Integrating Oral Health Into Primary Care

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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

- IOM Reports
- AAMC
- AAP
- HRSA
- NIIOH/Smiles for Life

Education

Practice

Payors

- Evolving Models
  - GHC
  - NeighborCare
  - Marshfield

- State Medicaid
- ACO’s
- Private
- Private

National Interprofessional Initiative on Oral Health
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

- Operationally Separate
  - Separate Locations
  - Co-Located
- Operationally Integrated
Models

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<thead>
<tr>
<th>Operationally Separate</th>
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<tr>
<td>Separate Locations</td>
<td>Co-Located</td>
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<tr>
<td>Current System</td>
<td>Most FQHC’s</td>
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<tr>
<td>• Medical</td>
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<td>• Dental</td>
<td>Some FQHC’s</td>
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<td>Some large medical</td>
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<td>group practices</td>
<td>Some FQHC’s</td>
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# Models...linking more closely

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<tr>
<td><strong>Separate Locations</strong></td>
<td><strong>Co-Located</strong></td>
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<tr>
<td>Collaboration possible</td>
<td>Proximity -&gt;</td>
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<td></td>
<td>• Face to face communication</td>
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<td></td>
<td>• “curbside consult”</td>
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<td></td>
<td>• “Warm hand-off”</td>
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<tr>
<td>Oral health prevention</td>
<td>High risk pops prioritized</td>
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<td>part of routine medical</td>
<td>• Cross referrals</td>
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<td>care: clinical work flows</td>
<td>• EMR, EDR Integrated</td>
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<td>and business processes</td>
<td>• Quality metrics</td>
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# Models - Examples

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<tr>
<td></td>
<td>ABCD (WA)</td>
<td>Group Health Cooperative</td>
<td>Most FQHC’s</td>
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<td></td>
<td>Cavity Free @ Three (CO)</td>
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<td>Dorchester House NeighborCare Health Marshfield Clinic</td>
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<td>Into Mouths of Babes (NC)</td>
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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