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 community health centers (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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