ORAL HEALTH DISPARITIES AND ACCESS TO CARE

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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
Improving Access to Care: Inclusion of Oral Health Services in the Patient Centered Medical/Health Home

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

Overall Desired Outcome

The “Triple Aim”

- Improved Health
- Improved Care
- Reduced Cost
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.

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.first5oralhealth.org/)
  - [http://www.aapd.org/dentalhome/infantoralhealth.ppt](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
- 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.raonline.org/topics/dental/
- National Health Service Corps
  http://nhsc.hrsa.gov/
- 3RNet
  https://www.3rnet.org/
NNOHA/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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