

Region 1: Approach to Oral Health Screening

New Haven EMA Region 1 Approach to Oral Health for PWH as part of the Ryan White Part A program. A CQM initiative.

4 Steps

State the Problem:

- Oral health screenings are not being completed by clinicians
- Oral health referrals are not being captured in CAREWare

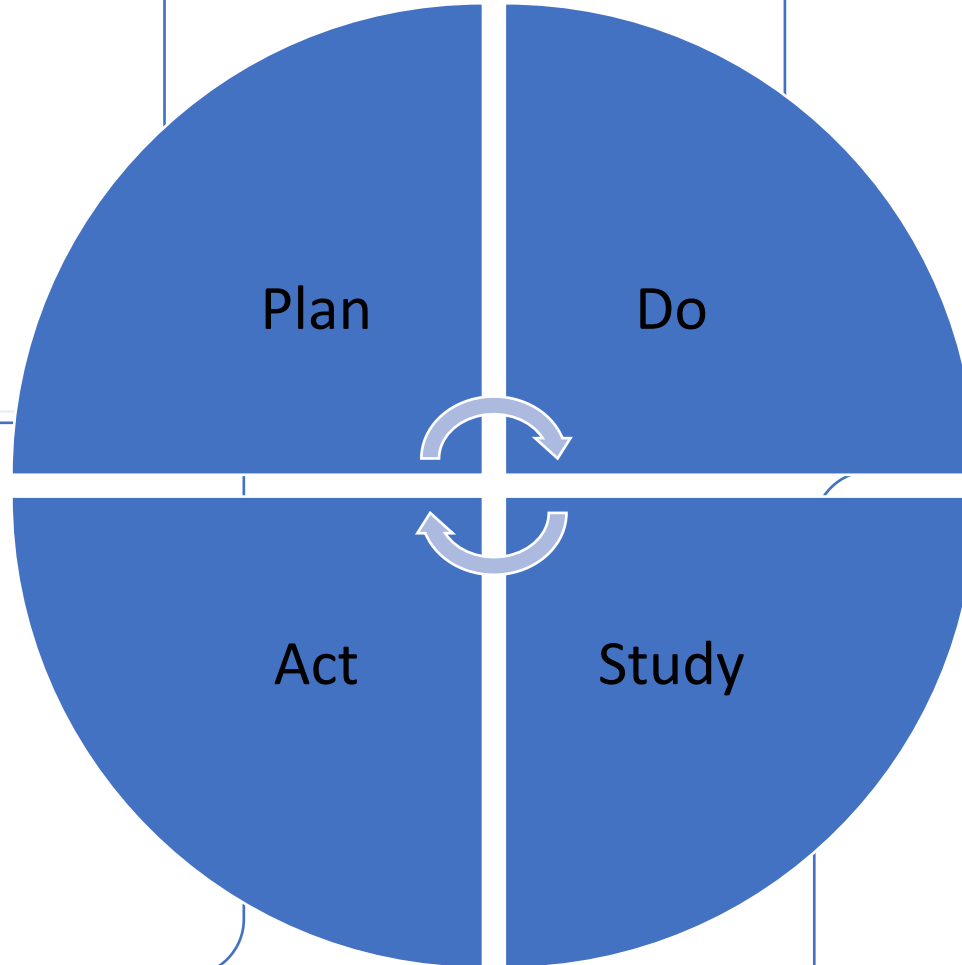
Define Your Categories/Brianstrom

- Clients, MCMs, Clinicians, Referral system

Creating a Process Map/Diagram

Implementing improvements

Region 1 Oral Health (Previous Approach)



- Identify lowest rating HAB Performance measures.
- Oral health performance measure identified as consistently one of the lowest.

- Review organizations workflow process for oral health screening.
- Region 1 data coordinator to implement data entry expectations for oral health screenings going forward.
- Patients not meeting measure of PTADW11 with files to be reviewed and updated.

- Based on quarterly results, QM committee will decide if further action is indicated.
- Each location/clinic will address barriers and challenges that will best serve clients needs.
- Goal is for oral health screening performance measure to be an overall increase of 10% or greater for each quarter or >90% as the target.

- Region 1 data coordinator to review oral health screening performance measure on a quarterly basis.
- Identify barriers to oral health screening.
- Reg 1 QM committee will be updated monthly.

Oral Health in Region 1 from New Haven/Fairfield EMA

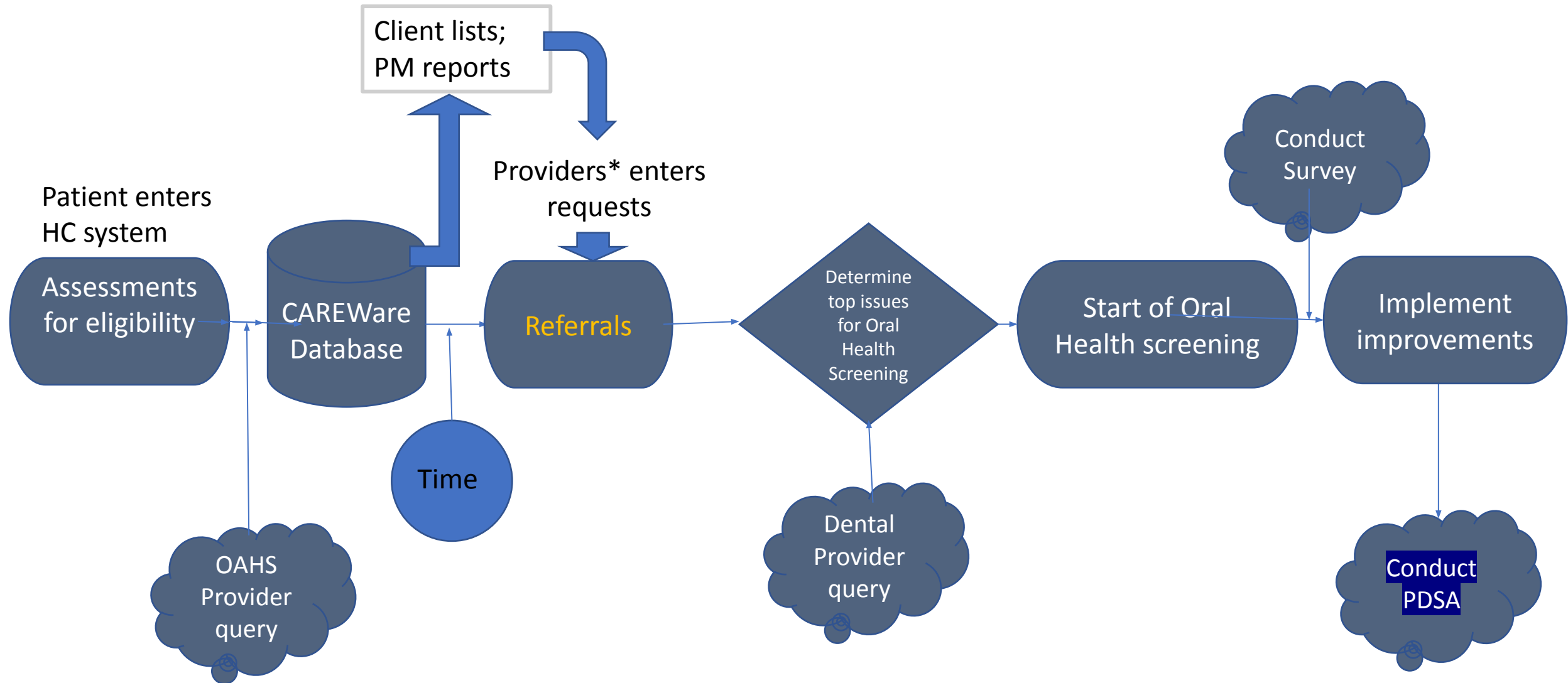
- Cornell Scott Hill Health Center (Oral health service)
- Outpatient Ambulatory Health Service (YNHH-IDC)
- Oral health screening PM identified as the lowest at 40% for calendar year 2021.
- Health Access consultants
- Other Non-RWPA providers

Flow Chart aka Process Flow Chart aka Process Map

- The flow chart or process flow chart (aka process map) is a graphical display of a process as it is known to its authors, owners, or team. The flow chart outlines the sequence and relationship of the pieces of the process. Through management of data and information, the team comes to a common understanding and knowledge concerning the process. Information is discussed about the structure (who carries out the specific step in the identified process), the activity that is occurring, and the outcome or results.¹
- Waste is easiest to identify, when you connect a process from start to finish between functions.²

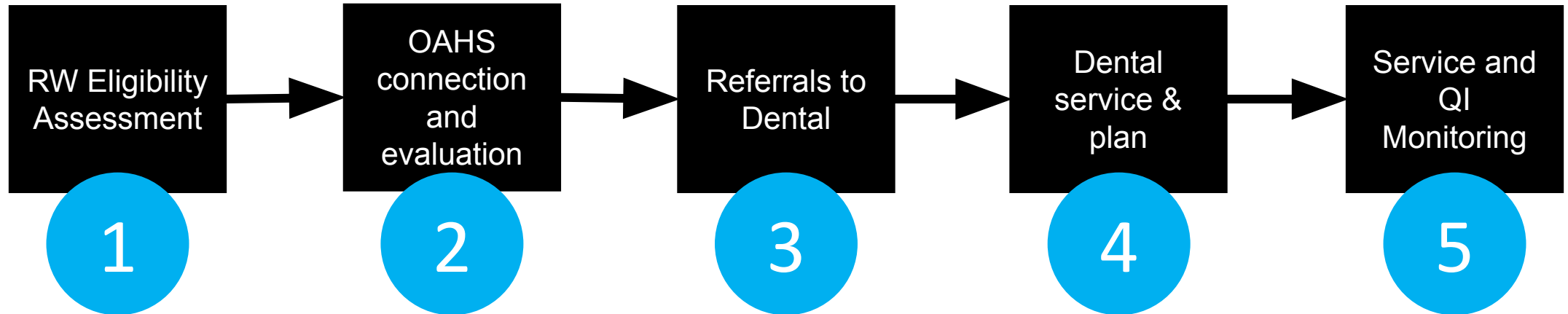
1. Certified Professional in Healthcare Quality Study Guide

2. <https://targethiv.org/library/process-flow-mapping-analysis>

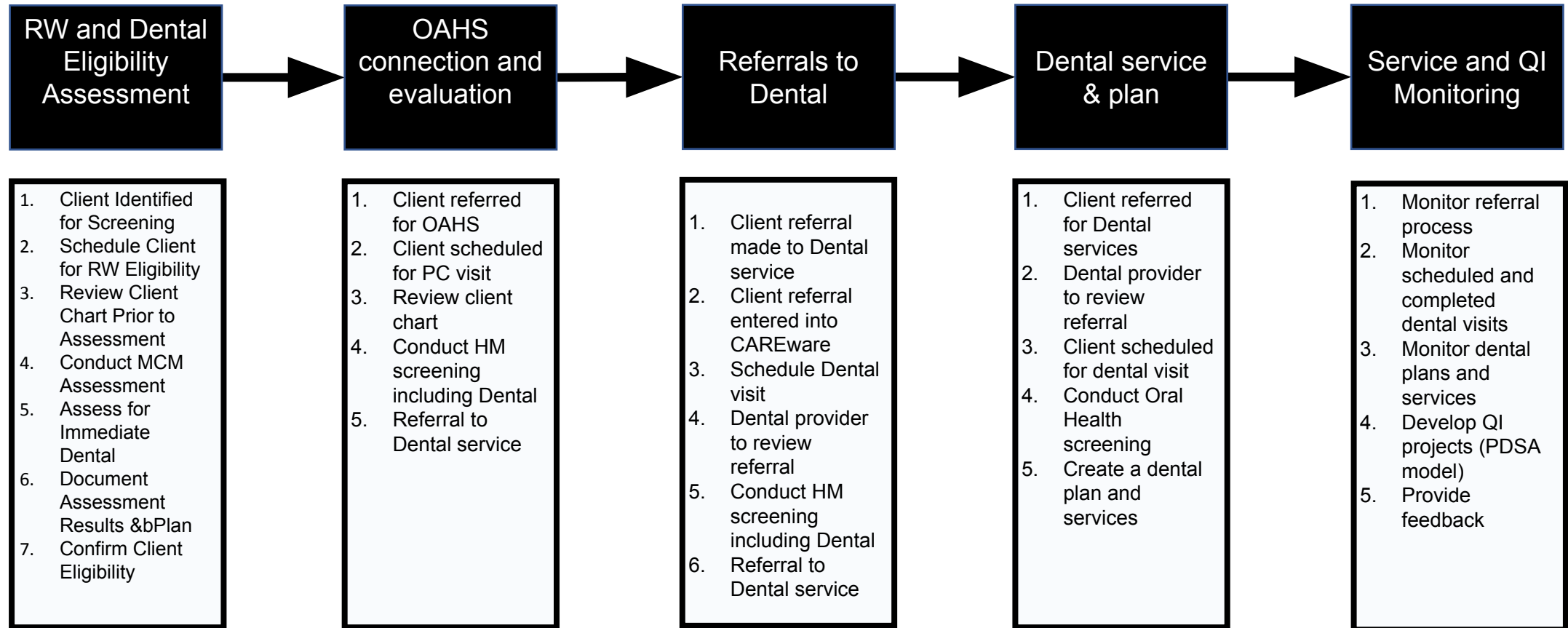


*clinicians, nurses, MAs, MCM

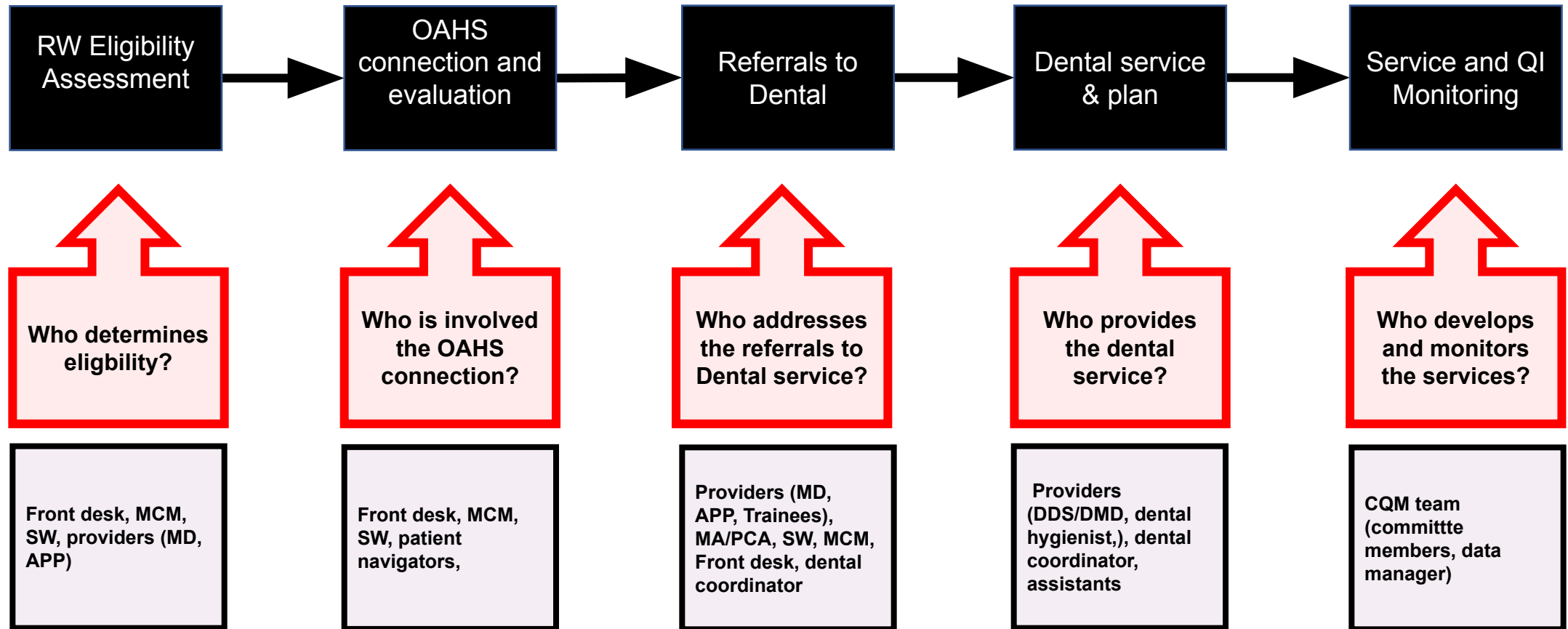
Oral Health Services & Interventions



Oral Health Services & Intervention



Oral Health Services & Intervention



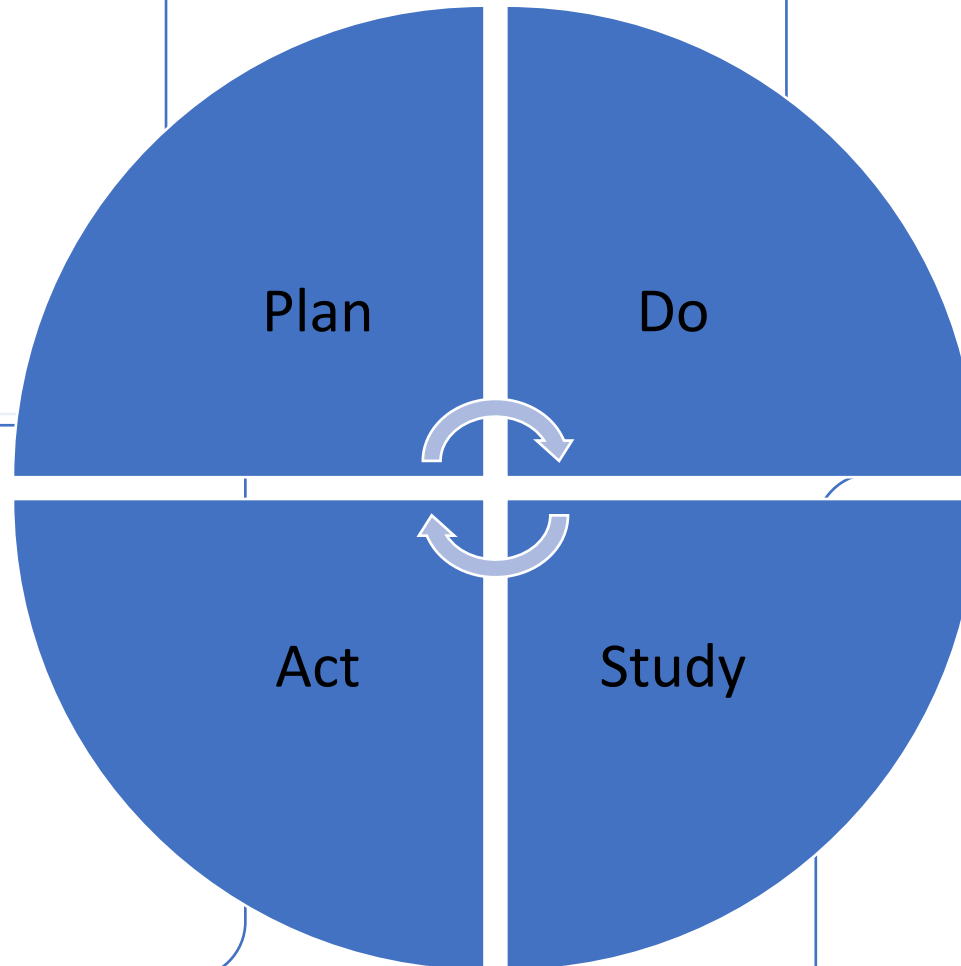
Region 1: Oral Health (Initial)

- Identify lowest rating HAB Performance measures.
- Oral health performance measure identified as the lowest at 40% for calendar year 2021.

- Review organizations workflow process for oral health screening.
- Region 1 data coordinator to implement data entry expectations for oral health screenings going forward.
- Patients not meeting measure of PTADW11 as of 12/31/2022 files to be reviewed and updated.

- Based on quarterly results, QM committee will decide if further action is indicated.
- Each location/clinic will address barriers and challenges that will best serve clients needs.
- Goal is for oral health screening performance measure to be an overall increase of 10% or greater for each quarter or >90% as the target.

- Region 1 data coordinator to review oral health screening performance measure on a monthly basis.
- Identify barriers to oral health screening.
- Reg 1 QM committee will be updated monthly.



Oral Health: Dental Clinic Patient Survey

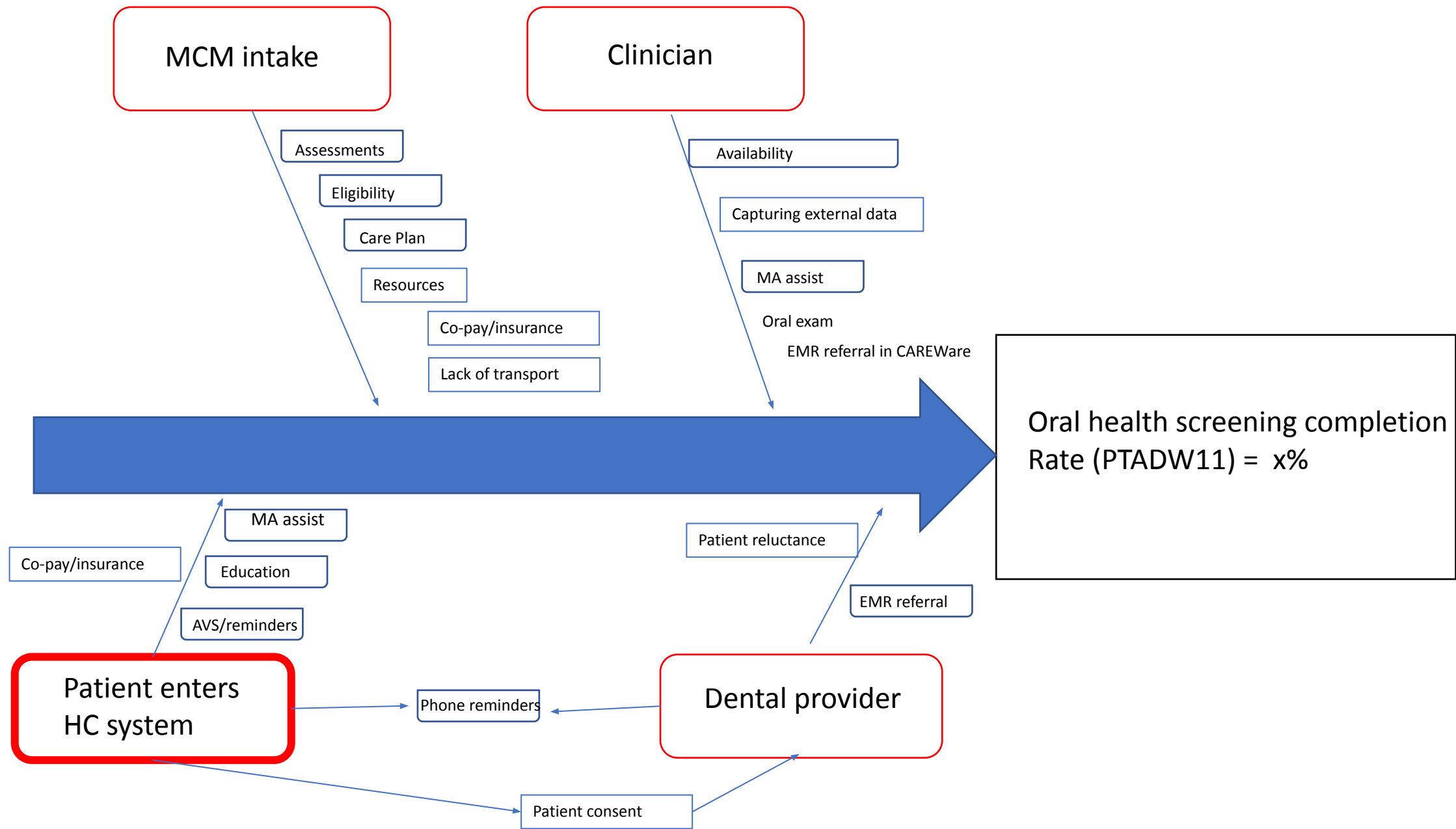
- 52 dental surveys completed, 41 who had missed a dental appointment
 - 30 (74%) people report that they would like more reminders about the appointment.
 - 7 (17%) patients reported transportation to the appointment as an issue.
 - 2 (5%) patients had difficulty with their work schedule and getting time off.
 - 1 (2%) patient had an insurance issue (insurance did not cover CSHHC dental).
 - 1 (2%) person reported not having a working phone at the time so did not know about their appt.
- An additional 11 people who were surveyed who attended their dental app, reporting no issues getting to their appointment.

Ishikawa aka Fishbone Diagram aka Cause-and-Effect Diagram

- An Ishikawa Diagram is used to display, explore, and analyze all the potential causes related to a problem or condition and to **discover the root causes of variation**. It is used to identify and organize possible causes of problems; identify factors that will lead to success.¹
- A tool that engages a team in brainstorming to identify, explore, and visually display root causes that are connected to a problem.
- The root causes that are identified can be validated, tested for frequency, and used to identify change ideas to tackle the problem.²

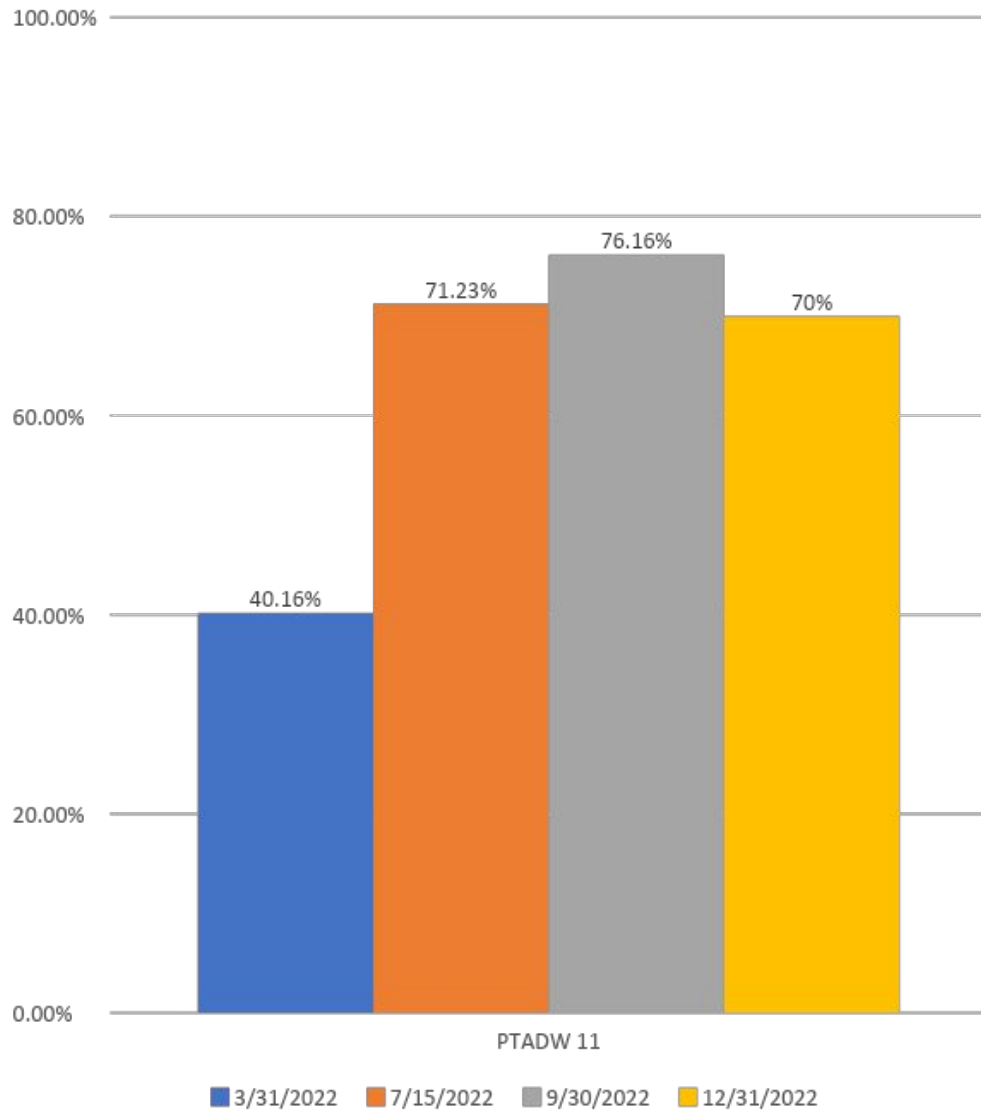
1. Certified Professional in Healthcare Quality Study Guide

2. <https://targethiv.org/library/root-cause-analysis-quality-improvement>

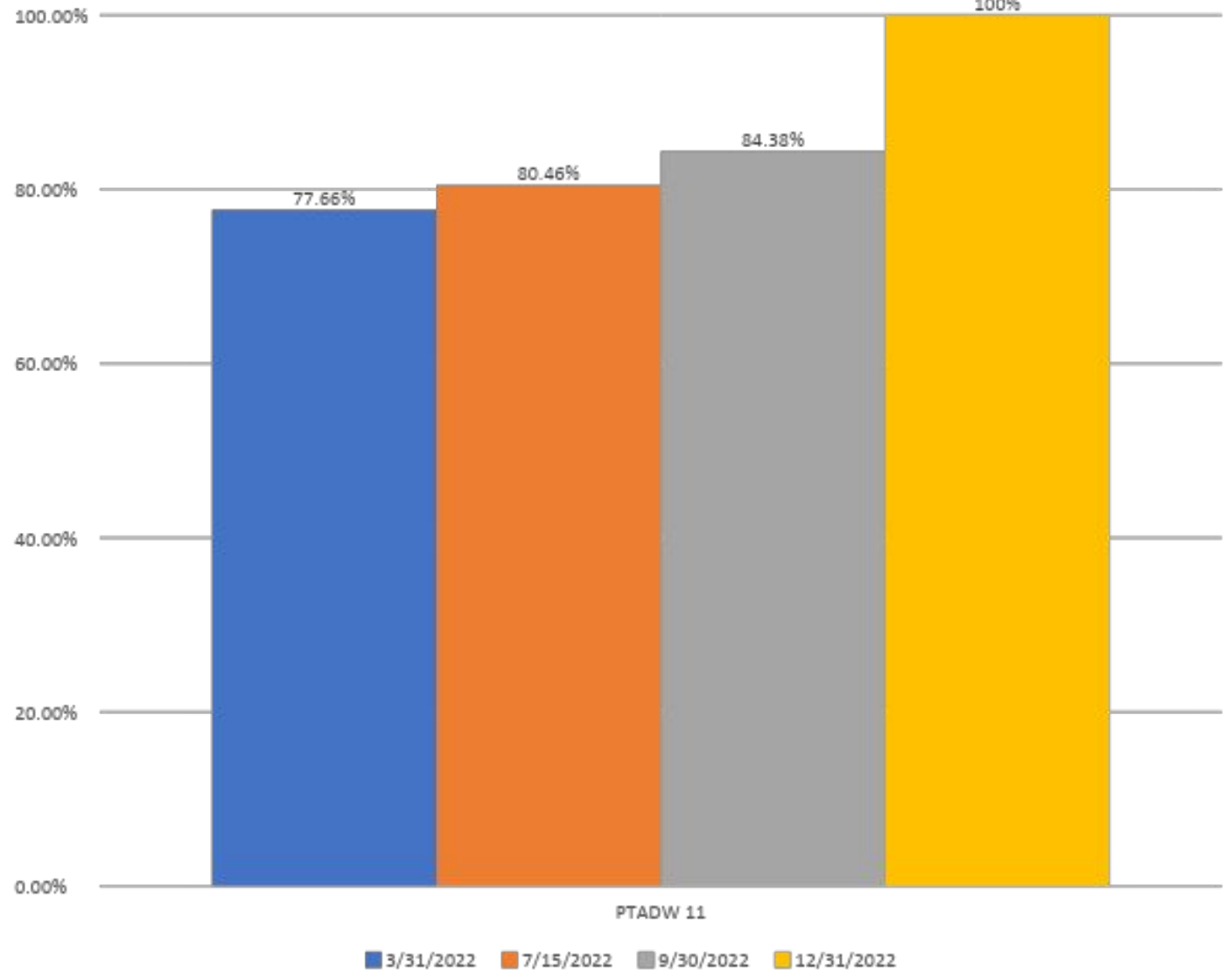


Finding the root cause of a problem

RWA Non Dental Clinics Screening Rates



RWA Dental Clinic Exam Rates



Progress

- Patient interviews/Responses
 - Wanting gift cards
 - MyChart/EMR reminders
- Focus groups
 - Instructions on how to set up and use MyChart
 - Missing appointments,
 - Coordinated efforts with MCM
- Patient Satisfaction surveys
- Intake coordinator role –ensuring appointments made

Steps used to improve Oral Health Measures

- CSHHC
- CAREware generated list of patients
- Outreach by telephone
- Updated weekly
- Satisfaction surveys
- Focus groups
- Intake coordinator role

Monthly RW Oral Health Screenings

MCM _____

Patient MR Number	<u>OH</u> care needed YorN?	Appointment scheduled Y or N?	Reason for not using OH services	date of last exam	Date contacted

ORAL HEALTH FY '23-'24

Ryan White Services 3/1/2023-08/31/2023							
Agency	#Clients	#Services	Projected clients	Projected Units	Performance Measure	Projected	
Oral Health							
CSHHC (Cornell Scott Hill Health Center)	36	116	75	182	57/58		
Total	36	116	48%	64%	98%	94%	

Successes & Challenges

- Steady increase in the number of clients served
 - Steady increase in the number of services provided – including other core services
 - MCMs able to identify need for oral exam and referrals
 - MA assisting with scheduling appointments at visit with PCP
 - Assisting patients in removing barriers
 - Appointment reminders
- Patient reluctance
 - Not showing up for appointment
 - Providers not asking about dental needs
 - Capturing visits outside of RW/CAREware
 - Education efforts

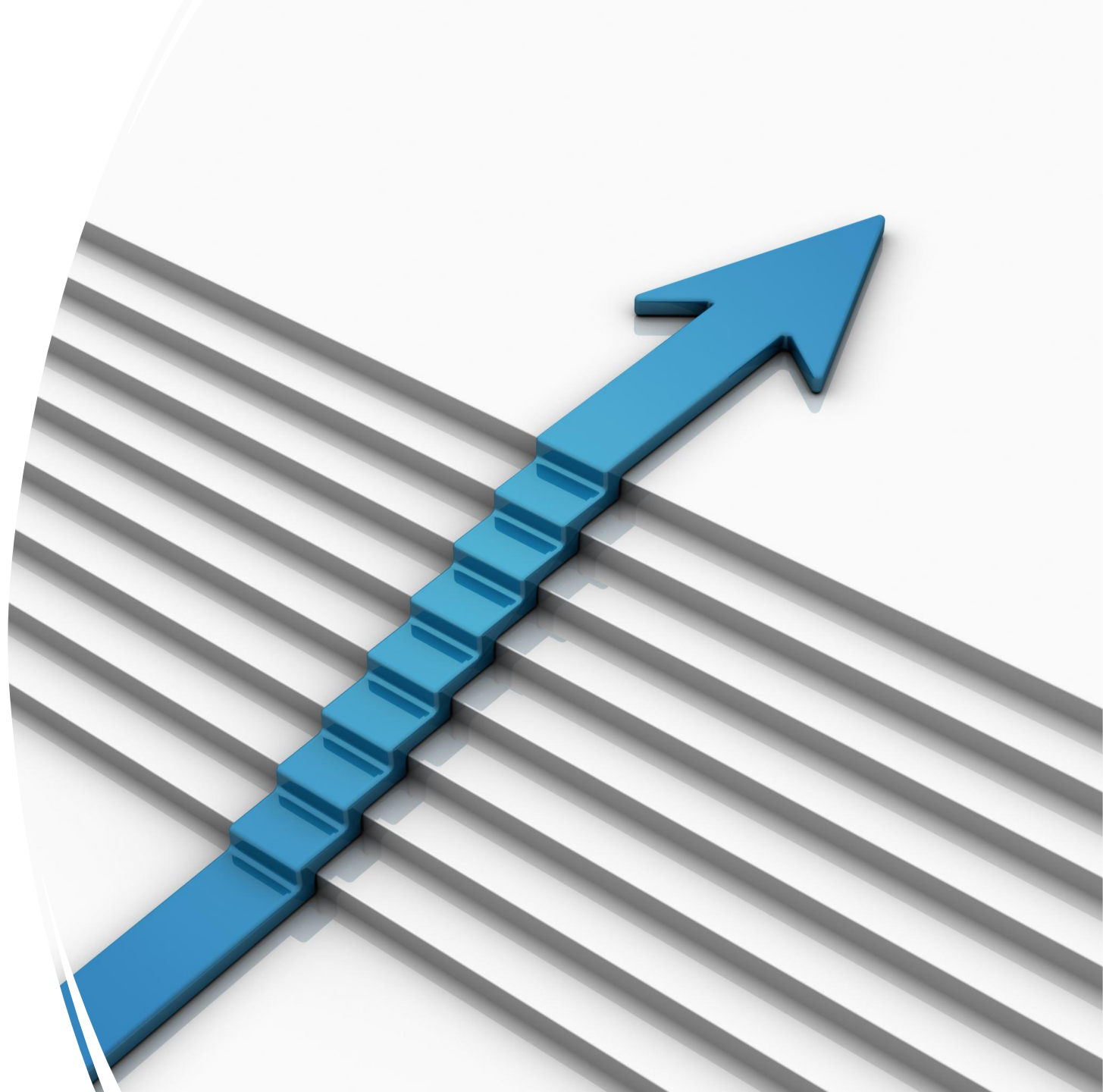
Advantages & Disadvantages

- Single agency
- Able to maintain monitoring
- Implement improvements quickly

- Maintaining workflow
- Staff turnover/retraining

Next steps

- Increasing awareness among providers
- Address 'no show visit' reasons
- Address patient reluctance to see a dentist



Acknowledgements

- Rhonda Andrew, Health Access consultant
- CQM members, including Ashly Maughn MD, Sabrena Johns and Tara Walters from CSHHC as Oral Health Partners
- Nida Butt – CAREware data manager
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