

Strategies to Reduce Barriers

Barrier	May Result In	Strategies for Solutions	Anticipated Outcomes
<p>No pediatric dentist or none that participates in Medi-Cal or Healthy Families in the county or region.</p>	<ul style="list-style-type: none"> • No local expertise for complicated cases • Referrals out-of-county • Increased transportation, time and costs for family • Delayed or partial care may lead to increased needs or more advanced disease • Cancelled or “no-show” appts if have to travel long distances • Lost paperwork or lack of follow-up • No continuity of care 	<ul style="list-style-type: none"> <input type="checkbox"/> Pediatric dentist spend 1 day/wk in local clinic or office <input type="checkbox"/> Teledentistry consultations for selected cases <input type="checkbox"/> Pediatric dental residency rotations through local clinics <input type="checkbox"/> Mobile anesthesia team to support pediatric dentist in local hospital or clinic <input type="checkbox"/> 1-2 general dentists take pediatric CE course and be assigned a mentor <input type="checkbox"/> General dentists take 1-day course for providing routine preventive care to young children <input type="checkbox"/> Out-of-county dentist holds 2 half-days /month for appointments; county or school provides transportation for families in van <input type="checkbox"/> Counties share an itinerant pediatric dentist and assistant and provide housing, etc <input type="checkbox"/> Hire pediatric dental referral coordinator/case manager <input type="checkbox"/> Standardize the referral and Follow-up process 	<ul style="list-style-type: none"> • Increased pediatric dentistry expertise and time in counties • Reduced waiting times for appointments and treatment • Reduced costs and time for family • Increased knowledge and skills of general dentists for providing routine care for young children • Decreases in cancelled or no-show appointments • More regular care for young children • Less children with advanced stages of disease

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Lack of communication among dental professionals, and between dental professionals and health professionals	•	<input type="checkbox"/> RDH group invite DDS and RDA to meetings every 4 months for special programs <input type="checkbox"/> DDS establish study club or local society <input type="checkbox"/> Initiate oral health newsletter that goes to dental and health professionals <input type="checkbox"/> Establish email distribution list of all dental professionals who want to be on this list <input type="checkbox"/> Establish 1-hour bimonthly conference calls among dental offices for CE or other purposes <input type="checkbox"/> Schedule periodic breakfast meetings for dental and medical providers around specific topics or as part of a workgroup <input type="checkbox"/> Include both medical and dental professionals on all First 5 oral health workgroups <input type="checkbox"/> Involve dental and medical professionals in other First 5 activities <input type="checkbox"/> Schedule some combined CE sessions around oral health topics; offer medical and dental CEUs <input type="checkbox"/> Create standardized referral and consult forms	•

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Suboptimal fluoride protection for children	•	<ul style="list-style-type: none"> <input type="checkbox"/> Convene multidisciplinary workgroup to draft goals and objectives <input type="checkbox"/> Bring in fluoride consultants from DHHS and Dental Health Foundation <input type="checkbox"/> Compile existing data on fluoride levels of wells <input type="checkbox"/> Begin a coordinated well water testing program to provide more data and that is coordinated with FI prescription practices <input type="checkbox"/> Initiate fluoride varnish pilot program <input type="checkbox"/> Investigate, work with retailers, and provide information to the public on sources and costs of bottled water with a significant fluoride content <input type="checkbox"/> Determine feasibility of fluoridating 1-2 community water systems <input type="checkbox"/> Include information (a few key points) on appropriate use and benefits of fluorides in public and provider education activities—base on new CDC recommendations 	•

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Public doesn't understand etiologies, preventive measures and treatment options for oral diseases and conditions	•	<ul style="list-style-type: none"> <input type="checkbox"/> Create distribution and evaluation plan for Baby Kit <input type="checkbox"/> Acquire easy to read, topic-focused fact sheets or brochures on oral health through MCH and other sources <input type="checkbox"/> Include short oral health articles in newsletters and newspapers <input type="checkbox"/> Create preventive oral health module to use in preschool and kindergarten programs <input type="checkbox"/> Create a radio or TV PSA for local distribution <input type="checkbox"/> Create premiums (stickers, magnets, bibs, etc) with oral health messages <input type="checkbox"/> Dental and medical offices initiate first birthday oral health programs <input type="checkbox"/> Solicit help of parent or grandparent spokespersons <input type="checkbox"/> Create interactive oral health activities for healthfairs rather than just handing out information <input type="checkbox"/> Make sure all dental and medical professionals give same key messages to public 	•

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<p>Inadequate documentation and quantification of oral health needs in the region</p>	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> <input type="checkbox"/> Conduct training in Basic Screening Survey and other documentation methods <input type="checkbox"/> Collect existing information from private dental offices and dental clinics based on chart reviews or from computerized records—use standardized criteria/form <input type="checkbox"/> Create plan for standardized screening and referral program; include pregnant women if possible <input type="checkbox"/> Quantify some data by family if possible <input type="checkbox"/> Use data from Loyaltown as a fluoridation case study <input type="checkbox"/> After acquire data, create template descriptions to use in grant applications and in the media to “make the case” 	<ul style="list-style-type: none"> •

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<p>No formal referral and case management system for dental care</p>	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> <input type="checkbox"/> Create positions for dental care coordinators and train staff for these positions <input type="checkbox"/> Create standardized referral forms and follow-up forms <input type="checkbox"/> Survey or convene dentists to create a directory of services, policies, criteria, and limitations on referrals <input type="checkbox"/> Create a tracking system for follow-up with professionals and parents after referrals to document barriers and health outcomes <input type="checkbox"/> Institute a patient satisfaction feedback program <input type="checkbox"/> Institute a provider satisfaction feedback program <input type="checkbox"/> Orient entire dental office team to new referral and tracking system and forms <input type="checkbox"/> Orient agency personnel and medical office staff to new referral forms and system <input type="checkbox"/> Track costs of this system as well as benefits <input type="checkbox"/> Publicize new system to the public 	<ul style="list-style-type: none"> •