

ORAL HEALTH DISPARITIES AND ACCESS TO CARE

OCTOBER 16, 2012
NOSORH ANNUAL MEETING

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What is NNOHA?

- A nationwide network of safety-net oral health providers.
- Established in 1991 by a group of Dental Directors from Federally Qualified Community Health Centers (FQHCs) who recognized the need for peer-to-peer networking, services, and collaboration to most effectively operate Health Center dental programs.

What is NNOHA?

- **Mission:** "To 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 over **2,200** individual members
 - Health Center staff: Dentists, dental hygienists, dental assistants, CEOs, CFOs, Medical Directors, etc.
 - Universities & associations


What Do We Do?

- Technical Assistance
 - Resource development
 - Mentoring
 - Consultation by phone and email
 - Webinars
- National Primary Oral Health Conference
- National Oral Health Learning Institute
- Policy and advocacy



About Health Center Oral Health Programs

- Health Centers are non-profit clinics that provide high-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.
 - Health Centers provided dental care to **4 million** patients. At the same time, Health Centers provided medical care to about **17 million** patients.
- Medical capacity **exceeds** dental capacity in Health Centers.



Oral Health Disparities



Facts & Figures

- More than 141 million individuals had no dental insurance in 2009. --- Estimate from the NADP/DDPA report
- 6.5 million children on Medicaid age 2-18 have untreated decay. --- Government Accountability Office, 2008
- Tooth decay is the single most common chronic disease of childhood.

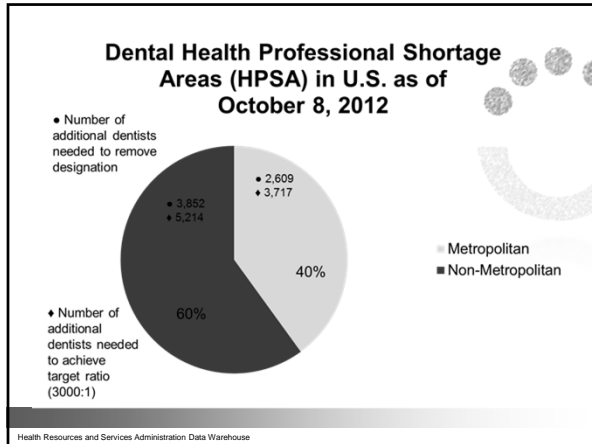


Facts & Figures

- Preventive care, early detection and treatment that dental benefits encourage save the U.S. \$4 billion annually. Every \$1 spent on prevention saves \$4 in treatment. --- Delta Dental, 2009

Challenges to Oral Health in Rural America

- Lower:
 - Educational attainment
 - Water fluoridation
 - Utilization of dental care
 - Access to transportation
- Higher
 - Uninsured rates
 - Poverty levels
 - Enrollment in Medicaid (few providers accept Medicaid)
 - Elderly population (Medicare only covers very narrowly defined dental services)
 - Provider shortage






Patient Centered Health Home (PCHH): One Definition

- Patient Centered: Care that is respectful of and responsive to individual patient preferences, needs and values
- Health Home: An approach to providing primary care where individuals receive integrated, comprehensive medical, dental and mental health care that is focused on prevention and early intervention

Health Home & Real Home

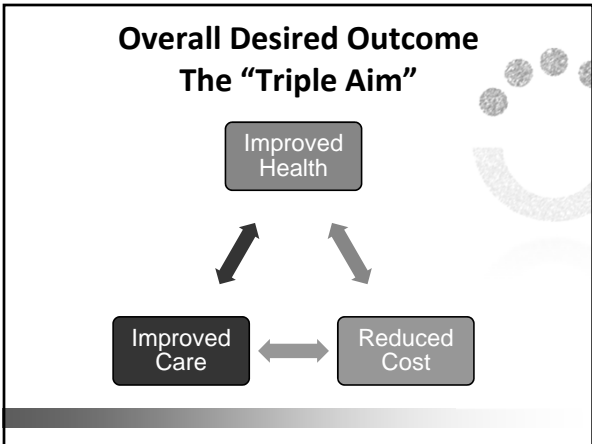
- Want to know what is happening in every room
- Condition of one may affect the other
- More efficient use of resources
- Maintains in optimal condition



Why Integrate Health Care Disciplines?

- Increase communication and collaboration
- Improve quality
 - Better health outcomes
 - Increased patient satisfaction
- Reduce costs
- Increase revenues





What is Medical Dental Integration?

- Communication between providers
- Architecture
- Education
- A process
- An outcome
- A benefit
- All of the Above

Connections Between Oral and Systemic Health

- Conditions and medications that have oral manifestations
- Periodontal/oral conditions that may have systemic effects

Conditions and Medications That Have Oral Manifestations

- Dry Mouth
- Pregnancy
- Diabetes
- Nutritional Deficiencies
- Smoking
- Require effective communication between providers

Diabetes

- The association between diabetes and periodontal disease is well documented.
- Diabetic patients have a compromised ability to respond to infections, they are at greater risk for periodontal disease.
- Periodontal disease appears to make it more difficult for diabetics to stabilize their blood glucose levels.
- For these reasons, good daily oral hygiene and early detection of gum disease are essential for the diabetic patient.

Dental Care & Diabetes

- Recent study compared medical costs of diabetic patients who received periodontal treatment versus no treatment over three years.
- Patients covered through Highmark Medical and United Concordia dental insurance.
- Periodontal treatment was associated with a significant decrease in hospital admissions, physician visits and overall cost of medical care in diabetics. Savings averaged \$1,814 per patient in a single year independent of age and sex.

Periodontal Therapy Reduces Hospitalizations and Medical Care Costs in Diabetics. M. Jeffcoat, J. Blum and F. Merkel, J Dent Res 91(Spec Iss A):253, 2012 (www.dentalresearch.org)

What Does Integration Look Like at the Health Center Level?

NNOHA Survey

- Conducted a needs assessment to identify:
 - Practices indicative of progression towards medical dental integration
 - Barriers that prevent Health Centers from developing patient-centered health homes that meet oral health needs
- Survey followed by interviews with “early adopters”
- Final report published in February 2012
- Funded by HRSA cooperative agreement

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

Leadership Vision and Support

- ED/CEO is a prime force behind the effort to achieve medical dental integration
- The vision for incorporation of dental and other departments into the Primary Care Health Home (PCHH) cascades down from the ED/CEO

Dental Integrated into Health Center Executive Team

- Completely integrated into the administrative structure of the Health Center
- Included in all operations team meetings, committees and communications
- Present when planning and clinical policy and protocol decisions made to advocate for oral health to and give dental input and perspective

Co-Location

- Staff from any Health Center department brings a patient directly to dental
- Bi-directional referrals, with dental staff able to send patients directly to medical department for same day assessment
- Positive attributes of having multiple services (e.g. nutrition, behavioral, social workers, etc.) in one location

Organizational Culture of Quality Improvement

- In-depth user's knowledge of the terminology and methodology of quality improvement
- Culture permeated through all levels of the Health Center- part of how the dental program conducts its daily functions
- Focus on outcomes - using outcome measures to drive change, improving from a baseline, and using these concepts for all aspects of clinic operations

**Staff Buy-in:
Understanding the “Why”**

- Progress is the result of a continuous process
- Resistance can occur when not explaining “why” the HC is creating new procedures/protocols
 - Changes achieve good patient outcomes, provide the best care for patients
 - Generate revenues and maintain financial sustainability

Facilitating Patient Services

- Patient navigators, family support workers, health coaches
- Assist in making appointments, engaging patients, motivational interviewing, goal setting

**Medical and Dental Director
Leadership**

- Proactive, aligned common vision of the importance of oral health in improving the health status of the patients they serve
- Confidence to advocate for oral health
- Long-term vision, taking time to develop relationships, influence teams, and grow credibility

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



PCHH Training

- Medical staff need training on importance of oral health
 - Population of Focus (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

PCHH Training 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>

PCHH 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



NNOHA Resources

- *Operations Manual for Health Center Oral Health Programs*
<http://www.nnoha.org/practicemanagement/manual.html>
- Practice Management & Policy Webinar Series
<http://www.nnoha.org/practicemanagement/webinars.html>
- Patient-Centered Health Home: Action Guide
<http://www.nnoha.org/generalpage.html>
- Workforce Resources
<http://www.nnoha.org/workforce.html>
 - "Survey of Health Center Oral Health Providers: Dental Salaries, Provider Satisfaction, and Recruitment and Retention Strategies"
 - Compensation Analysis Tool
- Online Job Bank
<http://www.nnoha.org/dentalcareers.html>

Other Resources

- Rural Assistance Center
<http://www.raconline.org/topics/dental/>
- National Health Service Corps
<http://nhsc.hrsa.gov/>
- 3RNet
<https://www.3rnet.org/>






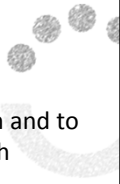
NNOHA/NOSORH Partnership

NNOHA and NOSORH Partnership

- Assess and survey current SORH work and interest in oral health
- Develop oral health resource data for rural communities
- Education, discussion promotion and outreach to SORHs
- Conference/annual meeting sessions

NOSORH Survey

- To be disseminated to all SORHs
- Access existing activities on oral health and to identify areas of interest for oral health resources in rural areas
 - December 2012
 - Your feedback will help us provide you with relevant resources!



Discussion

- Are you currently conducting oral health activities/disseminating oral health resources to your rural clinics?



Discussion

- What type of oral health challenges are your communities facing?

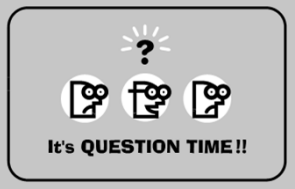


Discussion

- What type of resources would you like NNOHA and NOSORH to provide you with?



Thank you!



It's **QUESTION TIME !!**

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Mark your calendars! **2013 National Primary Oral Health Conference** |
November 10-13, 2013 | Denver, CO
