New Haven/Fairfield Counties Ryan White Part A Program
Oral Health Standard of Care

DENTAL/ORAL HEALTH

I. DEFINITION OF SERVICE

**Dental/Oral Health:** Dental/Oral health care includes diagnostic, preventive, therapeutic services, and/or procedures provided by a state licensed and certified professional (i.e. general dental practitioners, dental specialists, dental hygienists and auxiliaries). Dental services must be provided in a state licensed health services setting.

II. DESCRIPTION OF SERVICE

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>PERFORMANCE MEASURE/METHOD</th>
<th>MONITORING STANDARD</th>
<th>LIMITATIONS</th>
</tr>
</thead>
</table>
| Oral Health Services including diagnostic, preventive, and therapeutic dental care that are in compliance with Connecticut dental practice laws, includes evidence-based clinical decisions informed by the American Dental Association (ADA) Practice Parameters, adheres to specified service caps, and is provided by licensed and certified dental professionals. | Documentation that:  
- Oral Health Services are provided by general dental practitioners, dental specialists, dental hygienists and meet current dental care guidelines  
- Oral Health professionals providing the services have appropriate and valid licensure and certification, based on Connecticut and local laws  
- Clinical decisions that are supported by the American Dental Association under Dental Practice Parameters  
- Services fall within specified service caps, expressed by dollar amount, type of procedure, limitations on the number of procedures, or a combination of any of the above, as determined by the Planning Council or Grantee under Part A. | 1. Maintain and provide upon grantee request, copies of current professional licensure and certifications.  
2. Maintain documentation of clinical decisions that are supported by the American Dental Association and Dental Practice Parameters  
3. Where applicable, provide policy that defines and specifies the limitations or caps on providing oral health services | |

Oral health services are based on an oral health treatment plan. | Documentation of the following:  
- An oral health treatment plan is developed for each eligible client and signed by the oral health professional rendering the services | 1. Each client will have a dental chart that is signed by the licensed provider  
2. Documentation of a treatment plan, with updates as indicated, signed and dated by the licensed provider and in the client dental chart  
3. Documentation in the client dental chart of services provided and any referrals made | |
III. DENTAL/ORAL HEALTH CARE SERVICE COMPONENTS

Program Outcome:

- 90% of clients will show improved /maintained oral health at 6 months and 12 months

Indicators:

- Number of clients diagnosed with HIV-related and general oral pathology with resolved, improved or maintained oral health at most recent follow-up visit
- 85% of clients have 2 or more regular dental visits per year
- Document # of clients referred for dental care vs. # seen for service

Service Unit(s): Face-to-Face Oral Health Visit
### New Haven/Fairfield Counties Ryan White Part A Program
### Oral Health Standard of Care

<table>
<thead>
<tr>
<th>Standard of Care</th>
<th>Outcome Measure</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Data Source</th>
<th>Goal/Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Structure</strong></td>
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<tr>
<td><strong>1. ACCESS</strong></td>
<td>Process Outcomes:</td>
<td>Two (2) dental visits per year per RW Part A patient</td>
<td>Total # of Ryan White Part A HIV dental clients</td>
<td>• Review policies and procedures for services and facility including all protocols for service and referral. • Review hours of operation, waiting time to schedule visits, time in waiting room prior to being seen by clinician, access to bus lines, multi-lingual office staffing, written instructions provided in patient’s language</td>
<td>No barriers exist to access and utilization</td>
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<tr>
<td></td>
<td>1. Minimum of two (2) dental visits per year per RW Part A patient (may include preventive and routine—EMERGENCY VISITS DO NOT COUNT)</td>
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<tr>
<td><strong>2. APPOINTMENT/ACCESS BY LEVEL OF CARE</strong></td>
<td>Process Outcomes:</td>
<td># of RW Part A Dental clients waiting over 15 minutes for scheduled appointment</td>
<td>a. Total # of Dental patients b. Total # of Dental patients requesting appointment c. Total # of Dental patients with emergency d. Total # of dental referrals e. Total # of dental care missed appointments</td>
<td>a. Review policies and procedures for services and facility including protocols for routine service, emergency care and referrals. b. Review scheduling system and appointment book. c. Document process in place for contacting patients who miss appointments</td>
<td>a. Appointment system is in place in 100% of contracted providers b. 100% of Part A dental patients able to schedule appointment within one month of request c. 75% of emergencies are handled in a timely, appropriate manner d. 85% of referrals handled in appropriate time e. 85% of documentation of follow-up is present</td>
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<tr>
<td>Policies and procedures indicate practice is run on an appointment system with accommodation made for emergencies. Policy includes process for minimal wait for first non-emergency visit and subsequent appointments and system for getting patients to return for recall appointments.</td>
<td>a. % of HIV dental patients waiting over 15 minutes for scheduled appointments. b. % of HIV dental patients able to schedule an appointment within 1 month of call c. % of HIV dental emergencies responded to on same day d. % HIV dental referrals made within 72 hours e. Documentation of follow-up for missed appointments by HIV dental care patients.</td>
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Collaborative Research, LLC Updated February, 2012
### II. Process

#### 3. TREATMENT—INITIAL VISIT:

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<tr>
<td><strong>Process Outcomes:</strong></td>
<td></td>
<td>a. % of HIV dental patients with full documented medical information in chart</td>
<td>a. Total # of Part A dental patients</td>
<td>a. Documentation of medical history, including HIV status in chart and signed releases, medical contact information in chart</td>
<td>a. 100% of dental providers provide oral health care within the context of the patient's overall health status.</td>
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<td>b. % of HIV dental patients receiving comprehensive Head &amp; Neck and intraoral exam at initial visits</td>
<td>b. Total # of Part A dental patients at initial visit</td>
<td>b. Review patient files for documentation of findings that comprehensive Head &amp; Neck and intraoral exam, dental radiographs and risk assessments were conducted.</td>
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<td>c. % of HIV dental patients with complete treatment plan updated twice a year</td>
<td>c. Total # of Part A dental patients</td>
<td>c. Review patient files for treatment plan, updates, referrals, recall, consent for treatment form, release of information form, and other information</td>
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<tr>
<td><strong>DEFINITIONS:</strong></td>
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<tr>
<td>Impact Outcome:</td>
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<td>Early prevention, diagnosis and treatment of oral disease, including HIV disease manifestations.</td>
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</table>

**Process Outcomes:**

- a. % of HIV dental patients with full documented medical information in chart
- b. % of HIV dental patients receiving comprehensive Head & Neck and intraoral exam at initial visits
- c. % of HIV dental patients with complete treatment plan updated twice a year

**DEFINITIONS:**

*semi-annual defined as twice a year*

#### 4. TREATMENT—SECOND VISIT:

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<tr>
<td><strong>Process Outcomes:</strong></td>
<td></td>
<td># of Part A dental patients receiving oral disease prevention instruction</td>
<td>Total # of Part A dental patients at 2nd visit</td>
<td>Review files for documentation of instruction provided</td>
<td>100% of HIV dental patients will receive oral disease prevention instruction.</td>
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<tr>
<td><strong>Impact Outcomes:</strong></td>
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<tr>
<td>Early prevention, diagnosis, &amp; treatment of oral disease including HIV manifestation.</td>
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</tbody>
</table>

**Process Outcomes:**

- # of Part A dental patients receiving oral disease prevention instruction
- Total # of Part A dental patients at 2nd visit

**Impact Outcomes:**

Early prevention, diagnosis, & treatment of oral disease including HIV manifestation.
## 5. Treatment: Ongoing

Patients are on a preventative maintenance schedule of oral health care.

**(NOTE: this standard for disclosed patients, patients still have right to NOT disclose HIV status)**

### Process Outcomes:
- # of HIV dental patients with 2 or more visits per yr
- # of Part A dental patients with 2 or more visits per year
- Total # of Part A dental patients

### Impact Outcome:
Charts indicate visits for routine care at least semi-annually (twice per year), or more frequently if indicated

### Process Outcomes:
- # of HIV dental patients with 2 or more visits per year
- # of Part A dental patients with 2 or more visits per year
- Total # of Part A dental patients

### Impact Outcome:
Maintenance of good oral health and reduction of oral disease.

60% of HIV dental care patients will be seen at least semi-annually or as indicated in treatment plan.

### III. Outcome

#### 6. Specialty Care Referrals:

Any phase of treatment plan that is not within the scope of practice of the general provider is referred to a specialist as appropriate. A list of referral specialists must be maintained.

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<th>Process Outcomes:</th>
<th>Impact Outcome:</th>
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<tr>
<td>a. % of HIV dental patients referred to provider(s) for specialty care.</td>
<td>a. Review policies and procedures for services and facility including all protocols for service and referral.</td>
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<tr>
<td>b. % of HIV dental patients referred for specialty care (non-contracted provider)</td>
<td>b. Review patient file for treatment plan, needed care, referral.</td>
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<tr>
<td>c. Process (policy) established for receiving communication from specialists and this correspondence placed in the patient's chart</td>
<td>c. Referred 'from': 100% of HIV dental patients that are referred from other providers will be seen, with documentation of the referral source of their care</td>
</tr>
</tbody>
</table>

a. Referred 'to': 100% of HIV dental care patients that are referred to specialists when indicated will be documented with reason for referral, and date of scheduled visit(s).

### IV. Data Reporting

Part A service providers are responsible for documenting and keeping accurate records of Ryan White Program Data/Client information, units of service, and client health outcomes. Reporting units of service are a component of each agency’s approved workplan. Please refer to the most current workplan, including any amendments, for guidance regarding units of service.

Summaries of service statistics by priority will be made available to the Planning Council by the Grantee for priority setting, resource allocation and evaluation purposes.

*The Chart Audit Tool for Oral Health is attached on the next page*