Community Engagement and Partnership Development through Designing a Care Coordination Program

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By the end of this presentation:

You will:

• Learn about frameworks and approaches for Community Engagement and Partnership Development
• Understand how different elements of a Care Coordination program can work together
• Learn about collaborative approaches that can be applied to your program
Healthy Teeth Healthy Communities Program

• Funded by Dental Transformation Initiative (DTI) Grant to increase preventive services and continuity of care among 0-20 years old children on Medi-Cal in Alameda County

• Through Care Coordination and Provider Engagements
Alameda County Healthy Teeth, Healthy Communities Pilot Project

- Care Coordination Data Management System
- Local Incentives for Dentists
- Dental Provider Recruitment, Training, and Contracting
- Care Coordination Workforce

Dental Community of Practice

Increased Preventive Services and Continuity of Care
Process

- Idea development through design thinking process
- Grant writing team
- Partnership development from the beginning
- Leadership and Stakeholders buy-in (within the organization and in the county)
- Communications with the State
Design Thinking Process

Initial idea: collaboratively design a program to sustainably improve dental health of children in Alameda County using community health workers through:

- Open-Explore-Close
- Diversity
- Non-linear Development
- Visual Thinking
Design Thinking Process

- Align
- Inspire
- Create
- Do
ACCESS to CARE

Provider Factors

Client/Patient Factors

System Factors
Asset Mapping, Shared Values and Vision

**Alameda County**
- HCSA
- ACPHD/ODH
- Special Start

**Outside**
- Project Access

**Service Providers**
- Tri-City
- Lifelong Medical
- La Clinica Tiburcio Vasquez

**Evaluation**
- UCSF
Train Dental Care Coordinators

Rethink Places

Create Connected Care

Credit to Gobee’s Group
Program Framework

Sequence of program rollout

TRAINING
DELIVERY
WORKFORCE INTEGRATION

Referral
Prevention
Care

Increasing scope
Partnership Development: From the Beginning

- Some partners involved from the conception phase through the “design Sprint”
- Partnership discussions both at the development phase and after the main structure of the program was shaped
- Ongoing communication through in person meetings as well as phone calls and e-mails
- Multiple communications to keep the momentum
- In person meetings right after the first State approval to expedite the contracting
Collaborative Plan and Community Outreach

• All FQHCs in Alameda County
• Grass Root Organizations
• All 5 supervisory districts
• Collaborating with all school districts and Family Resource Centers
• First 5 centers throughout the county
Budget, Governance Structure and the Culture of Collaboration

• Total budget: $17.2 M budget; 57% allocated to community and providers
• 15+ Partners and collaboration within agency
• Percentage of the total allocated to the community and providers: 57%
• Governance structure at different levels including leadership, staff and community
Cultivating a Vision

- We Are in it for the Same Reason: to Reduce Disparities in Children’s Oral Health
- Aiming for System Change
- Creating Collective Ownership
- Evaluation Integrated into Activities
Care Coordination

• Create a **cross-agency workforce** of Community Dental Health Care Coordinators (CDCC) who are linguistically and culturally responsive to community.
  – Training

• **Leverage existing infrastructures** for outreach and care coordination: First 5, School Districts, WIC sites, Federally Qualified Health Clinics (FQHC) and Community Clinics.

• Develop a **web-based Care Coordination Management System** (CCMS) to link families to dental appointments and support continuity of care.
Care Coordinators Training Kick Off
Dental Provider Engagement

• Expand **provider network** through recruiting private dentists into Medi-Cal and enhancing FQHC participation.

• Offer **additional local incentives** to participating dentists, in addition to State DTI incentives:
  – Family Oral Health Education incentive;
  – Data Reporting incentive; and
  – Continuing Education Units for dentists.

• Develop a **Dental Community of Practice (COP)** to connect dental providers to additional training and technical assistance.
Community of Practice Convening
Role of CDCCs in Community Engagement

- Interactive Comprehensive 6 Weeks Training
- Outreach and Health Education
- Care Coordination
- Data Entry, Report Writing and Follow Up
- Working Closely with Dental Providers
CDCCs in Action
Snap Shot of Accomplishments
Jan 2018- Dec 2019

• 26 trained and diverse CDCCs, Reached out to 39,989 families
• # of Dental appointments 23,887
• Average Show rate: 76%
• 145 Dental providers working with program (29 FQHC and 22 private service locations)
• 47% of appointments Preventive Services and 42% Oral Health Evaluation
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