

# Oral Health Care-Rural Target Chart Review FY 2014

Prepared by Harris County Public Health -  
Ryan White Grant Administration

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## **Introduction**

Part A funds of the Ryan White Care Act are administered in the Houston Eligible Metropolitan Area (EMA) by the Ryan White Grant Administration Section of Harris County Public Health. During FY 14, a comprehensive review of client dental records was conducted for services provided between 3/1/14 to 2/28/15. This review included one provider of Adult Oral Health Care that received Part A funding for rural-targeted Oral Health Care in the Houston EMA.

The primary purpose of this annual review process is to assess Part A oral health care provided to persons living with HIV in the Houston EMA. Unlike primary care, there are no federal guidelines published by the U.S Health and Human Services Department for oral health care targeting individuals with HIV/AIDS. Therefore, Ryan White Grant Administration has adopted general guidelines from peer-reviewed literature that address oral health care for the HIV/AIDS population, as well as literature published by national dental organizations such as the American Dental Association and the Academy of General Dentistry, to measure the quality of Part A funded oral health care. The Ryan White Grant Administration Project Coordinator for Clinical Quality Improvement (PC/CQI) performed the chart review.

## **Scope of This Report**

This report provides background on the project, supplemental information on the design of the data collection tool, and presents the pertinent findings of the FY 13 oral health care chart review. Any additional data analysis of items or information not included in this report can likely be provided after a request is submitted to Ryan White Grant Administration.

## **The Data Collection Tool**

The data collection tool employed in the review was developed through a period of in-depth research and a series of working meetings between Ryan White Grant Administration. By studying the processes of previous dental record reviews and researching the most recent HIV-related and general oral health practice guidelines, a listing of potential data collection items was developed. Further research provided for the editing of this list to yield what is believed to represent the most pertinent data elements for oral health care in the Houston EMA. Topics covered by the data collection tool include, but are not limited to the following: basic client information, completeness of the health history, hard & soft tissue examinations, disease prevention, and periodontal examinations.

## The Chart Review Process

All charts were reviewed by the PC/CQI, a Master's-level registered nurse experienced in identifying documentation issues and assessing adherence to published guidelines. The collected data for each site was recorded directly into a preformatted database. Once all data collection was completed, the database was queried for analysis. The data collected during this process is intended to be used for the purpose of service improvement.

The specific parameters established for the data collection process were developed from HIV-related and general oral health care guidelines available in peer-reviewed literature, and the professional experience of the reviewer on standard record documentation practices. Table 1 summarizes the various documentation criteria employed during the review.

<b>Review Area</b>	<b>Documentation Criteria</b>
Health History	Completeness of Initial Health History: includes but not limited to past medical history, medications, allergies, substance use, HIV MD/primary care status, physician contact info, etc.; Completed updates to the initial health history
Hard/Soft Tissue Exam	Findings—abnormal or normal, diagnoses, treatment plan, treatment plan updates
Disease Prevention	Prophylaxis, oral hygiene instructions
Periodontal screening	Completeness

## The Sample Selection Process

The sample population was selected from a pool of 281 unduplicated clients who accessed Part A oral health care between 3/1/14 and 2/28/15. The medical charts of 75 of these clients were used in the review, representing 26.7% of the pool of unduplicated clients.

In an effort to make the sample population as representative of the actual Part A oral health care population as possible, the EMA's Centralized Patient Care Data Management System (CPCDMS) was used to generate a list of client codes to be reviewed. The demographic make-up (race/ethnicity, gender, age) of clients accessing oral health services between 3/1/14 and 2/28/15 was determined by CPCDMS, which in turn allowed Ryan White Grant Administration to generate a sample of specified size that closely mirrors that same demographic make-up.

## Characteristics of the Sample Population

The review sample population was generally comparable to the Part A population receiving rural-targeted oral health care in terms of race/ethnicity, gender, and age. It is important to note that the chart review findings in this report apply only to those who received rural-targeted oral health care from a Part A provider and cannot be generalized to all Ryan White clients or to the broader population of persons with HIV or AIDS. Table 2 compares the review sample population with the Ryan White Part A rural-targeted oral health care population as a whole.

	<b>Sample</b>		<b>Ryan White Part A EMA</b>	
	Number	Percent	Number	Percent
<b>Race/Ethnicity</b>				
African American	32	42.7%	113	40.2%
White	43	57.3%	159	56.6%
Asian	0	0%	5	1.8%
Native Hawaiian/Pacific Islander	0	0%	0	0%
American Indian/Alaska Native	0	0%	0	0%
Multi-Race	0	0%	4	1.4%
	<b>75</b>	<b>100%</b>	<b>281</b>	<b>100%</b>
<b>Hispanic Status</b>				
Hispanic	18	24%	68	24.2%
Non-Hispanic	57	76%	213	75.8%
	<b>75</b>		<b>281</b>	<b>100%</b>
<b>Gender</b>				
Male	47	62.7%	184	67.5%
Female	26	34.7%	97	32.5%
Transgender	2	2.7%	0	0%
	<b>75</b>	<b>100%</b>	<b>281</b>	<b>100%</b>
<b>Age</b>				
18 – 24	3	4%	15	5.3%
25 – 34	15	20%	64	22.8%
35 – 44	27	36%	91	32.4%
45 – 54	19	25.3%	65	23.1%
55 – 64	10	13.3%	40	14.2%
65+	1	1.3%	6	2.1%
	<b>75</b>	<b>100%</b>	<b>281</b>	<b>100%</b>

## Findings

### *Clinic Visits*

Information gathered during the 2014 chart review included the number of visits during the study period. The average number of oral health visits per patient in the sample population was eight.

### *Health History*

A complete and thorough assessment of a patient's medical history is essential among individuals infected with HIV or anyone who is medically compromised. Such information, such as current medication or any history of alcoholism for example, offers oral health care providers key information that may determine the appropriateness of prescriptions, oral health treatments and procedures. The form that is used by the agency to assess patient's health history captures a wide range of information; however, for the purposes of this review, this report will focus on the assessment of information that is of particular importance among HIV/AIDS patients compared to patients in the general population.

#### Assessment of Medical History

	2013	2014
<b>Primary Care Provider</b>	79%	67%
<b>Dental Health History*</b>	73%	97%
<b>Medical Health History*</b>	72%	81%
<b>Medical History 6 month Update</b>	57%	59%
<b>Medication Review</b>	85%	61%
<b>Allergies Recorded</b>	87%	81%
<b>Documentation of HIV Status</b>	92%	6%
<b>Documentation of Opportunistic Infection Status</b>	71%	53%
<b>Tobacco Use</b>	88%	81%
<b>Substance Abuse</b>	87%	80%

\*HIV/AIDS Bureau (HAB) Performance Measures

## Health Assessments

	2013	2014
<b>Vital Signs</b>	99%	96%
<b>CBC documented</b>	80%	59%
<b>Screening for Antibiotic Prophylaxis</b>	91%	83%

### ***Prevention and Detection of Oral Disease***

Maintaining good oral health is vital to the overall quality of life for individuals living with HIV/AIDS because the condition of one's oral health often plays a major role in how well patients are able to manage their HIV disease. Poor oral health due to a lack of dental care may lead to the onset and progression of oral manifestations of HIV disease, which makes maintaining proper diet and nutrition or adherence to antiretroviral therapy very difficult to achieve. Furthermore, poor oral health places additional burden on an already compromised immune system.

	2013	2014
<b>Oral Health Education*</b>	85%	87%
<b>Clinical Tooth Chart</b>	99%	100%
<b>Intraoral Exam</b>	95%	92%
<b>Extraoral Exam</b>	95%	91%
<b>Periodontal screening*</b>	91%	91%
<b>X-rays present</b>	95%	94%
<b>Treatment plan*</b>	93%	89%

\*HIV/AIDS Bureau (HAB) Performance Measures

One client presented with oral pathology, but had not yet returned for evaluation by the dentist.

### ***Procedures Performed***

	2014
<b>Extractions</b>	32%
<b>Fillings</b>	59%
<b>Root Canals</b>	7%
<b>Dentures</b>	13%
<b>Crowns</b>	11%

### **Conclusions**

Overall, oral health care services continues its trend of high quality care. While there are some areas for improvement in medical history taking, performance rates for components of the dental exam remain high.

## Appendix A – Resources

Dental Alliance for AIDS/HIV Care. (2000). *Principles of Oral Health Management for the HIV/AIDS Patient*. Retrieved from: [http://aidsetc.org/sites/default/files/resources\\_files/Princ\\_Oral\\_Health\\_HIV.pdf](http://aidsetc.org/sites/default/files/resources_files/Princ_Oral_Health_HIV.pdf).

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