

PROJECT OVERVIEW

Project Title: Wisconsin Medical Dental Integration Project (WI-MDI)

Change Statement: Establish a medical dental integration model where primary care clinics integrate dental hygienists into the medical team to provide prevention services to reduce dental disease that impacts the overall health of pregnant women and young children.

Requested Budget: \$528,610

Requested Length of Project: 36 months

Project Overview:

In areas across Wisconsin, pregnant women and young children experience difficulty accessing dental services. Not all Wisconsin children have access to dental providers who accept Medicaid reimbursement or have adequate training to care for infants and young children. Currently, Wisconsin is ranked 50th amongst all states for access to oral health services for children enrolled in Medicaid. According to the Centers for Medicaid and Medicare Services, in 2016 only 1 in 5 Wisconsin Medicaid eligible children ages 0-5 years received preventive dental services. Wisconsin surveillance data shows that 1 in 3 children entering Head Start at age 3 have already experienced dental caries, which jumps to nearly half by the time Head Start children are age 5. Additionally, according to the Pregnancy Risk Assessment Monitoring System (PRAMS), in 2016 only 1 in 2 Wisconsin women received a dental cleaning during pregnancy.

Integrating a dental hygienist into the medical care team is a systems change that is now possible due to the passage of Wisconsin Act 20 in June 2017. Dental hygienists can now work in new locations without the supervision and authorization of a dentist, including in physician offices. The goals, objectives and activities proposed for this project will lead to increased opportunities for children 0-5 years and pregnant women to receive oral health services during medical well visits. In 2016, more than 100,000 children visited their physician for well-child exams than visited the dentist. This presents a window of opportunity to include oral health services for the prevention of early childhood caries during the 7-8 well child visits that are recommended by for children 6 months to 5 years according to Bright Futures guidelines. Integrating dental hygienists into the medical care team will improve access to preventive oral health services and allow for earlier identification of children in need of more complex care. Additionally, there is a large body of evidence showing quality dental care and oral health education for pregnant women is not only critical to maternal health but plays a key role in reducing risk for the development of early childhood caries in infants. During pregnancy there is an opportunity to provide 1-2 preventive dental visits and any restorative care identified according to the American College of Obstetrics and Gynecology. Primary care medical clinics and health systems who adopt the WI-MDI model will help more infants, children and pregnant women receive oral health education and prevention services. Providing preventive services earlier has the potential to reduce the severity of disease, resulting in the reduction of more costly services provided in the operating room or emergency department.

Children's Health Alliance of Wisconsin (Alliance) will serve as the primary community partner and lead the WI-MDI Advisory Committee and facilitate the learning collaborative. The WI-MDI Advisory Committee will be made up of leaders, content experts, clinicians and key decision makers from all partner organizations to act as liaisons to and from their organizations. Additionally, the committee will include community representation, such as parents or caregivers. The Alliance has convened similar partnerships that included many of the current partners and has a strong history of creating engagement and driving systems change. WI-MDI will use the Institute for Healthcare Improvement Breakthrough model to establish an ongoing learning collaborative throughout the project. The learning collaborative will allow clinics to effectively use a quality improvement framework to improve project outcomes and learn from each other during implementation. The Medical College of Wisconsin partner will lead evaluation efforts to ensure the partnership remains strong, success is achieved and outcomes are leading to sustainability.

The WI-MDI organizational partners will educate providers, patients and caregivers on this new model of integrated care and include: American Academy of Pediatrics WI Chapter, Wisconsin Dental Association, Wisconsin Dental Hygienists' Association and Wisconsin Primary Health Care Association. Health system partners who will integrate a dental hygienist into well care to provide oral health services include: American Family Children's Hospital, Aurora Health Care, Children's Hospital of Wisconsin, Sixteenth Street Community Health Centers, Northlakes Community Health Center, St. Vincent, Gundersen and Ascension.

Reducing the incidence of early childhood caries and improving the oral health of pregnant women by including oral health services as part of regular ongoing medical care is the long-term impact of the WI-MDI project. The partnership envisions that dental services provided by dental hygienists during medical well visits will become a sustainable standard of care model not only for children and pregnant women, but could be expanded to include other vulnerable populations.