

## 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: 26.8% (2018 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, 2020) 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.<sup>1</sup>

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

### How:

- Ask whether diabetic patients are regularly engaged with a dental provider.
- Request dental outreach for patients through CareOregon’s provider portal or another internal referral processes.
- Discuss the need for routine oral health care with all diabetic patients.
- Behavioral Health Follow Up Engagement and Support: approx. 50% of dental patients have anxiety. BHC can evaluate barriers to attending referral to dental, such as anxiety. BHC can follow up with patients after dental appointment should have occurred to see if appointment was completed and if it wasn't, help problem solve and follow up to help patient try again. After completing dental appointment, BHC can help with implementation of healthy behaviors.

**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.

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



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.

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

