Medical-Dental Integration—
What it Looks Like & How to Achieve it

Irene V. Hilton, DDS, MPH
Dental Consultant
National Network for Oral Health Access

Objectives

• Develop strategies for obtaining dental care in areas without HC dental programs
• Describe examples of medical-dental integration at the clinical level
• Understand why medical-dental integration is a positive attribute
• List some of the administrative and clinical barriers to implementing integration across disciplines

What is NNOHA?

• A nationwide network of safety-net oral health providers and their supporters
• Mission: Improve the oral health of underserved populations and contribute to overall health through leadership, advocacy, and support to oral health providers in safety-net systems.
• Currently about 2,400 members
**About Health Center Oral Health Programs**

- Health Centers are non-profit clinics that provide quality health care services to underserved, low-income individuals with little or no insurance.
- In 2011:
  - 862 out of 1,128 Health Centers across the country offered dental services (76%).
  - Health Centers provided dental care to 4 million patients. At the same time, Health Centers provided medical care to about 17 million patients (23%).
- Medical capacity exceeds dental capacity in Health Centers.

**Rural Oral Health**

- Rural persons are more likely to have lost all their teeth than their non-rural counterparts.
- Rural adults are significantly more likely than non-rural adults to have untreated dental decay.
- Rural residents are less likely to have visited a dentist than urban residents.
- Less community water fluoridation.

**Access Challenges for Rural Populations**

- Less providers/More HPSAs: (74%)
- Even after controlling for population density and income, non-metropolitan counties have lower dentist-to-population ratios than large metropolitan areas.
- Less likely to have dental insurance coverage.
- Transportation.
Insurance Challenges

- Lack of Insurance Options
  - Medicare - Only covers very narrowly defined dental services
  - Medicaid - Most states do not cover routine dental care for adults

Access Strategies

- Adding a dental program
- Local / state resources
- Interprofessional oral health competencies
- Workforce innovations

Starting a Dental Program

- How to Start a Dental Clinic:
  - [http://www.nnoha.org/practicemanagement/startclinic.html](http://www.nnoha.org/practicemanagement/startclinic.html)
- Safety Net Dental Clinic Manual
- ASTDD Basic Screening Survey for Older Adults Planning and Implementation Packet
Add a Dental Program

- Add a dental program to HC through collaboration with Academic Institution
  - Roanoke Chowan Community Health Center and East Carolina University School of Dental Medicine
  - Dental school constructed 8,000 square foot Service Learning Center adjoining HC
  - 16 dental chairs
  - Staffed full-time by ECU faculty dentists, residents, and students
  - Employs local residents as staff members

State & Local Resources

- Health Centers, FQHC’s and look-alikes
- Dental & Dental Hygiene Schools
- Local Programs - non-profits, organized dentistry

Local Events

- Mission of Mercy
  - Currently in over 20 states
  - http://www.adcfmom.org/
- Remote Area Medical (RAM):
  - http://www.ramusa.org/services/dental.htm
Interprofessional Competency

- Medical providers screen/assess/refer
  - MDs, NP, PAs
  - Oral cancer screenings
  - Caries risk assessment
  - Self management skills
  - Fluoride

Workforce Innovations

- RDH Direct-Access States
- Community Health Corps
- Teledentistry
The Why of Integration

- Providing the best, highest quality, evidence-based care to the populations we serve
- May improve fiscal sustainability
- Can contribute to improving practice management issues

What Does Integration Look Like at the HC Level?

Administrative Integration

- Providers & staff communicate both formally and informally across disciplines
  - Meetings, inservices
- HC administrative structure and decision making incorporates all disciplines
- Participation in HC committees
- Mutual Respect
Clinical Infrastructure Integration

- Sharing and access to patient information across disciplines
  - Appointments
  - Medication
  - EHR
- Bilateral referrals
  - Standardized process, forms
  - Standardized follow-up, tracking

Clinical Integration

- Consideration of clinical issues beyond traditional “silos”
  - Medical staff provides ECC risk assessment and fluoride varnish
  - Dental staff provides HIV or diabetes screenings

Quality Improvement

- Use of measures to monitor and drive change related to level of integration
  - % perinatal patients that receive a dental exam while pregnant
  - % patients identified with HBP at dental visit that attend a medical visit within two weeks
Seven Key HC Characteristics

1. Leadership Vision & Support
2. Dental Integrated into HC Executive Team
3. Co-location
4. Organizational Culture of Quality Improvement
5. Dental Staff Buy-in: Understanding the “Why”
6. Patient Enabling Services
7. Dental Director Leadership

Challenges

Barriers to Integration

- Physical Infrastructure- no co-location
- HIT- lack of or not integrated
- Training- lack of training on new clinical skills
- Systems- lack of policies, protocols, forms
- Competing needs/issues- existing practice management issues
Co-location

• Norm is to not have dental co-located with medical at the same site
• 2011 UDS data
  ▪ 4 million dental users
  ▪ 17 million medical users

Strategies

• Pilot integration at one co-located site
• Develop systems
• Expand to non-dental sites
• Consider mobile diagnostic & preventive services

Health Information Technology

• Lack of system integration between EMR & EDR
EMR-EDR Options

<table>
<thead>
<tr>
<th>System</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No EMR or EDR (paper)</td>
<td></td>
</tr>
<tr>
<td>EMR + dental paper</td>
<td></td>
</tr>
<tr>
<td>EMR (dental utilizes)</td>
<td></td>
</tr>
<tr>
<td>Integrated EMR/EDR</td>
<td></td>
</tr>
<tr>
<td>Sep EMR + Sep EDR + HL7 bridge</td>
<td></td>
</tr>
<tr>
<td>Sep EMR + Sep EDR</td>
<td></td>
</tr>
</tbody>
</table>

Strategies

- Generating population lists
- Convert & track through Excel or Access
- Fax is a friend
- Resources allocated to facilitate
  - ARRA/ACA
  - Meaningful use

Training

- Medical staff need training on importance of oral health
  - POF
  - Clinical assessment (ECC, oral cancer)
  - Referral protocols
- Dental staff may need training in clinical skills & lasted guidelines for treatment of POF
  - Children 0-5
  - Perinatal
**Strategies**

- Dental schools
- Local, state and national meetings (NNOHA, ADA, AGD, AAPD, HDA, NDA)
- Online curricula for dental providers
  - http://www.first5oralhealth.org/
  - http://www.aapd.org/dentalhome/infantoralhealth.ppt

**Medical Staff Training**

- http://www.smilesforliforalhealth.org/
- http://www.first5oralhealth.org/http:/
- www.kidsoralhealth.org/?page=pcp-home

**Systems**

- Policies – Proposed or adopted course or principle of action
- Protocols – Established code of procedure in group, organization or situation
- Forms
- Tracking infrastructure
Common Practice Management Issues

…and how integration can help...

Low Encounters

• 6-step Infant Oral health Care visit
  • Defined set of procedures
  • Defined time frame
  • Little variability
  • Team members can perform many aspects
  • Does not need a dental chair so can be performed outside the operatory
• Increase encounters by scheduling these exam visits between restorative visits
• Exam only blocks
Where are the Infants (POF)?

- Children 0-5 have the lowest rates of dental utilization compared to other child age groups
- Decreases with age
- Sequence of 10 well child visits between age 0-3

Medical- Dental Integration is Key!!!!!

Medical identifies & referrals
Dentists willing to treat
Capacity to treat

Low Revenues

- Add new patients that have payer sources
- Young children and perinatal patients may be in category
- Does not replace current groups, add new populations
No Shows

- Can fill N/S appointments with
  - On call clients
  - Drop in emergencies
  - Drop in defined-time visits
    - Infant oral care visit

Conclusion

Medical-Dental Integration

- Interdisciplinary collaboration is the future
- Improves health status for POFs
- Help create more efficient dental programs
- The right thing to do
NNOHA Resources

• PCHH Action Guide
  http://www.nnoha.org/generalpage.html
• Oral Health Collaborative
  http://www.nnoha.org/oralhealthcollab.html

Join NNOHA Today!

Member benefits include:

• Access to the NNOHA Forums
• Online Job Bank
• Newsletter
• Member Discounts
• Mentoring for New Dental Directors
• Discount to the National Primary Oral Health Conference

http://www.nnoha.org/membership.html

Contact Us!

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

National Network for Oral Health Access
181 E. 56th Ave, Suite 501
Denver, CO 80216
Phone: (303) 957-0635
www.nnoha.org
Thank you!