PIOHQI Monthly Webinar
QI Approaches to Integrate Pediatric Oral Health into Primary Care

Thursday, March 17, 2016
1:00pm – 2:30pm EDT

WebEx Meeting URL:
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   197 142 925 *

3. Enter your Attendee ID:
   2401 *

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Muting/Unmuting

- Mute/Unmute button located near the participant's name.
To share your question or other information with all participants, please use the Q&A box.

Use this for BOTH questions, and also answers you may want to offer.

Q&A can be seen by all

Chat ONLY can be seen by panelists
Friendly Reminder on Webinar Etiquette...
Objectives

- Facilitate cross state sharing around QI approaches around access to pediatric oral health care and creating models for pregnant women

- Discuss strategy development for PIOHQI AIMS

- Prepare state teams for the upcoming In-Person meeting
Agenda

- Roll Call
- State Sharing: Provider Engagement - QI Approaches to Integrate Pediatric Oral Health into Primary Care
- Discussion: QI Approaches in Other Settings
- PIOHQI AIMS – Aligning Strategies
- In Person Meeting, Sunday, April 17, Cincinnati, Ohio
- Wrap up, announcements, next steps, adjourn
ROLL CALL
### State Partners

- CA
- CO
- CT
- ME
- MD

- NM
- NY
- RI
- VA
- WV
- WI
Network Partners

- CDHP
- AMCHP
- ASTDD
- NASHP
- NIPN
- MCHB
Quality Improvement Approaches to Integrate Pediatric Oral Health into Primary Care

National Network for Perinatal Oral Health
March 17, 2016

Kneka P. Smith, M.P.H., Director
Susan Cote, RDH, MS, Program Manager
Eiren Menhennitt, Pediatric Practice Support Specialist

from the first tooth

www.FromTheFirstTooth.org
Approaches to Quality Improvement Across the Stages of Pediatric Oral Health Integration into Primary Care

- Readiness to Change
- EHR Integration
- Defining Measures & Setting Targets
- Charging & Billing
- Workflow
- Supplies & Storage
- Transparent Data Review
- Practice Visits

Discuss issues related to prenatal and pediatric care
Integration of Pediatric Oral Health into Primary Care

Recruitment
- Outreach: Clinical Champions
- Outreach by FTFT
- AAP Outreach
- Readiness to Change

Preparing to Launch
- Team
- In-Person Meeting
  - EHR Integration
  - Measures & Targets
  - Charging/Billing
- Workflow
  - Clinical Roles
  - Periodicity
  - Supplies/Storage

Launch
- Training (CME)
- Documentation with EHR Screen Shots
- Demonstration
- Clinical Competencies

Sustaining Change
- Follow-Ups
  - Periodic (Transparent) Data Review
- Practice Visits
- Collaboration across Practices
- Chart Reviews
- Learning Collaborative
- Quality Metrics
- MOC
- Meaningful Use
- Provider Messaging
- CME via Professional Associations
- Consumer Demand
Recruitment

• Clinical Champions
• Outreach by FTFT
• AAP Outreach
• Readiness to Change
  ✓ Initial Meeting and Practice Questionnaire
  ✓ Assessment of the Practice and Staff
  ✓ Practice Commitment

Getting Started with Oral Health Prevention Services in Your Practice

Congratulations on your decision to provide preventive oral health services to improve your patients overall health. Here is a list of some things to consider in order to be prepared for implementation of the First Tooth initiative.

✓ Determine who will deliver the 4 services:
  • Screening/risk assessment [provider]: __________________________
  • Anticipatory guidance/patient education: _______________________
  • Fluoride Varnish: ___________________________________________
  • Referral to a dental professional: ______________________________

✓ Determine when the services will be delivered:
  • Well Child Visits at: 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 36 months

✓ Determine whether to implement a consent form for parents regarding payment if not covered by insurance:
  • Who will give this to the parent: ______________________________

✓ Create a plan for fluoride varnish materials and oral health information
  • Who will order supplies: ______________________________________
  • Where will they be stored: _____________________________________
  • Where will the patient information be displayed: __________________
  • Who will give the information on fluoride to the parent: __________
  • For the patient visit, who will get the supplies ready: ______________

✓ Establish documentation
  • EMR: Who will add dental fields: _______________________________
  • EMR: Who will enter the data during the visit: ____________________
  • Who will add the dental codes to the billing sheets and the billing system: ____________________________

✓ Identify and incorporate prompts for providers and patients.

✓ Schedule a date for training your practice: _______________________

Note: From The First Tooth will provide the practice with posters, reminders, and patient education materials. All materials are available in the Training Toolkit and on the website: www.fromthefirsttooth.org

Questions about implementation or other aspects of the program?
Contact Susan Cote, Program Manager at 207.662.6309 or CCT154@mainehealth.org
Adapted by From The First Tooth. Used with permission from WA Dental Service Foundation
Preparing to Launch

- EHR Integration
- Define Measures and Set Targets
- Charging/Billing
- Workflow
  - Clinical Roles
  - Periodicity
- Supplies/Storage

TO-DO LIST:
1. PREPARE TO LAUNCH!
• D0145 – Oral Evaluation
  1. Risk screening questions
  2. Physical Assessment of the mouth and teeth (by provider)
  3. Oral Health Plan: parent education, recommendations for dental care, referral to dentist

• D1206 – Fluoride Varnish

• Charging & Billing

• Establishing Fees

• Data Reporting, Targets & QI
Electronic Medical Record Integration Guide: Pediatric Oral Health in Primary Care Practices (Documentation, Coding, Charging, Billing & Measurement)

The purpose of this document is to guide medical providers and representatives from information technology departments as they consider integrating pediatric oral health into primary care medical practices in Maine. This guide outlines three general areas for consideration:

1. Documentation:
   A. Oral evaluation and risk assessment
   B. Fluoride varnish
   C. Oral health plan
      i. After Visit Summary Options
   2. Establishing Fees, Charging Fees and Billing for Services
   3. Measuring Progress/Establishing Reports

There are two appendices that include After Visit Summary options as well as samples of screen shots from a variety of EMR systems. This guide was developed after working with over 150 medical practices and many electronic medical records.

Documentation

A. Documentation of Oral Evaluation and Risk Status

MaineCare has approved an oral evaluation and risk assessment instrument that includes eight elements. The dental procedure code associated with this assessment is the DO145 (Oral Evaluation for children under 3 years of age).

For reimbursement, MaineCare requires four steps including:
1. Question about the existence of a current/prior primary dentist/dental home.
2. Risk screening questions based on oral health history.
3. Risk assessment of mouth and teeth performed by licensed provider.
4. Oral health plan, which includes parent education about the importance of establishing a primary dentist/dental home for the child and referring to a dentist (when possible).

The first three elements are addressed in this section (A/Table 1) and the fourth element (oral health plan) is addressed in Section B/Table 2. Table 1 includes eight questions required for the Oral Evaluation and Risk Assessment followed by two methods for calculating risk status. The technological configurations for each of the eight questions are included in Table 1.

---

**Table 1**

<table>
<thead>
<tr>
<th>Q#</th>
<th>Text</th>
<th>Response Options</th>
<th>EHR Action</th>
<th>Coding Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Does the child have teeth?</td>
<td>No - STOP</td>
<td>No - Prompt Oral Health Plan - Anticipatory Oral Health Education</td>
<td>If No: Consider coding so that a charge is not dropped and a bill is not generated. A second option is to keep all remaining fields closed. If Yes: Open Question 2</td>
</tr>
<tr>
<td>2</td>
<td>Has the child seen a dentist in the past year?</td>
<td>No - Continue</td>
<td>Yes - Open Question 2</td>
<td>No - Prompt Fluoride Sealant Application</td>
</tr>
<tr>
<td>3</td>
<td>Does the child have his/her teeth brushed daily with toothpaste?</td>
<td>No</td>
<td>Yes - STOP</td>
<td>No - elevated risk factor and/or value 1</td>
</tr>
<tr>
<td>4</td>
<td>Has the child ever had cavities or fillings?</td>
<td>No Yes</td>
<td>Yes - elevated risk factor and/or value 1</td>
<td>Yes - elevated risk factor</td>
</tr>
<tr>
<td>5</td>
<td>Has the mouth/primary caregiver had actively untreated cavities in the past year?</td>
<td>No Yes</td>
<td>Yes - elevated risk factor and/or value 1</td>
<td>Yes - elevated risk factor</td>
</tr>
<tr>
<td>6</td>
<td>Is there visible plaque on the teeth?</td>
<td>Yes</td>
<td>Yes - elevated risk factor and/or value 1</td>
<td>Yes - elevated risk factor</td>
</tr>
<tr>
<td>7</td>
<td>Are there signs of visible decay or white spots on the teeth?</td>
<td>No Yes</td>
<td>Yes - elevated risk factor and/or value 1</td>
<td>Yes - elevated risk factor</td>
</tr>
<tr>
<td>8</td>
<td>Does the child have other oral conditions of concern (abcess, broken tooth, pain, etc.)?</td>
<td>No Yes</td>
<td>Yes - elevated risk factor and/or value 1</td>
<td>Yes - elevated risk factor</td>
</tr>
<tr>
<td>9</td>
<td>Caries Risk Assessment:</td>
<td>Moderate/High Risk Low Risk</td>
<td>Child with 1 or more elevated risk factors Child with zero elevated risk factors</td>
<td>Determined based on the results of the eight oral evaluation questions above. Auto-calculation is strongly recommended vs. provider entry for this field.</td>
</tr>
</tbody>
</table>

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*DO145: Oral Evaluation of Children Under 3 Years of Age by Medical Providers, MaineCare Services, 11/19/2014.*
## Oral Health Assessment - Oral Health Assessment

**Time taken:** 1250 2/17/2016

### Dental Home Assessment and Caries Risk Screening

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the child have teeth?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the child have his/her teeth brushed daily with toothpaste?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the child ever had cavities or fillings?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Has the mother/primary caregiver had active/untreated cavities in the past year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the child seen a Dentist in the last year?</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

### (PROVIDER ASSESSMENT)

<table>
<thead>
<tr>
<th>Question</th>
<th>Is there</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>visible plaque on the teeth?</td>
<td></td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>signs of visible decay or white spot lesions on the teeth?</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>child have other oral conditions of concern?</td>
<td></td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**Risk Assessment Score:** 0 is Low Risk, 1 or more is High/Moderate Risk

**Risk Assessment RESULT:**

- Low Risk
- High/Moderate Risk

### Fluoride Varnish?

- Applied fluoride varnish (D1206)
- Did not apply Varnish
Define Measures and Targets

Model 1
Individual practice or smaller healthcare setting

- **4 by 4 (Under 48 months):**
  - Actual: 2014: 19%  2015: 45%
  - Target: 20%

- **Well Child Visits:**
  - Actual: 2014: 19.35%  2015: 50%
  - Target: 20%
Model 2

Large, Integrated Healthcare System

Measure examples

- Established dental home
- Oral evaluations completed
- Fluoride varnish applied
- Fluoride varnish applied without a dental home
- 4 by 4 (Four fluoride varnish before turning 4 years old)
## MAINTENANCE OF CERTIFICATION: 4 Oral Health Metrics

<table>
<thead>
<tr>
<th>Fluoride Varnish (2)</th>
<th>Oral Evaluation</th>
<th>Dental Home</th>
<th>Well Child Visit (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Numerator(s):</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children with:</td>
<td>Children with:</td>
<td>Children with:</td>
<td>WCV with:</td>
</tr>
<tr>
<td>-FV: YES</td>
<td>-OE: YES</td>
<td>-Dentist in last year: YES</td>
<td>-FV &amp;/or OE: YES</td>
</tr>
<tr>
<td>-FV: DECLINED</td>
<td></td>
<td></td>
<td>-FV: YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-OE: YES</td>
</tr>
<tr>
<td><strong>Denominators:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OV in measurement period; with teeth</td>
<td></td>
<td>WCVs in measurement period; with teeth</td>
<td></td>
</tr>
<tr>
<td><strong>Age(s)/ Visits:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;24 mo</td>
<td>&lt;24 mo</td>
<td>&lt;24 mo</td>
<td>Visits: 12, 15, 18, 24, (30), (36), (48), (60)</td>
</tr>
<tr>
<td>CIR: 9 to &lt;47 mo</td>
<td>CIR: 9 to &lt;47 mo</td>
<td>CIR: 9 to &lt;47 mo</td>
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</tr>
<tr>
<td>Alt: 12 to &lt;71 mo</td>
<td>Alt: 12 to &lt;36 mo</td>
<td>Alt: 12 to &lt;71 mo</td>
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<td></td>
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<tr>
<td><strong>Baseline:</strong></td>
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<td></td>
</tr>
<tr>
<td>CIR: Range 7-49%</td>
<td>CIR: Range 13-56% (Mean 34%)</td>
<td>CIR: Range 21-40%</td>
<td>CIR (1): 8% (2012)</td>
</tr>
<tr>
<td>Alt: No baseline</td>
<td>Alt: No baseline</td>
<td>Alt: No baseline</td>
<td></td>
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<tr>
<td><strong>Targets:</strong></td>
<td></td>
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</tr>
<tr>
<td>50%</td>
<td>45%</td>
<td>Baseline + 20%?</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Considerations:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Age (12 mo)</td>
<td>-Age (&lt;36 mo)</td>
<td>-Age (12 mo)</td>
<td>Align visits with periodicity schedule?</td>
</tr>
<tr>
<td>-WCV or OV</td>
<td>-WCV or OV</td>
<td>-Age stratified -WCV or OV</td>
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</tbody>
</table>
Percent of children who have had fluoride varnish applied in primary care in the past year:

- Without a dentist – Baseline: 45% (9-47 months)
- With a dentist – Baseline: 26% (9-47 months)
- All children 12 to <72 mo – Target: 50%
How do/would you define success in your perinatal work?

What measures have you considered for integrating oral health into prenatal care?
After Visit Summary:
Anticipatory Guidance (all) includes recommendations to take child to dentist.

Well Child Exam
Medical Provider - Oral evaluation and oral health plan completed, application of fluoride varnish and parent/caregiver education

Vitals Signs Taken
Medical assistant initiates the caries risk screening with parent/caregiver and parent/caregiver education

Parent Checks in with Receptionist
Parent receives information about fluoride

Parent/ Child Arrives to the PCP
Posters and educational materials in reception area

Medical Assistant
Fluoride varnish can be applied at the same time as immunizations with provider orders.

Dental Home:
Make Referrals as needed (fax)
**FLUORIDE: 4 by 4**

4 fluoride varnishes by 4 years reduces tooth decay¹,²

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Periodicity Schedule & Alternatives for Pediatric Preventive Oral Health in Primary Care

Schedule is based on the eruption of the first tooth and MaineCare reimbursement limitations.

MaineCare covers reimbursement to medical providers at $20 twice per calendar year for an Oral Evaluation (D0145) for patients under 3 years of age. MaineCare covers reimbursement to medical providers at $12 for fluoride varnish (D1206) on the following schedules:

(a) Twice per calendar year for children under age 3 years; and
(b) twice per calendar year with at least 150 days between applications for children ages 3 and over.

---

### Periodicity Schedule: Preventive Oral Health in Primary Care

<table>
<thead>
<tr>
<th></th>
<th>6 months</th>
<th>9 months</th>
<th>12 months</th>
<th>15 months</th>
<th>18 months</th>
<th>24 months</th>
<th>30 months</th>
<th>36 months</th>
<th>4 Y</th>
<th>5 Y</th>
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<tbody>
<tr>
<td>Parent and Caregiver Education</td>
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<td>Oral Evaluation</td>
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<tr>
<td>Refer/Recommend to the dentist</td>
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</table>

### Alternative 1

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<th>6 months</th>
<th>9 months</th>
<th>12 months</th>
<th>15 months</th>
<th>18 months</th>
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<td>Oral Evaluation</td>
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<td>Fluoride</td>
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</table>

### Alternative 2

<table>
<thead>
<tr>
<th></th>
<th>6 months</th>
<th>9 months</th>
<th>12 months</th>
<th>15 months</th>
<th>18 months</th>
<th>24 months</th>
<th>30 months</th>
<th>36 months</th>
<th>4 Y</th>
<th>5 Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent and Caregiver Education</td>
<td></td>
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<td>Oral Evaluation</td>
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<td>Fluoride</td>
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</tbody>
</table>

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• Do you have sample work flows for obstetrics?

• Which visits do you recommend incorporating oral health into prenatal care?
Barrier: Storage of Fluoride Varnish

- The Joint Commission’s Ambulatory Care Accreditation restricts any prescription to be stored in exam rooms without a lock

Solutions:

- Medical assistants applying fluoride
  - Store with the immunization
- Medical providers applying fluoride
  - Invest in locks
What are some of the barriers that you have encountered?
Sustaining Change

- Follow-Up Calls
- **Periodic (Transparent) Data Review**
- **Practice Visits**
- Collaboration across practices
- Chart Reviews
- Learning Collaborative
- Quality Metrics
- MOC
- Meaningful Use
- Provider Messaging
- CME via Professional Associations
- Consumer Demand
Early Pediatric Oral Health by Practice
2/2/2015 - 2/2/2016
Source: Clinical Improvement Registry

Dentist Seen within the last year
Oral Evaluation Completed
Fluoride Varnish Applied
Fluoride Varnish without a Dentist
4X4
• Dedicated quality improvement practice visit(s) to observe staff and identify opportunities to unify workflows (Practice D)

• Fluoride Varnish Applied Measure:
  ✓ Low percentages directly related to an EHR reporting issue.
  ✓ Increased 15% points system wide
  ✓ Greatest increase was seen at Practice D—percentage points increased an astounding 38%.
From The First Tooth

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- **Ruth Lawson-Stopps**, MPA, RN, Program Manager, Before The First Tooth, rlawsonsto@mainehealth.org, 207-661-7814
- **Eiren Menhennitt**, Pediatric Practice Support Specialist, emenhennit@mmc.org, 207-482-7068 (Quality Improvement)

Website: www.fromthefirsttooth.org

Facebook: https://www.facebook.com/fromthefirsttooth

Videos: https://www.youtube.com/channel/UC9aqDPL6pYIVDsBOCjIHZjKQ
Acknowledgements:

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This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H47MC28898, Children’s Oral Healthcare Access Program, $250,000 (or $1,000,000,000). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government. Special thanks to the Children’s Dental Health Project in the creation of this presentation.
PIOHQI AIMS – Aligning Strategies
AIM Statements

• By September 2019, increase by 15% over the state baseline the percent of women who have received oral health care, defined as prophylaxis, during pregnancy, as measured by the PRAMS (or equivalent) survey data.

• By September 2019, increase by 15% over the state baseline the percent of infants who have received preventive oral health care (including check-ups, dental cleanings, x-rays, fluoride varnish, sealants, and/or anticipatory guidance), as measured by the NSCH data on dental visits for 12-24 month olds (proxy measure).
PIOHQI AIMS – Aligning Strategies

- Provider Level
- Policy Level
- Outreach to pregnant women and infant caregivers
Face-to-Face Meeting
Sunday, April 17, Cincinnati, Ohio

- Registration
- Broad Agenda Overview
- How to Prepare
Face-to-Face Learning Session

Sunday, April 17th
8:00am – 5:00pm
Preceding the National Oral Health Conference
Cincinnati, OH
Planning

- Reviewed October AAR
- Sustain:
  - Sense of camaraderie
  - State sharing
  - Interactive vs. Didactic
- Improve:
  - More networking time
  - “Things we can’t do in webinars”
  - Involve states in planning process
Planning

Intended Results

- Space to cultivate relationships
- Showcase how states are implementing (not planning)
- Improve confidence and competence in utilizing QI tools
- Provide additional information on how PIOHQI is evolving
- Guide states in developing specific action steps
What to Expect

- INTERACT with colleagues
- SHARE your experiences
- LEARN from others
- IDENTIFY what to do next
How to Prepare

- **BRING**
  - As many team members as you can
  - Resources to share
  - Business cards
  - Calendars
  - Questions
  - Stories
  - Thinking hats
  - Open minds

- **PRE-WORK**
Questions/ Comments
Wrap up, Announcements, Next Steps

- QI Mentorship Application Deadline: Friday, March 18, 2016
- TA Visit Request Deadline: Thursday, March 31, 2016
- Face-to-Face Meeting Registration Deadline: Thursday, March 31, 2016
- Face to Face Meeting: Sunday, April 17, 2016
- QI Process Sharing on Upcoming Webinars
Next Call
Thursday, May 19, 2016 1:00-2:30 EDT
THANK YOU!