

Dental Public Health Activity Descriptive Summary

Practice Number: 06008
Submitted By: California Department of Public Health
Submission Date: April 2019
Last Reviewed: April 2019
Last Updated: April 2019

Infant Dental Quality Improvement Projects

- (1) This project was the result of several quality improvement projects at a Federally Qualified Health Center (FQHC) with the goal of increasing the dental visit rate of infants. These projects included:
 - Providing dental training to the medical team teams on child oral health, importance of the dental home by one, risk assessments, fluoride varnish, dental trauma using the Smiles for Life Curriculum.
 - Facilitating dental referrals
 - Incentivizing medical assistants for making dental appointments for infants and young children.
- (2) This project took place at Petaluma Health Center (PHC) in Sonoma County, California. PHC was doing this as a partner in two grants aimed at increasing dental care accessibility for low income and priority populations. A HRSA grant for increasing perinatal and infant oral health access, and a National Network for Oral Health Access (NNOHA) grant with a medical dental integration focus.
- (3) For the implementation of these changes, \$10,000 was budgeted for six months. Thereafter, they budgeted \$1,000 per month.
- (4) The main short-term outcome of interest for this program as a whole was the number of children with a well-child visit who visit the dentist by age 12 months. This rate increased from a baseline of 10.7% to 45.5% by September of 2018. Over the 21-month period where the data were gathered, there was an average increase of 5.4% per month.

Lessons Learned:

Embedding the caries risk assessment in the EMR was very important to this process. They would have done this right at the beginning of the process instead of in the middle of all these changes, if they could do it again.

One major challenge was identifying patients when there were differences in the information in the EMR and EDR (slightly different name spelling, date of birth, etc.). PHC had to put significant effort into cleaning their data, and they put in a protocol for quality assurance of the lists of patients in the EDR and EMR to minimize these errors.

Another challenge was MA managers that said that they do not see that many kids and will not be able to schedule that many. After seeing how the process worked for other teams, the team with the MA late adopter ended up scheduling the highest number of children one month.

Contact Person(s) for Inquiries:

Brendan Darsie, Research Scientist II, California Department of Public Health, 1616 Capitol Avenue, Sacramento, CA, 95814, Phone: 916-324-0090, Email: Brendan.darsie@cdph.ca.gov

Jayanth Kumar, Dental Director, 1616 Capitol Avenue, Sacramento, CA, 95814, Phone: 916-324-1715, Email: Jayanth.kumar@cdph.ca.gov