Dental Public Health Project Descriptive Report Form

Name of Project
Rocky Mountain Network of Oral Health (RoMoNOH)

Executive Summary

The Rocky Mountain Network of Oral Health (RoMoNOH) was a regional initiative funded by the Health Resources and Services Administration, Maternal and Child Health Bureau from 2019 to 2024 as part of the Networks for Oral Health Integration (NOHI) Within the Maternal and Child Health Safety Net. The project operated across four states—Arizona, Colorado, Montana, and Wyoming—and focused on improving access to preventive oral health services (POHS) for primarily infants and young children receiving care in community health centers (CHCs).

RoMoNOH consisted of the Denver Health Office of Research (lead) working in partnership with the University of Colorado Department of Family Medicine; the American Academy of Pediatrics; the Colorado Department of Public Health and Environment; the National Network for Oral Health Access; and Primary Care Associations (PCAs) in the four previously mentioned states.

RoMoNOH developed and implemented a medical-dental integration change package to support the integration of oral health clinical competencies into primary care in 34 community health centers (CHCs). PCA practice-transformation coaches worked with participating CHCs in their states to develop, implement, and validate RoMoNOH's models of care using the change package to guide activities.

RoMoNOH supported CHCs in the establishment of several models of care depending on the oral health needs of the population, capacity of the CHC to manage these needs, and the state's policies and regulations on the provision of preventive oral health care (e.g., scope of practice of medical and oral health providers, Medicaid reimbursement). All models featured a variety of services that addressed the five interprofessional oral health core clinical competencies for integrating oral health care into primary care (i.e., risk assessment, evaluation, preventive interventions, communication and education, interprofessional collaborative practice) and referrals to oral health providers.

These models included delivery of preventive oral health services by medical team members, by dental hygienists embedded in the medical team, or a hybrid of these two models. In all models, referrals to a dental home included coordinated referrals from the primary care providers and/or dental hygienists to off-site oral health providers and/or co-located oral health providers depending on the oral health needs and availability of dental services within the CHC and community.

Name of Program or Organization Submitting Project
Rocky Mountain Network of Oral Health (RoMoNOH)

Detailed Project Description

Project Overview

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

   RoMoNOH was designed to support the integration of preventive oral health services (POHS) into primary care visits with the overarching goal of increasing access to dental care to reduce caries disease and related disparities.

2. **Who is the target population?**

   The RoMoNOH initiative focused on primary prevention of dental caries in infants and children from birth to age 40 months and pregnant women who were receiving health care in participating CHCs throughout Arizona, Colorado, Montana, and Wyoming. Participating CHCs incorporated POHS into primary care, well-child visits and sick visits when needed.

3. **Describe the project goals.**

   The goal of the RoMoNOH initiative was to prevent dental caries by increasing access to POHS by leveraging the numerous primary care visits that young children and pregnant women have for the delivery of evidence-based POHS. These preventive services included oral health risk assessments, oral health screenings, fluoride varnish applications, caregiver education, parent/caregiver goal setting and coordinated referrals to dental providers.

4. **What lessons learned would be useful for others seeking to implement a similar project, including what did not work?**

   The RoMoNOH initiative supported multiple models of integration depending on the capacity and structure of each CHC. Some CHCs used coordinated care models, referring patients to external dental providers. Others implemented co-located services, where dental and medical care were available in the same facility. In some cases, dental professionals, specifically dental hygienists (or in one CHC pediatric dental residents) were embedded within primary care teams, allowing for more direct integration of services during medical visits.

   Overall, RoMoNOH functioned as a multi-state demonstration project that expanded the delivery of POHS within CHCs by incorporating those services into primary care. Its results included increased provider participation in oral health activities, greater delivery of preventive services during medical visits, and reported improvements in caregiver oral health behaviors. The implementation and evaluation results from the RoMoNOH project provide an evidence-based example to inform future efforts aimed at integrating oral health into broader healthcare systems.

Lessons learned include “one model doesn’t fit all.” Assessing the oral health needs of the patients and families receiving care in the healthcare setting is critical to best assess the appropriate model of integration for that setting. For instance, if a healthcare setting is small, having the medical team provide the POHS is more feasible than embedding a dental provider onto the medical team. Alternatively, in larger settings, adding a dental hygienist onto the team promotes workflows where providers can work at the top of their licenses.

Integrating medical and dental care is a culture change and supporting this change with ready resources such as an online oral health eLearning modules, an medial-dental integration (MDI) change package and associated drivers that PCA practice facilitators could implement, and parent/caregiver tools, such as the American Academy of Pediatrics’ *Brush, Book, Bed*, helps change both provider and parent/caregiver behaviors.

Resources, Data, Impact, and Outcomes

1. **What resources were necessary to support the project, such as staffing, volunteers, funding and collaboration with other agencies or organizations?**

   The implementation of the RoMoNOH project was supported through a structured learning collaborative implementing evidence-based approaches. (Braun, Chavez, Flowerday, Furniss, & Dickinson, 2023) Participating CHCs received support from practice facilitators from their state’s PCAs who assisted with workflow development, staff training, and quality improvement processes. On-demand eLearning modules were developed to support training of all clinic staff.[1] Health center teams participated in ongoing training that covered oral health risk assessment, preventive care delivery, patient communication, parent/caregiver goal setting and referral processes. The initiative also emphasized the use of common metric data[2] to monitor progress, with clinics tracking monthly measures such as the number and proportion of patients receiving POHS during primary care visits.

   RoMoNOH placed a specific focus on children from birth through early childhood. These groups were prioritized due to their higher risk for oral health problems and the potential benefits of early preventive care. Within participating CHCs, medical providers—including physicians, nurse practitioners, and other clinical staff—were trained to deliver basic oral health services as part of routine care. Additionally, dental hygienists were embedded in approximately 50% of the CHCs to test expansion of the primary care team with a dental specialist who patients could see on the same day as their medical provider.

2. **What process measure data (counting) were collected, such as number of sealants placed or people served?**

   Process measures included the proportion of children aged 0-40 months who attended a primary care visit in the participating CHCs who received POHS including caries risk assessments, fluoride varnish application, oral health instruction, oral health goal setting and dental referrals. The RoMoNOH team worked with participating CHCs to optimize their electronic health records and processes for documenting provision of POHS.

   Participating CHCs submitted monthly aggregated data into the online Shared Practices Learning Improvement Tool (SPLIT), and RoMoNOH created monthly feedback reports for

[1] eLearning modules can be accessed using the password “oralhealth.”
[2] To access the RoMoNOH data dictionary, see: https://www.mchoralhealth.org/projects/nohi.php#learn

use in coaching sessions. PCA practice transformation coaches used the quality improvement run charts in their continuous quality improvement activities with CHCs. SPLIT was also used for collecting and tracking coaching field notes, which provided updates on the implementation of the project's change package and attainment of the associated drivers, which include data-driven improvement, engaged leadership, engaged providers and staff, dedicated time, and team-based care, including role assignment and adoption, and team based workflows.

From September 2020 through February 2024, the participating CHCs provided over 112,705 preventive oral health services to infants and children from birth to age 40 months (53,397 risk assessments, 33,736 referrals for care, and 25,572 fluoride varnish applications). The percentage of infants and children from birth to age 40 months who received these services increased from 32.7 percent (September 2020 through February 2021 reporting period) to 78.6 percent (September 2023 through February 2024 reporting period).

3. What outcome measure data (results) were collected, such as improvement in health?

Evaluation of the RoMoNOH project included both process and outcome measures. At the healthcare provider level, participation in RoMoNOH was associated with increases in oral health knowledge (pre: 65%, post: 81%), self-reported ability to provide POHS at medical visits (pre: 52%, post: 71%), delivery of POHS to young children (pre: 32%, post: 57%), and a decrease in barriers to delivery of POHS (pre: 27%, post: 21%) (Braun, Wiggins, Flowerday, Bienstock, & Dickinson, 2025).

RoMoNOH developed an enhanced parent and caregiver engagement activity using AAP's *Brush, Book, Bed* program to motivate primary care providers to discuss oral health and oral hygiene practices with parents and other caregivers, while encouraging them to set and meet oral health goals for their children. The 184 parents and other caregivers, who participated in the activity and completed the baseline and follow-up surveys, reported a significant improvement in five of nine oral health behaviors. For instance, parents and caregivers who received education and oral health goal setting support at medical visits reported significant improvements in their oral health practices, such as brushing their child's teeth with fluoride toothpaste, drinking more tap water, and not putting their child to bed with a bottle (Talla, Flowerday, Dickinson, & Braun, 2024).

Across participating CHCs, participation in the RoMoNOH initiative contributed to a measurable increase in the delivery of POHS within primary care settings. This included a higher number of fluoride varnish applications and oral health screenings conducted during medical visits. The initiative facilitated more consistent referral pathways between medical and dental providers, improving coordination of care for patients requiring additional treatment. (Braun et al., 2024)

4. How frequently were data collected?

Participating CHCs submitted monthly aggregated data into the online Shared Practices Learning Improvement Tool (SPLIT), and RoMoNOH created monthly feedback reports for use in coaching sessions.

5. **How were the results shared?**

   PCA practice transformation coaches used the quality improvement run charts in their monthly continuous-quality-improvement activities with CHCs.

Budget and Sustainability

1. **What was the budget for the project?**

   The total amount of the federal award including approved cost sharing or matching was $6,384,002.

2. **How was the project funded, such as governmental or philanthropic funding?**

   The RoMoNOH initiative was funded by the Health Services and Resources Administration's Maternal and Child Health Bureau.

3. **What was the sustainability plan for the project?**

   The sustainability plan was implemented throughout the entirety of the initiative and focused on the MDI change package drivers, which included data-driven improvement, engaged leadership, engaged providers and staff, dedicated project time, and team-based care including role assignment and adoption, and workflows. PCA practice facilitators worked with each CHC throughout the project to support sustainability.

   The RoMoNOH team coached CHCs on optimization of the electronic health record to document delivery of POHS, helped CHCs identify priority quality improvement measures for monitoring going forward after the project was concluded, supported CHCs in incorporating oral health training into future employee onboarding activities, and supported CHCs in the development of standard work, workflows and processes that were approved by leadership. CHCs were incentivized to complete relevant activities to demonstrate sustainability of delivering POHS at primary care visits. Additionally, PCA coaches developed training manuals and other materials as resources to sustain their support of CHCs incorporating preventive oral health services into primary care visits.

Resources

Braun, P. A., Chavez, C., Flowerday, C., Furniss, A., & Dickinson, M. (2023). Embedding Dental Hygienists into Medical Care Teams: Implementation and evaluation of a medical-dental integration approach in Colorado. *J Dent Hyg, 97*(3), 21-27. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/37280106

Braun, P. A., Flowerday, C., Bienstock, A., Callaghan, T., Freeman, K., Gable, M., . . . Dickinson, L. M. (2024). Delivery of Oral Health Services at Medical Visits through 3 Medical Dental Integration Models. *JDR Clinical & Translational Research, 9*(1_suppl), 32S-40S. doi:10.1177/23800844241273771

Braun, P. A., Wiggins, K. T., Flowerday, C., Bienstock, A., & Dickinson, L. M. (2025). Healthcare Providers' Oral Health Practices Participating in a Regional Oral Health Intervention. *J Prim Care Community Health, 16*, 21501319251360952. doi:10.1177/21501319251360952

Talla, S., Flowerday, C., Dickinson, M., & Braun, P. A. (2024). Does oral health goal setting during medical visits improve parents' oral health behaviors? *J Public Health Dent, 84*(1), 28-35. doi:10.1111/jphd.12597

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