Oral Health Measurement Framework for Primary Care Associations and Health Centers

National level data on Health Center dental programs and oral health outcomes is quite limited compared to the amount of data we have on primary care medical services and other health outcomes. Primary Care Associations are able to take information from the Annual Uniform Data System (UDS) to communicate how Health Centers are contributing to health outcomes related to conditions like diabetes, hypertension, and low birth weight, for example, but we have little to no outcomes data related to dental caries or periodontal disease. Originally, the Arizona Alliance for Community Health Centers sought to pilot a few outcome measures among our network of Health Centers, but due to a shift in priorities caused by the COVID-19 pandemic, we had to leverage existing data. The purpose of this framework is to give Primary Care Associations across the country a starting point for oral health measurement so we can collectively work toward a more robust oral health measurement system across the Health Center Network.

DEMONSTRATING THE VALUE OF HEALTH CENTER DENTAL PROGRAMS & ORAL HEALTH

The structure of this guide includes a list of data points associated with each framework category above, along with the source of those data points and how the information can be used to evaluate the value of Health Center dental programs and oral health.

WORKFORCE

Dentist FTE
RDH FTE
Dentist Visits
RDH Visits
Dentist Virtual Visits
RDH Virtual Visits
%FTE of group
%FTE of total
Dental HPSAs*

UDS TABLE 5
***HRSA.GOV**

This information tells us how much capacity Health Center dental programs have to provide oral health services to the Health Center's patient population. Visits per provider can be calculated to determine if dental providers are meeting national productivity benchmarks. The national benchmark for dentists is 2,500-3,200 visits/year and 1,300-1,600 for RDHs.

UTILIZATION

Total Visits
Number and % of dental patients compared to overall health center patient population

UDS SERVICES TABLE & TABLE 5

Scope of service: Number of procedures by ADA code category

UDS TABLE 6A

Total #of Sealants
Sealants 6-9 Year Olds

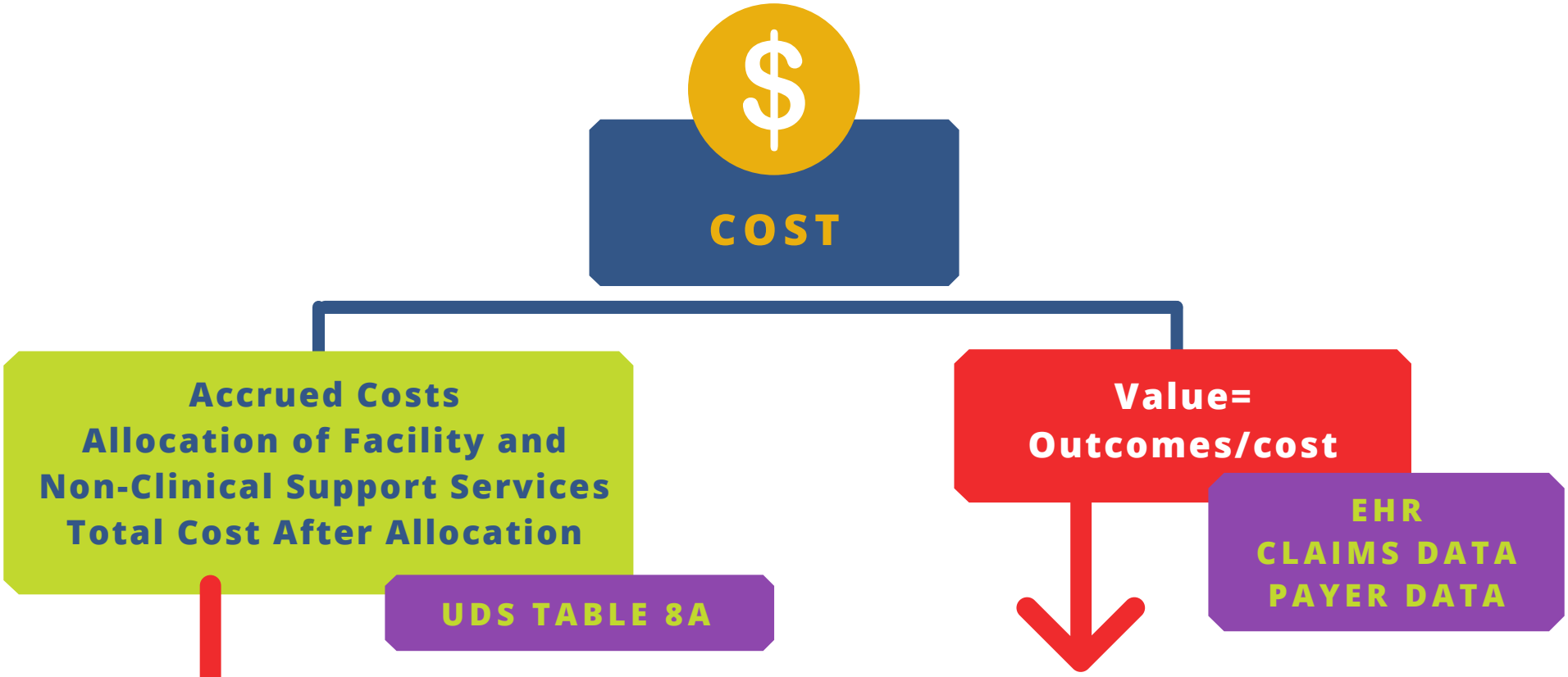
UDS TABLE 6A & TABLE 6B

Annual Dental Services
Annual Prophy
Risk Assessment
Sealants (6-9 and 6-11)
Adult Patients w/ Oral Evaluation
Total Dental Procedures
Periodic vs. Comprehensive Exams
New Dental Patients
Patients w/ Non-Traumatic Dental ED Visits
Fluoride Varnish
Referrals for Dental Services

AZARA DRVS EHR

This information tells us the scope of care a Health Center is providing (emergency, diagnostic, preventive, restorative, surgical, and rehabilitative). A high diagnostic percentage can indicate patients not returning for treatment. 35% is a good goal for this area.

These measures can be tracked in a Health Center's EHR or pulled from Azara DRVS (requires add-on/additional mapping). Total dental procedures can be evaluated against total dental visits to find procedures per visit, an important quality indicator. Less than 2.5 procedures/visit can be a red flag for churning.



This information tells us the Health Center's cost of providing dental services. You can divide total costs for dental by dental visits and dental patients to determine cost per visit and cost per patient.

Although not readily available for most PCAs, if we can combine utilization data, outcomes data (see Disease Burden section), and cost data at the patient level, we can begin to evaluate if the utilization of certain services, such as oral health services, impacts both overall health outcomes and cost of care.

DISEASE BURDEN

#of patients w/ HIV
#of patients w/ diabetes
#of patients w/ hypertension
#of patients w/ heart disease
#of patients w/ tobacco use disorder
% patients w/ HbA1c > 9%
% patients w/ controlled BP
% low and very low birth weight

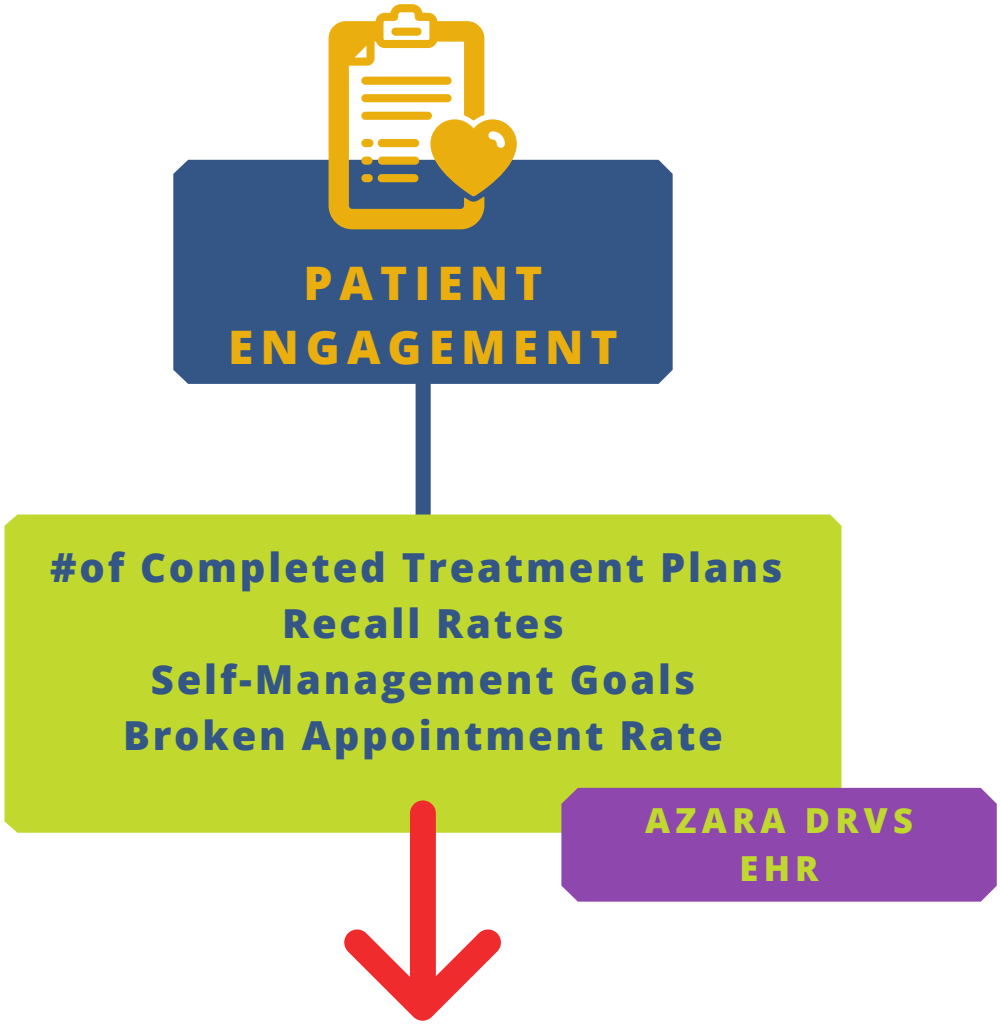
UDS TABLE 6A & TABLE 7

These UDS measures can be used to help Health Center dental programs advocate for comprehensive dental benefits due to the strong connection between oral health and these other health conditions.

Caries at Recall
Caries Risk Assessment
Child Dental Decay
Periodontal Disease
Elevated Risk for Caries

AZARA DRVS EHR

These measures can be tracked in a Health Center's EHR or pulled from Azara (requires add-on/additional mapping). At the national level we highlight how Health Centers reduce the disease burden when it comes to chronic conditions like diabetes and hypertension, but we have no data on how Health Centers contribute to reducing dental caries, the most common chronic condition among children. If Health Centers/PCAs start consistently tracking measures like Caries at Recall and Child Dental Decay, we can advocate for these measures to be added to annual UDS collection.



As we move toward value-based care patient engagement is becoming increasingly important. These measures help us determine the extent to which a patient is engaged in their oral health care. Tip: You can divide the #of completed treatment plans by dental patients with an oral evaluation to calculate your treatment plan completion rate. 75% is a good target to aim for.