

Report on a QI Project Eligible for MOC – ABMS Part IV and NCCPA PI-CME

SmileConnect CME

Wave **11**

Instructions

Determine eligibility. Before starting to complete this report, go to the Michigan Medicine MOC website [<http://www.med.umich.edu/moc-qi/index.html>], click on “Part IV Credit Designation,” and review sections 1 and 2. Complete and submit a “QI Project Preliminary Worksheet for Part IV Eligibility.” Staff from the Michigan Medicine Part IV MOC Program will review the worksheet with you to explain any adjustments needed to be eligible. (The approved Worksheet provides an outline to complete this report.)

Completing the report. The report documents completion of each phase of the QI project. (See section 3 of the website.) Final confirmation of Part IV MOC for a project occurs when the full report is submitted and approved.

An option for preliminary review (strongly recommended) is to complete a description of activities through the intervention phase and submit the partially completed report. (Complete at least items 1-18.) Staff from the Michigan Medicine Part IV MOC Program will provide a preliminary review, checking that the information is sufficiently clear, but not overly detailed. This simplifies completion and review of descriptions of remaining activities.

Questions are in bold font. Answers should be in regular font (generally immediately below or beside the questions). To check boxes, hover pointer over the box and click (usual “left” click).

For further information and to submit completed applications, contact either:

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Report Outline

Section	Items
A. Introduction	1-6. Current date, title, time frame, key individuals, participants, funding
B. Plan	7-8. Patient population, general goal 9-11. Measures, baseline performance, specific aims 12-15. Baseline data review, underlying (root) causes, interventions, who will implement
C. Do	16. Intervention implementation date
D. Check	17-18. Post-intervention performance
E. Adjust – Replan	19-22. Post-intervention data review, underlying causes, adjustments, who will implement
F. Redo	23. Adjustment implementation date
G. Recheck	24-26. Post-adjustment performance, summary of individual performance
H. Readjust plan	27-30. Post-adjustment data review, underlying causes, further adjustments, who will implement
I. Participation for MOC	31-33. Participation in key activities, other options, other requirements
J. Sharing results	34. Plans for report, presentation, publication
K. Organization affiliation	35. Part of UMHS, AAVA, other affiliation with UMHS

QI Project Report for Part IV MOC Eligibility

SmileConnect CME – Wave 11

A. Introduction

1. **Date** (*this version of the-report*): May 1, 2020

2. **Title of QI effort/project** (*also insert at top of front page*): SmileConnect CME

3. Time frame

a. **MOC participation beginning date – date that health care providers seeking MOC began participating in the documented QI project** (*e.g. date of general review of baseline data, item #12c*):

See Appendix A for the overall project timeline. Sixteen “waves” of groups of medical practices will initiate their participation in the project monthly for 6 months. Wave 11 began in November 2019.

b. **MOC participation end date – date that health care providers seeking MOC completed participating in the documented QI project** (*e.g., date of general review of post-adjustment data, item #27c*):

Each “wave” of groups of medical practices will perform two cycles of improvement effort over six months. The trainings will be completed in April 2020, and the final cycle will end in September 2020. Wave 11 was completed in April 2020.

4. Key individuals

a. **QI project leader** [*also responsible for confirming individual’s participation in the project*]

Name: Yam Hoon Lim, M.Ed.

Title: Accreditation Manager

Organizational unit: Altarum Institute

Phone number: 734-302-4652

Email address: YamHoon.Lim@altarum.org

Mailing address: 3520 Green Court, Suite 300, Ann Arbor, MI, 48105

b. **Clinical leader who oversees project leader regarding the project** [*responsible for overseeing/“sponsoring” the project within the specific clinical setting*]

Name: Stephanie Goodson, MD, FAAP

Title: Assistant Professor, Michigan Medicine, Department of Pediatrics

Organizational unit: University of Michigan

Phone number: 810-227-9510

Email address: goodstep@med.umich.edu

Mailing address: 8001 Challis Rd. Brighton, MI. 48116

5. **Participants. Approximately how many physicians (by specialty/subspecialty and by training level) and physicians’ assistants participated for MOC?**

Participating for MOC	Primary Specialty	Subspecialty, if any	Number
Practicing Physicians	Pediatrics		3
	Family Medicine		0
Residents/Fellows	Pediatrics		0
	Family Medicine		0
Physicians’ Assistants	(N/A)	(N/A)	1

6. How was the QI effort funded? (Check all that apply.)

- Internal institutional funds (e.g., regular pay/work, specially allocated)
- Grant/gift from pharmaceutical or medical device manufacturer
- Grant/gift from other source (e.g., government, insurance company): The Medi-Cal 2020 Waiver Dental Transformation Initiative through the California Department of Health Care Services and Delta Dental of Arkansas
- Subscription payments by participants
- Other source (*describe*):

The Multi-Specialty Part IV MOC Program requires that QI efforts include at least two linked cycles of data-guided improvement. Some projects may have only two cycles while others may have additional cycles – particularly those involving rapid cycle improvement. The items below provide some flexibility in describing project methods and activities. If the items do not allow you to reasonably describe the steps of your specific project, please contact the UMHS Part IV MOC Program Office.

B. Plan

7. Patient population. What patient population does this project address (e.g., age, medical condition, where seen/treated): All children ages 6 months through 5 years who receive preventive care or well-child visits at primary care clinics

8. General purpose.**a. Problem with patient care (“gap” between desired state and current state)**

a. Problem with patient care (“gap” between desired state and current state) (from logic diagram):

(1) *What should be occurring and why should it occur (benefits of doing this)?*

Young children seen during well-child visits should routinely receive preventive oral health services (i.e., oral health screening, fluoride varnish application, and dental home recommendation/referral). The American Academy of Pediatrics (AAP) Section on Oral Health Policy and Bright Futures Guidelines recommend the provision of preventive oral health services starting at the 6-month well-child visit through the 5-year well-child visit. Well-child visits (WCVs) offer an opportune time for early intervention since a child’s first dentist visit often does not occur until age 3 or older. The provision of preventive oral health services, especially fluoride varnish, in the medical setting is critical to preventing dental caries. Further, fluoride varnish is associated with a 37% reduction in decayed, missing, and filled tooth surfaces, and children who see a dentist by age 1 typically have a 40% reduction in dental costs during the first five years of life.

(2) *What is occurring now and why is this a concern (costs/harms)?*

Primary care providers (i.e., pediatricians, family medicine physicians, physician assistants, and nurse practitioners) are not always prepared to provide oral health screenings and fluoride varnish applications and are not aware of the need to recommend seeing a dentist in this time frame. Primary care physicians may lack the education and training to provide these services.

a. Project goal. What general outcome regarding the problem should result from this project? (State general goal here. Specific aims/performance targets are addressed in #11.)

Increase of oral health screenings, increase of fluoride varnish applications, and increase recommendations for/referrals to a dental home*, resulting in an improvement in children’s oral health.

SmileConnect CME aims to transform the system of children’s oral health care by providing the necessary education, technical assistance, and resources to primary care providers and clinical staff to increase the number of children receiving preventive oral health services during WCVs and increase referrals made to a dental home.

* The American Academy of Pediatrics and the American Academy of Pediatric Dentistry define a “dental home” as the “ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way.”

9. Describe the measure(s) of performance: *(QI efforts must have at least one measure that is tracked across the two cycles for the three measurement periods: baseline, post-intervention, and post-adjustment. If more than two measures are tracked, copy and paste the section for a measure and describe the additional measures.)*

Measure 1

- **Name of measure** *(e.g., Percent of . . . , Mean of . . . , Frequency of . . .):* Oral health screening – percent of eligible patients that received an oral health screen. (Measure is also stratified by age groups: 6-12 month WCV, 15 – 24 month WCV, and 30 month – 5 year WCV)
- **Measure components** – *describe the:*

Denominator *(e.g., for percent, often the number of patients eligible for the measure):* Number of patient charts pulled for children between the ages of 6 months and 5 years seen for a well-child visit.

Numerator *(e.g., for percent, often the number of those in the denominator who also meet the performance expectation):* Number of eligible patients with oral health screening performed and documented during the well-child visit.
- **The source of the measure is:**
 - An external organization/agency, which is *(name the source):* Oral Health Screening is based on the DQA (OEV-CH-A)/NQF (#2517) Measure: Oral Evaluation, Dental Services. This measure is specific to the dental setting, but because of the nature of our intervention, we have adopted it to apply to the medial setting as well.
 - Internal to our organization and it was chosen because *(describe rationale):*
- **This is a measure of:**
 - Process – activities of delivering health care to patients
 - Outcome – health state of a patient resulting from health care

Measure 2

- **Name of measure** *(e.g., Percent of . . . , Mean of . . . , Frequency of . . .):* Fluoride Varnish Application percent of eligible patients that received a documented application of fluoride varnish. (Measure is also stratified by age groups: 6-12 month WCV, 15 – 24 month WCV, and 30 month – 5 year WCV)
- **Measure components** – *describe the:*

Denominator *(e.g., for percent, often the number of patients eligible for the measure):* The number of patient charts eligible to receive fluoride varnish. This number excludes patients without teeth, parents who refuse the service, who received fluoride varnish within the last 2 months (if known), or if the clinician does not feel fluoride application is needed).

Numerator *(e.g., for percent, often the number of those in the denominator who also meet the performance expectation):* Number of these patients with fluoride varnish applied during the well-child visit.

- **The source of the measure is:**

An external organization/agency, which is (*name the source*): Fluoride Varnish Application is based on the Dental Quality Alliance (DQA) and National Quality Forum (NQF) measure: Topical Fluoride for Children at Elevated Caries Risk, Dental Services. This measure focuses on children with elevated risk. However, the United States Preventive Services Task Force (USPSTF) released guidelines recommending fluoride varnish for all children with erupted teeth regardless of risk. This measure also is specific to the dental setting, but because of the nature of our intervention, we have adopted it to apply to the medical setting as well.

Internal to our organization and it was chosen because (*describe rationale*):

- **This is a measure of:**

Process – activities of delivering health care to patients

Outcome – health state of a patient resulting from health care

Measure 3

- **Name of measure** (*e.g., Percent of . . . , Mean of . . . , Frequency of . . .*): Recommendation for/referral to a dental home – percent of eligible patients with documented referral to a dental clinic or a recommendation to see a dental provider. (Measure is also stratified by age groups: 6-12 month WCV, 15 – 24 month WCV, and 30 month – 5 year WCV)

- **Measure components** – *describe the:*

Denominator (*e.g., for percent, often the number of patients eligible for the measure*): The number of patients eligible to see a dental provider. This number excludes patients with a current dental home.

Numerator (*e.g., for percent, often the number of those in the denominator who also meet the performance expectation*): Number of these patients with recommendation for/referred to a dental home during the well-child visit.

- **The source of the measure is:**

An external organization/agency, which is (*name the source*): Recommendation to/Referral to a Dental Home is based on the American Academy of Pediatrics (AAP) and American Academy of Pediatric Dentistry (AAPD) guidelines recommending the establishment of a dental home by the 1st birthday.

Internal to our organization and it was chosen because (*describe rationale*):

- **This is a measure of:**

Process – activities of delivering health care to patients

Outcome – health state of a patient resulting from health care

(If more than two measures are tracked across the two cycles, copy and paste the section for a measure and describe the additional measures.)

10. Baseline performance

- a. What were the beginning and end dates for the time period for baseline data on the measure(s)? For Wave 11 it was for October 1-31, 2019.

- b. **What was (were) the performance level(s) at baseline?** *Display in a data table, bar graph, or run chart (line graph). Can show baseline data only here or refer to a display of data for all time periods attached at end of report. Show baseline time period, measure names, number of observations for each measure, and performance level for each measure. See Appendix B, first column of data, for the baseline percent of patients with service performed by Wave.*

11. Specific performance aim(s)/objective(s)

- a. **What is the specific aim of the QI effort?** *“The Aim Statement should include: (1) a specific and measurable improvement goal, (2) a specific target population, and (3) a specific target date/time period. For example: We will [improve, increase, decrease] the [number, amount percent of [the process/outcome] from [baseline measure] to [goal measure] by [date].”*

By the end of the second cycle of improvement effort (April 2020 for this wave):

- 75% of eligible patients will have received an oral health screening documented in the medical charts
- 50% of eligible patients will have received an application of fluoride varnish documented in the medical charts
- 50% of eligible patients will have received a recommendation or referral to a dental home documented in the medical charts

- b. **How were the performance targets determined, e.g., regional or national benchmarks?**

No national performance targets exist. Project leaders set goals based on likely practical performance rates given priorities for clinical prevention and time limitations during any one well-child visit and the possibility of providing the services at a subsequent well-child visit.

12. Baseline data review and planning. Who was involved in reviewing the baseline data, identifying underlying (root) causes of problem(s) resulting in these data, and considering possible interventions (“countermeasures”) to address the causes? (Briefly describe the following.)

- a. **Who was involved?** (e.g., by profession or role): Participating physician and clinical support staff in the practice.
- b. **How?** (e.g., in a meeting of clinic staff): During clinical staff meetings.
- c. **When?** (e.g., date(s) when baseline data were reviewed and discussed): Before the end of month 2 of the “Wave.” For Wave 11, it was before the end of December 2019.

Use the following table to outline the plan that was developed: #13 the primary causes, #14 the intervention(s) that addressed each cause, and #15 who carried out each intervention. This is a simplified presentation of the logic diagram for structured problem solving explained at <http://ocpd.med.umich.edu/moc/process-having-part-iv-credit-designation> in section 2a. As background, some summary examples of common causes and interventions to address them are:

Common Causes	Common Relevant Interventions
Individuals: Are not aware of, don’t understand.	Education about evidence and importance of goal.
Individuals: Believe performance is OK.	Feedback of performance data.
Individuals: Cannot remember.	Checklists, reminders.
Team: Individuals vary in how work is done.	Develop standard work processes.
Workload: Not enough time.	Reallocate roles and work, review work priorities.
Suppliers: Problems with provided information/materials.	Work with suppliers to address problems there.

13. What were the primary underlying/root causes for the <u>problem(s) at baseline</u> that the project can address?	14. What intervention(s) addressed this cause?	15. Who was involved in carrying out each intervention? (List the professions/roles involved.)
<p><u>Education</u></p> <p>Providers and clinical personnel may not have knowledge of oral health recommendations and the training to perform preventive oral health procedures.</p>	<p>Central program personnel train physicians, nurse clinicians, and physician assistants to:</p> <ul style="list-style-type: none"> • Perform oral screening and apply fluoride varnish. • Utilize a clinical decision support tool to incorporate recommendation/referral to dental homes into routine care provision. • Understand AAP policy and the Bright Futures periodicity schedule related to providing preventive oral health services during well-child visits. • Collect and report individual practice data. 	<p>Central program personnel, local oral health champion(s) and all clinic personnel (physicians, nurse clinicians, physician assistants, and office staff)</p>
<p><u>Office Workflow</u></p> <p>Resources needed to perform oral health procedures are not stocked</p> <p>No established process to coordinate office staff in delivering services</p>	<p>Trained providers work with clinic staff to make operational changes in the local workflow of well-child care that facilitate the provision and documentation of appropriate oral health care</p> <p>Technical assistance is provided to offer options and advice on methods to improve workflow and acquire any needed resources.</p>	<p>(same as above)</p>
<p><u>Documentation</u></p> <p>Even when activities are performed, they may not be documented because the expectations for documentation are not clear or time to make entries in the medical record is limited.</p>	<p>Technical assistance is provided on how providers can efficiently document oral health services for medical records and billing purposes</p>	<p>(same as above)</p>

Note: If additional causes were identified that are to be addressed, insert additional rows.

C. Do

16. By what date was (were) the intervention(s) initiated? (If multiple interventions, date by when all were initiated.) **For Wave 11, before the end of November 2019.**

D. Check

17. Post-intervention performance measurement. Are the population and measures the same as those for the collection of baseline data (see item 9)?

Yes No – If no, describe how the population or measures differ:

18. Post-intervention performance

a. What were the beginning and end dates for the time period for **post-intervention** data on the measure(s)? From the beginning to the end of month 3 of the cycle. **For Wave 11, January 1 – 31, 2020.**

b. What was (were) the overall performance level(s) post-intervention? Add post-intervention data to the data table, bar graph, or run chart (line graph) that displays baseline data. Can show baseline and post-intervention data incrementally here or refer to a display of data for all time periods attached at end of report. Show baseline and post-intervention time periods and measure names and for each time period and measure show number of observations and performance level. See Appendix B, middle column of data, for the post-intervention percent of patients with service performed and documented within and across the practice.

c. Did the intervention(s) produce the expected improvement toward meeting the project's specific aim (item 11.a)?

Yes, the practice demonstrated significant improvement. The practice increased oral health screenings from 0% to 47% and fluoride varnish applications from 0% to 48%. They passed the dental home referral/recommendations goal of 50% by increasing from 17% to 55%.

E. Adjust – Replan

19. Post-intervention data review and further planning. Who was involved in reviewing the post-intervention data, identifying underlying (root) causes of problem(s) resulting in these new data, and considering possible interventions ("countermeasures") to address the causes? (Briefly describe the following.)

a. Who was involved? (e.g., by profession or role)

Same as #12? Different than #12 (describe):

b. How? (e.g., in a meeting of clinic staff)

Same as #12? Different than #12 (describe):

c. When? (e.g., date(s) when post-intervention data were reviewed and discussed) **Before the end of month 4 of the "Wave." For Wave 11, before the end of February 2020.**

Use the following table to outline the next plan that was developed: #20 the primary causes, #21 the adjustments(s)/second intervention(s) that addressed each cause, and #22 who carried out each intervention. This is a simplified presentation of the logic diagram for structured problem solving explained at <http://ocpd.med.umich.edu/moc/process-having-part-iv-credit-designation> in section 2a.

Note: Initial intervention(s) occasionally result in performance achieving the targeted specific aims and the review of post-intervention data identifies no further causes that are feasible or cost/effective to address. If so, the plan for the second cycle should be to continue the

interventions initiated in the first cycle and check that performance level(s) are stable and sustained through the next observation period.

20. What were the primary underlying/root causes for the <u>problem(s)</u> following the <u>intervention(s)</u> that the project can address?	21. What adjustments/second intervention(s) addressed this cause?	22. Who was involved in carrying out each adjustment/second intervention? (<i>List the professions/roles involved.</i>)
<u>Clinical Personnel</u> New Staff hires or staff turnover causes interruptions in the workflow and lack the training related to the appropriate services	Utilize follow-up conversations to ensure services can continue to be provided, and clinical staff have access to resources to onboard new staff members.	Central program personnel, local oral health champion(s) and all clinic personnel (physicians, nurse clinicians, physician assistants, and office staff)
<u>Office Workflow</u> Forgetfulness among clinic staff and providers to provide and document the services	Send reminders from the Oral Health Champion and work to implement reminder strategies (e.g., flagging well-child visits) to increase provision of the appropriate services.	(same as above)
<u>Parent Refusal</u> Parents may refuse services for their child due to lack of understanding or education, or due to longer visit times.	Provide talking points for clinic personnel to share with parents about the importance of preventive oral health services	(same as above)

Note: If additional causes were identified that are to be addressed, insert additional rows.

F. Redo

23. By what date was (were) the adjustment(s)/second intervention(s) initiated? (*If multiple interventions, date by when all were initiated.*) Before the end of month 4 of the group’s participation. **For Wave 11, before the end of February 2020.**

G. Recheck

24. Post-adjustment performance measurement. Are the population and measures the same as indicated for the collection of post-intervention data (item #19)?

Yes No – If no, describe how the population or measures differ:

25. Post-adjustment performance

a. What were the beginning and end dates for the time period for post-adjustment data on the measure(s)? From the beginning to the end of month 5 of the cycle. **For Wave 11, during month 5, March 1 – 31, 2020.**

b. What was (were) the overall performance level(s) post-adjustment? *Add post-adjustment data to the data table, bar graph, or run chart (line graph) that displays baseline and post-intervention data. Can show here or refer to a display of data for all time periods attached at end of report. Show time periods and*

measure names and for each time period and measure show the number of observations and performance level. See Appendix B, last column of data, for the post-adjustment percent of patients with services performed within and across practices.

- c. Did the adjustment(s) produce the expected improvement toward meeting the project's specific aim (item 11.a)?

Yes, the practice exceeded all goals and reached 90% for oral health screenings, 88% for fluoride varnish, and 100% for dental home referrals/recommendations. The practice did note that due to COVID-19 there was a reduction in provision of well-child visits and identified expressed that although existing circumstances have impacted their operations, they feel the data is a true reflection of what the practice has implemented throughout the project.

H. Readjust

26. Post-adjustment data review and further planning. Who was involved in reviewing the post-adjustment data, identifying underlying (root) causes of problem(s) resulting in these new data, and considering possible interventions ("countermeasures") to address the causes? (Briefly describe the following.)

- a. Who was involved? (e.g., by profession or role)
 Same as #19? Different than #19 (describe):
- b. How? (e.g., in a meeting of clinic staff)
 Same as #19? Different than #19 (describe):

When? (e.g., date(s) when post-adjustment data were reviewed and discussed) Before the 15th of month 6 of the group's participation. For Wave 11, during the first half of month 6, before April 15, 2020.

Use the following table to outline the next plan that was developed: #27 the primary causes, #28 the adjustments(s)/second intervention(s) that addressed each cause, and #29 who would carry out each intervention. This is a simplified presentation of the logic diagram for structured problem solving explained at <http://ocpd.med.umich.edu/moc/process-having-part-iv-credit-designation> in section 2a.

Note: Adjustments(s) may result in performance achieving the targeted specific aims and the review of post-adjustment data identifies no further causes that are feasible or cost/effective to address. If so, the plan for a next cycle could be to continue the interventions/adjustments currently implemented and check that performance level(s) are stable and sustained through the next observation period.

27. What were the primary underlying/root causes for the <u>problem(s) following the adjustment(s) that the project can address?</u>	28. What further adjustments/ intervention(s) might address this cause?	29. Who would be involved in carrying out each further adjustment/intervention? <i>(List the professions/roles involved.)</i>
<p><u>Clinical Personnel</u></p> <p>New Staff hires or staff turnover causes interruptions in the workflow and lack the training related to the appropriate services</p> <p>Staff were not prepared with sufficient talking points when faced with parents that decline the services</p> <p>Conflicting priorities pull staff attention away from the project goals</p>	<p>Utilize follow-up conversations to ensure services can continue to be provided, and clinical staff have access to resources to onboard new staff members.</p> <p>Provide talking points to support providers in continuing the conversation about oral health and educate the parents.</p> <p>Clarify best practices and reminding clinic staff of program requirements and goals.</p>	<p>Central program personnel, local oral health champion(s) and all clinic personnel (physicians, nurse clinicians, physician assistants, and office staff)</p>

Note: If additional causes were identified that are to be addressed, insert additional rows.

30. Are additional PDCA cycles to occur for this specific performance effort?

- No further cycles will occur.
- Further cycles will occur, but will not be documented for MOC. *If checked, summarize plans:*
- Further cycles will occur and are to be documented for MOC. *If checked, contact the UM Part IV MOC Program to determine how the project’s additional cycles can be documented most practically.*

I. Minimum Participation for MOC

31. Participating directly in providing patient care.

a. Did any individuals seeking MOC participate directly in providing care to the patient population?

- Yes No *If “No,” go to item #32.*

b. Did these individuals participate in the following five key activities over the two cycles of data-guided improvement?

- Reviewing and interpreting baseline data, considering underlying causes, and planning intervention as described in item #12.
- Implementing interventions described in item #14.
- Reviewing and interpreting post-intervention data, considering underlying causes, and planning intervention as described in item #19.
- Implementing adjustments/second interventions described in item #21.

- Reviewing and interpreting post-adjustment data, considering underlying causes, and planning intervention as described in item #26.

Yes No *If “Yes,” individuals are eligible for MOC unless other requirements also apply and must be met – see item # 38.*

32. Not participating directly in providing patient care.

a. Did any individuals seeking MOC not participate directly in providing care to the patient population?

Yes No *If “No,” go to item 33.*

b. Were the individual(s) involved in the conceptualization, design, implementation, and assessment/evaluation of the cycles of improvement? (*e.g., a supervisor or consultant who is involved in all phases, but does not provide direct care to the patient population.*)

Yes No *If “Yes,” individuals are eligible for MOC unless other requirements also apply and must be met – see item # 33. If “No,” continue to #27c.*

c. Did the individual(s) supervising residents or fellows throughout their performing the entire QI effort?

Yes No *If “Yes,” individuals are eligible for MOC unless other requirements also apply and must be met – see item # 33.*

33. Did this specific QI effort have any additional participation requirement for MOC? (*E.g., participants required to collect data regarding their patients.*)

Yes No *If “Yes,” describe: Collect or oversee collection of data in the practice.*

Individuals who want their participation documented for MOC must additionally complete an attestation form, confirming that they met/worked with others as described in this report and reflecting on the impact of the QI initiative on their practice or organizational role. Following approval of this report, the UMHS QI MOC Program will send to participants an email message with a link to the online attestation form.

J. Sharing Results

34. Are you planning to present this QI project and its results in a:

Yes No Formal report to clinical leaders?

Yes No Presentation (verbal or poster) at a regional or national meeting?

Yes No Manuscript for publication?

K. Project Organizational Role and Structure

35. UMHS QI/Part IV MOC oversight – indicate whether this project occurs within UMHS, AAVA, or an affiliated organization and provide the requested information.

University of Michigan Health System

- Overseen by what UMHS Unit/Group? (*name*):

- Is the activity part of a larger UMHS institutional or departmental initiative?

No Yes – the initiative is (*name or describe*):

Veterans Administration Ann Arbor Healthcare System

- Overseen by what AAVA Unit/Group? (*name*):

- Is the activity part of a larger AAVA institutional or departmental initiative?

No Yes – the initiative is:

An organization affiliated with UMHS to improve clinical care

- **The organization is** *(name)*:

- **The type of affiliation with UMHS is:**

- Accountable Care Organization** *(specify which member institution)*:

- BCBSM funded, UMHS lead state-wide Collaborative Quality Initiative** *(specify which)*:

- Other** *(specify)*: Project-specific agreement between UMHS and Altarum Institute for joint providership of activities for the SmileConnect CME activity funded in part by the Medi-Cal 2020 Waiver Dental Transformation Initiative through the California Department of Health Care Services and in part by Delta Dental of Arkansas.

APPENDIX A. Timeline for Waves of Groups of Participating Medical Practices

Twenty-two “waves” of groups of participating medical practices are included in the project. Each “wave” starts a month after the previous “wave” starts. A “wave” participates in two cycles of data-guided improvement over six months. The first “wave” starts January 1, 2019 and the last “wave” finishes September 30, 2020.

SmileConnect CME Cycles (by training month)

2019	Cycle	Month 1	Baseline Data Month 2	Month 3	Midway Data Month 4	Month 5	Final Data Month 6
January	1	January	February	March	April	May	6/30/2019
February	2	February	March	April	May	June	7/31/2019
March	3	March	April	May	June	July	8/31/2019
April	4	April	May	June	July	August	9/30/2019
May	5	May	June	July	August	September	10/31/2019
June	6	June	July	August	September	October	11/31/2019
July	7	July	August	September	October	November	12/31/2019
August	8	August	September	October	November	December	1/31/2020
September	9	September	October	November	December	January	2/29/2020
October	10	October	November	December	January	February	3/31/2020
November	11	November	December	January	February	March	4/30/2020
December	12	December	January	February	March	April	5/31/2020
2020							
January	13	January	February	March	April	May	6/30/2020
February	14	February	March	April	May	June	7/31/2020
March	15	March	April	May	June	July	8/31/2020
April	16	April	May	June	July	August	9/30/2020

APPENDIX B. Performance for Wave 11 Practices – Percent of Patients with Services Performed

Service	Baseline Month -1	Post-Intervention Month 3	Post-Adjustment Month 5	Goal
<u>Clinic A</u>				
Oral Health Screening	0% (n=25)	47% (n=32)	90% (n=10)	75%
Fluoride Varnish	0% (n=22)	48% (n=27)	88% (n=8)	50%
Recommend/Refer to Dental Home	17% (n=18)	55% (n=20)	100% (n=2)	50%
<u>Wave 11 – Mean of Performance for 1 Practices</u>				
Oral Health Screening	0% (n=25)	47% (n=32)	90% (n=10)	75%
Fluoride Varnish	0% (n=22)	48% (n=27)	88% (n=8)	50%
Recommend/Refer to Dental Home	17% (n=18)	55% (n=20)	100% (n=2)	50%