

# **Health Plan Performance Improvement Project (PIP)**

**Health Plan: Healthy Blue**

**PIP Title: Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 months through 5 years by Primary Care Clinicians**

**PIP Implementation Period: January 1, 2022–December 31, 2022**

## **Submission Dates:**

	<b>Report Year 2022</b>
Version 1	December 1, 2022
Version 2	December 30, 2022

# MCO Contact Information

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## 1. Principal MCO Contact Person

[Person responsible for completing this report and who can be contacted for questions]

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## 2. Additional Contact(s)

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**3. External Collaborators:** MCNA and DentaQuest, and Well-Ahead Louisiana; PCP practices with Electronic Health Records {e.g., for incorporation of automated reminders per Carmen and French (2020)}.

# Attestation

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**Plan Name:** Healthy Blue

**Title of Project:** Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 months through 5 years by Primary Care Clinicians

*The undersigned approve this performance improvement project (PIP) and assure involvement in the PIP throughout the course of the project.*

Medical Director signature: *Rhonesia Simmons, MD*

First and last name: Rhonesia Simmons, MD

Date: December 30, 2022

CEO signature: *Christy Valentine, MD*

First and last name: Christy Valentine, MD

Date: December 30, 2022

Quality Director signature: *Jennifer Nethers*

First and last name: Jennifer Nethers

Date: December 30, 2022

# Updates to the PIP

**For Interim and Final Reports Only:** Report all changes in methodology and/or data collection from initial proposal submission in the table below.

[Examples include: added new interventions, added a new survey, change in indicator definition or data collection, deviated from HEDIS® specifications, reduced sample size(s)]

**Table 1a: Updates to PIP**

Change	Date of Change	Area of Change	Brief Description of Change
<b>Change 1</b>	2/2022	<input type="checkbox"/> Methodology <input type="checkbox"/> Barrier Analysis <input checked="" type="checkbox"/> Intervention <input type="checkbox"/> ITM	Conduct provider educational outreach to each PCP with patients on the member FV care report To begin: 6/2022
<b>Change 2</b>	2/2022	<input type="checkbox"/> Methodology <input type="checkbox"/> Barrier Analysis <input checked="" type="checkbox"/> Intervention <input type="checkbox"/> ITM	Member text outreach To begin: 6/2022
<b>Change 3</b>		<input type="checkbox"/> Methodology <input type="checkbox"/> Barrier Analysis <input type="checkbox"/> Intervention <input type="checkbox"/> ITM	
<b>Change 4</b>		<input type="checkbox"/> Methodology <input type="checkbox"/> Barrier Analysis <input type="checkbox"/> Intervention <input type="checkbox"/> ITM	

# Abstract

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**For Final Report submission only. Do not exceed 1 page.**

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Provide a high-level summary of the PIP, including the project topic and rationale (include baseline and benchmark data), objectives, description of the methodology and interventions, results and major conclusions of the project, and next steps.

**Project Topic and Rationale:** According to Well Ahead Louisiana, 56.4% of third grade children in Louisiana had damage to a tooth's surface or enamel. This highlights the need to educate and reinforce oral hygiene care with children in early life as prevention for caries and other oral diseases. Healthy Blue initiate this PIP at the start of 2022. Baseline data was taken in 2021 and is as follows:

- Indicator 1: Fluoride varnish application by PCP for children age 6-18 months: **5.31%**
- Indicator 2: Fluoride varnish application by PCP for children age 19 months-2 years: **6.23%**
- Indicator 3: Fluoride varnish application by PCP for children age 3-5 years: **1.95%**
- Indicator 4: Fluoride varnish application by PCP for All Children Ages 6 months – 5 years: **3.57%**

**Objectives:** To improve by 10 percentage points the percentage of children ages 6 months through 5 years who received fluoride varnish application by their PCP, by implementing new or enhanced interventions.

**Methodology and interventions:** Through data analyzed, the plan recognized opportunities to impact fluoride varnish application rates by focusing on tailored interventions specifically for 3–5-year age range.

Interventions included:

- Enhanced MCO CM member outreach + education with dental provider appointment scheduling
- Member education text outreach campaign via Health Crowd
- Provider outreach and education using care gap report, AAP guideline on Fluoride Use in Caries Prevention, and LDH bulletin re reimbursement and course requirements/link, and Well-Ahead Louisiana resources
- Enroll members in text educational campaigns to educate members ages 3-5 years on Fluoride Varnish application done by PCP through Health Crowd

**Results and major conclusions of the project:** Healthy Blue experienced a rate increase among 3 of 4 Provider Indicators (PI) when comparing 2021 baseline numbers to 2022 year to date numbers (1/1/22-10/31/22). The plan noted the highest increase with PI 3, Fluoride varnish application by PCP for children age 3-5 years of age. The 2022 Year to date final rate measurement is 2.50% while the 2021 baseline rate measurement period was 1.95%. this displays a .55% increase. In conclusion to this project the plan continues to note opportunities to increase PI's and TMS for this project.

**Next Steps:** This PIP will continue next year. The plan continues to build on initiatives which proved successful. Healthy Blue will focus especially on pediatric primary care providers (PCPs) outreach and education, ensuring providers and their staff are certified to administer fluoride varnish.

**To be completed upon Proposal submission. Do not exceed 2 pages.**

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## **Describe Project Topic and Rationale for Topic Selection**

- **Describe how PIP Topic addresses your member needs and why it is important to your members:**

Fluoride varnish application by primary care provider seems to be highly variable, according to Healthy Blue's baseline data in 2021. Only 3.57% of over 58,000 members from 6 months to 5 years received this service by a PCP. Well Ahead Louisiana states that a majority of parishes do not have access to dental care. By working with the providers in our network, Healthy Blue can impact fluoride varnish application done by PCPs in order to address dental care shortages in Louisiana that can improve oral hygiene in children.

- **Describe high-volume or high-risk conditions addressed:**

According to Well Ahead Louisiana, 56.4% of third grade children in Louisiana had damage to a tooth's surface or enamel. This highlights the need to educate and reinforce oral hygiene care with children in early life as prevention for caries and other oral diseases.

In addition, Well Ahead Louisiana also sites that 86% of parishes are Dental Health Professional Shortage Areas, meaning most of the state does not have access to the dental care they need. Healthy Blue will help members by increasing access to these services in alternative settings outside of dental office by supporting PCPs in providing fluoride varnish application in their offices.

- **Describe current research support for topic (e.g., clinical guidelines/standards):** Include discussion of the following:

Dental caries disease is preventable yet is the most common chronic disease of childhood in the U.S. (Clark et al., 2020). Fluoride varnish application for the prevention of dental caries in children is the standard of care in pediatric primary care practice (Clark et al., 2020). Guideline recommendations from the American Academy of Pediatrics (Clark et al., 2020) and the US Preventive Services Task Force (USPSTF, 2021) recommend that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.

- Prevention of Dental Caries in Children From Birth Through Age 5 Years: US Preventive Services Task Force Recommendation Statement (update in progress as of May 4, 2021). <https://www.uspreventiveservicestaskforce.org/uspstf/draft-update-summary/prevention-of-dental-caries-in-children-younger-than-age-5-years-screening-and-interventions1>
- American Academy of Pediatrics Clinical Guidance Report on Fluoride Use in Caries Prevention in the Primary Care Setting (Clark et al., 2020)

- **Explain why there is opportunity for MCO improvement in this area, by addressing the following:**

The majority of our members in the denominator fall in the 3-5 years age range (34289 members); however, the 2021 baseline data shows that only 27.99% of that population received fluoride varnish application last year. This group had the highest value for the disproportionate index of 2.08 in comparison to the other two age ranges that had an index value of 0.58. This implies that Healthy Blue can impact fluoride varnish application rates by focusing on tailored interventions specifically for 3–5-year age range. Healthy Blue will focus on assisting with completion of fluoride varnish application for children in this group by collaborating with community events and providers to ensure application is completed at every well-child opportunity.

- Current MCO data on caries prevalence and fluoride varnish receipt rates
- Consider PDSA findings about barriers and drivers in the scientific literature, for example:
  - Johnson SC and French GM. A quality improvement project to optimize fluoride varnish use in a pediatric outpatient clinic with multiple resident providers. *Hawaii Journal of Health & Social Welfare*, May 2020, VOL 79, NO 5, Supplement 1.
  - Sudhanthar S, Lapinski J, Turner J, Gold J, Yakov S, Thakur K, et al. Improving oral health through dental fluoride varnish application in a primary care paediatric practice. *BMJ Open Quality* 2019; 8:e000589.doi:10.1136/bmjopen-2018-000589.

## Aims, Objectives and Goals

**Healthy Louisiana PIP Aim:** The overall aim is to improve, by at least 10 percentage points from baseline to final measurement, the percentage of children ages 6 months through 5 years who received fluoride varnish application by their PCP, by implementing new or enhanced interventions to achieve the following **objectives**:

1. Create a Member Fluoride Varnish Care Gap Report, with a version organized by PCP, that identifies all enrollees ages 6 months through 5 years who have not received any fluoride varnish application by their PCP (CPT code 99188) or dentist (CDT code D1206 or D1208) during the baseline year. The gap report would also identify missed opportunities by reporting the number of PCP visits for each child on the list.
2. Conduct member outreach to (a) educate parents of each child on the Member Fluoride Varnish Care Gap report about oral hygiene, caries risk and the importance of fluoride (e.g., toothpaste, varnish), (b) to link with a PCP if they do not already have one, and (c) to schedule a dental provider appointment. Collaborate with MCNA and DentaQuest for dental provider referrals. Use AAP resources available at: <https://www.healthychildren.org/English/healthy-living/oral-health/Pages/Brushing-Up-on-Oral-Health-Never-Too-Early-to-Start.aspx>
3. Conduct provider educational outreach to each PCP with patients on the Member Fluoride Varnish Care Gap Report and support by distributing the following educational materials:
  - (a) Fluoride Varnish Age-Stratified Member Care Gap Reports to each PCP (using the PCP-specific member listing),
  - (b) American Academy of Pediatrics Clinical Guidance Report on Fluoride Use in Caries Prevention in the Primary Care Setting (Clark et al., 2020), and
  - (c) LDH Informational Bulletin 16-7, Revised June 27, 2017: Professional Services Fluoride Varnish Program Policy. Educate PCPs about how physicians, nurse practitioners and physician assistants can qualify for reimbursement for fluoride varnish services by reviewing the “Smiles for Life Caries Risk Assessment, Fluoride Varnish, and Counseling Module” and successfully passing the post assessment, at the link provided: [www.smilesforlifeoralhealth.org](http://www.smilesforlifeoralhealth.org), Course No. 6: Caries Risk assessment, Fluoride Varnish & Counseling.
  - (d) Well-Ahead Louisiana resources on preventive oral health: <https://wellaheadla.com/prevention/oral-health/>
  - (e) Well-Ahead resources for fluoride varnish applications by PCPs: <https://wellaheadla.com/prevention/oral-health/>
4. Develop and implement tailored and targeted interventions informed by your Analysis of Disproportionate Under-Representation.

**Table 2: Goals**

<b>Indicators</b>	<b>Baseline Rate<sup>1</sup> Measurement Period: 1/1/21–12/31/21</b>	<b>Final Rate Measurement Period: 1/1/22–10/31/22</b>	<b>Subsequent Rate Measurement Period: 1/1/23–12/31/23</b>	<b>CY 2022 Target Rate<sup>2</sup></b>	<b>Rationale for Target Rate<sup>3</sup></b>
Indicator 1: Fluoride varnish application by PCP for children age 6-18 months	N: 552 D: 10398 R: 5.31%	N: 497 D: 12112 R: 4.10%	N: D: R:	R: 8.31%	Increase by 3 percentage points from CY 21 to CY 22
Indicator 2: Fluoride varnish application by PCP for children age 19 months-2 years	N: 880 D: 14131 R: 6.23%	N: 1233 D: 19645 R: 6.28%	N: D: R:	R: 9.23%	Increase by 3 percentage points from CY 21 to CY 22
Indicator 3: Fluoride varnish application by PCP for children age 3-5 years	N: 670 D: 34289 R: 1.95%	N: 1010 D: 40446 R: 2.50%	N: D: R:	R: 4.95%	Increase by 3 percentage points from CY 21 to CY 22
Indicator 4: Fluoride varnish application by PCP for All Children Ages 6 months – 5 years	N: 2102 D: 58818 R: 3.57%	N: 2740 D: 72203 R: 3.79%	N: D: R:	R: 6.57%	Increase by 3 percentage points from CY 21 to CY 22

<sup>1</sup> Baseline rate: the MCO-specific rate that reflects the year prior to when PIP interventions are initiated.

<sup>2</sup> Upon subsequent evaluation of performance indicator rates, consideration should be given to improving the target rate, if it has been met/exceeded at that time.

<sup>3</sup> Indicate the source of the final goal (e.g., NCQA Quality Compass) and/or the method used to establish the target rate (e.g., 95% confidence interval).



# Methodology

To be completed upon Proposal submission.

## Performance Indicators

**Table 3: Performance Indicators**

Indicator <sup>1</sup>	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator 1: Fluoride varnish application by PCP for children age 6-18 months	Percentage of enrollees who received one or more fluoride varnish applications to a primary tooth by a PCP while age 6 months through 18 months during the measurement year	Administrative	Enrollees who were between and including 6 months of age and 18 months of age during the measurement year	Children who received fluoride varnish application ONLY by a dentist during the measurement year (CDT codes D1206 {professionally applied fluoride varnish} or D1208 {any topical application of fluoride including fluoride gels or fluoride foams, excl, varnish}. If unable to obtain exclusion data administratively, include a footnote to explain, and coordinate with parent, PCP and dental provider to identify children who have already received fluoride varnish from their dental provider, and exclude from ITM 1)	Fluoride Varnish Applied during the measurement year: <b>CPT code: 99188</b> Application of topical fluoride varnish by a PCP (a physician or other qualified health care professional) on the same day of service as an office visit or preventive screening visit	Eligible population less exclusions

Indicator <sup>1</sup>	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator 2: Fluoride varnish application by PCP for children age 19 months-2 years	Percentage of enrollees who received one or more fluoride varnish applications to a primary tooth by a PCP while age 19 months through 2 years during the measurement year	Same as above	Enrollees who were between 19 months of age and 2 years of age during the measurement year	Same as above	Same as above	Same as above
Indicator 3: Fluoride varnish application by PCP for children age 3-5 years	Percentage of enrollees who received one or more fluoride varnish applications to a primary tooth by a PCP while age 3-5 years during the measurement year	Same as above	Enrollees who were between 3 through 5 years of age during the measurement year	Same as above	Same as above	Same as above
Indicator 4: Fluoride varnish application by PCP for All Children Ages 6 months – 5 years	Percentage of enrollees who received one or more fluoride varnish applications to a primary tooth by a PCP while age 6 months-5 years during the measurement year	Same as above	Enrollees who were between 6 months of and 5 years of age during the measurement year	Same as above	Same as above	Same as above

<sup>1</sup> HEDIS Indicators: If using a HEDIS measure, specify the HEDIS reporting year used and reference the HEDIS Volume 2 Technical Specifications (e.g., measure name(s)). It is not necessary to provide the entire specification. A summary of the indicator statement, and criteria for the eligible population, denominator, numerator, and any exclusions are sufficient. Describe any modifications being made to the HEDIS specification, e.g., change in age range.

## Data Collection and Analysis Procedures

Is the entire eligible population being targeted by PIP interventions? If not, why?

### Sampling Procedures

- Describe sampling methodology: N/A

### Data Collection

- **Describe data collection:** Data will be collected by multiple departments within the Health Plan. Data collection will be completed by Business Data Analysts, Manager of Case Management, Quality Improvement Manager and HEDIS Manager. The tools that are used to collect the data include the use of SQL Server Management Studio and Teradata to analyze claims/utilization data. Additionally, the Case Management data is obtained using referrals from a vendor who manages high risk population, and health risk assessments.

### Validity and Reliability

- **Describe validity and reliability:** Data collection is done in conjunction with the specifications set forth by the measures. The Business Analyst performs an audit of data pulled and addresses any gaps in missing data by conducting a deep dive of data collection method. The Plan does not have access to dental claim data and will be gap in data validity.

### Data Analysis

- **Describe data analysis procedures:** Once data is obtained, it is analyzed and compared to the goals set forth for each performance measure. Additionally, the data is trended and compared to prior results for identification of opportunities of improvement. Also, the data is stratified by region and member demographics to identify opportunities for targeted interventions to address specific performance measures.

**Describe how plan will interpret improvement relative to goal:** Data is continuously monitored, at minimum, on a quarterly basis to determine if metrics are on target or at risk to meeting goals. Data is benchmarked using similar studies and compared to previous results each quarter. Additionally, data deep dives may be required to determine a subset of population trends as related to regional prevalence, member disparities and/or access to care barriers.

**Describe how plan will monitor ITMs for ongoing QI:** Healthy Blue will complete monthly PDSA and run charts for oversight of measuring interventions to impact overall goals. Additionally, barrier analysis and member/provider focus groups if needed, will be used to identify additional barriers with obtaining goals will be conducted as needed. These exercises will assist in the monitoring of interventions, developing new interventions or the realignment of existing interventions as needed.

## PIP Timeline

*Report the measurement data collections periods below.*

Baseline Measurement Period:

Start date: 1/1/2021

End date: 12/31/2021

Year 1 Intervention and First Re-Measurement Period:

Start date: 1/1/2022

End date: 12/31/2022

Submission of 1st quarterly status report for intervention period 1/1/22–3/31/22 is due on 4/30/2022.

Submission of 2nd quarterly status report for intervention period 4/1/22–6/30/22 is due on 7/31/2022.

Submission of 3rd quarterly status report for intervention period 7/1/22–9/30/22 is due on 10/31/2022

Submission of 1st quarterly status report for intervention period 1/1/21–3/31/21 is due on 4/30/2022.

Submission of 2nd quarterly status report for intervention period 4/1/21–6/30/21 is due on 7/31/2022.

Submission of 3rd quarterly status report for intervention period 7/1/21–9/30/21 is due on 10/31/2022.

Submission of Fluoride Varnish by PCPs Proposal/Baseline Report with calendar year (CY) 2021 data is due: 3/1/2022

Submission of Fluoride Varnish by PCPs Draft Final Report with CY 2022 data is due: 12/9/2022

Submission of Fluoride Varnish by PCPs Final Final Report with CY 2022 data is due: 12/30/2022

**Table 4a: Analysis of Disproportionate Under-Representation of Fluoride Varnish Receipt**

Subpopulation	Members from 6 months through age 5 years		Members who Received Fluoride Varnish applied by PCP		Disproportionate Index of Fluoride Varnish Under-Representation
	# of Enrollees in the Denominator	% of MCO TOTAL Denominator	# of Enrollees in the Numerator	% of MCO TOTAL Numerator	% of MCO TOTAL Denominator ÷ % of MCO TOTAL Numerator
<b>MCO TOTAL</b>	58845	100%	1808	100%	1
<b>Age</b>					
6-18 months	10401	17.68%	554	30.64%	0.58
19 months – 2 years	14130	24.01%	748	41.37%	0.58
3-5 years	34314	58.31%	506	27.99%	2.08
<b>Race</b>					
American Indian or Alaska Native	214	0.36%	3	0.17%	2.12
Asian Indian	359	0.61%	11	0.61%	1
Asian or Pacific Islander	8553	14.53%	328	18.14%	0.8
Black or African American	22162	37.66%	741	40.98%	0.92
White	18467	31.38%	537	29.7%	1.06
Other	38	0.01%	2	0.11%	0.09
Unknown	8336	14.17%	186	10.29%	1.38
<b>Ethnicity</b>					
Hispanic	137	0.23%	0	0%	n/a
Non-Hispanic	50046	85.05%	1620	89.6%	0.95
Unknown	8662	15.72%	188	10.4%	1.51
<b>Enrollment category: Foster Care</b>	1583	2.69%	46	2.54%	1.06
<b>Enrollment category: Disabled</b>	1247	2.12%	38	2.10%	1.01
<b>LA MCO Region of Residence</b>					
Region 1: Greater New Orleans	10854	18.45%	92	5.01%	3.68
Region 2: Capital Area	6656	11.31%	160	8.85%	1.28
Region 3: South Central LA	4419	7.51%	89	4.92%	1.53
Region 4: Acadiana	7864	13.36%	593	32.8%	0.41
Region 5: Southwest LA	3381	5.75%	93	5.14%	1.12
Region 6: Central LA	4083	6.94%	103	5.7%	1.22
Region 7: Northwest LA	5818	9.9%	412	22.79%	0.43
Region 8: Northeast LA	5218	8.87%	34	1.88%	4.72
Region 9: Northshore Area	8081	13.73%	209	11.56%	1.19

# Barrier Analysis, Interventions, and Monitoring

**Table 4b: Alignment of Barriers, Interventions and Tracking Measures** \*Q4 ITM 2 Paused for further review

Barrier(s) that Intervention 2 will address: Member education and access to appointments		2022				2023			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Method of barrier identification (MCO should identify barriers based upon member feedback): members may not know that PCPs can provide fluoride varnish application</b>									
<b>Intervention #2 to address barrier: Enhanced MCO CM member outreach + education with dental provider appointment scheduling</b>  <b>Planned Start Date: 02/01/22</b> <b>Actual Start Date: 6/2022</b>	<b>Intervention #2 tracking measure:</b>  <b>N: # members for whom dental provider appointment made</b> <b>D: # members on Fluoride Varnish Care Gap report ages 6 months through 5 years</b>	N: 23 D: 58031 R: 0.003%	N: N/A D: 58994 R: N/A	N: N/A D: 57487 R: N/A	Process Paused	N: D: R:	N: D: R:	N: D: R:	N: D: R:
<b>Intervention #2a to address barrier: Member education text outreach campaign via Health Crowd</b>  <b>Planned Start Date: 03/2022</b> <b>Actual Start Date: TBD</b>	<b>Intervention #2a tracking measure:</b>  <b>N: # members actively enrolled in Fluoride Varnish campaign</b> <b>D: # members on Fluoride Varnish Care Gap report ages 6 months through 5 years</b>	Not Started	Not Started	Not Started	Not Started	N: D: R:	N: D: R:	N: D: R:	N: D: R:
<b>Intervention #2b to address barrier: Member Outreach Community Events</b>  <b>Planned Start Date: 2/2022</b> <b>Actual Start Date: 6/2022</b>	<b>Intervention #2b tracking measure:</b>  <b>N: # of members educated on Fluoride Varnish</b> <b>D: # of event attendees</b>	Not Started	N: 50 D: 55 R: 90.9%	N: 200 D: 200 R: 100%	N: 41 D: 371 R: 11.05%				
Barrier(s) that intervention 3 will address: Provider education on new measure		2022				2023			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Method of barrier identification: Lack of training (Sudhanthar et al., 2019).</b>									

<p><b>Intervention #3 to address barrier: Provider outreach and education using care gap report, AAP guideline on Fluoride Use in Caries Prevention, and LDH bulletin re reimbursement and course requirements/link, and Well-Ahead Louisiana resources</b></p> <p><b>Planned Start Date: 03/01/22</b> <b>Actual Start Date:</b></p>	<p><b>Intervention #3 tracking measure:</b></p> <p><b>N:</b> # members whose PCP was outreached and educated <b>D:</b> # members on Fluoride Varnish Care Gap report ages 6 months through 5 years</p>	Not Started	N: 6648 D: 58994 R: 11.27%	N: 975 D: 57487 R: 1.69%	N: 1302 D: 72013 R: 1.80%	N: D: R:	N: D: R:	N: D: R:	N: D: R:
<p><b>Intervention #3a to address barrier: provider outreach and education</b></p> <p><b>Planned Start Date: 02/01/22</b> <b>Actual Start Date: 6/2022</b></p>	<p><b>N:</b> # PCP that were outreached and received education on new measure <b>D:</b> # PCPs on fluoride varnish care gap report</p>	Not Started	N: 104 D: 1901 R: 5.47%	N: 58 D: 1882 R: 3.08%	N: 96 D: 843 R: 8.78%				
<p><b>Barriers that intervention 4 will address: dental care access for children ages 3-5 years</b></p> <p><b>Method of barrier identification: Analysis of Disproportionate Under-Representation (3-5 years has highest disproportionate index); Well Ahead Louisiana</b></p>		<b>2022</b>				<b>2023</b>			
<p><b>Tailored and Targeted Intervention #4a to address susceptible subpopulation barrier(s):</b></p> <p>Enroll members in text educational campaigns to educate members ages 3-5 years on Fluoride Varnish application done by PCP through Health Crowd</p> <p><b>Planned Start Date: 02/2022</b> <b>Actual Start Date: TBD</b></p>		Not Started	Not started; script pending approval	Scripting recently approved, Implementation underway	Not Started	N: D: R:	N: D: R:	N: D: R:	N: D: R:
		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>

<p><b>Tailored and Targeted Intervention 4b to address susceptible subpopulation barrier(s):</b></p> <p>Enroll members that reside in Region 1 in text educational campaigns to educate members ages 3-5 years on Fluoride Varnish application done by PCP through Health Crowd</p> <p><b>Planned Start Date: 03/01/22</b> <b>Actual Start Date: TBD</b></p>	<p><b>Intervention #4b tracking measure:</b></p> <p><b>N:</b> # of members actively enrolled in Fluoride Varnish campaign <b>D:</b> # of members ages 3-5 years outreached and educated via Health Crowd in Region 1</p>	<p>Not Started</p>	<p>Not started; script pending approval</p>	<p>Scripting recently approved, Implementation underway</p>	<p>Not Started</p>	<p>N: D: R:</p>	<p>N: D: R:</p>	<p>N: D: R:</p>	<p>N: D: R:</p>
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# Results

## To be completed upon Proposal with Preliminary Baseline Measure, Baseline Report with Updated Baseline Measure, Interim and Final Report submissions.

The results section should present project findings related to performance indicators. **Do not** interpret the results in this section.

**Table 5: Results**

Indicator	Baseline Measure Period 1/1/21–12/31/21	Final Measure Period 1/1/22–10/31/22	Subsequent Measure Period 1/1/23–12/31/23	CY 2022 Target Rate <sup>1</sup>
Indicator 1: Fluoride varnish application by PCP for children age 6-18 months	N: 552 D: 10398 R: 5.31%	N: 497 D: 12112 R: 4.10%	N: D: R:	Rate: 8.31%
Indicator 2: Fluoride varnish application by PCP for children age 19 months-2 years	N: 880 D: 14131 R: 6.23%	N: 1233 D: 19645 R: 6.28%	N: D: R:	Rate: 9.23%
Indicator 3: Fluoride varnish application by PCP for children age 3-5 years	N: 670 D: 34289 R: 1.95%	N: 1010 D: 40446 R: 2.50%	N: D: R:	Rate: 4.95%
Indicator 4: Fluoride varnish application by PCP for all children ages 6 months – 5 years	N: 2102 D: 58818 R: 3.57%	N: 2740 D: 72203 R: 3.79%	N: D: R:	Rate: 6.57%

<sup>1</sup> Upon subsequent evaluation of quarterly rates, consideration should be given to improving the target rate, if it has been met or exceeded at that time.

*\*Data is not inclusive of Q4 entirely due to report timing*

**OPTIONAL:** Additional tables, graphs, and bar charts can be an effective means of displaying data that are unique to your PIP in a concise way for the reader. If you choose to present additional data, include only data that you used to inform barrier analysis, development and refinement of interventions, and/or analysis of PIP performance.

In the results section, the narrative to accompany each table and/or chart should be descriptive in nature. Describe the most important results, simplify the results, and highlight patterns or relationships that are meaningful from a population health perspective. **Do not** interpret the results in terms of performance improvement in this section.

# Discussion

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**To be completed upon Interim/Final Report submission.** The discussion section is for explanation and interpretation of the results.

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## Discussion of Results

- **Interpret the performance indicator rates for each measurement period**, i.e., describe whether rates improved or declined between baseline and interim, between interim and final and between baseline and final measurement periods.

The results for the Performance Indicators (PI) are as follows: (Data does not capture Q4 due to report timing)

- Indicator 1. Fluoride varnish application by PCP for children age 6-18 months decreased slightly from baseline 5.31% to 4.10% during final measurement period. Target rate of 8.31% was not met.
  - Indicator 2. Fluoride varnish application by PCP for children age 19 months-2 years increased from baseline 6.23% to 6.28% during final measurement period. Target rate of 9.23% was not met.
  - Indicator 3. Fluoride varnish application by PCP for children age 3-5 years increased from baseline 1.95% to 2.50% during final measurement period. Target rate of 4.95% was not met.
  - Indicator 4. Fluoride varnish by application by PCP for all children ages 6 months-5 years increased from baseline 3.57% to 3.79% during final measurement period. Target rate of 6.57% was not met
- **Explain and interpret the results by reviewing the degree to which objectives and goals were achieved.** Use your ITM data to support your interpretations.

ITM data varied throughout the course of the year due to barriers the plan experienced.

- **What factors were associated with success or failure?** For example, in response to stagnating or declining ITM rates, describe any findings from the barrier analysis triggered by lack of intervention progress, and how those findings were used to inform modifications to interventions.

Several of the ITMs were centered on outreach and education to either members or providers. Intervention progress proved to be stagnated due to many of the members and providers in certain regions throughout the state continue to experience hardships due to Hurricane Ida, as well as the excessive difficulties from the impact of COVID-19. ITM 3a experienced a slight decrease in provider education due to providers continuing to experience workforce shortages, trauma, and burnout from other variants of COVID-19. Providers found it to be difficult to spare time for outreach and education.

## PIP Highlights

### Member Intervention – ITM 2b

Most ITMs had varied performance throughout 2022. ITM 2b, Member outreach during community events could be considered the most successful member intervention. This intervention demonstrated success each quarter regarding member attendance. Not only were Healthy Blue extremely effective in engaging, educating on fluoride varnish, and providing resources to our members. The plan was able to outreach and educate others within the community which, ultimately is the goal. This intervention has the potential to continue to grow.

### Provider Intervention - ITM 3a

ITM 3a, Provider outreach and education was seen as the most effective intervention. Although, the plan did not experience a rapid increase with this intervention, Healthy Blue understands the contributing factors in barriers. We do believe this intervention has the potential to be successful

## Limitations

As in any population health study, there are study design limitations for a PIP. Address the limitations of your project design, i.e., challenges identified when conducting the PIP (e.g., accuracy of administrative measures that are specified using diagnosis or procedure codes are limited to the extent that providers and coders enter the correct codes; accuracy of hybrid measures specified using chart review findings are limited to the extent that documentation addresses all services provided).

- **Were there any factors that may pose a threat to the internal validity the findings?**

*Definition and examples: internal validity means that the data are measuring what they were intended to measure. For instance, if the PIP data source was meant to capture all children 5-11 years of age with an asthma diagnosis, but instead the PIP data source omitted some children due to inaccurate ICD-10 coding, there is an internal validity problem.*

Community outreach events do not exclude non-Healthy Blue members and providers. Therefore, it is possible to have collected data from members of the community not enrolled at Healthy Blue in our findings

- **Were there any threats to the external validity the findings?**

*Definition and examples: external validity describes the extent that findings can be applied or generalized to the larger/entire member population, e.g., a sample that was not randomly selected from the eligible population or that includes too many/too few members from a certain subpopulation (e.g., under-representation from a certain region)*

Community outreach events do not exclude non-Healthy Blue members and providers. Therefore, it is possible to have collected data from members of the community not enrolled at Healthy Blue in our findings

- **Describe any data collection challenges.**

*Definition and examples: data collection challenges include low survey response rates, low medical record retrieval rates, difficulty in retrieving claims data, or difficulty tracking case management interventions.*

Due to competing priorities as a result of limited staffing at providers' offices, education opportunities and the ability to connect with a provider to disseminate information were low. Providers who were affected by Hurricane Ida and COVID-19 have slowly started to reopen, however, not all offices are open for wellness visits at this time.

# Next Steps

**This section is completed for the Final Report.** For each intervention, summarize lessons learned, system-level changes made and/or planned, and outline next steps for ongoing improvement beyond the PIP timeframe.

**Table 6: Next Steps**

Description of Intervention	Lessons Learned	System-Level Changes Made and/or Planned	Next Steps
#2 Enhanced MCO CM member outreach + education with dental provider appointment scheduling	Members find it difficult to schedule many different appts and transportation to and from appt is a concern	The plan will continue to focus on eliminating barriers for members	Continue to provide education for our members
#2a Member education text outreach campaign via Health Crowd	Text campaigns are comprehensive processes requiring approval at each step this process must be followed closely	The campaign process will be monitored extremely close to ensure deployment at scheduled time	Continue to collaborate with vendor working to streamline process
#2b Member Outreach Community Events	Community events continue to remain beneficial in connecting with members	The plan will continue to focus on member outreach and education through community engagements	Continuing to review opportunities to host events to support and educate our members
#3/3a Provide outreach and education using GIC report, AAP guide, LDH bulletin and reimbursement course	Ensure that outreach directly impacts the parish GIC shared with	Focus interventions by parish and ascertain demographics	Monitor performance by parish to identify targeted regions
#4a to address susceptible population in text educational campaigns to educate members ages 3-5 years on Fluoride Varnish application done by PCP through Health Crowd	Text campaigns are comprehensive processes requiring approval at each step this process must be followed closely	The campaign process will be monitored extremely close to ensure deployment at scheduled time	Continue to collaborate with vendor working to streamline process
#4b Enroll members that reside in region 1 in text educational campaigns to educate members ages 3-5 years on Fluoride Varnish application done by PCP through Health Crowd	Text campaigns are comprehensive processes requiring approval at each step this process must be followed closely	The campaign process will be monitored extremely close to ensure deployment at scheduled time	Continue to collaborate with vendor working to streamline process

# References

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List any references that you cite.

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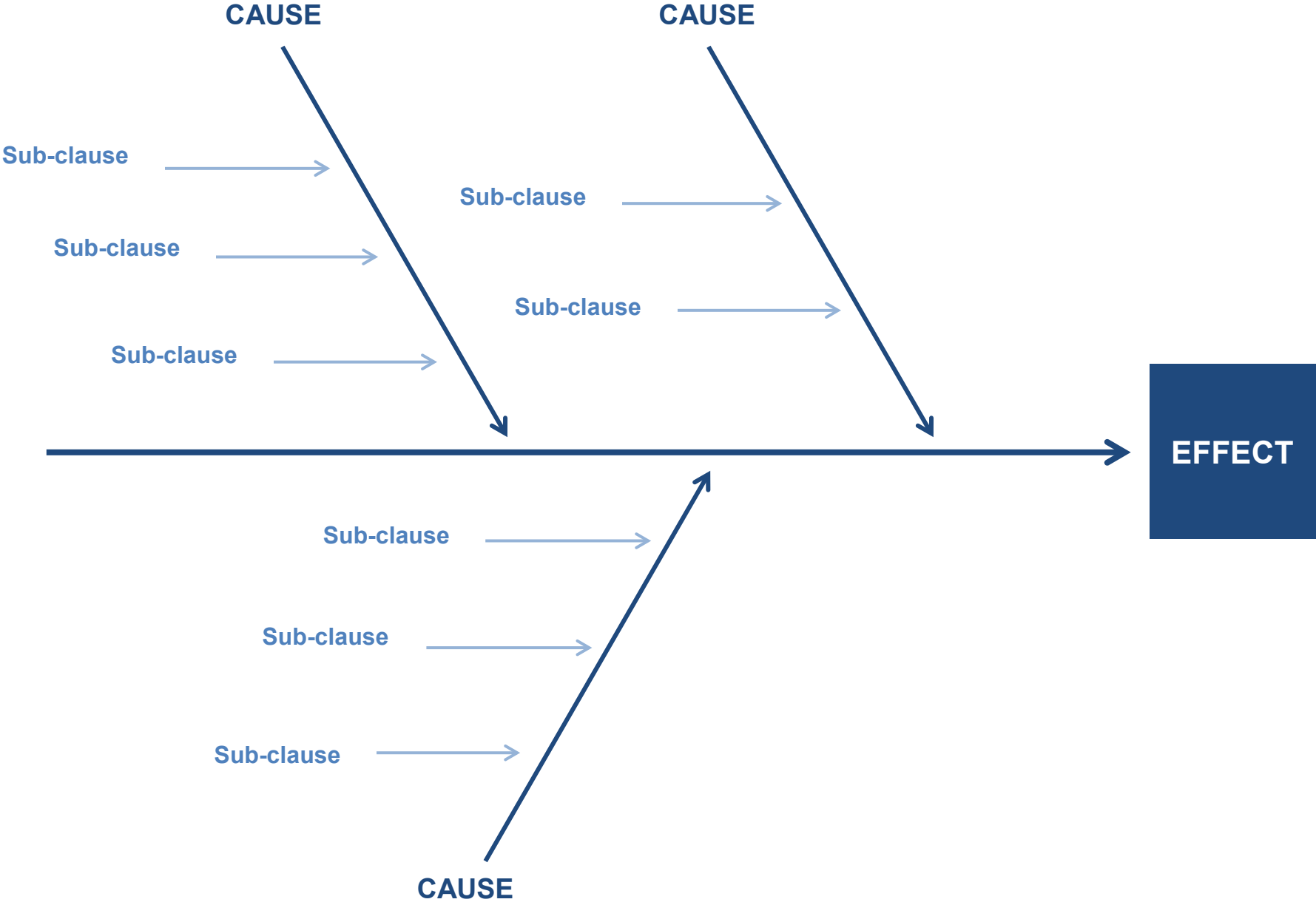
# Glossary of PIP Terms

Table 7: PIP Terms

PIP Term	Also Known as...	Purpose	Definition
<b>Aim</b>	<ul style="list-style-type: none"> <li>• Purpose</li> </ul>	To state what the MCO is trying to accomplish by implementing their PIP.	An aim clearly articulates the goal or objective of the work being performed for the PIP. It describes the desired outcome. The Aim answers the questions “How much improvement, to what, for whom, and by when?”
<b>Barrier</b>	<ul style="list-style-type: none"> <li>• Obstacle</li> <li>• Hurdle</li> <li>• Road block</li> </ul>	To inform meaningful and specific intervention development addressing members, providers, and MCO staff.	Barriers are obstacles that need to be overcome in order for the MCO to be successful in reaching the PIP Aim or target goals. The root cause (s) of barriers should be identified so that interventions can be developed to overcome these barriers and produce improvement for members/providers/MCOs. A barrier analysis should include analyses of both quantitative (e.g., MCO claims data) and qualitative (such as surveys, access and availability data or focus groups and interviews) data as well as a review of published literature where appropriate to root out the issues preventing implementation of interventions.
<b>Baseline rate</b>	<ul style="list-style-type: none"> <li>• Starting point</li> </ul>	To evaluate the MCO’s performance in the year prior to implementation of the PIP.	The baseline rate refers to the rate of performance of a given indicator in the year prior to PIP implementation. The baseline rate must be measured for the period before PIP interventions begin.
<b>Benchmark rate</b>	<ul style="list-style-type: none"> <li>• Standard</li> <li>• Gauge</li> </ul>	To establish a comparison standard against which the MCO can evaluate its own performance.	The benchmark rate refers to a standard that the MCO aims to meet or exceed during the PIP period. For example, this rate can be obtained from the statewide average, or Quality Compass.
<b>Goal</b>	<ul style="list-style-type: none"> <li>• Target</li> <li>• Aspiration</li> </ul>	To establish a desired level of performance.	A goal is a measurable target that is realistic relative to baseline performance, yet ambitious, and that is directly tied to the PIP aim and objectives.
<b>Intervention tracking measure</b>	<ul style="list-style-type: none"> <li>• Process Measure</li> </ul>	To gauge the effectiveness of interventions (on a quarterly or monthly basis).	Intervention tracking measures are monthly or quarterly measures of the success of, or barriers to, each intervention, and are used to show where changes in PIP interventions might be necessary to improve success rates on an ongoing basis.

PIP Term	Also Known as...	Purpose	Definition
<b>Limitation</b>	<ul style="list-style-type: none"> <li>• Challenges</li> <li>• Constraints</li> <li>• Problems</li> </ul>	To reveal challenges faced by the MCO, and the MCO's ability to conduct a valid PIP.	Limitations are challenges encountered by the MCO when conducting the PIP that might impact the validity of results. Examples include difficulty collecting/ analyzing data, or lack of resources / insufficient nurses for chart abstraction.
<b>Performance indicator</b>	<ul style="list-style-type: none"> <li>• Indicator</li> <li>• Performance Measure (terminology used in HEDIS)</li> <li>• Outcome measure</li> </ul>	To measure or gauge health care performance improvement (on a yearly basis).	Performance indicators evaluate the success of a PIP annually. They are a valid and measurable gauge, for example, of improvement in health care status, delivery processes, or access.
<b>Objective</b>	<ul style="list-style-type: none"> <li>• Intention</li> </ul>	To state how the MCO intends to accomplish their aim.	Objectives describe the intervention approaches the MCO plans to implement in order to reach its goal(s).

# Appendix A: Fishbone (Cause and Effect) Diagram





# Appendix B: Priority Matrix

Which of the Root Causes Are . . .	Very Important	Less Important
Very Feasible to Address		
Less Feasible to Address		

# Appendix C: Strengths, Weaknesses, Opportunities, and Threats (SWOT) Diagram

	Positives	Negatives
<b>INTERNAL</b> <i>under your control</i>	<b>build on</b> <b>STRENGTHS</b>  <i>Examples:</i> <input type="checkbox"/>	<b>minimize</b> <b>WEAKNESSES</b>  <i>Examples:</i> <input type="checkbox"/>
<b>EXTERNAL</b> <i>not under your control, but can impact your work</i>	<b>pursue</b> <b>OPPORTUNITIES</b>  <i>Examples:</i> <input type="checkbox"/>	<b>protect from</b> <b>THREATS</b>  <i>Examples:</i> <input type="checkbox"/>

# Appendix D: Driver Diagram

Aim	Primary Drivers	Secondary Drivers	Change Concepts	MCO-identified Enhanced Interventions to test Change Concepts

# Appendix E: Plan-Do-Study-Act Worksheet

PDSA	Pilot Testing	Measurement #1	Measurement #2
<b>Intervention #1:</b>			
<b>Plan:</b> Document the plan for conducting the intervention.	•	•	•
<b>Do:</b> Document implementation of the intervention.	•	•	•
<b>Study:</b> Document what you learned from the study of your work to this point, including impact on secondary drivers.	•	•	•
<b>Act:</b> Document how you will improve the plan for the subsequent phase of your work based on the study and analysis of the intervention.	•	•	•
<b>Intervention #2:</b>			
<b>Plan:</b> Document the plan for conducting the intervention.	•	•	•
<b>Do:</b> Document implementation of the intervention.	•	•	•
<b>Study:</b> Document what you learned from the study of your work to this point, including impact on secondary drivers.	•	•	•
<b>Act:</b> Document how you will improve the plan for the subsequent phase of your work based on the study and analysis of the intervention.	•	•	•