# Draft Report Card Measures

**Summary of currently selected measures and potential benchmarks for the workgroup.**

| Measure | Benchmark | Comments | Points |
|---|---|---|---|
| 47.2% of third graders have experienced tooth decay.[i] | 47.4% in 2009 (VA) | ● Suggestion: Look at 2009 survey done by Weldon Cooper because the statistic here looks different from what that showed (about 15% prevalence of decay).<br>● Response: That survey was done based on the data presented here – the difference in the reported prevalence is probably because the rate of untreated decay was around 15%, but the overall prevalence of treated and untreated decay is what we show here.<br>● Consensus: keep measure as is | 0 |
| 15.3% of adults have had six or more permanent teeth extracted due to tooth decay or gum disease in their lifetime.[ii] | 15.3% in 2012 (VA) | ● Suggestion: Include a measure of past year dental visits for adults, or the % of adults who put off treatment due to costs. Some felt that adult-specific measures were underrepresented.<br>● Response: Past-year dental visits was already proposed and eliminated in previous workgroup meetings.<br>● Consensus: keep measure as is | 0 |
| 37.7% of adults do not have dental insurance.[iii] | 15.3% without medical insurance in 2013 (VA) | ● Concern was raised about using lack of medical coverage as a benchmark in lieu of dental coverage – Lauren explained that we don't currently have data to show the trend for this measure; going forward we would use 37.7% as our baseline/benchmark for comparison.<br>● Group acknowledged that some people will choose to have no coverage – so we can never reach 100% dental insurance coverage for adults.<br>● Consensus: include context in the language to help reader understand why the benchmark is what it is: "% of adults without dental should not be greater than the % of adults without medical insurance." | 0 |
| 23.5% of Virginians reside in a locality with a shortage of dental providers.[iv] | 30.6% in 2015 (Region: DE, MD, PA, VA, WV) | ● The problems with using HRSA's health professional shortage area (HPSA) data were discussed. For regional outreach, VaOHC can help facilitate discussions about other measures of workforce.<br>● Suggestion: Use Virginia past-year data rather than regional performance on this measure as the | 1 |

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| | | benchmark – the regional benchmark makes it look like we're doing ok.<br>● Response: Justin Crow explained that the regional benchmark is a better comparison than past-year state data because of changes in the data collection method over time. However, if we explain the caveats of the data in the methodology of the report card, it would be ok to use past-year state data as the benchmark.<br>● Consensus: this is the best existing measure of workforce mal-distribution available at the state level in the absence of other alternatives. Will be important to include issues of regional disparities as part of final product – not just in narrative. | |
| 23.7% of Medicaid or FAMIS-enrolled children ages 1-3 received preventive dental care.[v] | 17.7% in 2010-11 (VA) ***or***<br>% children receiving well-child medical visits[vi] | ● Sarah posed three options to the group: 1) make this the measure; 2) make the 1-20 age group measure the main one; or 3) include both. After weighing pros and cons of keeping this prevention measure versus the kids 1-20 measure, there was consensus that the 1-3 age group should be the focus to call attention to the need to target the youngest children for preventive services and an early dental home. The group felt strongly that both were very important indicators and that it is necessary to demonstrate the progress that has been achieved in both areas in the final product while highlighting opportunities for improvement<br>● The main concern raised about using this as the measure was that the readers may not understand why this age group is so critical for getting preventive care.<br>● Group felt that using well-child visits as the benchmark was problematic – children need multiple yearly well child visits and the tracking by DMAS is different as a result<br>● Consensus: use the utilization rate for all children ages 3-20 as the benchmark instead of options listed here. | -- |
| 18.6% of children ages 6-9 have received dental sealants on one or more of their permanent teeth.[vii] | 28.1% (HP 2020 target)[viii] | ● Change wording to make it clear that these are Medicaid children. | 0 |

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| | | ● The HP 2020 target is not a good benchmark because that data represents all kids, not just Medicaid kids.<br>● VDH may have data for all children – otherwise we can use past year sealant data from DMAS to show the trend for Medicaid kids.<br>● Consensus: work with VDH and DMAS to identify existing data and determine benchmark recommendations. | |
| 96.3% of Virginians receive fluoridated water through community water systems.[ix] | 95.3% in 2010 (VA) | ● Suggestion: Virginia is doing well on CWF and we need to keep it that way – to show how well we're doing, consider using the Healthy People 2020 CWF target as the benchmark (79.6% of population served by fluoridated community water systems).<br>● Consensus: HP2020 | 0 |
| 363 medical providers were reimbursed by Medicaid for providing fluoride varnish to children.[x] | 149 in 2012 (VA) ***or***<br>24 in 2006 (VA) ***or***<br># of children receiving well-child medical visits | ● Suggestion: Switch to # of kids receiving FV? (DMAS can provide this number).<br>● Response: That would detract from the message that we want to increase the number of providers billing Medicaid for this service. Also, the low number of providers is more impactful than the number of kids receiving FV.<br>● Suggestion: Keep the measure the same, but make it a % of prescribing practitioners. I.e., the denominator would be pediatricians and pediatric nurse practitioners. This will not be inclusive of all providers that can apply fluoride varnish, but is easily measurable and will highlight a need for better data collection moving forward while also highlighting need for provider participation in oral health.<br>● Consensus: % of prescribing providers with Medicaid enrolled pediatricians and pediatric nurse practitioners as the denominator.<br>● A benchmark was not formally decided; as evidenced by past year data, Virginia has improved the number of providers applying FV. However, the numbers are still very small as a proportion of eligible | -- |

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| | | Medicaid providers. VaOHC will discuss appropriate benchmarks with DMAS. | |
| 53.2% of Medicaid or FAMIS-enrolled children ages 1-20 received preventive dental services.[xi] | 46.1% in 2010-2011 (VA) ***or*** % children receiving well-child medical visits | ● Suggestion: Rather than the 1-3 age group measure, make this the main measure and then highlight in bullet points underneath the highest and lowest utilization rates.<br>● Response: Ultimately it was decided that, instead of using this suggested solution, the 1-3 age group should be kept and the benchmark changed to reflect the dynamic of the younger age group utilization vs. older children (as described in the comments on the 1-3 age group measure above). | -- |
| 82,695 adults visited a safety net clinic or MOM project for dental care.[xii] | 68,225 in 2014 (VA) | ● There was significant discussion about the pros and cons of the safety net measure as a high-level indicator; some were concerned that leaving the safety net out and relegating it to the narrative would send a message that the efforts of the safety net to provide oral health care to low-income adults is not an important issue. Others are concerned that the data can easily be misinterpreted and is impossible to grade/measure easily (i.e. is a larger number good or bad?)<br>● Consensus: include a separate call-out box on the report card that ties the safety net burden to the other report card measures, and provide a deeper discussion in the narrative. | -- |

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**NOTES**

The original document at the meeting included a column that indicated if the measure was better, worse or the same as the suggested benchmark. This was removed for space and because much of the discussion made the column incorrect.

The grading scale is under development; the scoring shown here is for illustrative purposes only. On this example, 1 point was awarded for improvement on a measure, and 0 points were awarded for unchanged or worse performance. "Unchanged" means ≤ 1 percentage point difference. If the points are blank, that means there were multiple benchmarks to select from – the final scoring will be based on benchmarks discussed in the work group.

All benchmarks are from the same data source unless otherwise indicated in the references below.

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[i] 2014-2015 Virginia Statewide Basic Screening Survey of Third Grade Children
[ii] 2015 Virginia Behavioral Risk Factor Surveillance System
[iii] 2013 Virginia Behavioral Risk Factor Surveillance System
[iv] 2014 American Community Survey 5-year estimates
[v] State fiscal year 2014-2015 Virginia Department of Medical Assistance Services & DentaQuest
[vi] Data may be available from Virginia Department of Medical Assistance Services & DentaQuest
[vii] State fiscal year 2014-2015 Virginia Department of Medical Assistance Services & DentaQuest
[viii] Office of Disease Prevention and Health Promotion, Healthy People 2020 Oral Health: https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives#4993
[ix] Centers for Disease Control and Prevention (CDC) 2014, Water Fluoridation Reporting System
[x] State fiscal year 2014-2015 Virginia Department of Medical Assistance Services & DentaQuest
[xi] State fiscal year 2014-2015 Virginia Department of Medical Assistance Services & DentaQuest
[xii] Combined number of adult dental visits based on data from Virginia Health Care Foundation (VHCF), Virginia Dental Association Foundation (VDAF), Virginia Community Healthcare Association (VCHA), and Virginia Association of Free and Charitable Clinics (VAFCC)