

MLCHC 2015 Clinical Connections Summit

THE
DIMOCK
CENTER

Healing and caring for the
community for over 150 years.

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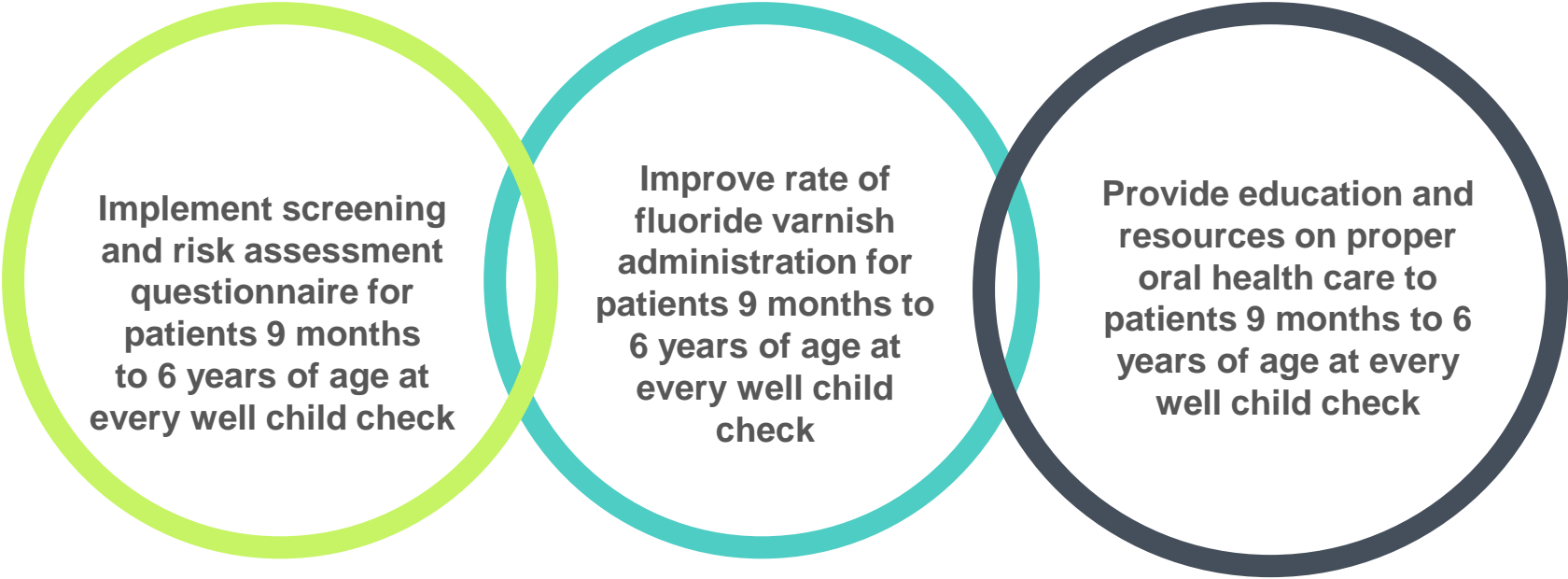

Project Overview

Aim Statement

Over the next year, improve the oral health of pediatric patients by integrating oral health care at well-child checks.



Current Interventions



Implement screening and risk assessment questionnaire for patients 9 months to 6 years of age at every well child check

Improve rate of fluoride varnish administration for patients 9 months to 6 years of age at every well child check

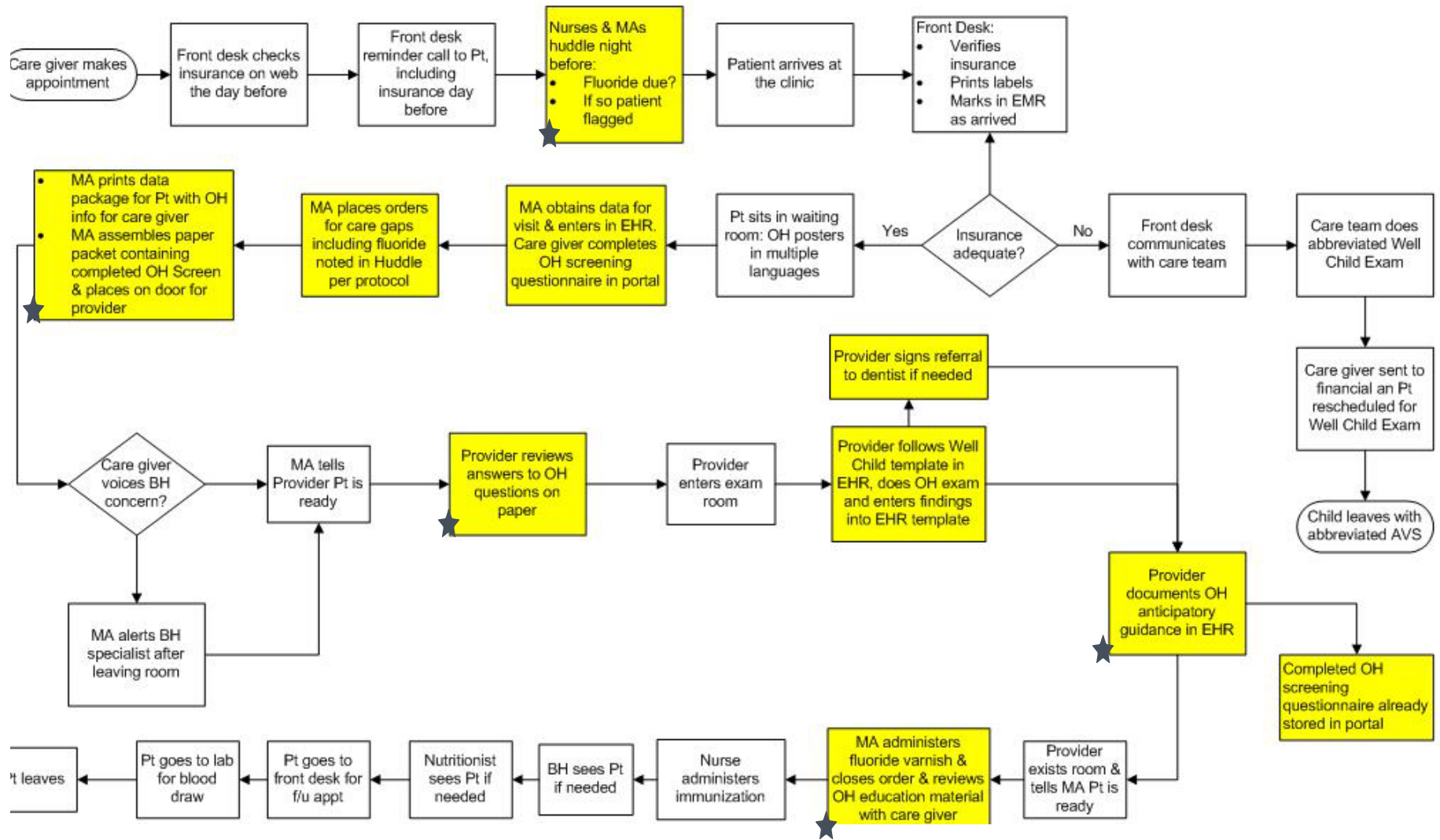
Provide education and resources on proper oral health care to patients 9 months to 6 years of age at every well child check

Measures

Measures	Suggested Target
Percent of Eligible Patients Receiving Oral Health Screen	95%
Percent of Eligible Patients Administered Fluoride <i>*Not all children screened will be eligible for fluoride</i>	90%



Workflow Redesign





Sample PDSA



PLAN

1. Identify children eligible for fluoride varnish (FV) at every Well Child Check (WCC): agreed that all WCC for patients ages 9 months to age 6 years would get flagged as FV eligible.
2. Measure: total number of FV treatments administered over total number of eligible visits

DO

1. Nurses/MAs flagged all FV eligible WCC during evening huddles
2. Unexpected challenges:
 - Many children had recent dental visits where they received FV. Agreed to continue with FV unless parent or guardian declined.
 - We are not tracking patients who have no teeth at the time of visit. As a result children not eligible for fluoride (because they have no teeth) are included in our measures denominator.

STUDY

Comparison of FV administration rates:

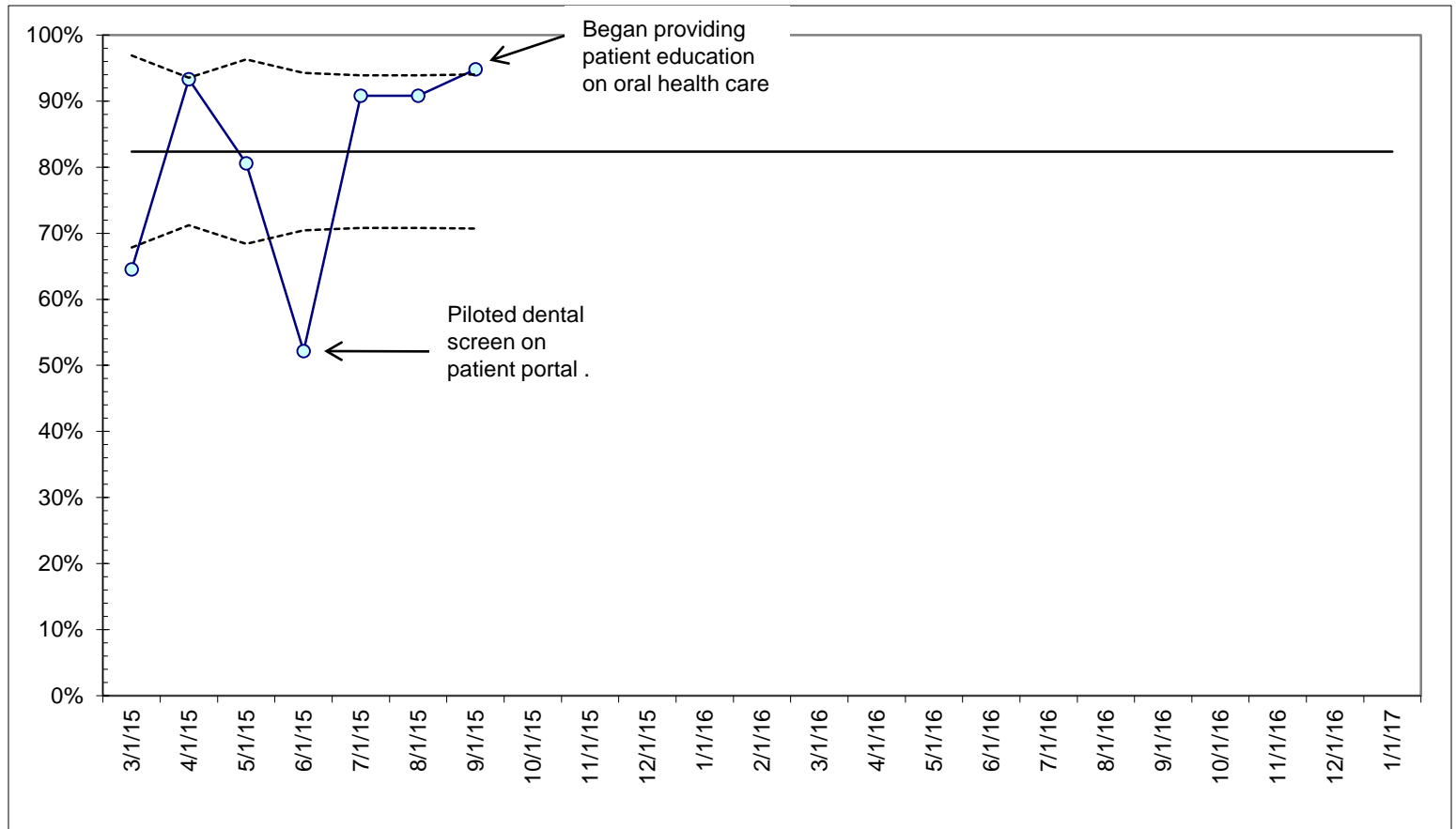
- From 3/12/14 - 3/20/14 : **27% received Fluoride**
- From 3/12/15-3/20/15 : **73% received Fluoride**

ACT

1. Continue running monthly reports on fluoride varnish and create run charts to track impact of other interventions/changes.
2. Continue FV Administration at every WCC.

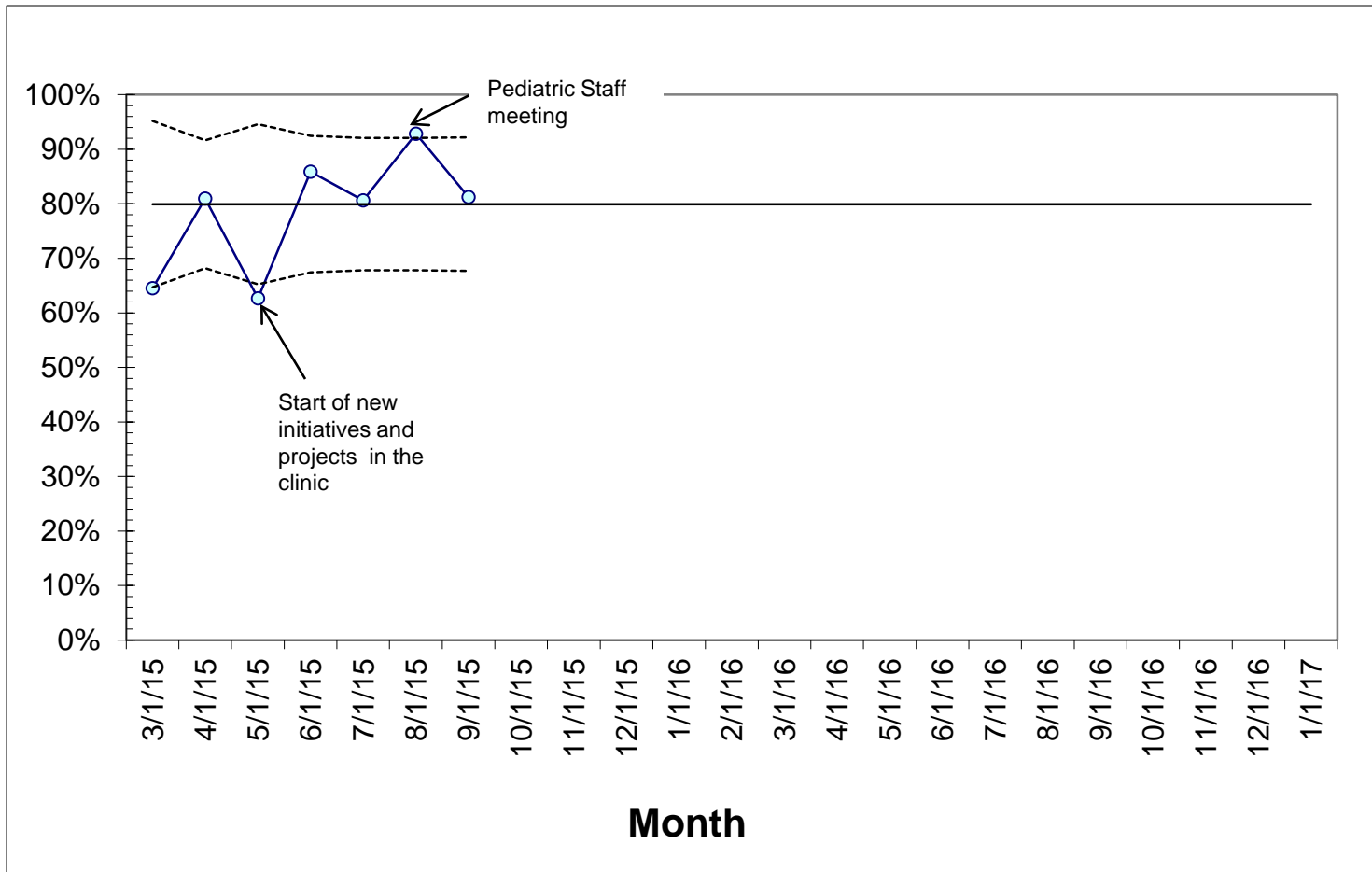
Data Dashboards

% of Eligible Patients Screened



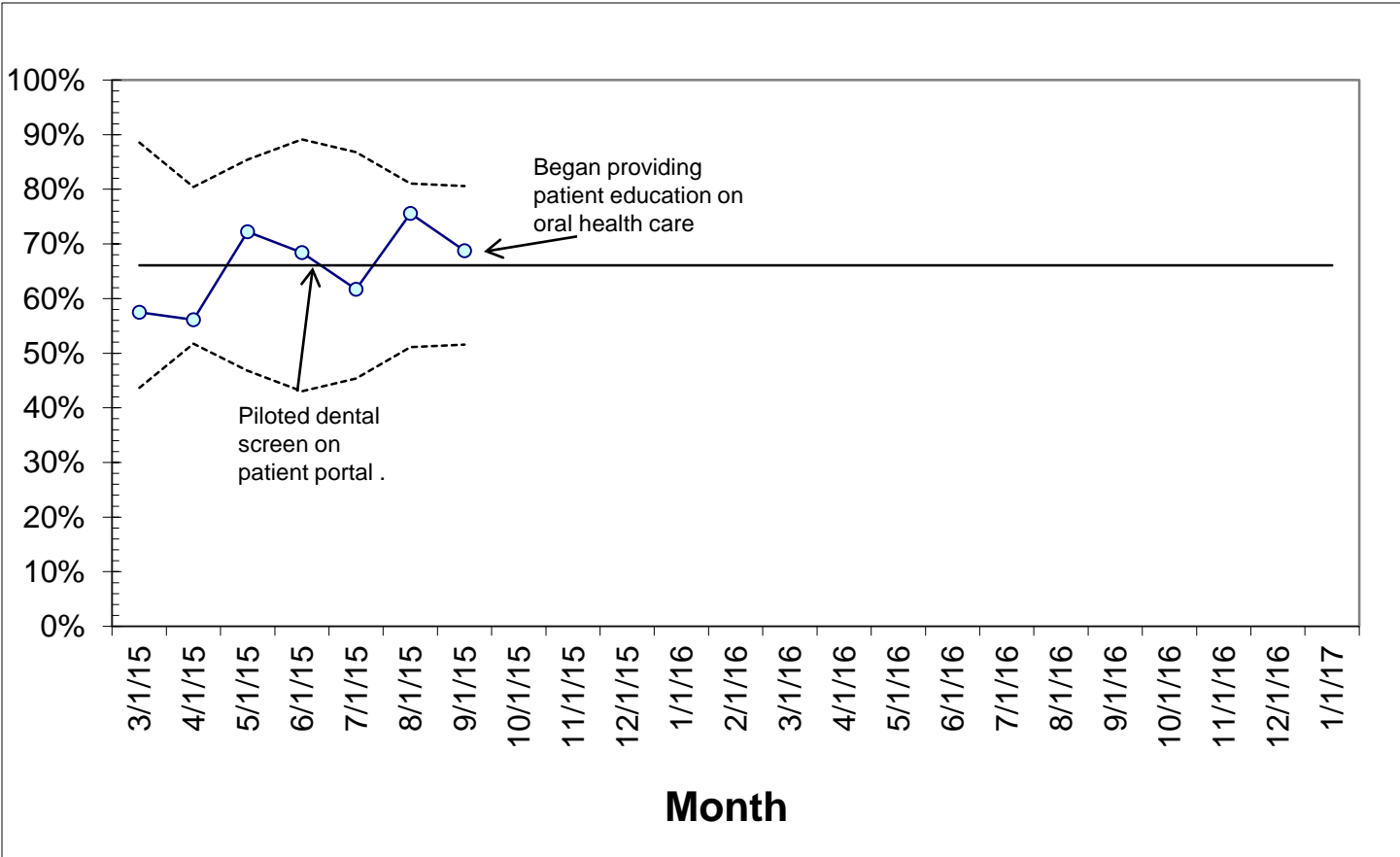
Patients Screened /
Patients ages 9 months to 6 years seen for WCC

% Patients Administered Topical Fluoride Varnish



Patients Administered Fluoride (CPT Code) /
Patients ages 9 months to 6 years seen for WCC

% Patients Screened as High Risk



Patients Screened as high risk /
 # Patients ages 9 months to 6 years seen for WCC

Additional Data

Additional information extracted from the data included the following:

Patients 2 and younger:

73% fall asleep with a bottle containing juice or milk

69% screened in as high risk

Patients 3 years and older :

63% have seen a dentist within the past six months

36% screened in as high risk



Successes

Oral Health Screen

DIMOCK PEDIATRICS ORAL HEALTH RISK SCREENING

SCORING. Any positive = High Risk

Questions for Caregivers of Young Children (6months - 2 years old)

1. If your child is 1 year old or older, when did your child last see a dentist?

- Within the past 6 months
- It has been longer than 6 months
- Never

“It has been longer than 6 months” or Never” = High Risk

2. Has the mother or primary caregiver had active tooth decay in the past 12 months?

YES NO

YES = High Risk

3. Is your child put down for naps or at bedtime with a bottle containing juice or milk?

YES NO

YES = High Risk

Questions for Caregivers of Older Children (3yo - 6 yo)

1. When did your child last see a dentist?

- Within in the past 6 months
- It has been longer than 6 months
- Never

“It has been longer than 6 months” or Never” = High Risk

2. Does your child complain of pain or bleeding in the mouth when they eat or brush their teeth?

YES NO

YES = High Risk

3. On average, does your child drink soda/eat sugary snacks

- 0-1 times a day
- 2-5 times a day
- More than 5 times a day

≥ 2 time a day = High risk

Many patients did not understand the terms: “tooth decay” and “caregiver”. This prompted the Medical Assistants (MAs) to change the word “tooth decay” to “cavities” and “caregiver” to “whoever takes care of your child”. Once this change was made the MAs found that patients were able to better answer the questions. Screening materials are also provided in both English and Spanish.

Patient Portal

Patients and their guardians can now complete the dental screen (with the assistance of a family partner) on the patient portal while in the waiting room or exam room.

Having the dental screen on the patient portal allows us to remove the need for manual data collection.



Ho
Se

sit. Dental encouraged daily brushing and first dental visit. Car Seat Toddler
ddler Seat, encouraged rear facing car seat until age 2.


Screen:

Assessment When is the last time you visited the dentist? No seen by dentist yet., Where do you receive dental care? __, Flouride ordered Positive. Assessment When is the last time you visited the dentist? No seen by dentist yet., Where do you receive dental care? __, Flouride ordered Positive.

13-24 Months:

Development 16-18 months Runs/Walk backward, Scribbles, Says 10-15 words, Feeds self, Points to 1-2 body parts. Development 16-18

Additional Accomplishments

- 
- **Maintaining a fluoride varnish application rate greater than 75% each month for patients 9 months to 6 years of age at all well child checks.**
 - **Providing oral health education and resource materials in the clinical setting.**
 - **The Dimock dental clinic now shares the same electronic medical record as the pediatric clinic. This will help streamline internal referrals for patients requesting to visit on-site dental services.**

Challenges



The greater
the obstacle,
the more
glory in
overcoming
it. -Molière



Our Challenges



Referrals

- Identify an automated referral workflow between the pediatric and dental clinics which will allow us to identify children referred to Dimock's Dental clinic by their PCPs and the percentage of children who keep their dental appointments.. Currently patients are sent upstairs to dental by their provider, and neither referrals nor dental show rates are tracked.



Data Collection

- The paper version of the dental screen is still being used because not all patients have been signed onto the portal.
- There are challenges to combining both paper and electronic data which can lead to greater error when reporting data.

Next Steps

Next Steps

1

Improve rate of administering Oral Health risk assessments for pediatric patients. Goal: 95% of eligible children will receive risk assessments.

2

Develop and test a referral workflow to dental and track referrals made.

3

Share the work of the clinic with:

1. The larger Dimock community at grand rounds
2. Our patients using the waiting room display boards

We would like to thank:

Staff at The Dimock pediatric primary care clinic

Patients of The Dimock pediatric primary care clinic

Massachusetts League of Community Health Centers

THANK YOU!

