# Achieving Practice Excellence:

Quality Measurement Basics and How to Get Started

A white paper by

Tina Schwien Product Marketing Manager Dentra December 2009

© 2009, Dentra. All rights reserved.

### Demand for quality information is on the rise

In the last decade, we have seen dramatic changes with regard to the way consumers gather information for purchasing decisions. With the pervasiveness of the Internet, consumers increasingly expect access to, and seek out comparative information on service quality and cost prior to buying just about anything. This move toward value-based purchasing has only been heightened during the current economic climate.

When it comes to healthcare services, this expectation is no different. Consumers want access to objective quality measures to be able to compare services prior to spending their limited healthcare dollars. This expectation is being met, and perhaps further driven, by different healthcare organizations. A good example is the Society of Thoracic Surgeons (STS), which has developed a comprehensive rating system allowing consumers to compare the quality of cardiac surgery at hospitals across the country. Inspired by the Institute of Medicine's (IOM) ground-breaking paper *Crossing the Quality Chasm*, STS, along with other healthcare organizations, has pushed for the adoption of standard data collection and reporting practices to reduce medical errors, and drive quality improvement. The result within the medical community has been a growing body of research into clinical outcomes, and an evolving move to make provider performance more public.

### Meeting patients' quality expectations cultivates loyalty and referrals

Dental patients are among this new breed of consumers who expect information on services prior to purchase, and are increasingly looking for quality comparisons. As such, dental practices find themselves engaging with increasingly educated patients who have developed strong opinions about their oral health needs, treatment options, and expectations for care – prior to even stepping into the dental office.

Patients' increased participation in oral healthcare presents a great opportunity for dental professionals. As a population, information-seeking patients are typically more engaged in learning about their oral health, compliant with treatment, and interested in establishing a routine source of care. By providing these patients with the means they need to evaluate the quality of dental services at a particular practice, dental professionals can meet their expectations for information while simultaneously cultivating the patient relationships and loyalty

that are a hallmark of a healthy practice and a key way to secure ongoing referrals. In addition, providing information on quality service helps dental professionals differentiate their practice and areas of excellence from others.

### **Demonstrating quality: The basics**

In light of consumers' increasing expectations for service information prior to purchase, dental professionals must find effective ways to communicate the quality and value of their offering. Whether purchasing dental services through insurance or out-of-pocket, patients want to feel confident that the dental care they receive is appropriate for their needs, essential for their health, and worth the investment.

#### Standardized data and measures are essential

Meeting patient expectations for comparative information on service quality requires some degree of standardized data. With common data elements that capture information about patient needs, procedures performed, and outcomes achieved, it is possible to calculate standard measures that may be used by patients to compare quality and services between practices in a meaningful way. Similarly, access to standardized data and measures empowers dentists to identify and highlight specific areas of practice excellence, while internally addressing areas representing opportunities for improvement.

Standardized data and measures also benefit the dental profession as a whole. Allowing the aggregation of data across settings and different patient populations, they facilitate ongoing research into the effectiveness of different treatments and products, strengthen dentistry's knowledge base, and help dentists deliver evidence-based care – care, as described by the American Dental Association (ADA), that integrates a provider's expertise, a patient's preferences, and clinically relevant scientific evidence base.

Although standardized data has been used to develop and implement quality measures in healthcare, including the development of measures to assess the quality performance of dental plans, little has been done so far to develop standardized data and measures to assess the quality of care delivered by individual dentists and dental practices. This has not resulted from a lack of interest in quality among dentists, but perhaps from relying, to date, on a *gut feeling* to

measure success. Missing too, possibly, has been a clearer understanding of the different approaches now available to measuring quality within and between practices.

#### Different approaches to quality measurement

In general, quality measurement falls into three categories: process measures, outcome measures, and patient experience measures. All categories are valid, and each differs in its approach. Ideally, information from all categories is available to provide a global assessment of quality. In reality however, the type of measures that can be used depends on the data available, and what is important to the individuals making decisions about what to measure and why. Given this, the merits of each category should be considered, as well as how each could be used to help measure the quality of dental services, and demonstrate that value to patients.

*Process measures* evaluate whether the right care was given to the right patient at the right time. Therefore, they require agreement and an evidence base to support a standard of care. Many healthcare providers prefer process measures as a means to evaluate the quality of care delivery because they evaluate what the provider did – that is, what they have control over.

However at present, incorporating process measures into dental practices is hindered by variation in practice, and disagreement over standard of care. Similarly, although claims data could be used to help produce a starter set of process measures, the lack of standardized diagnosis codes in dentistry makes it difficult to evaluate with confidence if what was done was appropriate for a patient's circumstance, or to study the effectiveness of different treatments and products on a larger scale. As the dental profession addresses the issue of practice variation and the need for diagnostic codes, dental professionals may still look to less complex process measures as a place to start, such as the percentage of patients receiving preventive services.

**Outcome measures** are used to evaluate whether the status of a patient changed over time. Measuring change in patient status typically requires data from at least two points in time, agreement on how to measure a patient's status, and agreement on what constitutes a desired or undesired change. Because healthcare providers cannot control whether patients are compliant with treatment plans, or engage in risk behaviors that might reduce likelihood of improvement, some health professionals are less comfortable using outcome measures to evaluate the quality of the care they deliver. On the other hand, patients tend to prefer outcome

measures because improved status (or avoidance of undesired outcomes) brings with it the potential for reduced pain, suffering and expense in the future.

Although work has been done to begin developing relevant treatment outcomes in dentistry, few dentists are currently able to collect the data in a manner that would facilitate tracking and reporting on these outcomes across settings or among different patient populations. Suggested clinical treatment outcomes have included tooth and restoration survival, reduction in presence or severity of caries and periodontal disease, and improved function, such as chewing or swallowing. However, until there is a change in practice culture that incorporates and supports standardized assessment and tracking of this data, these outcomes remain difficult to monitor or compare with confidence. In the near term, however, dentists can begin using proxy outcome measures as starting points, such as improved continuity of care, new patient retention, and satisfaction with oral health. These measures, along with the percentage of patients receiving preventive services, are available through the reporting services of specialized informatics companies. Figure 1 illustrates how these measures can be incorporated into an easily accessible *Online Quality Report*.

#### Figure 1

	Your Score Mar '09	Your Score Feb '09	Trend	Nation
Quality Comparisons				
New Patient Retention	70%	65%		60%
Continuity of Care	79%	75%		70%
Preventive Care				
Any Preventive Service				
All Ages	86%	82%		78%
Children 0 < 6	50%	68%	▼	86%
Children 6 to 18	100%	97%		93%
Adults 19 and older	85%	80%		75%

*Patient experience measures* are used to evaluate how a patient felt about the care they received, regardless of what the provider did (process) or if their status improved (outcome). Patient experience measures require data from the patient – not from claims or clinical assessment data. Although this data is subjective by nature, the manner in which it is collected can be standardized – allowing for monitoring, aggregation, and production of comparative metrics. The proponents of patient experience measures point out that the ultimate judge of quality should be the patient – the recipient of care – and whether they felt their needs were met. The assumption is that if they are satisfied with care, then the provider successfully

addressed their concerns, respected their preferences, delivered care that will likely bring the patient back in the future while motivating them to recommend the provider to others.

Patient experience measures, specifically patient satisfaction, offer a great opportunity for dental professionals to begin quality monitoring and reporting. Unlike process or outcome measures, patient satisfaction measures are not hindered by variation in practice or the need for greater agreement and evidence regarding treatment efficacy – nor do they require the dental professional or team to alter their current documentation routines because patient satisfaction data comes straight from patients. As long as there is a standard set of questions that is systematically distributed to, and answered by patients after their visit, then standardized measures may be monitored, aggregated, and reported.

### Getting started with patient satisfaction measurement

Fortunately, the existing body of academic work supports the development of a standard set of patient satisfaction questions. Research has established dental patient satisfaction as a multidimensional phenomenon, and as such, there are different aspects of dental patient satisfaction that warrant separate measure, but that can also be rolled up into an aggregate score or index.

Recognizing the growing consumer demand for comparative information on quality and the insight comparative benchmarks can bring to providers, informatics companies have leveraged this research to develop patient satisfaction service offerings for the dental market that include standardized survey administration, data management and on-demand comparative reporting.

For instance, the *Online Satisfaction Index Report* shown in Figure 2 includes an index score for the provider, scores on individual aspects of care that roll into that index, comparisons to how they did in the prior month, and comparisons to other providers in the state this month.

#### Figure 2

)entra			1	Patient Satisfaction Your Satisfaction Inde		
64.95	Perfeit Jane (000 for (3-134mm Has	Licator (21pinetti)		ingen.	WA 1011 patter	
		100				
		25.4				
	91.61	12.1		1.00		
	91.01		propring			
		192	Tes Nor 11			
	Your Sandlaction Index					
	Total sectore and the sectore and the	. 81.5			-	
		62		_		
		Ties Arrest	- Bower		-	
	Individual Directory	-	-	1.0	1	
	Your Editoriantian Index	81.8	81.4		86.2	
1976	Likelihood to Recommend	21.4	81.4	*	97.7	
in.	Likelihood to Return	24.2	36.2		28.2	
18%	Satisfaction with Gental Team	94.2	84.3		98.8	
	Courting and respect	31.6	10.4		105.4	
	Listered Carofully	1941 1	34.3		07.0	
	Expansed to Londs uniterstated	30.0	105.1		146.45	
	Effort to inally the conductation	010	83.7		101.2	
	Established rise on properties.	144.0	54.8		0.0.6	
	Addressed my denial screeners	201.7	105.8		01.1	
10%	Satisfaction with Getting Care	89.2	89.1		93.8	
	Gelling appointment of pool time-	90.7	90.9		95.D	
	Getting apportment of time warder?	100.0	10.2		00.0	
	Torre spirit in waiting toose.	117.0.	813		18.8.42	
11%	Satisfaction with Positives	87.8	HT.9		88.T	
	Combut of earing 1000	101.7	101.8		00.8	
	Ainternitiene in engine macen-	07.2	812		25.1	
	Charlennia of exampliant	99.8	2014		26.4	
	Seturaction with Cesi and Poyment	34.0	84.7	*	99.8	
us.		81.2	85.4		101.0	
18%	Explanation of Inharges.	1011.00				
0.2	Explanation of Interpret Availability of polymeric options	104.5	84.7		117.4	

For the dental professional, such a report provides them with objective, immediately actionable information they can use for internal discussion on how they are doing overall, where they excel, and the areas to focus on for quality improvement. In terms of communicating with patients, the index offers a unique way to compare overall performance with others while the sub-scores on individual aspects of care can be used to help differentiate a practice from others.

**Deliver a powerful message to patients.** Implementing a patient satisfaction measurement service and making satisfaction scores and comparative benchmarks available enable dentists to deliver a powerful message to their patients. By doing so, dental professionals let their patient

866.200.9220 | info@dentra.com | www.dentra.com © 2009, Dentra. All rights reserved.

base and prospects know that they value patient feedback, honor their experience, and strive to continually deliver high-quality, patient-centered care.

This message can be further strengthened when satisfaction scores are accompanied by laudatory quotes from patients. Dental professionals can gain direct access to a continual flow of such quotes through many patient satisfaction service offerings. In Figure 3, excerpts from an *Online Survey Comments Report* illustrate how on-demand reports can be both a source for learning what patients like, and what they would suggest to improve care.

#### Figure 3

Survey Date of service	Click to see survey details
Date of survey completion	8/19/2009 8/29/2009
What I like	0.20.2000
What hike	Everyone is skilled - they work quickly - nice friendly atmosphere.
Survey	Click to see survey details
Date of service	8/19/2009
Date of survey completion	8/27/2009
What I like	The staff is always courteous, helpful and welcoming. I actually look forward to going to the dentist and the view from the exam chair is a beautiful urban landscape. Would highly recommend. The location is great too and I try to squeeze in a little shopping while I'm in the area.
Survey	Click to see survey details
Date of service	8/10/2009
Date of survey completion	8/25/2009
What I like	staff, office location
Survey	Click to see survey details
Date of service	7/8/2009
Date of survey completion	7/8/2009
Suggestions for improvement	it would be nice to have ear phones and some music during drilling. i realize it won't take the sound of the drill away but could be a comforting distraction.
What I like	the wonderful people who work there.
	Click to see survey details
Survey	
,	6/29/2009
Date of service	6/29/2009 7/6/2009
Survey Date of service Date of survey completion Suggestions for improvement	

*Jump-start consultant engagements.* Access to satisfaction scores, comparative benchmarks, and trends over time also empower the dental professional when engaging with consultants. For instance, by providing a consultant with standardized data on strengths and weaknesses at the start of the engagement, the dental professional can reduce the data collection burden and time often associated with an initial assessment of the practice, and move more quickly to discussing goals and devising a plan of action.

**Foster long-lasting patient relationships**. In addition to enhancing internal discussion on quality improvement, patient communications, and engagements with consultants, implementing a patient satisfaction measurement program aligns well with the tradition in dentistry that values fostering long-lasting patient relationships. Soliciting regular patient feedback through an easy-to-use online patient satisfaction collection mechanism tells patients that the dental professional listens, cares about their experience, and wants to better meet their needs. It cultivates the personal connection and relationships that drive extraordinary service, and encourages patient retention and referral. Enhanced personal connections between the dental team and patients can also foster a positive work environment, whether staff members or patients coming in for care.

**Boost team spirit**. Going beyond a *gut feeling* to using standardized satisfaction measures and comparative benchmarks can be leveraged to rally a dental team around improving overall patient care, and foster a sense of pride and accountability among team members. Whether by including positive patient quotes in morning huddles to motivate the team, celebrating the achievement of specific satisfaction scores throughout the year, or including patient satisfaction performance metrics in a more structured staff bonus plan, consistent access and focus on patient satisfaction information can bring a team together, and further develop a positive work environment.

Let the numbers do the talking. Finally, patient satisfaction scores and comparative benchmarks really speak for themselves. With little explanation, dental professionals can focus on what the scores say about the value of their practice. By taking advantage of existing lines of communication, practices can easily highlight how they excel based on patient feedback. Examples include posting patient satisfaction scores or patient quotes prominently in the dental

office, incorporating them into on-hold phone messages, or including them in newsletters, new patient information packets, welcome letters, or on a practice's website.

### Meet consumer expectations by measuring patient satisfaction

Meeting consumers' increasing expectations for comparative information on quality and services is going to become imperative for dental professionals moving forward. Fortunately, there is a practical place to start with patient satisfaction. Implementing a systematic, standardized method of collecting honest patient feedback not only fosters the dental tradition of delivering extraordinary, patient-centered care, but also provides the dental profession with a cache of comparative information and patient testimony they can use to meet consumer expectations. Similarly, it gives dental professionals additional ways to demonstrate their responsiveness to patients, and their desire to cultivate the personal connections that make for a happy, healthy practice over time. While dental professionals will eventually be able to also demonstrate quality through process measures and outcome measures, for now, patient satisfaction measures offer a great opportunity that dentists can capitalize on today to achieve and demonstrate practice excellence.