

Piloting the Implementation of Quality Indicators to Improve the Oral Health of the Maternal and Child Health Population

Center for Oral Health Systems Integration and Improvement Consortium

Background

The Center for Oral Health Systems Integration and Improvement (COHSII) consortium is a 4-year project to improve existing systems of care in support of a quality improvement, patient-centered approach to address the oral health needs of the maternal and child health (MCH) population. The consortium is led by the National Maternal and Child Oral Health Resource Center (OHRC) in collaboration with the [Association of State and Territorial Dental Directors](#) and the [Dental Quality Alliance](#) (DQA) and is supported by the Health Resources and Services Administration's Maternal and Child Health Bureau.

A key function of COHSII's work plan is to identify and implement oral health quality indicators to monitor and improve oral health services delivered to the MCH population in public health programs and systems of care at the national, state, and local levels. Under the guidance of the Quality Indicator Advisory Team (QIAT), a framework was developed to support the completion of an environmental scan of existing oral health quality indicators and the identification of a core set of oral health quality indicators in year 1 (see www.mchoralhealth.org/cohsii/quality.php) of the project.

FY19 Pilot Project Overview

OHRC, DQA, and members of the QIAT will provide targeted technical assistance (TA) to states participating in a pilot project implementing the quality indicators. Approximately four to five states will be recruited for the FY19 cohort, and more states will be recruited and added in FY20 and FY21. To support the implementation process, a user's guide will be developed and enhanced with input and lessons learned from the states.

Benefits of Participation

- Enhance state Title V MCH agency efforts addressing the national performance measure (NPM) focusing on oral health (NPM 13) and prepare for the upcoming Title V needs assessment.
- Foster partnerships between state entities (e.g., state agencies involved in Title V, Medicaid, and oral health programs) and provide a structure for data sharing and collaboration.
- Advance the state's capacity to collect and analyze data to improve the oral health status of the MCH population.
- Implement a core set of oral health quality indicators to drive improvement in oral health care access, quality, and outcomes for the MCH population.
- Be an early adopter of oral health quality indicators to help shape national implementation of quality indicators and drive improvements in MCH oral health.
- Receive TA from a team of COHSII experts to support the state's quality improvement goals and efforts.

Pilot Project Components, Expectations, and Timeline

Each state will establish a state implementation team with a project lead, designated by the MCH director, oral health program director, and Medicaid oral health contact. The project lead will participate in two webinars and be the primary point of contact to COHSII. The project lead will partner with an information technology/data analyst and other state staff (e.g., epidemiologists and a representative from Medicaid managed care) based on the individual state's structure, make-up, and TA needs.

The pilot project will be conducted from November 2018 through June 2019. Throughout the project period, the state team will participate in two virtual meetings for approximately 1 to 2 hours and in individual sessions with the COHSII TA team, as needed.

Role of State Implementation Team

- Participate in a project-orientation webinar hosted by the COHSII TA team in November 2018.
- Complete a feasibility assessment of the state's current capabilities to implement the core set of oral health quality indicators, with guidance from the TA team.
- Present findings from the feasibility assessment to the QIAT in March 2019.
- Identify data sources and address other requirements (e.g., data-sharing agreements) needed to successfully measure quality improvement in the MCH population.
- Participate in individual TA sessions with the COHSII TA team, as needed.
- Collect and analyze data using the core set of oral health quality indicators, and interpret findings.

Role of COHSII TA Team

- Field a feasibility assessment tool to describe each state's capacity to implement the core set of oral health quality indicators (e.g., explore type of data-sharing agreements between state agencies), as needed.
- Draft a user's guide for implementing use of the core set of oral health quality indicators.
- Provide individualized TA to state implementation teams on the collection, analysis, and interpretation of oral health quality indicator data, as needed.
- Identify additional applied uses of oral health quality indicators (e.g., quality improvement of oral health programs and services) to streamline quality reporting across applications.
- Identify and disseminate successful practices in quality indicator reporting.
- Update user's guide based on experience, lessons learned, challenges, and successes of the state implementation team.

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