Clinical Connections:

Quality Improvement Leading to Clinical Integration

Project Overview:

Funded by DentaQuest Foundation, The Massachusetts League of Community Health Centers (MLCHC), in collaboration with Qualis Health, seeks to build capacity within community health centers (CHCs) to deliver oral health services in primary care. The proposed project will leverage our expertise in quality improvement and Patient-Centered Medical Home (PCMH) practice transformation, and build on our commitment to help CHCs deliver high-quality, patient-centered, whole-person care to vulnerable patients. With health care reform on the national and state level, CHCs are transitioning to patient centered health homes and payment systems that address accountability standards of patient care, quality outcomes and cost containment. While dental has not been at the center of policy implementation, through this initiative the League is piloting tools and resources to strengthen the alignment of oral health with community based primary care systems change. As a leading state Primary Care Association (PCA), we believe our success in this project will serve as a model and catalyst for others.

The MLCHC served as a Regional Coordinating Center for the Safety Net Medical Home Institute and was a founding member of NACHC's PCMH Initiative. Through these and similar initiatives, our team was able to develop a robust practice facilitation program using a well-recognized model for systems change – The Change Concepts for Practice Transformation. Since 2009, the League has helped over 36 CHC organizations become high-performing medical homes. We train primary care teams on process im66provement and workflow redesign, facilitate team-building and leadership engagement, and enhance the capacity of HIT and data capture systems. We also facilitate the sharing of best-practices and help spread innovations through a learning community.

With this project we seek to expand our PCMH practice facilitation program and help at least 5 PCMH CHCs begin delivering oral health preventive care within their primary care practices. In partnership with Qualis Health, the League will provide technical assistance and coaching to help these CHCs implement key primary care oral health functions—assessment, screening exams, preventive interventions, care coordination and referral management, quality improvement and metrics as instructed in the Qualis Oral Health Delivery Framework. More information on the Qualis Framework can be found in the Framework section.

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This project builds on prior practice transformation work where CHCs adopted the change concepts of the Patient Centered Medical Home and have implemented components like team-based care; realigned systems of care coordination and case management to effectively support population health; and IT infrastructure development to support clinical tracking, data and reporting on clinical metrics including meaningful use of electronic health records data. By expanding this effort to include oral health services provided by primary care clinicians the League is utilizing a model of systems change working with Qualis Health to field test the implementation of tools and resources designed to facilitate integration within primary care services that would be responsive to the cultural, linguistic, and health literacy needs of the patient population. The project has a 3 prong approach that promotes oral health core competencies, based upon HRSA's Integration of Oral Health and Primary Care Practice report (http://www.hrsa.gov/publichealth/clinical/oralhealth/primarycare/); conducts training and skill building for primary care clinical and administrative staff; and improves outcomes through training of CHC executives and middle managers along with primary care providers and teams on the interrelatedness of oral health with overall health. It offers opportunities for clinical services integration through improved use of HIT and integrated electronic health records focused on enhanced procedures and work flow for referrals and shared information. A targeted approach is being developed to capture the key data documentation in clinical quality reports to document measurable outcomes and support evaluation.

In summary, this project seeks to achieve the following:

- Improved access to primary care oral health services in at least 5 CHCs;

- Increased access to dental care through improved collaboration and communication with community-based dentists;

- Increased awareness among primary care teams and leaders of the importance of oral health care;

- Enhanced PCMH implementation, resulting in improved quality, efficiency, and patient experience.

The Five CHCS in this project are:

1. Brockton Neighborhood Health Center- http://www.bnhc.org/main.html
2. Community Health Center of Cape Cod- Mashpee- http://www.chcofcapecod.org/
3. The Dimock Center- http://dimockcenter.org/
4. Hilltown CHC- http://www.hchcweb.org/
5. Lowell CHC- http://www.lchealth.org/

Progress at Massachusetts Community Health Centers

In year 1 of the project MLCHC staff conducted site visits to 5 CHCS with senior leadership to perform readiness assessments. These assessments addressed the following: level of engagement in PCMH, current practice patterns for oral health assessment and screenings, procedures for referring and sharing information between the CHC and dental department and/or community dentists, capacity to use HIT to advance integration including review of EMR to determine availability of referral templates and oral health prompts at visits; willingness to participate; and commitment to the project by Senior Leadership. Once CHCS had demonstrated a certain level of "readiness" the CHC then worked to develop a practice improvement team that at a minimum had to consist of the following:

Senior Leader: An executive within the CHC who has the authority to assign the time and resources needed to achieve success in the project. This individual will also support the efforts of the team by championing the changes made for the project and encouraging spread and sustainability.

Physician/Provider Champion: Serves as the project improvement team leader and is a driving force for accepting change within the system. They should be available to attend all team meetings and learning sessions. It is important that this individual fully understands the project and is able to embrace the concepts of process improvement.

Clinical/Technical Expert: A staff member who is familiar with the medical workflow, and who has knowledge of the clinical information system and has some experience with improvement methodology. These individuals may include individuals from various departments throughout the health Center.

Team Leader: Assures that the tasks required for the project are completed in a timely manner, it is important this person understands the new system completely as they are responsible for overseeing data collection. This person should be able to work effectively with the rest of the team and have good communication skills. They are the key contact at the CHC and works with the MLCHC staff to coordinate meetings and communications.

Dental Representative: If the CHC has a dental department, we encouraged teams to have a dental senior leader on the project team. While the primary focus of the project on primary care, the dental team is an essential resource for information and can provide in-service training to medical staff. Additionally, collaboration with dental is essential when developing a referral workflow.

Additional Team Members: Practice teams were also encouraged to include front desk/reception staff, medical/dental assistants, nurses, and support departments such as HIT, quality improvement, community health workers.

After the CHC leadership had pledged their support for the project and the practice improvement team was developed, each CHC sent their team to an all-day kick-off meeting and QI training. This meeting was held in Boston, MA on March 11, 2015.

Meeting Goals:

➢ *Understand the clinical connections between oral health and primary care throughout the lifespan.*
➢ *Learn how to integrate oral health into the PCMH by utilizing the oral health framework & tools.*
➢ *Learn strategies for improving and tracking the oral health status of patients through workflow redesign.*

After hearing the clinical content and receiving the quality improvement skills at the kickoff meeting teams were then assigned the task of identifying a patient population of focus. The teams were given the choice of **adults with diabetes** or **pediatrics**. Each team was instructed to select the population that they felt would be best for their center.

<u>Populations of Focus</u>:

1. Brockton Neighborhood Health Center: Adult diabetics
2. Community Health Center of Cape Cod- Mashpee: Adult diabetics
3. The Dimock Center: Pediatrics
4. Hilltown CHC- Adult Diabetics
5. Lowell CHC- Pediatrics

In spring 2015, the MLCHC and Qualis consultants visited the health centers to conduct workflow workshops. The workshops consisted of two two-hour sessions, the first of which was designed to discuss and analyze the center's current work flow regarding primary care and oral health. The second workshop was spent creating a process map for interventions and improvements to be made to the work flow at the CHC to result in better oral health integration in primary care. After the workshops each center was given a workshop report which contained a map of the "ideal state" workflow and a task list to get the teams started on making the changes needed to achieve that state.

To assist with implementation of the framework the MLCHC established a learning collaborative that included face to face learning sessions, webinars and coaching/technical assistance both in person and through phone consultations. The focus of this learning collaborative is to ensure that participating CHCs receive the appropriate training and support that will result in successful outcomes and improved efficiency and effectiveness in service delivery. It also will serve as a vehicle for information sharing among participating CHCs as well as with the League and Qualis on issues related to implementing the tools.

Year 2 the initiative will focus on standardizing the framework in each CHC, making sure that the framework metrics are tracked and reportable in a way that is not overly burdensome for the site. In addition, through continued TA and coaching, the MLCHC will work with each site on a strategic referral process from medical to dental, and in some cases to community dentists. Each CHC is now working on developing small PDSA cycles and testing improvements to identify how they will achieve the goals of this project. The teams are working with Qualis and the MLCHC to identify data metrics which will track the impact of the changes and help identify areas for improvement.

Key Data Metrics:

1. Percentage of patients from selected population given the oral health written/verbal assessment- referred to as the ASK.
2. Percentage of patients from selected population given an oral health screening exam- referred to as the LOOK- quick look in oral cavity.
3. Percentage of patients from selected population given a referral to a dentist
4. Percentage of patients from selected population with a completed dental referral
5. Percentage of patients from selected population given an intervention such as: patient education, oral hygiene training, fluoride varnish, medicine reconciliation, etc.

Understanding the Qualis Oral Health Delivery Framework

Delivering oral health preventive care in the primary care setting offers the opportunity to expand access for nearly all patients, particularly high-risk and vulnerable patients who bear the greatest burden of oral disease. Primary care teams have the skills necessary to understand and intervene in the oral disease process; the relationships needed to engage patients and families in oral health self-care; and a structure for coordinating referrals to dentistry and supporting patients during transitions of care. Further, the primary care delivery system is in the midst of a transformation, striving to provide more patient-centered and value-oriented care. This evolution provides new resources, and a new responsibility, for addressing oral health as a component of comprehensive, whole-person care.

The Oral Health Delivery Framework delineates the activities for which a primary care team can take accountability. These activities are within the scope of practice for primary care; and if organized efficiently, can be integrated into the office workflow of diverse practice settings. Activities are grouped into five action categories: Ask, Look, Decide, Act, and Document & Follow Up.

The Oral Health Delivery Framework is a conceptual model for integrating preventive oral health care in routine medical care. It directly aligns with the oral health core clinical competencies identified by the Health Resources and Services Administration in 2014. Advanced primary care practice settings such as Patient-Centered Medical Homes (PCMHs) are well positioned to implement the Framework in full. Primary care practices still developing advanced capacities (such as team-based care) can consider an incremental approach to implementation. This might include focusing first on a particular patient population, or beginning with just one or two of the identified activities, for example, screening and referral.

The concepts of prevention, screening, and early intervention to minimize morbidity are foundational to the practice of medicine and nursing, but not all members of the primary care team will have received education on oral health. Investing in education and training is an important first step for any practice interested in providing preventive oral health care. Well-tested oral health clinical training programs exist for primary care providers, and can be used to develop the skills and confidence of the entire primary care team.

A new white paper, Oral Health: An Essential Component of Primary Care, makes the case for including preventive oral health care in routine medical care. The paper:
- Reviews the costs and consequences of oral disease;
- Presents the *Oral Health Delivery Framework* - five actions primary care teams can take to protect and promote oral health;
- Provides a practical model for enhancing partnerships between primary care and dentistry;
- Explores real and perceived barriers; and,
- Recommends actions stakeholders can take to make the delivery of preventive oral health care viable and sustainable.

Development and Endorsement

Oral Health: An Essential Component of Primary Care was sponsored by the National Interprofessional Initiative on Oral Health with support from the DentaQuest Foundation, the REACH Healthcare Foundation, and the Washington Dental Service Foundation. It was developed in partnership with a panel of experts, including primary care and dental care providers; leaders from medical, dental, and nursing associations; payers and policymakers; a patient and family partnership expert; and oral health and public health advocates.

It has been endorsed by a broad array of organizations, including: American Association for Community Dental Programs, American Association of Public Health Dentistry, American College of Nurse Midwives, American Public Health Association – Oral Health Section, Association for State and Territorial Dental Directors, Institute for Patient- and Family-Centered Care, National Association of Pediatric Nurse Practitioners, National Network for Oral Health Access, National Organization of Nurse Practitioner Faculties, Physician Assistant Education Association.

This initiative was made possible by the generous support of

DentaQuest FOUNDATION