UCLA's First 5 L.A. 21st Century Community Dental Homes Project

Level of Implementation

-- Care delivery systems: community clinic sites and organization (with potential for scaling up to larger systems)

Target Population

-- Children under age 6, including pre- and perinatal care

Improvement Goal

-- Increase capacity for community clinics to serve as quality dental homes for young children and pregnant women

Essential Partners

-- FQHC sites and organizations

-- Medical and dental providers

-- Community partners: child care referral agencies, child care providers, Head Start, WIC

Key Measures

-- Increase the number of 0-5 year-olds receiving oral health services

-- Increase the number of preventive visits

-- Reduce caries risk among children at elevated risk

Measurement Data Source

-- Clinic data reports

Improving Oral Health Through Measurement

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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.

DQA Quality Innovators Spotlight: *The Inside Story*

How did this project start?

The project was funded by First 5 LA to identify and address multiple barriers in access to oral health care for children 0-5 and has been implemented in Los Angeles County, beginning in 2013. The project addresses several common, critical barriers to improving the oral health of children ages 0-5 in the safety net, including: 1) inadequate infrastructure for pediatric oral health care delivery (personnel, information technology); 2) limited knowledge, skills, and comfort in oral health care delivery for young children among dental and primary medical providers; 3) inadequate financial incentives to provide oral health care for young children; 4) limited integration of care delivery and collaboration among dental and medical providers; 5) lack of leadership and champions to promote oral health care within clinic organizations and local sites; and 6) limited knowledge of the importance of oral health care and development of healthy habits for young children among parents, child care providers and community partners.

What were the key strategies to achieve the improvement goal?

The key strategies included:

- support for infrastructure enhancements (personnel, information technology)
- providing clinical and motivational interviewing training for dental and medical providers
- implementing a quality improvement learning collaborative (QILC) based on the IHI Breakthrough series model to promote system redesign and delivery of integrated care by medical and dental providers
- supporting outreach and community systems development to promote population health approaches collaboratively with clinic outreach activities and community partners

Key drivers for the quality improvement learning collaborative included:

- engage health center leadership to drive integrated risk-based medical and dental care
- use information systems and quality improvement to improve population oral health
- medical and dental providers and staff collaborate to provide integrated care
- standard risk-based care processes coordinated across medical & dental services
- integrate oral health into population health activities.

What improvements were achieved?

Participating FQHCs reported a 3.3-fold increase in preventive services for children ages 0-5 between January 2014 and December 2015. Reports from the second phase of the QILC noted a doubling of the number of children ages 0–5 receiving oral health care services, reductions in caries risk status in 28% of high-risk children, and development of reliable systems for conducting caries risk assessments (88% at dental visits and 70% at well-child visits).

What were the main challenges that needed to be overcome?

- Overcoming 'siloed' approaches to care delivery by dental and medical providers
- Engaging senior clinic leadership / creating the 'business case' for system change
- Creating time for teams to learn about and implement quality improvement

What was the overall impact of this program?

First 5 LA is a County-Wide project, with over 10 million residents and over 3.5 million children under the age of 6 in Los Angeles County. This project impacted multiple FQHC clinics, as well as community partners such as Head Starts and WICs.

Significant funding, $11M, was obtained to design and implement this program, and quality improvement learning was approximately 3% of the budget for three cohorts of participating clinics.

Additional Resources

- Crall JJ, Pourat N, Inkelas M, Lampron C, Scoville R. Improving the oral health care capacity of federally qualified health centers. Health Aff (Millwood) 2016;35(12):2216-23.
- Crall JJ, Illum J, Martinez AE, Pourat N. An innovative project breaks down barriers to oral health care for vulnerable young children in Los Angeles County. UCLA Cent Health Policy Res. 2016(Jun);(PB2016-5):1-8.

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More Information

jcrall@dentistry.ucla.edu

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

This is a large project, both in terms of budget and impact, although this project has many components that could be broken into smaller facets to impact smaller populations, such as a FQHC system, or a community center that works with Head Starts, WICs and Child Care referral agencies. The value in this model comes from its large scale with the many smaller components. Scaling of this project is already being realized by a new project beginning in summer 2017 with California Medicaid and Altarum to increase provider engagement, both in the public and private sectors.

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