

Level of Implementation

- Community Health Center dental programs across the country

Target Populations

- Children ages 0-20

Improvement Goal

- Use the Health Center Dental Dashboard© to improve the oral health of health center patients using quality improvement methods. Specifically, reduce caries at recall, increase sealants rates and maintain or improve operational performance.

Essential Partners

- Participating health centers
- Health Resources and Services Administration (HRSA)
- Dental Quality Alliance (DQA)
- AFL Enterprises (Breakthrough Series Collaborative Director)
- Informing Ecological Design, LLC (Breakthrough Series Collaborative Improvement Advisor)

Key Measures

- New caries (caries at recall)
- Sealants 6- to 9-year olds
- Caries risk assessment
- No shows
- Treatment plan completion
- Self-management goal review

Measurement Data Source

- Clinic data reports

More Information

Colleen Lampron, AFL Enterprises,
[colleenlampron@afl-
enterprises.com](mailto:colleenlampron@afl-enterprises.com)



DENTAL QUALITY ALLIANCE®

Improving Oral Health Through Measurement

DQA Quality Innovators Spotlight: The Inside Story

How did this project start?

The NNOHA Dashboard Collaborative was funded through a Cooperative Agreement between the Health Resources and Services Administration (HRSA) and the National Network for Oral Health Access (NNOHA). The Collaborative sought to enhance the quality of oral health services provided in health centers by implementing the Institute for Healthcare Improvement Breakthrough Series Collaborative methodology to train health center oral health programs in the Model for Improvement, creating the foundation for monitoring, reporting and improving on a specific set of dashboard measures that includes the HRSA UDS Sealants measure. In March 2016, five teams participated in the six-month pilot phase of the NNOHA Dashboard Collaborative. Phase II was a 12-month Breakthrough Series Collaborative which began September 2016, with 26 participating teams.

What were the key strategies to achieve the improvement goal?

- ❖ Teach health center grantee dental programs Quality Improvement (QI), including small tests of change, and systems redesign for efficient care processes;
- ❖ Implement evidence-based clinical practices for dental disease prevention and management; and
- ❖ Monitor change through the NNOHA Dental Dashboard.

What improvement were achieved?

All 26 teams reported on Caries Risk Assessment (CRA) and Sealants delivered to 6- to 9-year olds. Initial changes targeted teams' ability to measure caries at recall, to reduce no shows, and to explore ways to administer sealants efficiently. We also introduced Motivational Interviewing, which was used to test ways to better engage patients and families as active partners in their own oral health. By the end of the Collaborative we observed the following:

- All 26 health centers were able to report on CRA monthly; the median number of patients receiving CRA for all health centers increased by the end of the Collaborative.
 - By summer 2017, 17 of the health centers reported CRA levels at or above 95%. Another 5 substantially increased CRA levels from baseline period (Jan-Sep 2017).
- All 26 health centers were able to report on the Sealants for 6-9-year olds measure monthly.
 - By summer 2017, 9 health centers showed strong signals of improvement over initial levels for our collaborative measure. The majority of participating health centers reported sealant rates above the national median.

See attached graphs for more detail.

What were the main challenges that needed to be overcome?

- ❖ Wide variation in QI knowledge and adoption in health center dental programs;
- ❖ Lack of standardized measures for reporting;
- ❖ Collecting and reporting QI data from existing Electronic Dental Records (EDRs) and clinic management systems;
- ❖ Inconsistent adoption and application of evidence-based clinical practices for prevention and chronic disease management; and
- ❖ Disparities in oral health status in the populations we serve.

What was the overall impact of the program?

The NNOHA Dashboard Collaborative applied evidence-based, patient-centered practices focused on early detection, prevention and management of dental caries – rather than relying on restorations to control the disease. The 26 participating health centers served 249,000 dental patients in 2016.

The Collaborative focused primarily on patients under 21 years old and served an estimated 70,000 unique patients in calendar year 2016.

"As a clinician, the Collaborative has changed the way I think about dentistry – for the better. Now, I find myself thinking about ways to help my patients without picking up a hand piece. Additionally, tracking is helping our providers be aware of other options to help patients. For example, we never used to apply sealants. Now – with staff and providers on board – we are consistently meeting our goal of 60% for patients ages 6 to 9."
–Dental Director at a NNOHA Collaborative Site-

In October 2017, NNOHA launched a third Collaborative, working with 42 new health centers, applying what we learned from previous years.

Total Collaborative funding is approximately \$350K per phase, and includes staffing, expert faculty and consultants, and three in-person learning sessions for 85 participants

OPINION: What would it take to spread this change?

- So far, NNOHA has supported nearly 70 health centers to implement quality improvement in their dental programs. Additional funding to NNOHA for Learning Collaboratives could greatly help to spread this change to even more health centers across the country to continue teach health center dental programs how to incorporate QI methods.
- Include more oral health/dental initiatives at Institute for Healthcare Improvement to further develop improvement science in dental practice;
- Work with EDR vendors to support the adoption of quality metrics across the oral healthcare delivery system.



DENTAL QUALITY ALLIANCE®

Improving Oral Health Through Measurement

2017-006 Dental Quality Alliance ©

The DQA *Quality Innovators Spotlight* (QIS) compiles quality improvement stories from around the nation to share knowledge and spread successful changes regardless of whether DQA was involved in the project. Inclusion in the QIS in no way implies DQA's endorsement of a program.

DQA Quality Innovators Spotlight: The Inside Story NNOHA (National Network for Oral Health Access) Dashboard Collaborative September 2016 – September 2017

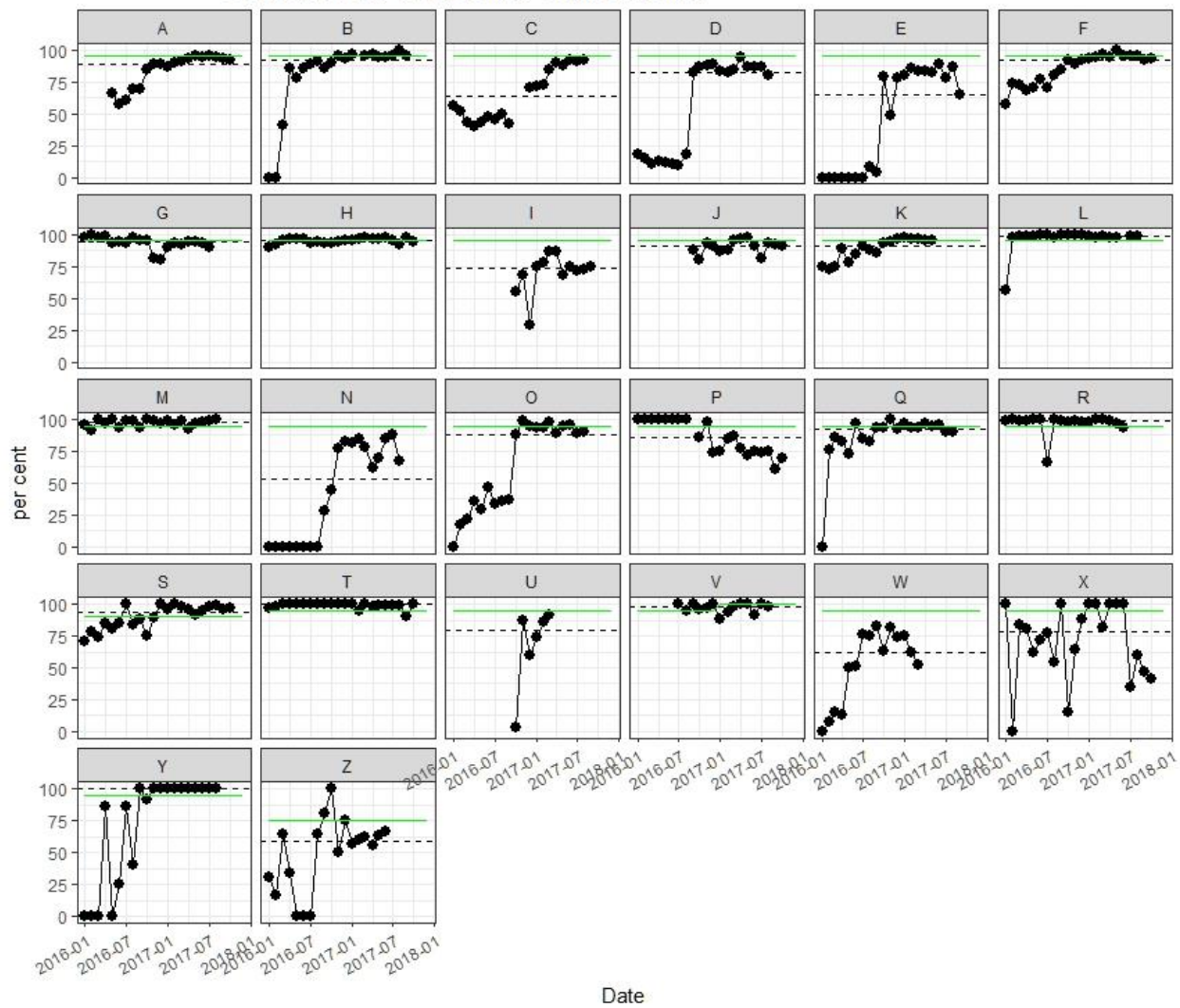
Caries Risk Assessment

All 26 health centers were able to report on CRA monthly; the median number of patients receiving CRA for all health centers increased by the end of the Collaborative.

By summer 2017, 17 of the health centers reported CRA levels at or above 95%. Another 5 substantially increased CRA levels from baseline period (Jan-Sep 2017).

(Note that the health centers in the bottom two rows (S-Z) of the display have small numbers of patients which accounts for the greater variation in the time series. Health Center V, for example, reported denominators between 15 and 54 patients for the CRA measure. Health Center Z's median monthly denominator for CRA is 10 patients. At the other extreme, Health Center A typically reported more than 2000 patients in the monthly denominator for CRA and Health Center B reported more than 1000 patients in the monthly denominator.)

Caries Risk Assess by Health Center, ordered by CRA patient volume, largest to smallest
 Series median: dashed line; Goal: solid line.



DQA Quality Innovators Spotlight: The Inside Story

NNOHA (National Network for Oral Health Access) Dashboard Collaborative

September 2016 – September 2017

Sealants for 6-9 year olds

All 26 health centers were able to report on the Sealants for 6-9 year olds measure monthly.

By summer 2017, 9 health centers showed strong signals of improvement over initial levels for our collaborative measure. The majority of participating health centers reported sealant rates above the national median.

(As in the previous display, the health centers are ordered by volume of patients seen in the practice eligible for Caries Risk Assessment. The health centers in the bottom two rows (S-Z) have relatively few patients, contributing to the greater variation month to month in the series compared to the data from health centers in the upper part of the display.)

Sealants 6-9 yrs by Health Center, ordered by CRA patient volume, largest to smallest
Series median: dashed line; Goal: solid line.

