

# Dental Care Coordination through Systems Approach to Increase Access to Dental Care for Medi-Cal Beneficiaries: Alameda County's Experience

Quamrun Eldridge, Suhaila Khan, Bhavana Ravi, Yilak Fantaye, Kerri Chen, Jared Fine, Arash Aslami

**Alameda County Office of Dental Health** 

COHTAC Lunch & Learn Series November 19, 2020





# **Learning Objectives**

1. To discuss and explain the effectiveness of the Dental Care Coordination model through a systems approach to increase access to dental care for Medi-Cal beneficiaries in Alameda County. WHAT WE DID.

2. To discuss and describe the strengths and challenges of implementing objective 1 in a large county-wide collaboration. HOW WE DID IT.

3. To discuss the results based program and policy implications. WHAT IS NEXT.



# **CONTEXT:**

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# **Need To Increase Access To Dental Care**



ALAMEDA DTI - HEALTHY TEETH HEALTHY COMMUNITIES

# **Alameda County**



- •739 sq. miles
- By San Francisco Bay
- Population 1,671,329, 7th largest
- Race/ethnicity White 44.1%, Asian American 34.9%, Latinx 22.3%, African American 12.2%, Native Hawaiian Other Pacific Islander 1.4%, American Indian/Alaska Native 1.5%, Other 12.8%

Uninsured: 3.8% Publicly insured: 29%

Data Source: US Census Bureau 2019





# State leaves poor kids short of dental care

Low rates mean few providers serve neediest children

### By Victoria Colliver

California's dental program for low-income children is leaving many of the kids it is intended to serve at high risk of developing lifelong dental diseases because it has failed to provide adequate services, a state audit released Thursday has found. The 92-page report described a system that serves fewer than half the children enrolled in the program, attributing that mainly to a lack of dentists willing to accept the rates the state is willing to pay them for their services. Those rates, which haven't increased since 2000, were cut by 10 percent last

| year.

Problems with the prograin, known as Denti-Cal, have persisted for years, but health advocates worry that the migration last year of more than 865,000 kids into Medi-Cal from the state's Healthy Families program under the federal health law Dental continues on DA



Dr. Tony Mock gives Jenine Smith a dental checkup. Low-income children are at high risk of dental problems.



# Little Hoover Commission Report:

# *"Fixing Denti-Cal"* April 2016

## WWW.LHC.CA.GOV





# **Key Findings of Little Hoover Commission Report:**

why Medi-Cal's Dental Program was failing

## **Dental Provider Factors**

Low reimbursement Too few settings – lack of dentists who take Medi-Cal patients Difficulty finding providers for kids under 5 Administrative-financial burden

## **Patient/Client Factors**

Little outreach or care coordination High no show rate Low oral health literacy Language/culture Long wait for appointments Long distances Psycho-social barriers Administrative-financial burden

## **System Factors**

Administrative issues Financial issues Data collection/utilization Public-private collaboration Dental-medical-behavioral collaboration







# What is Healthy Teeth Healthy Communities (HTHC)?

- ✓ Alameda County Office of Dental Health funded by Dental Transformation Initiative (DTI) from the State.
- ✓ Alameda County's DTI is called the Healthy Teeth Healthy Communities.
- ✓ Project Period: April 2017 December 2020.
- ✓ \$19.7 million



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# WHAT WE DID

Built an effective Dental Care Coordination model through systems approach, that led to increased access to (& utilization of) dental care for Medi-Cal children-youth ages 0-20 years in Alameda County.





# HTHC Goal, Objective, Actions, and Sub-actions

## Goal:

 To increase access to preventive dental care services for Medi-Cal children-youth ages 0-20 years in Alameda County.

## **Objective:**

✓ To create and implement a new model of county-wide dental care coordination system in Alameda County.



## Actions:

- 1. Create community dental care coordination (CDCC) workforce
- 2. Create network of dentists called Community of Practice (COP)
- 3. Collect, analyze, report & use data
  - ✓Create online database

# Sub-actions:

- 1. Continuous quality assurance
- 2. Leadership, disciplined administration, and multi-level communications
- 3. Build & utilize partnerships-collaborations
  - ✓ Public-private
  - Medical-dental-behavioral







## Action #1 (bridge connecting patients & providers): Create Community Dental Care Coordination (CDCC) Workforce





# **CDCC Workforce Responsibilities**

- Outreach & in-reach to find families with children who are on Medi-Cal or Medi-Cal eligible
- Educate families about oral health, using Medi-Cal dental services
- Assist families with dental appointments scheduling & showing up
   Accompany clients to 1st appointments, conduct follow-up calls
- Establish-maintain a good working relationship with dental providers
- ✓ Collect and enter data in the database
- ✓ Attend project trainings-meetings as scheduled



# Action #2 (address provider factors): Create Network of Dentists: Community of Pract (COP)



**Champion deployed** 



# **COP Provider Responsibilities**

Accept Medi-Cal patients (for private dental offices)

✓ Coordinate with CDCCs for patient's dental appointments

- Complete documents (Dental Encounter Form)
- ✓ Participate in trainings & mentorship program

•14 CE courses - 49 units, no cost, by UCSF faculty

•17 pediatric dentistry mentors

 Provide Family Oral Health Education (FOHE) to families with children 0-5 years old



## Action #3 Collect, Analyze, Report & Use Data

## **Created database that emphasizes dental care coordination**

- ✓ Cloud-based, online, live, HIPAA compliant
- ✓ Real time data collection & data entry by 26 CDCCs
- ✓ Real time monitoring & reporting

## **Created CDCC monthly report with targets**

## **Conducted Surveys**

- Client satisfaction (2019 & 2020) English, Spanish, Cantonese
- CDCC satisfaction (2017, 2018, 2019)
- CDCC knowledge-skills-confidence (2018, 2019)
- COP satisfaction (after every CE, 4x annually, 2017-2020)
- COP follow-up baseline (2018, 2019, 2020)

## **Conducted Focus Groups**

- 2018 (6 client, 2 CDCC, 4 dental provider)
- 2020 (dental providers, Zoom)



# Sub-action #1: Continuous Quality Assurance

## Formed Accountability & Quality Improvement (AQI) Workgroup

- > monthly meeting, partners of ODH-UCSF-Alameda Health Consortium
- developed the data collection tools
- conducted all the surveys
- > analyzed & used the data

## Data quality check

- > monthly error report from database shared with 26 CDCCs, data corrected
- > Data Audit: 2019, 26 CDCC's client data checked e.g. signed consent form

## **Example of using data for quality improvement**

- > CDCC survey: which refresher training to repeat HIPAA, Medi-Cal
- > COP CE survey: more case scenarios on how to treat children ages 0-5 years
- CDCC monthly targets not met called Project Director







ALAMEDA DTI - HEALTHY TEETH HEALTHY COMMUNITIES

# Sub-action #2 Disciplined Administration & Multi-level Communications

HEALT HEALTHY	HY TEETH COMMUNITIES	1		HTHC Calendar 2019 (Internal & Extended) *Have to find a new date/room					
	Implementation	COP Leadership (ODH,UCSF)	Leadership/ Contract/Fincance	CDCCs & Supervisors	AQI	Database-CCMS (ODH, OHS IS)	COP CE Course	Steering Committee	Data/Eva (Suhaila, Yila
	Weekly	Bi-Monthly	Monthly	Monthly	Monthly	Monthly	Quarterly	Quarterly	Weekly
	Thursdays 9:30am-11:00am	Wednesdays 9:30am-11:00am	3rd Thursdays 1:30pm-3:30pm	Last Thursday 8:30am-4:30pm	2nd Tuesdays 1:00pm-3:00pm	3rd Fridays 9:30am-10:30am	Saturdays 8:00am-2:00pm	2nd Thursday 5:30pm-7:00pm	Mondays 10:30am-11:3
January	01/035000C 1/105229 1/1/* 01/245229	1/95000D 1/235000D 1/305000D	1/175000A/B	1/31310A/B	1/85000B	1/45000C			1/7 1/14 1/22 1/28
February	02/075000C 2/145229	2/205000D	2/21310A/B	2/28310A/B	2/125000C	2/15CHS Rm	2/23 8:00am-2:00pm Asian Cultural Center	2/21 5:00pm-7:30pm 5000A	2/4 2/11 2/19 2/25
March	3/75000C 3/145229 3/21*	3/65000D 3/205000D	3/21310A/B	03/28310A/B	3/125000C	3/155229			3/4 3/11 3/18 3/25





## Sub-action #3 Build & Utilize Partnerships-Collaborations

- ✓ County-wide partnerships-collaborations public-private dental-medical-behavioral County-UCSF County-Alameda Health Consortium
   ✓ 40 partners
  - 17 agencies
  - 23 private dental offices
  - (including 8 FQHCs, 2 community health centers, 2 CBOs)





## **Our Valued Partners**





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# HOW WE DID IT

Year 0 (2016): Pre-grant activities Year 1 (2017): Planning Year 2, 3 & 4 (2018, 2019, 2020): Field work

The strengths and challenges of implementing Learning Objective #1 in a large county-wide collaboration.



# **Year 0: Pre Grant Activities**

Alameda County Office of Dental Health provided the leadership to write the grant

>Partnership with 17 organizations was built before the grant was written

**Grant was written in collaboration with 17 partners** 

>Job responsibilities of CDCCs were developed with the partners

**FQHC** dentist participation was formulated with FQHC dental directors



# Year 1 (project started 2017 April): Planning & Developing Project Implementation Tools

**CDCC Workforce curriculum advisory group formed – met weekly Care coordination advisory group formed – met monthly COP Leadership group formed with UCSF – met 2x monthly COP & CDCC curriculum development started** Quality Assurance AQI Group formed with UCSF, Alameda Health Consortium **Database design discussions started with vendor Implementation Plan started writing (2018, 2019) Evaluation Plan started writing (finished mid 2018)** 







# **CDCC Workforce Activities (2017 Oct, Nov, Dec)**

- ✓ Developed 8-week training curriculum
- Training curriculum topics: oral health, care coordination, outreach principles, dental terminology, data entry
- ✓ Recruited 26 diverse CDCCs: by partners
- Trained the CDCCs: ODH organized
- ✓ iPads provided for entering data





# Target/Benchmarks for CDCCs

Type of Services	Each CDCC/month	Each CDCC/year
Contact families with children/youth	50	600
Schedule dental appointment/care coordinate	23	276
Show for dental appointment	15	179
Continuity of care	10	116



### **Tools for CDCCs**

HTHC Monthly Progress Report of CDCCs (Exh Reporting Period: Nov 2018				
	A	sian Health	1	
	Total	Rose Liou	Vinh	
No. of events organized/attended				
total	11	4	7	Appendix: Urgency Dental Care Deci
in-reach	10	3	7	Ask 1: Have you ever taken your child to a dental visit?
outreach	1	1	0	
No. of people attended the events				NO: Follow protocol below to determine rgency of appointment. Ask: How old is child?
total	250	110	140	oes child have any pain?
in-reach	220	80	140	as not had age 1 Schedule a dental exam Appointment was within la
outreach	30	30	0	ental appointment appointment within 5 days Appointment was over 12
No. of individual people CDCCs talked to at the events				nd is between 9-15 for up to one month out  Determine if they h  ASK: 3: Do they have
total	133	80	53	ASK: 3: Do they have scheduled for preventioned for prevention of the scheduled for preve
in-reach	118	65	53	as not had a dental Schedule a dental exam IF YES: They have a IF
outreach	15	15	0	ppointment and is appointment within 5 days dental home. pl
No. of families contacted (600/year/CDCC or 50/month/CDCC)				5 months and for up to 2 months out de
total	79	26	53	hild (any age) has Schedule an urgent dental IF YES: IF
in-reach	78	25	53	ain, trauma to exam appointment within Assist with a
outreach	1	1	0	eeth or visible (2) days for first available appointment back to w nfection appointment within (1) provider m
No. of consent forms signed by families				nfection appointment within (1) provider m week
total	17	0	17	stop
in-reach	35	18	17	
outreach	0	0	0	
No. of families given health education (CDCCs spent at				Guidelines:
least 10-15 minutes with each family to discuss dental health				Il children have an annual dental exam and preventive visits 2x year.
issues)				hildren have first dental visit-when first tooth erupts or at 12 months. This inc
total	17	0	17	eeth at 12 months. ny child in pain or with visible untreated dental disease needs urgent dental ca
in-reach	35	18	17	lient must agree to HTHC program in order to schedule an initial appointment
outreach	0	0	0	
No. of doublet encoded and a short-dated for				





AC-ODH-HTHC FAQs for CDCCs

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### Healthy Teeth, Healthy Communities (HTHC)

### INFORMED CONSENT

### Purpose

You are invited to join Healthy Teeth, Healthy Communities (HTHC). This program helps children ages 0 through 20 who are eligible for Medi-Cal in Alameda County to get dental services. HTHC is run by the Alameda County Public Health Department (ACPHD) and its partners.

This form explains the HTHC program, and provides a space for you to give your informed consent to participate. Please read it carefully, and feel free to ask any questions.

#### What Will Happen

If you join the project, you will work with a community dental care coordinator (CDCC). The CDCC will help you to get dental care for your child. They will ask you about your family, dental care needs, and best ways to reach you. They can make a dental appointment for you, and keep in touch to give you information and reminders.

If you give your consent on this form, the CDCC will record your information into a secure computer system. The computer system will comply with a law designed to help keep medical information private, the Health Information Portability and Accountability Act (HIPAA).

#### Risks

There is a small chance that your identity will be disclosed. Our program will work hard to keep your identity private at all times. Only a few people will have access to the restricted information in the HTHC computer system.

### Benefits

HTHC may directly benefit you and your child by helping you get dental care or other services. The information you share will help us make sure the program is working to improve children's dental health.

#### Confidentiality

HTHC will make every effort to keep your information private. We will not reveal your identity in reports, conferences or publications.

Other partners, such as the University of California San Francisco or state or federal officials, may request the information that you give us in order to confirm the reports were conducted appropriately and to learn about the performance of the Healthy Teeth Healthy Communities program overall. We will only share information about you that is essential for these tasks or if required by law or policy.



Healthy Teeth, Healthy Communities (HTHC)

### Voluntary Participation

Your participation in this project is completely voluntary. You may decide to withdraw at any time. If you withdraw, you may ask us to remove your information from our computer system. If you withdraw, you will still be able to receive services from your dentist or dental office.

### Contact Information

ALAMERA COUNT (ه)

Please contact the Alameda County Public Health Department with any questions, or comments about HTHC and your rights as a participant at George, Charbak@acgov.org, 510-2085933

### Authorizations

I have read and understand this information. I am the CLIENT or am authorized to act on behalf of the CLIENT to sign this document, which verifies consent to the above-stated terms. I have received a written copy of this form.

Name of Client:					
Sidnature of Client-					
Name of Parent, Guardian or Lega	l Representative:				
Signature of Parent, Guardian or I	egal Representative:				
Date:					
Consent to be in Pictures or Phot	os: 🗆 Yes	D No			
Consent to be in Videos:	□ Yes	D No			
Consent to Be Contacted by a CD	CC (Check All that Apply):				
By Phone Call By Text Message By E-mail					

By E-mail

### By Social Media

Copy of consent provided to client or Legal Representative?



### **Patient Consent Form**

### Available in:

- English
- Arabic
- Farsi •
- Chinese simplified
- Chinese traditional
- Spanish
- Tagalog
- Vietnamese





HTHC Encounter Form	Date of Appointment Time of Appointment CDCC Name CDCC Agency Lead CDCC	<ul> <li>Dental Encounter</li> <li>Available in:</li> <li>English, Arabio</li> </ul>
General Information		
First Name Last Nam	ne Language	traditional, Sp
Parent Name Telep	phone number	traditional, sp
Visit number Phase of treatment: [	Primary Secondary Tertiary D9430	
DOB CCMS		
Insurance ID Insura		
		/
Name of Rendering Dental Provider		
	o Was FOHE provided? Yes No	
	no risk factors) Moderate (presence of a risk factor; no	
	nt disease experience; presence of multi-risk factors)	
Next appointment: Date Phase of treatment for the next appointment Instructions to CDCC: How many appointments are needed?	t: Primary Secondary Tertiary care	
Was a referral made? 🛛 Yes. 🗖 No (Dr	Reason)	
· · · · · · · · · · · · · · · · · · ·	all Care Phases that apply) eck specific code of preventive/exam procedures done today entive Services: D1120- Dental Prophylaxis D1200- Topical Fluoride Varnish D12555	
Clinical oral evaluations:	D1208- Topical Fluoride Variasi D1203- D1208- Topical Fluoride USSS D1351-Sealant Variasi Today D1352-Preventive Resin No Primary Services Today D1354-Silver Diamine Fluoride	
Clinical oral evaluations:	D1208- Topical Fluoride	
Clinical oral evaluations:	D1208- Topical Fluoride D1351-Sealant D1352-Preventive Resin D1352-Preventive Resin D1354-Silver Diamine Fluoride Socidure in Treatment Categories defined at bottom of this form) Yes No	

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### Dental Encounter Form

 English, Arabic, Farsi, Chinese simplified, Chinese traditional, Spanish, Tagalog, Vietnamese





# Year 2 (2018) CDCC Workforce Activities



CDCCs provide dental hygiene supplies, health education, and support with making appointments to families. (Lili & Nandita of Alameda County Office of Dental Health)



CDCCs provide resources to families at health fairs and other events throughout Alameda County. (Chris & Becky of Tiburcio Vasquez Health Center)



# CDCC Workforce + COP Dentists (challenge #1)

Dental Providers (private & FQHC, dentist &

front office staff) didn't know who the CDCCs were.

*Solution – setup introductory meetings* 

Private dental provider office staff were uncomfortable working with all 26 CDCCs simultaneously.

Solution – have a Lead CDCC



## **Provider anxiety - bus load of Medi-Cal children**

Solution – practice's select how many children, age, appointment slot times



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# **COP Dentist Network Serving Medi-Cal Children**



Dentists, RDHs, and RDAs at a CE course.



Participants complete a worksheet exercise at a CE course.



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Healthy Teeth Healthy Communities

	Client Data Collectio	n: raper rorm			
CDCC name Date data entry began					
Family contact information					
First name (primary guardian)		Last name (primary	guardian)		
Guardian's relationship to child					
First name (child/client)		Last name (child/cli	ent)		
Date of birth of the (child/client)					
Phone: mobile Phone: home Phone: other					
City	Street address		Zip code		
Email address					
Primary language D English D Span	ish 🛛 Cantonese 🗖 Oth	er (write-in)			
Race/ethnicity African-American/I Latino/Hispanic		Alaska Native □ Asia ner (write-in)	n/Pacific Islander		
Dental Needs					
	U Within last	2 months (Child has	a dental home)		
When was the child's last dental visit?	□ More than 1	2 months ago (Child I	Does NOT have a dental home)		
Any pain, trauma to teeth or visible infect	tion? 🗆 Yes 🗆 N	o			
Urgency of dental needs 🛛 Non-	Urgent 🔲	Urgent (Class 3)	<ul> <li>Urgent (Class 4: Emergency)</li> </ul>		
Insurance Status/HIT Referral					
	Insurance Type Medi-Cal, Other Health Pac None				
Insurance Type					
Insurance ID Number					
Verified in Meds Check?	□ No				
Has the child been referred to a Health In	surance Technician for enrol	lment? 🗖 Yes 🛛	No		
Did the client acquire new health insuran	ce/Medi-Cal? □ Yes □	No If yes, (D	ate of Enrollment)		
Enrollment					
Did the family sign consent?  Did Yes	No				
Enrollment Status	ed 🛛 Enrollment Pendin	g			
Dental Appointment Made for Child					
Date of dental appointment					
Name of dental provider Location					
Appointment Status & Troubleshooting	· · · · · · · · · · · · · · · · · · ·				
Did the client show up for the appointme		No			
If didn't show for the dental appointment  Scheduling conflict Other (Write In)					
what was the reason?	□ Transportation probl				
Encounter form given to dental provider		□ Yes	□ No		
Encounter form received back from dent	al provider?	□ Yes	□ No		
Make-Up Dental Appointment	• •				
Date of dental appointment					
Name of dental provider		Location			
Notes					

## Challenge #2: Online Database not ready for 6 months in 2018

**1 page paper data collection form:** created by ODH staff

**Manually counted DEFs** 

Access database: created by ODH staff

Appointment calendar: created by ODH staff\*

**Outreach calendar:** created by ODH staff\*

**CDCC Monthly Report spreadsheet:** created by ODH staff\*

\*features not available on database even by end of project


## **Appointment Calendar – Tool for CDCCs**

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## HTHC Online Calendar for CDCCs: Outreach-Inreach Events





### More Tools for CDCCs – 2018, 2019









#### **SPANISH**

**Healthy Teeth Healthy Communities** 

Un programa que ayuda a los niños y jóvenes del condado de Alameda a mantener

sus dientes saludables

健康牙齒健康社區

一項幫助位於阿拉米達那之孩童及青少年維持牙齒健康的計劃。

CONTRACTOR OF A

CHINESE

(SIMPLIFIED)

¿QUÉ podemos hacer por su familia?

THE CALL PROCESSION AND LOSS (HTHC)?

介於 0 歲到 20 歲之間
 子供の時間有100日間帶稿如日期時間前的家庭
 书面の時間時間的家庭
 书面の時間時間時間
 市面
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🗶 Annada Guarg Rokia Sinakh Imperment

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RESERVED BUILD BUI

#### TAGALOG

thy Teeth Healthy Communities rama na nakakatulong sa mga bata at kabataan ng lameda County na mapanatiling malusog ang mga ngipin



at sumali sa Healthy Teeth Healthy Communities (HTHC).

دندان های

کمک می کند دن

برثلمه ای که به کود

C INFO Blacgov on

**FARSI** 

齿健康社区

章及青少年保持牙齿健康的项目

**CHINESE** 

(TRADITIONAL)





VIETNAMESE

anh Công Đồng Lành Mạnh

giúp trẻ em và thanh thiếu niên trong

neda duy trì hàm răng lành manh

ARABIC

#### **Healthy Teeth Healthy Communities**

A program that helps children and youth in Alameda County maintain healthy teeth

WHY should you join Healthy Teeth Healthy Communities (HTHC)?

Children's teeth are important to their health!

✓ We can help your child get to a dentist regularly

#### WHAT can we do for your family?

- Help schedule appointments with a dentist
- Help sign up for Medi-Cal
- Provide information about good dental health practices

#### WHO is eligible for our services?

- Residents of Alameda County
- ✓ 0-20 years old
- Families who are signed up or qualified for Medi-Cal

#### For more information:

HTHC.INFO@acgov.org



Alameda County Public Health Department

This is a Local Dental Pilot Program (LDPP) of the Dental Transformation Initiative (DTI) funded by the California Department of Health Care Services.





#### 

- + Age 0-20 years
- + Live in Alameda County
- + On Medi-Cal or eligible for Medi-Cal

# DENTAL HEALTH

Dental decay is the most common chronic childhood disease in the U.S. Children who establish good dental hygiene habits at a young age are more likely to continue excellent brushing and flossing as adults, experience fewer dental problems throughout life, maintain a positive self-image, and perform better in school. Developing good dental hygiene is the first line of defense against many common dental issues.

#### HEALTHY TEETH HEALTHY COMMUNITIES

Contact Us to Learn More

Office of Dental Health Community Health Services Division Alameda County Public Health Department 1000 Broadway, Oakland, CA 94607 (510) 208-5910 HTHC.INFO@acgov.org







HEALTHY TEETH

**HEALTHY COMMUNITIES** 

A Project of

Alameda County

**Office of Dental Health** 

## ABOUT HTHC

HTHC is a 4-year (from 2017 to 2020), cross-sector collaborative initiative to get children and youth, ages 0 through 20 years, in Alameda County to receive preventive dental health care services.



### HTHC GOALS

- Prevention: 10% increase in the utilization of preventive dental services for children and youth ages 0-20 years.
- Access to Care: Increase in the number of actively participating dentists who see children 0-20 years of age.
- + Continuity of Care: Increase in the number of children continuously enrolled in the Medi-Cal Dental Program who receive services performed by the same provider.

STRATEGIES



Create a Create a network linguistically and culturally sensitive Community Dental workforce

> Create database/ CCMS to support evaluation and quality improvement



#### **OUR PARTNERS**

- + Alameda Health Consortium
- + Alameda Health Systems
- + Asian Health Services
- + Axis Community Health
- + Center for Healthy Schools & Communities
- + Center for Oral Health
- + East Bay Agency for Children
- + First 5 Alameda County
- + La Clinica de La Raza
- + Lifelong Medical Care
- + Native American Health Center
- + Oral Health Solutions
- + Roots Community Health Center
- + Tiburcio Vasquez Health Center
- + Tri-City Health Center
- + University of California San Francisco
- + West Oakland Health Center







Fax: 510-273-3748

Email: HTHC.info@acgov.org

Oakland, CA 94607





#### **APHA Annual Conference 2020 – 4 presentations**





# **EVIDENCE OF SUCCESS**





## **HTHC Outcomes**

(data period Jan 2018 to Sep 2020)

No. of families contacted	49,599
No. of children enrolled in program	11,648
No. of children care coordinated (scheduled for dental appointment)	10,086
No. of children seen by dentist for preventive services	8,308
No. of all dental appointments (made)	32,931
No. of all dental appointments (kept)	24,175
No show rate of all dental appointments (target 35%)	27%
No show rate for 1 <sup>st</sup> dental appointments	18%















49







ALTHY TEETH





#### **HTHC Patients Scheduled for Appointment by Resdential City**

Data Source: CCMS Jan 2018 -Sep 2020





# WHAT IS NEXT:

#### <\$19.7 million Results to Program & Policy Implications



### **Commitment to Continue Care Coordination Workforce**

- 10,000 children received dental care in Alameda County (had 32,000 dental appointments), reached 0-5 year olds
  - CDCC's support through existing means statewide such as Federal Matching funds are doable in every county.
- **ODH:** 3 positions (2 CHDP funded)
- O CHSC: at least 1
- **5 FQHCs:** Asian Health Services 1, West Oakland Health 1, La Clinica de La Raza 2, LifeLong Medical Care 1, Axis Community Health 1
   lowered no show rate <10% (non-HTHC higher) use in-reach to increase access (2/3<sup>rd</sup> medical patients not in dental)
- A CDCC Curriculum/Guide for Trainers is available for use by any organization, can be used by other LOHPs





**Commitment to Continue the Collaborations** 

- ODH & UCSF
- **ODH & Alameda Health Consortium**
- ODH & FQHCs
- **ODH & private dentists**
- **ODH & Dental Societies**
- FQHCs: medical-dental-behavioral



### **Provider Network - Community of Practice (COP)**

- **ODH will continue the CEs (with UCSF) for 2021** can this be expanded for all LOHPs and provided virtually statewide with additional funding?
- **o** Learning network of dentists created & will continue
- **ODH will continue Family Oral Health Education (FOHE) incentive payments**

- can this become part of Medi-Cal payment system?

- **COP CE curriculum/Guide for Trainers is available** for use by any organization, can be used by other LOHPs
- Patients will continue with their new Dental Homes found through HTHC
- **ODH will induct the private dentists into its Healthy Smiles program**





Other

- Care coordination program should always include care coordinators & providers.
- An online Database is available can be modified for State LOHP needs.
- $\circ~$  A database should be an essential component of any program.
- Must collect-analyze-use disaggregated data by age, race/ethnicity, language, zipcode.
- General dentists can treat children ages 0-20 years, even 0-5 years.
- A dental champion function in every county would be useful to interact with the local provider community.





### **HTHC** Team































## **Questions? Connect With Us!**

### Acknowledgements

A special thanks to California Department of Health Care Services for funding this project.

#### **Contact Us**

Alameda County Office of Dental Health 1000 Broadway, Ste 500, Oakland, CA 94607

Quamrun.Eldridge@acgov.org,

T 510-208-5900, F 510-273-3748

https://dental.acphd.org



