



INCORPORATING ORAL HEALTH INTO RURAL HEALTH CLINICS

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WHY INTEGRATE CARE?

- Systemic links
 - Putting the mouth back into the body
- More frequent visits to PCP—especially in first 2 years of life
- Access to care challenges



Image from the DentaQuest Partnership

OUR EXPERIENCES

- Goal: Integration and Coordination of Oral Health
- Started with integration—9 RHCs
- Oral Health Risk Assessments
 - Use this information to discuss self-management goals
 - Different from anticipatory guidance!
- Fluoride varnish

OUR EXPERIENCES, CONTINUED

- Coordination of Care
- Making referrals
 - List
 - Call to schedule
 - Challenges—anticipate patient/parent roadblocks!
 - See vs. treat
 - Participating with insurance
 - Depends on day/who answers phone!
 - Patients changing MCO plans
- Letter
- Referral Forms
- KEY: Treatment report!!!

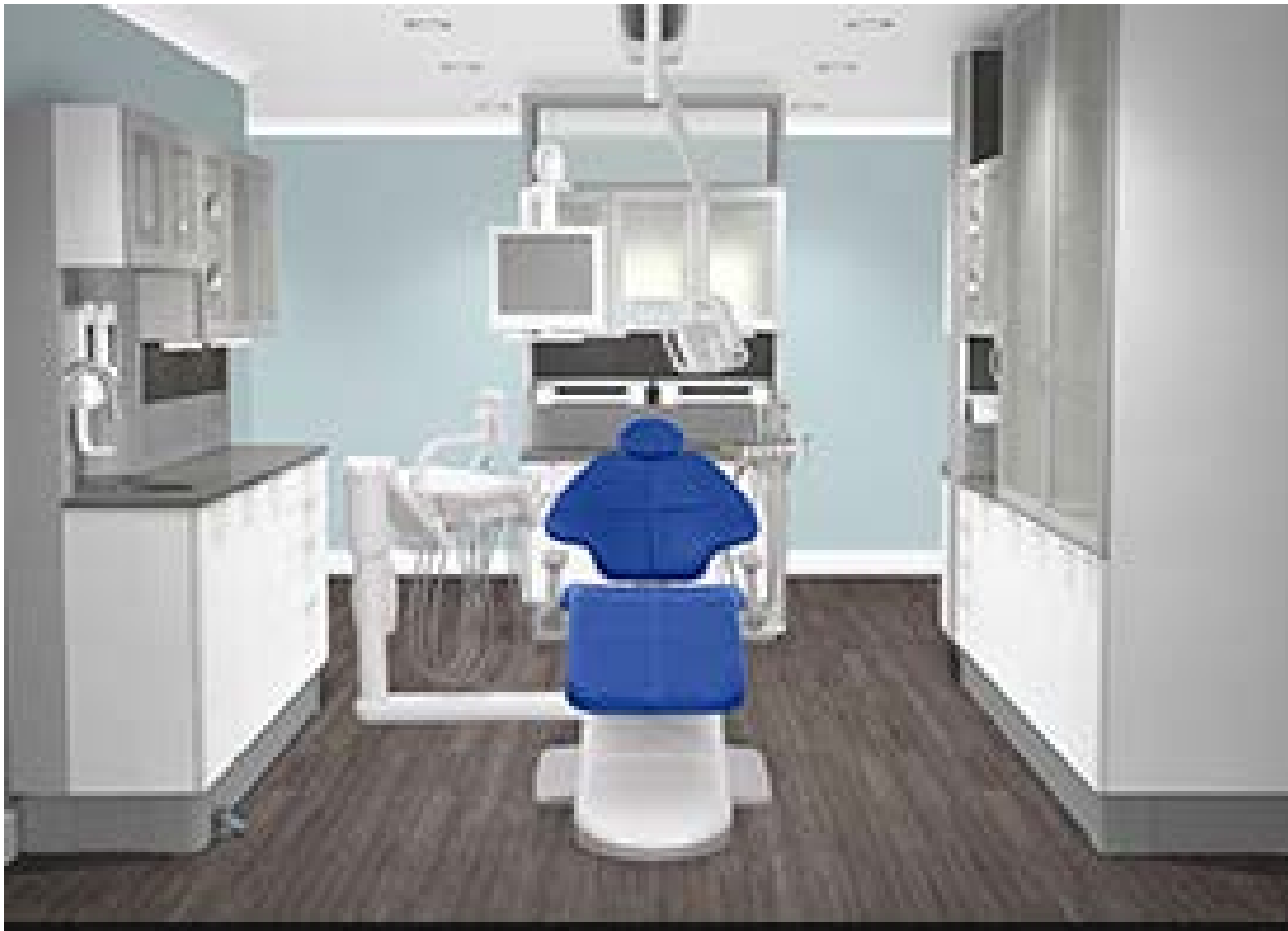
COORDINATING CARE IN YOUR RHC

- Embedding dental services in the RHC
- Pennsylvania---PHDHP
- Coordinating preventive oral health visits with well-visits
 - Benefits to patient
 - RHC can receive medical and dental encounter payments

THAT ALL SOUNDS GREAT, BUT...

- Creating a dental operator is expensive and a lot of work!!
- Considerations:
 - Portable equipment
 - Costs
 - Infrastructure
 - EHR / additional support staff?
 - Notifying appropriate state agencies of the addition of services
 - Space
 - Sterilization
 - New policies and procedures

WHAT WE USUALLY THINK OF



EXAMPLES



PC 2700

Portable Dental Chair Package



PC 2760
Operatory Light



PC 2740
Dr. Stool



PC 2780
Stainless Steel tray
&
spit cup

PC 2720
Patient Chair

PERFECTLY IMPERFECT!

- While adding portable equipment might not be considered “ideal,” it really can be the ideal situation for an RHC

QUESTIONS?

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