Oral Evaluation for Adults with Diabetes

Performance Measure Set: ⊠CCO Incentive ☐Medicare Star Rating
Quality Measurement Type: ☐Structure ☐Process ☐Outcome ☐ Patient Experience
Data Type: ⊠Claims □Chart Documentation □eCQM □Survey □Other
Medicaid State Benchmark: 20.4% (2020 CCO 75th Percentile)

Who: All patients aged 18 years or older with type 1 or type 2 diabetes during the measurement year or the year prior to the measurement year (i.e. a diabetes dx since January 1, 2021) identified through medial or pharmacy claims.

Why: Efforts to promote whole-person care include bringing together physical and oral health. This is especially true for adults with diabetes. Diabetes increases the risk of gum disease, and untreated gum disease can worsen blood sugar control. Lack of oral health care has also been linked to costly emergency department visits, where prescription pain medication may be the only treatment available.¹

What: Percent of members who received a comprehensive, periodic, or periodontal oral evaluation in the measurement year.

How:

- Ask patients and document it in the chart who is their dental provider and explore their level of engagement with dental services. It is recommended that patients with diabetes should attend dental services more than twice a year. CareOregon benefits cover 4 dental visits a year explore what barriers members are facing for attendance.
- Request dental outreach for patients through CareOregon's provider portal or another internal referral processes. For additional dental support, refer to your region's dental webpage in the resources, below.
- Discuss the need for routine oral health care with all patients with diabetes.
- BHC can evaluate barriers to attending referral to dental, such as anxiety. BHCs can follow up with patients after their dental appointment to see if appointment was completed and, if it wasn't, explore barriers to engagement. After completing dental appointment, BHC can help with implementation of healthy behaviors.
- Refer to CCO-specific dental brochures that are printed for each region. These brochures explain the importance of oral health, the dental benefit package and how to connect to your dental plan. Due to COVID, these are also available on the dental resources webpage. For additional dental support, refer to your region's dental webpage in the resources, below.
- For further support, please reach out to your clinic's Quality Improvement Analyst, Innovation Specialist, or Dental Innovation Specialist.

¹NASHP (National Academy for State Health Policy): https://nashp.org/wp-content/uploads/2017/09/DentaQuest-Brief.pdf



Exclusions: Patients identified with gestational diabetes or steroid-induced diabetes but who do not have a diagnosis of Type 1 or Type 2 diabetes in any care settings. Patients in hospice or palliative care. Patients 66 and older as of December 31 of the measurement year enrolled in an institutional SNP (I-SNP), or living long-term in an institution, or who meet the criteria for frailty and advanced illness.

Coding:

CDT codes: D0120, D0150, or D0180.

Note on teledentistry: This measure may be eligible for teledentistry. While the intent of the measure is to ensure that members with diabetes had a touchpoint with the dental delivery system and had diagnoses and treatment planning, these activities as documented in the claims data by the dentist/dental health provider is based on their clinical judgment. If the rendering provider documents a qualifying CDT code (D0120, D0150 or D0180) in the claims form, the visit will be counted in the measure, irrespective if the visit was virtual (Teledentistry) or in person.

Resources

CareOregon Dental: https://careoregon.org/members/health-plan-resources/dental-health

Jackson Care Connect Dental: https://jacksoncareconnect.org/for-members/dental-health-resources

Columbia Pacific CCO Dental: https://www.colpachealth.org/for-members/dental-health-resources

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