

# Government Performance and Results Act (GPRA) Dental Indicators:

## 2014 Results, 2015 Goals



IHS Division of Oral Health

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# Purposes of this presentation

- Provide an overview of the GPRA process
- Define the GPRA logic for the three dental GPRA indicators
- Outline GY 2015 goals
- Describe GY 2013 and 2014 performance
- Explain limitations of dental GPRA
- Describe suggestions for improving GPRA performance

# GPRA Year 2015 Dental Goals

- Access: During GY 2015, achieve the target rate of 27.9% for the proportion of patients who receive dental services.
  - Numerator: Patients with documented dental visit during the report period.
  - Denominator: User Population patients.



# GPRA Year 2015 Dental Goals

- Sealants: During GY 2015, achieve the target rate of 14.1% for the proportion of patients with at least one or more intact dental sealants.
  - Numerator: Patients with at least 1 or more intact dental sealants.
  - Denominator: User Population patients ages 2 through 15.



# GPRA Year 2015 Dental Goals

- Fluoride: During GY 2015, achieve the target rate of 26.4% for the proportion of patients who received one or more topical fluoride applications.
  - Numerator: Patients who received one or more topical fluoride applications during the report period.
  - Denominator: User Population patients ages 1 through 15.



# Performance Summary

- Did not meet access goal: goal was 29.5%, we were at **28.8%**
  - But increased from 28.3% in GPRA Year 2013
  - 7 Areas showed increases from 2013 to 2014
- Met sealant goal: goal was 14.5%, we were at **14.6%**
  - Increased from 13.9% in GPRA Year 2013
  - 9 Areas showed increases from 2013 to 2014
- Met fluoride goal: goal was 27.0%, we were at **27.9%**
  - Increased from 26.7% in GPRA Year 2013
  - 9 Areas showed increases from 2013 to 2014

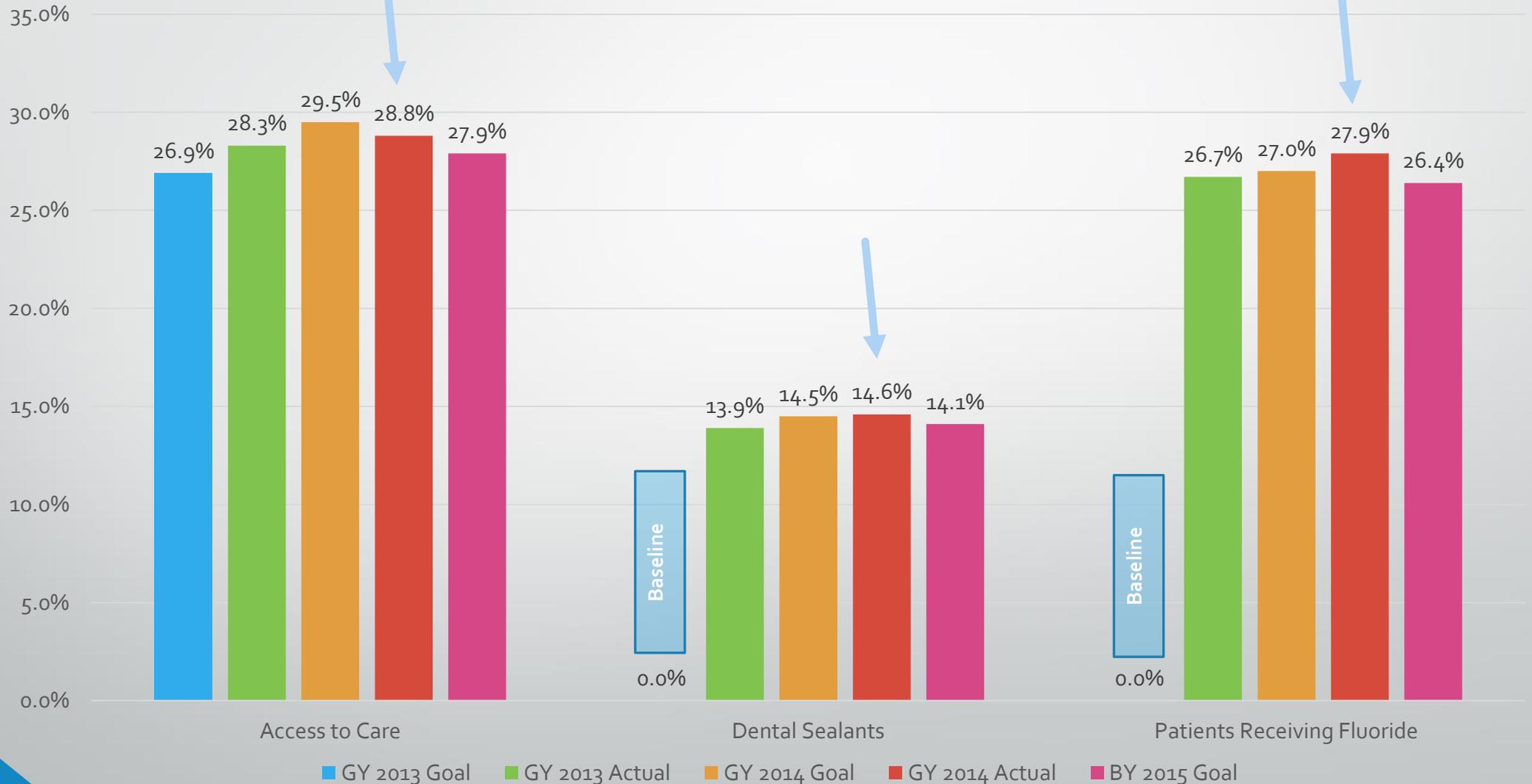
A low-angle, dark photograph of a suspension bridge's deck and cables against a grey sky. The bridge deck is the central focus, curving from the bottom left towards the right. The cables are visible as thin lines extending upwards from the deck. The overall tone is monochromatic and somber.

SUCCESS IS A JOURNEY,  
NOT A DESTINATION

# IHS Dental GPRAs Performance



GPRAs Years 2013-15



# Data Effects

- Access: 8 of 12 Areas met the GY 2014 Dental GPRA Goal for Access, but the four largest Areas (in terms of user population) did not and the net effect was that IHS overall did not meet the access goal.
  - For the 8 meeting their 2013 and 2014 goals, they had access rates of 35.8% in 2013 and 36.2% in 2014.
  - For the 4 NOT meeting their goals, they had access rates of 23.9% in 2013 and 24.8% in 2014.
  - However, even though there was an overall 0.5% increase (including a 0.9% increase from the 4 largest Areas), the goal was increased by 2.6% (from 26.9% to 29.5%). This is why we didn't meet this measure this year.
- 10 of 12 Areas met both the sealant and fluoride goals and the effect of the two other Areas (1<sup>st</sup> and 3<sup>rd</sup> largest user populations) did not keep the IHS from meeting these goals overall.
  - For the 10 Areas, the sealant measure was 18.4%; it dropped to 14.6% counting the other 2 Areas.
  - For the 10 Areas, the fluoride measure was 33.3%; it dropped to 27.9% counting the other 2 Areas.

# CHALLENGES



# Crossover of Services

- Problem: Dental services (access, sealants, fluoride) provided to some patients who may be in the denominator of another facility (in the user pop at another facility) may not be counted, hurting both facility's numbers.
- Solution for now: Share data, document as historical data in RPMS/EDR
- Future solution: In GPRA Year 2016-2017 the Official GPRA Report for the Areas and Nationally will come out of the National Data Warehouse (NDW). It won't matter where the patient received services, just that they had the services performed. So if they are associated with a location in the Nashville Area, and they visit California and get sick and receive care (BH screening, dental visit, etc.) the services would be counted for that patient regardless of where they had it done.

# Manual Entry into the EDR

- Problem: While RPMS still has it to where codes 0000 and 0190 are automatic, if you use the EDR you must manually enter these codes (0000 for first visit, 0190 for revisit).
- Solution: Remind providers to manually enter 0000 and 0190.
- Possible future solution: Count patients with a dental visit as measured by any ADA code such as the workload reports.

# Use of 0007 Code

- Problem: Code 0007 isn't being consistently used by the clinics (especially since it is a nonbillable code).
- Solution: Train providers (chairside cheat sheets, reminders) to code 0007 at any appointment (especially the exam) when **“the patient presents with at least one intact dental sealant and no further sealants indicated.”**

# Fluoride Varnish by Non-Dental

- Problem: Patients receiving fluoride varnish provided by non-dental staff aren't being counted for GPRA.
- Solution: Get patient lists, enter as historical data. Remember that for the fluoride measure if the patient receives a single application by dental, it wouldn't matter how many times the patient receives fluoride outside of dental as the GPRA measure counts patients, not applications.



# Strategies for Meeting the Access Goal

- Promote access to dental care throughout the community through flyers, sharing of dental activities, newspaper articles, etc.
- Look at existing barriers to dental access and find ways to remove or reduce them. Examples include:
  - Having patients call on a certain day to make appointments
  - Scheduling young children when it would be easier to see them through open access
- Consider open access (i.e., allowing patients to walk in for screenings without an appointment) for high-risk groups
  - Children under the age of 6 (screening for early childhood caries)
  - Patients with diabetes (screening for periodontal disease)
  - Elderly patients (screening for dentures or denture fit)
  - Youth involved in sports (screening for athletic mouth guard)



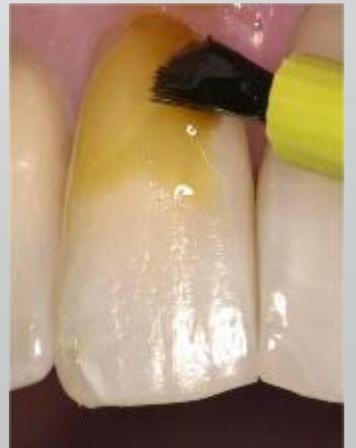
# Strategies for Meeting the Sealant Goal

- Provide dental sealants at the examination appointment
  - Utilize other staff, such as dental assistants, to provide the dental sealant if the dentist is too busy
- Use code 0007 as applicable:
  - Use code at any appointment when a patient aged 2-15 presents with at least one intact sealant and no further sealants indicated.
  - Conduct routine quality assurance checks of paper and electronic charts to make sure you are utilizing 0007.
- Think outside the box with sealants
  - Consider applying dental sealants in community-based settings (schools)
  - Use glass ionomer sealant material when moisture control is difficult to obtain (in younger children especially)
  - As previously mentioned, use dental assistants to apply sealants



# Strategies for Meeting the Fluoride Goal

- Provide topical fluoride/fluoride varnish at almost any appointment
  - Utilize other staff, such as dental assistants, to apply the fluoride varnish to 1-15 year-olds
  - Apply fluoride varnish even at screenings (application takes less than 30 seconds per patient)
- Think outside the box with fluoride varnish too
  - Apply fluoride varnish in community-based settings routinely – Head Start, schools, health fairs, etc.
  - Utilize non-dental collaborative partners to apply fluoride varnish – physicians, nurses, CHRs, pharmacists, Head Start teachers, etc. (training is available at [www.ihs.gov/doh/ecc](http://www.ihs.gov/doh/ecc)).
  - For optimal results, apply fluoride varnish 3-4 times per year (although the GPRA indicator only counts the proportion of patients with at least one application per year).



# General Strategies for Meeting Dental Goals

- Start early in the GPRA year...especially for sealants and fluoride, the majority of patients <15 will be seen in the Fall of each year.
- Monitor the dental GPRA measures each month. Set monthly goals based on annual site goal.
- Develop specific quality improvement projects (PDSAs) if the dental clinic fails to meet one of the GPRA goals for each month.



# What's next?

- ADOs will send Area-specific presentation out to your dental staff
- HQ DOH will send out monthly or quarterly GPRA updates
- HQ DOH is working on changing the GPRA metrics in the Dental Data Mart to allow dental chiefs to monitor GPRA monthly
- ADOs and clinics are encouraged to set clinic-specific GPRA goals based on what they achieved last year
- ADOs are asked to find out which clinics excelled last year, learn what they did, and share these best practices within your Area
- HQ DOH will recognize top performers in dental GPRA measures in each Area through our GPRA recognition program

