Addressing Oral Health Access and Disparities A Regionalized, Integrated, Rural Dental System

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"If you don't know where you are going, any road will

take you there."

Lewis Carrol Alice in Wonderland

Our destination: 100% access to high quality services

0 health disparities

Our strategy: Develop a plan capable of

delivering us to our final

destination

Planning horizon: 10 to 20 years

Solving Wisconsin's Oral Health Crisis A Vision for Wisconsin: A Model for the Nation

Prepared for Secretary Kevin Hayden March 20, 2007

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A Simulated Community Hea And Its' Impact on Dental a Bibliography Figures, Tables, Appendix A

Major Components of the Plan

- Rapidly expand dental capacity and don't leave anyone behind (developmentally disabled, geriatric, pediatric, children with special health care needs)
- Develop integrated oral/medical electronic health record with decision support
- Foster collaboration across medicine, public health, and dentistry addressing oral/systemic interactions, health literacy issues and prevention
- Develop a dental school designed to produce dentists for the safety net prepared to work collaboratively with medicine and public health

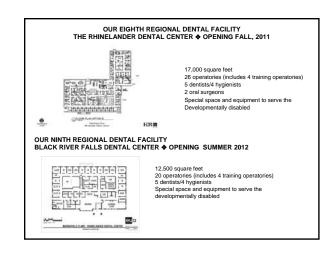
Primary and Secondary Target Areas for Dental Initiative. Laperd Lap







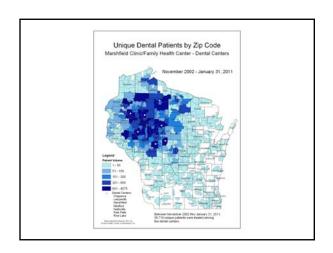


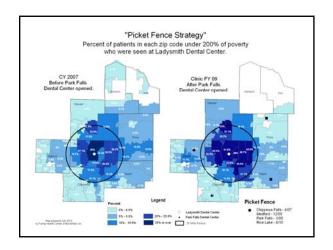


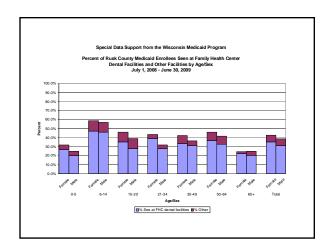
THANK YOU TO OUR CAPITAL PARTNERS

- USDA Rural Development Program
- Chippewa County Dental Foundation
- Congressman Dave Obey

FHC's Growing Oral Health Infrastructure			
	2010	Future Goal	
Number of Dental Centers	7	16	
Square Feet	83,630	230,000	
Total Operatories	138	393	
Training Operatories	16	102	
Dental Students	0	200	
Dentists	39	91	
Hygienists	37	69	
Patients	34,293	158,000	
Visits	95,243	420,000	







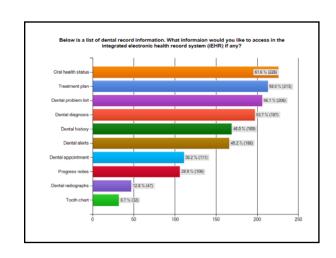
Results of Training Program for Oral Pathogens*:

"All Efforts to Train Oral Pathogens to Remain Strictly in the Mouth have Failed Miserably,"

...reported by
Valerie J H Powell RT(R) PhD
University Professor, Computer & Information Systems
Project on Clinical Data Integration (CDI)
Robert Morris University

Integrating Dentistry With Medicine

- March 2010 implemented integrated medical/dental electronic health and practice management record at all dental centers
- Coordinated appointment scheduling empowered
- Survey and focus groups of medical staff completed to inform the presentation of dental information in the EHR to the medical staff
- Work on meaningful use and decision support tools ongoing



Current & Ongoing Integration

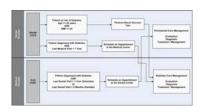
- Medications information (bi-directional)
- Allergies (bi-directional)
- Special conditions (bi-directional)
- Demographics (driven by the medical system)
- HIPAA forms (driven by the medical system)
- Medical appointments in Dental
- Dental alerts in medical systems
- Sharing of medical and dental diagnosis
- Sharing of medical and dental history
- Problem lists
- · Clinical decision support

Beyond Demand Addressing Need to Close the Oral Health Disparity Gap

- Design support tools to enlist medicine
- Community collaborations and outreach
- Targeted initiatives and research

Management of Diabetic Patients

 Developing Clinical Decision Support Tools within the iEHR to support cross disciplinary care management



Community Collaborations And Outreach

- Tele-dental and Head Start
- · Nursing Homes
- Community Hospitals
- Social Service Agencies
- Job Service Agencies
- Disability Groups
- Veteran Affairs Offices
- Local Public Health Directors and Oral Health Staff
- Schools
- Day Care Centers
- WIC Offices
- Food Pantries
- Free Clinics

Targeted Initiatives and Research

- Enlist medicine to address dental health literacy issues and refer to dental using newly developed clinical decision support tools
 - Provide targeted guidance to pregnant women and those planning a pregnancy
 - Provide targeted physician anticipatory guidance to parents for children delinquent on dental exams
 - Provide targeted guidance for diabetics
- Coordinate appointments for medical and dental visits to increase convenience for patients and reduce no-shows

Dental School

- Funding secured for facility and equipment to support a post baccalaureate program, residencies, and the first two years of our planned dental school
- 32% of our dedicated clinical training capacity for 4th year dental students in place

THANK YOU TO OUR HIT/RESEARCH/EDUCATION PARTNERS

- Delta Dental of Wisconsin
- Marshfield Clinic Research Foundation
- Marshfield Clinic Division of Education

Key Strategic Plan Elements

- Regionalize care
- Integrated EHR
- Train Workforce
- Leave No One Behind

Multiple Dimensions of Key Strategic Decisions: Regionalized Care

Decision	Service	Education	Political	Research
Build new facilities to house 5 or more dentists in communities people living in rural routes relate to	•Regionalizing care •Recruitment •Retention •Flexibility •Continuity	Critical mass Dedicated infrastructure Recruitment Retention	Over tipping Betting on the community Economic development Here to stay	Critical mass Learning laboratories Recruitment Retention Problem solving Future refinements

Multiple Dimensions of Key Strategic Decisions: Integrated EHR

Decision	Service	Education	Political	Research
Support the integration of medicine and dentistry through integrated EHR and data warehouse technology	Address health literacy Support: Dental diagnosis Quality improvement Patient safety Patient centeredness Effective care Efficient care Timely service provision	•Train next generation of dentists in a future oriented integrated team based health care home setting •Ability to track and monitor student clinical work	Decision support generated medical care cost offsets Prevention Early Intervention Taxpayer Savings	Ney data repository infrastructure Test bed for decision support tools Outcome based research Comparative effectiveness research Supporting practice based research networks

Multiple Dimensions of Key Strategic Decisions: Train Workforce

Decision	Service	Education	Political	Research
Develop new dental school/ residency programs/ research internships	•Expanded capacity to see patients in our system •Contribute to HRSA workforce needs by supplying dentists trained for careers in (not rotations through the safety net	Put the school where the need is Foster integration with medicine Train for careers in safety net	Net savings to taxpayers Increased rural student recruitment Economic development "up north"	•Student workforce •Enhanced educational experience

Multiple Dimensions of Key Strategic Decisions: Leave No One Behind

Decision	Service	Education	Political	Research
Leave no one behind Disabled Disabled Nursing home Vets Jobless Publically insured Poor/near poor uninsured Children Pregnant women	Large treatment rooms Wheelchair lifts Inpatient practice Outreach Tele-dentistry Referral collaborations	Well rounded experience with diverse population	•Expanded voice •Political reality •Tipping point •Improved job opportunities for treated patients	All groups represented in data set

Jou sup gave methe best Christma present NO PAIN!!