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

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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
- Safety Net Dental Clinic Manual
  - http://www.dentalclinicmanual.com/
- ASTDD Basic Screening Survey for Older Adults Planning and Implementation Packet
  - http://www.astdd.org/basic-screening-survey-tool/#adults

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
  - http://www.adha.org/governmental_affairs/downloads/direct_access.pdf
- Community Health Corps
- Teledentistry

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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

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What Does Integration Look Like at the HC Level?

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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

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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

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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

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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

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Strategies

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

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Health Information Technology

- Lack of system integration between EMR & EDR

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EMR-EDR Options

System
No EMR or EDR (paper)
EMR + dental paper
EMR (dental utilizes)
Integrated EMR/EDR
Sep EMR + Sep EDR + HL7 bridge
Sep EMR + Sep EDR

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.smilesforlifeoralhealth.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...

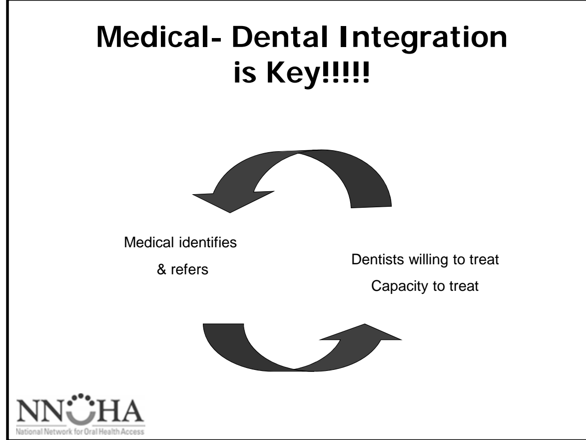
Low Encounters

- 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!!!!!



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

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Conclusion

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Medical-Dental Integration

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

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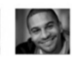
NNOHA Resources

Oral Health and the Patient-Centered Health Home



Action Guide

Prepared by the National Network for Oral Health Access 2012

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

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Thank you!