

Perinatal and Infant Oral Health Quality Improvement Expansion
South Carolina Department of Health and Environmental Control
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Project Abstract

South Carolina began to address Early Childhood Caries (ECC) in infants, young children and in children with special health care needs through the Robert Wood Johnson Foundation funding of the More Smiling Faces project (2003-2006). The Division of Oral Health (DOH) in the Department of Health and Environmental Control (DHEC) led a team of community partners in six pilot counties in improving access to care for young children, parents and children with special health care needs (CSHCN). A key component of the success of this project was the patient navigator, whose role would be described today as the “Integrator” in the Triple Aim model. In 2010 the South Carolina legislature recognized the importance of this “missing link” by authorizing the Community Oral Health Coordinator (COHC) position within DHEC.

This proposal leverages knowledge acquired during that project as well as the integration of oral health in the HRSA funded Maternal, Infant and Early Childhood Home Visitation (MIECHV) program in South Carolina along with the Centers for Medicare and Medicaid Services (CMS) funded Quality through Technology and Innovation in Pediatrics (QTIP) project in South Carolina. These initiatives successfully integrated oral health into the home and medical setting using quality improvement strategies. Planning is underway to expand and build upon the success of MIECHV and QTIP. Specifically this proposal expands the network several ways.

This will be accomplished through (1) development of state-level policy and practice guidelines, (2) primary care-dental practice network development in communities experiencing challenges in access to timely, culturally and linguistically appropriate dental services, (3) replication of QTIP oral health integration principles in family medicine and OB/GYN practices through targeted technical assistance for application of the Institute for Healthcare Improvement (IHI) Model of Improvement, (4) improved MCH oral health surveillance, and (5) linkage of successful oral health integration practices identified by the MIECHV home visitation programs with a network of medical and dental providers.

The Project Advisory Board will provide oversight for all of the activities under this grant and will provide advice and assistance as needs are further identified during the project period. The state instituted a robust oral health surveillance system in 2002 through CDC funding.

This proposal leverages investment in the state data system and incorporates surveillance of the needs of pregnant women and infants through data collection, analysis and reporting via a state-mandated data warehouse in the Office of Revenue and Fiscal Affairs (RFA). This will make readily available approved medical and dental Medicaid claims data that can be linked with data from other state agencies such as Department of Social Services (DSS), State Department of Education (SDE), and DHEC.

The South Carolina, Department of Health and Environmental Control, is proposing the following revisions to reflect the one year reduction in project period length:

- a. The long term health outcomes have been removed since the length of the project does not allow a proper timeframe to assess change. The removal of long term outcomes is reflected in the project workplan, timeline and statewide plan (attached).
- b. Project Staffing has been revised to reflect the current agency organizational structure with Regional Client Services now reporting to Health Services Deputy Director (organizational charts attached).
 1. The Program Coordinator I positions within each health region have been removed and replaced with Community Systems Development (CSD) regional staff and Maternal and Child Health (MCH) regional staff under DHEC Regional Offices (see revision in “F. OTHER” section in the budget narrative). This change will have a greater impact on the implementation of the project, as specific activities will be included into their workplans and the project implementation may be inclusive to more than one regional staff member. This change in staffing plan does not warrant any changes in the workplan activities or the short term and intermediate outcomes that were originally proposed for this project.
 2. DOH is requesting a 0.5FTE administrative assistant position to provide administrative support and assistance for all the activities related to this project such as: creates and distributes correspondence and meeting minutes for the Project Advisory Board, oral health –MCH partnership groups, SCOHSI Network; assists with the planning and implementation of the community meetings and workshops; prepares and submits travel; and coordinates the printing, compilation and distribution of oral health resources and toolkits to regional staff, and community organizations (see revision in “A. SALARIES AND WAGES” section in the budget narrative).
- c. Budget Narrative has been revised to reflect the Staffing Plan changes as described above, as well as the current rates for fringe benefits and indirect costs. (Indirect Cost Rate attached)
- d. The rest of the project proposal remains unchanged including the Project Advisory Board, Intended Contracts, and Partners’ support (see attachments).

