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

• 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

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/](http://www.adcfmom.org/)

- Remote Area Medical (RAM):
  - [http://www.ramusa.org/services/dental.htm](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
- 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

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/infantoralhealth.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 predetermined 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**

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

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**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](http://www.nnoha.org/conference/npohc.html)

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**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](http://www.nnoha.org/practicemanagement/webinars.html)
Contact Us!

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Thank you!
Questions?