Integrating Oral Health Into Patient Centered Primary Care

That’s Disruptive!

MPCA 2015 Annual Conference
August 31, 2015

Irene V. Hilton, DDS, MPH
NNOHA Dental Consultant
Objectives

- Explain the five oral health core clinical competency domains
- Learn the different approaches used by Health Center primary care departments to implement oral health clinical competencies
- Understand some of the strategies to address barriers to integrating oral health into primary care practice
Current Initiatives to Incorporate Oral Health into Primary Care Practice

What’s Going on out There?
9 months

20 months

- Recommended HRSA developing oral health competencies for non-dental professionals
Primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride.

**NEW! Primary care clinicians apply fluoride varnish** to the primary teeth of all infants and children starting at the time of primary tooth eruption to prevent dental caries in children from birth through age 5 years.
Medicaid & Private Insurer Payment

- Medicaid in 48 states reimburse PCPs for assessment and/or FV placement
- 99188 App Topical Fluoride Varinish

- Kaiser Northwest
- Health Partners
- United Health Care
Statewide Efforts

- **North Carolina: Into the Mouth of Babes/ Connecting the Docs**
  - Reduces caries incidence in high risk children after 8 years


HRSA PCM/HH Initiatives

- Encouraging Health Centers to undertake the practice changes that will enable them to gain NCQA Patient-Centered Medical Home (PCMH) recognition

- Health Home vs. Medical Home
The Health Resources and Services Administration’s Health Disparities Collaboratives
A National Quality Effort to Improve Outcomes for All Medically Underserved People

Oral Health Disparities Collaborative Implementation Manual

Oral Health and the Patient-Centered Health Home

Action Guide
Prepared by the National Network for Oral Health Access 2012
2014 HRSA Integration of Oral Health and Primary Care Practice (IOHPCP) Initiative

- Develop oral health core clinical competencies for primary care clinicians
- Translate into primary care practice in safety net settings

Goal:
- Improve access for early detection and preventive interventions leading to improved oral health


- 3 Health Centers
- PCPs deliver oral health interventions
- Standardization of training, clinical protocols
- Measures/QI

Primary Care Providers

- MD/DO
- Certified Nurse Midwives
- Nurse Practitioners
- Physician Assistants
Oral Health Core Clinical Competency Domains

1. Risk assessment
2. Oral health evaluation
3. Preventive interventions
4. Communication & education
5. Interprofessional collaborative practice
Health Partners Western Ohio

Bronx Community Health Center

Family HealthCare
Characteristics of Success

1. Leadership Vision & Support
2. Integrated Clinical Team
3. Culture of Quality Improvement
4. Understanding the “Why”
5. Champions
6. Relationships with oral health providers
Steps to Success

- Planning
- Training systems
- Health information systems
- Clinical care systems
- Evaluation systems
Planning

- Establish team
- Timeline - which competency 1st?
- Reimbursement
- Cost
- Synergy with other practice initiatives (PCHM)
- Refresh quality improvement technique
Training Systems
Training

- Primary care staff needs
  - Importance oral health to systemic health
  - Clinical competencies
  - Referral protocols

- Dental staff needs training in clinical skills & latest guidelines
  - Children 0-5
  - Perinatal
Peer Reviewed Publications

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What We Know About Tooth Decay and How to Manage It

This module was developed to provide information about one of the most common diseases, tooth decay, to medical students, nurses, and residents. Learn how protective factors are used to develop treatment protocols.

Children's Oral Health

Oral Health and Children

- Early childhood caries (cavities) is the number 1 chronic disease affecting young children.
- Early childhood caries is 5 times more common than asthma and 7 times more common than hay fever.
- Tooth pain keeps many children from school or detracts from learning.
- Children are recommended to have their first dental visit by age 1.

Yet many children and their families have trouble accessing oral health care and pediatricians may not know where to turn to help them.

The American Academy of Pediatrics (AAP) Section on Oral Health and Chapter Oral Health and Anesthesiology has developed this module to help members and colleagues learn more about how to manage childhood caries.
Training Systems

- Online training
- In-person training (interdisciplinary collaboration opportunity)
- On-boarding new health professionals
## What it Looks Like Clinically

<table>
<thead>
<tr>
<th></th>
<th>HPWO</th>
<th>FHC</th>
<th>BCHN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population</strong></td>
<td>&gt; 18</td>
<td>0-5</td>
<td>0-3</td>
</tr>
<tr>
<td><strong>Training</strong></td>
<td>Smiles for Life</td>
<td>Smiles for Life, state specific for Medicaid reimbursement</td>
<td>Smiles for Life</td>
</tr>
<tr>
<td><strong>Dental department participation in training</strong></td>
<td>Inservices, demonstrations</td>
<td>Inservices, demonstrations</td>
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## PCP Training

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time for training</td>
<td>Self-paced online curricula</td>
</tr>
<tr>
<td>Incentive for training</td>
<td>Free CE units</td>
</tr>
<tr>
<td>Standardizing content</td>
<td>Use endorsed, recognized curricula</td>
</tr>
<tr>
<td>Obtaining supervised clinical practice</td>
<td>Collaborate with HC dental clinic providers to observe and provide clinical training for PCP (<em>Build competency &amp; foster interprofessional practice!</em>).</td>
</tr>
<tr>
<td>On-boarding new providers</td>
<td>Incorporate into orientation</td>
</tr>
</tbody>
</table>
Smiles for Life: A National Oral Health Curriculum

Smiles for Life is the nation's only comprehensive oral health curriculum. Developed by the Society of Teachers of Family Medicine Group on Oral Health and now in its third edition, this curriculum is designed to enhance the role of primary care clinicians in the promotion of oral health for all age groups through the development and dissemination of high-quality educational resources.

For Individual Clinicians

We've made it easy for individual physicians, physician assistants, nurse practitioners, students, and other clinicians to access the curriculum and learn on their own time and at their own pace. Each of the courses is available online. Free Continuing Education credit is available.

For Educators

This curriculum format can be easily implemented in an academic setting. Included is a comprehensive set of educational objectives based on the Accreditation Council for Graduate Medical Education (ACGME) competencies, test questions, resources for further learning, oral health web links, an implementation guide, and detailed module outlines.

Answering the Call: Joining the Fight for Oral Health

Watch this informative and inspiring video which outlines both the challenge and progress in improving oral health as a vital component of effective primary care. Click the full screen icon in the bottom right hand corner of the video thumbnail to view it full-sized. This video is approximately seven minutes in length.

An extended version (21 minutes) of this documentary is also available.
HIT Systems
Health Information Systems

- Risk-assessment
- Document oral health evaluation, preventive interventions, self-management goals, and education
- Print educational handouts and post-visit instructions
- Refer the patient for oral health care
- Collect data
# What it Looks Like Clinically

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<tr>
<td>EMR-EDR</td>
<td>Greenway Prime</td>
<td>Centricity</td>
<td>Centricity</td>
</tr>
<tr>
<td>Configuration</td>
<td>Fully integrated</td>
<td>Dentrix</td>
<td>QSI</td>
</tr>
</tbody>
</table>
### Oral Health Assessment/Plan

#### Risk Factors
- Mother or primary caregiver had active decay in the past 12 months: Y N
- Continual bottle/sippy cup use with fluid other than water: Y N
- Frequent snacking of sugar/processed carbohydrates: Y N
- Special health care needs: Y N

#### Protective Factors
- Drinks fluoridated water: Y N
- Had fluoride varnish in the last 6 months: Y N
- Brushes teeth with fluoride toothpaste twice daily: Y N

#### Clinical Findings
- White spots or visible decalcifications: Y N
- Obvious decay: Y N
- Restorations (fillings) present: Y N
- Visible plaque accumulation: Y N
- Gingivitis (swollen/bleeding gums): Y N

#### Assessment/Plan
- **Caries Risk:** Low
- **Recommended:** Administer Fluoride Varnish

- **Recommended:** Print Dental Clinics

- **Fluoride Varnish**
  - Please offer fluoride varnish to **high risk patients** between 9 months and 47 months
  - Date Last Fluoride Varnish Completed:

- **Fluoride varnish can be applied today.**
  - Fluoride Varnish was explained to the parent and:
    - Parent Consented
    - Parent Declined
  - Comments: 

- **Patient Instructions:**
  - This will translate into the Patient Instructions.
  - Regular dental visits
  - Brush twice daily
  - Use fluoride toothpaste
  - Wipe off bottle
  - Less/No juice
  - Only water in sippy cup
  - Drink tap water
  - Healthy snacks
  - No soda

- **Performed by >>**
Auto Scoring Guidelines:

a. High risk - any 'Yes' to either Risk factor or Clinical Findings.
b. High risk - 2 or more 'No' in the Protective factors and all 'No' to both Risk Factors and Clinical Findings.
c. Low risk - 'No' to all Risk Factor and Clinical Findings and 2 or more 'Yes' to Protective Factors.
Clinical Care Systems
Clinical Care System

- **Workflow**
  - Who & during what part of the primary care visit?
- **Risk assessment**
- **Oral health evaluation**
- **Preventive interventions**
- **Communication & education**
  - Take home materials
  - Motivational interviewing
- **Interprofessional collaborative practice**
  - Referral & follow-up
Barriers in the Literature

- #1- perception no time, logistics *Disruption!*


- Lack of OH knowledge/perceived difficulty applying FV
- No reimbursement
- Risk assessments too long
- EMR not capturing data
- Dental referral issues
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<tbody>
<tr>
<td>Risk Assessment</td>
<td>100% Support staff</td>
<td>10% Support staff</td>
<td>50% Support staff</td>
</tr>
<tr>
<td></td>
<td>90% Provider</td>
<td></td>
<td>50% Provider</td>
</tr>
<tr>
<td>Oral Evaluation (e.g.</td>
<td>Provider</td>
<td>Provider</td>
<td>Provider</td>
</tr>
<tr>
<td>clinical oral screening)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Interventions</td>
<td>Support staff (prior</td>
<td>Support staff (after</td>
<td>Support staff (after</td>
</tr>
<tr>
<td>(e.g. fluoride varnish)</td>
<td>to oral evaluation)</td>
<td>oral evaluation)</td>
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<td>Communication &amp;</td>
<td>Provider and take-</td>
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</tr>
<tr>
<td>Education</td>
<td>home materials</td>
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<td>home materials</td>
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</tbody>
</table>
## Risk Assessment (RA)

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assuring correct RA elements incorporated</td>
<td>Utilize well-known risk assessment tools such as CAMBRA /ADA/AAP</td>
</tr>
<tr>
<td>Assuring RA performed at PC visit</td>
<td>Embed OH risk assessment into the EMR template</td>
</tr>
<tr>
<td>Incorporating RA into PC visit flow</td>
<td>Make procedural and workflow changes, use QI methodology to monitor and improve</td>
</tr>
<tr>
<td>PC staff resistance to additional tasks</td>
<td>Identify PCP champion, start small. Make official clinic policy.</td>
</tr>
</tbody>
</table>
# Oral Evaluation

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<tr>
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</thead>
<tbody>
<tr>
<td>Assuring correct elements incorporated</td>
<td>Online training followed by in person training</td>
</tr>
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<td>Assuring oral evaluation performed at PC visit</td>
<td>Embed OH evaluation into the EMR template</td>
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#### Clinical Findings
- White spots or visible decalcifications: Y/N
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- Restorations (fillings) present: Y/N
- Visible plaque accumulation: Y/N
- Gingivitis (swollen/bleeding gums): Y/N

#### Assessment/Plan
- Caries Risk: Low/High
- Fluoride Varnish

#### Patient Instructions:
- Regular dental visits
- Brush twice daily
- Use fluoride toothpaste
- Drink tap water

---

**Fluoride Varnish**

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<tbody>
<tr>
<td>Assuring competency in application of Fluoride Varnish (FV)</td>
<td>Online training followed by in person training with dental staff</td>
</tr>
<tr>
<td>Adult patient resistance to FV color &amp; taste</td>
<td>Try different colors &amp; brand tastes</td>
</tr>
<tr>
<td>Concerns about excessive applications</td>
<td>Develop “immunization” card to track</td>
</tr>
<tr>
<td>PCP staff resistance to performing procedures inside patient’s mouths</td>
<td>Let patients (adults) self administer</td>
</tr>
</tbody>
</table>
**Communication & Education**

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtaining oral health education materials in multiple languages</td>
<td>Online resources, Smiles for Life</td>
</tr>
<tr>
<td>Patient resistance to OH education in the PC setting</td>
<td>Relate to general health concerns i.e. obesity, diabetic control. Include as part of visit summary</td>
</tr>
<tr>
<td>PCP staff resistance to performing OH education</td>
<td>Relate to general health concerns i.e. obesity, diabetic control</td>
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Instructions

- **SELF-CARE ACTION PLAN**
- Physical Activity 30 minutes 5 times a week
- Diet: Increase my fruits and vegetables, and decrease my salt, sugar, and caffeine
- Prescriptions were e-prescribed to the pharmacy listed in your chart. Please check with your pharmacy to make sure they are ready.
- HPWO Pharmacy offers sliding fees for prescriptions, accepts most insurance plans. Please stop by the pharmacy at your health center or call for prior authorization.
- **Remember to bring in all your pill bottles at every visit, it is very important for you to have an updated medication list.**
- Patient was given a printed copy of the following items and verbalized understanding:
  - Clinical Summary and Current Medication List
  - Patient verbalized understanding and denies any questions at this time regarding the following: use, side effects, importance of taking medications and potential interactions with food and/or other medications.
- **DENTAL INSTRUCTIONS**
  - Brush teeth at least 2 times daily along with flossing
  - Decrease the amount of sugary snacks/drinks daily
# What it Looks Like Clinically

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<th>HPWO</th>
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</thead>
<tbody>
<tr>
<td>Provider (EMR check-off box), yellow tooth patient takes to front desk.</td>
<td>Provider (EMR check-off box), “passport” sheet with follow ups (e.g. lab, radiology) includes dental</td>
<td>Provider (EMR check-off box). Work around-can’t see dental appts.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Inter-professional Collaborative Practice (e.g. appointment scheduling)</th>
<th>HPWO</th>
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</table>
Interprofessional Practice

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inability of PC staff to make direct dental appointments using HIT system</td>
<td>Develop work-around</td>
</tr>
<tr>
<td>Lack of capacity in the dental clinic for PC referrals</td>
<td>Dedicated appointments</td>
</tr>
<tr>
<td>Patient resistance to dental treatment citing cost and/or fear led to No Shows</td>
<td>Motivational Interviewing</td>
</tr>
</tbody>
</table>
Evaluation System
Evaluation Systems

- Number oral health assessments performed by PCPs.
- Number fluoride varnish applications for high-risk patients.
- Number patients linked to definitive oral health care and treatment
- Changes in quality of care/outcome indicators.
- Knowledge and skills of primary care medical providers.
- Patient experience and knowledge of oral health.
Conclusion
Integrating Oral Health into Patient Centered Care

- Is the future
- Improves health status
- Contributes to Triple Aim
- The right thing to do
Medical Assistant & Dental Assistant Providing Education in Waiting Shared Room
Join NNOHA

- NNOHA member ($50 individual / $350 organization) benefits include:
  - Publications
  - Technical Assistance
  - Job Bank
  - Newsletter
  - Discount to annual conference

http://www.nnoha.org/join/overview

Save the Date!

2015 NNOHA Conference

November 15-18, 2015
Indianapolis, Indiana
www.nnoha.org

Irene V. Hilton, DDS, MPH
NNOHA Dental Consultant
irene@nnoha.org

San Francisco Department of Public Health
1525 Silver Avenue
San Francisco, CA 94134
(415) 657-1708