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 community health centers (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.

Project Contacts

Executive sponsor: Alan Mitchell, B.A.
HealthEfficient
E-mail: amitchell@healthefficient.org

Project director: Supriya Doshi, B.D.S., M.P.H., PMP, M.B.A., LSSGBHP
HealthEfficient
E-mail: sdoshi@healthefficient.org

Project manager: Kathleen Luma, M.S.N.
HealthEfficient
E-mail: kluma@healthefficient.org