



Desc	Oral Health Sealant A3	Value Stream ID:		Site / Location:		Event Number:		Revision:	1.0
Sponsor:		Process Owner/Team Lead:	Donna Mills & Mary Ann Wren	Facilitator:		Sensei:			

Start Date: 3/21/17 Members:	1: REASONS FOR ACTION <input type="checkbox"/> Go <input type="checkbox"/> No Go	4: GAP ANALYSIS <input type="checkbox"/> Go <input type="checkbox"/> No Go	7: COMPLETION PLAN <input type="checkbox"/> Go <input type="checkbox"/> No Go	
	Problem: Children in Central Oregon have poor oral health, including cavities, tooth decay, and gum disease. Aim: Improve Oral Health and keep children cavity free Boundaries: Central Oregon Counties	<u>Children are not cavity free because:</u> - Provider workflows - Understanding of dental coverage - Poor commercial dental plan options - No dental coverage through private/commercial insurance - Access - Lack of transportation - Few Medicaid providers - Misconception of the frequency at which children need dental care - Oral Health unimportant to people - Dental anxieties/Fear of the dentist		
	2: INITIAL STATE <input type="checkbox"/> Go <input type="checkbox"/> No Go	5: SOLUTION APPROACH <input type="checkbox"/> Go <input type="checkbox"/> No Go	8: CONFIRMED STATE <input type="checkbox"/> Go <input type="checkbox"/> No Go	
	- 16% of children 6-14 years received a dental sealant - ___% of 1st and 2nd graders have untreated dental decay in schools that participate in the School Dental Sealant Program - 9% of 8th graders in 2015 missed one or more hours of school due to going to the dentist because of tooth or mouth pain - Jefferson & Crook County schools are being served by Advantage Dental - Deschutes county K, 1, 2 schools are being served by Kemple Clinic	- If we ask physical health providers to partner with us to identify concerns and barriers, then we expect work-flows will change. - If we ask the PEP, then we can begin to understand the barriers. - If we implement Mobile Dental Vans for screenings, then we expect to raise awareness and engage the public. - If we supply transportation, then we expect oral health to improve overall. - If we supply on-site education for patients, then we expect oral health awareness to improve, thus improving oral hygiene and decreasing decay. - If we provide oral healthcare in non-traditional settings, then we expect to engage the public and increase oral health. - If we provide case management for individuals and families, we expect oral health to improve. - If we enable pediatric dentists to see pregnant women and treat the child, we expect to improve oral health.		
3: TARGET STATE: <input type="checkbox"/> Go <input type="checkbox"/> No Go	6: RAPID EXPERIMENTS <input type="checkbox"/> Go <input type="checkbox"/> No Go	9: INSIGHTS <input type="checkbox"/> Go <input type="checkbox"/> No Go		
1 2 3 4 5 6 7 8 9	By 2019: -Increase the percent of children 6-14 years who received a dental sealant to 32% -Decrease the percent of 1st and 2nd graders with untreated dental decay in schools that participate in the School Dental Sealant Program by 5% -Decrease the percent of 8th graders who missed one or more hours of school due to going to the dentist because of tooth or mouth pain by 0.5% - Jefferson & Crook County schools continue to be fully served	<u>Experiment #1:</u> 1 . Sealants in all grades at all Central Oregon schools 2 . Sealants on K, 1, 2, 6 and 7th graders <u>Experiment #2:</u> 1. Oral Health Summit hosted by PacificSource to educate and connect with primary care 2. Subcommittee to work on development of a proposal to help support clinics financially who integrate oral health practices <u>Experiment #3:</u> 1. Elevate geriatric oral health concerns	(See attachment for full descriptions)	