

# Quality Assessment Challenges

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# Quality Assessment Challenges

## Premise:

Quality assessment = evaluating the patient care provided by a dental care plan or delivery system

*(for purposes of comparison to another plan or system)*

# Quality Assessment Challenges

- A. What QA measures are in general use?
- B. Why is QA so limited in dentistry?
- C. What QA measures could be introduced?

## A. What QA measures are in general use?

assessments in private dental practice

- Technical excellence of individual restorations
- Patient satisfaction
- Service use measures
- Other structure and process measures

## A. What QA measures are in general use?

- Technical excellence of individual restorations
  - short-term outcome
  - costly, limited sample
  - poor evidence for association with longer-term outcomes
  - subjective criteria, standardization difficult

## A. What QA measures are in general use?

- Patient satisfaction
  - psychometrically weak
  - biased samples
  - non-comparability among instruments
  - limited set of dimensions tapped

## A. What QA measures are in general use?

- Service use measures
  - can answer some access questions
  - can illuminate “style of practice”/ reflect plan benefits
  - useful for evaluating adherence to some evidence-based treatment guidelines  
*(but few evidence-based guidelines exist)*
  - can identify outliers
  - can't address appropriateness - no diagnostic information
  - can't address effectiveness - no outcomes information
  - comparisons risky without case-mix adjustment

## A. What QA measures are in general use?

- Other structure and process measures

- **structure measures:**

- facilities, equipment, personnel, administration*

- little evidence-base, some regulatory basis
      - mostly “generally assumed to reflect good practice”

- **process measures:**

- management, infection control, diagnostic imaging, diagnosis, treatment planning*

- some evidence-base, some regulatory basis
      - majority “GARGP”

## A. What QA measures are in general use?

- Technical excellence of individual restorations
- Patient satisfaction
- Service use measures
- Other structure and process measures
- Appropriateness of care
- Effectiveness of care
- Patient oriented outcomes
- Clinical outcomes

## B. Why is QA so limited in dentistry?

- Lack of diagnostic coding
- Historical development of the profession
- Evaluation in dental education
- Absence of a strong evidence-base for most dental treatments
- Absence of evidence-based guidelines

## B. Why is QA so limited in dentistry?

- Lack of diagnostic coding

- true diagnosis infrequent in dentistry

- two principal diseases, caries and periodontitis*

- resistance from carriers

- computer systems would need redesign*

- organizational turf concerns

- ADA expects to own, control, and profit from the coding system*

## B. Why is QA so limited in dentistry?

- Historical development of the profession

- apprenticeship-based

*rote learning, authoritative, lack of scientific tradition*

- surgical/mechanical orientation

*short-term outcomes, product /procedure focus*

- professional isolation

*exaggerated professional autonomy,  
“in my hands” mentality*

## B. Why is QA so limited in dentistry?

- Evaluation in dental education
  - product / procedure-based  
*technical proficiency paramount*
  - expert-based  
*as opposed to literature based*

## B. Why is QA so limited in dentistry?

- Absence of a strong evidence-base for most dental treatment
    - tradition of experts vs. controlled experimentation  
*exception is preventive treatment, from public health tradition*
    - relatively small clinical dental research enterprise  
*little industry support, small NIH (NIDCR) budget*
    - outcomes data scanty, and study quality is weak  
*access difficult in solo practices, retrospective*
- 64% of Cochrane oral health reviews did not provide an unequivocal answer*

## B. Why is QA so limited in dentistry?

- Absence of evidence-based guidelines
  - lack of evidence
  - reliance on experts
  - tradition of treatment autonomy, independence
  - organizational resistance

## C. What QA measures could be introduced?

Premise (*refined*):

Quality assessment = evaluating the *outcomes of* patient care provided by a dental care plan or delivery system

## C. What QA measures could be introduced

- Patient experience measures
- Oral health-related quality of life measures
- Effectiveness of care measures

## C. What QA measures could be introduced?

- Patient experience measures

- CAHPS

(Consumer Assessment of HealthCare Providers and Systems)

- AHRQ sponsored
- public-private initiative
- standardized survey instruments
- “patient-centeredness”

CAHPS Dental Plan Survey

## C. What QA measures could be introduced?

### CAHPS Dental Plan Survey

- regular dentist

*explanations, listening, respect, time, overall rating*

- dental care

*promptness, emergency access, waiting time, overall rating*

- dental plan

*coverage, customer service, choice, value, overall rating*

## C. What QA measures could be introduced

- Oral health-related quality of life measures
  - OHQoL -- Oral health and quality of life
  - OHIP -- Oral health impact profile
  - GOHAI -- Geriatric oral health assessment index
  - ECOHIS -- Early childhood oral health impact scale

## C. What QA measures could be introduced?

- Effectiveness of care measures
  - four basic outcomes measures  
*address the two diseases dentists treat*
  - three evidence-based process measures  
*address practice emphasis on prevention*
  - risk adjustment  
*comparisons must be perceived as fair*
  - population based, patient centered  
*assess all patients, focus on important outcomes*
  - modeled after HEDIS measures

## C. What QA measures could be introduced?

### Four basic outcomes measures

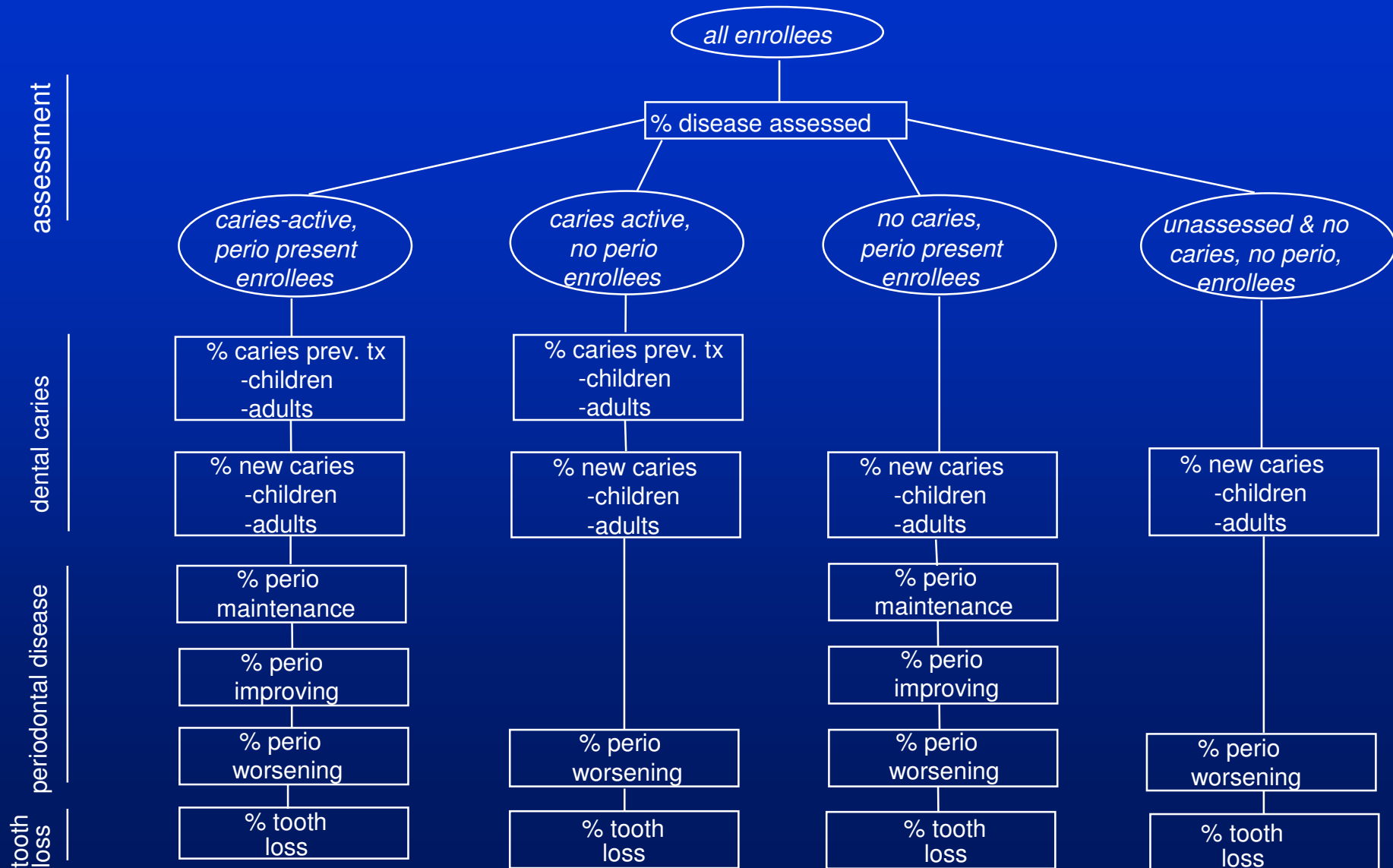
- % enrollees with new caries
- % enrollees with improvement in periodontal disease
- % enrollees with deterioration in periodontal disease
- % enrollees with tooth loss

## C. What QA measures could be introduced?

### Three evidence-based process measures

- % enrollees with disease assessment
- % caries-active enrollees receiving prevention
- % enrollees with periodontal disease receiving maintenance treatment

# Effectiveness of Care Measures



## C. What QA measures could be introduced?

### Additional Information Needed for Measures

#### administrative data system:

- diagnostic codes / reasons for tx.
- periodontal probing data

#### chart audit:

- none

## C. What QA measures could be introduced?

service use

technical excellence

patient satisfaction

misc. structure & process

patient experiences

oral health-related QoL

effectiveness of care

# What else needs to be done?

- adopt diagnostic codes  
*sustained attention may facilitate professional support*
- engage purchasers of care plans  
*purchasers' expectations for "proof of value" may drive carriers' use of guidelines, pay-for-performance, codes*
- more outcomes research  
*without evidence, can't establish treatment guidelines*

Thank You