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Perinatal and Infant Oral Health Quality Improvement (PIOHQI) Pilot Program
FY2016 Non-Competing Continuation (NCC) Progress Report

I. Progress

Improving the oral health of all West Virginia (WV) residents is one major priority for leaders in the state. The Children's Oral Healthcare Access Program administered by Health Resources and Services Administration (HRSA) has significantly helped to target the perinatal and infant populations regarding oral health disease prevention, routine prevention measures and treatment of disease processes. Collaborative efforts established in West Virginia's first two project years with national, state and local partners continue to elevate and stress the importance of perinatal and infant oral health. During the project's third year, West Virginia has continued to develop and expand strategic partnerships to improve educational efforts and provide service to the perinatal and infant populations.

The most significant project accomplishments during this reporting period are 1) the expansion/availability of preventive services for Medicaid-eligible pregnant women in West Virginia and 2) completion of the Perinatal Basic Screening Survey (BSS) issue brief and 3) collaboration with the National Learning Network and other state PIOHQI Project peers. Collection and meaningful use of existing data for the perinatal and infant oral health population continues to be a project priority as well, as West Virginia recognizes the need for data to support and inform project direction. The data collected has enabled both the administration and implementation teams to pinpoint initiatives for quality improvement.

Collaboration with the Right From The Start (RFTS) Program continues, as PIOHQI staff were able to develop oral health questions to be used in a redesign of both the prenatal (Attachment 5) and infant intake assessments (Attachment 6) for the RFTS Program. These assessments were implemented as of January 1, 2015; however, the electronic data collection system for these assessments has since changed and data is still being transitioned to the new system. The PIOHQI Project will continue to monitor this transition, as these assessments will provide RFTS and the PIOHQI Project with another data source for perinatal and infant oral health status.

The major barrier to project progress continues to be financial support and sustainability. As West Virginia is a Medicaid expansion state, funding to cover newly insured clients with the current level of benefits is priority. Therefore, proposal of expansion of services, in this case preventive dental care for perinatal women over the age of 21, is acknowledged as a valid need, but difficult to attain financial sustainability.

However difficult the financial situation, services have begun to expand through West Virginia's four managed care organizations (MCOs). To date, two MCOs are offering up to two checkups during pregnancy to their eligible beneficiaries. The project has learned that these are "value added services," which each MCO can revise twice a year. In discussion with The Health Plan (began value ad for pregnant women on 1/1/2016), they added this incentive 1) for parity with other MCO value ads (CoventryCare of WV began on 6/1/2015) and 2) to attempt to prevent costly use of the emergency room by pregnant patients for oral health issues. The administration team has also learned that another MCO (Family Health) plans to begin their value ad for pregnant women's checkups on 7/1/2016.

Plans for the upcoming 2016-2017 project year include continuing to meet with MCO-decision makers and possibly partner to incentivize both healthcare providers and patients to utilize the value ads. In conversation with The Health Plan, the value ad has been available since 1/1/2016, but has not been utilized by **any** eligible client. The administration and implementation teams will also continue to 1) promote the utilization of existing dental benefits to Medicaid-eligible women under 21 who qualify for preventive and restorative coverage and 2) explore the possibility of a pilot with no less than one MCO to encourage utilization of the oral health value ad.

The OHP's implementation and administration teams have been working on goals, objectives and tasks that are in support of the preliminary strategic framework. The five steps of the preliminary strategic framework along with OHP's progress towards aligning with this framework include the following:

1. **Profile population needs, resources and readiness to address the problems and gaps in service delivery.**

   Goal 3 of the OHP PIOHQI work plan, "Expand the West Virginia Oral Health Surveillance System to monitor and evaluate the oral health of pregnant women," addresses this strategy. Not only has the West Virginia Oral Health Surveillance System been expanded to include Pregnancy Risk Assessment Monitoring System (PRAMS) and Prenatal Risk Screening Instrument (PRSI), data will also be collected from WV Medicaid on oral benefit utilization of the target population. As mentioned previously, the most

recent need identified is that MCO-eligible pregnant women are not utilizing the oral health value ad; therefore efforts will be made within the administrative, implementation and CQI teams to address this problem and close the gap with the MCOs, service providers and pregnant women.

2. **Mobilize and/or build capacity to address needs.**

   Assuring that women receive the dental care they need during pregnancy has been a challenge in West Virginia. Over 60% of live births in the State are to women on Medicaid; however, Medicaid does not cover the cost of dental care for clients over the age of 21. According to the PRAMS data, less than one-third of WV women receive dental care during pregnancy.

   Much discussion recently among the currently funded states and the National Collaborative has centered on data and the ability, or lack thereof, to identify pregnant women before their delivery. Capacity is needed within each state, including West Virginia, to address the oral health needs of women during pregnancy. In 2016-2017, the PIOHQI project will focus in on building data monitoring capacity in existing systems to address oral health needs with the prenatal and infant population, particularly with the RFTS Program.

3. **Develop a comprehensive State Strategic Plan.**

   While the specifics of the West Virginia Strategic Plan have yet to be finalized, the foundation of the plan is based on the promising approach, HAPI Project and the incorporation of preventive dental services in the traditional obstetrical care setting. The OHP is currently working on partnering with community stakeholders and health care providers on the integration of oral health into routine prenatal care and expanding the oral health component of the HAPI Project, both in an effort to increase services to pregnant women.

   Due to the lack of reimbursement for oral health services for pregnant women, the HAPI Project-model has proven difficult to replicate statewide. Efforts will be made in Year 4 to assess all available reimbursement resources for perinatal oral health services and develop a guide for service providers and patients.

4. **Implement evidence-based preventive policies, programs and practices and infrastructure development activities.**

   The expansion of the oral health component of the HAPI Project from regional to a statewide project will provide evidence-based prevention strategies to pregnant low-

income women. The outcomes of this project include: a statewide approach to the delivery of oral health care to low-income pregnant women, an increase in the number of low-income children who have an established dental home and the inclusion of pregnant women population into the West Virginia Oral Health Surveillance System.

In addition to the HAPI Project expansion, the project aims to incorporate Certified Public Health Dental Hygienists into obstetrical care settings and continue training of RFTS designated care coordinators (DCCs) to provide families with interactive oral health education to promote daily preventive care and the establishment of a dental home.

5. **Monitor process, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail.**

   The OHP Epidemiologist position filled in August 2015 will be vacant as of August 2016, as the staff in this position has been accepted into a dental public health program in Texas. As this position is vital to lead the project CQI Team and the tracking of process, impact and outcome indicators, the OHP will work diligently to fill this vacancy as soon as possible. The lack of consistent and experienced staffing in this position has been a barrier to evaluation activities in year three, which is why our funded partners are crucial to the success of this project in this area. The project will continue to work with funded partners and our administration team to effectively monitor quality improvement progress and barriers.

All project goals and objectives are currently in progress, although several tasks have been delayed due to implementation barriers. The PIOHQI administrative and implementation teams continue to monitor tasks, seek to identify opportunities for improvement and propose solutions to overcome these implementation barriers.

Under Goal 1, there were 15 tasks identified by the implementation team, with a majority of the tasks centered on the development of the implementation plan. There are three tasks associated with Goal 2. These tasks focus on medical and dental provider education, patient education and coordination of services. Lastly, Goal 3 has three tasks, all associated with perinatal oral health surveillance. As demonstrated in Attachment 4, 67% of the tasks on the timeline are on schedule and 29% have been completed.

- **Goal 1: Establish a statewide approach to deliver oral health care to low-income pregnant women**.

  During year three of the PIOHQI Project, the implementation, administration and CQI team members have continued to strategize around a statewide approach for

delivery of oral health care to low-income pregnant women. The CQI team has actively participated in the National Collaborative and is working toward quality improvement and action planning in smaller, achievable steps toward implementation. The primary barrier, financial reimbursement for pregnant women ≥ 21 years old, is the cause for the deferment in implementation completion.

- **Goal 2: Increase the number of low income children who have an established dental home.**

  The administration team continues to work with the Regional Oral Health Coordinators on providing initial and continuing education for medical and dental providers on perinatal oral health. "Smiles for Life: A National Oral Health Curriculum" is the principal education tool being considered for this task. The "Oral Health for Women: Pregnancy and Across the Life Span" module addresses the importance of oral health before, during and after pregnancy. This tool allows clinicians to explore the prevalence of oral disease during pregnancy, consequences of poor oral health for both mothers and children, as well as review dental treatment guidelines for pregnant women. Oral health education continues to be provided to RFTS participants via perinatal oral health brochures and information provided by the DCCs during home visits. Data from the revised RFTS prenatal and infant intake assessments will help to inform collaborative efforts at increasing the number of children with a dental home.

- **Goal 3: Expand the West Virginia Oral Health Surveillance System to monitor and evaluate the oral health of pregnant women.**

  All tasks associated with this goal are on schedule. The administration and CQI teams have worked with Marshall University on establishing a Basic Screening Survey (BSS) for pregnant women and surveillance was completed on September 30, 2014. An issue brief regarding the perinatal BSS was completed in early 2016 (Attachment 7). Perinatal surveillance has been incorporated into the WV Oral Health Surveillance System and plans for infant surveillance, through claims data, is presently being discussed, as well as feasibility for a BSS for children ages 0 to 3.

The identified delays have caused a shift in the original timeline but should not have an adverse outcome on overall project goals and objectives. The CQI Team is documenting this process and thus, the evaluation of the project will not be compromised.

II. Significant Changes

There have been no significant changes since the last reporting period.

III. Evaluation

Through the collaboration of the administration and continuous quality improvement (CQI) teams, a comprehensive project approach was developed to align with ASTDD's best practice criteria. In order to meet the oral health needs of the pregnant women and infants most at risk, data collection focuses, although not exclusively, on collecting information about pregnant women and infants who are on Medicaid. Many of the eligible Medicaid participants (over the age of 21) do not have a medical benefit for dental healthcare, resulting in many low-income women at risk for not receiving proper preventative dental treatment. The evaluation approach focuses mostly on these at-risk populations and measures outcomes related to Medicaid-eligible pregnant women, children under age two and others who participate in the dental screenings. Data sources will include dental screenings conducted by Marshall University via the BSS tool, Medicaid claims and the Helping Appalachian Parents and Infants (HAPI) Project.

Moreover, in order to ensure project sustainability, the PIOHQI Project will have to leverage funds and in-kind resources. Although this has proven to be a primary barrier, the project team is constantly working to overcome this issue. Some measures have been taken towards developing a sustainable project, such as collaborations and partnerships with various institutes (Marshall University and West Virginia University), programs (RFTS and PRAMS), organizations (West Virginia Oral Health Coalition and the West Virginia Oral Health Advisory Board) and increasing the number of Public Health Dental Hygienists by conducting regional trainings for dental hygienists to obtain a public health certification. Furthermore, before developing a financial plan and a better comprehension regarding the utilization of the Medicaid dental benefit/MCO value added service must be gained.

West Virginia has greatly benefited from participation in the oral health learning collaborative. The guidance concerning best practices for documentation of quality improvement efforts has been especially helpful. Our project has been active in providing feedback regarding quality improvement efforts and using the network partnership as a learning opportunity. With the addition of eight additional PIOHQI-funded states in August 2015, our project has benefited from approaches of these projects and will make efforts in years three and four to enhance interstate collaboration around perinatal and infant oral health. Our project also looks forward to continuing to providing leadership to the network in the areas of surveillance and analysis of the perinatal and infant populations and their oral health status. Continued expansion of the West Virginia Oral Health Surveillance System (WVOHSS) is a top priority.

Current work of project partners (West Virginia University and Marshall University) center around evaluation of the project goals and addressing new barriers as services become available to pregnant women. Plan, Do, Study, Act (PDSA) cycles will continue the remainder of

the project year three and throughout year four to address the questions established in a November 2015 meeting by the CQI team (Attachment 8). Building relationships with and understanding of processes with our state's four MCOs will be a primary focus during the remainder of the project. The project anticipates increased work around PDSA cycles through September 29, 2016, as our surveillance and evaluation project partners only recently received finalized contracts to begin implementation of their approved work plans.

IV. Plans for Upcoming Budget Year

The OHP staff, implementation, administration and CQI teams along with contracted agencies and other stakeholders will continue to work toward goals and objectives as identified in the updated PIOHQI Timeline (Attachment 4). The primary focus of year four will be on addressing identified barriers and planning for sustainable solutions as the project comes to an end.

Plans for identified process indicators are listed below:

- Continue implementation and administrative team meetings as scheduled;
- Continue to explore additional financial resources for completion of statewide implementation plan ;
- Continue CQI team activities;
- Continue partnership and expansion of RFTS DCCs education for perinatal population;
- Consult/partner with MCOs to provide value added oral health services for pregnant women and children
- Continue work with integration of perinatal/infant oral health measures into West Virginia Oral Health Surveillance System;
- Participate in the state-national collaborative;
- Serve as a mentor for an identified state.

All activities for the 2016 – 2017 project year are within the established approved budget.