Alexander Valley Healthcare
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Integrating Dental with Primary Care to Improve Scheduling & Sealant Rates

Redwood Community Health Coalition
Promising Practice

PROMISING PRACTICE OVERVIEW

Alexander Valley Healthcare (AVH) has transformed several aspects of their dental department through partnership with their primary care department. The health center's operations department has been heavily involved in this process over the past year and has made a conscious effort to focus their attention on the dental department, which had been unchanged for several years.

In October 2018, changes were made to the dental schedule. Dental visits can now be booked during a primary care visit. Both departments use eCW for scheduling. Open Dental is used as Electronic Dental Record (EDR), however they're exploring transitioning to eCW for all dental documentation.

The health center's primary care department was changing and that required the dental department to change as well. The two departments are still in separate buildings, but they are more integrated.

AIM

To improve scheduling efficiency and the number of sealants on eligible children through better integration of the dental and primary care departments.

MEASURES

UDS Dental Sealants for Children Ages 6-9

Numerator: Received a sealant on a permanent first molar tooth in the past year

Denominator:
- Between 6 and 9 years of age at the end of the reporting period
- Had at least one oral assessment or comprehensive or periodic oral evaluation visit in the past year
- At moderate to high risk for caries
- *Exclusion: patients with all first permanent molars non-sealable*

AVH had a 2016 rate of 75% and 2017 rate of 85.4%.

The health center has focused on the Caries Risk Assessment (CRA) to figure out what patients should be included for the measure. This makes the measure more accurate and allows them to focus on the right patients that need help.
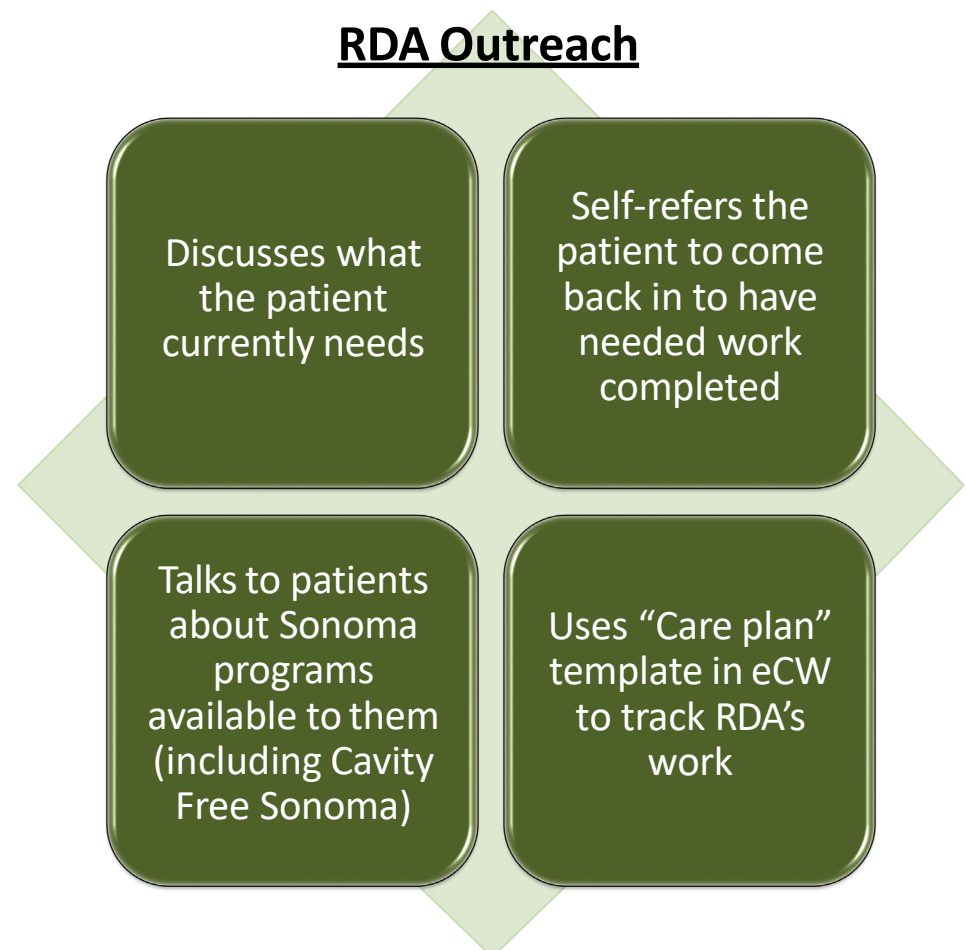
Cavity Free Sonoma Workflow – Care Plan Status & Goals

ACTION TAKEN

- Expanded the dental schedule in September 2018 to open up care for more patients and more complex patients on a daily basis. The new schedule dictates when each patient should be seen based on complexity.
  - 1st visit in the morning and 1st visit after lunch are the most complex.
  - No new patients are seen at the end of the day.
- Case management and outreach conducted by the Registered Dental Assistant (RDA) playing the role of a CDHW. Since this staff member already sees patients, she understand the population's needs.
- Exclusively use Silver Diamine Fluoride to stop decay from growing.
- Sealants are applied regardless of the visit being billable.
- Work with existing county programs to increase impact of their work, including Cavity Free Sonoma (a.k.a. the tooth fairy program).

WORKFLOW

RDA Outreach

Discusses what the patient currently needs

Self-refers the patient to come back in to have needed work completed

Talks to patients about Sonoma programs available to them (including Cavity Free Sonoma)

Uses "Care plan" template in eCW to track RDA's work

RESULTS TO DATE

From the changes, the health center has seen an increase in efficiency for patient scheduling. They have been able to get more patients into appointments. The health is also providing better patient-centered care by allowing the RDA to refer patients to herself and by applying sealants regardless of whether or not the visit is billable.
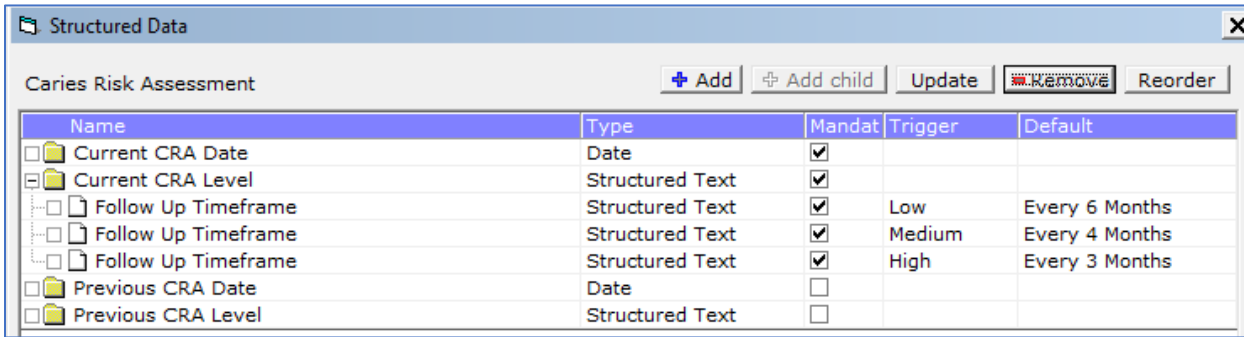
As the health center continues to integrate the two departments, they are exploring possible sealant program partnerships with local schools and the Boys & Girls Clubs of America, along with recall campaigns through Luma Health.

LESSONS LEARNED

Looking back, the health center has learned that when making changes to a department, it's very important to fully involve that department from the beginning. Next time they will prioritize buy-in from staff and have more staff involved in the change process. It's helpful to identify key staff members that can act as a bridge between the two worlds (in this case, dental and primary care).

CRA History and Follow Up

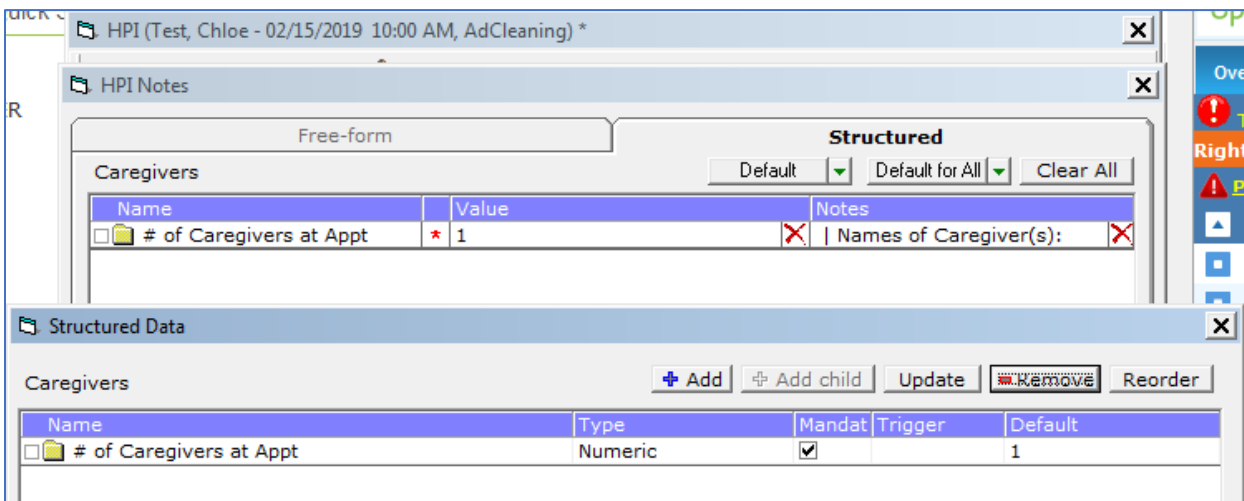The follow up timeframe will trigger with only 1 option to make sure you select the right option.

Name	Type	Mandat	Trigger	Default
☐ Current CRA Date	Date	✔		
☐ Current CRA Level	Structured Text	✔		
☐ Follow Up Timeframe	Structured Text	✔	Low	Every 6 Months
☐ Follow Up Timeframe	Structured Text	✔	Medium	Every 4 Months
☐ Follow Up Timeframe	Structured Text	✔	High	Every 3 Months
☐ Previous CRA Date	Date	☐		
☐ Previous CRA Level	Structured Text	☐		

(Structured Data — Caries Risk Assessment; buttons: Add, Add child, Update, Remove, Reorder)

Caregiver Info

We ask for the name of the caregiver so we can get an accurate headcount during reporting for unique caregivers.

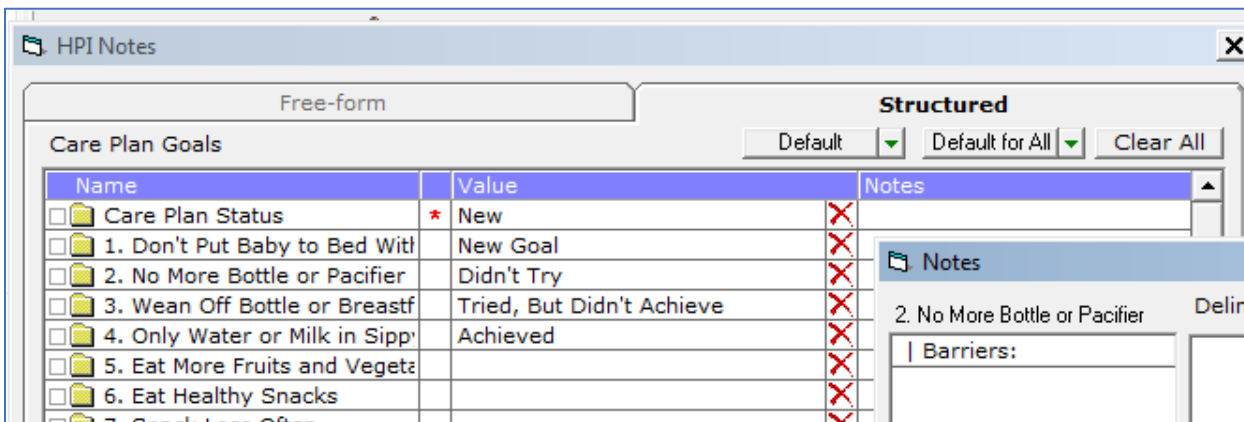*HPI (Test, Chloe - 02/15/2019 10:00 AM, AdCleaning) ***

HPI Notes — Free-form | Structured

Caregivers — Default | Default for All | Clear All

Name	Value	Notes
☐ # of Caregivers at Appt	* 1	✕	Names of Caregiver(s): ✕

Structured Data — Caregivers; buttons: Add, Add child, Update, Remove, Reorder

Name	Type	Mandat	Trigger	Default
☐ # of Caregivers at Appt	Numeric	✔		1

Care Plan Status & Goals

Care plan status has 3 options: new (default), in progress, completed.

HPI Notes — Free-form | Structured

Care Plan Goals — Default | Default for All | Clear All

Name	Value	Notes
☐ Care Plan Status	* New	✕
☐ 1. Don't Put Baby to Bed With	New Goal	✕
☐ 2. No More Bottle or Pacifier	Didn't Try	✕
☐ 3. Wean Off Bottle or Breastf	Tried, But Didn't Achieve	✕
☐ 4. Only Water or Milk in Sipp	Achieved	✕
☐ 5. Eat More Fruits and Vegeta		✕
☐ 6. Eat Healthy Snacks		✕
☐ 7. Snack Less Often		✕

Notes — 2. No More Bottle or Pacifier | Delim ... | Barriers:

There are 21 goals identified by Cavity Free Sonoma. Each goal has the 4 seen above (new goal, didn't try, tried but didn't achieve, and achieved).

If you click on the notes, "Barriers" is pre-built so that we can capture any that the patient describes.
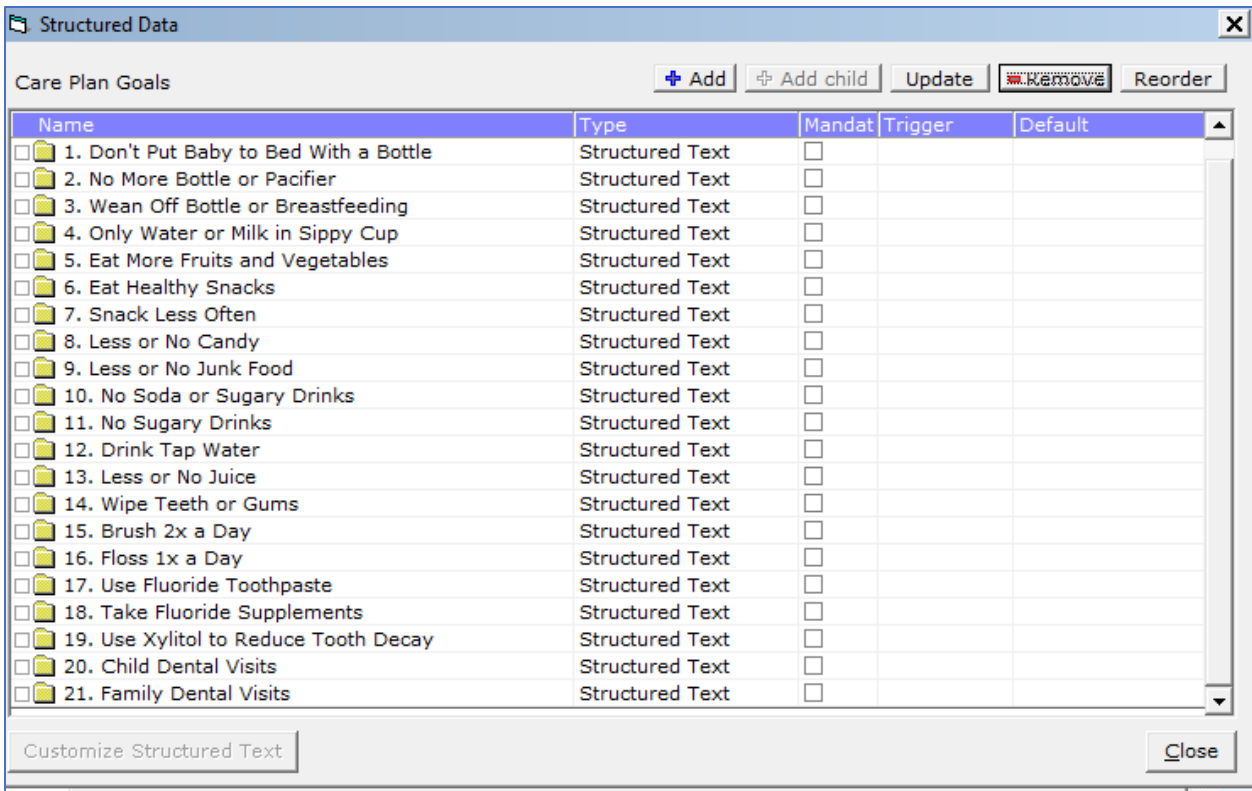
The goals are set up this way so that the only goals that display are the ones with data in them. The rest will be hidden and not display on the template.

Referrals

We are tracking any referrals to PDI and whether patients are actually seen. If not, what were the barriers for why they didn't go? Also, did we refer to them to AVH medical for some reason? I'd guess other health centers don't need this information, but sharing just in case.
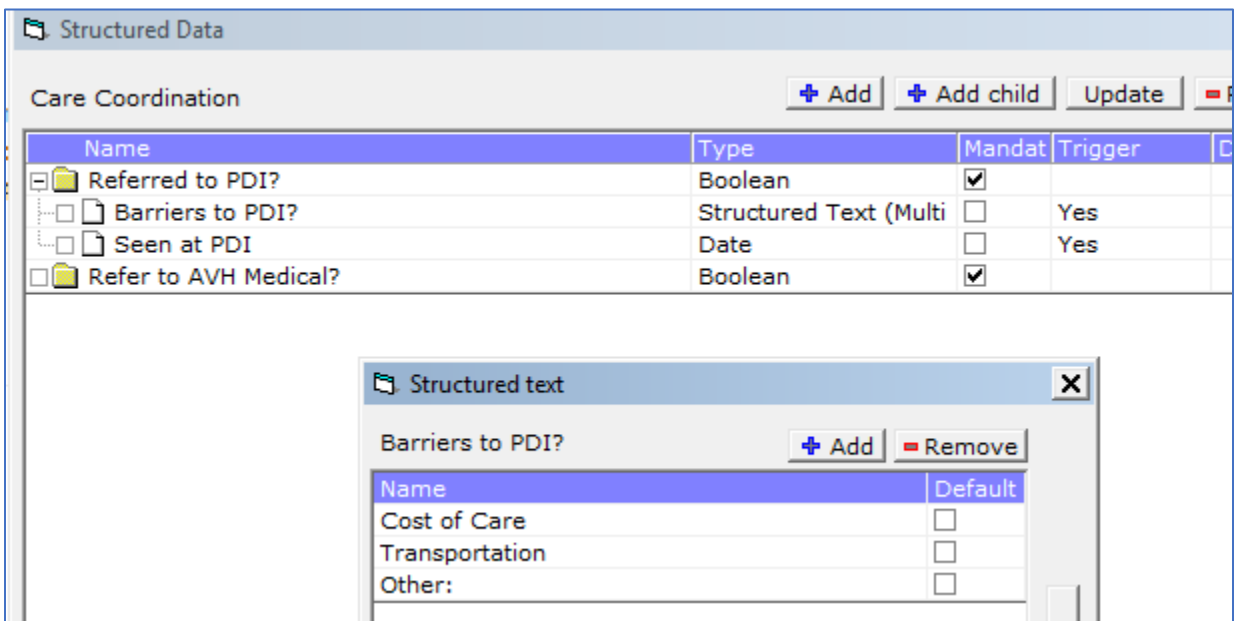
Intro to Sonoma Smiles App

A simple yes/no. The rest is tracked in the app.

HPI Notes

	Free-form		Structured	
Sonoma Smile App			Default ▼	Default for All ▼	Clear All

Name		Value	Notes	
☐📁 Introduction to Mobile App	*	Yes	✗		App Notes: ✗

Structured Data

Sonoma Smile App   + Add | + Add child | Update | Remove | Reor

Name	Type	Mandat	Trigger	Default
☐📁 Introduction to Mobile App	Boolean	✔		Yes

Blank Template Sample

HPI: ▼
CDHW Care Management
   Caries Risk Assessment
      Current CRA Date   *
      Current CRA Level   *
   Caregivers
      # of Caregivers at Appt 1 | Names of Caregiver(s):
   Care Plan Goals
      Care Plan Status New
   Care Coordination
      Referred to PDI? No
      Refer to AVH Medical? No
   Sonoma Smile App
      Introduction to Mobile App Yes | App Notes:

Completed Template – Initial Visit Sample

HPI: ▼
CDHW Care Management
   Caries Risk Assessment
      Current CRA Date 02/08/2019 *
      Current CRA Level High *
      Follow Up Timeframe Every 3 Months
   Caregivers
      # of Caregivers at Appt 2 Jane and John Doe
   Care Plan Goals
      Care Plan Status New
      8. Less or No Candy New Goal
      16. Floss 1x a Day New Goal
   Care Coordination
      Referred to PDI? No
      Refer to AVH Medical? No
   Sonoma Smile App
      Introduction to Mobile App Yes | App Notes: Not computer savy