CMS Quality 2023 Conference

Building Resilient Communities:

Having an Equitable Foundation for Quality Healthcare

Oral Health Integration: A Continuous Learning Collaborative

Sarah Holland, CEO

Virginia Health Catalyst












AGENDA

- Virginia Health Catalyst
- Oral health integration
- Building an oral health integration continuum
- Assessing clinical readiness for integration
- What we learned and how it shapes our work moving forward

Virginia Health Catalyst

Mission: to ensure all Virginians have equitable access to comprehensive health care that is inclusive of oral health.

Oral Health Integration

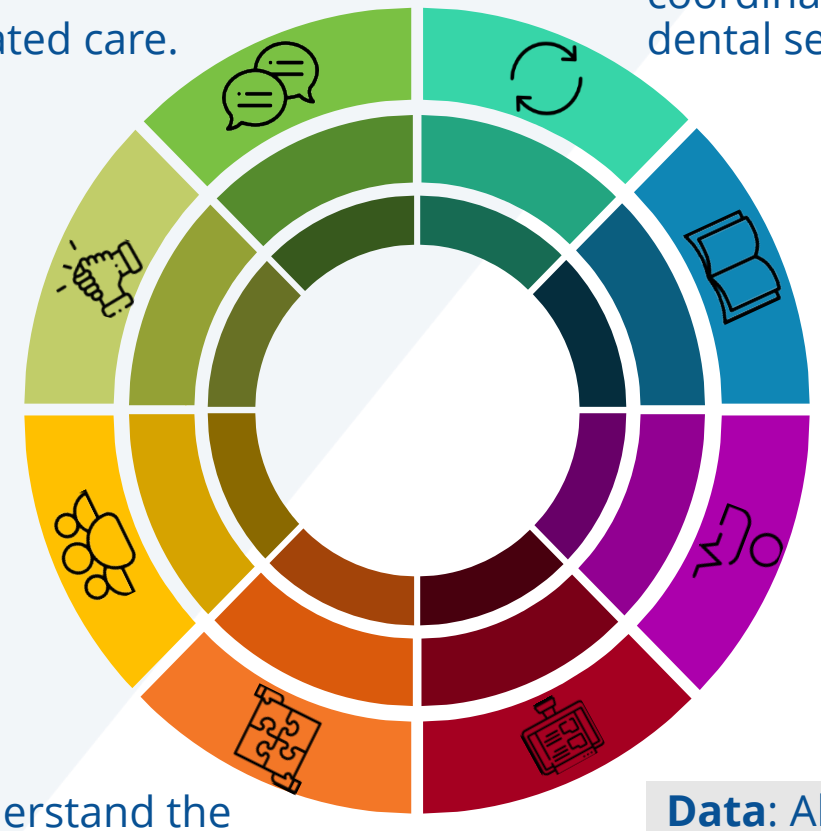
Health care teams work **collaboratively** with one another and patients to set **shared goals, provide care,** and **offer education** within and **across settings** that achieve **coordinated, high-quality care**.

Integration Continuum

Communication: Clinicians follow a regular protocol to convene to discuss patients' health information for coordinated care.

Referrals: The clinic has a closed-loop referral process, and care coordination between medical and dental services.

Culture: All staff understand and embrace the whole person care model, and take responsibility for the total health of their patient population.



Patient Engagement: All staff understand motivational interviewing or other patient-centered techniques to discuss oral-systemic health with patients.

Workforce: All staff are provided education and training about the intersection between oral health and overall health.

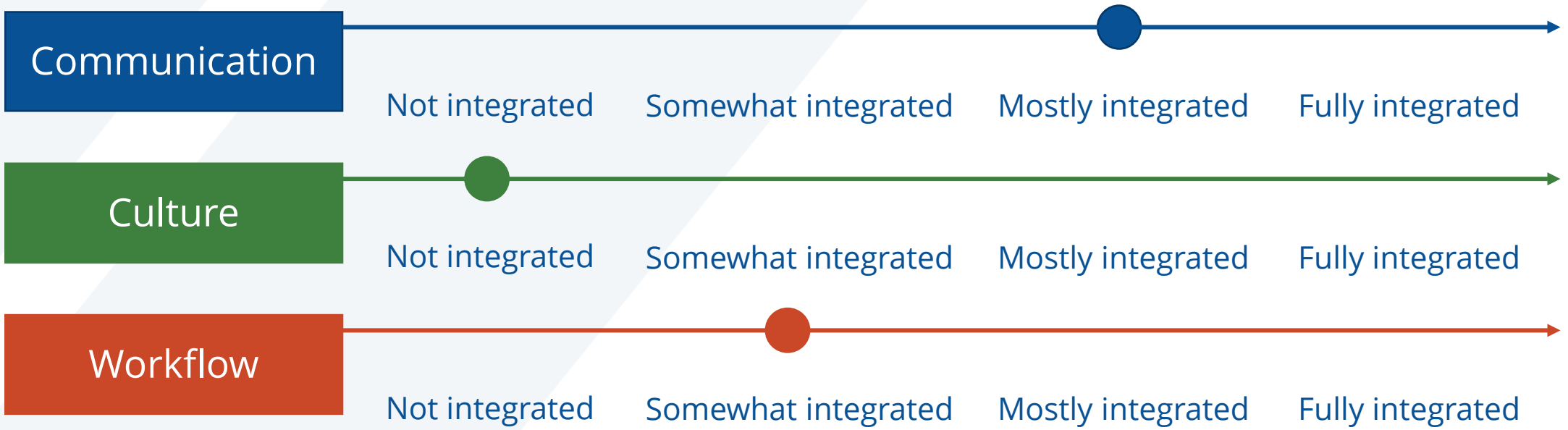
Services: Clinic staff routinely offer interprofessional services and exams with education and close-loop referrals.

Workflow: All staff understand the developed protocols and shared workflows to achieve and implement integrated patient care.

Data: All providers caring for a given patient should have access to the same, comprehensive data, and can communicate seamlessly with one another to ensure high quality care.

Assessing Integration Readiness

Clinic teams took a survey to determine their perceived level of integration on each of the eight components of the continuum.



Key Takeaways and Further Evolutions

For Virginia's clinics:

- Health care teams are not as integrated as we thought (or as they thought)
- Integration cannot be seen as one outcome but rather as several components, and each needs to be honed
- Integration is a continuous process and may not be linear

For our work at Catalyst:

- Shared language is key
- Members on the same clinic team may have different perceptions of readiness
- Education and patience is key
- Assessment results guide the way we provide technical assistance and support to clinical partners

Thank you

Sarah Holland
Email: sholland@vahealthcatalyst.org
Website: www.vahealthcatalyst.org

CMS Quality 2023 Conference
Building Resilient Communities:
Having an Equitable Foundation for Quality Healthcare

CMS Quality 2023 Conference

Building Resilient Communities:

Having an Equitable Foundation for Quality Healthcare

CMS Quality Improvement Project: Advancing Prevention and Reducing Caries in New York State Medicaid

Michele Griguts, DDS

Dental Director for New York State Medicaid












AGENDA

- Background
- Creating a Vision, Developing an Aim, Team Building
- Engaging Stakeholders
- Conclusion/Next Steps

Background

Background

- The Center for Medicaid and CHIP Services (CMCS) launched the Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP Affinity Group in 2021 to help states implement quality improvement (QI) activities to improve oral health outcomes through the delivery of preventive oral health services.

- Opportunity for New York's Medicaid Dental Policy Team to collaborate with Centers for Medicare and Medicaid Services (CMS) on the design, testing, implementation and assessment of strategies to improve pediatric oral health in New York State through technical (TA) support.

Creating a Vision, Developing an Aim, Team Building

Creating a Vision

Development of interprofessional relationship between dental, medical and academic communities to reduce incidence of tooth decay among our youngest Medicaid members, through promotion of fluoride varnish application in a non-dental setting.

New York's Aim Statement

New York State Medicaid intends to promote utilization of fluoride varnish application by a non-dental provider (MD, NP, PA, RN) for Medicaid children ages 6 months through the age of 6 years by increasing utilization of Current Procedural Terminology (CPT) code 99188 statewide 3.06 % to 4.19% by December 31, 2022, with a focus on 3 counties. In addition, the team intends to facilitate dental referrals from the medical provider to the dentist to support continuity of dental care.

New York State Oral Health Driver Diagram

Affinity Group Aim

New York State Medicaid intends to promote utilization of fluoride varnish application of a non-dental provider (MD, NP, PA, RN) for Medicaid Children ages 6 months through the age of 6 years by increasing utilization of CPT code 99188 in Clinton and Jefferson County from ***1.0% to 1.6 %*** *by December 31, 2022*

PDENT-CH; Topical Fluoride for Children at Elevated Caries Risk (DQA); % of beneficiaries with documented dental home

Primary Drivers

- Provider Support
- Parent/ Member Education/Member Support
- Public Health Detailing
- State Medicaid Role
- Medicaid Managed Care Plans
- Student

Secondary Drivers

- Provider Support
  - Office Workflow-materials out ahead of time
  - Billing-point person in office
  - Ordering Material – Automatic Delivery
- Parent/ Member Education/Member Support
  - Member Fact sheets – Member page in MA updates
  - Text Reminders for appointments 2 days prior
  - Educate when making appointment/include in text
- Public Health Detailing
  - Outreach to local health departments-recruit more
  - Training for local health departments-upcoming CE
  - Connect with providers-identify oral health champion
- State Medicaid Role
  - Provider Awareness-promote Listserv/MA updates
  - Clear policy and billing guidance
  - Increase # /type of providers/# of varnishes per office
- Medicaid Managed Care Plans
  - Outreach to members-texts, calls, info on website
  - Increase # /type of providers/# of varnishes per office
  - Work with individual offices to improve workflow
- Student
  - Partner with HVCC Dental Hygiene and Nursing Program for oral health integration and fluoride varnish training

Lead Measures

- # of non-dental providers who received fluoride varnish training.
- #of LHD conducting public health detailing
- # of Public Health Department detailing visits conducted
- % increase in Utilization of 99188 after MA update published
- % of beneficiaries with documentation that anticipatory guidance occurred
- # of dental referrals from primary care office

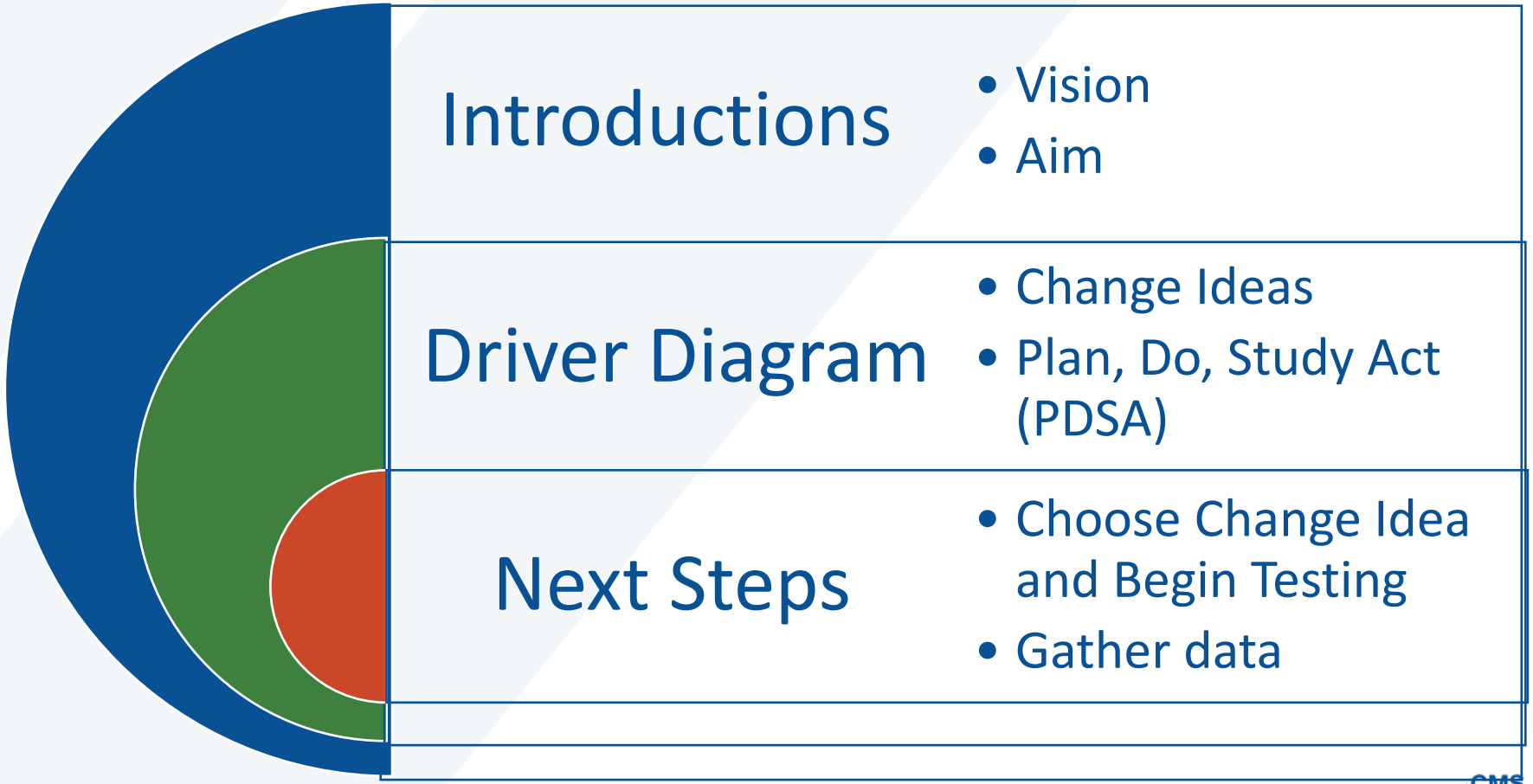
Team Building

- Project Team
  - Medicaid Dental Policy Team
  - Data Team
  - Department of Health Dental Public Health Team
  - Local Pediatrician
  - Oral Health Advocate

- Stakeholders
  - Local County Health Departments
  - Managed Care plan
  - School Based Health Center (FQHC)
  - Local Community College RDH and RN Programs

Engaging Stakeholders

Kickoff Meeting



County Health Departments

- Aligned project with Public Health Detailing Initiative
- County Health Department Oral Health Champions
- Developed a Primary Care Provider Fluoride Varnish Toolkit/Data gathering template

Results:

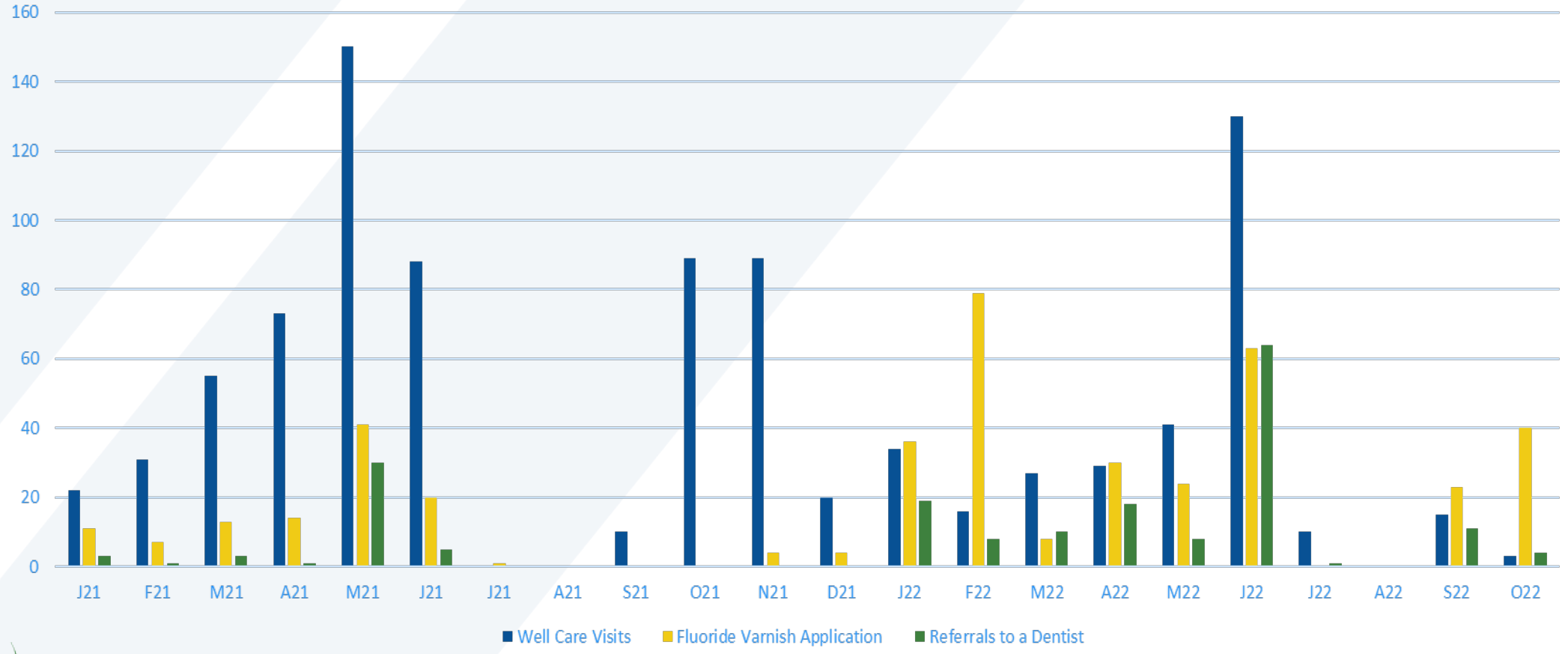
- Difficulty obtaining data
- Slow uptake from medical providers
  - Lack of parental consent
  - Reimbursement rates
  - Too little time to apply during well-childcare visits
- Competing priorities for both Health Departments and PCP offices with COVID

Medicaid Managed Care Plan (MMC)

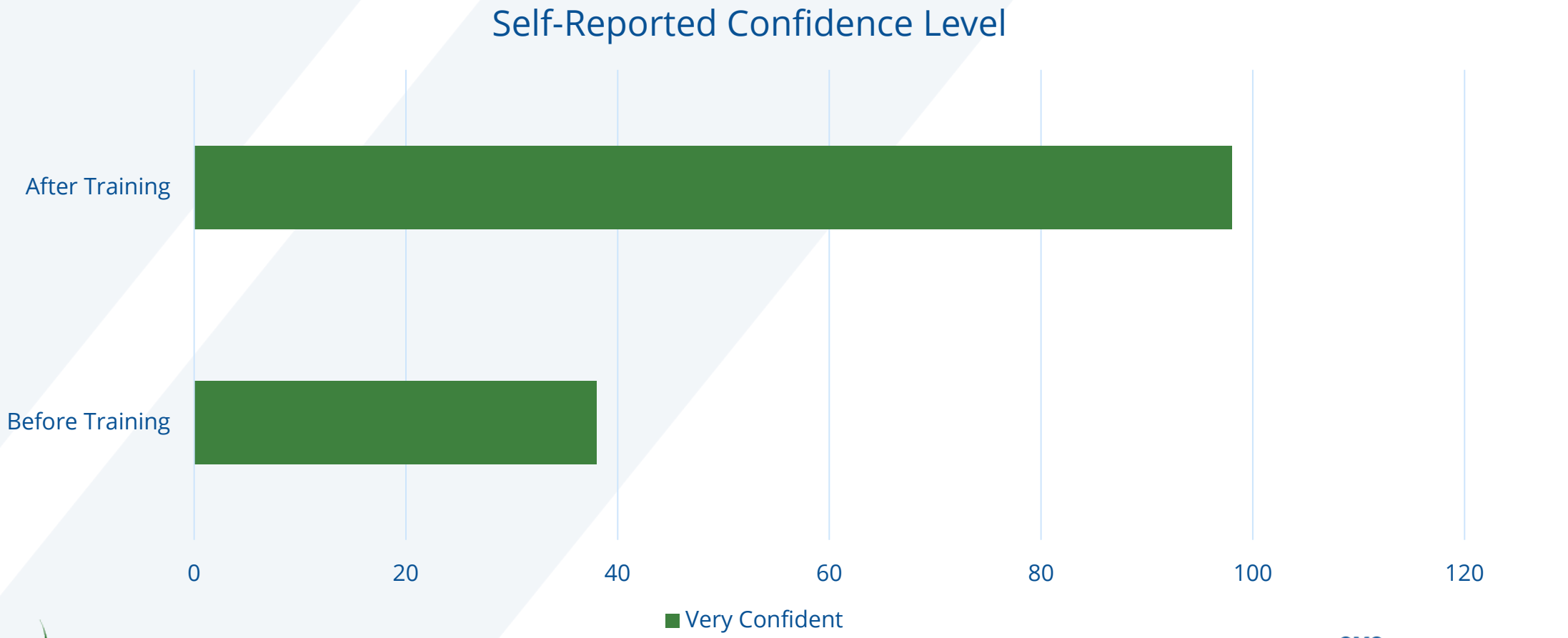
- Back to School Media Blitz
  - Brochure targeted to pediatricians
  - Brochure targeted to parents
- Results
  - Plan reported biggest barrier is limited capacity during appointment
  - Plan has indicated they are tracking FV on both the medical and dental side

School Based Health Center (SBHC)

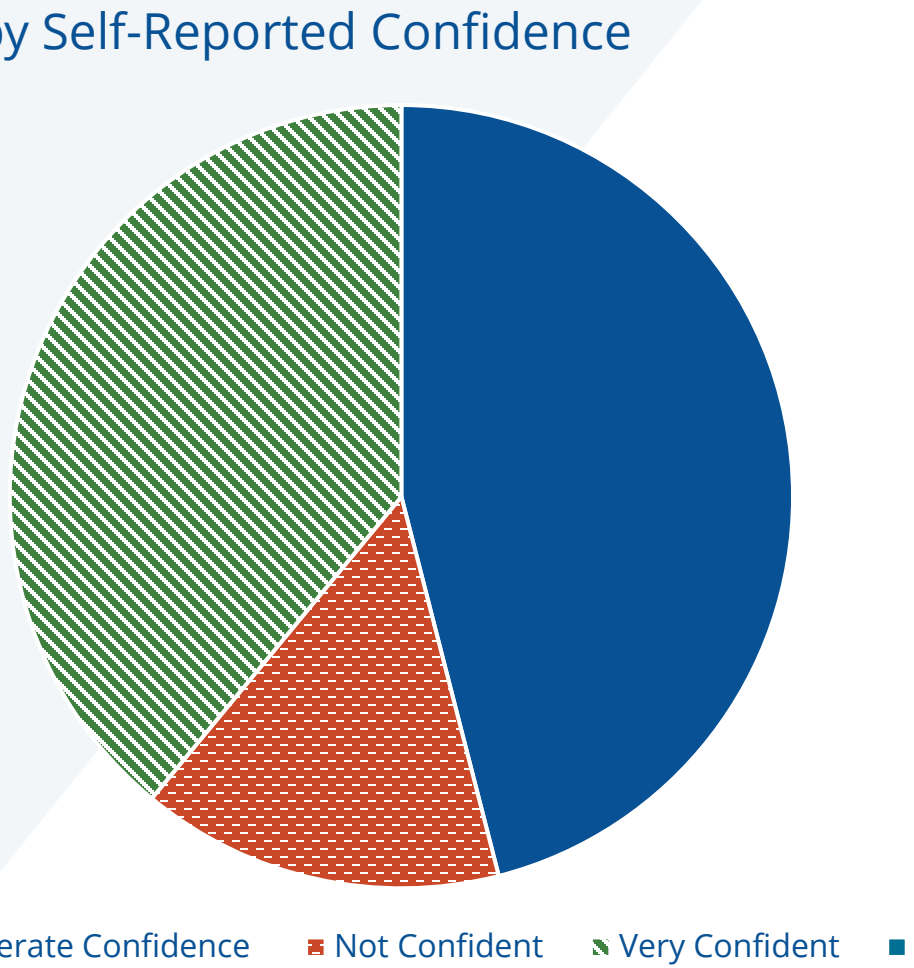
Wellcare Child Visits, FV Applications, Dental Referrals 2021 -2022



Local Community College

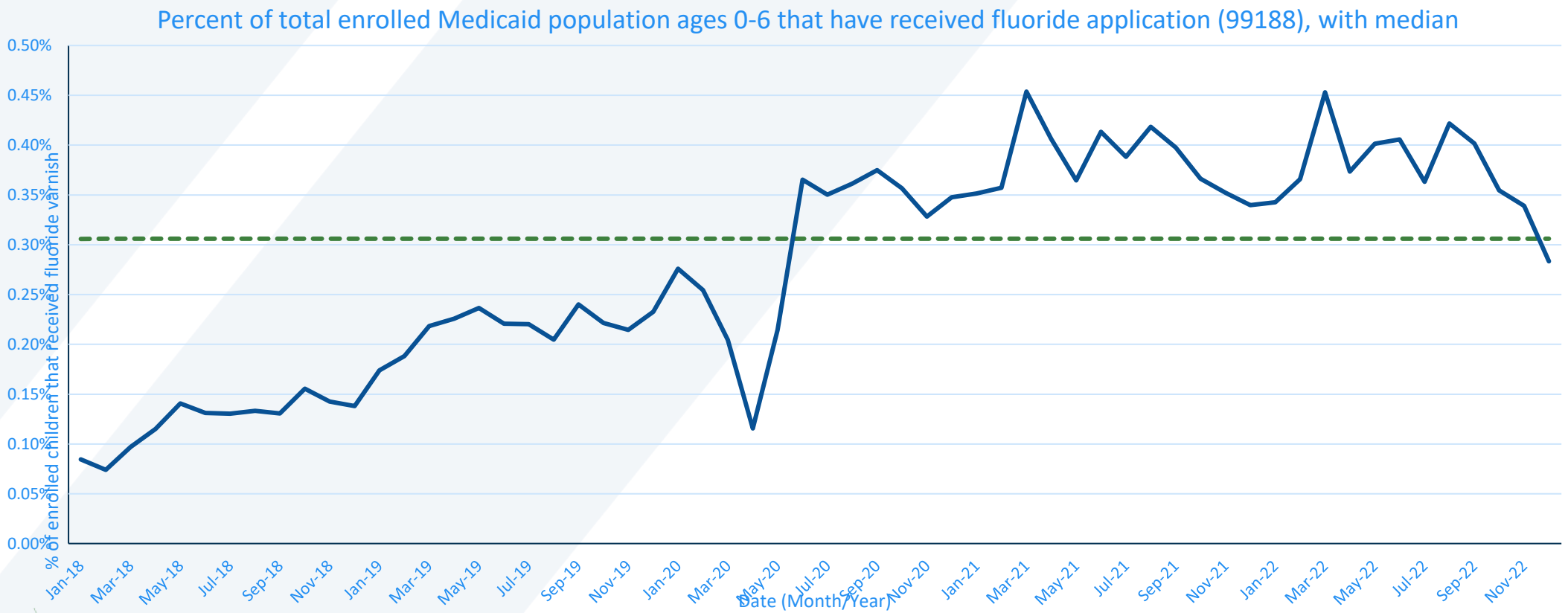


How likely will nursing students use their training in clinical practice?



Conclusion and Next Steps

Percent of Enrolled Children Through Age 6 Who Received Varnish by a Non-dental Provider



CMS Quality 2023 Conference
Building Resilient Communities:
Having an Equitable Foundation for Quality Healthcare

Conclusion

Barriers

- Public Acceptance
- Education of primary care staff
- Limitations in work force/appointment time constraints
- Competing priorities exacerbated by the COVID 19 pandemic

Successes

- Expansion of knowledge on oral health policies, programs, and procedures
- Development, implementation and assessment of data-driven quality improvement project
- Increased knowledge and skills in quality improvement methodologies
- Opportunity to network with other states

Next Steps

Continue work with Managed Care Organizations

Expand Opportunities for Interprofessional Collaboration

Provider Outreach/Educational Resources

Questions?

Contact us at
Dentalpolicy@health.ny.gov

CMS Quality 2023 Conference

Building Resilient Communities:

Having an Equitable Foundation for Quality Healthcare

Increasing Dental Sealant Rates: The Case for Quality Improvement

Irene V. Hilton, DDS, MPH, FACD

Dental Consultant

National Network for Oral Health Access (NNOHA)












Who is NNOHA?

- Non-profit founded in 1991 by a group of Health Center Dental Directors who identified a need for peer-to-peer networking

- HRSA's Oral Health National Training & Technical Assistance Partner grantee
  - https://www.nnoha.org/

NNOHA
National Network for Oral Health Access

HRSA UDS Sealants Measure

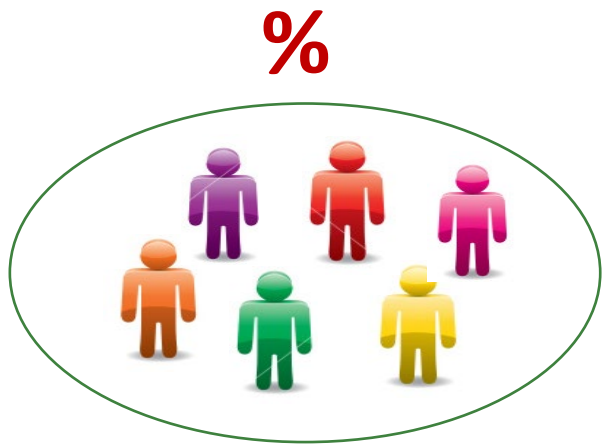
Measure Overview: Sealants 6-9 Years

NUM: How many received a sealant on a permanent first molar in the reporting year

---

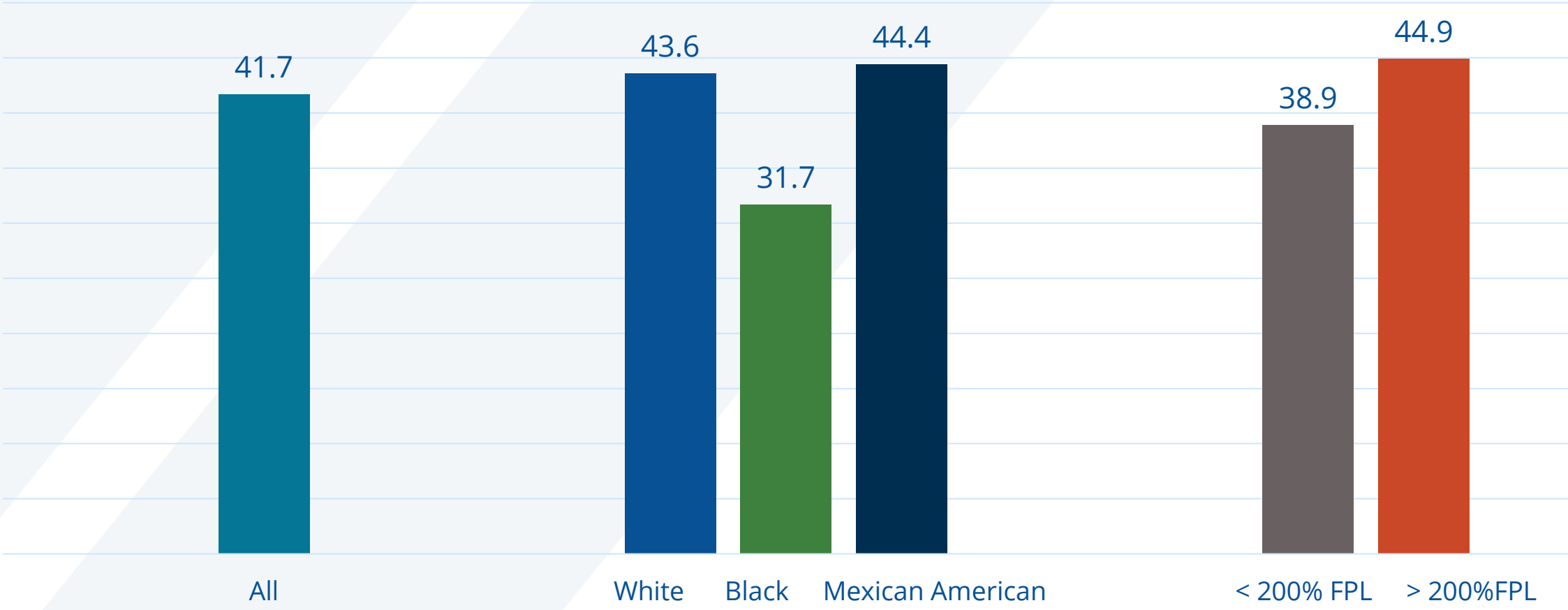
DEN: Of dental patients, aged 6-9 years at elevated caries risk, in the practice in the reporting year, who needed a sealant in a permanent first molar

=



- Denominator Exclusions (subtract from denominator):
  - All four molars are not candidates for sealants.

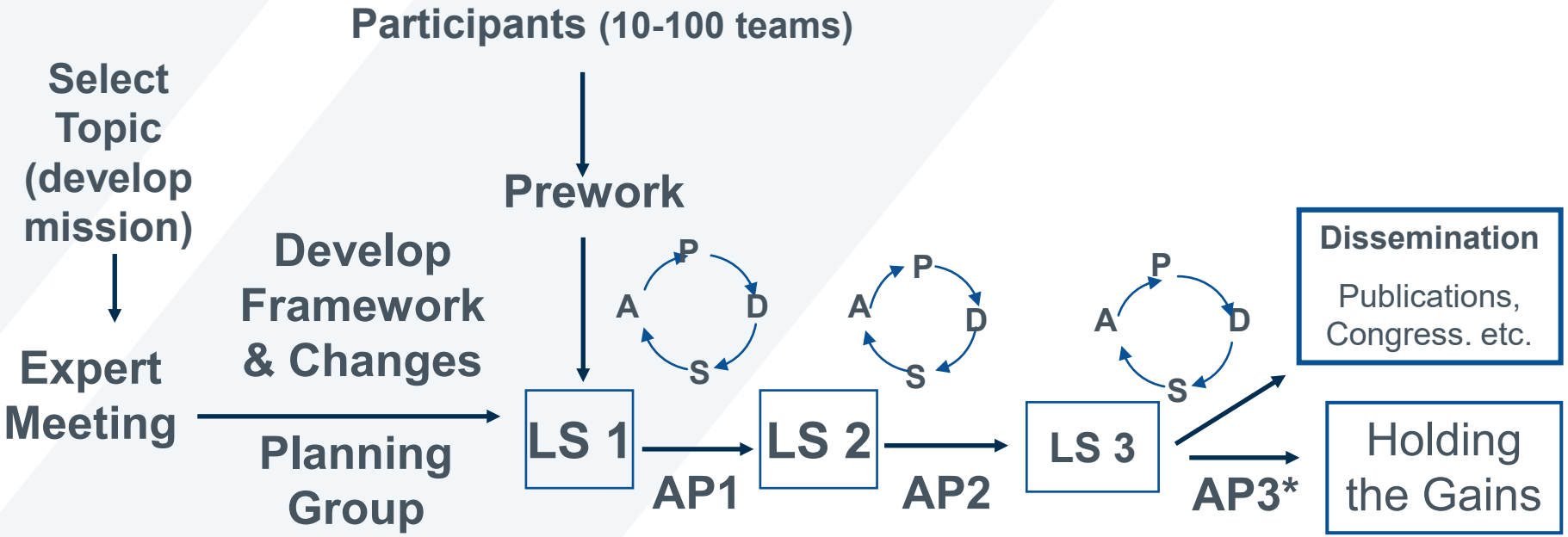
Prevalence Dental Sealants Children Age 6-11 NHANES 2011 to 2016



https://www.cdc.gov/oralhealth/publications/OHSR-2019-index.html

QI Collaboratives

Institute for Healthcare Improvement Breakthrough Series Collaborative Model



LS – Learning Session

AP – Action Period

Supports

Email (listserv) Phone Conferences

Visits Assessments Extranet

Monthly Team Reports

*AP3 – continue reporting data as needed to document success

Ideal Situation for a Collaborative

- Inconsistent adoption & application of evidence based clinical best practices for disease prevention, contributing in disparities

- The **Best Practices are not being used** in a given population because of:
  - Lack of knowledge
  - Non-supportive systems
  - Resistance to change

Five QI Collaboratives 2015-2020

- Teach Health Center grantees dental program Quality Improvement methods
- Implement best clinical practices for dental disease prevention-sealants
- Develop a Change Package of strategies for system change to place more sealants
- Scale/disseminate nationwide

QI Tools/Methods Used

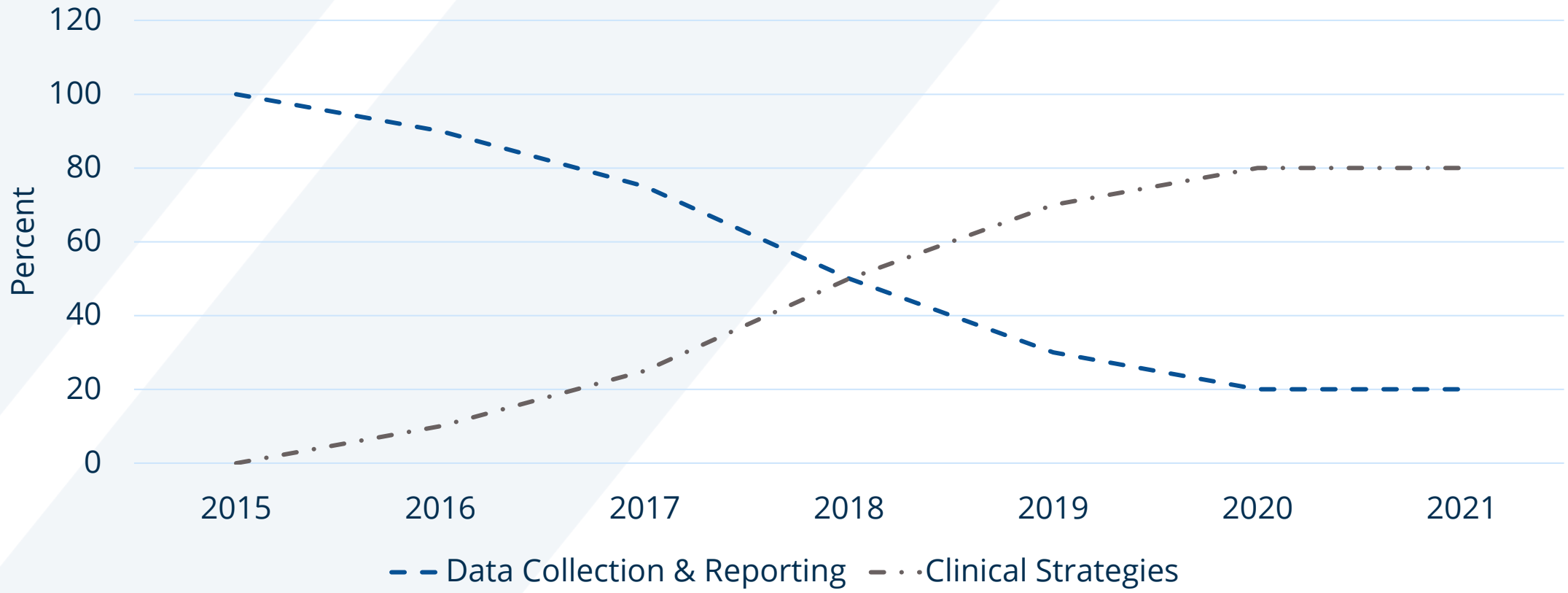
- Plan Do Study Act (Model for Improvement)
- Process Mapping
- Go-see
- Standard work
- Measurement

Challenges

- 1,109 health center dental programs
- Almost 7,800 providers
- Dozens of electronic dental records
- Non-adherence to ADA sealant guidelines/resistance to change
- Competing needs/Lack of support to make system changes

Results

TA Needs Over Time



Data Collection and Reporting

- Understanding what the data elements are
- Understanding how to document the data elements in the EDR
- **Developing systems to insure consistent, standardized data collection**

Clinical Strategies

#6 - Treatment plan sealants – COVID – minimize future AGPs

#5 - Equipment and materials efficiencies – COVID – glass ionomer

#4 - Utilize workforce at the top scope of practice

#3 - Develop standard workflows for sealants

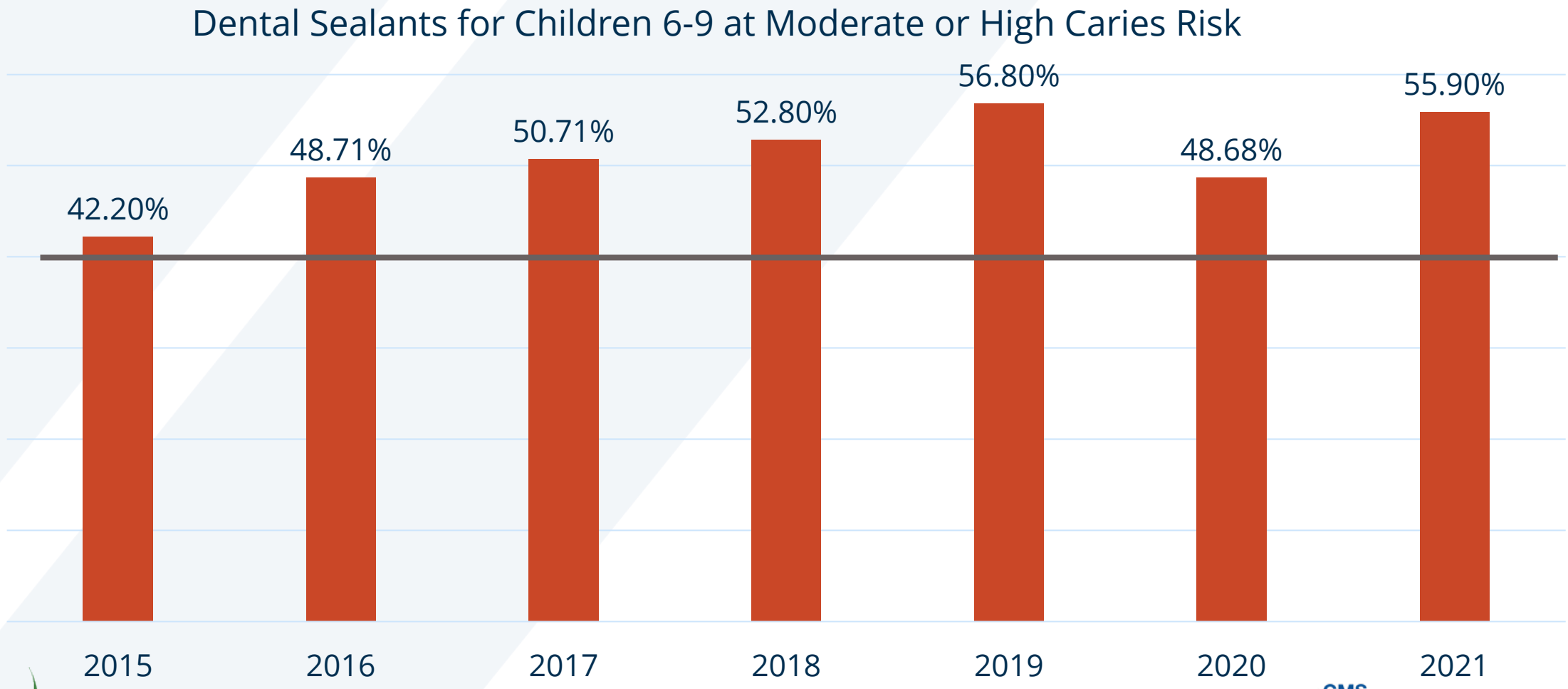
#2 - Prioritize preventive sealant placement over prophies and routine restorative

#1 - SAME DAY SEALANTS

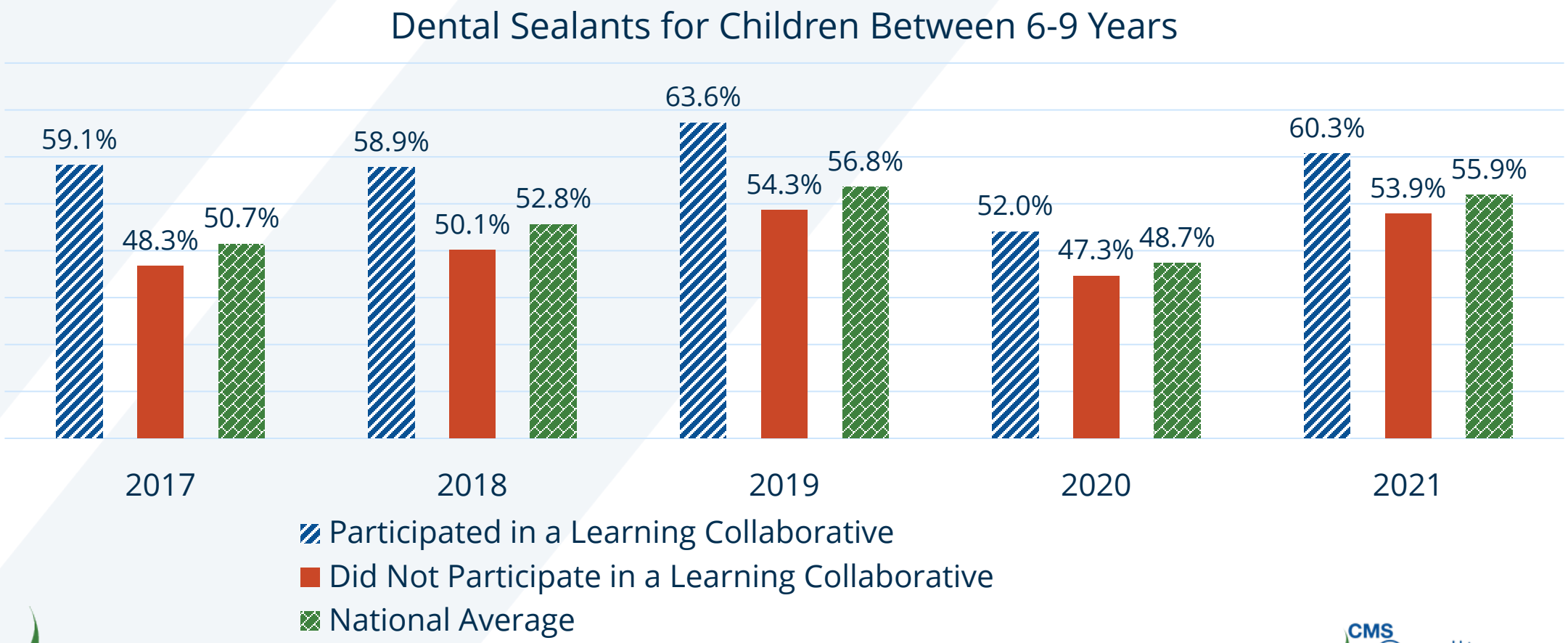
The NNOHA Dissemination Model

- Yearly Conference Session
- Yearly Webinars
- Yearly Virtual Learning Collaboratives
- Yearly FAQ
- On-demand online module reviewing UDS Sealants Measure data collection and reporting

UDS Sealant Measure (%)



Sealant Learning Collaborative Participants



Future

- Believe we are prepared for HRSA introduction of additional oral health Clinical Quality Measures
- Continue to provide T/TA to health center dental programs to improve health for the people we serve

Contact Us!

Candace Owen, RDH, MS, MPH
Education Director
candace@nnoha.org

Irene Hilton, DDS, MPH, FACD
Dental Consultant
irene@nnoha.org

181 E. 56th Ave. Suite 401
Denver, CO 80216
303-957-0635
www.nnoha.org | info@nnoha.org

NNOHA
National Network for Oral Health Access

CMS Quality 2023 Conference
Building Resilient Communities:
Having an Equitable Foundation for Quality Healthcare