



DENTAL QUALITY ALLIANCE:
*MEDICAID QUALITY
IMPROVEMENT LEARNING
ACADEMY*

REPORT FROM THE DQA IMPLEMENTATION
AND EVALUATION COMMITTEE

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EXECUTIVE SUMMARY

The Medicaid Quality Improvement Learning Academy (MeQILA) was an 18-month pilot that was launched in January 2019. The Dental Quality Alliance (DQA) worked in partnership with three states, Kansas, Missouri, and Ohio, to create state teams that would address systemic challenges and make improvements in oral health care within their state. Oversight for the project was provided by DQA's Implementation and Evaluation Committee (IEC).

Highlights of state achievements:

1. The Kansas team is focused on improving oral health care access to Medicaid beneficiaries with special healthcare needs. The project has been formally established as the "Dental Home Coalition" within the state and secured additional funding that will support further establishing and scaling the project.
2. The Ohio team is pursuing a broader strategy built around developing relationships with other stakeholders to establish value-based dental care within Ohio Medicaid.
3. The Missouri team is focused on increasing the number of oral health evaluations in pregnant women with a Medicaid dental benefit. The project experienced a 54% increase during the first quarter of 2020.

The pilot project resulted in several lessons learned that are applicable across all programs that are focused on pursuing system level quality improvement (QI) initiatives. Critical success factors for launching successful QI initiatives include the following:

1. Ensuring that there is an adequate QI expertise within a state team to successfully carry out a QI project. Specifically, there should be at least one individual with knowledge and experience in applying improvement methodology in the setting in which the proposed project will be conducted.
2. Ensuring key stakeholders within each state are engaged and committed to investing the time, resources, perspectives, and influence needed to further support the success of the project.
3. Sustaining commitment and ongoing collaboration among all of the participants within the team.
4. Applying small tests of change through the use of Plan-Do-Study-Act (PDSA) cycles allows teams to identify promising interventions and establish reliable processes that yield improvements in key measures prior to scaling interventions for broader use.

MeQILA was founded upon the premise that established QI methodology could be used to drive improvement in oral health care within state Medicaid programs. State oral health programs, and other organizations involved in oral health care delivery, seeking to improve oral health care outcomes lack the resources, QI expertise, and guidance necessary to successfully realize their improvement goals. To meet these needs, and to support oral health care performance assessment and quality improvement, the Dental Quality Alliance is expanding the MeQILA to become a technical resource center.

PURPOSE

The purpose of this report is to summarize the outcomes of the Medical Quality Improvement Learning Academy pilot project that was conducted by the Dental Quality Alliance (DQA).

The Medicaid Quality Improvement Learning Academy (MeQILA) was an 18-month pilot that was launched in January 2019. The Dental Quality Alliance (DQA) worked in partnership with three states, Kansas, Missouri, and Ohio, to create state teams that would address systemic challenges and make improvements in oral health care within their state. The pilot was designed for the DQA to partner with state Medicaid programs and key stakeholders to identify opportunities for improvement within their current oral health systems and to develop and test improvement interventions.

The DQA's goal throughout the process was to support each pilot state with its efforts to improve the delivery of oral health care and/or oral health outcomes for Medicaid beneficiaries through the application of quality improvement methods.

PROCESS

Pre-Launch

- *Internal Capacity Building*

Oral health and quality improvement experts were invited to serve as expert faculty to provide guidance to state teams and staff. Two consultants were identified to serve as improvement advisors for state teams to consult as the teams worked through their projects. Expert faculty, consultants, and advisors included: Jim Crall, Patrick Finnerty, Jill Herndon, Neva Kaye, Lynn Mouden, Colin Reusch, Andrew Snyder, Jane Taylor, and Gretchen Thompson.

- *State Engagement – Selection*

The DQA issued an invitation to states to participate in the MeQILA during the second quarter of 2018. States that expressed interest in participating in the pilot were screened to assess their capacity to participate in the pilot. Each state participated in introductory webinars outlining the purpose of the pilot and the process that would be used for the MeQILA. Three states were selected to participate in the pilot based upon the initial screening and orientation process.

Launch

- *Pilot Launch*

The official MeQILA pilot launch began in January 2019 with a series of web-based educational sessions that walked state teams through the tenets of quality improvement using key components of the Lean Six Sigma and IHI Model for Improvement organizational improvement processes. Pre-work was assigned to each state team to obtain qualitative and

quantitative data that provided faculty and coaches background information on the state, its programs, and processes.

- *In-Person Meeting*

States attended a two-day kick-off meeting in March 2019 to receive in-depth technical assistance from their assigned faculty and coaches, and to participate in shared learning. State teams developed their overall project aims and created their initial driver diagrams during the meeting to support their project implementation. At the conclusion of the meeting, each state team left with a roadmap for moving their project forward and specific 30-, 60-, and 90-day action plans.

- *Resources*

States received technical assistance through expert faculty and coaches, shared learning through the collaborative, and financial support to attend the in-person meeting. Additional financial resources were not provided to the states as part of the pilot.

- *Ongoing Engagement*

Action period calls were held periodically (monthly or bimonthly) to allow states to report status updates, receive technical advice from faculty and consultants, and participate in educational sessions with key stakeholders in oral health program improvement.

Coaches were used specifically to work with each individual state when identifying strategies to overcome barriers. Additionally, they created tools and resources for state teams to use when moving their projects forward. States were also afforded the opportunity to regularly engage DQA staff, MeQILA coaches, and MeQILA faculty as needed.

The DQA MeQILA project team also held individual calls with state teams to provide targeted technical assistance to each team, provided guidance based on team progress reports, and advised state teams about tools and resources to support their efforts.

GOALS AND OUTCOMES

The following paragraphs summarize the goals and outcomes of all of the MeQILA pilot projects.

Kansas: Dental Homes for People with Special Needs

The goal of the Kansas team was to improve the process used to connect Medicaid beneficiaries with people with special needs to dental providers. Two communities, Hays and Wichita, were identified as communities to test proposed interventions. The Kansas team was comprised of key stakeholders representing the state oral health coalition, state dental association, state Medicaid agency, a managed care organization, and the community developmental disability organization. The team also recruited two dental champions within the target counties to promote the project to other dentists.

The managed care organization, in partnership with the community developmental disability organization, has identified 10 families with special needs individuals and connected them with participating providers to schedule and receive an oral health evaluation. This intervention was designed for the team to test whether or not there will be an increase in the number of individuals with special needs receiving oral health evaluations in the identified communities. The team began connecting these individuals to providers in February 2020.

The team has also been formally established as the “Dental Home Coalition” within the state and secured additional funding that will support continuing and scaling the project.

Missouri: Increasing Oral health Evaluations in Pregnant Women

The initial goal of the Missouri team was to improve HEDIS scores for oral health evaluation in children; however, the team changed the goal in 2019 to increase the number of pregnant women receiving oral health evaluations in Cole County. The team was comprised of key stakeholders representing the state Medicaid agency, state Public Health department, state dental association, and the state oral health coalition. There was representation from a managed care organization during the initial third of the project.

The team developed communication and marketing tools to educate pregnant Medicaid beneficiaries about the dental benefits that are available to them during their pregnancy. The team also developed tools and resources to post these materials in local health centers.

Through the oral health improvement taskforce, the team conducted an in depth review of marketing material developed by the managed care organization for pregnant women to ensure they include language to encourage pregnant women to seek oral health services. The team moved forward with designing and launching an awareness-raising and educational campaign to assess whether or not they can increase the number of pregnant Medicaid beneficiaries receiving oral health evaluations.

Early results of the project have demonstrated favorable results. During the first quarter of 2020, the state experienced a 54% increase in the number of dental claims submitted for pregnant women who received oral health evaluations.

Ohio: Establishing Value-Based Care in Ohio Medicaid

The original goal of the Ohio team was to increase the number of providers providing services to Medicaid beneficiaries in Defiance County. The team was comprised of key stakeholders representing the state Medicaid agency, state Public Health department, state dental association, state oral health coalition, and a local managed care organization. The initial strategy of engaging local dentists in the identified county proved unsuccessful because many of the dentists in the county were providing charity care for Medicaid beneficiaries or uninsured; additional efforts included engagement with a local community organization to identify alternative strategies.

Based on their experiences with Defiance County, the Ohio team decided to pursue a broader

strategy built around developing relationships with other stakeholders to establish value-based dental care within Ohio Medicaid. The team recently added representatives from DentaQuest's value-based dental care project and former ADA President, Dr. Joe Crowley.

Since refocusing their efforts, the Ohio team held an initial one day meeting of all of the major stakeholders during which, they decided to establish a formal collaborative dedicated to addressing oral health improvement within the state. The team is working with an organization that specializes in convening groups to address broad initiatives via listening sessions (Design Impact), and has secured additional funding to support its work around establishing value-based care in Medicaid moving forward. They will be hosting their first formal listening session in October 2020.

LESSONS LEARNED

Quality Improvement Infrastructure

The MeQILA was founded upon the premise that quality improvement methodology could be employed to drive improvement in oral health care within state Medicaid programs. The goal of the MeQILA pilot was for the DQA to partner with state teams to help identify program improvement aims and apply quality improvement methods to develop at least one intervention that could be scaled up for larger impact within the state.

One of the key lessons learned from the MeQILA pilot is that it is essential to have adequate quality improvement infrastructure within a state team to successfully carry out a QI project – i.e., one (and ideally more than one) individual with knowledge and experience in applying QI methods in the context or setting in which the proposed project will be conducted. Having this 'internal' QI working knowledge and expertise is critical to designing and sustaining the methods necessary for a QI initiative. If future iterations of oral health improvement projects are pursued, expertise in overall quality improvement within the state teams should be a requirement for participation.

When implementing a quality improvement project it is also essential to galvanize the participating teams around a common aim or problem statement that is developed based upon input from all of the key stakeholders. This shared vision will continually serve as a true north for the project and allow faculty and coaches to provide targeted technical assistance and allow teams to share strategies to overcome barriers. The AIM also serves as the foundation for all of the pre-work that state teams will complete prior to launching the project. If this statement hasn't been clearly and explicitly defined, it will be difficult for the team to focus on a specific population and effectively implement small tests of change.

Stakeholder Relationships

The success of initiatives such as MeQILA hinges on the involvement of key stakeholders within each state, commitment from those stakeholders, and collaboration among all key stakeholders. Addressing improvement within the state requires each stakeholder to leverage its resources, perspectives, and influence. State dental associations can provide access to local dentists, ensure that 'front-line' dental perspectives are represented, and can help communicate the progress and success of pilot projects to dental professionals within their state. Oral health coalitions can employ their advocacy expertise and leadership in support of the team's efforts and directly contribute to the teams' successes. Additionally, incorporating clinical care sites that can pilot the identified change ideas are key to determining if they will result in an improvement. The quality improvement lead should also have a direct link to the Medicaid agency representative(s) to better facilitate the scale-up of projects that seek to impact policies.

Team Commitment and Collaboration

In addition to having a solid internal quality improvement infrastructure and involving key stakeholders within each state, conducting a successful learning MeQILA collaborative is dependent upon organized and sustained commitment and collaboration among all participants. For a team to succeed, it is imperative for the team have strong leadership to provide a vision for system-wide improvement and the ability to motivate team members to maximize their contributions to the project. The ideal team leader/champion is a knowledgeable, experienced individual who can ensure all milestones and deliverables are consistently monitored, discussed, achieved, and reported. Furthermore, the team leader should have the ability to garner resources necessary to ensure the project stays on track to completion. Maintaining accountability and highlighting the strengths of each stakeholder is key to emphasizing the value of their respective contributions and successful completion of the project. The team should also include representation from the organizations that are being asked to change.

State Selection

Incorporating proactive screening of interested states through targeted pre-work will allow faculty and coaches to better assess states' readiness. The pre-work should focus on the collection of qualitative and quantitative data. It should also include evidence of demonstrated attempts to move toward improvements in oral health. Laying this groundwork before asking teams to consider implementing the tenets of quality improvement is an essential component to teams' success.

Testing Improvement Strategies

Small-scale testing using Plan-Do-Study-Act (PDSA) cycles is a basic QI method that allows teams to identify promising interventions (ideally drawn from established change packages) and establish reliable processes that yield improvements in key measures (processes and outcomes) prior to scaling-up interventions for broader use. Applying these proven approaches within Medicaid programs, that are more familiar with enacting systems-level, rather than small-scale changes, was a key component of the pilot and proved challenging for teams. MeQILA pilot states struggled to design and implement small-scale testing of their proposed improvement strategies. Stressing the importance of identifying small-scale tests of change during recruitment will better facilitate teams' ability to conduct these tests of change.

Teams need to start small in their efforts to improve – e.g., testing their strategies within a singular site – to identify the most effective strategy(ies), and then progressively scale the successful strategies to drive overall improvement within the system. The identification of, and partnership with, a local testing site (e.g., a dental practice or health center) is essential to conducting initial small tests of change. These testing sites serve as 'laboratories' that provide the team with insights into whether or not a specific strategy that the team believes will improve quality is successful.

State-Federal Partnerships

Collaborating with federal and/or state partners is critical to successful pilot implementation. Facilitating federal and state partnerships to pool resources may better support Medicaid agencies to implement system-wide solutions and make impactful improvements in oral health for beneficiaries.

CONCLUSION

The Implementation and Evaluation Committee is the committee that was appointed by the DQA for the Medicaid Quality Improvement Learning Academy. The overarching goal of the pilot was for the DQA to partner with state teams as they identified improvement aims and to develop one intervention that could be scaled up for larger impact within the state. Upon the conclusion of the 18 month pilot, the IEC conducted a full evaluation of the MeQILA pilot project. Several lessons learned were identified as critical to support state Medicaid programs and other state oral health stakeholders in their efforts to improve the delivery of oral health care and/or oral health outcomes for Medicaid beneficiaries through the application of quality improvement methods.

Based upon IEC's evaluation, DQA leadership observed opportunities for the MeQILA to evolve

into an established program that will serve a broader purpose of supporting quality improvement in oral health. Although QI methodologies have long been used in medicine, they have not been as widely applied to improve oral health care quality and outcomes. State oral health programs, and other organizations involved in oral health care delivery, seeking to improve oral health care outcomes lack the resources, QI expertise, and guidance necessary to successfully realize their improvement goals. Broadening the scope of the MeQILA to serve as a technical resource center will facilitate the development and dissemination of content related to the appropriate use and implementation of quality measures, technical assistance on data analysis and QI methodology, and highlighting successful QI strategies that can serve as best practices. The technical resource center will make tools and resources available that state programs and other programs can use in support of their improvement efforts.

Acknowledgements

Implementation and Evaluation Committee

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