

Standards of Care

MARCH 2011



Oral Health Care

STANDARDS OF CARE

The purpose of the Ryan White Part A Standards of Care and performance measures is to ensure that a uniformity of service exists in the Las Vegas Transitional Grant Area (TGA) as such that the consumers of services receive the same quality of service regardless of where the service is rendered. These standards align with current Public Health Services (PHS) Guidelines and the Health Resources and Services Administration's standards and performance measures for service delivery to ensure the highest quality of service.

APPLICATION OF STANDARDS

These standards apply to any agency receiving Part A funds to provide services as contracted for that time period. If any agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps underway to meet the standards. All standards and measures will be reviewed by Part A Grantee staff annually as designated.

I. Definition of Service

Health Resources and Services Administration (HRSA)

Oral health care includes diagnostic, preventive, and therapeutic services provided by a dental health care professional licensed to provide health care in the State or jurisdiction, including general dental practitioners, dental specialists, and dental hygienists, as well as licensed and trained and dental assistants.

II. Goals of Service

The goal of Oral Health Care is to maintain and improve the oral health of PLWH/A thereby improving overall health outcomes.

III. Service Objectives

- To reduce medical complications related to poor oral health.
- To reduce dental disease through education to PLWH/A on the importance of good oral health.
- To reduce dental disease through the provisions of toothbrushes, toothpastes, floss and other necessary dental products imperative to good oral health.

IV. Measures

Indicators are used to measure and determine, over time, performance of a particular element of care. Outcomes are benefits or other results (positive or negative) for clients that may occur during or after their participation in a program. The Las Vegas TGA has developed three categories of measures to accurately track compliance vs. client progress vs. overall program performance. All measures will be tracked on an annual basis by grant year in their respective categories, which are; Agency Compliance Indicators, Client Level Outcome Measures, and Overall Program Performance Measures. The intent is that agency compliance with standards of care will improve the overall health and well-being of the clients and improve

access to care. The primary method of data collection is CAREWare, in addition to an annual chart review at each agency receiving Part A funding and client satisfaction surveys.

1. Agency Compliance Measures

Agency Compliance Measures for Oral Health Care services and their percentage goals are listed next to their respective standards in the Service Standards section. All agencies are expected to uphold the outlined standards to a minimum of the designated percentage goal and annually their compliance will be assessed. Additional standards and guidelines pertinent to each agency regardless of the service categories they provide are outlined in the Universal Monitoring Standards document which will also be assessed annually.

2. Client Level Outcome Measures

The Client Level Outcome Measures are a reflection of our client's progress as they access Oral Health Care. The following Client Level Outcome Measure and percentage goal will be assessed annually:

In Medical Care

- 75% of clients that are in medical care (at least one medical visit per measurement period).

Maintained Adherence to Medical Care (HRSA HAB Measure)

- 75% of clients that maintain adherence to Medical Care visits within the measurement year (at least two medical visits with a provider with prescribing privileges at least three months apart in the measurement year).

Stabilized CD4

- 75% of clients will have stabilized (≥ 200) or increased their CD4 T-cell count from initial labs during the measurement period to final labs during the measurement period.

Most Recent CD4 Stable

- 75% of clients with at least one CD4 T-cell count within the measurement year and those that are considered medically stable ($CD4 \geq 200$).

Undetectable Viral Load

75% of clients will have a viral load that remained undetectable or decreased to ≤ 50 from initial labs during the measurement period to final labs during the measurement period.

Most Recent Viral Load Undetectable

- 75% of clients with at least one viral load within the measurement year will be considered undetectable (< 50).

3. Overall Program Performance Measures

Overall Program Performance Measures illustrate how accessible Oral Health Care services are in our TGA in addition to how they are perceived by the client for not only the HIV/AIDS population but the minority population as well. These measures and respective goals are as follows:

Client Satisfaction

- 75% of clients will report being very satisfied or satisfied with the Oral Health Care (Dental visits) they received in the last 12 months through the Ryan White Program.

V. Service Standards

A. ORAL HEALTH CARE SERVICE ACTIVITIES

1. Dental and Medical History

In order to develop an appropriate treatment plan, the oral health care provider should obtain complete information about the patient’s health and medication status. Clients entering oral health care should have a dental and medical history completed within 60 days of their first visit. Established patients should have a complete dental and medical history completed (updated) at a minimum of once per year.

Oral Health Care Standards	Oral Health Care Standards Agency Compliance Indicators
<ul style="list-style-type: none"> ✓ All oral health care patients will have a dental and medical health history documented in the client chart (initial or updated) at least once per year. 	<p>Dental and Medical History</p> <ul style="list-style-type: none"> ○ 85% of clients in oral health care have a dental and medical health history documented in the client chart (updated or initial) at least once per measurement year.

2. Dental Treatment Plan

A comprehensive dental treatment plan that includes preventive care, maintenance and elimination of oral pathology should be developed and discussed with the patient. Various treatment options should be discussed and developed in collaboration with the patient. As with all patients, a treatment plan appropriate for the patient’s health status, financial status, and individual preference should be chosen.

Oral Health Care Standards	Oral Health Care Agency Compliance Indicators
<ul style="list-style-type: none"> ✓ All clients accessing oral health care should have a dental treatment plan developed and/or updated at least once in the measurement year. 	<p>Dental Treatment Plan</p> <ul style="list-style-type: none"> ○ 85% of clients in oral health care will have a dental treatment plan developed and/or updated at least once in the measurement year.

3. Phase 1 of Treatment Plan Completion

Oral diseases are progressive and cumulative and can affect the ability to eat, appearance, and communication. These diseases can affect economic productivity and compromise the ability to work at home, school, or on the job. Treatment of mouth should be progressive to avoid further complications.

Oral Health Care Standards	Oral Health Care Agency Compliance Indicators
<ul style="list-style-type: none"> ✓ All clients accessing oral health care should have phase 1 of their treatment plan completed within 12 months of beginning treatment. 	<p>Phase 1 of Treatment Plan Completion</p> <ul style="list-style-type: none"> ○ 85% of clients in oral health care will have phase 1 of their treatment plan completed within 12 months of establishment.

4. *Periodontal Screening or Examination*

Periodontal disease may be more severe in individuals affected with immune system disorders especially those with HIV. Additionally the incidence of necrotizing periodontal diseases may increase with patients with AIDS. Therefore a periodontal screening or examination should be performed at least once per measurement year.

Oral Health Care Standards	Oral Health Care Agency Compliance Indicators
<ul style="list-style-type: none"> ✓ All clients accessing oral health care should have a periodontal screening or examination performed and documented at a minimum of once per year. 	<p>Periodontal Screening or Examination</p> <ul style="list-style-type: none"> ○ 85% of clients in oral health care will have a periodontal screening or examination performed and documented at a minimum of once per year.

5. *Oral Health Education*

A higher risk of dental caries in patients with HIV may be caused by decreased salivary flow, which may occur as a result of salivary gland disease or as a side effect of a number of medications. Also, some topical antifungal medications have high sugar content, possibly resulting in increased caries susceptibility. The adverse effects of using tobacco should also be discussed with the patients. If a patient is a tobacco user, cessation should also be discussed.

Oral Health Care Standards	Oral Health Care Agency Compliance Indicators
<ul style="list-style-type: none"> ✓ All clients accessing oral health care should receive oral health education at least once in the measurement with documentation of completion in the client chart. 	<p>Oral Health Education</p> <ul style="list-style-type: none"> ○ 85% of clients in oral health care will receive oral health education at least once in the measurement year.

B. LIMITATIONS OF SERVICE

Service limitations include:

- Oral Health Care services may not be used for cosmetic dental work.