Improving Quality of Patient Treatment by Increasing the Provider Adherence and Thoroughness of Outcomes of Care Assessments in a Dental School Outpatient Clinic

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TEAM

• Dental Team
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  Associate Professor, Oral & Maxillofacial Surgery

• Site Team
  William Rose, DDS Associate Professor General Dentistry
  Norma Partida, DDS Associate Professor General Dentistry

• Support Staff
  Lisa Ficello, Administrative Assistant II, Dental Clinic Administration

• Facilitator
  Amrutha Parekh, MD, MPH

• TECH/STATISTICAL SUPPORT
  Wayne Fischer, MS, PhD
Group Practice
Model Structure and Roles

Each General Practice Group (GPG) will be composed of faculty & staff from the following departments

– General Dentistry (2)
  • Group Leader / Assistant Leader
– Prosthodontics (1) Discipline Rep
– Restorative Dentistry (1) Discipline Rep
– Patient Care Coordinator (1) (OPC)
– Scheduler (1) (OPC)
– Dental Assistant (1) (OPC)
– Dental Students (9-14 Juniors / 9-14 Seniors)
Stakeholders

- Patients
- Providers
  - Faculty
  - Students
- Administration
  - Dental Clinic
  - Dental School
- Clinical Staff (indirectly)
BACKGROUND

• Commission on Dental Accreditation
  • Patient Care Standards (5)
    • Quality Assurance Aspects (5.1)

• QA Programs in Dentistry / Dental Education

• Dental School Quality Assurance Program
  • Oversight
  • Aspects Evaluated
    • Dashboard of Data
    • Outcomes of Care Assessments
Dental School QA Program

- Outcomes of Care
- Chart Reviews
- Remake Procedures
- Unusual Incidents
  - Sharps Exposure
- Infection Control Rounds
- Sterilizer Logs
Measuring Outcomes of Care

- Remake Rate
- Rate of Complications with Care
  - Unexpected results
  - Post-operative problems
- Referral for Care
- Patient discontinuations
- Objective Reassessment
  - After care is delivered
    - Problems addressed
    - Prevention
    - Therapy provided
    - *Meets standards of care*
ADA Parameters for Oral Health Conditions

- Dental Attrition
- Dental Abrasion
- Dental Erosion
- Orofacial Soft Tissue Lesions
- Patients with Aesthetic Concerns
- Gingival Recession
- Impacted / Un erupted Teeth
- Pulpitis
- Restoration Replacement / Modification
- Pericoronitis
- Traumatically

Professions Statement of Appropriate Oral Health Care

Describe full range of clinical considerations in the diagnosis and treatment

Emphasis on Professional judgment, and patient preferences
Dental School Outcomes of Care

- Diagnosis, Radiology & Treatment Planning
- Prevention
- Occlusion
- Oral and Maxillofacial Surgery
- Orthodontics
- Periodontics
- Operative Dentistry
- Endodontics
- Prosthodontics
- Patient Management
AIM STATEMENT

• To increase provider adherence with “Outcomes of Care Assessment” Protocol by 10% by April 15th, 2009; for comprehensive care patients whose active treatment has been completed in the Predoctoral Clinics.

• To increase responses to Standards of Care Criteria evaluations by 10% by April 15th, 2009 so that thoroughness of the Outcomes of Care assessment improves.
Project: Functional Definitions

- **Adherence** - % patients whose active treatment has been completed (codified) have had an “Outcomes Assessment” accomplished.

- **Thoroughness** –
  - 1) % “Outcomes Assessments with narrative comments in addition to Y/N designation
  - 2) perception of the process by patients and providers
PROCESS FLOW - Pre Intervention
Pre-intervention data

- Negative trend in adherence to protocol

Goal: Increase 10%
CAUSE & EFFECT DIAGRAM

Staff
- Scheduling of the Patient
- Patient Issues
- Cost for Care
  - Understand Process
  - In-service and define steps
- Clinical Education Expectations
- Competing Demands
- Gaming System
- Incentives
- Patient Base

Faculty
- Time of the clinical activity
- "add-on" to scheduled appointment
- end of appointment
- attending other procedures
- Perceived Value
- Understand Rationale
- Incentives for students & patients
- Defined Protocol
- Procedure Codes
- In Service Training
- Technology to Support
- Multiple Info Systems
- Passwords

Student
- Procedures Accomplished

Patient
- Perceived Benefit
- Time and Cost
- Parking

Process
- Defined Protocol
- Procedure Codes
- In Service Training
- Technology to Support
- Multiple Info Systems
- Passwords

Causes decrease in the number of Outcomes of Care (OC) Assessments & lack of specific feedback on OC Assessments that are done
Intervention

- **Incentives**
  - Patient
  - Providers (student providers)
- **Awareness**
  - Focus Groups
  - In-service Training
- **Clinical Process**
  - Codification
  - Time allocation
  - Technology
Pilot Project

• Electronic Documentation
  – Procedure Code for Outcomes of Care Assessment
    • PCC to add to Treatment Plan
      – D0154
  • Outcomes of Care to be done on axiUm (EPR)
    – Electronic Health Record
      • Add Form
Student answers the questions by clicking in the cell. Yes answer require text description.
Comparison of Pre and Post intervention

Outcomes of Care Assessment Comparison 2008-2009

- Pre-Implementation
- Post-Implementation

Awareness: In-service, Focus Groups
RESULTS

Percent with Outcomes Assessments with Comments

Pilot GPGs: 70%
Control-Other GPGs: 20%

Educating for Quality Improvement & Patient Safety
RESULTS

Patient - Treatment Completion Visit Survey

<table>
<thead>
<tr>
<th>Question</th>
<th>Likert Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No charge incentive influenced decision to return</td>
<td>5</td>
</tr>
<tr>
<td>2. This examination was thorough</td>
<td>5</td>
</tr>
<tr>
<td>3. No additional problems were found</td>
<td>4.8</td>
</tr>
<tr>
<td>4. Appointment occurred in a timely manner</td>
<td>5</td>
</tr>
<tr>
<td>5. My questions were answered</td>
<td>5</td>
</tr>
<tr>
<td>6. The appointment was beneficial</td>
<td>5</td>
</tr>
</tbody>
</table>
RESULTS

Student Feedback E-Outcomes Pilot

<table>
<thead>
<tr>
<th>Question</th>
<th>Likert Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form incorporated into CIS</td>
<td>4.5</td>
</tr>
<tr>
<td>Separate appointment for procedure</td>
<td>2.5</td>
</tr>
<tr>
<td>Productivity Incentive</td>
<td>4.0</td>
</tr>
<tr>
<td>Process beneficial to QI</td>
<td>3.5</td>
</tr>
</tbody>
</table>
RETURN ON INVESTMENT

• Minimum overhead / capital investment needed to implement changes

• Increasing patients returning for Outcomes Assessment increase potential for additional care (procedures)
  – Proactive in corrective care

• Managing clinic/clinical care on longitudinal population basis
WHERE ARE WE GOING?

*Other possible interventions:*

- Tie code for Outcomes Assessment directly to completion of therapy code for forced data entry
- Recurring student / faculty education on QI
- Parking fee adjustment
- Automated reporting and flags
- Continued monitoring of (CSE) data
- Implement in all Practice Groups 09-10 year
CONCLUSIONS

• Achieved goals of AIM statement related to adherence and thoroughness of Outcomes of Care Assessments

• Positive benefit seen to the changes made in processes
  – patient and student perspective

• Long-term goal 100% compliance
QUESTIONS?
Thank You