

Level of Implementation

- Care delivery systems i.e. dental and medical practices

Target Population

- Children, special emphasis on children less than 3 years

Improvement Goal

- Increase percentage of young children with a dental home

Essential Partners

- Physicians/Dentists
- Medicaid benefit administrators (dental & medical)
- State Department of Health & Human Services

Key Measures

- Increase number of diagnostic visits
- Increase number of preventive visits
- Increase number of treatment visits
- Increase number of referrals

Measurement Data Source

- Periodic chart reviews
- Medicaid claims data
- MiDRSM data



Improving Oral Health Through Measurement

2017-003 Dental Quality Alliance®

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?

Altarum has been working to reduce the burden of childhood dental disease in Michigan since 2014. With support from a grant from the Center for Medicare & Medicaid Innovation, and in partnership with Delta Dental, the University of Michigan School of Dentistry, and the Michigan Department of Health and Human Services, Altarum created **SmileConnect®** (www.SmileConnect.org). SmileConnect® aims to improve the coordination and delivery of oral health care in both the medical and dental settings and ensure that children receive early preventive care and establish a dental home in order to reduce adverse outcomes associated with untreated dental caries. SmileConnect® has been working towards comprehensive oral health and primary care integration throughout Michigan, and aims to improve the oral health of more than **1 million** publicly insured children by 2017. This program was strategically implemented within managed care Medicaid program in Michigan with strong network due to enhanced reimbursement for dentists. Stakeholder engagement with existing initiatives, state oral health coalition, and partnership with the Michigan Dental Association was another enabling factor.

What were the key strategies to achieve the improvement goal?

The key strategies included:

- ❖ **SmileConnect® CME:** Launch a statewide direct-to-provider technical assistance program, with robust CME and MOC Part IV credit incentives in joint sponsorship with University of Michigan Medical School and Health System.
- ❖ Participating clinics perform two linked Plan-Do-Study-Act (PDSA) cycles of data-guided quality improvement, and each group of participants was engaged for approximately 7 months.
- ❖ **SmileConnect® Clinical:** Develop an IT solution that enables communication and referrals across the medical and dental settings, [Michigan's Dental RegistrySM](#) (MiDRSM) and incentivize its use.
- ❖ Partner with **Delta Dental of Michigan** to offer access to the Healthy Kids Dental (Medicaid) network provider database for the most up-to-date and comprehensive list of dentist referral resources made available to medical providers and other MiDRSM users.
- ❖ **SmileConnect® Reporting:** Create a Meaningful Use Specialized Registry that houses valuable information related to a child's access to and utilization of preventive oral health services in both the medical and dental environments.
- ❖ **SmileConnect® Community:** Launch a new social networking tool that facilitates the provision of preventive services and oral health education to schools, Head Starts, and community programs.

What improvements were achieved?

Before SmileConnect®, the number of primary care providers engaged in preventive oral health services, including oral screenings, fluoride varnish applications, and dental home referrals, was negligible. SmileConnect® direct-to-provider technical assistance for over 1,500 providers has resulted in a **60-80%** increase in fluoride varnish applications, oral health screenings, and dental home recommendations/referrals realized 7 months post-training for clinics trained from July 2015 through June 2016. The program is awaiting data on percentage of children with a dental home in Michigan Medicaid.

What were the main challenges that needed to be overcome?

- ❖ Recruiting clinics to the technical assistance program required robust incentives in order to ensure sufficient participation.
- ❖ Identifying a shared access point between medical and dental providers with which to integrate MiDRSM was crucial to making it easy to access and adopt in clinics.

What was the overall impact of this program?

This was a state-wide effort with major stakeholders: Altarum, Dental, and Michigan Department of Health and Human Services, and a dental school. This program reached over one million children, and educated over 1,500 clinicians. Smile Connect leveraged funding from the Centers for Medicare and Medicaid services Innovation Program to begin this multifaceted project.

More Information

Amanda.DeLandsheer@altarum.org

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

SmileConnect® was a well-funded program launched in a state that over the last few years has made significant progress in achieving a strong increase in access to dental care for Medicaid-insured children. The adequate network access for dental care was not a barrier to program success given the progress and success of the Healthy Kids Dental Medicaid-managed dental benefit program through the state and Delta Dental (~80% of dentists participate in Healthy Kids Dental). These two aspects of program are important for policy makers to consider in order to achieve similar success.

The comprehensive approach to achieving improvement by targeting education, outreach and Health IT simultaneously was also key to success. If a state chooses to target establishing a dental home for very young children aged 0 – 3, this program can provide a useful model to achieve these goals.

Implementation costs for programs wishing to implement a similar model can be mitigated by:

- ❖ Using curriculum for physician CME already created by the SmileConnect® CME program. Another resource for such information would be the American Academy of Pediatrics.
- ❖ Collaborating with the state public departments or other state entities that already host registries (e.g. immunization registries).

Alignment and collaboration with partners who target similar populations and have similar improvement objectives can help identify funding for such a program. Altarum Institute is seeking additional partnerships to mimic and scale these successful strategies in other states and regions and create a distinctive program that meets the unique needs of new localities.

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



Improving Oral Health Through Measurement

2017-003 Dental Quality Alliance®

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.