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Thank you for logging on early! Today's program will begin shortly.



Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
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The CareQuest Institute for Oral Health is an ADA CER-P Recognized Provider. This presentation has been planned and implemented in accordance with the standards of the ADA CER-P.

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Lasting Lessons from Pandemic Responses in Safety Net Dentistry

CareQuest Institute Continuing Education Webinar

April 7, 2022

Lasting Lessons from Pandemic Responses in Safety Net Dentistry

WEBINAR | Thursday, April 7, 2022 | 1–2 p.m. ET | ADA CERP Credits: 1

MODERATOR



Lisa E. Simon, MD, DMD
Fellow in Oral Health
and Medicine Integration,
Harvard School of Dental Medicine

PRESENTER



Sarah E. Raskin, PhD, MPH
Assistant Professor, iCubed Oral Health
Core and L. Douglas Wilder School of
Government and Public Affairs, Virginia
Commonwealth University

PRESENTER



Deborah V. George, BSN, DDS
Executive Vice President
and Chief Dental Officer,
Jessie Trice Community
Health System, Inc.

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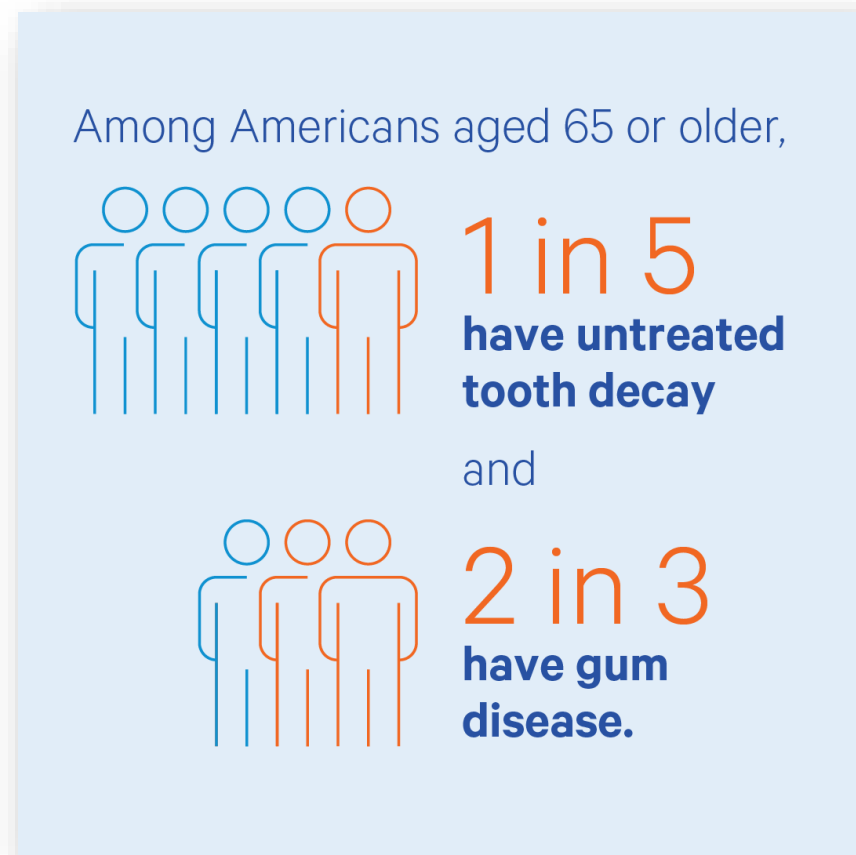
Lasting Lessons from Pandemic Responses in Safety Net Dentistry

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Older Adults Delayed Dental Care During the Pandemic

- Nearly **6 million Medicare participants put off dental care** as a result of COVID-19.
- Postponing dental care may result in a **spike in diagnoses and treatment of more severe oral disease** among older adults.
- At least **75% of total dental costs were paid for out-of-pocket** among Medicare or Medicare Advantage participants.



Upcoming Webinars at CareQuest Institute



April 21: Community-Centered Grantmaking: Why, How, and What Lies Ahead

May 5: Dental Fear and Anxiety: Why It Exists and What Providers Can Do to Help

May 19: Building a Teledentistry Program that Expands Access and Increases Equity

We hope to see you there!

Mental Health and Oral Health

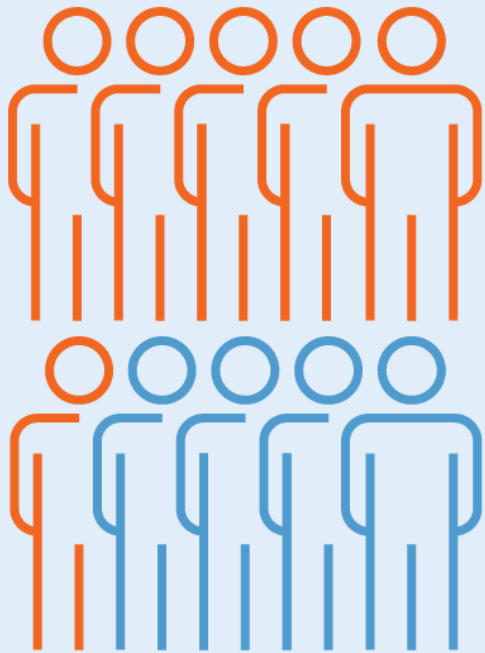
A new study from CareQuest Institute is the first to evaluate the relationship between oral health and mental health during the COVID-19 pandemic. The article appears in *Frontiers in Oral Health*.

“Evidence suggests that individuals who have experienced a mental health disorder underutilize dental services.”



Learn more at carequest.org

Teledentistry Helps Provide the Right Care at the Right Time



6 out of 10

patients had an
**in-person visit within
three weeks of their
teledentistry visit.**

Learn how teledentistry
can help increase
access to care at
carequest.org

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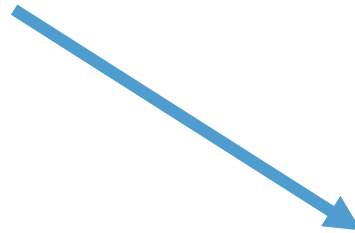


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Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.

A screenshot of a 'Question and Answer' box interface. The window has a title bar with a blue icon and the text 'Question and Answer'. Inside the window, the text 'Welcome' is centered, followed by 'Feel free to ask the host and panelists questions'. At the bottom, there is a text input field with the placeholder text 'Type your question here...'. The window has standard minimize, maximize, and close buttons in the top right corner.

Learning Objectives

At the end of this webinar, you'll be able to:

- Recognize how lessons gleaned from disruptions at Federally Qualified Health Centers can inform changes in the broader oral health industry.
- Discuss the unique and promising opportunities in medical-dental integration, teledentistry, and minimally invasive dentistry created by the pandemic.
- Discuss how the COVID-19 pandemic disrupted oral health care delivery and revealed gaps in dental public health emergency preparedness and response.
- Explain how transitions in dental care caused by the pandemic galvanize opportunities to pursue health equity.

Our Strategy

Vision

A future where every person can reach their full potential through optimal health

Mission

To improve the oral health of all

Purpose

To catalyze the future of health through oral health



Today's Presenters

Lasting Lessons from Pandemic Responses in Safety Net Dentistry



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Dental Safety Net Providers' Experiences with Service Delivery During the First Year of COVID-19 Should Inform Dental Pandemic Preparedness

Sarah Raskin, PhD, MPH
Virginia Commonwealth University

Investigation

Dental safety net providers' experiences with service delivery during the first year of COVID-19 should inform dental pandemic preparedness

Sarah E. Raskin, PhD, MPH; Vuong K. Diep, MPH; Katherine Chung-Bridges, MD, MPH; Lisa J. Heaton, PhD; Julie Frantsve-Hawley, PhD

ABSTRACT

Background. COVID-19 disrupted oral health care delivery and revealed gaps in dental public health emergency preparedness and response (PHEPR). Emerging dental PHEPR frameworks can be strengthened by means of understanding the experiences of the discipline's frontline workers—dental safety net providers—during the initial phase of the COVID-19 pandemic.

Methods. Experienced qualitative researchers interviewed dental safety net directors and clinicians (n = 21) in 6 states to understand their experiences delivering care from March 2020 through February 2021. Interview transcriptions were analyzed using iterative codes to identify major and minor themes. Conventional qualitative validity checks were used continuously to ensure impartiality and rigor.

Results. Three major themes were identified: unpredictability caused concerns among staff members and patients, while also deepening fulfilling collaborations; care delivery was guided by means of various resources that balanced safety, flexibility, and respect for autonomy; and pandemic-driven changes to oral health care delivery are timely, long-lasting, and can be somewhat fraught.

Conclusions. The human, material, and policy resources that providers used to control infections, serve vulnerable patients, maintain clinic solvency, and address provider burnout during the first year of the COVID-19 pandemic can improve dental PHEPR.

Practical implications. Dental PHEPR should address concerns beyond infection control within and between practice models, governmental agencies, and professional organizations. Examples of such concerns include, but are not limited to, guideline synchronization, materials exigencies, task shifting, and provider resilience.

Key Words. COVID-19; dental pandemic preparedness; dental safety net; federally qualified health centers; public health emergency preparedness and response; infection control; provider resilience; qualitative methods.

JADA 2022;153(11):11005

<https://doi.org/10.1016/j.adaj.2021.11.005>

ADA

All Stories

Submit Your COVID-19 Story

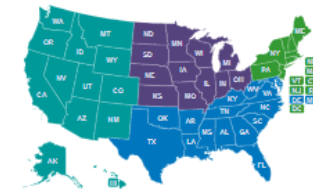


Sponsored by Patterson Dental

Many in the dental community have been affected by COVID-19 and want to share their stories.

As a result, the ADA is launching the JADA+ COVID-19 Monograph—a digital collection of stories, reflections, and accounts from any perspective, in any format, including articles, essays, podcasts, videos, graphics, and photos—that is open to all contributors. Submit your COVID-19 story [here](#).

Stories by Region


[Outside the US](#)

Dental safety net providers' perspectives on adapting service delivery during the onset of the COVID-19 pandemic – Dr. Sarah E. Raskin and colleagues



Introduction

Federally qualified health centers (FQHCs) provide dental and medical care to United States residents excluded from the country's employment-based healthcare system. 1–3 With the onset of the COVID-19 pandemic, FQHCs found themselves in the position of providing services in a constantly changing public health climate to not only their existing patients, but also to individuals newly eligible for Medicaid benefits due to job losses and other financial consequences of pandemic shutdowns. 4–6 Mandatory dental office shutdowns and service limitations, appointment cancellations and delays, and concerns about the safety of their patients, employees, and employees' families required FQHC staff to constantly adapt in order to continue providing high-quality and necessary care to halt or treat existing oral disease and prevent new or worsening conditions. 7–9

We studied FQHC providers' experiences, observations, and perspectives on delivering dental services during the first year of the COVID-19 pandemic (between March 2020 and February 2021). 7 We conducted interviews with 21 dental staff members (clinical directors, dentists, executives) from 15 FQHCs in seven states between January 26, 2021 and February 26, 2021 via Zoom videoconferencing software. We conducted a thematic analysis of transcribed interview recordings. Full details of the methodology can be found [here](#).

This Monograph aims to elaborate on FQHC dental staff members' experiences during the first year of the COVID-19 pandemic by providing in-depth quotations. Quotations provide supplemental evidence on three themes (Unpredictability, Resources, and Permanent Transformation), and each theme is divided into sub-themes.

Stories by type

- > Practitioners (56)
- > Personal Essay (35)
- > Region-Northeast (22)
- > Region-West (22)
- > Clinical Observations (16)
- > Region-South (16)
- > Art and Photography (11)
- See all



Methods: Understanding Provider Perspectives

- Recruitment and data collection
 - Sample: Dental directors, administrators, clinicians (n=21)
 - Semi-structured interview (digital; recorded and transcribed)
- Thematic analysis
 - Iterative identification of major themes
 - Summary memoing by hand
 - Refine sub-themes
 - Identify quotations
 - Common sentiment
 - Insightful in uniqueness
- Validity checks
 - Reliability check (n=5)
 - Member checking (themes and sub-themes)

Theme 1: Unpredictability caused concerns among staff and patients, while also deepening fulfilling collaboration.



Concern

Safety, Professional
Responsibility,
Revenue



Collaboration

Within team, patients
and community
members, & dentistry

Theme 2: Service delivery was guided by various resources that balanced safety, flexibility, and respect for autonomy.



Policy Resources

Governmental &
Professional, Practice



Human Resources

Task-shifting,
Staff Consolidating &
Scheduling, Temp
Furlough or Absences



Material Resources

Financial, Physical
Space, PPE, Vaccines,
Testing

Theme 3: Pandemic-driven changes to comprehensive health service delivery are permanent, overdue, and mostly welcome.



Infection Control



Telehealth



*Collaboration, Integration,
Prevention-Focus*



Emotional



Emphasis on Prevention

Discussion: Thematic intersections

“Gowns were one of the hardest things to get a hold of. **A womens leaders’ group here . . . received some sewing machines to make masks for the community.** We ask(ed) them if they could make us reusable gowns. They, of course, were very happy to oblige and we paid them a pretty fair price for the gowns. We figured we'd rather keep the money (in their community) . . . **They sold us about 120 gowns** using material that we found that was ASTM level two material, which was great. **They got it in all colorful colors** and everything else **to make it feel a little bit more fun for people coming into the clinic**, not as scary when we’re dressed up.”

Discussion: Workforce

1. The pandemic-prepared oral health workforce is flexible, prioritizes safety, and leads with empathy and compassion.
2. Successful oral health workforce collaborations involve *all* units and extend beyond the clinic.
3. The oral health workforce of the future:
 - is prepared to implement and sustain teledentistry
 - empowers multi-disciplinary teams that prioritize preventive care
 - proactively fosters resilience

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Experiences and Lessons from JTCHS

Deborah George, DDS

EVP and Chief Dental Officer

Jessie Trice Community Health System Snapshot

- Jessie Trice Community Health System (JTCHS), located in Miami, Florida, became the **1st Federally Qualified Health Center in Florida** and 5th in the nation 55 years ago.
- **Mission:** To improve quality of life and achieve health equity for all by providing access to innovative, quality, comprehensive primary health care.
- JTCHS owns and operates 11 comprehensive primary care centers, a 40-bed women's residential center for substance use treatment in one university, and 40 school-based health suites.

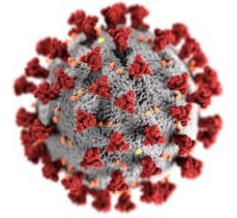
Oral Health Practices, Programs, and Providers

- JTCHS has five oral health practices and 45 oral health team members, including:
 - General dentists
 - Dental hygienists
 - 3 board-certified dentists in pediatric, periodontics, and oral surgery
 - Support staff
 - PEPPER, a humanoid robot (joined team three years ago)
- JTCHS hosts two 2 AEGD residency programs
 - New York University Dental Medicine Langone
 - Larkin Community Hospital in Miami

A High-Risk Patient Population

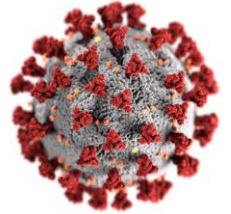
- JTCHS clinical sites are located within zip codes with some of the highest case rates for COVID-19 in Miami-Dade County.
- JTCHS high-risk populations include those who have tested positive for COVID-19 and have co-existing chronic medical conditions such as:
 - Hypertension
 - Heart disease
 - Diabetes
 - Autoimmune
 - Asthma
 - Obesity
 - Oral diseases
- The patient population is predominantly African American.

Response to the COVID-19 Pandemic Timeline



- Governor declared a State of Emergency on March 9, 2020.
- Eleven days later, on March 20, an executive order was issued to cease medically unnecessary, non-urgent, or non-emergency procedures or surgeries.
- All dental practices closed March 20 for 12 weeks, except for one clinic which remained open for emergency dental care only.
- AEGD residents were pulled from the health centers.

Response to the COVID-19 Pandemic Timeline, cont.



- Dental care team was divided into three smaller teams:
 - **Team A:** Dentist and team provided walk-in emergency patient care only.
 - **Team B:** Dentist and team provided teledentistry visits only.
 - **Team C:** Dentist led ongoing Zoom CE training to dental staff remotely.
- A different dental team rotated every 2 weeks to the dental emergency clinic and wherever they were needed most in the organization.
 - For example, a dental team performed and trained a med team on how to perform COVID-19 rapid tests, assisted in lab, and participated in outreach initiatives.

Creating a Virtual Command Center

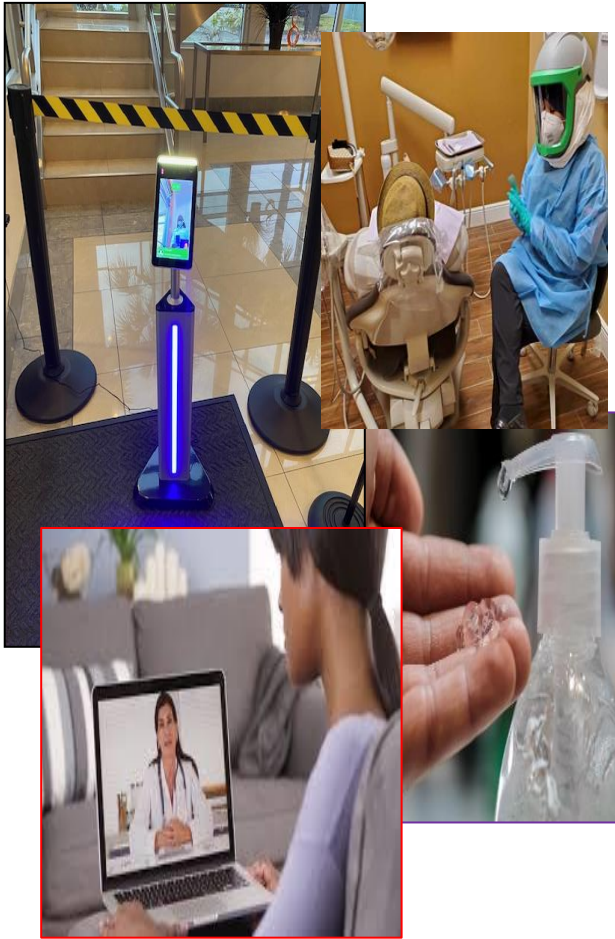
- JTCHS CEO led daily executive team meetings and briefings to ensure consistent messaging to the health care team.
- Guided by health care stakeholders, agencies, and organizations such as CDC, FL DOH, ADA, FDA, and HRSA.
- An executive team member was appointed to provide state, local, and national COVID-19 updates at least twice daily.
- Executive team monitored staff assignments and made recommendations on COVID-19-related cases affecting patients, staff, and family members.

Creating a Virtual Command Center, cont.

- The IP& C Nurse managed # of staff exposed or out due to COVID-19-related reasons and the required quarantines based on the CDC guidelines. Provided daily updates.
- CFO monitored the status of critical orders and needs, including COVID-19 rapid tests.
- Finance ensured funds were available and proactively ordered supplies, including PPE, equipment, refrigerators for anticipated vaccine storage, and extra oral suction units.
- JTCHS staff was briefed daily.

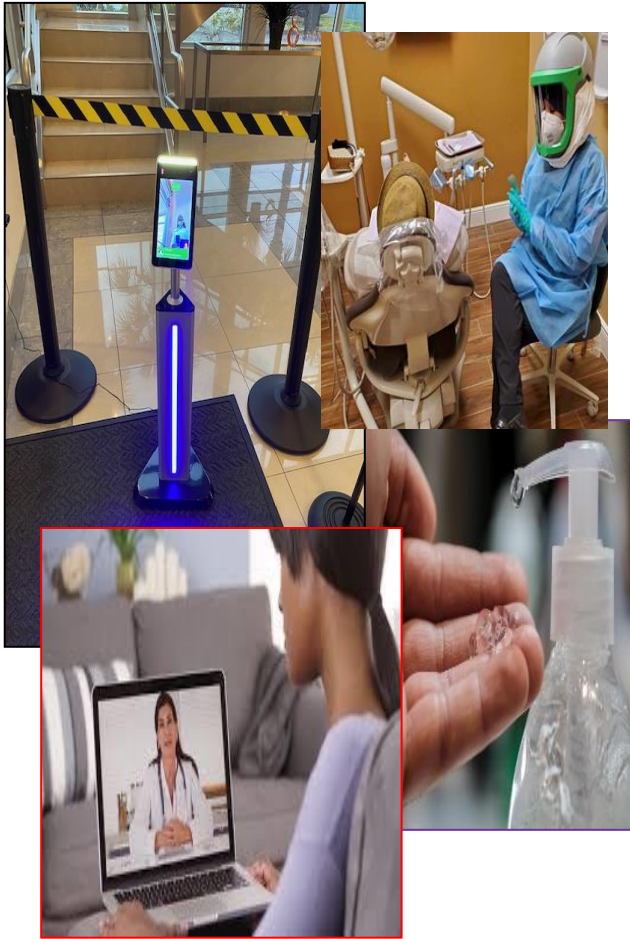
Leaders Rise to the Occasion

- JTCHS leadership made several important changes:
 - Enhanced the telehealth platform, making it more user-friendly for patients/staff
 - Repurposed areas
 - Rearranged clinic furniture for social distancing
 - Installed thermo cameras
 - Identified strategies to keep patients engaged:
 - Telehealth
 - Community outreach
 - Culturally diverse messaging about COVID-19 prevention, signs/symptoms, and safety
 - Information on how to access med/dent visits/phone care was constantly updated on JTCHS website and social media



“We Care Calls” and Communication

- “**We Care Calls**” were made to team members and staff.
- Executive Team received daily briefing and updates on patient access:
 - Number of visits to medical, dental, and behavioral health clinics
 - Number of telehealth visits
- Executive Team received daily briefing on number of COVID-19 tests and vaccines administered, and the number of COVID-19 positive patients/staff, hospitalizations, and telehealth follow-ups.
- Medical & dental practices **reopened fully June 2020.**





Ensured a sufficient # of extra oral suction units to reduce aerosols generated while performing dental procedures



Made patient reception areas safer



Ensured a steady supply of PPE

Treating Patients with Care and Compassion

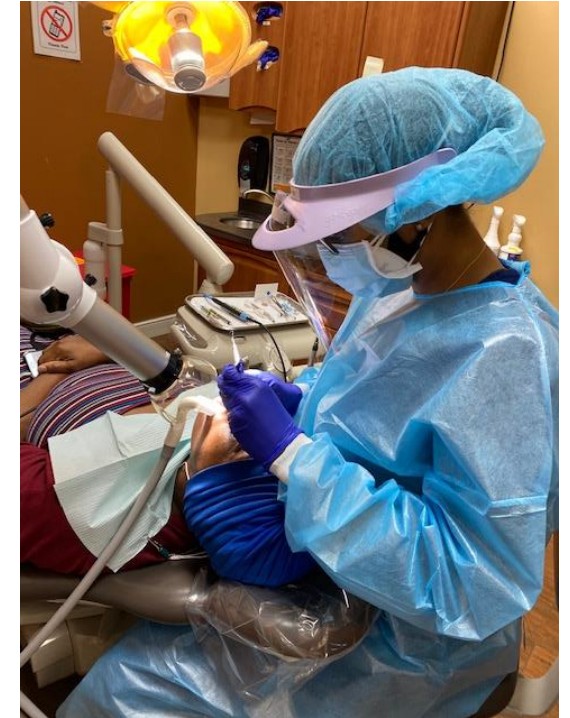
Patients feared contracting COVID-19 in dental clinics, medical clinics, and emergency rooms.

An example:

- 35 y/o African American/female
- Point of care COVID-19 test - negative
- Presented to the dental clinic c/o pain, fever, and difficulty swallowing,
- Dx: Cellulitis
- Referred to the nearest hospital
- Diabetic – elevated blood glucose
- Hospitalized x5 days



Conquering Fear at JTCHS



The dental team performed COVID-19 rapid tests and administered vaccines to community residents and continued to provide full-service dental care and COVID-19 screenings chairside.

Staff Felt a Sense of Community and Pride

- “We are fortunate to have a **proactive CEO and executive leaders** that looks out for the welfare of the care team and patients. The medical and dental care teams were kept informed and equipped to **continue to serve the community** while being protected.”
- “**Everyone was able to come together** and to do what they could to make sure we were able to **meet patients’ needs**, as well as to make sure we were doing so without putting our lives and our family’s lives at risk. Dental led and trained JTCHS staff on COVID-19 rapid testing.”
- On infection prevention and control: “**No one contracted COVID-19 as a result of working in dental**, despite working in one of the highest-risk professions. Infection prevention and control measures were shared with patients, who appreciated point-of-care COVID-19 testing offered in the dental setting.”

Lessons We Learned in the Last Two Years

- Teledentistry/team-based telehealth visits increased access to care.
- Infection prevention and control practices in the dental setting were and are effective.
- There's an opportunity to strengthen oral health and primary care integration.
- It's important to diversify the oral health team and include a patient-centered health care navigator.
- There's a greater need to focus on prevention.
- We need to take care of employees.
- There's an increased need to address the social determinants of health.

The Future of Dentistry at Community Health Centers

We need to strengthen our oral health education and prevention platform and include messaging on how poor oral health can adversely impact the management of diabetes, heart disease, and pregnancy, and may increase the chances of complications from viruses such as COVID-19.

How?

- Promote prevention and optimize dental care visits
- Strengthen dental-medical integrative care model
- Increase patient access and workflow efficiency

Prevention Promotion and Visit Optimization

- Caries risk assessment and caries control
- Children: Every visit is a sealant visit
- Minimally invasive dentistry
- Focus on pregnancy and oral health
- Oral cancer screenings
- Point-of-care COVID-19 rapid tests, HbA1c, and HIV screenings in the dental setting
- Point-of-care vaccines in the dental setting
- Educate and address vaccine hesitancy (such as COVID-19 and HPV)

Strengthen Dental-Medical Integrative Care Model

- Use team-based telehealth care visits (dental, medical, nutrition, pharmacy, and behavioral health).
- Increase use of intraoral camera in school-based programs.
- Hire key position: Patient-centered health care navigator to help improve access to preventive dental health care, work closely with the primary care medical team, and coordinate oral health visits for prenatal patients, children, adolescents, adults, and seniors with chronic medical and dental diseases.
- Registered dental hygienists are poised to manage the dental suite located in the pediatric medical practices.
- Participate in research studies — e.g., chairside salivary diagnostics.

Increase Patient Access and Workflow Efficiency

- Enhance AEGD Residency Program, dental scribe, EHR.
- Increase access to dental procedures and decrease patient time spent in the dental chair
 - Teledentistry
 - 3D Digital Impression Scanner
 - CAD CAM Mill
- Remote monitoring
 - Bluetooth toothbrush
 - Temp/BP/glucose checks
 - Oral images
- PEPPER humanoid robot provides introduction to the oral health program, ability to provide age-specific oral health education and post op instructions, etc.



“The only way out is through
and
the only way through is together.”

-Robert Frost

Thank You!

Contact Information

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Round Table Discussion

Public Health Preparedness

Medical-Dental Integration

Teledentistry

Infection Control

Vaccination

Finding Joy

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Questions & Discussion

To Explore More Industry-Leading Research

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Dental Fear Is Real. Providers Can Help.	Expanding Access, Health Equity	Visual Report
Why We (Still) Need to Add Dental to Medicare	Adult Dental Benefit, Expanding Access, Health Equity	Report
A Cross-Sectional Analysis of Oral Health Care Spending over the Life Span in Commercial- and Medicaid-Insured Populations	Expanding Access, Health Equity	Article
Time Is on the Side of Change in Dentistry	COVID-19 and Oral Health, Health	Article

CareQuest
Institute for Oral Health.

Missed Connections
Providers and Consumers Want
More Medical-Dental Integration

Oral health and overall health are inextricably linked. There is mounting evidence to suggest that poor oral health is related to a variety of chronic health conditions, such as high blood pressure, dementia, diabetes, and obesity. Despite this known connection, dental care is still largely siloed from medical care. The Centers for Disease Control and Prevention (CDC) estimates that integrating basic health screenings into a dental setting could save the health care system up to \$100 million every year.¹

CareQuest Institute for Oral Health conducted a nationally representative survey in January and February 2021 to assess consumers' perspectives on oral and overall health (n=5,320). CareQuest Institute also conducted a nationwide survey of oral health providers to assess perspectives and current behaviors related to interprofessional practice (n=377). Consumers and oral health providers described a lack of integration between medical and oral health care, and a desire for increased interprofessional collaboration.

Key Findings:
Medical-dental collaboration is currently uncommon.

63% of consumers report that their primary medical doctor "rarely" or "never" asks about their oral health.

33% of consumers report that their oral health provider "rarely" or "never" asks about their overall health.

45% of responding oral health providers report "rarely" integrating their care with clinicians outside of dentistry, with only 14% reporting it is part of their "daily" practice.

- Less than a third of consumers report receiving general health screenings from their oral health provider.
- A majority (89%) of adults report never receiving a referral from their oral health provider to a non-oral health professional.
- Almost a fourth (24%) of participating oral health providers report currently implementing interprofessional practice.

www.carequest.org/education/resource-library

Webinar Evaluation

Complete the **evaluation by Friday, April 15** to receive CE credit.

Upcoming Webinars:

April 21, 2022, 12 – 1 p.m. ET

Community-Centered Grantmaking: Why, How, and What Lies Ahead

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