Dental Transformation Road Map

CareQuest Institute for Oral Health®

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Overview

The road map outlines how Primary Care Associations (PCAs) and Community Health Centers (CHCs) can work together to advance clinics from early readiness to full implementation and scaling of value-based, integrated oral health care. It is designed to strengthen PCA knowledge of oral health value-based care and to guide their support for CHCs as they prepare and transform their dental programs for value-based care models.

How to Use This Road Map

Use this road map as a practical guide to plan, sequence, and monitor activities that promote dental transformation within CHCs.

- **Start with Readiness:** Review the early-stage actions to assess current capabilities, understand gaps, and align stakeholders.
- **Follow the Stages:** Progress through each phase—readiness and action planning, technical assistance (TA), and building data support—to ensure that PCA efforts and clinic activities stay coordinated and mutually reinforcing.
- **Apply Tools & Resources:** Use the recommended tools, best practices, and milestones in each section to support training, TA, and operational improvements.
- **Track Progress:** Regularly revisit the road map to evaluate advancement, identify emerging needs, and adjust strategies to maintain momentum.
- **Promote Consistency:** Share the road map with internal teams, CHC partners, and leadership to ensure a common understanding of goals and expectations.

Topic 1

PCA Readiness & Action Planning

Purpose: Assess internal current state of PCA support to dental programs on value-based care (VBC) readiness and create an action plan to increase knowledge, confidence, and infrastructure, to support Community Health Center dental programs in preparing for VBC delivery models inclusive of oral health.

Objective 1.1: Establish a baseline of PCA's capacity, infrastructure and resources to provide TA to members on VBC.

Action Step:

- Complete a baseline survey to assess PCAs' knowledge, confidence, and infrastructure on VBC in oral health. **Click here** to complete survey.

ABOUT THE SURVEY

Objective 1.2: Increase confidence and knowledge to support oral health VBC to members.

Action Step:

- Increase knowledge and confidence (for example, via **self-paced courses**) about oral health VBC.

Objective 1.3: Complete a SWOT analysis and identify gaps, prioritize solutions to address gaps in an action plan. Refer to baseline survey results to identify areas for improvement.

Action Steps:

- Review baseline survey results and complete SWOT analysis.
- Create an action plan to provide TA support to members on oral health VBC.

SEE APPENDIX (B) SWOT ANALYSIS AND APPENDIX (C) ACTION PLANNING WORKSHEET

Objective 1.4: Strategize and design new programs and TA services to members on oral health VBC and build off existing programs and resources.

Action Steps:

- Discuss internally what programs and TA exist that promote VBC—for example, medical integration, person-centered care, quality improvement, data and payment—and how oral health can be included.
- Assign an oral health champion within the PCA to represent oral health in VBC-related meetings and workgroups.

SEE TA RECOMMENDATIONS TOPIC 3.

Topic 1 PCA Milestones:

- ☐ **Baseline Survey**
- ☐ **Complete Modules**
  - ☐ VBC 101
  - ☐ Population Health
  - ☐ Leadership
  - ☐ Role of Data
- ☐ **SWOT Analysis**
- ☐ **Action Plan**
- ☐ **Assign Oral Health Champion**

Topic 2

Clinic Readiness & Action Planning

Purpose: Assess the current state of the Community Health Centers dental program across five domains (leadership, prevention, integration, payment, and analytics/CHCs) and capture baseline readiness for integrated, VBC.

Objective 2.1: Establish baselines of the dental clinics in current state across 5 domains and identify training and resource needs.

Action Step:

- Distribute **VBC Readiness Assessment** to CHC executive and dental clinical leadership.

Objective 2.2: Analyze results of the VBC Assessment with CHC admin and clinical leaders, support staff, and providers to identify training and resource needs and create SWOT analysis.

Action Steps:

- Review the VBC Readiness Assessment results and complete SWOT analysis.

SEE APPENDIX (B) SWOT ANALYSIS

- Identify gaps and prioritize areas to focus on and test change ideas.
- Assess the current state of the care environment and identify challenges and opportunities for VBC and payment in your service delivery area and communities served.

CLICK HERE TO EXPLORE THE COMMUNITY HEALTH NEEDS ASSESSMENT

Objective 2.3: Create a 12–18-month action plan using data insights from your VBC readiness assessment.

Action Steps:

- As a team, finalize the top 5 change ideas and implementation action steps into the VBC Readiness Assessment template provided.
- Assign roles and who is responsible for carrying out each action step, add in a due date for completing each action step share with team, and determine who will be a champion to monitor the plan.
- Update progress on implementing the action steps monthly and pull data to see if the change idea is working.

Objective 2.4: Test change ideas and action steps using a continuous quality improvement process.

Action Steps:

- Refer to the PDSA guide and follow the instructions to test change ideas on a small scale and measure results.
- Monitor the progress of implementing the readiness plan monthly to ensure that everyone is carrying out their assigned action steps and providing feedback and data about effectiveness of the change idea.

SEE THE APPENDIX (D) DENTAL TRANSFORMATION CHANGE PACKET; APPENDIX (E) PDSA CYCLE; AND APPENDIX (F) DENTAL TRANSFORMATION READINESS PLAN

Topic 2 Community Health Clinic Milestones:

- ☐ VBC Readiness Assessment
- ☐ SWOT Analysis
- ☐ Community Needs Assessment
- ☐ Dental Transformation Change Packet
  - ☐ PDSA
  - ☐ Dental Transformation Readiness Plan Guide and Template

Topic 3

PCA Support and Recommended Technical Assistance to Community Health Centers

Purpose: A list of TA options PCAs can provide to Community Health Center dental teams, varying from self-paced education and training to customized 1:1 support. Within each option there are action steps the PCAs can take to support the CHCs based on VBC Assessment, SWOT Analysis and action plan. Determining which TA support is right for your members depends on resources, time, clinic buy-in, and willingness and readiness.

TA 3.1: Site Visits

Objectives:

- Build trust and strengthen relationships with CHC leadership, providers, and staff.
- Validate baseline analyses and identify operational, clinical, and data-related gaps.
- Provide targeted, context-specific recommendations tied to VBC readiness.
- Support CHCs in converting findings into clear priorities and next steps.

Action Steps:

- Identify CHCs that are requesting support and are ready to implement improvements to transform their dental operations and prepare for VBC and payment.
- Establish site visit tools for PCA liaison to create a process for documenting observations, sharing findings, gathering feedback, and reporting recommendations for improvement.

SEE APPENDIX (G) FOR THE PCA SITE VISIT CHECKLIST

How PCAs Support CHCs During Site Visits

Site visits provide CHCs with high-touch, tailored TA that strengthens relationships, deepens engagement, and accelerates readiness for VBC. By observing real-time operations and speaking directly with frontline teams, PCAs gain insights that often do not appear in data alone. These visits create space for meaningful dialogue, collaborative problem-solving, and actionable planning grounded in each clinic's unique environment. A well-planned site visit establishes trust, aligns expectations, and enables CHCs to turn recommendations into tangible operational and clinical improvements.

TA 3.2: Live and On-Demand Training and Education

Purpose: Provide Community Health Centers (CHCs) with accessible, scalable education and training that builds foundational and advanced knowledge in oral health VBC. Through a mix of on-demand learning, live webinars, case studies, and leadership engagement, PCAs strengthen a clinic's ability to understand VBC principles, apply evidence-based practices, and integrate oral health into whole-person care models. This training helps CHCs develop shared language, build cross-team alignment, and prepare providers, staff, and leaders to transition successfully to value-based delivery and payment models.

Objectives:

- Provide CHC members with ongoing self-paced education and training opportunities to increase their knowledge and ability to implement VBC delivery models.
- Recommend a TA pathway (coaching, workshops, data support) for ongoing support.

Action Steps:

- Share or link to on-demand VBC modules tailored to oral health to build foundational knowledge at each clinic's pace.
- Curate and distribute webinars, videos, and resource libraries that explain key VBC concepts, preventive care strategies, integration models, and data-driven improvement.
- Provide a list of top VBC articles, research, and practical tools CHCs can use to deepen their understanding.
- Offer live webinars or learning sessions using in-house expertise or by engaging external consultants and subject-matter experts (SMEs) specializing in oral health VBC transformation.
- Recommend vetted SMEs who can lead deeper dives into topics such as risk-based care, medical-dental integration, quality improvement, or payment transformation.
- Highlight case studies of CHCs that have advanced oral health VBC, showcasing their journey, lessons learned, and the operational and clinical changes that enabled success.
- Provide examples of successful workflows, change ideas, team structures, and integration strategies that clinics can adapt.
- Hold sessions or briefings with CEOs, COOs, CFOs, CMOs, and CDOs to build shared understanding of oral health's role in VBC delivery across the organization.
- Establish an ongoing communication cadence with leadership to ensure alignment around goals, priorities, and needed resources for VBC transformation.

TA 3.3: Coaching & Office Hours

Purpose: Coaching calls are a core PCA support mechanism designed to help CHSs move from readiness to implementation across the dental transformation road map. These structured touchpoints allow PCAs to provide targeted guidance, reinforce key concepts from the VBC Readiness Assessment, and help clinics translate insights into practical next steps. As CHCs begin testing or implementing elements of their VBC Readiness Plans, coaching calls create a reliable forum for problem-solving, accountability, and shared learning.

Objectives:

- Maintain steady momentum between major TA touchpoints (site visits, workshops).
- Provide tailored and scalable support across diverse CHC environments.
- Strengthen relationships with dental and executive leadership teams.
- Ensure alignment between clinic level work and statewide transformation goals.

Action Steps:

- Create a process for offering coaching calls and office hours.
- Review clinics baseline assessment, action plans and supporting data prior to coaching call.
- Prepare a list of questions and discussion prompts.
- Develop an agenda and send to CHC prior to coaching call.

How PCAs Support CHCs During Coaching Calls

- Interpreting and operationalizing VBC Readiness Assessment results—helping CHCs understand their baseline across leadership, prevention, integration, payment, and analytics/HIT.
- Revisiting SWOT findings to ensure identified gaps, whether operational, clinical, or data related—are being addressed systematically.
- Supporting refinement of 12–18 month readiness aligned action plans, ensuring clinics prioritize realistic and high-impact change ideas directly tied to assessment findings.
- Guiding clinics in launching PDSA cycles to test and validate workflow changes, enabling continuous learning and improvement.
- Turning metric reviews into action, strengthening the connection between data insights and frontline operational changes—an essential progression step in the road map.

Coaching calls effectively bridge the gap between planning and execution, helping CHCs build confidence, troubleshoot challenges, and sustain progress as they move toward integrated, value based oral health care.

TA 3.4: Training Workshops

Purpose: In-person training workshops provide CHC teams with valuable opportunities to network, learn from peers, and collaborate with external subject-matter experts (SMEs) who offer practical, hands-on solutions. These sessions help build shared understanding, foster collective problem-solving, and strengthen confidence as clinics begin planning for dental transformation. Because participants come from diverse clinical roles and have varying levels of experience, workshops should balance foundational concepts with practical tools to ensure relevance for all attendees. While challenges such as travel costs, full-day staff release, and operational constraints may limit participation, thoughtfully designed workshops that prioritize engagement, interactivity, and real-world application can meaningfully accelerate clinic readiness for integrated, value-based oral health care.

Objective: Facilitate in person training workshop(s) to provide CHC members with interactive, hands-on education and training opportunities to network and increase their knowledge and ability to implement VBC delivery models.

Action Steps:

- Identify an opportunity to provide and host an in-person VBC training workshop.
- Gauge the members' interest in attending an in-person training workshop.
- Outline a budget and obtain funding to support costs.
- Refer to the training workshop checklist for planning an in-person training workshop.

SEE APPENDIX (H) FOR THE TRAINING WORKSHOP PLANNING CHECKLIST

Recommendations on Building Data Measurement and Capacity

Purpose: Build a robust, reliable VBC data measurement system that enables PCAs to help clinics understand performance, identify risk, close care gaps, and manage cost and quality across populations. A strong VBC-aligned data infrastructure allows PCAs to translate complex data into actionable insights—such as identifying high-risk patients who are overdue for preventive oral health services, pinpointing missed integration opportunities between medical and dental care, detecting coding and documentation gaps that suppress reimbursement, or highlighting disparities in outcomes by race, ethnicity, or language.

Objectives:

- Strengthen clinic readiness for VBC by building literacy in interpreting oral health and whole-person VBC metrics—including quality, integration, utilization, and financial indicators.
- Ensure clinics can produce reliable VBC-aligned data by assessing and improving data infrastructure, governance, and workflows.
- Enable clinics to act on data insights by connecting metrics to improvement opportunities, PDSA cycles, and change ideas that drive prevention, integration, and efficiency.
- Support clinics in preparing for alternative payment models by helping them link performance metrics to cost management, resource use, and population-level outcomes.

Action Steps:

- Deliver an aligned oral metric overview with clear definitions, examples, and use cases for priority oral-health and whole-person VBC metrics.
- Support clinics with analytics and insights about how to use the metrics, for example:
  - » Identifying populations with high disease burden and low preventive utilization.
  - » Highlighting gaps in continuity of care, such as patients not returning for recommended recalls.
  - » Detecting underuse of caries-risk assessments that are tied to preventive interventions.
  - » Comparing medical-dental integration touchpoints, such as fluoride varnish rates for pediatric primary care patients.
  - » Flagging disparities across SDOH data to guide equity-focused improvement.
- Assist the clinics with examining and improving systems needed to measure VBC performance by assessing:
  - » Data sources (EHR, dental module, registries, UDS, claims).
  - » Refresh cadence and reliability of updates.
  - » Ownership and governance (Who pulls? Who validates? Who acts?).
  - » Data flows that support dashboard creation and population-level monitoring.

Examples of insights this enables:

- Identifying coding inconsistencies that depress quality scores or revenue.
- Pinpointing missing fields needed for VBC contracts (e.g., risk scores, race/ethnicity, payer attribution).
- Ensuring the clinic can reconcile claims vs. encounter data to validate performance and financial impact.

- Walk clinics through existing dashboards—UDS, dental dashboards, population health platforms—to illustrate:
  - How to interpret quality performance trends.
  - How to detect care gaps (preventive, chronic disease, risk-based care).
  - How to identify low-value variation or workflow inefficiencies.
  - How daily huddles, weekly reviews, and monthly leadership meetings should use data to trigger action.
  - Example actionable insights:
    - Identifying patients attributed in an APM who have not been seen by dental in 12 months.
    - Highlighting clinics with high no-show rates during hygiene blocks, reducing preventive access.
    - Showing variation between provider productivity and value-based outcomes, supporting coaching.

- PCAs create and share benchmarks using UDS, NACHC Chartbook, and statewide data to help clinics:
  - Set realistic targets for preventive rates, sealants, risk assessment completion, integration metrics, and access.
  - Compare performance to peers to detect outliers or opportunities.
  - Understand where they must improve to succeed in managed care or dental APMs.

- Strengthen partnerships with population health data platforms

- Work with platforms such as Azara DRVS (including the dental module) to:
  - Map oral-health data for integration with medical data.
  - Support population management workflows.
  - Provide integrated dashboards that tie dental performance to whole-person outcomes and total cost of care.

Example actionable insights:

- Identifying patients with emergency department dental utilization and designing interventions.
- Aligning medical and dental data to improve chronic disease outcomes (e.g., diabetes + periodontal care).

Example resources:

- Starter metric set (5–10 VBC-relevant measures) with owners, definitions, targets, and review cadence.
- Draft reporting rhythm for daily huddles, weekly team reviews, and monthly leadership checks.
- Simple VBC-aligned data map showing where each metric originates, who owns it, and how it flows into dashboards.

With these insights, PCAs can guide clinics in redesigning workflows, strengthening care teams, optimizing prevention strategies, and preparing for alternative payment models that reward quality and whole-person outcomes rather than volume.

Appendix A

Description of Self-Paced Courses

VALUE-BASED CARE IN ORAL HEALTH: PRINCIPLES AND PRACTICE

- Define value-based care.
- Describe the complex challenges of the US health care system.
- Explain the benefits of value-based care.
- Identify the key drivers of value-based care, including alternative payment models.

THE ROLE OF DATA IN ORAL HEALTH

- Identify the importance of data for success in financial and outcome tracking.
- Recognize the key components of data collection and useability.
- Recognize the role of data in quality improvement and value transformation.

ORAL HEALTH AS A DRIVER OF POPULATION HEALTH

- Define population health.
- Describe how population health offers an effective framework to manage oral health conditions for large groups.
- Discuss population health as a facilitator for value-based care.
- Identify components of population health in your community.

INTEGRATION AND COORDINATION TO IMPROVE THE PATIENT EXPERIENCE

- Describe the importance of a person-centered approach to care.
- Define care coordination, oral health integration, and interoperability.
- Describe how care coordination, integrated care, and interoperability support person-centered care.
- Recognize the value of coordinated care, referral tracking and management, and screenings to support whole-person health.
- Describe the purpose of standardizing the oral health information exchange.

CREATING A CULTURE OF IMPROVEMENT

- Identify the steps of quality improvement processes.
- Describe the roles and responsibilities of leaders and other team members to devise a successful quality improvement process.
- Analyze resources, data, and ideas to support a quality improvement process.

Appendix B

SWOT Analysis Worksheet

Review the baseline readiness survey results. Work with your team or partners to identify your organization's internal and external factors that affect readiness for oral health VBC.

CATEGORY	GUIDING QUESTIONS AND NOTES:
STRENGTHS	**WHERE DO WE ALREADY SUPPORT INTEGRATION OR VALUE-BASED READINESS?**
WEAKNESSES	**WHAT INTERNAL LIMITATIONS OR GAPS COULD SLOW PROGRESS?**
OPPORTUNITIES	**WHAT EXTERNAL TRENDS, PARTNERSHIPS, OR POLICY SHIFTS CAN WE LEVERAGE?**
THREATS	**WHAT RISKS OR BARRIERS COULD PREVENT SUCCESS?**
THEMES	**WHAT ARE THE KEY TAKEAWAYS OR COMMON THEMES FROM OUR ANALYSIS?**

Appendix C

PCA Action Planning Worksheet

Based on your SWOT analysis, outline action steps your PCA can take over the next 6–12 months to advance your PCA's VBC readiness.

FOCUS AREA	GOAL OR DESIRED OUTCOME	FIRST STEP	PARTNERS / TEAM MEMBERS	SUPPORT NEEDED

Appendix D

Dental Transformation Change Packet

What is the Dental Transformation Change Package?

A change concept is a general notion or approach that is useful in developing changes that lead to a transformation. This change package gives individuals and organizations in the oral health care space suggestions to begin the transition to integrate VBC in five distinct domains: Culture & Leadership, Prevention Focused Care, Integrated Care, Alternative Payment, and Analytics & Data/HIT.

CareQuest Institute has supported those on their journey toward transformation over the last decade, and this change package compiles the experience of those who were successful in moving towards a VBC environment. The concepts outlined within this change package can be used individually or based on organizational readiness, to create incremental changes toward equitable oral health.

Where to begin:

VBC Readiness Assessment: This assessment tool provides organizations with the opportunity to establish a baseline level of readiness in key VBC concepts. Results can be used to identify current gaps in training, education, and resources needed to successfully implement VBC. The Readiness Assessment will measure your organization in the following areas: Culture & Leadership, Prevention Focused Care, Integrated Care, Alternative Payment, and Analytics & Data.

Change Ideas: The change ideas are suggested topics to prepare for a transition toward VBC. These topics align with the dimensions of the VBC Readiness Assessment. Practitioners and organizations can start with alterations that make the most sense for their resources and environment.

Suggested Action Steps: These are examples or opportunities for operationalizing change ideas. The suggested implementation bullets within each change idea have been ordered, where possible, from simple to complex. It is suggested to test an idea on a small scale first. See the Appendix **(p. 23)** for more help on how to test change ideas using the Plan-Do-Study-Act (PDSA) framework.

Resources: The last component for each dimension of transformation includes a link to an educational resource to assist with implementation strategies.

WE HOPE THIS CHANGE PACKAGE SERVES AS A PLACE TO IDENTIFY TRANSFORMATIVE IDEAS OR SOLUTIONS THAT WORK FOR YOUR ORGANIZATION TO GROW TOWARD A MORE COST-EFFECTIVE, EFFICIENT, AND EQUITABLE HEALTH CARE SYSTEM.

CULTURE AND LEADERSHIP	
CHANGE IDEA	**SUGGESTED ACTION STEPS**
Determine the readiness of the organization to transition toward VBC.	• Complete the CareQuest Institute Readiness Assessment to provide a baseline of your organization's current state and identify gaps in readiness. • Use qualitative and quantitative data to establish an organizational baseline of the current state. • Complete an organizational scan to identify leadership and staff support and barriers to change. • Assess the structure and capacity of your organization's care team and technical integration and use of electronic health data. • Assess organizational ability to extract data for reporting and quality improvement measures. • Review health center systems and policies to ensure they support staff with the tools and processes essential to providing a work environment that promotes and sustains quality care.
Create a clear understanding of current needs and evaluate the future state of your organization to set the direction for transformation.	• Communicate the importance of VBC and dedicate time/resources for organization infrastructure and staff to devote to the transformation. • Complete a **community needs assessment** to evaluate partnerships and integration opportunities to meet the needs of the patients and communities. • Identify and prioritize short and long-term needs and goals (i.e., operations, technology, staffing, partnerships).
Strategize and create a VBC implementation plan.	• Prioritize change tactics determined by population needs to create a plan where all employees have buy-in. • Identify and engage champions at all levels of the organization to represent both the operational and clinical aspects to transition to VBC. • Complete a VBC action plan to create efficient workplans and monitor success through data. • See the Appendix **(p.29)** for how to create a VBC action plan and template.
Establish effective communication with dental program leadership.	• Include Dental Director in health center leadership meetings and in the budget process. • Allocate appropriate administrative time for each of those who direct practice operations (i.e., dental director). • Actively involve staff and clinicians across the organization through education, resources, and transparent communication to improve collaboration and foster team-based care. • Share financial and clinical data with all staff so everyone understands performance measures and is working towards the same goal.

CULTURE AND LEADERSHIP (CONTINUED)	
CHANGE IDEA	**SUGGESTED ACTION STEPS**
Establish an ongoing workforce recruitment and retention strategy.	• Consider recruiting providers from the National Health Service Corp. loan repayment program. • Establish a fair and competitive compensation arrangement for providers to support continued growth and success of the community health center. • Communicate the benefits of working in a community health center organization, including fringe benefits such as dental, health and life insurance, paid time off, reimbursement for training and education, etc. • Establish management-based collaboration and commitment to share information and ensure participation in decision making are key strategies for a stable and productive staff committed to the mission and future of the health center. • Advise health centers to provide EAP mental health consultation services for staff and encourage its use to reduce burnout and stress. • Offer an incentive plan for providers and staff when they meet or exceed their productivity and quality outcome goals.
Resource	 **Are You Ready for the Transition to VBC?** is a CareQuest Institute webinar covering how organizational leaders can plan for the transition toward VBC.
PREVENTION FOCUSED CARE	
CHANGE IDEA	**SUGGESTED ACTION STEPS**
Utilize a Caries Risk Assessment tool and standardize the process among care team.	• Select and/or modify a Caries Risk Assessment tool (i.e. ADA, AAPD, AAP, CDA) that will work best for your patient population and setting. • Calibrate provider knowledge on caries risk definitions. • Standardize a workflow for caries risk assessment within various patient populations and visit types (Tip: integrate it in electronic workflow, if possible!) to implement clinical interventions. • Integrate self-management goals customized for person-centered care. Examples include nutritional counseling, oral hygiene counseling, tobacco counseling. • Work with front office/admin to build or enable features into EDR/EHR to allow provider to monitor treatment effectiveness overtime (code for all services provided, bundle codes, flags, etc.).
Offer fluoride varnish, silver diamine fluoride (SDF), and other minimally invasive techniques as an approach to caries prevention and management.	• Identify patient populations that would most benefit from use of fluoride varnish and SDF for caries prevention and/or management based on risk status (i.e., pediatric vs adult vs geriatric, medically compromised populations). • Consider other minimally invasive techniques based on provider competency and patient need (i.e., sealants, povidone iodine, Rx fluoride, Hall Crown technique, interim therapeutic restorations (ITR)).

PREVENTION FOCUSED CARE (CONTINUED)	
CHANGE IDEA	**SUGGESTED ACTION STEPS**
Ensure a reliable process exists for monitoring effectiveness of minimally invasive treatments over time.	• Implement standardized caries classification system, such as ADA Caries Classification System or International Caries Detection and Assessment System among dental team. • Work with front office/admin to build or enable features into EDR/EHR that would allow provider to monitor treatment effectiveness overtime (code for all services provided, bundle codes, intraoral photos, flags, etc.). • Implement charting of carious lesions (i.e., incipient, cavitated, arrested, etc.) and calibrate providers on caries charting system. • Utilize intraoral images, radiographs of lesions, clinical notes and charting to track changes over time.
Utilize telehealth to improve access to oral health services.	• Assess existing state regulatory and reimbursement (i.e., Medicaid) allowances for delivery of dental care using telehealth modalities. • Identify patient populations that would most benefit from use of telehealth (i.e., school-aged children, older adults or individuals with disabilities in care facilities). • Update or create policies and procedures for utilizing telehealth, including technology needs. • Test telehealth on a small scale (i.e., one provider, one patient) and build readiness, skills, and confidence among staff.
Resources	**SDF and Beyond: Patient-Centered Brush-On Therapies for Caries Management** is a CareQuest Institute webinar highlighting the importance of minimally invasive care (MIC) techniques and includes treatments such as silver diamine fluoride, non-staining peptide-guided enamel regeneration P11-4, and povidone-iodine. They also discuss how to empower oral health teams to use these treatments to provide patient-centered care. **Non-Invasive Caries Therapy Guide** is a CareQuest Institute illustrative manual on diagnostics, preventives, and therapeutics to fight dental caries. This guide aligns nicely with the content covered in the above webinar highlighting minimally invasive care (MIC) techniques and includes treatments such as silver diamine fluoride, non-staining peptide-guided enamel regeneration P11-4, and povidone-iodine.

INTEGRATED CARE	
CHANGE IDEA	**SUGGESTED ACTION STEPS**
Dental care team adopts various screening tools or integrates specific questions to support systemic health, behavioral health, and prevention.	• Blood Pressure Screening: With support from medical team, calibrate dental staff on how to take blood pressure, review blood pressure guidelines, and referral procedures. • SDOH Screening (Social Determinants of Health): Incorporate resources available to patients (food banks, transportation, housing, interpersonal safety, etc.). • Substance Use Screening SBIRT (Screening, Brief Intervention, and Referral to Treatment): Incorporate 3-4 key questions into dental visit. • Depression Screenings (PHQ2 or PHQ9): Incorporate full or partial screening during dental visits. • Diabetes Screening: Conduct blood glucose and/or HbA1c POC testing. • Work with front office/admin to build or enable features into EDR/EHR to allow providers to monitor treatment effectiveness overtime (code for all services provided, bundle codes, flags, etc.). • Establish a recurring interprofessional huddle (i.e., biweekly, monthly) where representatives from various disciplines meet to discuss processes, including successes and opportunities for improvement. • Enlist the support of a care coordinator to develop workflows for bi-directional referral communication between dental, primary care, and behavioral health — and share with staff.
Create partnerships with medical professionals and train primary care teams to adopt specific integration strategies to support oral health and prevention.	• Create partnerships and a timeline to implement specific services (i.e., oral exam, fluoride varnish, and referrals at child wellness appointments) with clear roles and responsibilities outlined. • Identify codes and establish if fees will be charged for services and if insurance claims will be generated. • Identify an “oral health champion” on the primary care team. • Train primary care providers to conduct oral health risk assessments and apply fluoride varnish during well-child checks. • Include an RDH or other dental clinician in medical visits to support oral health education and services. • Work with nutrition-focused providers (i.e., dieticians) to align goal settings and messaging with patients. • Create workplans for services to be provided. • Identify and train providers and staff members to support scheduling, setup, execution, and coding/billing.
Resources	**Integrating Diabetes Screening into Oral Health Care** is a CareQuest Institute webinar providing insights for dental professionals to coordinate the bidirectional relationship of diabetes and oral health by implementing screenings for early detection and workflow suggestions for medical-dental integration. **How and Why to Set Up a Successful Medical-Dental Integration Program** is a CareQuest Institute webinar highlighting the perspectives from an expert panel who overcame barriers to set up successful medical-dental integration programs that put the patient at the center of the care experience.

ALTERNATIVE PAYMENT	
CHANGE IDEA	**SUGGESTED ACTION STEPS**
Explore the possibility of alternative payment models to enable integrated and personalized care.	• Examine active primary care alternative payment models in your facility (if integrated) or state (if any) and discuss strategies for involvement in oral health. • Convene stakeholders (i.e., PCA, payors, practice staff, patients, etc.) to discuss opportunities for oral health to transition to alternative payment models with a greater focus on population health management (as opposed to payment for specific services). • Develop pilot programs that apply an APM strategy to a subset of conditions that are prevalent (i.e., diabetes, pregnancy).
Prepare billing and coding for reimbursement that align with outcomes and value.	• Encourage documentation of all patient co-morbid conditions, indicators of underlying conditions (i.e., social determinants), and wellness measures such as screenings and preventive interventions, even if not currently reimbursed by insurers. • Ensure timely and ongoing education about coding and reimbursement changes required by VBP models. • Review claims data prior to submission to ensure documentation meets reporting requirements. • Perform periodic clinical documentation and coding reviews including post audit education with staff and providers. • Work with the CFO to identify accounting processes conducive to tracking the cost of providing care and reimbursement forecasting working towards integrating financial and clinical data.
Review and negotiate potential VBC contracts with 3rd party payers (Managed Care, Medicaid, and Commercial).	• Using the results of the community needs assessment, define your target population and specific needs of the population that your organization will provide services for. • Outline what services will be provided that meet the needs of the population served. • Identify quality outcome metrics tied to the target population. • Create a data evaluation plan with the key metrics to monitor the services, health outcomes, and cost data for serving the target population. • Identify the key stakeholders including payers, in-state partners, referral networks with specialty providers and community-based organizations to partner with to build an effective healthcare delivery system for the target population. • Work with payers to negotiate a mutually beneficial contract that aligns with the level of risk your organization can take on.
Resource	**HCPLAN Framework for alternative payment models** provides a detailed explanation of the principles and framework of the Health Care Payment Learning & Action Network.

ANALYTICS & DATA	
CHANGE IDEA	**SUGGESTED ACTION STEPS**
Utilize procedure and diagnosis codes for services.	• Explore features in EDR/EHR that allow providers to monitor treatment effectiveness overtime (code for all services provided, bundle codes, flags, etc.). • When necessary, create 'dummy codes' as needed to improve patient accountability, referrals, follow-up treatment, and prepare VBC payment models. • Establish if fees will be charged for services and if insurance claims will be generated.
Collect and analyze key financial and productivity data regularly to monitor the sustainability and health of the practice.	• Define daily productivity and financial goals that need to be met. • Identify reports needed to evaluate dental program performance, such as service utilization, cost, revenue, and patient outcomes. • Track progress in meeting goals and develop greater accountability through reports and sharing results regularly to dental staff. • Assure dental leadership training and competency in data analytics for the tracked metrics. • Develop a continuous quality improvement process to identify problems, resolve issues, implement changes, monitor results, and report progress.
Prioritize collection of patient demographic data to assist in population health and equity monitoring.	• Assess and update existing processes and procedures to collect patient demographic information (i.e., race, ethnicity, language, sexual orientation and gender identity, disability, veteran status, insurance status). • Align on data collection implementation strategies that build trust between health care team and all patients (i.e., appropriate office forms, staff use of preferred pronouns, discuss with patients why this information is important and how it is kept secure/private).
Create a quality improvement plan by using data to track and validate changes.	• Generate reports to track progress toward goals and support quality improvement efforts while highlighting the impact of the adoption of the change tactics. • Create a plan to review quantitative data regularly to support testing and evaluation of changes.

Appendix E

Testing and Implementation using the PDSA (Plan-Do-Study-Act) Cycle

This worksheet guides you through the PDSA cycle, which is a problem-solving model used for improving a process or carrying out change.

Model for Improvement

Use a quality improvement (QI) approach to oral health transformation.

Test changes on a small scale, monitor relevant measures, and utilize actionable tools to guide planning, testing, and ongoing evaluation.

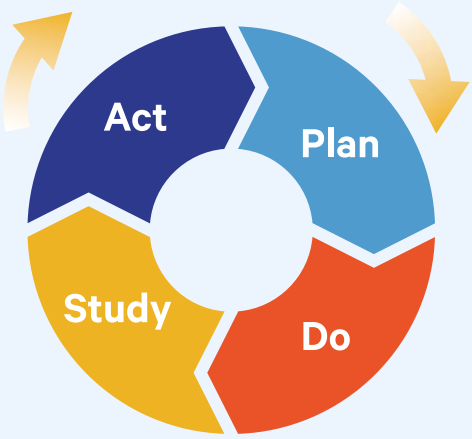
Adopt the goals and customize implementation interventions to meet specific needs.

Source: **How to Improve: Model for Improvement | Institute for Healthcare Improvement (ihi.org)** adapted from the Model for Improvement The Improvement Guide 2009

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?



Establishing the Foundation for Quality Improvement Projects:

1. Form the quality Improvement team. Include representatives from clinical, finance, IT, and staff with quality improvement experience who can manage the process. Consider a clinical and executive-level champion to resource and guide the design and implementation process.
2. Identify the aim and what your team is trying to accomplish. What is the population you would like to focus on?
3. Map the current state of services, care pathways, and workflows. Findings from the current state will be used as the baseline from which improvement areas will be identified.
4. Determine where improvements are needed in both clinical and administrative processes. Bring together the quality improvement team as well as anyone else involved in the clinical and administrative processes related to the aim to provide feedback and ideas for improvement.
5. Determine what changes to test. Once the team has found gaps and opportunities for improvement, decide on change ideas to test that meet the aim.
6. Set measures to determine if improvements are seen/documented. Data needs to be easily collected and provide a baseline. Tracking progress will help us know if the changes we are trying/putting in place are making a difference.
7. Establish a continuous quality improvement plan, and decide how your team will monitor and track progress.
   a. Planned monitoring of previously identified issues, including tracking of issues and data collection.
   b. Planned evaluation of the QI plan.

Example:

Project:

Diabetic Protocol to Increase Patient Acceptance of Prophylaxis Treatment and Periodontal Maintenance

Team:

Dental Director, Dental Hygienist, Dental Assistant, Practice Manager, IT Manager, and Chief Operating Officer

AIM:

What do you hope to accomplish?

We aim to develop a standard process for diabetic patients to increase patient acceptance of prophylaxis treatment and periodontal maintenance.

PLAN

1. What will you try?

The dental hygiene team will identify a periodontal risk assessment tool and strategize chairside counseling protocols for nutrition, tobacco, and oral hygiene to leverage therapeutic and personalized intervention strategies into treatment plans to increase patient acceptance of prophylaxis treatment and periodontal maintenance. IT to build a query that flags diabetic patients in the EDR to alert providers. Practice managers establish a patient satisfaction form specific to this patient population.

2. Prediction: What do you think will happen?

Increase in periodontal risk assessments and the utilization of that data to inform appropriate intervention.

3. What data will you need to test your prediction(s)? How will you collect it?

- % of diabetic patients receiving periodontal assessment
- % of diabetic patients receiving any of the counseling services (nutrition, tobacco, and oral hygiene).
- % of diabetic patients with periodontal assessment diagnosed with periodontitis is receiving periodontal maintenance or prophylaxis treatment.
- Patient Satisfaction

4. Preparation for testing:

Tasks to be completed:	Person(s) responsible:	Timeline:
• Identify a comprehensive periodontal risk form.	• Dental Hygienist	• Nov. 20th
• Identify effective strategies to perform efficient chairside counseling protocols for nutrition, tobacco, and oral hygiene.	• Dental Director and Dental Hygienists	• Dec. 15th
• Determine how the information will be documented in the EDR.	• IT and Practice Managers	• Jan 10th
• Create a report that identifies patients with diabetes to alert the provider.	• IT and Practice Managers	• Feb. 25th

DO

5. **What happened? List observations from participants.** (Hint: Multiple perspectives are helpful!)

Each day, morning huddles were done to review the patients in the schedule with diabetes. Dental hygienist conducted periodontal risk assessments, dental assistant documented the information into the form and provided educational materials as needed. The dental hygienist utilized the data during treatment planning to incorporate individualized counseling and treatment needs to increase patient acceptance of prophylaxis treatment and periodontal maintenance. Leadership was impressed with results and allocated more resources to implement.

STUDY

6. **What does the data show?**

65% of diabetic patients receiving periodontal assessment.

60% of diabetic patients receive any of the counseling services (nutrition, tobacco and oral hygiene).

30% of diabetic patients with periodontal assessment diagnosed with periodontitis is receiving periodontal maintenance or prophylaxis treatment.

7. **Was your prediction confirmed? What did you learn?**

Yes, there was an increase in patient acceptance of periodontal maintenance and prophylaxis treatment. We learned that some patients did not return for their periodontal maintenance despite counseling.

ACT

8. **Following this test, will you: (check one)**

_x_ Adopt ___ Adapt ___ Abandon this change?

9. **What are your next steps?**

If you are adopting the change, how will you ensure it becomes routine in the organization? If you are adapting the change, what will you do differently next time? If you are abandoning the change, what other change ideas may help to achieve your aim?

The team would like to understand the barriers for those patients that did not return for care and look at social risk factors to see if there are interventions related to social health needs that will improve the continuity of care.

PDSA Template

Project:

Team:

The objective of this test is:

PLAN

1. **What will you try?**

2. **PREDICTION: What do you think will happen?**

1. **What data will you need to test your prediction(s)? How will you collect it?**

4. **Preparation for testing:**

Task to be completed	Person(s) responsible	Timeline

DO

5. **What happened? List observations from participants.** (Hint: Multiple perspectives are helpful!)

STUDY

6. **What does the data show?**

5. **Was your prediction confirmed? What did you learn?**

ACT

5. **Following this test, will you: (check one)**

☐ Adopt ☐ Adapt ☐ Abandon this change?

6. **What are your next steps?**

If you are adopting the change, how will you ensure it becomes routine in the organization? If you are adapting the change, what will you do differently next time? If you are abandoning the change, what other change ideas may help to achieve your aim?

Appendix F

Dental Transformation Readiness Guide and Template

Organization Date:

Organization Address:

Change Management Team Names and Roles:

Dental Transformation Action Plan Guide

The template is designed to establish goals and actions steps to create an oral health program that is patient-centered, integrated, and improves the organization's readiness and capacity to engage in VBC and payment models.

The VBC Operational Change Packet **(p. 16)** is provided with a list of practice and operational changes for consideration. Your team will identify change ideas and action steps to test and address gaps in readiness towards VBC. Below is a checklist to help your team develop a VBC Readiness Plan.

Checklist

COMPLETE VBC READINESS ASSESSMENT SURVEY

- ☐ The CEO and Dental Clinic Leadership each complete the VBC Readiness Assessment survey to capture a baseline of where the dental program is in terms of readiness for VBC across five domains.

REVIEW BASELINE DATA

- ☐ As a team, review the VBC Readiness assessment results, baseline financial, and productivity data. A list of data to review is here.

IDENTIFY GAPS IN READINESS

- ☐ Team meets with executive and clinical leadership to identify gaps and prioritize areas to focus on and test change ideas.

REVIEW THE VBC OPERATIONAL CHANGE PACKAGE

- ☐ Review the care delivery and operational change ideas and implementation action steps that align with integrated VBC. We encourage you to create your own, however, offer suggestions that can be customized to meet your organization's needs.

DEVELOP THE VBC READINESS PLAN

- ☐ Enter the change ideas and implementation action steps into the VBC Readiness Assessment template provided.

FINALIZE PLAN

- ☐ Assign roles and who is responsible for carrying out each action step.
- ☐ Enter a due date for completing each action step.
- ☐ Share with team and determine who will be a champion to monitor plan, update progress, and pull data to see if change ideas are working.

Dental Transformation Action Plan Template

EXAMPLE

Domain: Integration

Priority: High

Change Idea:

Collect and analyze key financial and productivity data regularly to monitor the sustainability and health of the practice.

Observations & Notes:

The Dental Director does not receive financial data.

ACTION STEPS	PERSON(S) RESPONSIBLE	DUE DATE	NOTES	STATUS
Meet with CFO to obtain key financial reports.	CEO	2/13/2026		In Progress
Create a plan for when and how reports will be shared.	Practice Manager	2/17/2026		In Progress
Complete the course **The Role of Data in Oral Health | CareQuest Institute for Oral Health**	Dental Director	3/1/2026		In Progress
Track progress in meeting goals and develop greater accountability through sharing results and reporting regularly to dental staff.	Practice Manager	3/5/2026		In Progress
Assure dental leadership training and competency in data analytics for the tracked metrics.	Dental Director	3/31/2026		In Progress

Dental Transformation Action Plan Template

Domain: **Choose an item**

Priority: **Choose an item**

Change Idea:

Observations & Notes:

ACTION STEPS	PERSON(S) RESPONSIBLE	DUE DATE	NOTES	STATUS

Dental Transformation Action Plan Template

Domain: **Choose an item**

Priority: **Choose an item**

Change Idea:

Observations & Notes:

ACTION STEPS	PERSON(S) RESPONSIBLE	DUE DATE	NOTES	STATUS

Dental Transformation Action Plan Template

Domain: **Choose an item**

Priority: **Choose an item**

Change Idea:

Observations & Notes:

ACTION STEPS	PERSON(S) RESPONSIBLE	DUE DATE	NOTES	STATUS

Appendix G

PCA Site Visit Checklist

Site visits give PCAs a direct, real-time view of CHC dental operations, helping them deliver tailored TA that supports progression toward value-based oral health care. Through on-site observation and conversations with leadership and frontline teams, PCAs uncover strengths, gaps, and operational realities that are not visible in data alone. These visits build trust, foster collaboration, and create a shared understanding that enables CHCs to translate recommendations into practical improvements across clinical, operational, and integration workflows

How to Use This Checklist

Use this checklist to guide the full lifecycle of a PCA site visit with a CHC dental program—from initial planning through post-visit synthesis. It is organized in sequential phases to help PCAs prepare effectively, conduct focused on-site observations, engage CHC leadership and frontline teams, and translate findings into actionable priorities. Each section includes key steps to ensure a structured, consistent, and supportive approach that strengthens relationships, builds shared understanding, and supports the CHC's progression toward value-based oral health care.

Health Center Assignment & Engagement

Typical engagements include a two-day site visit (virtual or in-person) followed by a tailored Dental Transformation Readiness Plan and supported implementation. The PCA project manager coordinates logistics, scope, and deliverables.

- ☐ Confirm scope, number of consulting days, and deliverables in a Statement of Work (SOW).
- ☐ Ensure data-sharing agreements/BAAs, if applicable.
- ☐ Set timelines for the improvement plan and cadence for check-ins (e.g., monthly/quarterly).
- ☐ Expectations and roles are established in a launch call.
- ☐ Agenda is created and reviewed by HC staff prior to the visit.

Baseline Data Analysis & Site Visit Preparation

Before the site visit, PCAs review HC-submitted operational, clinical, financial, and data assets to understand baseline performance and prioritize discovery questions.

- ☐ Confirm scope, number of consulting days, and deliverables in a Statement of Work (SOW).
- ☐ Ensure data-sharing agreements/BAAs, if applicable.
- ☐ Set timelines for the improvement plan and cadence for check-ins (e.g., monthly/quarterly).
- ☐ Expectations and roles are established in a launch call.
- ☐ Agenda is created and reviewed by HC staff prior to the visit.

Data Request Checklist (examples)

- ✓ **Quality:** UDS, HEDIS-aligned results (current/past 12 months), measure specs and IDs.
- ✓ **Population:** Demographics, panel assignments, attribution files, risk scores (HCC), registries (chronic disease, preventive, rising risk).
- ✓ **Care gaps:** Payer gap lists, outreach results, completion/closure rates, procedure report.
- ✓ **Utilization:** ED/acute utilization (if available), high-cost cohorts, referral patterns.
- ✓ Finance: Profit and Loss statement, Payer contracts (quality incentives, attribution, risk terms), incentive performance YTD
- ✓ **Revenue cycle:** Roster reconciliation processes, claims submission timeliness, denial codes, aging reports broken out by payer type.
- ✓ **Tech/Data:** EHR reports, HIE connections, care management tools, referral platforms, data model documentation.

Preparation Tasks

- ☐ Review submitted data and identify discrepancies/questions.
- ☐ Research state payer landscape and APMs; understand attribution methodologies that affect the HC.
- ☐ Draft preliminary Findings for Discussion Deck and site visit interview guides.
- ☐ Coordinate agenda, rooms/virtual links, and ensure availability of frontline staff and IT support.

Pre-Visit Preparation

- ☐ Review CHC-submitted materials to understand baseline performance and identify areas requiring deeper exploration.
- ☐ Analyze Submitted Data:
  - Operational, clinical, and financial reports
  - EHR extracts, dashboards, registry snapshots
  - Dental, medical, and integration metrics
  - Quality, staffing, and access indicators
- ☐ Research payer landscape, dental practice act, and regulatory environment
- ☐ Identify relevant regulatory or contractual factors affecting the CHC

Develop Visit Tools and Materials

- ☐ Draft preliminary “Findings for Discussion” slides
- ☐ Create interview guides tailored to each role group
- ☐ Prepare observation checklists (workflows, huddles, documentation, integration points)

Finalize Logistics

- ☐ Confirm meeting rooms or virtual links
- ☐ Ensure representation from frontline staff and IT
- ☐ Finalize the agenda with CHC leadership

Day of Site Visit

- [ ] Meet with Health Center leadership, providers, and staff to discuss organizational challenges, obstacles, and opportunities to advance value-based care inclusive of oral health.

Participants may include:

- **Executive & clinical/dental leadership**
- **Practice managers**
- **Dental staff and hygienists**
- **Care management/care coordinators**
- **Front desk & scheduling**
- **Revenue cycle/billing staff**
- **IT/Data team**

Document Observations

- [ ] **Observe and document:**
  - Daily huddles & care team communication
  - Panel management workflows
  - Care-gap identification & closure
  - Referral pathways & tracking
  - Documentation, coding & billing workflows
  - Medical–dental–behavioral health integration points
  - Team-based care dynamics

Capture Insights

- [ ] Document strengths, gaps, risks, and opportunities
- [ ] Identify quick wins and areas needing deeper redesign

Post-Visit Synthesis & Priority Setting

- [ ] Combine baseline analytics, site observations, and interview themes into a clear, actionable summary.
- [ ] Structure findings for CHC staff using:
  - Positives/Strengths
  - Gaps & Risks
  - Validated Measures & Data Issues
  - Operational Themes
  - Recommendations
  - Next Steps

Facilitate a Debrief Session

- [ ] Present prioritized findings
- [ ] Validate which issues matter most to the CHC
- [ ] Secure buy-in on top 3–5 transformation priorities
- [ ] Align on scope for the upcoming Dental Transformation Readiness Plan

Sample Site Visit Agenda

Day 1 – Discovery & Observation:

- **09:00–09:30 |** CEO/Executive Sponsor – Goals, constraints, success definition.
- **09:30–10:30 |** Leadership & Clinical Leads – Strategy, payer mix, risk appetite, equity priorities.
- **10:45–11:30 |** Revenue Cycle & Front Desk – Eligibility, scheduling, roster reconciliation, denials.
- **11:30–12:00 |** IT/Data – Data flows, dashboards, measure logic, claims/EHR integration.
- **12:00–13:00 |** Lunch & Clinic Walkthrough – Huddles, workflows, referrals.
- **13:00–14:00 |** Medical/Dental/BH Leads – Integration touchpoints and care pathways.
- **14:00–15:00 |** Care Management/SDOH – Risk stratification, outreach, referral closure.
- **15:00–16:00 |** Data Session – Validate measures and attribution; identify discrepancies.
- **Evening |** Synthesize findings and update presentation.

Day 2 – Findings & Discussion:

- **09:00–12:00 |** Findings Presentation & Discussion – Agreement on top 3–5 priorities and next steps.

Guiding Principles:

- Maintain a neutral, supportive tone focused on learning, not judgment.
- Patient-centered and equity-first: Address disparities and advance whole-person care.
- Value based care delivery and payment models are designed to reimburse the right care at the right time for the right patient.
- Data-driven improvement: Transparent measures, actionable analytics, and CQI (PDSA/Lean).
- Sustainable capability-building: Empower HC teams to self-sustain VBC operations.
- Partnership and trust: Co-design with HC leadership and frontline staff; clarify roles and timelines.

Appendix H

PCA Training Workshop Checklist and Sample Agenda

This checklist is designed to support Primary Care Associations (PCAs) in creating structured, strategic, and effective training workshops that prepare Community Health Centers (CHCs) for success in VBC (VBC). It consolidates key planning elements—from strategic goal-setting and audience identification to agenda development, SME engagement, and post-workshop follow-up—to ensure consistency, clarity, and impact across workshop offerings. It helps PCAs tailor content to CHC readiness, build practical learning experiences, and strengthen clinic capabilities in prevention, integration, analytics, payment models, and leadership.

How to Use This Guide

PCAs can use this guide as an end-to-end road map for planning, implementing, and evaluating VBC-focused training workshops. Each section corresponds to a step in the planning lifecycle. Pre-planning guidance helps determine the workshop scope and goals. Agenda-building recommendations offer a structure for balancing foundational content with hands-on learning. Day-of implementation tips ensure a high-engagement experience, while post-workshop follow-up steps support sustained learning and practical application at the clinic level.

PCAs may adapt this checklist to fit their regional priorities, clinic needs, and organizational capacity. It can also serve as a template for recurring training cycles or multi-session learning collaboratives.

Pre-Planning & Strategy Development

- ☐ Identify the workshop's strategic goals (e.g., introducing VBOH concepts, readiness assessments, action-planning).
- ☐ Determine the target audience (CEOs, COOs, CMOs, CDOs, dental leaders, quality teams, operations managers).
- ☐ Review CHC readiness data to tailor content to gaps.
- ☐ Identify priority topics such as prevention, integration, analytics, payment, leadership.

Format & Logistics

- ☐ Decide on duration (half-day, full-day, or multi-session).
- ☐ Choose accessible location (PCA meeting, regional hub, CHC site).
- ☐ Establish date, timing, and facilitators.

Build Structured Agenda Components

- [ ] Welcome & framing: purpose, goals, expectations.
- [ ] Foundational VBOH content: VBC principles, population health, data practices.
- [ ] Hands-on exercises: case studies, workflow mapping, SWOT.
- [ ] Peer learning: small-group breakout rotations.
- [ ] Clinic-specific planning: aims, focus areas, next steps.
- [ ] Report-out and reflection.
- [ ] Closing & evaluation.

Identify and Engage SMEs

- [ ] Recruit internal PCA SMEs or external VBC, dental integration, HIT, or QI specialists.
- [ ] Ensure SMEs provide practical tools, not just theory.

Prepare Participants (2+ Weeks Prior)

- [ ] Send pre-reading packet (readiness overview, VBOH primer, case study).
- [ ] Ask clinics to bring dashboards or assessment results.
- [ ] Provide instructions for forming cross-functional teams.
- [ ] Explain interactive, hands-on format.
- [ ] Ask leaders to shield participants from operational interruptions.

Day-of Workshop Implementation

- [ ] Use roundtables for teamwork.
- [ ] Include visual aids (posters, charts, sticky notes).
- [ ] Facilitate interactive learning with real clinic examples.
- [ ] Lead exercises connecting VBC theory to operations.
- [ ] Provide time for team planning and SME feedback.
- [ ] Offer breakout tracks by experience level.
- [ ] Collect real-time feedback (surveys, polls, reflections).

Post-Workshop Follow-Up

- [ ] Share materials: slides, templates, recordings, resource list.
- [ ] Provide clinic-specific coaching call options.
- [ ] Schedule follow-up office hours within 1–2 weeks.
- [ ] Create peer-learning cohort model (monthly touchpoints).
- [ ] Encourage sharing of wins, challenges, scalable practices.

Evaluate Impact

- [ ] Compare clinic readiness or confidence before vs after workshop.
- [ ] Collect participant feedback to refine future offerings.

Example Agenda

Welcome & framing – purpose, goals, expectations

Foundational VBOH content – VBC principles, population health, integration, data practices

Hands-on exercises – case studies, role-plays, workflow mapping, SWOT interpretation

Peer learning – small-group breakout rotations

Clinic-specific planning time – teams draft aims, focus areas, and priority next steps

Report-out & reflection
Closing & evaluation

Example of Practical tools:

Slide deck covering VBOH concepts

Worksheets: SWOT templates, PDSA forms, action-planning templates

Sample change ideas and workflows

Data snapshots of readiness summaries

Example Agenda

AGENDA ITEM	TIME
Welcome & Framing	15 min
Foundational VBC Content	45 min
Breakout Activity 1 – Case Study	45 min
Break	10 min
Workflow Mapping Exercise	45 min
Peer Learning Rotations	60 min
Clinic Action Planning	60 min
Report-Outs & Reflection	30 min
Closing & Evaluation	15 min

Sample Agenda Template

Use this template to structure your PCA VBC Training Workshop agenda. Times may be adjusted based on workshop length.

AGENDA ITEM	TIME