

Transforming Oral Health for Families (TOHF)

The TOHF project is focused on increasing access to preventive oral health care in the primary care setting for pregnant women, infants, and children up to age 40 months. The project is being implemented in selected community health centers (CHCs) in Virginia, New York, Maryland, and the District of Columbia.

Partners

TOHF is led by HealthEfficient working in partnership with Virginia Health Catalyst, the Schuyler Center for Analysis and Advocacy (New York), the Maryland Dental Action Coalition, and the Regional Primary Care Coalition (District of Columbia). The network is also partnered with the Mid-Atlantic Association of Community Health Centers to assist in recruitment of CHCs, and with the University of Maryland School of Public Health to support outreach and education activities.



Approach

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

TOHF is supporting CHCs via:

- Online learning sessions and a curated training curriculum for primary care professionals and staff serving the target population to improve

- core competencies in evidence-based oral health practices, communication and education, interprofessional collaborative practice, health information technology (HIT) integration, and optimization of quality-improvement (QI) data.
- QI tools to assist with planning and implementing oral-health-integration activities, such as a best practice workflow guide, a clinical decision support algorithm, billing guidance, and HIT support and electronic health record (EHR) template examples.
- One-on-one practice facilitation and group technical assistance (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

TOHF applies the following criteria for CHC recruitment and selection in Virginia, New York, Maryland, and the District of Columbia:

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

Models of Care

TOHF is working with participating CHCs to build, implement, and continuously evaluate and improve their family-centered team-based primary care models for delivery of preventive oral health care. Each CHC project team follows a similar approach for integrating oral health care into

primary care in five focus areas (provider knowledge, caries risk assessment, education and anticipatory guidance, fluoride varnish, and referrals), with specific adjustments based on individual CHC needs. TOHF is identifying intervention components that contribute to the successful implementation of the models with the first cohorts (cohort 1 and 1A) and plans to continue implementing, evaluating, and refining the models with two additional cohorts of 10 CHCs each in 2021 (cohort 2) and 2023 (cohort 3). By the end of the 5-year project period, the TOHF team will identify, refine, and disseminate strategies to support promising models of care in CHCs.

Core Function Activities

Data, Analysis, and Evaluation

For data collection and reporting, the HealthEfficient HIT team created templates for collecting de-identified clinical and administrative project data. The team works with individual CHCs to create a data-compliant platform to extract and share the relevant data. Dashboards developed by the HIT team for each CHC allow for visualization of data throughout the 18-month collaborative



cycle and sustainability phase as a tool for assessing progress and supporting implementation of oral-health-integration practices. Data collected through these methods throughout project implementation will also be used for project evaluation.

Outreach and Education

TOHF developed a curriculum for educating primary care professionals and staff, which is delivered to individual CHCs via online learning sessions, coaching sessions, and an online training package. Trainings include the interprofessional oral health core clinical competencies (i.e., risk assessment, evaluation, preventive interventions, communication and education, interprofessional collaborative practice). TOHF worked with the American Academy of Family Physicians and the National Network for Oral Health Access to establish a process whereby primary care and oral health professionals can earn continuing medical education and continuing dental education units for participation in education sessions and to incentivize their participation in the trainings. In addition, TOHF is working to identify best practices, educational materials, and other tools to deliver patient education and anticipatory guidance to support oral health literacy. TOHF assembled oral hygiene kits containing toothbrushes, toothpaste, dental floss, and oral hygiene instructions for distribution to patients and parents and other caregivers at participating CHCs as part of anticipatory guidance and education activities to encourage healthy oral hygiene practices at home.

Policy and Practice

Coordinators from each of the three states and the District of Columbia have been conducting an annual environmental scan since 2020 to identify factors at the state and district levels 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) that influence the target population's oral health. Coordinators are using information from the environmental scans to gain knowledge about state-level barriers and opportunities for integrating oral health care into

primary care and to raise awareness about system changes. Specific policies and regulations that could potentially impact the integration of oral health care into primary care include payor reimbursement for related procedures; adult Medicaid coverage, particularly for pregnant women; and the growth and expansion of telehealth for oral health care delivery. In addition, information gleaned from the environmental scans related to scope of practice helps CHCs optimize clinical workflow, and information about billing regulations has led to the development of a best practice guide on clinical workflow, EHR template generation, and billing practices for preventive oral health care delivered in the primary care setting.

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 TOHF. CHCs continue to experience challenges due to staffing shortages, maintaining and adjusting patient care, and managing testing and vaccination activities. With CHCs overwhelmed by these demands on their time and resources, consistently engaging participating CHCs and recruiting new ones is challenging. In response, TOHF modified project timelines, adapted project plans, and helped participating CHCs set realistic goals for QI. Learning sessions, coaching sessions, and other project meetings were moved to an online platform.

Project Contacts

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