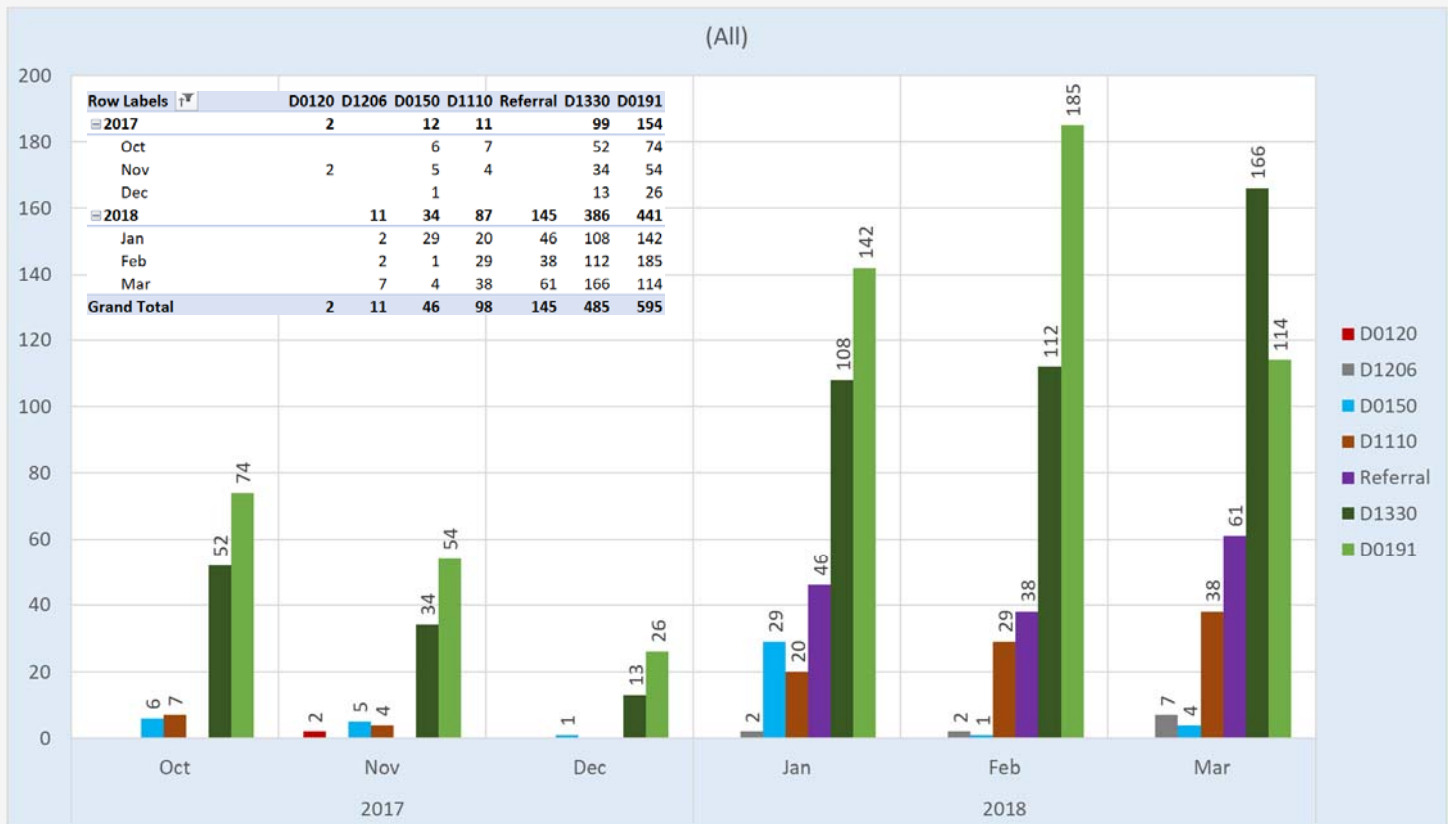


# Maternal and Infant Oral Health Mid-Year Data Report

Chart: Provision of Care through Project to Date



Key	D0191 are oral health assessments of pregnant women in OBGYN medical clinics	D1330 are oral health education interventions given to pregnant women during an OBGYN medical visit
D0120 and D0150 are dental exams in the dental office after referral from hygienist in OBGYN	D1206 are fluoride varnish provisions to children of pregnant mothers when present at OBGYN visit	D1110 are prophylaxes provided to pregnant women in OBGYN medical clinic

## Narrative: Provision of Care through Project to Date

- 2017 data<sup>1</sup> are primarily from a single model site (Grace Health) who were subcontracted consultants on project
- 2018 January data include a second site (InterCare) who opened a new OBGYN building clinic that month
- 2018 February data are an example of five fully functioning sites

## Limitations

- Two codes, D1330 (pt. education) and Referral, **aren't reimbursed**; entering those code is new to sites' workflow
  - Most, if not all, sites provide some of the data via a **hand-count** especially for D1330 and Referrals
- Different personnel** have provided different numbers<sup>2</sup> for same month at same site; for example:

### Data provided in 2018 February

Row Labels	D0120	D1110	D0150	D1330	D0191	Grand Total
2017	2	11	12	99	149	273
Oct		7	6	52	74	139
Nov	2	4	5	34	54	99
Dec			1	13	21	35
2018		1	4	97	143	245
Jan			3	40	78	121
Feb			1	28	65	95
Mar				29		29
Grand Total	2	12	16	196	292	518

### Data provided in 2018 March

Row Labels	D0191	Grand Total
2017	54	54
Oct	22	22
Nov	23	23
Dec	9	9
2018	53	53
Jan	20	20
Feb	20	20
Mar	13	13
Grand Total	107	107

<sup>1</sup> Second site (Great Lakes Bay) contributed n=5 assessments in 2017 December

<sup>2</sup> We will, of course, verify all the data by the end of the project!

# Maternal and Infant Oral Health Mid-Year Data Report

## Lessons Learned: Implementation

### STRENGTHS

- Forming a **network** of clinics allows personnel to **share best practices**
  - Sites suggested workflow (e.g. room flags) and outreach (e.g. posters) ideas to improve program
- Motivated** personnel, e.g. “Champions,” establish culture and normalize oral health in medical clinic
- Shifting perspective to **family as a unit of care** increases provision of preventive measures to mothers, infants, and other family members when program is expanded to OBGYN, PED, FM, and even schools in community

### BARRIERS

- The commonly known barriers to medical-dental integration (MDI) are evident in this project, especially:
  - Integration:** EDR/EHR don’t “talk to” each other; medical and dental clinics have different coding
  - Staff Turnover:** Hiring, training, and placing hygienists is difficult as is keeping personnel in place
  - Reimbursement:** Sites are not reimbursed for some interventions and have difficulty coding those

### Budget

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Salary & Wages	\$ 3,399.99	\$ 6,961.52	\$ 12,153.84	\$ 12,846.15	\$ 12,153.84	\$ 18,230.76	\$ 12,153.84
Fringe Benefits	\$ 1,156.00	\$ 2,366.92	\$ 4,132.30	\$ 4,367.71	\$ 4,132.30	\$ 6,198.45	\$ 4,367.71
Travel	\$ -	\$ 107.42	\$ 191.46	\$ -	\$ 332.62	\$ 1,986.05	\$ 2,285.10
Supplies & Materials	\$ -	\$ 962.77	\$ -	\$ 17,064.04	\$ 1,404.50	\$ -	\$ 1,875.89
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 44,971.60	\$ 37,394.14
Equipment	\$ -	\$ 23,979.63	\$ -	\$ 77,850.31	\$ -	\$ -	\$ -
Other Expense	\$ -	\$ 198.93	\$ 196.21	\$ 226.00	\$ 226.00	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Month Spent</b>	<b>\$ 4,555.99</b>	<b>\$ 34,577.19</b>	<b>\$ 16,673.81</b>	<b>\$ 112,354.21</b>	<b>\$ 18,249.26</b>	<b>\$ 71,386.86</b>	<b>\$ 58,076.68</b>
Budget Remainder	\$ 964,844.01	\$ 930,266.82	\$ 913,593.01	\$ 801,238.80	\$ 782,989.54	\$ 711,602.68	\$ 653,526.00
Budget Spent to Date	\$ 4,555.99	\$ 39,133.18	\$ 55,806.99	\$ 168,161.20	\$ 186,410.46	\$ 257,797.32	\$ 315,874.00

### Conclusion

**DETROIT MERCY DENTAL**

**Mom-to-be Mimi, learns why her oral health is important to pregnancy**

A healthy mouth for *Mimi*, a healthy start for baby

The condition of Mimi's oral health can impact her child's risk for tooth decay.

If Mimi's gum disease goes untreated, it can affect her child's birth weight, even causing premature birth.

Mimi can unintentionally pass cavity-causing bacteria to her newborn, which increases her child's risk for tooth decay.

If Mimi has high levels of untreated tooth decay, her baby is 3x as likely to have tooth decay.

**4 ways Mimi can give her newborn a healthy start**

1. Make and keep regular dental appointments
2. Brush with fluoride toothpaste at least twice per day
3. Drink fluoridated tap water every day
4. Talk to a dentist about ways to prevent or manage dental problems

Michigan Initiative for Maternal and Infant Oral Health (MIMI-OH)  
Thank you to the Michigan Department of Health and Human Services for their support in this project.

Reaching pregnant mothers with oral health care, education, and referrals to a dentist through interventions during OBGYN clinical visits can be an effective quality improvement (QI) project when implemented properly. The Maternal and Infant Oral Health Initiative was an implementation study to test the feasibility and function of a medical-dental integration (MDI) program. Public health measures and health outcomes are outside the scope of this study.

Registered Dental Hygienists (RDH) are ideal personnel for an MDI program because they can promote oral health to both patients and medical clinic staff. This study placed an RDH in an OBGYN clinic and measured provision rates of oral health preventive care, patient education, and referrals to a dentist.

By mid-year, care was recorded as provided to **595 patients** at 6 pilot sites with a budget spent of \$257,797, costing about \$433/patient seen. The cost-per-patient will decrease significantly as the program continues because of the diminishing costs, i.e. upfront equipment. Financial sustainability depends equitable, available reimbursement.

Creating a network of motivated MDI clinicians will allow for sharing of best practices. Considering families as units-of-care will increase opportunities to reach patients in under-served areas.