

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 community health centers (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.

Project Contacts

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