

2017-12-14 PM

HANDS-ON!

Maternal and Infant Oral Health



9a: Welcome and Introductions of Key Partners930a: Grace Health Model for Pregnant Mothers

10a: Tour of Grace Health



PROJECT PARTNER SESSION

1045a: Toolkit, Physical Plant, Armamentarium

Noon: Networking Lunch

1230p: Process and Workflow

130p: Dental Health Coach

2p: Coding, Billing, IT Support, and Data

230p: Research Project Calibration

Grace Health Model for Pregnant Mothers

About the Project

The Michigan Initiative for Maternal and Infant Oral Health was funded for one year at six pilot sites to examine the feasibility and impact of establishing a registered dental hygienist within an OBGYN medical clinic. This session will describe the process of collecting input from clinicians across Michigan to standardize workflow and expand the scope of services rendered to include pregnant mothers and children.



Prenatal Care for Mothers

One component of the Maternal and Infant Oral Health project is to deliver care to patients. The registered dental hygienist practicing under a PA161 program can provide the services listed on the back of this page.

Making an Impact through Prevention

The **PA161 program** and Michigan Initiative for Maternal and Infant Oral Health offer **ASSESSEMENT + PREVENTION + INTERVENTION**. This is accomplished through care delivery in addition to an oral health network built between the six pilot sites and the dentists to whom patients are referred. **PATIENT EDUCATION + REFERRAL TO DENTIST** can help improve oral health outcomes for mothers and their children for generations.

Muskegon Family Care Dental Coach Model

1	MICHIGAN INITIATIVE FOR MATERNAL AND INFANT
	ORAL HEALTH
	<u>Subtitles</u>
	Grace Model for Pregnant Mothers
	Muskegon Family Dental Coach Model
	<u>Authors</u>
	John Girdwood, MSA, PhD
	Kevin Steely, DDS
	Staci Hard, RDH
2	1045a: Grace Model
	Presenters
	• Kevin Steely, DDS
	• Staci Hard, RDH
	• Tracie Hurst, RDH
	• Alisha Morris, MBA
3	Integrating the Hygienist into an OBGYN Clinic
4	Toolkit, Physical Plant, Armamentarium
	Where should the room be in the clinic?
	• How does the room function in the OBGYN visit?
5	Equipment Checklist
	Equipment Checklist □Dental chair (preferably stationary, but portable would work)
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	□Dental chair (preferably stationary, but portable would work) □Portable dental unit □Operator chair
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	□Appropriate disposables:
	□Suction tips
	□Gauze
	□Bibs
	□Prophy angles
	□Prophy paste
	□Floss
	□Cotton tip applicators
	□Disposable mirrors
	□Sealant materials
	□Etch
	☐Sealant material
	☐Micro brushes
	□Curing light
	□Fluoride varnish
	□Patient education material
6	Patient Education and Material
7	Value Stream
8	Time for Questions
	&
	Networking Lunch at Noon
9	1230a: Workflow
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	• Kevin Steely, DDS
	•Staci Hard, RDH
	• Tracie Hurst, RDH
	• John Girdwood, PhD
	• Joshua Thomson, PhD
	• Erin Relich, RDH, BSDH, MSA
10	1st Trimester Visit: Overview
1	Goals and tasks for initial visit:
2	•RDH should attempt to meet with patient early as possible
	$ \bullet Meet with each patient when they present for their initial visit with the OB provider \\$
	Begin collecting data on the tracking sheet
3	Hygienist introduces herself and presents a brief overview of the program:
4	• Frequency of patient visits with the hygienist
	• Relevant discussion topics
	 Patient goal-setting and other oral health-related topics
	Patients frequently ask questions the RDH can addressBuild trust!

11 1st Trimester Visit: Value Stream Map

12 2nd Trimester Visit: Overview

- 1 Goals and tasks for initial visit:
- 2 •Occurs ≈24-26 wks gestation
 - Reorient patient to program
 - Address barriers like:
 - Fear
 - Lack of transportation
 - · Lack of childcare for other children in the family
 - Inability to take off work
 - Overcome barriers!
- 3 Hygienist reintroduces herself, continues tracking data, and addresses the following:
- 4 Discuss food cariogenicity and dental caries disease progression
 - It is important to convey culturally-relevant and scientifically-correct information to the patient about their oral disease status

13 2nd Trimester Visit: Value Stream Map

14 3rd Trimester Visit: Overview

- 1 Goals and tasks for initial visit:
- Occurs near the end of the pregnancy, usually around 36 weeks' gestation
 - · Ask if the patient has any concerns or pain
 - Start a conversation with visual aids about early childhood caries (ECC)
- 3 Hygienist reintroduces herself, continues tracking data, and addresses the following:
- 4 Differences between breastmilk and formula
 - Importance of brushing the teeth with fluoride toothpaste
 - Harm caused by sugary drinks
 - Frequency of dental visits
 - Streptococcus mutans bacterial transfer from caregiver to baby

15 3rd Trimester Visit: Value Stream Map

16 Post-Partum Visit: Overview

- 1 Goals and tasks for initial visit:
- ² Can occur at any time after the baby is born
 - Prior to seeing the patient for postpartum visit, always verify:
 - baby is living
 - custody disposition for the baby
 - Visit should be a simple, straightforward, and brief appointment
- 3 Hygienist reintroduces herself, continues tracking data, and addresses the following:
- 4 Ensure the patient is not suffering any oral pain and address any dental concerns
 - Facilitate any appointments that need to be scheduled in the dental department
 - •Other appropriate handouts to give the mother at this visit include, but not limited to:
 - "From Drool to School"

- "Dental Care by Age 1"
 - · with attached finger brush

17 Post-Partum Visit: Value Stream Map

18 Remember...

- · Always keep the long term goal in mind
- · Life's full of challenges
- Promoting self-efficacy and empowering the patient can make a major impact. The Grace Health Model and RDH are the gateway to reducing barriers.

19 Setting Up a Centering Pregnancy Program for Pregnant Mothers

20 If your site offers "Centering Pregnancy"

- 1 An oral health screening during the centering session should mirror a regular 1st Trimester Grace Health Model visit. The RDH will:
 - 1. Introduce herself and the Grace Health Model;
 - 2. Gather info from the patient;
 - 3. Complete the tracking form
 - 4. Perform an intraoral screening;
 - 5. Schedule any necessary dental appointments
- 2 For centering patients, postpartum visits should be specifically scheduled with patients to follow the program process and structure. The centering patients' 6-week postpartum visit is a centering reunion so the RDH should facilitate an opportunity to see the patient and baby during the 3-week postpartum check.

21 **130**p

The Muskegon Family Model: Care through Dental Coaching

22 Muskegon Rapid Improvement Event

- 1 Muskegon Family Care was a pilot site of the Michigan Caries Prevention Program (MCPP), a 3-year grant-funded effort to reduce Early Childhood Caries (ECC).
 - Muskegon Family Care physicians were trained how to provide oral health:
 - screening;
 - fluoride varnish;
 - patient education; and
 - referral to a dentist.
- 2 MFC physicians and staff completed a quality improvement effort to deliver:
 - efficient:
 - · effective;
 - patient-centered care.
 - 246 parent/caregiver surveys about oral health risk factors
 - •28 medical-to-dental referrals tracked (20 EHR; 8 manually)

23 Muskegon Care Model Process

24	Armamentarium
	•Lobby (waiting room)
	Pediatric medical clinic "as-is"
	• Fully stocked with fluoride varnish pre-packaged kits, toothpaste, and toothbrushes
	Overhead PA system
	Paper survey instrument with risk questionnaire
	• iPad for reporting survey results anonymously
	Electronic Medical Records (EPIC EMR)
25	Dental Coach Program
1	6-month QI project separated into thirds, about 2 months each:
	•(i) adoption;
	• (ii) implementation;
	• (iii) sustainability
2	•Two procedures, oral health screenings and fluoride varnish application, are billable medical
	interventions and can be measured by pulling data from the electronic health record system
	at the clinic.
	•An IT staff member provided data on a weekly basis.
26	Project Instruments
27	Reporting Tools
28	Initial Reporting
29	Rapid Improvement Experiment Results
30	Final Value Stream Map
31	Pre-Packaged Kits
32	Pre-Packaged Kits
33	Coding, Billing, IT Support, and Data
34	IT Support and Training
	• IT must have capacity to provide daily reports containing relevant information which can be
	culled from EDR.
	• Grace Health IT provides a report every morning which lists the gestational status of every
	OB patient scheduled for care that same day.
35	230p
	Research Project Calibration
36	Steps for successful implementation
37	Implementing SCM test with patient
38	Saliva-Check Mutans Test

After 15 minutes:

- Positive Result > 500,000CFU/mL S. mutans
- Negative Result <500,000CFU/mL S. mutans https://www.youtube.com/watch?v=TqaM2XI-qbE 3:20 – 5:03
- 39 Healthy teeth versus teeth with plaque

40 Please read and discuss this explanation on oral hygiene best practices with to the patient

Oral hygiene is the practice of keeping one's mouth clean and free of disease and other problems by regular brushing and cleaning between the teeth. It is important that oral hygiene be carried out on a regular basis to enable prevention of dental disease. The most common types of dental disease are tooth decay and gum diseases, including gingivitis, and periodontitis. Regular brushing consists of brushing twice a day after breakfast and before going to bed. Cleaning between the teeth is called interdental cleaning and is as important as tooth brushing. This is because a toothbrush cannot reach between the teeth and therefore, only cleans 50% of the surfaces. There are many tools to clean between the teeth, including floss and interdental brushes. It is up to each individual to choose which tool he or she prefers to use. Antibacterial mouth rinses can also be used to keep breath fresh and kill the bacteria in the mouth that causes oral diseases.

41 BEFORE & AFTER disclosing solution/colored dye applied

- Plaque isn't always easy to detect as it usually blends in with the tooth
- By looking under a microscope or by using colored disclosing solution/dyes, plaque is quite noticeable!
- Plaque returns rapidly (within 8-12 hours), so frequent removal by brushing, flossing and mouth rinse is key!
- 42 How can cavity causing bacteria be transferred from a mother to her child?
- 43 SCM test results
- 44 Time for Questions

&

Final Words from Project Team

MICHIGAN INITIATIVE FOR MATERNAL AND INFANT ORAL HEALTH

Subtitles

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PUBLIC SESSION

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PROJECT PARTNER SESSION

1045a: Toolkit, Physical Plant, Armamentarium Noon: Networking Lunch 1230p: Process and Workflow 130p: Dental Health Coach 2p: Coding, Billing, IT Support, and Data



1045a: Grace Model

Presenters

- Kevin Steely, DDS
- · Staci Hard, RDH
- Tracie Hurst, RDH
- Alisha Morris, MBA



Staci, Derrick (Muskegon), Tracie, and Kevin





Toolkit, Physical Plant, Armamentarium



- Where should the room be in the clinic?
- How does the room function in the OBGYN visit?



Equipment Checklist

- □ Dental chair (preferably stationary, but portable would work)
- □ Portable dental unit
- Operator chair
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- Operator headlamp
- Desk/table
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- 4 prophy cassettes above containing:
 - Preferred scaling instruments

- □ Appropriate PPE such as gloves, masks, and eye protection
- Appropriate barriers like head rest covers and light handle covers
- □ Disinfectant spray and wipes
- Appropriate disposables:
 - Suction tips
 - Gauze
 - Bibs
 - Prophy angles
 - Prophy paste
 - □ Floss
 - Cotton tip applicators
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- Sealant materials
 - Etch
 - Sealant material
 - Micro brushes
 - Curing light
- ☐ Fluoride varnish
- □ Patient education material



Patient Education and Material





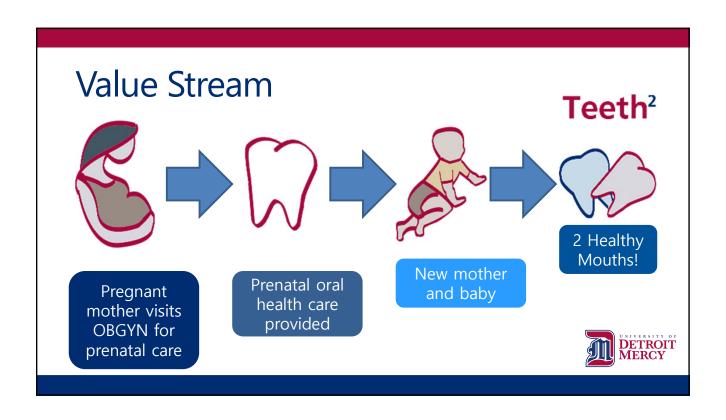


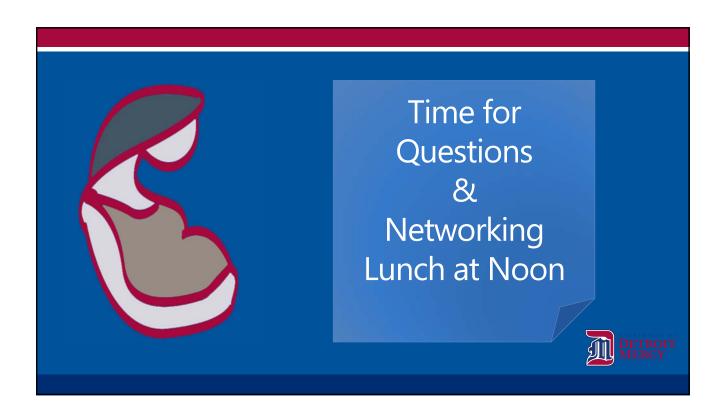












1230a: Workflow

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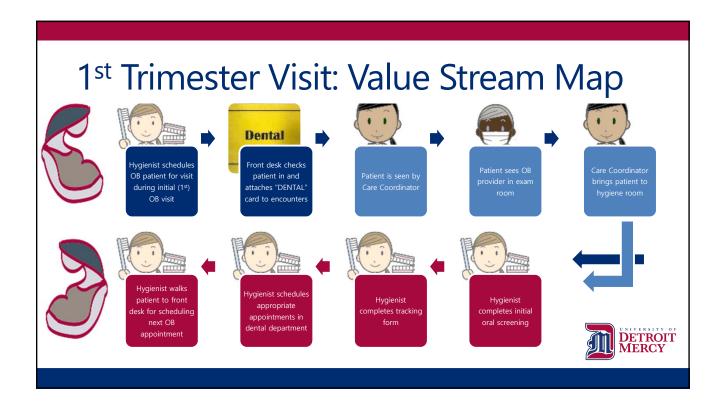
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- Patients frequently ask questions the RDH can address
- Build trust!





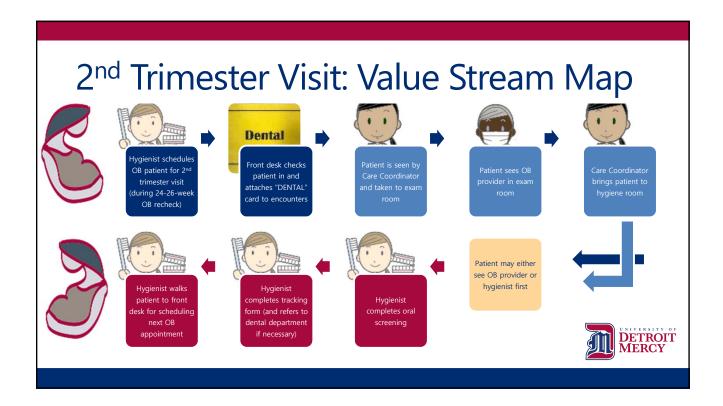
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Goals and tasks for initial visit:

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3rd Trimester Visit: Overview

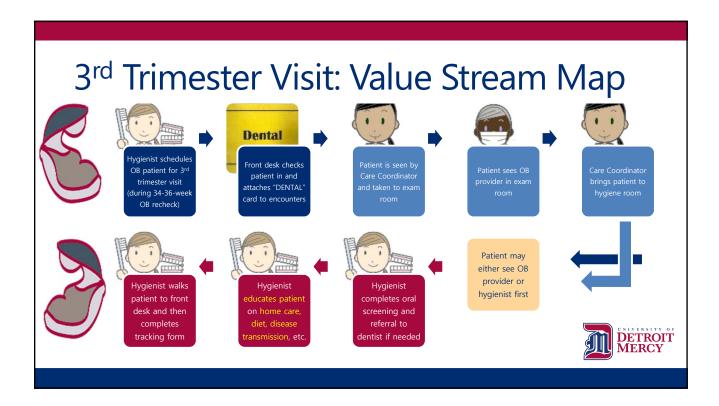
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Post-Partum Visit: Overview

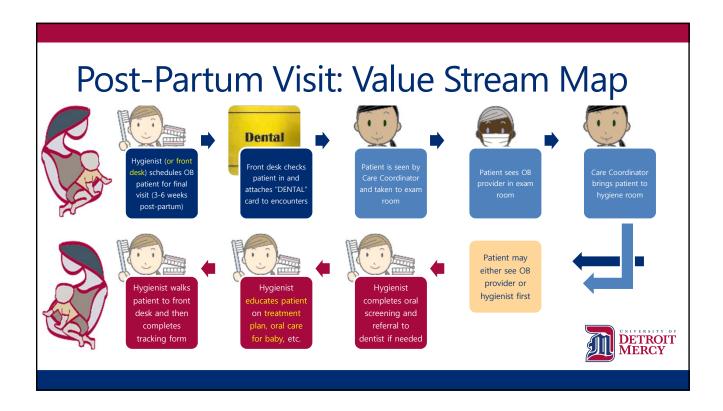
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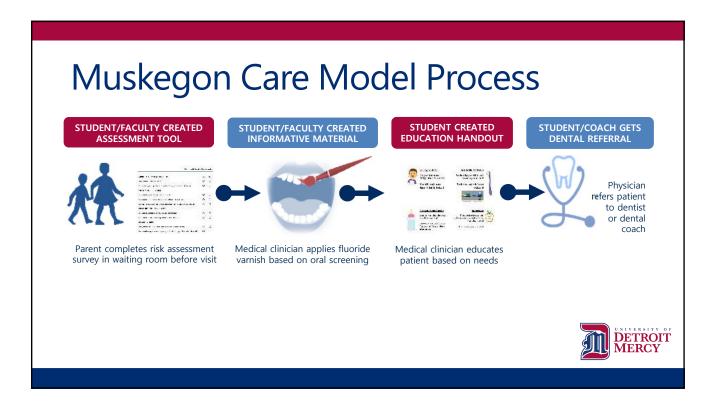


Muskegon Rapid Improvement Event

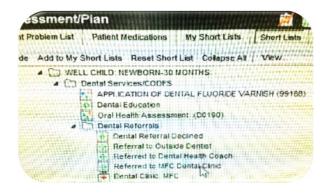
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Armamentarium



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- · Pediatric medical clinic "as-is"
 - Fully stocked with fluoride varnish pre-packaged kits, toothpaste, and toothbrushes
- Overhead PA system
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 - iPad for reporting survey results anonymously
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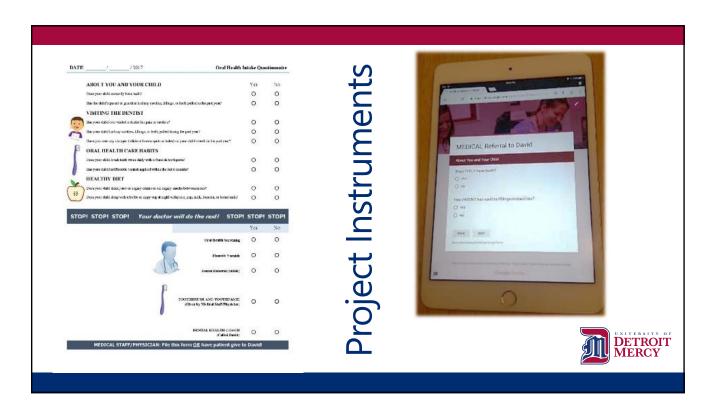
DETROIT MERCY

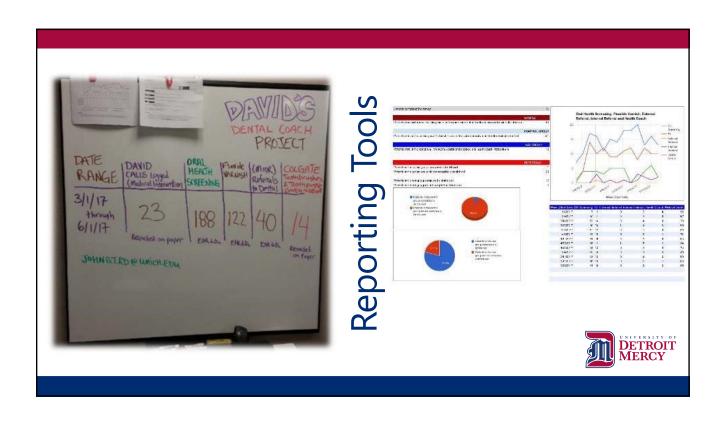
Dental Coach Program

6-month QI project separated into thirds, about 2 months each:

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- (ii) implementation;
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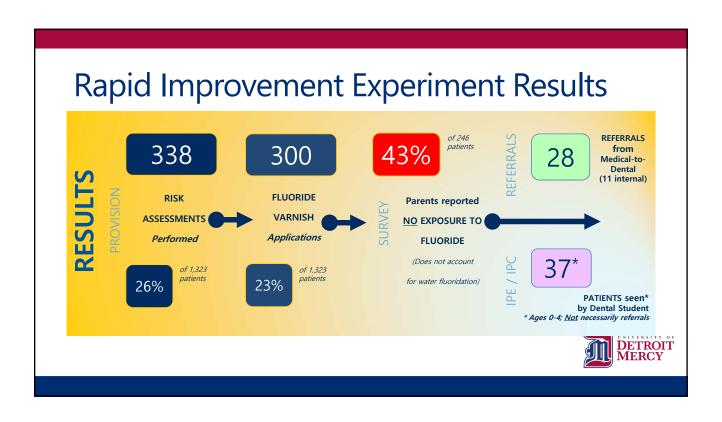


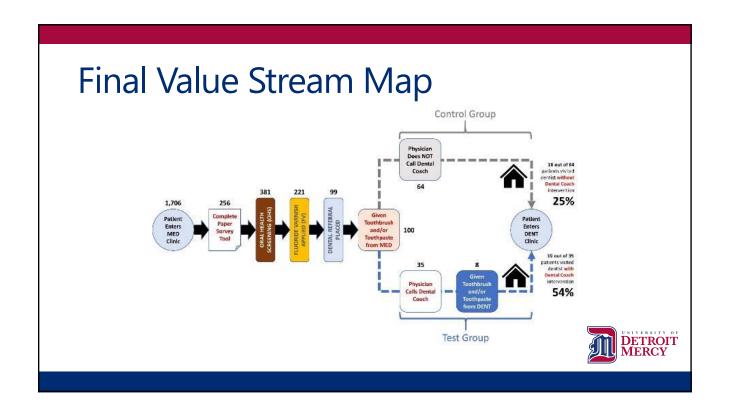


Initial Reporting

WEEK	START OF WEEK	ORAL HEALTH SCREENING	FLUORIDE VARNISH	EXTERNAL REFERRAL	INTERNAL REFERRAL	HEALTH COACH
1	3/3/2017	6	0			
2	3/10/2017	11	6			
3	3/17/2017	16	14			
4	3/24/2017	20	14			3
5	3/31/2017	10	9		1	
6	4/7/2017	15	11		1	1
7	4/14/2017	14	8			
8	4/21/2017	16	10	1	2	1
9	4/28/2017	20	11			
10	5/5/2017	18	10		1	3
11	5/12/2017	14	12			2
		160	105	1	5	10

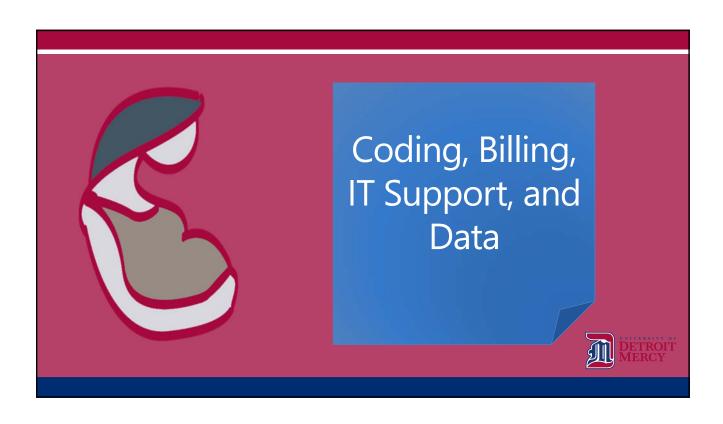






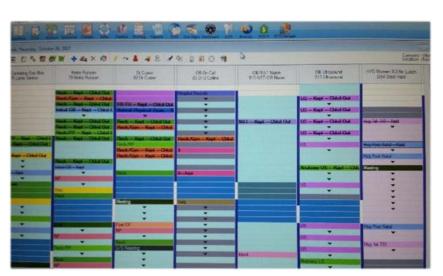






IT Support and Training

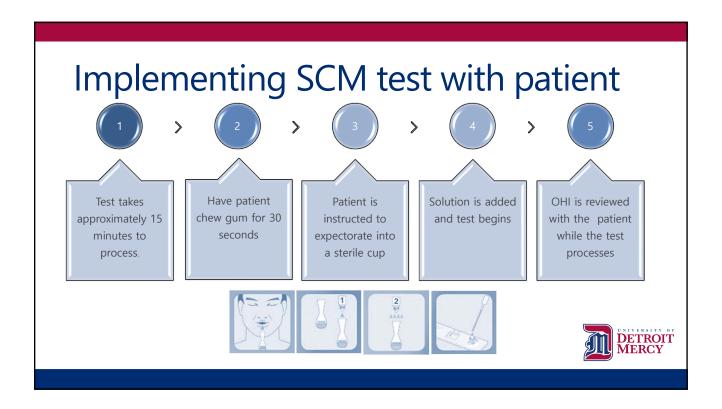
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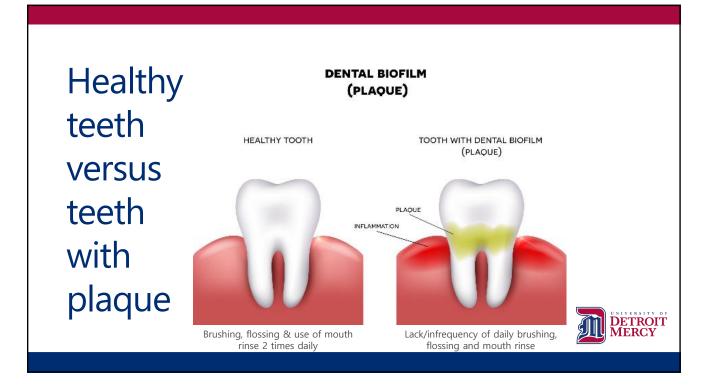








Saliva-Check Mutans Test After 15 minutes: Positive Result > 500,000CFU/mL S. mutans Negative Result < 500,000CFU/mL S. mutans https://www.youtube.com/watch?v=TqaM2XI-qbE 3:20 - 5:03



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BEFORE & AFTER disclosing solution/colored dye applied

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- By looking under a microscope or by using colored disclosing solution/dyes, plaque is quite noticeable!
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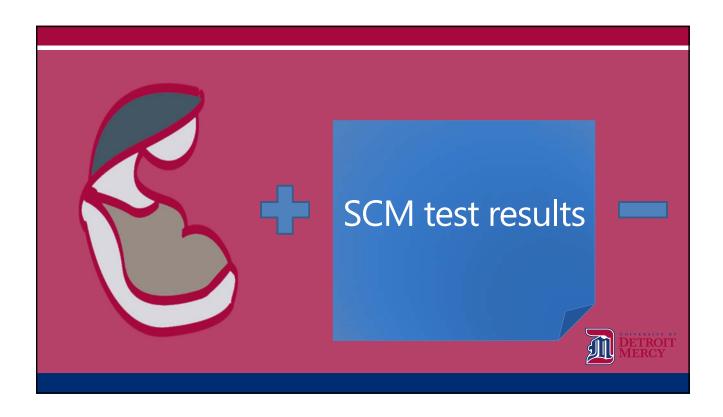


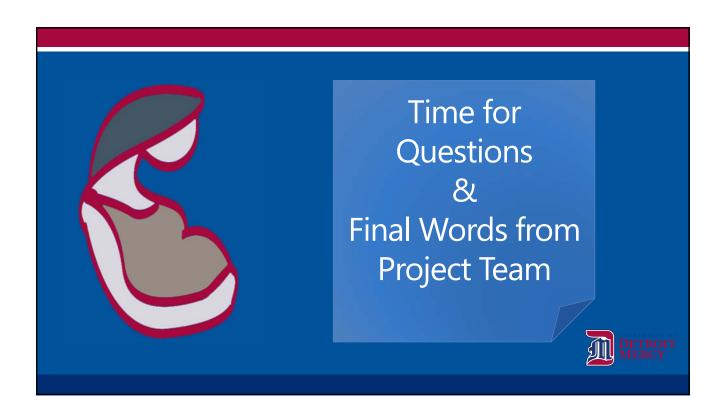












We would like to thank the following organizations...

Michigan Department of Health and Human Services

Michigan Primary Care Association

Grace Health

Blue Cross Blue Shield of Michigan

Delta Dental

Michigan Oral Health Coalition

Muskegon Family Care
Ingham County Health Department
InterCare Benton Harbor Women's Center
Upper Great Lakes Family Health
Great Lakes Bay Health Centers

And the <u>many others</u> who have made this possible through direct and indirect support of the project!