

“Adopting Performance Management Strategies to Improve Oral Health in Your State”

April 12, 2017

General Reminders

- This webinar will be recorded and archived on the ASTDD website
- We would like to hold any questions until the end, so if you have questions, please make a note of them. When we are ready for questions, if you wish to ask one, please click on the Set Status icon which is the little man with his arm raised on either the upper left or the top of your screen. Click on “raise hand.” We will then call on you to ask your question over the phone
- Please respond to the polling questions at the conclusion of the webinar

Funding Acknowledgement(s)

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Moderator /Presenters

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- Ellen Volpe, MHA
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- Erin Knoerl, MPH
- Katy Battani, RDH, MS

Learning Objectives

At the end of this webinar, participants will be able to:

1. Explain how Performance Management and Quality Improvement can be used in state oral health programs.
2. Discuss examples of use of Performance Management and Quality Improvement in state oral health programs.
3. Identify resources for further information about Performance Management and Quality Improvement.

Title V National Performance Measure 13

Thirty-one states and jurisdictions selected NPM 13.

NPM 13A: Percent of women who had a dental visit during pregnancy.

NPM 13B: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year.

On **July 15** of each year, states and jurisdictions are required to submit an application/annual report.

As part of this annual application, a state may refine its action plan.

States may add new or revise existing program strategies, evidence-based or -informed strategy measures.

Title V National Performance Measure 13

Division of State and Community Health
Title V Block Grant National Performance Measure 13
Liaisons

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Performance Management Primer

Let's Start with Definitions

“Performance management is the practice of actively using performance data to improve the public's health.

This practice involves the strategic use of performance measures and standards to establish performance targets and goals.”*

A systematic process by which an organization involves its employees in improving the effectiveness of the organization and achieving the organization's mission and strategic goals.

*From Silos to Systems: Using Performance Management to Improve Public Health Systems – prepared by the Public Health Foundation for the Performance Management National Excellence Collaborative, 2003

What Can Performance Management Do for Public Health?

- By improving performance and quality, public health systems can save lives, cut costs, and get better results.
- Enables health departments to be more:
 - Efficient
 - Effective
 - Transparent
 - Accountable

Performance Management Can Result in:

- Better return on dollars invested in health
- Greater accountability for funding and increases in the public's trust
- Reduced duplication of efforts
- Better understanding of public health accomplishments and priorities among employees, partners, and the public
- Increased sense of cooperation and teamwork
- Increased emphasis on quality, rather than quantity
- Improved problem-solving

What Are Performance Management Practices?

- Goal setting
- Financial planning
- Operational planning
- Data collection
- Consolidation of data
- Data analysis
- Reporting of data
- Quality improvement
- Evaluation of results
- Monitoring of key performance indicators
- Others???

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



Developed in 2013, adapted from the 2003 Turning Point
Performance Management System Framework
www.phf.org

Poll

Have you seen the Performance Management Framework before?

Yes

No

Not Sure

Visible Leadership

- Engage leadership in performance management
- Align performance management with organizational priorities
- Track and incentivize progress

Think about:

- Does senior management take a visible role in performance management?
- Is performance management emphasized as a priority and goal for your work?

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Visible Leadership

Senior management commitment to a culture of quality that:

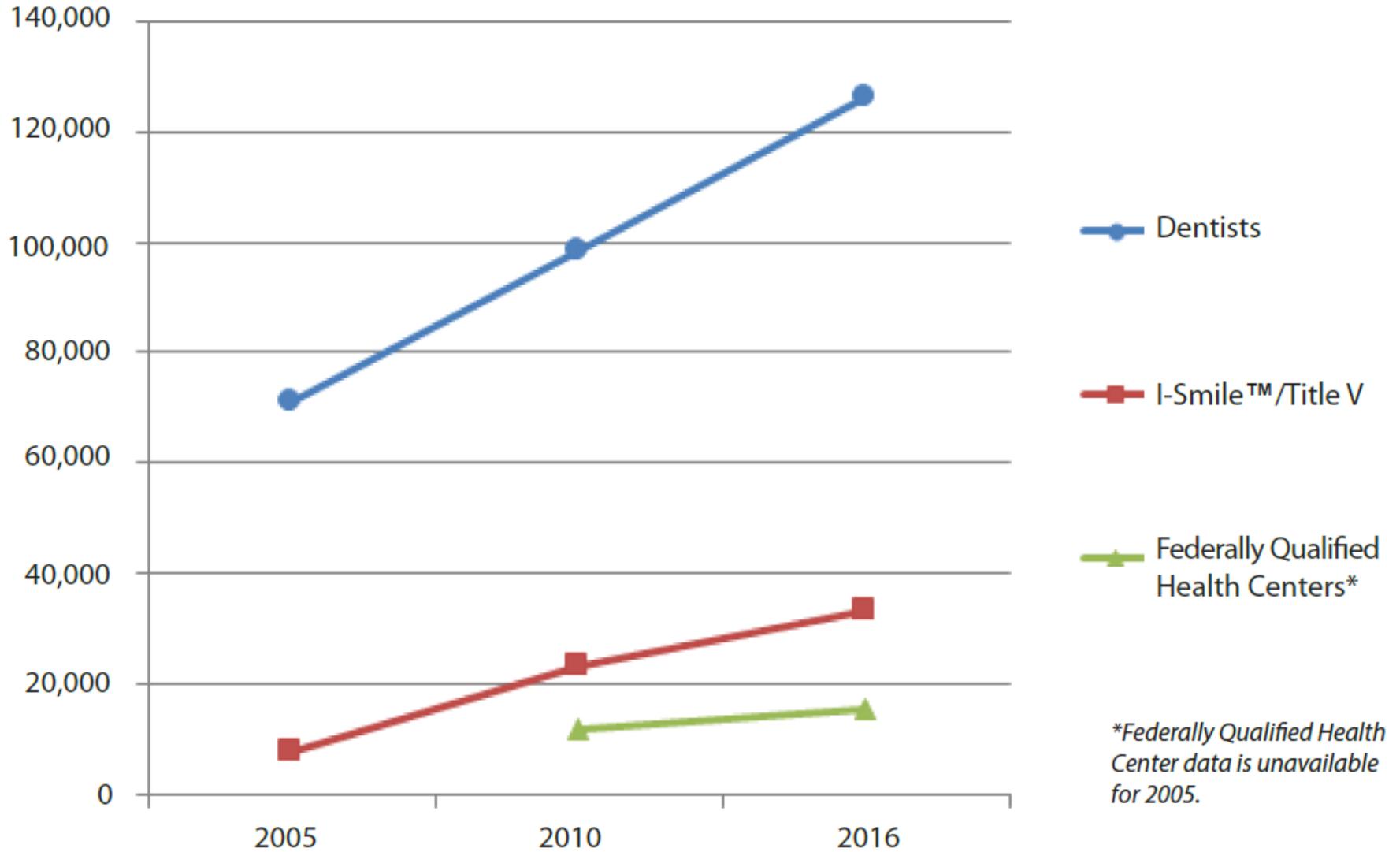
- Aligns performance management practices with the organizational mission
- Regularly takes into account customer feedback
- Enables transparency about performance against targets between leadership and staff.
- Key Resource: NACCHO Roadmap to a Culture of Quality Improvement. <http://qiroadmap.org/>



Leadership : Bob Russell, DDS

- Public Health Dental Director, IA Department of Public Health
- Increased state and federal fiscal allocations toward dental public health, \$3 million over 3 years
- Oral Health Bureau created IA Oral Health Strategic Plan 2016-2020
- Initiated advocacy plan for *"I-Smile"*

Figure 1: Number of Medicaid-enrolled children who received dental services (2005, 2010, and 2016)



Performance Standards

- Identify relevant standards
- Select indicators
- Set goals and targets
- Communicate expectations

Think about:

- Do you set or use standards, targets or goals for your organization or program?
- How do you communicate the expectations and strategic direction for your organization or program?

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Performance Standards

- Standards may be set based on national, state or scientific organizations, by benchmarking against similar organizations, or by other methods.
- Example: Healthy People 2020* OH-1: Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth.

*www.HealthyPeople.gov

Performance Measurement

- Refine indicators and define measures
- Develop data systems
- Collect data

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Think about:

- How do you measure capacity, process or outcomes?
- What tools exist to support the efforts?

Performance Measurement

- Sets criteria and establishes scope (programmatic vs. state)
- HP 2020 OH-1.1: Reduce the proportion of children aged 3-5 years with dental caries experience in their primary teeth.
 - Baseline 33%
 - Target: 30%
 - Target Setting Method: 10% Improvement
 - Data Sources National Health and Nutrition Survey, CDC/NCHS
 - Timeframe: Every 3 years (example)

How New Hampshire Uses Criteria to Select Measures

- Data should be available for several years to show trends.
- Data should be reliable, in that we are confident in the accuracy of the data and that it measures what is intended to measure.
- The measures should reflect new and growing initiatives.
- The measures should be a good indicator of whether or not a program or intervention is working.



Source: Improving the Public's Health in New Hampshire, 2005.
<http://www.dhhs.nh.gov/dphs/iphnh/documents/report.pdf>

Reporting Progress

- Analyze and interpret data
- Report results broadly
- Develop a regular reporting cycle



Think about:

- Do you document or report your unit / program's progress?
- Is this information regularly available? To whom?
- What is the frequency of analysis and reporting?

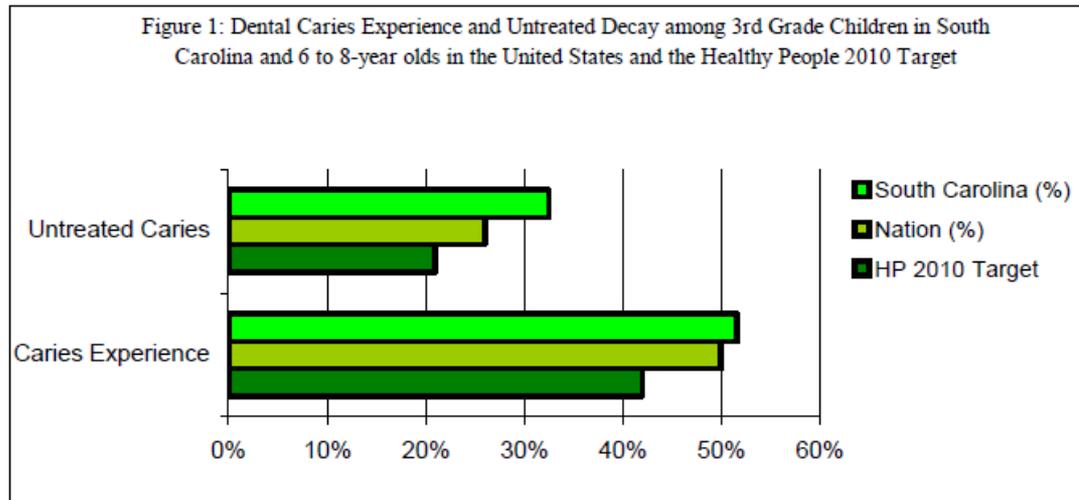
Reporting Progress

Tracking and reporting progress depends on:

- Purpose of performance management system
- Intended users of performance data

A robust reporting system

- Makes comparisons to national, state, or local standards or benchmarks
- Show where gaps may exist within the system
- Facilitates identifying areas for improvement



Healthy People 2010 Objectives⁸

- ✓ Fifty percent of 8 and 14 year-old children will have dental sealants on their molar teeth.
- ✓ Forty-two percent of children under 9 years old will have experience of tooth decay.

Reporting: SC Strategic Plan



Quality Improvement

- Use data for decisions to improve policies, programs and outcomes
- Manage changes
- Create a learning organization

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Think about:

- Do you have a quality improvement process?
- What do you do with information gathered through reports?
- Do you have the capacity to take action for improvement when needed?

Quality Improvement

Quality Improvement (QI) is the establishment of a program or process to manage change and achieve quality improvement in public health policies, programs, or infrastructure based on performance standards, measures, and reports.

Most Commonly Used Tools

Brainstorming, Flow Chart, SIPOC+CM, Cause and Effect Diagram, Five Whys, Solution and Effect Diagram, Check Sheets, Pareto Charts, Pie Charts, Run Charts, Control Chart, Force Field Analysis, Nominal Group Technique

EMBRACING QUALITY IN PUBLIC HEALTH



.....
A Sequel to
Embracing Quality in Local Public Health:
Michigan's Quality Improvement Guidebook

.....
Debra Scamarcia Tews
Julia Heany
Jessie Jones
Robin VanDerMoere
Kusuma Madamala

Polling

Have you heard of the Public Health Accreditation Board?

Yes

No

Not Sure

Is your state PHAB Accredited?

Yes

No

Don't Know



PHAB: Driving Public Health Performance

PHAB Standard 9.1: Use a performance management system to monitor achievement of organizational objectives.*

For the health department to most effectively and efficiently improve the health of the population, it is important to monitor the performance of public health processes, programs, interventions, and other activities. A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes:

- 1) setting organizational objectives across all levels of the department,
- 2) identifying indicators to measure progress toward achieving objectives on a regular basis,
- 3) identifying responsibility for monitoring progress and reporting,
- 4) identifying areas where achieving objectives requires focused quality improvement processes,
- 5) visible leadership for ongoing performance management. Department information systems and public health data support performance management. S

*www.phaboard.org

PHAB Status Update: April 2017

Distribution of Health Departments	Accredited	In Process	Total in e-PHAB
Local	155	131	286
State	22	16	38
Tribal	1	3	4
Centralized States Integrated System*	1/67	—	1/67
Multi-Jurisdictional	—	8	8
Total Number of Health Departments	178 + 1 system	158	337
Population (Unduplicated)	178,255,529	80,819,504	259,075,033



Putting it All Together: CT Performance Management System



How we Manage Performance and Quality at the Connecticut Department of Public Health:

Striving for Excellence Daily in Everything We Do

Performance Standards

What are we aiming for?

National standards from sources like these can be used to select indicators and targets for programs



Healthy People 2020 Example:
Reduce blood lead levels in children ages 1-5

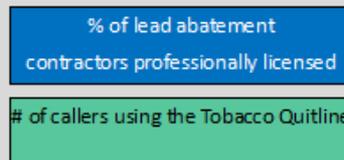


Performance Measurement

How will we know how we are doing?

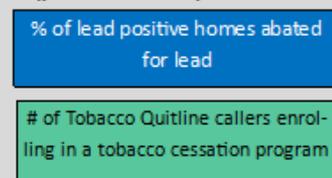
Refine measures and targets to monitor how well programs are doing.

How much did we do?
(process measure)

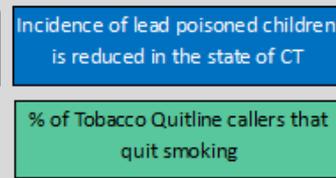


Example 1
Example 2

How well did we do it?
(process measure)



Is anyone better off?
(outcome measure)



PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



Reporting Progress

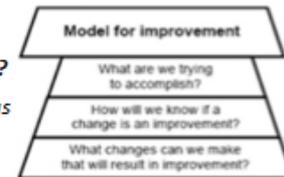
How are we sharing our progress among staff and with partners?

The Performance Dashboard is used to share progress on measures and targets.

Quality Improvement/LEAN

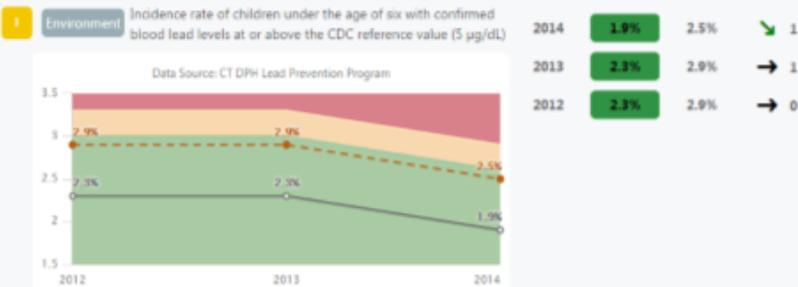
How can we do better to meet our targets?

Using quality improvement methods such as LEAN and Plan, Do, Study, Act (PDSA) can lead to improvements



Using a Lean process the Lead Program examined how to improve processing manual child lead results and move to a fully automated system. They successfully reduced the time it takes to share blood lead results with caseworkers, who can then work with children and families more rapidly to address their health issues.

July 2016





**Department
of Health**

Community Water Fluoridation- Performance Management Initiative

Erin C. Knoerl, MPH

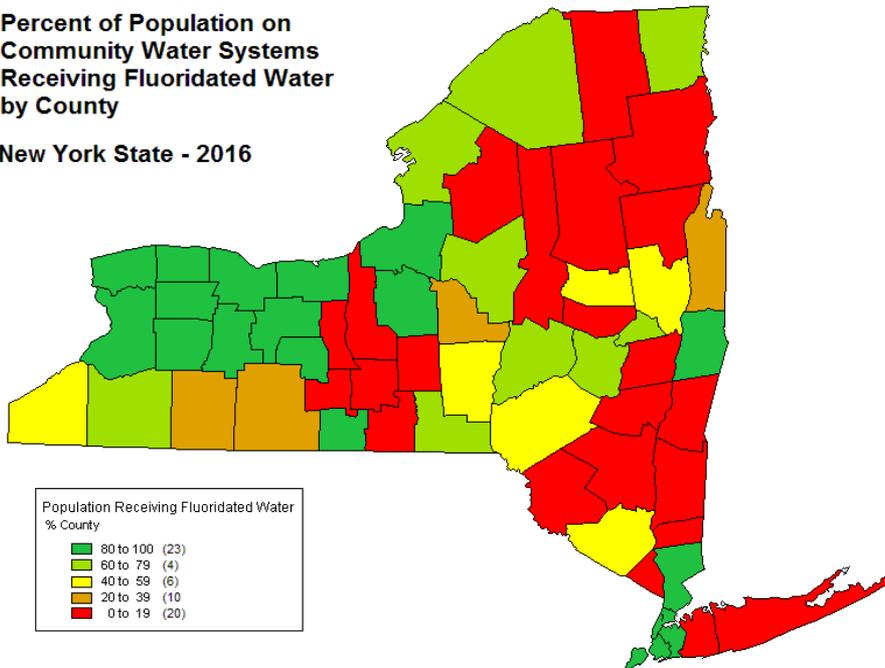
**Public Health Specialist – Community Water Fluoridation and Oral Health Workforce
New York State Department of Health, Bureau of Child Health**

April 8, 2024

Community Water Fluoridation (CWF) Across NYS

Percent of Population on
Community Water Systems
Receiving Fluoridated Water
by County

New York State - 2016



Population served: 13 million

Fluoride adjusted water systems: 122 of 2,407 systems

Percentage of people on public water in NYS who receive optimally fluoridated water:

- With NYC- 71.7%
- Without NYC- 47.0%

Performance Management is a Priority in NYS

- 2012 Strategic Plan
 - Mission
 - Vision
 - Strategic Map
 - Key priority: Become a model performance-based organization
- Center for Community Health Initiative
 - 2013 – current
 - Quarterly update meetings
- 2016 Governor’s Office Initiative
 - Remodeled Agency Strategic Plan
 - Annual performance plans
 - Lean process improvement plans
- Update to the Strategic Map
 - Cross-cutting strategic priority: Use performance-based decision making in quality improvement

The Department of Health protects the health, productivity and well-being of all New Yorkers by promoting public health and patient safety, by reducing health disparities and by assuring access to affordable, high quality health services.					
1	2	3	4	5	
Promote Public Health	Optimize Human, Financial and IT Internal Infrastructure and Support	Provide Services in Emergency Situations, and for Emerging Threats	Promote Patient Safety	Assure Access to Affordable, High Quality Health Services	
↓	↓	↓	↓	↓	
1	Optimize community-wide efforts to improve health outcomes and reduce cost.	Streamline administrative, grant, and purchasing strategies.	Increase capacity to respond timely and effectively to emergencies and emerging threats.	Monitor, measure and quantify outcomes.	Increase access to evidence-based, cost-effective healthcare delivery models.
2	Monitor, measure and quantify outcomes.	Improve internal communication and promote cross-agency team building.	Improve flexibility for supporting emergencies and emerging threats.	Support essential health delivery system surveillance efforts.	Increase access to high quality health services including acute care, primary care, and long-term care.
3	Support essential public health inspection efforts.	Enhance staffing flexibility, professional opportunities, and succession planning.		Increase capacity of public health and health care facilities to ensure safety.	Strive to deliver healthcare services in the least restrictive setting, considering patient choice and safety.
4		Adopt data systems and technologies to increase program effectiveness and efficiency, and improve customer service.			Decrease statutory, regulatory and administrative barriers to delivery system transformation.
Champion Health Equity					
Strengthen Collaborations and Key Partnerships					
Use Performance-Based Decision Making to Drive Quality Improvement					



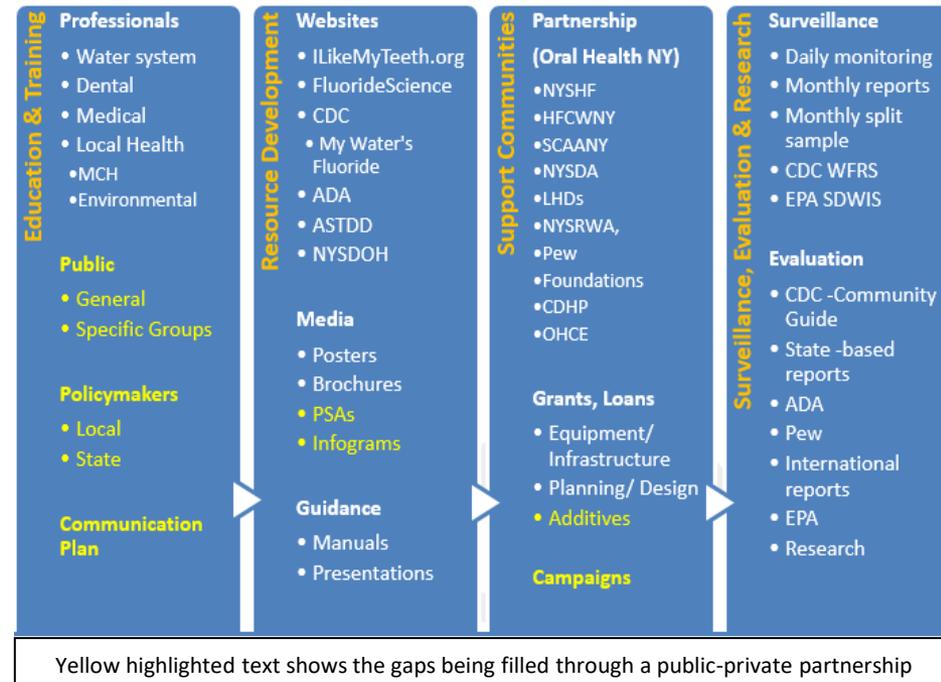
2016 New York State Department of Health Strategic Map as of November 17, 2016

Fluoridation is a Priority in NYS

- 2016-2020 Title V Maternal and Child Health Services Block Grant State Action Plan
 - Objective LC-4: ***Increase the percentage of NYS residents served by community water systems that have optimally fluoridated water by 10% to 78.5%.***
- Prevention Agenda 2013-2018: New York State's Health Improvement Plan
 - Objective 5-4: ***By December 31, 2018, increase the percentage of NYS population receiving fluoridated water by 10%.*** (Promoting Healthy Women, Infants and Children Action Plan)
 - Objective 1a: ***Increase the percentage of NYS residents served by community water systems that receive optimally fluoridated water by 10% from 71.4% (2012) to 78.5%.*** (Promote a Healthy and Safe Environment Action Plan, Focus Area #2)
- 2014 New York State Oral Health Plan
 - Objective 2.a: ***By 2017, increase the percentage of NYS population receiving fluoridated water by 10 percent.***

NYS's CWF Program

- Four programmatic focus areas
- Performance management focus area: **Surveillance**
- Program activities are accomplished through:
 - Department of Health (DOH) staff and
 - External contractors, partners and stakeholders



Central Goal & Challenges

Year 1 Goal: Increase the percentage of NYS residents served by community water systems that receive optimally fluoridated water by 10% from 71% to 72% in 2017.

Challenge: In order to maintain existing fluoridating communities we (DOH) need to:

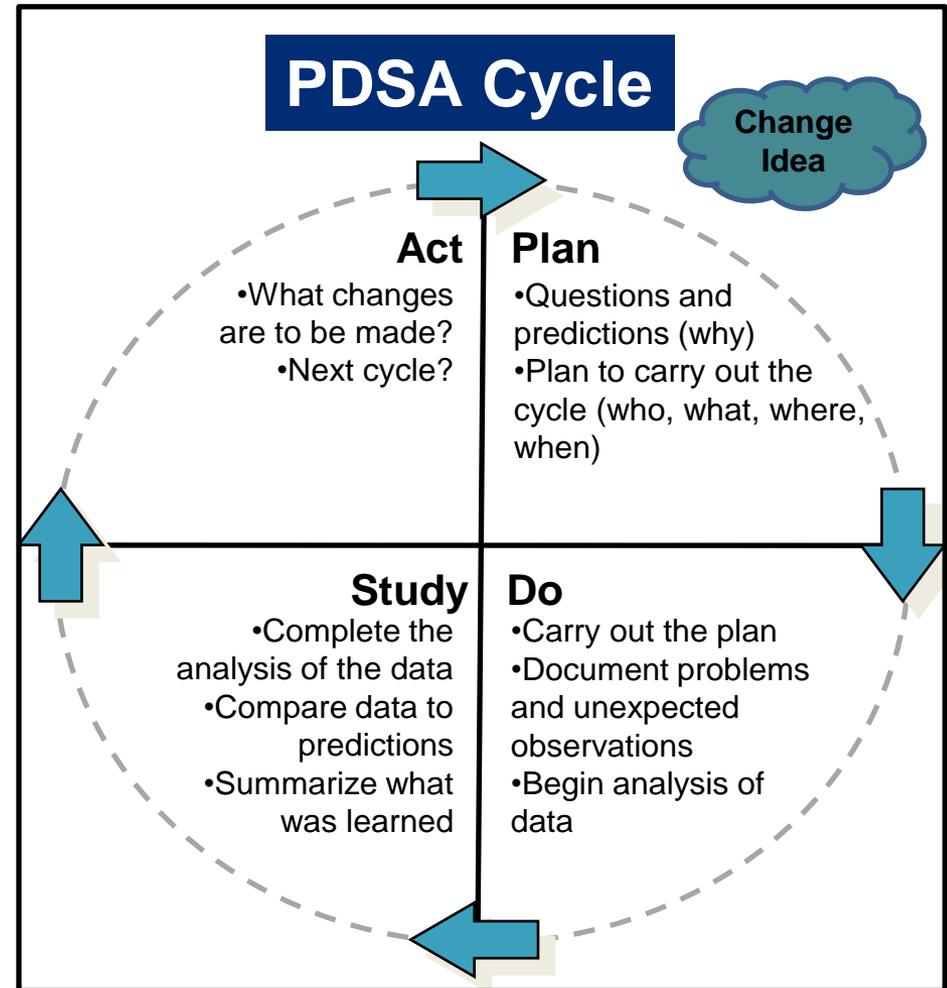
1. Be able to identify public water systems (PWS) experiencing issues with CWF operation and equipment
2. Provide technical and financial assistance to these PWS

Areas to Address:

1. Consistent and timely access to CWF operation data from PWSs.
2. Consistent delivery of optimally fluoridated water from PWSs to residents.

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?



Performance Measure 1A: Percentage of NYS fluoride adjusted public water systems (PWS) that consistently submit monthly fluoride operating reports (MOR) to the NYSDOH

- **Operational Definition:**
 - **Numerator:** # of fluoride adjusted PWS that have a MOR on file at the BCH
 - **Denominator:** # of fluoride adjusted PWS
- **Source:** MORs and WFRS
- **Technical Notes:** Consistently for Quarter- PWS must have all three MORs on file at BCH for a given quarter. Quarters are defined as the following: Q1- January-March; Q2- April-June; Q3- July-September; and Q4- October-December.

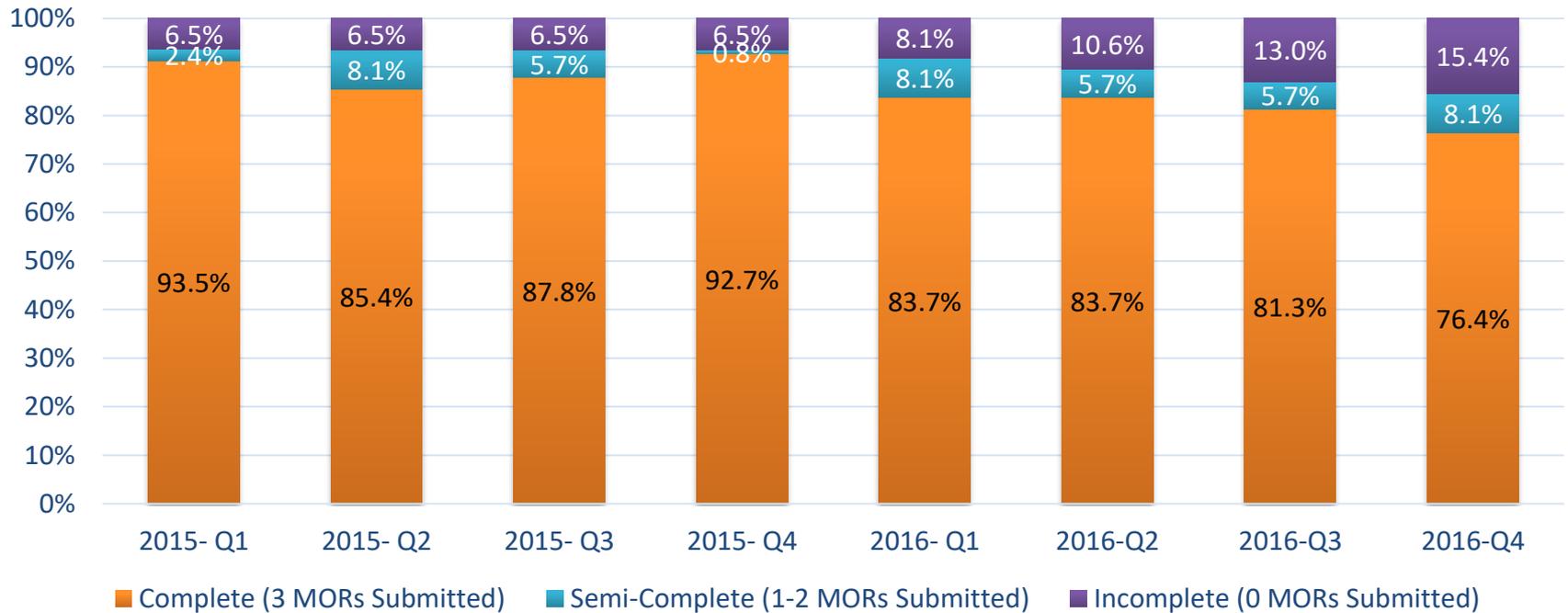
Performance Measure 1A

- **Baseline:** 85.4% of fluoride adjusted PWS have all 12 MORs on file at the NYSDOH for 2015
- **Target for Improvement:** 100% of fluoride adjusted PWS will have all 12 MORs on file at the NYSDOH by April 2017. This is a 17% improvement from baseline.

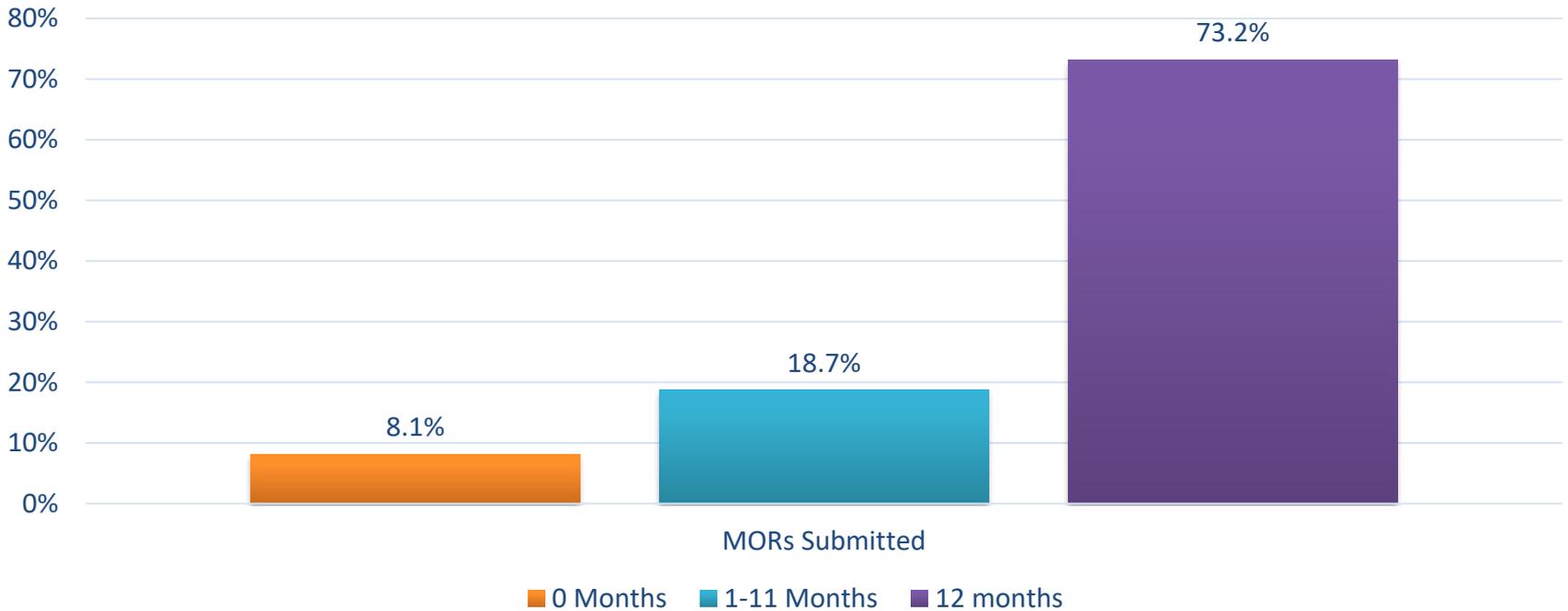
Internal Performance Management Process/Workflow

- Track dates MORs are received in Excel
 - by Local Health Department/District Field Office
 - by the Bureau of Child Health (BCH)
- Crosscheck against Water Fluoridation Reporting System (WFRS)
 - Reports (*Operational and Average Fluoride Levels by Month*)
 - “Fluoride Data” section
- Verify missing MOR list with BWSP
- Brief Bureau, Division and Center leadership on progress
- Work with BWSP to implement tests of change to address measures

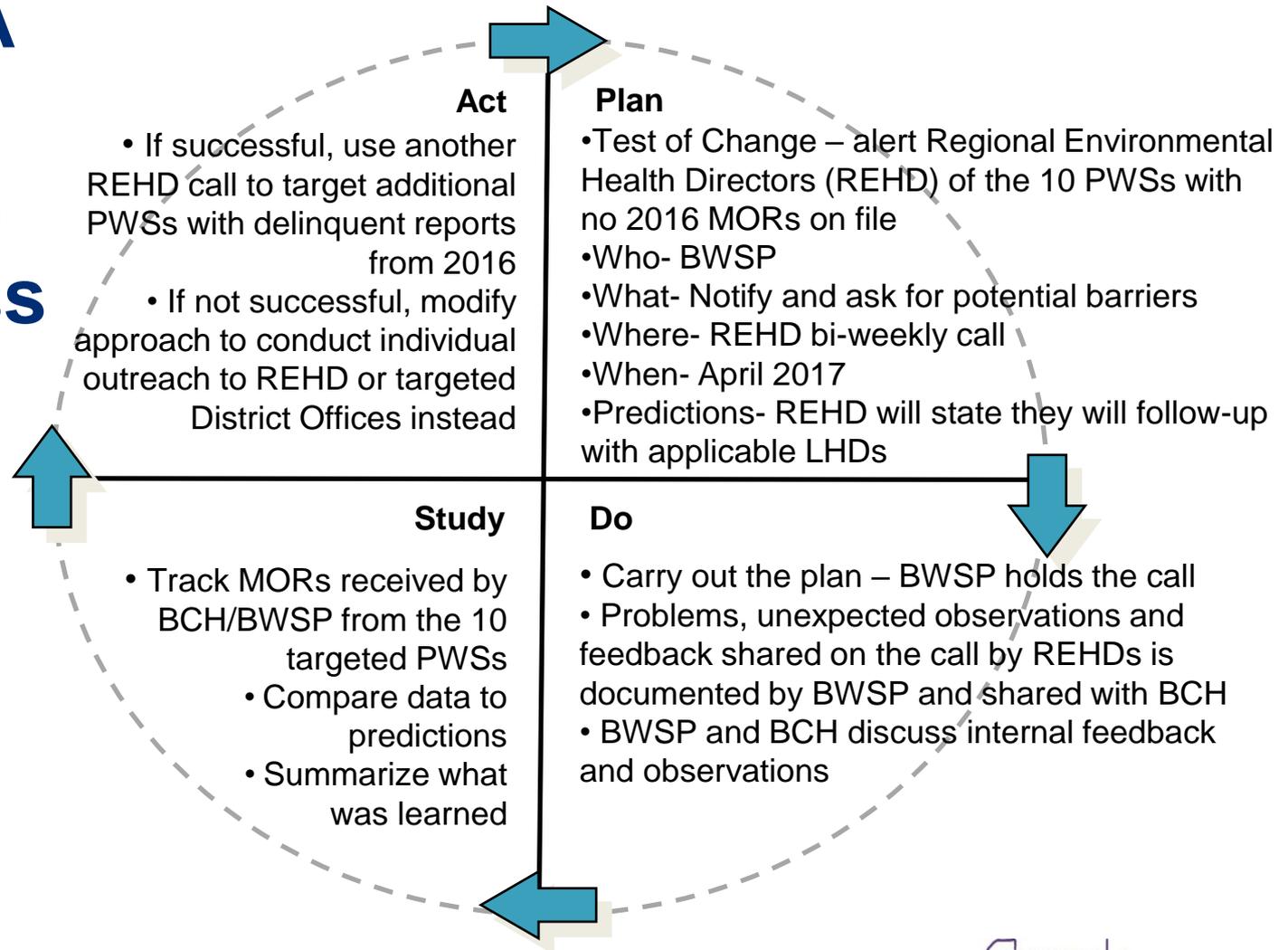
Percent of Fluoride Adjusted PWS with MORs on File by Quarter



Percent of Fluoride Adjusted PWS with MORs on File for 2016



The PDSA Cycle Approach to Address Missing MORs in 10 PWSs Missing full 2016 Dataset





CHANGING
Maryland
for the Better

Perinatal and Infant Oral Health Quality Improvement Program PIOHQI

Katy Battani, RDH, MS
MD Office of Oral Health
Department of Health and Mental Hygiene



Quick Overview of PIOHQI

- MD is one of 16 states nationwide with a PIOHQI grant
- HRSA-funded program via the Maternal and Child Health Bureau
- Strong focus on quality improvement methodology
- **Long-term outcome:**
 - Pregnant Women: *By September 2019, increase by 15% over MD baseline **the percent of women who have received prophylaxis**, during pregnancy, as measured by the PRAMS data.*
- **Three targeted aims** that focus on:
 - **Outreach:** ***Home visiting**; social marketing campaign
 - **Policy:** Adult Medicaid dental benefit; dental hygiene curriculum
 - **Access and Utilization:** Community Health Center oral health screening pilots prior to first prenatal visits



Integration of Oral Health into Home Visits for Pregnant Women

Components:

- Provide training, both initial and ongoing
- Collect oral health data
- Provide resources and support to program



ORAL HEALTH HOME VISITS DURING PREGNANCY

(This form to be completed by family support worker)



NAME: DOB: TYPE OF INSURANCE: Medicaid Private Uninsured Other:

ESTIMATED DELIVERY DATE:

DOES WOMAN HAVE: Spouse/Partner Yes No Number of children: Ages:

1 st Visit Date: <input type="text"/>	2 nd Visit Date: <input type="text"/>	3 rd Visit Date: <input type="text"/>
Number of Weeks Pregnant: <input type="text"/>	Number of Weeks Pregnant: <input type="text"/>	Number of Weeks Pregnant: <input type="text"/>
<p>1. Do your gums bleed when you brush? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>2. When was the last time you brushed your teeth? <input type="text"/></p> <p>3. Do you have any pain or problems in your mouth? Does anything hurt? <input checked="" type="radio"/> Yes <input type="radio"/> No Notes: <input type="text"/></p> <p>4. When was your last dental visit? <input checked="" type="radio"/> Within past 12 months <input type="radio"/> > 12+ months <input type="radio"/> Can't remember</p> <p>5. Do you have a dentist? <input checked="" type="radio"/> Yes, list dentist/office: <input type="text"/> <input type="radio"/> No, can I help you find a dentist? <input type="radio"/> Yes* <input type="radio"/> No *If yes, review list of local dentists together.</p> <p>List dentist chosen: <input type="text"/></p>	<p>1. Do your gums bleed when you brush? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>2. When was the last time you brushed your teeth? <input type="text"/></p> <p>3. Do you have any pain or problems in your mouth? Does anything hurt? <input type="radio"/> Yes <input checked="" type="radio"/> No Notes: <input type="text"/></p> <p>4. Have you had a dental visit (since the 1st oral health home visit)? <input checked="" type="radio"/> Yes, for what? List: <input type="text"/> <input type="radio"/> No, why? <input type="text"/></p> <p>Confirm that woman has a dentist (see 1st visit).</p>	<p>1. Do your gums bleed when you brush? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>2. When was the last time you brushed your teeth? <input type="text"/></p> <p>3. Do you have any pain or problems in your mouth? Does anything hurt? <input checked="" type="radio"/> Yes <input type="radio"/> No Notes: <input type="text"/></p> <p>4. Have you had a dental visit (since the 2nd oral health home visit)? <input checked="" type="radio"/> Yes, for what? List: <input type="text"/> <input type="radio"/> No, why? <input type="text"/></p> <p>Confirm that woman has a dentist (see 1st visit).</p>



Dental Appointments

ASSIST woman with making a dental appointment.

Appt. Date: Time:

Dentist/office:

ASSIST woman with making a dental appointment.

Appt. Date: Time:

Dentist/office:

ASSIST woman with making a dental appointment.

Appt. Date: Time:

Dentist/office:

Oral Health Education and Goal Setting

1st and 2nd Trimester

1. Review "Give yourself a healthy mouth during pregnancy" brochure information with woman, explain contents of oral health bag, and give and review "My Passport for a Healthy Pregnancy."
2. Consider having the woman set an oral health goal.

3rd Trimester

1. Review "Lift the Lip" brochure information with woman, explain contents of oral health bag, give children's book (and explain the benefits of reading to infants on their cognition), and give and review "My Health Passport."
2. Consider having the woman set an oral health goal for herself and/or her future baby.

Examples of Oral Health Goals:

- Make a dentist appointment.
- Go to the dentist.
- Brush with fluoride toothpaste twice a day.
- Floss once a day.
- Drink more tap water.
- Drink less soda and sugary beverages.
- Eat more fruits and vegetables.
- Use *Pregnancy Passport*.
- Read *Child Passport* before baby is born.

Notes:



Quality Improvement Tools

- **Before Action Reviews/After Action Reviews (BAR/AAR)**
 - BAR: Helps enter into an event with a common understanding of the outcomes you're seeking and potential pitfalls
 - AAR: Helps capture what was learned from an event; provides opportunity to reflect and analyze; captures ideas to sustain or to improve upon
- **Process Mapping**
 - Visual picture of the sequence of steps in a process; helps to fully “think through” the various aspects of each step
- **Plan, Do, Study Act Cycles**



BAR/AAR for HFA Presentation, October 7, 2016

Framing Question: What will it take to engage home visitors in integrating oral health into routine home visits?

BEFORE ACTION REVIEW	AFTER ACTION REVIEW
<p>Date of BAR: 10/5/16</p> <p>Participants: Katy Battani</p>	<p>Date of AAR: 10/9/16</p> <p>Participants: Katy Battani and Alice Horowitz</p>
<p>What are our intended results? (1 hour presentation)</p> <ul style="list-style-type: none"> - Educate home visitors on oral health basics, esp. as related to pregnant women and infants/children - Learn from home visitors about what they do and how oral health could be integrated into their work - Provide oral health resources - Learn about what home visitors need from us re support and resources - Learn what they know/understand about oral health <p>What will that look like?</p> <ul style="list-style-type: none"> - Alice and Katy developed a PPT presentation - Informal, open discussion format - Included a video as opening of PPT presentation - Brought resources/literature/toothbrushes <p>What challenges might we encounter?</p> <ul style="list-style-type: none"> - Lack of interest/participation - Technology issues w/ audio, PPT, video - Poor turnout of attendees - Lack of knowledge/understanding of importance of OH 	<p>What were our actual results?</p> <ul style="list-style-type: none"> - Overall good participation high interest - PPT didn't quite work with animation slides - Audio/video worked - Engaged in discussion with home visitors about oral health/good Q and A - Shared resources and got feedback from them on resources needed - Discussed the importance of oral health goody bags to be a "conversation starter" about oral health - Home visitors are not using "Text 4 Baby" - Home visitors are seeing a large number of undocumented pregnant women - Distributed "<u>Toothful Tales</u>" book and explained importance of reading to baby both during pregnancy and after birth <p>What caused these results?</p> <ul style="list-style-type: none"> - Small group and small room helped - Informal atmosphere and presentation - Said "up front" that we wanted to have conversation with them and we wanted a "back and forth" discussion about how oral health could be part of their work and how we could help support them <p>What will we sustain or improve? (If we could turn back the clock, what would we</p>



What have we learned from similar situations?

- Important for PPT, audio, video to work!
- Large groups can be difficult to engage esp. in discussion
- Large group meeting at WISP was likely not as impactful and effective as we had hoped due to poor microphone/sound and lack of audio/video
- Room arrangement
- Time of day.....part of/following lunch

What will make us successful this time?

- Small group
- Audio/video working
- Informal atmosphere/presentation
- 1:1 interaction

Date of our AAR [copy to top of next column]:

What will we sustain or improve? (If we could turn back the clock, what would we do differently?)

- Perhaps save PPT in an older format to be compatible with their current version of PPT (so animations work)
- Would have had goody bags already made up and ready to distribute-- would have ordered supplies ahead of time (although now we know for sure what they'd like to have in the bags)
- Develop a simple list of dental providers (public health sites) in the site's geographic area
- Would have brought more resources
- Would have brought TB model and brush to demonstrate recommended technique.

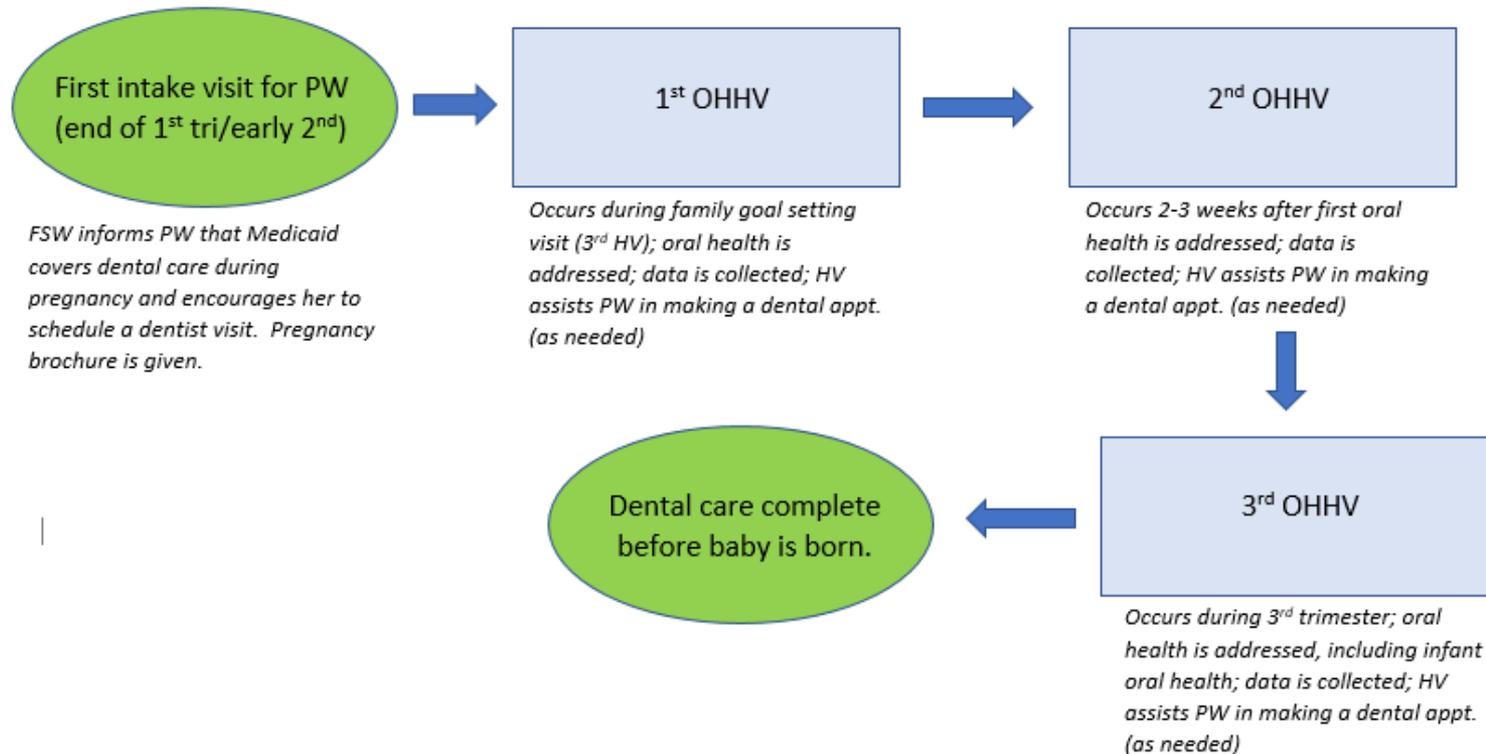
When is our next opportunity to test what we have learned?

- Next step is to have a follow-up meeting or discussion with Natasha about the following:
 - How can oral health be integrated into home visits? What exactly?
 - Can we test this for a short period to see if more women get into dental care during the course of pregnancy?
 - Order supplies and develop goody bags to distribute; decide which literature should be included in bags (adult tb, child tb, toothpaste, floss, tender or washcloth)
 - Gather additional resources and deliver to Natasha
 - Learn more about JHU prenatal grant program
 - Work with Natasha and our resource guide to determine which public health dental sites are in the site's geographic area

Date of next BAR?



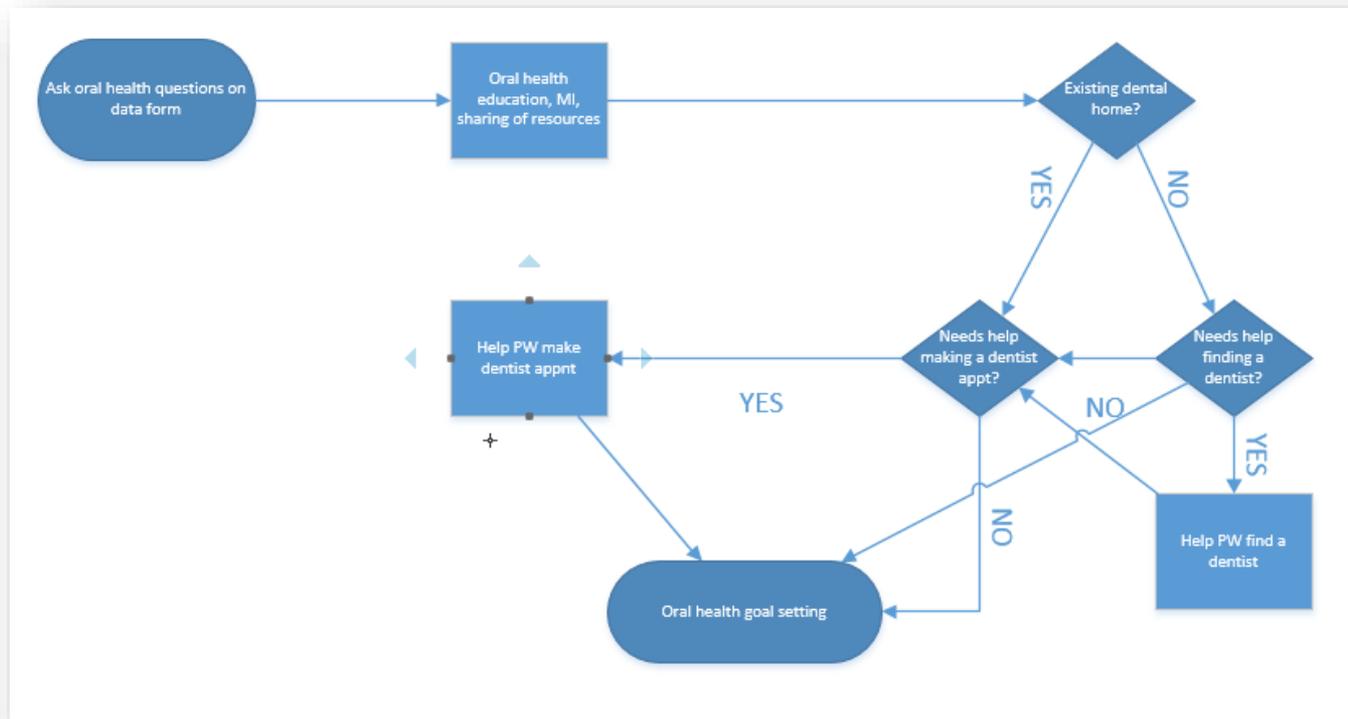
Process Mapping/Flow Chart for OHHVs for Pregnant Women



OHHV= Oral Health Home Visit



Process Mapping/Flow Chart for First OHHV



OHHV= Oral Health Home Visit



Site Name: The Family Tree-HFA Date: 3/29/17
 Contact Information: Katy Battani: kbattani@maryland.gov

Q1 Q2 Q3 Q4

Aim: (overall goal you wish to achieve) <i>Every goal will require multiple smaller tests of change</i>				
By May 2017, 75% of HFA family support workers at The Family Tree will have integrated oral health into routine home visits with pregnant women.				
Plan (Describe briefly and concisely)				
Who will implement the change? Family support workers- HFA		Where will change occur? In the home		
When will this change happen? During the month of April 2017		Tools needed to support change? Oral health goody bags Passports (pregnancy and child) Children's oral health books (Toothful Tales)		
What specifically will take place? Oral health data questions will be asked, oral health education and goal setting, scheduling of dental appt., as needed, resources will be given		Goal setting forms Data forms Dental provider resource list		
List the tasks needed to test this change. Completion of data form Oral health education/MI Scheduling of dentist appt./selection of dentist if woman needs a dentist Oral health goal setting		Person responsible	When to be done	Where to be done
		HFA FSWs	Month of April	In the home



Distribution of oral health resources (goody bag, passport(s), children's book, goal setting form)			
<p>What do you think will happen when you make the change? Oral health will begin to be discussed and integrated into home visits during pregnancy; more women will schedule dental appts and will ultimately see a dentist of care; women will begin setting oral health goals</p>	<p>How will you know that your change has been successful? What data or information will you need? - Data forms complete, including additional notes - Increase in number of PW who scheduled a dentist appt. or who saw a dentist</p>		
<p>Do Describe what actually happened when you ran the test. How long did the test run. How much was done? </p>			
<p>Study Describe the measured results and how they compared to the predictions </p>			
<p>Act Describe what you learned and what you will do next: Adapt this change and retest (what will you refine?); Adopt this change and test on a larger scale (describe?); or Abandon (why?).</p>			



Getting Started



- Create or review and revise existing performance plans in your department
- Align those with agency performance management and other plans
 - Review resources
 - Discuss with colleagues
 - Involve your teams
- Try ideas out on a small scale
- Seek technical assistance as needed

Resources

Journal of Public Health Management and Practice
QI Issues: 2010 and 2012
Accreditation Issue: 2014
Performance Management Articles

www.astho.org/Programs/Accreditation-and-Performance/

www.naccho.org/programs/public-health-infrastructure

<https://nnphi.org/resource-directory/>

Coming Soon:
ASTDD Performance Management Toolkit



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Q and A



If you have a question, please click on the Set Status icon which is the little man with his arm raised on either the upper left or the top of your screen. Click on “raise hand.” We will then call on you to ask your question over the phone.