


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
- Identify some 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



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
- Contracting with private practitioners



Why Medical-Dental Integration?



The Why of Integration

- Providing the best, highest quality, evidence-based care to the populations we serve
- Can 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 to Implementing Integration



Barriers

- 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

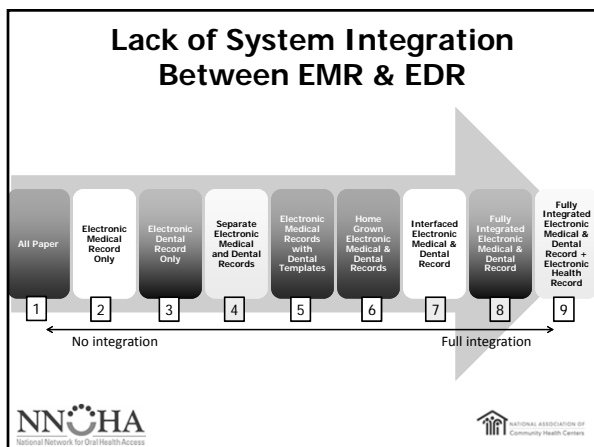


Health Information Technology

- Lack of system integration between EMR & EDR








Strategies

- Generating population lists from other database
- Convert & track through Excel or Access
- Fax alternative to eReferral
- In general, resources must be 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 & latest 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/infantoralth.ealth.ppt>



Medical Staff Training

- Smiles for Life Oral Health Curriculum
<http://www.smilesforlifeoralhealth.org/>
- First Smiles
<http://www.first5oralhealth.org/>
- Washington Dental Service Foundation
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

- Certain types of dental visits i.e. the Infant Oral Health Care visit, encourage dental practice efficiencies
 - Defined time frame
 - Little variability
 - Team members perform many aspects

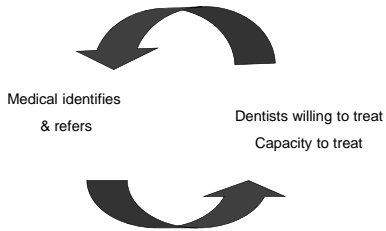


Where are the Infants?

- 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
- Refer from primary care to dental



Medical-Dental Integration is Key!!!



Low Revenues

- Add new patients that have payer sources
- Do not replace current groups, add new populations
- Young children and perinatal patients may be in category
- Refer from primary care to dental



No Shows

- Fill dental N/S appointments with pre-determined open access clients
 - Infants
 - Children
 - Perinatal
- Refer from primary care to dental



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

Oral Health and the Patient-Centered Health Home




Action Guide
NNOHA
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>


2013 National Primary Oral Health Conference

- November 10-13, 2013
- Hyatt Regency, Denver, CO
- Clinical, Practice Management and Promising Practices Sessions
- For safety-net oral health providers & administrative staff, PCAs and other partner organizations
- <http://www.nnoha.org/conference/npohc.html>



NNOHA/NOSORH Webinar!

- **How to Add or Expand Dental Services**
- Thursday, August 23rd at 2:00 pm EDT
- Presented by:
 - Dale Goad, DDS, Dental Director, Carrizozo Health Center, Carrizozo, NM
 - Chris Shea, MUP, Chief Executive Officer, Cherry Street Health Services, Grand Rapids, MI
- <http://www.nnoha.org/practicemanagement/webinars.html>



Contact Us!

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Thank you!
Questions?