



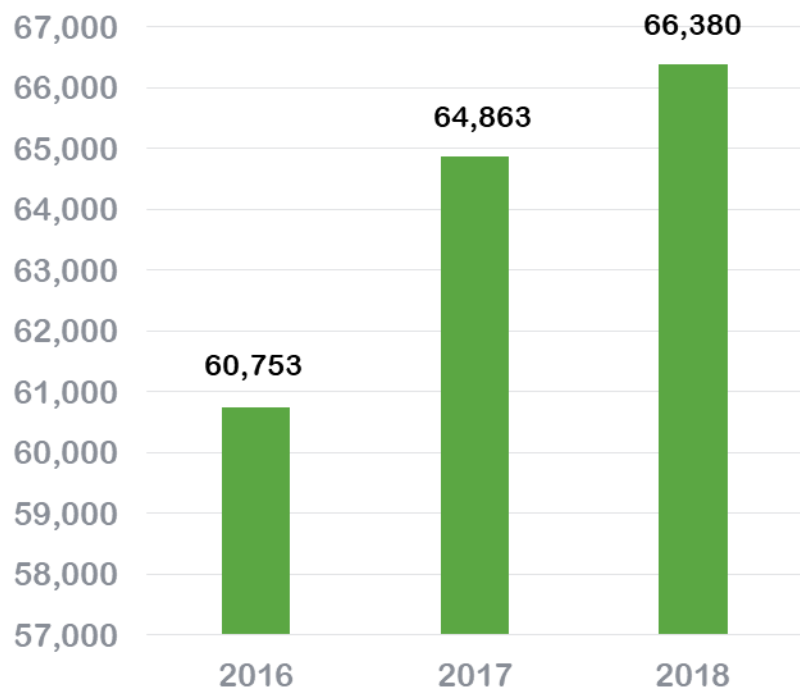
Vista Community Clinic: Advancing Medical and Dental Integration

Our Mission

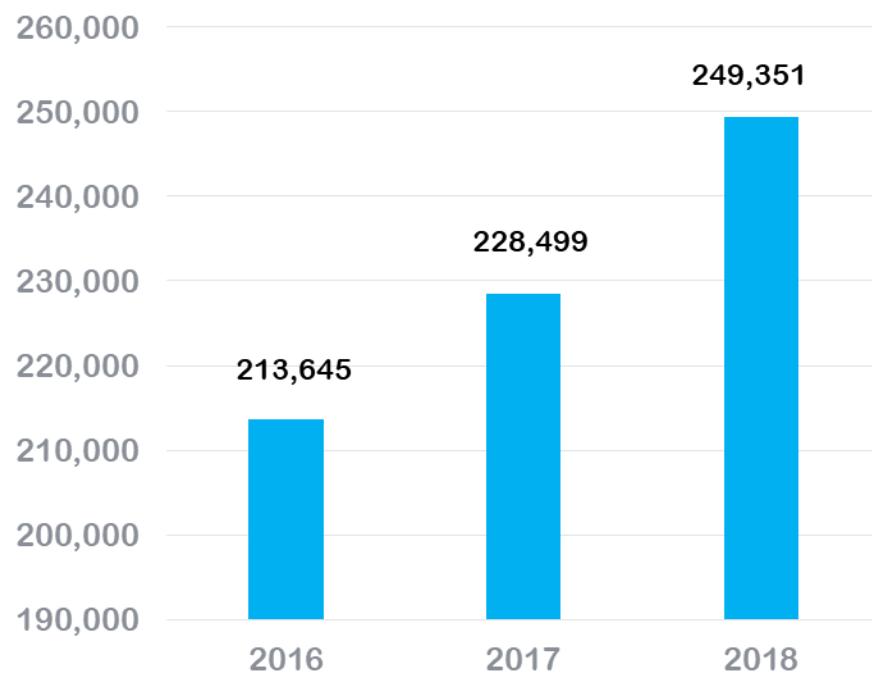
To advance community health and hope by providing access to premier health services and education for those who need it most.

Unduplicated Patients & Patient Visits - Medical

Patients

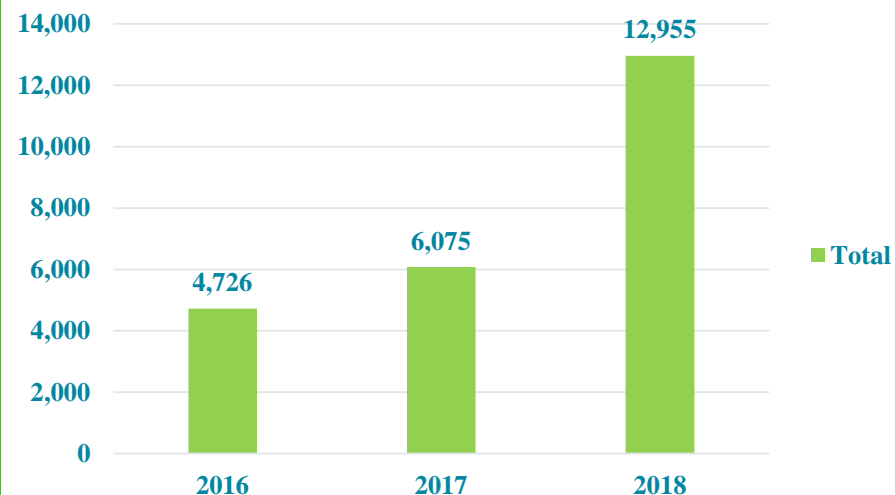


Visits

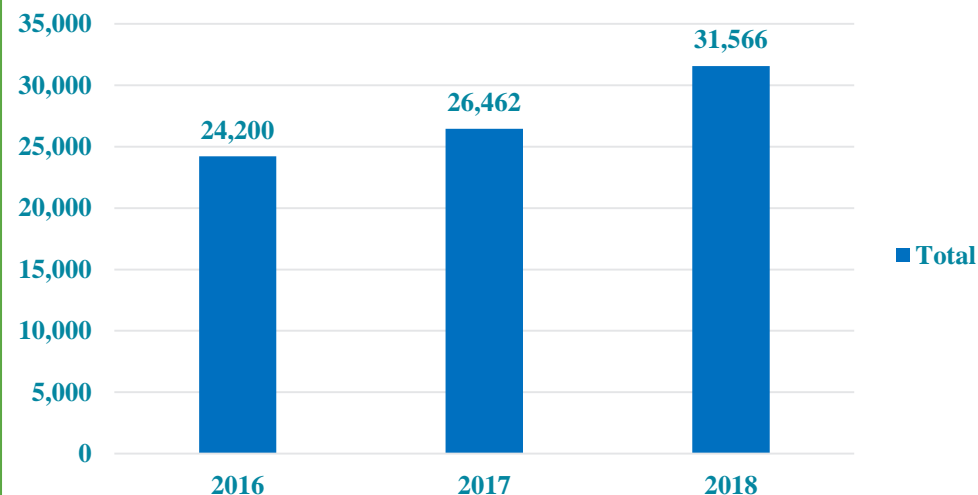


Dental Unduplicated Patients & Patient Visits

Total Unique Patients

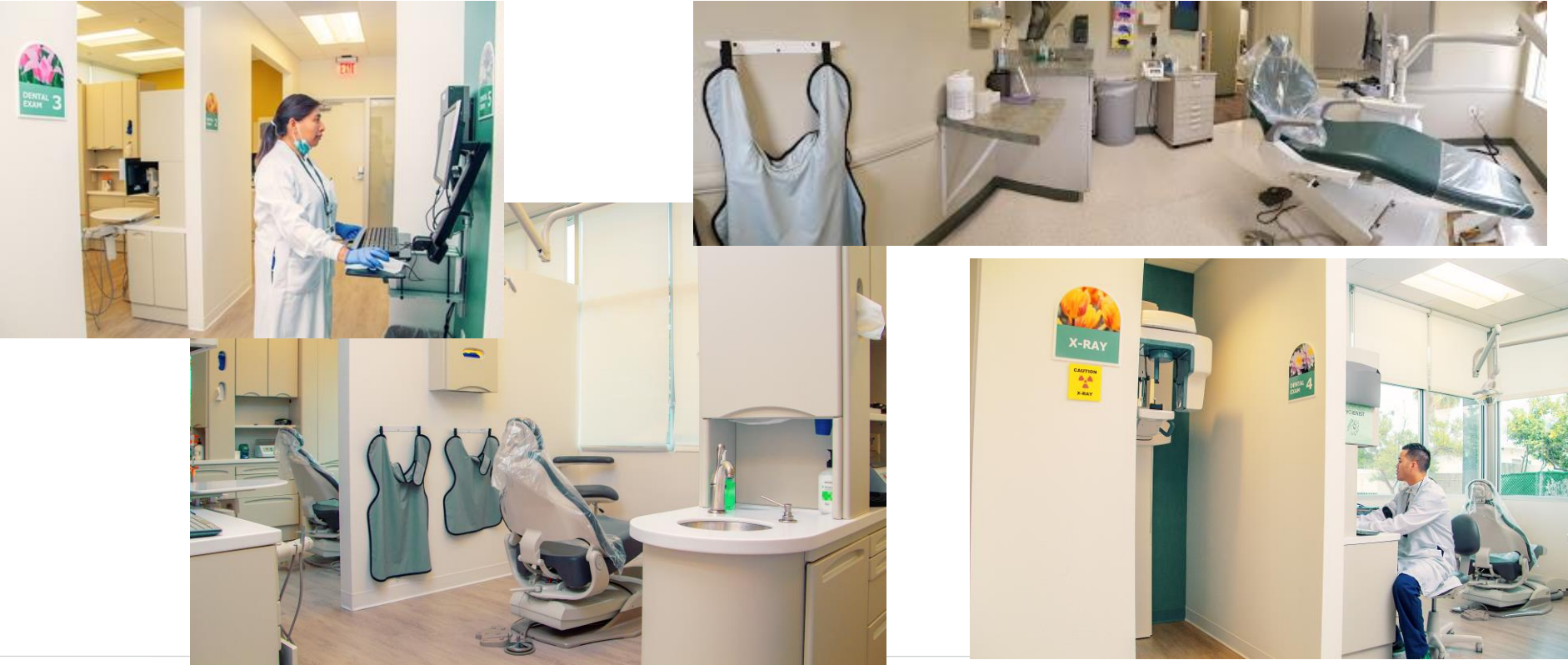


Total Visits



DENTAL HEALTH SERVICES

Dental Facilities



Committees and Multispecialty Collaboration

- Clinician Directors Meeting
- Clinician Council
- Pharmacy and Therapeutics
- Quantitative Risk Management / Continuous Quality Improvement
- NOW Dental Committee
- Quarterly Clinician Meetings

EHR - NextGen

EDR – QSI

- Patients seen for medical reasons - medical conditions, medications and allergies are transferred to EDR
- Patients seen in dental, dental diagnoses transfer to EHR
- Dental has access to shared patients' medical records
- E-prescribe for both medical and dental occurs from same template

Medical-Dental Communications

Dental Request for Medical Information and Follow-Up

PURPOSE:

To minimize the risks of any complication from a dental procedure due to a localized or systemic condition that is beyond the scope of practice of a dentist

Dental team able to communicate immediately with on-site medical team

POLICY:

If upon review of the medical history or later in conversation with the patient, a high risk medical condition is identified, the patient will be referred to their Primary Physician and/or Specialist for medical consultation prior to performing any dental procedure.

High risk medical conditions can be taken care of prior to dental work, ensuring best care and outcome for patient

After a patient is sent with a medical consult the following appointment should be scheduled with patient's treating dentist. The dentist at this time, will confirm that medical consult has been returned **AND** initiate treatment i.e. SRP, restorative, etc. Following this appointment with a dentist, if the patient needs further hygiene treatment they may be scheduled with the hygienist.

VCC Dental Blood Pressure Policy

No longer are we helpless in giving a patient with high blood pressure the appropriate attention when they come in for dental care.

Our on-site access to family medicine staff and RNs enables us to triage a patient with high blood pressure that day, at that location.

Blood Pressure and Pulse Screening Dental Procedure

Policy: A patient's blood pressure and pulse will be assessed for each new adult patient at and over age 18 or any patient with diagnosed hypertension at the initial exam and at subsequent recall visits. The blood pressure will be taken for all hypertensive patients prior to any procedure requiring anesthetic.

Purpose: To attain a baseline blood pressure and pulse and ensure the safety of our patients during dental treatment. The following guidelines should be followed by VCC Dentists when determining whether to proceed with a dental appointment in the case of a hypertensive patient. These guidelines are also intended to inform the patient of concerns regarding their hypertension that may be evident when vitals are taken at a dental appointment. This should also serve as a referral basis and interdepartmental cooperation with Family Medicine in order to ensure proper care of our patients' whole system health.

Responsibility: Dentist, R.D.A. or Dental Assistant

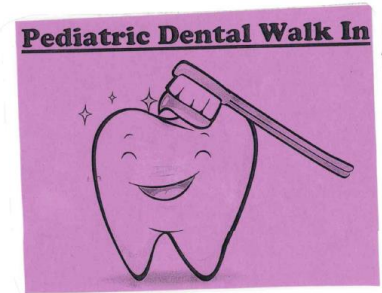
Procedure: The R.D.A., D.A. or dentist will take and record a patient's blood pressure in the patient's chart.

Pediatrics and Dental Collaboration

One-Stop Care!

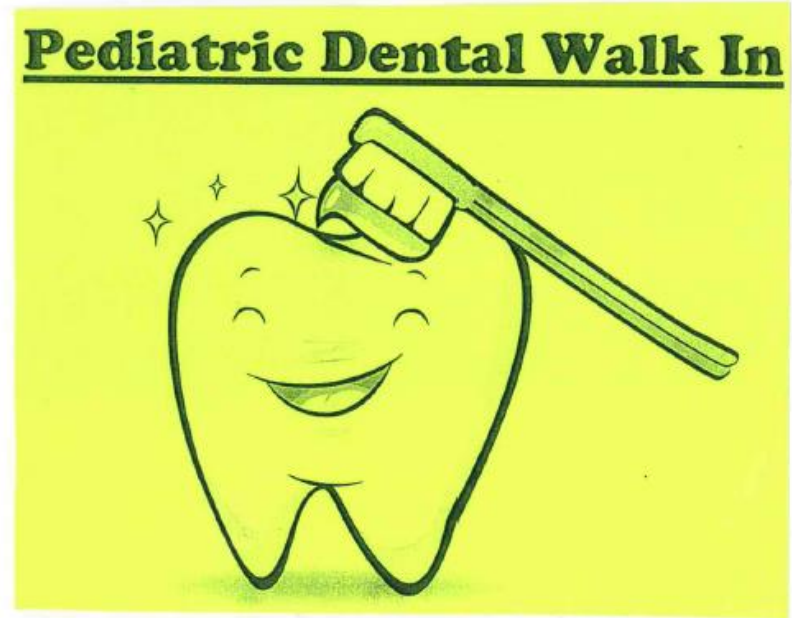
Connecting pediatric clinic patients to a dental home

- Offer parents of very young children a “one-stop” care option by providing dental services right after pediatric well-child visits
- Educate parents that dental care begins when teeth appear
- Estimated that 78% of families at or below the federal poverty level benefit



Pediatrics and Dental Collaboration

- 1) Increase the number of patients with established dental homes
- 2) Increase the percent of patients receiving dental care at 6-month intervals
- 3) Reduce the number of patients that have not seen a dentist in the last 12 months



Women's Center and Dental Collaboration



Getting on-site dental access to our Women's Center patients when they need it.



Women's Center Policies

Dental Care in Pregnancy Clinic

Policy:

To ensure prenatal patients receive education about dental care during pregnancy and a referral to a VCC dentist (unless patient has own dentist).

Procedure:

Patients in the clinic prenatal program are given a referral and an appointment with the dentist (VCC dental unless patient has their own dentist) at the first intake visit. The patient is immediately scheduled with health educator for oral health education. The referral, the dental appointment and the date for oral health education are documented in the patients chart.

Working together allows us to ensure that every pregnant woman is getting the dental education and care she needs to choose health for herself and her baby.

Women's Center Policies

OB Dental Standing Order Consent Clinic Procedure

Policy:

To ensure every prenatal patient has a Standing Order to receive dental services.

Procedure:

1. Those patients currently enrolled in the Vista Community Clinic's Prenatal Program, who present to the Dental department, are hereby authorized to have the following procedures.
 - a. Dental Exam
 - b. Dental X-Rays (shield abdomen)
 - c. Prophylaxis
 - d. Local Anesthetic(lidocaine)
 - e. Antibiotics (no tetracycline)
 - f. Pain Medication – Tylenol or Tylenol with Codeine only
 - g. Fillings
 - h. Extractions

Shorter appointments maybe necessary to ensure maximum patient comfort during treatment.

Guidance on
appropriate and up
to date precautions
and considerations
for treating pregnant
women.

Women's Center Policies

Oral Health During Pregnancy/ Baby Bottle Tooth Decay Clinic

It is the policy of Vista Community Clinic to educate prenatal patients on the need for good oral health during pregnancy and infancy in accordance with the Comprehensive Perinatal Services Program (CPSP) guidelines and Steps to Take Protocols.

Procedure:

See Steps to Take pages HE 59-80.

Topics to be discussed include:

- Periodontal Disease and its link to premature births
- How mother's health and diet affect infant's teeth developing in utero
- Prevention and treatment reviewed
- Proper tooth brushing and care for tooth brush
- Review importance of regular flossing
- Review importance of regular dental appointments
- Causes and prevention of Baby Bottle Tooth Decay
- Review care for infant gums and teeth
- Review techniques for putting baby to bed without a bottle

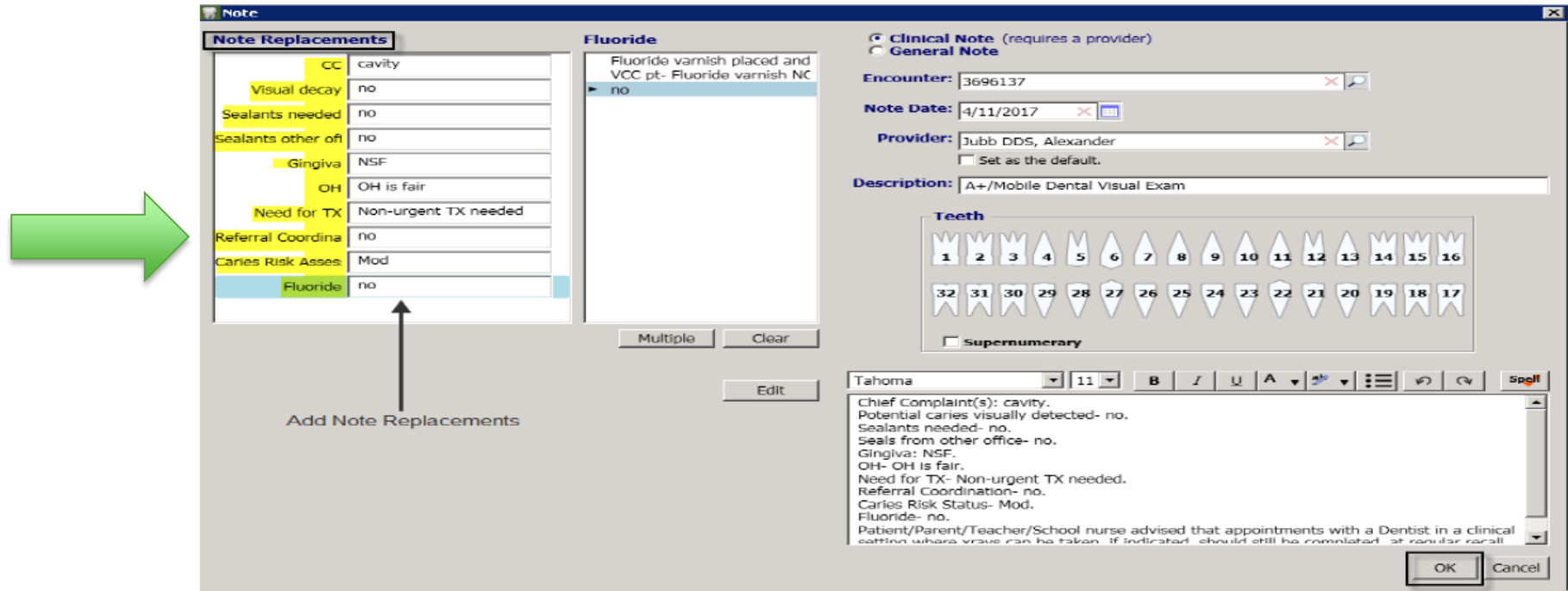
Supplying our
patients with
comprehensive
dental education and
resources to keep
them as informed as
possible

Mobile Dental – breaking barriers



Our mobile dental units allow us to bring dental care to the community; schools, events, businesses and more so that residents can access dental care even when transportation is an obstacle.

A+ Policy – Minor Referrals



Note

Note Replacements

CC	cavity
Visual decay	no
Sealants needed	no
Sealants other off	no
Gingiva	NSF
OH	OH is fair
Need for TX	Non-urgent TX needed
Referral Coordina	no
Caries Risk Asses	Mod
Fluoride	no

Fluoride

Fluoride varnish placed and VCC pt- Fluoride varnish NC

no

Multiple Clear Edit

Clinical Note (requires a provider)
General Note

Encounter: 3696137

Note Date: 4/11/2017

Provider: Jubb DDS, Alexander

☐ Set as the default.

Description: A+/Mobile Dental Visual Exam

Teeth

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

☐ Supernumerary

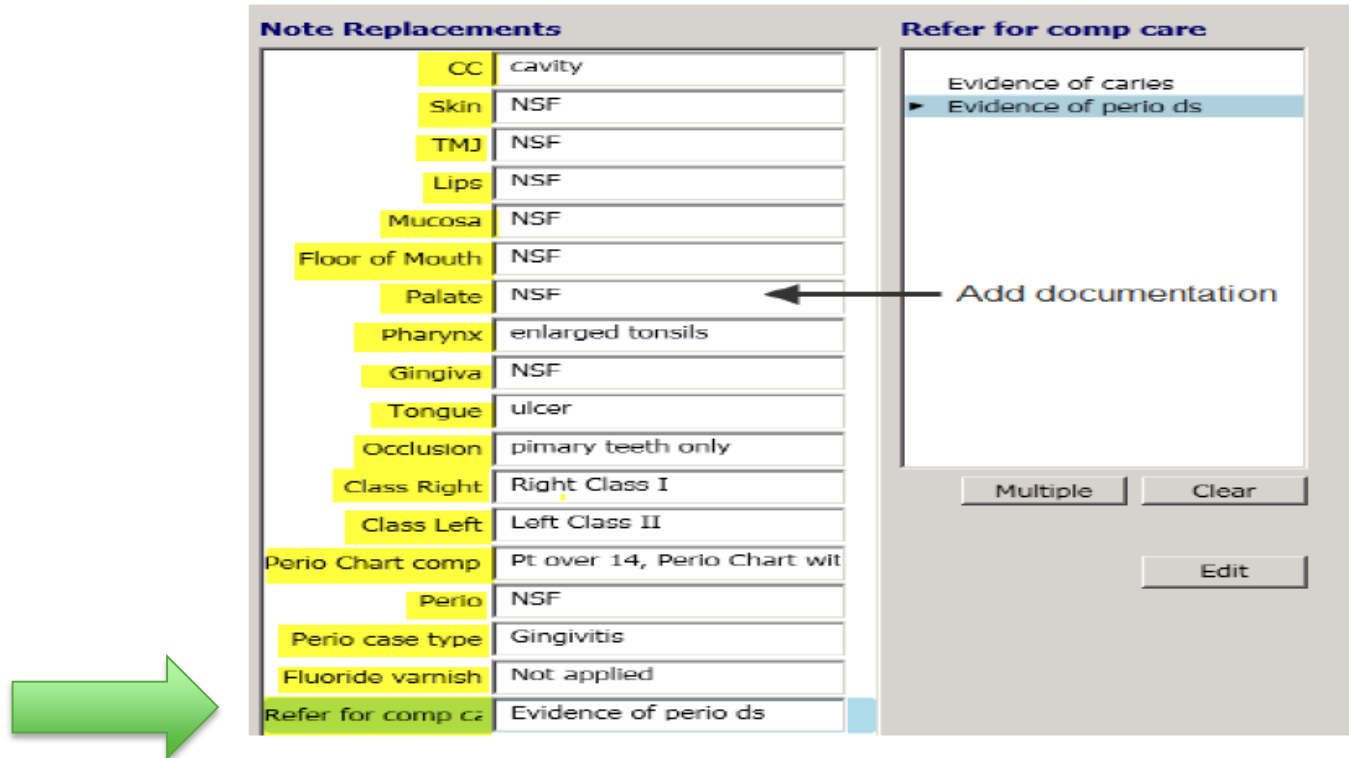
Tahoma 11 B I U A

Chief Complaint(s): cavity.
Potential caries visually detected- no.
Sealants needed- no.
Seals from other office- no.
Gingiva: NSF.
OH- OH is fair.
Need for TX- Non-urgent TX needed.
Referral Coordination- no.
Caries Risk Status- Mod.
Fluoride- no.
Patient/Parent/Teacher/School nurse advised that appointments with a Dentist in a clinical setting where exams can be taken, if indicated, should still be completed at regular recall.

OK Cancel

Add Note Replacements

A+ Policy – Adult Referrals



Note Replacements

CC	cavity
Skin	NSF
TMJ	NSF
Lips	NSF
Mucosa	NSF
Floor of Mouth	NSF
Palate	NSF
Pharynx	enlarged tonsils
Gingiva	NSF
Tongue	ulcer
Occlusion	primary teeth only
Class Right	Right Class I
Class Left	Left Class II
Perio Chart comp	Pt over 14, Perio Chart wit
Perio	NSF
Perio case type	Gingivitis
Fluoride varnish	Not applied
Refer for comp care	Evidence of perio ds

Refer for comp care

Evidence of caries
▶ Evidence of perio ds

Add documentation

Multiple Clear

Edit

California Department of Health Care Services
Domain #2 Caries Risk Assessment Form for Children <6 Years of Age

Patient Name: _____
ID# _____ Age: _____ Date of Birth: _____
Assessment Date: _____
Please indicate whether this is a BASELINE assessment or a FOLLOW-UP VISIT _____
Provide follow-up visit #) _____

RISK ASSESSMENT

Assessment through interview and clinical examination

High Risk	Moderate Risk	Low risk	Priority for Self-management goal
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Check All That Apply

1. Risk factors (Biological and Behavioral Predisposing factors)

(a) Child sleeps with a bottle containing a liquid other than water, or nurses on demand	Yes <input type="checkbox"/>	No risk factors	
(b) Frequent use beverages other than water including sugary beverages, soda or juice	Yes <input type="checkbox"/>		
(c) Frequent (>3 times/day) between-meal snacks of packaged or processed sugary foods including dried fruit	Yes <input type="checkbox"/>		
(d) Frequent or regular use of asthma inhalers or other medications which reduce salivary flow	Yes <input type="checkbox"/>		
(e) Child has developmental disability /CSHCN (child with special health care needs)	Yes <input type="checkbox"/>		
(f) Child's teeth not brushed with fluoride toothpaste by an adult twice per day	Yes <input type="checkbox"/>		
(g) Child's exposure to other sources of fluoride (fluoridation or fluoride tablets) is inadequate	Yes <input type="checkbox"/>		

2. Disease indicators/risk factors – clinical examination of child

(a) Obvious white spots, decalcifications, enamel defects or obvious decay present on the child's teeth	Yes <input type="checkbox"/>	No disease indicators	No disease indicators	
(b) Restorations in the past 12 months (past caries experience for the child)	Yes <input type="checkbox"/>			
(c) Plaque is obvious on the teeth and/or gums bleed easily	Yes <input type="checkbox"/>			
OVERALL ASSESSMENT OF RISK* (Check)	HIGH <input type="checkbox"/> Code 0603	MODERATE <input type="checkbox"/> Code 0602	LOW <input type="checkbox"/> Code 0601	

*YES to any one indicator in the HIGH RISK COLUMN = HIGH RISK [Presence of disease or recent disease experience]. YES, to one or more factors/indicators in the MODERATE RISK COLUMN in the absence of any HIGH RISK indicators = MODERATE RISK [Presence of a risk indicator; no disease]. Absence of factors in either high or moderate risk categories = LOW RISK

RISK ASSESSMENT CODE THIS VISIT D060 _____ RISK ASSESSMENT CODE LAST VISIT D 060 _____

3. (a) Identify one or two Self-Management Goals for parent/caregiver

(b) Counsel the mother or primary caregiver to seek dental care

Yes ☐ No ☐

Plan for next visit: _____

Signature: _____

Date: _____

Note: Adapted from CAMBRA risk assessment, CDA Journal, October 2011, vol 139, no 10

CAMBRA – Section 1

1. Risk factors (Biological and Behavioral Predisposing factors)

(a) Child sleeps with a bottle containing a liquid other than water, or nurses on demand		Yes <input type="checkbox"/>	No risk factors	
(b) Frequent use beverages other than water including sugary beverages, soda or juice		Yes <input type="checkbox"/>		
(c) Frequent (>3 times/day) between-meal snacks of packaged or processed sugary foods including dried fruit		Yes <input type="checkbox"/>		
(d) Frequent or regular use of asthma inhalers or other medications which reduce salivary flow		Yes <input type="checkbox"/>		
(e) Child has developmental disability /CSHCN (child with special health care needs)		Yes <input type="checkbox"/>		
(f) Child's teeth not brushed with fluoride toothpaste by an adult twice per day		Yes <input type="checkbox"/>		
(g) Child's exposure to other sources of fluoride (fluoridation or fluoride tablets) is inadequate		Yes <input type="checkbox"/>		

CAMBRA – Section 2

2. Disease indicators/risk factors – clinical examination of child

(a) Obvious white spots, decalcifications, enamel defects or obvious decay present on the child's teeth	Yes <input type="checkbox"/>	No disease indicators	No disease indicators	
(b) Restorations in the past 12 months (past caries experience for the child)	Yes <input type="checkbox"/>			
(c) Plaque is obvious on the teeth and/or gums bleed easily				Yes <input type="checkbox"/>
OVERALL ASSESSMENT OF RISK* (Check)	HIGH <input type="checkbox"/> Code 0603	MODERATE <input type="checkbox"/> Code 0602	LOW <input type="checkbox"/> Code 0601	

CAMBRA – Section 3

3. (a) Identify one or two Self-Management Goals for parent/caregiver

(b) Counsel the mother or primary caregiver to seek dental care

Yes ☐ No ☐

Plan for next visit:



- A+Teeth has served over **6,500 children**
- Dental exams, sealants, fluoride varnish and care coordination

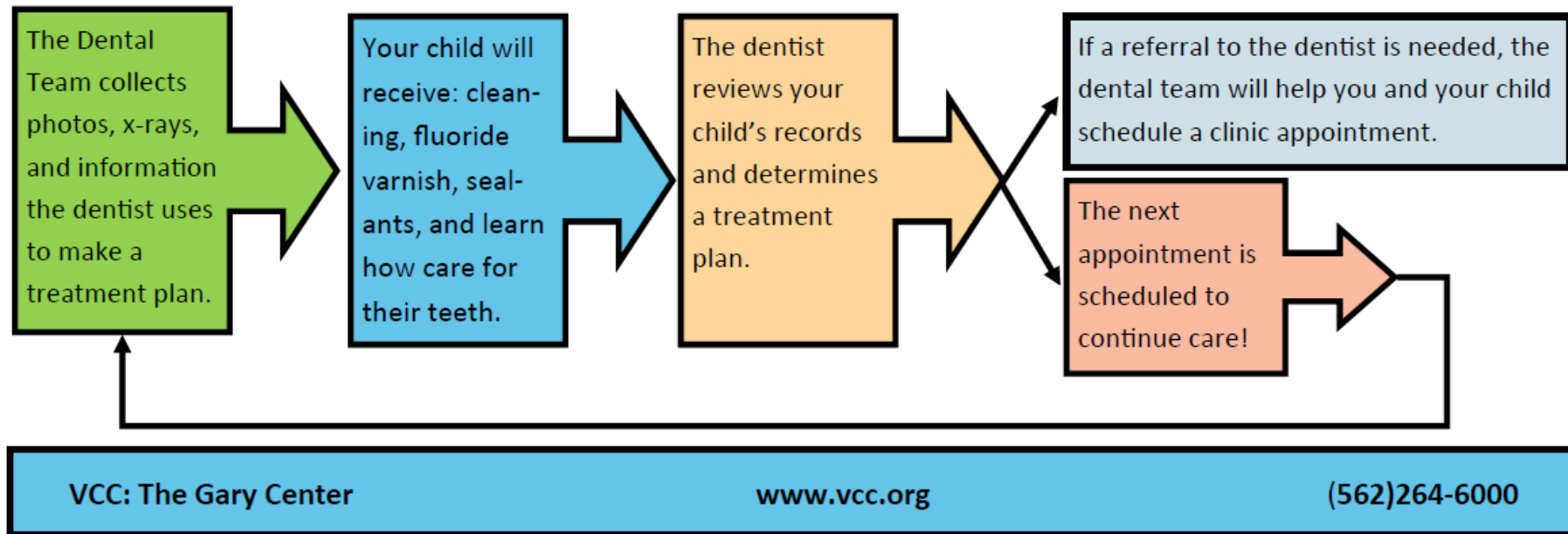


• Lake Elsinore Mobile Dentistry has served over **2,400 children**

- Full scope clinic on wheels
- Wheelchair accessible

Virtual Dental Home Project

How Does Virtual Dental Home Work?



Dental Preventive Initiative: HPV, Flu, Pap, Fit

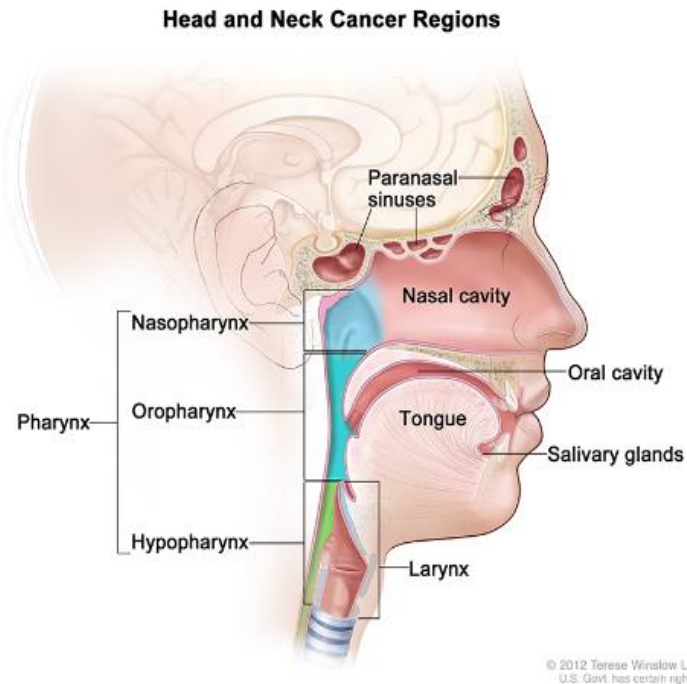
Why HPV, Flu, Pap and Fit?

- HPV link to oral cancer- this makes sense in Oral Health
- Big picture: HEDIS guidelines- health plans are graded on this
 - If we do better, they look better
 - The better we do, potentially the healthier the patient through prevention
 - Meeting goals= Incentive funds \$\$\$
 - Movement towards value based care- reimbursed based on results not visits

Dental Preventive Initiative- HPV

HPV Vaccine- anyone 9-26 years old (the recommendations will be going up to 45 soon)

According to the CDC, HPV is the most common sexually transmitted infection in the United States. HPV can spread through direct sexual contact to genital areas as well as the mouth and throat. HPV can infect the mouth and throat and cause cancers of the oropharynx (throat, base of tongue and tonsils). HPV is thought to cause 70% of oropharyngeal cancers in the US.

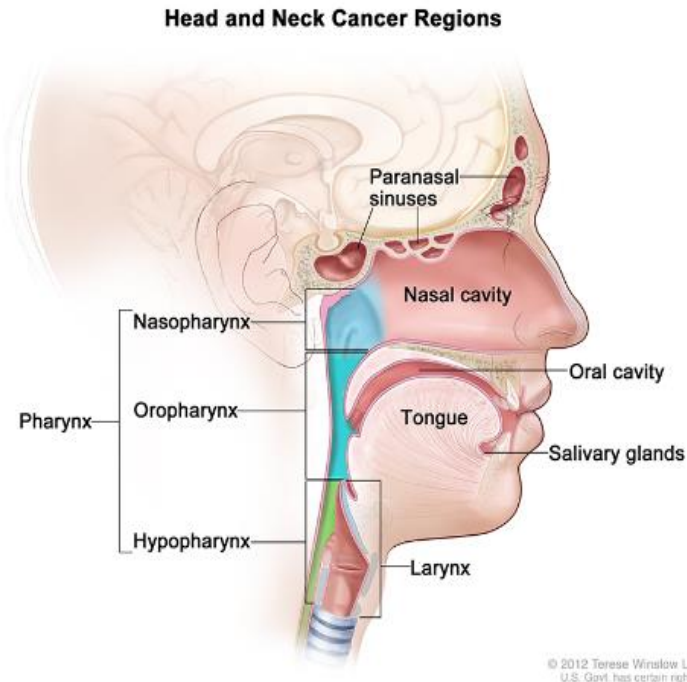


https://www.cdc.gov/cancer/hpv/basic_info/hpv_oropharyngeal.htm

Dental Preventive Initiative- HPV

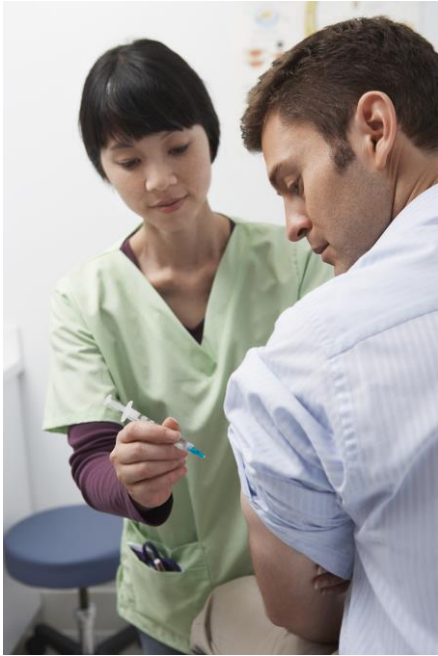
Symptoms:

- long lasting sore throat
- earaches
- hoarseness
- swollen lymph nodes
- pain when swallowing
- unexplained weight loss
- **can be asymptomatic**



https://www.cdc.gov/cancer/hpv/basic_info/hpv_oropharyngeal.htm

Dental Preventive Initiative- Flu



Flu shot- every patient is encouraged to get their flu shot every year. We work hand in hand with medical clinicians to deliver and repeat the same messaging with vaccines like the flu shot.

Dental Preventive Initiative- Pap

Cervical Cancer Screening:

Having access to patient medical records assists us in informing our female patients when they are due for a pap.

These are women 21 and above who haven't had a Pap in 3 years (or 5 years if previous Pap was with HPV co-testing).



Dental Preventive Initiative– FIT testing

We are also able to encourage FIT testing, a screening for colon cancer; target population is adults 50-75 who haven't had a colonoscopy in ten years or a Fit Test in one year.

This collaborative effort helps in reaching patients that do not visit a primary care clinician, or have not completed the test.



- Population Health Management Platform
- Connects EMRs and PMs to extract and aggregate clinical data
- Identifies at risk populations
- Quality improvement
- Improved patient satisfaction
- Revenue enhancement

DPI Workflow

- Chart prep completed 1 day prior
- PSR logs into i2i and prints alerts for patients for the following day
- i2i alerts are included in patient pass back documents
- Dental visit/treatment concludes with dentist or RDH reviewing the recommendations with the patient
- Patient is taken to referral coordinator for scheduling or warm hand off to MA

i2i Reporting – positive, sustainable outcomes for patients and providers

Date Printed: 3/5/2019

Patient Visit Summary (Preventive Care)

Patient ID: 559569	MR: 559569	Age: 14 Yrs	DOB: 12/31/2004	Sex: F
Name: Test, Gabrielle	Race: White (uds)	Date: 2/27/2019	Blood Pressure: 112/70	Weight (lbs): 110.23
Address 1: 1000 Vale Terrace	Language: English	WtC: 18.93	BMI: 43.25	BMI Percentile: 3
Address 2:	Phone:	City: Vista	PCP: Park MD, Sue	Insurance: Medi-cal
City: Vista	State: CA	ZIP: 92083	LMP: 2/12/2019	

Alerts: Protocol: Dental Exam Protocol: HPV

Upcoming Items:

Education	C	N	Labs	C	N	Procs / Refs	C	N
Smoking Cessation Ed			FIT					
Immunizations			Fecal Occult Blood					
Flu (i2i)			HPV mRNA E6/E7					
Rotavirus (2 series)			Microalb Urine µg/ml					
Tdap			High					
Tetanus (i2i)			Lead					
Pneumovax (i2i)			Other					
Shingles			Smoking Status (P)					
HPV			Excludes					

Blood Pressure	BMI	Weight (lbs)	HbA1c	LDL	Lead
Date Val	Date Val	Date Val	Date Val	Date Val	Date Val
2/27/19 112/70	2/27/19 18.93	2/27/19 110.23	10/10/18 7		
11/16/18 115/75	2/25/19 35.15	2/25/19 180			
11/16/18 110/70	11/16/18 16.97	11/16/18 102			
	11/16/18 23.43	11/16/18 120			
	10/10/18 19.14	10/10/18 98			
	9/30/18 19.96	9/30/18 10.25			

Notes:

Follow-up: WK / Mo / Yr Reason:

Patient ID: 559569 MR: 559569

Name: Test, Gabrielle

Address 1: 1000 Vale Terrace

Address 2:

City: Vista

State: CA ZIP: 92083

Age: 14 Yrs DOB: 12/31/2004 Sex: F

Race: White (uds)

Language: English

Phone:

PCP: Park MD, Sue

Insurance: Medi-cal

LMP: 2/12/2019

Date: 2/27/2019

Blood Pressure: 112/70

Weight (lbs): 110.23

BMI: 18.93

BMI Percentile: 43.25

PHQ: 3

Alerts:

Protocol: Dental Exam Protocol: HPV

Protocol: Well Child

Upcoming Items:

Education

Smoking Cessation Ed

Immunizations

- Flu (i2i)
- Rotavirus (2 series)
- Tdap
- Tetanus (i2i)
- Pneumovax (i2i)
- Shingles
- HPV

C	N
E3/1/19	
E10/8/18	
E4/20/09	

Labs

HbA1c

- FIT
- Fecal Occult Blood
- Pap Test
- HPV mRNA E6/E7
- Microalb Urine µg/ml
- Hgb
- Lead

Other

Smoking Status (P)

Problems

C	Date	R
7	10/10/2018	

Procs / Refs

- Mammogram Screening
- Colonoscopy Screening
- PAP - Diagnostic Study
- Birth Control Method
- Retinal exam
- Radiology referrals
- ASQ questionnaire
- MCHAT
- MCHAT-R

C	N
E9/30/18	
E9/30/18	

Blood Pressure

Date	Val
2/27/19	112/70
11/16/18	115/75
11/16/18	110/70

BMI

Date	Val
2/27/19	18.93
2/25/19	35.15
11/16/18	16.97
11/16/18	23.43
10/10/18	19.14
9/30/18	19.96

Weight (lbs)

Date	Val
2/27/19	110.23
2/25/19	180
11/16/18	102
11/16/18	120
10/10/18	98
9/30/18	10.25

HbA1c

Date	Val
10/10/18	7

LDL

Date	Val

Lead

Date	Val

i2i Reporting

Patient Visit Summary (Preventive Care)

Date Printed: 3/5/2019

Patient Visit Summary (Preventive Care)

Patient ID: 105971	MR: 559571	Age: 61 Yrs	DOB: 3/8/1957	Sex: M	Date: 2/19/2019
Name: Test, Father Billing	Race: Pacific Islander/Native Hawaiian (uds)	Language: Bilingual	Weight (kg): 144	Weight (lbs): 144	BMI: 31.16
Address 1: 1000 Vale Terrace	City: Vista	State: CA	ZIP: 92084	Insurance: GTCIPA	PHQ: 4

Alerts:	Protocol: Colon Cancer Screening	Protocol: Dental Exam
	Protocol: Diabetic Retinal Exam	Protocol: Flu
	Protocol: HbA1c	Protocol: PHQ-9

Upcoming Items:

Education	C	N	Lab	C	Date	R	Procs / Refs	C	N
Smoking Cessation Ed	E12/4/18		HbA1c	9	11/15/2018		Mammogram Screening		
Diabetes (i2i)			FIT				Colonoscopy Screening		
Nutrition (NQF)			Fecal Occult Blood				PAP - Diagnostic Study		
Smoking Cessation			Pap Test				Birth Control Method		
Immunizations			HPV mRNA E6/E7				Retinal exam		
Flu (i2i)			Microal Urine µg/ml				Radiology referrals		
Rotavirus (2 series)			Hgb				ASQ questionnaire		
Tdap	E11/30/18		Lead				MCHAT		
Tetanus (i2i)	E11/30/18		Other				MCHAT-R		
Pneumovax (i2i)	E11/30/18		Smoking Status (P)	Current			Dental Visit (i2i)		
Shingles			Problems				Depression Screening (
HPV							Foot Screening (i2i)	E2/26/19	

Blood Pressure	BMI	Weight (lbs)	HbA1c	LDL	Lead
Date Val	Date Val	Date Val	Date Val	Date Val	Date Val
2/19/19 138/86	2/19/19 31.16	2/19/19 144	11/15/18 9		
1/28/19 145/90	2/13/19 31.59	2/13/19 146			
1/24/19 130/80	2/4/19 32.24	2/4/19 149			
11/15/18 130/102	1/28/19 50.85	1/28/19 235			
11/15/18 128/90	11/15/18 22.07	11/15/18 102			
10/3/18 136/79	11/15/18 64.91	11/15/18 300			

Notes:
Follow-Up: WK/Mo/Yr Reason:

Patient ID: 559571	MR: 559571	Age: 61 Yrs	DOB: 3/8/1957	Sex: M
Name: Test, Father Billing	Race: Pacific Islander/Native Hawaiian (uds)	Language: Bilingual	Weight (kg): 144	Weight (lbs): 144
Address 1: 1000 Vale Terrace	City: Vista	State: CA	ZIP: 92084	Insurance: GTCIPA

Age: 61 Yrs	DOB: 3/8/1957	Sex: M
Race: Pacific Islander/Native Hawaiian (uds)	Language: Bilingual	Weight (kg): 144
Weight (lbs): 144	BMI: 31.16	BMI Percentile: 4
PHQ: 4		

Last Vitals	This Visit
Date: 2/19/2019	
Weight Pressure: 138/86	
Weight (lbs): 144	
BMI: 31.16	
BMI Percentile: 4	
PHQ: 4	

Alerts:

Protocol: Colon Cancer Screening	Protocol: Dental Exam
Protocol: Diabetic Retinal Exam	Protocol: Flu
Protocol: HbA1c	Protocol: PHQ-9

Upcoming Items:

Education

C	N
E12/4/18	

C	N
E11/30/18	
E11/30/18	

Immunizations

C	N
E11/30/18	
E11/30/18	

C	N

C	N

C	N

C	N

C	N

C	N

C	N

C	N

C	N

C	N

C	N

C	N

C	N

C	N

C	N

C	N

C	N

Lab

C	Date	R
9	11/15/2018	

C	Date	R

C	Date	R

C	Date	R

C	Date	R

C	Date	R

C	Date	R

C	Date	R

C	Date	R

C	Date	R

Procs / Refs

C	Date	R

C	Date	R

C	Date	R

C	Date	R

C	Date	R

C	Date	R

C	Date	R

C	Date	R

C	Date	R

C	Date	R

Blood Pressure

Date	Val
2/19/19	138/86
1/28/19	145/90
1/24/19	130/80
11/15/18	130/102
11/15/18	128/90
10/3/18	136/79

BMI

Date	Val
2/19/19	31.16
2/13/19	31.59
2/4/19	32.24
1/28/19	50.85
11/15/18	22.07
11/15/18	64.91

Weight (lbs)

Date	Val
2/19/19	144
2/13/19	146
2/4/19	149
1/28/19	235
11/15/18	102
11/15/18	300

HbA1c

Date	Val
11/15/18	9

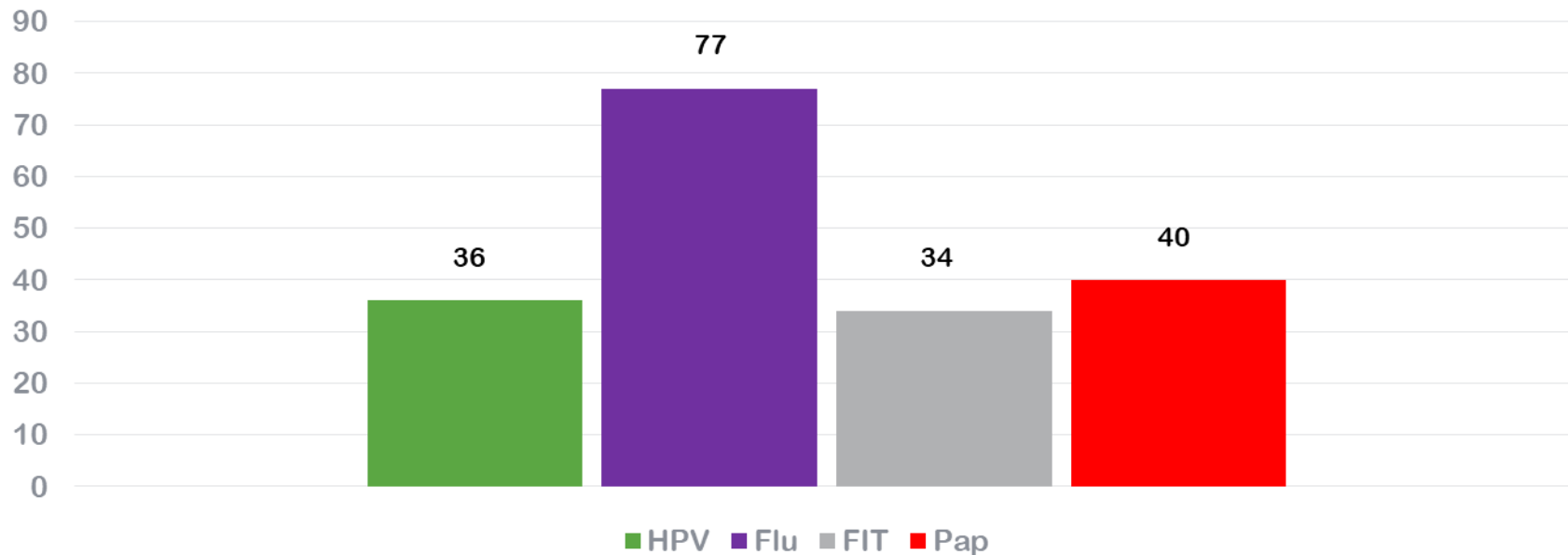
LDL

Date	Val

Lead

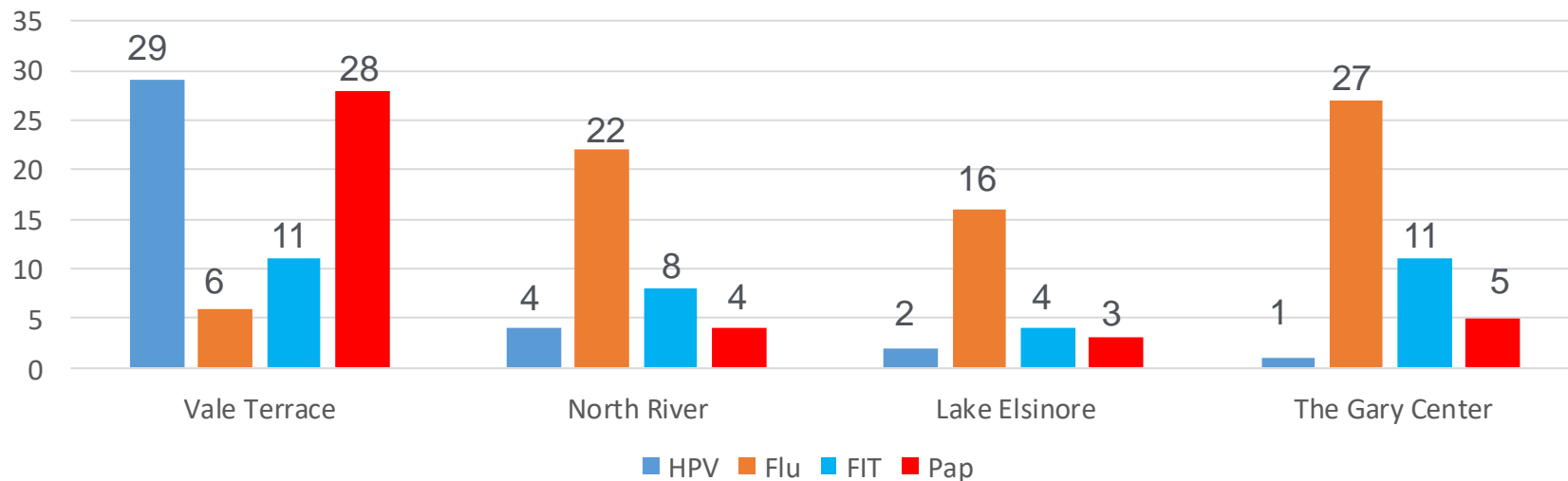
Date	Val

Successes March – October 2019



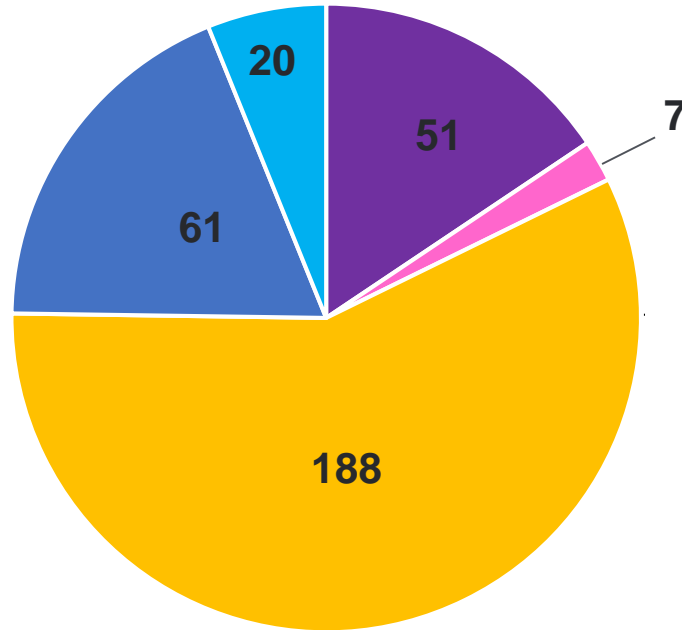
March – October 2019 by site

Chart Title



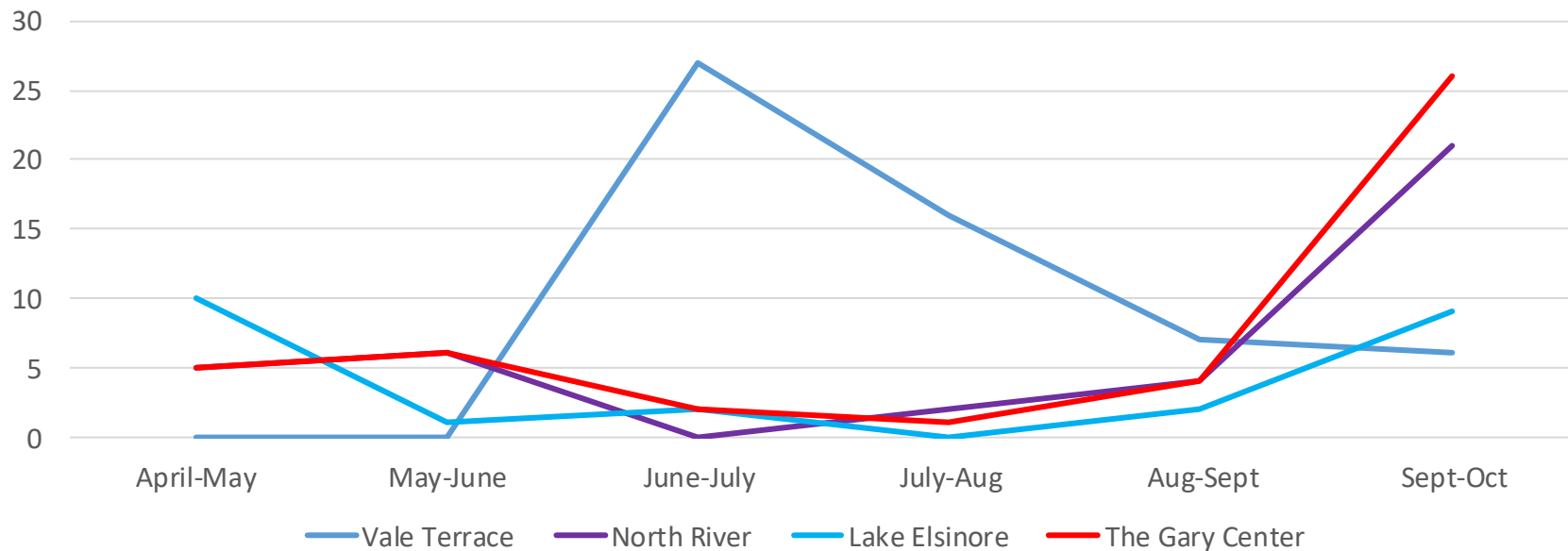
Miscellaneous Measures (positive side effects)

March-October

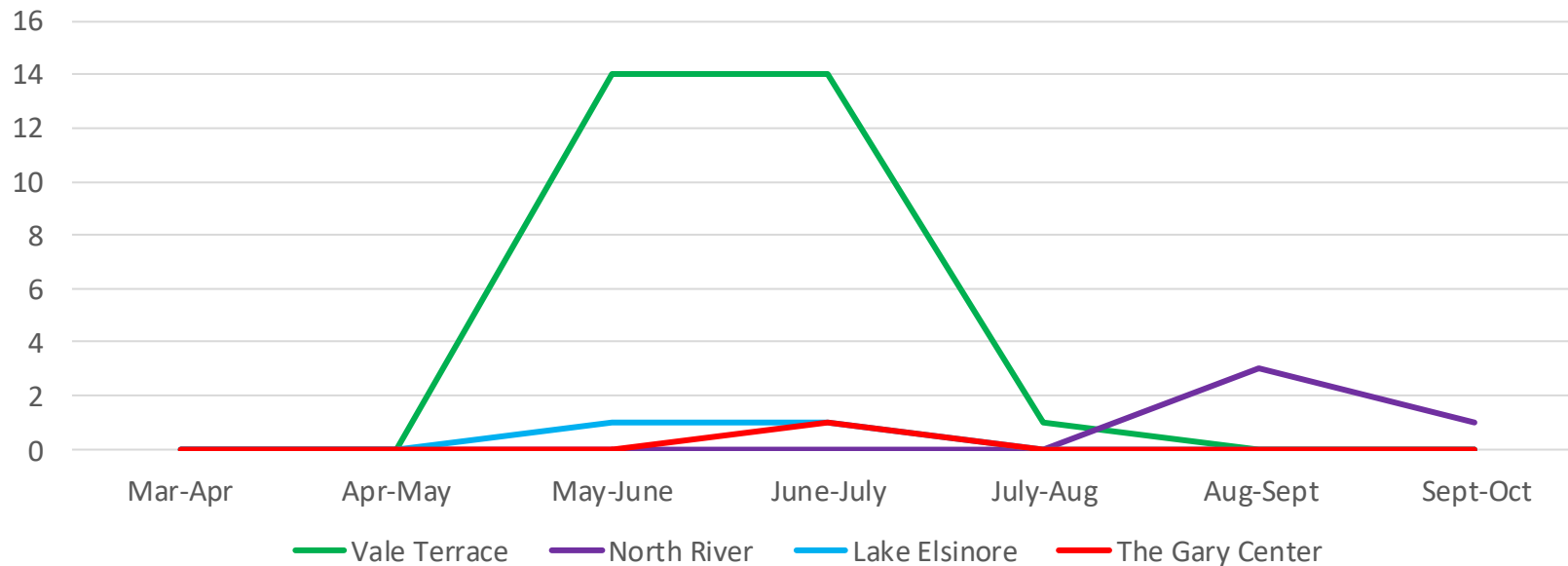


■ Tdaps ■ Mammograms ■ Adult annual exams ■ Routine well-child exams ■ Immunizations

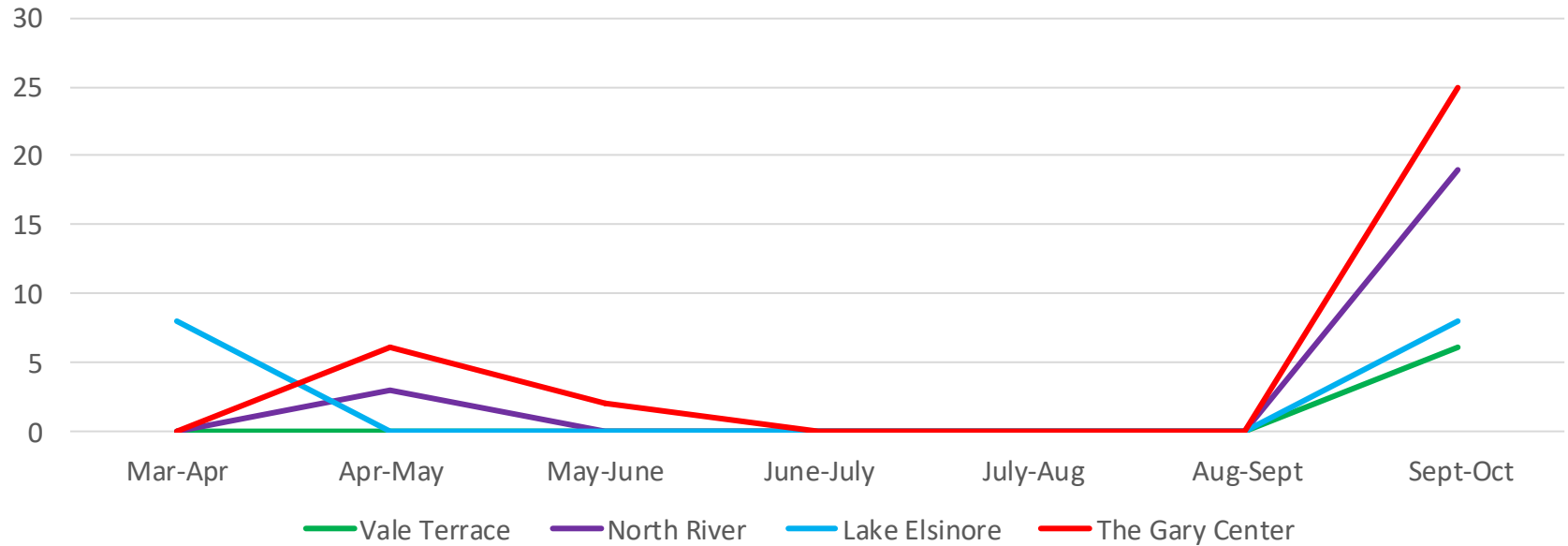
Trends by Site



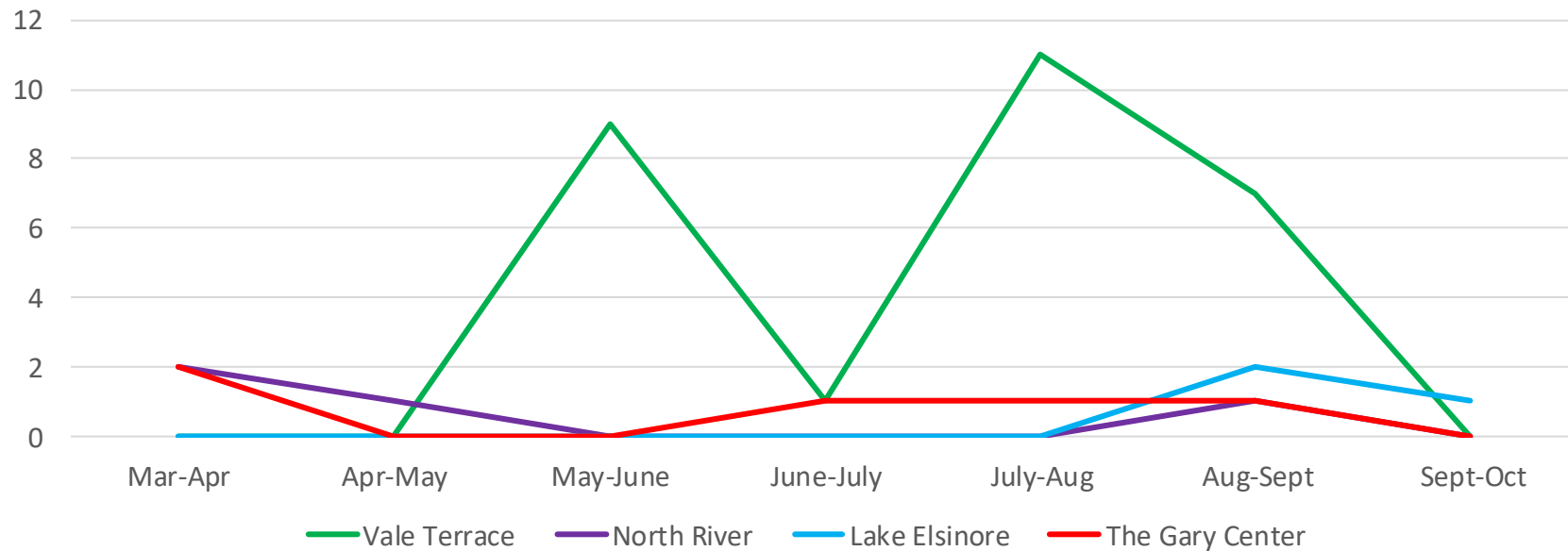
HPV

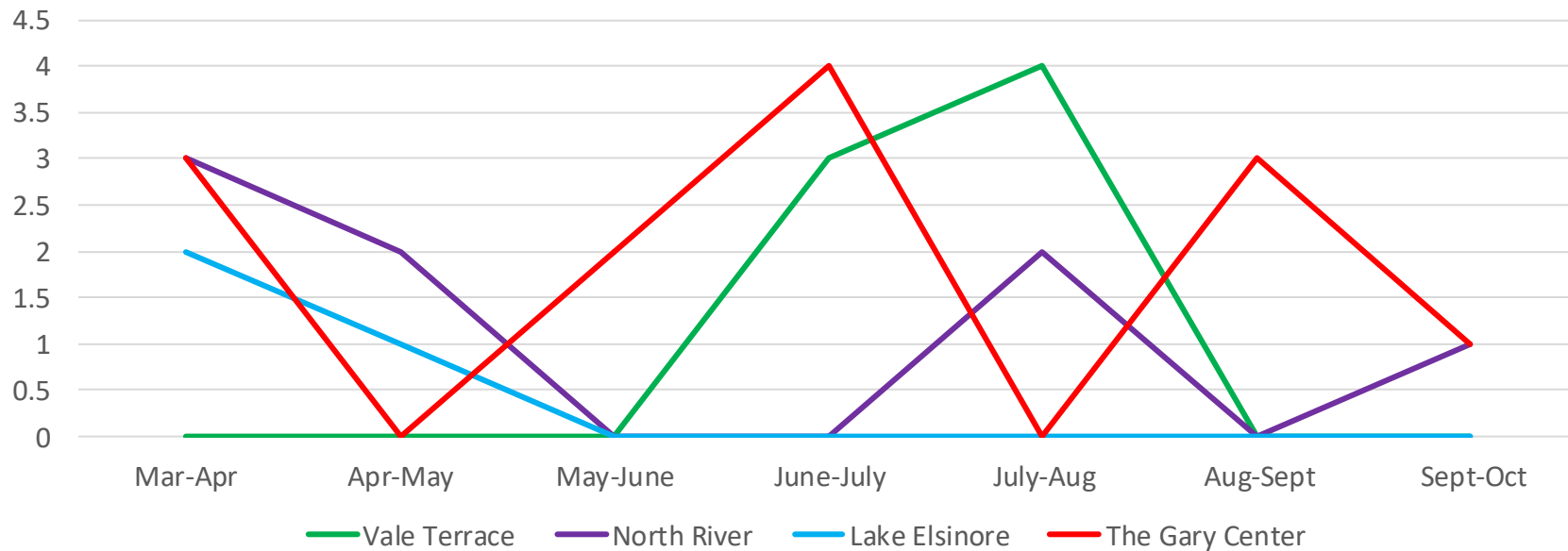


Flu



Pap





VCC Clinical Quality Department

- New this year!
- Lean Six Sigma Training- collaborative team efforts to improve performance
- Assistance from Quality Improvement to stabilize, improve workflows and performance and accurately track data

The Future: Dental and Behavioral Health Collaboration

- Initiative of 2020 to begin depression screening in dental
- Utilizing PHQ forms
- Referrals as necessary
- Develop system to gain assistance from behavioral health staff to assist in visits with patients that have a high level of dental anxiety; “bravery coach”