



## Oral Health Care Performance Measure Discussion

CQM Committee September 18, 2020

**A. Existing Miami-Dade RWP Oral Health Care (OHC) performance indicators: currently reported on CQM Performance Report Cards.**

- N.6 **Percent of OAHS clients** who received **a clinical oral examination through the RWP** during the three-month evaluation period (26% in Cycle 4).
- D.2 **Percent of OHC clients** receiving **ANY billable OHC service (except emergency services)** during the three-month evaluation period who received **BOTH oral health education and smoking cessation counseling** (5% in Cycle 4).
- D.3 **Percent of OHC clients** receiving oral examinations during the treatment year who received **EITHER oral health education OR smoking cessation counseling** (37% in Cycle 4).

**B. Alternative OHC performance measures were provided to the OHC providers invited to the most recent Medical Care Subcommittee meeting** on August 28, to weigh in on system-wide OHC performance measures that would be more reflective of the RWP goal of engaging clients into OHC to improve their quality of life.

- 1) **Percent of RW clients who receive a clinical oral examination within the treatment year**, as defined by any of several D-codes that serve as billing codes within Provide®. Should this be based on all clients in care (excluding Medicaid clients)? MCM clients? OAHS clients (see N.6, above)?
- 2) **Percent of RW clients who receive any OHC service within the treatment year**, as defined by any of the OHC D-codes that serve as billing codes within Provide®. Should this be based on all clients in care (excluding Medicaid clients)? MCM clients? OAHS clients?
- 3) **Percent of OHC clients who are retained in OHC care from one year to the next**, as defined by the percent of OHC patients receiving a non-emergency service in one year who ALSO receive another non-emergency OHC service the following year. This reflects the quality role of the OHC provider in establishing an ongoing client relationship with RWP clients. This measure may include **any OHC billable service (except emergency services)**, or it may be limited to **annual clinical oral examinations**. Based on MCM clients? RWP OHC clients

The OHC providers did not like the “retention in OHC care” measurement (#3). It would take too long to measure (Are OHC clients seen in FY 2017-18 seen at least once for OHC in FY 2018-19?). Some OHC patients do not see the same OHC provider from one visit to the next. The measure places too much responsibility on the OHC provider to ensure follow-up appointments. Since OHC referrals are made through the MCM, the “QI population” should be the clients under MCM care.

*Staff: Consider using #1 and #2, measuring the percentages of oral examinations or any care on a quarterly basis. This assumes that an MCM can make a referral to an OHC provider and get a client in for an oral examination in less than 90 days. #3 may be an annual measurement, but should not be on the Report Card.*