

Integrating Oral Health Into Primary Care

Tracy Garland
Mark Doherty, DDS
Suzanne Boulter, MD

National Oral Health Conference
May 2, 2012

Goals

- See primary care as partners
- Various ways to link oral health and primary care more closely
- How change is happening
- Potential for interprofessional agreement

Flow

- The Case for Oral Health in Primary Care – Tracy
- How it can work: Models – Mark
- Risk Assessment – AAP Tool – Suzanne
- Oral Health in AAP QI projects – Suzanne
- Summary: Change Model & Collective Impact - Tracy

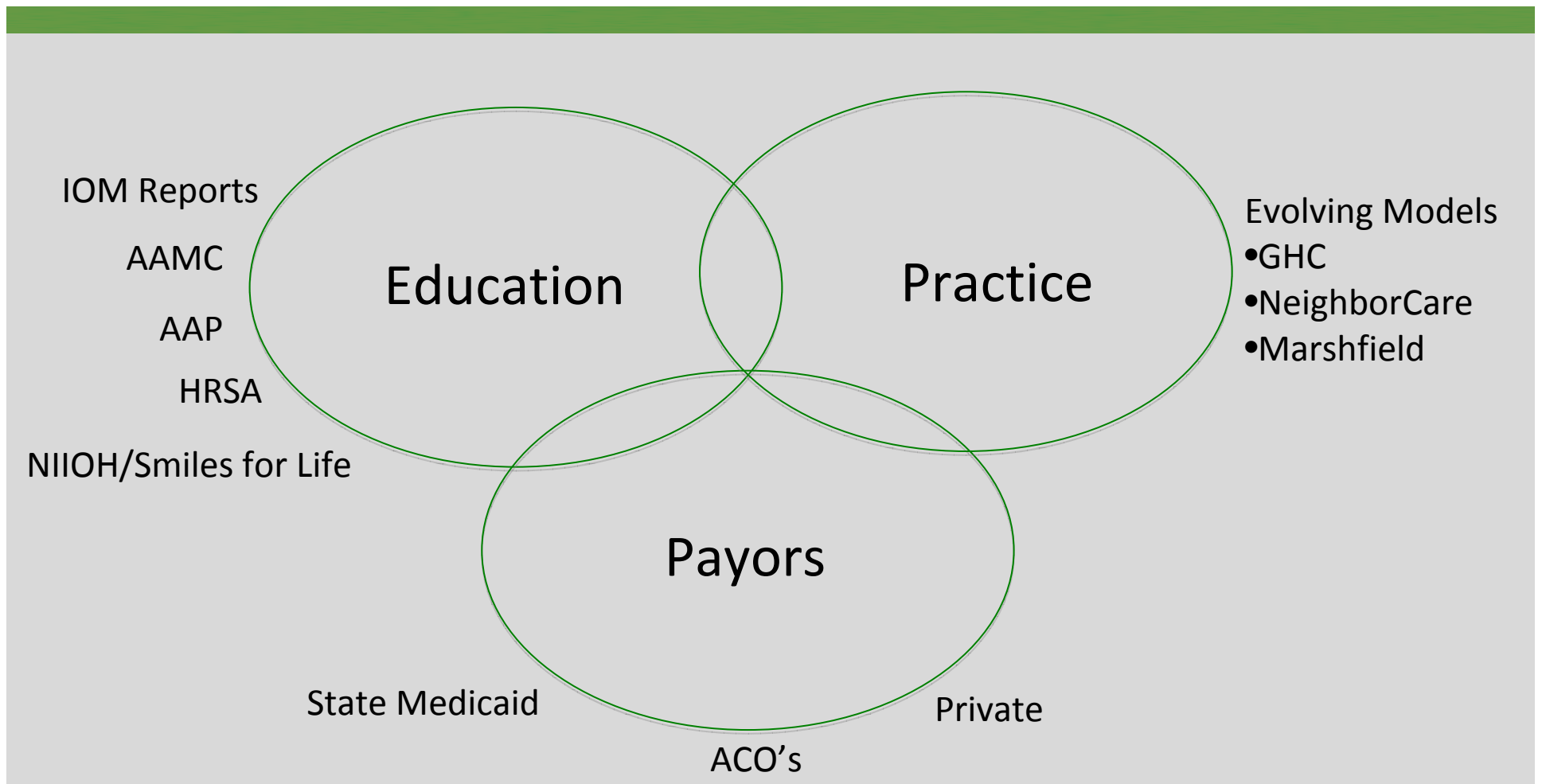
Why Primary Care?

- Dental disease is preventable
- Sound evidence that primary care interventions can make a difference
- Population with disease burden has access to medical care
- Primary care is designed for “whole person”
- PC clinicians are best prepared to influence behavior

Primary Care Workforce

- Can make a difference!
 - Family Medicine 105,000
 - Pediatrics 45,000
 - General Internists 70,000
 - Nurse Practitioners 150,000
 - Physician Assistants 36,000

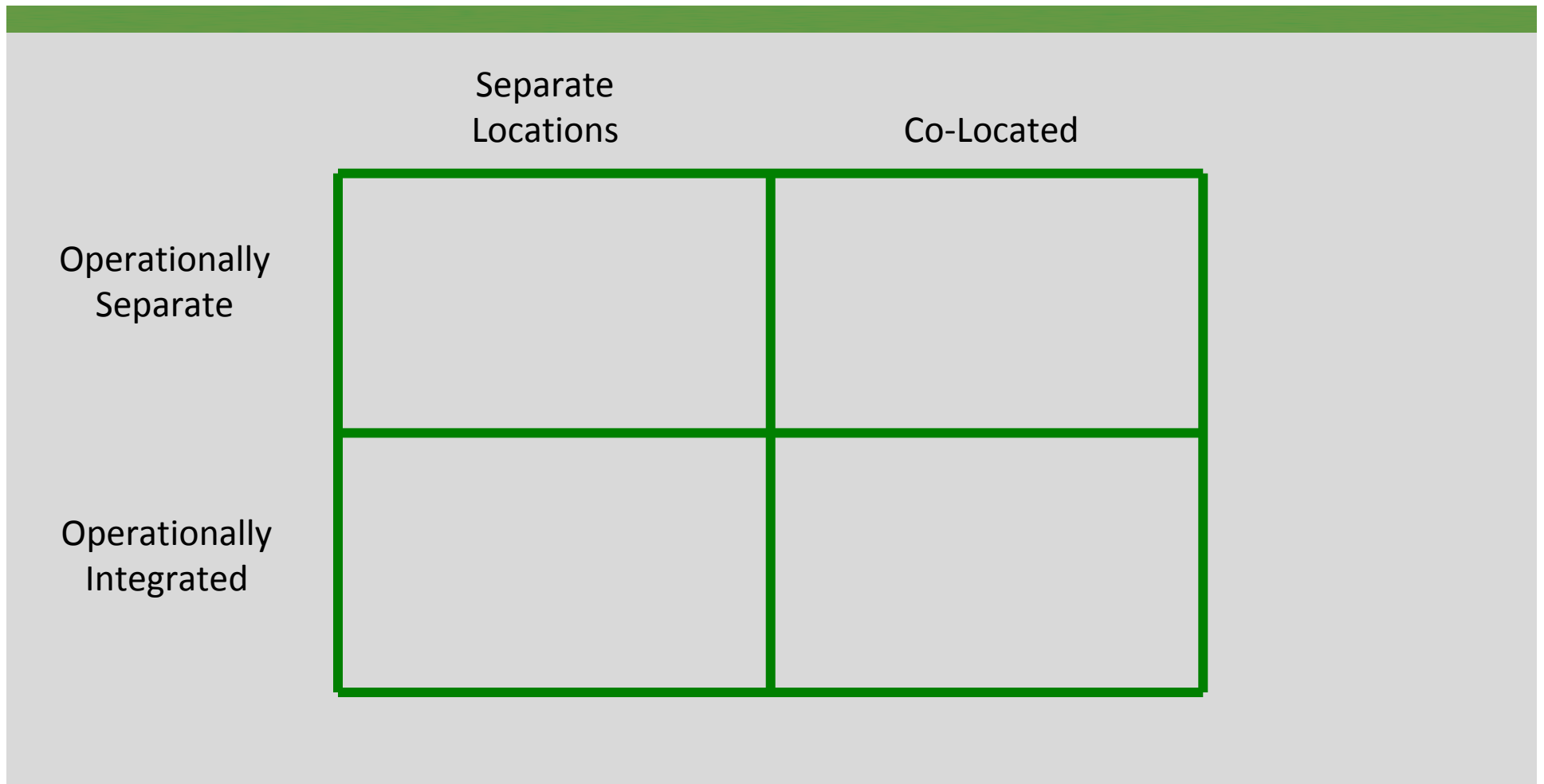
Overcoming Barriers



Approaches

- Linking Oral Health and Primary Care More Closely
 - Collaboration: work with one another
 - Integrated: Oral Health prevention as routine part of well care
 - Operationally Integrated: medical and dental
 - Patient Records
 - Administrative systems (e.g. scheduling, billing)
 - Care coordination – cross referrals for high-risk

Models



Models

	Separate Locations	Co-Located
Operationally Separate	Current System <ul style="list-style-type: none">•Medical•Dental	Most FQHC's
Operationally Integrated	Some large medical group practices	Some FQHC's

Models...linking more closely

	Separate Locations	Co-Located
Operationally Separate	Collaboration possible	Proximity -> <ul style="list-style-type: none">•Face to face communication•“curbside consult”•“Warm hand-off”
Operationally Integrated	Oral health prevention part of routine medical care: clinical work flows and business processes	High risk pops prioritized <ul style="list-style-type: none">•Cross referrals•EMR, EDR Integrated•Quality metrics

Models - Examples


	Separate Locations	Co-Located
Operationally Separate	ABCD (WA) Cavity Free @ Three (CO) Into Mouths of Babes (NC)	Most FQHC's
Operationally Integrated	Group Health Cooperative	Dorchester House NeighborCare Health Marshfield Clinic

Common Themes

- Providers have a basic understanding of the disease process and how they can impact it
- Oral Health competencies for Primary Care Clinicians
- Interprofessional Competencies

National *Interprofessional Initiative* on Oral Health

*engaging clinicians,
eradicating dental disease*



National Interprofessional Initiative on Oral Health

- Consortium: Funders and Health Professions
- Focus: Education System
- Strategy: Champions
 - Work within and across professions
 - Mix of formal and informal
- Impact: Engagement
 - High Quality Products
 - Interprofessional Agreement