Using a Quality Improvement Approach to Improve Oral Health Outcomes

CareQuest Institute Continuing Education Webinar

July 11, 2023

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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.
- We'll also make the slides and recording available on carequest.org.

To receive CE Credits:

- Look for the evaluation form, which we'll send via email within 24 hours.
- Complete the evaluation by **Tuesday, July 18.**
- Eligible participants will receive a certificate soon after via email.

We appreciate your feedback to help us improve future programs!

ADA C·E·R·P® | Continuing Education Recognition Program

The CareQuest Institute for Oral Health is an ADA CERP Recognized Provider. This presentation has been planned and implemented in accordance with the standards of the ADA CERP.

*Full disclosures available upon request

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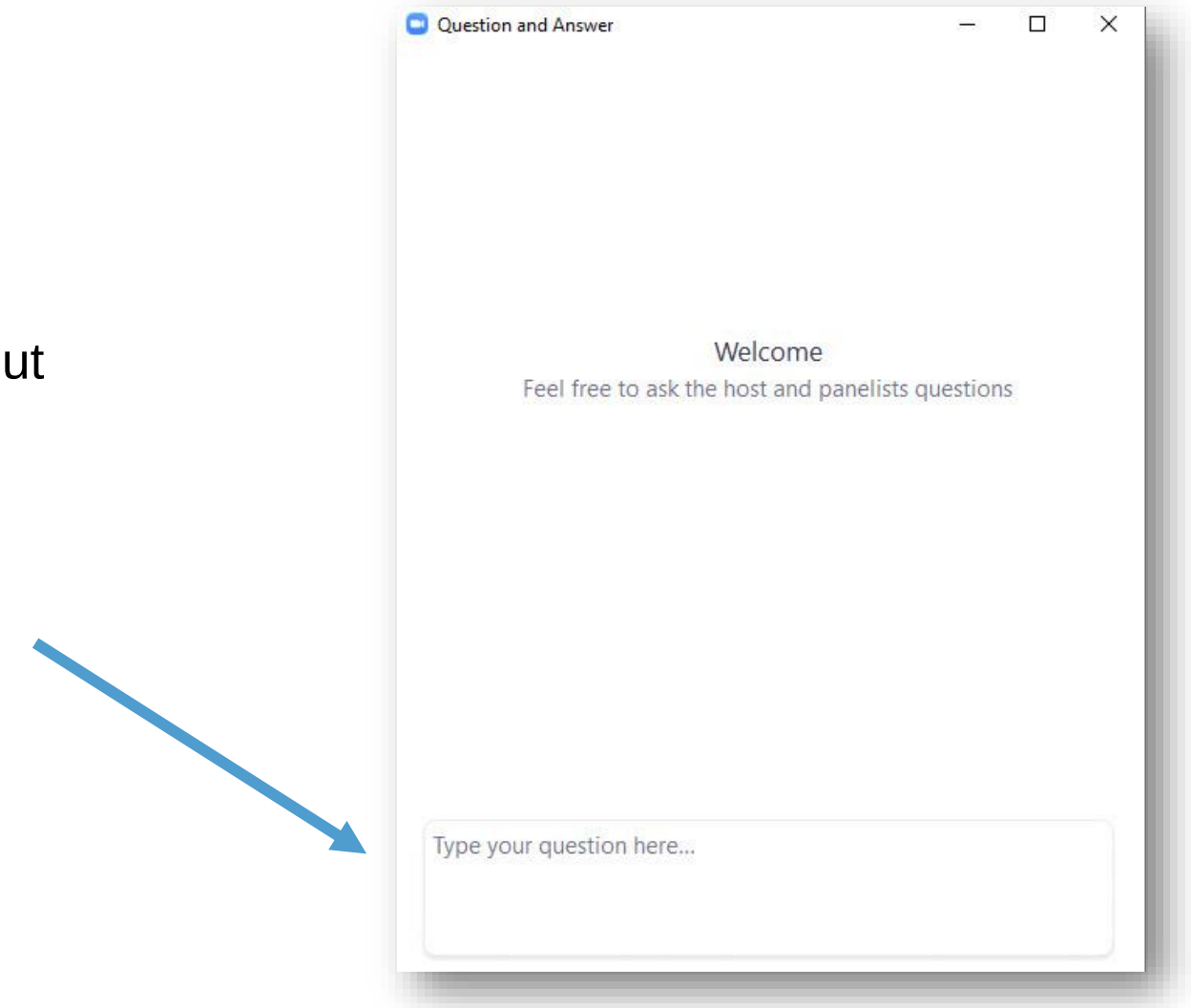
Question & Answer Logistics

- 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.



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Learning Objectives

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

- Explain the value of using quality improvement methods in a dental setting.
- Discuss how to use quality improvement methods to improve patient health outcomes in a dental setting.
- Summarize how two Federally Qualified Health Centers implemented quality improvement initiatives focused on dental sealants and medical-dental integration.

Our Strategy

Vision

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

Mission

To improve the oral health of all

Purpose

To catalyze the future of health through oral health

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Using a Quality Improvement Approach to Improve Oral Health Outcomes

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WEBINAR | Tuesday, July 11, 2023 | 7–8 p.m. ET | ADA CERP Credits: 1

MODERATOR

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PRESENTER

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Dental Director, Project HOME

PRESENTER

Ramona English, DMD
Chief Dental Officer, Petaluma Health Center

PRESENTER

An Nguyen, DDS, MPH
Chief Dental Officer, Clinica Family Health

The Case for a Quality Approach to Dentistry

An Nguyen, DDS, MPH
Chair, NNOHA Quality Committee
Chief Dental Officer, Clinica Family Health

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National Network for Oral Health Access

About NNOHA

Founded in 1991 by FQHC Dental Directors who identified a need for peer-to-peer networking, collaboration, research, and support.

Membership now includes more than 5,000 dentists, dental hygienists, supporters, and partners, reaching millions of underserved people across America.

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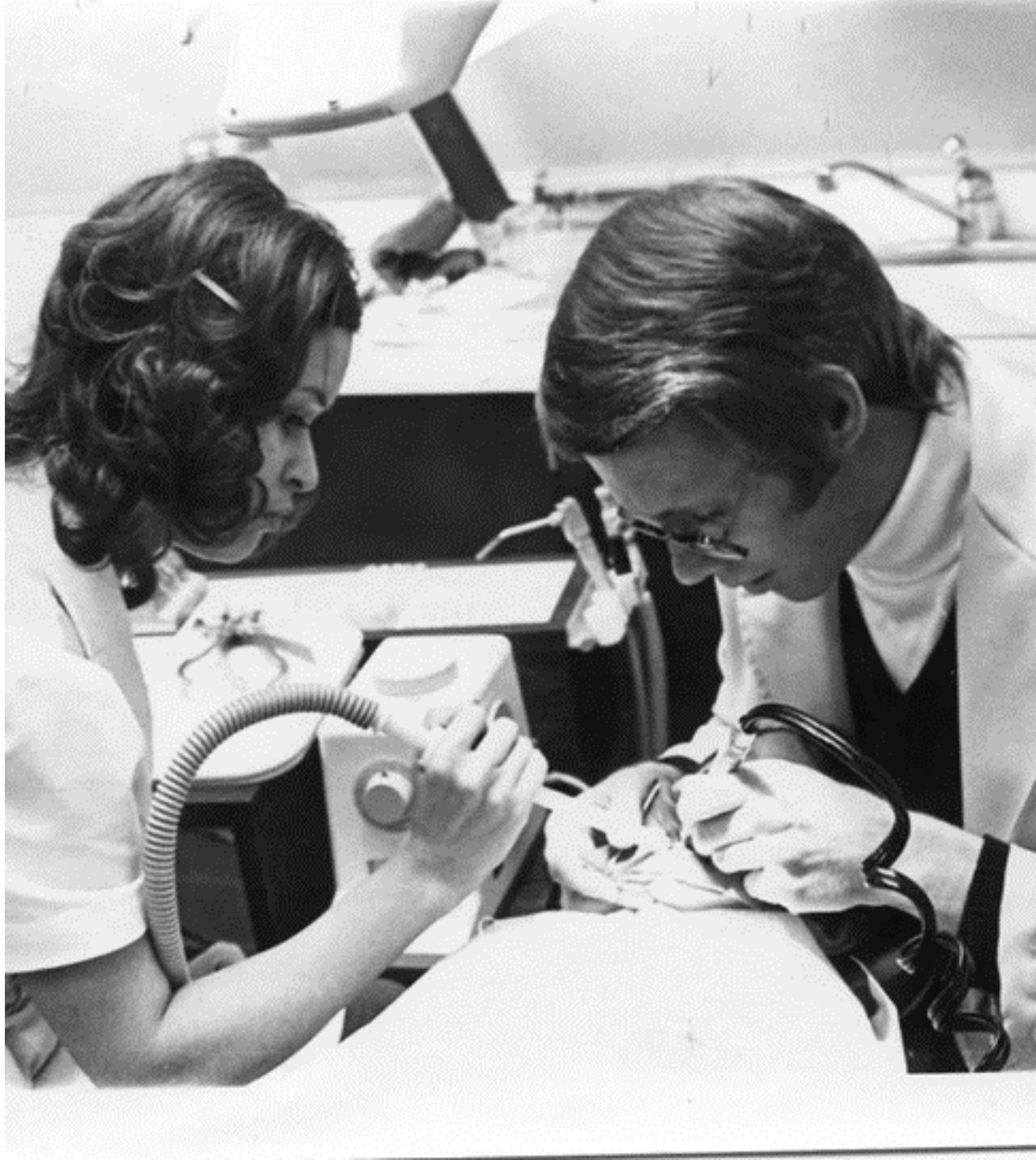

About NNOHA

Email info@nnoha.org or visit www.nnoha.org

Available Resources

- Learning Collaboratives: Teledentistry, Integration Diabetes and Oral Health (IDOH), Dental Sealants, Integration Behavioral and Oral Health (IBOH), Workforce
- Webinars
- Promising Practices and Publications
- NOHLI (training for new dental leaders)
- Listserv
- Individual consultations

HRSA National Training & Technical Assistance Partner

Today's session is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $550,000. The contents are those of the authors and do not necessarily represent the official view of, nor an endorsement by HRSA, HHS or the U.S. Government.

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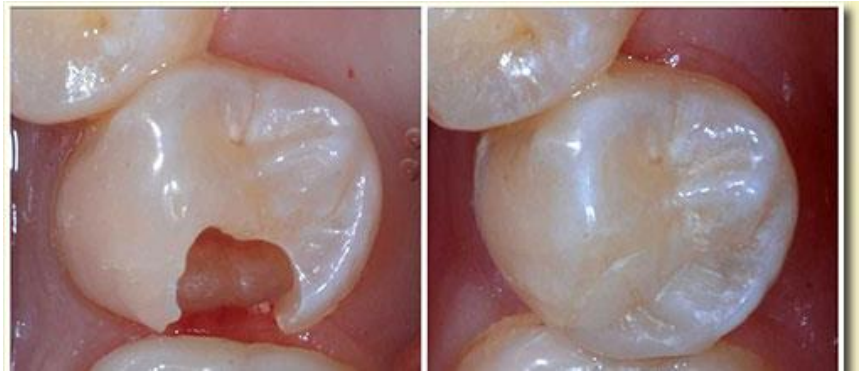
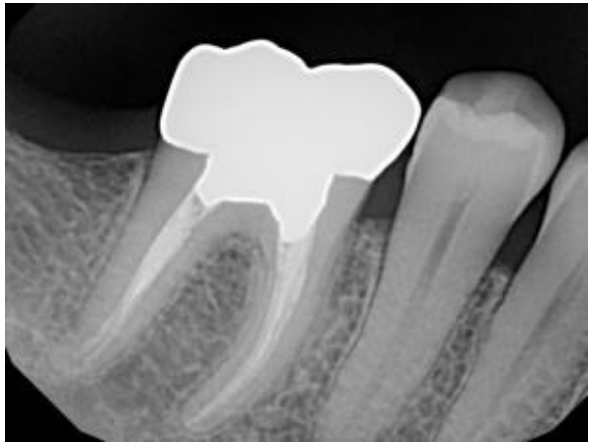
HRSA Health Center Program

What Is Quality?

Traditionally Defined





Publicly Promoted

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What Is Quality?

"The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

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Domains of Quality

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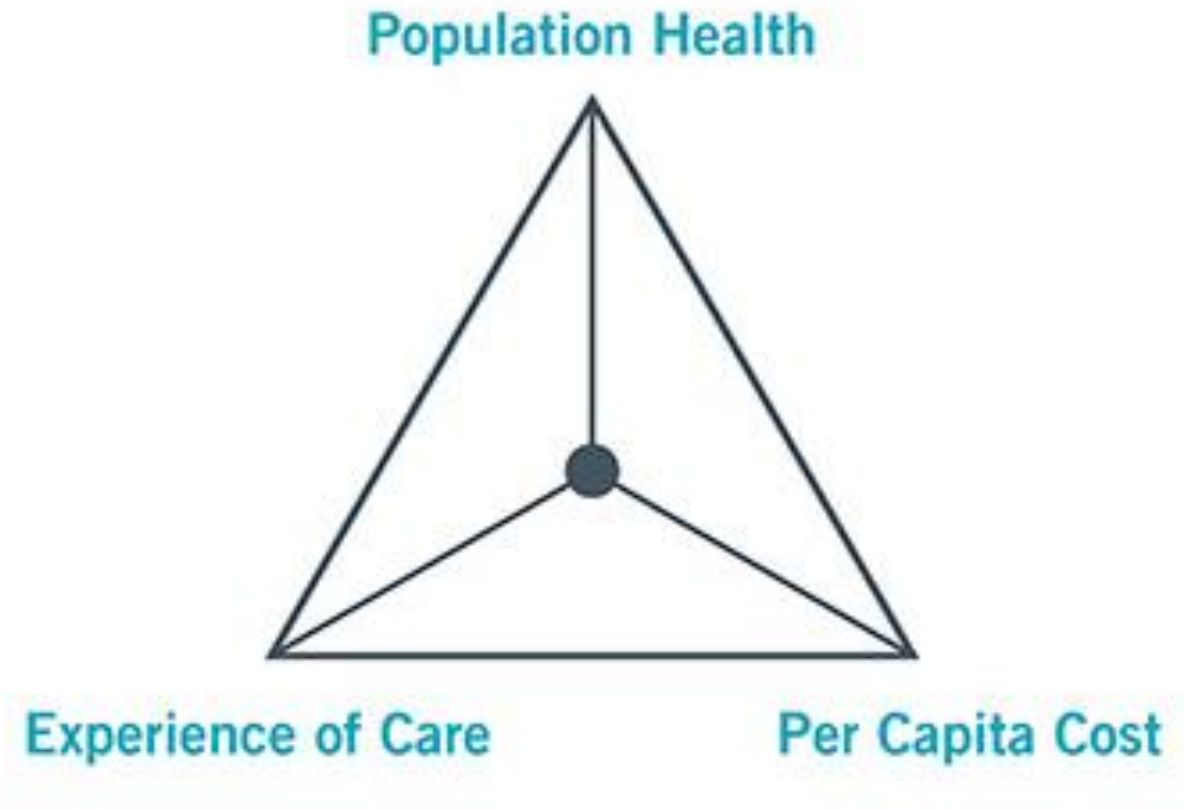
The Triple Aim



Institute for Healthcare Improvement

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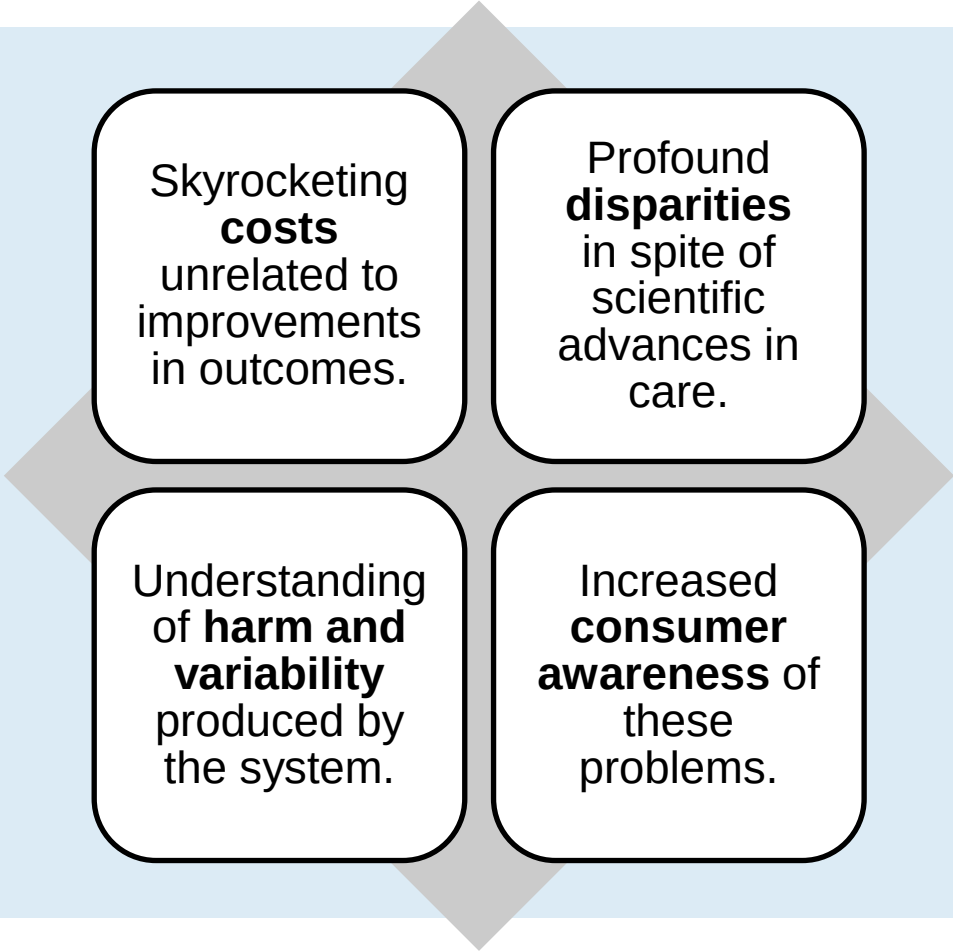
Drivers for Dental Quality



Dr. Paul Glassman, University of the Pacific School of Dentistry

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Proposals for System Change

Don Berwick, MD, MPP

Institute for Healthcare Improvement

1. Reduce mandatory measurement.
2. Stop complex individual incentives.
3. Shift the business strategy from revenue to quality.
4. Give up professional prerogative when it hurts the whole.
5. Use improvement science.
6. Ensure complete transparency.
7. Protect civility.
8. Hear the voices of the people served.
9. Reject greed.

Marko Vujicic, PhD

ADA Health Policy Institute

Box. Reforms needed to drive major expansions in dental care use and meaningful, sustained improvements in oral health.

Address the Dental Coverage Gap	Consider dental care an essential health benefit for all age groups. Provide comprehensive dental coverage in public health insurance programs and as a core benefit in private health insurance coverage.
Define and Systematically Measure Oral Health	Define and systematically measure oral health in ways that are meaningful and relevant for both patients and providers, but mostly for patients. Measure what is done for patients, not just what is done to patients.
Tie Reimbursement, Partly, to Outcomes	Make some small portion of provider compensation dependent on oral health outcomes or, at a minimum, on some intermediate measures that influence outcomes and are more within the direct control of providers.
Reform the Care Delivery Model	Get dentistry out of its care delivery silo. Engage the rest of the health care system to nudge people into dental care. Rise above scope of practice turf wars fueled by fee-for-service payment.

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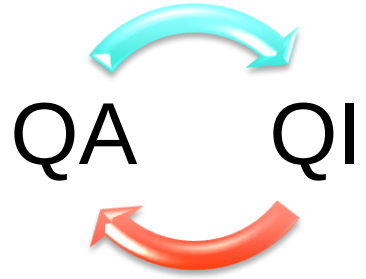
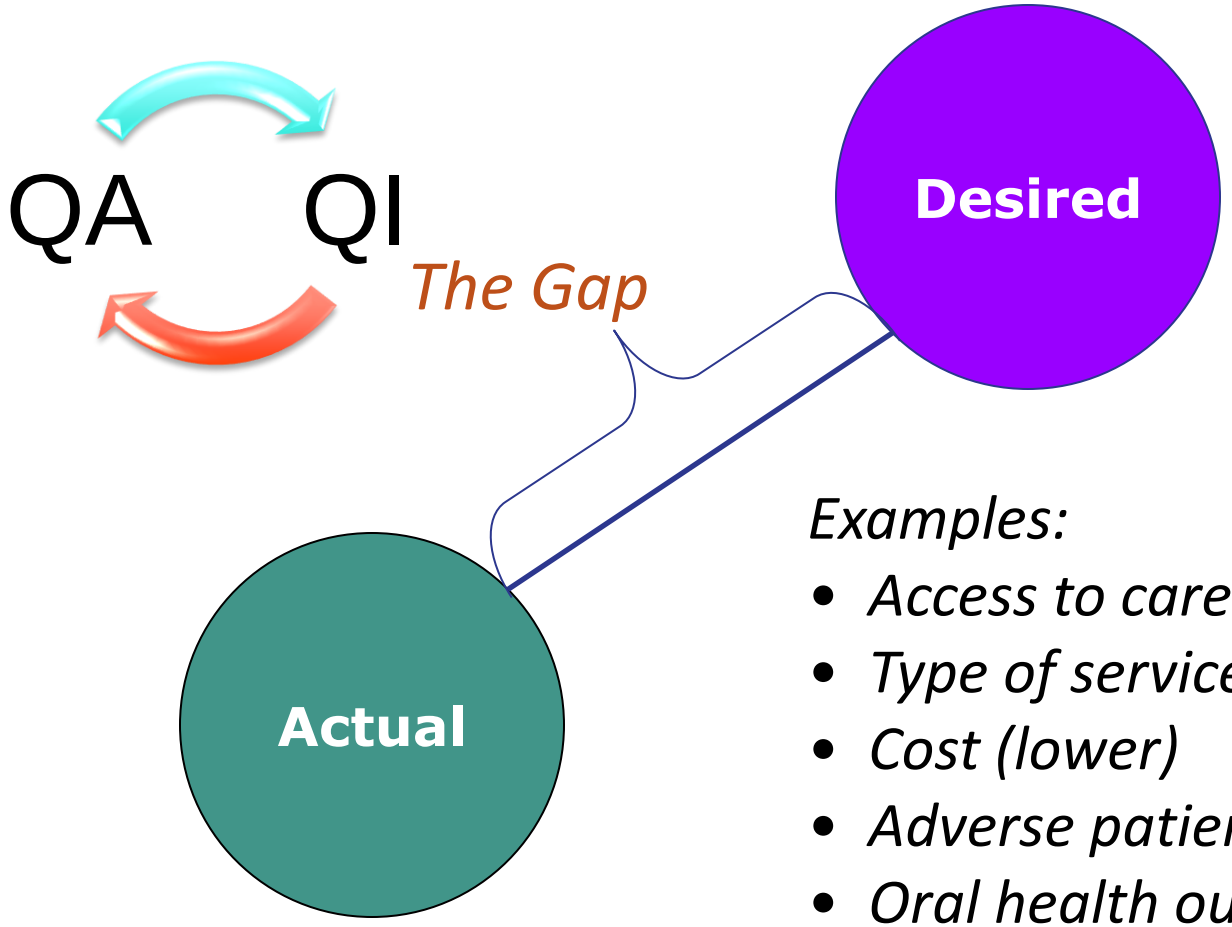
Assurance vs. Improvement



QUALITY ASSURANCE (QA)	QUALITY IMPROVEMENT (QI)
Delegated to a few.	Embraced by all as everyone's job.
Focus on individuals, outliers.	Focus on processes.
Works toward endpoints.	Has no endpoints (continuous).
Ensures minimum standard is met.	Assumes/desires maximum potential.
Retrospective, detection.	Proactive, preventive.
Function/provider focused.	Customer/population focused.
Punishes & sanctions, finds blame.	Rewards innovation, permits failure.
Peer Review, Chart Audits, Service Measures, Dashboards	Driver Diagrams, Process Maps, PDSAs, Run Charts

Opportunity for Improvement



Examples:

- *Access to care (visit)*
- *Type of service (sealant)*
- *Cost (lower)*
- *Adverse patient event (latex allergy)*
- *Oral health outcomes (caries)*

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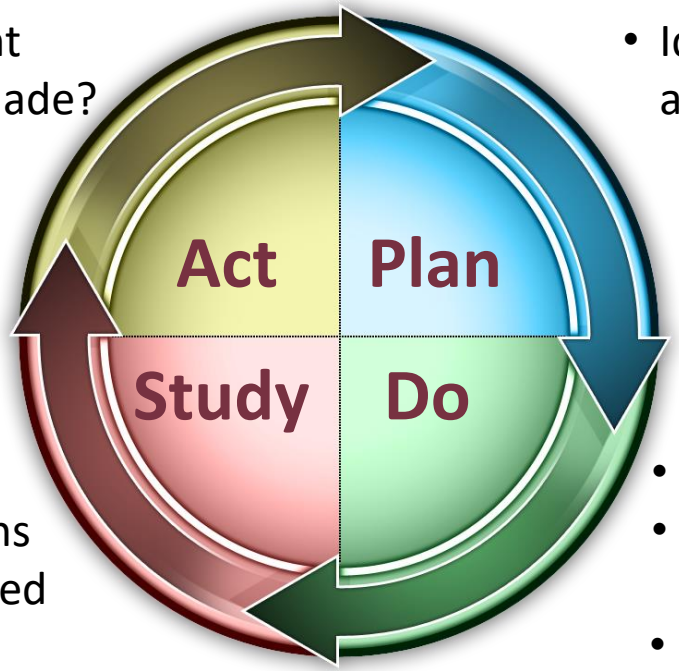
Plan-Do-Study-Act Cycle

Ideas ➡ Action ➡ Learning ➡ Improvement

- Demonstrate improvement
- What changes are to be made?
- What is the next cycle?



- Identify problems and create a plan

- Implement the plan
- Monitor and document results
- Begin analysis of the data

- Complete the data analysis
- Compare data to predictions
- Summarize what was learned

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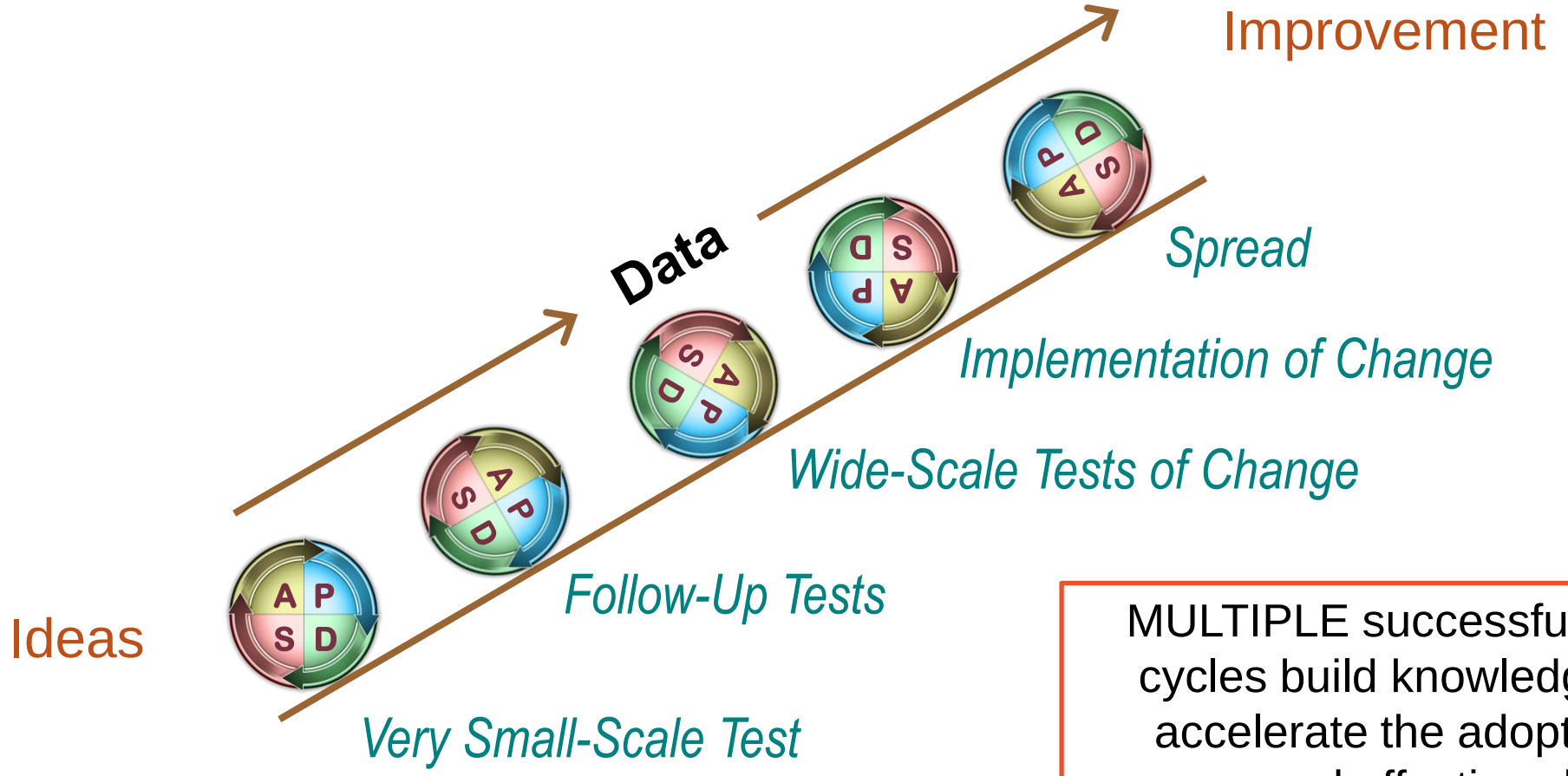
Using the Cycle to Improve



MULTIPLE successful PDSA cycles build knowledge and accelerate the adoption of proven and effective changes.

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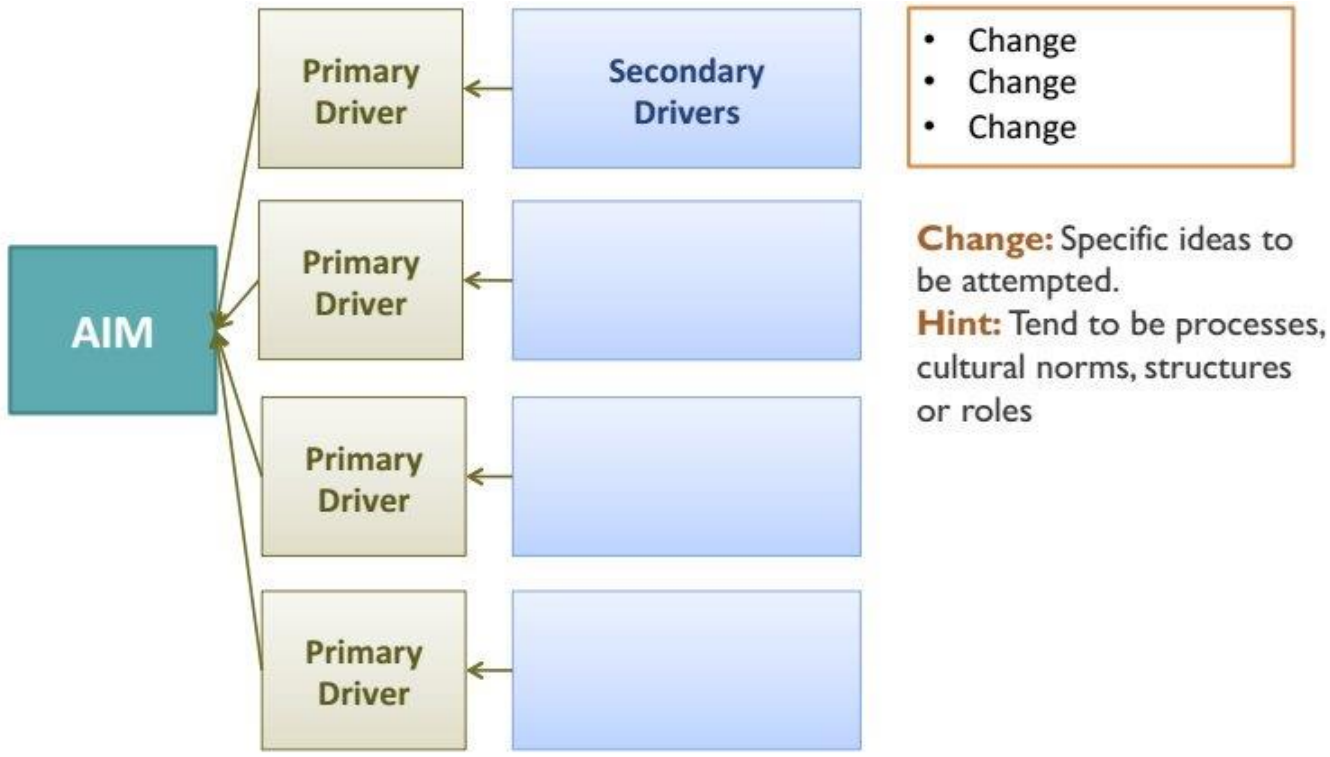
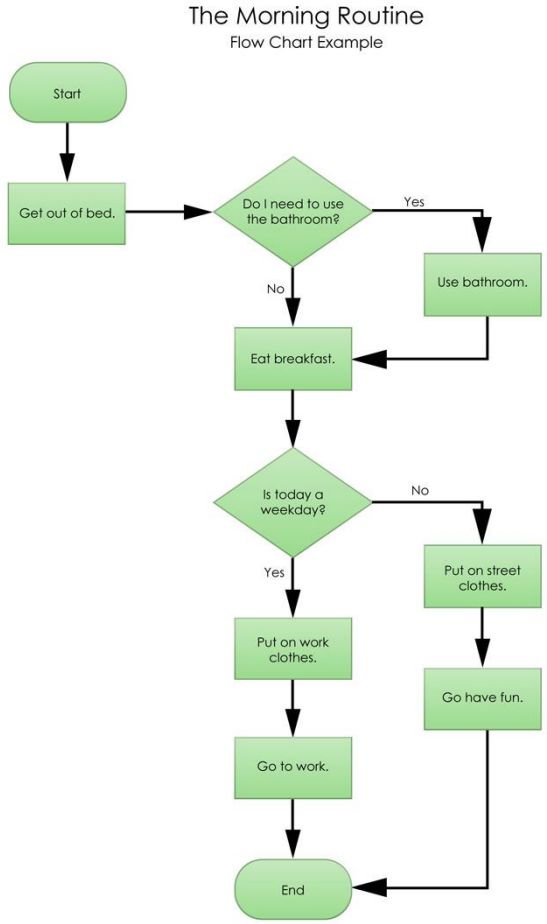
Other High-Yield Quality Improvement Tools

Driver Diagrams



Process Maps



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Using a Quality Improvement Approach to Improve Oral Health Outcomes

Dental Sealants

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July 11, 2023

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Objectives

- Discuss quality improvement initiative for dental sealants in FQHC setting
- Provide examples of effective practices participants can implement to improve sealant metrics

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Quality Improvement Initiative

NNOHA's Oral Health Improvement Collaborative

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Oral Health Improvement Collaborative

Education
to obtain buy in

Evidence
for preventing and arresting decay

Mindset
of Sealants First

Many Reasons
to prioritize sealants

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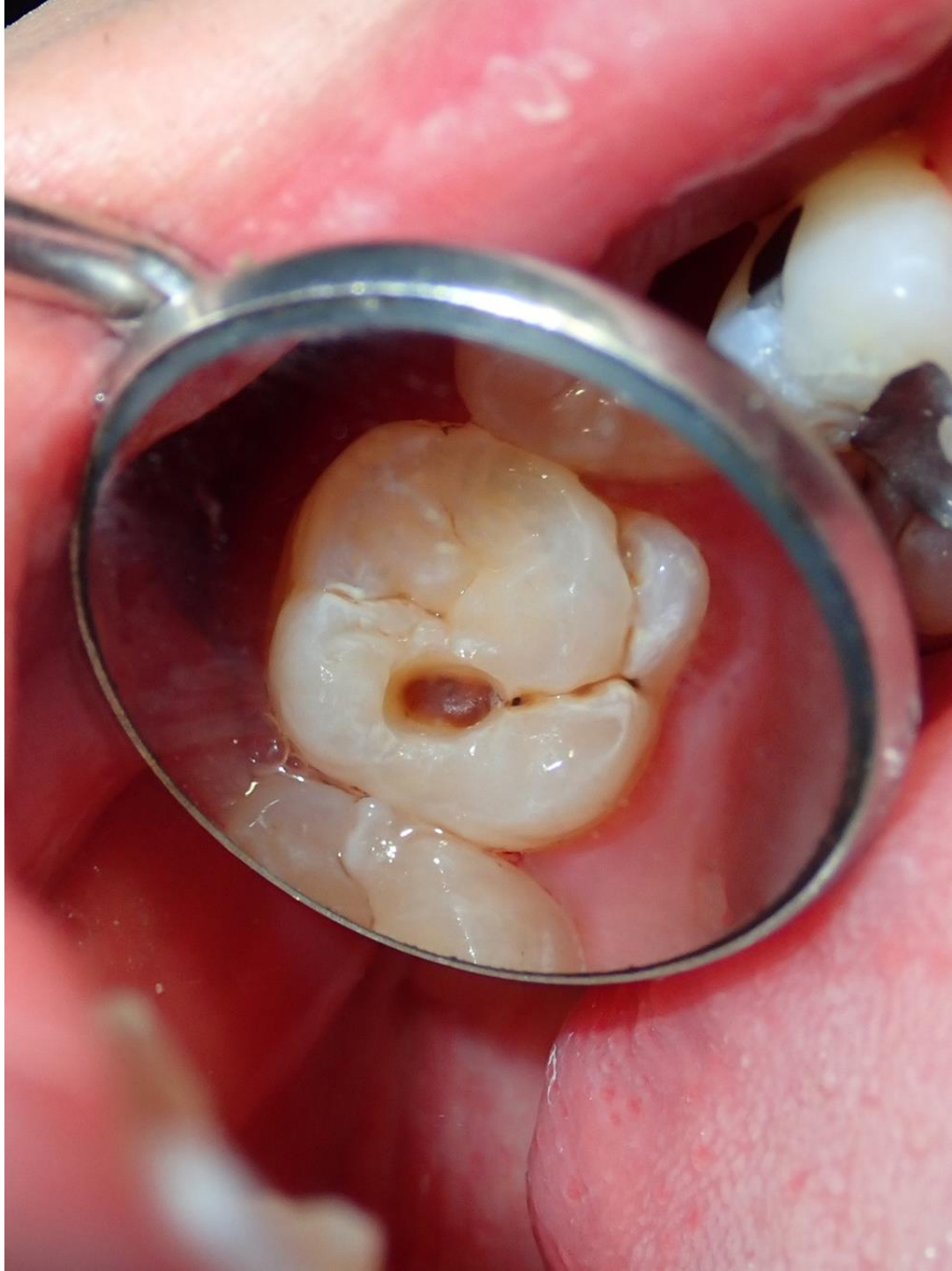
Reason #1: Disease

- Tooth decay is the ***single most common*** chronic childhood disease
  - **5x** more common than asthma
  - **4x** more common than early-childhood obesity
  - **20x** more common than diabetes

- Chronic periodontitis is more common in adults than children



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Reason #2: Importance of Teeth

- Children need cavity-free teeth to:
  - Eat
  - Talk
  - Smile
  - Feel good about themselves

- Cavities can lead to:
  - Not eating well
  - Pain
  - Poor sleep
  - Poor self-esteem

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Reason #3: Poor School Performance

- Dental problems account for ***~ 2 million*** lost school days each year
- **20%** of children ages 5 to 11 have at least 1 untreated decayed tooth
- Tooth Pain --> missing school
- Tooth Pain --> inability to concentrate
- Prevention is key!

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Attendance Works & Health Schools Campaign. (2015, September). Mapping the early attendance gap: Charting a course for school success. Retrieved from http://www.attendanceworks.org/wp-content/uploads/2017/05/Mapping-the-Early-Attendance-Gap_Final-4.pdf

Reason #4: Everyone Wants a Cleaning

- “I just want my teeth cleaned.”
- If there isn’t enough time in visit for prophy, patients may still be inclined to come back for the cleaning.

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Reason #5: Kids Might Not Come Back

Common Thoughts

- “I’ll just plan it with the restorative visit. All the materials will be out then anyway, and the quadrant will be isolated.”
- “They are only here for an emergency – we’ll take care of the sealants at the comp exam / prophy visit.”

The Problems

- No-shows
- Multiple restorative visits can take a while to complete
- What if the emergency patient doesn’t come back?

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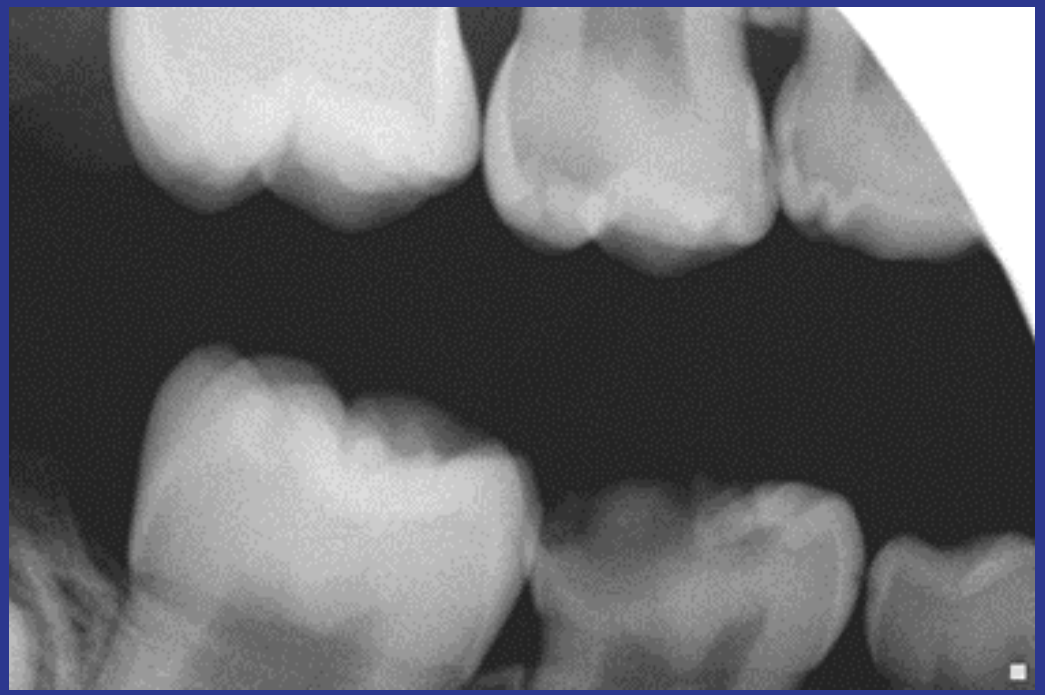
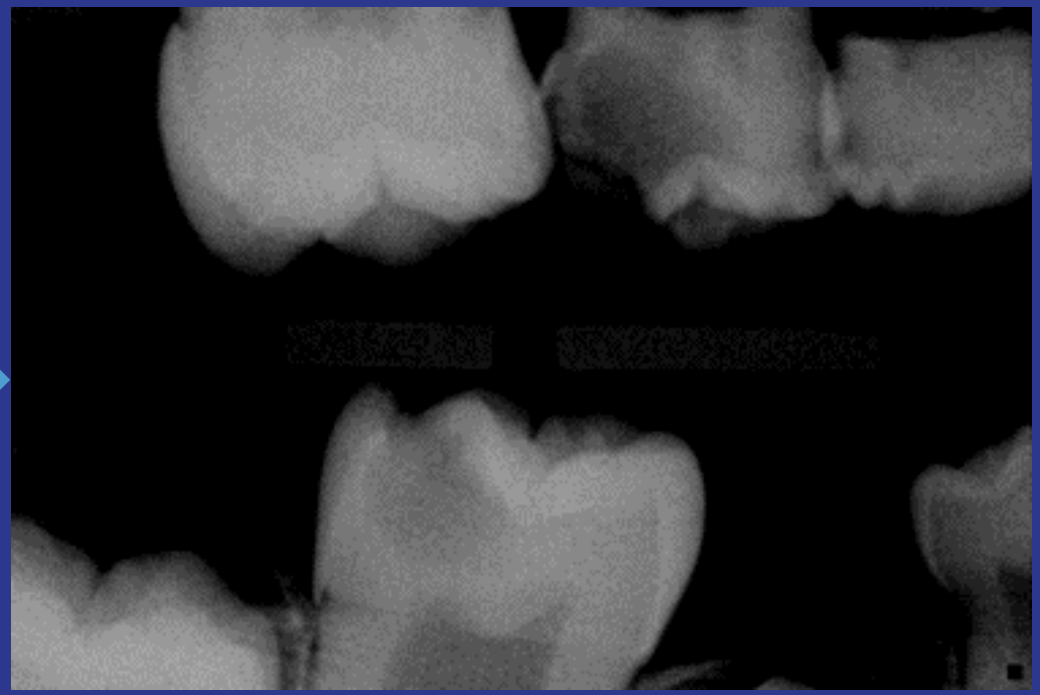
What If We Implemented Practices from the Collaborative Earlier?



3 years



Effective Practices to Implement

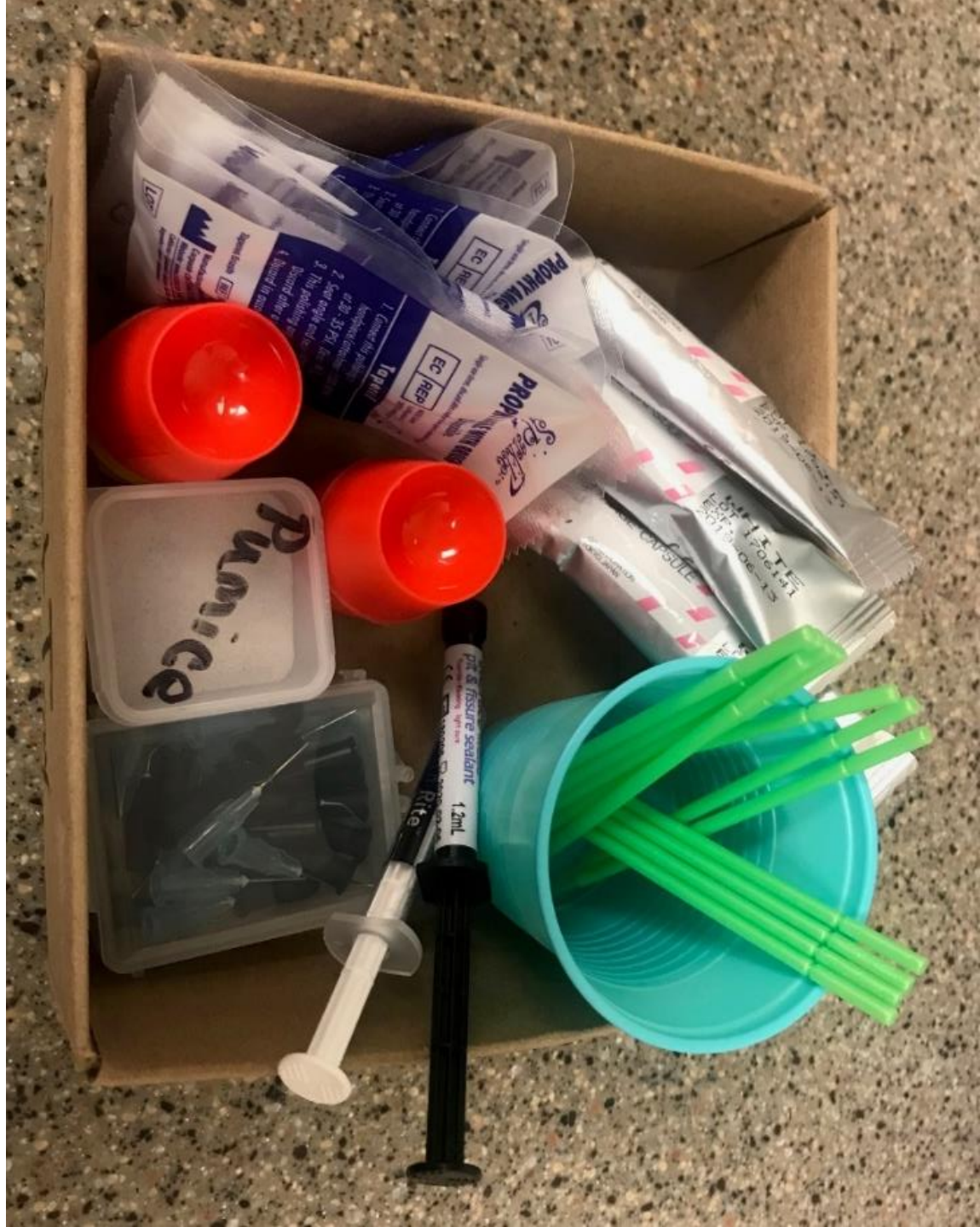
Change ideas to more reliably apply sealants and still have time for the prophy!

Strategies to Consider

- Ready-to-go sealant kits
- Glass ionomer or wetbond sealant material
- Use an assistant
- Isolation systems
- Fast-curing light
- Identify patients eligible for sealants before the appointment (daily huddles)
- Establish a workflow for sealants first
- Regular patient education on sealants
- Provider buy-in

#1: Sealant Trays

- Ready to go in every operatory
- Available for any appointment type, including emergency
- Sealant, etch, bond, applicator tips, pumice, prophy brushes, microbrushes, articulating paper, dry angles or other isolation tools…



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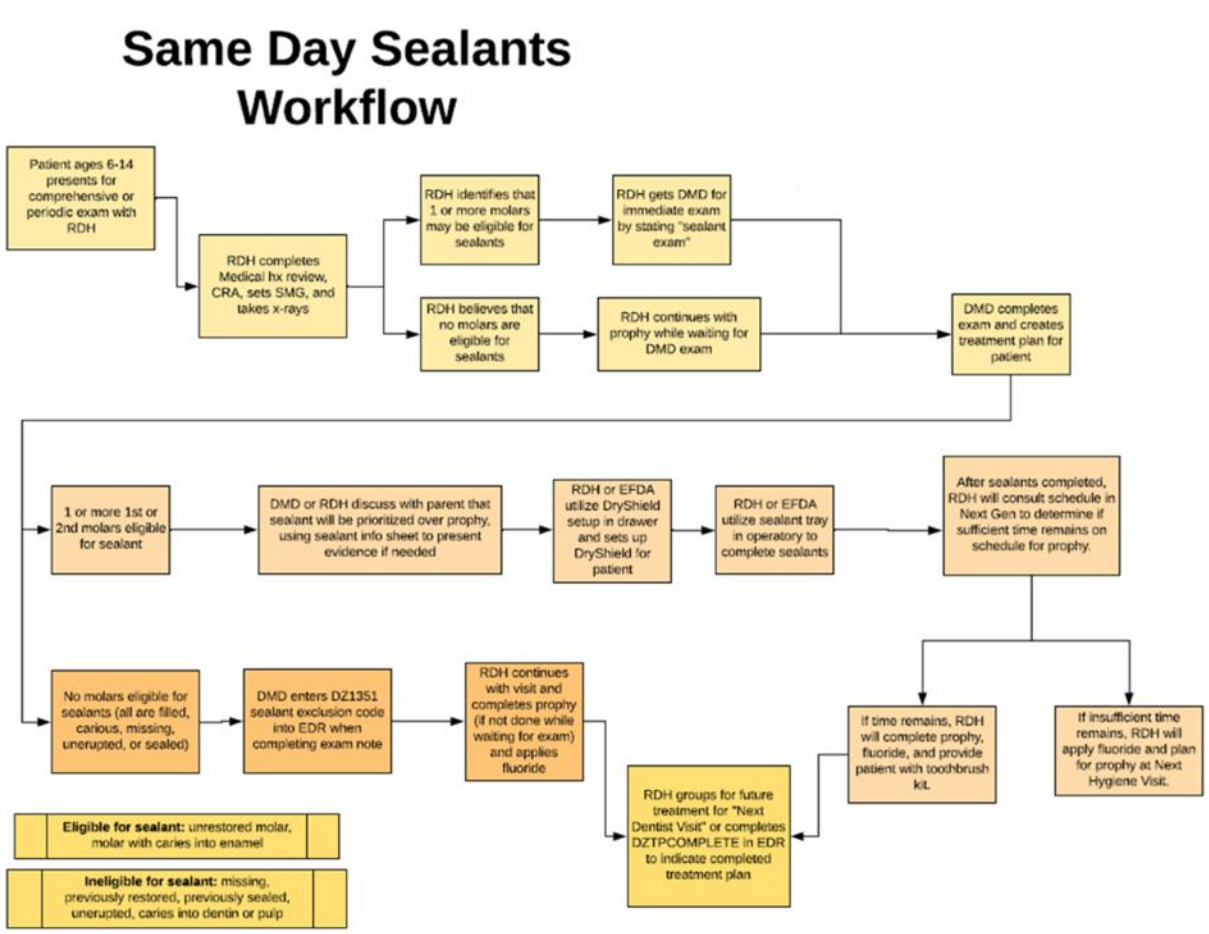
#2: Isolation System

- Examples: DryShield, Isolite
- Faster sealant placement
- Better retention
- Practice makes perfect!

#3: Streamline Workflows

- Work to top of license
- Outline efficient workflows
- Get dentist's attention early in the visit
- Gain confidence in hygienist's diagnostic abilities (if dentist exam not required prior to sealants per practice act)



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#4: Identify Patients on Schedule

- Identify patients in sealant-eligible age range
- Daily huddles
- Visual cues: “**SEAL**” or “*****”
- All staff aware of priority patients

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#5: Consider Different Materials

- Challenging patient?
- No time?
- Difficult isolation?
- Partially erupted?
- Glass Ionomer
  – easy to place & moisture tolerant

#6: The Whole Team Must Buy In

- All clinical & operations team members!
- Gain buy-in, share the evidence
- Share quality graphs & metrics
- Consider friendly competition

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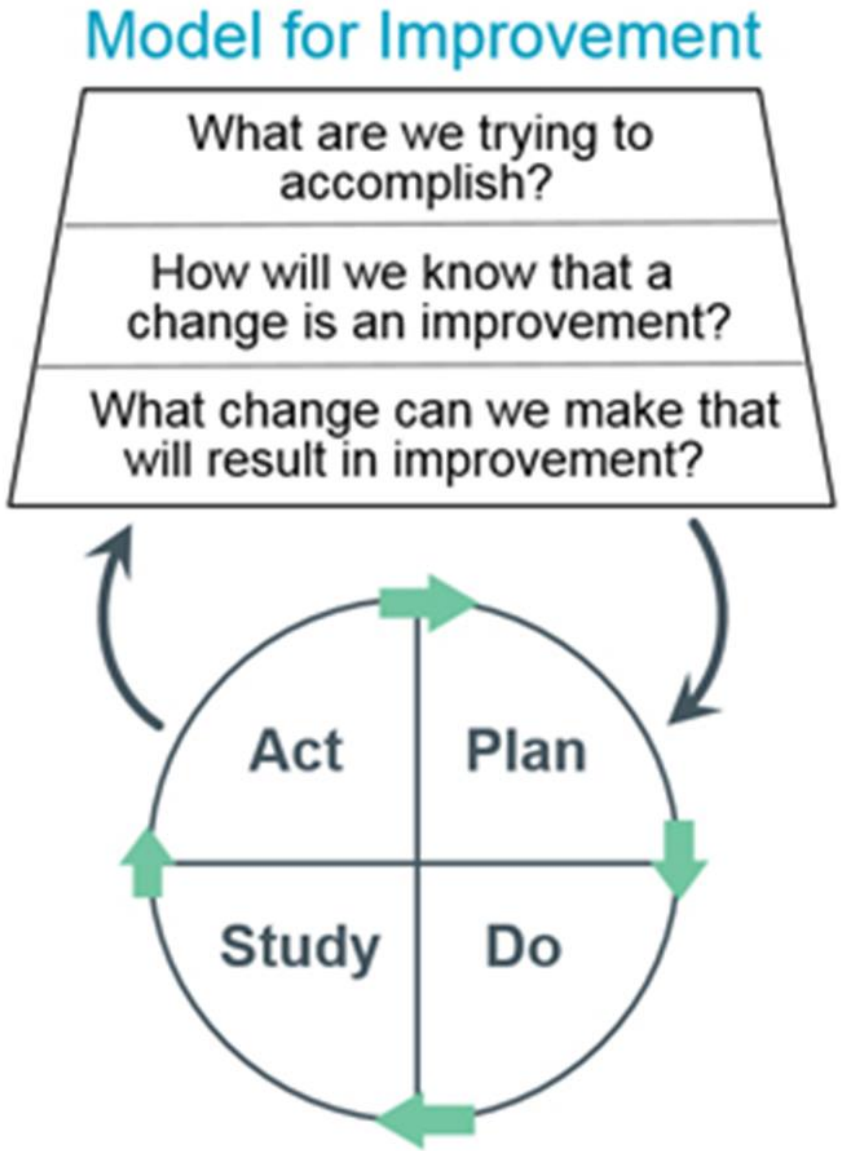
Testing & Implementation of Change Ideas

Model for Improvement



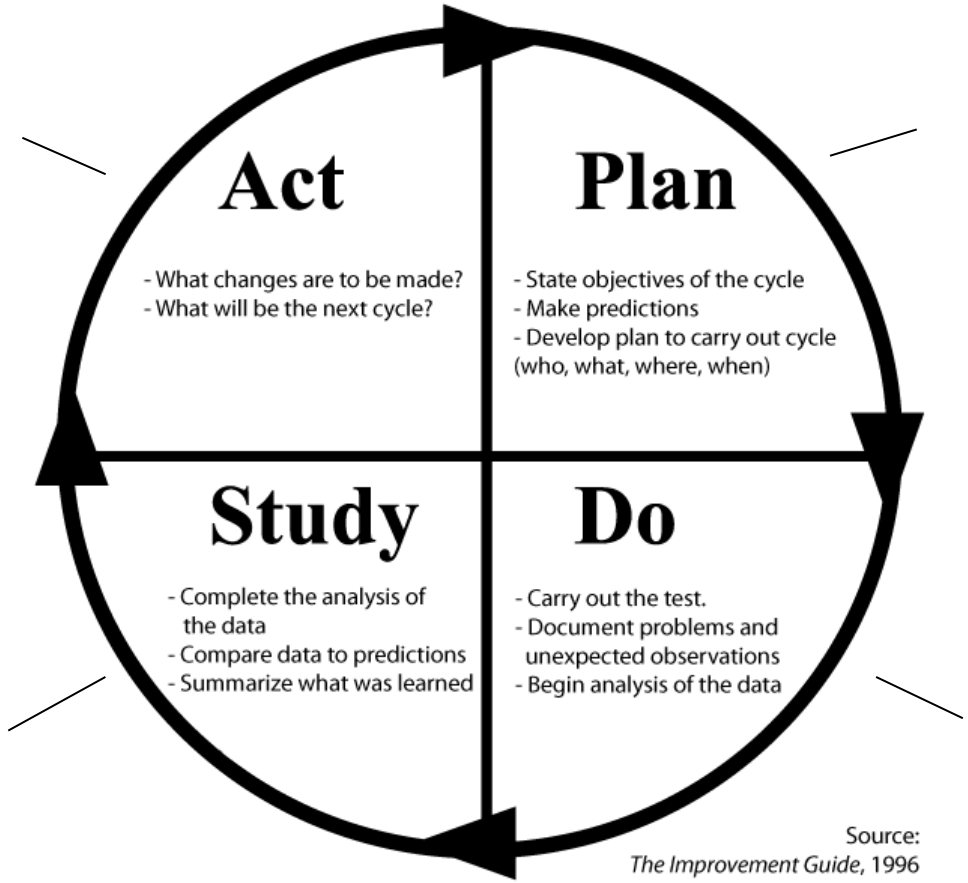
PDSA

Act

We will implement the use of DryShield into our practice for all same-day sealant placements.

Plan

Test: Apply same-day sealants on 5 patients using DryShield. We predict we will save time with DryShield and also have enough time to do a prophy on each patient.



Study

First application from setup of DryShield to completed sealant placement was 8 minutes. Time decreased to 5 minutes by 5th patient. Still plenty of time for prophy.

Do

Sealants were applied on 5 patients. Patients were receptive to the novelty of DryShield and stated it was comfortable. Prophys were completed after sealants for all 5 patients.

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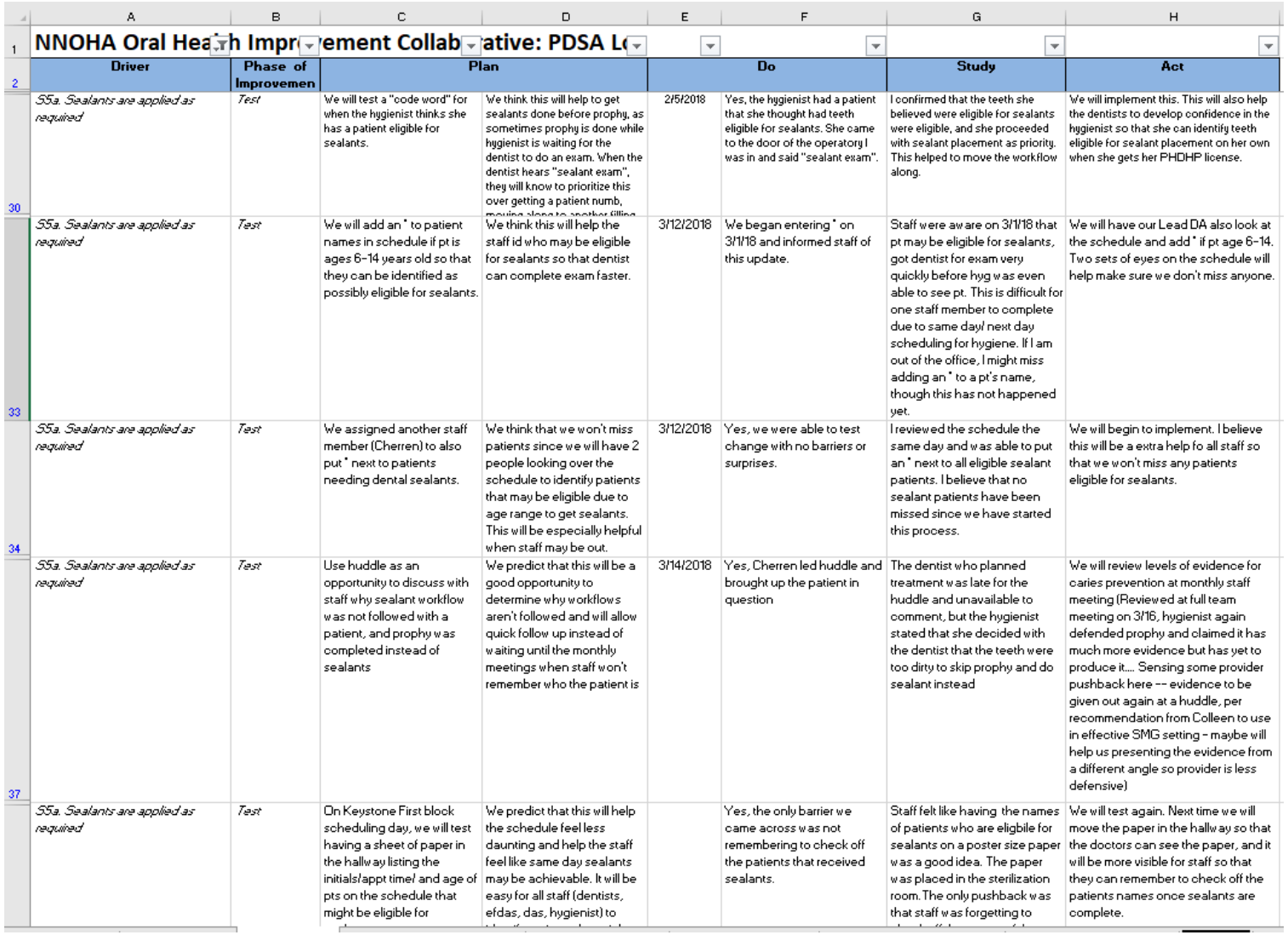
PDSA Log



	A	B	C	D	E	F	G	H
1	NNOHA Oral Hea[illegible]h Impr[illegible]ement Collab[illegible]ative: PDSA L[illegible]							
2	Driver	Phase of Improvemen	Plan		Do		Study	Act
30	55a. Sealants are applied as required	Test	We will test a "code word" for when the hygienist thinks she has a patient eligible for sealants.	We think this will help to get sealants done before prophy, as sometimes prophy is done while hygienist is waiting for the dentist to do an exam. When the dentist hears "sealant exam", they will know to prioritize this over getting a patient numb, [illegible]	2/5/2018	Yes, the hygienist had a patient that she thought had teeth eligible for sealants. She came to the door of the operatory I was in and said "sealant exam".	I confirmed that the teeth she believed were eligible for sealants were eligible, and she proceeded with sealant placement as priority. This helped to move the workflow along.	We will implement this. This will also help the dentists to develop confidence in the hygienist so that she can identify teeth eligible for sealant placement on her own when she gets her PHDHP license.
33	55a. Sealants are applied as required	Test	We will add an * to patient names in schedule if pt is ages 6-14 years old so that they can be identified as possibly eligible for sealants.	We think this will help the staff id who may be eligible for sealants so that dentist can complete exam faster.	3/12/2018	We began entering * on 3/1/18 and informed staff of this update.	Staff were aware on 3/1/18 that pt may be eligible for sealants, got dentist for exam very quickly before hyg was even able to see pt. This is difficult for one staff member to complete due to same day/ next day scheduling for hygiene. If I am out of the office, I might miss adding an * to a pt's name, though this has not happened yet.	We will have our Lead DA also look at the schedule and add * if pt age 6-14. Two sets of eyes on the schedule will help make sure we don't miss anyone.
34	55a. Sealants are applied as required	Test	We assigned another staff member (Cherren) to also put * next to patients needing dental sealants.	We think that we won't miss patients since we will have 2 people looking over the schedule to identify patients that may be eligible due to age range to get sealants. This will be especially helpful when staff may be out.	3/12/2018	Yes, we were able to test change with no barriers or surprises.	I reviewed the schedule the same day and was able to put an * next to all eligible sealant patients. I believe that no sealant patients have been missed since we have started this process.	We will begin to implement. I believe this will be a extra help fo all staff so that we won't miss any patients eligible for sealants.
37	55a. Sealants are applied as required	Test	Use huddle as an opportunity to discuss with staff why sealant workflow was not followed with a patient, and prophy was completed instead of sealants	We predict that this will be a good opportunity to determine why workflows aren't followed and will allow quick follow up instead of waiting until the monthly meetings when staff won't remember who the patient is	3/14/2018	Yes, Cherren led huddle and brought up the patient in question	The dentist who planned treatment was late for the huddle and unavailable to comment, but the hygienist stated that she decided with the dentist that the teeth were too dirty to skip prophy and do sealant instead	We will review levels of evidence for caries prevention at monthly staff meeting (Reviewed at full team meeting on 3/16, hygienist again defended prophy and claimed it has much more evidence but has yet to produce it.... Sensing some provider pushback here -- evidence to be given out again at a huddle, per recommendation from Colleen to use in effective SMG setting - maybe will help us presenting the evidence from a different angle so provider is less defensive)
	55a. Sealants are applied as required	Test	On Keystone First block scheduling day, we will test having a sheet of paper in the hallway listing the initials/appt time/ and age of pts on the schedule that might be eligible for [illegible]	We predict that this will help the schedule feel less daunting and help the staff feel like same day sealants may be achievable. It will be easy for all staff (dentists, efdas, das, hygienist) to [illegible]		Yes, the only barrier we came across was not remembering to check off the patients that received sealants.	Staff felt like having the names of patients who are eligbile for sealants on a poster size paper was a good idea. The paper was placed in the sterilization room. The only pushback was that staff was forgetting to [illegible]	We will test again. Next time we will move the paper in the hallway so that the doctors can see the paper, and it will be more visible for staff so that they can remember to check off the patients names once sealants are complete.

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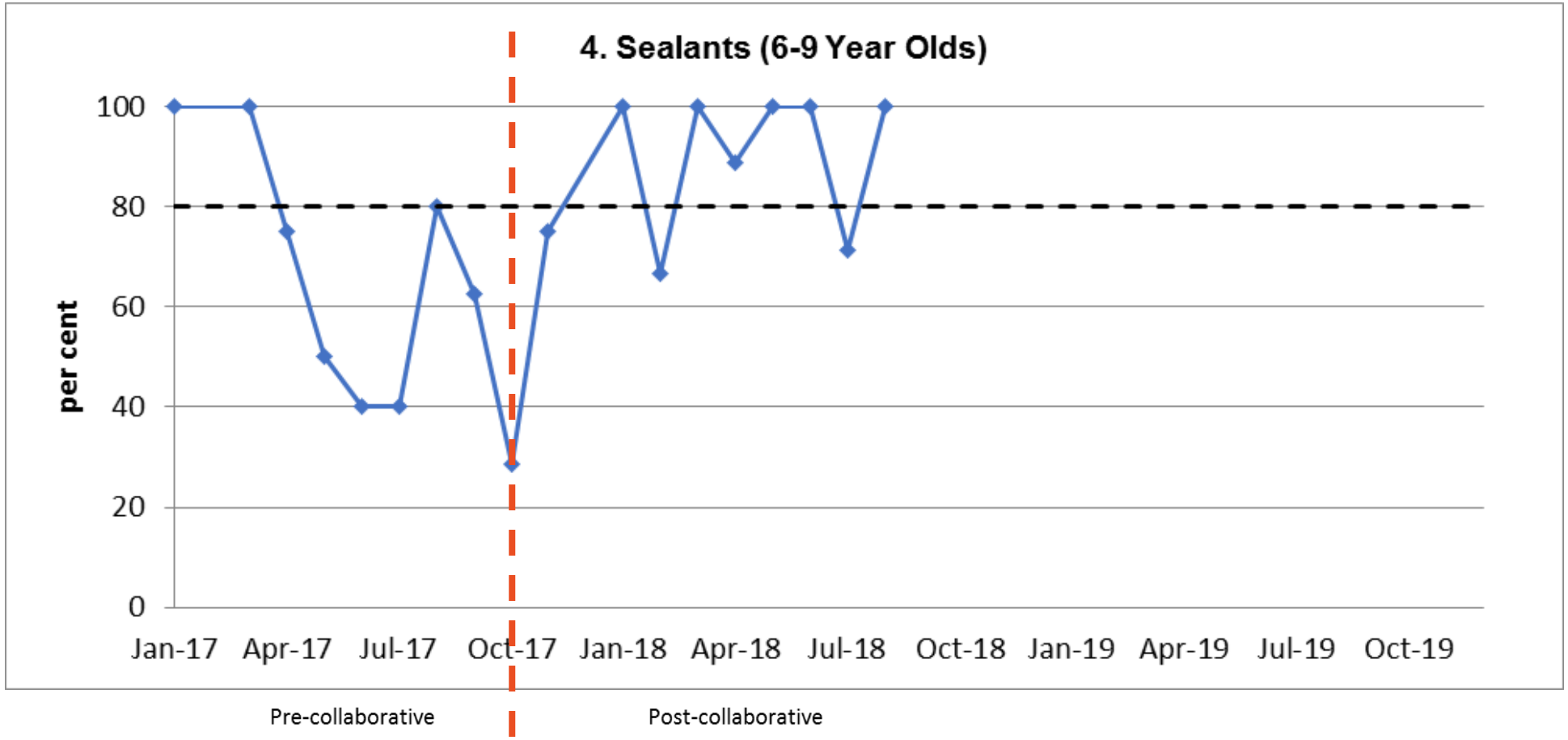
Run Charts



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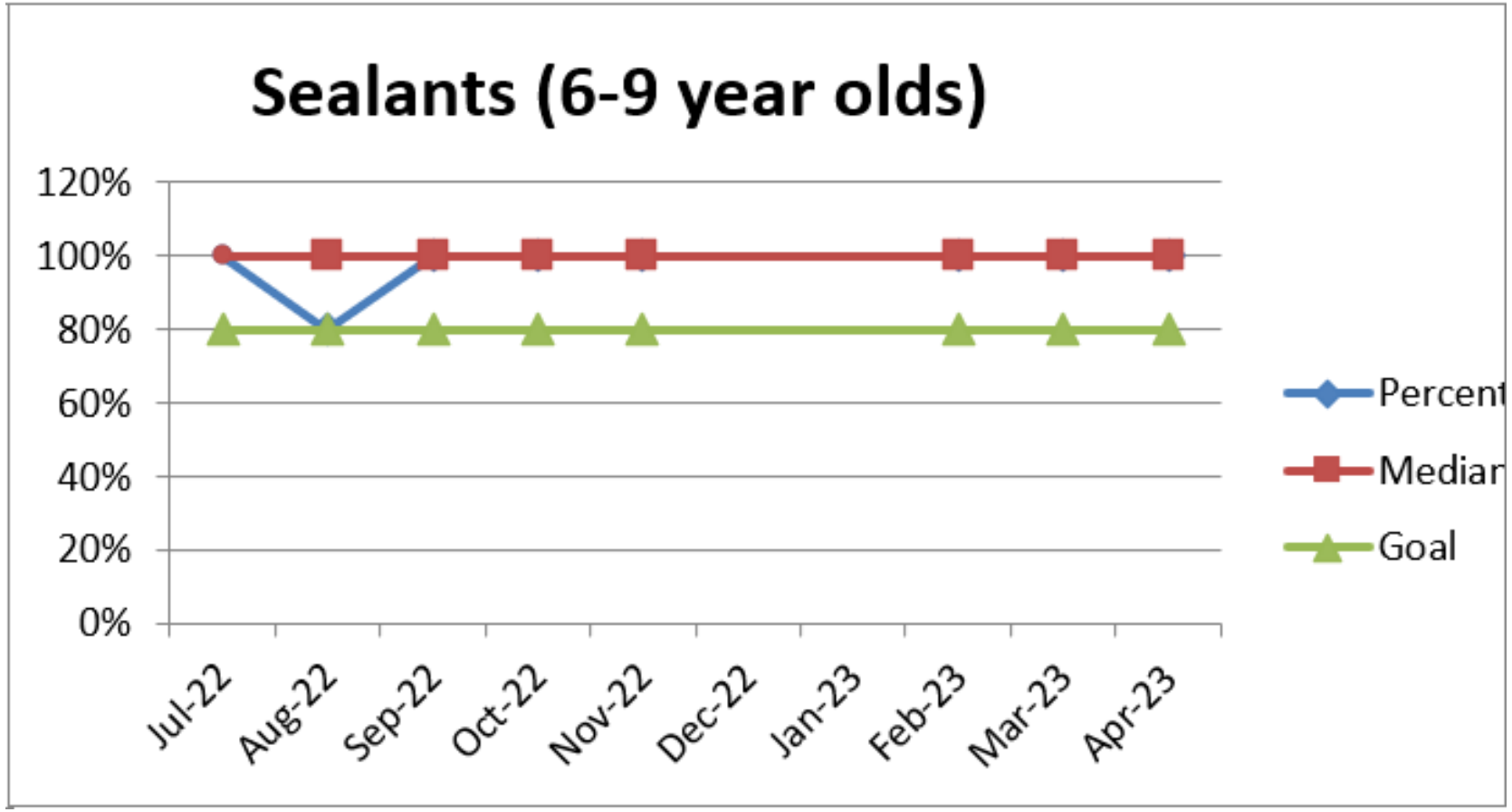
Sustain the Gains: Current Data



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Using a Quality Improvement Approach to Improve Oral Health Outcomes

Medical-Dental Integration

Ramona English, DMD
Chief Dental Officer
Petaluma Health Center

July 11, 2023

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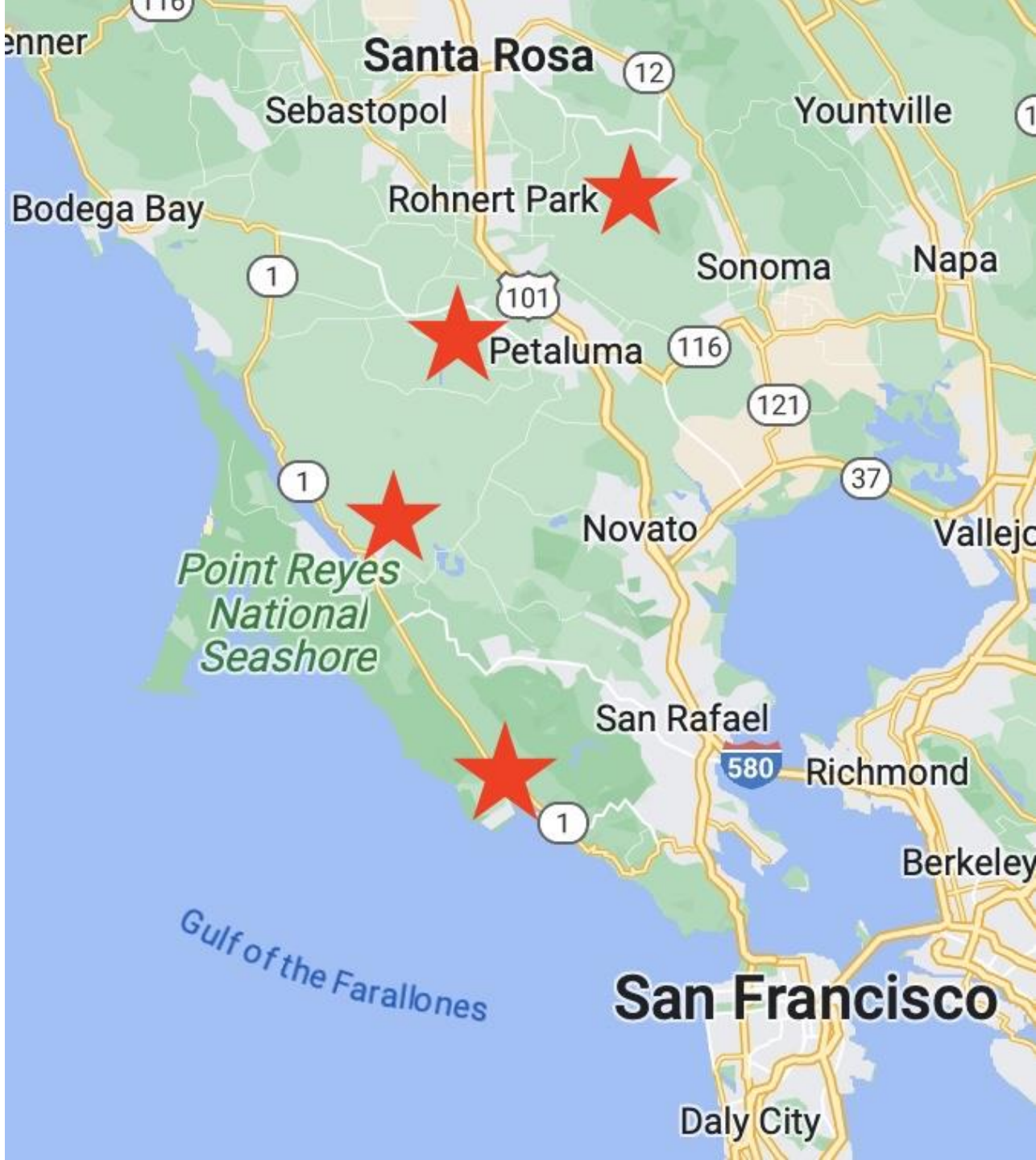
Petaluma Health Center

- Four main sites
- SBHC and homeless shelter sites
- Mobile medical-dental program
- NP/PA residency
- Pediatric dental residency
- Services: primary care, pediatrics, behavioral health, women's health, dental, vision, wellness, laboratory, and pharmacy



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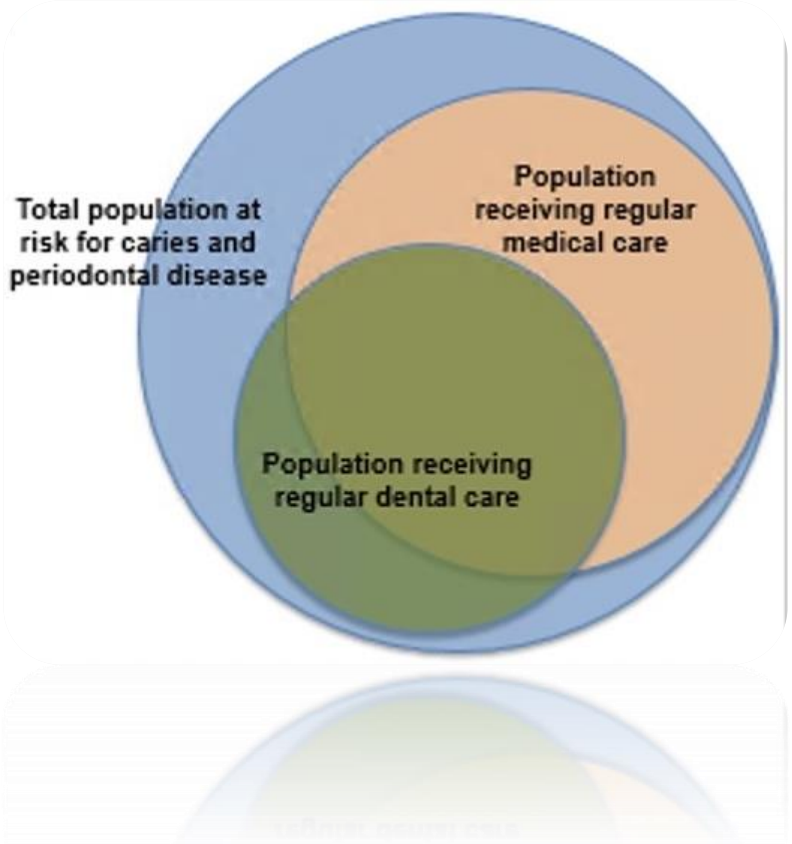
Medical-Dental Integration Improves Health Outcomes

Increased access to care and prevention
Early detection and intervention
Enhanced care coordination
Increased patient satisfaction
Increased provider satisfaction
Reduced cost of care

↓

Improved health outcomes



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Multiple Integration Strategies Apply to Various Settings, Goals, and Populations of Focus

Setting

No dental department
Standalone
Co-located
EMR interoperability

Population

Pediatric
OB
Patients with chronic diseases

Level of integration

Same-day dual care
Dual care
Coordinated care
Outreach and education
Uni or bidirectional

Clinical Strategies

Embedded provider
Visiting provider
Dental care by PCP
Community-based care

Operational Strategies

Telehealth
Direct scheduling
Coordinated scheduling
Referral

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PHC Medical-Dental Integration Initiatives

Same-day dual care

- WCC patients 0-3 years old
- Patients with HTN and dental ER

Bidirectional integration

- Patients with diabetes

Direct scheduling

- OB patients
- Other patients

Coordinated scheduling

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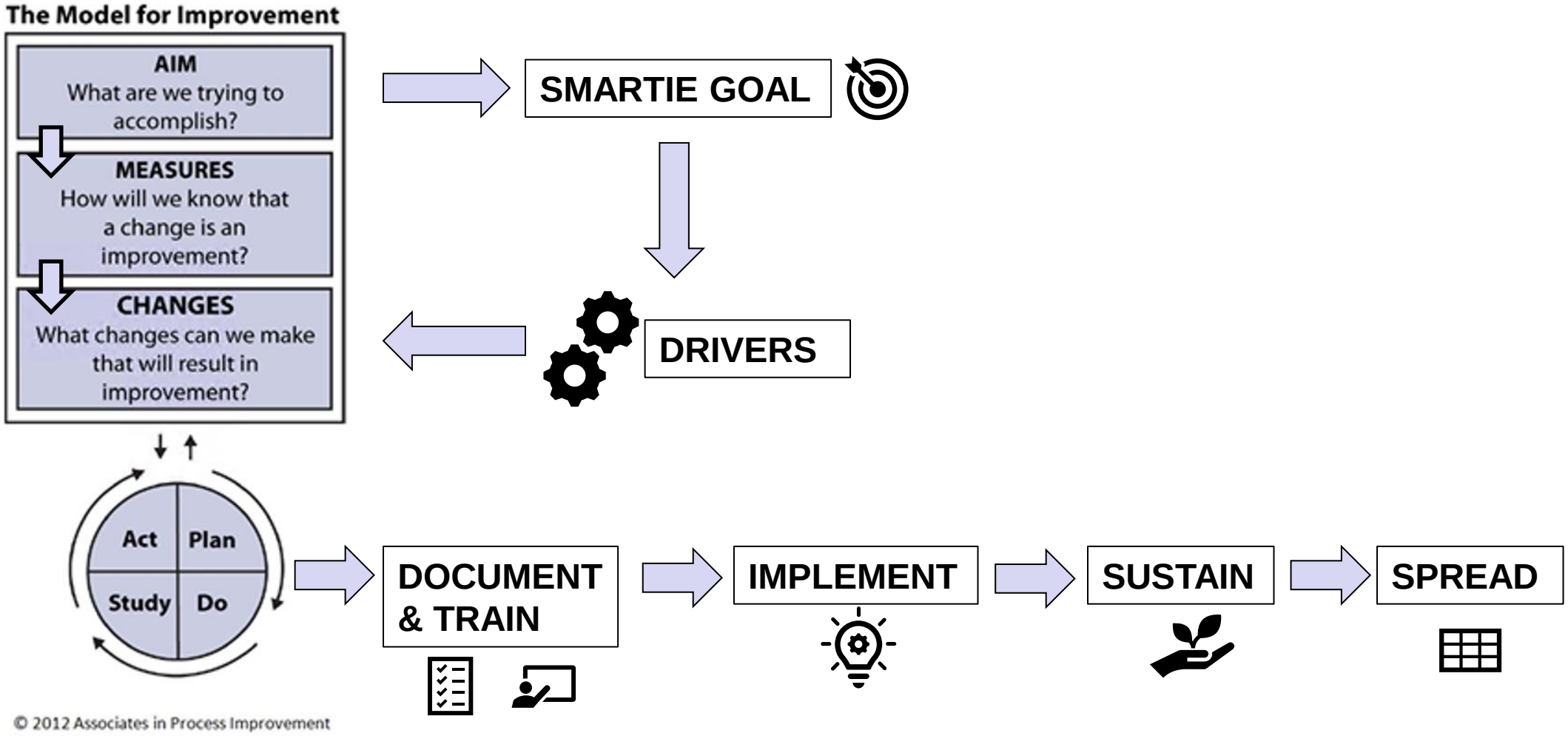
Many Integration Models, Three Questions, One Blueprint



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A Few Examples

Aims

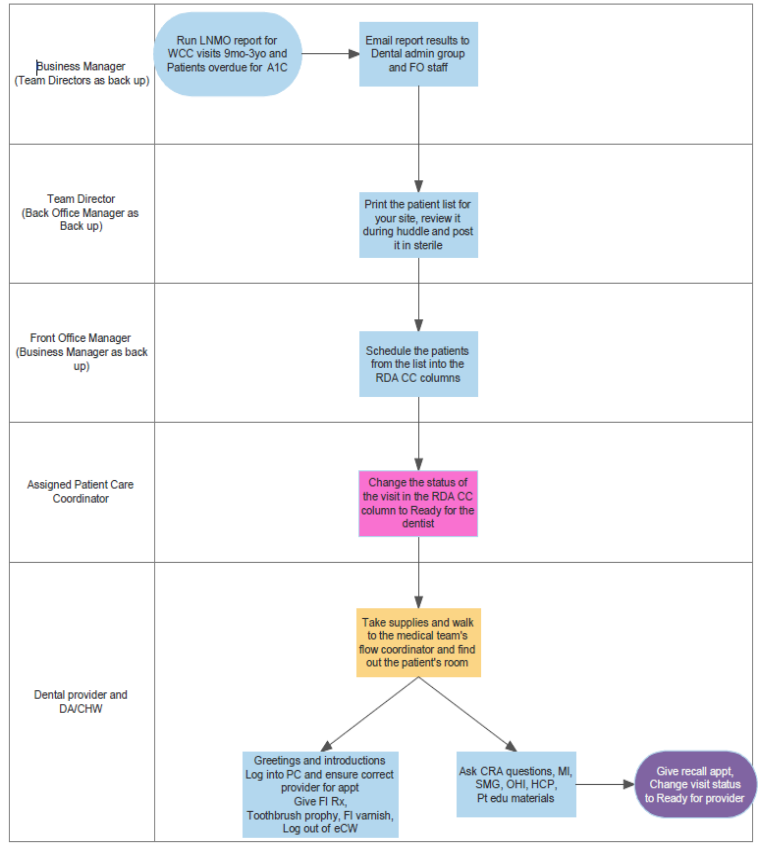
Between X and Y date,

- 75% of new OB patients have a dental visit before delivery
- 65% of infants establish a dental home before they turn one
- 25% of patients with poorly controlled diabetes have at least one dental visit per year

Change ideas

- If a child comes in for a WCC visit, then they also receive a dental visit same day.
- If we train dental staff to perform A1C testing, then they do it during a dental visit.
- If CPSPs are trained, then they schedule dental appointments for all new OB patients.

Workflows



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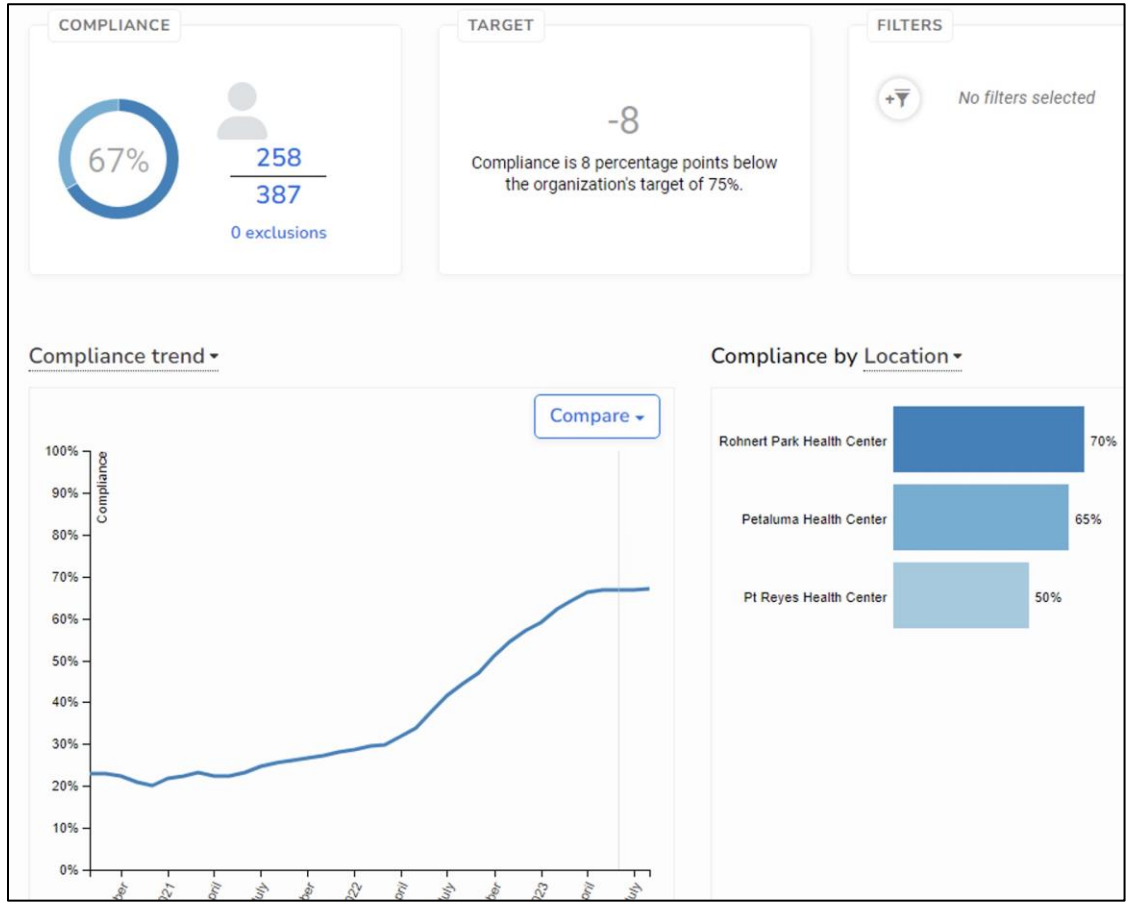
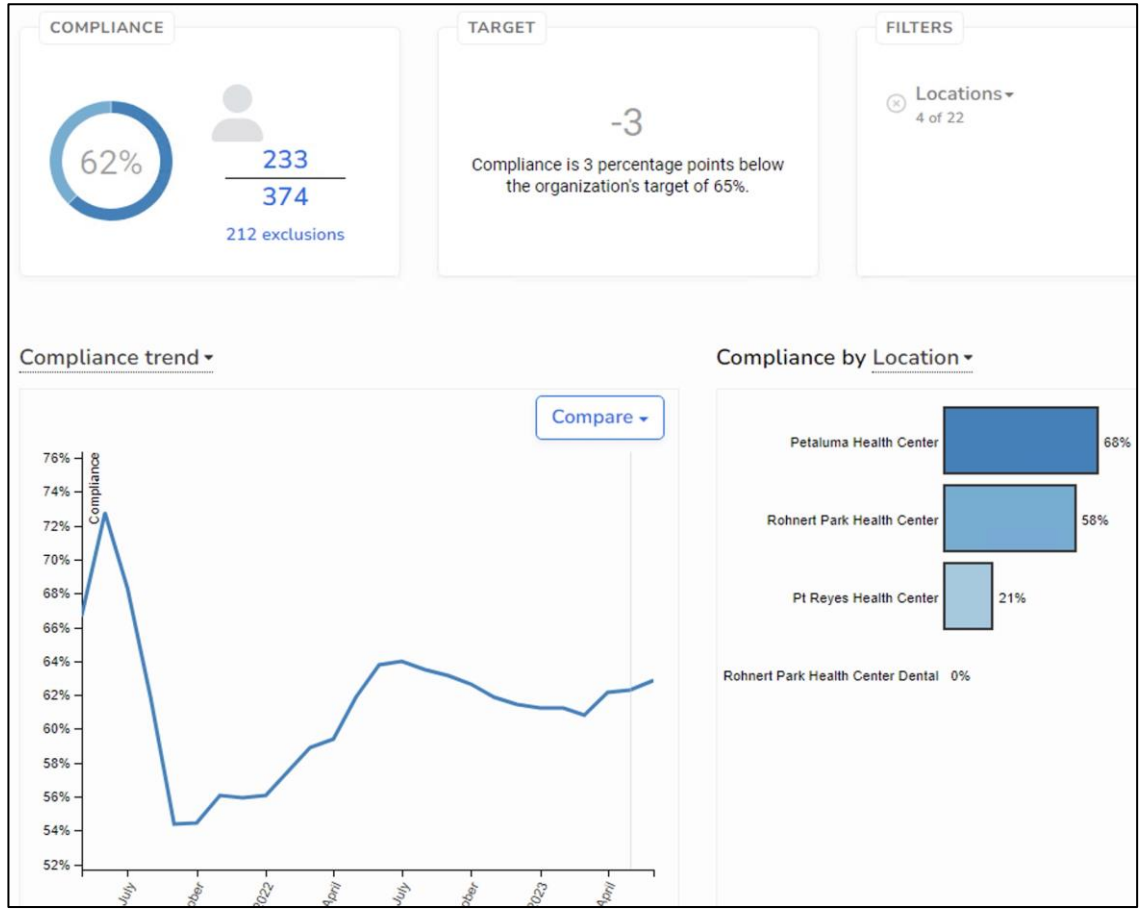
Measurement and Data Over Time





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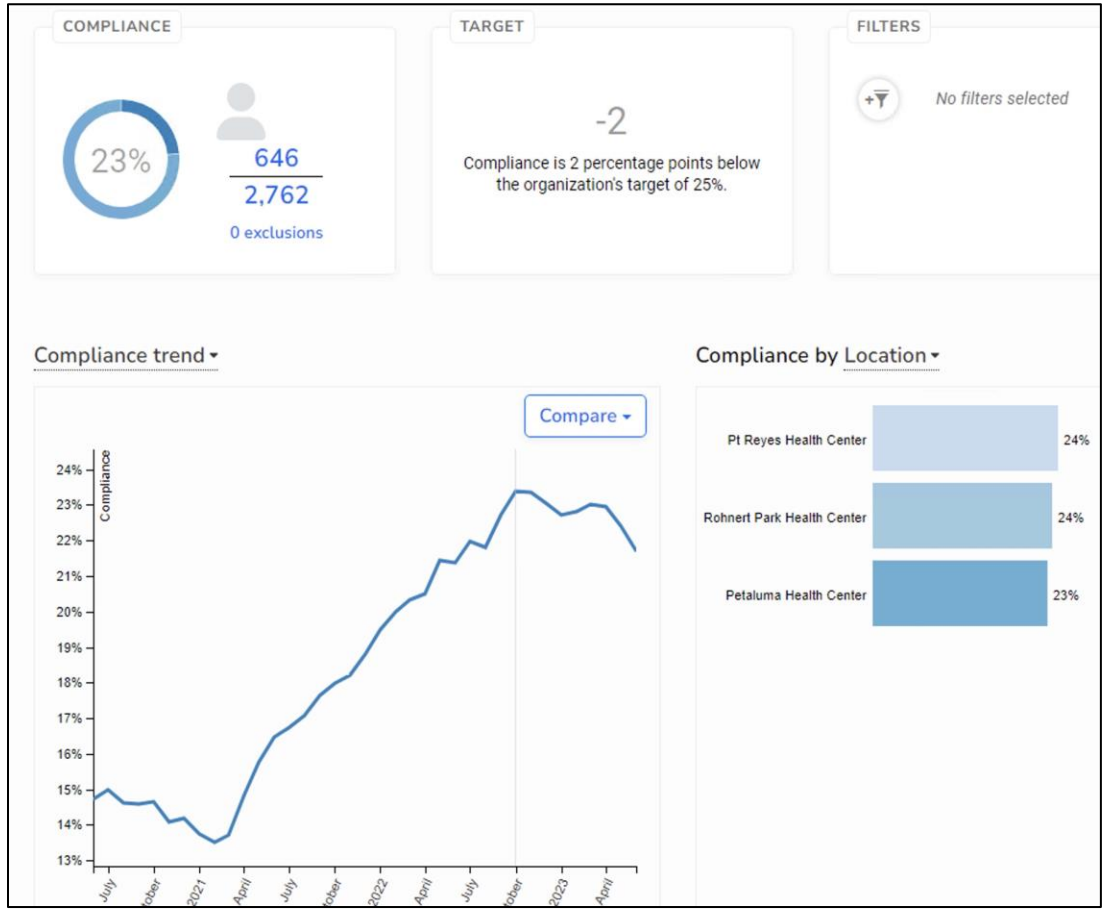
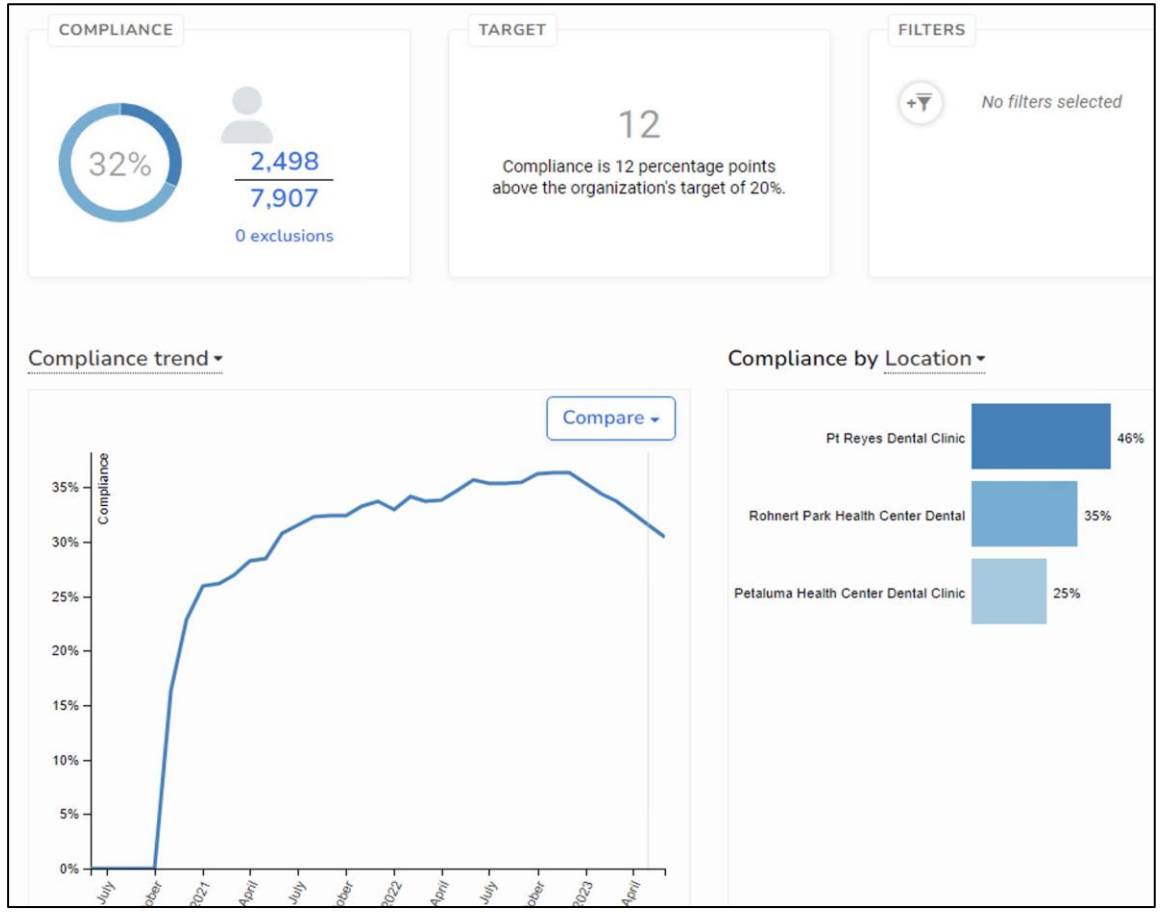
Measurement and Data Over Time





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Other Considerations: Work Culture and Sustainability

- Staff buy-in
- Champions
- Data sharing and project visibility
- Alignment of goals
- Time and resources to improve
- Training
- Culture of learning and continuous improvement

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“Quality is not an act; it is a habit.”

-Aristotle

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Question and Answer

Contact NNOHA!

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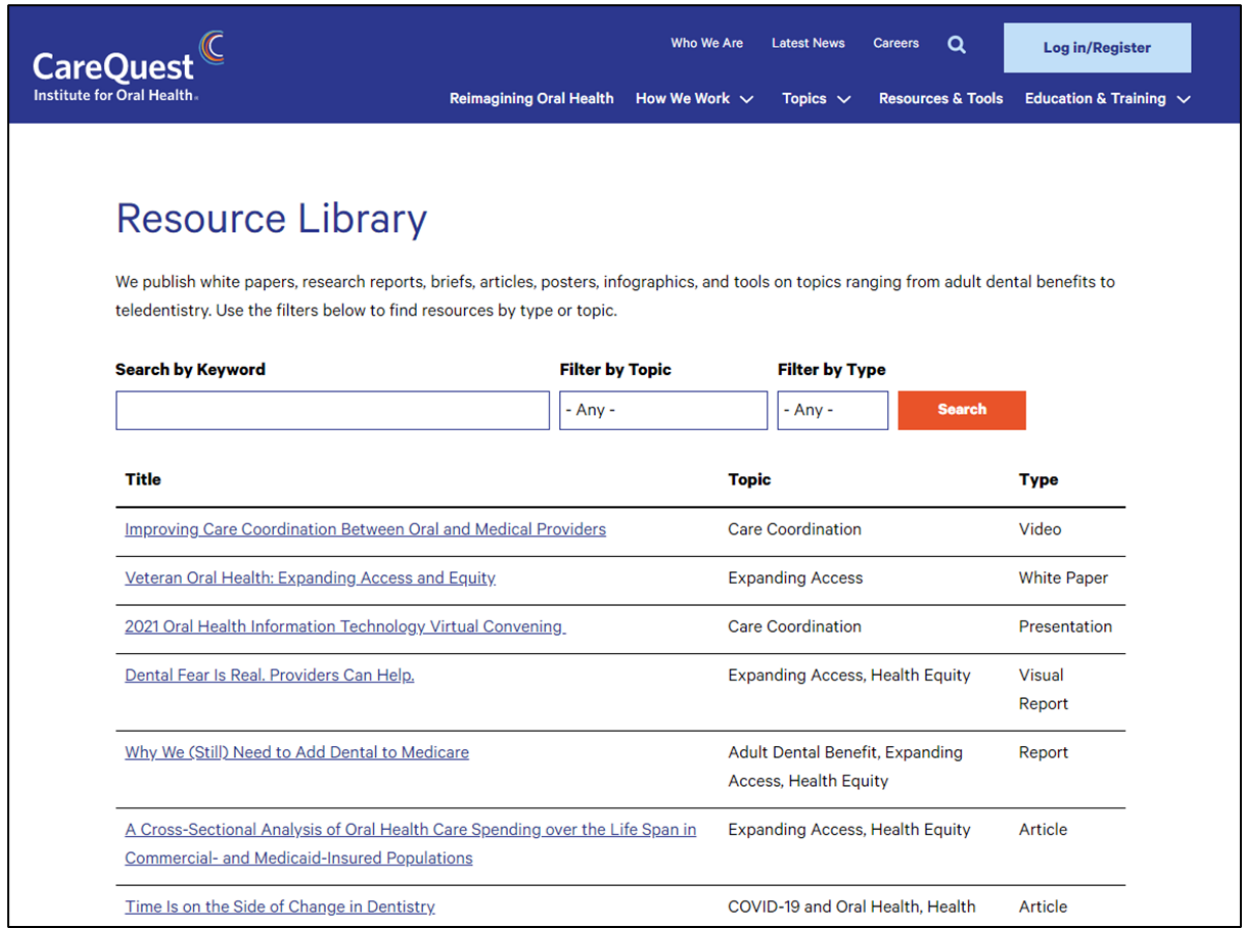
To Explore More Industry-Leading Research



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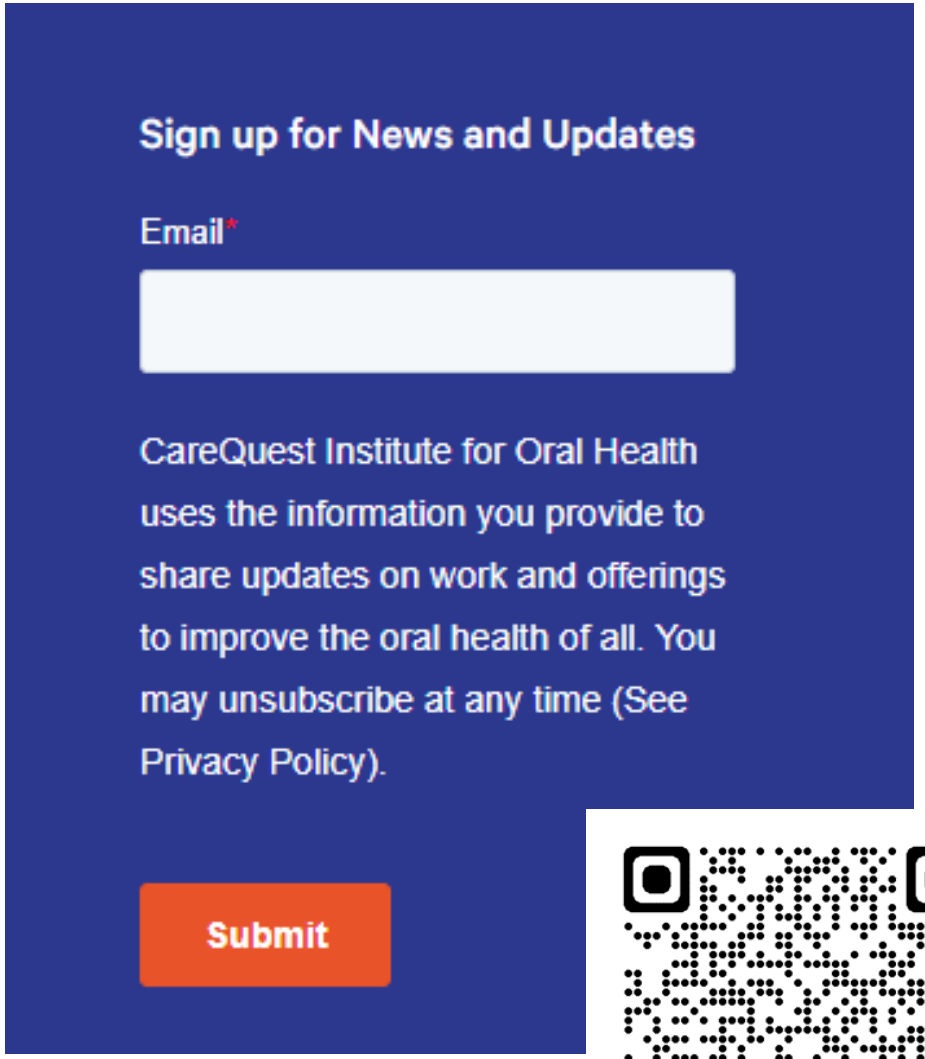
Webinar Evaluation

Complete the **evaluation by Tuesday, July 18** to receive CE credit. You will receive a link to the survey within 24 hours.

Next Webinar:

July 20: Connecting Caries Risk Assessments and Cultural Awareness

Sign up to receive our newsletter to get more information on future webinars!



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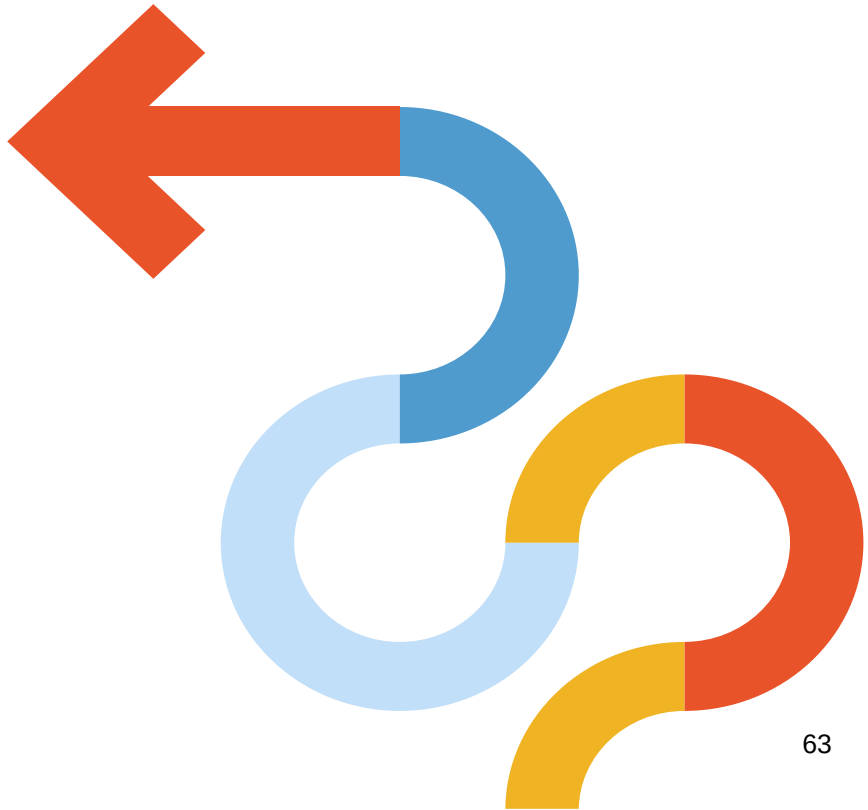

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Thank you for joining!

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