

**WILDCAT REGION MLC-2 PROJECT**

## **Key Leadership**

### **Health Department Administrators:**

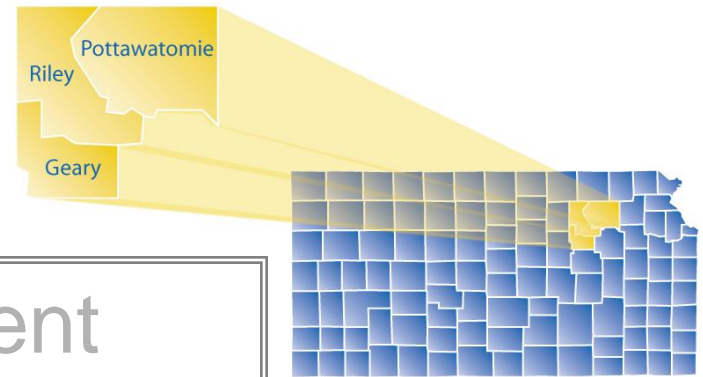
**Leslie Campbell: Pottawatomie County Health Department**

**Patricia Hunter: Junction City Geary County Health  
Department**

**Charles Murphy: Riley County Health Department**

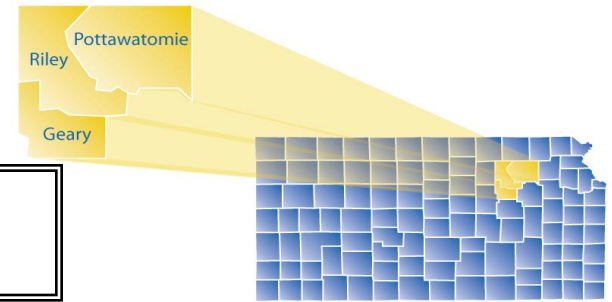
*Wildcats*

**Barbara Berry: Coordinator/Project Manager**



## Problem Statement

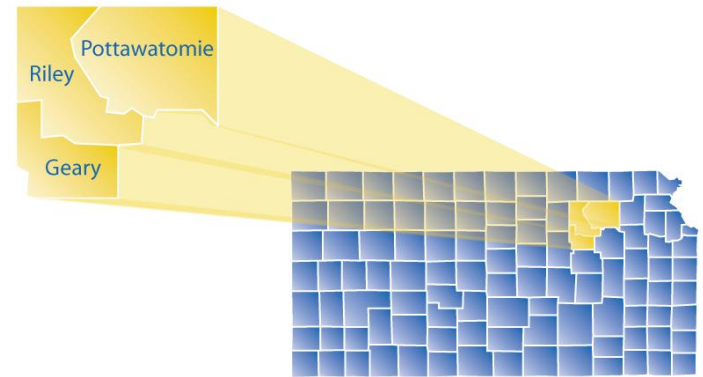
Untreated dental caries, resulting from limited access to dental care and insufficient oral health education, are a significant problem for children living in the Wildcat region.



## Problem Specifics:

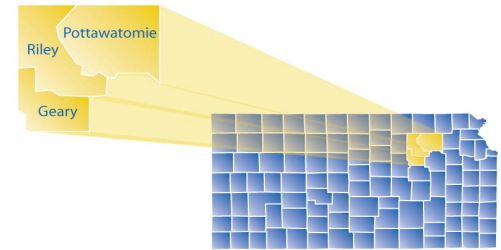
- A KHI & KDHE study\* states 52% of school children in the Northeast Region (which includes Wildcat region) have or have had tooth decay.
- KDHE Data Specialist stated 2571 children were seen in 2006 in the Wildcat Region's 3 LHDs.
- Wildcat Region LHD's reported dental screenings and referrals to KDHE for only 313 of these children or about 12%.

\*Smiles Across Kansas, KDHE, KHI, 2004



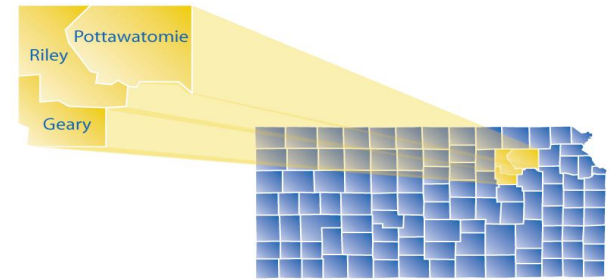
## National Performance Standard

- The 2010 Objective is to: “Increase the proportion of low income children and adolescents who receive any preventive dental service during the year.”



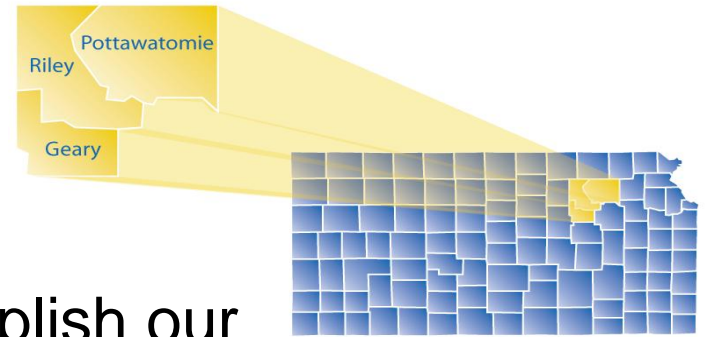
## Region versus National Performance Standard

- In 2006, Geary County LHD conducted statistical analysis on data for 138 Riley and Geary County children at a health fair.
- Statistical results were not significant for above /below 2006 Federal Poverty Thresholds, race or ethnic group membership, and presence/absence of caries.



## Results of Local Statistical Analysis

- The Geary County study suggests income and race/ ethnic group membership is not a significant factor for dental caries in the two largest of the region's 3 counties,
- Wildcat Region LHDs should increase oral health assessments, dental education, and dental referrals for children of all racial/ethnic and economic groups.

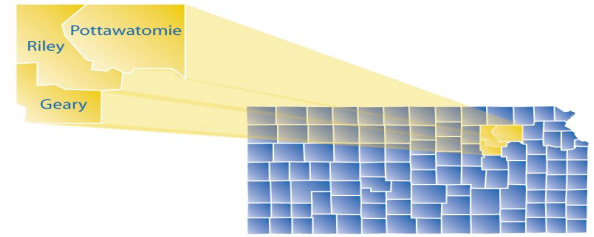


## Inputs:

We needed the following to accomplish our goals:

- Regional collaboration
- KDHE data specialist for baseline data
- Local private dentists
- Regional FQHC (dental clinic)
- KHI staff for consultation

## Activities:



In order to address our problems we conducted the following activities:

- QI teams established in the 3 LHDs.
- QI team leaders & project manager in regional QI team.
- Regional QI team reviewed processes, identified root causes for LHD low volume of services.
- Regional LHD staff provided oral health screenings, preventive dental services (fluoride varnish/diagnodent screenings) dental health education, and dental referrals.
- Regional QI team reviews progress

# RILEY COUNTY HEALTH DEPARTMENT

## Resources

Computer processing problems

Not enough capacity for dental appointments for referrals

Staff not motivated

Child does not cooperate

Small # of dentists for kids without money/insurance

## Compliance

## Training/Education

Appropriate forms not available

HD's QS Insights tracking ability for dental unknown

Lack of time for staff to complete screenings

## Time

Screenings not part of routine care

Few opportunities for screenings

Nurses too busy to remember to assess

Why Dental Assessments wont succeed

# POTTAWOTAMIE COUNTY HEALTH DEPARTMENT

**Time**

Immunization clinic held 1 day per month. Limited time to see kids.

Extra staffing time needed to do extra data entry into PH clinic (multiple client visit reports).

Parents are in a hurry.

Staff busy during Appointments

**Uncooperative Child**

Fatigue due to other exams

Not accustomed to dental exams

Lack of dental education & understanding of procedure

Poor dental hygiene habits

Wont allow practitioner to examine mouth

Fear

**Why Dental Assessments wont succeed**

Lack of local dentists who take Medicaid

Dentists who take Medicaid in Manhattan and Junction City are too far.

Transportation to free dental clinics is limited.

Dental payment Plans/ up front costs too expensive.

Parents don't return initial paperwork

Will not spend extra time

Parents don't see dental care as priority

Parents may not take child to dentist

Available resources have limited capacity

Parents need dental education

**Resource Barriers**

**Uncooperative Parents**

# GEARY COUNTY HEALTH DEPARTMENT

Money

Insurance wont cover assessments

Small # of dentists for kids without money/insurance

HD not reimbursed for assessments

Some exam rooms do not have adequate lighting

Need dental mirrors

Need proper chairs for positioning

Not enough storage room

Equipment

Training/Education

No dental training in nursing school

Smaller kids afraid & wont cooperate

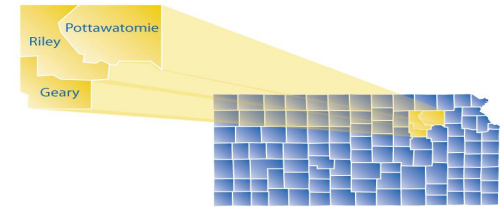
Staff hurried during appointments

Time

Older children embarrassed

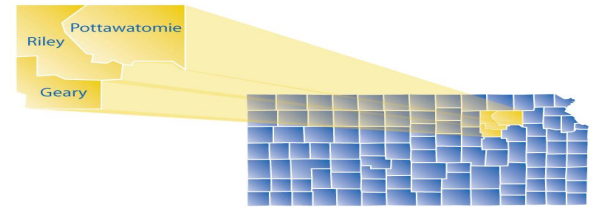
Improper allocation of time

Why Dental Assessments wont succeed



## Electronic Data System Challenges

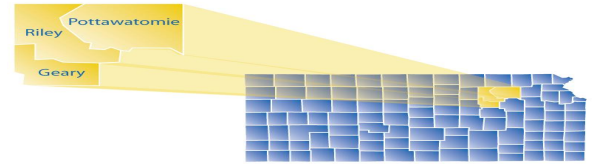
- Geary and POTT LHDs have PH Clinic data system. Riley LHD uses QS Insight data system.
- LHD data systems needed modification to capture oral health assessments.
- The region's LHD data systems do not interface to share data.
- Oral health data is transferred telephonically or by fax.
- Data from 3 LDHs had to be compiled and summarized by hand.
- Hand calculations made data collection difficult.
- Lo- tech collection methods will become more inefficient and inaccurate as client numbers for oral health services increase.



## Short-term and Medium-Term Outcomes:

We expect that ongoing activities will lead to the following changes in 6 months -1 year and 4-6 years:

Increase number of oral health screenings, preventive dental services to children, and oral health education sessions from **10%** (Wildcat Region baseline) to **20%** target.

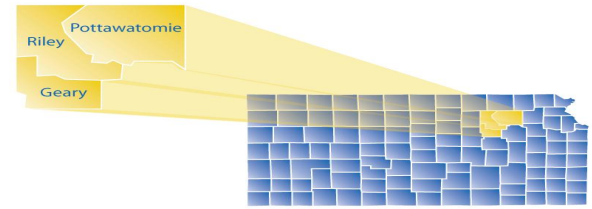


## MLC-2 Project Results:

Approximate **200% Increase** in assessments, education, and referrals during the **6 month project period** over the previous year.

### Unduplicated Client Numbers for Assessments, Education, or Referrals

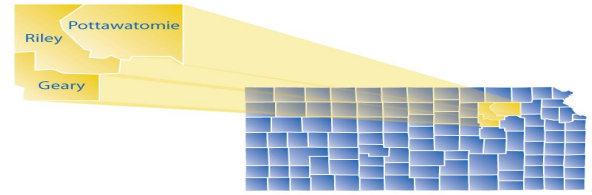
County	Previous Year (2006)	6 month Project MLC-2 (2007)
Riley	83	239
POTT	52	66
Geary	178	644
Total	313	949



## Long-term Outcomes:

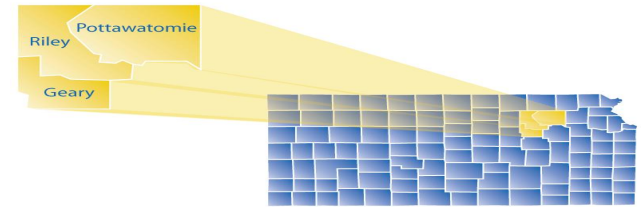
We expect that if completed these activities will lead to the following changes in 7-10 years:

Improve oral health in the Wildcat Region, and decrease prevalence of dental carries.



## **Assets to Enable Successful Completion of Long-term Outcomes**

- Strong regional leadership.
- Bottom-up and open-door leadership philosophy versus top down.
- Continued use of QI techniques as engrained in operations.
- Extensive knowledge of policies and procedures to enable successful operations.
- Past history of collaboration and ongoing collaboration.
- Able to compensate for differences in population size, median incomes, cultural/ethnic needs in distributing of resources.
- Best utilization of support from KDHE and KHI.



## Major Deterrents to Completion of Long-term Outcomes

- Staffing shortages
- Lack of funding for continued supplies
- Lo-tech ineffective and inaccurate data collection methods.
- Inability for region to share common data-base which adversely affects the following:
  - Measures of regional progress in goal achievement.
  - Accountability and allocation of resources.
  - Inhibits follow-up and case management for tracking continuity of care throughout region.