

Innovation in Oral Health Access

Oral Health Disparities and the Planned Care Collaborative Model



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Today's Objectives

- Provide information about the first pilot "Oral Health Collaborative"
- Understand how targeted interventions can reduce disparities in vulnerable populations
- Identify opportunities for partnership between dental and medical providers to address oral health disparities

The Need

- Nationally, 47 million lack medical insurance; 141 million lack dental coverage
- CHC's currently employ 2108 dentists and 806 RDHs at 1067 Health Centers*
- Current dental capacity: 2.8 million dental users vs. 14 million CHC medical users*
- Estimated unmet dental need nationally: 33 million persons
- Prevention strategies exist that benefit the most vulnerable populations

*HRSA 2007 UDS



The Ideal Equation

Demand = Capacity



Change the equation

Demand \neq **Capacity**



Press Release:

- WASHINGTON, Jan. 12, 2007 -- Agriculture Secretary Mike Johanns announced USDA's plan to purchase up to 19.3 million pounds of grape juice to be donated to child nutrition and other domestic food assistance programs.



HRSA's Health Disparities Collaboratives

- Asthma
- Cardiovascular disease
- Cancer Screening
- Depression
- Prevention
- Diabetes



The Questions?

- Could the Planned Care Model of health delivery and management be applied to oral health care?
- Could the Model be used to develop comprehensive system change interventions that would generate major improvements in process and outcomes for patients?



Oral Health Disparities Collaborative (OHDC) Pilot



Collaborative/ Planned Care Model

1. The health care organization
2. Community resources and policies
3. Self-management support
4. Decision support
5. Delivery system design
6. Clinical information systems



Populations of Focus

- Children 0-5: Early Childhood Caries prevention and treatment
- Pregnant Women: Improving perinatal oral health in caries and periodontal disease



Develop Measures

- Measures are needed to drive change, for example implement a best practice
- Allow you to see if a desired change is occurring
- Can help answer the question – *How will we know that a change is an improvement?*



Prenatal Measures

- Core:
 - Comprehensive oral exam and treatment plan
 - Dental treatment completed
 - Self management goals established
- Optional:
 - Perinatal referral by medical
 - Dental counseling by medical PCP team
 - Periodontal treatment completed during pregnancy



Early Childhood Measures

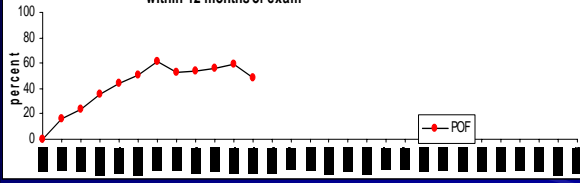
- Core:
 - Dental exam
 - By 12 months
 - 12 - 60 months
 - Treatment plan completed
 - Self management goals established
- Optional:
 - Dental Counseling by PCP medical team
 - Fluoride varnish application
 - Dental Home
 - Fluoride needs assessment *
 - Fluoride prescribed *
 - Child referral from Medical

* Required in Non-Fluoridated Communities



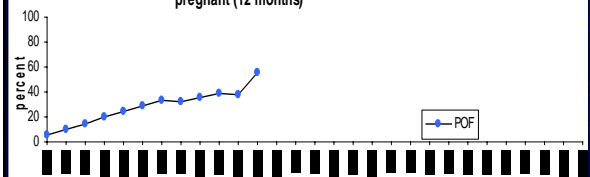
Sample Measure Results: Treatment Completed - Children

Patients >= 12 months and <= 60 months completed Phase 1 treatment within 12 months of exam



Sample Measure Results: Perinatal Access to Dental

Pregnant women with comprehensive dental exam completed while pregnant (12 months)



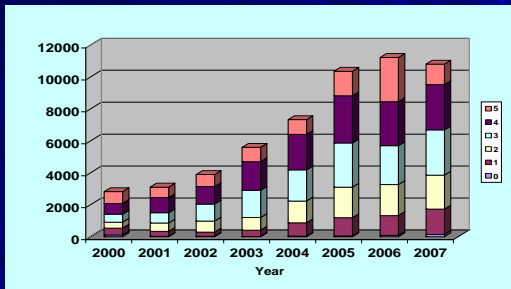
Meanwhile...somewhere on the east coast....

2001 Oral Health Stats at Open Door 2 – 5 year olds

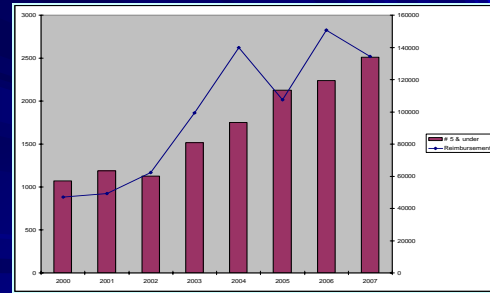
- 69% in Port Chester have caries experience, nearly all of it untreated decay
- 76% in Ossining have caries experience, and 59% have untreated decay



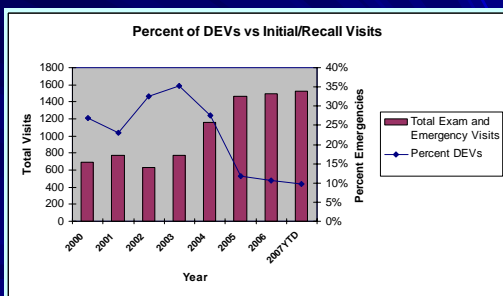
Number of Procedures



Reimbursements up!



Emergencies reduced!



Early Key Successes

- Greater collaboration and communication between medical and dental
- Implementation and standardization of referral mechanisms from medical to dental
- Increased oral health knowledge of medical staff



A New Era of Clinical Practice

- Providing ECC risk assessment and disease management to very young children in the medical and dental settings
- Providing comprehensive dental services to perinatal patients
- Focusing on the preventive approach rather than surgical or end-stage treatment of dental disease



Lessons Learned...

- After best practices education, medical providers better understand importance of oral health
- After best practices education, dental providers overcome reluctance to provide treatment to pregnant women and very young children
- Referrals by medical providers are key.



Life after the collaborative

- Scheduling *8 days out* vs. 4 months out
- *5% "no-show"* vs. 12% "no-show"
- *40% Medicaid* vs. 20% Medicaid
- Dental treatment plan complete rate of 95%
- Standardization of clinic, procedures & processes
- 252 children 0 – 60 months seen over the past year
- Clear policies and protocols understood by staff and patients
- Practice management data collected and actively reviewed and "owned" by all staff
- All but 2 hours of the day dedicated to children and pregnant moms
- **We are having a GREAT time!!!**



Collaborative Expansion

- OHDC Manual for implementation of the collaborative in other health centers
- Contains OHDC **Change Package**- specific tools and ideas developed by teams
- Available at www.nnoha.org & www.healthdisparities.net



Additional Resources

- Oral Health Care during Pregnancy and Early Childhood - Practice Guidelines
<http://www.health.state.ny.us/publications/0824.pdf>
- Improving Women and Children's Oral Health:
<http://www.idph.state.il.us/HealthWellness/oralhlth/>
- "First 5" web-based training for dental providers:
<http://www.first5oralhealth.org>
- CAMBRA Risk Assessment: Journal of the CDA
http://www.cda.org/page/Library/cda_member/pubs/journal/jour1007/index.html



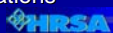
Challenges

- Time and training needed for medical and dental staff
- Competing organizational priorities may limit commitment
- Capacity issues in dental
- Prioritization of certain populations an issue within health centers
- Overcoming patient/parental resistance



Advocacy Needed

- Increase capacity in Health Centers and other safety net facilities
- Base dental recall, preventive and treatment frequency on need
- Increase hands-on education in dental schools with vulnerable populations
- Increase oral health education for medical providers
- Increase awareness of importance of medical and dental integration for existing workforce.
- Develop innovative programs and outreach to increase access for vulnerable populations



Questions or Comments?

