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 **Gary F. Guest, DDS** Juanita Pineda, DDS, MPH **Assistant Professor Community Dentistry Gregory Spackman, DDS, MBA 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 Amruta Parekh, MD, MPH
- •TECH/STATISTICAL SUPPORT Wayne Fischer, MS, PhD





UTHSCSA Dental School

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

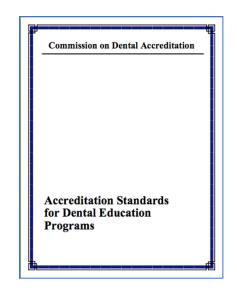
- Patients
- Providers
 - Faculty
 - Students
- Administration
 - Dental Clinic
 - Dental School



Clinical Staff (indirectly)

BACKGROUND

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



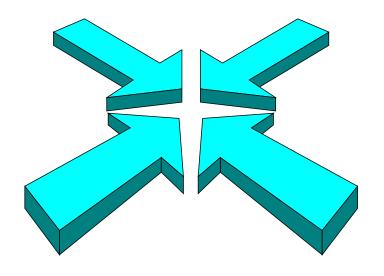
- QA Programs in Dentistry / Dental Education
- Dental School Quality Assurance Program
 - Oversight
 - Aspects Evaluated
 - Dashboard of Data
 - Outcomes of Care Assessments





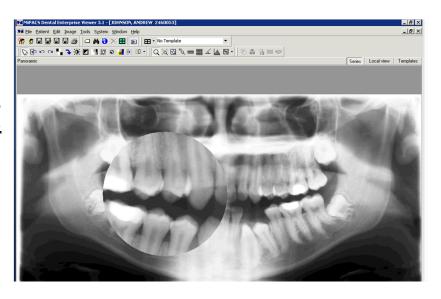
Dental School QA Program

- 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
- Pericornitis
- 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



- There is still pain associated with supporting tissues of teeth Describe:
- There is still purulent exudate from gingival sulci Describe:
- c. The PSR score has a sextant with score greater than 3 Describe:
- d. The PSR score is greater than score prior to treatment Describe:
- The patient has NOT complied with maintenance Describe:
- f. More than 20% of sites examined have bleeding when probed gently Describe:
- g. Supragingival plaque deposits evident on more than 30% tooth surface Describe:

AIM STATEMENT

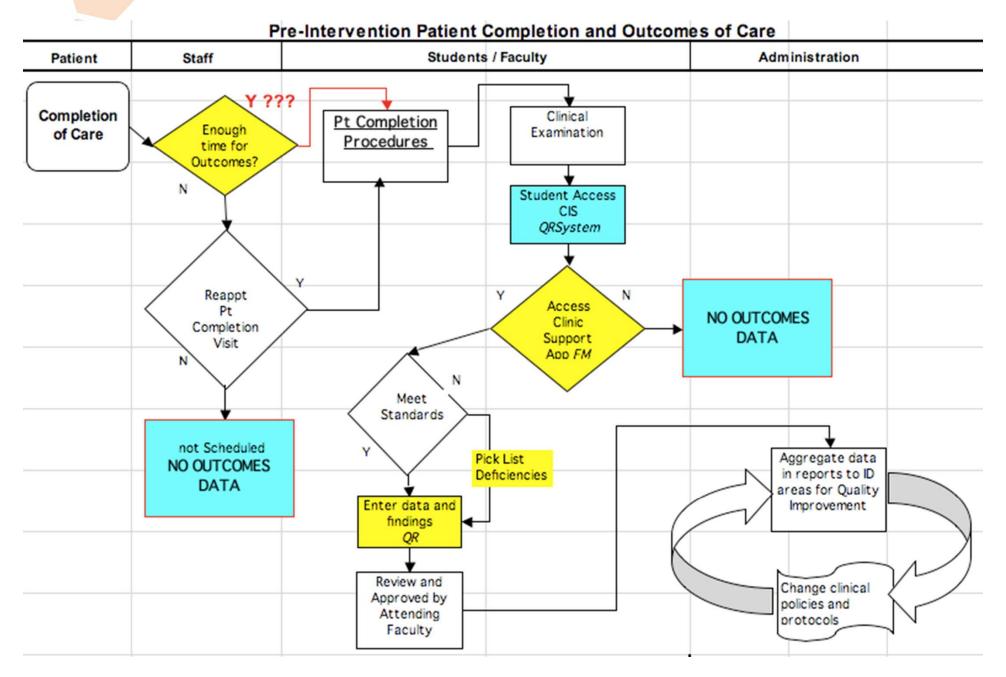
- •To increase provider adherence with "Outcomes of Care Assessment" Protocol by 10% by April 15th, 2009; for comprehensive care patients whose active treatment has been completed in the Predoctoral Clinics
- •To increase responses to *Standards of Care Criteria* evaluations by 10% by April 15th, 2009 so that thoroughness of the Outcomes of Care assessment improves.



Project: Functional Definitions

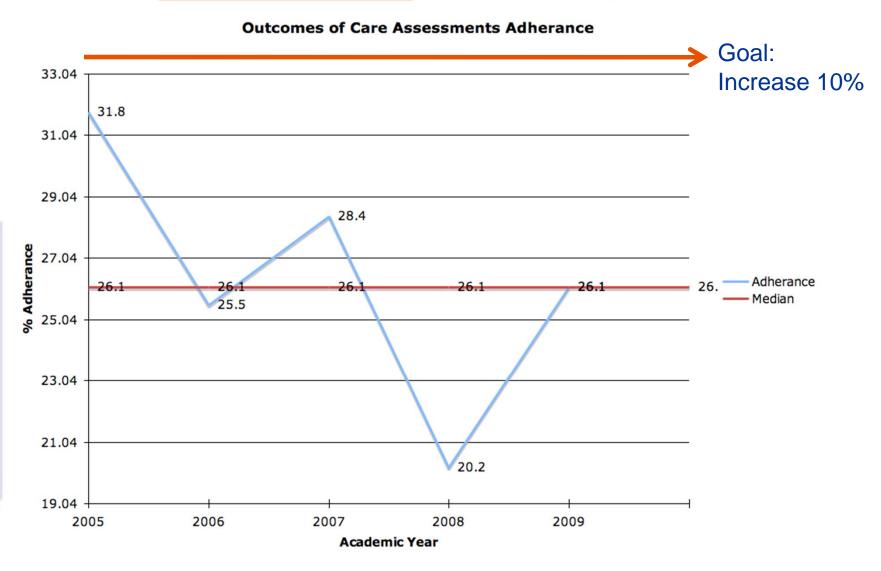
- Adherence % patients whose active treatment has been completed (codified) have had an "Outcomes Assessment" accomplished.
- Thoroughness
 - 1) % "Outcomes Assessments with narrative comments in addition to Y/N designation
 - 2) perception of the process by patients and providers

PROCESS FLOW - Pre Intervention

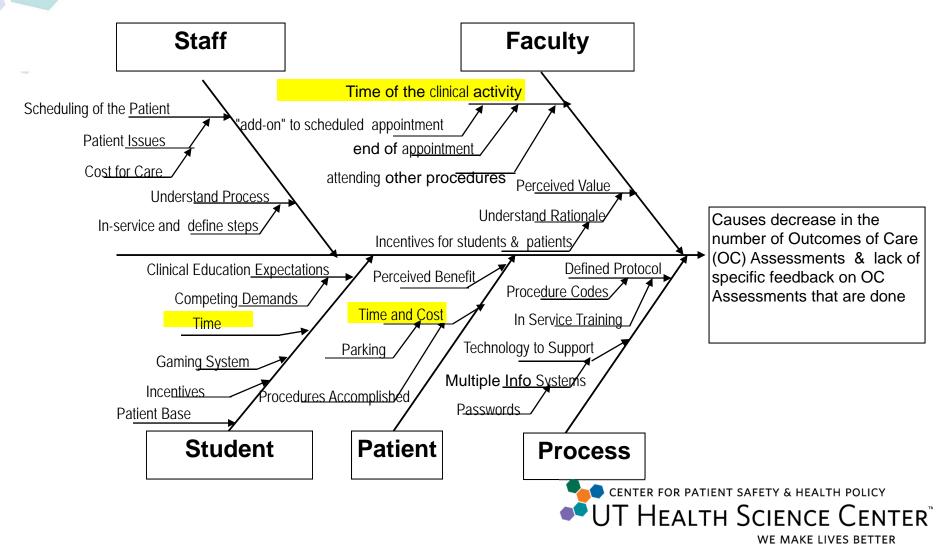


Pre-intervention data

Negative trend in adherence to protocol



CAUSE & EFFECT DIAGRAM



Educating for Quality Improvement & Patient Safety

Intervention

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

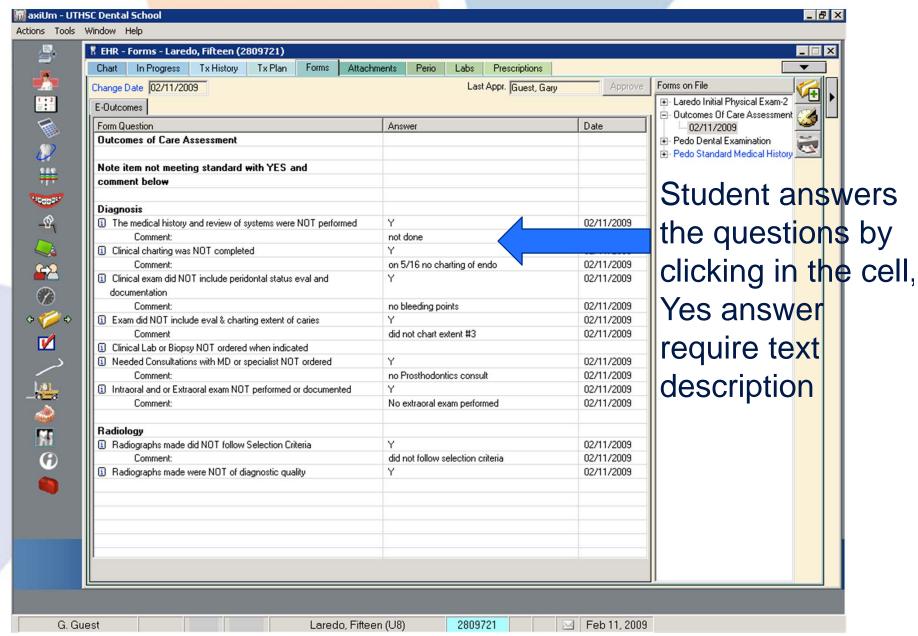




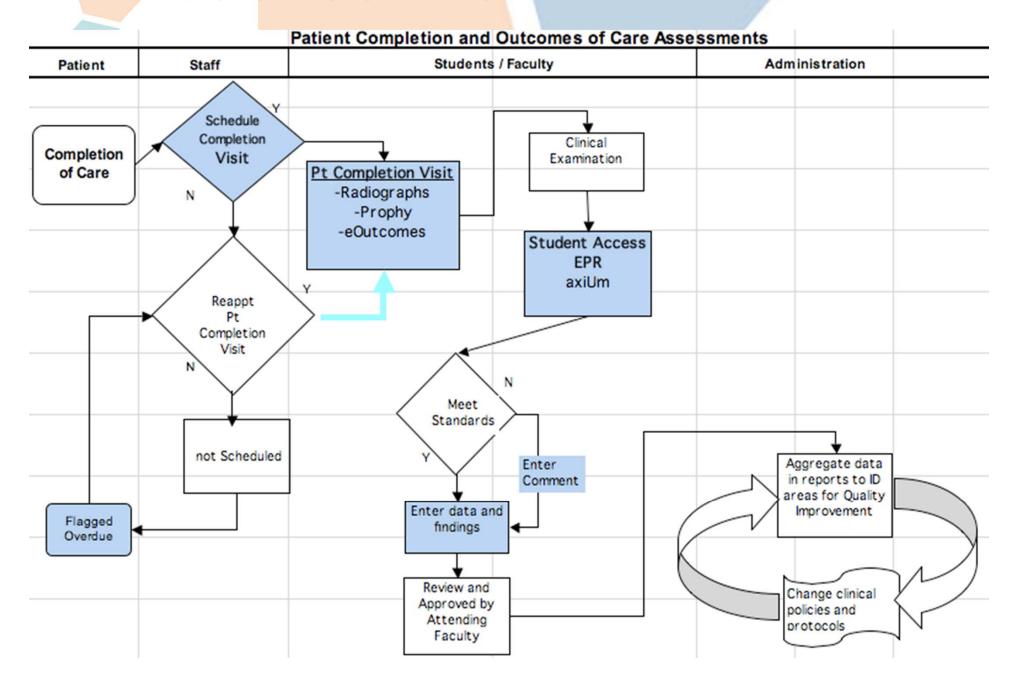
Pilot Project

- 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

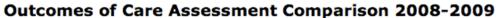
Information Systems Changes

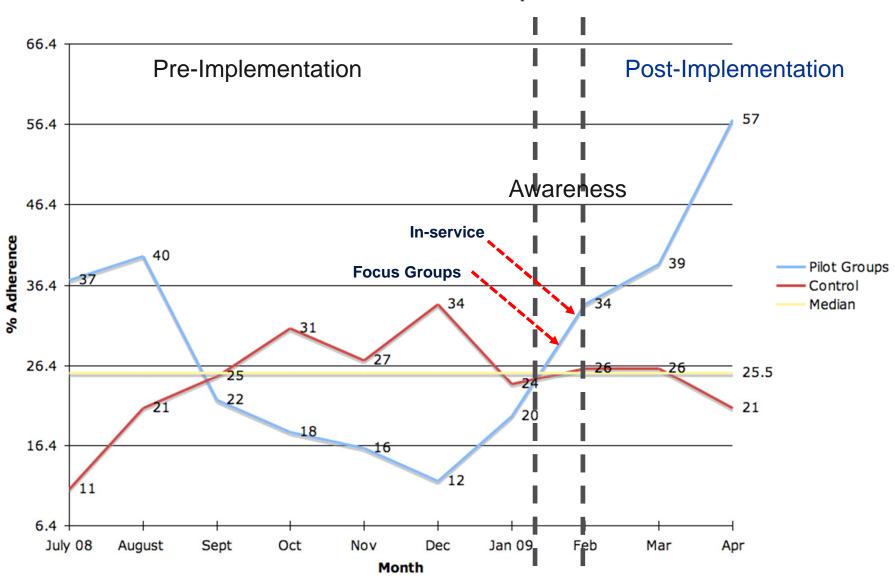


PROCESS FLOW - Intervention



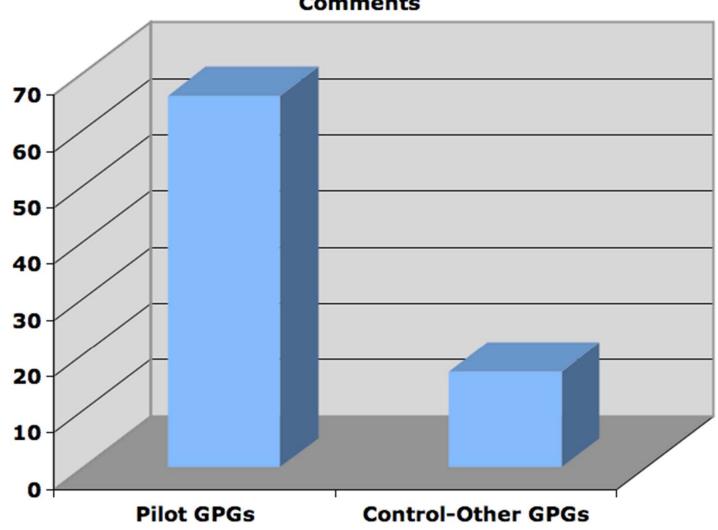
Comparison of Pre and Post intervention





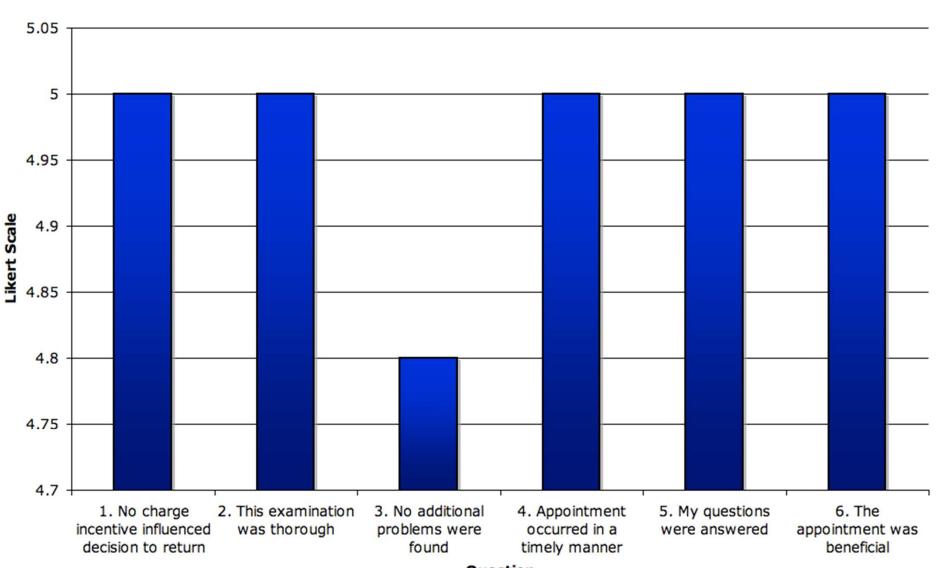
RESULTS

Percent with Outcomes Assessments with Comments



RESULTS

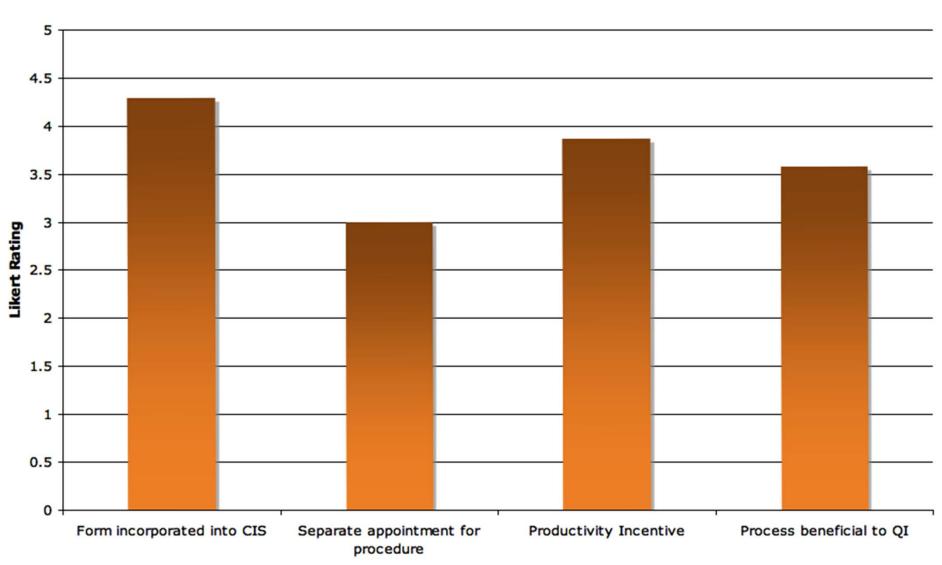
Patient - Treatment Completion Visit Survey



Question

RESULTS

Student Feedback E-Outcomes Pilot



Question

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









Educating for Quality Improvement & Patient Safety



