



# Dental Public Health Project Descriptive Report Form

Please provide a description of your organization’s successful dental public health project by completing this form. Add extra lines to the form as needed but stay within **word limits**.

Please return the completed form to Lori Cofano: [lcofano@astdd.org](mailto:lcofano@astdd.org)

Name of Project
Motivational Interviewing
Executive Summary (250-word limit)
<p>Neighborhood Health Center (NHC) is a not-for-profit healthcare organization established in 2010, providing services to low-income, uninsured, and underinsured residents of Washington and Clackamas counties, situated in northwestern Oregon. We serve patients in five primary care clinics, three dental clinics (one collocated with one of the primary care clinics) and two school-based health centers.</p> <p>Patient-centered care and respect are two of our organizational values and embody the culture of our approach to care recognizing the holistic needs of each patient we serve and the unique circumstances of each patient. A trifecta of circumstances moved us to engage our dental teams in motivational interviewing (MI) training in 2020 and again in 2021, including:</p> <ul style="list-style-type: none"><li>a) participation in an alternative payment model (APM) with a Medicaid payer, structured around patient-centered care metrics to engage members in care and ensure they receive preventive care;</li><li>b) integration projects at NHC, particularly a 2018 project utilizing occupational therapy in primary care to engage pregnant women, infants and young children in dental services and home oral health routines using patient activation approaches to care;</li><li>c) the COVID-19 pandemic and identifying MI as a tool to foster staff resiliency and mitigate burnout through meaningful patient-centered care to effect patient satisfaction and improve patient health outcomes.</li></ul> <p>A significant outcome of our 2021 training is the use of the patient experience dashboard by <a href="#">DifferentKind</a>. Patients surveyed about their care experience allowed us to share real-time feedback with our teams about their effective use of the new MI skills they learned.</p>

## Name of Program or Organization Submitting Project

Neighborhood Health Center

### ***Essential Public Health Services to Promote Health and Oral Health in the United States***

Place an "X" in the box next to the Core Public Health Function(s) that apply to the project.

<input checked="" type="checkbox"/>	Assessment
<input type="checkbox"/>	Policy development
<input checked="" type="checkbox"/>	Assurance

<http://www.astdd.org/state-guidelines/>

Project submissions will be categorized by the Core Public Health Functions on the ASTDD website.

### **Healthy People 2030 Objectives**

List Healthy People 2030 objectives related to the project.

Reduce the proportion of children and adolescents with lifetime tooth decay — OH-01

Reduce the proportion of children and adolescents with active and untreated tooth decay — OH-02

Reduce the proportion of adults with active or untreated tooth decay — OH-03

Increase the proportion of low-income youth who have a preventive dental visit — OH-09

Reduce the proportion of people who can't get the dental care they need when they need it — AHS-05

Reduce consumption of added sugars by people aged 2 years and over — NWS-10

This information will be used as a data resource for ASTDD purposes.

### **Keywords for sorting the project by topic.**

Provide **three to five** keywords (e.g., access to care, children, coalitions, dental sealants, fluoride, policy, Medicaid, older adults, pregnant women, etc.) that describe the project. Keywords are used to categorize submissions.

Motivational Interviewing, patient experience, oral health outcomes, staff resiliency, integration

## Detailed Project Description

### **Project Overview**

(750-word limit)

1. What problem does the project address? How was the problem identified?

In recent years, we have become acutely aware of Motivational Interviewing (MI) as an effective evidence-based communication tool to help individuals make behavior changes to improve their health. MI helps clinicians come alongside patients in a collaborative, accepting and compassionate way to help patients identify their motivations for change and to commit to goals toward bettering their health.

Neighborhood Health Center (NHC) strongly values patient-centered care and respect. This is reinforced by our dental program participation in an alternative payment model (APM) with a

Medicaid payer, with annual metric targets for member utilization and children's preventive care. MI fits well with our organization values and our dental program's focus to provide preventive care or education at every appointment, regardless of patient age, insurance status, or visit reason. MI was also the perfect complement to a 2018 dental-medical integration project at NHC using occupational therapy. This project used occupational science and a patient activation approach to engage pregnant women and children in primary care into dental services and home oral care routines.

As part of our integration project and larger APM goal to help improve population health, NHC brought in a dentist motivational interviewing trainer in February 2020 to do an all-day learning session for our three dental teams and the medical staff involved in our integration project. Unfortunately, our efforts around this work got lost one month later with the advent of the COVID-19 pandemic in March 2020. In January 2021, with no end in sight for the pandemic, we brainstormed ideas to help our dental teams stay resilient and mitigate burnout; MI training resurfaced. We worked with our trainer to develop a new 2021 MI training initiative, using Zoom to hold regular training sessions between March and November to teach and reinforce MI concepts and skills, use Plan-Do-Study-Act (PDSA) and patient surveys to elicit patient feedback and help our staff grow their skills. We continue using the patient surveys to provide regular feedback to our teams and reinforce this work.

## 2. Who is the target population?

The dental-medical integration project targeted pregnant women and children ages 0-5 years old, and our dental clinic teams care for patients of all ages. Thus, our MI training initiative touches patients across the entire life span. We attempt to survey all patients after their dental visits to measure their care experience and elicit meaningful feedback to help us improve our care.

## 3. Provide relevant background information.

Our 2021 MI initiative was built to reinforce and strengthen workflows established in previous years as part of the dental-medical integration work, and included the following overarching plan:

- a. Train staff in MI skills and develop supporting infrastructure to help staff practice and reinforce MI skills
- b. Strengthen Caries Risk Assessment (CRA) workflows to ensure that all patients are being assessed
- c. Train/retrain Dental staff on workflows to document patient self-management goals (SMGs) in Electronic Dental Record (EDR) and patient reported progress on SMGs  
*\*Our EDR is shared by Medical and Dental; SMGs are visible to staff in both Medical and Dental*
- d. Develop evidence-based care pathways for patients according to CRA to manage risk and oral disease appropriately

## 4. Describe the project goals.

Our 2021 Motivational Interviewing Training Initiative project goals were to improve patient experience, improve patient oral health outcomes, and improve staff resiliency.

### Improve Patient Experience:

Many of our patients present with significant oral disease after many years of lack of access to care or because of neglect due to fear, low oral health literacy or other reasons. A patient-centered focus and engaging patients in their care process is critical to elicit their priorities for

their health and to help them achieve their goals for their health. Patient Reported Experience Measures (PREMS) help us understand whether patients feel heard and are active participants in making decisions about their care.

### Improve Patient Oral Health Outcomes

Patients again must be at the center of our care and MI is a collaborative approach to help them problem solve and determine their goals for their health. Ultimately, when we engage patients in their care process and help them set goals they are motivated to reach, they are more likely to perceive good health outcomes (Patient Reported Outcome Measures, or PREMS), and ultimately, we hope to see this reflected in true patient outcomes.

### Improve Staff Resiliency

Our staff were a central focus in this project. Our dental providers and support staff work at NHC because they believe in our mission. They care deeply about our patients and experience satisfaction when they connect in meaningful ways with patients and know they have positively impacted lives.

## **Resources, Data, Impact, and Outcomes**

(750-word limit)

1. What resources were/are necessary to support the project (e.g., staffing, volunteers, funding, partnerships, collaborations with other agencies or organizations)?

### Staff time:

- **MI Champions:** a group representing our three clinics met virtually with the MI trainer monthly between June and November (6x) for one hour (2 dentists; 1 hygienist; 2 dental assistants; 2 clinic managers; Dir. or Dental Program Operations)
- **All Dental Staff:** all dental staff and leadership joined five 2-hour virtual training sessions between March and September and then one final in-person celebration in November
- **Other:** project planning and pre-training/event consulting calls; researching PREMS and PROMS tools, reviewing and updating workflows and clinical note templates to support aspects of project connecting MI to CRA and SMGs

### Technology:

- Virtual sessions required use of computers, webcams, headphones, Zoom
- [DifferentKind](#) patient experience dashboard

### Grant Funding

- We received a FY 2019 HRSA Oral Health Infrastructure grant. We had budgeted our 2020 MI training into this grant and were also able to reallocate additional funds from this grant to cover our 2021 MI Training Initiative due to unspent dollars resulting from altered plans due to COVID.
- As part of our celebration, we were able to purchase NHC branded cups for our staff with an OARS (Open-ended questions, Affirmation, Reflection, Summary) logo as a visual reminder to use this tool central to motivational interviewing.

2. (a) What process measure data are being collected (e.g., sealants placed, people hired, etc.)?  
(b) What outcome measure data are being collected (e.g., improvement in health)?  
(c) How frequently are data collected?

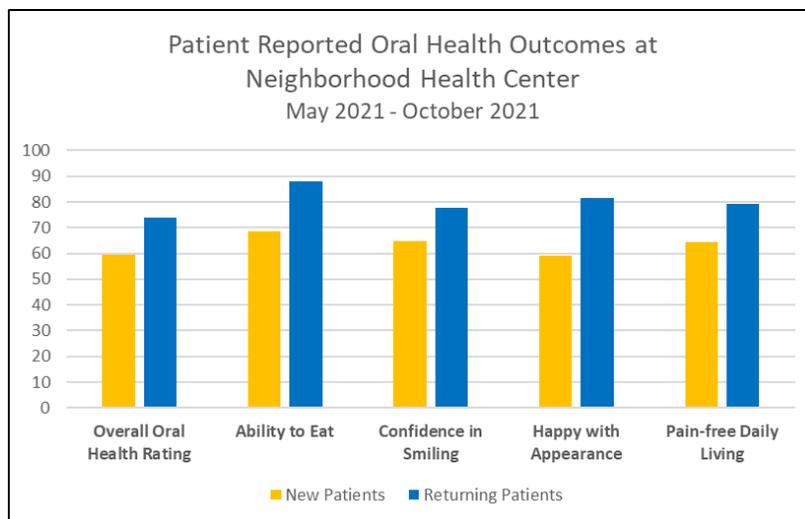
Over the course of our 2021 MI training initiative, we worked to improve: **a)** processes of completing CRA and SMGs during patient appointments, and **b)** patient experience and health

outcomes, measured through the DifferentKind dashboard (for both new and returning patients). Staff used short PDSA cycles to measure their effectiveness in communication with patients as they practiced their new MI skills.

a. Process Measure Data: data was not easily extracted from our EDR to measure baseline and improved completion of the CRA and SMGs. To improve and reinforce consistent use of these tools, we built them into our note templates so that providers are prompted to complete them during patient visits. We discussed the CRA and SMG tools during MI champion meetings and all staff training sessions to get staff input on incorporating them into daily work.

b. Outcome Measure Data:

During our training, we began using the DifferentKind dashboard to send patients a link to a short survey after each appointment, including a sample of questions about their appointment experience and their perceived oral health status. The following is an example of data from 113 responses from both new and returning patients on their oral health status over a 6-month period in 2021.



*\*~8-10% of patients who receive the survey link open and respond to the survey. This percentage has been consistent since we started sending the surveys in 2021.*

Additional feedback on patient experience from the same 6-month period in 2021 is summarized in the following graphic from DifferentKind:



c. Data Collection Frequency:

Surveys continue to be sent out after patient appointments. This was formerly a manual process, and DifferentKind has been developing their EDR integration capabilities to make this an automated process. Our ability to send out patient surveys has ebbed and flowed depending on staffing and capacity, but we continue sharing patient feedback with our teams as we have new information to share.

3. How are the results shared?

We have a DifferentKind dashboard for each of our three clinics. Survey links are tied to each clinic site, and the completed survey data populates the site-specific dashboard. Patients can leave comments along with the experience and oral health outcome ratings, and we share the dashboards during our monthly Quality Improvement team meetings and monthly staff meetings. Our clinic managers share positive patient comments with their teams by email every few weeks and particularly recognize staff called out by name in comments who helped a patient have an excellent experience. The information we receive back from the DifferentKind dashboard has been incredibly valuable, translating patient experience into actionable and morale-boosting feedback for our teams. It also confirms areas where we know we have struggled to give our patients the best experience in terms of access.

**Budget and Sustainability**

(500-word limit)

Note: Charts and tables may be used.

1. What is/was the budget for the project?

We were able to reallocate funds from a 2019 HRSA Oral Health Infrastructure grant to support the MI training for our dental teams and use of the DifferentKind dashboard in 2021 due to unspent dollars resulting from altered plans during COVID. Since the grant ended, we have continued to budget for the dashboard in our annual dental program budget because of the value of immediate feedback from patients for our teams.

It is difficult to disclose a detailed budget. The timing and modality of our MI training initiative was unique during the COVID-19 pandemic. When considering how to replicate a similar project, one should consider current costs of salaries and supplies, travel costs if having a

trainer coming on site, and consulting and training costs. One should contact MI trainers and vendors (i.e., DifferentKind) to get specific pricing and develop a project budget.

2. How is the project funded (e.g., federal, national, state, local, private funding)?

As noted previously, we were able to use a grant, specifically a HRSA grant that had a portion of funds allocated for MI training in 2020, and which we were allowed to reallocate some funds in 2021 toward the retraining initiative. Currently we include the cost of the DifferentKind dashboard in our Dental administrative and operational budget.

3. What is the sustainability plan for the project?

This is an area we want to develop. The DifferentKind dashboard is meaningful to employees who have been with Neighborhood Health Center since 2021 when we did the year-long training, but we have newer employees that we want to train in MI. We would like to find resources to incorporate into onboarding plans for new employees as well as incorporate skill builder activities into huddles or meetings to reinforce MI concepts and skills for all our staff so we keep this work alive and continue connecting MI to our patient feedback.

For the time being, our organization utilizes a separate customer-service training program for all new employees that teaches empathetic communication skills. Clinic managers have a 'toolkit' of habit-building exercises they can use during their monthly staff meetings to help teams practice scenarios of using empathetic communication skills with patients and each other.

## **Lessons Learned**

(750-word limit)

- (a) What lessons were learned that would be useful for others seeking to implement a similar project?

- Intentional effort is key to implementing motivational interviewing into our care teams. Project planning, setting goals, measuring outcomes, reporting back and communication in general about the project is important to keeping this work alive.
- Include all team members, including front desk staff. These team members are the first and last people our patients interact with during an appointment, and they can have a role in asking patients about goals they set during their visit and affirming and applauding patients in their process of change. Patients often include feedback about their experience at the front desk in their comments.
- Share dashboards with staff on a frequent and routine basis. Be curious and ask questions about ups and downs in trendlines. They tell a story and also help a team reflect on changes that may have impacted patients' experiences positively or negatively. Recognize and celebrate the wins!
- Spreading training over time is valuable. This required blocking clinic time each month for a few or all team members, but it allowed our employees to plan and use PDSA cycles to practice skills they learned during each training session. Staff will retain the content and develop their skills more effectively with shorter sessions over time versus one full day of training.

(b) Any unanticipated outcomes?

- During the same time period we did the MI training, our organization rolled out the customer-service training mentioned in the sustainability section above. This helped enhance our MI training because of the focus on empathetic communication skills that help our patients and coworkers feel how we care through our words. When planning the timing for new projects and initiatives, leaders should be thoughtful and evaluate whether it makes sense for multiple initiatives to run simultaneously. We were delighted with how the training materials complimented each other and enhanced our culture of care at NHC!

(c) Is there anything you would have done differently?

- At the end of our MI training in 2021, one of our dentists reflected *“It’s been an incredible journey to go from our first meeting- conscious of just how much I didn’t know about what Motivational Interviewing is- to now where I unconsciously use MI techniques every day.”* Per what is mentioned previously in the sustainability section, we would have put some forethought into a sustainability plan to ensure new employees get trained in MI skills so that we can keep the initiative alive long-term!
- Ideally, we would have measured more outcome measures from the beginning. Our EDR structure makes report pulling a challenge. In the future as we look for tools to sustain our MI initiative, it will be helpful to use a measure such as Caries at Recall or patient reported progress on their SMGs, to have evidence specifically connecting MI skill building with better health outcomes for all patients, and particularly with preventing and early detection and intervention or oral disease in the youngest children we care for!

## Resources

List resources developed by this project that may be useful to others (e.g., guidelines, infographics, policies, educational materials). Include links if available.

[Neighborhood Health Center- Mission, Vision and Values](#)

[DifferentKind- patient experience dashboard link](#)

MINT (n.d.). Understanding Motivational Interviewing. *Motivational Interviewing Network of Trainers*. <https://motivationalinterviewing.org/understanding-motivational-interviewing>

Neighborhood Health Center Occupational Therapy and oral health. CareOregonDental.org. <https://www.careoregondental.org/ohip/neighborhood-health-center>

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<b>To Be Completed By ASTDD</b>	
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