

Level of Implementation

- Practice

Target Populations

- Pediatric & Adults
- Rural

Improvement Goal

Decrease % of patients in need of a surgical intervention **by 20%**

- Increase dental referrals completed by **20%**
- Increase patients in target population with oral health risk assessment documented to **80%**
- Increase patients in target population with self-management goals reviewed and documented to **80%**
- Increase pediatric patients receiving Fluoride application to **50%**

Essential Partners

- Primary Care Teams
- State offices of rural health
- Community Support Organizations
- Oral Health Care Teams

Key Measures

- Fluoride Application
 - Oral Health Self-Management Goal Setting
 - Oral Health Evaluation (Risk Assessed)
 - Referral Initiated
 - Referral Completed
- Preliminary findings were focused on pediatric population. Continued research will include measures for adult population as well

DQA Quality Innovators Spotlight: *The Inside Story*

How did this project start?

In 2015, the DentaQuest Partnership partnered with the South Carolina Office of Rural Health and Medical University of South Carolina to pilot test models for integrating oral health into 6 rural primary care practices and establishing dental care referral networks.

Drawing from experience gained during a 12-month learning collaborative in South Carolina, MORE Care expanded to two new states in 2016, partnering with the Colorado Rural Health Center and the Pennsylvania Office of Rural Health to support 17 rural primary care sites in those states. The goal was to expand knowledge and experience by testing integration and coordination strategies in new environments to determine feasibility, challenges, and successes.

In 2018, DentaQuest partnered with the Central Oregon Health Council to test strategies in Oregon's CCO (coordinated care organization) environment. The state's healthcare landscape allows for opportunity to test oral health integration and care coordination under a unique healthcare model, and allows for further learning around interconnectivity and healthcare data exchange.

What were the key strategies to achieve the improvement goal?

MORE Care utilized the IHI Breakthrough Series quality improvement approach for this work in partnership with participating primary care practices. DentaQuest project staff supported participating primary care practices or "teams" through a combination of individual coaching and facilitation of shared learning through webinars and in-person sessions. Activities that teams participate in included:

- ❖ Monthly team coaching calls or visits
- ❖ Monthly review of quality improvement data
- ❖ Monthly Action Period Calls (webinars)
- ❖ In-person Learning Sessions (typically 3 sessions throughout the course of the program)

Teams initially developed a project aim and action plan to begin their work. A Plan-Do-Study-Act (PDSA) methodology was recommended for teams to test integration strategies for various care components such as oral health risk assessment and fluoride varnish.

Once oral health integration activities were successfully woven into the primary care office workflow, practices then placed additional focus on building referral and consultative relationships with dental providers.

Toward the end of the collaborative, focus was shifted to sustainability of the work. Often by this point, successful teams had implemented ideal workflows for integration, and were still testing coordination strategies with dental partners. Planning for sustainability included developing policies and procedures around oral health, involvement of business operations in team planning, increasing staff and provider awareness, and understanding EHR workflows.

Specific strategies or key drivers included:

- ❖ Stratified care management based on risk assessment.
- ❖ Culture, leadership and infrastructure support for oral health integration and coordination
- ❖ Payer alignment to support care models
- ❖ Referral networks ensure prompt provision of care coordination

Measurement Data Source

- Participating practices submit data on a monthly basis using self-reported methods. Data was pulled from electronic health records with assistance from MORE Care project staff.

More Information

Kelli Ohrenberger, MA
Director, Interprofessional Care
DentaQuest Partnership for
Oral Health Advancement

Email:

Kelli.ohrenberger@dentaquest.com

Website:

[https://
www.dentaquestpartnership.o
rg/learn/quality-improvement-
initiatives/
medical-oral-expanded-care](https://www.dentaquestpartnership.org/learn/quality-improvement-initiatives/medical-oral-expanded-care)



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The DQA Quality Innovators Spotlight (QIS) compiles quality improvement stories from around the nation to share knowledge and spread successful changes regardless of whether DQA was involved in the project. Inclusion in the QIS in no way implies DQA's endorsement of a program.

What improvements were achieved?

Data from participating MORE Care clinics in South Carolina, Pennsylvania, Colorado and Oregon were analyzed to evaluate the impact and timing of change tactics on participating teams and organizations.

Clinics self reported data on a monthly basis for three measures -- pediatrics patients with:

- 1.) fluoride varnish applied
- 2.) oral health risk assessed, and
- 3.) self-management goals reviewed.

Data were aggregated and assessed at key intervals for up to 18 months following the last collaborative learning session.

Results include:

- ❖ The average proportion of pediatric patients receiving fluoride varnish increased from 25% to 40% between the 1st and 3rd collaborative learning sessions, with sustained effects up to 18 months later.
- ❖ The proportion of pediatric patients with self-management goals increased from 25% to 62%.
- ❖ There was more variation in the proportion of pediatric patients with oral health risk assessments completed, being more successful in Colorado than in the other states.

What were the main challenges that needed to be overcome?

One of the greatest challenges for MORE Care program practices was limited dental care access points to close referral loops which meant parents often faced significant travel distances for necessary oral health care.

Another major barrier to improving patient navigation and referral support is the paucity of Health Information Technology to support care coordination and referral management between primary care and dental practices.

Yet another challenge was the inconsistency of reimbursement for oral health services across medical and dental payers. For example, while application of fluoride varnish (CPT 99188, CDT D1206) tends to be more widely reimbursed across public and commercial payors, the oral health assessment code (D0191) is less so. Primary care teams reported that creating different workflows for different payors does not align with their organization's mission, and in some cases stopped sending claims thereby jeopardizing sustainability.

What was the overall impact of the program?

The MORE Care program was effective in creating an operational structure for integrating oral health care into rural primary care practices. MORE Care's person-centered oral health model provided primary care clinics with the tools and processes to improve health outcomes and foster provider-patient collaboration. Its adaptable framework allowed clinics to create localized solutions that promote long-term sustainability within the communities they serve.

MORE Care not only provided an effective framework to integrate and coordinate oral health care for practices, but also provided clinic-level data demonstrating that patients who receive oral health assessments at well-child visits are also likely to get other oral health care or dental preventive services. Care improvement initiatives like MORE Care play a vital role in connecting practice-level experience to inform changes in the larger health system.

DQA OPINION: What would it take to spread this change?

The MORE Care project is designed to pilot the integration of oral health into primary care. Through the successful implementation of these pilots, the program has demonstrated improvements in pediatric oral health. Many of the suggested can be implemented by other organizations seeking to improve oral health outcomes.

The opinions expressed in this section are those of the DQA's Implementation and Evaluation Committee based on their individual expertise and experiences.