

# NATIONAL QUALITY FORUM

## ORAL HEALTH PERFORMANCE MEASUREMENT:

### *Environmental Scan, Gap Analysis & Measure Topics Prioritization*

## DRAFT REPORT FOR COMMENT

**May 8, 2012**

This project is funded under a contract through the Department of Health and Human Services.

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## ORAL HEALTH PERFORMANCE MEASUREMENT Draft Report

### INTRODUCTION

#### *Background*

The 2000 report, *Oral Health in America: A Report of the Surgeon General*, first described oral health as a “silent epidemic,” strongly suggesting that it extends far beyond just achieving and maintaining healthy teeth. The report underscored the essential link between oral health and general health and well-being.<sup>i</sup> Oral health means the presence of a functional dentition and freedom from chronic oral-facial pain conditions, oral and pharyngeal (throat) cancers, oral soft tissue lesions, birth defects such as cleft lip and palate, and numerous other diseases and disorders that affect the oral, dental, and craniofacial tissues.<sup>ii</sup> At the time of the 2000 Surgeon General report, only 66.2 percent of Americans 2 years of age and older reported having a dental visit within the last year. For those in poverty, the rate was 47 percent.<sup>iii</sup>

Today, oral health remains a serious national health problem, one that burdens 53 million children and adults across the United States.<sup>iv</sup> The Centers for Disease Control (CDC) estimates that in the United States approximately 40 percent of children have caries by the time they enter kindergarten; more than 50 percent have caries by second grade, and 80 percent have caries by the time they graduate high school.<sup>v</sup> The impact of oral health in the U.S. is dramatic and widespread; dental caries remains the single most common chronic childhood disease.<sup>vi</sup> It is five times more common than asthma. At the other end of the spectrum, the geriatric population also suffers from a disproportionate amount of oral disease (due to tooth loss, medical conditions, medications, a lifetime of dental disease, etc.) and limited access to needed oral health care (given geography, medical issues, and other social & economic status factors).<sup>vii</sup>

Dental and oral diseases are mostly silent diseases with significant disparities among subpopulations. They affect disadvantaged and underserved Americans disproportionately — especially children and the elderly, as mentioned previously.<sup>viii</sup> There are often striking disparities in dental disease by income. Poor children are more likely to have dental caries than children in higher income families. In addition, the decay is generally more widespread and

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more severe. Poor children also have roughly double the rate of untreated caries in their primary teeth.<sup>ix</sup> Approximately one-third of the U.S. population has no access to community water fluoridation, which helps to prevent tooth decay.<sup>x</sup> A study by UCLA showed that of the school aged children ages 5-17 in California, an estimated 7% (504,000) missed at least one day of school due to a dental problem during that year. The researchers found that affordability was the key factor between those children who missed school due to a dental problem and those who did not.<sup>xi</sup>

Pain and suffering due to untreated oral diseases can lead to problems in eating, speaking, and attending to learning. Chronic dental infections can impact overall health and create a cost burden on the healthcare system. Additionally, because tooth decay and periodontal disease are progressive and cumulative, poor oral health and dental disease often continue from childhood into adulthood.<sup>xii</sup>

### *Context*

The impetus to improve quality and reduce costs in oral health care mirrors that of the health care system at large. Drivers include issues such as the relationship of costs to improved outcomes, harm, waste and variability in the system, and the existence of disparities among populations.<sup>xiii</sup> The Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) (an agency within HHS) and Healthy People 2020 (an HHS program which provides 10-year national objectives for improving the health of all Americans) all include priorities related to improving oral health; yet, the oral health delivery system currently has “a limited systematic and organized quality improvement agenda in place to improve quality in dentistry.”<sup>xiv</sup>

Quality, in the context of health care measurement, is defined by the Institute of Medicine (IOM), as: “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”<sup>xv</sup> An important method of evaluating the quality of the oral health care system is through performance measurement. Performance measurement allows us to assess and ultimately facilitate improvement in the quality of healthcare. This is achieved by providing valuable

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information about structures, processes and outcomes useful to providers and policy makers for identifying areas that need improvement and implementing changes in care processes and systems. Performance measurement can also inform consumers, providing information useful for selecting providers and advocating for good healthcare. It can also inform policy decisions and influence both public and private payment processes.

Performance measures provide a way to assess healthcare against recognized standards. The science of measuring healthcare performance has made considerable progress over the last decade, and continues to evolve. Performance measurement represents a critical component in the national endeavor to ensure all patients receive high-quality care and is a way to track improvement in our quest to reach this goal.

The National Quality Forum (NQF) is instrumental in advancing efforts to improve quality through the endorsement of performance measures for accountability and quality improvement purposes. NQF, a private, not-for-profit organization, operates under a three-part mission to improve the quality of American healthcare by building consensus on national priorities and goals for performance improvement and working in partnership to achieve them, endorsing national consensus standards for measuring and publicly reporting on performance, and promoting the attainment of national goals through education and outreach programs. For more than a decade, NQF has been recognized as a voluntary-consensus standards-setting organization as specified by the National Technology and Transfer Advancement Act of 1995 and Office of Management and Budget Circular A-119. NQF employs a formal Consensus Development Process (CDP) to evaluate and endorse consensus standards, including performance measures, best practices, frameworks, and reporting guidelines. Using this rigorous process, NQF fosters consensus among a wide variety of stakeholders around specific standards that can be used to measure and publicly report healthcare quality. An NQF endorsement reflects rigorous scientific and evidence-based review, input from patients and their families, and the perspectives of individuals throughout the healthcare industry. Currently, the NQF measure portfolio consists of over 700 NQF-endorsed® standards.

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While endorsement projects represent one component of NQF's efforts, NQF often performs the foundational work necessary to better understand the current state of healthcare quality and form the basis of future performance measurement in particular health areas. These efforts are critical to facilitating the development and future endorsement of performance measures for these health areas.

Previous work has been done by others to describe the oral health performance measurement environment, but most has been done with a specific tailored focus (i.e., measures for pediatric populations or measures to be utilized for specific programs).<sup>xvi, xvii</sup> Given the healthcare system's current focus on oral health, NQF is interested in the current state of standards evaluating oral health across populations to support uses such as quality improvement, public reporting and data-driven policy development.

### *Objectives*

The intent of this project is to describe the current state of oral health performance measurement in terms of the degree to which existing measures are developed and implemented and how well they relate to established priority areas for oral health.

This project identifies priorities and goals for oral health performance measurement and improvement. This project also addresses and compiles the necessary foundational work for the endorsement and use of national consensus standards for measuring and publicly reporting on oral health performance, which would help to standardize measurement and reporting in this area. This information is essential because measurement of oral health performance and use of the measures is not currently standardized. Definitions of terms and the way measures are applied vary widely.

This project specifically addresses the need for oral health performance measures that are applicable to oral health safety net dental programs, the Child Health Insurance Program Reauthorization Act (CHIPRA) and the Medicare and Medicaid core measures set, and for use by other implementers. It builds on work by HHS, HRSA, the Dental Quality Alliance (DQA), and others to identify oral health measures throughout the measurement pipeline, including

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identifying measurement topics that can be further developed for use in measurement of providers, programs, and populations.

This project includes identification of existing measures or measure concepts from various sources, including federal and state government, professional associations, educational organizations, practitioners, and researchers. It also calls upon an expert panel to identify gaps in measures as related to priority areas defined by the HHS Oral Health Initiative, Healthy People 2020, and HRSA's strategic priorities and to prioritize measure topics or preliminary measures that could be targeted for further development and testing. The project targets measures applicable to all populations, with specific focus on children and other vulnerable populations.

## METHODS

### *Environmental Scan, Gap Analysis & Measure Topics Prioritization*

#### Environmental Scan

NQF built on existing work to identify measures, from those that were in development through those that were in use, to create a compendium of oral health performance measures. This scan helps to paint a descriptive picture of the oral health care performance measurement environment. The scan employed the following strategies to identify measures of oral health care:

- National Library of Medicine's PubMed database literature search utilizing oral health and oral health care performance measures and projects terminology;
- Online searches for oral health performance measures and projects;
- NQF's Online Product Update System (OPUS) database key-word search for endorsed and pipeline measures of oral health care; and
- Communication with established relevant professional organizations, federal and state government, educational organizations, practitioners, and researchers that may be involved or have been involved in related measure identification and/or development. Some of these organizations include the DQA, AHRQ, and HRSA.

The compendium of measures features the following characteristics:

- The measure developer/steward;

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- Scope/focus of the measure (title, description, numerator, denominator);
- Stage of development of the measure (from concept to in use);
- Targeted population (e.g., pediatrics, geriatrics, etc.); and,
- Data source if known.

NQF also compiled and organized by domain, a list of oral health-related survey questions that have been included in current or past national health surveys (such as NHANES, MEPS, NHIS, and NSCH).

### Catalog of Oral Health Priorities & Measures Mapping:

NQF reviewed and cataloged the priorities in oral health as identified by the HHS Oral Health Initiative, Healthy People 2020, and HRSA. NQF subsequently created a mapping document to crosswalk the existing oral health measures and measure concepts from the environmental scan to defined oral health priorities from the organizations referenced above. The analysis aided in presenting a clearer picture of the quantity and quality of measure concepts available to help identify any gaps that exist in measuring those priorities.

### Establishment of Expert Panel, Gap Analysis & Measure Topics Prioritization

NQF conducted a 30-day call for nominations for individuals to compose a multi-stakeholder expert panel with expertise in oral health service delivery, performance measurement, child health, prevention, and quality issues in the safety net community. The expert panel list is included in Appendix A.

The expert panel reviewed the oral health measures environmental scan and the mapping of measures to the oral health priorities. Given the existing array of measures, the panel identified gaps that remain in addressing established priorities and subsequently prioritized measure topics for further development.



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## RESULTS

### *Environmental Scan*

Through the environmental scan, **237** oral health measures were identified. Appendix B includes the results of this exercise. Measure characteristics were described where known, for each measure in terms of the scope/focus (title, numerator, denominator, and description), the measure developer/steward, the stage of development (concept, tested, in use, etc.), the targeted population (pediatric, geriatric, etc.) and the data source (claims, survey, etc.) Measure characteristics were not available for all measures.

NQF also compiled and organized by domain, a separate list of oral health-related survey questions that have been included in current or past National Health Surveys (such as NHANES, MEPS, NHIS and NSCH.) This list (included as Appendix C) was compiled utilizing information gained through the following resource: <http://drc.hhs.gov/SurveyQ/index.htm>.

### *Summary Findings*

After review of the quantity, quality, and characteristics of the measures in the environmental scan, the expert panel summarized the current state of oral health performance measurement as follows:

- A considerable number of oral health performance measures exist, although many are redundant, overlapping, ill-defined or non-standardized (e.g., repetitive concepts but defined differently).
- While process measures are abundant and seem to be the most well-defined; outcome measures are scarce. One factor is the lack of diagnostic coding available in dental claims, which limits the ability to collect and report this type of data.
- With regard to process measures, utilization (or use of service) measures in general seem to be most widespread. Related to these measures, the panel noted their concern with the difficulties associated with determining ‘appropriate’ levels of utilization.
- Other than children’s oral health utilization data, which has been collected in a standard format for many years (as required by CMS), there are very few examples of measures that are both standardized and robust enough (i.e., important, feasible, etc.) to be tied to incentives.

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- In terms of population focus, although measures for geriatrics, adults, and all-ages do exist, the majority of the measures focus on children.
- A well-developed and tested patient experience of care survey (DCAHPS) exists, but is not in widespread use.
- Many measures lack enough detail and specification for potential users to understand the circumstances where the measure is applicable and at what level (i.e., provider, program, population).
- The feasibility of collecting and reporting certain measures was questioned at a population-level (e.g., it may be difficult to apply certain measures broadly across a patient population or settings of care; certain measures may only have setting-specific feasibility).
- While many oral health questions are included within the National Health Surveys (NHANES, MEPS), in general they are currently being utilized for surveillance or epidemiological purposes, rather than for performance measurement.
- There are many important areas in oral health that need improvement, yet related measures do not exist.

### *NQF-Endorsed Oral Health Measures*

With regard to the finding that a majority of oral health measures are not standardized, highlighted within the environmental scan (located in Appendix B) are the few measures that have been NQF-Endorsed®. These four endorsed measures are also included in Table A below.

To date, NQF's work in oral health has occurred through the National Voluntary Consensus Standards for Child Health Quality Measures 2010 project. Within this project NQF solicited candidate measures suitable for public reporting at the population level (e.g., state) and for certain conditions or cross-cutting areas, of which oral health was one.

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Table A: NQF-Endorsed® Oral Health Measures

Measure	Steward	Description	Notes
#1388: Annual dental visit	NCQA	Assesses the percentage of members 2-21 years of age enrolled in Medicaid who had at least one dental visit during the measurement year.	This HEDIS health plan-level measure uses claims data, and includes only children with Medicaid dental insurance coverage. This measure meets the National Priority of population health and care coordination.
#1334: Children who received preventive dental care	NSCH, MCHB/CAHMI	Assesses the percentage of children 1-17 years of age who had one or more preventive dental visits in the previous 12 months.	This population-level measure is derived from the National Survey of Children's Health (NSCH) that asks parents about the dental care their child received. The data are being used nationwide. This measure meets the National Priority of population health and care coordination.
#1335: Children who have dental decay or cavities	NSCH, MCHB/CAHMI	Assesses the percentage of children 1-17 years of age who have had tooth decay or cavities in the past 6 months.	This is a population-level outcome measure from the NSCH. The data are being used nationwide. Evidence for the measure includes numerous studies providing evidence for the benefits to children's health from assessing dental decay and cavities. This measure meets the National Priority of population health and care coordination.
#1419: Primary caries prevention intervention as part of well/ill child care as offered by primary care medical providers (PCMP)	University of Minnesota	The measure assesses a) for Medicaid/CHIP-eligible children who received an Early, Periodic, Screening, Diagnosis & Testing (EPSDT) examination, the extent to which the PCMP or clinic applies fluoride varnish (FV) as part of the examination and b) the degree to which each billing entity's use of the EPSDT with FV codes increases from year to year.	This provider-level measure addresses how well primary care medical providers are providing preventive FV for prevention of dental caries, at either the provider or health plan level. Evidence exists regarding the benefits of FV reversing demineralization and enhancing remineralization of tooth enamel; both actions reducing caries. Specialty societies recommend FV for high-risk children. Because many dentists do not take Medicaid patients, this measure addresses the need for greater access to preventive dental care. This measure meets the National Priority of population health.

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## *Catalog of Oral Health Priorities and Measures Mapping*

Subsequent to the completion of the environmental scan, a list of oral health priority and sub-priority areas were compiled as identified by the HHS Oral Health Initiative, the objectives of Healthy People 2020, and HRSA's strategic priorities. The catalog of priority areas is included in Appendix D.

## *Summary Findings*

A majority of the priority areas were related to Healthy People 2020; which includes 17 objectives and 26 sub-objectives. For the purposes of this project, these objectives were crosswalked with the priorities of the HHS Oral Health Initiative and HRSA's oral health goals to create 9 high-level priority areas (labeled A-I), including:

- A: Oral Health of Children and Adolescents
- B: Oral Health of Adults
- C: Access to Care
- D: Oral Health Promotion/Disease Prevention
- E: Oral Health Interventions
- F: Monitoring/Surveillance Systems
- G: Public Health Infrastructure
- H: Social Determinants of Health
- I: Healthy Communities

NQF mapped each measure (e.g., percentage of children age 1-17 years that have had tooth decay or cavities in the past 6 months) from the environmental scan to the defined oral health priorities at the priority and sub-priority level within categories A through I. In general, many of the measures found were relevant to more than one priority area. For example, one could make the case that measuring receipt of sealants is related to priority areas A, C, D & E; while in other cases, certain priority areas contained no measures. For example, while elimination of healthcare disparities is a national priority, and included here as priority H: Social Determinants of Health, no measures mapped well to this category. Although many of the measures contained within the scan have been used for special populations (low-income, HIV, geriatrics), we did not find any true measures of disparities as the priority area intended. In addition, while disparities

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can typically be identified from all measures through stratification factors (such as race/ethnicity, socioeconomic status, primary language and sex) the performance measures gathered through the environmental scan have not typically been reported this way. As a result it has not been possible to identify disparities and track quality improvement efforts that reduce disparities.

### *Gap Analysis & Measures Topics Prioritization*

The results of the overall environmental scan and the measures as crosswalked to the priority areas aided the panel in determining the state of oral health performance measurement, identification of any existing gaps, and development of recommendations for future measure concept development and testing. The summary of the panel's recommendations is included in Table B, below. NQF would like to acknowledge Dr. Paul Glassman (oral health expert panel co-chair) for creation of this table, which served both as the primary framework for the panel's discussion and as a summary of the panel's recommendations.

The high-level categories within Table B generally follow oral health priority areas A through I, but deviate some to allow for grouping of like measure topics, reduction of redundancy and inclusion of new categories (e.g., expenditures and patient safety). For each high-level category, the table includes the panel's summarized recommendations with regard to the measure topics that should be further developed and tested, any relevant notes (e.g., further detail on the topic, which aspects need standardization, etc.), and a rating of High (H), Medium (M) or Low (L) for Importance and also for Feasibility.

In terms of the ratings of importance and feasibility, importance is related to measures that have the greatest potential of driving improvement (i.e., strong evidence base and gap in care, with variation across providers) while feasibility is related to ease of implementation. While the importance and feasibility criteria used to rate the measure topics were influenced by the NQF Measure Evaluation Criteria, a formal evaluation of these metrics did not occur. The High/Medium/Low ratings listed for each topic were determined and driven by the expert panel discussion and were not formed through a formal decision process. The Feasibility rating may be influenced by concerns about the ability to obtain data due to the presence or absence of EHRs, standardized diagnostic codes, standardized descriptions as well as other concerns.

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In terms of measure categories, some contain topics that already exist and were found in the scan, while others are new categories that highlight certain topics felt to be important by the committee. Both previous and new categories contain new topics discussed by the panel when gaps were identified.

Because of the vast number and breadth of measures and measure concepts discovered through the environmental scan, it was difficult to identify and distinguish true measurement gaps, where no measures exist, from topic areas where a measure or few measures may exist, but would also be considered a gap area (given their quantity and quality). For this reason, the panel provided their recommendations of topics that they felt should be targeted for future development and testing, and did not separate recommendations that pertained to true gap areas from those that related directly or indirectly to already existing measures or measure concepts.

That said, as a result of the panel's discussions, certain new oral health performance measurement topics were recommended where measures were not identified as part of the original environmental scan. These topics included: overuse, appropriateness, patient safety, effectiveness (linking cost & quality), trauma, and disparities.

In general, this table contains measurement topics, not detailed measures. The committee felt that these topics could be used in multiple detailed measures. As measures are developed for these topics they can be applied to multiple target populations and circumstances (e.g., children and adults, SES, ethnic groups, disability groups, presence or absence of the condition, before or after treatment, incidence and prevalence, and other categories). Measures developed from these topics can also be combined to produce ratios, assess subsequent actions, or develop correlations.

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**Table B: Quality Measurement Topics**

Topic	Comments	Importance H/M/L	Feasibility H/M/L
<b>Measures of Oral Health – Children and Adults</b>			
Measures of coronal dental caries based on: 1. Phone Survey (self-report or other reporter) 2. Screening examination 3. Complete examination with radiographs	Create standardized definition(s) and measure(s) of dental caries.  Include measure of the extent of decay where possible	H	H
Measures of risk for dental caries	Create measure of risk. Measure can then be linked to use of measure in decision making and tied to measures of service utilization and health outcomes	H	M
DMF or DMFT (Decayed, Missing, Filled Teeth)	Has been in use for a long time. Quantifies oral health experiences.	M	H
Signs of infection: pain, swelling, draining fistula	Create standardized definition(s) and measure(s) of pain and dental infections. There may need to be different definitions from different data sources. In addition to data from oral health settings, consider measures based on data sources such as: <ul style="list-style-type: none"> <li>Finding in medical settings (e.g. failure to thrive tied to oral pain or infection, drug seeking behavior, other)</li> <li>Data in medical records</li> <li>Data from emergency department records</li> </ul>	H	M
Measures of other tooth conditions <ul style="list-style-type: none"> <li>Broken teeth</li> <li>Root fractures</li> <li>Missing teeth <ul style="list-style-type: none"> <li>Include data on causes of missing teeth</li> </ul> </li> <li>Edentulism</li> <li>Rate of loss of teeth</li> </ul>	Measures of causes of missing teeth can include: <ul style="list-style-type: none"> <li>Congenitally missing teeth</li> <li>Trauma</li> <li>Iatrogenic causes</li> </ul>	H	H

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Topic	Comments	Importance H/M/L	Feasibility H/M/L
Measures of oral soft tissue lesions	Include measures related to: <ul style="list-style-type: none"> <li>• Screening</li> <li>• Rate of referral</li> <li>• Relation to self-mutilation/habits</li> </ul>	H	M
<b>Measures of Oral Health – Primarily (but not exclusively) for Adults</b>			
Ill Fitting Dentures		M	M
Ability to Chew/Difficulty Chewing	This can or is already included in some oral “quality of life” measures	H	M
Root caries	Create standardized definition(s) and measure(s) of root caries.	M	H
Measures of risk for root caries	Create measure of risk. Measure can then be linked to use of measure in decision making and tied to measures of service utilization and health outcomes	M	M
Xerostomia (Dry Mouth)		H	L
Measures of periodontal disease <ul style="list-style-type: none"> <li>• Loose teeth</li> <li>• Bleeding gums</li> <li>• Periodontitis <ul style="list-style-type: none"> <li>○ Clinical exam</li> <li>○ Screening (screening tools available including the Community Periodontal Index of Treatment Needs (CPITN))</li> </ul> </li> </ul>	Create standardized definition(s) and measure(s) of periodontal diseases.	H	M
Risk Assessment for periodontal disease	Develop risk assessment measures. Measure can then be linked to use in decision making and tied to measures of service utilization and health outcomes	H	M



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Topic	Comments	Importance H/M/L	Feasibility H/M/L
<b>Measures of Satisfaction or Opinions about Health or Health Care</b>			
Measures of satisfaction with care that is provided <ul style="list-style-type: none"> <li>• Time to schedule appointment</li> <li>• Handling of broken appointments</li> <li>• Office reminder/recall system</li> <li>• Length of time spent waiting</li> <li>• Treatment provided in a timely manner</li> <li>• Courtesy and professionalism of the provider</li> <li>• Courtesy and professionalism of dental office staff</li> <li>• Comfort during treatment</li> <li>• Good experience w/different aspects of care from providers and staff</li> <li>• Ratings of dental care</li> <li>• Availability of emergency - after normal office hours care</li> </ul>	Stratify all measures in this section by: <ul style="list-style-type: none"> <li>• Insured and uninsured (applies to this area)</li> <li>• Level of coverage -</li> <li>• Lapses of coverage</li> <li>• Health conditions</li> <li>• Disability</li> </ul>	H	M
Measures of satisfaction with health plan or coverage <ul style="list-style-type: none"> <li>• Ratings and experiences with dental plan</li> <li>• Source of dental care</li> <li>• Continuity of care</li> <li>• Under coverage</li> <li>• Lapses in coverage</li> </ul>		M	M
Measures of availability/unavailability of providers or care		M	M
Measures of barriers to care		M	L
Measures of unmet need	Stratify these measures by: <ul style="list-style-type: none"> <li>• Level of coverage</li> <li>• Sources/availability of care</li> </ul>	M	L
Measures of oral health “Quality of Life” (generally document the occurrence of the functional and psychosocial impacts that stem from oral disorders)		M	M

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Topic	Comments	Importance H/M/L	Feasibility H/M/L
<b>Measures of Use of Services</b>			
Use of any services	Can include measures of visits to office, screenings or other non-office-based services	H	H
Use of specific diagnostic or treatment services: <ul style="list-style-type: none"> <li>• Oral examination/assessment</li> <li>• Radiographs taken</li> <li>• Comprehensive dental examination</li> <li>• Creation of treatment plan</li> <li>• Completion of treatment plan               <ul style="list-style-type: none"> <li>◦ Based on episode of care or phase of care</li> </ul> </li> <li>• Specific treatment services</li> <li>• Office anesthesia or sedation (include N2O)</li> </ul>		H	H
Use of specific preventive services: <ul style="list-style-type: none"> <li>• Sealants - most important</li> <li>• Fluoride varnish - most important</li> <li>• Fluoride treatment</li> <li>• Prophylaxis</li> <li>• Atraumatic/alternative techniques (ATR) and interim therapeutic restorations (ITR)</li> <li>• Nutritional assessment and counseling</li> <li>• Fluoridated water (community availability &amp; use)</li> </ul>		H	H
Availability or use of supportive services: <ul style="list-style-type: none"> <li>• Care coordination</li> <li>• Oral health assessment by non-dental personnel</li> <li>• Daily mouth care by caregiver in institutional settings</li> <li>• Referrals</li> <li>• Patient education</li> </ul>	Consider meaningful use measures as examples	M	L
Measures of integration of oral health activities in non-dental systems and care provided by non-dentist oral health providers		M	L

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Topic	Comments	Importance H/M/L	Feasibility H/M/L
<p>Measures of use of oral health assessment or services in non-dental settings including:</p> <ul style="list-style-type: none"> <li>• Oral health assessment and treatment in patients with diabetes and other chronic health conditions</li> <li>• Oral health assessment and treatment in patients undergoing medical treatment such as: <ul style="list-style-type: none"> <li>○ Radiation treatment</li> <li>○ Heart surgery</li> <li>○ Kidney dialysis</li> </ul> </li> <li>• Oral health interventions in community sites such as <ul style="list-style-type: none"> <li>○ Schools</li> <li>○ Nursing Homes</li> <li>○ Other group and institutional settings</li> </ul> </li> </ul>		M	L
<p>Measures of use of hospital emergency department for oral health problems including:</p> <ul style="list-style-type: none"> <li>• Subsequent referral or care</li> <li>• Subsequent admissions</li> <li>• Kind of treatment provided</li> <li>• Repeat visits</li> </ul>		H	M
<p>Use of after (normal closing) hours services including:</p> <ul style="list-style-type: none"> <li>• Subsequent referral or care</li> <li>• Subsequent admissions</li> <li>• Kind of treatment provided</li> <li>• Repeat visits</li> </ul>		M	L
Measures of medical admission due to oral health problems		M	M
<p>Measures of use of sedation and general anesthesia or treatment of oral health condition in operating room settings including:</p> <ul style="list-style-type: none"> <li>• Subsequent referral or care</li> <li>• Subsequent admissions</li> <li>• Kind of treatment provided</li> <li>• Repeat visits</li> </ul>		H	L

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Topic	Comments	Importance H/M/L	Feasibility H/M/L
Measures of complications of services provided: <ul style="list-style-type: none"> <li>• Complications of specific procedures including need to re-treatment</li> <li>• Complications of sedation or anesthesia</li> </ul>		H	L
<b>Measures of Factors that Influence Risk for Oral Disease or Disease Treatment</b>			
Measures of habits: <ul style="list-style-type: none"> <li>• Use of tobacco               <ul style="list-style-type: none"> <li>○ Tobacco use assessment</li> <li>○ Tobacco cessation counseling</li> </ul> </li> <li>• Use of alcohol</li> </ul>		H	M
Oral health provider assessment of general health conditions: <ul style="list-style-type: none"> <li>• Blood pressure</li> <li>• Blood glucose/other measures of diabetes</li> <li>• Immunizations</li> <li>• Pregnancy</li> <li>• Vitamin Deficiency</li> <li>• Diet and other nutritional factors associated with caries</li> </ul>		H	M
<b>Measures of Oral Health Infrastructure</b>			
Measures of presence or adequacy of state oral health infrastructure including: <ul style="list-style-type: none"> <li>• Presence of state oral health director</li> <li>• Presence and adequacy of supporting state oral health resources and activities</li> </ul>		H	H
Measures of adequacy and availability of oral health benefits coverage <ul style="list-style-type: none"> <li>• What coverage is available</li> <li>• What is covered</li> <li>• How many people have what type of coverage</li> </ul>		H	H

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Topic	Comments	Importance H/M/L	Feasibility H/M/L
Measures of adequacy and availability of oral health workforce including: <ul style="list-style-type: none"> <li>• What providers are available and where they are located and how they are organized (i.e. safety-net, networks, DHPSAs)</li> <li>• How accessible are providers (e.g., geography, hours)</li> <li>• Who are providers serving               <ul style="list-style-type: none"> <li>○ Consider sub-populations</li> <li>○ Measure what services are actually available and to whom</li> </ul> </li> </ul>		H	M
Measures of systems of care for cleft lip/palate <ul style="list-style-type: none"> <li>• Measures of assessment and referral activities</li> <li>• Measures of availability and adequacy of team-based treatment services</li> </ul>		H	M
Measures of caregiving systems within institutional settings: <ul style="list-style-type: none"> <li>• Measures of accountable systems that recognize and address oral health issues</li> </ul>		M	L
<b>Measures of Health Disparities</b>			
	Encourage or require collecting stratification information when collecting other measures	H	M
<b>Measures of Healthy Communities</b>			
Measures of communications and linkages among providers including: <ul style="list-style-type: none"> <li>• Care coordination systems</li> <li>• Inter-operable EHRs</li> <li>• Use of tele-health systems</li> </ul>		M	L
Measures of availability and use of patient portals		M	L
Measures of the integration of oral health activities in non-oral health systems, settings, and processes		M	L

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Topic	Comments	Importance H/M/L	Feasibility H/M/L
Measures of community awareness of oral health issues including: <ul style="list-style-type: none"> <li>Activities or messaging to increase community awareness</li> <li>Effectiveness or outcomes of community awareness efforts</li> </ul>		M	L
Measures of healthy food choice and education and availability in institutional settings and communities		M	L
<b>Measures of Oral Health Expenditures</b>			
Measures of expenses for actual oral health care		H	M
Measures of total value of oral health interventions including reductions in the “cost of neglect” of oral diseases:	Examples include measures of reductions in expenses for cost of other diseases (e.g., diabetes)	H	L
<b>Measures of Patient Safety</b>			
Measures of critical/adverse events	Can use trigger algorithms to obtain data from EHRs	M	M
Measures of oral injuries	Distinguish causes and responses	M	L
Measures of oral neglect or abuse	Can obtain data on reporting to protective services systems	M	L

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## DISCUSSION

Aside from a small subset of oral health performance measures which have been reported in a standardized format within specific programs (e.g. Medicaid, HEDIS, etc.) for many years, a majority of the oral health performance measures that do exist are redundant, overlapping, ill-defined or non-standardized (e.g., repetitive concepts but defined differently). In addition, relatively few are fully developed, specified and tested and many are not feasible for widespread use at this time. To date, only four oral health measures have been endorsed by the NQF as voluntary consensus standards.

The current state of oral health performance measurement is related to the challenges that exist within the oral health care system including:

- Limited evidence base (linking care to positive outcomes) for procedures and lack of consensus on guidelines of care contributing to variation in care across dentists;
- Lack of appropriate existing and HIPAA-approved code modifiers and standardized codes to report diagnoses (thwarts assessment of appropriateness and outcomes of treatment);
- Lack of dental insurance coverage across the United States which contributes to decreased leverage on dental benefits plans and providers to focus on quality improvement;
- Lack of coordination between medical and dental plans inhibits claims data analysis;
- At the provider-level, lack of training, incentives, and infrastructure needed to implement quality improvement programs; and
- Inadequate infrastructure to leverage the use of EHRs in practices and link medical and dental care delivery.<sup>xviii</sup>

In spite of these challenges, opportunities for oral health measure development and standardization currently exist. The panel successfully recognized various measure topics that were identified as both highly important and highly feasible and therefore should be strongly considered for current and future measure development and testing. These topics include measures that assess coronal dental caries, specific tooth conditions, use of services (particularly

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specific diagnostic or treatment services or prevention services), and the presence and adequacy of oral health infrastructure and benefits coverage.

Additionally, the panel identified topics that were recognized as highly important, yet exhibited moderate feasibility concerns. These topics represent relevant opportunities to improve care; however, present hurdles when attempting certain measurement activities. The topics include measures that assess risk of dental caries, pain and dental infection, presence of oral lesions, ability to chew, periodontal disease (including risk assessment for), satisfaction of care, use of hospital emergency department for oral health problems, factors that influence risk for oral disease or disease treatment, including habits (e.g., tobacco and alcohol use) and general health conditions (i.e., blood pressure, diabetes, pregnancy, etc.), oral health adequacy and availability of oral health workforce, systems of care for cleft lip/palate, disparities, and costs of oral health care.

Lastly, the panel found four topic areas that were of high importance, but decidedly unfeasible based on the current capacities of the oral health care system. These topics, while critical, were not recommended for pursuit of immediate development activities, but should be considered in the future. These topics include measures that assess sedation and general anesthesia, xerostomia (dry mouth), oral health and health care complications, and measures of total value of oral health interventions including reductions in the “cost of neglect” of oral diseases.

### CONCLUSION

Undoubtedly, there is a need for standardized measures that are important, scientifically acceptable, useable, and feasible and that advance the oral health of the population served.

The various components of this project illustrate the current state of oral health and health care as they relate to performance measurement. The initial environmental scan provided a basic understanding of the measures and measure concepts that exist and are in use presently, while also exposing considerable gaps in oral health measurement. An expert panel provided a multi-stakeholder evaluation and prioritization of topics and identified not only future direction for measure development and testing, but also a number of potential challenges that can be expected



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as the field of oral health measurement evolves and matures. This work can inform future measure development and testing. It also addresses necessary foundational work for the endorsement and use of additional oral health measures, which would help to standardize measurement and reporting in this area. These recommendations and considerations will serve as a critical guide as the field of oral health quality improvement, and in particular, performance measurement advances.

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### APPENDIX A: PROJECT EXPERT PANEL AND NQF STAFF

#### ORAL HEALTH EXPERT PANEL

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## APPENDIX B: ENVIRONMENTAL SCAN

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1	Developer/Steward	Title	Description	Numerator	Denominator	Data Source	Population	Development timeframe and use	Concept vs Specified	Additional Notes
2	AHRQ/CHIPRA(PMCoE)	Oral Health Service from a Non-Dentist	Percent of patients receiving an oral health service from a non-dentist professional.	Number of pediatric patients receiving an oral health service from a non-dentist professional.	Number of pediatric patients receiving oral health services.	N/A	Pediatrics	Development not being currently pursued	Measure Concept	
3	AHRQ/CHIPRA(PMCoE)	Annual Fluoride Varnish Applications	Percent of patients receiving at least two annual fluoride varnish applications.	Number of pediatric patients receiving at least two annual fluoride varnish applications.	Number of pediatric patients receiving oral health services.	N/A	Pediatrics	Development not being currently pursued	Measure Concept	
4	AHRQ/CHIPRA(PMCoE)	Receipt of Dental Referral and Visit with Dentist	Percent of patients who receive a dental referral in the primary care office (if needed) and are seen by a dentist for preventive care and treatment services.	Number of pediatric patients who receive a dental referral in the primary care office and are seen by a dentist for preventive care and treatment services.	Number of pediatric patients in primary care who need a dental referral.	N/A	Pediatrics	Development not being currently pursued	Measure Concept	
5	AHRQ/CHIPRA(PMCoE)	First Permanent Molar Sealant	Percent of children receiving at least one sealant on first permanent molars.	Number of children receiving at least one sealant on first permanent molars.	Number of children with first permanent molars.	N/A	Pediatrics	Development not being currently pursued	Measure Concept	
6	AHRQ/CHIPRA(PMCoE)	Ambulatory Oral Rehabilitation Surgery	Percent of children who receive oral rehabilitation surgery.	Number of children who receive oral rehabilitation surgery.	Number of children receiving oral health services.	N/A	Pediatrics	Development not being currently pursued	Measure Concept	
7	CMS	Total Eligible's Receiving Any Dental Services	Unduplicated number of children receiving at least one dental service by or under the supervision of a dentist as defined by HCPCS codes D0100 - D9999 (CDT codes D0100 - D9999).	Unduplicated number of children receiving at least one dental service by or under the supervision of a dentist as defined by HCPCS codes D0100 - D9999 (CDT codes D0100 - D9999).	Total unduplicated number of all individuals under the age of 21 determined to be eligible for EPSDT services, distributed by age and by basis of Medicaid eligibility.	Claims	Pediatrics	In use; EPSDT.		
8	CMS	Total Eligible's Receiving Preventive Dental Services	Unduplicated number of children receiving at least one preventive dental service by or under the supervision of a dentist as defined by HCPCS codes D1000 - D1999 - (CDT codes D1000-D1999)	Unduplicated number of children receiving at least one preventive dental service by or under the supervision of a dentist as defined by HCPCS codes D1000 - D1999 - (CDT codes D1000-D1999)	Total unduplicated number of all individuals under the age of 21 determined to be eligible for EPSDT services, distributed by age and by basis of Medicaid eligibility.	Claims	Pediatrics	In use; EPSDT; CHIPRA Core Set.		
9	CMS	Total Eligible's Receiving Dental Treatment Services	Unduplicated number of children receiving at least one treatment service by or under the supervision of a dentist, as defined by HCPCS codes D2000 - D9999 (CDT codes D2000 - D9999).	Unduplicated number of children receiving at least one treatment service by or under the supervision of a dentist, as defined by HCPCS codes D2000 - D9999 (CDT codes D2000 - D9999).	Total unduplicated number of all individuals under the age of 21 determined to be eligible for EPSDT services, distributed by age and by basis of Medicaid eligibility.	Claims	Pediatrics	In use; EPSDT; CHIPRA Core Set.		

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1	Developer/Steward	Title	Description	Numerator	Denominator	Data Source	Population	Development timeframe and use	Concept vs Specified	Additional Notes
10	CMS	Total Eligible's Receiving a Sealant on a Permanent Molar Tooth	Unduplicated number of children in the age categories of 6-9 and 10-14 who received a sealant on a permanent molar tooth regardless of whether the sealant was provided by a dentist or a non-dentist, as defined by HCPCS code D1351 (CDT code D1351).	Unduplicated number of children in the age categories of 6-9 and 10-14 who received a sealant on a permanent molar tooth regardless of whether the sealant was provided by a dentist or a non-dentist, as defined by HCPCS code D1351 (CDT code D1351).	Total unduplicated number of all individuals under the age of 21 determined to be eligible for EPSDT services, distributed by age and by basis of Medicaid eligibility.	Claims	Pediatrics	In use; EPSDT		
11	CMS	Total Eligible's Receiving Diagnostic Dental Services	Unduplicated number of children receiving at least one diagnostic dental service by or under the supervision of a dentist, as defined by HCPCS codes D0120 – D0180 (CDT codes D0120 – D0180).	Unduplicated number of children receiving at least one diagnostic dental service by or under the supervision of a dentist, as defined by HCPCS codes D0120 – D0180 (CDT codes D0120 – D0180).	Total unduplicated number of all individuals under the age of 21 determined to be eligible for EPSDT services, distributed by age and by basis of Medicaid eligibility.	Claims	Pediatrics	In use; EPSDT		
12	CMS	Total Eligible's Receiving Oral Health Services Provided by a Non-Dentist Provider	Unduplicated number of children receiving at least one oral health service as defined a HCPCS or CDT code furnished by a licensed practitioner that is not a dentist (e.g., a pediatrician that applies a fluoride varnish). Note: Some States may not have data to report this.	Unduplicated number of children receiving at least one oral health service as defined a HCPCS or CDT code furnished by a licensed practitioner that is not a dentist.	Total unduplicated number of all individuals under the age of 21 determined to be eligible for EPSDT services, distributed by age and by basis of Medicaid eligibility.	Claims	Pediatrics	In use; EPSDT		
13	CMS	Total Eligible's Receiving any Dental or Oral Health Service	Unduplicated number of children who received a dental service by or under the supervision of a dentist or an oral health service by a non-dentist. A child should only be counted once on this line even if the child received a dental service and an oral health service.	Unduplicated number of children who received a dental service by or under the supervision of a dentist or an oral health service by a non-dentist. A child should only be counted once on this line even if the child received a dental service and an oral health service.	Total unduplicated number of all individuals under the age of 21 determined to be eligible for EPSDT services, distributed by age and by basis of Medicaid eligibility.	Claims	Pediatrics	In use in EPSDT.		
14	CMS (HCFA)	Medicaid Expenditure on Pediatric Dental Care	Percentage of Medicaid child health expenditures that is expended by the plan on dental care.	Total Medicaid expenditures for dental services.	Total Medicaid expenditures for child health services.	Unknown	Pediatrics	Measure from 1980s. Unsure whether still reported.		
15	CMS	Dental Visit by Medicaid Children	Percentage of Medicaid children enrolled in a plan that visits a dental provider at least once during the reporting year.	Total number of Medicaid children seen by a dental provider.	Total number of Medicaid children enrolled in the plan.	Claims	Pediatrics			Analogous to NCOA Annual Dental Visit Measure

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1	Developer/Steward	Title	Description	Numerator	Denominator	Data Source	Population	Development timeframe and use	Concept vs Specified	Additional Notes
16	Delta Dental	Preventive Treatment for Caries-active Children	Percentage of all caries-active child enrollees who receive a dental sealant or a fluoride treatment within the reporting year.	Number of child enrollees with active caries that receive dental sealant or fluoride treatment during the reporting year.	Number of child enrollees who have been assessed and have active caries.	Claims	Pediatrics	Reported in 1998 HMO/FFS report card		
17	Delta Dental	Dental Sealant Prevalence Among School Children	Percent of 8-14 year old children who have one or more sealed permanent molar teeth.	Number of 8-14 year old children surveyed who have at least one sealant on a permanent molar tooth.	Number of 8-14 year old children surveyed.	Survey	Pediatrics	Reported in 1998 HMO/FFS report card		
18	Delta Dental	Quality of Care	Percentage of parents/caregivers who are highly satisfied with the quality of dental care their child receives (for commercial and Medicaid).	Number of parents/caregivers who are highly satisfied with the quality of dental care their child receives (for commercial and Medicaid).	Number of parents/caregivers responding to this survey item.	Survey	Pediatrics	Reported in 1998 HMO/FFS report card		
19	Delta Dental	Time to Schedule an Appointment	Percentage of parents/caregivers who are satisfied with the time it took to schedule an appointment for their child (for commercial and Medicaid).	Number of parents/caregivers who are satisfied with the time it took to schedule an appointment for their child (for commercial and Medicaid).	Number of parents/caregivers responding to this survey item.	Survey	Pediatrics	Reported in 1998 HMO/FFS report card		
20	Delta Dental	Treatment Provided in a Timely Manner	Percentage of parents/caregivers who felt that their child received the care they needed in a timely manner (for commercial and Medicaid).	Number of parents/caregivers who felt that their child received the care they needed in a timely manner (for commercial and Medicaid).	Number of parents/caregivers responding to this survey item.	Survey	Pediatrics	Reported in 1998 HMO/FFS report card		
21	Delta Dental's 1998 HMO/FFS report card	Dentist's Discussion of Options for Treatment	Percentage of parents/caregivers who felt that their child's dentist discussed options for treatment (for commercial and Medicaid).	Number of parents/caregivers who felt that their child's dentist discussed options for treatment (for commercial and Medicaid).	Number of parents/caregivers responding to this survey item.	Survey	Pediatrics	Reported in 1998 HMO/FFS report card		
22	Delta Dental	Comfort During Treatment	Percentage of parents/caregivers who felt that their child's dental provider made them feel comfortable during treatment (for commercial and Medicaid).	Number of parents/caregivers who felt that their child's dental provider made them feel comfortable during treatment (for commercial and Medicaid).	Number of parents/caregivers responding to this survey item.	Survey	Pediatrics	Reported in 1998 HMO/FFS report card		
23	Delta Dental	Length of Time Spent Waiting	Percentage of parents/caregivers who were satisfied with the length of time spent in the waiting room (for commercial and Medicaid).	Number of parents/caregivers who were satisfied with the length of time spent in the waiting room (for commercial and Medicaid).	Number of parents/caregivers responding to this survey item.	Survey	Pediatrics	Reported in 1998 HMO/FFS report card		



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1	Developer/Steward	Title	Description	Numerator	Denominator	Data Source	Population	Development timeframe and use	Concept vs Specified	Additional Notes
24	Delta Dental	Office Reminder/Recall System	Percentage of parents/caregivers who were satisfied with the dental office reminder/recall system (for commercial and Medicaid).	Number of parents/caregivers who were satisfied with the dental office reminder/recall system (for commercial and Medicaid).	Number of parents/caregivers responding to this survey item.	Survey	Pediatrics	Reported in 1998 HMO/FFS report card		
25	Delta Dental's 1998 HMO/FFS report card	Emergency/After-Hours care	Percentage of parents/caregivers who were satisfied with the emergency and after-hours care provisions available to their children (for commercial and Medicaid).	Number of parents/caregivers who were satisfied with the emergency and after-hours care provisions available to their children (for commercial and Medicaid).	Number of parents/caregivers responding to this survey item.	Survey	Pediatrics	Reported in 1998 HMO/FFS report card		
26	Delta Dental	Courtesy and Professionalism of the Dentist	Percentage of parents/caregivers who felt their dentist was courteous and professional to them and their child (for commercial and Medicaid).	Number of parents/caregivers who felt their dentist was courteous and professional to them and their child (for commercial and Medicaid).	Number of parents/caregivers responding to this survey item.	Survey	Pediatrics	Reported in 1998 HMO/FFS report card		
27	Delta Dental	Courtesy and Professionalism of Dental Office Staff	Percentage of parents/caregivers who felt the dentist office staff was courteous and professional to them and their child (for commercial and Medicaid).	Number of parents/caregivers who felt the dentist office staff was courteous and professional to them and their child (for commercial and Medicaid).	Number of parents/caregivers responding to this survey item.	Survey	Pediatrics	Reported in 1998 HMO/FFS report card		
28	Delta Dental	Assessment of Disease Status	Percentage of all child enrollees who have had their periodontal and caries status assessed over the past year.	Number of child enrollees whose oral health status has been assessed by a dental provider.	Number of all child enrollees	Claims	Pediatrics	Reported in 1998 HMO/FFS report card		
29	Delta Dental	New Caries Among Caries-active Children	Proportion of all caries-active child enrollees who receive treatment for caries within the reporting year.	Number of caries active child enrollees who receive restorative, prosthetic, endodontic, or oral surgery treatment for caries-related reasons.	All caries active child enrollees.	Claims	Pediatrics	Reported in 1998 HMO/FFS report card		
30	Delta Dental	New Caries Among Caries-inactive Children	Proportion of all caries-inactive enrollees who receive treatment for caries within the reporting year.	Number of caries-inactive child enrollees who receive restorative, prosthetic, endodontic, or oral surgery treatment for caries-related reasons.	All caries-inactive child enrollees.	Claims	Pediatrics	Reported in 1998 HMO/FFS report card		
31	DentaQuest	Count of ECC Patients	Count of children <60 months with active caries or a history of caries at first visit.	Count of children younger than 60 months of age with active caries (at least one cavitated or demineralized enamel surface) or a history of caries at first Early Childhood Caries (ECC) project visit.	N/A	Unknown	Pediatrics		Specified, but not public; In testing	

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1	Developer/Steward	Title	Description	Numerator	Denominator	Data Source	Population	Development timeframe and use	Concept vs Specified	Additional Notes
32	DentaQuest	ECC Patients with an Unplanned OR Referral	Percent of Early Childhood Caries patients referred to the OR for caries management on or after their second clinic visit (i.e., unplanned OR referral).	Count of Early Childhood Caries patients who were referred to the OR for caries management on or after their second clinic visit. This is the definition of an 'unplanned OR referral'.	Count of Early Childhood Caries patients.	Unknown	Pediatrics		Specified, but not public; In testing	
33	DentaQuest	ECC Patients with an Unplanned Sedation Referral.	Percent of Early Childhood Caries patients referred for sedation on our after their second clinic visit (i.e., unplanned sedation referral).	Count of Early Childhood Caries patients who were referred for sedation on or after their second clinic visit. This is the definition of an 'unplanned Sedation referral'.	Count of Early Childhood Caries patients.	Unknown	Pediatrics		Specified, but not public; In testing	
34	DentaQuest	ECC Patients Seen Last Month with Documented Caries Risk.	Percent of Early Childhood Caries patients with risk assessment documented at most recent disease-management visit during the measurement period.	Count of Early Childhood Caries patients with risk assessment documented (high, medium, low) at most recent disease-management visit during the measurement period	Count of Early Childhood Caries patients with visits during the measurement period	Unknown	Pediatrics		Specified, but not public; In testing	
35	DentaQuest	ECC Patients with a DM Visit before their OR or Sedation Referral	Percent of Early Childhood Caries patients who ever had an unplanned referral for OR or sedation who had a prior disease management visit within 4 months of referral.	Count of Early Childhood Caries patients who have ever been referred for an OR or Sedation visit who had a prior disease-management visit within 4 months of referral *note: The 'date of referral' is the date that the referral was made, not the date of the scheduled OR treatment.	Count of Early Childhood Caries patients who have ever had an unplanned referral for OR or sedation.	Unknown	Pediatrics		Specified, but not public; In testing	

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36	DentaQuest	ECC Patients seen last month who had DM Visits within the Recommended Interval Based on Risk	Percent of Early Childhood Caries patients with disease management visits during the measurement month who met criteria for visit interval.	Count of Early Childhood Caries patients with most recent disease management visit during the measurement month who met criteria for visit interval (includes visits for fluoride varnish application visits and first initial exam visit). RISK CRITERIA FOR VISIT INTERVALS: High: 2 disease management visits within the past 4 months (120 days) Medium: 2 disease management visit with the past 7 months (210 days) Low: 2 disease management visit within the past 13 months (390 days).	Count of Early Childhood Caries patients with disease management visits during the measurement month.	Unknown	Pediatrics		Specified, but not public; In testing	
37	DentaQuest	ECC Patients seen in the past Month with Self-Management Goals Reviewed	Percent of Early Childhood Caries patients with disease management visits during the measurement period with review of self-management goals documented at most recent disease management visit during the measurement period.	Count of Early Childhood Caries patients with review of self-management goals documented at most recent disease management visit during the measurement period.	Count of Early Childhood Caries patients with disease management visits during the measurement period.	Unknown	Pediatrics		Specified, but not public; In testing	
38	DentaQuest	ECC Patients with New Cavitation	Percent of Early Childhood Caries patients with new clinical cavitation, demineralization or new radiographic cavitation at either of their two most recent visits.	Count of Early Childhood Caries patients with new clinical cavitation, demineralization or new radiographic cavitation at either of their two most recent visits. Note: Radiographic cavitation is defined as occlusal or interproximal decay that extends beyond the DEJ and which was not present in the prior most recent radiograph.	Count of Early Childhood Caries patients.	Unknown	Pediatrics		Specified, but not public; In testing	
39	DentaQuest	Pain due to Untreated Decay	Percent of Early Childhood Caries patients who presented at either of their two most recent visits where the pain was attributable to untreated decay.	Count of Early Childhood Caries patients who presented with pain at either of their two most recent visits, where the pain was attributable to untreated decay.	Count of Early Childhood Caries patients.	Unknown	Pediatrics		Specified, but not public; In testing	

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40	DentaQuest	ECC Patients with Documented Caries Risk	Percent of Early Childhood Caries patients with caries risk assessment documented at most recent disease-management visit.	Count of Early Childhood Caries patients with caries risk assessment documented (high, medium, low) at most recent disease-management visit.	Count of Early Childhood Caries patients.	Unknown	Pediatrics		Specified, but not public; In testing	
41	DentaQuest	ECC Patients with DM Visits within the Recommended Interval Based on Risk	Percent of Early Childhood Caries patients whose most recent disease management visit meets interval criteria within 4 months.	Count of Early Childhood Caries patients whose most recent disease management visit meets interval criteria (including fluoride varnish applications) within 4 months (includes first initial exam visit). RISK CRITERIA FOR VISIT INTERVALS: High: 2 disease management visits within that past 4 months (120 days), Medium: 2 disease management visit with the past 7 months (210 days), Low: 2 disease management visit within the past 13 months (390 days).	Count of Early Childhood Caries patients.	Unknown	Pediatrics		Specified, but not public; In testing	
42	DentaQuest	ECC Patients with Self-Management Goals Reviewed at Most Recent DM Visit	Percent of Early Childhood Caries patients with review of self-management goals documented at most recent disease management visit.	Count of Early Childhood Caries patients with review of self-management goals documented at most recent disease management visit.	Count of Early Childhood Caries patients.	Unknown	Pediatrics		Specified, but not public; In testing	
43	DentaQuest	ECC Patients whose Risk Status has Improved	Percent of Early Childhood Caries patients with risk assessed as high or medium at initial visit whose most recently documented risk status is lower than on their initial visit.	Count of Early Childhood Caries patients whose most recently documented risk status is lower than that on their initial visit.	Count of Early Childhood Caries patients with risk assessed as 'high' or 'medium' at initial visit.	Unknown	Pediatrics		Specified, but not public; In testing	
44	Administration for Children and Families (ACF)	Dental Home	Continuous source of comprehensive dental care for children in head start	1)Number of children with a dental home at beginning of enrollment 2)Number at end of enrollment	Cumulative enrollment of children in head start		Pediatrics	In Use. Head Start PIR Performance Indicator	Specified	
45	Administration for Children and Families (ACF)	Dental Exam	Percentage of preschool children completing professional dental exams	Number of children completing professional dental examination	Total cumulative enrollment of children in head start		Pediatrics	In Use. Head Start PIR Performance Indicator	Specified	
46	Administration for Children and Families (ACF)	Treatment Needs	Of the preschool children receiving professional dental exams, the percentage (%) of preschool children needing professional dental treatment	Number of preschool children diagnosed as needing dental treatment	Total number of preschool children that completed a professional dental examination		Pediatrics	In Use. Head Start PIR Performance Indicator	Specified	

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47	Administration for Children and Families (ACF)	Treatment Needs Completed	Of the preschool children needing dental treatment, the percentage (%) of preschool children who received dental treatment	Total number of preschool children receiving dental treatment	Number of preschool children diagnosed as needing dental treatment		Pediatrics	In Use. Head Start PIR Performance Indicator	Specified	
48	HRSA-Adapted from HIV/AIDS Bureau	Primary Care Provider Dental Counseling: Medical Setting	Percentage of children age 12 to 48 months who received patient education and anticipatory guidance for oral health in the medical setting.	Children age 12-48 months with dental/oral health counseling by a primary care provider documented (last 12 months).	Children age 12 to 48 months seen by a primary care provider (last 12 months).		Pediatrics			
49	HRSA Health Disparity Collaborative	Early Childhood Caries Fluoride Varnish Applications	Percentage of high risk children age 12 to 72 months with 1 or more fluoride varnish applications documented.	Number of patients in the denominator with at least 1 topical fluoride varnish (D1206) documented within the previous 12 months.	Number of children 1-6 years of age defined as high-risk with a documented dental visit in the last 12 months.		Pediatrics	HRSA Health Disparity Collaborative tested		
50	HRSA-Adapted from MCHB and certain states.	Dental Sealant	Percentage of children between the ages of 6 and 21 years who received at least a single sealant treatment from a dentist.	Number of children between the ages of 6 and 21 years who received at least a single sealant treatment from a dentist during the reporting period.	The number of children between ages 6 and 21 years who had a dental visit during the reporting period.		Pediatrics			
51	HRSA Maternal and Child Health Bureau (MCHB)	Children Who Received Preventive Dental Care	Percentage of children who had preventive dental visits during the previous 12 months.	Number of children who had one or more preventive dental visits in the past 12 months.	Number of children and adolescents age 1-17 years.	Survey	Pediatrics	Collected through National Children's Health Survey	Specified; Tested	NQF endorsed
52	HRSA MCHB	Children Who Have Dental Decay or Cavities	Assesses if children age 1-17 years have had tooth decay or cavities in the past 6 months.	Number of children age 1-17 who have had cavities or decayed teeth in past 6 months.	Number of children and adolescents age 1-17 years.	Survey	Pediatrics	Collected through National Children's Health Survey	Specified; Tested	NQF endorsed
53	Managed Risk Medical Insurance Board (CA)	120 Day Dental Health Assessment	The percentage of children who enrolled during the reporting year and had an initial dental visit within their first 120 days of enrollment.	Number of children 19 years and younger that had an initial dental visit within their first 120 days of enrollment.	Number of children 19 years and younger continuously enrolled in the reporting period.	Claims	Pediatrics	Collected in 2006		
54	Managed Risk Medical Insurance Board (CA)	Dental Sealant	Percentage of children between the ages of 6 and 19 who were continuously enrolled during the reporting period and received at least a single sealant treatment from a dentist.	Number of children between the ages of 6 and 19 who were continuously enrolled during the reporting period and received at least a single sealant treatment from a dentist.	Number of children between the ages of 6 and 19 who were continuously enrolled during the reporting period.	Claims	Pediatrics	Collected in 2006		

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55	Managed Risk Medical Insurance Board (CA)	Initial Dental Visit	Percentage of all children between the ages of 4 and 19 who were continuously enrolled during the reporting period and had an initial examination by a dentist.	Number of all children between the ages of 4 and 19 who were continuously enrolled during the reporting period and had an initial examination by a dentist.	Number of children between the ages of 4 and 19 who were continuously enrolled during the reporting period.	Claims	Pediatrics	Collected in 2006		
56	Managed Risk Medical Insurance Board (CA)	Periodic Dental Visit	Percentage of all children between the ages of 4 and 19 who were continuously enrolled during the reporting period and had a periodic examination by a dentist.	Number of all children between the ages of 4 and 19 who were continuously enrolled during the reporting period and had a periodic examination by a dentist.	Number of all children between the ages of 4 and 19 who were continuously enrolled during the reporting period.	Claims	Pediatrics	Collected in 2006		
57	NCQA	Annual Dental Visit	Percentage of Medicaid members 2 through 21 years of age who had at least one dental visit during the measurement year. The measure is reported stratified by age and as a combined rate.	Medicaid members who had at least one dental visit with a dental practitioner during the measurement year.	Medicaid members 2 through 21 years of age as of December 31 of the measurement year.	Claims	Pediatrics	In use in HEDIS		NQF endorsed.
58	NCQA	Oral Health by Age 2 Years	Assess whether oral health care was received by age 2.	Documentation of any of the following: assessment of caries risk using the AAPD Caries-Risk Assessment Tool, dental treatment, referral attempt, dental visit.	Children who turned 2 years of age between 1/1-12/31 of the measurement year who had documentation of a face-to-face visit between the clinician (physician, etc.) and the child that predates the child's birthday by at least 12 months.	HER; Paper records	Pediatrics	Measure tested for medical record collection.	Specified; Tested	Submitted to NQF child health, but not endorsed.
59	NCQA	Oral Health by Age 6 Years	Assess whether oral health care was received by age 6.	Documentation of any of the following: assessment of caries risk using the AAPD Caries-Risk Assessment Tool, dental treatment, referral attempt, dental visit.	Children who turned 6 years of age between 1/1-12/31 of the measurement year who had documentation of a face-to-face visit between the clinician (physician, etc.) and the child that predates the child's birthday by at least 12 months.	EHR; Paper records	Pediatrics	Measure tested for medical record collection.	Specified; Tested	Submitted to NQF child health, but not endorsed.
60	NCQA	Oral Health by Age 13 Years	Assess whether oral health care was received by age 13.	Documentation of any of the following: assessment of caries risk using the AAPD Caries-Risk Assessment Tool, dental treatment, referral attempt, dental visit.	Children who turned 13 years of age between 1/1-12/31 of the measurement year who had documentation of a face-to-face visit between the clinician (physician, etc.) and the child that predates the child's birthday by at least 12 months.	EHR; Paper records	Pediatrics	Measure tested for medical record collection.	Specified; Tested	Submitted to NQF child health, but not endorsed.

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61	NCQA	Oral Health by Age 18 Years	Assess whether oral health care was received by age 18.	Documentation of any of the following: assessment of caries risk using the AAPD Caries-Risk Assessment Tool, dental treatment, referral attempt, dental visit.	Children who turned 18 years of age between 1/1-12/31 of the measurement year who had documentation of a face-to-face visit between the clinician (physician, etc.) and the child that predates the child's birthday by at least 12 months.	EHR; Paper records	Pediatrics	Measure tested for medical record collection.	Specified; Tested	Submitted to NQF child health, but not endorsed.
62	NCQA	Advising Mothers About Baby Bottle Tooth Decay	Percentage of women (pre/postpartum) that receive advice on preventing baby bottle tooth decay.	Number of women (pre/postpartum) that receive advice on preventing baby bottle tooth decay.	Number of pre/postpartum women responding to this survey item.	Survey	Pediatrics		Measure concept; early 1990's work.	
63	NCQA	Use of Dental Services by Children - Periodic or Comprehensive Examination	Percentage of enrollees who received an annual comprehensive or periodic exam.	Number of enrollees who received an annual comprehensive or periodic exam.	Number of child enrollees.	Claims	Pediatrics		Measure concept; early 1990's work.	
64	NCQA	Dental Sealant Ratio	The ratio of sealed occlusal surfaces in permanent molar teeth to restored occlusal surfaces in permanent molar teeth. This measure would examine first molars in 5-8 year olds and second molars in 11-14 year-olds.	Number of sealed occlusal surfaces in permanent molar teeth.	Number of restored occlusal surfaces in permanent molar teeth.	Claims	Pediatrics		Measure concept; early 1990's work.	
65	NCQA	Assessment of Disease Status	Percentage of all child enrollees who have had their periodontal and caries status assessed within the past year.	Number of child enrollees who have had their periodontal and caries status assessed within the past year.	Total number of child enrollees.	Claims	Pediatrics		Measure concept; early 1990's work.	
66	NCQA	New Caries Among Caries-Active Children	Proportion of all caries-active child enrollees who receive treatment for caries-related reasons within the reporting year.	Number of caries-active child enrollees who receive treatment for caries-related reasons within the reporting year.	Number of caries-active child enrollees.	Claims	Pediatrics		Measure concept; early 1990's work.	
67	NCQA	New Caries Among Caries-Inactive Children	Proportion of all previously caries-inactive child enrollees who receive treatment for caries-related reasons within the reporting year.	Number of previously caries-inactive child enrollees who receive treatment for caries-related reasons within the reporting year.	Number of previously caries-inactive child enrollees	Claims	Pediatrics		Measure concept; early 1990's work.	
68	NCQA	Preventive Treatment for Caries-active Children	Percent of all caries-active child enrollees who receive a dental sealant or a fluoride treatment within the reporting year.	Number of caries-active child enrollees who receive a dental sealant or a fluoride treatment within the reporting year.	Number of caries-active child enrollees.	Claims	Pediatrics		Measure concept; early 1990's work.	
69	State/Territory: All States	Sealant for Third Grade Children	Percent of third grade children who received protective sealant on at least one permanent molar tooth	Number of third grade children who received protective sealant on at least one permanent molar tooth.	Number of third grade children.		Pediatrics	Currently reported as a Title V HRSA National Performance Measure		

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70	State/Territory Reported: Alabama	Utilization of Dental Services by Medicaid Children	Of children & youth enrolled in Alabama's Medicaid EPSDT Program, the percentage who received any dental service in the reporting year. Reported for adolescents 10-19 and children 1-21.	Number of children enrolled in Medicaid who received any dental service in the reporting year.	Number of children 1-21 years of age enrolled in Medicaid.		Pediatrics	2001-2010 CHIPRA Measures		
71	State/Territory Reported: Alabama	High School Student Tobacco-Snuff Utilization	The percent of white male high school students who chewed tobacco or snuff on 1 or more of the 30 days preceding their participation.	Number of white male high school students who chewed tobacco or snuff on 1 or more of the 30 days preceding their participation.	Number of white male high school students.		Pediatrics	2001-2005 CHIPRA Measures		
72	State/Territory Reported: American Samoa	2-4-year old Dental Access	Percent of 2,3, and 4 year old children who are seen in the Maternal and Child Health Well Child Clinics who access dental health services	Number of 2-4 year old children seen in Maternal and Child Health well child clinics who access dental health services.	Number of 2-4 year old children seen in Maternal and Child Health well child clinics.		Pediatrics	2001-2005 CHIPRA Measures		
73	State/Territory Reported: American Samoa	Dental Assessment for Special Needs Children	Percent of children with special needs in the CSN Program who receive an annual dental assessment	Number of children with special needs in the CSN Program who receive an annual dental assessment.	Number of children with special needs in the CSN Program.		Pediatrics	2001-2005 CHIPRA Measures		
74	State/Territory Reported: Arizona	Preventive Dental Service	Percent of Medicaid enrollees age 1-18 who received at least one preventive dental service within the last year.	Number of Medicaid enrollees age 1-18 who received at least one preventive dental service within the last year.	Number of Medicaid enrollees age 1-18.		Pediatrics	2001-2005 CHIPRA Measures		
75	State/Territory Reported: Arizona	Absence of Tooth Decay in Second Graders	The percent of high-risk children in second grade who never had tooth decay.	Number of high-risk children in second grade who never had tooth decay.	Number of high-risk children in second grade.		Pediatrics	2001-2005 CHIPRA Measures		
76	State/Territory Reported: Arizona	Annual Dental Care	The percent of high-risk children who receive preventive dental care annually.	The number of high-risk children who receive preventive dental care annually.	The number of high-risk children.		Pediatrics	2001-2005 CHIPRA Measures		
77	State/Territory Reported: Arizona	Preventive Dental Sealants	The number of children receiving preventive dental sealants through the Arizona Dental Sealant Program.	Count of children receiving preventive dental sealants through the Arizona Dental Sealant Program.	N/A		Pediatrics	2001-2005 CHIPRA Measures		
78	State/Territory Reported: Arizona	Fluoride Mouthrinse Participation	The number of children participating in the Arizona Fluoride Mouthrinse Program.	Count of children participating in the Arizona Fluoride Mouthrinse Program.	N/A		Pediatrics	2001-2005 CHIPRA Measures		
79	State/Territory Reported: Arizona	Annual Dental Care	The percent of high-risk children who receive dental care annually.	The number of high-risk children who receive dental care annually.	The number of high-risk children.		Pediatrics	2001-2005 CHIPRA Measures		
80	State/Territory Reported: Arizona	Annual Dental Care through Age 5	The percent of high-risk children through age 5 years who receive dental care annually.	The number of high-risk children through age 5 years who receive dental care annually.	The number of high-risk children through age 5 years.		Pediatrics	2001-2005 CHIPRA Measures		



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81	State/Territory Reported: Colorado	Annual Dental Care	Percent of Medicaid eligible children receiving at least one dental visit during the measurement year.	Number of Medicaid eligible children receiving at least one dental visit during the measurement year.	Number of Medicaid eligible children.		Pediatrics	2001-2005 CHIPRA Measures		
82	State/Territory Reported: Colorado	Receipt of Dental Services	Percent of Medicaid-eligible children who annually receive dental services as part of their comprehensive services. Reported for infants and children 1-21.	Number of Medicaid-eligible children 0-21 who annually receive dental services as part of their comprehensive services	Number of Medicaid-eligible children 0-21.		Pediatrics	2001-2005 CHIPRA Measures		
83	State/Territory Reported: Connecticut	Sealant Use.	Sealant Use	Number of children with sealants.	Number of children.		Pediatrics	2005-2010 CHIPRA Measures		
84	State/Territory Reported: Federated States of Micronesia	Decayed, Missing or Filled Teeth	Percent of children enrolled in Early Childhood Education Program (Head Start) surveyed to determine the rate of decayed, missing or filled teeth. Reported for infants and children 1-21.	Percent of children 0-21 enrolled in Early Childhood Education Program (Head Start) surveyed to determine the rate of decayed, missing or filled teeth.	Percent of children 0-21 enrolled in Early Childhood Education Program (Head Start).		Pediatrics	2001-2005 CHIPRA Measures		
85	State/Territory Reported: Federated States of Micronesia	Fluoride Bottles	Percent infants who received at least six bottles (1 bottle/30 days) of fluoride in the first year of life	Number of infants who received at least six bottles (1 bottle/30 days) of fluoride in the first year of life	Number of infants.		Pediatrics	2001-2005 CHIPRA Measures		
86	State/Territory Reported: Florida	Dental Care Access	The percentage of low-income children 1-21 who access dental care.	The number of low-income children age 1-21 who access dental care	The number of low-income children age 1-21.		Pediatrics	2001-2005 CHIPRA Measures		
87	State/Territory Reported: Georgia	Preventive Oral Health Services	Percent of Medicaid and PeachCare (S-CHIP) enrolled children who received preventive oral health services.	Number of Medicaid and PeachCare (S-CHIP) enrolled children age 1-21 who received preventive oral health services.	Number of Medicaid and PeachCare (S-CHIP) enrolled children age 1-21.		Pediatrics	2001-2005 CHIPRA Measures		
88	State/Territory Reported: Hawaii	Dental Caries in 6-8 Year Olds	Proportion of children aged 6 to 8 years with dental caries experience in their primary and permanent teeth.	Number of children aged 6 to 8 years with dental caries experience in their primary and permanent teeth.	Number of children aged 6 to 8 years.		Pediatrics	2001-2005 CHIPRA Measures		
89	State/Territory Reported: Idaho	Caries Free 5 Year Olds	Percent of children age 5 years who are caries-free	Number of children age 5 years who are caries-free	Number of children age 5 years.		Pediatrics	2001-2005 CHIPRA Measures		
90	State/Territory Reported: Illinois	ECC Prevalence	Prevalence of Early Childhood Caries in children age 1-21	Number of children age 1-21 with Early Childhood Caries	Number of children age 1-21		Pediatrics	2001-2010 CHIPRA Measures		
91	State/Territory Reported: Iowa	Receipt of Dental Services	Percent of Medicaid enrolled children ages 1-5 years who receive dental services.	Number of Medicaid enrolled children ages 1-5 years who receive dental services.	Number of Medicaid enrolled children ages 1-5 years.		Pediatrics	2001-2005 CHIPRA Measures		

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92	State/Territory Reported: Kentucky	Annual Dental Care	Percentage of continuously enrolled Medicaid members ages 0-21 who had at least one dental visit during the reporting year. Reported for infants, adolescents 10-19 and children 1-21	Number of continuously enrolled Medicaid members ages 0- 21 who had at least one dental visit during the reporting year.	Percentage of continuously enrolled Medicaid members ages 0 – 21.		Pediatrics	2001-2005 CHIPRA Measures		
93	State/Territory Reported: Massachusetts	Annual Preventive Dental Services	Percent of children and youth (ages 3 - 18) enrolled in Medicaid who receive preventive dental services annually.	Number of children and youth (ages 3 - 18) enrolled in Medicaid who receive preventive dental services annually.	Number of children and youth (ages 3 - 18) enrolled in Medicaid.		Pediatrics	2001-2005 CHIPRA Measures		
94	State/Territory Reported: Minnesota	Unmet Oral Health Care Needs in Special Populations	Percent of Children and Youth with Special Health Care Needs (CYSHCN) with one or more unmet needs for specific oral health care services.	Number of Children and Youth with Special Health Care Needs (CYSHCN) with one or more unmet needs for specific oral health care services.	Number of Children and Youth with Special Health Care Needs (CYSHCN).		Pediatrics	2001-2005 CHIPRA Measures		
95	State/Territory Reported: Mississippi	Comprehensive Dental Exam for Kindergarteners	Percent of children entering kindergarten reported to have had a comprehensive dental exam within the past 12 months	Number of children entering kindergarten reported to have had a comprehensive dental exam within the past 12 months	Number of children entering kindergarten.		Pediatrics	2001-2010 CHIPRA Measures		
96	State/Territory Reported: Missouri	ER Visits for Disease of Teeth and Jaw	The incidence of emergency room visits for diseases of teeth and jaw for children ages 15 and under per 1,000 population.	Number of emergency room visits for diseases of teeth and jaw for children ages 15 and under.	Number children ages 15 and under.		Pediatrics	2001-2005 CHIPRA Measures		
97	State/Territory Reported: Montana	Receipt of Dental Services	Percent of Medicaid eligible children who receive dental services as part of their comprehensive services.	Number of Medicaid eligible children 1-21 who receive dental services as part of their comprehensive services.	Number of Medicaid eligible children 1-21 years.		Pediatrics	2001-2005 CHIPRA Measures		
98	State/Territory Reported: New Hampshire	Untreated Dental Decay in 3 <sup>rd</sup> Graders	Percent of third grade children screened who had untreated dental decay.	Number of third grade children screened who had untreated dental decay.	Number of third grade children Screened.		Pediatrics	2001-2005 CHIPRA Measures		
99	State/Territory Reported: New Hampshire	Receipt of EPSDT Dental Service	Percent of adolescents (ages 10-20) eligible for and who received an EPSDT dental service during the past year.	Number of adolescents (ages 10-20) eligible for and who received an EPSDT dental service during the past year.	Number of adolescents (ages 10-20) eligible for an EPSDT dental service.		Pediatrics	2001-2005 CHIPRA Measures		
100	State/Territory Reported: Ohio	Untreated Caries in 3 <sup>rd</sup> Graders	Percentage of 3rd grade children with untreated caries	Number of 3rd grade children with untreated caries.	Number of 3 <sup>rd</sup> grade children.		Pediatrics	2001-2005 CHIPRA Measures		
101	State/Territory Reported: Ohio	Age & Risk Appropriate Oral Health Screening	The proportion of children who receive age-and risk-appropriate screenings for oral health. Reported for children 1-21, infants and newborns	The proportion of children 0-21 who receive age-and risk-appropriate screenings for oral health.	The number of children 0-21 years.		Pediatrics	2001-2010 CHIPRA Measures		

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102	State/Territory Reported: Oklahoma	Untreated Dental Decay in 3 <sup>rd</sup> Grade Children	Dental caries experience and untreated dental decay for 3 <sup>rd</sup> grade children.	Number of children in 3 <sup>rd</sup> grade with untreated dental decay.	Number of 3 <sup>rd</sup> grade children.		Pediatrics	2001-2005 CHIPRA Measures		
103	State/Territory Reported: Texas	Preventive Dental Services	The percent of children provided preventive dental services.	The number of children 1-21 years provided preventive dental services.	The number of children 1-21 years of age.		Pediatrics	2001-2010 CHIPRA Measures		
104	State/Territory Reported: Texas	Annual Dental Visit	Percent of enrollees (6 to 11 months) who had an annual dental visit. Reported for 6-11 & 12-23 months of age and for 2-3, 4-6, 7-10, 11-14 and 15-20 years of age.	Number of enrollees 6months 20 years of age who had an annual dental visit.	Number of enrollees 6months-20 years of age.	Claims	Pediatrics	Reported as part of the Texas State Dashboard		
105	State/Territory Reported: Texas	Any Preventive Dental Service	Percentage of enrollees enrolled for 11 of the past 12 months 1-20 years of age receiving any preventive dental service.	Number of enrollees enrolled for 11 of the past 12 months 1-20 years of age receiving any preventive dental service.	Number of enrollees enrolled for 11 of the past 12 months 1-20 years of age.	Claims	Pediatrics	Reported as part of the Texas State Dashboard		
106	State/Territory Reported: Texas	First Dental Home Services	Percentage of members (6 to 35 months) enrolled for at least 11 of the past 12 months receiving First Dental Home Services.	Number of members (6 to 35 months) enrolled for at least 11 of the past 12 months receiving First Dental Home Services.	Number of members (6 to 35 months) enrolled for at least 11 of the past 12 months.	Claims	Pediatrics	Reported as part of the Texas State Dashboard		
107	State/Territory Reported: Texas	Sealants	Percent of enrollees (0 through 20 years) receiving one or more sealants (FREW).	Percent of enrollees (0 through 20 years of age) receiving one or more sealants (FREW).	Number of enrollees 0 through 20 years of age.	Claims	Pediatrics	Reported as part of the Texas State Dashboard		
108	State/Territory Reported: Texas	Receipt of Dental Treatment Services	Percentage of members 1-20 years of age enrolled for at least 11 of the past 12 months receiving any dental treatment, other than diagnostic or preventive services, in the past year.	Number of members 1-20 years of age enrolled for at least 11 of the past 12 months receiving any dental treatment, other than diagnostic or preventive services, in the past year.	Number of members 1-20 years of age enrolled for at least 11 of the past 12 months.	Claims	Pediatrics	Reported as part of the Texas State Dashboard		
109	State/Territory Reported: Utah	Annual Dental Visit for 6-9 year olds	The percent of children six through nine years of age enrolled in Medicaid receiving a dental visit in the past year	The number of children six through nine years of age enrolled in Medicaid receiving a dental visit in the past year	The number of children six through nine years of age enrolled in Medicaid.		Pediatrics	2001-2005 CHIPRA Measures		
110	State/Territory Reported: Vermont	Dental Utilization	The percent of low income children (with Medicaid) that utilize dental services in a year. Reported for infants and children 1-21.	The number of low income children 0-21 years with Medicaid that utilize dental services in a year.	The number of low income children 0-21 years with Medicaid.		Pediatrics	2001-2010 CHIPRA Measures		
111	State/Territory Reported: Virginia	Dental Caries	The percent of low income children (ages 0-5) with dental caries.	The number of low income children ages 0-5 with dental caries.	The number of low income children ages 0-5.		Pediatrics	2001-2005 CHIPRA Measures		

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112	State/Territory Reported: Washington	Dental Caries in Children 6-8 Years	The proportion of children 6-8 years old with dental caries experience in primary and permanent teeth.	The number of children 6-8 years old with dental caries experience in primary and permanent teeth.	The number of children 6-8 years old.		Pediatrics	2001-2010 CHIPRA Measures		
113	State/Territory Reported: Wisconsin	Receipt of Dental Service	Percent of Medicaid and BadgerCare recipients, ages 3-20, who received any dental service during the reporting year.	Number of Medicaid and BadgerCare recipients, ages 3-20, who received any dental service during the reporting year.	Number of Medicaid and BadgerCare recipients, ages 3-20.		Pediatrics	2001-2005 CHIPRA Measures		
114	University of Minnesota	Primary Caries Prevention Intervention as Part of Well/III Child Care as Offered by Primary Care Medical Providers	The measure will track a) the extent to which the PCMP or clinic applies Fluoride Varnish as part of the EPSDT examination and b) the degree to which each billing entity's use of the EPSDT with FV codes increases from year to year.	The number of EPSDT examinations done with Fluoride Varnish.	All high-risk children (Medicaid/CHIP eligible) who receive an EPSDT examination from a provider (PCMP or clinic).	Claims	Pediatrics			NQF endorsed.
115	Steward unknown (source: AHRQ scan)	Fluoride Exposure	Percentage of children who received a fluoride exposure assessment.	Number of children who receive a fluoride exposure assessment.	Total number of children.		Pediatrics			
116	Steward unknown (source: AHRQ scan)	High-risk Eight Year Olds with Sealants	Proportion of high-risk eight year olds with sealants on four first molar occlusal surfaces.	Number of high-risk eight year olds with sealants on four first molar occlusal surfaces.	Total number of high-risk eight year olds.		Pediatrics			
117	Steward unknown (source: AHRQ scan)	Dental Sealants Placed Per Available Tooth Year	The proportion of teeth available sealed in the biologic year(s) following the eruption of the permanent molar teeth.	The number of individual teeth receiving sealants subsequent to the available patient pool achieving the ages defined in the denominator. These data would be derived from claims or encounter from data on CDT-2 code 01351.	The number of permanent molar teeth available for sealant application in the population being served by the plan (including first and second molar eruptions).		Pediatrics			
118	Steward unknown (source: AHRQ scan)	Disease Free at One Year Post Treatment	Percentage of children with ECC who are disease free at one year.	Total number of children with early childhood caries who are disease free at one year.	Total number of children with early childhood caries.		Pediatrics			
119	Steward unknown (source: AHRQ scan)	Dental Repair for Children w/ECC	Percentage of children with ECC who receive dental repair.	Total number of children with ECC who receive dental repair.	Total number of children with early childhood caries.		Pediatrics			
120	Steward unknown (source: AHRQ scan)	Treatment of Caries - 14 year olds	Proportion of 14-year-olds enrolled for one or more years that receive treatment for caries.	Number of 14 year olds enrolled for one or more years that receive treatment for caries.	Number of 14 year olds enrolled for one or more years.		Pediatrics			
121	Steward unknown (source: AHRQ scan)	Treatment of Clef Lip, Cleft Palate, and Craniofacial Anomalies	Percentage of children with cleft lip, cleft palate, and other craniofacial anomalies who receive assessment by multidisciplinary team.	Number of children with cleft lip, cleft palate, and other craniofacial anomalies who receive assessment by multidisciplinary team.	Number of children with cleft lip, cleft palate, and other craniofacial anomalies.		Pediatrics			

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122	Steward unknown (source: AHRQ scan)	Nerve Treatment	Percentage of children with posterior primary tooth pulpotomy (nerve treatment) who have also had stainless steel crowns on the affected teeth	Number of children with posterior primary tooth pulpotomy (nerve treatment) who have also had stainless steel crowns on affected teeth.	Number of children with posterior primary tooth pulpotomy (nerve treatment).		Pediatrics			
123	Steward unknown (source: AHRQ scan)	Space Maintainer	Percentage of children with a posterior primary tooth premature extraction that have subsequently had a space maintainer placed.	Number of children with a posterior primary tooth premature extraction that have subsequently had a space maintainer placed.	Number of children with a posterior primary tooth premature extraction.		Pediatrics			
124	Steward unknown (source: AHRQ scan)	Broken Appointments	Percentage of oral health appointments broken by patients.	Number of oral health appointments made that were broken.	Total number of oral health appointments made.		Pediatrics			
125	Australian Council on Healthcare Standards	Intraoral films for new patients	Percentage of new patients under 18 years who had intraoral films taken as part of the first general course of care, during the time period under study.	Total number of new patients under 18 years who had intraoral films taken as part of the first general course of care, during the time period under study. Include only data for the date of the examination.	Total number of new patients under 18 years, during the time period under study		Pediatrics			International
126	Oral Health Disparities Collaborative (Association of State & Territorial Dental Directors)	Comprehensive oral exam and treatment plan	Pregnant women with comprehensive dental exam completed while pregnant	Pregnant women in last 12 months with comprehensive dental exam completed while pregnant	Pregnant women in last 12 months	Unknown	Perinatal	Outcome measure of Oral Health Disparities Collaborative Pilot Program	Concept	
127	Oral Health Disparities Collaborative (Association of State & Territorial Dental Directors)	Dental Treatment Completed	Pregnant women with completed Phase I dental treatment plan within 6 months of exam	Pregnant women with completed Phase I dental treatment plan within 6 months of exam (12 months)	Pregnant women with comprehensive oral health exam while pregnant (12 months)	Unknown	Perinatal	Outcome measure of Oral Health Disparities Collaborative Pilot Program	Concept	
128	Oral Health Disparities Collaborative (Association of State & Territorial Dental Directors)	Periodontal Treatment Completed during pregnancy	Pregnant women who completed recommended periodontal treatment while pregnant	Pregnant women who completed periodontal treatment while pregnant (12 months)	Women with periodontal disease while pregnant (12 months)	Unknown	Perinatal	Outcome measure of Oral Health Disparities Collaborative Pilot Program	Concept	
129	AHRQ	Ratings of ease to find a dentist	This measure is used to assess how easy it was for adult dental plan patients to find a dentist. Patients rate ease of finding a dentist on a scale from 0 to 10, where 0 is extremely difficult and 10 is extremely easy.	Patients' ratings of how easy it was to find a dentist on a scale from 0 to 10, where 0 is extremely difficult and 10 is extremely easy.	Dental plan patients age 18 years and older who answered the "Overall Ratings - Finding a Dentist" question on the CAHPS Dental Plan Survey	CAHPS Dental Plan Survey.	Adult	In use.	Specified	

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130	AHRQ	Ratings of dental care.	This measure is used to assess adult dental plan patients' perceptions of their dental care. Patients rate dental care received on a scale from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible.	Patients' ratings of their dental care they received on a scale from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible	Dental plan patients age 18 years and older who answered the "Overall Ratings - Dental Care" question on the CAHPS Dental Plan Survey	CAHPS Dental Plan Survey.	Adult	In use.	Specified	
131	AHRQ	Ratings of dental plan	This measure is used to assess adult dental plan patients' perceptions of their dental plan. Patients rate their dental plan a scale from 0 to 10, where 0 is the worst dental plan possible and 10 is the best dental plan possible.	Patients' ratings of their dental plan on a scale from 0 to 10, where 0 is the worst dental plan possible and 10 is the best dental plan possible.	Dental plan patients age 18 years and older who answered the "Overall Ratings - Dental Plan" question on the CAHPS Dental Plan Survey	CAHPS Dental Plan Survey.	Adult	In use.	Specified	
132	AHRQ	Ratings of Regular dentist	This measure is used to assess adult dental plan patients' perceptions of their regular dentist. Patients rate their dentists on a scale from 0 to 10, where 0 is the worst regular dentist possible and 10 is the best regular dentist possible.	Patients' ratings of their dentists on a scale from 0 to 10, where 0 is the worst regular dentist possible and 10 is the best regular dentist possible.	Dental plan patients age 18 years and older who answered the "Overall Ratings - Regular Dentist" questions on the CAHPS Dental Plan Survey	CAHPS Dental Plan Survey.	Adult	In use.	Specified	
133	AHRQ	Good experience with access to dental care.	This measure is used to assess the percentage of adult dental plan patients who indicated how often ("Never," "Sometimes," "Usually," or "Always") or whether or not ("Definitely Yes," "Somewhat Yes," "Somewhat No," or "Definitely No") they had a good experience with access to dental care.	The number of "Never," "Sometimes," "Usually," or "Always" responses and "Definitely Yes," "Somewhat Yes," "Somewhat No," or "Definitely No" responses on the 5 "Access to Dental Care" questions	Dental plan patients age 18 years and older who answered the "Access to Dental Care" questions on the CAHPS Dental Plan Survey	CAHPS Dental Plan Survey.	Adult	In use.	Specified	
134	AHRQ	Good experience with dental plan costs and services	This measure is used to assess the percentage of adult dental plan patients who indicated how often ("Never," "Sometimes," "Usually," or "Always") or whether or not ("Definitely Yes," "Somewhat Yes," "Somewhat No," or "Definitely No") they had a good experience with dental plan costs and services.	The number of "Never," "Sometimes," "Usually," or "Always" responses and "Definitely Yes," "Somewhat Yes," "Somewhat No," or "Definitely No" responses on the 6 "Dental Plan Costs and Services" questions	Dental plan patients age 18 years and older who answered the "Dental Plan Costs and Services" questions on the CAHPS Dental Plan Survey	CAHPS Dental Plan Survey.	Adult	In use.	Specified	

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135	AHRQ	Good experience w/different aspects of care from dentists and staff.	This measure is used to assess the percentage of adult dental plan patients who indicated how often ("Never," "Sometimes," "Usually," or "Always") they had a good experience with different aspects of care from dentists and staff.	The number of "Never," "Sometimes," "Usually," or "Always" responses on the 6 "Care from Dentists and Staff" questions	Dental plan patients age 18 years and older who answered the "Care from Dentists and Staff" questions on the CAHPS Dental Plan Survey	CAHPS Dental Plan Survey.	Adult	In use.	Specified	
136	American Medical Association-Physician Consortium for Performance Improvement	Tobacco Use: Screening & Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use at least once during the two-year measurement period AND who received tobacco cessation counseling intervention if identified as a tobacco user	Patients who were screened for tobacco use* at least once during the two-year measurement period AND who received tobacco cessation counseling intervention** if identified as a tobacco user  *Includes use of any type of tobacco **Cessation counseling intervention includes brief counseling (3 minutes or less) and/or pharmacotherapy	All patients aged 18 years and older who were seen twice for any visits or who had at least one preventive care visit during the two-year measurement period	Administrative claims	Adult	In use; PQRS	Specified; Tested	NQF endorsed
137	Apple Tree Dental	Dental Home-Nursing Home Residents	Percentage of residents admitted to the nursing home who indicate either 1)they have a dental provider, 2)need a dental provider, or 3)refuse dental care entirely	1)Number of nursing home residents with a dental provider 2) Number of nursing home residents in need of dental provider 3) Number of nursing home residents refusing dental care entirely	Number of residents admitted to the nursing home		Geriatric	In use.		
138	Apple Tree Dental	Dental exam completion rate for Nursing Home Residents	Proportion of LTC residents receiving at least an annual exam.	Number of residents completing at least one dental exam annually	Number of nursing home residents		Geriatric	In use.		
139	Apple Tree Dental	Follow-Up Treatment for Nursing Home Residents	Percentage of nursing home residents with identified need who received followed up	Number of nursing home residents with an identified need for dental treatment who received follow-up	Number of nursing home residents with an identified need for dental treatment		Geriatric	In use.		
140	Apple Tree Dental	Total tooth loss/Edentulism	Percentage of nursing home residents without any natural teeth	Number of residents assessed without any natural teeth	Number of nursing home residents assessed		Geriatric	In use.		

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141	Apple Tree Dental	Daily Care Needs-Nursing Home Residents	Assessment of nursing home residents' ability to perform daily cleaning of their teeth / dentures	1)Number of residents who are independently able to perform daily cleaning of their teeth / dentures  2)Number of residents needing Staff Supervision to perform daily cleaning of their teeth / dentures  3)Number of residents needing Direct Staff Assistance to perform daily cleaning of their teeth / dentures	Number of nursing home of residents		Geriatric	In use.		
142	CMS	Nursing home residents with broken or loosely fitting full or partial denture	Percentage of nursing home residents assessed with broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose)  Measure reported at resident admission, readmission and annually	Number of residents with broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose)	Number of nursing home residents assessed		Geriatric	In use; Nursing Home Quality Initiative MDS 3.0		
143	CMS	Nursing home residents with no natural teeth or tooth fragment(s) (edentulous)	Percentage of nursing home residents with no natural teeth or tooth fragment(s) (edentulous)  Measure reported at resident admission, readmission and annually	Number of residents with no natural teeth or tooth fragment(s) (edentulous)	Number of nursing home residents assessed		Geriatric	In use; Nursing Home Quality Initiative MDS 3.1		
144	CMS	Nursing home residents with abnormal mouth tissue	Percentage of nursing home residents with abnormal mouth tissue (ulcers, masses, oral lesions, including under denture or partial if one is worn)  Measure reported at resident admission, readmission and annually	Number of residents with abnormal mouth tissue (ulcers, masses, oral lesions, including under denture or partial if one is worn)	Number of nursing home residents assessed		Geriatric	In use; Nursing Home Quality Initiative MDS 3.2		



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145	CMS	Nursing home residents with obvious or likely cavity or broken natural teeth	Percentage of nursing home residents with obvious or likely cavity or broken natural teeth  Measure reported at resident admission, readmission and annually	Number of residents with obvious or likely cavity or broken natural teeth	Number of nursing home residents assessed		Geriatric	In use; Nursing Home Quality Initiative MDS 3.3		
146	CMS	Nursing home residents with inflamed or bleeding gums or loose natural teeth	Percentage of nursing home residents with inflamed or bleeding gums or loose natural teeth  Measure reported at resident admission, readmission and annually	Number of residents with inflamed or bleeding gums or loose natural teeth	Number of nursing home residents assessed		Geriatric	In use; Nursing Home Quality Initiative MDS 3.4		
147	CMS	Nursing home patients with mouth or facial pain, discomfort or difficulty with chewing	Percentage of nursing home residents with mouth or facial pain, discomfort or difficulty with chewing  Measure reported at resident admission, readmission and annually	Number of residents with mouth or facial pain, discomfort or difficulty with chewing	Number of nursing home residents assessed		Geriatric	In use; Nursing Home Quality Initiative MDS 3.5		
148	CMS	Nursing home residents unable to be examined	Percentage of nursing home residents who were unable to be examined  Measure reported at resident admission, readmission and annually	Number of residents who were unable to be examined	Number of nursing home residents assessed		Geriatric	In use; Nursing Home Quality Initiative MDS 3.6		
149	CMS	Nursing home residents free of certain oral health problems	Percentage of nursing home residents free of the following: broken or loosely fitting full or partial denture, no natural teeth or tooth fragment(s) (edentulous), abnormal mouth tissue, obvious or likely cavity or broken natural teeth, inflamed or bleeding gums or loose natural teeth, mouth or facial pain, discomfort or difficulty with chewing	Number of residents who were free of the following: broken or loosely fitting full or partial denture, no natural teeth or tooth fragment(s) (edentulous), abnormal mouth tissue, obvious or likely cavity or broken natural teeth, inflamed or bleeding gums or loose natural teeth, mouth or facial pain, discomfort or difficulty with chewing	Number of nursing home residents assessed		Geriatric	In use; Nursing Home Quality Initiative MDS 3.7		

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150	CMS	Dental Examination for Long Stay Nursing Home Residents	Percentage of long stay nursing home residents obtaining a dental examination (MN requirement within 90 days)	Number of long stay nursing home residents with a documented dental examination within 90 days	Number of long stay nursing home residents		Geriatric	In use; Nursing Home Quality Initiative MDS 3.8		
151	CMS	Follow-up Treatment for Nursing Home Residents	Routine Care - Proportion of nursing home residents with identified dental need receiving follow up treatment	Number of nursing home residents with an identified dental treatment need who receive follow-up.	Number of nursing home residents with an identified dental treatment need		Geriatric	In use; Nursing Home Quality Initiative MDS 3.9		
152	HRSA	Comprehensive Oral Exam & Treatment Plan	Percent of patients with a comprehensive oral exam and treatment plan completed within a 12 month period among all patients greater than or equal to 18 years of age in the target population.	Number of patients with a comprehensive oral exam and treatment plan completed within a 12 month period among all patients greater than or equal to 18 years of age in the target population.	Percent of patients greater than or equal to 18 years of age in the target population.	Administrative data	Adult			
153	National Committee for Quality Assurance	Medical Assistance With Smoking Cessation	Assesses different facets of providing medical assistance with smoking and tobacco use cessation: Advising Smokers and Tobacco Users to Quit: A rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who received advice to quit during the measurement year.  Discussing Cessation Medications: A rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.  Discussing Cessation Strategies: A rolling average represents the percentage of members 18 years of age and older who were current	Component 1: Advising Smokers and Tobacco Users to Quit-Received advice to quit smoking; Component 2: Discussing Cessation Medications-Received discussion/recommendations on smoking cessation medications; Component 3: Discussing Cessation Strategies-Received discussion/recommendations on smoking cessation methods and strategies	Patients 18 years and older who responded to the survey and indicated that they were current smokers or tobacco users	Patient Reported Data; Survey	Adult	In use; HEDIS measure	Specified; Tested	NQF endorsed
154	State/Territory Reported: Arizona	Dental Care	The percent of adults who receive dental care annually.	All adults who had a dental visit within the measurement year.	All adults		Adult	2001-2005 CHIPRA Measures		

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155	State/Territory Reported: North Dakota	Preventive Dental Service for Women	The percent of women age 18-44 enrolled in Medicaid who receive a preventive dental service.	Number of women 18-44 enrolled in Medicaid who receive a preventive dental service.	Women age 18-44 enrolled in Medicaid.		Adult	2001-2005 CHIPRA Measures		
156	Veterans Administration	Fluoride Treatment for Patients at High Risk for Dental Caries	Veterans eligible for comprehensive and repeat dental care and identified as high risk for future caries who were provided a professional application or a pharmacy prescription for fluoride.	Comprehensive care veterans that have been provided a professional fluoride intervention (application of professional strength fluoride fabrication of a fluoride gel carrier or dispensing of a prescription fluoride to the patient) within 12 months prior to their first restoration and 6 months following their second restoration.	All comprehensive care veteran dental patients that are classified as high caries risk (received at least 2 restorative procedures within a 12 month time period).	EHR	Adult	In use in VA system.	Specified	
157	Australian Council on Healthcare Standards	Oral health: percentage of new patients aged 65 years and over who had an orthopantomogram (OPG) film taken or ordered as part of the first general course of care, during the time period under study.	The percentage of new patients aged 65 years and over who had an orthopantomogram (OPG) film taken or ordered as part of the first general course of care, during the time period under study.	Total number of new patients aged 65 years and over who had an orthopantomogram (OPG) film taken or ordered as part of the first general course of care, during the time period under study	Total number of new patients aged 65 years and over, during the time period under study	Administrative clinical data; medical record	Geriatric	Current routine use; monitoring and planning		International
158	Australian Council on Healthcare Standards	Oral health: percentage of new patients aged 65 years and over who had intraoral films taken as part of the first general course of care, during the time period under study.	the percentage of new patients aged 65 years and over who had intraoral films taken as part of the first general course of care, during the time period under study.	Total number of new patients aged 65 years and over who had intraoral films taken as part of the first general course of care, during the time period under study	Total number of new patients aged 65 years and over, during the time period under study	Administrative clinical data; medical record	Geriatric	Current routine use; monitoring and planning		International
159	American Dental Partners, Inc.	Retention	Percentage of dentists and hygienists retained	Departures over 4 quarters	Average employee count over 4 quarters	Administrative data	All Ages			
160	American Dental Partners, Inc.	Percent of Lab Remakes	Percentage of laboratory Remakes	Number of laboratory unique submissions remade (month/year)	Number of laboratory unique submissions (month/year)	Administrative data	All Ages			
161	American Dental Partners, Inc.	Loss Experience per Policy Year	Loss experience per policy year	Premium paid per unique employer group	Total loss incurred per unique employer group	Administrative data	All Ages			
162	Delta Dental	Restorative Procedures	Number of restorative procedures compared to all procedures.	Number of restorative procedures.	Total number of procedures.	Claims	All Ages	Reported in 1998 HMO/FFS report card.		
163	Delta Dental	Examination Rate	The proportion of enrollees who receive an examination during the reporting year.	Number of enrollees who receive an examination during the reporting year.	Number of enrollees.	Claims	All Ages	Reported in 1998 HMO/FFS report card.		
164	Delta Dental	Examination	Number of examinations per 1,000 enrollees.	Number of enrollees who received examinations.	Number of enrollees divided by 1000.	Claims	All Ages	Reported in 1998 HMO/FFS report card.		
165	Delta Dental	Diagnostic and Preventive Procedures	Number of diagnostic and preventive procedures compared to all procedures.	Number of diagnostic and preventive procedures.	Total number of procedures.	Claims	All Ages	Reported in 1998 HMO/FFS report card.		

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166	Delta Dental	Prophylaxis	Proportion of enrollees who have a prophylaxis procedure during the reporting year, or the number of prophylaxis per 1,000 enrollees.	Number of enrollees that received a prophylaxis during the reporting year.	Number of enrollees.	Claims	All Ages	Reported in 1998 HMO/FFS report card.		
167	Delta Dental	Value of Services	Percentage of every premium dollar that pays for dental services.	Total expenditure for dental services.	Total expenditure for dental benefits (clinical services + plan administration).	Claims; Administrative Data	All Ages	Reported in 1998 HMO/FFS report card.		
168	Delta Dental	Availability of Dentists	Calculates the availability of dentists for enrollees, including the number of percentage of dentists who: (1) serve members of the Medicaid population; (2) accept new members with no restrictions; (3) accept new members with some restrictions; and (4) accept no new members.	1. Actual number of providers currently serving this population, 2. Number of dentists, by office site (number/percentage) 3. No restrictions on number of new plan members accepted, by office site (number/percentage) 4. Some restrictions on number of new plan members accepted, by office site (number/percentage) 5. No new plan members accepted, by office site (completely closed) (number/percentage)	Total number of dentists.	Administrative data	All Ages	Reported in 1998 HMO/FFS report card.		
169	Delta Dental	Extraction Ratio	The ratio of the teeth treated endodontically to the number of teeth extracted among all enrollees.	Total number of teeth treated endodontically during the reporting year.	Total number of non-third molar teeth extracted during the reporting year.	Claims	All Ages	Reported in 1998 HMO/FFS report card.		
170	Delta Dental	Restorative Treatment Ratio	The ratio of the number of preventive procedures provided to the number of restorative procedures provided to enrollees.	Total number of preventive procedures provided during the reporting year	Total number of direct restorative procedures provided during the reporting year.	Claims	All Ages	Reported in 1998 HMO/FFS report card.		
171	Delta Dental	Board Certification	Number/percentage of participating dentists that are board certified.	Number of dentists who are board certified that serve a particular population.	Number of dentists serving the population.	Administrative data	All Ages	Reported in 1998 HMO/FFS report card.		
172	Delta Dental	Dentist Turnover Rate	Percentage of annual dentist turnover rate (resignations)	Number of dentists that resign in a year.	Number of dentists as part of the plan during the year.	Administrative data	All Ages	Reported in 1998 HMO/FFS report card.		
173	HRSA	Cavity Free	Percentage of oral health patients that are cavity free.	Number of oral health patients from the denominator who are "Caries Free".	All oral health patients seen in the measurement year.		All Ages		Measure concept	

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174	HRSA Health Disparity Collaborative	Comprehensive Oral Exam	Percentage of all dental patients with a comprehensive or periodic recall oral exam within a 12 month period.	Number of patients from the denominator who have received a comprehensive oral exam (periodontal assessment as well as determination of presence of decay).	Number of patients that are treated in the dental program during the measurement year.		All Ages	HRSA Health Disparity Collaborative tested.		
175	HRSA Health Disparity Collaborative	Documented Comprehensive Treatment Plan	Percentage of all dental patients with a comprehensive or periodic recall oral exam, for whom the Phase I treatment plan is documented.	Number of patients from the denominator that have a treatment plan.	Number of patients that receive a comprehensive oral exam (ADA code 0110) or periodic recall (ADA code 0121) oral exam.		All Ages	HRSA Health Disparity Collaborative tested.		
176	HRSA Health Disparity Collaborative	Completed Comprehensive Treatment Plan	Percentage of all dental patients for whom the Phase I treatment plan is completed with a 12 month period.	Number of patients from the denominator with a completed Phase I treatment within 12 months of initiation.	Number of patients that receive a comprehensive oral exam (ADA code 0110) or a periodic recall (ADA code 0120) oral exam within the measurement year.		All Ages	HRSA Health Disparity Collaborative tested.		
177	HRSA	Topical Fluoride Treatments	Percentage of patients assessed moderate to high risk with at least one topical fluoride treatment during the report year.	Number of patients assessed moderate to high risk of developing dental caries with at least one topical fluoride treatment during the report year.	Number of patients assessed moderate to high risk of developing dental caries with a documented dental visit during the report year.		All Ages			
178	HRSA-Adapted from HIV/AIDS Bureau measures	Oral Health Education Service given by a Dentist or Dental Hygienist	Percentage of all oral health patients who received oral health education at least once in the measurement year.	Number of oral health patients who received oral health education at least once in the measurement year.	Number of oral health patients that received a clinical oral evaluation at least once in the measurement year.		All Ages			
179	HRSA-Adapted from HIV/AIDS Bureau measures	Periodontal Screening or Examination	Percentage of all oral health patients who had a periodontal screening or examination at least once in the measurement year.	Number of oral health patients who had periodontal screening or examination at least once in the measurement year.	Number of oral health patients that received a clinical oral evaluation at least once in the measurement year.		All Ages			
180	HRSA	Dental Visit	Percentage of patients who had at least one dental visit during the measurement year.	Number of patients who had at least one dental visit during the measurement year.	Number of oral health patients.		All Ages			
181	HRSA- HAB HIV Performance Measures	Dental and Medical History	Percentage of HIV-infected oral health patients who had a dental and medical health history (initial or updated) at least once in the measurement year.	Number of HIV-infected oral health patients who had a dental and medical health history (initial or updated) at least once in the measurement year.	Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year.	EHR; Patient Record; Provider billing system	All Ages	can be used by Ryan White HIV/AIDS Program grantees at either the provider or system level	Specified	<a href="#">Full Measure Specs</a>
182	HRSA- HAB HIV Performance Measures	Dental Treatment Plan	Percentage of HIV-infected oral health patients who had a dental treatment plan developed and/or updated at least once in the measurement year.	Number of HIV-infected oral health patients who had a dental treatment plan developed and/or updated at least once in the measurement year.	Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year.	EHR; Patient Record; Provider billing system	All Ages	can be used by Ryan White HIV/AIDS Program grantees at either the provider or system level	Specified	<a href="#">Full Measure Specs</a>

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1	Developer/Steward	Title	Description	Numerator	Denominator	Data Source	Population	Development timeframe and use	Concept vs Specified	Additional Notes
183	HRSA- HAB HIV Performance Measures	Oral Health Education	Percentage of HIV-infected oral health patients who received oral health education at least once in the measurement year.	Number of HIV-infected oral health patients who received oral health education at least once in the measurement year.	Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year.	EHR; Patient Record; Provider billing system	All Ages	can be used by Ryan White HIV/AIDS Program grantees at either the provider or system level	Specified	<a href="#">Full Measure Specs</a>
184	HRSA- HAB HIV Performance Measures	Periodontal Screening or Examination	Percentage of HIV-infected oral health patients who had a periodontal screening or examination at least once in the measurement year.	Number of HIV-infected oral health patients who had periodontal screening or examination at least once in the measurement year.	Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year.	EHR; Patient Record; Provider billing system	All Ages	can be used by Ryan White HIV/AIDS Program grantees at either the provider or system level	Specified	<a href="#">Full Measure Specs</a>
185	HRSA- HAB HIV Performance Measures	Phase 1 Treatment Plan Completion	Percentage of HIV-infected oral health patients with a Phase 1 treatment plan that is completed within 12 months.	Number of HIV-infected oral health patients that completed Phase 1 treatment within 12 months of establishing a treatment plan.	Number of HIV-infected oral health patients with a Phase 1 treatment plan established in the year prior to the measurement year.	EHR; Patient Record; Provider billing system	All Ages	can be used by Ryan White HIV/AIDS Program grantees at either the provider or system level	Specified	<a href="#">Full Measure Specs</a>
186	Indian Health Service (IHS)	Access to Oral Health Care	Proportion of beneficiaries who routinely access the IHS health system who actually are treated by dental personnel in a given year.	Number of beneficiaries who with one or more documented encounters with IHS dental personnel in the given year.	Number of beneficiaries who routinely access the IHS health system (i.e., have accessed the IHS health care system within the last 3 years).	Claims	All Ages	In use in within IHS system.		
187	Indian Health Service (IHS)	Dental Sealants Placed	Assesses the number of sealants placed each year (primary prevention efforts).	Count of sealants placed within the data collection year.	N/A	Claims	All Ages	In use in within IHS system.		
188	Indian Health Service (IHS)	Number of Patients Receiving One or More Topical Fluoride Applications	Assess the number of patients receiving one or more topical fluoride applications each year (primary prevention efforts).	Count of patients receiving one or more applications of topical fluoride in the data collection year.	N/A	Claims	All Ages	In use in within IHS system.		
189	Maine DHHS Office of MainCare Services	MaineCare Dental Emergency Room Visits	Emergency Department Visits (rate per 1,000 adult MaineCare members who have 11 continuous months enrollment in the State Fiscal Year for members up to age 64 years.	Number of dental emergency department visits for MaineCare members in the denominator.	Number of MaineCare members 64 years and younger who have 11 continuous months enrollment in the State Fiscal Year.	Claims	All Ages	In use.		
190	Managed Risk Medical Insurance Board (CA)	Prophylaxis	Percentage of all children between the ages of 4 and 19 who were continuously enrolled during the reporting period and who received prophylaxis from a dentist.	Number of children between the ages of 4 and 19 who were continuously enrolled during the reporting period and who received prophylaxis from a dentist.	Number of children between the ages of 4 and 19 who were continuously enrolled during the reporting period.	Claims	Pediatric	Collected in 2006.		

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191	Managed Risk Medical Insurance Board (CA)	Overall Utilization of Dental Services	Percentage of members continuously enrolled in the same plan for 1, 2, and 3 years who received any dental service, including preventive services, over those periods. For children enrolled for multiple years, calculation is based on the longest period the child was enrolled in the plan. Each child is counted only once for the longest period they have been enrolled.	Numerator 1: Number of members continuously enrolled in the same plan for 1 year who received any dental service (D0200-D9999), including preventive services during that year. Numerator 2: Number of members continuously enrolled in the same plan for 2 years who received any dental service (D0100-D9999), including preventive services, during those 2 years. Numerator 3: Number of members continuously enrolled in the same plan for 3 years who received any dental service (D0100-D9999), including preventive services, during those three years.	Denominator 1: Number of members continuously enrolled in the same plan for 1 year. Denominator 2: Number of members continuously enrolled in the same plan for 2 years. Denominator 3: Number of members continuously enrolled in the same plan for 3 years.	Claims	Pediatric	Collected in 2008.		
192	Managed Risk Medical Insurance Board (CA)	Preventive Dental Services	Percentage of members for at least 11 of the past 12 months who received any preventive dental service in the past year.	Number of members enrolled for at least 11 of the past 12 months who received any preventive dental service (D1000-D1999) in the past year.	Number of members enrolled for at least 11 of the past 12 months.	Claims	All Ages	Collected in 2008.		
193	Managed Risk Medical Insurance Board (CA)	Use of Dental Treatment Services	Percentage of members enrolled for at least 11 of the past 12 months who received any dental treatment other than diagnostic or preventive services in the past year.	Number of members enrolled for at least 11 of the past 12 months who received any dental treatment (D2000-D9999) in the past year.	Number of members enrolled for at least 11 of the past 12 months.	Claims	All Ages	Collected in 2008.		
194	Managed Risk Medical Insurance Board (CA)	Examination/Oral Health Evaluations	Percentage of members enrolled for at least 11 of the past 12 months who received a comprehensive or periodic oral evaluation or, for members under three years of age, who received an oral evaluation and counseling with a primary caregiver in the past year.	Number of members enrolled for at least 11 of the past 12 months who received a comprehensive or periodic exam (D0120 or D0150) or, for members under 3 years of age, who received an oral evaluation and counseling with the primary caregiver (D0145) in the past year.	Number of members enrolled for at least 11 of the past 12 months.	Claims	All Ages	Collected in 2008.		

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195	Managed Risk Medical Insurance Board (CA)	Treatment/Prevention of Caries	Percentage of members who received a treatment for caries or a caries preventive procedure.	Number of members enrolled for at least 11 of the past 12 months who received a treatment for caries (D2000-D2999) or a caries-preventive procedure (D1203, D1206, D1310, D1330, D1351).	Number of members enrolled for at least 11 of the past 12 months.	Claims	All Ages	Collected in 2008.		
196	Managed Risk Medical Insurance Board (CA)	Filling to Preventive Service Ratio	Percentage of members enrolled for at least 11 of the past 12 months, with 1 or more fillings in the past year and who received a topical fluoride or sealant applications.	Number of members enrolled for at least 11 of the past 12 months with 1 or more fillings (D2000-D2999) who received a topical fluoride (D1203 or D1204 or D1206) or sealant application (D1351).	Number of members enrolled for at least 11 of the past 12 months with one or more fillings.	Claims	All Ages	Collected in 2008.		
197	Managed Risk Medical Insurance Board (CA)	Continuity of Care	Percentage of members continuously enrolled in the same plan for 2 years with no gap in coverage who received a comprehensive oral evaluation or a prophylaxis in the year prior to the measurement year who also received a comprehensive or periodic oral evaluation or a prophylaxis in the measurement year.	Number of members in the denominator who also received a comprehensive or periodic evaluation (D0120, D0150) or a prophylaxis (D1110, D1120) in the measurement year.	Number of members continuously enrolled in the same plan for 2 years with no gap in coverage who received a comprehensive oral evaluation (D0150) or a prophylaxis (D1110, D1120) in the year prior to the measurement year.	Claims	All Ages	Collected in 2008.		
198	Managed Risk Medical Insurance Board (CA)	Dental Sealant Ratio	Ratio of occlusal surfaces of permanent molars receiving dental sealant to those receiving restoration among members enrolled for at least 11 of the past 12 months.	Number of members enrolled for at least 11 of the past 12 months receiving dental sealant.	Number of members enrolled for at least 11 of the past 12 months receiving restoration.	Claims	All Ages	2008 concept, but not implemented		
199	Managed Risk Medical Insurance Board (CA)	Extraction Rate	Percentage of members continuously enrolled for the past two years prior to the reporting year who received an extraction of one or more permanent teeth during the reporting year (excluding 3 <sup>rd</sup> molars or premolars extracted for orthodontic reasons.)	Number of members continuously enrolled for the past two years prior to the reporting year who received an extraction of one or more permanent teeth during the reporting year (excluding 3 <sup>rd</sup> molars or premolars extracted for orthodontic reasons.)	Number of members continuously enrolled for the past two years prior to the reporting year.	Claims	All Ages	2008 concept, but not implemented	Concept	
200	Managed Risk Medical Insurance Board (CA)	Endodontic Treatment to Extraction Rate	Ratio of number of teeth receiving root canal treatment to number of teeth extracted.	Number of teeth receiving root canal treatment in members continuously enrolled.	Number of teeth extracted in members continuously enrolled.	Claims	All Ages	2008 concept, but not implemented	Concept	



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201	NYSDOH AIDS Institute (PSS-HIV)	HIV Patients asked about their Teeth and Given a Referral to a Dentist if Needed.	Percentage of HIV positive adolescent and adult patients who reported whether their providers asked them about their teeth and made a referral to a dentist if needed.	The number of patients who indicated "Yes", "No", "Not Sure" to the item, "My providers asked about my teeth and made a referral if I needed to see a dentist."	HIV positive adolescents and adults 13 years of age & older who had at least 2 HIV primary care visits in the last 12 months and completed the survey.	Survey	All Ages	Part of the PSS-HIV core measures survey.		
202	Sacramento County GMC Dental Program	Basic Restorative Service Rate	Service rate for basic restorative procedures.	Total incidences of CDT-2 codes 02110, 02120, 02130, 02131, 02336, 02380, 02381, 02382, 02930 provided during the reporting year multiplied times 1000.	Unduplicated number of members enrolled in the dental plan during the reporting year.	Claims	All Ages	Measure from 1980's. Unsure if still utilized.		
203	Sacramento County GMC Dental Program	Diagnostic Rate	Indicator of whether a comprehensive oral examination, dental cleaning and appropriate radiographs are being performed in a single office visit.	Total number of CDT-2 code subcategories (clinical oral evaluations, radiographs/diagnostic imaging and dental prophylaxis) performed on the same date of service within the reporting year.	Total number of CDT-2 code subcategory "clinical oral evaluation" performed within the reporting year.	Claims	All Ages	Measure from 1980's. Unsure if still utilized.		
204	Sacramento County GMC Dental Program	Prophy/Fluoride Service Rate	Service rate for selected preventive procedures.	Total incidences of CDT-2 codes 01120, 01201, 01203, 01330 provided during the reporting year multiplied times 1000.	Unduplicated number of members enrolled in the dental plan during the reporting year.	Claims	All Ages	Measure from 1980's. Unsure if still utilized.		
205	Sacramento County GMC Dental Program	Sealant to Prophy Procedure Ratio (Indice)	Indicator of whether sealants are being considered within treatment plans.	Total number of CDT-2 code 01351 performed during reporting year.	Total number of CDT-2 codes 01120, 01201, 01203 and 01330.	Claims	All Ages	Measure from 1980's. Unsure if still utilized.		
206	Sacramento County GMC Dental Program	Sealant Service Rate	Services rate for dental sealant procedures.	Total incidences of CDT-2 code 01351 provided during the reporting year multiplied time 1000.	Unduplicated number of members enrolled in the dental plan during the reporting year.	Claims	All Ages	Measure from 1980's. Unsure if still utilized.		
207	Sacramento County GMC Dental Program	Annual Utilization Rate	Annually reported utilization rate.	Number of members who had at least one dental encounter during the reporting year.	Average monthly number of eligible's (i.e. the total of the number of eligible's each month over the course of a year divided by 12).	Claims	All Ages	Measure from 1980's. Unsure if still utilized.		
208	Sacramento County GMC Dental Program	Endodontics to Extractions Procedure Ratio (Indice)	Indicator of whether primary teeth, salvageable with endodontic treatment, are being extracted.	Total number of primary tooth endodontic CDT-2 codes for a reporting year.	Total number of primary tooth extractions CDT-2 codes for a reporting year	Claims	All Ages	Measure from 1980's. Unsure if still utilized.		
209	Sacramento County GMC Dental Program	Restorations to Extractions Procedure Ratio (Indice)	Indicator of whether treatment plans are skewed towards extracting primary teeth versus restorative treatment.	Sum of all primary tooth restorative CDT-2 codes for the reporting year.	Sum of all primary tooth extraction CDT-2 codes for the reporting year.	Claims	All Ages	Measure from 1980's. Unsure if still utilized.		

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210	State/Territory Reported: Arizona	Optimally Fluoridated Water	The percent of the population served by community water systems with optimally fluoridated water.	Number of individuals served by community water systems with optimally fluoridated water.	Number of individuals in the population.		All Ages	2001-2005 CHIPRA Measures		
211	State/Territory Reported: Arizona	Training in Emerging Oral Health Issues	Number of professionals and paraprofessionals trained in emerging oral health issues	Count of professionals and paraprofessionals trained in emerging oral health issues.	N/A		All Ages	2001-2005 CHIPRA Measures		
212	State/Territory Reported: Arizona	Office of Oral Health Support	Number of communities supported by the Office of Oral Health which assess health needs and resources; develop oral health action plans; and/or implement oral health improvement efforts.	Count of communities supported by the Office of Oral Health which assess health needs and resources; develop oral health action plans; and/or implement oral health improvement efforts.	N/A		All Ages	2001-2005 CHIPRA Measures		
213	State/Territory Reported: Idaho	Dental Care for Pregnant Women	Percent of pregnant women who received dental care during pregnancy.	All pregnant women who receive dental care during pregnancy.	All pregnant women.		All Ages	2001-2010 CHIPRA Measures		
214	State/Territory Reported: Nevada	Access to Preventive Oral Health Services	Percentage of Medicaid children, youth and women of childbearing age (15-44) who receive preventive oral health services.	Number of Medicaid children, youth and women of childbearing age (15-44) who receive preventive oral health services.	Number of Medicaid children, youth and women of childbearing age (15-44).		All Ages	2001-2005 CHIPRA Measures		
215	State/Territory Reported: Ohio	Contribution of Safety Net Providers	Assess the contribution of safety net providers for dental services	Count of safety net providers providing dental services.	N/A		All Ages	2001-2005 CHIPRA Measures		
216	State/Territory Reported: Oregon	Optimally Fluoridated Water	Percent of Oregonians living in a community where the water system is optimally fluoridated.	Number of individuals in the HRSA Maternal and Child Health Oregon population living in a community where the water system is optimally fluoridated.	Number of individuals in the HRSA Maternal and Child Health Oregon population.		All Ages	2001-2005 CHIPRA Measures		
217	State/Territory Reported: Texas	Preventive Services (at least one)	Percentage of enrollees enrolled for 12 consecutive months receiving at least one preventive visit during measurement year.	Number of enrollees enrolled for 12 consecutive months receiving at least one preventive visit during measurement year.	Number of enrollees enrolled for 12 consecutive months.	Claims	All Ages	Reported as part of the Texas State Dashboard		
218	State/Territory Reported: Texas	THSteps Dental Checkups	Percentage of enrollees receiving THSteps Dental Checkups per year (FREW). Reported by receipt of 1 and 2 visits.	Number of enrollees receiving 1 or 2 THSteps Dental Checkups per year (FREW).	Number of enrollees	Claims	All Ages	Reported as part of the Texas State Dashboard		
219	State/Territory Reported: Texas	THSteps Dental Checkup for New Enrollees	Percentage of new enrollees receiving a THSteps Dental Checkup within 90 days of enrollment (FREW).	Number of new enrollees receiving a THSteps Dental Checkup within 90 days of enrollment (FREW).	Number of new enrollees.	Claims	All Ages	Reported as part of the Texas State Dashboard		

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220	State/Territory Reported: Texas	Receipt of orthodontic services	Percentage of members enrolled for at least 11 of the past 12 months receiving orthodontic services in the past year.	Number of members enrolled for at least 11 of the past 12 months receiving orthodontic services in the past year.	Number of members enrolled for at least 11 of the past 12 months.	Claims	All Ages	Reported as part of the Texas State Dashboard		
221	State/Territory Reported: Texas	Treatment and Prevention of Caries	Percentage of members enrolled for at least 11 of the past 12 months receiving treatment for caries or a caries preventive procedure.	Number of members enrolled for at least 11 of the past 12 months receiving treatment for caries or a caries preventive procedure	Number of members enrolled for at least 11 of the past 12 months.	Claims	All Ages	Reported as part of the Texas State Dashboard		
222	State/Territory Reported: Texas	Overall Utilization of Dental Services	Percentage of members enrolled in the same health plan for one year receiving dental services	Number of members enrolled in the same health plan for one year receiving dental services	Number of members enrolled in the same health plan for one Year.	Claims	All Ages	Reported as part of the Texas State Dashboard		
223	State/Territory Reported: Virginia	Dental Providers in Underserved Areas	The number of dental providers practicing in underserved areas.	Count of dental providers practicing in underserved areas	N/A		All Ages	2001-2005 CHIPRA Measures		
224	Steward unknown (source: AHRQ scan)	Unmet Dental Care Wants	Proportion of enrollees (in the case of children, their parents) reporting unmet dental care wants as determined by survey.	Number of enrollees reporting unmet dental care wants.	Number of enrollees.		All Ages			
225	Steward unknown (source: AHRQ scan)	Fluoride Therapy	Proportion of high caries risk enrollees receiving supplemental fluoride therapy.	Number of high caries risk enrollees receiving supplemental fluoride therapy.	Total number of high caries risk enrollees.		All Ages			
226	Steward unknown (source: AHRQ scan)	Source of Dental Care	Proportion of enrollees having a regular/usual source of dental care as determined by survey of enrollees (in the case of children, their parents).	Number of enrollees having a regular/usual source of dental care.	Number of enrollees.		All Ages			
227	Steward unknown (source: AHRQ scan)	Dental Sealant Ratio	The ratio of sealed occlusal surfaces in permanent molar teeth to restored occlusal surfaces in permanent teeth (stratified by age when 1 <sup>st</sup> and 2 <sup>nd</sup> molars are likely to appear (ie, 5-8 for the first molars and 11-14 for the second)).	Number of sealed occlusal surfaces in permanent molar teeth.	Number of restored occlusal surfaces in permanent molar teeth.		All Ages			
228	Steward unknown (source: AHRQ scan)	Adequacy of Provider Network	Percentage of general dentists and pediatric dentist given plan enrollment (total and pediatric population).	1)Number of general dentists & pediatric dentists 2)Number of pediatric dentists	1)Number of individuals enrolled in the plan 2)Number of children enrolled in the plan		All Ages			

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1	Developer/Steward	Title	Description	Numerator	Denominator	Data Source	Population	Development timeframe and use	Concept vs Specified	Additional Notes
229	Australian Council on Healthcare Standards (ACHS)	Deciduous Teeth Extracted	Percentage of deciduous teeth extracted (for pathological reasons) within 6 months following pulpotomy treatment, during the time period under study.	Total number of deciduous teeth extracted (for pathological reasons) within 6 months following pulpotomy treatment, during the time period under study.	Total number of deciduous teeth receiving a pulpotomy treatment in the period of assessment, during the time period under study.		All Ages			International
230	Australian Council on Healthcare Standards	Re-Treatment after Sealant	Percentage of teeth requiring re-treatment (restoration, endodontic or extraction, but not including Pit & Fissure Sealants) within 24 months of the initial fissure sealant treatment.	Total number of teeth requiring re-treatment (restoration, endodontic or extraction, but not including Pit & Fissure Sealants) within 24 months of the initial fissure sealant treatment.	Total number of teeth receiving a fissure sealant treatment in the period of assessment, during the time period under study.		All Ages			International
231	Australian Council on Healthcare Standards	Complications following routine extraction	Percentage of attendances for complications within 7 days of routine extraction, during the time period under study.	Total number of attendances for complications within 7 days of routine extraction, during the time period under study.	Total number of simple extractions, during the time period under study.		All Ages			International
232	Australian Council on Healthcare Standards	Complications following surgical extraction	Percentage of attendances for complications within 7 days of surgical extraction, during the time period under study.	Total number of attendances for complications within 7 days of surgical extraction, during the time period under study.	Total number of teeth surgically extracted, during the time period under study.		All Ages			International
233	Australian Council on Healthcare Standards	Completed endodontic treatment	Percentage of completed courses of endodontic treatment on the same tooth within 6 months of initial treatment, during the time period under study.	Total number of completed courses of endodontic treatment on the same tooth within 6 months of initial treatment, during the time period under study.	Total number of endodontic treatments commenced, during the time period under study.		All Ages			International
234	Australian Council on Healthcare Standards	OPG for new patients	Percentage of new patients under 18 years who had an orthopantomogram (OPG) film taken or ordered as part of the first general course of care, during the time period under study.	Total number of new patients under 18 years who had an orthopantomogram (OPG) film taken or ordered as part of the first general course of care, during the time period under study. Include only data for the date of the examination.	Total number of new patients under 18 years, during the time period under study.		Pediatrics			International
235	Australian Council on Healthcare Standards	Extractions after endodontic treatment	Percentage of teeth extracted within 12 months of completing a course of endodontic treatment, during the time period under study.	Total number of teeth extracted within 12 months of completing a course of endodontic treatment, during the time period under study.	Total number of teeth on which there has been a completed course of endodontic treatment, during the time period under study.		All Ages			International
236	Australian Council on Healthcare Standards	Re-treatment after endodontic treatment	Percentage of teeth retreated between 1 and 6 months of completing a course of endodontic treatment, during the time period under study.	Total number of teeth retreated between 1 and 6 months of completing a course of endodontic treatment, during the time period under study.	Total number of teeth on which there has been a completed course of endodontic treatment, during the time period under study.		All Ages			International

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237	Australian Council on Healthcare Standards	Re-treatment after restorative treatment	Percentage of teeth retreated within 6 months of an episode of restorative treatment, during the time period under study.	Total number of teeth retreated within 6 months of an episode of restorative treatment, during the time period under study.	Total number of teeth restored, during the time period under study.		All Ages			International
238	Australian Council on Healthcare Standards	Radiation oncology: percentage of patients with squamous cell carcinoma (SCC) of the oral cavity, oropharynx, hypopharynx and larynx who wait longer than 6 weeks from their definitive surgery to commencing their radiotherapy, during the 6 month time period.	This measure is used to assess the percentage of patients with squamous cell carcinoma (SCC) of the oral cavity, oropharynx, hypopharynx and larynx who wait longer than 6 weeks from their definitive surgery to commencing their radiotherapy, during the 6 month time period.	Total number of patients with squamous cell carcinoma (SCC) of the oral cavity, oropharynx, hypopharynx and larynx who wait longer than 6 weeks from their definitive surgery to commencing their radiotherapy, during the 6 month time period	Total number of patients receiving post-operative radiotherapy for squamous cell carcinoma (SCC) of the oral cavity, oropharynx, hypopharynx and larynx, during the 6 month time period	Administrative clinical data; medical record	All Ages	In use		International

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## APPENDIX C: ORAL HEALTH QUESTIONS AS INCLUDED IN NATIONAL HEALTH SURVEYS

Obtained from: NIDCR/CDC Dental, Oral and Craniofacial Data Resource Center

<http://drc.hhs.gov/SurveyQ/index.htm>

Domain	Question(s)	Survey(s)
Last Dental Visit (when & reason)	How long has it been since your last visit for dental care?	Q.6, NIDR Employed Adults, 1985–1986
	What was the main reason for your last visit for dental care?	Q.7, NIDR Employed Adults, 1985–1986
	When was the last time you visited or talked with a dentist about yourself... -At a dentist's office? - At a hospital dental clinic? - At a hospital emergency clinic? - At another clinic? (work, school, etc.) - Over the telephone? -In another way? specify _____	Q.HC20, NHANES I, 1971–1975
	What was the MAIN reason for your last visit or talk with a dentist at either his office or at a clinic?	Q.HC21, NHANES I, 1971–1975
	About how long has it been since _____ last saw someone for dental care?	Q.C2, HHANES, 1982–1984
	About how long has it been since you last saw a dentist or dental hygienist for dental care?	Q.B15, HHANES, 1982–1984
	What was the main reason for your last visit for dental care?	Q.B16, HHANES, 1982–1984
	How long ago was (_____'s/your) last visit to a dentist or dental hygienist?	Q.HYF4S & HAQ3S, NHANES III, 1988–1994
	About how long has it been since {you/SP} last visited a dentist? Include all types of dentists, such as, orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.	Q.OHQ.030, NHANES, 1999–2004
	What was the main reason {you/SP} last visited the dentist?	Q.OHQ.033, NHANES, 1999–2004
	ABOUT how long has it been since - - LAST went to a dentist?	Q.N3b, NHIS, 1983; 1986; 1989
	DURING THOSE 2 WEEKS, did anyone in the family go to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.  Who was this? _____  During those 2 weeks, did anyone else in the family go to a dentist?	Q.N1a, b, c, NHIS, 1983; 1986; 1989
	{Some people go to the dentist because they think they have a problem, other people go to the dentist for a check-up or to have their teeth cleaned. Sometimes when people go for a check-up the dentist discovers a problem that needs to be treated.} What was the MAIN REASON - last went to the dentist?	Q.O5, NHIS, 1986

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	About how long has it been since {you./S.C. name} last saw or talked to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.	Q.B.AAU.135; B.CAU.160, NHIS, 1997; 1998
	About how long has it been since {you/S.C. name} last saw or talked to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.	Q.B.AAU.135, B.CAU.160, NHIS, 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006; 2007; 2008
	What was the MAIN REASON that you last went to the dentist?	Q.AAU.135.010, NHIS, 1999
	Specify other reason for dental visit. This should be a reason that is not on the dental reason list.	Q.AAU.135.011, NHIS, 1999
	What was the MAIN REASON that {S.C. name} last went to the dentist?	Q.CAU.160.010, NHIS, 1999
	How long has it been since you last visited the dentist or a dental clinic?	Q.1, BRFSS, Module 9, 1995; Module 8, 1996; Module 5, 1997; Module 6, 1998
	How long has it been since you last visited the dentist or a dental clinic for any reason? [Include visits to dental specialists, such as orthodontists.]	Q.1, BRFSS, Section 6, 1999; Module 6, 2000; Module 6, 2001; Section 7, 2002; Module 2, 2003; Section 11, 2004; Module 2, 2005; Section 6, 2006, Section 7, 2008; Section 7, 2010
	About how long has it been since {you/your child} last visited a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists. [Source: NHIS 1997]	Q.2, BSS, 1999; 2003
	About how long has it been since your child last visited a dentist? Include all types of dentists, such as, orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.	Q.2, BSS, 2008
	What was the main reason that {you/your child} last visited a dentist?	Q.3, BSS, 1999; 2003
	What was the main reason that your child last visited a dentist?	Q.3, BSS, 2008
	About how long has it been since {fill you/name} last saw or talked to a dentist? {fill for children under 18 read: about how long has it been since someone last saw or talked to a dentist about (fill child's name)?} Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.	Q.AAU.135, SLAITS/Health, 1997
	About how long has it been since [he/she] last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists.	Q.S2Q56, SLAITS/National Survey of Children's Health, 2003
	Since (DATE ONE YEAR AGO), have you/ [has ( :B) seen a dentist?	Q.45k, NSAHC, 1986
	When did you/ (he/she) last see a dentist?	Q.45p, q, NSAHC, 1986
	How long has it been since you had your teeth cleaned by a dentist or dental hygienist?	Q.Y2, PRAMS Phase 4 Standard, 2000–2003
	How long has it been since you had your teeth cleaned by a dentist or a dental hygienist?	Q.OR73, PRAMS Phase 4 State-developed, 2000–2003
First Dental Visit	How old was _____ when _____ first saw someone for dental care?	Q.C1, HHANES, 1982–1984

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Frequency of Dental Visits	On the average, about how many times a year does _____ see someone for dental care?	Q.C3, HHANES, 1982–1984
	How often (does _____/do you) go to the dentist or dental hygienist?	Q.HYF5 & HAQ4, NHANES III, 1988–1994
	In the PAST YEAR have you SEEN a dentist?	Q.S50, CPS, Attachment 9 Supplement, 1995; 1996
	During the past 12 months/since [his/her] birth, did [CHILD] see a dentist for any routine preventive dental care, including check-ups, screenings, and sealants? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists.	Q.S4Q09, SLAITS/National Survey of Children's Health, 2003; 2007
	During the past 12 months/Since [his/her] birth], how many times did [S.C.] see a dentist for preventive dental care, such as check-ups and dental cleanings?	Q.K4Q21, SLAITS/National Survey of Children's Health, 2007
	DURING THE PAST 6 MONTHS did you see a dentist or a medical doctor for any of the problems with your mouth or teeth? Include all types of dentists such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.	Q.AOH.060_00.000, NHIS, 2008
	Which one did you see - a dentist or a medical doctor?	Q.AOH.070_00.000, NHIS, 2008
	DURING THE PAST 6 MONTHS, why didn't you see a dentist for the problems with your mouth or teeth? Please say yes or no to each. ... You didn't think it was important	Q.AOH.080_01.000, NHIS, 2008
	DURING THE PAST 6 MONTHS, why didn't you see a dentist for the problems with your mouth or teeth? Please say yes or no to each. ... The problem went away	Q.AOH.080_02.000, NHIS, 2008
	DURING THE PAST 6 MONTHS, why didn't you see a dentist for the problems with your mouth or teeth? Please say yes or no to each. ... You couldn't afford treatments or you didn't have insurance ... You didn't have transportation ... You were afraid to see a dentist ... You were waiting for an appointment ... You didn't think a dentist could fix the problem	Q.AOH.080_03.000, NHIS, 2008 Q.AOH.080_04.000, NHIS, 2008 Q.AOH.080_05.000, NHIS, 2008 Q.AOH.080_06.000, NHIS, 2008 Q.AOH.080_07.000, NHIS, 2008
	Did the problems with your mouth or teeth interfere with any of the following. Please say yes or no to each. ... Your job or school ... Sleeping ... Social activities such as going out or being with other people ... Your usual activities at home	Q.AOH.090_01.000, NHIS, 2008 Q.AOH.090_02.000, NHIS, 2008 Q.AOH.090_03.000, NHIS, 2008 Q.AOH.090_04.000, NHIS, 2008
	DURING THE PAST 6 MONTHS, did [fill S.C. name] see a dentist or a medical doctor for any of the problems with [fill: her or his] mouth or teeth? Include all types of dentists such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.	Q.COH.060_00.000, NHIS, 2008
	Which one did [fill S. C. name] see – a dentist or a medical doctor?	Q.COH.060_00.000, NHIS, 2008



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	(Code as dentist: orthodontists)	
	<p>DURING THE PAST 6 MONTHS, why didn't [fill: SC name] see a dentist for the problems with [fill: his/her] mouth or teeth?</p> <p>... You didn't think it was important.</p> <p>... The problem went away.</p> <p>... You couldn't afford treatments or [fill S.C. name] didn't have insurance.</p> <p>... No transportation was available.</p> <p>... [fill: S. C. name] was afraid to see the dentist.</p> <p>... [fill: S. C. name] was waiting for an appointment.</p> <p>... You didn't think a dentist could fix the problem.</p>	<p>Q.COH.080_01.000, NHIS, 2008</p> <p>Q.COH.080_02.000, NHIS, 2008</p> <p>Q.COH.080_03.000, NHIS, 2008</p> <p>Q.COH.080_04.000, NHIS, 2008</p> <p>Q.COH.080_05.000, NHIS, 2008</p> <p>Q.COH.080_06.000, NHIS, 2008</p> <p>Q.COH.080_07.000, NHIS, 2008</p>
	<p>Did the problems with [fill S. C. name]'s mouth or teeth interfere with any of the following? Please say yes or no to each.</p> <p>... School or school activities</p> <p>... Work</p> <p>... Eating</p> <p>... Sleeping</p> <p>... Social activities such as going out or being with other people</p> <p>... [fill S. C. name]'s usual activities at home</p>	<p>Q.COH.090_01.000, NHIS, 2008</p> <p>Q.COH.090_02.000, NHIS, 2008</p> <p>Q.COH.090_03.000, NHIS, 2008</p> <p>Q.COH.090_04.000, NHIS, 2008</p> <p>Q.COH.090_05.000, NHIS, 2008</p> <p>Q.COH.090_06.000, NHIS, 2008</p>
	During the past 12 months, how many visits did - /{child's name} make to a dentist? (Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.)	Q.F5a, Q.H4a, SIPP TM Waves 6, 9, 1992
Number of Dental Visits	How many of these visits were in the past 4 months?	Q.F5b, Q.H4b, SIPP TM Waves 6, 9, 1992
	During the past 12 months, how many visits did [you/he/she] make to a dentist or other dental professional?	Q.ME08, SIPP TM Waves 3, 6, 9, 1996
	During the past 12 months, did (read above for names of all children) visit a dentist, or other dental professional listed on this card?	Q.ME30, SIPP TM Waves 3, 6, 9, 1996
	Which children visited a dentist?	Q.ME31, SIPP TM Waves 3, 6, 9, 1996
	During the past 12 months, how many visits did [child's name] make to a dentist?	Q.ME32, SIPP TM Waves 3, 6, 9, 1996
	During the past 12 months, how many visits did you make to a dentist or other dental professional such as a hygienist, orthodontist, or oral surgeon?	Q.ME08, SIPP TM Wave 12, 1996; TM Waves 3, 6, 2001
	During the past 12 months, did (child's name) visit a dentist, or other dental professional such as a hygienist, orthodontist, or oral surgeon?	Q.ME30, SIPP TM Wave 12, 1996; TM Waves 3, 6, 2001
	Which children visited a Dentist?	Q.ME31, SIPP TM Wave 12, 1996; TM Waves 3, 6, 2001
	During the past 12 months, how many visits did [child's name] make to a dentist?	Q.ME32, SIPP TM Wave 12, 1996; TM Waves 3, 6, 2001
	How many visits did (name/you) make to a dentist, including orthodontists, oral surgeons, and	Q.922, SPD, 1998; 1999; 2000; 2001; 2002

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dental hygienists [in the past 12 months/last year, that is between January {last year} and December {last year}]?	
[In the past 12 months, that is, since (date)/Between January 1998 and December 1998], how many visits did (name) make to a dentist, including orthodontists, oral surgeons, and dental hygienists?	Q.1218, SPD, 1998; 1999
During those 2 weeks, how many times did - - go to a dentist?	Q.N1d, NHIS, 1983; 1986; 1989
During the past 12 months (that is, since (12-month date) a year ago) about how many visits did - - make to a dentist? (Include the visit(s) you already told me about.)	Q.N3a, NHIS, 1983; 1986; 1989
During the past 12 months (that is, since (12-month date) a year ago) how many visits did you make to a dentist?	Q.Z2, NHIS, 1990
During the past 12 months about how many visits did -- make to a dentist?	Q.D16, NHIS, 1991
During the past 12 months that is, since (12-month date) a year ago, about how many visits did you make to a dentist?	Q.P1, NHIS, 1991; 1993
During the PAST 12 MONTHS, that is, since {fill 12-month date} a year ago, about how many visits did you/{S.C. name} make to a dentist?	Q.AAU.135.030, CAU.160.030, NHIS, 1999
These next questions are about dental care received during the 2 weeks beginning Monday, {fill beginning date} and ending this past Sunday {fill ending date}.	Q.AAU.135.040, CAU.160.040, NHIS, 1999
During those 2 WEEKS did you/{S.C. name} go to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.	
During those 2 weeks, how many times did you/{S.C. name} go to a dentist?	Q.AAU.135.050, CAU.160.050, NHIS, 1999
How many visits did (person) have to the [doctor/dentist/medical provider] before January 1, 1977?	Q.FF.R5.6, NMCES, 1977
Between (ref. date) and December 31, did anyone in the family, that is you, (each person in family), go to a dentist? a. Who was this? Did anyone else go to a dentist between (ref. date) and December 31? b. Between (ref. date) and December 31, how many times did (person) go to a dentist?	Q.PP.R5.1, a, b, NMCES, 1977
(Not counting the visits you told me about) During that period, did anyone in the family go to a dental surgeon, oral surgeon, orthodontist, or other dental specialist? a. Who was this? Did anyone else go to a dental specialist between (ref. date) and December 31? b. Between (ref. date) and December 31, how many times did (person) go to a dental specialist?	Q.PP.R5.2, a, b, NMCES, 1977
(Not counting the visits you told me about) Between (ref. date) and December 31, did anyone in the family go to a dental hygienist, dental technician, or any other person for dental care? a. Who was this? Anyone else? b. During that period, how many times did (person) go to the other dental person(s)?	Q.PP.R5.3, a, b, NMCES, 1977
We have already talked about (number) of (person's) dental visits. How many of the remaining (remaining number) visits were for orthodontia?	Q.RV.R5.1, NMCES, 1977
What were the dates of these visits?	Q.RV.R5.3, NMCES, 1977

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	Since (ref. date) did anyone in the family go to a dentist, dental surgeon, oral surgeon, orthodontist, dental assistant, or any other person for dental care?	Q.C1, NMES, 1987
	Who was that? Did anyone else go to a dental care person since (ref. date)?	Q.C2, NMES, 1987
	Since (ref. date), how many times did (person) go to a dental care person?	Q.C3, NMES, 1987
	Between {reference start date} and {reference end date}, did {she/he} see a dentist, dental surgeon, dental assistant, or any other professional for dental care?	Q.US6, MEPS NHC, 1996
	Between {reference start date} and {reference end date}, how many times did {she/he} see a dentist, dental surgeon, dental assistant, or any other professional for dental care?	Q.US7, MEPS NHC, 1996
	Now think about the health care {person} has received {since start date/between start date and end date}. {Since start date/between start date and end date}, did {person} see or talk to any type of dental care provider such as the types listed on this card, for dental care or a dental check-up?	Q.PP15, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001
	[Since (ref. date)/between (previous round interview date) and (date of death/date of institutionalization), did (you/SP) go to a dentist or any other person for dental care? [Dental providers include dentists, dental surgeons, endodontists, periodontists, and dental hygienists.]	Q.DU1, MCBS, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006
	Who did (you/SP) see?	Q.DU2, MCBS, 1996; 1997; 1998; 1999; 2000; 2001; 2006
	When did (you/SP) see (provider named in DU2)? Please tell me all the dates [since (ref. date)/between (previous round interview date) and (date of death/date of institutionalization)].	Q.DU6, MCBS 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005
	You told me that (you/SP) also visited (name of dental provider from DU2) on [read dates below]. Were any of these visits made for the same reason as the one you've just told me about?	Q.DU12, MCBS, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006
	Which visits were for the same reason? What were the dates?	Q.DU13, MCBS, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006
	[Since (ref. date)/between (previous round interview date) and (date of death/date of institutionalization)], did (you/SP) have any other dental care visits to this or any other provider?	Q.DU14, MCBS, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006
	Between (reference date) and (end date), how many times did (SP) see someone for dental care?	Q.B2a, MCBS, 1996
	Do you feel that you are currently in need of dental treatment? If yes, how soon do you feel you need treatment?	Q.8, NIDR Employed Adults, 1985–1986
Self Perceived Need for Dental Care	a. During the past 12 months, have you had a dental problem which you would have liked to see a dentist about but you didn't see the dentist? b. Why didn't you see him?	Q.HC29a, b, NHANES I, 1971–1975
	Do you think you need a new plate or that the one(s) you have need(s) refitting?	Q.MH23, NHANES I, 1971–1975
	Do you think that your teeth need cleaning now by a dentist or dental hygienist?	Q.MH26, NHANES I, 1971–1975
	Do you think that you ought to go to a dentist now or very soon for a checkup?	Q.MH28, NHANES I, 1971–1975
	Do you now have an appointment to see a dentist?	Q.MH29, NHANES I, 1971–1975
	Do you think you have any teeth that need filling?	Q.MH30, NHANES I, 1971–1975
	? a. Do you think you have any teeth that need to be pulled? How many?	Q.MH31a, b, NHANES I, 1971–1975
	Do you think that you need (a) new denture(s) (plate) or that the one you have needs refitting?	Q.4, NHANES III, 1988–1994

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	Edentulous in Upper Jaw? Edentulous in Lower Jaw?	
	What type of dental care (does _____/do you) need now? 1 Teeth filled or replaced (for example, fillings, crowns, and/or bridges), 2 Teeth pulled, 3 Gum treatment, 4 Denture work, 5 Relief of pain, 6 Work to improve appearance (for example, braces or bonding), 7 Cleaning, 8 Other, specify	Q.HYF3, HAQ2, NHANES III, 1988–1994
	Does ____ need new false teeth?	Q.N8e, NHIS, 1983
	Do the ones ____ has need refitting?	Q.N8f, NHIS, 1983
	How often during the last year {have you/has SP} been self-conscious or embarrassed because of {your/his/her} teeth, mouth or dentures? Would you say . . .	Q.OHQ.680, NHANES 2005–2006; 2007–2008
	How would you describe the condition of your mouth [if LUPPRT = 2,R,D, fill: and teeth]? Would you say very good, good, fair or poor?	Q.AOH.010_00.000, NHIS, 2008
	DURING THE PAST 6 MONTHS, how often was [fill: she/he] self-conscious or embarrassed because of [fill: her/his] teeth or mouth? Would you say often, sometimes, rarely, or never?	Q.COH.030_00.000, NHIS, 2008
	During the past 12 months/Since [CHILD]'s birth], was there any time when [CHILD] needed routine preventive dental care?	Q.S4Q10, SLAITS/National Survey of Children's Health, 2003
	During the past 12 months/since birth, was there any time when (S.C. needed) preventive dental care, such as check-ups and dental cleaning?	Q.C4Q05_X031, SLAITS/National Survey of Children with Special Health Care Needs, 2005
	In the past 12 months, did anyone in the family or a dentist believe they needed any dental care, tests, or treatment?	Q.AC40A, MEPS HC, 2006; 2007; 2008
	Do you have a dentist you usually go to?	Q.HC19, NHANES I, 1971–75
Access to Dental Care	For this last visit, how long was it from the time you decided you needed or wanted to see a dentist until you actually saw him?	Q.HC22, NHANES I, 1971–75
	a. At the time of this last visit or talk with a dentist did you have an appointment? b. How long was it from the time you made the appointment until you saw him? c. Was this wait longer than you would have liked it?	Q.HC23a, b, c, NHANES I, 1971–75
	How did you get to the dentist office?	Q.HC24, NHANES I, 1971–75
	How long did it take to get there?	Q.HC25, NHANES I, 1971–75
	a. At this last visit with a dentist, about how many minutes did you have to wait before being seen by the dentist? b. Do you think this wait was too long?	Q.HC26a, b, NHANES I, 1971–75
	How well satisfied were you with this visit?	Q.HC27, NHANES I, 1971–75
	Does your dentist or dental clinic call you or send you a note to remind you when your next regular checkup is due?	Q.HC28, NHANES I, 1971–75
	a. During the past 12 months, have you had a dental problem which you would have liked to see a dentist about but you didn't see the dentist? B. . Why didn't you see him?	Q.HC29a, b, NHANES I, 1971–75
	Is there a particular dentist or dental clinic that {you/SP} usually {go/goes} to if {you/he/she} need{s} dental care or dental advice?	Q.OHQ.060, NHANES, 1999–2002

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For how long has this been {your/SP's} regular source of dental care? Number (of days, weeks, months or years)	Q.OHQ.070, NHANES, 1999–2002
In the past 12 months, has there been a time when your household had someone who needed to see a dentist but didn't go?	Q.C2g, SIPP Wave 3, 1992
How long did it take for _____ to get to this dentist this time? _____ minutes	Q.N2d, NHIS, 1983
What are the reasons _____ has [not visited the dentist in over 12 months/never gone to the dentist]?	Q.P3, NHIS, 1989
a. During the past 12 months, was there any time when someone in the family needed dental care but could not get it? B who is this, c Anyone else?	Q.AC17a, b, c, NHIS, 1993; 1994; 1995; 1996
During the PAST 12 MONTHS, was there any time when {you, S.C. name} needed any of the following [Dental care (including checkups)] but didn't get it because you couldn't afford it?	Q.AAU.111; CAU.135, NHIS, 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006; 2007; 2008
What are the reasons that you have never gone to the dentist? [Else read:] What are the reasons that you have not visited a dentist in over 12 months? Reason no dental visit...	Q.AAU.135.020, NHIS, 1999
Specify other reason for no dental visits. This should be a reason that is not on the no dental reason list.	Q.AAU.135.021, NHIS, 1999
What are the reasons {S.C. name} has never gone to the dentist? - OR - What are the reasons that {S.C. name} has not visited a dentist in over 12 months?	Q.CAU.160.020, NHIS, 1999
Is there a particular dental office or dental clinic that (person) goes to for dental care?	Q.AMC.R4.11, NMCES, 1977
About how long does it usually take (person) to get there?	Q.AMC.R4.12, NMCES, 1977
a. Did (S.C.) receive all the preventive dental care that {he/she} needed? b. Why did (S.C.) not get the preventive dental care that {he/she} needed? c. Did (S.C.) get any preventive dental care [during the past 12 months/since (his/her) birth?	Q.C4Q05_X031a, b, c, SLAITS/National Survey of Children with Special Health Care Needs, 2005–2006
During the past 12 months/since birth, was there any time when (S.C. needed) any other dental care? a. Did (S.C.) receive all the other dental care that {he/she} needed? b. Why did (S.C.) not get the other dental care that {he/she} needed? c. Did (S.C.) get any nonpreventive dental care [during the past 12 months/ since (his/her) birth]?	Q.C4Q05_X032, SLAITS/National Survey of Children with Special Health Care Needs, 2005–2006
During the past 12 months/Since [his/her] birth, did [he/she] receive all the routine preventive dental care [he/she] needed?	Q.S4Q13, SLAITS/National Survey of Children's Health, 2003
Why did [CHILD] not get all the dental care that [he/she] needed?	Q.S4Q14, SLAITS/National Survey of Children's Health, 2003
Does (person) think (minutes/hours from Q. 12) is too long, or not too long to travel for dental care?	Q.AMC.R4.13, NMCES, 1977
About how long did the visit take - from the time (person) arrived at the dentist's office until the time (person) left - about how many minutes or hours?	Q.DV.R5.13, NMCES, 1977
About how long did the visits usually take - from the time (person) arrived at the dentist's office until the time (person) left - about how many minutes or hours?	Q.RV.R5.4, NMCES, 1977
Is there a particular dental office or dental clinic that (person) usually goes to for dental care?	Q.W39, NMES, 1987

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About how long does it usually take for (person) to get there?	Q.W42, NMES, 1987
What is the main reason you have not visited the dentist in the last year?	Q.2, BRFSS, Module 9, 1995; Module 8, 1996; Module 5, 1997; Module 6, 1998; Module 6, 2000; Module 6, 2001
During the past 12 months, was there a time when {you/your child} needed dental care but could not get it at that time? [Source: NHIS, 1994]	Q.4, BSS, 1999; 2003
During the past 12 months, was there a time when your child needed dental care but could not get it at that time? [Source: NHIS, 1994]	Q.4, BSS, 2008
The last time {you/your child} could not get the dental care (you/he/she) needed, what was the main reason (you/he/she) couldn't get care? (Please check one) [Source: NHIS, 1994]	Q.5, BSS, 1999; 2003
The last time your child could not get the dental care he/she needed, what was the main reason he/she couldn't get care? (Please check one) [Source: NHIS, 1994]	Q.5, BSS, 2008
How about dental care, including check-ups? (read to probe) During the past 12 months, was there any time when {you/either of you/anyone in your family} needed dental care, including check-ups, but didn't get it because {you/they} couldn't afford it? a. Who couldn't afford it? Anyone else?	Q.AAU.130, SLAITS/Health, 1997
What type of care was delayed or not received? Was it medical care, dental care, mental health services, or something else? [MARK ALL THAT APPLY]	K4Q28, SLAITS/National Survey of Children's Health, 2007
(During the past 12 months) was there any time when ("s" child) needed dental care including check-ups? a. Did ("s" child) receive all the dental care that {he/she} needed? b. Why did ("s" child) not get the dental care {he/she} needed?	Q.C4Q05_X03, SLAITS/National Survey of Children with Special Health Care Needs, 2001
Doctors sometimes provide referrals to specialists or to educational or developmental programs. (In the last 12 months/ since {his/her} birth) has (CHILD)'s doctors or health providers referred (him/her) to any specialist?	Q.A3Q47 (G17), SLAITS/National Survey of Early Childhood Health (NSECH), 2000
In the past 12 months, was anyone in the family unable to get dental care, tests, or treatments they or a dentist believed necessary?	Q.AC40, MEPS HC, 2006; 2007; 2008
Was anyone else in the family unable to get dental care, tests, or treatments they or a dentist believed necessary?	Q.AC41, MEPS HC, 2006; 2007; 2008
Which of these best describes the main reason (PERSON) (were/was) unable to get dental care, tests, or treatments (he/she) or a dentist believed necessary?	Q.AC42, MEPS HC, 2006; 2007; 2008
How much of a problem was it that (PERSON) did not get dental care, tests, or treatments (he/she) or a dentist believed necessary?	Q.AC43, MEPS HC, 2006; 2007; 2008
In the last 12 months, was anyone in the family delayed in getting dental care, tests, or treatments they or a dentist believed necessary?	Q.AC44, MEPS HC, 2006; 2007; 2008
Was anyone else in the family delayed in getting dental care, tests, or treatments they or a dentist believed necessary?	Q.AC45, MEPS HC, 2006; 2007; 2008
Which of these best describes the main reason (PERSON) (were/was) delayed in getting dental care,	Q.AC46, MEPS HC, 2006; 2007; 2008

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	tests, or treatments (he/she) or a dentist believed necessary?	
	How much of a problem was it that (PERSON) (were/was) delayed in getting dental care, tests, or treatments (he/she) or a dentist believed necessary?	Q.AC47, MEPS HC, 2006; 2007; 2008
	What kind of specialist was that?	Q.A3Q47_A (G17A), SLAITS/National Survey of Early Childhood Health (NSECH), 2000
	Why haven't you/[hasn't' { :B}] seen a dentist?	Q.45m, NSAHC, 1986
	Did you/ [{ :B}] know of a dentist or clinic here you/ (he/she) could have obtained these services for free or for an amount you/(he/she) could have afforded?	Q.45n, NSAHC, 1986
	Why didn't you /(he/she) go there?	Q.45o, NSAHC, 1986
	What is the most important reason (you/SP) did not see a dental provider associated with [read plan names below] or a dental provider that [read plan names below] would refer (you/SP) to?	Q.DU5a, MCBS, 1996, 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006
	a. During that visit, did - - see a regular dentist or a dental specialist? b. What kind of dental specialist did - - see?	Q.N2b, c, NHIS, 1983
Type of Provider Seen	What type of dental care provider did (person) see during this visit?	Q.DN03, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006; 2007; 2008
	Is [dental] (provider) associated with a Department of Veterans Affairs, or V.A., facility?	Q.DU3, MCBS, 2006
	Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?	Q.DU4, MCBS, 2006
	(Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?	Q.DU5, MCBS, 2006
	Did you have your teeth cleaned by a dentist or dental hygienist during the time periods listed below? (During and after pregnancy)	Q.Y3, PRAMS Phase 6 Standard, 2009
	For what health problems or conditions did you use acupuncture?	Q.ALT.036 00.000, NHIS, 2007
	[Earlier I was told _____ went to the dentist during the 2-week period beginning Monday, (date) and ending Sunday, (date).] [Now I am going to read a list of dental services.] When _____ went to the dentist (the last time/the time before that), did _____ have which of the following services done? An x-ray taken, A tooth filled, A tooth pulled, Any other oral surgery, A fluoride treatment, Teeth cleaned, Teeth straightened, that is, orthodontia, Treatment for gums, Work done on a complete denture, Work done on a partial denture, Work done on a bridge, Work done on a crown or cap, work done on a root canal, an examination, something else done?	Q.N2a, NHIS, 1983
Dental Services by Type	Did (person) have any x-rays taken on this visit?	Q.DV.R5.5, NMCES, 1977
	(Not counting the x-rays) What did (person) have done during this visit on (date)? what else did (person) have done on that visit? Cleaning teeth, Examination, Straightening/braces (orthodontia), Fillings #, Extractions #, Root Canals #, Other (specify)	Q.DV.R5.6, NMCES, 1977

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	Did (person) have any x-rays on this visit?	Q.D6, NMES, 1987
	Not counting the x-rays) What did (person) have done during this visit on (date)? what else did (person) have done during this visit?	Q.D7, NMES, 1987
	What did (person) have done during this visit? Probe: What else was done?	Q.DN04, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001; 2006; 2007; 2008
	What dental treatments did you/ [ { :B} ] receive?	Q.45I, NSAHC, 1986
	For (your/SP's) visit on (first/next visit date)/ what did (you/SP) have done? (Select all that apply)	Q.DU7, MCBS, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006
	Were X-rays taken on this visit?	Q.DU8, MCBS, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006
	What type of care was delayed or not received? Was it medical care, dental care, mental health services, or something else? [MARK ALL THAT APPLY]	Q.K4Q28, SLAITS/National Survey of Children's Health, 2007
	Is your current residence served by a public water supply?	Residential History, NIDR Prevalence, 1979–1980
Fluoride	Has your child lived at this residence since birth?	Residential History, NIDR Prevalence, 1979–1980
	If "No," please list all places where this child has lived for more than 6 months as well as the dates when s/he lived there. Start with your current address and go back in time. Also please indicate whether the place was served by a public water supply, that is, a supply used by most people that lived in the city, town, or place rather than an individual supply, such as a private well. Use the additional space if necessary.	Residential History, NIDR Prevalence, 1979–1980
	Has your child ever received prescription fluoride drops?	Q.1, NIDR Children, 1986–1987
	Has your child ever received prescription fluoride tablets?	Q.2, NIDR Children, 1986–1987
	Has your child ever received prescription fluoride treatments, such as liquids or gels, at the dentist's office?	Q.3, NIDR Children, 1986–1987
	Has your child ever received fluoride treatments in a school program?	Q.4, NIDR Children, 1986–1987
	Please list all places (city/town/military base and state) where this child has lived for more than 6 months, and the dates when s/he lived there. Start with your current residence a go back in time. If additional space is needed, use the other side of this page.	Q.6, NIDR Children, 1986–1987
	Has _____ ever received fluoride treatments that were applied to _____ teeth during a visit to the dentist or someone else _____ saw for dental care?	Q.C4, HHANES, 1982–1984
	Does _____ participate in a fluoride program at school? This is a program in which fluoride tablets or rinses are given to children to use at school.	Q.C7, HHANES, 1982–1984
	a. Does anyone in the family use toothpaste with fluoride? b. Who is this? c. Anyone else?	Q.N4a, b, c, NHIS, 1983
	a. Does anyone in the family use fluoride drops, tablets, or any other fluoride supplements which are not swallowed? B Who is this, c Anyone else?	Q.N5a, b, c, NHIS, 1983



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a. Does anyone in the family use a fluoride mouth rinse which is not swallowed? b. Who is this, Anyone else?	Q.N6a, b, c, NHIS, 1983
Some MOUTHRINSES contain FLUORIDE to reduce tooth decay. Others do not. ACT, Fluorigard, Listermint with Fluoride, StanCare and some prescription brands are examples of mouthrinses that contain FLUORIDE. a. Does anyone in the family now use a FLUORIDE mouth rinse at home? b. Who is this, c. Anyone else?	Q.O8a, b, c, NHIS, 1986
What brand did (- - /you/child's name) use most often during the past 2 weeks?	Q.O8d, NHIS, 1986
Some schools have fluoride MOUTH RINSE programs. Does (- -/child's name) now take part in a fluoride MOUTH RINSE program at school?	Q.O9, NHIS, 1986
Sometimes doctors or dentists prescribe or provide pills or drops with fluoride in them. Sometimes these are given at school. a. Does anyone in the family now take vitamins with FLUORIDE in them or any other kind of FLUORIDE drops, pills, or tablets, either at home or at school? b. Who is this? c. Anyone else?	Q.O10a, b, c, NHIS, 1986
As you understand it, what is the purpose of adding FLUORIDE to the public drinking water?	Q.O1, NHIS, 1986
a. Does the water that you drink at home come from a public water system or is it from another source, such as a well? b. Does this drinking water have FLUORIDE in it?	Q.O2a, b, NHIS, 1986
a. In the past two weeks has anyone in the family used a mouthwash or mouthrinse at home? B Who is this, c Anyone else?	Q.P6a, b, c, NHIS, 1989
d. What brand did (- - /you/child's name) use most often during the past 2 weeks? E Does this mouthrinse contain fluoride?	Q.P6d, e, NHIS, 1989
Some schools have fluoride MOUTH RINSE programs. Does (- -/child's name) now take part in a fluoride MOUTH RINSE program at school?	Q.P7, NHIS, 1989
{Doctors or dentists may prescribe or provide tablets, drops, or supplements with fluoride in them. (Sometimes these are given at school.)} Does --now take vitamins with FLUORIDE in them or any other kind of FLUORIDE tablets, drops, or supplements?	Q.P8, NHIS, 1989
As you understand it, what is the purpose of adding FLUORIDE to the public drinking water?	Q.Z1, NHIS, 1990
In the past two weeks, have {you/child's name} used a mouthwash or mouth rinse at home?	Q.PAJ.010; PCB.050, NHIS, 1998
What brand did (you/child's name) use most often during the past two weeks?	Q.PAJ.020, Q.PCB.060, NHIS, 1998
Does this mouth rinse contain fluoride?	Q.PAJ.040; Q.PCB.080, NHIS, 1998
Some schools have fluoride mouth rinse programs. Does (child's name) now take part in a fluoride mouth rinse program at school?	Q.PCB.090, NHIS, 1998
Doctors or dentists may prescribe or provide tablets, drops, or supplements with fluoride in them. (Sometimes these are given at school.) Does {child's name} now take vitamins with FLUORIDE in them or any other kind of FLUORIDE	Q.PCB.100, NHIS, 1998

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	tablets, drops, or supplements?	
	What did (person) have done during this visit? Probe: What else was done?	Q.DN04, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005
	Dental sealants are special plastic coatings that are painted on the tops of the back teeth to prevent tooth decay. They are different from fillings, caps, crowns, and fluoride treatments. Has [child's name] ever had dental sealants painted on their teeth?	Q. ME33, SIPP TM Waves 6, 9, 12, 1996; TM Waves 3, 6, 2001
Sealants	a. Dental SEALANTS are special plastic coatings that are painted on the tops of the back teeth to prevent tooth decay. They are put on by a dentist or a dental hygienist. They are DIFFERENT from fillings, caps, crowns and fluoride treatments. (Has anyone in the family/has child's name) had dental SEALANTS (placed on their/ painted on his/her) teeth? b. Who is this, c. Anyone else?	Q.O11a, b, c, NHIS, 1986
	a. Dental SEALANTS are special plastic coatings that are painted on the tops of the back teeth to prevent tooth decay. They are put on by a dentist or a dental hygienist. They are DIFFERENT from fillings, caps, crowns and fluoride treatments. Has anyone in the family EVER had dental SEALANTS painted on their teeth? b. Who is this? Anyone else?	Q.P5a, b, c, NHIS, 1989
	a. Have you ever heard of DENTAL SEALANTS? b. Which of the following BEST describes the purpose of dental sealants -to fill cavities, to prevent tooth decay, to improve the appearance of the teeth, or to hold dentures in place?	Q.Z4a, b, NHIS, 1990
	Dental sealants are special plastic coatings that are painted on the tops of the back teeth to prevent tooth decay. They are different from fillings, caps, crowns, and fluoride treatments. Has [child name] ever had dental sealants painted on {his/her} teeth?	Q.PCB.040, NHIS, 1998
	What did (person) have done during this visit? Probe: What else was done?	Q.DN04, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005
	(Has ____/Have you) ever received orthodontic treatment such as wearing braces, bands, or removable appliances to straighten teeth?	Q.HYF7 & HAQ8, NHANES III, 1988–1994
	How old (was ____/were you) when (____/you) started your most recent orthodontic treatment?	Q.HYF8 & HAQ9, NHANES III, 1988–1994
Orthodontia	What did (person) have done during this visit? Probe: What else was done?	Q.DN04, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005
	How many times a day do you usually brush your teeth?	Q.MH27, NHANES I, 1971–1975
Preventive Care (Provider and Self)	a. Have you ever had your teeth cleaned by a dentist or dental hygienist? b. When was the last time they were cleaned?	Q.MH32a, b, NHANES I, 1971–1975
	Have you ever had your teeth cleaned by a dentist or dental hygienist?	Q.B17, HHANES, 1982–1984
	When was the last time they were cleaned?	Q.B18, HHANES, 1982–1984
	During the past 2 years, how many times have you had your teeth cleaned by a dentist or a dental hygienist?	Q.B19, HHANES, 1982–1984
	During the past 3 years, {have/has} {you/SP} been to the dentist for routine check-ups or cleanings?	Q.OHQ.040, NHANES, 1999–2002

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During the past 3 years, how often {have you/has SP} gone to the dentist for routine check-ups or cleanings?	Q.OHQ.050, NHANES, 1999–2002
a. Now I am going to ask about some things that people may be doing to take care of their teeth. What does ___ use when ___ brushes ___ teeth - toothpaste, tooth powder, or something else? b. What brand did - - use most often during the past two weeks?	Q.O7a, b, NHIS, 1986
In your opinion, which ONE of these is the BEST method for preventing tooth decay?	Q.Z8, NHIS, 1990
How often do you brush your teeth?	Q.SAQ.34, NMES, 1987
Did you use dental floss yesterday?	Q.SAQ.35, NMES, 1987
Aside from brushing {your/his/her} teeth with a toothbrush, in the last seven days, how many days did {you/SP} use dental floss or any other device to clean between {your/his/her} teeth?	Q.OHQ.870, NHANES, 2009–2010
What did (person) have done during this visit? Probe: What else was done?	Q.DN04, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005
How long has it been since you had your teeth "cleaned" by a dentist or dental hygienist?	Q.6.3, BRFSS, Section 6, 1999; Module 6, 2000
How long has it been since you had your teeth cleaned by a dentist or dental hygienist?	Q.3, BRFSS, Module 6, 2001; Section 7, 2002; Module 2, 2003; Section 11, 2004; Module 2, 2005; Section 6, 2006; Section 7, 2008; Section 7, 2010
During the past 12 months/since [his/her] birth, did [CHILD] see a dentist for any routine preventive dental care, including check-ups, screenings, and sealants? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists.	Q.S4Q09, SLAITS/National Survey of Children's Health, 2003; 2007
During the past 12 months/Since [CHILD]'s birth, was there any time when [CHILD] needed routine preventive dental care?	Q.S4Q10, SLAITS/National Survey of Children's Health, 2003; 2007
During the past 12 months/Since [his/her] birth, did [he/she] receive all the routine preventive dental care [he/she] needed?	Q.S4Q13, SLAITS/National Survey of Children's Health, 2003; 2007
Why did [CHILD] not get all the dental care that [he/she] needed?	Q.S4Q14, SLAITS/National Survey of Children's Health, 2003; 2007
During the past 12 months/since birth, was there any time when (S.C. needed) preventive dental care, such as check-ups and dental cleaning? a. Did (S.C.) receive all the preventive dental care that {he/she} need? b. Why did (S.C.) not get the preventive dental care that {he/she} needed? c. Did (S.C.) get any preventive dental care during the past 12 months/since (his/her) birth?	Q.C4Q05_X031, SLAITS/National Survey of Children with Special Health Care Needs, 2005
During the past 12 months/Since [his/her] birth], how many times did [S.C.] see a dentist for preventive dental care, such as check-ups and dental cleanings?	Q.K4Q21, SLAITS/National Survey of Children's Health, 2007
What type of care was delayed or not received? Was it medical care, dental care, mental health services, or something else? [MARK ALL THAT APPLY]	Q.K4Q28, SLAITS/National Survey of Children's Health, 2007
Have you ever had your teeth cleaned by a dentist or dental hygienist?	Q.Y2, PRAMS Phase 5 Standard, 2004–2008

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	When did you have your teeth cleaned by a dentist or dental hygienist? (related to pregnancy)	Q.Y3, PRAMS Phase 5 Standard, 2004–2008
	Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?	Q.DU4, MCBS, 2006
	Has a doctor or dentist ever told you that you must take antibiotics (e.g., penicillin) before you get a dental check-up or care?	Q.1, NHANES III, 1988–1994, Q.OHQ.805, NHANES, 2009–2010
Medications Prescribed for Dental Treatment	During this visit, were any medicines prescribed for (person)? Please include only prescriptions which were filled.	Q.DN05, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001; 2006; 2007; 2008
	Please tell me the names of the prescriptions from this visit that were filled.	Q.DN06, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001; 2006; 2007; 2008
	Were any medicines prescribed for (you/SP) when (you/he/she) went to (dental provider) on (event date)?	Q.DU9, MCBS, 1996; 1997; 1998; 1999; 2000
	Were any medicines prescribed for (you/SP) during (this visit/any of these visits)?	Q.DU9, MCBS, 2001; 2002; 2003; 2004; 2005; 2006
	Were any of the prescriptions filled?	Q.DU10, MCBS, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006
	Please tell me the names of these medicines.	Q.DU11, MCBS, 1996; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006
	During the past year, did any dentist ADVISE you to stop smoking?	Q.S51, Attachment 9 Supplement, CPS 1995
Tobacco Cessation Counseling from Dentist	Has a dentist EVER ADVISED you to stop smoking?	Q.S52, Attachment 9 Supplement, CPS 1995
	How would you describe the condition of your TEETH?	Q.MH24, NHANES I, 1971–1975
Assessment of General Oral Health Status	How would you describe the condition of your GUMS?	Q.MH25, NHANES I, 1971–1975
	How would you describe the condition of your teeth: excellent, very good, good, fair or poor?	Q.B13, HHANES, 1982–1984
	How would you describe the condition of your gums: excellent, very good, good, fair or poor?	Q.B14, HHANES, 1982–1984
	How would you describe the condition of (___'s/your) natural teeth: excellent, very good, good, fair, or poor?	Q.HYF2 & HAQ1, NHANES III, 1988–1994
	Now I have some questions about the condition of your teeth and gums. How would you describe the condition of {your/SP's} teeth? Would you say . . .	Q.OHQ.011, NHANES, 2003–2004; 2005–2006; 2007–2008; 2009–2010
	Now I have some questions about {your/SP's} mouth and teeth. How would you describe the condition of {your/SP's} mouth and teeth? Would you say... (Include false teeth and dentures.)	Q.OHQ.010, NHANES, 1999–2002
	The next questions are about dental health. How would you describe the condition of [CHILD]'s teeth: excellent, very good, good, fair, poor?	Q.S2Q54, SLAITS/National Survey of Children's Health, 2003–2004; 2007–2008

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	How often during the last year {have you/has SP} felt that life in general was less satisfying because of problems with {your/his/her} teeth, mouth or dentures? Would you say . . .	Q.OHQ.630, NHANES 2003–2004; 2005–2006; 2007–2008
	(In the past 6 months) Did you worry about the health of your teeth and gums because of the pain?	Q.R6h, NHIS, 1989; 1998
	What is ONE common sign of gum disease?	Q.Z5, NHIS, 1990
	Please tell me which of the following items describe the condition of {SP}'s dental health on or around {ref date}. Did {she/he} have:? Debris in mouth, Dentures or removable bridge, Some/all natural teeth lost, Inflamed, swollen or bleeding gums; oral abscesses, ulcers, or rashes	Q.HA40, MEPS NHC, 1996
	How would you describe the condition of ...'s teeth and gums; excellent, very good, good, fair or poor? If resident DOES NOT have any teeth then ask the following: How would you describe the condition of ...'s gums or soft tissue; excellent, very good, good, fair or poor?	Q.14h, NNHS–3, 1995; 1997
	How would you describe the condition of your mouth [if LUPPRT = 2,R,D, fill: and teeth]? Would you say very good, good, fair or poor?	Q.AOH.010_00.000, NHIS, 2008
	Would you say the condition of your mouth [Fill: and teeth] is better than, the same as or not as good as other people your age?	Q.AOH.020_00.000, NHIS, 2008
	How would you describe the condition of [fill: S.C. name]'s mouth and teeth? Would you say very good, good, fair or poor?	Q.COH.010_00.000, NHIS, 2008
	Would you say the condition of [fill: S.C. name]'s mouth and teeth is better than, the same as or not as good as other people [fill; her or his] age?	Q.COH.020_00.000, NHIS, 2008
	(Has ___/Have you) had "cold sores" or "fever blisters" on (___'s/your) lips in the past 12 months?	Q.HYF9, HAQ5, NHANES III, 1988–1994
Conditions	(Has ___/Have you) had "canker sores" or other ulcers or sores inside (___'s/your) mouth in the past 12 months?	Q.HYF10, HAQ6, NHANES III, 1988–1994
	a. (During the past 6 months) Did you have painful sores or irritations around the lips or on the tongue, cheeks, or gums more than once?	Q.R2a, b, NHIS, 1989
	b. Did you first have the sores or irritations more than 6 months ago?	
	What is ONE common sign of gum disease?	Q.Z5, NHIS, 1990
	DURING THE PAST 6 MONTHS, have you had any of the following problems that lasted more than a day? Please say yes or no to each. . Sores in your mouth	Q.AOH.055_02.000, NHIS, 2008
	DURING THE PAST 6 MONTHS, has [fill S.C. name] had sores in [fill: her/his] mouth?	Q.COH.050_03.000, NHIS, 2008
	DURING THE PAST 6 MONTHS, have you had any of the following problems? Please say yes or no to each. 1 Bleeding gums, 2 Loose teeth not due to an injury, 3 Broken or missing fillings, 4. Bad breath, 5 Dry mouth	Q.AOH.050_02.000, NHIS, 2008 Q.AOH.050_06, NHIS, 2008 Q.COH.050_04.000, NHIS, 2008 Q.AOH.055_04.000, NHIS, 2008 Q.AOH.055_05.000, NHIS, 2008
	DURING THE PAST 6 MONTHS, has [fill S.C. name] had bleeding gums?	Q.AOH.050_07.000, NHIS, 2008

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DURING THE PAST 6 MONTHS, has [fill S.C. name] had broken or missing fillings?	Q.CO.H.050_10.000, NHIS, 2008
DURING THE PAST 6 MONTHS, has [fill S.C. name] had bad breath?	Q.CO.H.050_11.000, NHIS, 2008
DURING THE PAST 6 MONTHS, has [fill S.C. name] had dry mouth?	Q.CO.H.050_12.000, NHIS, 2008
DURING THE PAST 6 MONTHS, has [fill S.C. name] had decayed teeth or cavities?	Q.CO.H.050_09.000, NHIS, 2008
Does anyone in the family NOW HAVE a cleft palate or harelip?	Q.H2aJ, NHIS, 1990; 1991; 1992; 1993; 1994; 1995; 1996
DURING THE PAST 12 MONTHS, did anyone in the family have a deflected or deviated nasal septum?	Q.H6aF, NHIS, 1990; 1991; 1992; 1993; 1994; 1995; 1996
Please tell me which of the following items describe the condition of {SP}'s dental health on or around {ref date}. Did {she/he} have: Debris in mouth, Dentures or removable bridge, Some/all natural teeth lost, Inflamed, swollen or bleeding gums, oral abscesses, ulcers, or rashes	Q.HA40, MEPS NHC, 1996
Did (person) have any physical or mental health problems, accidents or injuries? [please include all conditions, accidents, or injuries for which (person) saw a medical provider or took medications. also include other physical or mental health problems affecting (person) since (start date), even if no treatment or medications were received for this problem during this period.]	Q.CE04, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005
Please tell me which of the following items describe the condition of {SP}'s dental health on or around {ref date}. Did {she/he} have: ? Debris in mouth, Dentures or removable bridge, Some/all natural teeth lost, Broken, loose or carious teeth, Inflamed, swollen or bleeding gums; oral abscesses, ulcers, or rashes	Q.HA40, MCBS, 1997; 1998; 2000; 2001; 2002; 2003; 2004; 2005
What specific problems does [CHILD] have with [his/her] teeth? Pain, Cavities, Broken front tooth or teeth that need repair, Crooked teeth or teeth that need braces, Other Hygiene (plaque/doesn't brush regularly/needs cleaning etc.), Discoloration (staining/yellow teeth/blackened teeth etc.), Enamel problems (poor enamel/no enamel etc.), Gum problems (gingivitis/gum disease/bleeding gums etc.), Teeth problems (grinding/soft teeth/teeth pulled/teeth falling out etc.), Nerves (root canal/nerve problems etc.), No problems with teeth	Q.S2Q55, SLAITS/National Survey of Children's Health, 2003
I have just a few more questions about health conditions that [S.C.] may have, and then we'll move on to other topics. To the best of your knowledge, has (he/she) had any of the following conditions within the past 6 months? [toothache, decayed teeth or cavities, broken teeth, bleeding gums]	Q.K2Q56_INTRO, SLAITS/National Survey of Children's Health, 2007
DURING THE PAST 6 MONTHS, have you had any of the following problems? Please say yes or no to each. Crooked teeth, Broken or Missing teeth, Stained or discolored teeth	Q.AOH.050_03.000, NHIS, 2008 Q.AOH.050_04.000, NHIS, 2008 Q.AOH.050_05.000, NHIS, 2008
DURING THE PAST 6 MONTHS, has [fill S.C. name] had crooked teeth? Broken teeth or missing teeth other than losing baby teeth, stained or discolored teeth, had loose teeth not due to an injury or losing baby teeth?	Q.CO.H.050_05.000, NHIS, 2008 Q.CO.H.050_06.000, NHIS, 2008 Q.CO.H.050_07.000, NHIS, 2008 Q.CO.H.050_08.000, NHIS, 2008
DURING THE PAST 6 MONTHS, has [fill S.C. name] had decayed teeth or cavities?	Q.CO.H.050_09.000, NHIS, 2008

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	To the best of your knowledge, did [S.C.] have decayed teeth or cavities within the past 6 months?)	Q.K2Q53, SLAITS/National Survey of Children's Health, 2007
	To the best of your knowledge, did [S.C.] have broken teeth within the past 6 months?)	Q.K2Q54, SLAITS/National Survey of Children's Health, 2007
	Gum disease is a common problem with the mouth. People with gum disease might have swollen gums, receding gums, sore or infected gums or loose teeth. {Do you/Does SP} think {you/s/he} might have gum disease?	Q.OHQ.835, NHANES, 2009–2010
	{Have you/Has SP} ever had treatment for gum disease such as scaling and root planning, sometimes called deep cleaning?	Q.OHQ.850, NHANES, 2009–2010
	{Have you/Has SP} ever had any teeth become loose on their own, without an injury?	Q.OHQ.855, NHANES, 2009–2010
	{Have you/Has SP} ever been told by a dental professional that {you/s/he} lost bone around {your/his/her} teeth?	Q.OHQ.860, NHANES, 2009–2010
	During the past three months, {have you/has SP} noticed a tooth that doesn't look right?	Q.OHQ.865, NHANES, 2009–2010
	Aside from brushing {your/his/her} teeth with a toothbrush, in the last seven days, how many days did {you/SP} use dental floss or any other device to clean between {your/his/her} teeth?	Q.OHQ.870, NHANES, 2009–2010
	Aside from brushing {your/his/her} teeth with a toothbrush, in the last seven days, how many days did {you/SP} use mouthwash or other dental rinse product that {you use/s/he uses} to treat dental disease or dental problems?	Q.OHQ.875, NHANES, 2009–2010
	{Have you/Has SP} ever been told by a doctor or other health professional that {you/s/he} had cancer or a malignancy of any kind?	Q.MCQ.220, NHANES, 1999–2004; 2005–2006
Oral Cancer	What kind was it?	Q.MCQ.230, NHANES, 1999–2004; 2005–2006
	What is one early sign of mouth cancer? 1 White patches in mouth which are not painful, Red patches in mouth which are not painful, Sore/lesion in mouth which does not heal, Sore/lesion in mouth	Q.Z6, NHIS, 1990
	I am going to read a list of things which may or may not increase a person's chances of getting mouth or lip cancer. For each of these, tell me if you think it definitely increases, probably increases, probably does not, or definitely does not increase a person's chances of getting mouth or lip cancer...Excessive exposure to sunlight? Eating hot spicy foods?, Regular alcohol drinking?, Tobacco use in any form?, Frequently biting the cheek or lip?	Q.Z7, NHIS, 1990
	Have you ever heard of an exam for oral or mouth cancer?	Q.AOH.100_00.000, NHIS, 2008
	a. Have you ever had a test for oral cancer in which the doctor or dentist pulls on your tongue, sometimes with a gauge wrapped around it, and feels under the tongue and inside the cheeks? b. How many times have you been checked for oral cancer in your lifetime? c. Is it less than 10, 10 to 20, or more than 20 times?	Q.Q1a, b, c, NHIS, 1992
	Have you ever had an exam for oral cancer in which the doctor, dentist or other health professional	Q.AOH.110_00.000, NHIS, 2008

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	pulls on your tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks?	
	Have you ever had an exam for oral cancer in which the doctor, dentist or other health professional feels your neck?	Q.AOH.120_00.000, NHIS, 2008
	a. When did you have your most recent oral cancer exam? b. Was it within the past year, between 1 and 3 years ago, or over 3 years ago?	Q.Q2a, b, NHIS, 1992
	What type of medical person examined you when you had your last check-up for oral cancer?	Q.Q3, NHIS, 1992
	What was the main reason you had this check-up?	Q.Q4, NHIS, 1992
	Did you have your most recent oral cancer exam during a routine check-up or because you were having a specific problem? (If respondent answers both code as part of a routine check-up).	Q.AOH.140_00.000, NHIS, 2008
	Which of these do you think increases a person's chances of getting oral cancer, that is cancer of the lip, mouth, tongue, or throat?	Q.Q5, NHIS, 1992
	Have you ever had a test for oral cancer in which the doctor or dentist pulls on your tongue, sometimes with gauge wrapped around it, and feels under the tongue and inside the cheeks?	Q.PAI.230, NHIS, 1998
	When did you have your most recent oral cancer exam? Was it a year ago or less, more than 1 year but not more than 2 years, more than 2 years but not more than 3 years, more than 3 years, but not more than 5 years, or over 5 years ago?	Q.PAI.240, NHIS, 1998
	Have you ever been told by a doctor or other health professional that you had...cancer or a malignancy of any kind?	Q.ACN.130, NHIS, 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006; 2007
	What kind of cancer was it?	Q.ACN.140, NHIS, 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006; 2007
	How old were you when cancer was first diagnosed?	Q.ACN.150, NHIS, 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006; 2007
	We would like to ask you a few questions about your family history of cancer. Did your [biological father/biological mother/brothers/sisters/sons/daughters] ever have cancer of any kind?	Q.NAH.010, 040, 080, 110, 140, 170, NHIS, 2000
	What kind of cancer did your [father/mother/brother/sister/son/daughter] have?	Q.NAH.020, 050, 090, 120, 150, 180, NHIS, 2000
	Did (person) have any physical or mental health problems, accidents or injuries? [Please include all conditions, accidents, or injuries for which (person) saw a medical provider or took medications. Also include other physical or mental health problems affecting (person) since (start date), even if no treatment or medications were received for this problem during this period.]	Q.CE04, MEPS, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005
	During the past month, {have you/has SP} had a problem with pain that lasted more than 24 hours?	Q.MPQ.100, NHANES, 1999–2004
Orofacial Pain	For how long {have you/has SP} experienced this pain? Would you say...	Q.MPQ.110, NHANES, 1999–2004
	Regarding {your/SP's} pain problem, which regions are affected?	Q.MPQ.120, NHANES, 1999–2004
	How often during the last year {have you/has SP} had painful aching anywhere in {your/his/her}	Q.OHQ.620, NHANES, 2005–2006; 2007



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	mouth? Would you say . . .	
	During the past 6 months, did you have a toothache more than once, when biting or chewing?	Q.R1a, NHIS, 1989
	Did you first have this pain more than 6 months ago?	Q.R1b, NHIS, 1989
	a. (During the past 6 months) Did you have a prolonged, unexplained burning sensation in your tongue or any other part of your month more than once? a. (During the past 6 months) Did you have a prolonged, unexplained burning sensation in your tongue or any other part of your month more than once? b. When you have this sensation, does it come and go or is it continuous and uninterrupted? c. During how many DIFFERENT MONTHS in the past 6 months did you have this sensation? d. How many total days in the past 6 months did you have this sensation? e. Did you first have this sensation more than 6 months ago?	Q.R3a, b, c, d, e, NHIS, 1989
	DURING THE PAST 6 MONTHS, have you had any of the following problems that lasted more than a day? Please say yes or no to each. Pain in your jaw joint	Q.AOH.055_01.000, NHIS, 2008
	DURING THE PAST 6 MONTHS, has [fill S.C. name] had pain in [fill: her/his] jaw joint?	Q.COH.050_02.000, NHIS, 2008
	a. (During the past 6 months) Did you have pain in the jaw joint or in front of the ear more than once? b. When you have this pain, does it come and go or is it continuous and uninterrupted? c. During how many DIFFERENT MONTHS in the past 6 months did you have this pain? d. How many total days in the past 6 months did you have this pain? e. Did you first have this pain more than 6 months ago? f. On a scale of 1-10, where 1 is mild and 10 is severe, how would you rate this pain at its worst?	Q.R4a, b, c, d, e, f, NHIS, 1989
	a. (During the past 6 months) Did you have a dull, aching pain across your face or cheek more than once? Do not count sinus pain. b. When you have this pain, does it come and go or is it continuous and uninterrupted? c. During how many DIFFERENT MONTHS in the past 6 months did you have this pain? d. How many total days in the past 6 months did you have this pain? e. Did you have this pain more than 6 months ago? f. On a scale of 1-10, where 1 is mild and 10 is severe, how would you rate this pain at its worst?	Q.R5a, b, c, d, e, f, NHIS, 1989
	a. In the past 6 months, did you see or talk to a DENTIST for the pain we just discussed? b. How many times during the last 6 months did you see or talk to a dentist about the pain? c. (In the past 6 months), Did you see or talk to a MEDICAL DOCTOR for the pain we just discussed? D. How many times? e. (In the past 6 months), Did you see or talk to a any other type of health professional about the pain? f. What kind of health professional? g. How many times during the last 6 months did you see or talk to the (person in 6f)? h. (In the past 6 months) Did you worry about the health of your teeth and gums because of the pain? i. (In the past 6 months) Did you worry about the health of your body because of the pain?	Q.R6a, b, c, d, e, f, g, h, i, NHIS, 1989
	Here is a list of things people do when they have teeth, mouth, or face pain. Please tell me the things you did for the pain during the past six months? Use a hot or cold compress, Take a prescription drug, Take an over-the-counter drug, Drink some liquor or wine because of the pain, Take time off	Q.R7, NHIS, 1989

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	work, Stay home more than usual, Avoid family and friends, Anything else? (specify)	
	During the past three months, did you have...Facial ache or pain in the jaw muscles or the joint in front of the ear?	Q.ACN.331, NHIS, 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006; 2007; 2008
	Did {SP} experience any of the following oral problems on or around {ref date}:? Chewing Problem, Swallowing Problem, Mouth Pain	Q.HA37, MEPS NHC, 1996
	During the past 6 months, did {you/your child} have a toothache more than once, when biting or chewing?	Q.1, BSS, 1999; 2003
	During the past 6 months, did your child have a toothache more than once, when biting or chewing	Q.1, BSS, 2008
	DURING THE PAST 6 MONTHS, have you had any of the following problems? Please say yes or no to each. A toothache or sensitive teeth	Q.AOH.050_01.000, NHIS, 2008
	DURING THE PAST 6 MONTHS, has [fill S.C. name] had a toothache or sensitive teeth? Do not include pain from getting new teeth (teething pain).	Q.COH.050_01.000, NHIS, 2008
	Did {SP} experience any of the following oral problems on or around {ref date}:? Chewing Problem, Swallowing Problem, Mouth Pain	Q.HA37, MCBS, 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005
	Do you have trouble biting or chewing any kinds of food, such as firm meats or apples?	Q.B12, HHANES, 1982–1984
Trouble Chewing/ Eating	How often {do you/does SP} limit the kinds or amounts of food {you/s/he} eat{s} because of problems with {your/his/her} teeth or dentures? Would you say...	Q.OHQ.020, NHANES, 1999–2002
	How often during the last year {have you/has SP} avoided particular foods because of problems with {your/his/her} teeth, mouth or dentures? Would you say . . .	Q.OHQ.660, NHANES, 2005–2006; 2007–2008
	How often during the last year {have you/has SP} found it uncomfortable to eat any food because of problems with {your/his/her} teeth, mouth or dentures? Would you say . . .	Q.OHQ.670, NHANES, 2005–2006; 2007–2008
	How often during the last year {has your/has SP's} sense of taste been affected by problems with {your/his/her} teeth, mouth or dentures? Would you say . . .	Q.OHQ.650, NHANES, 2005–2006
	{Do you/Does SP} sip liquids to aid in swallowing any foods?	Q.OHQ.080, NHANES, 1999–2000; Q.OHQ.085, NHANES, 2001–2002
	Does the amount of saliva in {your/SP's} mouth seem to be too little, too much, or {do you/does s/he} not notice it?	Q.OHQ.090, NHANES, 1999–2000; Q.OHQ.095, NHANES, 2001–2002
	{Do you/Does SP} have difficulties swallowing any foods?	Q.OHQ.100, NHANES, 1999–2000; Q.OHQ.105, NHANES, 2001–2002
	Does {your/SP's} mouth feel dry when {you/s/he} eat{s} a meal?	Q.OHQ.110, NHANES, 1999–2000; Q.OHQ.115, NHANES, 2001–2002
	a. Do (names of persons under 5) NOW have any physical, mental, or emotional problems which makes it difficult to chew, swallow, or digest? b. Who is this? (Anyone else?), c. Has the problem or condition which causes ___ to have difficulty chewing, swallowing, or digesting been going on or is it expected to go on for at least 12 months? d. What is the main problem or condition which causes ___ to have difficulty chewing, swallowing, or digesting?	Q.G20a, b, c, d, NHIS, 1995

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	DURING THE PAST 6 MONTHS, have you had any of the following problems that lasted more than a day? Please say yes or no to each. Difficulty eating or chewing	Q.AOH.055_03.000, NHIS, 2008
	Do you avoid eating or have trouble eating meats, peanuts, or other chewy things because you are missing teeth or because your teeth or gums hurt when you chew such foods?	Q.SAQ.33, NMES, 1987
	Did {SP} experience any of the following oral problems on or around {ref date}:? Chewing Problem, Swallowing Problem, Mouth Pain	Q.HA37, MEPS NHC, 1996
	Does... have trouble biting or chewing any kinds of food, such as firm meats or apples?	Q.14a, NNHS-3, 1995; 1997
	Do you/Does SP) ever have difficulty eating solid foods because of problems with (your/his/her) mouth or teeth?	Q.HS8, C8, MCBS, 1996; Q.HS8, 1997; 1998; 1999; 2000; 2001
	(Do you/Does SP) ever have difficulty eating solid foods because of problems with (your/his/her) mouth or teeth?	Q.HFD1, MCBS, 2002; 2003; 2004
	Did {SP} experience any of the following oral problems on or around {ref date}? Chewing problem, Swallowing problem, Mouth pain	Q.HA37, MCBS, 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005
	a. Have you lost all your teeth from your upper jaw?, b Do you have a plate for your upper jaw? C. How long have you had your plate?, d Have you ever had a dental plate for your upper jaw? e. How long has it been since you had any teeth to chew with in upper jaw?	Q.MH18a, b, c, d, NHANES I, 1971–1975
Edentulism	a. Have you lost all your teeth from your lower jaw? b. Do you have a plate for your lower jaw? C How long have you had your plate? d. Have you ever had a dental plate for your lower jaw? e. How long has it been since you had teeth to chew with in your lower jaw?	Q.MH19a, b, c, d, NHANES I, 1971–1975
	Do you usually wear your plate(s) while eating?	Q.MH20, NHANES I, 1971–1975
	Do you usually wear your plate(s) when not eating?	Q.MH21, NHANES I, 1971–1975
	Do you usually use denture powder or cream to help keep plate(s) in place?	Q.MH22, NHANES I, 1971–1975
	Do you think you need a new plate or that the one(s) you have need(s) refitting?	Q.MH23, NHANES I, 1971–1975
	Do you have (a) denture(s) or (a) plates(s) for your (upper/lower) jaw? Edentulous in upper jaw, Edentulous in lower jaw	Q.1, Dentist's Exam, NHANES III, 1988–1994
	Do you usually wear your (upper/lower) denture(s) plate? Edentulous in upper jaw? Edentulous in lower jaw?	Q.2, Dentist's Exam, NHANES III, 1988–1994
	During the past year, have you had problems with your dentures(s) (plate)? Edentulous in upper jaw, Edentulous in lower jaw	Q.3, Dentist's Exam, NHANES III, 1988–1994
	How long has it been since you had any natural teeth to chew with in your (upper/lower) jaw? Edentulous in upper jaw? Edentulous in lower jaw?	Q.5, Dentist's Exam, NHANES III, 1988–1994
	[Have you/has he/has she] lost any of [your/his/her] permanent adult teeth?	Q.ME09, SIPP TM Wave 6, 9, 12, 1996; TM Waves 3, 6, 2001
	Have you/has he/has she] lost all of [your/his/her] permanent adult teeth?	Q.ME10, SIPP TM Wave 6, 9, 12, 1996; TM Waves 3, 6, 2001
	a. Is there anyone in the family who has lost ALL of his or her teeth? b Who is this? c. Anyone else?	Q.N7a, b, c, NHIS, 1983

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a. Does _____ have false teeth? b. Does _____ have an upper plate, a lower plate, or both? c. Does _____ usually wear _____ plate(s) while eating? d. Does _____ usually wear _____ plate(s) when not eating?	Q.N8a, b, c, d, NHIS, 1983
a. Is there anyone in the family who has lost ALL of his or her natural teeth? b. Who is this? c. Anyone else?	Q.6a, b, c, NHIS, 1986
a. Is there anyone in the family who has lost ALL of his or her upper (permanent) natural teeth? b. Who is this? c. Anyone else? d. Does _____ have an upper denture or plate? e. Is there anyone in the family who has lost ALL of his or her lower (permanent) natural teeth? f. Who is this? g. Anyone else? h. Does _____ have and lower denture or plate?	Q.4a, b, c, d, e, f, g, h, NHIS, 1989
Have you lost any of your permanent teeth, both upper and lower?	Q.Z3, NHIS, 1990
Have you lost ALL of your UPPER natural teeth?	Q.P2, NHIS, 1991; 1993
Have you lost ALL of your LOWER natural teeth?	Q.P3, NHIS, 1991; 1993
Have you lost all of your .....upper natural (permanent) teeth? ...lower natural (permanent) teeth?	Q.ACN.451, NHIS, 1997
Have you lost all of your upper and lower natural (permanent) teeth?	Q.ACN.451, NHIS, 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006; 2007
{Have you/Has SP} lost all of {your/his/her} upper and lower natural (permanent) teeth?	Q.OHQ.800, NHANES, 2009–2010
The following question asks about the number of adult teeth you have lost. Do not count as "lost" missing wisdom teeth, "baby" teeth, or teeth which were pulled for orthodontia (straightening the teeth). Have you lost all, some or none of your teeth?	Q.SAQ.31, NMES, 1987
Are any of your missing teeth replaced by full or partial dentures, false teeth, bridges or dental plates?	Q.SAQ.32, NMES, 1987
Please tell me which of the following items describe the condition of {SP}'s dental health on or around {ref date}. Did {she/he} have: Debris in mouth, Dentures or removable bridge, Some/all natural teeth lost, Inflamed, swollen, or bleeding gums; oral abscesses, ulcers, or rashes	Q.HA40, MEPS NHC, 1996
a. (Do/Does) (person) wear dentures? b. (Have/Has) (person) lost all of (person)'s adult teeth?	Q.AP18a, b, MEPS HC, 1996; 1997; 1998; 1999
(Have/Has) (person) lost all of (person)'s upper and lower natural (permanent) teeth?	Q.AP18B, MEPS HC, 2000; 2001; 2002; 2003; 2004; 2005; 2006; 2007; 2008
Has anyone in the family lost all of his or her adult teeth? Do not count as 'lost', missing wisdom teeth, 'baby' teeth, or teeth which were pulled for orthodontia (straightening the teeth).	Q.HE00A, MEPS HC, 2001
How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.	Q.3, BRFSS, Module 9, 1995; Module 8, 1996; Module 5, 1997; Module 6, 1998
How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. [Include teeth lost due to "infection".] NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be	Q.2, BRFSS, Section 6, 1999; Module 6, 2000; Module 6, 2001; Section 7, 2002; Module 2, 2003; Section 11, 2004; Module 2, 2005; Section 6, 2006; Section 7, 2008;

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	included in the count for lost teeth.	Section 7, 2010
	b. Has...lost ALL of (his/her) upper permanent natural teeth? c. Does....have an upper denture or plate? d. Has...lost ALL of (his/her) lower permanent natural teeth? e. Does....have a lower denture or plate? f. How often does....wear the dentures? g. Does....usually wear dentures when eating?	Q.14b, c, d, e, f, g, NNHS-3, 1995, 1997
	Which of these aids does...currently use? PROBE: Any other aids? Dentures, full or partial?	Q.HHCS-3.12, NHHCS, 1996; 1998
	The last time service was provided prior to (discharge on date of discharge/death), which of these aids did...regularly use? PROBE: Any other aids? Dentures, full or partial?	Q.HHCS-5.12, NHHCS, 1996
	During the 30 days prior to (discharge/death), which of these aids or special devices did she/he regularly use? PROBE: Any other aids? Dentures, full or partial?	Q.HHCS-5.11, NHHCS, 1998; 2000
	During the last 30 days/Since admission, which of these aids or special devices did she/he regularly use? PROBE: Any other aids? Dentures, full or partial?	Q.HHCS-3.11, NHHCS, 2000
	Please tell me which of the following items describe the condition of {SP}'s dental health on or around {ref date}. Did {she/he} have:? Debris in mouth, Dentures or removable bridge, Some/all natural teeth lost, Broken, loose or carious teeth, Inflamed, swollen or bleeding gums; oral abscesses, ulcers, or rashes	Q.HA40, MCBS, 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005
	Has _____ ever been fed with a bottle? Do not include bottles with plain water.	Q.D14, NHIS, 1991
Bottle Feeding	a. Does (child's name) still use a bottle? Do not include bottles with plain water. b. During the past 2 weeks, on how many days was (child's name) put to sleep with a bottle at bedtime or naptime? Do not include bottles with plain water.	Q.D15a, b, NHIS, 1991
	Has {child name} ever been fed with a bottle? Do not include bottles with plain water.	Q.PCB.010, NHIS, 1998
	Does {child's name} still use a bottle? Do not include bottles with plain water.	Q.PCB.020, NHIS, 1998
	During the past 2 weeks, on how many days was {child's name} put to bed with a bottle at bedtime or naptime? Do not include bottles with plain water.	Q.PCB.030, NHIS, 1998
	Did (person) visit the dentist on (date) because of an accident or injury? a. What was the nature of the dental injury?	Q.DV.R5.4, a, NMCES, 1977
Accident or Injury	Did (person) visit the dentist on (date) because of an accident or injury?	Q.D4, NMES, 1987
	What was the nature of the dental injury?	Q.D5, NMES, 1987
	Was this visit because of an accident or injury?	Q.DN01, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001
	What kind of dental injury did (person) have? Any other injury?	Q.DN02, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001
	a. During that 2 week period, did anyone in the family miss any time from work or school because of a dental problem or dental visit? b. Who was this? c. Anyone else? d. How much time did _____ miss because of a dental problem or dental visit?	Q.P9a, b, c, d, NHIS, 1989
Lost Work or School Due to	a. During that 2 week period, did anyone in the family miss any time from work or school to assist a relative or friend with a dental problem or dental visit? b. Who was this? c. Anyone else? d. How much time did _____ miss because _____ was assisting a relative or friend with a dental problem or	Q.P10a, b, c, d, NHIS, 1989

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Dental Issues	dental visit?	
	a. (Not counting the time missed from worked or school) Was there any (other) time during those 2 weeks that anyone in the family cut down on normal activities for MORE THAN HALF OF THE DAY because of a dental problem or dental visit? c. Anyone else? d. During that period, how many (other) days did _____ cut down for MORE THAN HALF OF THE DAY because of a dental problem or dental visit?	Q.P11a, b, c, d, NHIS, 1989
	How often during the last year {have you/has SP} had difficulty doing {your/his/her} usual jobs or attending school because of problems with {your/his/her} teeth, mouth or dentures? Would you say	Q.OHQ.640 NHANES, 2005–2006; 2007
	I am going to read you a list of reasons people get dental care. Please tell me how many hours of work or school you have missed IN THE PAST 6 MONTHS. ...For emergency dental care where you saw the dentist within 24 hours or as soon as was possible ...For planned routine dental or orthodontic care ... For tooth whitening or other cosmetic procedures ... For taking someone else to a dental appointment	Q.AOH.040_01.000, NHIS, 2008 Q.AOH.040_02.000, NHIS, 2008 Q.AOH.040_03.000, NHIS, 2008 Q.AOH.040_04.000, NHIS, 2008
	Please tell me how many hours of school [fill: SC name] has missed IN THE PAST 6 MONTHS for emergency dental care where [fill: SC name] saw the dentist within 24 hours or as soon as was possible.	Q.COH.040_01.000, NHIS, 2008
	Please tell me how many hours of school [fill: SC name] has missed IN THE PAST 6 MONTHS for planned routine dental or orthodontic care.	Q.COH.040_02.000, NHIS, 2008
	Please tell me how many hours of school [fill: SC name] has missed IN THE PAST 6 MONTHS for tooth whitening or other cosmetic procedures.	Q.COH.040_03.000, NHIS, 2008
	Please tell me how many hours of school [fill: SC name] has missed IN THE PAST 6 MONTHS for taking someone else to a dental appointment.	Q.COH.040_04.000, NHIS, 2008
	Are you covered by any public or private insurance plan that would pay for any part of your dental bills? (Including Medicare or Medicaid)	Q.5, NIDR Adults, 1985–1986
	Is _____ covered by health insurance that pays for dental care?	Q.C8, HHANES, 1982–1984
Dental Insurance	Are you covered by health insurance that pays for dental care?	Q.B20, HHANES, 1982–1984
	Did any of these plans cover any part of dental care?	Q.B11c, NHANES III, 1988–1994
	Does the insurance {you have/SP has} through {type of insurance} cover any part of dental care?	Q.HID.040, NHANES, 1999–2002; Q.HIQ.040, 2003–2004
	What types of service or care does {your/SP's} single service plan or plans pay for?	Q.HIQ.180, NHANES, 2003–2004
	Earlier you said that you were not covered by any health insurance. During the time you were not covered did you go to a dentist or other dental professional?	Q.MEWR01, SIPP Waves 3, 6, 2001
	Does it pay for any DENTAL services other than oral surgery?	Q.6c, NHIS, 1986
	What type of service or care does the plan pay for?	Q.C5b, NHIS, 1995; 1996

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Does (plan name) pay for any part of the cost for dental care?	Q.C7a, NHIS, 1995; 1996
Earlier it was mentioned that you are covered by {fill name(s) of private health plan(s)}. {Do any of these plans/Does this plan} pay for any part of the cost for dental care?	Q.AAU.135.060, CAU.160.060, NHIS, 1999; 2002
What type of service of care do {your/subject name} single service plan or plans pay for?	Q.FHI.156, NHIS, 2000; 2001; 2002; 2003; 2004
You mentioned that [fill1: you have/ALIAS has] a single-service plan - that is, an insurance plan that provides one specific type of coverage. What type of service or care does [fill2: your/ALIAS's] single service plan or plans pay for?	Q.FHI.156_00.000, NHIS Family Health Insurance, 2005; 2006; 2007; 2008
Is anyone in the family covered by an insurance plan which pays only for dental care? a. What is the name of the plan? Are there any other (type) plans? b. Who in the family is covered by this plan?	Q.HI.R1.6, a, b, NMCES, 1977
The last time we spoke to you, you mentioned that (person(s) were covered by a health insurance plan through an (employer/union/other group). Can you tell me the name of the plan now? a. This insurance plan is:	Q.HI.R2.I.1, a, NMCES, 1977
Some insurance plans have the family pay a certain amount of their medical expenses before the plan starts to pay anything. This is called a deductible. Does the (plan) have any deductible.	Q.HI.R2.I.4, NMCES, 1977
Does the (plan) require payment of a deductible before it starts to pay for routine or regular dental care? a. What is the amount of deductible for routine dental care? b. If more than one person covered by plan, ask b. Is this \$ ____ per person or is it \$ ____ for all of the people covered by this insurance?	Q.HI.R2.I.9, a, b, NMCES, 1977
Does the (plan) require payment of a deductible before it starts to pay bills for orthodontia? a. What is the amount of deductible for orthodontia? b. If more than one person covered by plan, ask b. Is this \$ ____ per person or is it \$ ____ for all of the people covered by this insurance?	Q.HI.R2.I.10, a, b, NMCES, 1977
You said you had (\$ ____ in Q.9a) deductible for routine dental care and (\$ ____ in Q.10a) deductible for orthodontia. Are these separate deductibles or is there a single deductible for these services?	Q.HI.R2.I.11, NMCES, 1977
Thinking about all of these plans together, do any of the plans cover any part of the costs for ...dental x-rays, fillings and other routine dental care? ... teeth straightening, braces, or orthodontia? ...oral surgery?	Q.HI.R2.II.1.6, NMCES, 1977 Q.HI.R2.II.1.7, NMCES, 1977 Q.HI.R2.I.1.8, NMCES, 1977
a. Not counting plans that pay for accidents only, between (plan date) and December 31, did anyone in the family purchase or receive any new health insurance plan that pays for dental care, hospital bills, doctor's or surgeons' bills or any other health care cost? c. Does that plan pay for dental care only?	Q.HI.R5.7, a, c, NMCES, 1977
What type of health insurance does (policyholder) get through (establishment)?	Q.HX48, MEPS, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006; 2007; 2008
Do you have any kind of insurance coverage that pays for some or all of your routine dental care,	Q.4, BRFSS, Module 9, 1995; Module 8,

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	including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?	1996; Module 5, 1997; Module 6, 1998; Module 6, 2000; Module 6, 2001
	Do you have any kind of insurance that pays for some or all of {your/your child's} DENTAL CARE? Include health insurance obtained through employment or purchased directly as well as government programs like Medicaid?	Q.7, BSS, 1999; 2003
	Do you have any kind of insurance that pays for some or all of your child's DENTAL CARE? Include health insurance obtained through employment or purchased directly as well as government programs like Medicaid.	Q.7, BSS, 2008
	(Do you/Does SP/Did you/SP) have dental coverage through (current Medicare HMO plan name/HMO plan name/plan name)?	Q.HIMC7, MCBS, 1996; 1997; Q.HIMC7, HI22e1; HI30a 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005
	Between {previous round ref. date} and (previous round interview date), did (you/SP) have dental coverage through (plan name)?	Q.HIS30a, MCBS, 1999; 2000; 2001; 2002; 2003; 2004; 2005
	What (other) type(s) of event(s) are covered by this reimbursement? Dental?	Q.CPS20, MCBS, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005
	Is this special purpose insurance plan... Dental insurance?	Q.14B.4d, CES, 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006; 2007; 2008
	Does [CHILD] have insurance that helps pay for any routine dental care including cleaning, x-rays and examinations?	Q.S3Q03, SLAITS/National Survey of Children's Health, 2003
	Do you have any insurance that pays for some or all of your dental care? (Please include dental insurance, prepaid plans such as HMOs, or government plans such as MaineCare or Medicaid.)	Q.ME81, PRAMS Phase 6 State-Developed, 2009 (Maine)
	During (Read last month), did...pay any of the following: Dentist bills?	Q.B1b, SIPP TM Wave 7 Section 4, 1992
Dental Expense and Payment Source	a. During (Read last month) did ....pay any dentist bills?	Q.P1, NHIS, 1991; 1993
	Did (person) have any visits to the [doctor/dentist/medical provider] covered by this charge before January 1, 1977?	Q.FF.R5.6, NMCES, 1977
	Did (person) have to take off from work to go to the dentist for (any of) the visit(s) we just talked about? a. Was (person) paid in full, in part, or not at all for the time missed from work to go to the dentist? b. What percentage of [his/her] salary or wage did [he/she] get? %	Q.RS.R5.1, a, b, NMCES, 1977
	How much was the total charge for this visit on (date), including any amount that may be paid by health insurance or other sources? a. Do you expect to receive a bill for this visit? b. Why don't you expect to receive a bill?	Q.DV.R5.7, a, b, NMCES, 1977
	Why was there no charge for this visit?	Q.DV.R5.8, NMCES, 1977
	How much of the (charge) did you or your family already pay?	Q.DV.R5.9, NMCES, 1977
	How much (more) of this will you or your family pay?	Q.DV.R5.10, NMCES, 1977
	Do you expect any source to reimburse you or pay you back? a. Who will reimburse or pay you	Q.DV.R5.11, a, b, NMCES, 1977



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	back? Anyone else? b. How much will (each source) reimburse or pay you back?	
	Who else paid or will pay any part of the charge? Anyone else? a. How much did or will (each source) pay?	Q.DV.R5.12, a, NMCES, 1977
	Of these [number of orthodontia] visits, how many cost the identical amount as the visit we just talked about?	Q.RV.R5.2, NMCES, 1977
	Now I'd like to ask you about the charges for this visit to the dentist. Have you received any bill or statement for this visit on (date)?	Q.D8, NMES, 1987
	Do you expect to receive a bill or statement for this visit?	Q.D9, NMES, 1987
	Why is that?	Q.D10, NMES, 1987
	Including any amounts that may be paid by health insurance, Medicare, Medicaid, or other sources, how much was the total charge for this visit on (date)? (If the bill separately listed charges for procedures such as x-rays, include those charges in the total.)	Q.D11, NMES, 1987
	Since (date of visit), how much of the total charge have you (or any member of your family) paid?	Q.D12, NMES, 1987
	Has any source reimbursed or paid you (or your family) back anything for the amount you paid?	Q.D13, NMES, 1987
	Who reimbursed or paid you back? Anyone else?	Q.D14, NMES, 1987
	How much did (source) reimburse or pay you back?	Q.D15, NMES, 1987
	Do you expect any (other) source to reimburse you for what you paid?	Q.D16, NMES, 1987
	Has total charge been paid?	Q.BOX D2, NMES, 1987
	Do you (or anyone in the family) expect to pay any (additional) amount for this visit?	Q.D17, NMES, 1987
	Have any (other) sources already paid any of the charges for this visit?	Q.D18, NMES, 1987
	Who (else) paid? Anyone else?	Q.D19, NMES, 1987
	How much did (source) pay?	Q.D20, NMES, 1987
	Do you expect anyone else to pay any of the charges for this visit?	Q.D21, NMES, 1987
	Do you know what the total charge was for this visit?	Q.D22, NMES, 1987
	Including any amounts that may be paid by health insurance, Medicare, Medicaid, or other sources, how much was the total charge for this visit on (date)?	Q.D23, NMES, 1987
	Did you (or anyone in the family) pay anything for this visit?	Q.D24, NMES, 1987
	How much did you (or anyone in the family) pay? Amount	Q.D25, NMES, 1987
	Was the charge for this visit part of a flat fee ("included with other charges")?	Q.Box D4, NMES, 1987
	How many of these (answer to D27) visits were included in the same flat fee as the visit on (date)?	Q.D28, NMES, 1987
	Of those (answer to D27) visits, how many cost the identical amount as the visit you just told me about?	Q.D29, NMES, 1987
	Has (person or anyone in the family) received anything in writing such as a bill, receipt, or statement for (person's) visit to (provider) on (visit date)/ the services for (flat fee group) for (person)?	Q.CP05, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005
	Why has (person or anyone in the family) not received anything in writing?	Q.CP06, MEPS HC, 1996; 1997; 1998;

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		1999; 2000; 2001; 2002; 2003; 2004; 2005
	To whom was the bill sent?	Q.CP07, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005
	How much was the total charge for [(person's) visit to (provider) on (visit date)/the services for (flat fee group) for (person)/(provider's) services as part of the visit made on (visit date)? Please include any amounts that may be paid by insurance or other sources.	Q.CP09, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005
	How much of the total charge did anyone in the family pay...?	Q.CP11, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005
	Has any other source already paid (provider) ...?	Q.CP12, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005
	How much did (source) pay?	Q.CP13, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005
	Has any source reimbursed or paid back (person or anyone in the family) for the amount paid out-of-pocket? That is, has any source reimbursed any of the (\$/% family paid) paid? a. Who reimbursed or paid anyone in the family back? Anyone else?	Q.CP14, a, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005
	How much did anyone reimburse or pay anyone in the family back?	Q.CP15, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005
	Did (PROVIDER) discount any portion of the total charges?	Q.CP16, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001
	How much was the discount? _____	Q.CP17, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001
	Do you know if any portion of the total charge is disallowed or disapproved by (person's) insurance, Medicare, or Medicaid?	Q.CP29, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001
	How much was disallowed or disapproved?	Q.CP30, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001
	Do you expect anyone in the family to pay any amount/more?	Q.CP31, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005
	How much do you expect anyone in the family to pay?	Q.CP32, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005
	Since the 1st of (month, 3 months ago), have you (or any members of your CU) made any payments for the following....dental care?	Q.15A.1, CES, 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006; 2007; 2008
	b. What was the (care/service or item)? Who received the (care/service or item)? Was the person a CU member? c. In what month was (were) the payment(s) made? d. What was the amount of payment?	Q.15B.b, c, d, CES, 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006; 2007; 2008
	Since the 1st of (month, 3 months ago), have you (or any members of your CU) received any reimbursements for the following...dental care?	Q.15C.1, CES, 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006; 2007; 2008
	b. What was the (care/service or item)? Who received the (care/service item)? Was the person a CU	Q.15D.b, c, d, CES, 1999; 2000; 2001;

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	member? c. In what month was (were) the reimbursement(s) received? d. What was the amount of reimbursement?	2002; 2003; 2004; 2005; 2006; 2007; 2008
	Not including health insurance premiums or costs that are covered by insurance, do you pay any money for [S.C.]’s health care? (Include out-of-pocket payments for all types of health-related needs such as co payments, dental or vision care, medications, and any kind of therapy)	Q.K3Q21A, SLAITS/National Survey of Children’s Health, 2007
	How often are these costs reasonable? Would you say sometimes, always, usually or always?	Q.K3Q21B, SLAITS/National Survey of Children’s Health, 2007
	This question is about the care of your teeth during your most recent pregnancy. a. I needed to see a dentist for a problem b. I went to a dentist or dental clinic c. A dental or other health care worker talked with me about how to care for my teeth and gums	Q.Q48, PRAMS Phase 3 Standard, 1996–1999; Y1 PRAMS Phase 4 Standard, 2000–2003; PRAMS Phase 5 Standard, 2004–2008; PRAMS Phase 6 Standard, 2009
Oral Health and Pregnancy	How long has it been since you had your teeth cleaned by a dentist or dental hygienist?	Q.Y2, PRAMS Phase 4 Standard, 2000–2003
	Have you ever had your teeth cleaned by a dentist or dental hygienist?	Q.Y2, PRAMS Phase 5 Standard, 2004–2008; PRAMS Phase 6 Standard 2009
	When did you have your teeth cleaned by a dentist or dental hygienist? Before, during or after pregnancy:?	Q.Y3, PRAMS Phase 5 Standard, 2004–2008
	Did you have your teeth cleaned by a dentist or dental hygienist during the time periods listed? During or after pregnancy?	Q.Y3, PRAMS Phase 6 Standard, 2009
	This question is about the care of your teeth and gums during your most recent pregnancy. During my most recent pregnancy. a. I went to a dentist or dental clinic for routine care such as teeth cleaning or regular check-up b. I had been told that I have problems with my teeth or gums such as cavities, gingivitis, root canal, etc. c. I had problems with my teeth or gums, but I did not see a dentist d. I went to a dentist or dental clinic for a problem with my teeth or gums. e. I received treatment for a problem with my teeth or gums f. A dental or other health care worker talked to me about how to care for my teeth and gums	Q.NYC77, PRAMS Phase 4 State-developed, 2000–2003 (New York City)
	This question is about the care of your teeth during your most recent pregnancy. a. I went to a dentist or dental clinic for a checkup b. I went to a dentist or dental clinic to have my teeth cleaned c. I had painful, red, or swollen gums, d. I had to have a tooth pulled e. I had cavities that needed to be filled f. I needed to see a dentist for an abscess (infection surrounded by inflamed tissue) g. A dental or other health care provider talked with me about how to care for my teeth and gums	Q.MS62, PRAMS Phase 6 State-Developed, 2009 (Mississippi)
	This question is about the care of your teeth during your most recent pregnancy. For each item, circle Y (Yes) if it is true or circle N (No) if it is not true. a. I had a dental problem while I was pregnant b. I went to a dentist or dental clinic while I was pregnant c. A dental or other healthcare worker talked with me about how to care for my teeth and gums d. I could not find a provider or clinic that would take Medicaid patients	Q.NM62, PRAMS Phase 6 State-Developed, 2009 (New Mexico)

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	How long has it been since you had your teeth cleaned by a dentist or a dental hygienist?	Q.OR73, PRAMS Phase 4 State-Developed, 2000–2003 (Oregon)
	Do you have any insurance that pays for some or all of your dental care? (Please include dental insurance, prepaid plans such as HMOs, or government plans such as MaineCare or Medicaid.)	Q.ME81, PRAMS Phase 6 State-Developed, 2009 (Maine)
	Did you go to a dentist or dental clinic?	Q.NC65, PRAMS Phase 6 State-Developed, 2009 (North Carolina)
	When in a dentist office or dental clinic, did you have any of the following? For each item, circle Y (Yes) if you got the service or circle N (No) if you did not get it. a. Cleaning b. Filling c. Extraction d. Other treatment	Q.NC66, PRAMS Phase 6 State-Developed, 2009 (North Carolina)
	Did you need to see a dentist for a problem but were not able to?	Q.NC67, PRAMS Phase 6 State-Developed, 2009 (North Carolina)
	Since your new baby was born, did a doctor, nurse, or other health care worker talk with you about how to prevent your baby from getting tooth decay?	Q.OR73, PRAMS Phase 6 State-Developed, 2009 (Oregon)
	After your new baby was born, did a doctor, nurse, or other health care worker talk with you about how to prevent your baby from getting tooth decay?	Q.VT80, PRAMS Phase 6 State-Developed, 2009 (Vermont)

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## APPENDIX D: ORAL HEALTH PRIORITIES CATALOG

### Oral Health Priority Areas: Healthy People 2020 (HP2020), HHS Oral Health Initiative & HRSA

<u>PRIORITY AREA A:</u>
HP2020: Oral Health of Children and Adolescents
HP2020: OH-1 Reduce proportion of children/adolescents with dental caries experience in their primary or permanent teeth
HP2020: OH-1.1 & OH-1.2 Reduce proportion of children aged 3-5, and 6-9 (respectively) with dental caries experience in primary teeth
HP2020: OH-2 Reduce the proportion of children and adolescents with untreated dental decay
HP2020: OH-2.1, OH-2.2 & OH-2.3 Reduce proportion of young children aged 3 to 5, 6-9, and 13-15 (respectively) with untreated dental decay in primary teeth
<u>PRIORITY AREA B:</u>
HP2020: Oral Health of Adults
HP2020: OH-3 Reduce the proportion of adults with untreated dental decay
HP2020: OH-3.1 Reduce proportion of adults aged 35 to 44 with untreated dental decay
HP2020: OH-3.2 Reduce proportion of older adults aged 65 to 74 with untreated coronal caries
HP2020: OH-3.3 Reduce proportion of older adults aged 75 and older with untreated root surface caries
HP2020: OH-4 Reduce proportion of adults who ever had a permanent tooth extracted due to dental caries/periodontal disease
HP2020: OH-4.1 Reduce proportion of adults aged 45 to 64 who have ever had a permanent tooth extracted because of dental caries or periodontitis
HP2020: OH-4.2 Reduce the proportion of older adults aged 65 to 74 years who have lost all of their natural teeth

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<p>HP2020: OH-5</p> <p>Reduce proportion of adults aged 45 to 74 with moderate or severe periodontitis</p>
<p>HP2020: OH-6</p> <p>Increase proportion of oral and pharyngeal cancers detected at the earliest stage</p>
<p><u>PRIORITY AREA C:</u></p> <p>ACCESS TO CARE</p>
<p>HHS &amp; HRSA</p> <p>Increase access to Quality Health Care &amp; Services</p>
<p>HP2020: OH-7</p> <p>Increase proportion of children/adolescents/adults who used the oral health care system in the past 12 months</p>
<p><u>PRIORITY AREA D:</u></p> <p>CMS, HHS &amp; HRSA: Emphasize oral health promotion/disease prevention, HP2020: Preventive Services</p>
<p>CMS &amp; HP2020: OH-8</p> <p>Increase proportion of low-income children &amp; adolescents who received any preventive dental service during the past year</p>
<p>HP2020: OH-9</p> <p>Increase proportion of school-based health centers with an oral health component</p>
<p>HP2020: OH-9.1, OH-9.2 &amp; OH-9.3</p> <p>Increase proportion of school-based health centers with an oral health component that includes dental sealants, dental care &amp; topical fluoride (respectively)</p>
<p>HP2020: OH-10</p> <p>Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health component</p>
<p>HP2020: OH-10.1</p> <p>Increase the proportion of Federally Qualified Health Centers that have an oral health care program</p>
<p>HP2020: OH-10.2</p> <p>Increase the proportion of local health departments that have oral health prevention or care programs</p>
<p>HP2020: OH-11</p> <p>Increase proportion of patients who receive oral health services at Federally Qualified Health Centers each year</p>
<p><u>PRIORITY AREA E:</u></p> <p>ORAL HEALTH INTERVENTIONS</p>

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<p>CMS &amp; HP2020: OH-12</p> <p>Increase proportion of children &amp; adolescents who received dental sealants on their molar teeth</p>
<p>HP2020: OH-12.1, OH-12.2, OH-12.3</p> <p>Increase proportion of children aged 3 to 5, 6-9 &amp; 13-15 (respectively) who have received dental sealants on one or more of their primary molar teeth</p>
<p>HP2020: OH-13</p> <p>Increase proportion of the U.S. population served by community water systems with optimally fluoridated water</p>
<p>HP2020: OH-14</p> <p>(Developmental) Increase proportion of adults who receive preventive interventions in dental offices</p>
<p>HP2020: OH-14.1</p> <p>(Developmental) Increase proportion of adults who received information from a dentist or dental hygienist focusing on reducing tobacco use or smoking cessation in the past year</p>
<p>HP2020: OH-14.2</p> <p>(Developmental) Increase the proportion of adults who received an oral and pharyngeal cancer screening from a dentist or dental hygienist in the past year</p>
<p>HP2020: OH-14.3</p> <p>(Developmental) Increase proportion of adults who are tested or referred for glycemic control from a dentist or dental hygienist in the past year</p>
<p><b>PRIORITY AREA F:</b></p> <p>Monitoring, Surveillance Systems</p>
<p>HP2020: OH-15</p> <p>(Developmental) Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams</p>
<p>HP2020: OH-15.1 (Developmental) Increase the number of States and the District of Columbia that have a system for recording cleft lips and cleft palates</p>
<p>HP2020: OH-15.2 (Developmental) Increase the number of States and the District of Columbia that have a system for referral for cleft lips and cleft palates to rehabilitative teams</p>
<p>HP2020: OH-16 Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system</p>
<p><b>PRIORITY AREA G:</b></p> <p><b>PUBLIC HEALTH INFRASTRUCTURE</b></p>
<p>HP2020: OH-17</p> <p>Increase health agencies that have a dental public health program directed by a dental professional with public health training</p>

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HP2020: OH-17.1 Increase the proportion of States (including DC) and local health agencies that serve jurisdictions of 250,000 or more persons with a dental public health program directed by a dental professional with public health training
HP2020: OH- 17.2 Increase the number of Indian Health Service Areas and Tribal health programs that serve jurisdictions of 30,000 or more persons with a dental public health program directed by a dental professional with public health training
HHS & HRSA: Enhance/Strengthen oral health workforce (interdisciplinary teams)
<u>PRIORITY AREA H:</u> SOCIAL DETERMINANTS OF HEALTH
HHS & HRSA: Eliminate oral health disparities & Improve Health Equity
<u>PRIORITY AREA I:</u> HEALTHY COMMUNITIES
HRSA: Build Healthy Communities (Link people to services and support from other sectors)