

# Systematic Screening and Assessment of 25 Oral Health Workforce Innovations

David Krol, MD, MPH, FAAP, *Senior Program Officer*

April 2013



Robert Wood Johnson Foundation

# Overview

- **Introduction**
- **The SSA Method**
- **Key Findings**
- **Next Steps**
- **Acknowledgments**



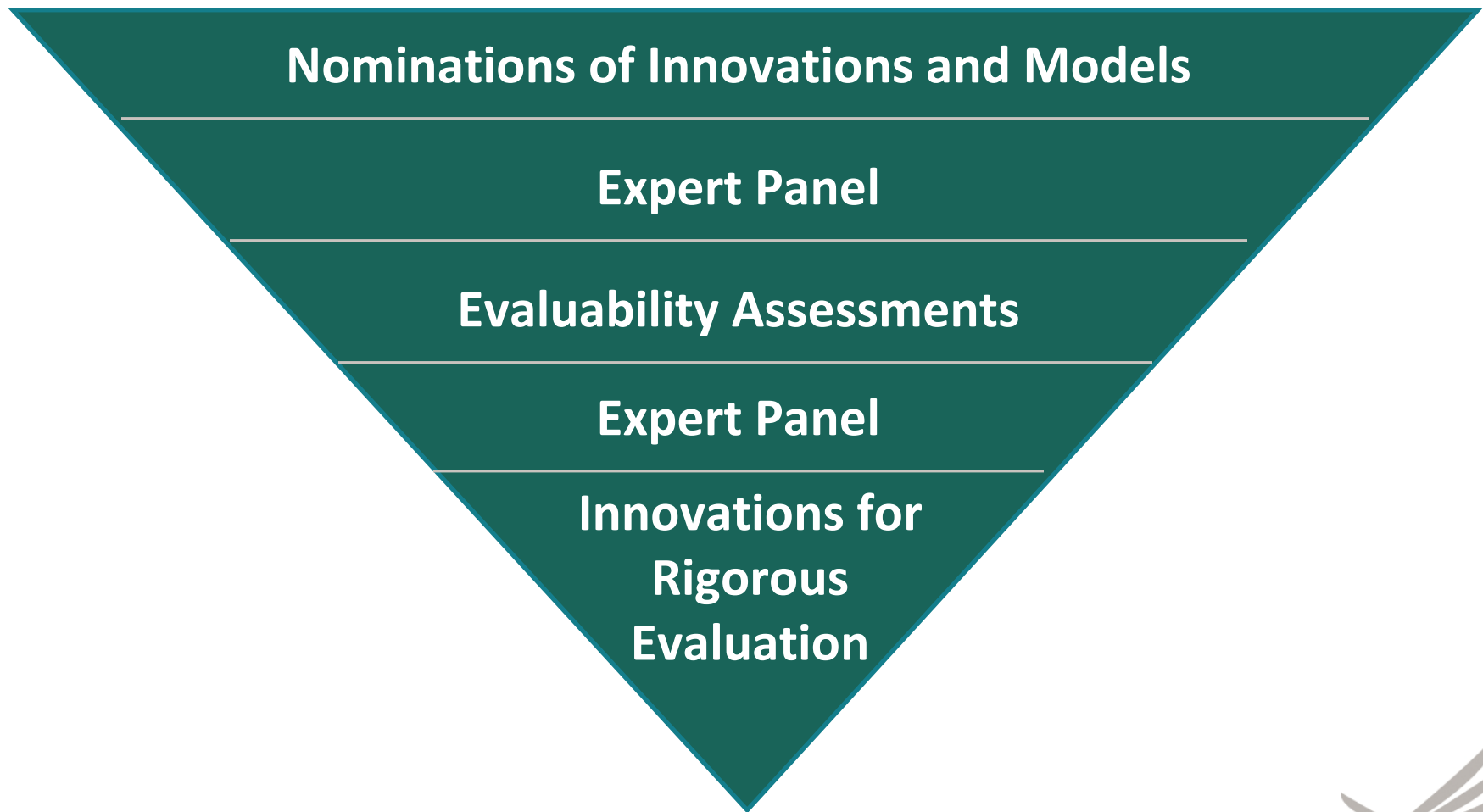


# Focus of the Project

- **Identify workforce innovations and models that increase access to preventive oral health services:**
  - Dental providers in non-dental settings
  - Non-dental providers in non-dental settings
  - New types of dental professionals
  - Innovative preventive practices in traditional dental settings.



# The SSA Method

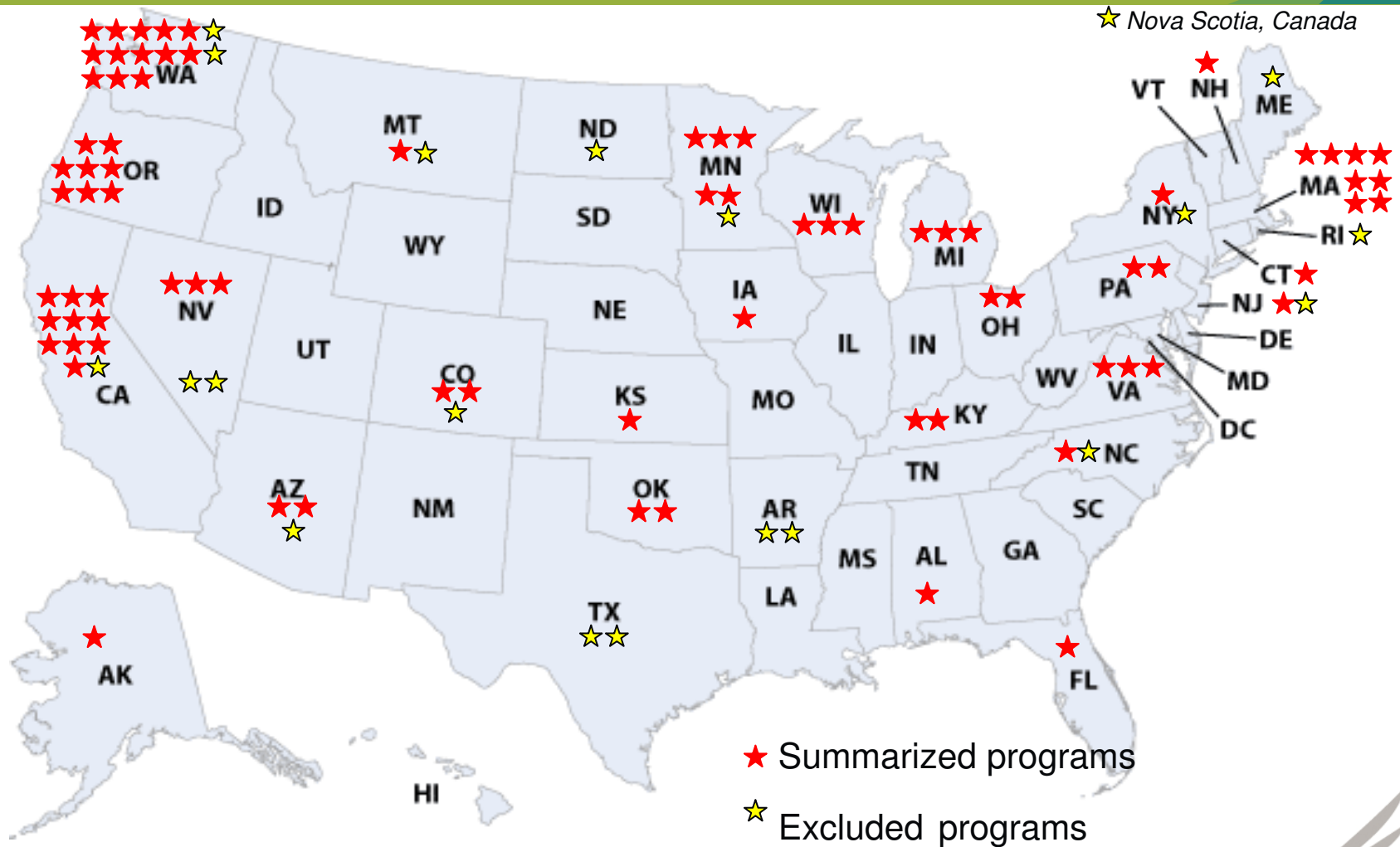


# Nomination Process

- **Solicited from national, state, local organizations**
- **Eligibility criteria:**
  - Currently implemented for at least 6 months
  - Not rigorously examined with an outcome/impact evaluation
  - Suitable for implementation and replication in similar settings or population
- **If questions, contacted program staff for more info**



# Nominations Received



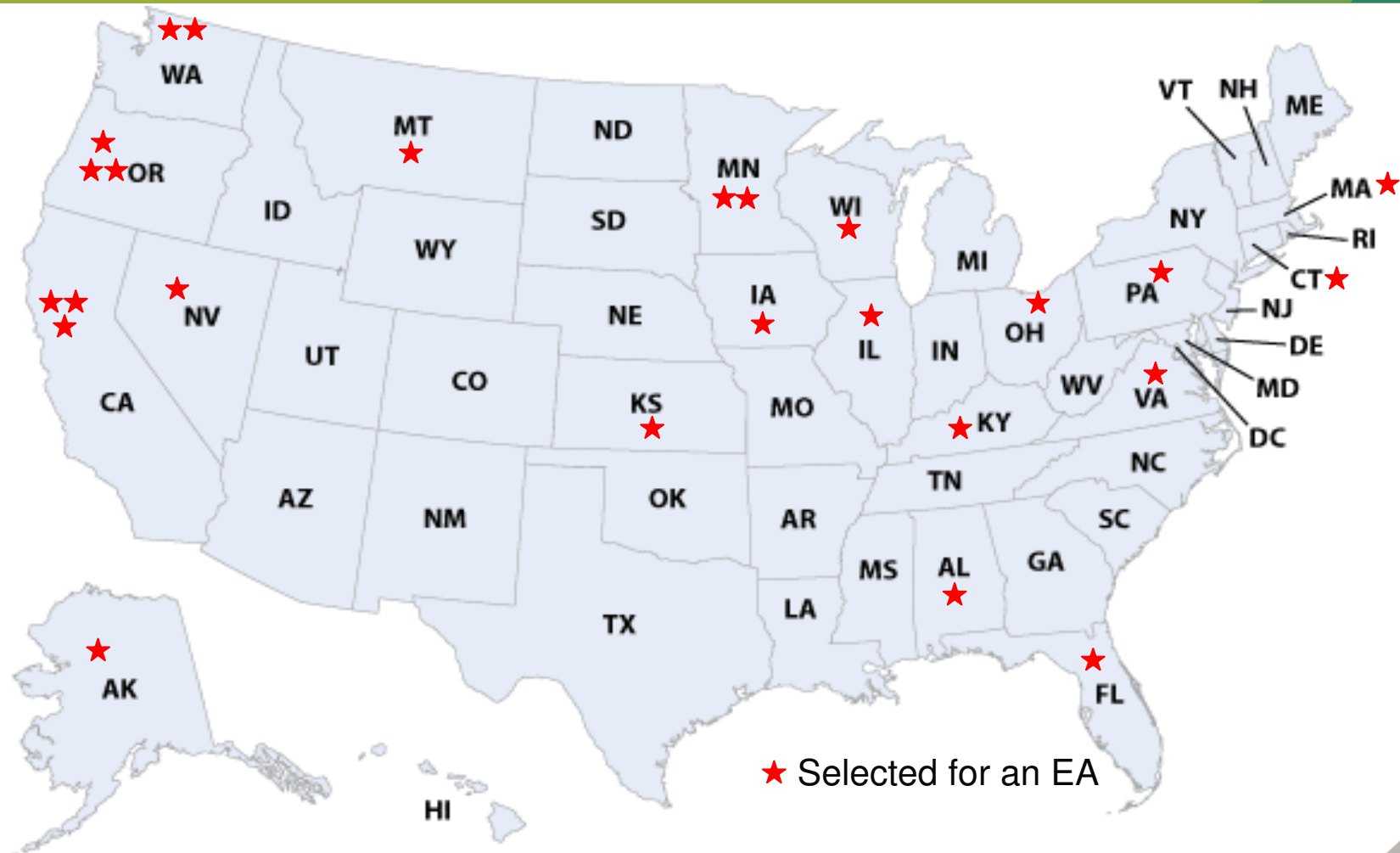
# First Expert Panel Review

- **19 dentists, dental hygienists, public health practitioners with expertise in oral health prevention services, oral health workforce, and evaluation**
- **Rated 80 programs through blind review process based on:**
  - Potential impact
  - Plausibility of health effect
  - Reach to target population
  - Acceptability to stakeholders
  - Feasibility of implementation
  - Sustainability of innovation
  - Generalizability
  - Feasibility of Adoption
  - Organizational capacity to participate in and use information from an EA
- **Developed list 25 programs prioritized for evaluability assessment**





# Innovations Selected for Evaluability Assessment



# Evaluability Assessment (EA)

- **2 ½ day EA site visit**
  - Interviews with 9 – 12 program stakeholders
  - Gain understanding of program history, goals, staff roles, implementation, data collection sources, activities
  - Collaborative revision of logic model
- **Post-EA site visit**
  - Detailed summary report to share with site
  - Follow-up TA call to review summary report, refined logic model, recommendations



# Second Expert Panel Review

- **Reviewed reports and logic models from evaluability assessments of site visits**
- **Prioritized innovations ready for and worthy of rigorous, outcomes-focused evaluation**
- **Brainstormed evaluation questions and designs**



# Key Findings

- **Combine workforce with strategies that engage populations with history of poor access to services**
  - **Provide consistent, standardized training for individuals taking on new, expanded roles**
  - **Provide preventive care in an environment familiar to children and families to serve as a point of entry**
  - **When integrated with primary care or community settings, establish strong referral relationships with providers who treat young children/accept Medicaid**
- Patient navigation and case management



# Future Evaluation Strategies

- **Examine how community engagement changes perception and interest in oral health care among populations that face barriers to access**
- **Review longitudinal trends in decay reduction through patient chart level data, clinical notes, and claims data**
- **Explore cost and benefits of providing preventive care in community settings and integration of oral health into primary care**



# Value Added to Oral Health Field

- **Contributed to field of inquiry in oral health policy, reimbursement, scope of practice, and access to care**
- **Provided potential for practice-based evidence**
  - If evaluations show effectiveness, sound models for dissemination and replication
- **Assisted stakeholders with program design, implementation, and readying innovations for more rigorous outcomes-focused evaluation**
- **Upcoming synthesis of what was learned**



# Acknowledgments

- **All program staff and stakeholders who participated in EAs**
- **Expert Panel**
- **ICF International**



**David Krol, MD, MPH, FAAP**  
**dkrol@rwjf.org**

