

Midwest Network for Oral Health Integration (MNOHI)

MNOHI is focusing on improving access to and use of comprehensive, high-quality oral health care for children ages 6–11 who are receiving health care in selected community health centers (CHCs) throughout Illinois, Iowa, Michigan, and Ohio.

Partners

MNOHI consists of the Michigan Primary Care Association (PCA) working in partnership with the Illinois Primary Health Care Association, the Iowa PCA, and the Ohio Association of Community Health Centers. The National Network for Oral Health Access (NNOHA) provides training and technical assistance (T/TA) on outreach and education activities. The project is also partnering with the state oral health program in Iowa to build on lessons learned from Iowa's I-Smile program for children eligible for Medicaid and the state oral health program in Michigan to increase the number of school-based dental sealant programs operated by CHCs in Michigan.

Approach

MNOHI state coordinators (one from each of the four associations) serve as liaisons among participating CHCs in their state to create an integrated medical/dental home, a coordinated care model, for children ages 6–11. State coordinators:

- Recruit CHCs and help them identify MNOHI champions—a team of medical, oral health, information technology, and quality-improvement (QI) professionals.
- Provide T/TA to MNOHI champions to develop, implement, and continuously evaluate and improve a model for oral health care for the target population.
- Provide training to CHC health professionals and staff, including community health workers (CHWs)/care coordinators, and promotional and



educational materials for patients and parents and other caregivers.

An important element of MNOHI's approach is the integration of a half-time CHW/care coordinator into the primary care team in each CHC to focus on oral health education with patients and parents and other caregivers and on referral for oral health care.

The four associations receive payments for achieving project-implementation benchmarks. Participating CHCs receive payments for attaining QI benchmarks and initial funding for the CHW/care coordinator.



Settings

MNOHI applies the following criteria for CHC recruitment and selection in Illinois, Iowa, Michigan, and Ohio:

- Leadership has a vision for integrating oral health care into primary care
- CHC serves the target population
- CHC offers primary care and oral health care (co-location preferred)
- CHC has experience with QI projects
- CHC uses health information technology (HIT) for patient and clinical data
- Leadership identifies champions (care integration, QI, HIT)
- Leadership agrees to participate fully in the 5-year project
- CHC is in a geographically diverse location

Models of Care

MNOHI state coordinators are working with the first cohort of 22 CHCs to develop, implement, continuously evaluate, and improve models of care for an integrated medical/dental home for children ages 6–11. The

MNOHI models incorporate the five domains of the interprofessional oral health core clinical competencies: (1) risk assessment, (2) evaluation, (3) preventive interventions (e.g., fluoride varnish application, dental sealant application), (4) communication with and education of health professionals and parents and other caregivers, and (5) interprofessional collaborative practice. A key component of the MNOHI models is the incorporation of a CHW/care coordinator into the primary care team to conduct outreach among parents and other caregivers, offer patient education, make referrals for oral health care, and provide follow-up support to ensure that patients keep their appointments and comply with instructions from physicians, dentists, and other health professionals. MNOHI is building on lessons they are learning with the first cohort of 22 CHCs to recruit up to 13 additional CHCs (cohort 2) to refine the models of care. MNOHI will disseminate best practices to inform efforts to integrate oral health care into primary care.

Core Function Activities

Data, Analysis, and Evaluation

MNOHI state coordinators are working with participating CHCs to develop structured data fields in

the electronic medical record to document oral health care provided to patients. CHCs receive funding to assist with electronic medical record enhancement. For data collection and reporting, Michigan and Ohio contracted with Azara DRVS (Data Reporting and Visualization System) to develop and track quality metrics on preventive and restorative oral health care, a first for Azara and a significant achievement for MNOHI. Illinois and Iowa are also collecting metrics from all participating CHCs and working with each to refine their data-collection and -reporting processes. MNOHI is building a data dashboard for visualization of progress across participating CHCs in all four states. MNOHI is using qualitative and quantitative data to track, assess, and report outcomes resulting from project activities. The evaluation plan will also track and assess process outcomes related to implementation practices as well as policy and systems change needed to sustain the oral health core clinical competencies.

Outreach and Education

MNOHI uses *Smiles for Life: A National Oral Health Curriculum* to train primary care clinical professionals and support staff. To supplement the Smiles for Life curriculum, MNOHI's partner, NNOHA, developed a module for non-dental clinical professionals that is specific to MNOHI's target population. State coordinators provide T/TA during monthly coaching calls, and all CHCs participate in the MNOHI learning collaborative that convenes quarterly. NNOHA also offers T/TA to the CHCs, as needed. NNOHA is developing educational materials on oral health basics for CHWs/care coordinators to provide outreach and education to patients and parents and other caregivers.

Policy and Practice

MNOHI state coordinators have been conducting an annual environmental scan since 2020 to identify factors at the state level that influence the target population's oral health status and at participating CHCs (e.g., health professional scope of practice, Medicaid fee-for-service reimbursement for primary care and oral health professionals, payment innovations). The Ohio oral health coalition and the Michigan oral health coalition and Michigan



oral health program conduct the environmental scans for their states. Coordinators use information from the environmental scans to gain knowledge about state-level barriers and opportunities for integrating primary care and oral health care and to raise awareness about needed system changes (e.g., reimbursement for CHW/care coordination activities, increasing the patient age for reimbursement of fluoride varnish application). Information from the Ohio environmental scan in 2020 informed the development of [Ohio's State Oral Health Plan 2021-2022](#).

Impact of COVID-19

The COVID-19 pandemic has significantly impacted health care behaviors and health care use for all Networks for Oral Health Integration projects, including MNOHI. As COVID-19 infection rates vary in the MNOHI region, CHCs shift staffing and focus to accommodate testing and vaccination activities, making it more challenging to consistently engage MNOHI champions and recruit new CHCs for cohort 2.

Project Contacts

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