Phase 1 Treatment Completion
An Important Quality Metric to Help Maximize Health Outcomes For Your Patients

Our mission is to improve the oral health of all.
Phase One Treatment Completion

Questions Answered:
• What is it?
• Why should we track it?
• How do we track it?
• How do you find your treatment completion rate?
• What is a good treatment completion rate goal?
Phase 1 Treatment Completion

• **What is Phase 1 Treatment?**
  
  • It is also known as “Elimination of dental disease”
    
    • This includes: Oral cancer prevention and early diagnosis; prevention education and services; emergency treatment; diagnostic services and treatment planning; restorative treatment; basic periodontal therapy (non surgical) and basic oral surgery that includes simple extractions.
HRSA Scope of Project

REQUIRED SERVICES:
• Dental Screenings for Children
• Preventive Services
• Emergency Services

ADDITIONAL SERVICES:
• Restorative Treatment
• Basic Endodontic Services
• Non-Surgical Periodontal Care
• Basic Oral Surgery
• Space Maintenance
• Removable Prosthetic Services (Full and Partial Dentures)
• Fixed Prosthetic Services (Bridges and Crowns)
COMPLEX SERVICES (Specialty)

- Elective or Complicated Oral Surgery Services
- Surgical Endodontics
- Periodontal Surgery
- Orthodontics
Phase 1 Treatment Completion

• **Why Track This?**
  
  • It is an important, HRSA recognized quality metric of the effectiveness of your program.
  
  • A collective team focus on treatment completion helps to reduce the delivery of urgent, episodic, fragmented care and fosters continuous coordinated care for your patients.
  
  • Also by tracking the completion of phase 1 treatment plans, you are essentially monitoring the decrease in active dental disease in your patients.
Tracking Phase 1 Treatment Completion

• **Create a dummy code in your EDR that will signify that phase 1 treatment is complete**
  • Phase 1 treatment is complete when the patient has no active dental disease in their mouth; or when that disease is being actively managed.
  • Note: If the patient receives a prophy, exam, fluoride, and radiographs and has no active disease, the front desk can and should code for all treatment and the tx complete dummy code on the same day of service. This patient’s Phase 1 treatment has been completed.
  • Note: If the patient chooses to discontinue Phase 1 therapy, then the treatment would be considered complete. This must be clearly documented in the patient’s chart when the treatment completion dummy code is entered.

• **Educate all dental providers/staff on the proper use of this code**
  • Consistent, accurate use of this code is imperative
Finding Your Treatment Completion Rate

- Divide the total number of completed treatment plans (tracked by a dummy code) by the sum of all periodic exams (D0120), oral exams for children under age 3 (D0145), and comprehensive exams (D0150) for a given time period. (Within 12 months) This percentage is your Phase 1 Treatment Completion Rate.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description:</th>
<th>Numerator:</th>
<th>Denominator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1 Treatment Completion Rate</td>
<td>Percentage of phase 1 treatment plans that are completed within a given time period. Phase 1 treatment = all procedures needed to help the patient achieve dental disease-free oral health.</td>
<td>Number of all completed treatment plans (This # needs to be tracked by a dummy code that is entered when all needed phase 1 treatment for the patient is completed.)</td>
<td>Total of all D0120, D0145, and D0150 visits. (These are visits when the patient receives a treatment plan)</td>
</tr>
</tbody>
</table>
Tracking Phase 1 Treatment Completion

• Setting a Goal:
  • Step 1: Establish your baseline.
  • Step 2: Create an initial goal. (33% to start)
    • Seek to raise the treatment completion rate by 5% or better in each succeeding 12 month period.
  • Step 3: Set your ultimate goal: 75% completion rate.
Understanding Capacity

- You will never reach the goal of a 75% treatment completion rate if your clinic is seeing more patients than it has the capacity to care for.
Understanding Capacity

- It is essential to understand and define the dental clinic’s capacity to bring new patients into the practice, and to actively manage that capacity.
  - Your dental capacity is 1/5 of your medical capacity. This makes it incumbent upon us to prioritize who receives dental treatment.
  - When we try to deliver care to everyone in need, we often times end up delivering urgent, episodic and fragmented care.
  - The dental clinic needs to first focus on the elimination of dental disease in established patients of the dental clinic.
Managing your Capacity

- One way to help manage your capacity is to designate priority populations for care.
- Common priority populations include:
  - Children
  - Perinatal women
  - Patients with specific medical needs such as:
    - Diabetes
    - Heart Disease
    - Cancer Treatment (Esp. Radiology to the head and neck)
    - HIV/AIDS
  - Patients of record
Managing your Capacity

• Access to care is prioritized to these “priority patients” through designated access scheduling templates.

• New patients and emergency patients are accommodated to the extent possible without interfering with the care of priority patients.
Partnering to Strengthen and Preserve the Oral Health Safety Net