
WISCONSIN MEDICAL DENTAL INTEGRATION PROJECT CHARTER

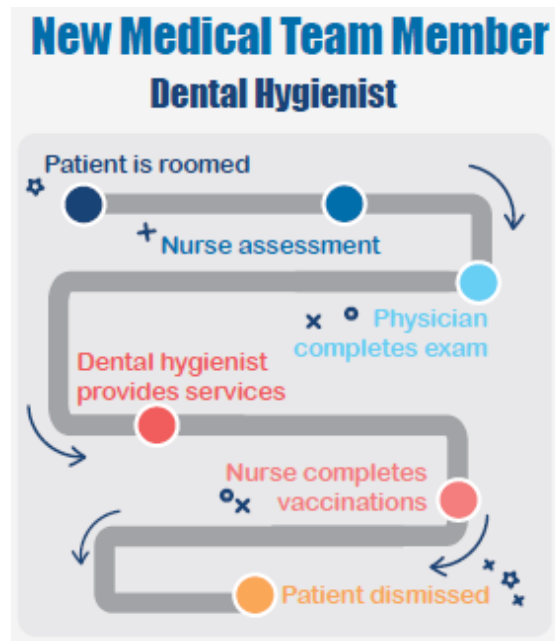
PROJECT VISION AND GOALS

The MDI project aims to create statewide system change within health care organizations to integrate a dental hygienist into medical clinics (primary care teams) to increase access to preventive dental care and reduce the dental disease burden for young children and pregnant women.

The goal of the MDI Project is to individually support medical clinics as they make the infrastructure changes needed to fully integrate a dental hygienist into their primary care team. The project will use a quality improvement framework to support clinics in system changes including the use of continuous data collection to drive process improvement.

INTEGRATED DENTAL HYGIENIST MODEL

The dental hygienist becomes a core member of the medical care team providing prevention and intervention dental hygiene services during well visits. Following the physicians' services, the dental hygienist enters the room for a brief five to seven minute encounter with the patient. The dental portion of the well child visit includes an oral health assessment, fluoride varnish application, oral health education for the family and referral for follow up care if needed. Only minimal supplies are needed for the dental hygienist to provide these services and no dental chair is necessary. Dental findings are documented into the patient medical record and services are billed through clinic billing processes. The image below shows the workflow of a clinical care team with an integrated dental hygienist.



PROJECT MEASURES

The following measures will be collected during the set-up phase to track progress toward system change and full integration of the dental hygienist. A REDcap survey sent via email will be used to capture de-identified data.

Process Measures (all teams will report monthly):

- Insurance contracting, credentialing, and hiring the dental hygienist
- Modification of medical record for dental documentation and billing
- Patient encounters by procedure type

Outcome (reported monthly once clinical care begins):

- Clinics integrating a dental hygienist
- Patient encounters
- Patient satisfaction

Outcome (reported biannually once clinical care begins):

- Clinic dental disease burden (untreated caries and caries experience)

HEALTH SYSTEM ACTIVE ENGAGEMENT AND SUPPORT

Monthly coaching calls: During the project period each health system will meet monthly with MDI project staff for 30 min to 1 hour coaching calls to advance the planning and implementation of medical dental integration.

Monthly data reporting: A quality improvement approach including coaching and technical assistance to individually support each health system through the set up process of MDI. Progress will be captured through our monthly dialogue as well as monthly data reported via REDcap survey.

Pursue hiring a dental hygienist. Hiring a dental hygienist and creating the system changes necessary to support the integration of a dental hygienist into primary care is the goal of the startup phase. Once a dental hygienist is hired and begins patient care project staff will continue coaching to focus on the efficiency of clinical implementation.

Financial support: A \$5000 stipend is available for enrolled teams who:

- a. Participate in monthly coaching calls.
- b. Report monthly measures
- c. Pursue hiring a dental hygienist.

MOC IV credits: 25 credits are available through the American Board of Pediatrics for physicians who are meaningfully involved in the project.