

2.1 Logic Model for Oral Evaluation, Dental Services

Note: These are examples of inputs, activities, outputs, and outcomes. These are not intended to represent all possible pathways to improvement.

Inputs (Resources: Means)	Activities (What the program does: Ways)	Outputs (Direct results of activities)	Outcomes (Short-, intermediate-, and long-term)	Impact (Systemic changes influenced by the quality program)
<p>American Academy of Pediatric Dentistry Guidelines: Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling and Oral Treatment for Infants, Children, and Adolescents</p> <p>Patient education/engagement/ outreach materials</p> <p>Patient incentive programs</p> <p>Dental provider networks</p> <p>Provider payment systems and methods</p>	<p>Identification of barriers to care (language, literacy, transportation, economic, provider and appointment availability, dental fear/anxiety)</p> <p>Processes for understanding parental/caregiver perception and value of care with subsequent tailored communication</p> <p>Develop focused patient communication, outreach and activation programs</p> <p>Use of evidence-based patient engagement</p>	<p>Parents/ caregiver communications (programs developed, numbers reached)</p> <p>Patients due for visits are identified and reminded or referred</p> <p>Additional providers recruited into networks</p> <p>Providers trained in (and increased confidence in) working with specific populations</p> <p>Patients have increased confidence in managing aspects of</p>	<p>Short Term</p> <ul style="list-style-type: none"> • Measure Focus: Increased percentage of children who have at least one periodic or comprehensive oral evaluation during the year • Increased parent/ caregiver awareness of the importance of regular dental check-ups. • Increased provider participation in dental network. • Increased provider confidence in treating specific populations. <p>Intermediate term</p> <ul style="list-style-type: none"> • Increased percentage of children who have timely prevention, identification, and management of oral disease • Reduced dental anxiety and avoidance to support continued access to care <p>Long-term</p> <ul style="list-style-type: none"> • Lower rates of dental caries related lesions and other oral disease. • Improved quality of life and outcomes (less pain, fewer days missed from school, fewer emergency department visits and hospitalization for dental problems, better functioning). 	<p>Population health is improved with lower rates of oral disease and consequent adverse impacts on overall health and quality of life; fewer avoidable ED visits and hospitalizations.</p> <p>Health care system costs are reduced by focusing on prevention and reducing the need for treatment; caries-related ED visits and hospitalization are avoided.</p>

Systems to track patient visits/recall	techniques to support self-management	their (or their children's) oral health		
Medical to dental referral systems (at the program level)	<p>Develop systems to track visits and recall to target outreach</p> <p>Develop provider networks both geographically and populations served (focused recruitment and payment strategies)</p> <p>Incentivize prevention/minimally invasive care</p> <p>Provider training for caring for specific populations (e.g., young children, children with special health care needs, culturally diverse communities)</p> <p>Develop medical to dental referral systems and training</p>	<p>Increased referrals from medical providers to dental providers</p> <p>Measure focus: Children are scheduled for and attend dental appointments that include a comprehensive or periodic oral evaluation</p>		

Feedback mechanisms (How continuous improvement is achieved)
Performance data is reviewed by programs and plans. Results are stratified by age and can optionally be stratified by other patient characteristics. Scores for all state Medicaid programs are included in the DQA Oral Health Care Quality Dashboard with stratifications by patient characteristics, including age, geographic location, race/ethnicity, sex, and language. National benchmarks are available through CMS Child Core Set performance results reports and dashboard and the DQA Oral Health Care Quality Dashboard.
Assumptions (Underlying beliefs about the quality program and context)
There is not a one-size-fits all approach to improvement. We view the logic model as demonstrating possible pathways of attaining improvement. Different programs and plans will have different types of improvement opportunities as well as face different types of barriers (e.g., differences in reimbursement policies, resources to implement QI strategies, etc.). The inputs and activities reflect QI strategies that have been used with success in specific QI applications. But QI strategies will need to be carefully considered in the context of the setting in which it is implemented and with investigation of the root causes of sub-optimal performance. Not all of the suggested activities and resources will be available to all programs; and the resources and activities needed will vary based on the reasons for children not receiving oral evaluations. For example, parent education/caregiver outreach assumes that the outreach is effective and has the potential to increase the likelihood that appointments will be scheduled and attended. It additionally assumes that parent knowledge/valuation of oral evaluations is the reason for not securing appointments rather than inability to take off from work or transportation challenges. Expanding provider networks relies on assumptions that there are resources and policies available to achieve this. These examples underscore the importance of first identifying the root causes and then creating QI strategies that can be implemented within the context of the facilitators, opportunities, challenges and barriers of the specific program or plan.
External Factors (Conditions outside the quality program's control)
Government (state and federal) policies and regulations
Patient demographics and social determinants (with the caveat that improvement strategies should consider these characteristics in order to tailor the strategies to the patient population for greatest effectiveness)