Agenda
Delivery System Transformation Committee

February 18, 2021 4:30 – 6:00 pm
Online Click Here: Join Microsoft Teams Meeting
Phone: +1 971-254-1254
Conference ID: 826 171 835#

1. Welcome and Introductions		**Beck Johnson,** Olalla Center	**4:30**
2. Transformation Update		**Charissa Young-White,** IHN-CCO	**4:45**
3. Community Doula Closeout	p. 6-17	**Melissa Cheyney,** Heart of the Valley Birth & Beyond & Oregon State University	**4:50**
4. Reduce & Improve Closeout	p. 18-37	**Linda Mann & Karla Olsen-Smith**, Capitol Dental Care	**5:10**
5. Universal Care Coordination Workgroup Scope of Work	p. 38	**Charissa Young-White,** IHN-CCO	**5:35**
6. Wrap Up • Announcements • Next Meeting: March 4, 2021		**Beck Johnson,** Olalla Center	**5:55**

Acronym	Meaning
ACEs	Adverse Childhood Experiences
APM	Alternative Payment Methodology
CAC	Community Advisory Council
CCO	Coordinated Care Organization
CEO	Chief Executive Officer
CHIP	Community Health Improvement Plan
CHW	Community Health Worker
COO	Chief Operations Officer
CRC	Colorectal Cancer
DST	Delivery System Transformation Committee
ED	Emergency Department
EHR	Electronic Health Records
ER	Emergency Room
HE	Health Equity
HN	Health Navigator
HRS	Health Related Services
IHN-CCO	InterCommunity Health Network Coordinated Care Organization
LCSW	Licensed Clinical Social Worker
MOU	Memorandum of Understanding
OHA	Oregon Health Authority
PCP	Primary Care Physician
PCPCH	Patient-Centered Primary Care Home
PMPM	Per Member Per Month
PSS	Peer Support Specialist
PWS	Peer Wellness Specialist
RFP	Request for Proposal
RHIC	Regional Health Information Collaborative
RPC	Regional Planning Council
SDoH	Social Determinants of Health
SHP	Samaritan Health Plans
SHS	Samaritan Health Services
SOW	Statement of Work
TI	Trauma Informed
THW	Traditional Health Worker
TQS	Transformation and Quality Strategy
UCC	Universal Care Coordination
VbP	Value Based Payments
WG	Workgroup

Delivery System Transformation (DST) Pilots and Workgroups

Acronym	Project	Sites	Counties	Start	End
BRAVE	Bravery Center	Olalla Center	Lincoln	1/1/20	6/30/21
CCP	CommCard Program	The Arc of Benton County	Benton	1/1/21	12/31/21
CDP	Community Doula Program	Heart of the Valley Birth & Beyond	Benton, Lincoln, Linn	1/1/21	12/31/21
CSUP	Culture of Supports	North End Senior Solutions	Lincoln	1/1/21	12/31/21
DEC	Disability Equity Center	Disability Equity Center	Benton, Lincoln, Linn	1/1/21	12/31/21
ENLACES	ENLACES	Casa Latinos Unidos	Benton, Linn	1/1/21	12/31/21
HEWG	Health Equity Workgroup	InterCommunity Health Network CCO	Benton; Lincoln; Linn	5/1/15	present
HHT	Healthy Homes Together	Albany Partnership for Housing, Family Tree Relief Nursery	Linn	1/1/21	12/31/21
HUBV	Hub City Village	Creating Housing Coalition	Linn	1/1/20	12/31/21
HVOST	Hepatitis C Virus Outreach Screening & Treatment	Lincoln County Health and Human Services, Confederated Tribes of the Siletz Indians	Lincoln	1/1/21	12/31/21
IFCW	Integrated Foster Child Wellbeing	Samaritan Health Services	Benton; Lincoln; Linn	1/1/19	12/31/21
LCCOR	Linn County Crisis Outreach Response	Family Assistance and Resource Center Group	Linn	1/1/21	12/31/21
MHHC	Mental Health Home Clinic	Samaritan Health Services, Linn County Mental Health, C.H.A.N.C.E.	Linn	1/1/21	12/31/21
NPSH	Navigation to Permanent Supportive Housing	Lincoln County Sheriff's Office	Lincoln	1/1/20	12/31/21
POH	Partnership for Oral Health	Capitol Dental Care	Linn	1/1/21	12/31/21
RDUC	Reduce and Improve	Capitol Dental Care, Lebanon Community Hospital	Linn	1/1/19	12/31/21
SDoHWG	Social Determinants of Health Workgroup	InterCommunity Health Network CCO	Benton; Lincoln; Linn	11/16/17	present
SKIL	Skills and Connections to Support Housing	Corvallis Housing First	Benton	1/1/20	12/31/21
THWWG	Traditional Health Workers Workgroup	InterCommunity Health Network CCO	Benton; Lincoln; Linn	5/21/13	present
UCCWG	Universal Care Coordination Workgroup	InterCommunity Health Network CCO	Benton; Lincoln; Linn	6/26/17	On Hiatus
WINS	Wellness in Neighborhood Stores	OSU Center for Health Innovation, Linn County Public Health	Linn	1/1/20	12/31/21
WtoS	Wellness to Smiles	Advantage Dental from DentaQuest	Lincoln	1/1/20	12/31/21

Delivery System Transformation Committee (DST) 2021 Calendar

Month	Date					
January	7	Strategic Planning: Overview and Charter				
	21	Strategic Planning: Charter, Workgroups, Engagement				
February	4	HSPO	PWST	Strategic Planning: UCC & Health Equity		
	18	DOUL	RDUC	Strategic Planning: UCC Workgroup		
March	4	Strategic Planning: Pilots				
	18	Strategic Planning: Request for Proposal (RFP)				
April	1	RFP Decisions				
	15	Finalizing RFP				
	29	Workgroup Updates				
May	13					
	27					

Month	Date					
June	10	LOI Decisions				
	24					
July	8		Pilot Updates			
	22		Pilot Updates			
August	5		Pilot Updates			
	12	Proposal Presentations				
	19	Proposal Presentations				
September	2	Proposal Presentations				
	16	Proposal Decisions				
	30	Workgroup Updates				
October 7: Regional Planning Council for Pilot Final Approval						
October	14					
	28					
Nov	11					
Dec	9					

KEY

Tentative	Booked
Tentative closeout	Booked closeout
Tentative RFP	Booked RFP
Tentative strategic planning	Booked strategic planning
Tentative miscellaneous	Booked miscellaneous
Tentative training	Booked training
Tentative update	Booked update
Tentative workgroup	Booked workgroup

Minutes
Delivery System Transformation Committee (DST)

February 4, 2021 4:30-6:00 pm
Microsoft Teams (Online)

Present			
Chair: Beck Johnson	Charissa Young-White	Renee Smith	Sharna Prasad
Nikki McFarland	Alicia Bublitz	Andrea Myhre	Annie McDonald
Kevin Ewanchyna	Linda Mann	Joell Archibald	Bettina Schempf
Britny Chandler	Linda Lang	Connie Kay	Larry Eby
Stacey Bartholomew	Dick Knowles	Priya Prakash	Crystal Rowell
Christine Mosbaugh	Erin Sedlacek	Sheree Cronan	Jeannette Campbell
Elizabeth Hazlewood	Chris Folden	Abby Mulcahy	Allison Myers
Rich Blum	Marci Howard	Rebekah Fowler	Christian Moller-Anderson
Paulina Kaiser	Seynabou Niang	Ronda Lindley-Bennett	Tony Howell
Danny Magana	Jan Molnar-Fitzgerald		

Transformation Update: Charissa Young-White

- Kevin Ewanchyna, MD will be resuming his position as co-chair of the Committee in place of Stephanie Jensen for IHN-CCO.

Health Equity Workgroup Update: Alicia Bublitz

- The Workgroup has decided to focus on bring a health equity lens into various IHN-CCO projects, including the pilot Request for Proposal as well as the SHARE (Supporting Health for All Through REinvestment) Initiative and Health Equity Plan.

Pilot Closeout: Helping High School Students to Understand Pain, Opioid Addiction, and Healthy Self-care: Sharna Prasad and Nikki McFarland

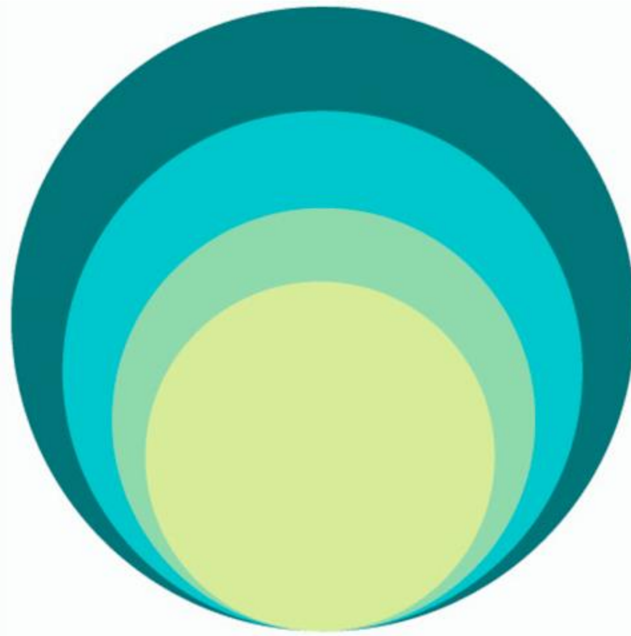
- See packet for closeout report and slides.
- Discussion:
    - Reduction in Emergency Department (ED) visits tracking the data through the school data as well as through Medicaid billing.
    - Normalizing the human experience is a great impact of this pilot.
        - Opportunity and possibilities at the regional level to middle or even elementary schoolers This is getting to the root of prevention.
    - New groups including Health Ladders in Lebanon to support this type of project.

Pilot Closeout: Peer Wellness Specialist Training: Renee Smith

- See packet for closeout report and slides.
- Discussion:
    - Training has not begun due to COVID-19 but the organization is committed to this and will start up training in-person as soon as the Oregon Health Authority gives the go ahead.

Connect Oregon and the Universal Care Coordination Workgroup: Ronda Lindley-Bennett

- See slides in the packet on Connect Oregon/Unite Us.
- To Do: Review the scope of work template and bring your thoughts to the next meeting on membership and possible chairs of the Universal Care Coordination Workgroup.



Community Doula Program

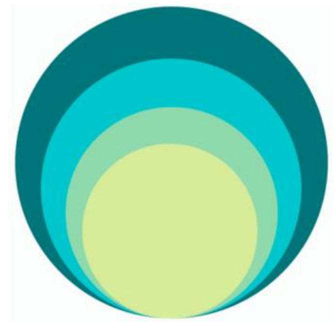
MELISSA CHEYNEY PHD (SHE/HER/HERS)

Pilot Summary

"We can't all be created equal, if we can't get an equitable start in life." - Michael Lu

- January 2018/December 2020
- Budget
  - Original $189.738.50
  - Expansion $74,750.04
  - Total $264,488.54
- The purpose of the CDP is to improve maternal and infant health outcomes for pregnant people and their families through the provision of culturally-matched community doula services.

Pilot key activities

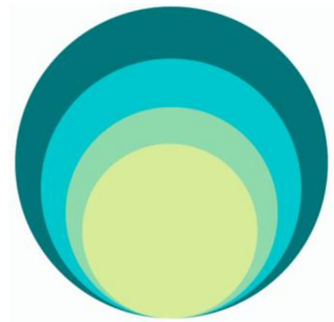


1) To recruit, train, and reimburse culturally- and socially-diverse birth doulas to serve pregnant members of IHN-CCO in 3 counties in Oregon (101 trained, 32 on THW registry, 2 THW applications submitted).

2) To improve birth outcomes and reduce health inequities through one-on-one support and advocacy offered by birth doulas (graphics to follow).

3) To offer doula support services to all who qualify and track outcomes for the doula-supported group relative to standard care (clinical and psychosocial using mixed methods, >400 referrals, >200 clients served).

Pilot key activities cont.



4) Train bilingual Spanish, Mandarin and Arabic speaking doulas (28% are bilingual, 10 languages offered).

5) Train a subset of multi-lingual doulas as State Qualified or Certified Health Care Interpreters (3 completed).

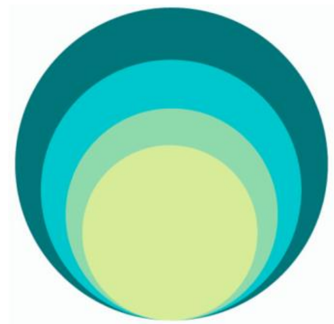
6) Develop a community college curriculum for training community doulas (Done! Submission to the state TEMPS).

Covid-19 Task Shift

6) Offer multilingual Pandemic Parenting support groups online group (Samaritan, Healthy Families, CDP, 9 English groups June-August 2020, Spanish ongoing)

7) Lead community testing and contract tracing teams through TRACE (11 doulas as team leads)

Key Outcomes cont.

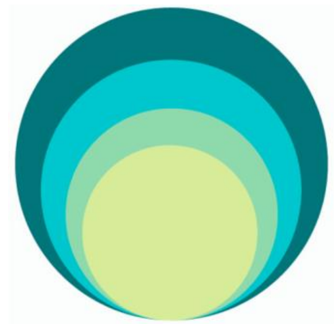


Families that birth with Community Doula Program doulas are

TWICE

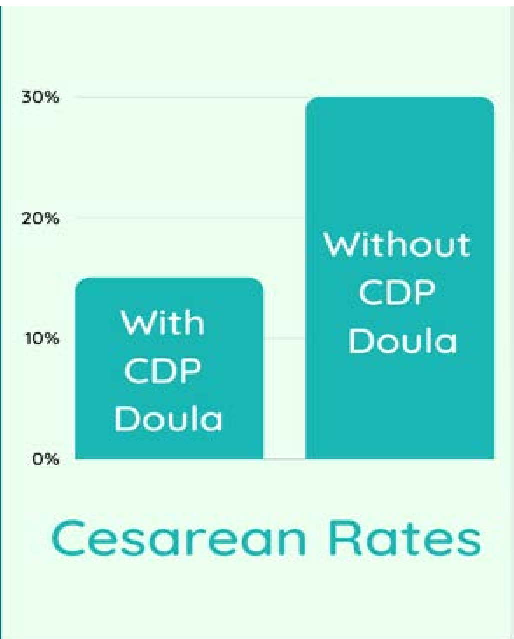
as likely to reach their infant feeding goals.

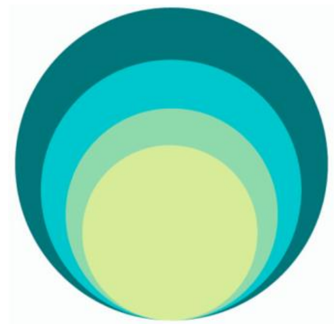
Key Outcomes



Families served by the Community Doula Program are **half as likely** to deliver prematurely.

communitydoulaprogam.org



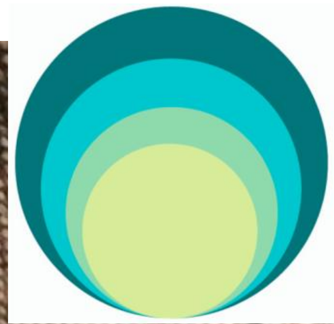


Successes

- Doula Summit 2019
- Contract with IHN, CCO
- Additional funding for 2021 Rural Expansion
- Knowledge Translation and Communication [I am a Community Doula]
- Systems-level Transformation

"I worked with [doula] today. She was the doula for my patient. She was so great with her – this young girl with so few resources and no one else to be with her. She was so clearly filling the mission of the CDP and I was so grateful this young girl had [doula] to connect with…..We missed having the doulas here. I hope one day we have a doula in every room." (LD nurse, Corvallis)

Learning Experiences



- Did you make any changes because you learned how to do something better? Hundreds of things! (training, referrer relationships, billing, reflective supervision, data collection)
- Did something not work so you adjusted, what/how did you adjust?

Community Doula Program

Referral Requests | Clients | Doulas | Referrers | CDP Staff | Entity Mgmt

Request Date	2/16/2021	Status	New
Client Code	CDP506	Planned Birth Location	
Referrer		Doula	
Client		Backup Doula	
Due Date			
LMP Date			

View Doula Candidates

Notes

Date	Comment	Reminder Date	Attachments
2/16/2021			(0)

- What were the key factors that helped the pilot through a difficult period?

A common commitment to a reproductive justice framework, centering relationships, care mongering and *Pleasure Activism* (adrienne maree brown), TIC

Partnerships & Collaboration

- New partnerships or linkages because of the pilot?

  IHN-CCO, DST

  Samaritan Health System Maternity Care Coordinators

  County Health Departments

  Oregon State University

  Lincoln Health Center

  Pollywog

  Healthy Families

  Birthswell, LLC

  OSU Folk Club

  WIC

  Oregon Doula Association

- What is the status of your pre-pilot partners? Were any of your partners affected by the pilot? Did your relationship with any partners change? Healthy Families Home Visiting Bridge Program

Remaining Challenges: Finances

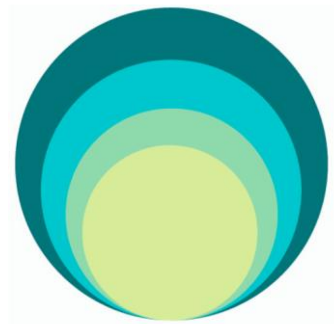
Direct Member Services: 38% ($91,396.84)

Workforce Development: 42% ($103,489.84)

Research: 8% ($19,947.63)

Operations: 12% ($28,570.50)

Post Pilot Sustainability



- Will your pilot be sustained post pilot? If yes, how? If not, why?
  - Unclear: Recruitment, Additional training, THW Registry, Referrals, Billing, CE, Reflective Supervision, QA/QI/Provider relations, Knowledge Translation
  - Sustainable or nearly so: Compensation for doulas, Research, Initial training
- Replicability
  - Well under way – 2-3 consults per month
- Scalability
  - Repository of democratized resources

*Can doulas be fully integrated into the maternity care team with reliable, timely and appropriate compensation ?

Discussion

Thank you!

Please visit:
https://www.communitydoulaprogram.org/doulas/

Reduce and Improve

January 2019 – December 2020

Summary:
The objective of the Reduce and Improve pilot is to improve the collaboration between physical and oral health. This will be done by developing processes and workflows for an Expanded Practice Dental Hygienist (EPDH) to work within the Hospital Community as a dental "hospitalist" and then, utilizing those workflows, place an EPDH at Samaritan Lebanon Community Hospital. The EPDH will provide oral health services and navigation for patients and act as an oral health resource for the medical staff.

Budget:

- **Total amount of pilot funds used:** 141,450
- **Please list and describe any additional funds used to support the pilot.**
  Capitol Dental covered the staff costs once grant funds were expended- roughly an additional $75K for the EPDH and another 10K for administration.

B. Provide a brief summary of the goals, measures, activities, and results and complete the grid below.

Successfully tracked IHN and community members receiving dental care visits. Created Implementation Guide for replication purposes. Created then executed workflows for dental consults inpatients and outpatients throughout most hospital departments. Provided oral hygiene education for Diabetes Management and Childhood Preparation courses. Created, distributed and monitored patient and staff satisfaction surveys with overwhelmingly positive feedback received. Diverted the number of non-traumatic dental conditions (NTDC) admitted to the emergency department (ED) or free up physician time for other ED care. EPDH assisted in triage of dental conditions, providing services to minimize pain and referral to access definitive dental treatment.

Goal	Measure(s)	Activities	Results to Date
Document all IHN-CCO members served by the pilot, tracking which members are pregnant and/or have diabetes.	IHN-CCO members served by the pilot.	Developed efficient tracking methods to export required demographics from Epic to IHN. The technology barriers have been one of the greatest challenges (and time most consuming) of this pilot!	Consult Visits: 164 IHN (primary), 48 (secondary) 56 Diabetic (likely low estimate due to inaccuracy in Epic reporting) 3 Pregnant
Actively participate in at least one DST workgroup; DST recommends Universal Care Coordination.	Attend either by phone or in person.	Attended Universal Care Coordination (UCC) monthly meetings until postponed. Plan to attend once meetings resume. Representative attends DST meetings biweekly.	Pending next UCC meeting findings.
Explore the processes and solutions to barriers in integrating an Expanded Practice Dental Hygienist (EPDH) in Samaritan Lebanon Community Hospital.	Creation of an Implementation Guide. Survey of Samaritan Lebanon Community Hospital clinic staff.	Implementation Guide noting barriers, challenges, alternatives and chosen solutions. Developed efficient workflow for dental consult referral protocol throughout hospital	Electronically tracked/stored encountered barriers, solutions and deficits throughout pilot.

		departments for inpatients. Developed out-patient dental consult protocol for patients with appointments in hospital clinics (e.g. diabetic out-patients visiting diabetic clinic, pregnant women). EPDH providing oral education in diabetic management classes to outpatients and new parents expecting baby in Childhood Preparation class. Provided ongoing protocol assessment, training and revision modifications as needed for oral care program. Acquired patient satisfaction surveys via Survey Monkey (ensuring anonymity) completed bedside after dental consult visits. Acquired satisfaction surveys from students in outpatients classes.	Survey Monkey in- and out-patient satisfaction surveys overwhelmingly positive throughout pilot, as well as paper surveys acquired from Diabetic Management classes.
Provide oral health access (services) and simplify navigation within a hospital setting.	Number of patients referred from hospital or cancer center staff to EPDH for assessment. Number of patients screened by EPDH Survey questions regarding navigation simplification and improved services offered patients in hospital and infusion clinic.	487 patients screened out of 502 consults requested (exact calculation estimated to be higher due to initial tracking and workflow barriers). Surveys acquired via Survey Monkey as described previously.	Workflow protocol and hospital software created and/or altered for EPDH to use daily for clinical and electronic health record workflows, tracking accurate numbers of dental consult and progress visits within hospital settings.
Explore workflows to divert the number of non-traumatic dental conditions (NTDC) admitted to the emergency department (ED) or free up	Workflow processes created. Survey physicians to determine if they have more time for other ED patients.	Developed efficient workflows to utilize EPDH in ED as well as assisted patients with referral process to access definitive dental services.	Triaged patients earlier in ED encounter to streamline and attain pertinent history, signs and symptoms to assist physician in determining best course of action.

physician time for other ED care.		Survey Monkey surveys requested from ED physicians.	Provided anesthetic for patients to free up physician's time. Developed better workflow to decrease patient wait time (e.g. notify EPDH ASAP to assist in triage, EPDH review dental coverage prior to seeing patient).
Improve perceived quality of care for hospital patients receiving EPDH services.	Staff survey. Patient discharge survey.	Surveyed hospital staff to gain insight into successes and areas needing improvement, verbally, in-person, as well as via Survey Monkey. Received patient satisfaction surveys via Survey Monkey (to ensure anonymity) upon dental consult completion.	Hospital staff tremendously positive, expressing appreciation for in-house dental professional's oral care expertise, in which many are not comfortable providing, properly trained to do, nor have the necessary time to accomplish. EPDH received mostly extremely positive feedback from patients who expressed appreciation that dental care was included and addressed during hospital stay. In addition, most communicated their plan to implement newly learned oral health techniques because they gained an impactful understanding that oral disease is preventable and directly related to overall health, thus deeming the importance for thorough daily oral hygiene and to seek in-office dental care.

C. What were the most important outcomes of the pilot?

Incorporated an in-house contracted dental professional into an existing hospital team by overcoming significant and time-consuming barriers to meet requirements by Capitol Dental Care and Samaritan Health through an extensive pre-planning phase as well as the implementation phase, thus creating collaborative protocol and effective workflows.

Assisted patients with referral process to improve access to dental care.

Numerous hospital patients and employees discovered the importance for optimum oral health, linking oral conditions to systemic health outcomes, then learned how to improve their oral health by providing detailed hands-on techniques and written instructions.

Several opportunities arose to present the pilot success including:

- EPDH presented the pilot model at the 36th annual Oregon Rural Health Conference October 2019, in Bend, OR.
- EPDH and Capitol Dental Care, Community Outreach Director, scheduled to present the pilot at National Oral Health Conference in San Diego on April 2020 but event canceled due to pandemic.
- EPDH chosen to speak at Diabetes Empowerment Days, an event at Albany Fairgrounds May 2020 but canceled due to pandemic.
- EPDH and Capitol Dental Care, Community Outreach Director, presented the pilot at the National Network Oral Health Association conference on October 2020.

D. How has the pilot contributed to Triple Aim of improving health; increasing quality, reliability, and availability of care; and lowering or containing the cost of care?

Incorporated an EPDH into a hospital setting whereby improved patient's health by providing desperately needed and lacking dental services.

Increased quality, reliability and availability of care by identifying oral disease directly linked to affect overall health.

Although this pilot was unable to measure definitive monetary savings, identifying unknown diseases, affecting patient's overall health, must also provide an impact on lowering or containing the cost of care.

E. What has been most successful?

- Successfully integrated an EPDH into a complex healthcare system, whereby meeting stringent requirements by two separate organizations.
- Other organizations pursuing similar model.
- Provided numerous oral health education classes to hospital personnel, diabetic patients and parents to be.
- Strove to implement consistent oral hygiene protocol to all hospital patients.
- Assisted patients in referral process to access definitive dental care as needed.
- Custom access, applications and reports built to accommodate a dental provider in the hospital electronic health record to document encounters, locate pertinent patient health information and obtain required patient demographics to submit to IHN.
- Collaboration between the EPDH and hospital medical professionals, integrating specialized expertise, thereby improving patients' overall health outcomes. In specific, the hospital EPDH collaborated with:
    - i. Respiratory Therapists producing improved oral hygiene to intubated patients.
    - ii. Speech Language Pathologists ensuring oral hygiene adequately assessed and executed for dysphagia patients (difficulty swallowing increasing risk of aspiration pneumonia).
    - iii. Diabetic Clinic providers delivering education, screening and dental care to patients with diabetes.
    - iv. Occupational Therapists ensuring oral hygiene techniques measured and facilitated correctly.
    - v. CNA's (who routinely provide oral hygiene to patients) teaching techniques and combining forces to deliver oral hygiene to extremely difficult patients.
    - vi. Physician's throughout all hospital departments, addressing dental problems beyond their scope of practice as well as forwarding observed oral pathologic conditions requiring prescription medications and/or outside referrals.

F. Were there barriers to success? How were they addressed?

Sustainability- Because the EPDH saw all referred patients regardless of Medicaid enrollment and Dental Care Organization (DCO) selection, sustainability not achieved. Discussion has begun with other DCO's to collaborate

and submit encounters for each other, in hopes that in the future, reimbursement would be granted by the state for services rendered on any Medicaid eligible members, regardless of their assigned DCO.

Another viable option to establish sustainability is the pursuit in submitting medical claims to medical insurers for oral health services proven linked, caused or exacerbated by medical conditions.

Entering patient rooms- There are many specialists, CNA's, RN's, physician's competing to see patients, as well as diagnostic testing and other personal needs (e.g. eat, hygiene, rest, illness, pain, visitors, etc.) presenting as barriers to provide dental care visits. Therefore, remaining flexible and accommodating in staff and patient interactions was imperative.

Documentation inefficacy- In order to abide by hospital protocol and legally store documented encounters in dental health record and software, dual entry into Epic, hospital electronic health record (EHR), and dental EHR was required. Much of the information available in Epic had to be manually re-written into the dental record via the patient's note which was extremely time consuming (e.g. history of medical conditions, medications and surgeries, etc.). Improving documentation efficiency remains a difficult task. Although a definitive solution not identified during the pilot, understanding the arisen complexities is an integral first step to brainstorm and solve this problem in the future.

Technology barriers have been the greatest challenges (and most time consuming) of this pilot! Although, technology deficits remain, a better understanding how and where to seek assistance has helped navigate the complexities encountered working as a contracted, non-hospital employee, in an isolated and unique position. The EPDH utilizes programs from both companies as well as programs created solely for this pilot in which most technicians from either company are not aware. Thus, these unique problems were very difficult to solve. Through diligent efforts, progress continues to improve.

COVID-19 pandemic- Due to the governors mandated pause of non-emergent dental care delivery to preserve record low personal protective equipment (PPE) for emergent medical/dental use only, the dental pilot ceased for two+ months. After the pilot resumed, more barriers surfaced, adhering to newly mandated protocol factoring the highly contagious virus, decreasing an existing inefficient workflow. Therefore, the focus shifted away from providing comprehensive services, to an oral health champion role, providing triage, education, screening and managing referrals.

So much to do, so little time…A wide variety of opportunities for EPDH to contribute and improve dental care throughout the hospital were identified but were not realistic for one person to achieve. Therefore, reassessment needed to reprioritize the most important goals moving forward.

G. How readily would the pilot be scalable or replicable? Describe cautions and considerations when considering scaling, or replicating the Pilot. (i.e. Success dependent on personality/skills set, or activities appropriate under certain conditions like size, target population, etc.)

Through dental and medical joint forces, foundational groundwork has been established creating mutually acceptable protocol and workflows to replicate this pilot. Therefore, the time is now to seize this opportunity and implement a similar program in other hospitals. That said, discovering a sustainable model to fund this position remains problematic. Perhaps, isolating and providing services to only IHN eligible patients would resolve this issue. Placing focus on target populations (e.g. diabetes, pregnancy) identified by the state for reimbursement could also provide greater success in future implementations, thus is a potential strategy worth pursuing.

As a result of this pilot, the Benton, Lincoln and Linn County Regional Oral Health Coalition submitted for the Health Resources and Services Administration (HRSA) grant, led by JoAnn Miller [insert her title- no names allowed], to expand this model of care in Lincoln County.

A group from Klamath County Public Health inquired information in hopes of replicating this pilot in Klamath Falls, OR.

Recently, a group from the American Dental Association inquired information to potentially replicate this pilot in other hospital emergency departments to better serve patients presenting with non-traumatic dental conditions and assist in referrals for definitive dental services.

H. Will the activities and their impact continue? If so, how? If not, why?

Yes, Capitol Dental Care plans to continue this pilot, as is a valued, trailblazing model of care needed to improve access to dental care with hope to establish sustainability and replicate this pilot, expanding to other medical and hospital settings.

Reduce and Improve

PRESENTED BY

LINDA MANN & KARLA OLSEN SMITH

Pilot Summary

- Pilot funding date 1/2019. Extension through 12/31/2020 post COVID dental closure with Capitol carrying funding.
- Budget $141,450
- The objective of the Reduce and Improve pilot is to improve the collaboration between physical and oral health within the hospital setting. An Expanded Practice Dental Hygienist (EPDH) will work within Samaritan Lebanon Community Hospital to provide oral health services and navigation for patients and act as an oral health resource for the community and medical staff.
- Key activities
  - Track # of IHN and community members receiving oral hygiene dental services
  - Create Implementation Guide for replication
  - Create workflows for dental consults inpatients
  - Provide OH education for Diabetes Management and Childhood Preparation courses
  - Create, distribute and monitor patient and staff satisfaction surveys
  - Divert the number of non-traumatic dental conditions (NTDC) admitted to the emergency department (ED) or free up physician time for other ED care

Key Outcomes

- Surveys- in-patient, out-patient and hospital personnel satisfaction surveys overwhelmingly positive throughout pilot.
- Implementation Guide created documenting encountered barriers, solutions and deficits throughout pilot.
- Workflow protocol and hospital software created and/or altered for EPDH to use daily for clinical and electronic health record workflows, tracking accurate number of dental consult and progress visits within hospital settings.
- Created workflow in ED to assist ED physician in determining best course of action for patients presenting with NTDC and decrease patient wait time, also improving ED physician efficiency.
- Assisted patients with referral process to improve access to dental care.

Total Dental Visits

	Consults	Progress Visits	Grand Total
2019			
Sep	11		11
Oct	32	6	38
Nov	41	10	51
Dec	30	16	46
2020			
Jan	40	20	60
Feb	43	27	70
Mar	20	9	29
Jun	39	16	55
Jul	31	27	58
Aug	45	15	60
Sep	44	9	53
Oct	32	15	47
Nov	36	23	59
Dec	33	32	65
Grand Total	**477**	**225**	**702**

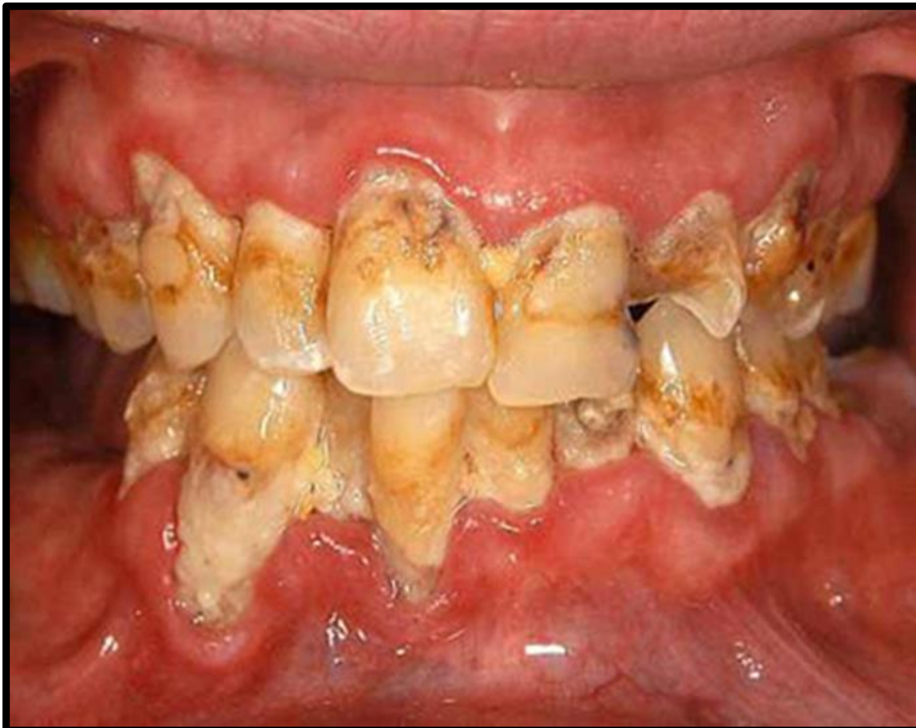
Primary IHN

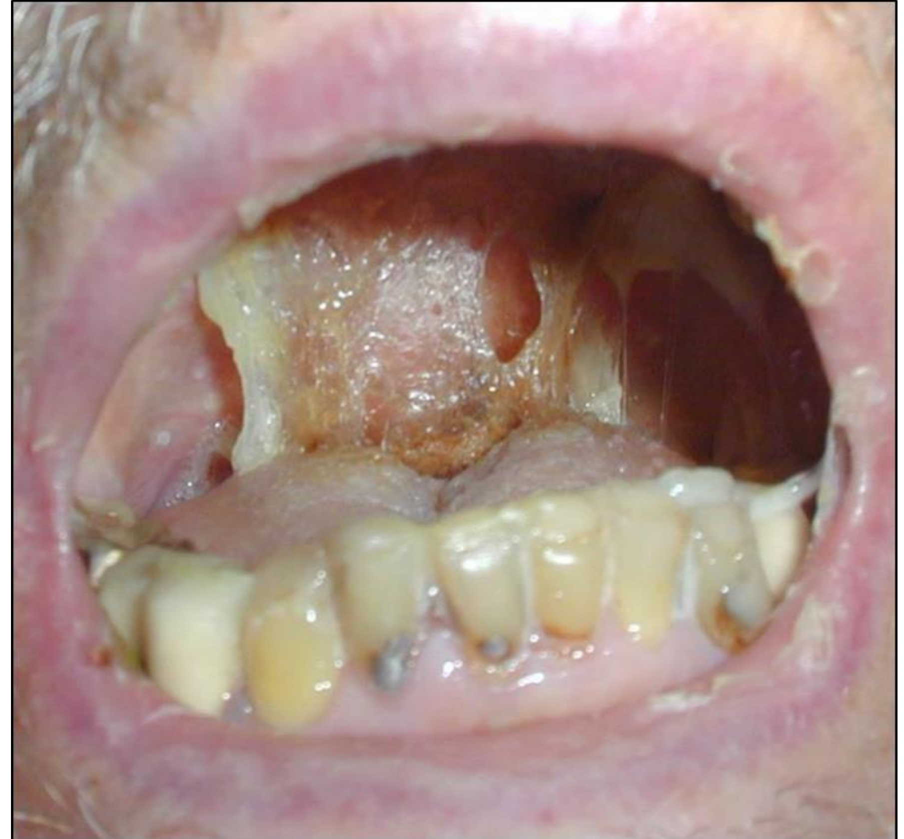
	Consults	Progress Visits	Grand Total
IHN	**164**	**66**	**230**
2019			
Sep	6		6
Oct	12	2	14
Nov	14	4	18
Dec	9	6	15
2020			
Jan	16	11	27
Feb	12	9	21
Mar	6	6	12
Jun	15	5	20
Jul	9	1	10
Aug	16	6	22
Sep	16	1	17
Oct	11	1	12
Nov	12	6	18
Dec	10	8	18
Grand Total	**164**	**66**	**230**

Secondary IHN

	Consults	Progress Visits	Grand Total
IHN 2nd	**48**	**33**	**81**
2019			
Sep	3		3
Oct	5	2	7
Nov	5	3	8
Dec	2	4	6
2020			
Feb	6	1	7
Mar	1		1
Jun	4	2	6
Jul	3	6	9
Aug	6	3	9
Sep	4	1	5
Oct	2	4	6
Nov	3	5	8
Dec	4	2	6
Grand Total	**48**	**33**	**81**

Hospital Dental Visits





Successes

- Integrated an EPDH into a complex healthcare system, whereby meeting stringent requirements by two separate organizations.

- Incorporated an in-house contracted dental professional into an existing hospital from the extensive pre-planning phase through the implementation phase, creating collaborative protocol and effective workflows providing desperately needed services for in- and outpatients. Other organizations pursuing model.

- Interprofessional Collaboration between EPDH & hospital providers, thereby improving patients' overall health outcomes. In specific, collaborated with:
  - Respiratory Therapists
  - Speech Language Pathologists
  - Diabetic Clinic providers
  - Occupational Therapists
  - RN's & CNA's
  - Physicians throughout most hospital departments

Successes

Learning Experiences

- **Workflows**- Remaining flexible to see patients while simultaneously improving efficiency
- **Technology**- Barriers due to documentation inefficiencies, navigating software problems, etc. have been and continue to be challenges requiring creativity and agility as well as strong and reliable partnership between Samaritan Health and Capitol Dental
- **COVID-19 pandemic**- Paused pilot, furthered inefficiency, re-focused Oral Health Champion role
- **Sustainability**- Funding dental hospitalist & demonstrating decreased costs

Partnerships & Collaboration

- **New partnerships** because of the pilot?
  - The River Center for voucher patients
  - Gentle Dental and Smilekeepers offices for CDC members
  - Other DCO's for their members
  - Members of pilot advisory board including Director of Patient Care Services, nurse leaders, ED & other department managers, as well as administrators.
  - Specialty Samaritan physicians (e.g. OBGYN, Pediatrics, etc.)
  - Pristine Interprofessional Academy (medical billing for dental services induced from systemic conditions)
- **Status of your pre-pilot partners?** Ongoing, creating more efficient workflows to increase sustainability, thus expanding patient encounters.
- **Partners affected by the pilot?** Improved health outcomes for mutual patients.
- **Relationship with any partners change?** Continuing to build united effort to make improved, lasting changes.

Remaining Challenges

- Acquiring hospital partners who are brave enough to incorporate an EPDH dental hospitalist into an existing complex system, thereby acknowledging significance of oral care, then address presently overlooked poor oral condition to improve the health and well-being of their patients.

Post Pilot Sustainability

- **Future Sustainability**
  - Capitol Dental Care plans to continue pilot as is a valued, trailblazing model of care needed to improve access to dental care with hope to establish sustainability to replicate, expanding to other hospital settings.
- **Replicability**
  - Through dental & medical joint forces, foundational groundwork established creating mutually acceptable protocol & workflows to replicate this pilot.
  - Benton, Lincoln and Linn County Regional Oral Health Coalition
  - Klamath County Public Health
  - American Dental Association
- **Scalability**
  - The ability to make this project scalable to larger or smaller hospitals lies in funding, sustainability & technology adaptability.
  - Scaffolding established to execute this model in a variety of settings, drawing from pilot challenges & successes, thus creating an ideal opportunity to implement refined strategy & foresight.

Discussion

Universal Care Coordination (UCC) Workgroup
Scope of Work Document 2021

Workgroup purpose:
Community driver of Unite Us (from DST conversation 1/21/2021)

Strategic Goals:
-

Workgroup Chairs:

Name:	Organization:	Phone Number:	Email:

Membership:

Meeting Frequency: TBD (at first Workgroup)

Short Term Goals:
-