

*Assessment Plan Deliverable: Regular Outreach Track
Grant D04RH40286*

Samaritan Pacific Communities Hospital Oral Health Co-Location Project

Network partners directly involved in this assessment plan development:

Lincoln County Oral Health Coalition

Regional Oral Health Coalition

Samaritan Pacific Communities Hospital

Samaritan North Lincoln Hospital

Samaritan Lebanon Community Hospital EPDH

Capitol Dental Care

Advantage Dental

Confederated Tribes of the Siletz Indians

Lincoln County Health and Human Services Federally Qualified Health Center

November 1, 2021

Purpose

Goals

The Lincoln County Oral Health Co-Location Project will improve the oral health of uninsured, underinsured, unhoused and/or low-income adults and children in Lincoln County, Oregon. This rural, geographically isolated and economically distressed county has a high level of unmet oral health needs as well as a long-standing and worsening shortage of providers, particularly for patients on Oregon Health Plan (OHP), Oregon's Medicaid program. The overarching goal of the project is to improve the oral health of Lincoln County residents by increasing access to dental care and knowledge of the importance of oral health. We will accomplish this overarching goal through the following project-specific goals:

Goal 1: By April 30, 2025, integrate oral health with physical health in two rural hospitals in Lincoln County.

Objective 1: Develop a four-year strategic plan to integrate an Expanded Practice Dental Hygienist (EPDH) in Samaritan Pacific Communities Hospital (SPCH) and Samaritan North Lincoln Hospital (SNLH).

Objective 2: Develop workflows to ensure effective integration of EPDH into hospital care team.

Goal 2: By April 30, 2025 provide oral health services and connections to follow up services for SNLH and SPCH patients.

Objective 1: EPDH provides oral health services in hospital setting, beginning September 2021 in SNLH and May 2022 in SPCH.

Objective 2: EPDH provides continuity of care for patients upon leaving the hospital.

Goal 3: By April 30, 2025, promote and demonstrate the link between oral health and physical health, through the provision of provider, staff, patient, and community education across Lincoln County.

Objective 1: Educate health care providers, staff, and community members on oral health, including the link between oral and physical health, beginning September 2021.

In the wake of the COVID-19 pandemic and the recent wildfires in Lincoln County, the need for an integrated approach to ensuring that the county's most vulnerable populations have timely and affordable access to dental care has become even more pressing. Project components include:

- Developing a comprehensive strategic plan to address disparities in oral health.
- Integrating an extended practice dental hygienist (EPDH) into Samaritan Pacific Communities Hospital (SPCH) and Samaritan North Lincoln Hospital (SNLH).
- Comprehensive oral health education for health care providers and community members.
- A countywide oral health outreach campaign.

Target populations include patients presenting at SPCH and SNLH emergency departments with dental issues; patients who are hospitalized for medical conditions; medical providers and staff; and community members participating in health education in Lincoln County.

Model

The project is based on the community dental health coordinator (CDHC) program implemented in a rural hospital in Little Falls, New York, and on the EPDH co-location pilot project implemented in Samaritan Lebanon Community Hospital (SLCH) in rural Linn County, Oregon.

The Lincoln County project's modifications to the CDHC program include allowing the EPDH to screen hospital patients for oral health needs and expanding the EPDH's role in staff, patient, and community education. The project will also build on the successes of the SLCH pilot project while applying lessons learned, which include the need for a clearer EPDH role and a better understanding of workflows and potential challenges. In particular, the EPDH will have the knowledge, skills, and abilities to engage and serve uninsured and underinsured community members, including subpopulations who have historically suffered poorer health outcomes and health disparities in Lincoln County:

- Hispanic/Latino, limited English speakers, people with disabilities and other underrepresented communities.
- Members of the Confederated Tribes of Siletz Indians.
- Unhoused and unsheltered community members.
- Pregnant women.

The EPDH will also work with Lincoln County Oral Health Coalition and the Regional Oral Health Coalition to expand voucher services and other programs to ensure continuity of dental services, and to design and deliver oral health navigation and referral services.

Need

Unmet health needs are widespread in Lincoln County. As a health professional shortage area (HPSA) for dental care, it does not have enough dentists to serve its insured population, let alone its estimated uninsured population of 5,500 adults and several thousand children. Of the four dental clinics that accept the Oregon Health Plan (OHP), Oregon's health insurance coverage for low income adults and children, one serves children exclusively and one accepts a very small number of OHP patients, leaving one clinic in Lincoln City and one in Newport to meet the preventive and emergent needs of low-income residents.

The county's geographic isolation, significantly older population and extremely high rate of tobacco use have exacerbated the impact of this provider shortage, resulting in high rates of untreated dental caries and other oral diseases. Vulnerable residents are therefore largely unable to access preventive care or basic treatment, resulting in high levels of untreated oral pain and the overutilization of costly—and medically ineffective—emergency department services.

Purpose Agreement

Utilizing the required FORHP Outreach program measures for oral health, the project will track the number of unique people receiving dental/oral health direct services, the number of network members integrating primary and dental/oral health services, and the types and number of dental/oral health services provided. We will also measure project-specific services, including the number of eligible participants assigned to a permanent dental home, the number of participants who are no-shows to dental follow-up appointments, and the number of participants who are connected to community social support services. The project will also track oral health recipients who also have a chronic condition.

The assessment plan will serve four primary purposes:

1. Helping project staff track the results of their programs and processes to identify what works and what needs improvement.
2. Providing CCCWN/Oral Health Subcommittee with data on program effectiveness as part of grant and project oversight.
3. Communicating best practices and lessons learned to partners, colleagues and stakeholders in the tri-county region, in Oregon and nationally.
4. Informing the public of program impacts, as well as the benefits of improved oral health.

Scope

The core functions of the assessment plan are to provide the framework for monitoring program activities, identifying barriers, and demonstrating program impact. The assessment plan is a useful way to standardize understanding and expectations around the need to share and document qualitative and quantitative information about project success and challenges. Outlining the key evaluation questions, data sources, and responsible individuals will maximize the likelihood that assessment efforts will be completed in a timely and efficient manner in order to contribute to the overall success of the project.

The assessment plan has been operationalized through a multi-step plan involving key project stakeholders. The plan was drafted by Paulina Kaiser, PhD, Project Evaluator, and revised based on feedback from Shelagh Baird, Project Director, and the CCCWN consortium. Dr. Kaiser is responsible for overall execution of the elements outlined in the assessment plan and will provide regular updates to project partners. The assessment plan will be revisited and revised as necessary to ensure assessment activities remain aligned with project goals and provide useful information in a feasible manner.

Assessment Table

Goal 1

Assessment Question <i>What do we want to know?</i> Question Type <i>Process or Outcome?</i>	Indicators <i>How will we measure it?</i>	Data Source/ Instrument <i>From where will the data be obtained?</i>	Timeline <i>When will we collect the data?</i>	Individual(s) Responsible <i>Who will collect and report on the data?</i>	Desired status/goal for this measure <i>What does success look like?</i>
Project Goal #1:	By April 30, 2025, integrate oral health with physical health in two rural hospitals in Lincoln County.				
Question: <i>How many patients receive oral health services via rural hospitals in Lincoln County?</i> Type: Outcome	<ul style="list-style-type: none"> Number of hospitals with integrated EPDH Number of consultations for acute dental problems in the ED Number of consultants for oral health needs among inpatients 	Project Director interview EMR documentation	Start Date: 9/1/2021 Frequency: Quarterly End Date: 4/30/2025	EPDH responsible for documenting in EMR Project Evaluator responsible for Project Director interview & analyzing EMR data	End Project Target (for outcome questions): Two rural hospitals in Lincoln County will have integrated EPDH services. EPDH will serve ~400 patients in the ED and ~1,000 patients in the hospital per year.
Question: <i>Which challenging and facilitating factors were most relevant to establishing EPDH integration?</i> Type: Process	<ul style="list-style-type: none"> Barriers to EPDH integration at SPCH & SNLH hospitals Key strategies used to achieve EPDH integration 	Project Director interview	Start Date: 9/1/2021 Frequency: Quarterly End Date: 4/30/2025	Project Evaluator	Mid-Project Target(s) (for process questions): Able to articulate challenging and facilitating factors that affected integration of EPDH at SPCH & SNLH.

Goal 2

<p>Assessment Question What do we want to know?</p> <p>Question Type Process or Outcome?</p>	<p>Indicators How will we measure it?</p>	<p>Data Source/ Instrument From where will the data be obtained?</p>	<p>Timeline When will we collect the data?</p>	<p>Individual(s) Responsible Who will collect and report on the data?</p>	<p>Desired status/goal for this measure What does success look like?</p>
<p>Project Goal #2:</p>		<p>By April 30, 2025 provide oral health services and connections to follow up services for SNLH and SPCH patients.</p>			
<p>Question:</p> <p>How many patients received appropriate follow-up care via EPDH support?</p> <p>Type: Outcome</p>	<ul style="list-style-type: none"> Proportion of patients seen who are uninsured or underinsured for dental care Number/proportion of patients given voucher for dental care Number/proportion of patients referred to dental home Number/proportion of patients with new applications for OHP coverage 	<p>EMR documentation</p> <p>Project-specific tracking</p>	<p>Start Date: When EPDH services begin</p> <p>Frequency: Quarterly</p> <p>End Date: 4/30/2025</p>	<p>EPDH responsible for documenting in EMR and project-specific tracking tools.</p> <p>Project Evaluator responsible for analyzing data</p>	<p>End Project Target (for outcome questions):</p> <p>~100 patients given voucher for dental care per year.</p> <p>All patients assessed for eligibility/access to follow-up care.</p>
<p>Question:</p> <p>What challenging and facilitating factors affect successful management of oral health needs?</p> <p>Type: Process</p>	<ul style="list-style-type: none"> Identified barriers to patients experience in getting follow-up care Access/availability of dental homes and other resources for follow-up care in Lincoln County 	<p>Project Director interview</p> <p>Project-specific tracking</p>	<p>Start Date: When EPDH services begin</p> <p>Frequency: Quarterly</p> <p>End Date: 4/30/2025</p>	<p>EPDH responsible for documentation in project-specific tracking tools.</p> <p>Project Evaluator responsible for interview and analyzing data</p>	<p>Mid-Project Target(s) (for process questions):</p> <p>Able to describe the extent to which EPDH integration can successfully promote management of oral health needs outside the hospital environment.</p>

Goal 3

<p>Assessment Question What do we want to know?</p> <p>Question Type Process or Outcome?</p>	<p>Indicators How will we measure it?</p>	<p>Data Source/ Instrument From where will the data be obtained?</p>	<p>Timeline When will we collect the data?</p>	<p>Individual(s) Responsible Who will collect and report on the data?</p>	<p>Desired status/goal for this measure What does success look like?</p>
<p>Project Goal #3: By April 30, 2025, promote and demonstrate the link between oral health and physical health, through the provision of provider, staff, patient, and community education across Lincoln County.</p>					
<p>Question: What impact did project education efforts have on community knowledge of the importance of oral health?</p> <p>Type: Outcome</p>	<ul style="list-style-type: none"> Number of people reached through educational events Audience reported evaluation of educational events Number of languages in which educational content was provided 	<p>Project Director interview</p> <p>Project-specific tracking include event evaluation forms</p>	<p>Start Date: 9/1/2021</p> <p>Frequency: Quarterly</p> <p>End Date: 4/30/2025</p>	<p>Project staff responsible for facilitating project-specific tracking</p> <p>Evaluator responsible for interviews & analysis</p>	<p>End Project Target (for outcome questions):</p> <p>~12,500 people reached each year via community education</p> <p>~40,000 people reached each year through billboard & multimedia promotions</p> <p>Evaluation evidence of value gained from educational events</p>
<p>Question: Which audiences and content were most / least beneficial to improving community knowledge about oral health?</p> <p>Type: Process</p>	<ul style="list-style-type: none"> Awareness of cultural perceptions in Lincoln County that support or undermine the importance of oral health Tailoring of content for different audiences Identified gaps in knowledge related to oral health among Lincoln County community members 	<p>Project Director interview</p> <p>Project-specific tracking</p>	<p>Start Date: 9/1/2021</p> <p>Frequency: Quarterly</p> <p>End Date: 4/30/2025</p>	<p>Project staff responsible for documentation in project-specific tracking tools</p> <p>Evaluator responsible for interviews & analysis</p>	<p>Mid-Project Target(s) (for process questions):</p> <p>Able to target key audiences with key messages to efficiently improve community knowledge around oral health.</p>

Analysis Plan

1. **Approach:** Answering the assessment questions will require both quantitative and qualitative approaches. Quantitative analysis will focus on descriptive summaries of key outputs, using data from Samaritan’s electronic medical record system (Epic) as well as project-specific tracking tools. Qualitative analysis will entail identification of themes from regular interviews with the Project Director about challenges and successes.
2. **Engagement:** The Project Evaluator will ensure that data collection systems are established; project staff are responsible for appropriate documentation in the various data collection systems (Epic, project-specific tracking, educational evaluation forms). The Project Evaluator will lead the analysis and will share updates with the Project Director and the CCCWN consortium regularly. Interpretation and application of the assessment results will be primarily the responsibility of the Project Director and CCCWN consortium.
3. **Limitations/caveats:** Documentation is time-consuming and burdensome, but incomplete tracking will limit our ability to assess the project’s impact. To balance this tradeoff, we will design all project-specific tracking systems to be closely tied to the assessment questions above to ensure that the effort required is the minimum necessary to answer the questions.

Communication / Dissemination Plan

ACTIVITY	RESPONSIBILITY	TIMELINE	METHOD
Conduct oral health education sessions for SNLH/SPCH staff and providers.	EPDH	Oct 2021 – Apr 2025	Monthly staff meetings
Report new findings on oral health at large hospital gatherings including staff, providers and community members.	EPDH Project Director	Annually, Oct 2021 – Apr 2025	Oral health education training (in-person or virtual)
Publish oral health education information for dissemination to staff, providers and community members.	EPDH Project Director	Twice a year through Apr 2025	SHS newsletters SHS Morning Brief emails
Develop strategies and materials for public media campaign.	SHS Marketing Department Project Director	May 2021 – Apr 2025	Website, newsletters, articles, brochures, flyers, social media activities

Distribute media campaign materials through appropriate venues.	Project Director SHS Marketing Department CCCWN/ Oral Health Subcommittee	Aug 2021 – Apr 2025	Heart to Heart magazine CCCWN newsletter & website Social media Radio ads
One-on-one education for SNLH/SPCH staff and providers.	EPDH	Weekly, Oct 2021 – Apr 2025	One-on-one meetings
Share assessment plan findings with CCCWN/Oral Health Subcommittee.	Project Director	Quarterly, Oct 2021 – April 2025	Regular meetings, email and printed materials