# IT-7.8: Chronic Disease Patients Accessing Dental Services

| **Measure Title** | **IT-7.8 Chronic Disease Patients Accessing Dental Services**  |
| --- | --- |
| **Description** | Percentage of patients with chronic disease conditions accessing dental services following referral by their medical provider |
| **NQF Number** | Not applicable |
| **Measure Steward** | Not applicable |
| **Link to measure citation** | Not applicable  |
| **Measure type** | Stand-alone (SA) |
| **Performance and Achievement Type**  | Pay for Performance (P4P) – Improvement Over Self (IOS): Prior Authorization

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| --- | --- | --- |
|  | DY4 | DY5 |
| Achievement Level Calculation | Baseline + 5% \*(performance gap)=Baseline + 5% \*(100% – Baseline rate) | Baseline + 10% \*(performance gap)=Baseline + 10% \*(100% – Baseline rate) |

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| **DSRIP-specific modifications to Measure Steward’s specification** | None |
| **Denominator Description**  | Total number of referrals for dental services for chronic diseasepatients by medical providers |
| **Denominator Inclusions** | The Measure Steward does not identify specific denominator inclusions beyond what is described in the denominator description. |
| **Denominator Exclusions** | The Measure Steward does not identify specific denominator exclusions beyond what is described in the denominator description. |
| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period (15 cases for a 6-month measurement period)* For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed.
* For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases.
* For a measurement period (either 6 or 12-months) where the denominator size is greater than 380, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases.
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| **Numerator Description**  | Number of chronic disease patients who access dental services asthe result of a referral |
| **Numerator Inclusions** | The Measure Steward does not identify specific numerator inclusions beyond what is described in the numerator description. |
| **Numerator Exclusions** | The Measure Steward does not identify specific numerator exclusions beyond what is described in the numerator description. |
| **Setting** | Ambulatory |
| **Data Source** | Administrative/Clinical data sources; Supplemental data sources  |
| **Allowable Denominator Sub-sets** | All denominator subsets are permissible for this outcome  |