

Special Needs BasicCare

Dental Project

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May 2, 2016



Stakeholder Input and Recommendations on SNBC 2017 Dental Access Quality Improvement & Evaluation Project

- **The purpose of the project is to improve access to dental services for the entire SNBC population.**
- **SNBC-RFP responders submitted proposals to improve dental access for SNBC enrollees. Included in their proposals were intervention strategies and/or innovations in clinical care that is expected to have a favorable effect on dental access.**
- **Proposals submitted will be utilized in a future collaborative SNBC - MCO intervention implementation workgroup.**
- **Not all MCO's had to respond to the RFP - DHS will be seeking CBP input in this collaborative .**
- **Some of the interventions –**
- **Ask of the Stakeholders -**

Appendix K

Quality Assessment and Performance Improvement Program

The purpose of this Appendix is to evaluate the MCO's quality assessment and performance improvement abilities with respect to people with disabilities by challenging the MCO to develop a quality improvement and evaluation plan.

The MCO shall propose a dental access quality improvement and evaluation plan that, through ongoing measurements and intervention, results in significant improvement, sustained over time, in administrative management and/or innovations in clinical care that is expected to have a favorable effect on dental access. Proposals submitted will be utilized in a future collaborative MCO intervention implementation workgroup comprised of SNBC MCOs to design and implement an effective dental access quality improvement and evaluation plan.

The proposal shall:

1. Describe at least two effective interventions to improve dental access, utilization and/or oral health for people with disabilities, including a specific plan to coordinate dental referrals to those dental providers that are capable and have the facilities to provide services to the SNBC population's special needs. Responders are encouraged to include strategies such as collaboration with other MCOs providing services to SNBC enrollees, telemedicine, and leveraging of clinics and clinicians experienced behavioral management for people with special needs and providing care under sedation and/or general anesthesia. MCOs should consider approaches that collaborate with the five DHS Dental Clinics.

Additional potential topics for oral health quality improvement and evaluation planning:

1. Care coordination between primary care and dentist.
2. Diverting ED visits for atraumatic dental concerns
3. Outreach to persons with disabilities who have not received a dental evaluation in the last 12 months
4. Person-centered oral health
5. Care giver oral health education and training
6. Peer mentoring program on oral health practices for people with disabilities
7. Plan for dental care as individual transitions for child to adult.
8. Risk based preventive services

Required elements of the proposal:

The submission must provide:

1. **Selection of the specific study topic(s) within the larger category of "improving dental access or oral health."**

Explain why topics were selected in terms of demographic characteristics, prevalence of disease, and the potential consequences of the disease.

2. **Definition of the study question(s).**
The study question(s) must be clear, concise, and answerable. The study question(s) identifies the focus of the intervention and sets the framework for data collection, analysis, and interpretation.
3. **Selection of the study variables(s).**
A study variable is a measurable characteristic, quality, trait, or attribute of a particular individual, object, or situation being studied. Variables may be quantitative or qualitative and continuous or discrete.
4. **Plan for reliable collection of data.**
Data collection procedures must ensure that the data used to measure an indicator of performance are valid and reliable. A valid measure is one that measures what it intends to measure, while a reliable measure provides consistent results is an indication that the data will produce consistent, repeatable or reproducible measurements.
5. **Plan for implementation of the intervention and improvement strategies.**
Real, sustained improvements result from a continuous cycle of measuring and analyzing performance, and developing and implementing system-wide improvements. Actual improvements depend on thorough analysis and implementation of appropriate solutions.
6. **Plan for analysis of data and interpretation of study results.**
Data analysis begins with examining the performance on the selected clinical or non-clinical indicators. The examination should be initiated using statistical analysis techniques defined in the data analysis plan.
7. **Plan to detect "real" improvement.**
It is important to determine if a reported change represents "real" change or is an artifact of a short-term event unrelated to the intervention, or random chance.
8. **Plan for sustaining any improvement achieved.**
9. Include a statement that the MCO will participate in a collaborative MCO workgroup to design and implement a dental access plan.

Responses will be graded on the strength of the proposed interventions, and the clear presence or absence of documentation of each of the 9 elements listed above. Element #9 will be graded on a pass/fail basis. Responses will get no points if the response fails to include a statement that the MCO will participate in a collaborative MCO work group to design and implement a dental access plan quality improvement and evaluation plan.