

How to Build an Advancing Oral Health Prevention in Primary Care Family of Measures

Measuring progress is essential to successful quality improvement (QI) initiatives. States that choose to implement programs to advance oral health prevention in primary care for beneficiaries of Medicaid and the Children's Health Insurance Program (CHIP) can select a family of measures to assess progress. There are three types of measures in quality improvement (QI): outcome measures, process measures, and balancing measures. Taken together, these three measure types make up a family of measures.

Below are suggestions for how to build a family of measures for a quality improvement project to advance oral health prevention in primary care in Medicaid and CHIP.

- The initial stage in selecting a measure is to identify the specific target population and appropriate age stratification (for example, children under 6, adolescents, or pregnant individuals).
- Review the measures in the tables below or others developed by the [Dental Quality Alliance](#) for outcomes, process, and balancing measures to use in your quality improvement project. You may also want to use measures you are currently collecting or develop your own measures based on the needs of your state.
- An ideal family of measures includes no more than seven measures. Consider starting with one measure in each category and adding additional measures over time.
- **Outcome measures:** Outcome measures capture what you are trying to accomplish and how you will know you've achieved improvement. *Recommendation: 1-2 measures.*
- **Process measures:** Process measures capture how the incremental changes you are testing will collectively improve your outcome measure(s). Your process measures should relate to your outcome and be calculated frequently (for example, monthly). *Recommendation: 3-4 measures.*
- **Balancing measures:** Balancing measures capture other consequences, both intended and unintended, that might result as part of your project. *Recommendation: 1 measure.*
- **A note about administrative claims lag:** Administrative claims lag can impact data used for quality improvement. It is acceptable to look at your quality measures before all the claims have been submitted; 1-2 months runout may be sufficient. For QI projects, you are looking for signs of progress, not perfection. You may test the impact of shorter claims runouts by calculating the measure with 1-month runout, 2 months, 3 months, etc. This will help you better understand the impact of claims lag on your QI project measures. Note that measures for accountability, such as those needed to assess contract performance or for incentive payments, require more rigor, and longer claims run out.

Advancing Oral Health Prevention in Primary Care: Measurement Strategy

Outcome Measures		(Recommendation: 1 measure)		
Measure Name and Brief Description	Measure Specification Description	Data Source	Notes	
<p>Topical Fluoride for Children (TFL-CH): Percentage of children ages 1-20 years who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services within the measurement year</p>	<p>Numerator: Beneficiaries ages 1 through 20 years who received at least two fluoride applications as (1) dental or oral health services, (2) dental services, and (3) oral health services within the measurement year</p> <p>Denominator: Beneficiaries ages 1 through 20 years</p> <p>Exclusions: None</p>	Administrative data	<p>The measure steward for this measure is the Dental Quality Alliance (DQA).</p> <p>The measure is included in the Child Core Set</p> <p>The measure requires reporting by 8 age stratifications as well as a total rate; age groups include children ages 1 to 2 years and 3 to 5 years.</p> <p>The measure includes three rates. “Oral health” services capture fluoride applications from non-dental providers, such as medical primary care providers. Delineating the measure by “dental” and “oral health” helps programs understand the role of non-dental providers and at what age children appear to be establishing care with dental providers.</p> <p>States may consider calculating this measure on a more frequent basis for purposes of assessing progress on quality improvement initiatives.</p>	

Information about measures previously included in the Medicaid and CHIP Child Core Set is available here: <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html>

Process Measures		(Recommendation: 3-4 measures)		
Measure Name and Brief Description	Measure Specification Description		Data source	Notes
Fluoride varnish application rate	<p>Numerator: Beneficiaries ages 1 through 6 years with a fluoride varnish application</p> <p>Denominator: Beneficiaries ages 1 through 6 years with a well-child visit</p> <p>Exclusions: None</p>		Administrative data, medical records	
Beneficiaries with an oral health risk assessment	<p>Numerator: Beneficiaries ages 1 through 6 years with a documented oral health risk assessment</p> <p>Denominator: Beneficiaries ages 1 through 6 years with a well-child visit</p> <p>Exclusions: None</p>		Administrative data, medical records	
Primary care providers completing fluoride varnish application training	<p>Numerator: Primary care providers completing fluoride varnish application training (e.g., Smiles for Life)</p> <p>Denominator: Primary care providers at the clinic pilot site</p> <p>Exclusions: None</p>		Collected from QI site team	
Trained primary care providers submitting a claim for fluoride varnish application	<p>Numerator: Primary care providers submitting a claim within three months of completion of fluoride varnish training</p> <p>Denominator: Primary care providers with completed fluoride varnish training at clinic pilot site</p> <p>Exclusions: None</p>		Collected from QI site team	
Family communications disseminated on fluoride varnish application	<p>Numerator: Beneficiaries (and their families) ages 1 through 6 years receiving a communication promoting the importance of fluoride varnish application</p> <p>Denominator: Beneficiaries ages 1 through 6 years</p> <p>Exclusions: None</p>		Collected from QI site team	

Balancing Measures		(Recommendation: 1 measure)	
Measure name and Brief Description	Measure Specification Description	Data Source	Notes
Oral Evaluation, Dental Services (OEV-CH): Percent of children under age 21 who received a comprehensive or periodic oral evaluation within the measurement year.	<p>Numerator: Beneficiaries ages 0 through 20 years who received an oral evaluation as a dental service</p> <p>Denominator: Beneficiaries ages 0 through 20</p> <p>Exclusions: None</p>	Administrative data	<p>The measure steward for this measure is the DQA.</p> <p>The measure is included in the Child Core Set</p> <p>The measure requires reporting by 9 age stratifications as well as the total rate; age groups include children ages 1 to 2 years and 3 to 5 years.</p>
Beneficiaries with a dental referral from primary care office	<p>Numerator: Number of beneficiaries ages 1 through 6 years with a dental referral</p> <p>Denominator: Number of beneficiaries ages 1 through 6 years with a well-child visit</p>	Collected from QI site team	
Beneficiaries with a documented dental home	<p>Numerator: Number of beneficiaries ages 1 through 6 years with a documented dental home</p> <p>Denominator: Number of beneficiaries ages 1 through 6 years</p>	Collected from QI site team	

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