Model 1: Closed Referral for Dental Appointments

Detailed Steps for Workflow

- WIC staff used the referral form in the ROSIE care plan to refer children and pregnant women to a partnering dental clinic. The referral check box in Rosie allows users to track the dental referrals for PDSA-level data collection.

- Jefferson County referred through their Prenatal Care Coordination program and they created their own dental referral form that is emailed to the partnering dental clinic. The dental referral was entered into the electronic care plan so reports could be generated to track referral data.

- All dental clinics prioritized referrals from WIC by calling the patients to schedule an appointment. While some referred patients did not answer the phone, it did increase the number of referrals that scheduled and completed appointments.

- Dental clinics tracked the number of referrals that completed their initial dental appointment and if the treatment plan was completed. Dental clinics shared back to the referring staff member when an initial appointment was completed to support case management.

Change package: Strategies that were tested

The following change package lists strategies that were tested and proven to be successful in increasing the percent of pregnant women in WIC (1 PNCC program) that completed dental appointments during pregnancy.

1. **Inter-professional partnerships**

   - The WIC clinic partnered with a dental clinic that sees Badger Care clients.

   - The dental clinic prioritized referred patients by calling them to schedule an appointment.

     o Front desk or administrative staff took on the role of calling patients.

     o Three attempts were made to reach the patient. If the patient wasn't reached, it became the patient's responsibility to call to schedule an appointment.

   - Dental clinic staff attended at least one WIC staff meeting per year to provide oral health education/training, review the referral process and answer questions.

   - WIC and dental clinic front desk staff shared data on the status of referred patients. Email and phone communication about referrals strengthened the relationship between organizations. HIPPA consent to share information rules were followed.

   - WIC (PNCC) and dental clinic partners met quarterly to review the referral/appointment completion data and process.

2. **Oral health knowledge of families**

- Dental clinic staff created talking points for WIC staff on what to expect at an initial dental appointment. Knowledge of what to expect reduced fear in patients.

- WIC staff let parents/pregnant women know the general number of appointments to expect. For example, a comprehensive exam at the first appointment and then a cleaning at the second appointment. WIC staff told parents who at the dental clinic will call them to schedule the appointment.

- WIC staff used motivational interviewing to understand which clients were interested in a referral. Staff used the question "How important is it to you to be seen by a dentist during this pregnancy?" This reduced the number of referrals who did not really want to be referred and would most likely not schedule appointments.

- WIC staff used scripted messages for oral health education and referral:

  o Dental disease is the number one childhood disease.

  o Dental disease can be passed from you to your child.

  o What you can do right now is see the dentist to make sure your mouth is as clean as possible before the baby is born.

- The dental hygienist and assistant used an oral health flip chart for chair-side education during comprehensive exam and hygiene appointments.

3. **Oral health knowledge of WIC staff and dental clinic support staff**

- Front desk staff received oral health training which increased their confidence in encouraging patients to schedule appointments.

- WIC staff and dental clinic front desk staff were trained using HSMB online oral health training.

- Dental clinic staff attended WIC/ PNCC staff meetings annually (biannually) to answer questions, provide refresher trainings and share information about dental access in their clinic.

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Supporting evidence of key strategies

Brown County Impactful Test:

For one month, two WIC staff members used scripted oral health instructions when referring pregnant clients to N.E.W. Community Clinic. The referrals were flagged so N.E.W. could track how many clients scheduled and completed appointments. Of the nine scripted referrals, six scheduled and five attended the appointment. That is 83% attendance, which is a huge improvement from where they started.

Door County Impactful Test:

The Door County project team wanted to understand why some pregnant women in their program didn't get a dental referral. For three months, WIC staff tracked the reasons on a simple form. The results showed, out of nine non-referrals:

- Six had a dental appointment in the last year.
- Two had a future appointment.
- Two had multiple types of insurance (BadgerCare and private) and went to a clinic that took both.

The tracking data helped WIC staff make decisions on messaging for non-referrals to reinforce the importance of getting oral health care during pregnancy and to see their established provider.

Oconto County Impactful Test:

Oconto County did not have a dental clinic who accepted Medicaid to partner as a referral source. A list of dental providers in the area was provided to pregnant patients and they were encouraged to schedule an appointment.

For this test, when the referral list was given, WIC staff checked the referral box in the Rosie system. At the next scheduled WIC appointment, staff looked for the referral notes and asked the woman if she had a dental appointment. Self-reported data showed that of the eight women who received the dental referral list, two completed a dental appointment.

Jefferson County Success Story:

Staff developed a policy to support sustainability of oral health referral process as part of PNCC programming. New staff will use policy to explain the process and ensure referrals are done consistently.