

Primary Oral Health Care

HRSA All Grantee Meeting
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colorado
communityhealth
network

The oral health network
development experience
of the Colorado Oral
Health Network.

Background & History

- Rose Community Foundation Oral Health Policy Grant (2000)
 - CHP+ dental benefit (2001)
 - There was a strong need for all safety net clinics to work together
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Why an oral health network?

- ❑ 21 Health Center dental clinics serving 49,000 patients each year
 - ❑ 18 other non-profit dental clinics serve an additional 15,000 patients
 - ❑ Experienced with the needs of children, and the underserved
 - ❑ Safety net dental clinics are different than private practice
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Steps in the planning process

- ❑ Invited all safety net dental clinics to the table.
 - ❑ Formed 4 committees – Needs Assessment; Models that Work; Recruitment and Purchasing; Funding
 - ❑ Completed Strategic Planning process for an oral health network
 - ❑ Worked on implementation of CHP+ dental benefit, oral health policy.
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Needs Assessment

Goal: Develop a short, user friendly, document (with lots of pictures and graphs), depicting the oral health environment in Colorado and suggesting strategies to meet the needs of the underserved.

Needs Assessment DATA INVENTORY TOPICS

- Oral Health Status
 - Caries Experience in Children
 - Untreated Dental Caries in Children
 - Sealant Prevalence
 - Periodontal Disease in Adults
 - Oral Cancer Incidence
 - Edentulous Adults
 - Oral Health Risk
 - Fluoridation
 - Tobacco Use
 - Access
 - Number of Dentists
 - Medicaid Participation
 - Medicaid Eligible Children
 - CHP + Eligible Children
 - OAP Eligible Seniors
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Results of the planning process

1. Strengthen existing and potential oral health safety net operations
 2. Integrate medical and oral health practices within safety net operations
 3. Form partnerships with private providers, schools, businesses, etc
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Outcomes and Impacts

COHN Mission Statement:

To increase access to oral health care in Colorado and improve the oral health outcomes of traditionally underserved populations.

Outcomes/impacts

- 50% increase in users from 2001 to 2005
 - Stronger safety net
 - COHOP
 - Data for Clinical Quality
 - Resident Experts
 - Partnerships and Resources
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COHOP Outcome Measures

1. Percentage of 1 and 2-year old patients with a documented exam of the teeth and gums.
2. Percentage of 1 and 2-year old patients with a documented assessment of feeding habits that put the teeth and gums at risk.
3. Percentage of 1 and 2-year old patients with documentation of the appropriate dietary counseling given to address tooth decay.



COHOP Outcome Measures

4. Percentage of 1 and 2-year old patients with documentation of parent being instructed to brush child's teeth as soon as they erupt.
5. Percentage of 1 and 2-year old patients that have documentation of adequate fluoride intake.
6. Percentage of 2-year old patients referred to the dentist.
7. Optional Measure: Percentage of 1-year old patients referred to the dentist.



Barriers and Lessons learned

- ❑ Expensive to build a dental clinic
 - ❑ Building from the ground up requires special skills
 - ❑ Partnerships take time to develop, and must be maintained
 - ❑ As environments change, network must change
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Future challenges

COHN guiding principles

- ❑ Significant increases in the capacities of oral health providers to offer oral health services to traditionally underserved populations.
 - ❑ Measurable improvements in the oral health and outcomes of underserved patients to include quality improvement.
 - ❑ Strengthen the financial viability of oral health providers who make it a priority to offer services to underserved populations.
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Resources

- ❑ CCHN Dental Budget Templates – www.cchn.org
 - ❑ Advanced Oral health resources
www.cchn.org/activities/oral_health
 - ❑ COHOP <http://www.cchn.org/activities/cohop.asp>
 - ❑ Henry Schein – Kathleen Titus(916) 772-0424
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“You cannot be healthy without oral health.”

Surgeon General’s Report on Oral Health

THANK YOU!

Questions/comments,
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