Health Plan Performance Improvement Project (PIP)

Health Plan: Louisiana Healthcare Connections

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:

	Report Year 2022
Version 1	12/09/2022
Version 2	12/30/2022

MCO Contact Information

1. Principal MCO Contact Person

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

First and last name:	Lesley Istre, BSN RN CPHQ CCM
Title:	Manager, Quality Improvement
Phone number:	(225) 319-3466
Email:	Lesley.M.Istre@LouisianaHealthConnect.com

2. Additional Contact(s)

[Person(s) responsible in the event that the principal contact person is unavailable]

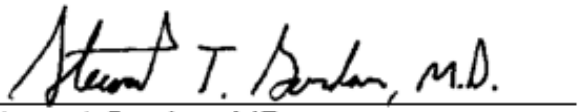
First and last name:	Yolanda Wilson, MSN RN CPHQ
Title:	SVP Quality Improvement
Phone number:	(225) 319-3550
Email:	Yolanda.Wilson@LouisianaHealthConnect.com

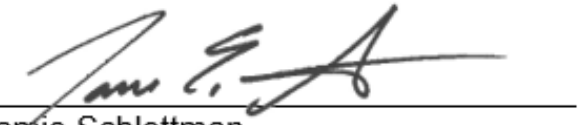
3. External Collaborators: MCNA and DentaQuest, and Well-Ahead Louisiana; PCP practices with Electronic Health Records {e.g., for incorporation of automated reminders per Carmen and French (2020)}.

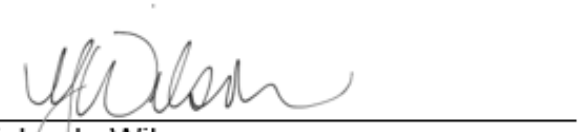
Attestation

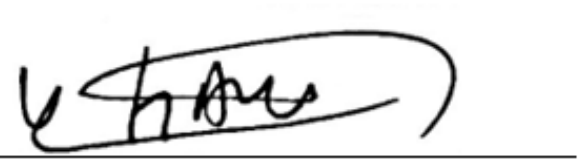
Plan Name: Louisiana Healthcare Connections
Title of Project: Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 months through 5 years by Primary Care Clinicians

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

Medical Director signature: 
First and last name: Stewart Gordon, MD
Date: 12/9/2022 Chief Medical Officer

CEO signature: 
First and last name: Jamie Schlottman
Date: 12/9/2022 Chief Executive Officer

Quality Director signature: 
First and last name: Yolanda Wilson
Date: 12/9/2022 Sr. Vice President, Quality Improvement

IS Director signature: 
First and last name: Michel Hanet
Date: 12/9/2022 Director, Reporting & Business Analytics

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
Change 1	04/27/2022	☐ Methodology ☐ Barrier Analysis ☐ Intervention ☒ ITM	Measure numerator/ denominator revised to align with performance indicator age group (ITM 3e/3f)
Change 2	08/01/2022	☐ Methodology ☒ Barrier Analysis ☒ Intervention ☒ ITM	Measures added to track mobile unit events (ITM 1b) and utilization of CPT code 99188 (ITM 2c); revised denominator descriptor for clarity (ITM 2a)
Change 3		☐ Methodology ☐ Barrier Analysis ☐ Intervention ☐ ITM	
Change 4		☐ Methodology ☐ Barrier Analysis ☐ Intervention ☐ ITM	

Abstract

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

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/Rationale/Objectives

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

Rationale: Tooth decay is preventable, yet dental caries are the most common chronic disease of childhood in the U.S. (Clark et al., 2020) with 23 percent of children between the ages of 2 and 5 years of age experiencing dental caries between 2011 and 2016 according to the National Health and Nutrition Examination Survey (Clark & Braun, 2021; USPSTF, 2021). Children of lower income households, Hispanic, and Black children experience a higher prevalence compared to White children (Clark & Braun, 2021; USPSTF, 2021). The impact dental caries contributes to serious health issues include weight loss, decreased growth rates, poor learning outcomes, and overall reduction in enjoyment of life, in addition to pain and tooth loss (Chou, et al, 2021; USPSTF, 2021). Roughly 10 percent of LHCC's member population falls in the 6 months through 5 years age group represented in this PIP totaling approximately 61,000 members. Recommendations from the American Academy of Pediatrics (Clark et al., 2020) and the US Preventive Services Task Force (2021) indicate measurable improvement in dental caries disease when fluoride varnish application is initiated with children beginning at 6 months of age when teeth are newly erupted and continuing through 5 years of age (Clark & Braun, 2021). The recommendation to initiate fluoride varnish at first tooth eruption leverages PCP visits during the first year of life to begin fluoride application when most children visit pediatricians regularly for well-visits and immunizations, creating multiple opportunities for the application as well as guidance to establish a dental home for ongoing dental care prior to the 1st birthday.

Objectives: Drive improvement in the use of fluoride varnish by PCPs for members ages 6 months through 5 years (or at first tooth eruption), promote provider completion of Smiles for Life Course required for reimbursement, encourage member establishment of dental home by 1st birthday through the following interventions:

- Conduct provider outreach and education on the benefits of fluoride varnish application for members ages 6 months through 5 years including supporting literature, sharing AAP resources, provision of billing/coding guidelines, and promotion of the "Smiles for Life Caries Risk Assessment, Fluoride Varnish and Counseling Module"
- Conduct member outreach to educate guardians about risks of dental caries and benefits and availability of fluoride varnish through PCP or dentist, assist with appointment scheduling for PCP or dentist
- Develop a member fluoride varnish care gap report, organized by PCP, identifying members ages 6 months through 5 years who have not received fluoride varnish treatments from PCP
- Develop and implement tailored and targeted outreach for both providers and members for regions where members identified in the analysis of disproportionate representation reside

Methodology

Eligible population: Enrollees ages 6 months through 5 years during the measurement year

Description of Performance Indicators: Performance indicators collected through administrative claims data measure the percentage of enrollees, ages 6 months through 5 years, who received one or more fluoride varnish applications to a primary tooth by a PCP during the measurement year based on utilization of CPT code 99188.

Sampling Method: No sampling; PIP interventions target the entire eligible population.

Baseline and Re-measurement Periods: Baseline measurement period: 01/01/2021-12/31/2021; Interim measurement period: 01/01/2022-12/31/2022; Final measurement period: 01/01/2023-12/31/2023.

Data Collection Procedures: Data was collected through administrative claims/encounter data, Centene's Enterprise Data Warehouse, and additional data collection and/or abstraction programs such as SQL Server Management Studio, Teradata, Microstrategy, Interpreta, and Impact Pro and clinical and other document software applications like TruCare and Sharepoint. Those who collected the data include Data Analysts, Quality Improvement, Case Management, and Provider Network team members who track and trend their department's data.

Interventions

Interventions developed to address member needs and barriers include:

- member outreach campaigns with targeted outreach by case management teams and quality health check coordinators sharing information and communications including telephonic, direct mail, automated dialing modalities, and social media platforms, offering assistance with appointment scheduling for PCP and/or dentist
- targeted outreach to members identified in disparate regions through analysis of disproportionate under representation
- collaborative partnerships with FQHCs with mobile units, providing on-site oral exams and fluoride varnish treatments at head start and pre-K centers

Interventions developed to address provider needs and barriers include:

- outreach and education sharing supporting literature regarding benefits of fluoride varnish treatments, resources from AAP, and promoting completion of the Smiles for Life certification course for reimbursement
- development of member fluoride varnish care gap report and distribution with existing EPSDT report through the secure provider portal updated monthly
- targeted outreach and education to providers in regions where members were identified at highest risk through analysis of disproportionate under-representation
- tracking provider certification and utilization of CPT code 99188 to measure growth in availability of services for members
- utilization of EPSDT coordinator to provide education, share resources, and provide guidance to the Fluoride Varnish Toolkit during provider outreach

Results

LHCC was able to make a substantial impact on members who did benefit from application of fluoride varnish through member outreach and education efforts, provider outreach and education efforts, promotion of fluoride varnish at community events, and utilization of mobile units through partnerships with FQHCs though not able to meet the performance indicator target rates. YTD data revealed growth in performance indicators as follows:

- Indicator 1: members 6 months to 18 months of age, YTD 6.34 percent, increased 0.98 percentage points above baseline, and increased 3.80 percentage points since Q1
- Indicator 2: members 19 months to 2 years of age, YTD 9.08 percent, 5.24 percentage points below baseline, and increased 7.05 percentage points since Q1
- Indicator 3: members 3 years to 5 years of age, YTD 4.53 percent, 13.17 percentage points below baseline, and increased 3.52 percentage points since Q1
- Indicator 4: members 6 months to 5 years (all age groups), YTD 6.35 percent, 7.42 percentage points below baseline, and increased 4.66 percentage points since Q1

Conclusions and Next Steps

Overall, efforts resulted in a valuable service being provided to members who received fluoride varnish treatments, although target rates were not met. Continued efforts to provide member and provider education and promote fluoride varnish application at first tooth eruption are anticipated to offer greater impact to the members who are eligible and assist with establishment of a dental home, improving overall health and wellness for members. Ongoing analysis of interventions as well as development of new partnerships and exploring new ways to connect with members will provide improved results for the coming year.

Project Topic

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

Describe Project Topic and Rationale for Topic Selection

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

  Tooth decay is preventable, yet dental caries are the most common chronic disease of childhood in the U.S. (Clark et al., 2020). The National Health and Nutrition Examination Survey reported that between 2011 and 2016, dental caries occurred in up to 23 percent of children between the ages of 2 and 5 years (Clark & Braun, 2021; USPSTF, 2021). Children in lower income households, as well as Hispanic and Black children experience higher prevalence of dental disease, with 33 percent of Hispanic children and 28 percent of Black children impacted in comparison to 18 percent of White children (Clark & Braun, 2021; USPSTF, 2021). In addition to pain and tooth loss associated with dental caries, the impacts of this disease contribute to weight loss, decreased growth rates, poor learning outcomes, and overall reduction in enjoyment of life (Chou, et al, 2021; USPSTF, 2021). An important opportunity exists to improve the dental health of our members by encouraging fluoride varnish application through Primary Care Physicians (PCP) and assisting members to establish dental homes before their first birthday. Clark & Braun (2021) noted that 87 percent of children will attend a PCP appointment before reaching twelve months of age in contrast to only 2 percent who will attend a dental appointment in the same time period. In partnership with members, participating PCPs, and dental providers, LHCC is committed to reducing the occurrence of dental caries through provision of education and resources that will promote long-term positive outcomes for children.

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

  Members identified in the age groups targeted for this project (6 months – 5 years) represent roughly 10 percent of LHCC's membership and total approximately 61,000 members. These members include 23 percent (n=14,335) between the ages of 6 and 18 months, 31 percent (n=18,912) between 19 months and 2 years of age, and 46 percent (n=28,021) between 3 and 5 years of age. As reported by Clark & Braun (2021), research indicates that members in lower income families – those that make up the Medicaid population – are at higher risk to experience more limited access to dental care and more likely to be impacted by costly dental repairs. Additionally, dental caries are not limited to pain and tooth loss, but also contribute to poor member outcomes associated with nutritional deficiencies and quality of life issues.

- **Describe current research support for topic (e.g., clinical guidelines/standards):**

  Include discussion of the following:
  - *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)*

  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 (2021) indicate measurable improvement in dental caries disease when fluoride varnish application is initiated with children beginning at 6 months age when teeth are newly erupted and continuing up to 5 years of age. This recommendation was updated in 2021 to reflect current research findings; these studies updated previous recommendations for

fluoride varnish to continue through the 5th year of life (Clark & Braun, 2021). The USPSTF (2021) indicates that leveraging PCP visits during the first year of life to begin fluoride application as tooth eruption begins is an important preventive intervention. This recommendation is supported by Clark & Braun (2021), indicating children are more likely to access care from a PCP (87 percent) within the first year of life in comparison to those who will receive dental care (2 percent). Further, the American Academy of Pediatrics, American Academy of Pediatric Dentistry, and the American Dental Association, all support the recommendation that members establish regular visits with a dental provider or *dental home* by their 1st birthday.

- **Explain why there is opportunity for MCO improvement in this area, by addressing the following:**
  - *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/bmjoq-2018-000589.*

Johnson & French (2020) indicate the CDC attributes the overall reduction in tooth decay in children to the fluoridation of community water systems in the 20th century. Despite this improvement, 23 percent of children under 5 years of age still experience tooth decay (Clark & Braun, 2021; USPSTF, 2021). Early intervention through fluoride varnish application when primary teeth are erupting is a crucial time to intercept development of dental caries. As mentioned earlier, Clark & Braun (2021) reported that while only 2 percent of children will see a dental provider prior to their 1st birthday, 87 percent will attend a PCP appointment. These findings support the likelihood that facilitating fluoride varnish application by the PCP will prove to be an impactful intervention for preventing dental caries. There is also significant opportunity to assist members in establishing a dental home so they can continue to receive consistent education on dental hygiene and nutrition and receive dental care throughout life. Bright Futures notes that the earlier dental caries begin, the greater risk members experience for future tooth decay (2016). This is particularly impactful when considered with data from the Well-Ahead Louisiana Bright Smiles for Bright Futures Project that showed that 65.7 percent of Louisiana's third graders previously had dental caries and 41.9 percent had untreated cavities (www.wellaheadla.com). Analysis of baseline fluoride varnish application utilization data indicates the largest opportunity for improvement is with members ages 6 – 18 months, who had a fluoride varnish compliance rate of 5.36 percent in 2021. This is in comparison to the other age groups, 19 months – 2 years and 3 – 5 years, whose compliance rates were 14.32 percent and 17.70 percent respectively.

Barriers to the provision of fluoride varnish application have been noted in research and systematic reviews. Recurring themes have been reported related to the impacts of time and the financial burden of added workflow and lack of training for providers, as well as access issues limiting underserved populations and parental refusal (Johnson & French, 2020; Sudhanthar, et al, 2019). Fluoride varnish application has been a covered benefit in all US Medicaid programs since 2017, and the reimbursement rate in Louisiana is $24.05, well over the national average rate of $18.90 (Johnson & French, 2020). Additionally, a previous cost-benefit analysis showed that fluoride varnish application could lower healthcare costs associated with dental caries disease by over 20 percentage points (Johnson & French, 2020). While lack of training is a reported concern and noted barrier, Chou, et al (2021) point out that fluoride varnish is simple to apply and requires minimal training. Further, fluoride varnish application can be applied by a range of practice support personnel, like nurses and certified medical assistants in addition to physicians, physician assistants, advanced practice nurses, and dental providers (www.wellaheadla.com). Sudhanthar, et al (2019) found that communicating the importance of flourish varnish application was impactful and resulted in improved outcomes.

Initial review of baseline fluoride varnish application data and project objectives indicates the need to increase provider availability for fluoride varnish application in specific regions, based upon claims data, direct feedback from select provider groups, direct member feedback collected through well-visit outreach campaigns, and the analysis of disproportionate under-representation. To ensure younger members identified in the 6 to 18 month age and Hispanic subpopulations can be effectively referred for intervention, initial efforts will focus on expanding fluoride varnish services through provider groups in disparate regions and subsequent interventions will monitor member referral to services. Initial provider service expansion will include education regarding supporting research for application of fluoride varnish at the time of tooth eruption, coding and reimbursement guidelines, and resources for fluoride varnish certification courses.

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, which 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 quality 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, 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

Indicators	Baseline Rate[1] Measurement Period: 1/1/21–12/31/21	Final Rate Measurement Period: 1/1/22–12/9/22[2]	Subsequent Rate Measurement Period: 1/1/23–12/31/23	CY 2022 Target Rate[3]	Rationale for Target Rate[4]
Indicator 1: Fluoride varnish application by PCP for children ages 6-18 months	N: 768 D: 14,335 R: 5.36%	N: 898 D: 14,166 R: 6.34%	N: D: R:	R: 15.36%	10 percentage point increase from CY2021 to CY 2022
Indicator 2: Fluoride varnish application by PCP for children ages 19 months-2 years	N: 2,709 D: 18,912 R: 14.32%	N: 1,709 D: 18,827 R: 9.08%	N: D: R:	R: 24.32%	10 percentage point increase from CY2021 to CY 2022
Indicator 3: Fluoride varnish application by PCP for children ages 3-5 years	N: 4,959 D: 28,021 R: 17.70%	N: 1,278 D: 28,186 R: 4.53%	N: D: R:	R: 27.70%	10 percentage point increase from CY2021 to CY 2022
Indicator 4: Fluoride varnish application by PCP for All children ages 6 months – 5 years	N: 8,436 D: 61,268 R: 13.77%	N: 3,885 D: 61,179 R: 6.35%	N: D: R:	R: 23.77%	10 percentage point increase from CY2021 to CY 2022

[1] Baseline rate: the MCO-specific rate that reflects the year prior to when PIP interventions are initiated.
[2] Final 2022 data will not be available for reporting until 2023; data displayed represents the results of outcomes collected through 12/9/2022.
[3] 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.
[4] 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[5]	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator 1: Fluoride varnish application by PCP for children ages 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)[6]	Fluoride Varnish Applied during the measurement year: **CPT code**: **99188** 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

[5] 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.

[6] Dental claim data unavailable. As directed by Dr. Dumas in early Q2, continued education, promotion of FV treatments, and assistance with appointment scheduling for dental/PCP providers continued to all eligible members.

Indicator[5]	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator 2: Fluoride varnish application by PCP for children ages 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 ages 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

Data Collection and Analysis Procedures

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

Sampling Procedures

If sampling was employed (for targeting interventions, medical record review, or survey distribution, for instance), the sampling methodology should consider the required sample size, specify the true (or estimated) frequency of the event, the confidence level to be used, and the margin of error that will be acceptable.

- **Describe sampling methodology:**

  No sampling used; PIP interventions targeted the entire eligible population.

Data Collection

Describe who will collect the performance indicator and intervention tracking measure data (using staff titles and qualifications), when they will perform collection, and data collection tools used (abstraction tools, software, surveys, etc.). If a survey is used, indicate survey method (on-line, phone, mail, face-to-face), the number of surveys distributed and completed, and the follow-up attempts to increase response rate.

- **Describe data collection:**

  Performance indicator and intervention tracking measure data will be collected through administrative claims/encounter data, Centene's Enterprise Data Warehouse, and additional data collection and/or abstraction programs such as SQL Server Management Studio, Teradata, Microstrategy, Interpreta, and Impact Pro and clinical and other document software applications like TruCare, and Sharepoint, In addition to the administrative claims and encounter data that will provide insight into the effectiveness of interventions on the targeted groups, staff will use the aforementioned department appropriate applications to document feedback collected from members and providers through direct telephonic, face-to-face, and/or other electronic outreach so that it can be extrapolated and reviewed by the project team in order to guide intervention changes using the PDSA model for performance improvement. While most data elements will be collected monthly for consistency in process and workflows, some PIP data may be aggregated and reported on a quarterly basis. Those who collect the data include Data Analysts, Quality Improvement, Case Management, Provider Network, and/or Pharmacy team members who track and trend their department's data.

Validity and Reliability

Describe efforts used to ensure performance indicator and intervention tracking measure (ITM) data validity and reliability. For medical record abstraction, describe abstractor training, inter-rater reliability (IRR) testing, quality monitoring, and edits in the data entry tool. For surveys, indicate if the survey instrument has been validated. For administrative data, describe validation that has occurred, methods to address missing data and audits that have been conducted.

- **Describe validity and reliability:**

  For data reliability, treatment rates are compared to number of claims in our data warehouse for the same time-period, hence a correlation ratio is derived to check data consistency. Data validation is conducted using various methods, including consultation with medical director, case management, provider network, and quality teams. Additional validation methods include enrollment checks to ensure timely treatment continuity of this population. In addition to above methods, statistical methods (experimental design) are used to compare number of fluoride varnish application and dental related claims received and unique number of Medicaid members.

Data Analysis

*Explain the data analysis procedures and, if statistical testing is conducted, specify the procedures used (note that hypothesis testing should only be used to test significant differences between **independent** samples; for instance, differences between health outcomes among subpopulations within the baseline period is appropriate).Describe the methods that will be used to analyze data, whether measurements will be compared to prior results or similar studies, and*

if results will be compared among regions, provider sites, or other subsets or benchmarks. Indicate when data analysis will be performed (monthly, quarterly, etc.). Describe how plan will interpret improvement relative to goal. Describe how the plan will monitor ITMs for ongoing quality improvement (QI; e.g., stagnating or worsening quarterly ITM trends will trigger barrier/root cause analysis, with findings used to inform modifications to interventions).

- **Describe data analysis procedures:**

  Data will be analyzed by Data Analysts, Quality Improvement Abstractors, Provider Network, and Case Management staff who track and trend their department's data. Data is then compiled and presented to key internal stakeholders monthly for review and analysis in comparison to baseline data from the previous measurement year(s), month-over-month measurement periods, and target goals, to determine intervention effectiveness and/or identification of barriers. Data is stratified using demographic and clinical factors to support implementation of interventions and evaluation of outcomes. Denominators and numerators are checked for inclusion of all eligible populations and any identified discrepancies are investigated. Data is compared to all sources and histories available to produce the most valid data possible.

- **Describe how plan will interpret improvement relative to goal:**

  Improvement will be monitored via internal benchmarking against established baseline thresholds (as described above). Any stagnating or decreasing trends identified will result in a root-cause analysis and interventions will be modified as needed based on the information gathered.

- **Describe how plan will monitor ITMs for ongoing QI:**

  ITMs will be monitored at minimum monthly to evaluate positive improvement, plateaus, or identify adverse trends for prompt investigation, analysis, and/or action to modify interventions if indicated. Monthly monitoring of enrollees who are identified with fluoride varnish care gaps will be conducted using Business Intelligent tools to support initiatives promoting increased awareness and application of fluoride varnish for members ages 6 months to 5 years.

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

Submission of 1st quarterly status report for intervention period 1/1/22–3/31/22 is due on 4/29/2022.
Submission of 2nd quarterly status report for intervention period 4/1/22–6/30/22 is due on 7/29/2022.
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 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
MCO TOTAL	61,288	100%	8,436	100%	
Age					
6-18 months	14337	23.39%	768	9.10%	2.5696
19 months – 2 years	18914	30.86%	2709	32.11%	0.9610
3-5 years	28037	45.75%	4959	58.78%	0.7782
Race					
American Indian or Alaska Native	48	0.08%	6	0.07%	1.1012
Asian	107	0.17%	15	0.18%	0.9819
Black or African American	3,670	5.99%	629	7.46%	0.8031
Native Hawaiian or Pacific Islander	46	0.08%	8	0.09%	0.7915
White	3100	5.06%	485	5.75%	0.8798
Other/Mutually Defined	179	0.29%	36	0.43%	0.6844
Unknown/Not Provided	54,138	88.33%	7257	86.02%	1.0268
Ethnicity					
Hispanic	12,321	20.10%	1161	13.76%	1.4607
Non-Hispanic	7,150	11.67%	1179	13.98%	0.8347
Unknown	41,817	68.23%	6096	72.26%	0.9442
Enrollment category: Foster Care	1370	2.24%	159	1.88%	1.1860
Enrollment category: Disabled	1102	1.80%	161	1.91%	0.9421
LA MCO Region of Residence					
Region 1: Greater New Orleans	8,690	14.18%	312	3.70%	3.8338
Region 2: Capital Area	6,650	10.85%	1,102	13.06%	0.8306
Region 3: South Central LA	3,855	6.29%	499	5.92%	1.0634
Region 4: Acadiana	8,772	14.31%	2,298	27.24%	0.5254
Region 5: Southwest LA	8,805	14.37%	1,528	18.11%	0.7932
Region 6: Central LA	4,568	7.45%	472	5.60%	1.3321
Region 7: Northwest LA	5,858	9.56%	1,200	14.22%	0.6719
Region 8: Northeast LA	5,412	8.83%	129	1.53%	5.7747
Region 9: Northshore Area	8,678	14.16%	896	10.62%	1.3331

Barrier Analysis, Interventions, and Monitoring

Table 4b: Alignment of Barriers, Interventions and Tracking Measures

Barrier(s) that Intervention 1 will address: Parental lack of knowledge about need to establish "dental home"; [8/1/2022] Member's PCP may not be certified to provide FV services **Method of barrier identification:** Direct member feedback collected through initial well-visit outreach in Jan; analysis of baseline MCO fluoride varnish app by PCP; [8/1/2022] analysis of subsequent direct member feedback collected during appt scheduling outreach		**2022**				**2023**			
		Q1	**Q2**	**Q3**	**Q4 *(Partial)*[7]**	**Q1**	**Q2**	**Q3**	**Q4**
Intervention #1 to address barrier: Enhanced MCO CM member outreach + education with dental provider appointment scheduling Planned Start Date: 3/1/2022 Actual Start Date: 3/1/2022	Intervention #1 tracking measure: (non-cumulative) N: # members for whom dental provider appointment made D: # members on Fluoride Varnish Care Gap report ages 6 months through 5 years	N: 2 D: 60,531 R: 0.003%	N: 13 D: 59,701 R: 0.022%	N: 817 D: 58,197 R: 1.40%	N: 350 D: 57,294 R: 0.611%	N: D: R:	N: D: R:	N: D: R:	N: D: R:
Intervention #1b to address barrier: Community partnership with FQHC mobile units for dental exams/fluoride varnish treatments Planned Start Date: 8/1/2022 Actual Start Date: 8/1/2022	Intervention #1b tracking measure: (non-cumulative) N: # LHCC members with FV appointments completed D: Total # of appointments completed	*Began Q3*	*Began Q3*	N: 255 D: 345 R: 73.91%	N: 71 D: 137 R: 51.82%				

[7] Q4 data represent the results of outcomes collected through 12/9/2022; holiday impacts on access, availability, and data collection taken into consideration.

Barrier(s) that intervention 2 will address: Provider lack of knowledge regarding fluoride varnish application recommendations and certification OR hesitancy to add additional interventions to practice processes due to COVID impacts on staffing and patient acuity; [7/1/2022] Providers are providing the services but unaware of the opportunity for reimbursement with completion of the Smiles for Life Certification Course **Method of barrier identification:** Direct feedback from select provider groups initiated to inform PIP interventions; topic related research; claims analysis of past/current FV activity; [7/1/2022] subsequent analysis of MY FV claims/performance indicator data and direct provider feedback		**2022**				**2023**			
		Q1	**Q2**	**Q3**	**Q4 *(Partial)*[8]**	**Q1**	**Q2**	**Q3**	**Q4**
Intervention #2 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 Planned Start Date: 3/1/2022 Actual Start Date:2/1/2022	Intervention #2a tracking measure: (**non-cumulative**) N: # of PCPs who were outreached and educated D: # of PCPs whose members were on Fluoride Varnish Care Gap report ages 6 months through 5 years	N: 214 D: 556 R: 38.49%	N: 154 D: 556 R: 27.70%	N: 230 D: 569 R: 40.42%	N: 126 D: 570 R: 22.11%	N: D: R:	N: D: R:	N: D: R:	N: D: R:
Intervention #2 to address barrier: Provide PCPs with customized list of members for whom fluoride varnish application is indicated Planned Start Date: 3/1/2022 Actual Start Date: 8/1/2022	Intervention #2b tracking measure: (**non-cumulative**) N: # of PCPs who were provided with a list of fluoride varnish application eligible members D: # of PCPs whose members were on Fluoride Varnish Care Gap report ages 6 months through 5 years	*Began Q3*	*Began Q3*	N: 569 D: 569 R: 100%	N: 570 D: 570 R: 100%	N: D: R:	N: D: R:	N: D: R:	N: D: R:

[8] Q4 data represent the results of outcomes collected through 12/9/2022; holiday impacts on access, availability, and data collection taken into consideration.

Intervention #2 to address barrier: Providers are providing the services but unaware of the opportunity for reimbursement with completion of the Smiles for Life Certification Course Planned Start Date: 7/1/2022 Actual Start Date: 7/1/2022	Intervention #2c tracking measure: (**cumulative**) N: # Providers utilizing CPT code 99188 D: # of providers with members paneled	*Began Q3*	Began Q3	N: 248 D: 569 R: 43.59%	N: 271 D: 570 R: 47.54%	N: D: R:	N: D: R:	N: D: R:	N: D: R:
Barriers that intervention 3 will address: Age, socioeconomic factors, and geographical location are strong influencers of access to care **Method of barrier identification:** Direct member feedback collected through initial well-visit outreach; analysis of Disproportionate Under-Representation; topic related research		**2022**				**2023**			
		Q1	**Q2**	**Q3**	**Q4 *(Partial)*[9]**	**Q1**	**Q2**	**Q3**	**Q4**
Tailored and Targeted Intervention #3a to address susceptible subpopulation barrier(s): Geographical – Region 1 Planned Start Date: 3/1/2022 Actual Start Date:2/1/2022	Intervention #3a tracking measure: (**non-cumulative**) N: # of PCPs who were outreached and educated in Region 1 D: # of PCPs whose members were on Fluoride Varnish Care Gap report ages 6 months through 5 years in Region 1	N: 28 D: 86 R: 32.56%	N: 10 D: 86 R: 11.63%	N: 53 D: 84 R: 63.10%	N: 8 D: 85 R: 9.41%	N: D: R:	N: D: R:	N: D: R:	N: D: R:
Tailored and Targeted Intervention 3b to address susceptible subpopulation barrier(s): Geographical – Region 1 Planned Start Date: 3/1/2022 Actual Start Date:2/1/2022	Intervention #3b tracking measure: (**non-cumulative**) N: # of PCPs with completed fluoride varnish application certification in Region 1 D: # of PCPs whose members were on Fluoride Varnish Care Gap report ages 6 months through 5 years in Region 1	N: 3 D: 86 R: 3.49%	N: 6 D: 86 R: 6.98%	N: 6 D: 84 R: 7.14%	N: 6 D: 85 R: 7.06%	N: D: R:	N: D: R:	N: D: R:	N: D: R:

[9] Q4 data represent the results of outcomes collected through 12/9/2022; holiday impacts on access, availability, and data collection taken into consideration.

Tailored and Targeted Intervention #3c to address susceptible subpopulation barrier(s): Geographical – Region 8 Planned Start Date: 3/1/2022 Actual Start Date:2/1/2022	Intervention #3c tracking measure: (**non-cumulative**) N: # of PCPs who were outreached and educated in Region 8 D: # of PCPs whose members were on Fluoride Varnish Care Gap report ages 6 months through 5 years in Region 8	N: 34 D: 66 R: 51.52%	N: 54 D: 66 R: 81.82%	N: 21 D: 73 R: 28.77%	N: 27 D: 73 R: 36.99%	N: D: R:	N: D: R:	N: D: R:	N: D: R:
Tailored and Targeted Intervention #3d to address susceptible subpopulation barrier(s): Geographical – Region 8 Planned Start Date: 3/1/2022 Actual Start Date:2/1/2022	Intervention #3d tracking measure: (**non-cumulative**) N: # of PCPs with completed fluoride varnish application certification in Region 8 D: # of PCPs whose members were on Fluoride Varnish Care Gap report ages 6 months through 5 years in Region 8	N: 3 D: 66 R: 4.55%	N: 5 D: 66 R: 7.58%	N: 5 D: 73 R: 6.85%	N: 4 D: 73 R: 5.48%	N: D: R:	N: D: R:	N: D: R:	N: D: R:
Tailored and Targeted Intervention 3e to address susceptible subpopulation barrier(s): Region 1; Hispanic; 6-18 months Planned Start Date: 6/1/2022 Actual Start Date:6/1/2022	Intervention #3e tracking measure: (**non-cumulative**) N: # of Hispanic members 6-18 months of age, residing in Region 1 for whom PCP and/or dental provider appointment made D: # of members on Fluoride Varnish Care Gap report 6-18 months of age, Hispanic, residing in Region 1	*Planned start - Q2*	N: 16 D: 455 R: 3.52%	N: 67 D: 602 R: 11.13%	N: 10 D: 1060 R: 0.94%	N: D: R:	N: D: R:	N: D: R:	N: D: R:

Tailored and Targeted Intervention 3f to address susceptible subpopulation barrier(s): Region 8; Hispanic; 6-18 months Planned Start Date: 6/1/2022 Actual Start Date:6/1/2022	Intervention #3f tracking measure: (**non-cumulative**) N: # of Hispanic members 6-18 months of age, residing in Region 8 for whom PCP and/or dental provider appointment made D: # of members on Fluoride Varnish Care Gap report 6-18 months of age, Hispanic, residing in Region 8	*Planned start - Q2*	N: 19 D: 270 R: 7.04%	N: 25 D: 337 R: 7.42%	N: 3 D: 557 R: 0.54%	N: D: R:	N: D: R:	N: D: R:	N: D: R:

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 1/1/22–12/9/22[10]	Subsequent Measure Period 1/1/23–12/31/23	CY 2022 Target Rate[11]
Indicator 1: Fluoride varnish application by PCP for children ages 6-18 months	N: 768 D: 14,335 R: 5.36%	N: 898 D: 14,166 R: 6.34%	N: D: R:	R: 15.36%
Indicator 2: Fluoride varnish application by PCP for children ages 19 months-2 years	N: 2,709 D: 18,912 R: 14.32%	N: 1,709 D: 18,827 R: 9.08%	N: D: R:	R: 24.32%
Indicator 3: Fluoride varnish application by PCP for children ages 3-5 years	N: 4,959 D: 28,021 R: 17.70%	N: 1,278 D: 28,186 R: 4.53%	N: D: R:	R: 27.70%
Indicator 4: Fluoride varnish application by PCP for all children ages 6 months – 5 years	N: 8,436 D: 61,268 R: 13.77%	N: 3,885 D: 61,179 R: 6.35%	N: D: R:	R: 23.77%

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*.

[10] Final 2022 data will not be available for reporting until 2023; data displayed represents the results of outcomes collected through 12/9/2022.
[11] 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.

Discussion

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

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.*

  Analysis of performance indicators for Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 months through 5 years by Primary Care Clinicians demonstrated an overall decline compared to the initial baseline rates; however, during the measurement year, rates show consistent growth in each of the subpopulations, with the 6 to 18 month member age group exhibiting the greatest growth, surpassing the MY2021 baseline, although none of the age groups achieved target rates.

  Performance Indicators demonstrating the percentage of members in each age group receiving fluoride varnish treatment by the PCP as evidenced by utilization of CPT code 99188:
  - Indicator 1: Fluoride varnish application by PCP for children ages 6-18 months is 6.34 percent, increasing 3.80 percentage points from Q1, and 0.98 percentage points above baseline
  - Indicator 2: Fluoride varnish application by PCP for children ages 19 months-2 years is 9.08 percent, increasing 7.05 percentage points from Q1, 5.24 percentage points below baseline
  - Indicator 3: Fluoride varnish application by PCP for children ages 3-5 years is 4.53 percent, increasing 3.52 percentage points from Q1, 13.17 percentage points below baseline
  - Indicator 4: Fluoride varnish application by PCP for All Children ages 6 months-5 years is 6.35 percent, increasing 4.66 percentage points from Q1, 7.42 percentage points below baseline

  Feedback collected from members and providers supports that slower growth is attributed to lack of knowledge by members/guardians regarding the importance and availability of the service and limitations requiring providers to obtain Smiles for Life certification to provide services. Ongoing efforts and next steps include increasing educational efforts to members and provider access to certification training completion.

- **Explain and interpret the results by reviewing the degree to which objectives and goals were achieved.** *Use your ITM data to support your interpretations.*

  Initial Q1 PIP efforts focused on provider education to allow time for providers to become certified and order supplies needed to perform fluoride varnish treatments during well-visits. Provider network teams were able to begin sharing education and resources regarding the American Academy of Pediatrics (AAP) recommendations promoting the use of fluoride varnish at the PCP office upon first tooth eruption. These teams also addressed Smiles for Life certification training requirements and billing and coding guidelines for fluoride varnish through virtual and in-person provider education visits in Q1, reaching 38.49 percent of providers whose members were identified in the fluoride varnish care gap list (*ITM 2a*). Provider education processes are cyclical - ongoing throughout the year to allow for continued discussion of barriers and best practices. Intervention tracking indicated provider education to this broader group of providers was maintained at rates between 22 – 40 percent each quarter, and feedback was subsequently included in workgroup discussions to develop additional talking points through the year. In the 2nd quarter of 2022, a Fluoride Varnish Toolkit was added to the provider resources page of the LHCC website and included links to literature supporting the use of fluoride varnish at first tooth eruption, AAP resources, including the free Smiles for Life certification course link and Well-Ahead Louisiana resources. Provider network teams incorporated messaging promoting the use of the new toolkit and shared best practices identified by other providers. In May, a *Fluoride Varnish and Pediatric Oral Health* provider 'lunch and learn' was presented in collaboration with the Louisiana AAP, hosting 41 attendees during the live presentation, and providing on-demand access for the remainder of the year through our provider education platform. In Q3, electronic

distribution of the fluoride varnish care gap report was initiated through the secure provider portal (*ITM 2b*) with 100 percent of PCPs whose members were identified on the care gap report receiving a report each month. The care gap report was paired with the existing EPSDT report in the portal for ease of access and to provide additional insight into member needs during scheduled well-visits. Analysis of provider feedback related to stagnated growth of ITMs tracking newly certified providers prompted initiation of an additional intervention monitoring utilization of CPT code 99188 (*ITM 2c*) in Q3. Measuring the broader segment of PCPs administering fluoride varnish within the well-visit regardless of Smiles for Life certification status provided additional insight into provider drivers, as well as barriers to completion of the certification course. Outcomes for this measure indicate the percentage of these providers increased from a baseline rate of 35.79 percent to 47.54 percent YTD, representing partial Q4 data through 12/9/2022. Feedback from providers who were not certified indicated lack of staffing resources or challenges incorporating the treatment into office workflows as barriers to completion of the Smiles for Life certification. Provider network teams are continuing to promote provider certification, educate on the billing and reimbursement guidelines, and are offering lunchtime viewing of the Smiles for Life Certification Course and providing lunch to the practices who express interest.

Through analysis of disproportionate under-representation, Hispanic members, ages 6-18 months and residing in Regions 1 and 8, were identified as the lowest performing group related to receiving fluoride varnish application. Provider network teams targeted providers in Regions 1 and 8, outreaching and educating, sharing resources from AAP, guiding providers to the online Fluoride Varnish Toolkit located in the provider resources section of the LHCC website, promoting certification for Smiles for Life, and offering lunch to facilitate viewing of the Smiles for Life course. As with the broader provider education intervention, targeted outreach and education in Regions 1 and 8 was cyclical and ongoing through the year. *ITM 3a* represents outcomes for PCP outreach and education in disparate Region 1 with overall outreach increasing from 32.56 percent in Q1 to 63.10 percent in Q3 and 9.41 percent YTD (partial Q4 data); *ITM 3c* represents PCP outreach and education in Region 8, with 51.52 percent of provider education visits for this region completed in Q1, peaking in Q2 at 81.82 percent, and lower outcomes in Q3 at 28.77 percent and 36.99 percent YTD for Q4. Similarly, interventions for increasing certified providers in these disparate regions were also tracked. Over the course of 2022, the percentage of Smiles for Life certified PCPs in Region 1 increased from 3.49 percent to 7 percent in Q3 and Q4 (partial) YTD (*ITM 3b*). In Region 8, the percentage of Smiles for Life certified PCPs increased from 4.55 percent in Q1 to 6.85 percent in Q3 and 5.48 percent YTD representing partial Q4 data (*ITM 3d*).

Regarding member interventions, limited improvement in dental appointment scheduling prompted an enhancement made to the clinical documentation system allowing for extrapolation of data for appointment scheduling for PCP/dental providers. Supplementation of outreach efforts by the quality team promoting the importance of fluoride varnish treatments at first tooth eruption was incorporated into concurrent COVID and HEDIS well-visit outreach, with appointment scheduling assistance for PCP and dental providers offered as well. Use of automated communications allowed for a broader reach of the large denominator population. LHCC's community engagement team coordinated co-branded member/PCP mailers, distributing 9,545 mailers to members whose PCPs are certified to provide fluoride varnish treatments, including education on the importance of fluoride varnish application at first tooth eruption, availability at the PCP and a link to the Fluoride Varnish Landing Page on the member website for additional information/resources. Mailers were also sent to 96 PCPs, promoting shared resources for paneled members including the following:

- a message from the health plan Medical Director with reimbursement information, including a QR code linking to the Fluoride Varnish Toolkit
- brochures including education regarding fluoride varnish to display in office waiting area, and
- a door cling promoting fluoride varnish to prompt questions for the PCP at the visit.

500 printed educational fluoride varnish brochures were distributed to parents of young children during community events held in the Fall. *ITM 1* tracked quarterly dental appointment scheduling for members in all age groups, indicating a rate increase from 0.003 percent in Q1 to 1.404 percent in Q3 and 0.611 percent YTD (partial Q4 data through 12/9/2022). These lower rates are attributed to the large population size for this measure and ongoing challenges with successful outreach due to disconnected numbers, lack of ability to leave voicemail (mailbox full or not set up), and no answer - despite efforts to obtain updated contact information. Addressing low outcomes for dental appointment scheduling and member feedback that some PCPs do not provide fluoride varnish application, community engagement teams collaborated with FQHCs

with mobile units and coordinated dental mobile unit utilization at head start and pre-K programs. Oral exams and fluoride varnish treatments were provided on-site, improving rates for dental appointment scheduling in Q3 (*ITM 1b*). These rates established the number of LHCC members who received fluoride varnish treatments during mobile unit events in comparison to all Healthy Louisiana members offered services through this initiative. In Q3, 73.91 percent of the services provided through these events positively impacted LHCC members and a rate of 51.82 percent in Q4 YTD. Children who completed oral exams and fluoride varnish treatments were provided with information to share with guardians regarding benefits of ongoing fluoride varnish treatments and an evaluation from the oral exam performed by dental providers.

Addressing the disparate member population identified in our analysis of disproportionate under-representation, Hispanic members ages 6 months-18 months in Regions 1 and 8 were targeted with telephonic outreach to provide education and appointment scheduling assistance. This intervention was intentionally designed to begin in Q2 to allow additional time to expand the number of providers certified to deliver fluoride varnish application services in the targeted regions. Outreach incorporated utilization of live interpreters via conference call when needed to support member discussion, providing education on benefits of fluoride varnish treatment, and assisting with appointment scheduling with a PCP and/or dental provider. *ITM 3e* measures the number of Hispanic members ages 6-18 months in Region 1 for whom appointments were made with either the PCP or dental provider, increasing from 3.52 percent in Q2 to 11.13 percent in Q3 and 0.94 percent YTD, representing partial data for Q4. *ITM 3f* measures the number of Hispanic members ages 6-18 months in Region 8 for whom appointments were made with either the PCP or dental provider, increasing from 7.04 percent in Q2 to 7.42 percent in Q3 and 0.54 percent in Q4 (partial). Again, challenges with successful outreach due to disconnected numbers, lack of ability to leave voicemail, and no answer despite efforts to obtain updated contact information during targeted outreach limited outcomes. Utilization of social media platforms allowed for sharing messaging regarding the benefits and availability of fluoride varnish treatments to a broad audience with links to the Fluoride Varnish Landing Page located in the member health and wellness section of the LHCC website.

- **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.*

  - Care management outreach for pediatric population focuses on medically complex members with multiple medical issues and complex needs, creating a barrier for appointment scheduling with dental providers for fluoride varnish treatments due to limited members overlapping these measures.
  - LHCC teams utilized supplemental outreach methods to maximize potential for outreach success with overlapping members for COVID vaccination and HEDIS well-visit outreach, educating on the importance of fluoride varnish treatments and availability at the PCP office, offering appointment scheduling with the PCP and dentist. Member feedback indicated that some dental providers will not see members under 2 years of age for preventive care, indicating a conflict between the PIP focus and dental provider practices and/or preferences locally.
  - Despite efforts to facilitate easy access to the care gap reports, feedback gained from provider network teams indicated that many providers are not utilizing the care gap reports due to lack of resources and being overwhelmed with the volume of portals to access care gap reports for each health plan.

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.

Dental claims data not available to MCOs, limiting plan ability to verify members who have completed fluoride varnish treatments at dental provider visits and reflect accurate status on care gap reports. Care gap reporting and other PIP outreach initiatives focused on application of fluoride varnish in the PCP setting as identified through utilization of CPT code 99188, as per guidance provided by LDH and IPRO. Member outreach and education included instructions to parents/guardians encouraging conversations to inform the PCP if and when fluoride varnish had been previously provided by a dentist.

- **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).

  Outreach efforts targeting the Hispanic population ages 6-18 months in Region 1 and 8 was notably dependent on member's self-reported race/ethnicity and outreach was based on these member-identified characteristics.

- **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.

  The inability to collect dental claims information limited the data that was compiled for the care gap report, hence limiting identification of members who have not received the service for outreach and support. As directed by LDH/IPRO, health plan staff encouraged member/guardian discussion with providers to inform if/when member received fluoride varnish services from a dental provider – promoting care coordination between care providers.

PIP Highlights

The most effective member intervention was the use of mobile units providing on-site dental exams and fluoride varnish treatments at head start and pre-K centers beginning in Q3 (*ITM 1b*). This ITM was designed to increase access to services for members whose PCP was not offering fluoride varnish services in addition to offering an alternative dental appointment scheduling modality to supplement telephonic outreach. Community engagement teams collaborated with FQHCs with mobile units to coordinate 12 events which provided these services to 482 Healthy Louisiana members, 326 of which were Louisiana Healthcare Connections members. Parents or guardians of members were sent educational materials, including fluoride varnish treatment benefits and recommendations for ongoing treatments with required consent forms, as well as a report of the dental exam findings. As indicated in ITM results, 73.91 percent of members receiving dental visits with fluoride varnish application in Q3 and 51.82 percent in Q4 were Louisiana Healthcare Connection members. Additional events are scheduled for the remainder of 2022 with plans to continue these events into 2023.

Early initiation of provider outreach and education by provider network teams (*ITM 2a)* in Q1, addressed fluoride varnish application recommendations by PCPs beginning at first tooth eruption, billing guidelines, and the Smiles for Life certification course. Provider network teams outreached and educated 38.49 percent of providers in Q1, 27.70 percent in Q2, increased to 40.42 percent in Q3, and 22.11 percent in (partial) Q4. An additional intervention monitoring utilization of CPT code 99188 (*ITM 2c*) was added in Q3 to measure the overall impact of provider education by monitoring the broader segment of PCPs administering fluoride varnish within the well-visit regardless of Smiles for Life certification status. These outcomes provided additional insight into provider drivers, as well as barriers to completion of the certification course. Outcomes for this measure indicate the percentage of these providers increased from a baseline rate of 35.79 percent

to 47.54 percent YTD, representing partial Q4 data through 12/9/2022. In Q3, the addition of the fluoride varnish care gap report, paired with already established EPSDT care gap report, was distributed to 100 percent of providers YTD (*ITM 2b*) supporting provider insight into members who have not received fluoride varnish treatments at the PCP office. Provider network teams continue to share resources and benefits of fluoride varnish treatments with PCPs, highlighting the updated recommendation at first tooth eruption. Teams are offering lunch and facilitating lunchtime viewing of the Smiles for Life course to further promote certification.

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
Enhanced MCO CM member outreach + education with dental provider appointment scheduling	Parent/member outreach is needed to provide education regarding benefits of fluoride varnish treatments, need to establish dental provider by 1st birthday, and assistance with appointment scheduling with certified PCPs/dental providers Member's PCP may not provide fluoride varnish services Ongoing challenges with successful outreach due to lack of updated contact information despite efforts to obtain updated contact information from providers	Community Engagement teams incorporated messaging reinforcing the importance of updating contact information with the Medicaid office Utilization of Quality Health Check Coordinators to share fluoride varnish messaging, education, and assistance with appointment scheduling with overlapping COVID and HEDIS well-visit outreach and dental appointment scheduling Expanding outreach modalities to include incorporate digital communications (SMS/texting, email) Use of social media platforms to educate broad audience on benefits/availability of fluoride varnish treatments	Employ strategies to focus on smaller population size Ongoing education and support by case management staff for members who are eligible
Community partnership with FQHC mobile units for dental exams/fluoride varnish treatments	Each FQHC has a minimum requirement for appointments in order to schedule an event Guardians reported that consent package was too time consuming to complete Timing with back to school activities was effective due to requirements for dental exam completion	Ongoing efforts to coordinate events with FQHCs who have mobile units. Efforts to streamline the consent package is underway Continue to align efforts with known seasonal opportunities such as Back to School initiatives.	Continuing to coordinate mobile unit scheduling with FQHCs throughout the state

Description of Intervention	Lessons Learned	System-Level Changes Made and/or Planned	Next Steps
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	Providers are unaware of AAP recommendations Providers are unaware of the billing/coding guidelines to receive reimbursement for fluoride varnish services Providers with few paneled members were not interested in providing service Providers prefer to refer to dentist for fluoride varnish treatments Providers report lack of time to integrate fluoride varnish application into well-visit workflows	EPSDT coordinator sharing fluoride varnish messaging and resources with providers during routine outreach Provider network teams offering on-site luncheons to facilitate completion of the Smiles for Life Certification Course Sharing best practices from larger volume clinics and tips for incorporating fluoride varnish application into workflow Held a Lunch & Learn webinar with 41 attendees, with recorded version available in provider education portal on website	Ongoing education/promotion of fluoride varnish and sharing resources to support the benefit to members Provider network teams to continue to offer on-site luncheons to providers, facilitating completion of Smiles for Life Certification Course Continued promotion of the recorded version of the oral health lunch and learn located in the provider education portal
Provide PCPs with customized list of members for whom fluoride varnish application is indicated	Not all providers are utilizing the care gap report due to limited resources, and the amount of time required to view care gaps from each health plan/portal	FV care gap reports paired with EPSDT care gap report for ease of access and greater insight into member needs during the well-visit	Continued use and promotion of care gap reports including live demonstrations for access and highlighting ease of use
Providers are providing the services but unaware of the opportunity for reimbursement with completion of the Smiles for Life Certification Course	Analysis of utilization of CPT code 99188 offers insight into provider knowledge deficits regarding use of fluoride varnish, billing/coding reimbursement guidelines and requirement for certification of Smiles for Life Course	Provider network teams offering lunch to facilitate completion of the Smiles for Life Certification Course	Targeted outreach/ education to providers who have not submitted a certificate of completion for Smiles for Life Course but are providing the service

Description of Intervention	Lessons Learned	System-Level Changes Made and/or Planned	Next Steps
Tailored and Targeted Intervention to address susceptible subpopulation barrier(s): Geographical – Region 1 Provider outreach and education	Analysis of the disproportionate under-representation revealed higher disproportionate index values in specific geographical regions of the state which included Hispanic members ages 6-18 months in Regions 1 & 8. Providers were targeted initially to allow for certification prior to outreach made to members.	Provider outreach and education sharing care gap report, AAP guidelines and LDH bulletin re reimbursement and course requirements/link, and Well-Ahead Louisiana resources Addition of Fluoride Varnish Toolkit to the provider resources page of the provider website Provider network teams offering lunch to facilitate completion of the Smiles for Life Certification Course	Exploring partnerships to increase the number of certified providers in disparate regions
Tailored and Targeted Intervention to address susceptible subpopulation barrier(s): Geographical – Region 1 Providers with completed Smiles for Life Certification	FQHCs offer dental services, some are having PCPs become certified so the fluoride varnish treatments can be provided on the medical side	Provider network teams offering on-site luncheons to facilitate completion of the Smiles for Life Certification Course	Exploring partnerships to increase the number of certified providers in disparate regions
Tailored and Targeted Intervention to address susceptible subpopulation barrier(s): Geographical – Region 8 Provider outreach and education	Analysis of the disproportionate under-representation revealed higher disproportionate index values in specific geographical regions of the state which included Hispanic members ages 6-18 months in Regions 1 & 8. Providers were targeted initially to allow for certification prior to outreach made to members. Rural Health clinics not interested in providing FV application due to lack of incentive to provide additional services with no additional payment	Provider outreach and education sharing care gap report, AAP guidelines and LDH bulletin re reimbursement and course requirements/link, and Well-Ahead Louisiana resources Ongoing efforts to coordinate events with FQHCs who have mobile units Fluoride varnish information and links to the toolkit shared in the online provider newsletter	Planning to utilize dental mobile units to address areas where dental services may not be easily accessed

Description of Intervention	Lessons Learned	System-Level Changes Made and/or Planned	Next Steps
Tailored and Targeted Intervention to address susceptible subpopulation barrier(s): Geographical – Region 8 Providers with completed Smiles for Life Certification	Providers unaware of the opportunity to provide the service in the PCP setting	Provider network teams offering on-site luncheons to facilitate completion of the Smiles for Life Certification Course Exploring partnership with FQHCs who are having practitioners become certified to establish strategies that can be shared with other providers	Identification of fluoride varnish application "champions" and sharing best practices with lower performing providers
Tailored and Targeted Intervention to address susceptible subpopulation barrier(s): Region 1; Hispanic; 6-18 months member outreach	Analysis of the disproportionate under-representation revealed higher disproportionate index values in specific geographical regions of the state which included Hispanic members ages 6-18 months in Regions 1 & 8. Parent/member outreach is needed to provide education regarding benefits of fluoride varnish treatments and assistance with appointment scheduling with certified PCPs/dental providers Challenges with telephonic outreach (no answer/wrong number/no option for voicemail)	On demand conference call with translators available when needed Multiple attempts made to outreach this population	Expanding outreach modalities to include/ incorporate digital communications (SMS/texting, email)
Tailored and Targeted Intervention 3f to address susceptible subpopulation barrier(s): Region 8; Hispanic; 6-18 months member outreach	Analysis of the disproportionate under-representation revealed higher disproportionate index values in specific geographical regions of the state which included Hispanic members ages 6-18 months in Regions 1 & 8. Parent/member outreach is needed to provide education regarding	On demand conference call with translators available when needed Multiple attempts made to outreach this population	Expanding outreach modalities to include/ incorporate digital communications (SMS/texting, email)

Description of Intervention	Lessons Learned	System-Level Changes Made and/or Planned	Next Steps
	benefits of fluoride varnish treatments and assistance with appointment scheduling with certified PCPs/dental providers Challenges with telephonic outreach (no answer/wrong number/no option for voicemail)		

References

List any references that you cite.

Casamassimo P, Holt K, eds. Bright Futures: Oral health pocket guide. 3rd Ed. Washington, DC: National Maternal and Child Oral Health Resource Center. 2016.

Chou R, Pappas M, Dana T, et al. Screening and interventions to prevent dental caries in children younger than 5 years: Updated evidence report and systematic review for the US Preventive Services Task Force. JAMA. 2021;326(21):2139–2140.

Clark M & Braun P. Promotion of oral health and prevention of dental caries among children in primary care. JAMA. 2021;326(21):2179–2192. doi:10.1001/jama.2021.15658

Clark M, Keels MA, Slayton RL. American Academy of Pediatrics clinical guidance report on fluoride use in caries prevention in the primary care setting. Pediatrics Volume 146, number 6, December 2020: e20200034637.

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/bmjoq-2018-000589.

US Preventive Services Task Force (USPSTF). 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

US Preventive Services Task Force (USPSTF). Screening and interventions to prevent dental caries in children younger than 5 years: US Preventive Services Task Force Recommendation Statement. JAMA. 2021;326(21):2172–2178. doi:10.1001/jama.2021.20007

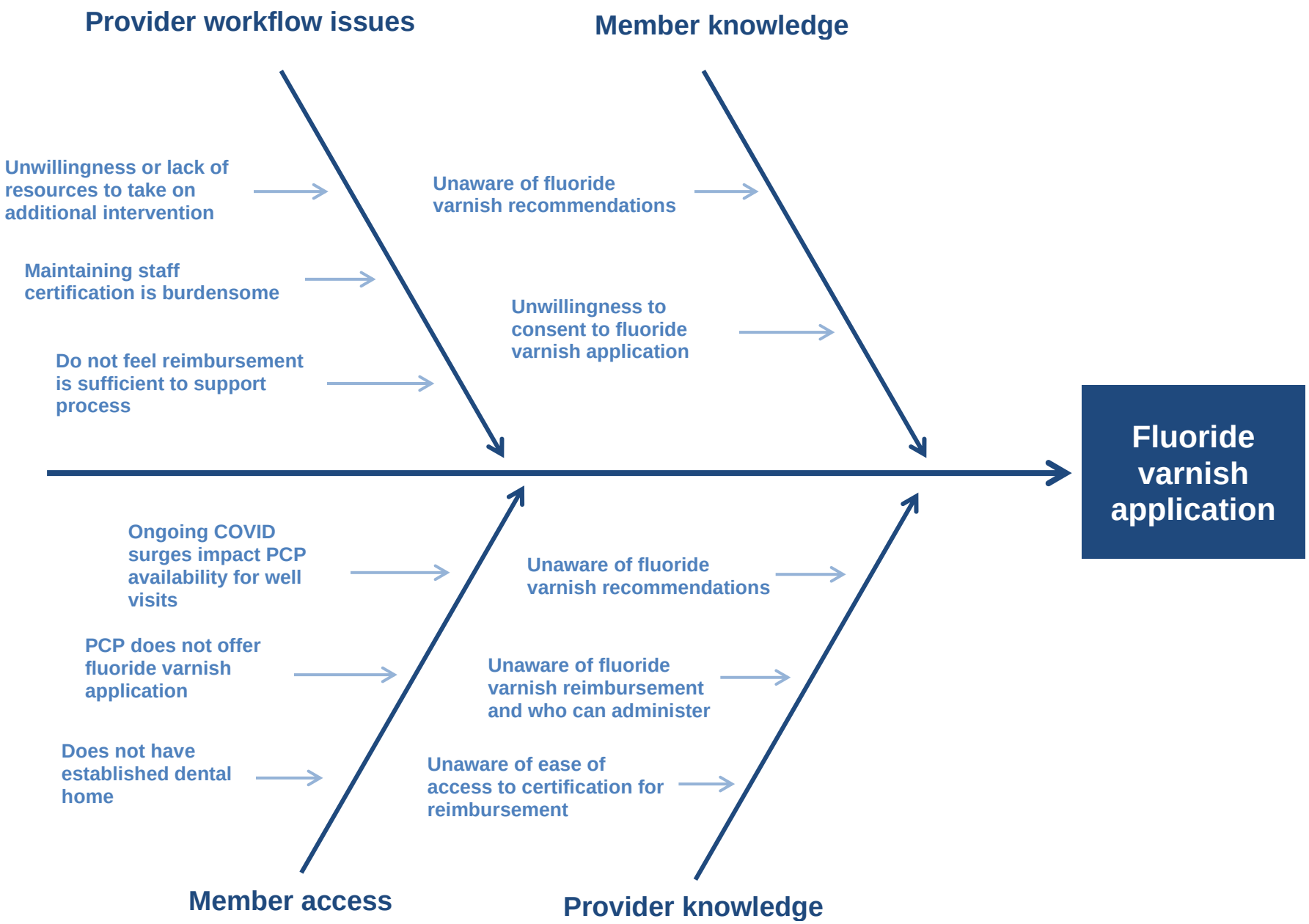
Glossary of PIP Terms

Table 7: PIP Terms

PIP Term	Also Known as…	Purpose	Definition
Aim	• Purpose	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?"
Barrier	• Obstacle • Hurdle • Roadblock	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.
Baseline rate	• Starting point	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.
Benchmark rate	• Standard • Gauge	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.
Goal	• Target • Aspiration	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.
Intervention tracking measure	• Process Measure	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
Limitation	• Challenges • Constraints • Problems	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.
Performance indicator	• Indicator • Performance Measure (terminology used in HEDIS) • Outcome measure	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.
Objective	• Intention	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	• Member outreach to provide education and linkage to treatment • Provider engagement in education, implementation of clinical practice guidelines, and increasing awareness • Provider awareness of member status through member care reports in secure portal	• Collaboration with Community Based Organizations (CBOs) to assist in messaging to treatment-eligible members with identified health inequities
Less Feasible to Address	• Provider willingness to change existing office processes and training record maintenance of extended staff	

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

	Positives	**Negatives**
INTERNAL ***under your control***	***build on*** **STRENGTHS** • Strong provider network relationships • Established secure provider portal to support member care gap reports for fluoride varnish application initiatives • Extensive marketing and communications platform to support messaging and resources/collaterals	***minimize*** **WEAKNESSES** • Lead time to customize IT/analytics development of FV Member care gap report (in development) • Overlapping provider and member outreach initiatives – allocation of staffing resources and consideration of abrasion risk with multiple touchpoints (minimize duplicate outreach)
EXTERNAL ***not under your control, but can impact your work***	***pursue*** **OPPORTUNITIES** • Previously established guidelines for delivery of care • LDH/AAP collaboration to support messaging and distribute resources	***protect from*** **THREATS** • Provider aversion to additional task, impact to practice workflow, scheduling • Member response to educational efforts

Appendix D: Driver Diagram

Aim	Primary Drivers	Secondary Drivers	Change Concepts	MCO-identified Enhanced Interventions to test Change Concepts
Increase the percentage of Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 months through 5 years by Primary Care Clinicians	Providers are knowledgeable about impacts of fluoride varnish application on outcomes, recommended application frequency, and billing/coding guidelines for tracking and reimbursement for services provided.	Conduct provider education to education providers about impacts of fluoride varnish application on outcomes, recommended application frequency, fluoride varnish application certification resources, and billing/coding guidelines for tracking and reimbursement for services provided.	• Collaborative LDH/MCO/AAP engagement with providers • Unified messaging for all MCOs • Onsite/virtual Provider education and resources, including AAP Clinical Guidance, LDH Informational Bulletin 16-7, Revised June 27, 2017, regarding Professional Services Fluoride Varnish Program Policy, “Smiles for Life Caries Risk Assessment, Fluoride Varnish, and Counseling Module” and post assessment to provide fluoride varnish services at www.smilesforlifeoralhealth.org and Well-Ahead Louisiana resources https://wellaheadla.com/prevention/ oral-health/	
	Providers are informed about their patients who are eligible for fluoride varnish application and who have a screening gap.	Develop member gap reports, stratify by provider and distribute to providers.	• Distribution via provider portal, electronic (email, SFTP), hand-delivery • Create a Member Fluoride Varnish Care Gap Report organized by PCP that identifies all enrollees ages 6 months through 5 years who have not received any fluoride varnish application by their PCP	

Aim	Primary Drivers	Secondary Drivers	Change Concepts	MCO-identified Enhanced Interventions to test Change Concepts
	Parents are knowledgeable about the timing and benefits of fluoride varnish application as teeth erupt and every 6 months thereafter. Parents of children with care gaps are informed by care coordinators about their child's need for bi-annual fluoride varnish application and need to establish dental home by 12 months of age.	Conduct parent education on importance of fluoride varnish application Conduct enhanced care coordination outreach/education to parents of members on gap report	• Distribution education via member portal and member-facing social media platforms • Develop educational campaigns and resources • Work with case management and other member-facing staff to incorporate fluoride varnish education and assist with access to providers • Leverage community partner messaging • 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 to support member education efforts	

Appendix E: Plan-Do-Study-Act Worksheet

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