

Enhancing Oral Health Examinations Through Targeted Population Identification



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Do

Increase Oral Health Examination rates in
In 50 -59 year old

Intervention Strategies

Plan

1. Develop Oral Health education Protocol to be integrated during MCM Intake and update sessions.
2. Develop Oral Health training slides and brochures and train MCMs about services available and the education process for client to reduce oral health fear and stigma/cost barriers
3. Create a PDSA and Evaluation tools
4. Create a data collection plan
5. Provide Oral Health education and follow up to patients
6. Monitor and report progress



Intervention Population

50-59 year old



QI Project Team

Staff role 1: Director | Social Drivers of Health will coordinate with the development of informative client brochure or flyer.

Staff role 2: Priority Population Manager will train Ryan White staff on the education materials and education process to help reduce fears/ stigma/cost barriers.

Staff role 3: MCM's to provide Oral Health education and follow up to patients.

Staff Role 4: Quality Assurance & Compliance Manager will monitor progress related to the data collected.

Staff Role 6: The CQM Committee will discuss progress and provide input as needed.



Implementation Activities

HIV & Oral Health Training coordinated and completed in collaboration with the AETC.

Data Integrity tool developed

Plan Do Study Act developed

Evaluation tool developed

Client education materials identified

Data collection plan developed

Collaboration initiated and continues between Dental and Ryan White teams.

The change to be tested is the development and implementation of an education protocol for Ryan White staff, providers, and clients regarding oral health services. This will involve training staff on the education materials, coordinating the creation of informative client brochures, developing training slides for Medical Case Managers (MCM's) and Medical and Dental providers, and monitoring progress related to data collection and outcomes.

Implementation

- The intervention (education rollout) was not implemented as planned as all planned activities for PDSA were not completed.

- No MCM training session, referral or education documentation completed.

CQM committee will need to decide whether to complete and launch the PDSA or move in another direction

Lessons learned and Impact on Enhancing Oral Health Examinations Through Targeted Population Identification

Planning was comprehensive but implementation of the PDSA activities were not entirely completed.

Importance that all committee and program staff buy in to PDSA activities.

Importance of leadership commitment, buy-in, support and defined accountability is essential .

Continuous communication between dental and MCM teams need to be intentional.

Impact of project
No Impact with Intervention as it was not implemented



Study

Data sources: CAREWare, E2CT, Excel, and EMR data.

Target group: clients aged 50–59 with no documented oral exam in the past 12 months.

Criteria applied: Clients with at least one medical visit within a 12- month period.

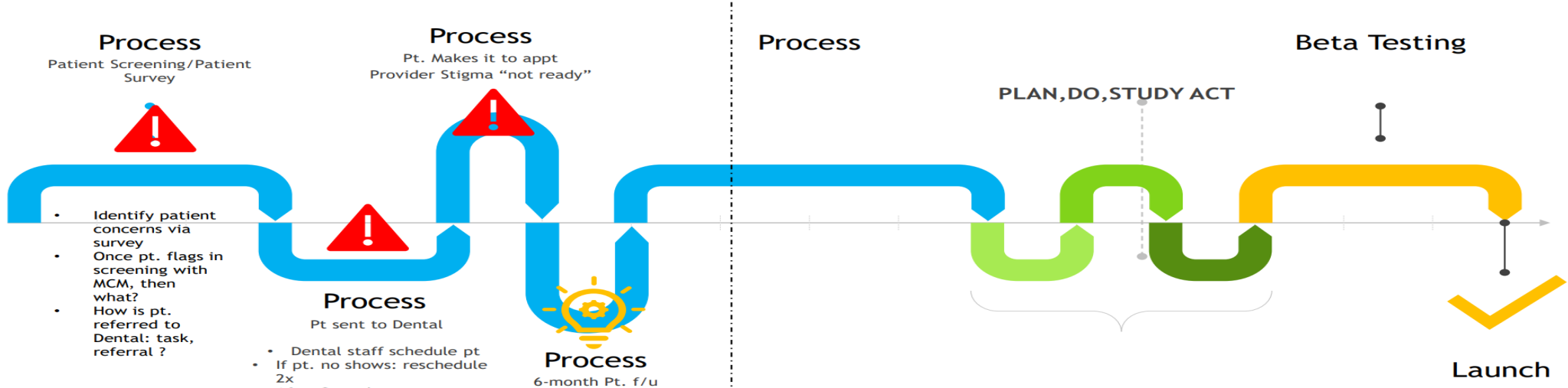
Findings:

- Identified 100% clients met criteria.
- Highlighted barriers: Stigma, Cost, Fear

Performance data will be updated and presented monthly to RW management and CQM Committee

Process mapping activity in order to identify and define steps, activities, inputs, outputs, roles, and interactions involved.

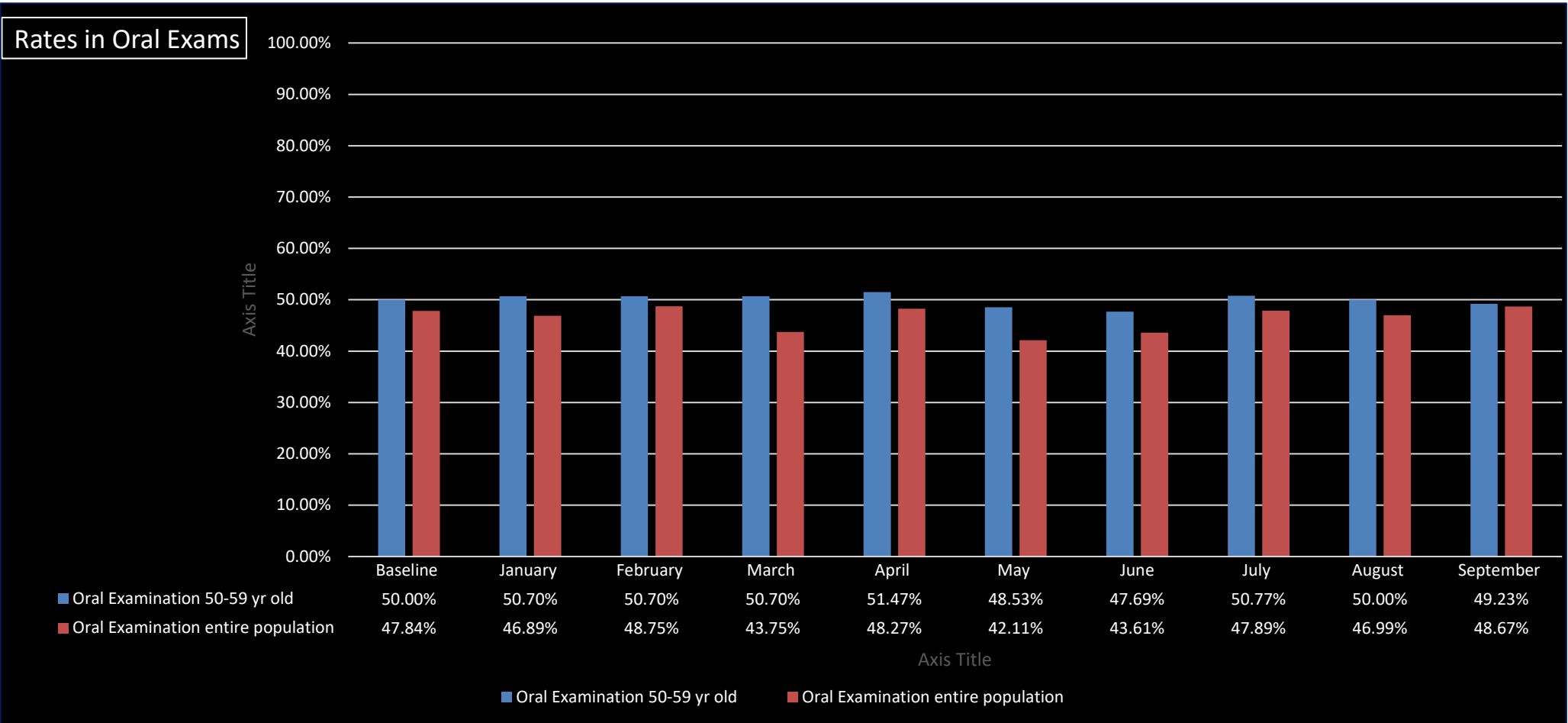
Oral Health Process Map



Disparity data to identify a manageable subpopulation for PDSA

Age	Total	Gender	Total	Risk	Total	Race	Total
25 - 29	7	Female	52	Blood Transfusion	1	Hispanics	45
30 - 39	17	Males	53	Menstrual	62	Blacks	45
40 - 49	14	Trans	3	IDU	15	White	15
50 - 59	37			BDU/HET	2		
60 - 69	21			MSM	26		
70 - 79	12			MSM/Het	1		
				Perinatal	1		

Monitored Dental Exam Measure without intervention



The CQM committee will need to decide whether to complete planned activities and launch the PDSA or move in another direction

Contact Information

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