



Networks for Oral Health Integration

Overview and Project Profiles



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National Maternal and Child Oral Health Resource Center

Introduction

To improve access to and utilization of comprehensive, high-quality oral health care for pregnant women, infants, and children at high risk for oral disease, the Health Resources and Services Administration's Maternal and Child Health Bureau funded the Networks for Oral Health Integration (NOHI) Within the Maternal and Child Health Safety Net. Three projects were awarded funding for a 5-year period (2019–2024).

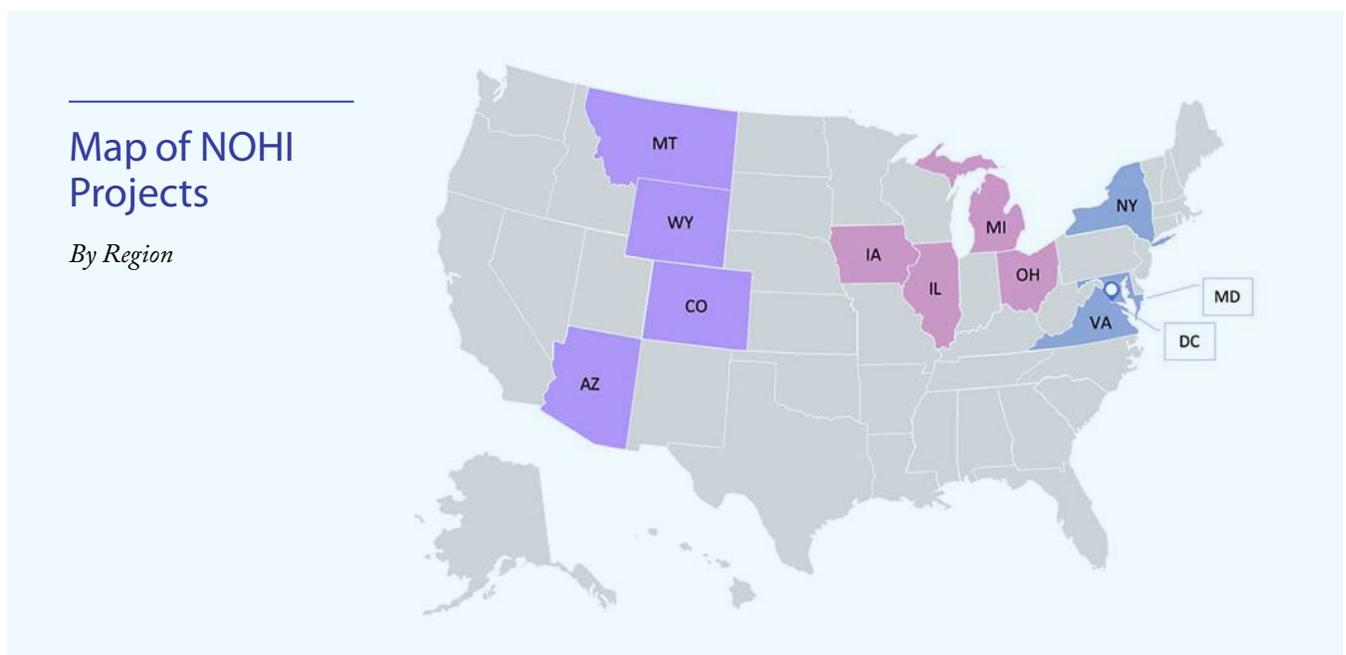
The NOHI projects will each develop, implement, and evaluate models of care using three collective strategies:

1. Enhanced integration of oral health care within maternal and child health safety net services (e.g., community health centers [CHCs]).
2. Increased knowledge and skills among health professionals (including oral health, non-oral-health clinical, and non-oral-health support service professionals) for delivering optimal oral health services.
3. Increased knowledge and awareness of preventive oral health practices among parents and other caregivers to increase adoption of these practices, including use of oral health services.

Each NOHI project team comprises the award recipient, the partners, and the primary care associations and selected CHCs in four states (see map below). Two projects are focusing on pregnant women and infants and children from birth to age 40 months, and one project is focusing on children ages 6–11.

- Midwest Network for Oral Health Integration (MNOHI): Illinois, Iowa, Michigan, and Ohio
- Rocky Mountain Oral Health Network (RoMoNOH): Arizona, Colorado, Montana, and Wyoming
- Transforming Oral Health for Families (TOHF): District of Columbia, Maryland, New York, and Virginia

NOHI projects participate in a learning collaborative (LC) supported by the Center for Oral Health Systems Integration and Improvement project, a consortium led by the National Maternal and Child Oral Health Resource Center in partnership with the Association of State and Territorial Dental Directors and the Dental Quality Alliance. The NOHI LC is also supported by FrameShift Group. The purpose of the LC is to share successes, lessons learned, and challenges focusing on building capacity around the three core functions: (1) data, analysis and evaluation, (2) outreach and education, and (3) policy and practice.



Midwest Network for Oral Health Integration (MNOHI)

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

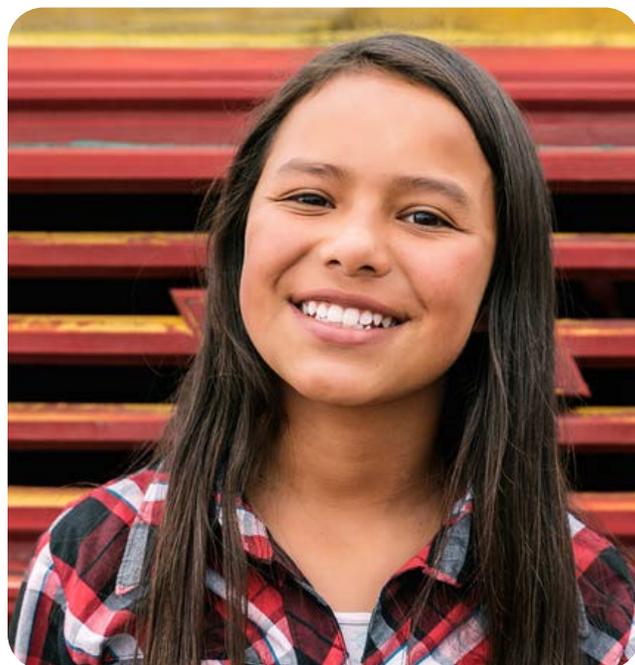
Partners

MNOHI consists of the Michigan Primary Care Association working in partnership with the Illinois Primary Health Care Association, the Iowa Primary Care Association, and the Ohio Association of Community Health Centers. The network 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. The National Network for Oral Health Access (NNOHA) will conduct outreach and education activities.

Approach

MNOHI's goal is for children receiving care in CHCs to have an integrated medical/dental home. To achieve that goal, MNOHI is building on efforts to improve oral health care in network states as well as on national initiatives such as the National Oral Health Innovation and Integration Network, a network of primary care associations (PCAs) and safety net providers working together to increase knowledge about the importance of oral health to overall health.

MNOHI state coordinators (one from each of the four PCAs) serve as liaisons among CHCs in their state. State coordinators are recruiting CHCs and helping them identify MNOHI champions, a team of medical, oral health, information technology, and quality improvement (QI) professionals. State co-



ordinators will provide training and technical assistance (T/TA) to MNOHI champions to develop, implement, and continuously evaluate and improve a model of care for the target population. State coordinators will also provide training to other CHC health professionals and staff, technical support for hiring community health workers (CHWs) to make referrals to dental clinics and follow up with parents and other caregivers, and promotional and educational materials for parents and other caregivers. MNOHI is engaging 23 CHCs across the four-state region in years 1–3 of the project (cohort 1) and anticipates expanding to include 50 CHCs across the four-state region by the end of the 5-year project (cohort 2).



Settings

MNOHI staff applied the following criteria when determining which CHCs in Illinois, Iowa, Michigan, and Ohio to invite to participate:

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

Models of Care

MNOHI state coordinators are working with the first cohort of 23 CHCs to develop, implement, continuously evaluate, and improve a model of care for an integrated medical/dental home for children ages 6–11. The MNOHI models will incorporate the five

domains of the interprofessional oral health core clinical competencies: (1) risk assessment; (2) oral health 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. MNOHI will build on lessons learned during years 1–3 of the project (cohort 1) to expand to 50 CHCs during years 4–5 of the project (cohort 2) to refine the models of care. MNOHI will disseminate best practices to inform efforts for integrating primary care and oral health care.

Core Function Activities

Data, Analysis, and Evaluation

MNOHI state coordinators will work with their CHCs to access data and create a data dashboard to report program data via an integrated health population tool or integrated data system, such as Azara DRVS (Data Reporting and Visualization System). CHCs will receive funding to assist with electronic health record (EHR) enhancement. MNOHI will use mixed methods for gathering and analyzing qualitative and quantitative data to describe, track,

and assess outcomes resulting from project activities. The evaluation will include measuring and assessing process outcomes related to implementation practices as well as policy and systems change needed to sustain the core clinical competencies.

Outreach and Education

During year 1 of the project, MNOHI champions will assist state coordinators with assessing gaps in primary care professionals' (PCPs') knowledge and practices related to preventive oral health care for children (e.g., administering a risk assessment, conducting an oral health screening, providing anticipatory guidance, applying fluoride varnish, providing a referral for application of dental sealants on primary molars).

NNOHA will offer T/TA to PCPs at participating CHCs. NNOHA will use a webinar format to deliver *Smiles for Life: A National Oral Health Curriculum* (focusing on modules 2, 4, 6, and 7) to all PCPs participating in cohort 1. T/TA will also include interdisciplinary in-service trainings for PCPs, one-on-one sessions for oral health professionals to demonstrate to PCP teams how to apply fluoride varnish and to role play conversations with parents, and attendance at an interprofessional conference that includes an oral-health-integration track. In addition, CHCs will receive funding to hire CHWs 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.

Policy and Practice

MNOHI state coordinators will conduct an environmental scan to identify factors that influence the target population's oral health status at the state level (e.g., health professional scope of practice, Medicaid fee-for-service reimbursement for medical and oral health professionals, health care reform/payment innovations) and participating CHCs. The Iowa, Michigan, and Ohio oral health coalitions will help



the state coordinators conduct the scan for their states. Coordinators will use information from environmental scans to gain knowledge about state-level barriers and opportunities for integrating primary care and oral health care and to raise awareness about system changes.

Timeline

During project year 1, MNOHI will recruit its first cohort of CHCs and will develop tools for data collection, analysis, evaluation, training, and parent and other caregiver outreach and engagement and for conducting an environmental scan.

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Rocky Mountain Oral Health Network (RoMoNOH)

RoMoNOH is focusing on primary prevention of dental caries in pregnant women and infants and children from birth to age 40 months who are receiving health care in CHCs throughout Arizona, Colorado, Montana, and Wyoming.

Partners

RoMoNOH consists of Denver Health, Office of Research (lead), and the University of Colorado, Department of Family Medicine (co-lead), working in partnership with the American Academy of Pediatrics (AAP); NNOHA; and PCAs in Arizona, Colorado, Montana, and Wyoming. An additional network partner is Colorado's Cavity Free at Three program at the Colorado Department of Public Health and Environment (CDPHE).

Approach

RoMoNOH staff and partners are developing and will implement an oral-health-integration change package and toolkit to support the integration of oral health clinical competencies into primary care provided in CHCs.

- The project is providing CHCs with TA on adapting their EHR systems to ensure collection of quality-improvement metrics and on creating oral disease registries for population management.
- The change package and toolkit will include integration approaches that support coordinated, co-located, and fully integrated models through face-to-face and virtual telehealth visits.
- The project is leveraging educational resources and developing new e-Learnings, as needed, to transform practices.
- The project will also test a value-based payment approach to provide CHCs with incentives to reach quality-improvement benchmarks.



Settings

RoMoNOH staff are supporting the PCAs in recruiting, contracting, and coaching 30 CHCs in Arizona, Colorado, Montana, and Wyoming. Each PCA will run a state-level learning network collaborative. CHCs' characteristics:

- Provide perinatal and/or infant/child care (those with a large population of infants and young children are prioritized)
- Are located in rural, suburban, and urban communities and mainly in health professional shortage areas
- Have insufficient on-site and/or community oral health services for pregnant women, infants, and young children

Models of Care

In recruiting CHCs, PCAs are proposing at least one model of care that is allowable under providers' scope of practice in the state, is reimbursable by the state's Medicaid agency, and meets the oral health needs and capacity of the CHC.

Options for oral-health-promotion models range from coordinated care to co-located care to integrated care that will be provided by either medical teams (medical professionals and/or their support staff) or medical teams collaborating with oral health professionals (e.g., dental hygienists).

These models offer various degrees of services ranging from five interprofessional oral health core clinical domains for integrating oral health care into primary care (i.e., risk assessment, oral health evaluation, preventive interventions, communication and education, interprofessional collaborative practice) to dental hygiene care embedded in primary care. These models also include delivery of services during face-to-face visits within CHCs as well as during telehealth visits.

Core Function Activities

Data, Analysis, and Evaluation

RoMoNOH staff from Denver Health, Office of Research, and the University of Colorado, Department of Family Medicine, are using the Shared Practices Learning Improvement Tool (SPLIT) for metrics and field notes and to conduct data analyses for evaluation across the four states to ensure that sites are using common metric definitions, data-collection processes, methodologies, and analyses. For evaluation, the project is using the Practical, Robust Implementation and Sustainability Model (PRISM), a multilevel, mixed-method evaluation tool. The evaluation of the project's approach will include a cost/benefit analysis that will compare the costs of implementing the models and providing integrated oral health care to the benefits of providing care at the CHC and state levels.

Outreach and Education

RoMoNOH staff from the University of Colorado, Department of Family Medicine, in partnership with NNOHA and CDPHE, are developing e-learning





modules to train CHC teams. In future years NNOHA and CDPHE will provide subject matter expertise to project staff, PCAs, and CHCs on additional approaches for outreach and education.

Policy and Practice

RoMoNOH staff from AAP will conduct an environmental scan annually in 2020–2024 to gather information about health professional scope of practice, Medicaid fee-for-service reimbursement for medical and oral health professionals, state health care reform/payment innovations, and other areas. Staff will use the information to gain knowledge about state-level barriers and opportunities for integrating oral health care into primary care and to raise awareness about system changes.

Primary Care Associations

PCA staff are recruiting CHCs and establishing learning network and coaching plans. Staff will serve as practice coaches for CHCs and provide support of and input into the development, implementation, and validation of RoMoNOH’s models of integration at CHCs over the course of the project.

Timeline

During project year 1, RoMoNOH is recruiting CHCs; developing tools for data collection, analysis, and evaluation; developing tools for e-learning; and conducting an environmental scan.

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Transforming Oral Health for Families (TOHF)

TOHF is focusing on increasing access to preventive oral health care and primary prevention of dental caries in pregnant women and infants and children from birth to age 40 months who are receiving health care in CHCs throughout the District of Columbia, Maryland, New York, and Virginia.

Partners

TOHF consists of HealthEfficient working in partnership with the Regional Primary Care Coalition (Maryland), the Schuyler Center for Analysis and Advocacy (New York), and the Virginia Health Catalyst (Virginia). The network is also partnering with the Mid-Atlantic Association of Community Health Centers to assist in recruiting CHCs and with the University of Maryland School of Public Health (UMD SPH) to lead outreach and education activities.



Approach

The TOHF team is activating a network of CHCs in the three states and the District of Columbia to develop, implement, and continuously evaluate and improve a model of care for the target population. Using the *Breakthrough Series Collaborative* model developed by the Institute for Healthcare Improvement (IHI), TOHF staff are leading three 18-month LC cycles with approximately 10 CHCs in each cycle for a total of 30 CHCs during the project period.

The TOHF team is supporting CHCs via:

- Face-to-face and remote provider trainings for primary care and oral health professionals serving the target population and staff to improve core competencies in evidence-based oral health practices, communication and education, interprofessional collaborative practice, HIT integration, and optimization of quality improvement data
- One-on-one practice facilitation and group TA
- Peer learning and sharing
- TA for data collection and reporting, HIT optimization, and other needs as projects progress
- Stipends upon start and completion of LC participation

Settings

The TOHF team is identifying CHCs in the District of Columbia, Maryland, New York, and Virginia that meet the following criteria:

- Provide oral health care and primary care to pregnant women and infants and children from birth to age 40 months
- Have 30 percent of the target population enrolled in Medicaid
- Serve as a patient-centered medical home with care coordinators/navigators assisting families with complex health care needs
- Use EHR and electronic dental records (ideally an interoperable EHR)
- Have experience with the Plan-Do-Study-Act (PDSA) cycle and quality improvement

Models of Care

The TOHF team is working with the first cohort of CHCs to build, implement, and continuously evaluate and improve models of care for pregnant women, infants, and children from birth to age 40 months and their families and other caregivers. The team plans to add 20 CHCs (two LC cohorts of 10 CHCs) by the end of year 3 to build on lessons learned during the first cycle of the LC and refine models of care. By the end of the 5-year project period, the TOHF team will identify, refine, and disseminate strategies to support promising models at CHCs.

Core Function Activities

Data, Analysis, and Evaluation

TOHF team members from HealthEfficient will collect, manage, and evaluate data for quality improvement, reporting, and overall project evaluation. HealthEfficient will provide guidance and TA to each CHC on optimizing the data environment for the project, collect and manage standardized project data submitted by CHCs, and generate a data dashboard using Tableau software for visualization of quality improvement progress. Evaluation of health professional trainings will be led by TOHF staff from UMD SPH, who will develop tools to collect and analyze data to evaluate the effectiveness of trainings.

Outreach and Education

TOHF team members from UMD SPH are identifying gaps in knowledge and practices among health professionals and the target population related to preventive oral health services. TOHF team members are also designing and implementing trainings for health professionals that include the interprofessional oral health core clinical competencies (i.e., risk assessment, oral health evaluation, preventive interventions, communication and education, and interprofessional collaborative practice). In addition, TOHF team



members from UMD SPH will develop strategies for patient and parent/caregiver education and trainings for health professionals to effectively implement oral health education and anticipatory guidance.

Policy and Practice

Coordinators from each of the three states and District of Columbia will conduct an environmental scan to identify factors that influence the target population's oral health at the state/district level and at participating CHCs (e.g., health professional scope of practice, Medicaid fee-for-service reimbursement for medical and oral health professionals, state health care reform/payment innovations). Coordinators will identify options and strategies to address access to and delivery of integrated primary oral health services at the state/district level.

Timeline

During project year 1, TOHF is recruiting its first cohort of CHCs and initiating and supporting an LC to support its efforts. TOHF is also developing tools for data collection, analysis, evaluation, and training and conducting an environmental scan.



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