

Core privileges in Dentistry include diagnosis, evaluation, management and treatment of dental patients who present with general dental problems, including emergency dental care and preventative care.

PRIVILEGES

Please indicate by using the checkboxes √ in the requested column to apply for those privileges that are commensurate with your clinical ability, training and experience for which you are applying. For reappointments: Those boxes already checked are your current privileges. Please complete the other columns, sign and return to the Medical Director's Office.

PRIVILEGE LIST:	√	Performed in the past 24 months? (Yes or No)	Relevant CDE	Had Training & Experience	Corporate Dental Director Notes
Basic Dental Core Privilege Package (includes all procedures listed below)					
Oral Diagnosis, Prevention and Adjunct Services	☐		☐	☐	
Restorative Dentistry	☐		☐	☐	
Endodontics	☐		☐	☐	
Prosthodontics (removable)	☐		☐	☐	
Implant Restorative Services	☐		☐	☐	
Prosthdontics (fixed)	☐		☐	☐	
Oral and Maxillofacial Surgery and Periodontics Level 1	☐		☐	☐	
Sedation : minimal sedation- nitrous oxide/ oxygen only	☐		☐	☐	
Additional Procedures *(requested separately)*					
Oral and Maxillofacial Surgery Level 2	☐		☐	☐	
Oral and Maxillofacial Surgery Level 3	☐		☐	☐	
Periodontics Level 2	☐		☐	☐	
Implant placement	☐		☐	☐	
Sedation: minimal sedation N2O with one oral medication	☐		☐	☐	
Sedation: moderate	☐		☐	☐	
Active Orthodontic appliances	☐		☐	☐	
PNAM	☐		☐	☐	
Other (Specify CDT code)	☐		☐	☐	

Oral and Maxillofacial Surgery Level 2

D7230, D7260, D7270, D7283, D7350 D7411, D7412 D7471- D7473, D7511, D7960, D7953

Educational Requirements*:*

- Providers that can demonstrate sufficient proof of post-graduate training in this category to the dental Director will be granted privileges automatically without the need to have any cases mentored. Education programs like, but not limited to, Oral & Maxillofacial Surgery or Periodontal Residencies will serve as proof of training.

Requirements for Full Privileging:

- Each applicant must be able to demonstrate that he/ she have done at least 5 successful procedures with-in the in the past year.
- If proof of formal training does not exist, the YVFWC Dental Director will review the informal training the provider can demonstrate. If deemed sufficient, the YVFWC Dental director will assign the provider a mentor. The provider will need to demonstrate the successful completion of 5 procedures within this category
- There can be no more than one Peer Review Level 2 and no Peer Review Level 3 incidence in the past year.

On-Boarding- Critical to Quality

- EDR/ charting
- Polices and procedures
- Practice guidelines
- QA/QI process
- Quality expectations
- Productivity
- Sliding fee and other payment processes
- Medicaid compliance
- Org wide; department and clinic orientation
- Clinical mentoring
- Immediate chart audits

Guidelines

- ADA Radiograph guidelineshttp://www.ada.org/~/media/ADA/Member%20Center/FIles/Dental_Radiographic_Examinations_2012.ashx
- ADA Clinical Practice Guidelines http://ebd.ada.org/en/evidence/evidence-by-topic
- American Association of Endodontists: http://www.aae.org/colleagues/
- American Academy of Pediatric Dentistry: http://guideline.gov/browse/by-organization.aspx?orgid=874
- Agency for Healthcare Research and Quality (135 dental guidelines) http://www.guidelines.gov/search/search.aspx?term=dentistry

Policies and Procedures

- Chart audit process
- Addressing patient complaints
- Infection control/ sterilization
- HIPAA
- Dental Emergency Access
- Scheduling
- Incident Reporting
- On-boarding of new staff

Dental Quality Committee

- Dental should be represented on your CHC's Quality Committee
- As your program grows- think of a separate Dental Quality Committee
  - Reports to the overall CHC quality entity
  - Develop an official Committee charter
  - Dentists, hygienists, DAs and front office staff
  - Monthly meetings led by Dental director
- Gives the providers a voice in quality issues!!!

QI Plan Information Flow

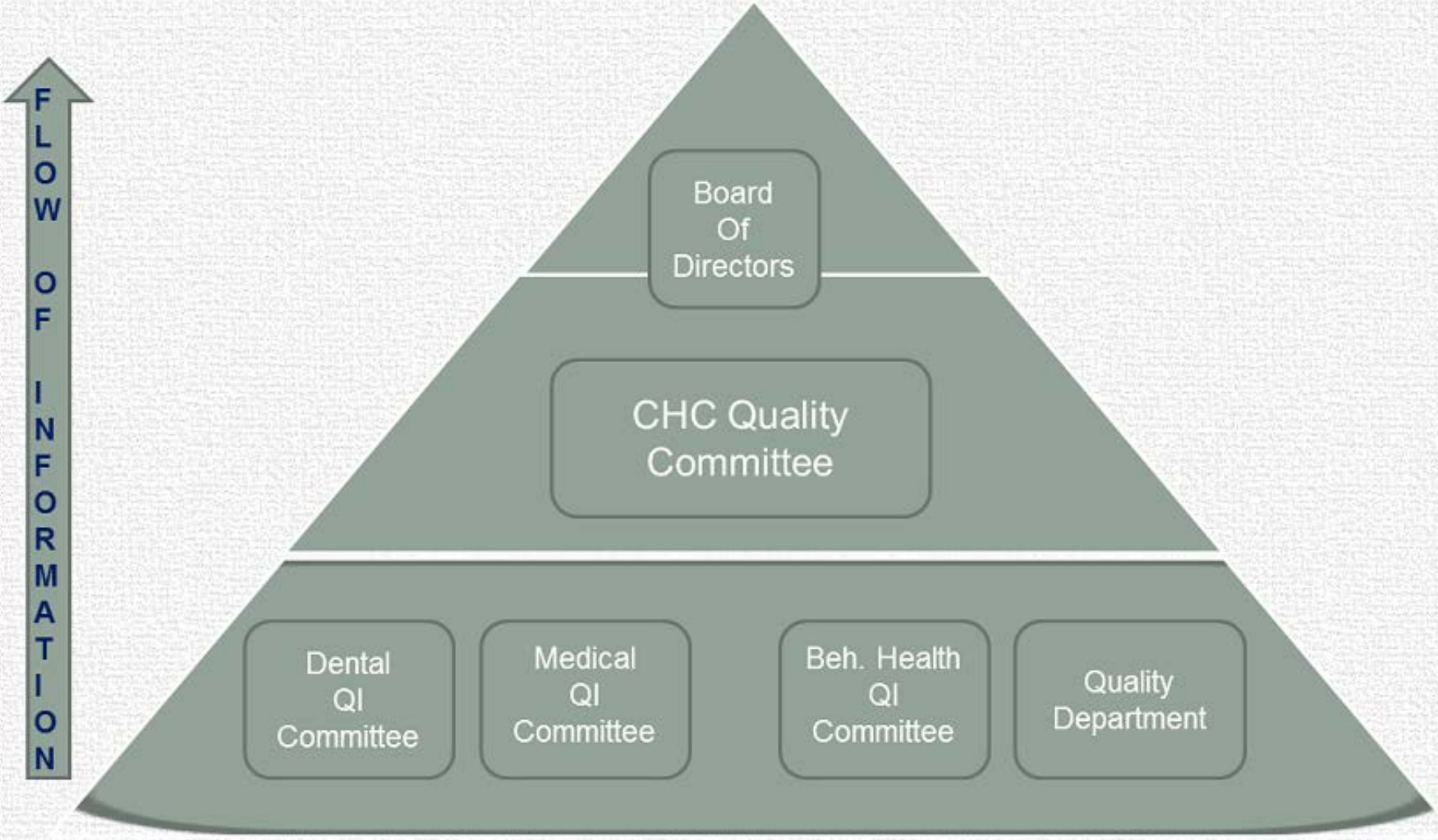


Chart Audits

- Involve all providers- dentist and hygienists
- How many audits should you do annually
- Calibrating your providers
- Gather your data, analyze your data and report out results
- Understand the limits of chart audits
  - Very limited sampling
  - May be difficult to identify trends

Chart Audits- Retrospective Review

- All dentists should review each others charts
- Limited by the # of charts possible to review
- Is a risk management tool
- Difficult to pick up radiograph diagnosis issues
- Can identify basic charting issues: i.e. BPs, periodontal charting
- Raises overall awareness to QA issues

Chart Audits

- How often? Monthly; quarterly
- How many/ year
- Annual reviews
- Dentist and hygienist audits
- General or

Calibrating Chart Auditors

CHART AUDIT ITEM: **Orders appropriate/ dx radiographs**

Refer to the *ADA Guidelines For Prescribing Dental Radiographs* found at
http://www.usetinc.org/Libraries/THPS/Radiography_Guidelines.sflb.ashx

- **No Issues Found:**
- The #s of radiographs taken were based on the risk of the patient and the national guidelines. The quality of the films is high enough to diagnose the patient's needs.
- There were not enough films taken but there is a reasonable explanation in chart notes. or an obvious reason for this i.e. 3 year old patient with behavior issues
- The radiographs are not diagnostic but there are obvious reasons for that (age)
- **Needs Improvement (examples):**
- The appropriate # of radiographs taken to diagnose the tooth or dentition were not present. Examples:
  - You typically can not accurately diagnose a new child patient with deeply decayed teeth using just takes 2 BWs and an anterior PA.
  - There is an adult initial exam where a complete series or a panoramic film was not taken.
- The films are not diagnostic.
- There are overlapped BWs for a patient that has no behavioral issues. A film in a series can be overlapped if the other films show those surfaces. When assessing the films, remember that it is difficult to get perfect films all the time and we want to retake as few as films as needed for patient safety.
- The apex of the tooth is not present for surgical or endodontic procedures?

Reporting Out the Data

	2017 Quarter 4 (October - December)																																			
Criteria	Orders app dx radiographs		Radiographic dx app		Tx plans comp and app		Clinical judgement		Blood pressure protocols		Documentation supports dx		Follow charting protocols		Pt instructions documented		Medical hx protocols		App use of referral		Protocols for vitals		App use of medications		Sedation protocols		App emergency f/u done		Periodontal protocols followed		Correct restorative product		Encounter billed correctly	
Dentist	No Issues	Needs Ir	No Issues	Needs Ir	No Issues	Needs Ir	No Issues	Needs Ir	No Issues	Needs Ir	No Issues	Needs Ir	No Issues	Needs Ir	No Issues	Needs Ir	No Issues	Needs Ir	No Issues	Needs Ir	No Issues	Needs Ir	No Issues	Needs Ir	No Issues	Needs Ir	No Issues	Needs Ir	No Issues	Needs Ir	No Issues	Needs Ir	No Issues	Needs Ir	No Issues	Needs Ir
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Goal	100		100		##		100		100		100		100		100		100		100		100		100		100		100		100		100		100			
Average	97.4		95.4		##		97.7		95.4		95.6		94.4		98.7		98.2		99.2		96.9		97.9		99.7		99.2		97.4		99.7		98.7			
Difference	-2.6		-4.6		-2.1		-2.3		-4.6		-4.4		-5.6		-1.3		-1.8		-0.8		-3.1		-2.1		-0.3		-0.8		-2.6		-0.3		-1.3			

Packaging the Data: Metrics

What Should You Measure

- Will depend on your funding: i.e. HRSA sealant metric
- Will depend on your program: Homeless program, typical community health center, adults vs children
- Will depend on you program's size: The larger the program, the more metrics needed/ possible
- Will depend on what you want to measure
- Will depend on what you can measure

Dental Metrics

- UDS Sealant measure
- Treatment Plan Completion Measure
- **Dental Quality Alliance Measures** https://www.ada.org/en/science-research/dental-quality-alliance

Practice Based Metrics

Re-do Measures

- percentage of amalgam fillings replaced by amalgam fillings within 36 months of initial placement

- percentage of unduplicated composite fillings replaced by composite fillings within [36 months] of initial placement

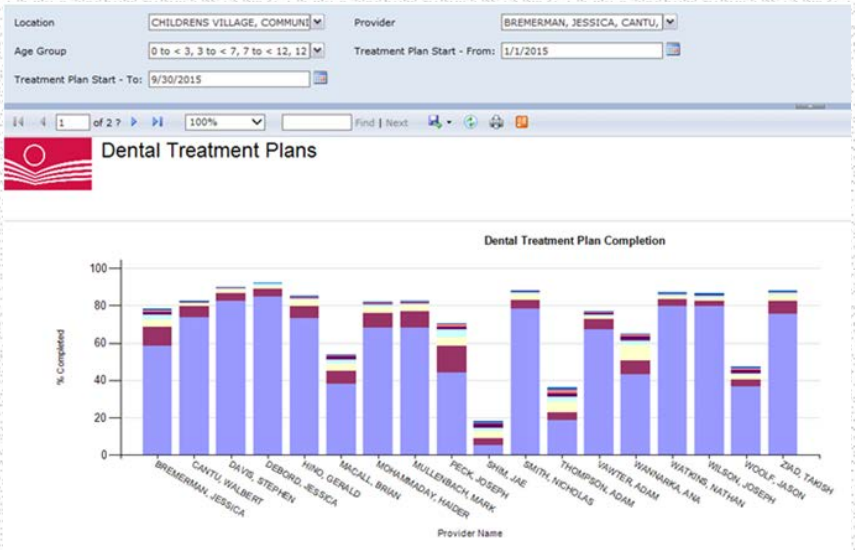
- percentage of crowns requiring re-cementation, repair, fillings, root canal, or extraction after placement of the crown.

Practice Based Metrics

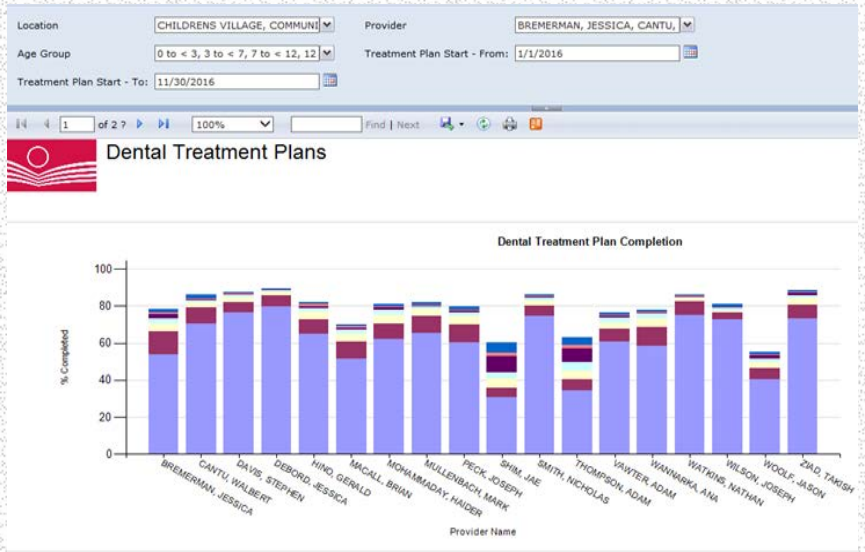
Procedure Code-Based Measures of Advancing Disease Severity

- Restoration after sealant
- Crowns following a restoration; and
- Endodontic therapy following restorations.

PDSA Quality Improvement Process
YVFWC TX Plan Completion Example



2015



2016

Handling Patient Complaints

Patient Complaint and Incident Processing (3R's)

Develop policy and procedures for:

1. REPORTING complaints and incidents
2. REVIEW of complaints and incidents
3. RESOLUTION complaints and incident

Reporting Complaints and Incidents

Incident Reporting System

- Must be transparent: All employees encouraged to report
- Must include input from all sources:
  - Medication errors
  - Needle and instrument punctures
  - Errors in diagnostic/therapeutic procedure
  - Injuries to employee, patient, family members and/or visitors resulting from accidents or errors
  - Patient complaints
  - Physical or verbal abuse/ threats to employees, patients or visitors
  - Staff concerns of care
  - Sterilization equipment failures, errors, breaches or other issues
  - Real or potential HIPAA violations
  - Security violations

Purchase System or Develop Your Own

INCIDENT REPORT FORM

1. Name of Patient _____
2. Chart # _____
3. Name of staff reporting incident _____
4. Incident Details:

   _____

   _____

   _____
5. Review Comments:

   _____

   _____

   _____
6. Action steps:
   a.
   b.
   c.
7. Conclusion

   _____

   _____

   _____

Complaint Review

- Insure process is timely: 24- 48 hours for critical cases
- Develop scripts for staff to discuss with patients so they know what to do and say
- Ideal if Dental Director (or designee) and a Risk Manager (or administrator) both review the case
- Decide what type of case this is:
  - No clinical issues
  - No clinical issues but other problems identified:
    - Billing errors
    - Charting issues
    - Staff rudeness
  - Good care but poor result
  - Bad care- bad result (clinical issues)

Review of a Complaint: Check List

- The dental director will conduct a chart review based on the following criteria:

1. Are the radiographs of adequate quality and quantity to have addressed the issues of the patient complaint?
2. Are the treatment notes of adequate quality and quantity to understand the treatment rendered? PARQ documented?
3. Is there an adequate amount of information in the treatment notes to support the treatment plan or diagnosis?
4. Is there an appropriate completed medical history? Blood pressure?
5. Appropriate consent forms signed and dated?

Review of a Complaint: Check List

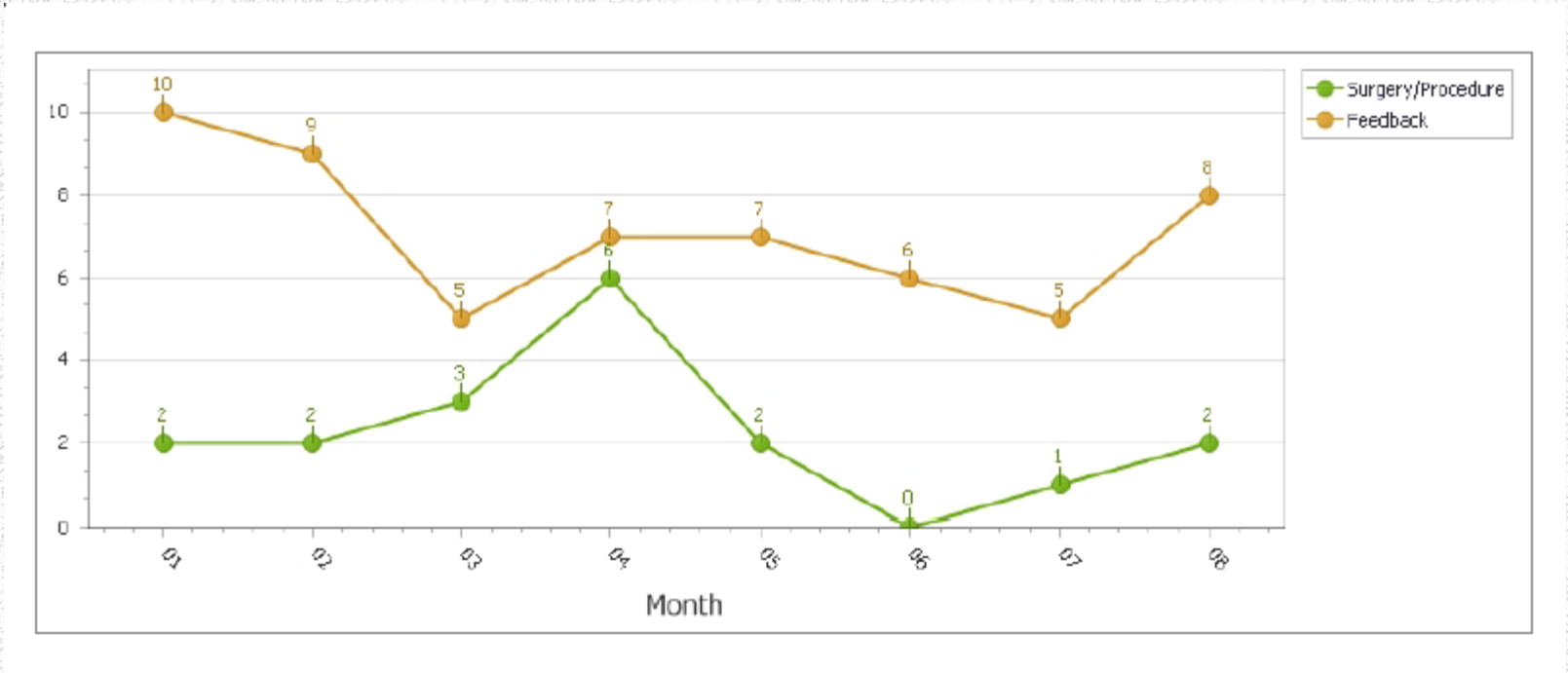
- Are there any violations of the state dental law?
- Are there any inappropriate comments in the treatment notes?
- Was a periodontal diagnosis done and was proper attention paid to periodontal treatment before major fixed prosthodontics work was done?
- Is there any defining fact in the chart that clearly supports either the patient or the dentist? (This could be a radiograph or specific treatment record entry.)
- If the case involves a poor result from treatment rendered, are there facts to support that the original treatment was adequate?
- Do the treatment notes and other chart records back up the patient complaint or the dentist’s response

Complaint Resolution

- If you clinic policy is to refund fees or offer other financial aid, set the financial range you can operate in without higher approval.
- Respond back to patients with your decision in a timely manner
- Understand legal consequences of actions- get attorney advise

Incident Reporting Follow-up

- Track trends
- Develop a reporting process that educates staff



FTCA Protection is Great But-

- Does not cover any activities that are not privileged or listed under the scope of coverage
- Does not cover care done by students or residents
- You still must deal with patient satisfaction issues
- You still have an obligation to be fair to your patients
- You should understand what happens when our patients if they are ‘referred’ to a specialist

Compliance: Medicaid Audit Risks

Types of Medicaid Audits (but not all)

Medicaid Integrity Contractor (MIC) Audits: MICs are not paid on a contingency fee basis and their payments are related to identified overpayments. There are three types of MICs:

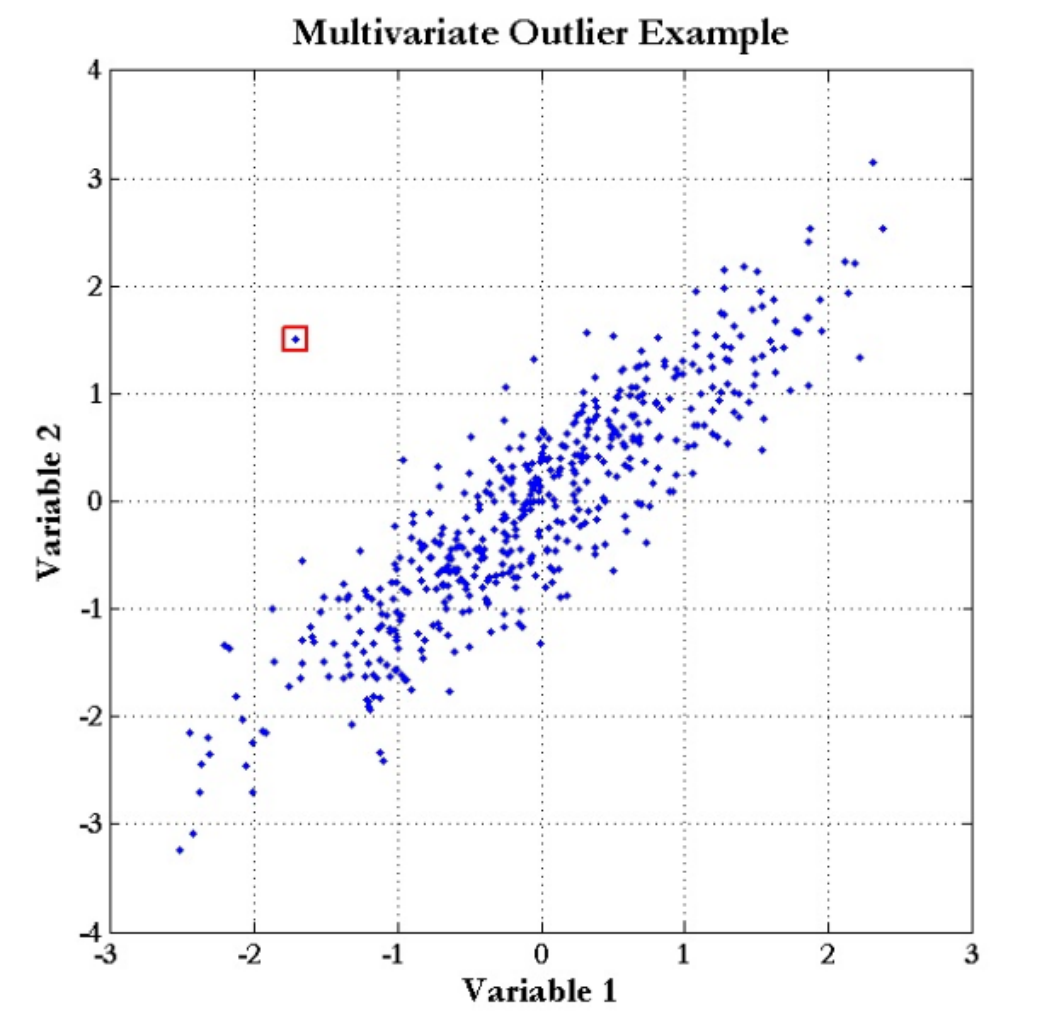
- **Review MICs** — Auditors responsible for reviewing state Medicaid claims data to identify providers whom have received potential overpayments.
- **Audit MICs** — Auditors responsible for auditing specific providers identified by Review MICs.
- **Education MICs** — Auditors who educate providers and beneficiaries on program integrity issues.

Types of Medicaid Audits

Medicaid Recovery Audit Contractor (RAC) Audits: The Affordable Care Act requires states to partner with Medicaid RACs to identify over and underpayments to the state Medicaid agency.

- Medicaid RACs are paid on a contingency fee basis These fees can be up to 12.5 percent.
- A Medicaid RAC are not allowed to review claims that are more than 3 years unless it receives permission from the state
- There are no CMS guidelines to determine how a state conducts their Medicaid RAC audits.

Triggers for Audits: Search For Outliers



Common Audit Algorithms

- # of simple extractions and coronal remnants per patient
- # of SSCs and pulpotomies per patient
- # of restorative and extraction services per unique patient
- Restorative services monthly expenditures per unique patient
- Total procedures per patient
- # of radiographs per patient
- Monthly expenditure per patient for radiographs
- PMPM cost- restorative services
- Types of services/ 100 patients
- % of dental claims per specific teeth

More Auditor Guides

Measure	Average for the General dentist	Threshold of Questionable Billing
Average # of services per day	24	76
Average payments per child (2012 fees)	$166	$412
Average # of services per child	5	12
Proportion of children receiving SSCs	5%	18%
Proportion of children Receiving pulpotomies	5%	18%
Proportion of children receiving extractions	12%	44%

Questionable Billing for Medicaid Dental Services in CA 2015

What Do Auditors Look For?

- **Documentation of Medical Necessity Care:** record caries, periodontal and emergency diagnoses
- **Treatment With-in Guidelines:** Example- ADA radiograph guidelines
- **Dental Services Coded according to State Medicaid Guidelines:** Examples: D7210 Surgical extraction and D7111 Coronal Remnants Extraction
- **Dental Services Billed in the Correct Periodicity:** Examples: Child prophies and recalls billed one day before the actual 6 month time frame.
- **Churning:** Example: adult prophies disconnected form the exam appointment

Audit Issues to Be Aware Of

- Radiographs- poor quality/ too many-too few
- Pulpotomies without radiographs
- Whistle blowers (honest or disgruntled staff)
- Preventative resin restorations billed incorrectly
- Notes not matching the procedure
- Cleanings and fluoride billed off schedule
- Panoramic radiographs under 3
- Routine use of PAs or anterior radiographs
- Use of risk codes or diagnostic codes

What Do Auditors Look For?

- **All Dental Procedures Billed to Medicaid Must Be Covered (If not Were the Proper Patient waivers been signed)**
- **Charting Notes must Conform to State and National Standards**: The more descriptive the notes are the better. Beware of ‘canned’ notes.
- **Procedures/ Polices Violating the Anti-Kickback Statute or the False Claims Act**: Example: Patients receiving more than nominal ‘gifts’ for coming to the clinic
- **Incorrect Billing for the Dental Services:** You did the right procedure and charted it correctly but someone billed it incorrectly
- **Dental Services that were Billed but not in the Tx Notes:** Proper attention to chart treatment notes should eliminate this from happening treatment

Fraudulent Actions

Fraudulent behavior includes purposeful actions meant to deceive or misrepresent facts with the intent of obtaining specific benefits. Examples of fraudulent acts:

- Billing for services were not performed
- Altering dates of service
- Diagnosing unnecessary or incorrect treatment
- Waiving of copayments
- Practice of upcoding of services
- Falsely describing services
- Unbundling services charges

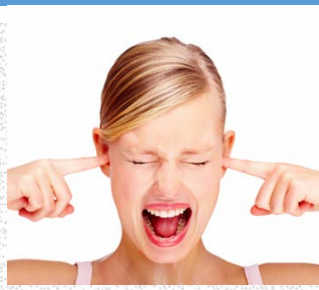
What Can You Do To Reduce An Audit Risk?

- Understand what Medicaid and the audit process
- Understand your state's dental Medicaid rules, procedure definitions and procedure time intervals
- Perform a Compliance Chart Audit to determine your base line risk and develop a Compliance QI (PDSA) process
- Use those results to modify your system as needed to make compliance easier

What Can You Do To Reduce An Audit Risk?

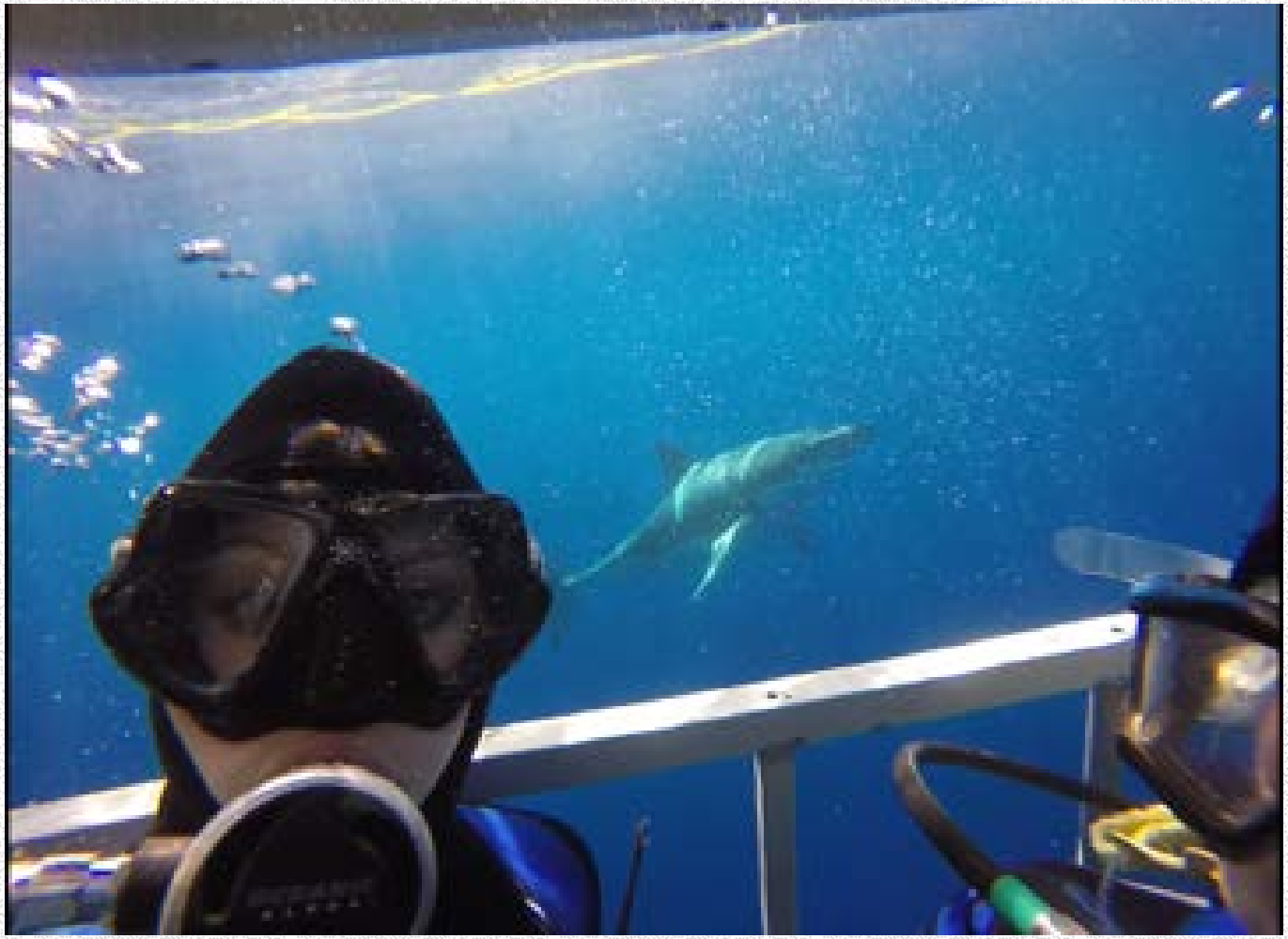
- Do ongoing spot Compliance Chart Audits
- If possible develop Compliance reports using algorithms
- Have all your providers review- *Medicaid Compliance for the Dental Professional* https://www.youtube.com/watch?v=47XrbEUTe7k&feature=youtu.be

Where to Start



- Don’t be overwhelmed with what you need to do!!!!
- Develop a chart audit and a simple system for reporting out data
- Design a system to ID and resolve patient complaints quickly
- **Be the Dental Quality Champion**
- Be an active member of your organization's Quality Committee
- Don’t reinvent the wheel- Start with what others have created

Begin by Identifying Your Highest Risks



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