UCSF DPH Seminar: Alameda County Local Dental Pilot Project in Creating Connected Care

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Dental Health Administrator
Alameda County Department of Public Health

On behalf of HTHC Leadership Team
Objectives

- To learn about Healthy Teeth Healthy Communities project design and goals
- To learn about grant writing and partnership development of the project
- To learn about implementation steps of this county-wide collaboration
Dental Transformation Initiative (DTI)

Four year Total $745M Federal Grant for State of California
Awarded to 15 Counties for Local Dental Pilot Programs (LDPP)
Alameda County  LDPP Awarded $17.2 M
Alameda County LDPP: Healthy Teeth, Healthy Communities (HTHC)
Healthy Teeth, Healthy Communities (HTHC)
Outcome Measures

• A county-wide 10 percentage point increase in the proportion of Denti-Cal children receiving preventive services in the county;

• Among children served through our pilot who have a first visit in 2017, 2018 or 2019, 59% will have a second visit with the same provider;

• An increase of participating dentists who provide preventive dental services to Medi-Cal children age 0 through 2 to 35 dentists; and

• An increase in the number of new Denti-Cal service locations and new office locations that provide preventive services in our county by 21 new office locations
Spirit of HTHC

- Collaborative
- Community-based model for dental prevention and care coordination
- Outcome oriented with robust evaluation design
- Aims for system change
Project Overview and Rational
Local Dental Pilot Project Goals

**Prevention**
Increase the utilization of children ages 1-20 enrolled in Medi-Cal who receive any preventive dental service, by at least ten (10) percentage points over a 4-year period.

**Access to Care**
Increase the number of actively participating providers in each county who provide preventive services.

**Continuity of Care**
Increase utilization of children continuously enrolled in the Medi-Cal Dental Program who receive services performed by the same provider in 2-, 3-, 4- consecutive year periods.
Of **156,342** children (0-20) eligible for Denti-Cal Services:

- Only **43,932** (28%) were seen by a dentist in 2014.
- Of these, only **21,634** (49%) saw a dentist in the following year.

Healthy Teeth, Healthy Communities (HTHC)
Disparities in Dental Health Status

Low-income children are disproportionally affected

Disadvantaged populations (immigrants, ethnic minorities)- prevalence rate for caries is as high as 70%

33% of low income children experience 75% of all early childhood caries
Train Dental Care Coordinators

Rethink Places

Create Connected Care

Credit to Gobee’s Group

Healthy Teeth, Healthy Communities (HTHC)
I want to be the bridge between every child and the community.
HTHC Strategy 1: Increase Dental Care Coordination

- Create a cross-agency workforce of Community Dental Health Care Coordinators (CDCC) who are linguistically and culturally responsive to community

- Leverage existing infrastructures for outreach and care coordination

- Develop a web-based Care Coordination Management System (CCMS) to link families to dental appointments and support continuity of care
HTHC Strategy 2: Increase Safety Net Dental Network and Capacity

- Expand provider network through recruiting private dentists into Denti-Cal and enhancing FQHC participation
- Offer additional local monetary and educational incentives to participating dentists
- Develop a Dental Community of Practice (COP) to connect dental providers to additional training and technical assistance
HTHC Partnering Collaborators

- First 5 Alameda County
- University of California, San Francisco (UCSF)
- Oral Health Solutions
- Alameda Health Consortium
- Center for Oral Health
- Tiburcio Vasquez Health Center
- Asian Health Services
- Native American Health Center
- Community Assessment and Program Evaluation Unit (HCSA)
- Roots Community Health Center
- Tri-City Health Center
- La Clinica de la Raza Health Center
- Axis Community Health
- LifeLong Medical Care
- Alameda Health System
- Center for Healthy Schools and Communities (HCSA)
- East Bay Agency for Children (EBAC)
- Health Outreach Partners
- And more
ACCESS to DENTAL CARE for CHILDREN ON MEDICAL

- Provider Factors
- Client/Patient Factors
- System Factors
Examples of barriers

- Little care coordination, patient navigation or case management;
- Patients have high no show rate
- Language and culture differences
- Low health literacy
- Administrative burden on providers and patients
- Psycho social impediments to seeking care
- Difficulty finding care for kids under 5
- Extensive waiting for appointments
- Geographic distances

- Low reimbursement rates
- Low reimbursement rates;
- Little care coordination, patient navigation or case management;
- Too few and limited service settings;
- Administrative burden on providers and patients.
HTHC Solution: An integrated model of:

Community Dental Care Coordinators

Community of Practice Network

Care Coordination Management System
Grant writing Process
Process

- Idea development through design thinking process
- Grant writing team
- Partnership meetings
- Leadership and Stakeholders buy-in
- Communications with the State
Grant writing process and partnerships

- Some partners involved from the conception phase through the “design Sprint”

- Partnership discussions both at the development phase and after the main structure of the program was shaped: example of UCSF and First 5

- Ongoing communication through in person meetings as well as phone calls and e-mails

- Multiple communications to keep the momentum

- In person meetings right after the first State approval to expedite the contracting
Community Health Worker Workgroup

Used Design thinking process to collaboratively design a program to sustainably improve dental health in Alameda County using community health workers.
Program Framework

Sequence of program rollout

TRAINING
DELIVERY
WORKFORCE INTEGRATION

Referral
Prevention
Care

Increasing scope
HTHC Partnering Collaborators

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- Health Outreach Partners
- And more
Grant negotiations

- **One year process**
- **Initial Budget:** Requesting approximately $4 million per year for 4 years for a total of $16 million of the course of the grant program
- **Initial Anticipated Time line:** Application submitted Sep 30, Notification of Final decision of approval: Dec 6th, Program Commences: Feb 15th
- **Final Budget:** $17.2 million
- **Initial notification and program commences:** Feb 15th and April 11th
Timeline and Budget Distribution

- 4 years: April 2017-Dec 2020 Total budget 4 years (Jan- Dec) with $17.2 M budget
- 15 Partners and collaboration with CAPE and CHSC
- Overall budget: $17,276,761
- Community partners: $8,805,707
- Providers incentive payments, Participant incentives and trainings: $1,059,565
- Percentage of the total allocated to the community and providers: 57%
- Yearly budget

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3,739,434</td>
<td>$4638,455</td>
<td>$4,462,232</td>
<td>$4,436,640</td>
<td>$17,276,761</td>
</tr>
</tbody>
</table>
HTHC components
Community Dental Care Coordinators

Countywide workforce of 27 Community Dental Care Coordinators (CDCCs) who are linguistically and culturally representative of families and communities.
CDCCs Roles

- Outreach and Health Education
- Care Coordination
- Data Entry, Report Writing and Follow Up
CDCCs Training
Care Coordination Curriculum Design and Training

- Design of an initial 6 week interactive training curriculum based on the objectives of the project and adult learning concepts

- Development of Train of the Trainer Modules as a blueprint of the project within 3 months of training

- Ongoing evaluation of each training and the overall training

- Identifying the areas for added continuous weekly and monthly education and refreshers
The curriculum modules and objectives

**Introduction to DTI/HTHC Program rationale**: To demonstrate knowledge in project objectives, priorities and strategies; To understand population-based prevention and health equity

**Oral Health Preventive Strategies**: To gain knowledge and skills around the basics of Oral Health concepts & preventive strategies

**Role and skills of Community Health Workers**: To strengthen skills to build empathy, compassion and trust of families

**Leadership Skills**: To gain and strengthen leadership skills in order to work effectively with partners and patients

Healthy Teeth, Healthy Communities (HTHC)
The curriculum modules and objectives

**Outreach Principles and Practices:** To learn how to conduct effective outreach to the community about the program

**Health Education/ Motivational Interviewing:** To strengthen health education skills to support enrollment into the program and facilitate dental health behavior change.

**Care Coordination:** To effectively perform Dental Care Coordination with families

**Data Collection and Management and HIPPA:** To understand and apply the role of documentation and HIPPA in Care Coordination
Examples of CDCCs activities

Prepares health education and outreach materials to ensure accurate information on dental heath practices and access to care and to assistance with accessing insurance resources for low-income children and their families.

Work with families and children to help them improve their oral health behaviors and practices.

Establish a working relationship with Dental Providers
Examples of CDCCs activities

Assists families in accessing dental program services through a variety of activities including:

- Assistance with scheduling
- Collaboration with public and/or private insurance technicians
- Data gathering, reports writing and administering surveys
- Linkage to dental providers
- Tracking progress of assisting clients (e.g., reminders in database)
Care Coordination Management System

Web-based Care Coordination Management System to link families to dental appointments and support continuity of care
Expand provider network through recruiting private dentists into Denti-Cal and enhancing FQHC participation.

Offer additional local incentives to participating dentists, in addition to State DTI incentives:
- Family Oral Health Education incentive;
- Data Reporting incentive; and
- Continuing Education Units for dentists.

Develop a Dental Community of Practice to connect dental providers to additional training and technical assistance.
Evaluation plan overview

- Outcome Evaluation
- Process Evaluation
Evaluation Methods

- Collaborating with Multiple Partners to Design and Implement
- Developing a Care Coordination Management System (CCMS) Database Matched to Process and Outcome Metrics
- Assessing Needs and Satisfaction with Beneficiaries, Care Coordinators and Community of Practice
  - Surveys
  - Interviews and/or Focus Groups
- Tracking Collaboration Among Partners and Systems Change
  - Record-Keeping and Document Review
  - Interviews
HTHC Stakeholders

- CA Department of Health Care Services (DHCS) (Our Funder)
- Other Counties with LDPP Grants from DHCS
- Alameda County
  - Board of Supervisors; Health Care Services Agency; Office of Dental Health; HTHC Staff; CDCCs
  - Residents, Clients, Beneficiaries
- HTHC Partner Agencies (Boards, Staff, CDCCs)
- UCSF (Our Research Partner)
Sample Process Evaluation Questions

- Do the people we serve reflect the diversity of Alameda County?
- What barriers to care are our families facing? How can we resolve those barriers?
- What factors make it more likely for a family to show for an appointment?
- How much time and resources does care coordination actually take?
- What systems changes have partners made to sustain the program?
Performance Metrics: Preventive Dental Visit

<table>
<thead>
<tr>
<th>Children on Denti-Cal:</th>
<th>Average Per CDCC (Annually)</th>
<th>All CDCCs (Annually)</th>
<th>Project Total (Over 3.5 Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receive Initial Contact through Outreach</td>
<td>600</td>
<td>15,000</td>
<td>52,500</td>
</tr>
<tr>
<td>Receive Care Coordination</td>
<td>276</td>
<td>6,900</td>
<td>24,150</td>
</tr>
<tr>
<td>Receive Dental Care (65% Show Rate)</td>
<td>179</td>
<td>4,475</td>
<td>15,663</td>
</tr>
</tbody>
</table>

15,663 = 10% increase from baseline
## Performance Metrics: Continuity of Care

<table>
<thead>
<tr>
<th>Services Received</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Project Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>An exam from the same service location with no gaps in services for 2 continuous periods</td>
<td>2-3% Increase</td>
<td>2-3% Increase</td>
<td>2-3% Increase</td>
<td>2-3% Increase</td>
<td>10% Increase (49% to 59%)</td>
</tr>
<tr>
<td>An exam from the same service location with no gaps in services for 3, 4, 5 or 6 continuous periods</td>
<td>2-3% Increase</td>
<td>2-3% Increase</td>
<td>2-3% Increase</td>
<td>2-3% Increase</td>
<td>Baselines Unknown</td>
</tr>
</tbody>
</table>

There is currently no Alameda County baseline for the percentage of children receiving an exam for 3 or more continuous periods.
## Performance Metrics: Number of NEW Service Provider Locations

<table>
<thead>
<tr>
<th>Number Who</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Project Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newly Enroll in Denti-Cal</td>
<td>10</td>
<td>11</td>
<td></td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>Provide Preventive Dental Services to Medi-Cal Children Ages 0 to 20</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>21</td>
</tr>
</tbody>
</table>
Performance Metrics: Number of New and Existing Dental Providers

<table>
<thead>
<tr>
<th>Provide Dental Services to:</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Years 3 &amp; 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal Children <em>Ages 0 to 20</em></td>
<td>15</td>
<td>20</td>
<td>35</td>
</tr>
<tr>
<td>Medi-Cal Children <em>Ages 0 to 5</em></td>
<td>5</td>
<td>15</td>
<td>20</td>
</tr>
</tbody>
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Quality Improvement

- Tied to our evaluation
- Ongoing and semi-annually analysis
Implementation Phase
Steps after getting initial approval

- Board of Supervisors Approval
- Finalizing Contracts and Standard Service Agreements
- Hiring!!!!
- Finalizing the Metrics and Developing the Data Management System
- Designing the Curriculum to Train CDCCs and Train 25 Multi-agency CDCCs
- Deploy CDCCs throughout the County
- Start the Provider Recruitment and Dental Community of Practice
Budget and Positions

- $17.2 M for 4 years
- Approximately 25% ($1 million annually) of these funds for PHD and HCSA/Center for Healthy Schools and Communities staffing and operating expenses.
- Approximately 65% ($2.6 million annually) for community partners.
- Another 10% ($400,000 annually) for provider incentives and technology support.
- In addition, the grant will support 15 FTE new county positions across PHD and HCSA/Center for Healthy Schools and Communities staffing and operating expenses.
- And, another 25-27 FTE CBO positions will be funded.
Timeline highlights

- CDCCs training kick off Oct 10, 2017
- Completion of CDCCs initial training Nov 30th, 2017 ➔ changed to Dec 11th
- Completion of the interim web-based care coordination system: Nov 20th, 2017 ➔ Dec 30th
- Community of Practice dental providers training and contracting launch: Nov 4th, 2017
- Launch of the CDCCs work in the community: Dec 1st, 2017 ➔ Jan 1st 2018
HTHC Timeline

April 2017

- Project Started
- Hiring internal staff
- Evaluation Work Group formed
- Care Coordination Leadership Team formed

- Jul
- Jun

- Jul-Nov
- Develop Training curriculum and protocols for Community Dental Care Coordination

- Aug

- Sep
- Initial Training for Care Coordinators Oct 10-Nov 30

- Oct
- Dental Providers First Training and enrollment Nov 4

- Nov
- Finalize the Development of interim Web-based Care Coordination Management System
- Initiate enrolling Medi-Cal Dentists into program

- Dec
- Begin care coordination

- 2018

- 2019

- 2020
Dental Community of Practice (COP) Network

- Convened key stakeholders: UCSF Pediatric Dentistry, FQHC Dental Directors and Private DDS’s
- Developed Incentive Model:
  - Reimbursement for Preventive Services – Family Oral Health Education (FOHE)
  - Reimbursement and Methods for Service Utilization Data
  - 3 year Continuing Education Curriculum
- Partnered with 3 Dental Societies for Promotion: Alameda, So. Alameda, Berkeley
- Initiated a mentorship collaboration with Pediatric Dental Specialists
- Established Kick Off Continuing Education Program for November 4
- Over 50 confirmed dentists registered to date!
The HOW?
Partnership and Collaboration Development

- An important part of the implementation phase
- Continue to engage the partners and solicit input
- Communication plan through newsletter, personal follow-ups and in person meetings
- Committees/subcommittees memberships
Example of Care Coordination Sub-committees

- Care Coordination Leadership
- Care Coordination Core Team (ODH, First 5, Alameda Consortium, Center for Healthy Schools and communities)
- Territory Mapping
Spirit of the Care Coordination Collaboration

- Collaboration at the organizational and personal level
- Aiming toward continuous improvement
- Dynamic: Constantly evolving, co-creating and adapting to community, County and organizations’ needs
Care Coordination Training Kick-off Convening
Summary of Guiding Principles

- Dental prevention-based
- Health Equity Lens
- Outcome-driven: feasible and ambitious
- Community-based collaboration
- Oriented toward systems change
- Asset-based: empowering the family into a state of well-being
Summary of Guiding Principles for the Leadership Teams

- Taking care of the care coordinators
- Valuing collaboration
- Being accountable to each other and for overall outcomes
- Staying connected to the people we serve (e.g. hearing directly from parents, listening through the heart via stories)
Care Coordination Sub-committees

- Care Coordination Leadership
- Care Coordination Curriculum and Training
- Care Coordination Territory Mapping
- Outreach and Care Coordination Protocols
Our New Workforce of Community Dental Care Coordinators!
Language Abilities of CDCCs (Speaking, Reading, Writing, Translation)

Number of CDCC

<table>
<thead>
<tr>
<th>Language</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>12</td>
</tr>
<tr>
<td>Cantonese</td>
<td>1</td>
</tr>
<tr>
<td>Mandarin</td>
<td>1</td>
</tr>
<tr>
<td>Taiwanese</td>
<td>1</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>1</td>
</tr>
<tr>
<td>Hindi</td>
<td>1</td>
</tr>
<tr>
<td>Bengali</td>
<td>1</td>
</tr>
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Prior Work Experience of CDCCs

- Community Health/Outreach Worker/Promotora: 14
- Other*: 12
- Case Manager/Patient Navigator: 10
- Receptionist/Front Desk Staff: 10
- Administrator or Manager: 5
- Dental Assistant: 5
- Health Insurance Application Assistant: 5

* Other Includes Experience in Business/Customer Service, Research, Tutoring, Mobile Dental Clinics
Dental Community of Practice Network Aims to

- to build a sufficient network of dentists who are:
  - sensitive to equitable access to care,
  - knowledgeable of barriers to care experienced by Medi-Cal enrollees,
  - proficient in the application of preventive dentistry, motivational interviewing
  - and in interfacing with local and state payment and monitoring systems.
Community of Practice Convening
Dental Community of Practice Goals (DCOP)

1. Identify barriers, find solutions and support for dentists who wish to expand capacity to serve the target population.

2. Support dentists in connecting with peers in the community who are serving the target population by creating formal avenues for sharing experiences and learning together.

3. Engage motivate more dentists to better serve children from low income families in our community.

4. Offer training and education to help increase dentists clinical and cultural competency to serve the target population through a care coordination model.

5. Develop a shared sense of responsibility for the dental health of our communities.
Objective Measures for DCOP

- Increase the # of new dentists or service locations by at least 15% (137=21).
- Increase the # of dentists actively participating (10 or more claims/month) by 15% to 21.
- Increase the # dentists enrolled as Denti-Cal providers who see 0-20 year olds by at least 15%.
- Increase the # of dentists already enrolled as Denti-Cal providers who see children age 0-5 by 20 dentists.
- Recruit at least 35 dentists to participate in the Community of Practice to provide preventive dental services to children age 0-20.
Colleagues brainstorming on how to do this...
Benefits of Dental Community of Practice Membership for Dentists

- No cost CE Offerings (16 total units annually- 4 units offered quarterly)
- Access to One to One “Mentoring Network” of Pediatric Dentists
- Financial incentives for providing Family Oral Health Education and providing utilization data.
- Didactic and Hands-on experience on how to maximize efficiency and productivity and maximize Denti-Cal reimbursement.
- Access to BONUS UCSF Mini-Residency Optional Weekend Session
- Access to the Community Dental Care Coordinators working in partnership with the dental office to support and assist families in successful as dental care consumers.
ACCESS to CARE

Provider Factors

Client/Patient Factors

System Factors
Challenges and Successes

- Fast ramp-up
- Collaborative nature
- County-wide coordination: example of “territory mapping” ➔ “collaborative partnerships areas”
- New workforce
- Multiple county policies and procedures: example of ipads and laptops
- Hiring
Challenges and Successes

- Ground breaking
- Innovative
- Multi-faceted
- Aims for system change
- Robust evaluation plan
Our assets and accomplishments

- The amazing workforce of Community Dental Care Coordinators!
- The presence and momentum of our partnerships
- County leadership
- Our community trust
- A well-designed program
Sustainability Planning

• Ongoing sustainability analysis through the project Steering Committee and Sustainability Workgroup to build on the infrastructure and to leverage other funding.

• Partnerships with UCSF School of Dentistry and DentaQuest Foundation to identify and document lessons learned and best practices in order to support potential scaling or replication in other jurisdictions.

• Results to inform policy changes through DHCS on increasing reimbursement rates and incentives.
Together We Can!
Special thanks to contributors to this presentation:

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Yilak Fantaye
Q and A
Healthy Teeth, Healthy Communities (HTHC)