

Montana Oral Health Equity Alliance (MOHEA)

MOHEA is one of eight Maternal and Child Health—Improving Oral Health Integration (MCH-IOHI) projects funded by the Maternal and Child Health Bureau. MCH-IOHI projects aim to advance the integration of preventive oral health care (POHC) into primary care to make POHC more accessible to infants, children, adolescents, and pregnant women, including those with special health care needs, who are at risk for poor oral health.

MOHEA is implementing a two-tier, state- and local-level approach to improve access to oral health care for their target population—children ages 1–21 who receive care at two community health center (CHC) sites, one mobile health clinic, and one private pediatric clinic in a large hospital system.

Partners

MOHEA is led by the Montana Department of Public Health and Human Services (Montana DPHHS), Oral Health Program. Partners include the Montana Primary Care Association, Montana State University Mark and Robyn Jones College of Nursing (MSUCON), and Montana Office of Rural Health and Area Health Education Center (MORH/AHEC). MOHEA partners with the National Network for Oral Health Access for assistance with policy and practice activities.



State-Level Approach

MOHEA's state-level approach aims to advance three core functions (policy and practice; outreach and education; and data, analysis, and evaluation) to promote integrated POHC for the population of focus.

Core Function Activities

Policy and Practice

MOHEA completed an environmental scan to gain knowledge about factors that could impact the integration of oral health care into primary care for the population of focus at the state level. The scan included questions focused on medical providers' and dental providers' scope of practice, Medicaid billing

and payment, and policies and regulations. Selected findings include:

- Advanced practice nurses can apply fluoride varnish and silver diamine fluoride (SDF) directly in Montana. Registered and licensed practical nurses and certified or registered medical assistants can apply fluoride varnish and SDF through delegation in Montana.
- While dental hygienists cannot practice in a medical setting, public health dental hygienists and those with a limited access permit can provide oral health care in community-based locations, such as community health centers, migrant health care centers, and other public health settings identified by the Montana Dental Board.



- Montana’s Medicaid program reimburses medical providers for applying fluoride varnish but not for applying SDF.
- Only dentists can use teledentistry in Montana. Montana’s Medicaid program reimburses dentists for both synchronous and asynchronous teledentistry.

MOHEA is creating a toolkit that summarizes findings from the environmental scan to inform participating sites’ teams and administrators about scope of practice, Medicaid billing and reimbursement, and policies and regulations in Montana that impact project implementation in their sites.

MOHEA used the *Capacity Inventory for Integrating Oral Health Care into Primary Care for Children: Tool* to identify policy and practice improvement opportunities. MOHEA selected four policy and practice strategies to address during the 4-year project period to improve access to oral health care for their population of focus:

- Work to secure SDF reimbursement for all medical sites and provider types.

- Collaborate with state agencies to support integration and oral health literacy.
- Develop and test an oral health dashboard to inform efforts to improve oral health literacy.
- Improve oral health communications and resources that support integration.

Education and Outreach

MOHEA is working with a Montana-based advertising agency to develop and implement a statewide multimedia oral health literacy campaign aimed at medical providers and families in Montana’s rural, frontier, and underserved communities. MOHEA reviewed oral health resources and will test campaign messaging and resources in participating sites. MOHEA is also providing oral health literacy training to an emerging health care workforce through interprofessional education opportunities and curricula modifications. MORH/AHEC, via the Montana AHEC Scholars Program, offers a minimum of nine oral health training and education opportunities each year and recently added the *Smiles for Life: A National Oral Health Curriculum* to its learning management system. In addition, MSUCON is expanding its



curricular content for doctor of nursing practice and certified nurse-midwife programs by providing supplemental content on the relationship between oral health and overall health and skills for oral health practice in rural areas, including use of billing codes, fluoride varnish and SDF application, teledentistry, and treatment for oral abscess and tooth pain.

Data, Analysis, and Evaluation

MOHEA added Montana DPHHS epidemiologists to its project team and worked with them to create a plan for analyzing Medicaid claims data, creating assessment tools, and reviewing opportunities for state oral health data enhancements. The team analyzed Medicaid claims data to better understand the frequency and geography of the provision of POHC in primary care settings in Montana and to help identify policy and practice improvement opportunities. In addition, the epidemiologists created an oral health dashboard with Basic Screening Survey data from third-grade students. MOHEA will consider adding other state data sets to the dashboard, such as the Behavioral Risk Factor Surveillance System, Pregnancy Risk Assessment Monitoring System, and Montana Oral Health Surveillance System. The

dashboard will be a public-facing resource that will improve data transparency and increase use by oral health stakeholders in Montana.

Local-Level Approach

MOHEA is working with two CHC sites, one mobile health clinic, and one private pediatric clinic in a large hospital system to integrate POHC into primary care for children ages 1–21. At the CHC sites and the private pediatric clinic, medical providers and support staff deliver POHC to patients in the project’s population of focus. In the mobile health clinic, a dentist is embedded in the medical team and provides POHC. MOHEA’s local-level approach incorporates activities in three core function areas: policy and practice; outreach and education; and data, analysis, and evaluation.

Core Function Activities

Policy and Practice

The four participating sites completed an initial assessment to gauge sites’ capacity, policies and practices, and data readiness to implement their model of care. MOHEA coaches meet regularly with each site to support the implementation of their model and to monitor progress. The sites do not have a co-located dental clinic, and only the mobile health clinic has a dental team to refer patients. The assessment also indicated that the sites do not have formal referral pathways to track oral health needs for follow-up. Since documenting dental referrals and follow-up will be a challenge for the sites, MOHEA will work with them to develop a referral plan that includes creating workflows and documentation strategies.

Education and Outreach

Medical providers and staff at participating sites completed an oral health knowledge and skills assessment to identify training needs. MOHEA is using two modules of *Smiles for Life: A National Oral Health Curriculum* to train medical providers and staff: (1) Child Oral Health and (2) Caries Risk Assessment, Fluoride Varnish, and Counseling. Medical providers and staff and AHEC scholars who complete six modules are eligible to receive a stipend. This offer is open to any medical provider or support



staff in Montana interested in oral health training. MORH/AHEC staff established a learning management system to track training completion and assessment. MOHEA is also working with an advertising agency and local sites to assess public oral health literacy in the communities of focus and with local sites to guide oral health messaging as part of MOHEA's communication plan.

Data, Analysis, and Evaluation

MOHEA is working with participating sites to optimize their electronic health records and processes for documenting the provision of POHC. MOHEA created, tested, and shared a data plan template and coding crosswalk to support their efforts to collect clinic data for monitoring project progress and identifying areas for improvement. In addition to reporting

monthly project metrics on the provision of POHC, MOHEA encouraged each site to create specific goals based on their unique population and quality improvement path for integration. The project metrics and site-specific goals will be tracked as part of their project evaluation.

Early Successes/Lessons Learned

- Onboarding of epidemiology staff bolstered programmatic data analysis and visualization.
- Adding an affiliated rural location to the private pediatric clinic expanded MOHEA's reach.
- Two CHC sites and one private pediatric clinic have created a dental referral process.

Early Challenges

- One of the primary care sites MOHEA identified for participation in the project underwent leadership changes, which presented an unexpected delay in establishing the contract in project year 1.

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