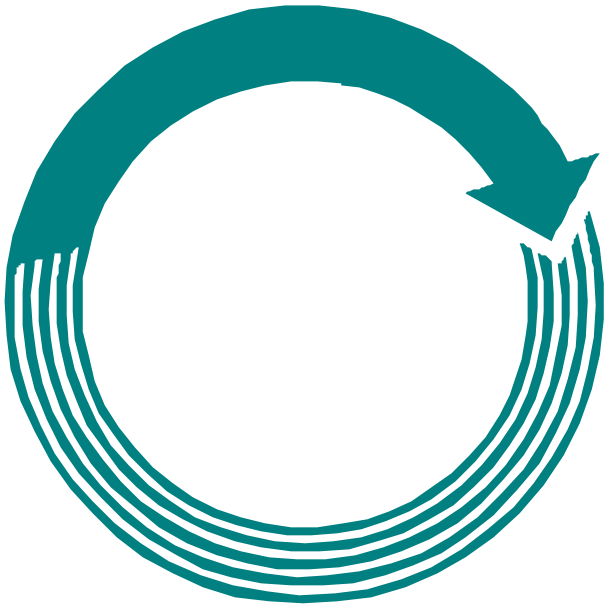
Ryan White Part A Quality Management



Oral Health Care Service Delivery Model 2014

Broward County/Fort Lauderdale Eligible Metropolitan Area (EMA)

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Ryan White Part A Quality Management

Oral Health Care
Service Delivery Model

Definition:

Oral Health Care (Dental Services) will encompass dental screenings, prophylaxes, fillings, simple extractions as well as periodontal and other advanced treatments. Clinical interventions are based on treatment guidelines and recognized clinical protocols established legal and ethical standards. As such, Oral health Care shall be provided based on the following priorities:

- Prevention of oral and/or systemic disease where the oral cavity serves as an entry point
- Elimination of presenting symptoms
- Elimination of infection, preservation of dentition and restoration of functioning

Emergency, diagnostic, preventive, hygiene, basic restorative, limited oral surgical and limited endodontic services rendered by general dentists and dental hygienists.

OUTCOMES, OUTCOME INDICATORS, INPUTS, STRATEGIES, DATA SOURCES

Client Outcomes	Outcome Indicators	Inputs	Strategies	Data Source
1. Reduction in number of teeth with untreated caries (tooth decay).	1.1. 75% of caries identified in the Phase I (Disease Control) treatment plan will be treated within 6 months.	Funding Staff Clients	1.1.1. Complete appropriate odontological examination 1.1.2. Complete a recall examination at six to twelve months	1.1.1.1. Patient Chart/MIS 1.1.2.1. Patient Chart/MIS
2. Improved periodontal health.	2.1. 80% of clients will have a 50% reduction in the number of bleeding sites at the completion of the Phase I (disease control) Plan.	Funding Staff Clients	2.1.1. Complete initial periodontal examination 2.1.2. Refer to the American Academy of Periodontology (AAP) guidelines for treatment strategies 2.1.3. Complete follow-up periodontal examination at completion of active periodontal treatment (four to eight weeks)	2.1.1.1. Patient Chart/MIS 2.1.2.1. AAP guidelines 2.1.3.1. Patient Chart/MIS

STANDARDS FOR SERVICE DELIVERY

Standard	Indicator	Data Source
1. Provider reviews a patient completed medical and dental health history annually.	1.1. 100% of patient charts have evidence that provider reviewed medical and dental health history. Medical history shall include the elements listed in appendix A.	1.1.1. Provider's signature 1.1.2. Progress Notes
2. Patient receives a periodontal screening or examination annually.	2.1. 100% of clients will receive a periodontal screening or exam annually.	2.1.1. Patient chart/MIS 2.1.2. Progress Notes
3. Documented treatment plan developed based on a comprehensive or periodic examination of the patient.	3.1. 100% of patients who have a comprehensive or periodic examination (D0150, D0120, and D0180) have a documented treatment plan.	3.1.1. Treatment plan in patient chart/MIS
4. Patient treatment plans are to be developed and/or updated within the measurement year.	4.1. 100% of patient treatment plans will be updated and/or developed at least annually.	4.1.1. Treatment plan in patient chart/MIS
5. Patient has a phase I treatment plan.	5.1. 100% of patients will have a phase 1 treatment plan* completed within 12 months (staff will insert in glossary of terms "Phase One").	5.1.1. Treatment plan in patient chart/MIS
6. Patients are referred to specialty care in accordance with the patient's needs and treatment plan.	6.1. 100% of patient charts show referral to specialty care for patients needing this service.	6.1.1. Patient chart/MIS 6.1.2. Referral form 6.1.3. Billing invoice
7. Patients referred to specialty services are followed-up.	7.1. 100% of patient charts have documentation of referral follow-up.	7.1.1. Patient chart/MIS
8. Provider delivers oral health education.	8.1. 100% of patients receive oral hygiene instruction annually.	8.1.1. Patient Chart /MIS
9. Provider delivers nutritional counseling as indicated.	9.1. 100% of patients who present with caries or report decreased salivary flow will receive nutritional counseling.	9.1.1. Patient chart/MIS 9.1.2. Referral form
10. Provider delivers counseling about tobacco cessation.	10.1. 100% of patients who report tobacco use will receive counseling about tobacco cessation.	10.1.1. Patient chart/MIS 10.1.2. Referral form

Standard	Indicator	Data Source
11. Provider will review patients' prescription, OTC and herbal medications.	11.1. 100% of client charts will contain documentation of medications.	11.1.1. Progress notes 11.1.2. Medication list 11.1.3. Medical history
12. Provider will review CD4 and Viral load values within the last 6 months.	12.1. 100% of client charts will contain documentation of lab values.	12.1.1. Progress notes 12.1.2. Medical history 12.1.3. Lab reports 12.1.4. MIS
13. Prior to surgical procedures, provider will review CBC values.	13.1. 100% of client charts will contain documentation of lab values.	13.1.1. Progress notes 13.1.2. Medical history 13.1.3. Lab reports 13.1.4. MIS
14. Prior to surgical procedures, provider will review Platelets values.	14.1. 100% of client charts will contain documentation of lab values.	14.1.1. Progress notes 14.1.2. Medical history 14.1.3. Lab reports
15. Provider will measure blood pressure and review medical history prior to surgical procedures and anytime local anesthesia is provided.	15.1. 100% of client charts will contain recorded blood pressure and medical history.	15.1.1. Progress notes 15.1.2. Medical history

PROTOCOL

The Oral Health Protocol identifies the specific ways to implement oral health standards and processes inherent to this service category. The delivery of oral services shall be conducted by culturally competent service providers following the Office of Minority Health CLAS Standards. Providers are also expected to comply with applicable standards and guidelines that are relevant to individual service categories (i.e., HAB HIV Performance Measures, etc.).

The provider shall give access to routine and emergency dental care for persons living with HIV/AIDS residents of the Broward County EMA, who either have no dental third party payment source, have limited third party coverage, or have been denied coverage by a third party payer.

Oral Health Care (Dental Services) shall include a completed assessment; prioritized treatment plan which is tailored to the client's needs; dental treatment history; and an assessment of medical conditions that are appropriately monitored and updated as needed. The treatment plan will also include an appropriate recall/follow-up schedule every six months.

Intake
New clients shall receive a dental screening within 21 days of the initial referral to a dental provider. Client's initial non-emergency visits should include an oral evaluation with radiographs and treatments plan. Initial visits shall include:

- Comprehensive head and neck exam;
- Complete intraoral exam, including evaluation for HIV associated lesions
- Full medical status information from medical provider, including
- medication and stage of illness, as needed; and
- Dental risk assessment and prevention strategy including home care and other self-exam instructions.

Designated staff shall:

- Address issues of consent, confidentiality and rights and responsibilities for patients enrolled in services.
- Provider shall have a patient grievance process that shall be discussed with patient during intake. Provider shall explain that if a patient is dissatisfied after completing the agency grievance process, the patient has a right to present a grievance to the Broward County Ryan White Part A Program Office. Provider shall briefly explain the process for filing a grievance with the Ryan White Part A Program Office including posted grievance instructions.

Clinic staff shall:

- Perform an eligibility and financial assessment at each visit in addition to reviewing client's eligibility certification in the designated HIV MIS System.
- Staff will review client's eligibility for all funding streams and services for which client may qualify. Staff will follow-up with referrals as appropriate. The purpose of the assessment is to ensure 1) client's access to all services client may be eligible for and 2) the status of Ryan White as payer of last resort.

Assessment of Patient Need
The oral health practitioner shall assess patient needs by conducting an oral exam to include: assessment of opportunistic infections, hard and soft tissue exam, including periodontal tissues and oral mucosa; gingival and periodontal structures, other as needed. Need is documented in patient chart. The Assessment of Patient Need should include:

- Description of documented patient need, including relevant dental, medical and prescription information;
- Outline of service needs.

Treatment Plan
The purpose of the Treatment Plan is to guide the provider in delivering high quality care corresponding to the patient's level of need including determination of emergency versus non-emergency care, triage care and referral as indicated. The Treatment Plan is developed by a dental provider following the initial comprehensive dental exam and is kept within the patient's chart.

The Treatment Plan may include services that are not covered by Ryan White Part A funds. Provider shall consult with the patient to discuss these services which may be available through other sources.

The client's primary reason for the visit, concerns and expectations should be considered by the Provider when developing the treatment plan. Treatment priority shall be given to the management of pain, infection, traumatic injury or the emergency condition. The Provider will manage the client's pain, anxiety and behavior during treatment to facilitate safety and efficiency. Emergency service(s) where there are severe, life threatening, or potentially disabling conditions shall be the first priority for service delivery. The provider must document the nature of the emergency, the dental site and the specific treatment involved.

Phase 1 of all oral health treatment plans must be completed within 6 months from the date of that the treatment plan has been agreed upon by the patient. Phase 1 treatment plan includes: Diagnostic, Prevention, maintenance and/or elimination of oral pathology that results from dental caries or periodontal disease. This includes: basic restorative treatment including fillings; basic periodontal therapy (non-surgical); basic oral surgery that includes simple extractions and biopsy; non-surgical endodontic therapy.

Adherence to Treatment
Providers shall assist patient to adhere to oral health treatment plan and shall refer to a Ryan White Part A medical case manager any patients presenting other needs that could potentially impair adherence to the oral health treatment plan.

Oral Health Care (Dental services) shall strive to retain clients in oral health treatment services. Providers shall have a coordinated Retention and Client Recall system with policies and procedures for non-compliance, missed appointments, appointment reminders. The retention policy shall include coordination of treatment with primary medical care provider, treatment adherence, case manager and Ryan White Part A outreach services as required ensuring continuity of care and retention of clients in dental and or medical care.

Case conferencing shall be conducted when Client's dental treatment has been interrupted due to a condition or behavior that threatens his/her ability to access care, missed appointments, remain in care or adhere to care and/or medications. Case conferencing shall include written documentation of collaboration with Client's primary medical provider, Case Manager and/or appropriate retention and adherence staff.

Service Caps
The provision of Oral Health Care services is limited to an annual cap of not to exceed $3,000 annually. Under very limited clinical circumstances, exceptions to the annual cap may be approved with prior authorization from the Ryan White Part A Program Office in consultation from a third party. At least 65% of all dental services must be used for preventative and routine care. The remaining 35% of oral health

care services may be used for major dental services such as crowns, bridgework, removal and fixed prosthodontics.

Coordination and Referral of Oral Health Services
The objectives of coordination and referral are to follow through on the strategies for addressing patient's oral health need and referral to available services. As appropriate, staff will act as a liaison between patients and other oral health service providers to obtain and share information to support optimal level of patient care and service provision.

Provider shall give immediate referrals for emergency treatment including relief of pain or infection.

Provider shall refer to those patients with dental needs which fall outside of the scope of Part A funded Oral Health Care services to the appropriate provider.

Physical Plant Safety
Oral health services shall be located in physical facilities which meet fire safety requirements, meet criteria for ADA compliance, and are clean, comfortable, and free from hazards.

Access to Primary Medical Care
Providers shall assess if patients are receiving primary medical care. Patients not in primary medical care shall be offerred a referral to Ryan White Part A Outpatient Ambulatory Medical Care.

Documentation
Service provider shall document all services provided to the patient in the patient chart.

Continuous Quality Improvement
Service provider shall conduct quarterly chart reviews to ensure all services have been provided to the patient based on the Treatment Plan, all referrals have been followed-up and documentation of all services is complete.

Professional Requirements
1. Participating dentists possess appropriate license, credentials and expertise.
2. Staff are trained on HIV/AIDS and the affected community.
3. The program director has training and experience in clinical aspects of oral hygiene, dental treatment planning and care.

Appendix A

Medical History Elements

Standard number one requires a completed patient medical history on an annual basis. Required elements for the medical history shall include:

- Purpose of last physician visit
- Date of last physician visit
- Date of last dental visit
- List all current medications
    - Prescription
    - Vitamins/Herbs
    - OTC
- Tobacco use
- Achohol use
- Substance use
- List all allergies
    - Drug
    - Food
    - Other
- Overnight hospitalization
- Purpose of overnight hospitalization
- History of heart disease or heart surgery
- Do you have artificial joints
- History of diabetes
- History of excessive bleeding or bruising
- History of stroke
- History of seizures
- HIV
    - Date diagnosed
    - Most recent CD4/VL
    - Treating HIV Physician
- Tuberculosis history & treatment
- Hepatitis (A, B or C) history & treatment
- History of liver or kidney disease

Women only:

- Patient pregnant?
- Contraception use