SMILES DENTAL PROJECT® EVALUATION

PURPOSE

Below is a brief summary of the evaluation approach. Please don't hesitate to contact us if you would like more details about the evaluation.

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The goal of SMILES Dental Project evaluation is to assess whether the project meets the following objectives:
- Expand access to dental services for underserved and high-risk populations
- Provide high-quality care
- Develop financially-sustainable models for delivering SMILES services
- Deliver satisfactory care to patients and families
- Decrease the burden of untreated disease for SMILES patients

The essential components of the SMILES Dental Project evaluation framework include:
- Engage stakeholders
- Document and inform the project's process
- Understand the project's successes and failures
- Describe the program for replication/expansion
- Gather credible evidence that can be trusted and shared
- Justify conclusions
- Share best-practices/disseminate findings
- Present rationale/evidence to support policy change

OVERVIEW OF EVALUATION APPROACH

Process and outcomes. This evaluation aims to assess 1) the *process* of implementing the SMILES Dental Project in Colorado communities, and 2) the impact of the SMILES Dental Project on its stated goals on improving oral health *outcomes* of Coloradans.

REAIM. The evaluation uses the REAIM framework to measure the *reach* of the SMILES Dental Project, its *effectiveness* at meeting its stated goals, and the factors that influence the *adoption, implementation and maintenance* of the evidence-based dentistry, telehealth-connected, team-based care.

Multilevel. Multilevel data will be collected from the various stakeholders who will influence and will be impacted by the SMILES Dental Project including community, dental leadership, dental practices, dental providers, patients and others.

Mixed methods. The evaluation approach will include the collection of both qualitative and quantitative data.

Purposeful. The evaluation team will work with each SMILES community to optimize the collection of purposeful, quality evaluation data that are meaningful and usable.

Tailored. Recognizing that each SMILES community is different, the evaluation team will tailor the evaluation as needed to gather data from the SMILES teams that are collectable and relevant to the team.

Sensitive. The evaluation team understands that each SMILES team has different resources and data-collection mechanisms, and that collecting evaluation data takes time and effort to set up and implement.

Dynamic. As the SMILES Dental Project evolves, there will be things that come up that evaluation staff haven't anticipated, but that are important to understand. The evaluation approach will be dynamic as the project grows.

EVALUATION COMPONENTS

The multilevel evaluation consists of:

- **Site observations**
    - What: 360-degree observations of practices and their experiences
    - Who: evaluation and implementation staff
    - When: during planning, implementation and maintenance
    - How: structured observation tool
    - Why:
        - What are the various characteristics of the different SMILES Dental Project communities?
        - Who are the leaders implementing the SMILES Dental Project?
        - How engaged are the communities in participating in the SMILES Dental Project?
        - What are the baseline challenges of the SMILES community that need to be overcome for SMILES success?
        - What do the built environments of the models of care look like?

- **Process observations**
    - What: documentation of the multilevel processes of the development and implementation of the SMILES Dental Project
    - Who: evaluation and implementation staff
    - When: from planning to project completion
    - How: notes, minutes, diaries, observations, other
    - Why:
        - What are the multilevel factors that influence the adoption, implementation and maintenance of the SMILES Dental Project?
        - What are the multilevel factors that impact the successes/failures of the adoption, implementation and maintenance of the SMILES Dental Project?

- **Community-level stakeholder focus groups and interviews**
    - What: qualitative interviews and focus groups of the project stakeholders including community partners, dental leadership, dental practices, dental providers, patients and others
    - Who: evaluation staff
    - When: pre- and post-project implementation
    - How: phone and face-to-face
    - Why:
        - What is the impact of the SMILES Dental Project on the dental practice, dentist, dental hygienist, community partners?
        - What lessons were learned about providing dental services via a telehealth-connected team?
        - What are key elements of success in implementing the SMILES Dental Project in a community?
        - What are the factors that either promote or create barriers to building sustainable models?
        - What is the satisfaction level of the patient/community partners/dental staff with this model?
        - What are the results of expanding the scope of care for RDHs for this model?
        - What further health policy change(s) is needed to strength/expand or more fully develop the model?

- **Practice-level service metrics**
    - What: SMILES visit data
    - Who: SMILES practices
    - When: monthly until quality confirmed, then quarterly
    - How: metric data tool

- o Why:
  - What is the reach of the SMILES Dental Project?
  - What populations are being served?
  - What services are being delivered?
  - How is the expanded scope of care for dental hygienists in Colorado being utilized?
  - Has the SMILES Dental Project expanded access to dental services?
  - Has the SMILES Dental Project reduced the unmet need for dental services?

- **Patient-level disease data**
  - o What: SMILES patient dental disease data
  - o Who: SMILES practices
  - o When: monthly until quality confirmed, then quarterly
  - o How: metric data tool
  - o Why:
    - What is the impact of the SMILES Dental Project on dental disease?
    - Is the SMILES Dental Project managing the communities' oral health needs?
    - Are treatment plans meeting the oral health needs of the populations served?

- **Practice-level financial sustainability data**
  - o What: SMILES practice-level level project-related expenses and revenue
  - o Who: SMILES practices
  - o When: quarterly until quality confirmed then biannually
  - o How: Caring for Colorado Foundation financial grant report
    - Does implementing the SMILES Dental Project in a practice increase costs to the practice, decrease costs, or is it cost-neutral?

- **Patient-level satisfaction surveys**
  - o What: SMILES patient survey
  - o Who: SMILES practices distribute to patients
  - o When: After care-delivery models are built and functioning (1-2 years into the project)
  - o How: Survey (English & Spanish) given to patient at visit
  - o Why:
    - What are patients' perspectives on this innovative care-delivery model?
    - What are patients' perspectives on receiving ITRs?
    - What are patient's attitudes about receiving care in the community setting?

- **Population-based insurance claims data**
  - o What: Patient-level insurance claims data
  - o Who: SMILES practices provide evaluation team with patient name, DOB, dental insurance ID; evaluation team collects and analyzes insurance claims data
  - o When: collected from every patient by SMILES practice; collected from SMILES practice by evaluation team twice a year
  - o How: Secure data transfer of patient information
  - o Why:
    - What is the impact of the SMILES Dental Project on the population served?
    - How do the statewide insurance-level claims for dental procedures of patients receiving care within the SMILES communities compare to those receiving standard dental care?
    - What are the long-term impacts on dental care of the patients receiving care in the SMILES Dental Project

EVALUATION TEAM

The SMILES Dental Project is being evaluated through the University of Colorado Anschutz Medical Campus Adult and Children Consortium for Outcomes Research and Dissemination Science (ACCORDS) under the leadership of Patricia Braun, MD, MPH, FAAP. The evaluation project manager is Katina Widmer-Racich, MA.

Adult and Child Consortium for Health Outcomes Research and Delivery Science (ACCORDS)
ACCORDS is a consortium within the University of Colorado community; as such, it serves as a nexus for multidisciplinary health services research across the various schools (i.e., Medicine, Pharmacy, Nursing, Public Health, etc.), and for the departments of the School of Medicine (Family Medicine, Pediatric Medicine, etc.). ACCORDS has been the development and organization center for more than 100 large-scale awards since its inception, totaling more than $50M.

ACCORDS is a health services research organization providing infrastructure support and expertise via a team of experienced research scientists in practice-based research, pragmatic clinical trials, health information technology, mixed-methods evaluation, data center management, and biostatistics. Scientific collaboration occurs among a team of scientists that work across disciplines and interests to form a vital and thriving scientific community. The mission of ACCORDS is to contribute to improving health, both locally and nationally, by conducting state-of-the-art outcomes and community translational research that will impact clinical practice and health policy, and by developing researchers to advance this work.

Dr. Patricia Braun is a national expert on pediatric oral health who has developed a strong research and evaluation record. Her research focuses on oral health disparities in young children. She has won several research grants and evaluation contracts from both foundations and federal agencies to advance this research. She designed and led the evaluation of Colorado's Cavity Free at Three Program, a statewide program funded by six Colorado foundations designed to address the oral health of low-income children, and she and Katina are leading the evaluation of the Colorado Medical Dental Integration Project (CO MDI), a Delta Dental of Colorado Foundation-funded project. This project aims to increase access to preventive oral healthcare for low-income children by integrating dental hygienists into safety-net medical practices. Dr. Braun has also completed work funded through the National Institute of Dental and Craniofacial Research (NIDCR), including a cluster-randomized community trial of an oral health promotion intervention in Navajo Nation Head Start, and the development and feasibility testing of short, narrative oral health behavior-change videos. Additionally, she serves as a member of the American Academy of Pediatrics Section on Oral Health Executive Committee and is a Santa Fe Group Founders Fellow.

Catia Chávez earned her Master in Public Health with a focus in Community and Behavioral Health from the Colorado School of Public Health, CSPH, at the University of Colorado Denver. She has spent more than 15 years working with the Latino community in Colorado in education and public health programs. She has experience doing Community Based Participatory Research, Qualitative Research and Evaluation and Management of Programs. Currently, she works at UCD - ACCORDS as a Project Manager and at the mHealth Impact lab at the CSPH, where she is doing Qualitative Research.