

***Perinatal and Infant Oral Health Quality Improvement
Program***

FY 2019 FINAL PROGRESS REPORT

NARRATIVE

I. PROGRESS

- a. Project Advisory Board: There were one change to the advisory board during this last year. Emili Labass was removed as she left her role at the California Primary Care Association. A list of the current advisory committee members is attached (Appendix 1: Revised Advisory Board).
- b. Accomplishments
 - i. Within the California PIOHQI Community of Practice (CoP), there were some promising results in the performance measures in the last year. Most notably, Petaluma Health Center (PHC) showed sustained increases in infant dental visits. Their success will be documented in an ASTDD Best Practices Approach Report. The details of this are included below and the final report is attached (Appendix 2: CA BPAR). The improved performance is due to dedicated quality improvement at the health center, and continued buy in of leadership. PHC was a regular member of the CoP, and continued to provide data and information on their quality improvement activities throughout the project.
 - ii. The California PIOHQI team came to an agreement with the California Department of Public Health's (CDPH) Maternal, Child and Adolescent Health (MCAH) Division to include questions about dental visits during pregnancy on their statewide survey of women who just gave birth (the Maternal and Infant Health Assessment or MIHA). They have signed an MOU with the California Office of Oral Health (COOH) to continue to keep these questions on their survey through at least 2021, allowing continued monitoring of this indicator beyond the period of this grant. This is an important step toward sustainability of the momentum of this project.
 - iii. The California Department of Health Care Services (DHCS) continues to report data on infant and child dental visits and other dental claims indicators from the California Medicaid population on the California Health and Human Services Agency Open Data Portal. This has been built into their reporting processes, ensuring sustainability of the reporting of this important data for the foreseeable future. Additionally, every Local Health Jurisdiction (LHJ) with an oral health program (59 of the 61 LHJs in California) was provided with this data for their

county on an interactive Excel dashboard promoting their engagement with these indicators. The CA PIOHQI Data Manager, put together the dashboard and provided an overview of the instructions and utility of the dashboard on a webinar in coordination with COOH.

- c. Participation in the COHSII led activities
 - i. The October, 2018 National PIOHQI meeting focused mainly on sustainability. The meeting laid out a framework for sustainability that the CA PIOHQI team has implemented in several ways. During the last year, CA PIOHQI has focused on incorporating pregnant women and infant oral health into frameworks, plans, and processes across the state.
 - A. Within the CA PIOHQI CoP, three of the five members who sustained participation through the three years of the group incorporated CA PIOHQI performance measures into the health centers' strategic plans. This helps ensure that the focus on these populations will persist even if the champions from those organizations leave.
 - B. As described above, the CDPH MCAH Division has included questions about dental visits during pregnancy in their plans for their MIHA survey until at least 2021.
 - C. As described above, through a partnership with CA PIOHQI, DHCS has included dental health measures for infants and children on Medicaid into their reporting processes.
 - D. Dental providers were encouraged to participate in the TYKE (Treating Young Kids Everyday) Program. This is a California Dental Association training program designed to increase dentists' confidence to see babies and young children. The online course provides training on using caries risk assessment, disease prevention and early interventions, and motivational interviewing to reduce tooth decay among infants and young children.
 - ii. The September 2018 learning event had a section on how we could help oral and medical health professionals make consistent oral health recommendations. This helped guide the CA PIOHQI team when consulting with our partner health center who were reticent to treat pregnant women without getting prior approval from an OB/GYN. The CA PIOHQI team worked with their advisory committee members from the California Dental Association (CDA), and used published guidelines from the CDA Foundation (https://www.cdafoundation.org/Portals/0/pdfs/poh_guidelines.pdf) to help the health center write scripts for making dental appointments for pregnant women.
- d. Contributions to the Strategic Framework

- i. Profile population needs, resources, and readiness to address the problems and gaps in service delivery: CoP member participants, especially FQHCs monitor population needs, available providers and area for program improvements, especially around patient appointment scheduling.
- ii. Mobilize and/or build capacity to address needs: Dental provider and medical assistant trainings held to build willingness and capacity to provide care and effectively schedule dental treatment for pregnant women, infants and children.
- iii. Develop a strategic approach for implementation that utilizes a health care delivery system with statewide reach: Focus on FQHCs to incorporate best practices by providing trainings and resources.
- iv. Implement evidence-based prevention policies, programs and practices, and infrastructure development activities: Development of Quality Improvement Toolkit for the CoP.
- v. Monitor the approach, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail.: Performance measures developed to monitor continued efforts to improve access.

II. SIGNIFICANT CHANGES

- a. The only change was to staffing during this last year. Dr. Lynn Walton-Haynes was added to the CA PIOHQI team. Her bio-sketch is attached (Appendix 3: L. Walton-Haynes Bio-Sketch).

III. EVALUATION

- a. Increase opportunities for access to oral health care.

Type and Number of Testing (Learning Laboratory) and Other Intervention Sites

Site Type	Number of Testing (Learning Laboratory) Sites	Number of Other Intervention Sites
Federally qualified health center; please list Ob/Gyn, pediatric, and dental clinics separately	5 FQHCs (10 dental clinics)	0
WIC	0	0
Home visiting	0	0
Community clinic	0	0
Other, please specify (e.g., school-based clinic)	0	0

- b. Increase opportunities for training on oral health care, including training on oral health clinical competencies.

- i. CA PIOHQL held three CoP meetings during this time period. All five participating FQHCs attended and participated in the first two meetings, and three only attended the final meeting.
 - ii. During the first meeting (12 attendees), Dr. Irene Hilton described different systems of EMR/EDR integration. The second meeting (12 attendees) focused on accomplishments of two of the CoP member health systems with regard to scheduling infants in dental. The final meeting (9 attendees) focused on sustainability and what could be done after the project is over.
 - iii. Within the CA PIOHQL CoP, three of the five members who sustained participation through the three years of the group incorporated CA PIOHQL performance measures into the health centers' strategic plans. This demonstrates the value that the CoP had for these health centers. The CoP was focused on peer-to-peer learning, and the meetings were organized around the health centers sharing their successes and barriers. With this demonstration of the possibility of progress with regard to dental visits and treatment of pregnant women and infants, even health centers who had not yet seen progress in the performance measures were willing to incorporate it into their plans going forward.
- c. Increase opportunities for outreach and oral health education.
- i. Data were not collected regarding the number of women receiving oral health education at the CA PIOHQL learning laboratories. This was not one of the CA PIOHQL CoP performance measures.
- d. Increase opportunities for utilization of oral health care.

Number of Pregnant Women, Infants, and Children Receiving Oral Health Care

Period of Service	Number of Clients Enrolled in Site	Number Receiving Oral Health Education	Number Receiving Anticipatory Guidance	Number of Referrals to Providers for Dental/Oral Health Care	Number Receiving Preventive Dental/Oral Health Care	Number Receiving Restorative Treatment	Number with Treatment Completed
Baseline 01/01/2017- 08/01/2017	33,923	N/A	N/A	N/A	15,639	N/A	N/A
08/01/2018- 04/01/2019	31,741	N/A	N/A	N/A	15,350	N/A	N/A

Aim 3A: By December 2018, increase by 10% over baseline the percent of primary care medical providers who serve infants < 1 year on Medicaid in Sonoma County that provide oral health services (including check-ups, fluoride varnish, and/or anticipatory guidance), as measured by QIP Toolkit, claims data, or other timely evidence.

Of the four health centers in the CoP collecting data on this measure, one of them reached this goal.

Aim 3B: By December 2018, all Federally Qualified Health Centers in the Perinatal and Infant Oral Health Community of Practice will increase by 10% over the 2016 baseline the number of Sonoma County infants under age 1 who are covered by Medicaid who receive preventive oral health services, as measured by the PIOHQI QIP Toolkit or other timely evidence.

Of the four health centers collecting data on this measure, one of them reached this goal.

Aim 3C: By December 2018, all Federally Qualified Health Centers in the Perinatal and Infant Oral Health Community of Practice will increase by 10% over the 2016 baseline the number of children with a well-child visit who visit the dentist by age 1, as measured by the PIOHQI QIP Toolkit or other timely evidence.

Of the five health centers collecting data on this measure, two of them reached this goal.

Aim 3D: By December 2018, all Federally Qualified Health Centers in the Perinatal and Infant Oral Health Community of Practice will increase by 10% over the 2016 baseline the number of women who have at least one dental visit during pregnancy, as measured by the PIOHQI QIP Toolkit or other timely evidence.

Of the five health centers collecting data on this measure, one of them reached this goal.

- e. Telling Your Story—Provide one to three example(s) of activities at an intervention site.

Petaluma Health Center (PHC) in Petaluma CA undertook four quality improvement steps to increase the dental visit rate among infants at their clinics.

1. To engage the medical side of PHC with the dental side, the medical teams were given 13 trainings modeled after the Smiles for Life curriculum. This taught the medical teams about the importance of oral health, the utility of the dental home, caries risk assessments, fluoride varnish, and dental trauma.

This training was incorporated into the onboarding process for new employees working in their medical teams.

2. To better facilitate dental appointment scheduling, a new schedule was built in PHC's electronic medical record system (EMR). Matching scheduling blocks were created in both the EMR and the electronic dental record (EDR) system. The EMR 9-month well-child visit template was updated and MAs received training on scheduling dental visits. A flow chart was created for the medical assistants (MAs) to use when scheduling. Dental staff was trained on retrieving these appointments from the EMR and transferring them in the EDR. A transfer routine was established to align with PHC's appointment confirmation protocol. In addition, a caries risk assessment module was added to their EMR to streamline the process of moving children from medical to dental. This created a link facilitating communication between the medical and dental staff.
3. To attempt to increase the number of dental appointments for children under 12 months, a list of children aged six to 12 months old without a dental visit was created once a month. Available MAs and scheduling staff were assigned to call and offer dental appointments to those on the list. This list also included closing the loop on patients who missed appointments or who were otherwise not seen by the dental team. Staff making dental appointments for infants were given a script to follow when making these appointments.
4. An MA incentive program was undertaken to increase dental appointments for children under six years old. MAs were grouped into teams, and after six months each member of the team who reached a specific threshold received a \$25 gift card. The staff with the most appointments scheduled also received \$25 each month. Additionally, teams who reached above a certain threshold of appointments were recognized in morning huddles and on the PHC intranet.

The main short-term outcome of interest for this program as a whole was the number of children with a well-child visit who visit the dentist by age 12 months. This rate increased from a baseline of 10.7% to 45.5% in September of 2018. Over the 21-month period where the data were gathered, there was an average increase of 5.4% per month.

To ensure sustainability, all levels of PHC were engaged in this program. MA's and call center staff were engaged through education of the importance of dental care. QI was engaged by having scheduled monthly meetings with the dental director. Leadership was engaged through a presentation of the success of the program. These trainings have been built into the on-boarding process for new staff at all levels of PHC to ensure sustainability even after funding decreases or ends.

Another way to ensure sustainability in these interventions was to incorporate the quality measure of children with a well-child visit receiving dental treatment by age one into PHC's overall strategic goals.

To try to maintain the efficacy of the incentive program, PHC built a rotation schedule where the incentives were dedicated to different quality metrics in different parts of the year. This way, there is natural re-engagement in getting infants into dental annually when the incentive program rotates back to that quality measure.

IV. IMPACT

There are a number of ways that the CA PIOHQI project has left its mark on California, and will be sustained beyond the term of the grant.

- a. As described above, the CA PIOHQI project partnered with DHCS to publish data on infant and child dental visits for the California Medicaid population. These data will continue to be shared on the California Health and Human Services Agency's Open Data Portal for the foreseeable future.
- b. As described above, the CA PIOHQI project partnered with CDPH MCAH to include dental visit questions on the MIHA survey for women who recently gave birth. These questions will be included on the survey until at least 2021.
- c. COOH published the California Oral Health State Plan 2018-2028 last year. One of the objectives is to increase the rate of pregnant women having at least one dental visit. This provides significant motivation for CDPH to continue to focus on efforts to increase dental care for pregnant women.
- d. Awareness of the TYKEs Program. This online course offers effective educational tools and training to support dental teams to reduce tooth decay among children ages birth to six years. This training is available at no cost to members and non-members.
- e. COOH begun providing funding to 59 (out of 61) Local Oral Health Programs in California starting in 2017. As these programs began doing their local oral health community improvement plans, CA PIOHQI was able to do a webinar on data regarding dental visits during pregnancy and dental visits among the Medicaid population by age (including infants and children). By the writing of this report, not all of these plans have been completed, but at least five of these jurisdictions have including pregnant women as a priority population.

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V. PLANS FOR NO-COST EXTENSION

We plan to request a no-cost extension for this project to complete the objectives as outlined in our carryover request. We plan to convene FQHC directors and their key staff at two state regional Perinatal Oral Health Community of Practice (CoP) Summits. These Summits, one in Southern California and one in Northern California, will serve to launch our statewide effort to scale up the perinatal oral health program to other parts of the state. The Summits will build on the successful best practices and lessons learned from California's current CoP collaborations. Key summit components planned are essential "start-up" steps for convening a local community of practice; quality improvement (QI) training and disseminate the CA Perinatal Infant Oral Health Program QI Toolkit; and, health literacy and communication tools for clinic managers, medical and dental providers, and pregnant women (i.e. safety of dental care during pregnancy based on evidenced-based guidelines). The summits will provide resources to assist FQHCs to incorporate oral health care, education, and promotion for pregnant women and infants into existing programs, while also integrating quality improvement and program evaluation components to assure improvements in perinatal and child oral health. These summits are in alignment with project goals to expand the reach of the perinatal oral health program throughout California and contribute to the sustainability of the project after funding ends.

SUPPORTING DOCUMENTS

Appendix 1: Revised Advisory Board

Appendix 2: CA BPAR

Appendix 3: L. Walton-Haynes Bio-Sketch