

Public Comment for the Quality Council meeting.

Dear members of the Quality Council,

My name is Pareesa Charmchi Goodwin. Thank you for the opportunity to publicly comment on behalf of The Connecticut Oral Health Initiative (COHI), where I serve as the Executive Director. COHI is statewide oral health policy and advocacy nonprofit.

I would like to commend the Quality Council for exploring oral health inclusion in the Quality Benchmarks. It is critical to include oral health when considering value as oral health impacts overall health. Preventive care and appropriate treatment are effective tools for disease and adverse outcome prevention such as heart disease, diabetes, and pre-term birth.

I am pleased to know the Quality Council will discuss including oral health utilization and process measures. COHI strongly supports this.

On slide 16 of today's meeting slide deck it is noted that there is potential opportunity for improvement as the absolute rates of children receiving preventive dental services and adults having a dental visit in the past year are low, but above the national rates. It is worth highlighting that while the CT rate of adults visiting the dentist in a year is 76.5% (BRFSS), [the adult dental utilization rate for the CT Medicaid population is about 36%](#).

Slide 17 states Dental Quality Alliance (DQA) measures could not be included as there are no data currently available to assess opportunity for improvement or to set target values. **Connecticut does collect DQA measures for the Medicaid population, but the measures are not publicly reported. I recommend contacting Dr. Donna Balaski at the Department of Social Services to discuss the DQA measures that CT collects, how this data could be shared with the Quality Council for review, and how these measures could be included in Quality Benchmarks.** These measures use administrative claims data and could be implemented beyond the Medicaid population. Additionally, COHI and Health Equity Solutions conducted a literature review and stakeholder and community engagement process in 2020 to define principles for oral health quality measures with a focus on equity. Through this process, we found the DQA measures were well supported by a wide range of stakeholders including oral health policy experts and CT-based consumer advocates. The attached brief explains our process and findings. In the Appendix, we provide pediatric and adult measures that stakeholders believed to be most important and feasible to collect. Dr. Balaski has reviewed this brief and made me aware that the State collects all of the DQA measures listed in the Appendix except adult measure POC-A-A: Non-Surgical Ongoing Periodontal Care for Adults with Periodontitis. The reason for this is Periodontal Treatment is not a covered service under CT Medicaid. We included the measure in the brief because stakeholders named this as a critical coverage gap.

COHI welcomes further discussion on this topic.

Thank you for your important work and for the opportunity to comment.

All the best,

Pareesa Charmchi Goodwin, MPH