

### **Problem Statement and Underlying** Causes

Under the Affordable Care Act, more children qualify for public dental insurance. Young, low-income children with Medi-Cal do not necessarily go to the dentist due to lack of parental awareness of need or access barriers, however. Disparities in the access to and utilization of preventive dental services starting in early childhood contribute to the development of oral disease. Young children with Medi-Cal who develop dental caries have limited treatment options and the cost of care is more expensive than preventive dental services received in a timely manner.

Low access to & utilization of preventive dental services among low-income children under age 3

**Real access to &** utilization of preventive dental services among low-income children under age 3

# **Project Description**

Alameda Health System (AHS) has 4 pediatric clinics and one pediatric dental clinic. The American Academy of Pediatrics and the American Academy of Pediatric Dentistry recommend that children have their 1<sup>st</sup> dental visit by age 1. This project will integrate the provision of preventive dental services into some pediatric visits thus expanding access to preventive dental services for children under age 3.

# **Goal and Objectives**

Goal: AHS sites where young children receive primary care will offer preventive dental services.

**Output-oriented Objective:** At least 50% of AHS sites where pediatric patients are seen will offer preventive dental services to children under age 3 by the end of FY2016.

**Outcome-oriented Objective:** At least 20% of the AHS pediatric patients under age of 3 will have a dental home at AHS by the end of FY2016.

# **California Health Improvement Project (CHIP)** Integrating Oral Health into Pediatric Care for 0-2 year olds

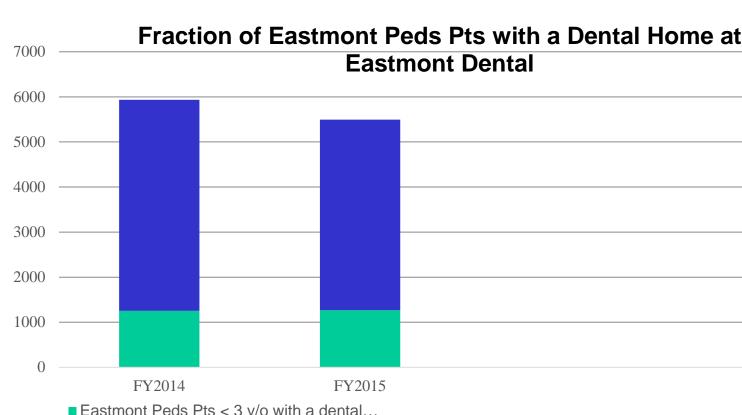
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## **Outputs & Outcomes**

### **Outputs Achieved**

- All AHS pediatric clinics now offer preventive dental services. A new dental team began to provide early oral care visits in primary care exam rooms at two Wellness Centers without dental clinics where there is excess capacity on some Saturdays (instituted July 2016)
- Created a Preventive Dental Services template in NextGen EHR to document dental visits at 2 of the Wellness Centers
- Established the proper coding sequence for billing for Fluoride Varnish application by medical personnel
- Put into place an agreement that personnel at the pediatric clinics in Oakland can schedule initial dental visits directly onto the dentists' schedules at Eastmont Wellness Center in Oakland
- Established an Atraumatic Restorative Treatment clinic in which USCF dental students provided interim care under UCSF faculty supervision at AHS
- Provided a training to Primary Care Physicians on the benefits of Interprofessional Oral Health Collaborative Practice.

#### **Outcomes Achieved\***



\*Robust data were only available for Eastmont Wellness Center. In FY2014, 25% of the Peds pts 0-2 had a dental home at Eastmont Dental. In FY2015, 28% of the Peds pts 0-2 had a dental home at Eastmont. These statistics compare favorably to the national average of 7%.



Highland Hospital Pediatric team, Eastmont Wellness Center Dental Team, UCSF Pediatric Dentistry Externs



Eastmont Wellness Center Pediatric Team

### Lessons Learned

Classifying the pediatric and family practice providers into adopter categories is useful to understanding how to facilitate their integration of preventive dental services into their pediatric practice. Developing an early adopter among the onsite providers will facilitate program sustainability

Knowledge that preventive dental services (e.g., fluoride varnish applications) are billable proved to be the tipping point for gaining acceptance among pediatric and family practice providers and strengthened the sustainability of preventive dental services in Pediatrics.

The parents/caregivers are more amenable to follow-up on the pediatric providers' recommendations to establish a dental home for their children after they receive Fluoride varnish applications in the pediatric clinic and obtain assistance in scheduling the 1<sup>st</sup> dental appointment at the conclusion of the Pediatric visit.

Successfully working together interprofessionally to improve/maintain our patients' oral health status made it easier to collaborate on another thrust—early literacy.

Cross-disciplinary communication, not just cross-disciplinary provision of services, breaks down siloes.

## **About My Organization**

Alameda Health System (AHS) is a leading pubic health care provider and medical training institution recognized for its world-class patientand family-centered system of care. The heart of its mission is to promote wellness and eliminate disparities within the diverse communities of Alameda County, CA. It operates 5 hospitals and 4 primary care wellness centers in Alameda County. AHS has 334,715 outpatient visits and delivered 1,080 babies across its system annually. It has achieved a "Baby Friendly" designation.



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### CHCF HEALTH CARE LEADERSHIP PROGRAM