



Oral Health Integration Learning Collaborative Project Summary

February 2017 – December 2017

Background and Introduction

In 2010, 18 states were awarded the CHIPRA (Children's Health Insurance Program Reauthorization Act) Grant to improve the care of Children and Youth with Special Health Care Needs (CYSHCN). Idaho worked in conjunction with Utah and utilized their learning collaborative model over the next six years to improve the healthcare of children in Idaho.

In addition to quality improvement projects, one of CHIC's grant deliverables was to sustain the learning collaborative model through the development of an Improvement Partnership, and in 2012 the IHAWCC advisory board was formed. The board consists of local experts in healthcare including the Executive Medical Director at St. Luke's Children's Hospital, practicing pediatricians, a nurse practitioner, a representative from the Idaho Chapter of the AAP, representatives from Idaho Medicaid and the Division of Public Health, the Executive Medical Director of Regence Blue Shield of Idaho, etc.

In 2015, St. Luke's Children's Hospital absorbed the CHIC project and formed their own internal structure and improvement committees.



Purpose, Collaboration and Partnerships

In 2016-2017, the *Idaho Department of Health & Welfare Maternal & Child Health (MCH) Program* partnered with *St. Luke's Children's Ambulatory Quality Improvement (QI)* department with a goal to improve the oral health of Idaho's children.

In addition to the partnership with *MCH, Children's Ambulatory QI* also aligned with the *Idaho Oral Health Alliance (IOHA)* program. This united our initiative and message to the dental community and created relationships between dental and medical providers. The mission of the IOHA aligned closely with our goals, which is to *"lead collaborative efforts to bring optimal oral health to Idahoans through education, advocacy, and program development."*

Delta Dental Community Outreach and Central District Health Department (CDHD) were also instrumental in the support and advocacy of our project. Their support allowed us to engage physicians and their teams in *"Smiles for Life"* fluoride varnish trainings and participation in our event. *"Smiles for Life"* is an extensive national oral health curriculum developed for primary care practices.

Objectives and Aim

An expert planning committee was tasked with developing the project scope, measures, agendas, benchmarks, and deliverables. The group included representatives from public health, primary care, healthcare advocacy and professionals from the dental community.

The planning committee set an aim to improve the oral health practices of providers serving Idaho's children aged 6 months to 5 years. The objective was for practices to adopt a screening tool to increase assessment and documentation of oral health status, increase parental education or referrals to a dental home, and/or implementing a process for the application of fluoride varnish.



Project Demographics and Reach

- 16 Practices
 - 12 Pediatric, 4 Family Medicine
- 54 Providers
 - 40 Pediatricians, 12 Family Physicians, 2 Advanced Care Practitioners
- 6 Counties
 - Kootenai, Bonner, Ada, Canyon, Twin Falls, Valley
- 3 Health Districts
 - 1, 4, 5

Medical Education & Performance Improvement

This learning collaborative offered 25 Part IV Maintenance of Certification (MOC) for board certified pediatricians through the American Board of Pediatrics (ABP) and 20 Part IV MOC for board certified family physicians through the American Board of Family Medicine (ABFM). Forty-six physicians participated to earn Part IV MOC through their respective board and had to meet basic standards to receive credit.

Continuing Medical Education (CME) was also offered throughout the project, as well as Continuing Dental Education (CDE) for dental professionals that attended the initial event.

Program Details

Practices were recruited based on past participation as well as through email blasts and newsletters through trusted organizations such as the Idaho Chapter of the American Academy of Pediatrics (AAP). Once teams were on boarded, they attended a kickoff event with topic experts.

The kickoff agenda had presentations on *The Landscape of Children's Oral Health in Idaho*, *Dental Caries Education for Practice Improvement Teams*, *Moving the Needle on Quality Improvement*, and *Oral Health Resources: First Steps to Making Sustainable Changes*.



Following the individual kickoff session, each practice or physician submitted baseline data, followed by bi-monthly intervention data, and concluded with a sustainability audit to measure changes over a period of time.

Chart audits included the following measures and benchmarks:

Core Measure 1/2	Benchmarks
Increase oral health assessment among the target population	<ul style="list-style-type: none"> - At least 50% of (audited) patient charts will show evidence of use of oral health screening - At least 50% of (audited) charts will show evidence of clinical assessment
REASON FOR MEASURE: Improve oral health surveillance of target population	
Core Measure 2	Benchmarks
Increase education and resources provided, if oral health risk is identified	<ul style="list-style-type: none"> -If risk is identified, at least 50% of (audited) charts will show evidence of: education and resources provided, and/or referral provided Clinic goal is to increase resources provided by 10% or more.
REASON FOR MEASURE: Improve patient/family oral health knowledge Increase referrals/connections to dental home	
Core Measure 3	Benchmarks

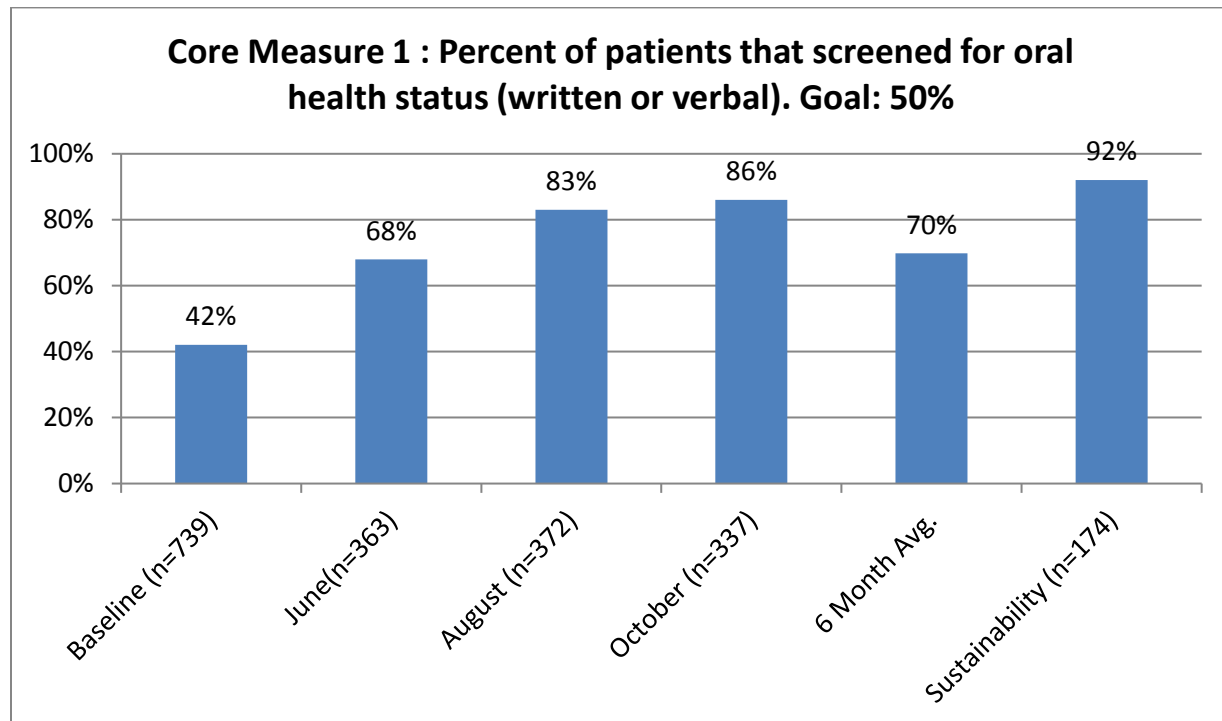


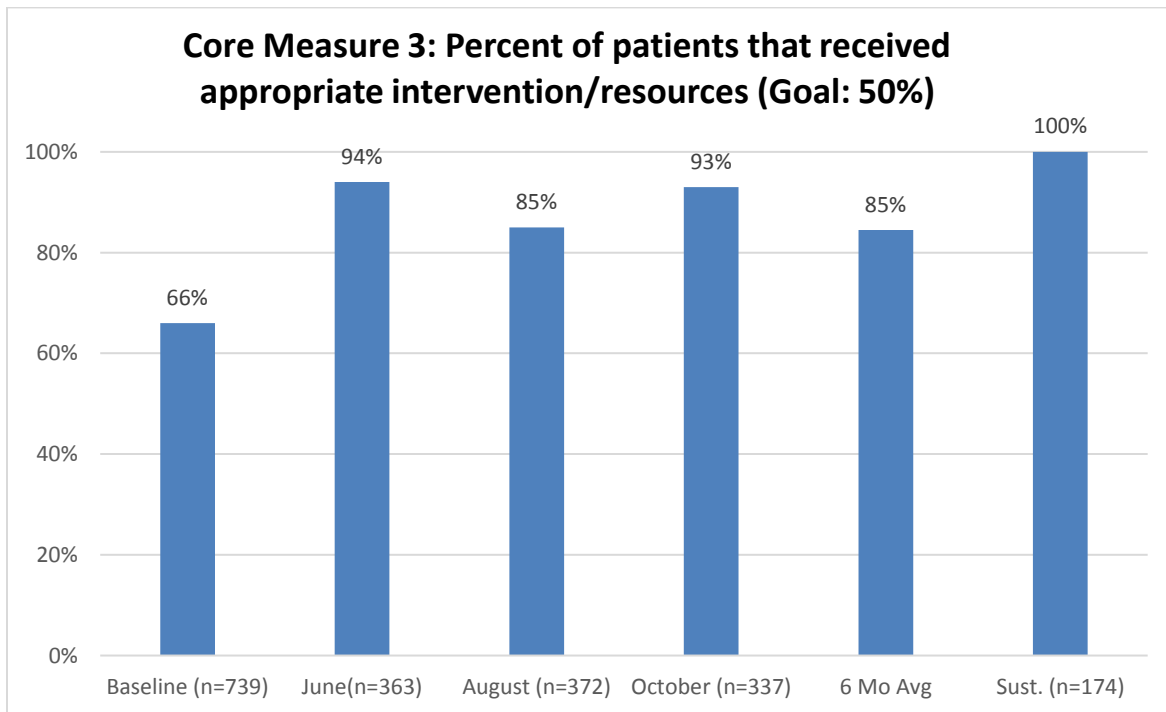
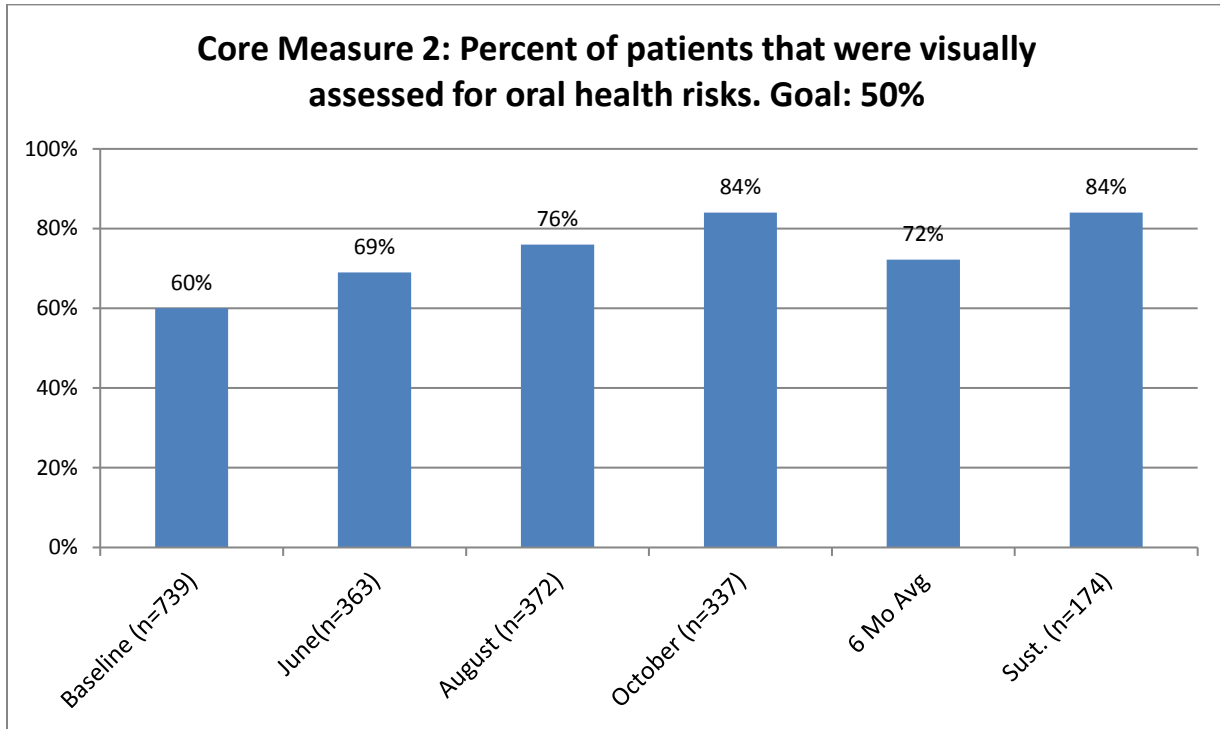
Increase fluoride varnish application among target population	- By the end of the project fluoride varnish application will increase among the target population by at least 10% from clinic baseline
REASON FOR MEASURE: Decrease dental caries among target population	

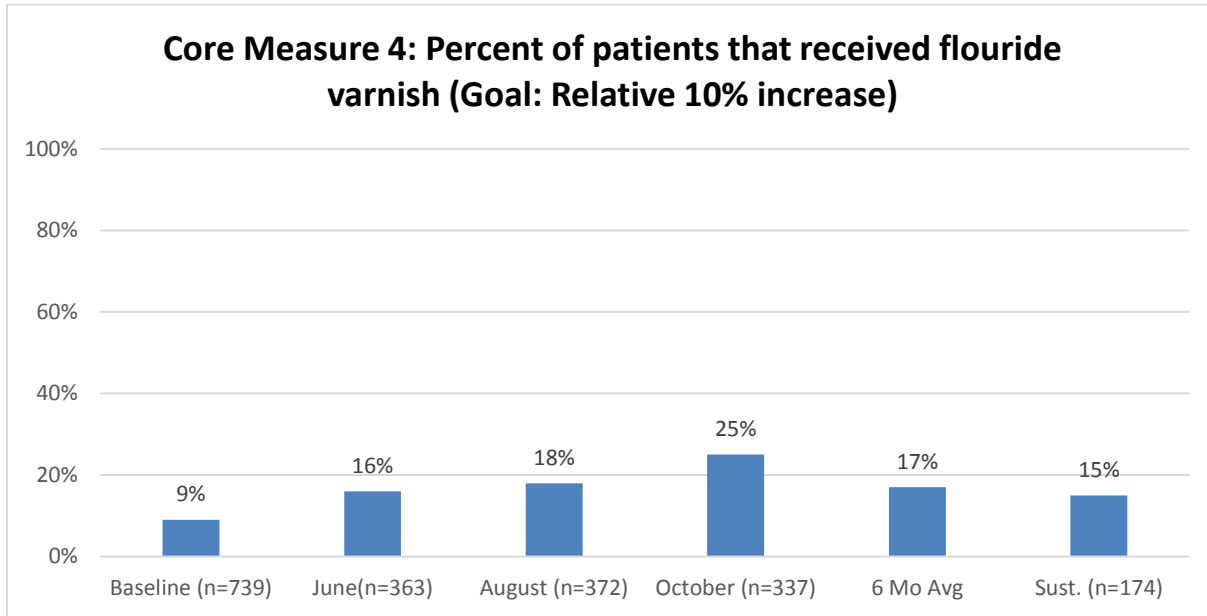
**This learning collaborative used measures based on recommendations from the American Academy of Pediatrics, Bright Futures, HRSA, and the American Academy of Pediatric Dentists.*

Results

Improvements were made throughout the learning collaborative. The following graphs depict the four core measures and highlight the overall outcomes of the project:





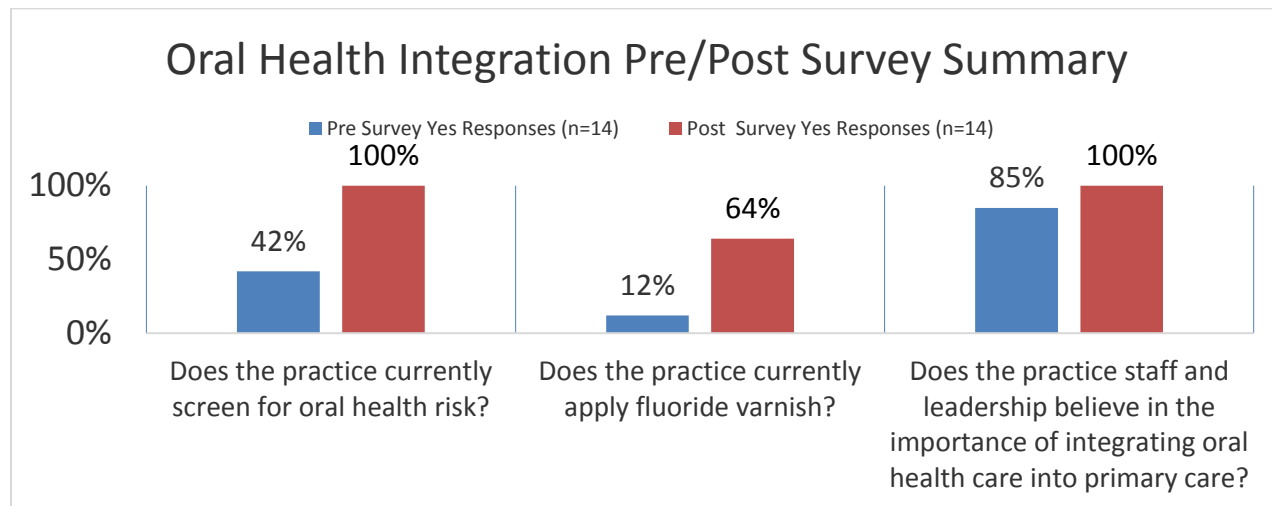


In addition to the kickoff session and bi-monthly chart audits, one-hour webinars were presented to participants as a way to keep the participants engaged and continually learning. Webinar topics included the *Smiles for Life Curriculum*, *Speed Resourcing*, *What Can Early Detection Prevent?*, *Dentist and MD: Myths and Facts*, and a *Mid-Project Check-In* with the teams to identify successes and barriers.

At the end of the project, participants also completed a *Pre/Post Readiness Assessment* that included a *Sustainability Plan* at the end of the initiative.

Balancing Measure Highlights:

The *Pre/Post Readiness Assessment* included questions to gauge the team’s overall improvements.



Conclusions

Clinics in this project had a variety of successes. Many of them used the American Academy of Pediatrics (AAP) Oral Health Risk Assessment Tool as a guide to incorporate a screener into their electronic medical record (EMR). Asking the caregivers about a “dental home” and the primary risk factors was a priority for many of the providers and would assist in guiding the visual oral health assessment and conversations.

Some clinics were implementing an oral health screening tool for the first time. Often, these practices would choose to screen at one particular visit, rather than all of the recommended well-checks. Their strategy was to increase the screening intervals as the processes and workflows became more solidified within their practice.

Generally, the application of fluoride varnish was a simple process for clinics to implement, though some barriers existed. Teams varied in who they chose to apply the varnish, and there wasn’t one way that seemed to work better for one clinic over another. The largest barrier was reimbursement for the varnish. Not all insurers in Idaho were providing compensation.

One highlight major highlights of the initiative were the strong partnerships with Idaho’s dental community. *Delta Dental of Idaho Community Outreach Program*



and *Central District Health Department of Idaho* assisted with the incorporation of the *Smiles for Life* curriculum. The course is “designed to enhance the role of primary care clinicians in the promotion of oral health for all age groups through the development and dissemination of high-quality educational resources.”

Overall, this was a very progressive initiative. Dental caries are a major health concern for young patients and early screening and proper follow-up are imperative to patient centered care. While barriers still exist, the project was an encouraging step towards improving the oral health of Idaho’s children.