



Innovations in Integrated Service Delivery for Pre-School Age Children: Improving Performance in Safety Net Clinics

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National Oral Health Conference

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April 28, 2015

Funding provided by:
First 5 LA

- ▶ **J. Crall**: Overview of UCLA-First 5 LA Oral Health Program
 - ▶ Context, Goals, Objectives, Strategic Components
- ▶ **M. Doherty**: Safety Net Solutions' Role & Process in the UCLA-First 5 LA Oral Health Program
- ▶ **C. Lampron**: UCLA-First 5 LA Quality Improvement Learning Collaborative
 - ▶ Applications of quality improvement methods, training and skills to promote and integrate risk-based care by dental, medical and community outreach personnel
- ▶ **J. Crall**: Summary and Lessons Learned
- ▶ **All**: Exercises / Q & A

Children's Oral Health in CA



At least 5 of these kids have/will have Early Childhood Caries



- Early Childhood Caries remains a common, significant problem
- ~ 54% of CA children have caries experience by kindergarten
 - 28% have untreated decay / 19% have extensive decay
- > 70% of CA children have caries experience by 3rd grade
- < 50% of U.S. children visit a dentist annually
 - Uninsured/Medicaid utilization rates are generally < commercially insured
- Persistent oral health disparities (low-income, racial/ethnic minorities)
- Growing recognition of the importance of early interventions

Overview of the UCLA-First 5 LA (F5LA) Oral Health Program (OHP)

*UCLA-F5LA 21st Century Dental Home Project
and
UCLA-F5LA Children's Dental Care Program*

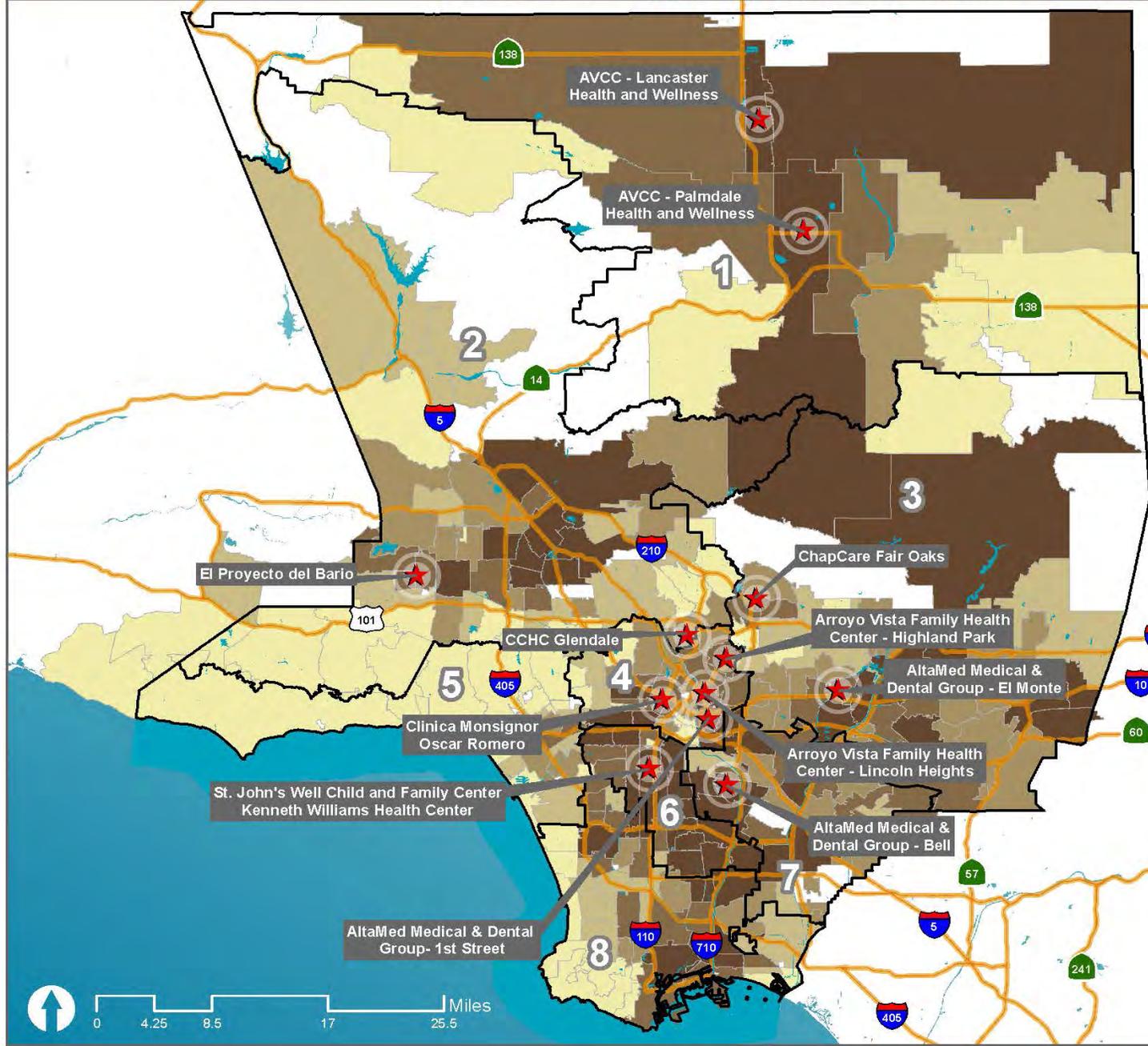
JIM CRALL, DDS, SCD

UCLA-FIRST 5 LA OHP PROGRAM DIRECTOR

- ▶ The primary goal of this project is to increase access to dental and oral health care for at least 53,000 children ages 0-5 in LA County in partnership with 20-22 additional community clinic sites and other community-based partners.
- ▶ The project seeks to improve the capacity of community clinics to deliver quality oral health care to young children, increase parents' and child care providers' awareness of the importance of oral health care for preschool children, and develop a sustainable community “dental home” model.

- Address barriers that limit young children's access to oral health/dental care services and clinics' abilities to serve as dental homes for at-risk children
- Increase providers' awareness of the importance of oral health/dental services and dental homes for children 0-5
- Increase # of children 0-5 who receive preventive services from dental, medical and community health care providers
- Increase # of clinic dentists that treat children ages 0-5
- Increase parents' and caretakers' awareness of the importance of oral health for young children
- Establish sustainable systems that promote oral health education and access to risk-based care within community clinics' primary care perinatal, pediatric and dental services

Final Selected Applicants with DentiCal Rates



Eligible Non-Users of DentiCal By ZIP Code

| |
|----------------|
| 4 - 273 |
| 274 - 672 |
| 673 - 1,657 |
| 1,658 - 3,517 |
| 3,518 - 12,528 |

UCLA-F5LA Partnership:
Multi-faceted approach focused on young children & families

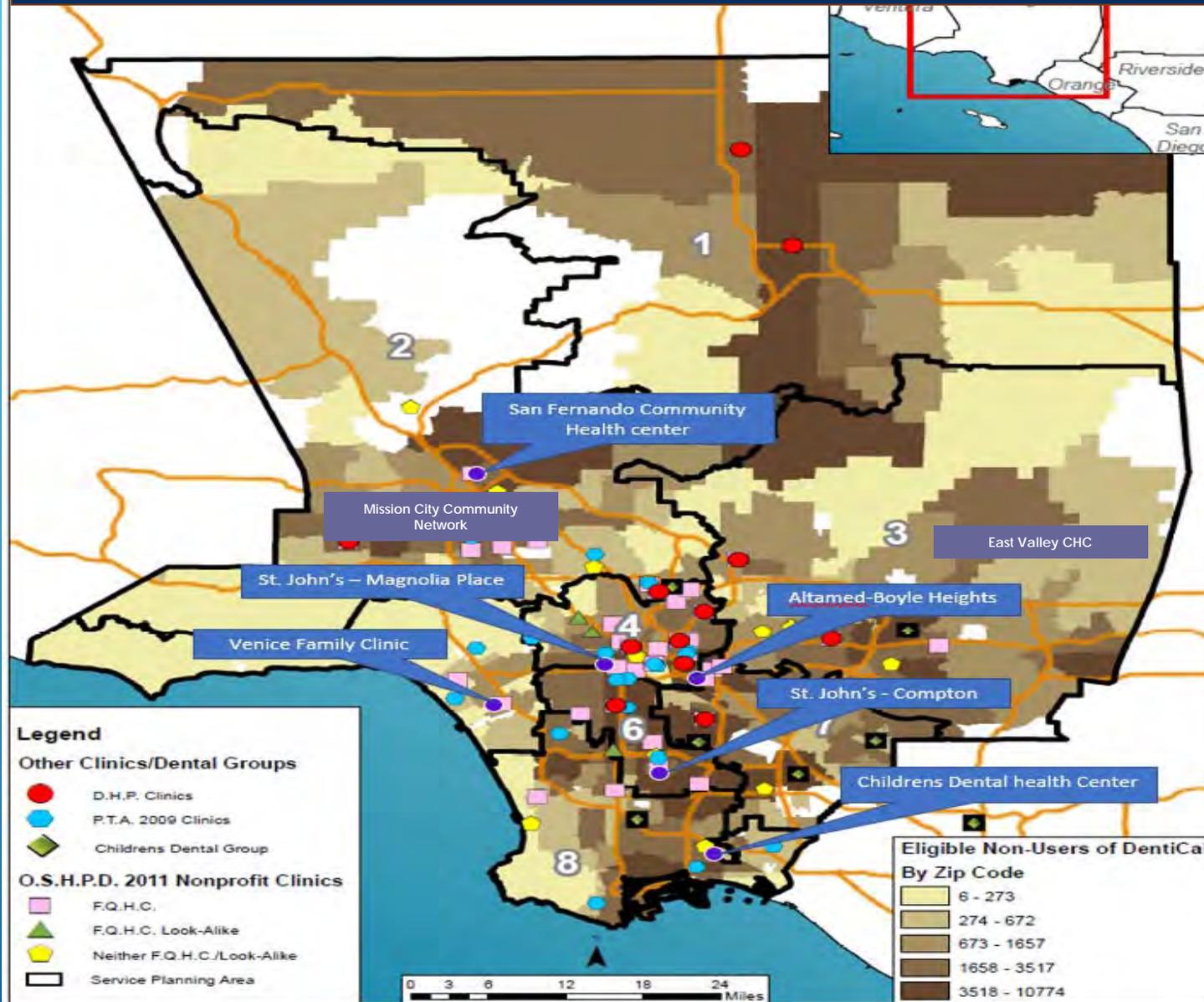
DHP: 12 clinics
CDCP: 10 clinics

~ 530,000
0-5 year olds covered by DentiCal, with no dental services



April 28, 2015

UCLA-F5LA Children's Dental Care Program Selected Clinics:



Steering Committee

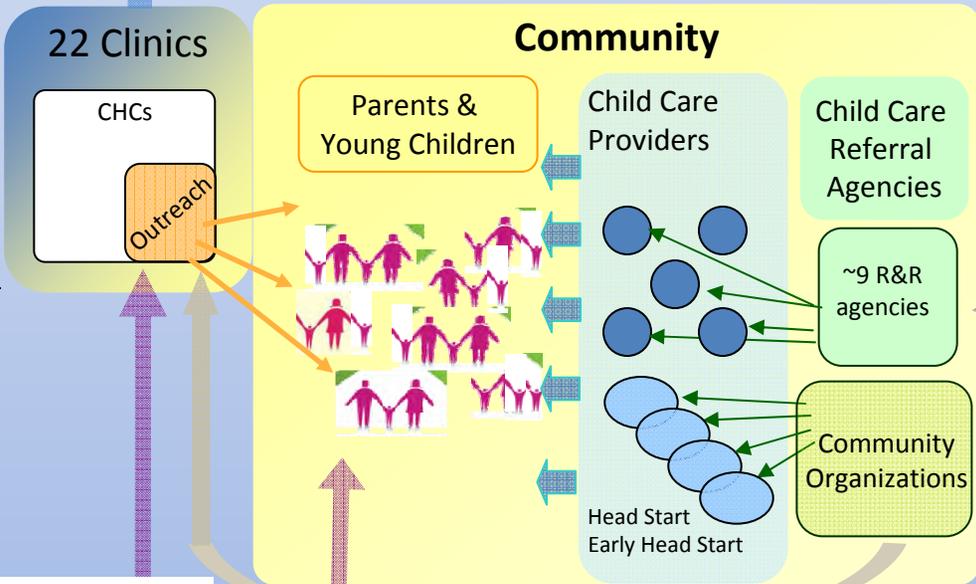
UCLA Quality Improvement Learning Collaborative (QILC)



UCLA Center for Healthier Children, Families & Communities

UCLA Public Health & Community Dentistry

- Finances
- Information Systems
- Operations & Systems
- Clinical Quality / QI
- Provider Training



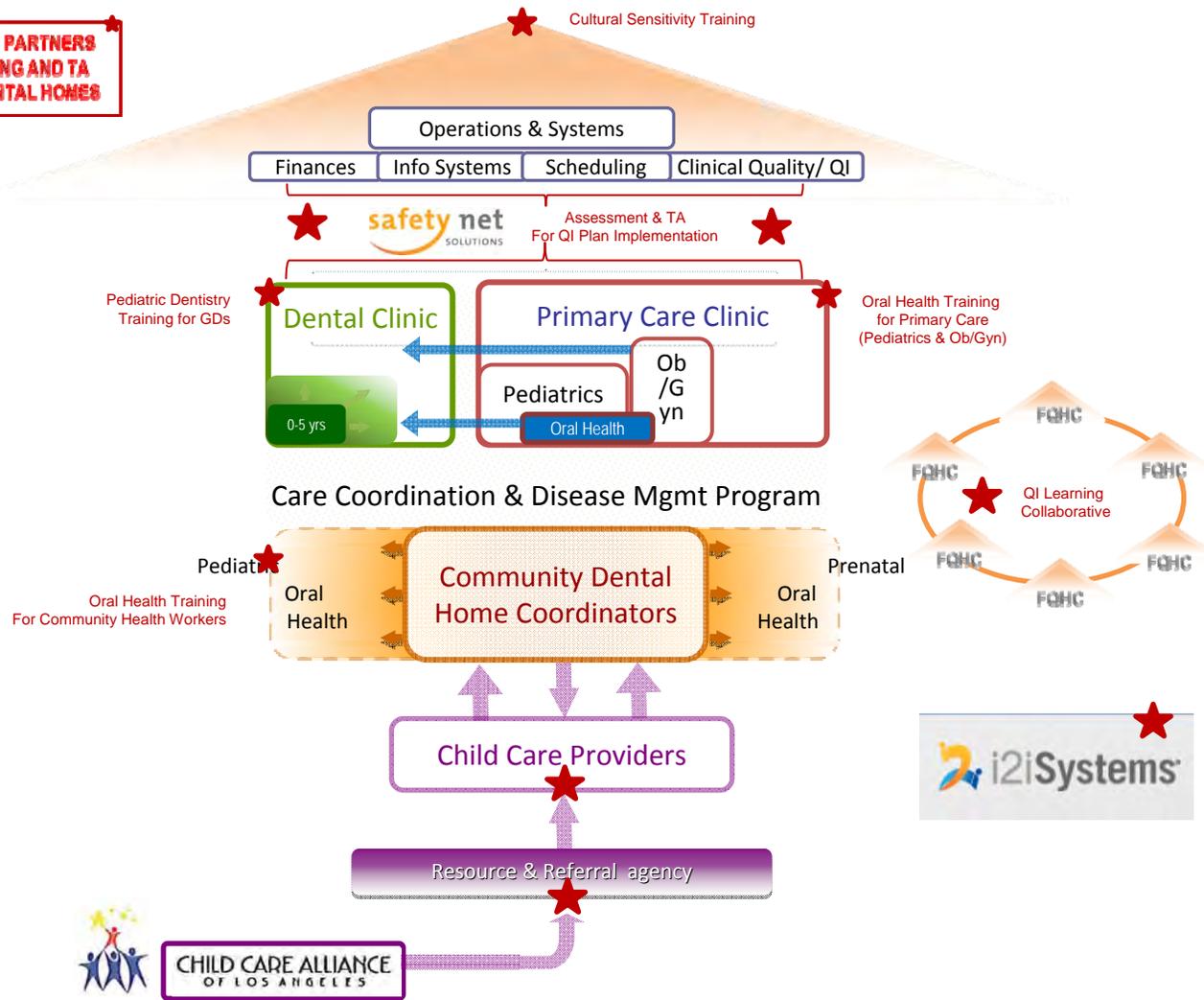
Training: Community Dental Home Coordinator / Outreach

Understanding Barriers

Care Coordination & Feedback

UCLA Public Health & Community Dentistry

**UCLA & PARTNERS
TRAINING AND TA
FOR DENTAL HOMES**



J. Crall: 2015 NOHC



1. Infrastructure:

- ▶ Support for part-time on-site pediatric dentist support
- ▶ Support for hiring a Community Dental Home Coordinator (CDHC)
- ▶ Provide population health data management software
- ▶ UCLA–First 5 LA financial support to implement enhancement plans

2. Safety Net Solutions:

- ▶ Clinic enhancement plans / clinic productivity technical assistance

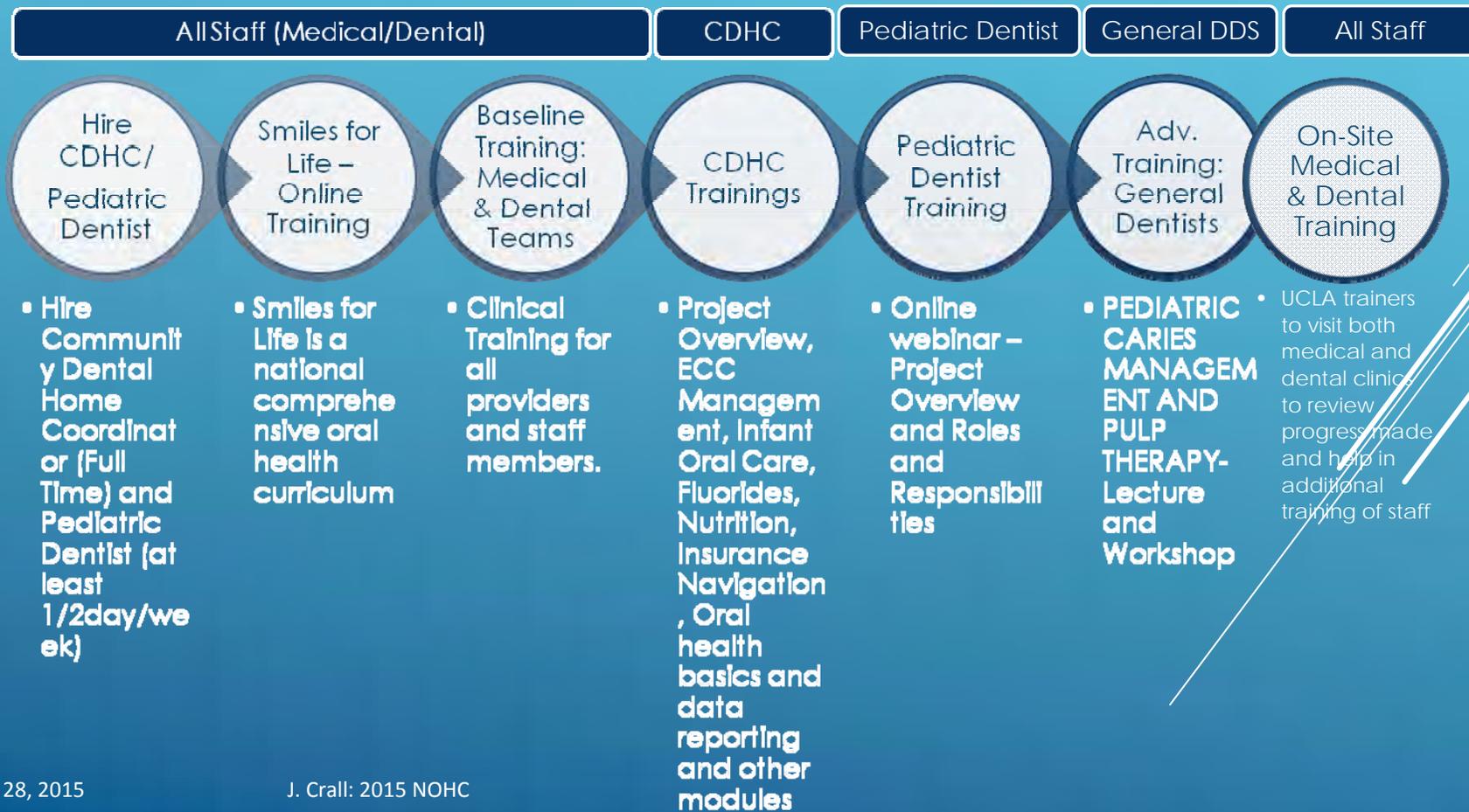
3. Training:

- ▶ Dental and medical personnel
- ▶ On-line, in-person and on-site training for each clinic

4. Quality Improvement Learning Collaborative:

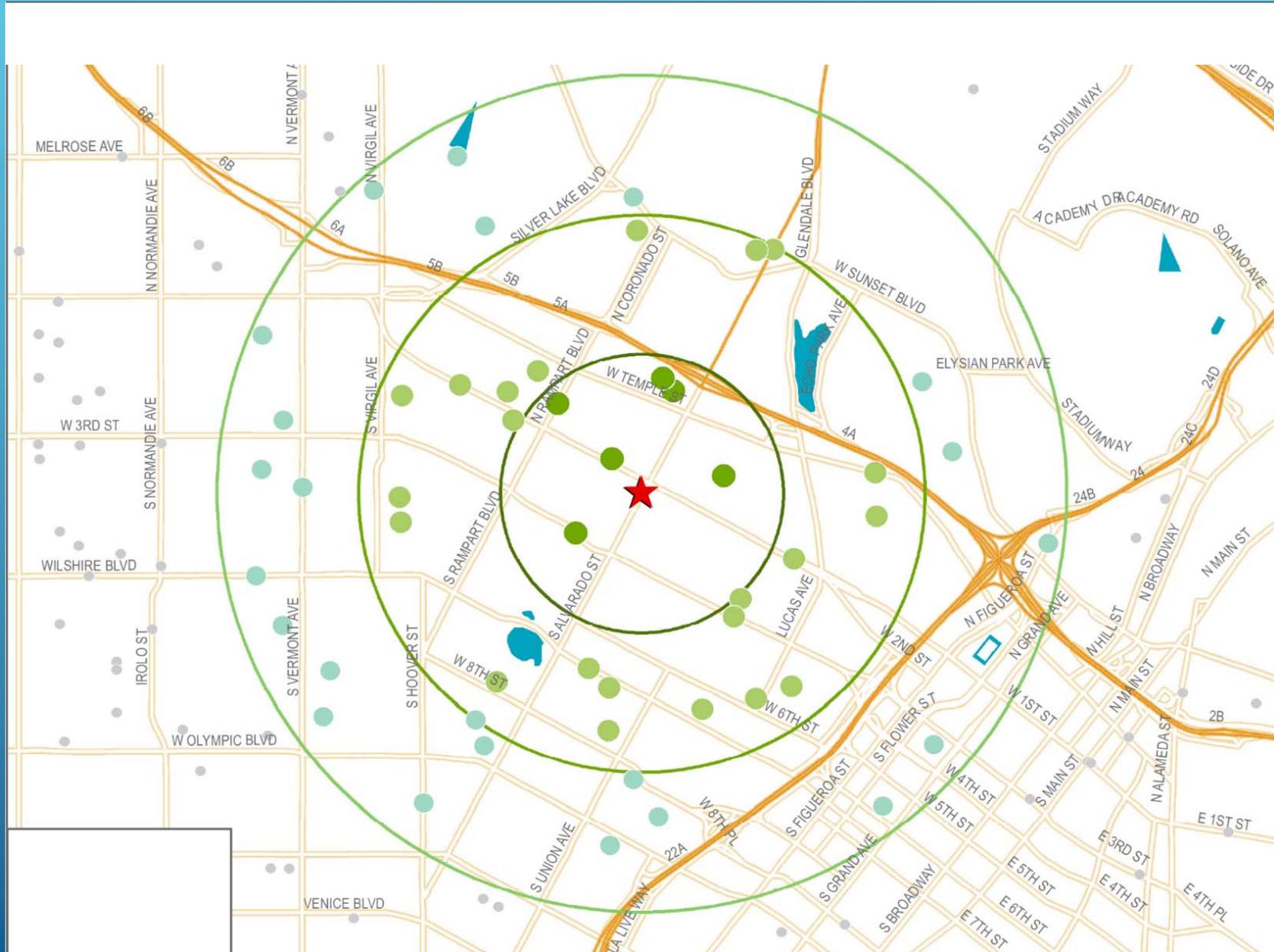
- ▶ Enhance clinic personnel ability to conduct quality improvement
- ▶ Improve system operations issues to increase evidence-based care, dental-medical integration, and improve outcomes and efficiency
- ▶ > 10,000 more 0-5 year-old children with medical primary care visits in 12 DHP clinics annually compared to # with dental visits

UCLA CLINIC STAFF TRAININGS



1. Child Care Provider Trainings (CCALA)
2. Collaboration with Best Start Programs, other community-based agencies (HS, WIC) and child care providers
3. Community Resource Guides
4. Outreach by Clinic Community Dental Home Coordinators and Other Community Outreach Providers

GIS Support for Outreach to Child Care Providers and other Sites Near Community Health Centers



Oral Health Program Strategy

- ❖ To implement a *population health-based system* of oral health care in partnership with community health centers that:
 1. integrates dental, medical and community outreach services to reduce caries risk
 2. ‘triages’/’channels’ children to effective and efficient care pathways based on risk level
 3. improves the oral health and caries risk status of children ages 0-5 years
 4. develops sustained linkages to community partners

Population-Based Approach for Dental / Oral Health Care Delivery

ASSESSMENT PARAMETERS

- **RISK LEVEL** (low, high)
- **LESION STATUS** (none, initial, advanced)
- **NEED FOR TREATMENT** (urgent, basic, advanced)

• **No Lesions**
• **Low Risk**

• **No Lesions**
• **High Risk**

• **Initial Lesions Only**

• **Advanced Lesions**

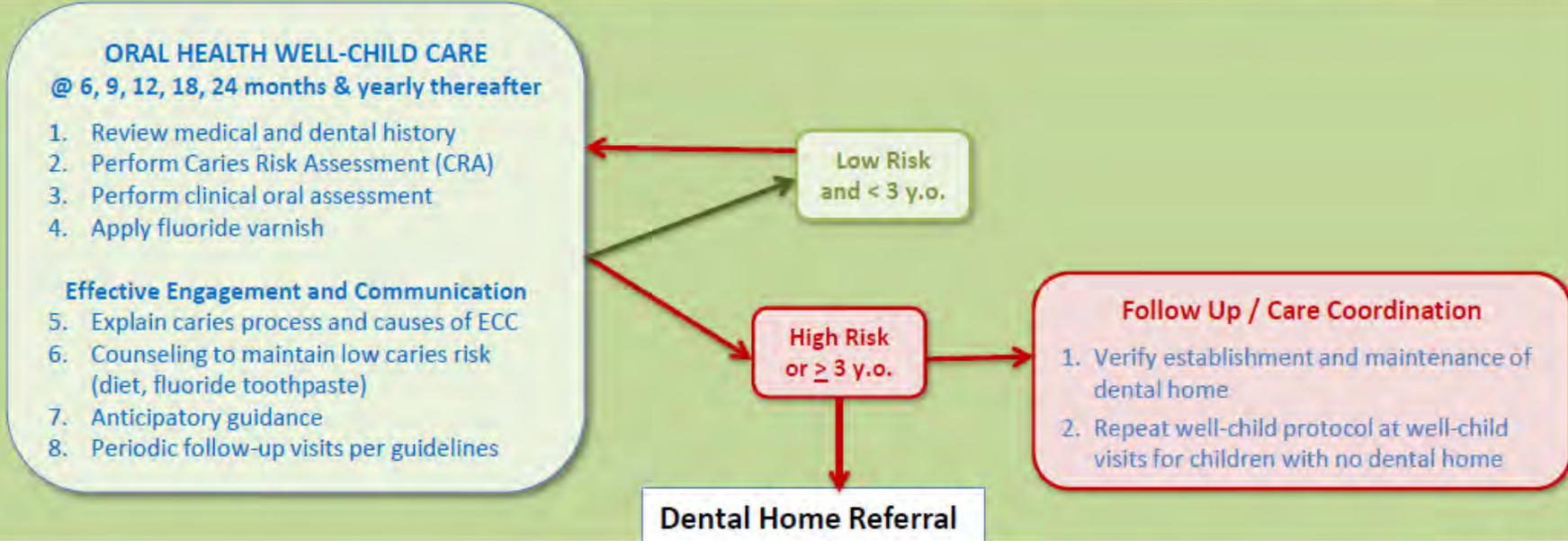
- Establish dental home
- Counseling to maintain low caries risk (diet, fluoride toothpaste)
- Provide primary preventive services (e.g., fluoride varnish - FV)
- Anticipatory guidance
- Data entry (CRA results, recommended follow-up)
- Schedule periodic follow-up visit per guidelines
- Care Coordination (as needed)

- Establish dental home
- Treatment plan and preventive services (FV)
- Risk reduction program (self-management goals)
- Anticipatory guidance
- Reassess progress and schedule periodic evaluation visit per program guidelines
- Data entry (at each visit)
- Care Coordination (as needed)

- Establish dental home
- Treatment plan and preventive services (FV)
- Basic disease management program to control disease and reduce risk
- Restorative services
- Anticipatory guidance
- Reassess progress and schedule periodic evaluation visit per program guidelines
- Data entry (at each visit)
- Care Coordination (as needed)

- Establish dental home
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Medical



Dental

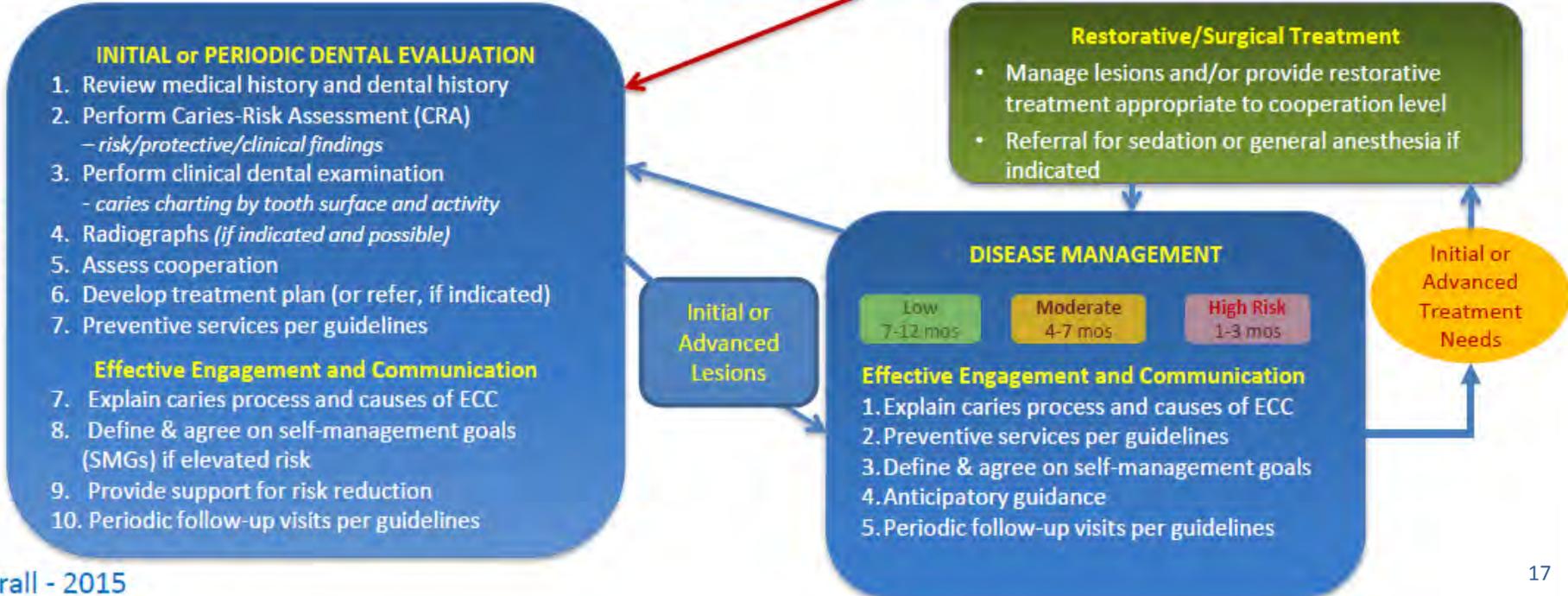




Table Talk

- Discussion Questions:
- Thinking of the context in which you are working, how does this approach resonate?
- How would you apply this integrated model in your work environment?

UCLA-First 5 LA 21st Century Dental Home Project

The Safety Net Solutions Team's Role and Process

*Our mission is to improve
the oral health of all.*



safety net
SOLUTIONS

DentaQuest
INSTITUTE

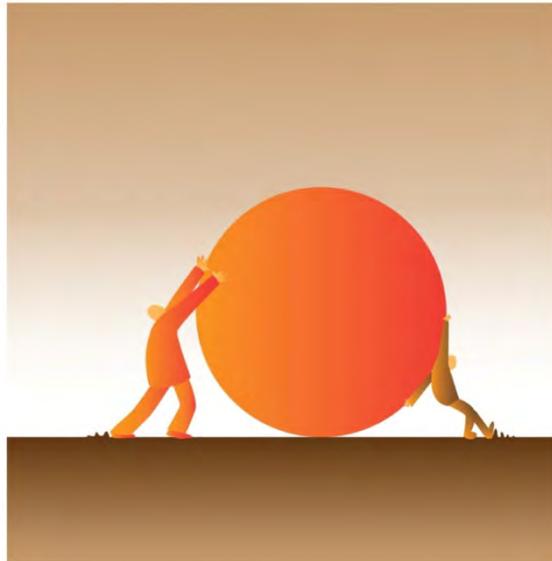
What Does Dental Home Project (DHP) Success Look Like?

To increase access to dental care for 50,000 high-risk children ages 0-5 in Los Angeles County by establishing a Dental Home model in 20-22 selected community clinic dental sites.

SNS Vision

Creation of high-quality, accessible, affordable, oral health programs that document the improvement of the oral health status of the patients we treat while being financially responsible through efficiency and effectiveness.

- *Affordable Access*
- *Quality Managed*
- *Heathy Outcomes*
- *Financially Responsible*



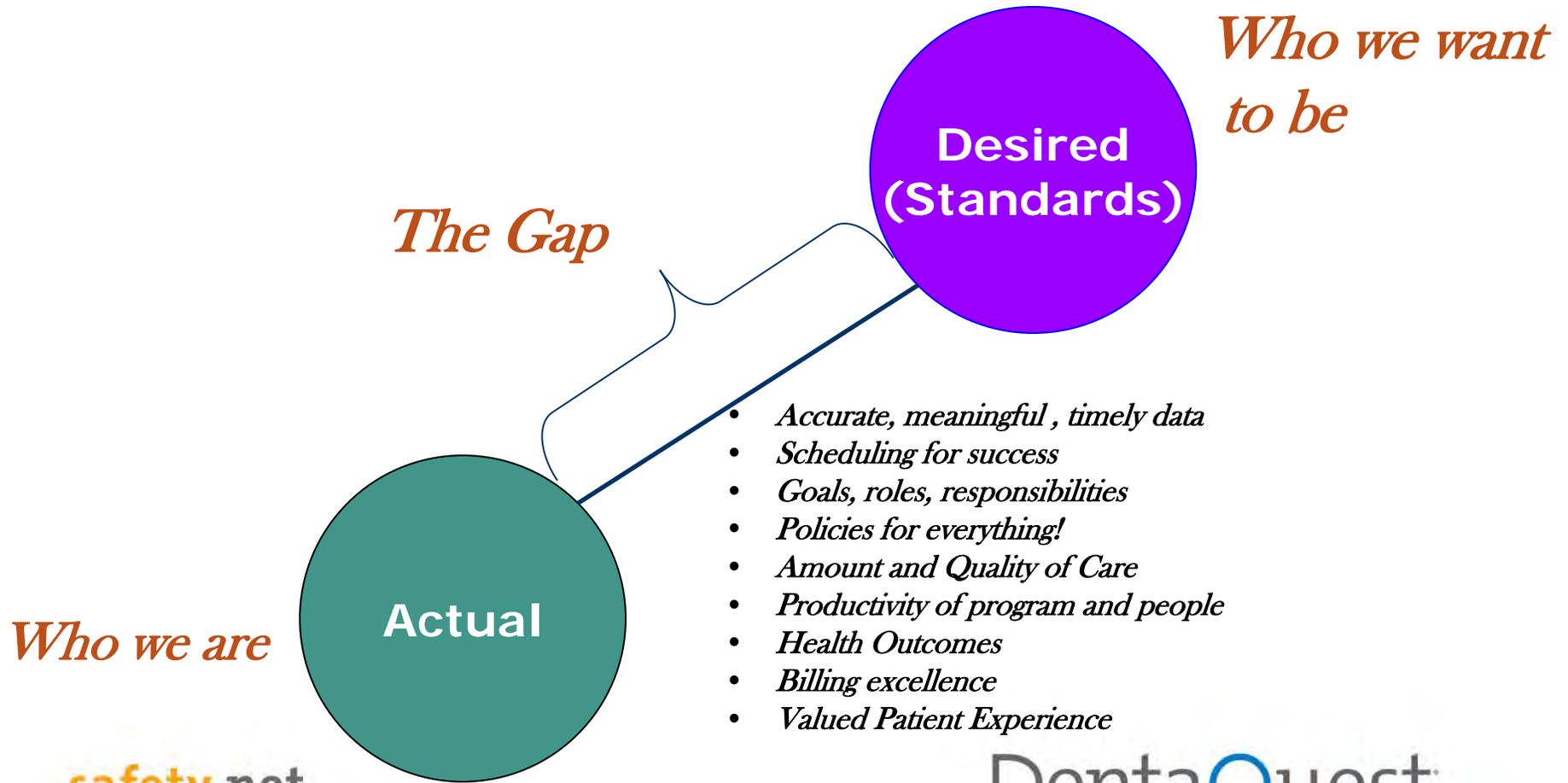
safety net
SOLUTIONS

DentaQuest
INSTITUTE

The Safety Net Solutions Process



*We objectively define who you are and ask:
Who do you want to be?*



FOCUS PDSA

- **F Find a process to improve**
- **O Organize an effort to work on improvement**
- **C Clarify current knowledge of the process**
- **U Understand process variation and capability**
- **S Select a strategy for continued improvement**
- **P Plan the improvement action steps**
- **D Do the intervention**
- **S Study the results of what was executed**
- **A Act on these results to improve the plan**

Sample Major DHP Recommendations

- Collect accurate, meaningful, and timely data
- Create sessions for 0-5
- Recruit, hire, train a CDHC
- Recruit, hire, train a pediatric dentist
- Train general dentists to treat 0-5
- Train the medical team OH integration
- Consider a place in the QI collaborative
- Institute a CRA
- Review the scheduling process for 0-5
- Create a referral process from medical to dental
- Apply all to OB-GYN
- Create standard clinical protocols
- Address 'no-shows'
- Create a policy for each new procedure
- Review MCO billing process
- Create a strategy to mine 0-5 children inside and outside the center.
- Create a business pro-forma and goals for access and finance

Samples of what SNS measures

- Gross Charges
- Net Revenue
- Expenses
- Number of visits
- Revenue per visit
- Cost per visit
- # of Transactions/visit
- Payer Mix
- A/R out 90 days
- # of Transactions/visit
- # of Unduplicated Patients
- # of New Patients
- No-Show Rate
- Emergency Rate
- # of FTE Providers
- # of FTE Billing Staff
- # of Completed Treatments
- Number of children 0-5
- # of children receiving sealants (under 21)
- # of sealants applied
- % of Children seen receiving a preventive service

The Exercise

Given the following baseline data, select a few action steps (2-3) to get from where the data defines you are, to where you want to be in the DHP.

- *Where will you start?(which areas or strategies?)*
- *Changes you would make (action steps?)*
- *How would you know if you have improved?*
- *What additional data might /would you collect?*

Baseline Data 0-5

- Gross Charges
- Net Revenue
- Expenses
- Number of visits- 5/day
- Revenue per visit
- Cost per visit
- # of Unduplicated Patients-1,150
- # of New Patients-2.5/wk
- # of Transactions-1.5/visit
- Payer Mix- 33%medicaid
- No-Show Rate- 36%
- Emergency Rate
- # FTE Providers
- # FTE Billing Staff
- # of Completed Treatments-27%
- Number of children [0-5]-1,150
- # of children receiving sealants (under 21)
- # of sealants applied
- % Children seen receiving a preventive service- 50%
- A/R out 90 days

UCLA-First 5 LA Oral Health Program Quality Improvement Learning Collaborative – Supporting Teams for Improvement

**COLLEEN LAMPRON, MPH, QI LEARNING COLLABORATIVE
DIRECTOR**

**JIM CRALL, DDS, SCD, UCLA-FIRST 5 LA OHP PROGRAM
DIRECTOR AND QI LEARNING COLLABORATIVE CHAIR**

NATIONAL ORAL HEALTH CONFERENCE

UCLA

APRIL 28, 2015

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Overview

- Brief review: Breakthrough Series Collaborative
- Discuss measurement & why we measure
- Overview of Update on QILC activities to date
 - Including team progress

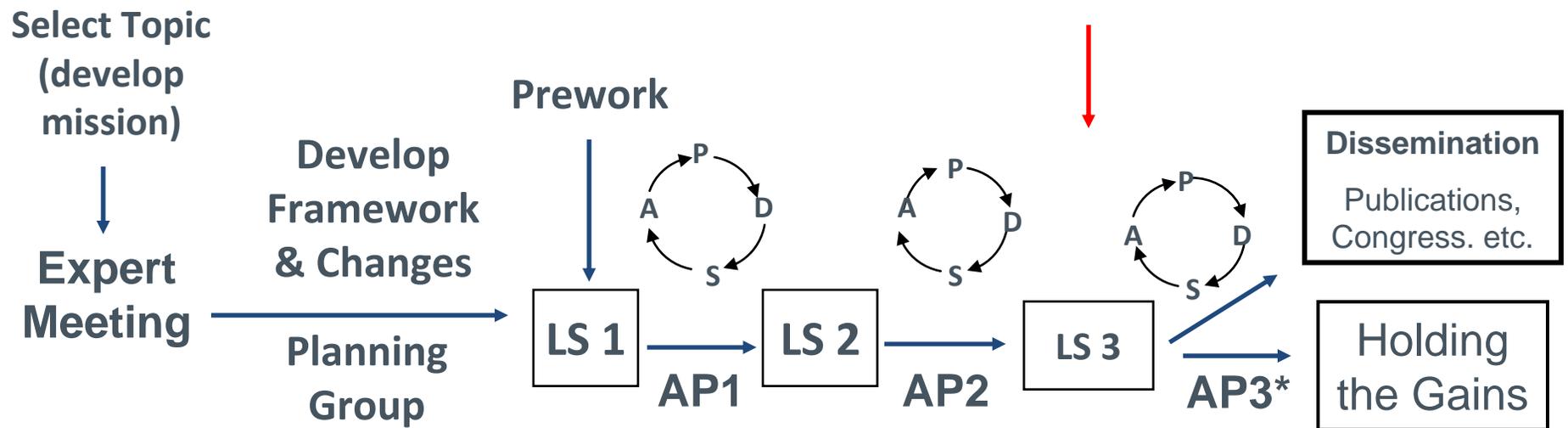
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Institute for Healthcare Improvement (IHI) Breakthrough Series Collaborative Model (6 to 18 months time frame)



LS – Learning Session

AP – Action Period

| Supports | | |
|----------------------|-------------------|----------|
| Email (listserv) | Phone Conferences | |
| Visits | Assessments | Extranet |
| Monthly Team Reports | | |

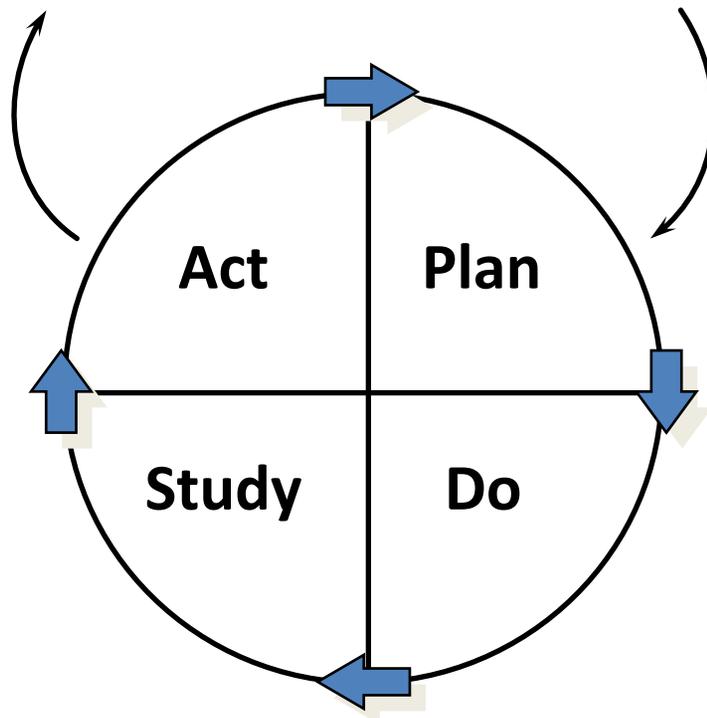
*AP3 –continue reporting data as needed to document success

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



Three questions
and a ***test cycle:***

The Model for Improvement is a general method to help you to improve through iterative learning.

Outcomes

Key Drivers

Secondary Drivers

Aim: To improve the health and well-being of LA county children, age 0-5, by improving their access to quality oral health care and reducing their caries risk. By June 2016:

- 95% of 0-5 year olds seen at participating Health Centers will have a documented caries risk assessment;
- the caries risk status of 10% of children initially at high risk will be reduced;
- X% of children will receive differentiated care based on their risk status

Clinic Leadership drives integrated Medical and Dental care

Cultivate accountable leadership focused on population outcomes

Clinics develop strategic alignment of integrated Medical and Dental services for oral health

Use Health Information & QI to Improve Population Oral Health

Enhance **clinic information systems** to support QI & population pediatric oral health management

Strengthen clinic-wide **QI skills and culture**

Use a **registry** to track/support risk & disease management

Establish Dental Home & Refer to appropriate care pathway based on risk (Medical focus)

***Conduct & record risk assessment** at well child visits

Provide oral health education/anticipatory guidance and apply fluoride varnish

***Provide appropriate referrals to dental services** based on risk and age

Follow up and Care Coordination

Implement Standard Risk-Based Disease Management Care Processes Across Medical and Dental Services

Increase **provider & staff knowledge and skills** for delivering risk-based oral health care

***Conduct & record risk assessment** at periodic visits

***Implement disease management protocol based on risk including appropriate recall, more frequent monitoring, more intensive coaching for behavior change**

Effective engagement and communication using self management goals (SMGs)

Follow up and Care Coordination

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Integrated Risk Assessment & Disease Management Care Pathways

Medical

ORAL HEALTH WELL-CHILD CARE @ 6, 9, 12, 18, 24 months & yearly thereafter

1. Review medical and dental history
2. Perform Caries Risk Assessment (CRA)
3. Perform clinical oral assessment
4. Apply fluoride varnish

Effective Engagement and Communication

5. Explain caries process and causes of ECC
6. Counseling to maintain low caries risk (diet, fluoride toothpaste)
7. Anticipatory guidance
8. Periodic follow-up visits per guidelines

Low Risk
and < 3 y.o.

High Risk
or ≥ 3 y.o.

Follow Up / Care Coordination

1. Verify establishment and maintenance of dental home
2. Repeat well-child protocol at well-child visits for children with no dental home

Dental Home Referral

Dental

INITIAL or PERIODIC DENTAL EVALUATION

1. Review medical history and dental history
2. Perform Caries-Risk Assessment (CRA)
– risk/protective/clinical findings
3. Perform clinical dental examination
– caries charting by tooth surface and activity
4. Radiographs (if indicated and possible)
5. Assess cooperation
6. Develop treatment plan (or refer, if indicated)
7. Preventive services per guidelines

Effective Engagement and Communication

7. Explain caries process and causes of ECC
8. Define & agree on self-management goals (SMGs) if elevated risk
9. Provide support for risk reduction
10. Periodic follow-up visits per guidelines

Restorative/Surgical Treatment

- Manage lesions and/or provide restorative treatment appropriate to cooperation level
- Referral for sedation or general anesthesia if indicated

DISEASE MANAGEMENT

Low 7-12 mos Moderate 4-7 mos High Risk 1-3 mos

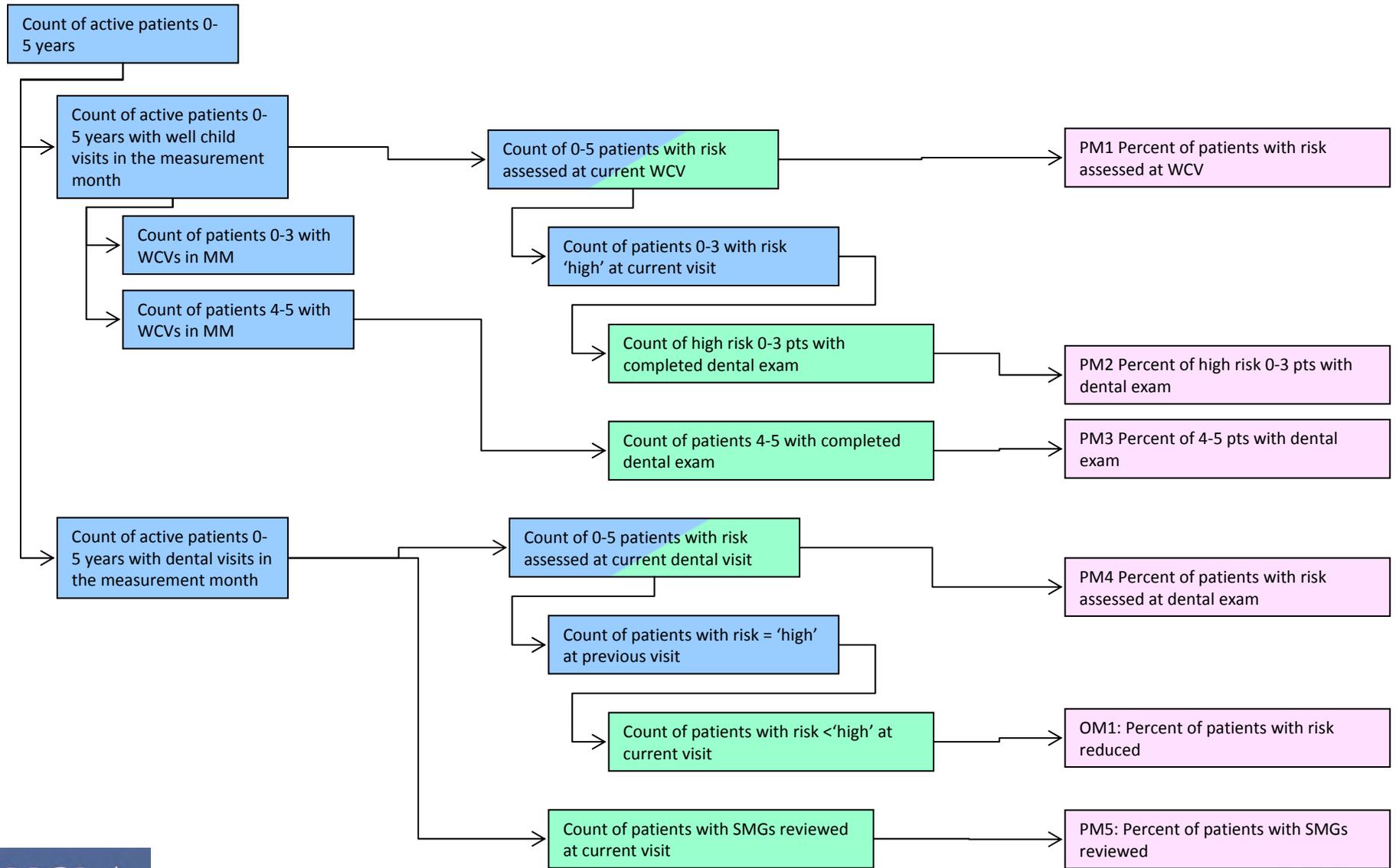
Effective Engagement and Communication

1. Explain caries process and causes of ECC
2. Preventive services per guidelines
3. Define & agree on self-management goals
4. Anticipatory guidance
5. Periodic follow-up visits per guidelines

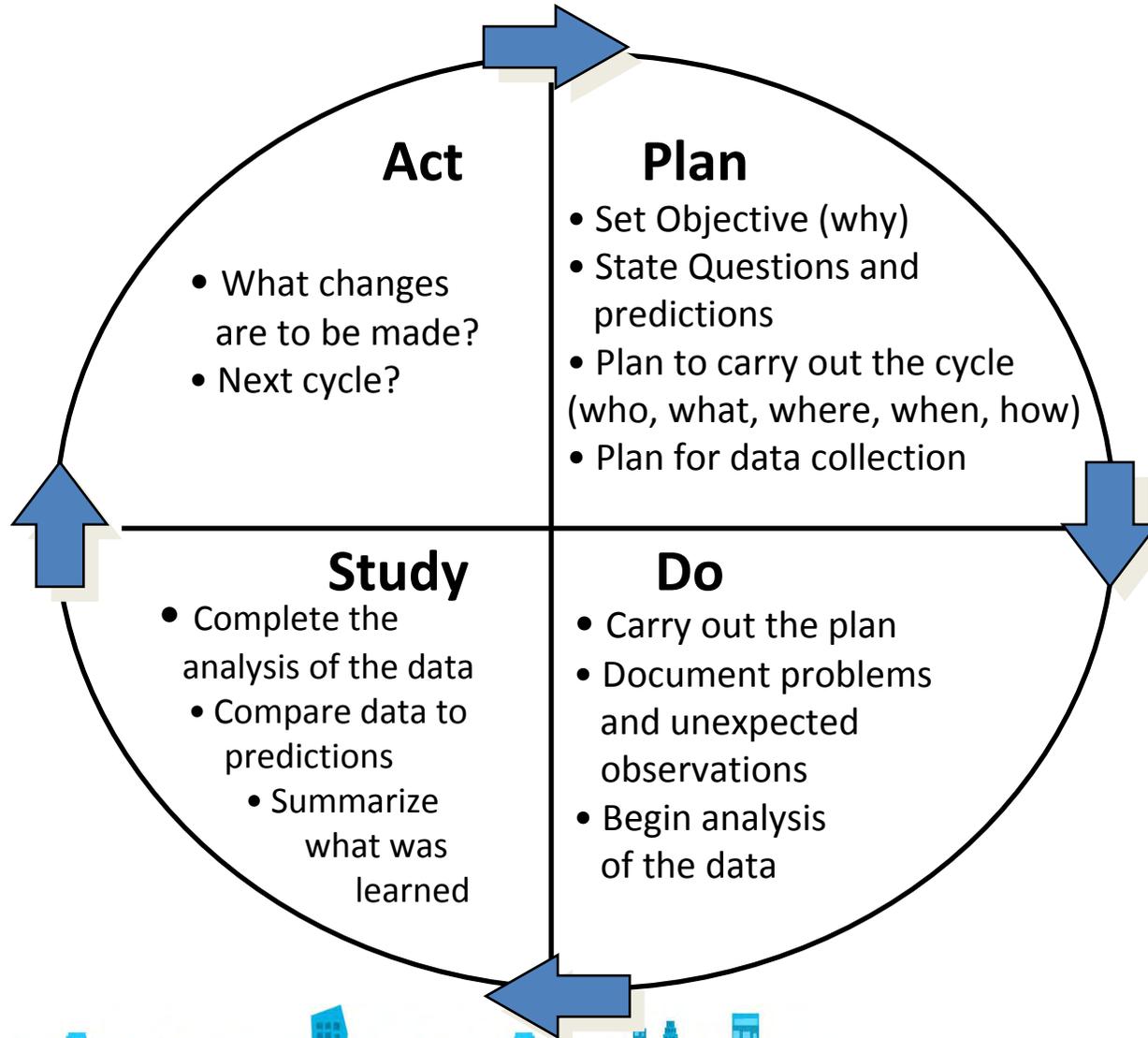
Initial or
Advanced
Lesions

Initial or
Advanced
Treatment
Needs

F5LA Measures



Basic Components of Each Test Step



Why We Measure

- In order to manage a system, we are required to make **predictions** about its future performance
- A predictable (and thus manageable) process operates in a more or less consistent fashion over time



The Three Faces of Performance Measurement

| Aspect | Improvement | Accountability | Research |
|---------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------|
| <u>Aim</u> | Improvement of care (efficiency & effectiveness) | Comparison, choice, performance management | New knowledge (efficacy) |
| <u>Methods:</u> | | | |
| • Test Observability | Test are observable | No test, evaluate current performance | Test blinded or controlled |
| • Bias | Accept consistent bias | Measure and adjust to reduce bias | Design to eliminate bias |
| • Sample Size | “Just enough” data, small sequential samples | Obtain 100% of available, relevant data | “Just in case” data |
| • Flexibility of Hypothesis | Flexible hypotheses, changes as learning takes place | No hypothesis | Fixed hypothesis (null hypothesis) |
| • Testing Strategy | Sequential tests | No tests | One large test |
| • Determining if a change is an improvement | Run charts or Shewhart control charts (statistical process control) | No change focus (maybe compute a percent change or rank order) | Hypothesis, statistical tests (t-test, F-test, chi square, p-values) |
| • Confidentiality of the data | Data used only by those involved with improvement | Data available for public consumption and review | Research subjects’ identities protected |

Reference: Solberg, L., Mosser, G., and McDonald, S. “The Three Faces of Performance Measurement: Improvement, Accountability and Research” *Journal on Quality Improvement* vol. 23, no. 3, (March 1997), 135-147.

Measurement for Improvement

There must be a **method for improvement** associated with the measure(s) to be considered measurement for improvement.

Improvement requires:

- an **aim** that defines success,
- **measures** that track progress toward the aim, and
- **changes** to appropriate systems.

Measures help clarify the aim (the metrics for "how much, by when") but are subordinate to the aim and distinct from the changes.

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To Be Considered a PDSA Cycle...

- The test or observation was **planned**
--including a **plan for collecting data** and a **prediction** about results
- The plan was attempted (**do** the plan).
- Time was set aside to analyze the data and **study** the results.
- **Action** was rationally based on what was learned.



PDSAs

- PDSAs inform the system – think strategically about what you need to achieve and the key elements you need to get there.

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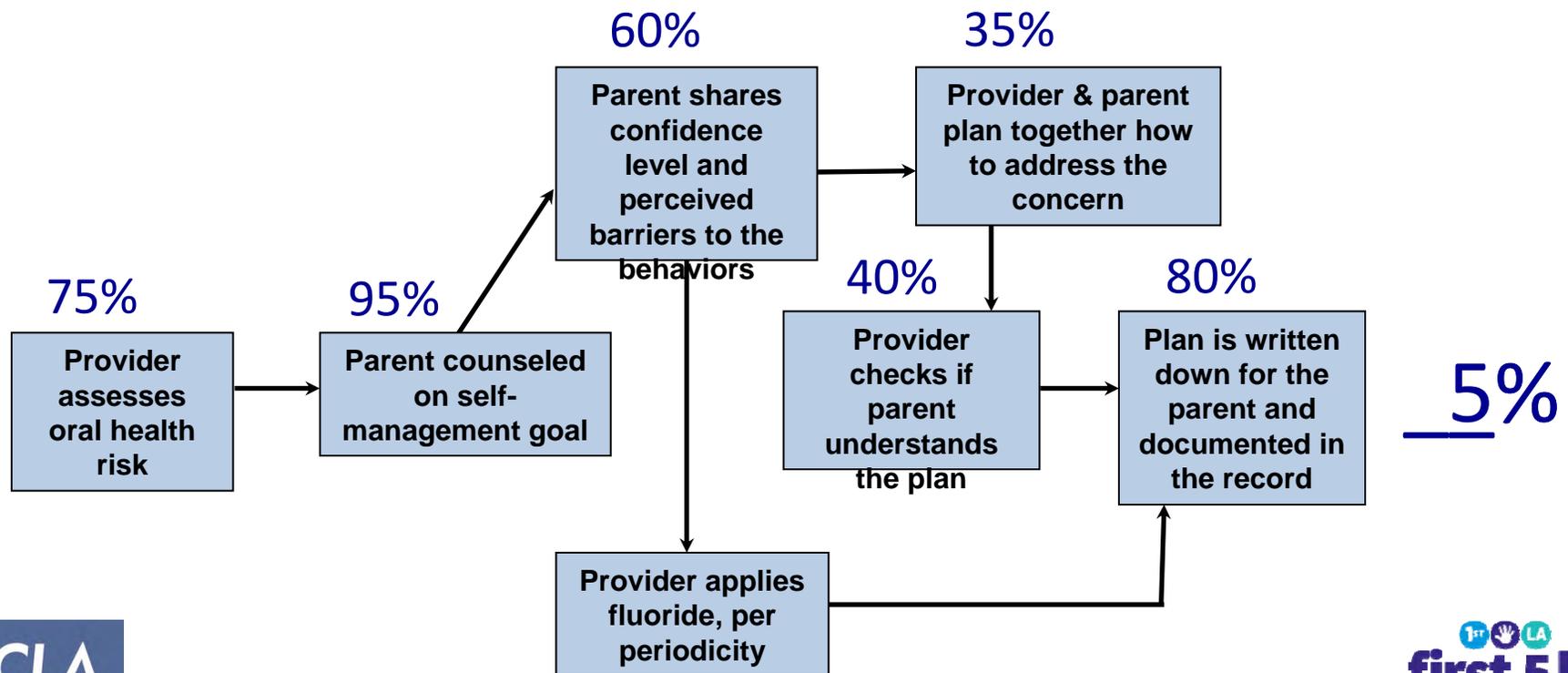
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Reliability Example

What proportion of parents with a young child leave a dental visit with a written idea about how they can improve their child's oral health?



Process Out of Control

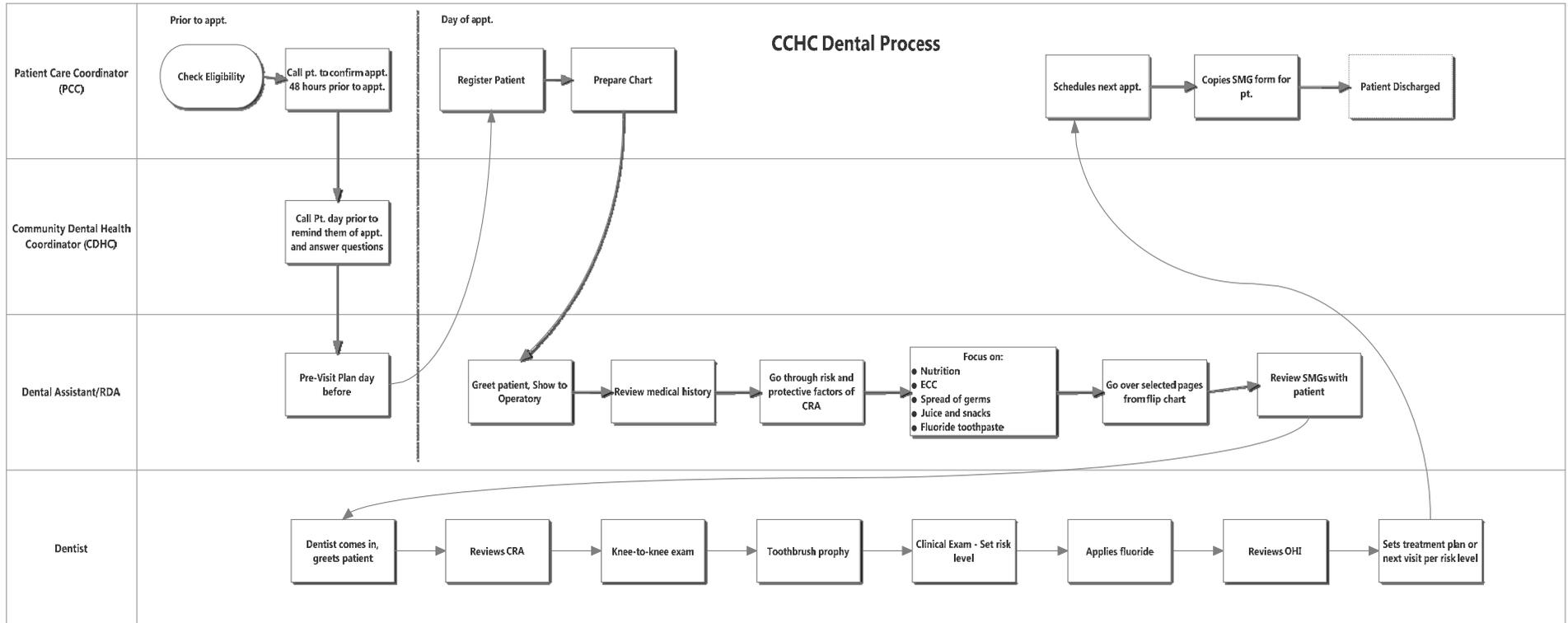


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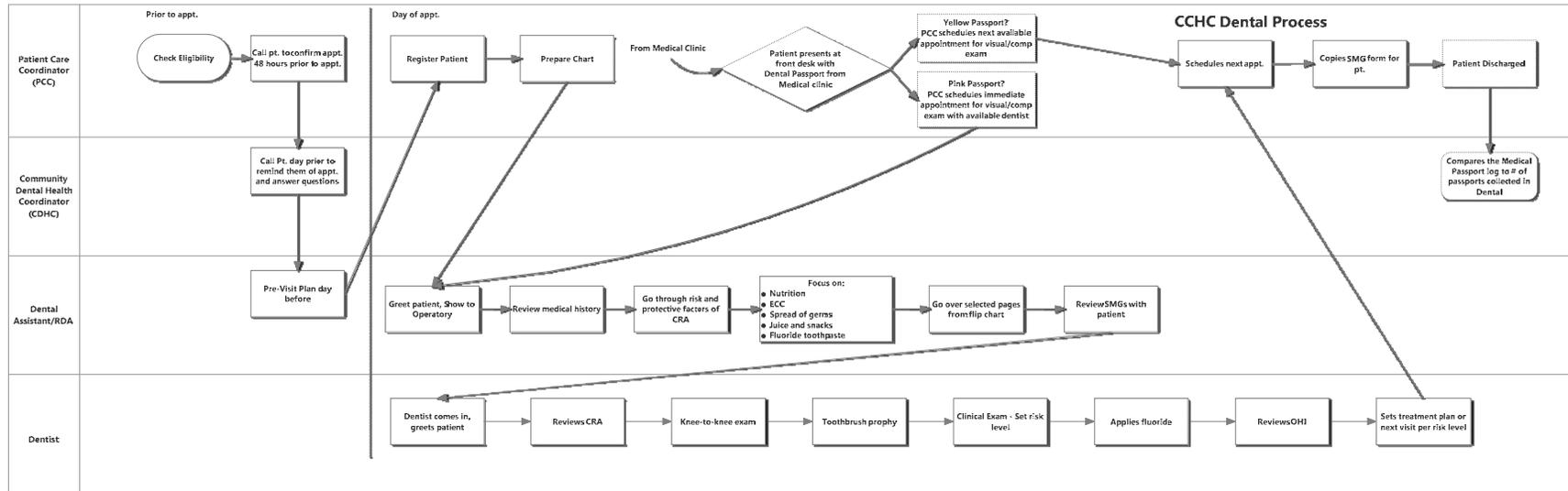
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CCHC Glendale Dental Swim Lane Diagram



CCHC Dental Swim Lane Diagram



PDSA Exercise

- Reflection questions:
 - Considering the Aim, Care Pathway and reliability principles, what changes would you test in a safety net system to get to move towards integrated care?
 - List at least 3 changes, and design a PDSA test for one (using worksheet)



Learning Sessions

Learning Session 1

- **Overview of Program and QI LC**
- **StoryBoards**
- **Science of Improvement** – identify clear aim for action period, develop PDSA testing plan and how to integrate changes into daily flow
 - Model for Improvement
 - Assessing Readiness for Improvement
 - Developing of a Good Aim Statement
 - Measurement and data collection
 - PDSAs & Small Scale Testing
 - Planning PDSAs & Improvements at Clinic
 - Basecamp – furthering & sharing learning
- **Strategies for improving pediatric oral health** – identify ways dental and medical services can collaborative to deliver risk based disease management /oral /dental care within a clinic.
 - Population-Based Approach for Dental / Oral Health Care Delivery (4 column model)
 - 6 Steps for Infant Oral Health; Risk & Disease Management
 - Population Health and Disease Management, Role of Primary Care in Managing Caries Disease

Learning Session 2

- **Overview of Program and QI LC Progress to Date**
- **StoryBoards and Care Process**
- **Science of Improvement** – continue to work with aim and longer term plan for improvement and testing to establish reliable systems, and leading & accelerating change
 - Accelerating Change: Establishing Reliable Systems & Group Planning
 - Revisiting Aim Statement & Planning to scale up improvements
 - Leading & Accelerating Change & establishing reliable systems – Moving from Testing to Implementation
 - Team Time – Leaving in Action - Planning Improvements/PDSAs at Clinic
- **Strategies for improving pediatric oral health – Medical/Dental integration of services** - identify ways dental and medical services can collaborative to deliver risk based disease management /oral /dental care within a clinic.
 - Patient-Centered Evidence-Based Standards of Care
 - Care Process Mapping – understanding handoffs and opportunities for integration of services across medical and dental
 - Learning from each other - cross clinic discussions of improvement efforts
 - Leadership for integrated Medical and Dental care
 - Discussion on roles of various team members in implementing disease prevention and management (dental, medical, and community dental home coordinators)
 - Process Map/Swim Lane of Medical/dental clinic process

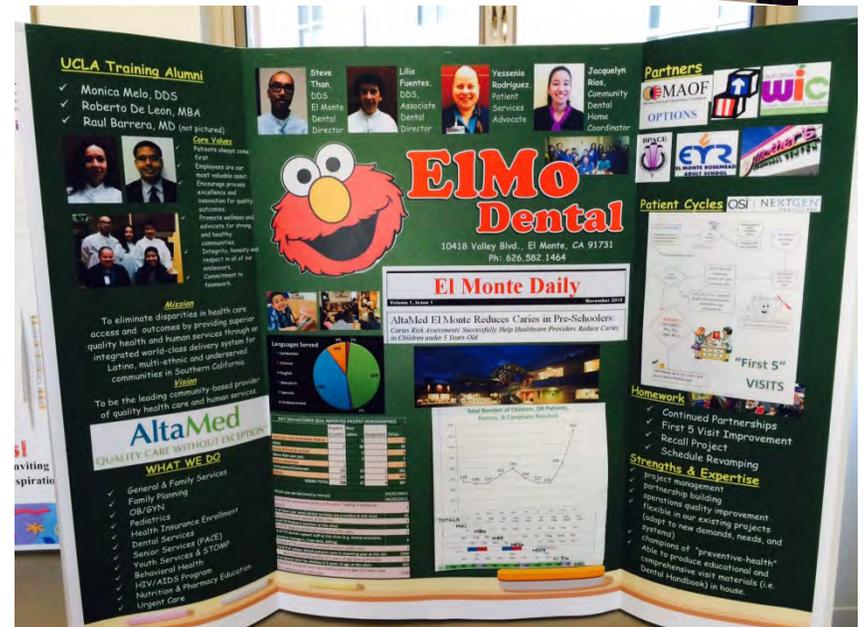
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Giving kids the best start



Learning Session 1 - Storyboards



StoryBoards

THE CAVITY AVENGERS

Arroyo Vista Family Health Center | Highland Park
 6000 N. Figueroa Street, Los Angeles, CA. 90042 | 323.254.5221 | www.arroyovista.org
 UCLA FS LA QI LC LS 2 Story Board



AIM STATEMENT

Arroyo Vista Family Health Center is committed to providing high-quality, comprehensive dental care to our patients. We are dedicated to ensuring that every patient receives the best possible care, regardless of their financial situation. Our goal is to improve the oral health of our community and reduce the burden of dental disease.

DRIVERS

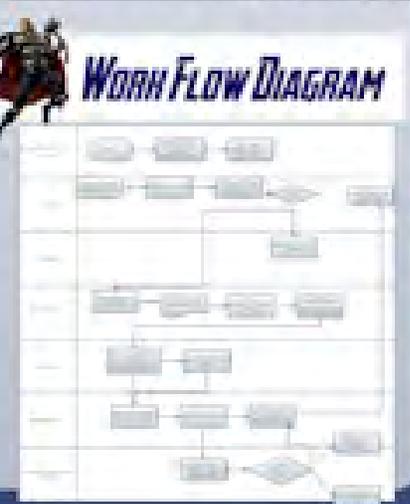
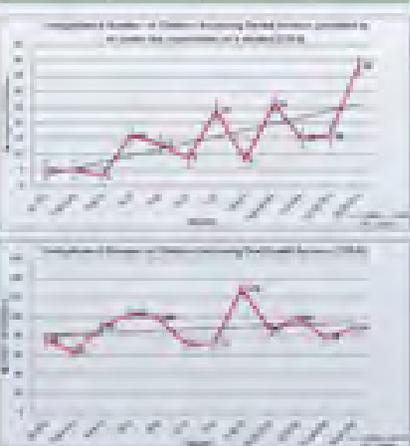
Our primary drivers for this project are:

- Improving patient access to dental care.
- Reducing the financial burden of dental care.
- Enhancing the quality of care provided.
- Increasing patient satisfaction.
- Reducing the burden of dental disease on the community.

DATA FOR IMPROVEMENT

Our data for improvement includes:

- Patient access to dental care.
- Financial burden of dental care.
- Quality of care provided.
- Patient satisfaction.
- Burden of dental disease on the community.




CHANGES TESTED

Our changes tested include:

- Implementing a new dental care model.
- Reducing the financial burden of dental care.
- Enhancing the quality of care provided.
- Increasing patient satisfaction.
- Reducing the burden of dental disease on the community.

AN HA'S & OH NO'S

Our An Ha's & Oh No's include:

- Challenges encountered during implementation.
- Obstacles to success.
- Unexpected outcomes.

SELF-ASSESSMENT

Our self-assessment includes:

- Strengths of the project.
- Areas for improvement.
- Lessons learned.

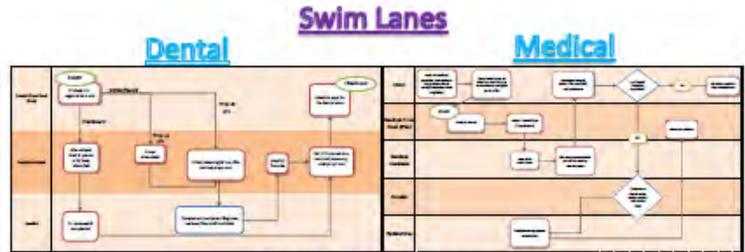
Learning Session 1



Altamed Bell Storyboard

SAVED BY THE BELL
Saving Kids From Cavities

Dr. Luis Dominick, Jr., Site Dental Director
Sonia Rodriguez, Dental Assistant & CDHC
Vilma Moreno, Dental Supervisor
Dr. Rosa Arzu, Dental Services Director
Olegario Gonzalez, Medical Assistant



Baseline Data

| Baseline Year Period: | 04/01/2015 | 04/01/2012 |
|---------------------------------------------------------------------------------------------------------------|------------|------------|
| # of dental appointments at this clinic, including 15-30 min by 15 | 43 | 43 |
| # of hours per week dental services are provided at this clinic | 43 | 43 |
| # of FTE General Dentists at this clinic | 1 | 1 |
| # of Pediatric Dentists at this clinic | 1 | 1 |
| # of FTE Registered Dental Hygienists at this clinic | 1 | 1 |
| # of FTE dental support staff at this clinic (e.g., dental assistants, practice manager, front desk, billing) | 4 | 4 |
| Total # of FTE community outreach workers at this clinic | 0 | 0 |
| Total # of unique dental patients seen in reporting year at this clinic | 101 | 101 |
| # of unique dental patients 0-5 years of age seen at this clinic | 30 | 30 |
| # of dental visits for children 0-5 years of age at this clinic | 170 | 170 |
| Total # of unique primary care medical patients age 0-5 years seen the reporting year at this clinic | 170 | 170 |

Self-Assessment

1/30/2015:
3.5 Significant improvement: Evidence of moderate improvement in multiple drivers or processes; evidence of improvement in at least 1 outcome measure; implementation underway.
Our clinic is making changes in small steps. We have the pieces necessary to test and implement changes, but are still far off our goal, where the process is hardwired into day-to-day.

PSDA Testing

MODEL FOR IMPROVEMENT A.1 DATE: 01/20/2015

OBJECTIVE FOR THIS PSDA CYCLE
Use a Patient Self-Report (PSDA) App (with App and Doctor) to track the patient needs a referral to CDHC. Have the App notify the patient a referral for them, used to use a general PSA to substitute this improvement.

PLAN
CDHC will be able to call on every of the middle school at a patient family scheduling. Show patients who present with the CDHC team day.

DO
CDHC will be able to call on every of the middle school at a patient family scheduling. Show patients who present with the CDHC team day.

CHECK
CDHC will be able to call on every of the middle school at a patient family scheduling. Show patients who present with the CDHC team day.

ACT
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Self-Assessment
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Our clinic is making changes in small steps. We have the pieces necessary to test and implement changes, but are still far off our goal, where the process is hardwired into day-to-day.

CONTINUOUS IMPROVEMENT
Monitor no-shows, plan to decrease Standardize Processes

Please make sure the Dentist sees Patient after Medical visit.

MODEL FOR IMPROVEMENT C.1 DATE: 01/20/2015

OBJECTIVE FOR THIS PSDA CYCLE
Del of eligible patients a day before to notify them of the dental screening to be done during their upcoming health appointment.

PLAN
CDHC will be able to call on every of the middle school at a patient family scheduling. Show patients who present with the CDHC team day.

DO
CDHC will be able to call on every of the middle school at a patient family scheduling. Show patients who present with the CDHC team day.

CHECK
CDHC will be able to call on every of the middle school at a patient family scheduling. Show patients who present with the CDHC team day.

ACT
CDHC will be able to call on every of the middle school at a patient family scheduling. Show patients who present with the CDHC team day.

Action Period 1 PDSAs Focused on...

- Reducing No-Show Rates and increasing # of children served
- Implementation of CRA in dental and medical
- Medical referrals to Dental clinic
- Documentation issues:
 - Caries Risk Assessment and Risk Level
 - Discussion of Self Management Goals
 - Electronic data capture

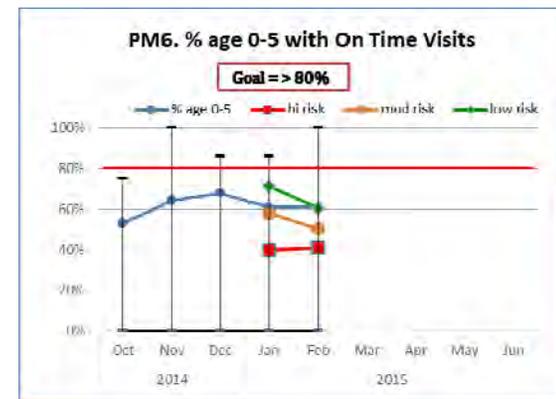
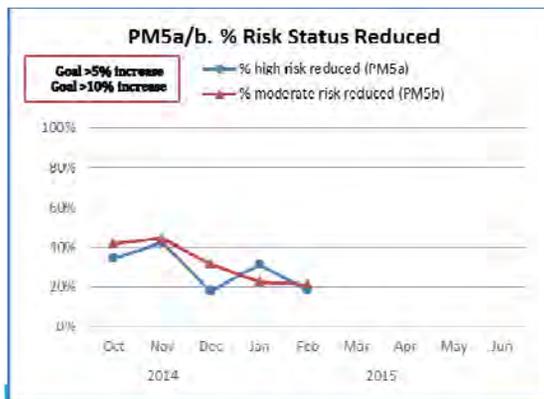
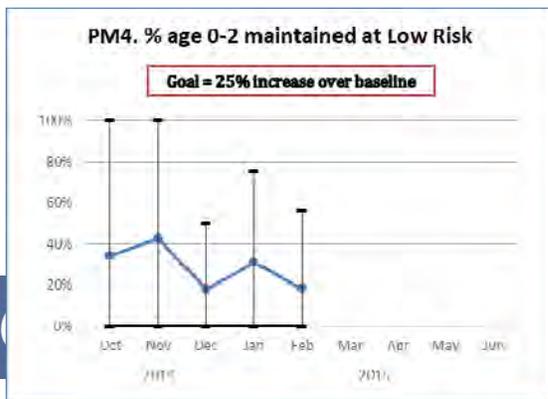
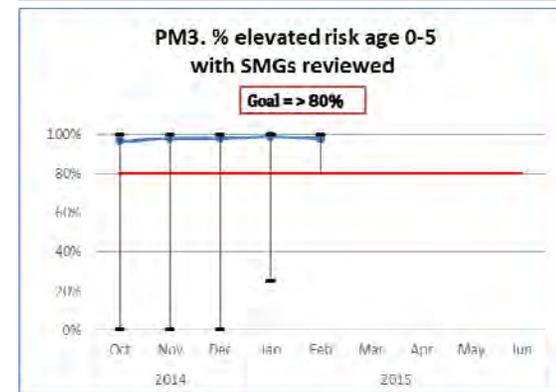
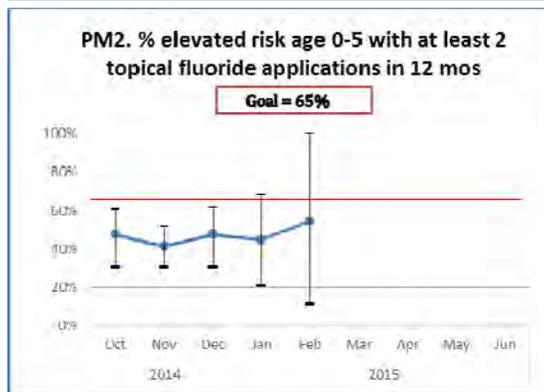
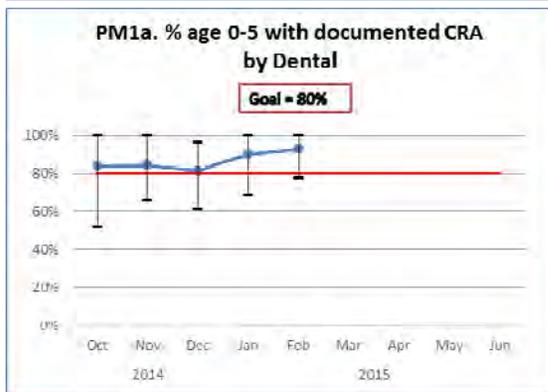
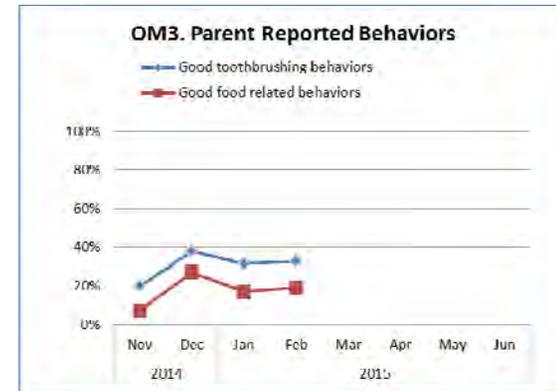
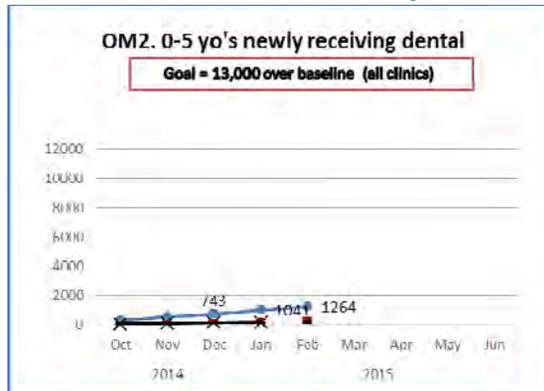
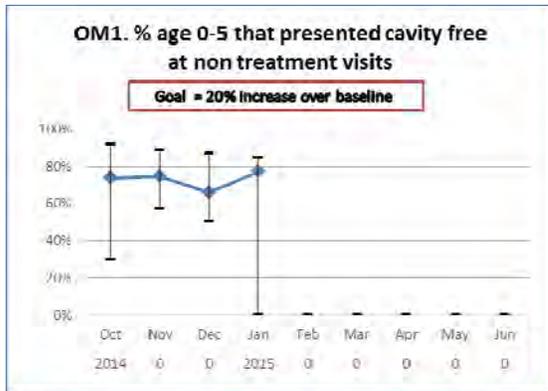
UCLA

The logo for 'first 5 la' features the text 'first 5 la' in a bold, sans-serif font. Above the '5' is a circular icon containing a hand. Below the text is the tagline 'Giving kids the best start' in a smaller font. The entire logo is set against a background of stylized blue buildings and circles.

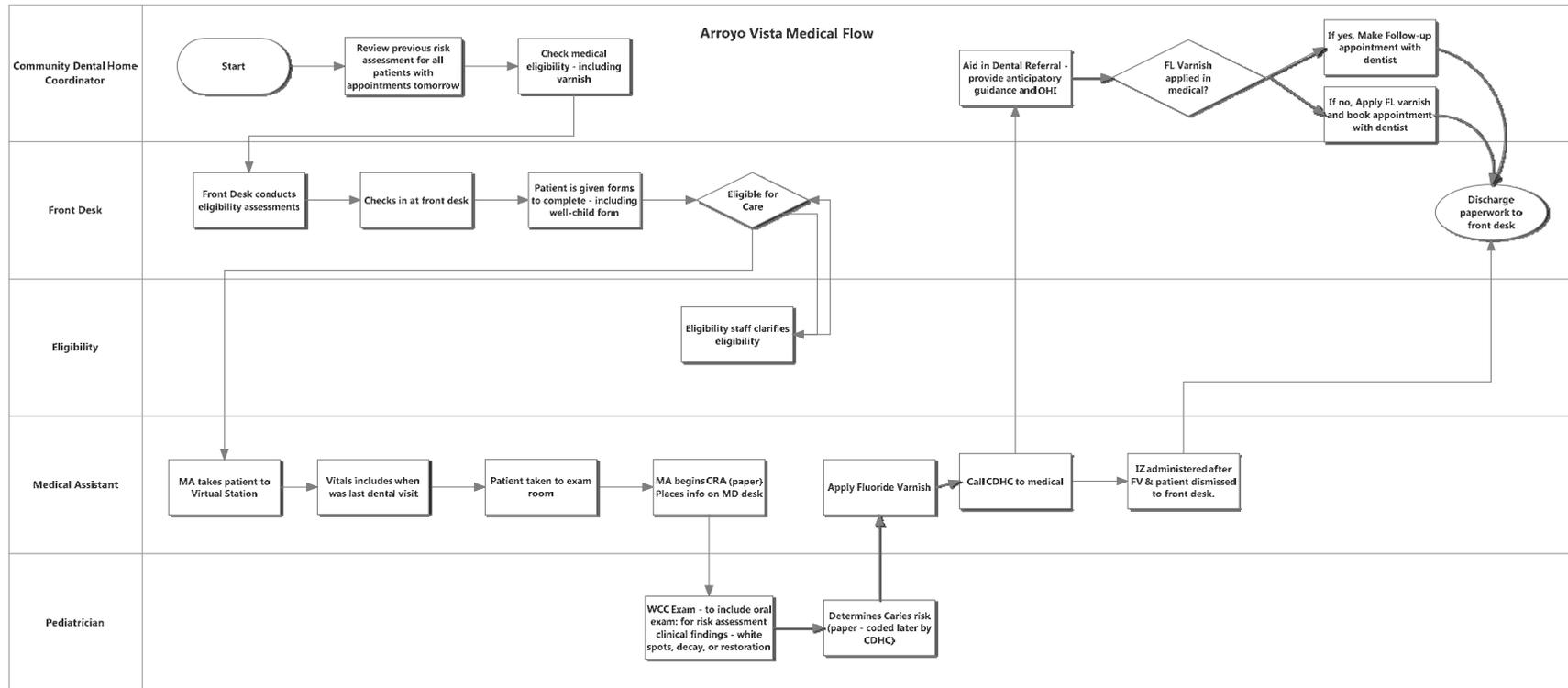
first 5 la
Giving kids the best start



UCLA First 5 LA Oral Health Program QI Learning Collaborative Dashboard ALL CLINICS – February 2015



Medical Swim Lane Diagram Arroyo Vista Highland Park



Action Period 2 PDSAs Focus on...

- Systematic Documentation of Caries Risk Level
- Medical/Dental integration and Passport to Dental – various ways of improving dental visit completion following medical visit and/or referral
- Workflow issues and reliability of processes

UCLA

The logo for 'first 5 la' features the text 'first 5 la' in a bold, sans-serif font. Above the '5' are three small circular icons: a blue one with a white '1', a purple one with a white hand, and a green one with a white 'LA'. Below the main text is the tagline 'Giving kids the best start' in a smaller, lighter font.

first 5 la
Giving kids the best start

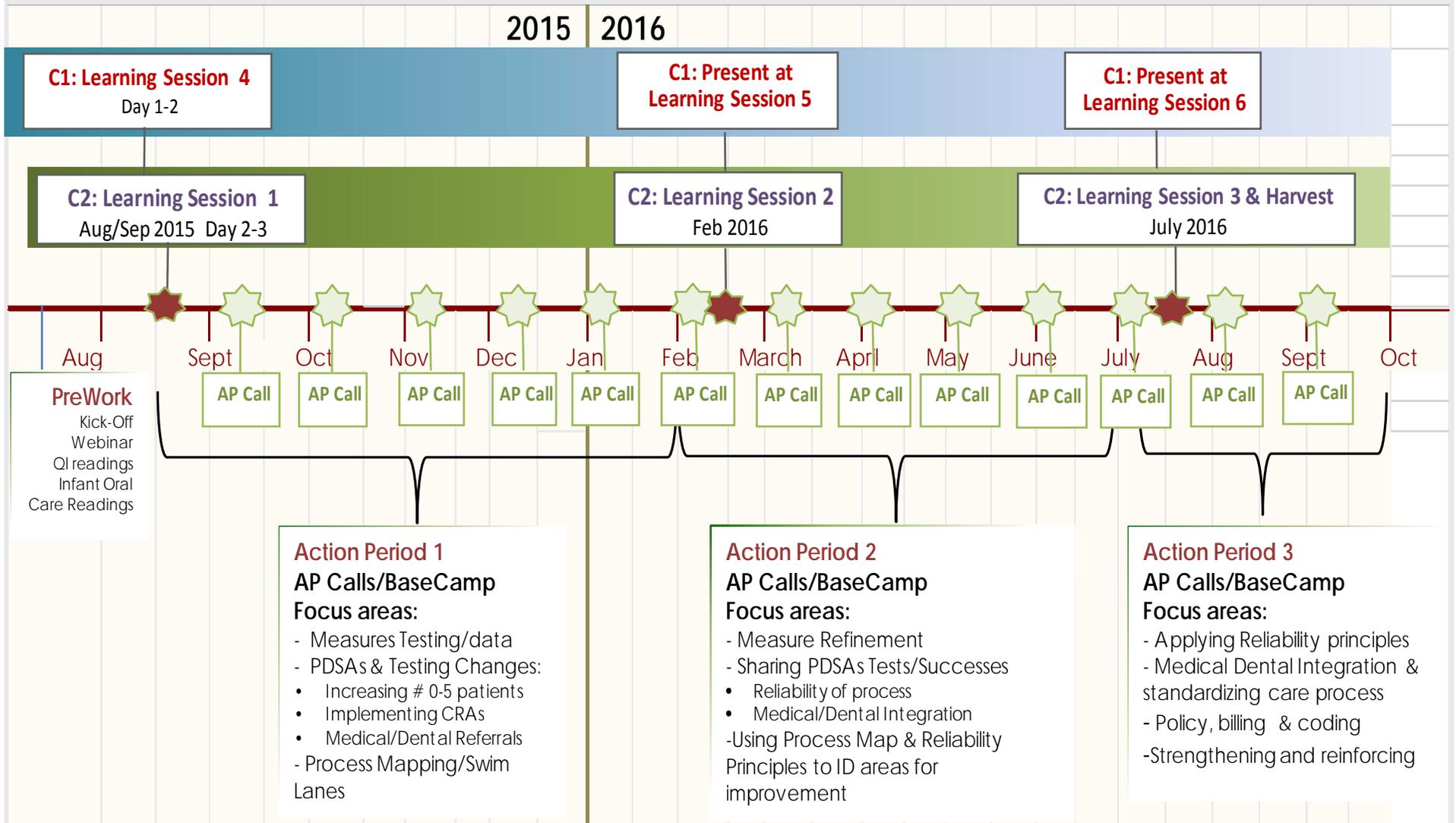


Lessons Learned

- Use high functioning teams to test drivers, measures and change package
- Leadership is critical for success
- Need to develop baseline QI skills in dental
- Basic QI skills need constant reinforcement
- There are different levels of readiness
- Staying engaged and supporting QI will be beneficial in the long run
- This method is producing systems changes



QI Learning Collaborative Timeline



Summary / Lessons Learned / Keys to Success

- Comprehensive vision and multi-faceted strategy
 - Enhanced infrastructure (personnel, IT)
 - Training (dental, medical, community outreach)
 - Improve clinic operation ‘fundamentals’
 - Train and support staff to implement quality improvement to achieve sustainable systems change
- Data to monitor progress and guide strategies
- Leadership buy-in (implementation, sustainability)
- Communications, coordination, collaboration

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first 5 la
Giving kids the best start



Thank You! / Questions?

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The logo for 'first 5 la' features the text 'first 5 la' in a bold, sans-serif font. Above the '5' is a circular icon containing a hand with fingers spread. Below the main text is the tagline 'Giving kids the best start' in a smaller, lighter font. To the right of the logo is a decorative graphic of several overlapping circles in various shades of blue and teal.

first 5 la
Giving kids the best start

