Strengthening Oral Health in Ohio 2013 Summit

Oral Health Integration in the PCMH Environment

Presented by:
Bonni Brownlee, MHA CPHQ CPEHR

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Objectives

• Review the PCMH Model
• Understand the full meaning and intent of integrated care
• Review options for providing integrated oral health care
• Consider the challenges facing health centers embarking on an integrated oral health model
• Learn how to approach funders in your SOHio efforts
What is a Patient-Centered Medical Home?

A model of comprehensive, coordinated care that assures:

• Patient-centered approach to care delivery
• Enhanced access to services
• A holistic view of the patient
• Continuity of care
• A focus on continuous performance measurement and improvement
PCMH is Effective

• Patients who have a continuity relationship with a personal care physician have better health process measures and outcomes.

• Continuity has been shown to achieve quality at a lower cost.

• Minorities become as likely as non-minorities to receive prevention screening and have their chronic conditions well managed in a medical home model.

• The more attributes of the medical home that are present, the more likely patients are to be up to date on preventive care and the less likely they are to use emergency rooms.

• Full integration of primary medical care with mental health care improves outcomes in both arenas.

Why consider integrated care?

• Access to dental care is limited for the safety net population

• Oral health is perceived (by the population) as less important than medical health

• Improved oral health status contributes to overall improved health outcomes for persons with chronic disease
Clinical Studies

• Periodontal disease is linked to cardiovascular disease, diabetes and stroke ¹

• Severe gum disease in older persons is linked to increased death from pneumonia ²

• Poor health status in diabetics is linked to uncontrolled gum disease ³

• Untreated gum disease increases the likelihood of preterm labor and low birthweight babies ⁴

• Cavity-causing bacteria are passed from parents to their children ⁵
# Impact of ED Visits for Dental Problems

<table>
<thead>
<tr>
<th>OHIO 2010-2011*</th>
<th>Hospital Visits</th>
<th>ED Visits</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any dental diagnosis</td>
<td>291,013</td>
<td></td>
<td>Not associated with trauma</td>
</tr>
<tr>
<td>Cost</td>
<td>(see below)</td>
<td>$188,500,000</td>
<td></td>
</tr>
<tr>
<td>Primary dental diagnosis</td>
<td>81% / 235,721</td>
<td>100,000</td>
<td>69% of visits occurred Mon-Fri</td>
</tr>
<tr>
<td>Cost</td>
<td>$628,000,000</td>
<td>$58,376,000</td>
<td>82% uninsured or on public insurance</td>
</tr>
</tbody>
</table>

Source: Data Brief, Utilization of Ohio Emergency Departments to Treat Dental Problems, 2010-2011. Ohio Dept of Heath. April 2013
What is Integrated Oral Health Care?

Levels of Integration

- Minimal: Separate Clinics
- Basic: Co-located Services
- Close: Integrated Space
Case Study #1

Neighborcare Health, Seattle WA

- Demand for oral health care exceeded supply of dental providers = inreach vs outreach
- Initiatives: prenatal care, diabetes, cardiovascular disease, HIV / AIDS
- Bi-directional cross-referrals
- Integration:
  - Oral risk assessments completed during medical well-child exams
  - BP checks at dental visits
  - Immunization status reviewed at dental visits
  - Training of primary care clinicians on oral health
  - Participation in organization’s quality committee
Case Study #2

Dorchester House, Boston MA

- Partnership initiated by pediatrician and dental director
- Caries Risk Assessment template in the EMR
- Integration:
  - Oral health screenings done at pediatric visits (0-5yo)
  - Flouride varnishes applied in pediatric clinic
  - Pediatric dental suite located in the pediatric clinic
  - Cross-discipline training
Case Study #3

Terry Reilly Health Services, Boise ID

• Diabetes initiative includes dental screening
• New initiative for pregnant women and diabetics: oral health exam, review of oral disease risk factors, and microscopy periodontal assessment
• Integration:
  – Training for medical clinicians
  – Referral template in EMR
  – Participation in organization’s Quality Committee
How will we get to integrated oral health care?

• A population management approach to community oral health and dentistry will emerge
• Dental and medical leaders will become champions and innovators
• EHR functionality will support cross-discipline care
• Cross-training will become standard in both clinical disciplines
• Reimbursement mechanisms will recognize and reward the value of integrated care
Adding “Share-the-Care” Metrics to the Quality Agenda

- Number of unduplicated medical and dental users in the organization
- Number of prenatal patients receiving oral health care
- Number of diabetics with oral hygiene care and oral hygiene status correlated with glycemic control
- Number of fluoride varnish treatments applied in the medical clinic vs the dental clinic
- Number of dental patients referred to medical clinic for Rocephin injection
- Tobacco use / smoking cessation education from a dental provider
The Future

“I see a day where the primary care provider has a team that looks at the risks, scores and targets, and applies interventions including oral health care to reduce the rate of heart disease, improve blood glucose control and achieve other improvements for specific subpopulations.”

Dan Watt, DDS
Dental Director, Terry Reilly Health Services
Boise Idaho
What’s Happening in Ohio?

- 100+ Safety Net Dental Clinics
- Director of Health’s Task Force on Oral Health and Access to Dental Care
  - Increase the number of primary care providers and other non-dental health professionals who are actively involved in improving the oral health of their patients
Healthy People 2020 Objectives on Oral Health

• Reduce untreated dental decay in all age groups
• Reduce dental caries for children and adolescents
• Reduce adult tooth extraction due to caries or periodontal disease
• Increase access to oral health care system
• Increase oral health services in school-based health centers, FQHCs and local health departments
• Increase sealant protection for children and adolescents
• Increase the proportion of adults who receive preventive dental care
Dental Directors can lead the way

• Align with a physician champion in your organization
• Design and implement a training program for medical clinicians on oral health, screening, and education
• Develop a process for cross-referrals for specific populations of interest
• Understand the regulatory environment for oral health care extenders
• Become an advocate
• Design a clinical pilot project
Discussion

• What level of integration exists in your organization?
  – How successful are these efforts?

• Do you believe that an integrated program is possible in your community?

• Are dental quality-of-care metrics defined and reported through your organization’s Performance Improvement program?

• What level of acceptance might you anticipate from your dental staff? From the medical staff?

• What do you think might be possible in the next 5 years?
Questions?

THANK YOU!

Bonni Brownlee, MPA CPHQ CPEHR
Consulting Director

bbrownlee@outlook-associates.com
References


