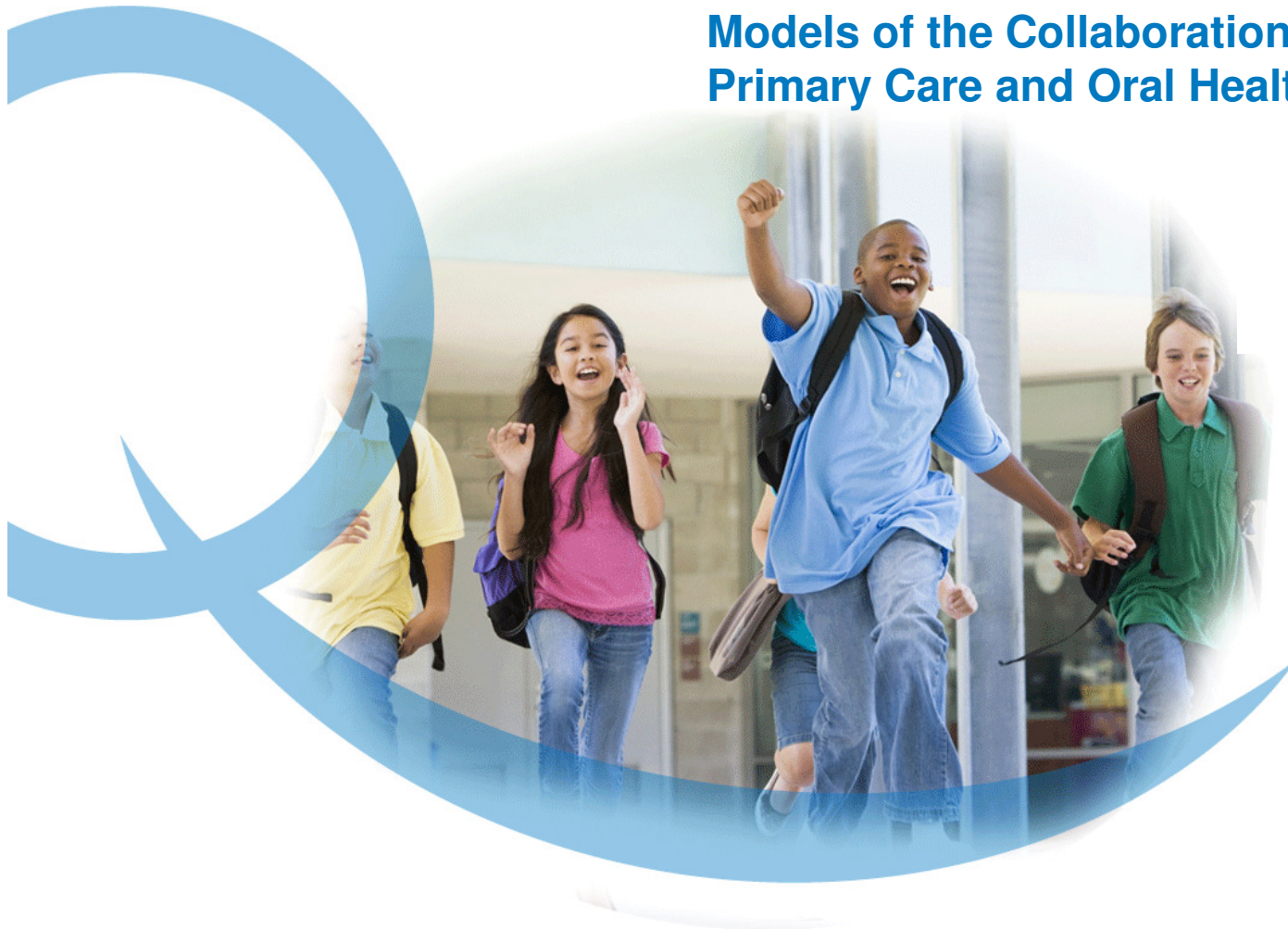


# When Two Becomes One:

Models of the Collaboration & Integration of  
Primary Care and Oral Health

safety net  
SOLUTIONS

Mark Doherty  
April 2012



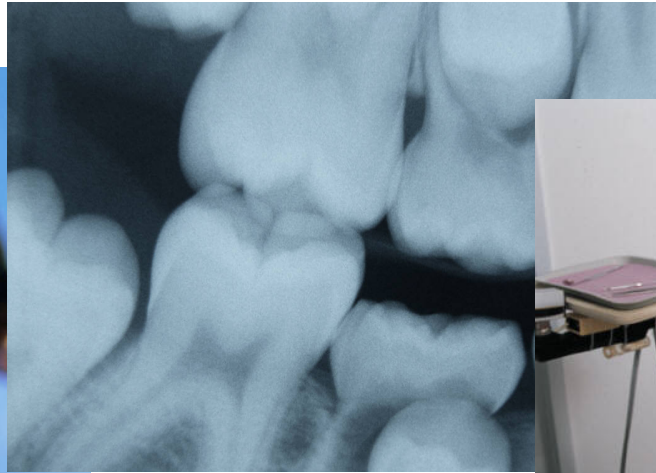
# What do you Think of When you Hear?

**Medical-Dental Integration**

**or**

**Primary Care & Oral Health Collaboration**

?



?



????



?



?



Communication

Collaborative Care

Coordination

Sharing of Information

Referrals



Collocated or Separate?

Architecture

Medical Home-Dental Home-Patient Centered Health Home?

Reverse Collocation

Treatment at the Point of Contact

Comprehensive Care

## Concepts to Consider

- Communication
- Coordination
- Policies
- Referral process
- Formal Relationship
- Sharing of Information
- Collaborative Care
- Treatment at point of contact
- Patient Centered Care
- Medical/Health Home
- Collocated
- Reverse collocation
- Comprehensive Care

# Today's Take Aways

- A better understanding of the concept of *“INTEGRATED CARE”* utilized to achieve better health outcomes
- Examples of the linkages between oral and systemic health
- Discussion of the barriers to integration and collaboration of services
- An *Integration Menu*
- Examples of the current continuums of care
- Design of integration for health outcomes and financial success

The comprehensive health care system supports dental collaborations/integration that treats the patient at the point of care where the patient is most comfortable and applies a patient-centered approach to treatment.

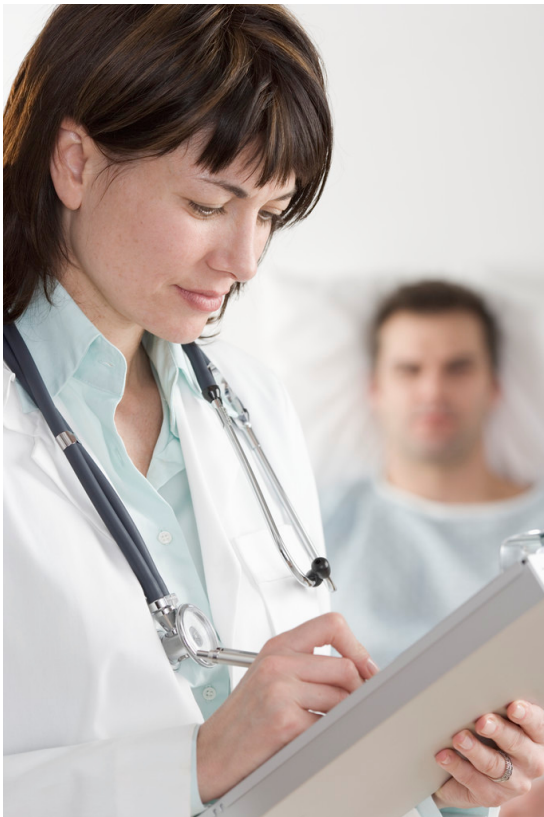


# Patient Centered Health Home: One Definition

- ***Patient Centered***: Care that is respectful of and responsive to individual patient preferences, needs and values.
- ***Health Home***: An approach to providing primary care where individuals receive integrated, comprehensive medical, dental and mental health care that is focused on prevention and early intervention.



## “Triple Aim”



- Improve health outcomes
- Lower health care costs
- Improve health care quality

# Institute of Medicine

## 6 Aims for Quality Healthcare



- Safe
- Effective
- Efficient
- Patient-centered
- Timely
- Equitable

Integration?



Collaboration ?



## Collaboration or Integration

**Collaboration** = primary care and oral health working *with* one another



**Integration** = oral health working **within** and as part of primary care or vice versa.....Provision of dental services *within* primary care



# Dental disease and medical health problems are interrelated:

*Periodontal disease is linked to*

- Diabetes
- Cardiovascular Disease
- Alzheimer's
- Hypertension
- Respiratory disease
- HIV
- Pre-term low birth weight babies

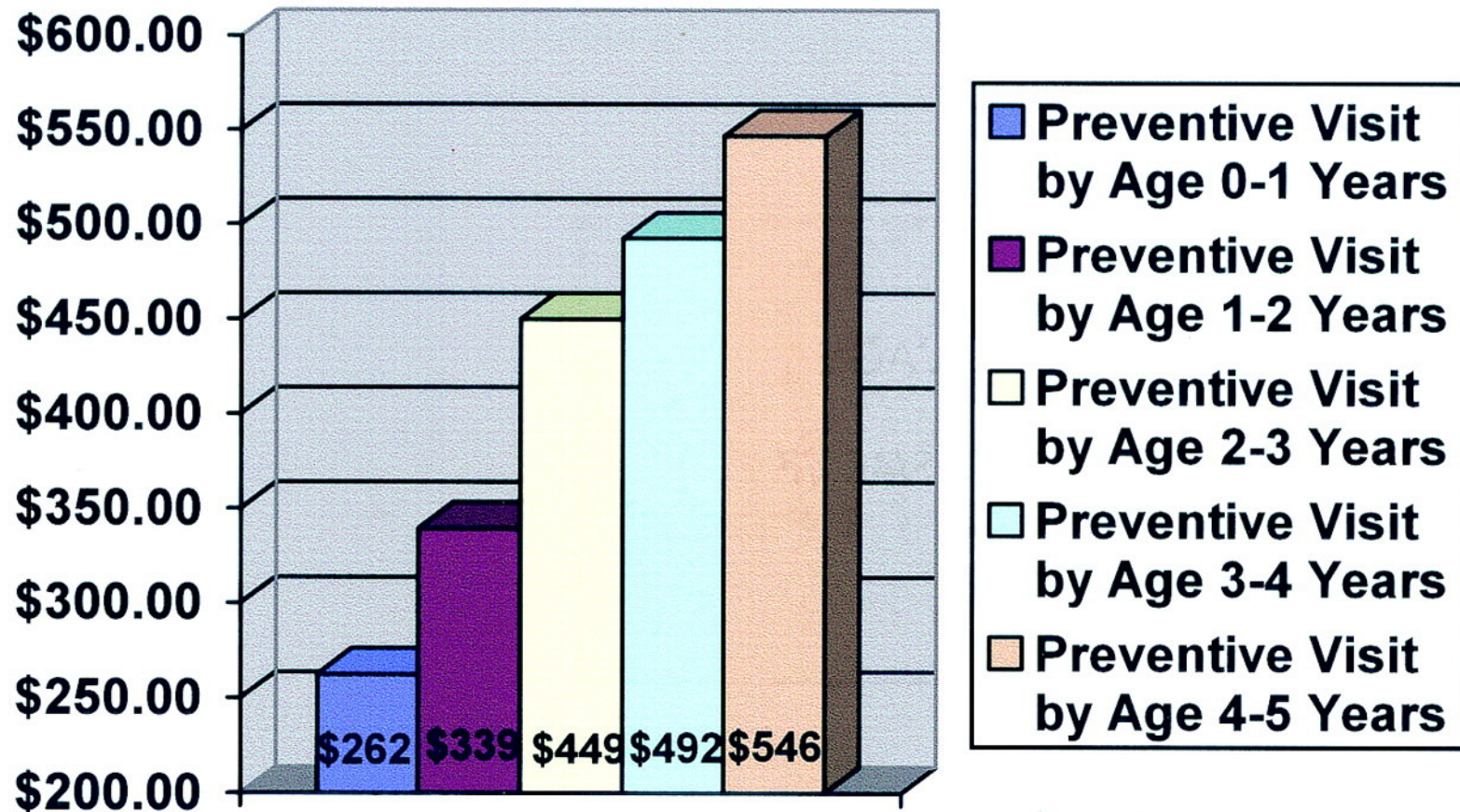


# Financial Modeling

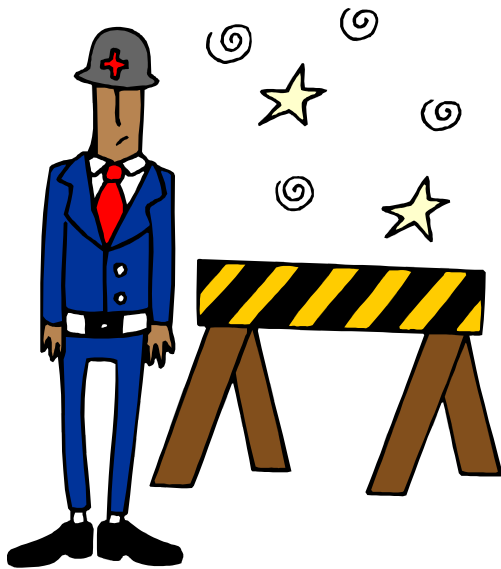
- Create a sound financial base upon which to expand the integrated model !



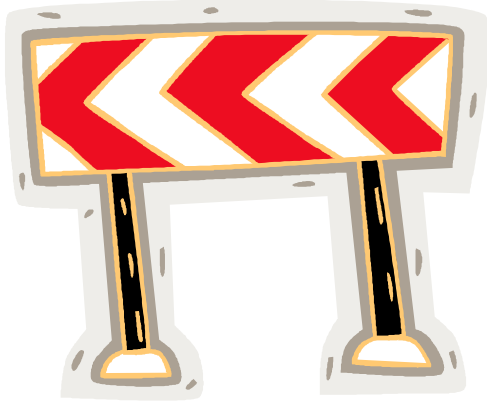
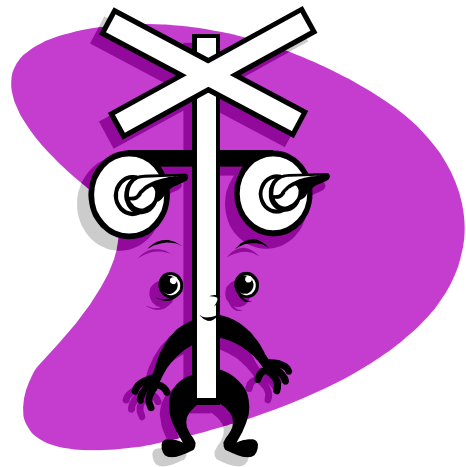
**Predicted, dentally related, cumulative costs according to age at the first preventive visit.**



Savage M F et al. Pediatrics 2004;114:e418-e423



BARRIERS





# Barriers

We are brought up in a *Bifurcated care system*

- Educated separately
- Licensed separately
- Regulated separately
- Practice independently
- Non-integrated benefits/insurance programs
- PCPs see the mouth as the property of dentists
- Sharing of information rarely occurs
- Seen by the public/patients as separate
- Oral Health Training for health professionals has been sparse to non-existent

## Barriers cont'd

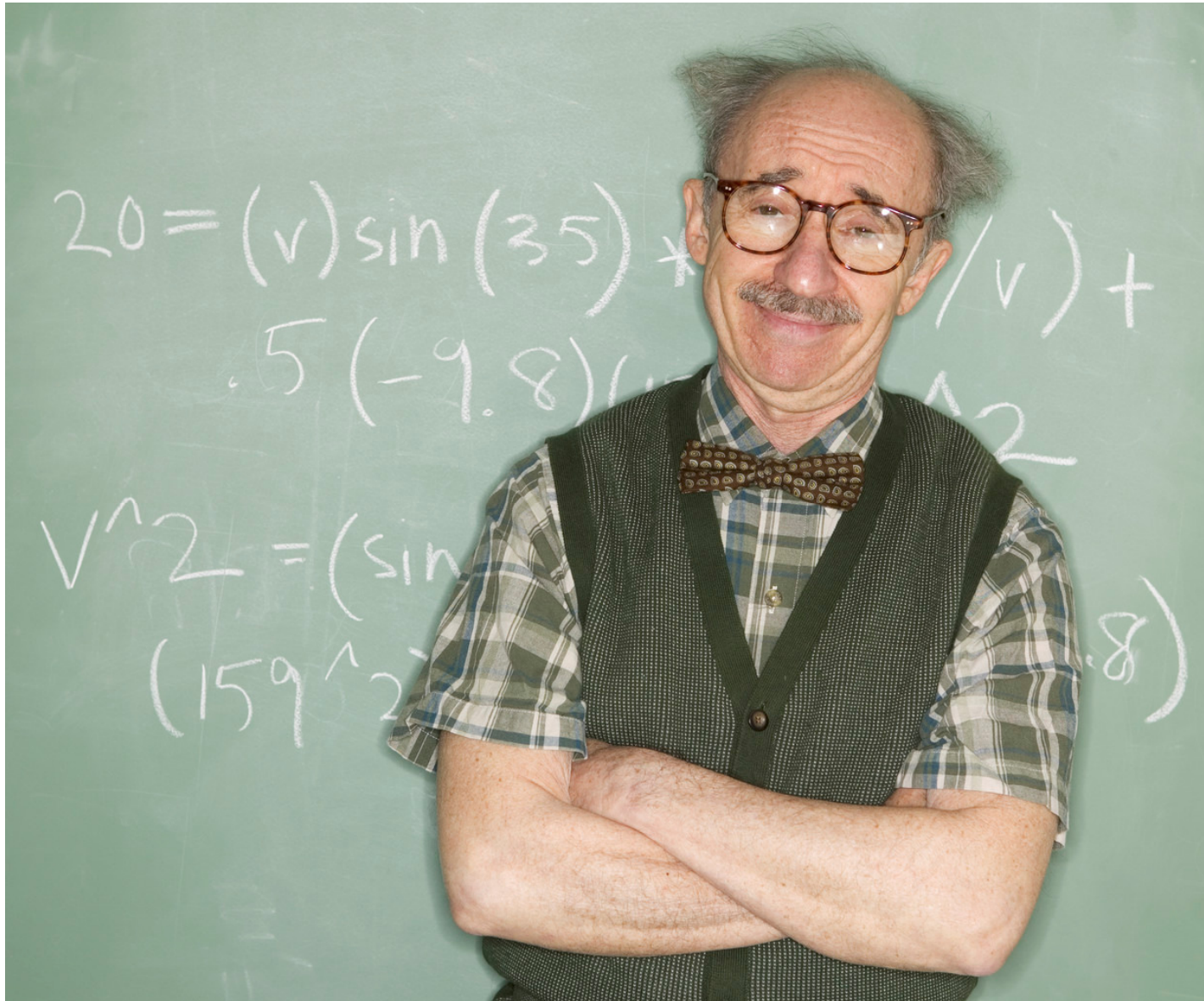
- **Time**
- **Comfort**
- **Reimbursement**
- **Referrals**

# Barriers cont'd

- 85% = Health Insurance / 50% = dental Insurance
- Medical patients >>>> dental patients in the safety net
- 92% of dentists = independent private practice and serve 2/3rds of population.
- Remaining 1/3<sup>rd</sup> seen in safety net by only 7% of dentists



# Where do we start?





# Creating a Vision

*We can't provide dental care to all of our medical patients so where do we start?*

- The strategic planning process- *vision to reality*
- What populations do we serve?
- What populations will we focus upon?
- What financial models fit best?
- Where are the opportunities?
- Where are the gaps?
- What are the populations of opportunity?

# Internal Assessment

- What level of linkages do we have now?
- Stand alone or co-located?
- What policies are in place ?
- Who are the champions?
- Is now the time?

# Creating the Plan

- Forming the team
- Creating the action steps and timeline
- Business Plan- Operations /Systems
- Policies and Procedures
- Goals
- Evaluation plan

# How should we consider what population to start with?

- A priority focus based upon need?
- What population(s) offer a financial model for sustainability?
- What populations of focus are backed by evidence
- What populations have tools and training already created?



# Populations of Focus

- **Children 0-5**
- **All Children**
- **Pregnant women**
  - ✓ **Need**
  - ✓ **Evidence**
  - ✓ **Tools**
  - ✓ **Policies**
  - ✓ **Training models**
  - ✓ **Finance models**



## Sustainability=Creativity

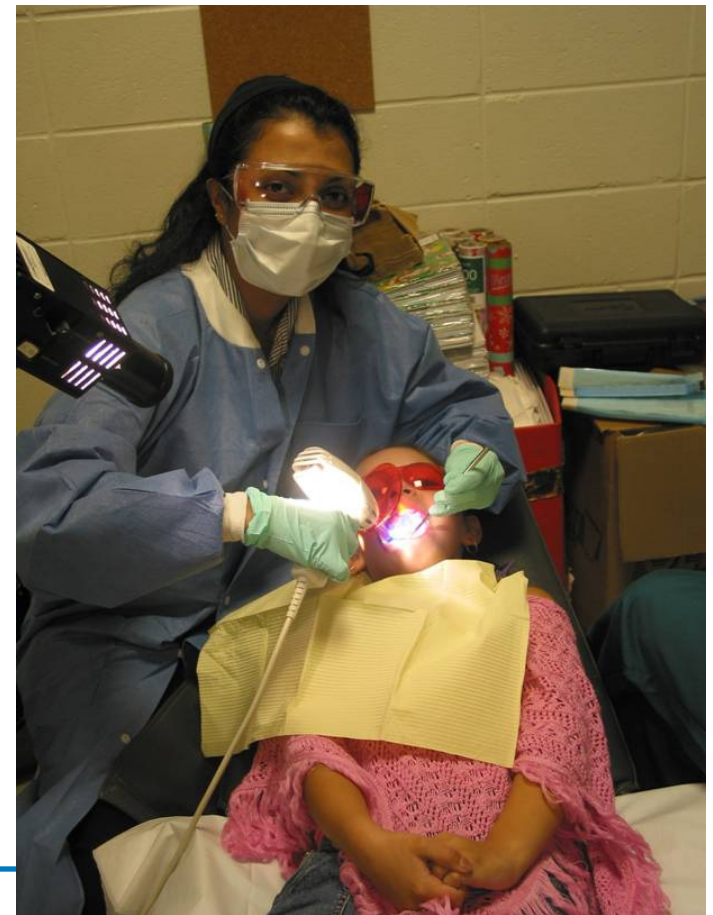
- Medically compromised patients with high risk for dental problems
  - Diabetics
  - Cardiovascular patients
  - Patients with HIV

## Menu Components:

- Caries Risk Assessment ?
- EMR/EDR Interface ?
- OH Screening
- Anticipatory Guidance? Tools
- The FI varnish piece?
- Referral Process?
- Case Management?
- Warm-handoffs?
- Curbside Consults?
- Designated Access Appointments?
- On-Site OH service?

## Menu Components: cont'd

- Training for PCPs
- Training for General Dentists?



# Spectrum of Integration/Collaboration of OH & PC

## MODELS OF MEDICAL/DENTAL COLLABORATION / INTEGRATION

Separate locations		Co-Located		Dental more Integrated into PC
Min Collaboration	More Collaboration	Min Collaboration	Part Integrated	

Care Model					
Business Model					
Implementation Issues					
Examples					
Evidence Base					
Outcomes					



# Continuum

Separate locations  
Outside referrals  
only



CHC

Pvt



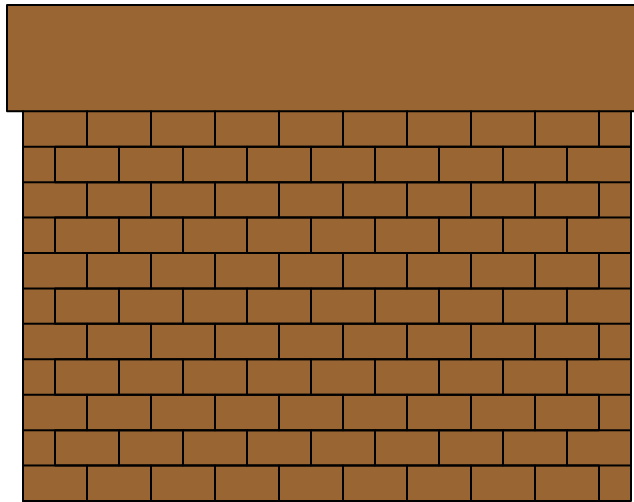
Little to no communication



Good communication

# Continuum

**Co-Located  
No formal collaboration**



# Continuum

**Co-Located  
Formal collaboration**



Refer  
Discuss  
Warm handoffs  
Communicate  
Coordinate



Formal relationship  
With a policy

# More fully Integrated Model Features...

- Patient experiences oral health as a key component of a routine medical visit
- Primary care team incorporates oral health into disease management processes of delivery system; entire patient population is the target
- Primary care team treats ordinary oral health conditions in their practice, consult with dentist if patient does not improve, refers patients with treatment needs to dentists; retains responsibility for routine care
- For those at risk, primary care team delivers brief, focused interventions
- Primary care team has comfort level with oral health

# Continuum

**Co-Located  
Partial Integration**

Non-dental providers  
providing OH services



Dental suite in  
Primary care

**Screening  
Guidance  
CRA  
Fl Varnish  
Referral**



# Cavity Risk Assessment (CRA)

**Pedi Dental Screen: Billy S. Pendergast**

**Family Dental History and Access**

Does your child have any cavities or problems in his/her mouth? (if yes, explain)  **Yes**  **No**

Brown spots  Cavities  Other

Have any of your other children experienced cavities or problems with their mouth when they were younger than 6 years?  **Yes**  **No**

Cavities  Lost Teeth  Other

Has your child ever been to see a dentist?  **Yes**  **No**

**When?** \_\_\_\_\_

**Feeding**

Does your child still carry around a bottle / sippy cup?  **Yes**  **No**

Does your child go to bed with a bottle?  **Yes**  **No**

How often does your child snack on cookies or candy? \_\_\_\_\_

**Brushing / Flouride**

Does an adult help to brush your child's teeth every day? \_\_\_\_\_

More than once per day  
Once per day  
2-3 times per week  
Never



Prev Form (Ctrl+PgUp)    Next Form (Ctrl+PgDn)    Close





## Oral Health Risk Assessment Tool

The American Academy of Pediatrics (AAP) has developed this tool to aid in the implementation of oral health risk assessment during health supervision visits.

### Instructions for Use

This tool is intended for documenting caries risk of the child, however, two risk factors are based on the mother or primary caregiver's oral health. All other factors and findings should be documented based on the child.

The child is at an absolute high risk for caries if any risk factors or clinical findings, marked with a  sign, are documented yes. In the absence of  risk factors or clinical findings, the clinician may determine the child is at high risk of caries based on one or more positive responses to other risk factors or clinical findings. Answering yes to protective factors should be taken into account with risk factors/clinical findings in determining low versus high risk.

Visit: <input type="checkbox"/> 6 month, <input type="checkbox"/> 9 month, <input type="checkbox"/> 12 month, <input type="checkbox"/> 15 month, <input type="checkbox"/> 18 month, <input type="checkbox"/> 24 month, <input type="checkbox"/> 30 month, <input type="checkbox"/> 3 years, <input type="checkbox"/> 4 years, <input type="checkbox"/> 5 years, <input type="checkbox"/> 6 years, <input type="checkbox"/> other _____		
RISK FACTORS	PROTECTIVE FACTORS	CLINICAL FINDINGS
<p> Mother or primary caregiver had active decay in the past 12 months Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Mother or primary caregiver does not have a dentist Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Continual bottle/sippy cup use with fluid other than water Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Frequent snacking Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Special health care needs Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Medicaid eligible Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>• Existing dental home Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Drinks fluoridated water or takes fluoride supplements Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Fluoride varnish in the last 6 months Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Has teeth brushed daily Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p> White spots or visible decalcifications in the past 12 months Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p> Obvious decay Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p> Restorations (fillings) present Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Visible plaque accumulation Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Gingivitis (swollen/bleeding gums) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Teeth present Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Healthy teeth Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Caries Risk: <input type="checkbox"/> Low <input type="checkbox"/> High Completed: <input type="checkbox"/> Anticipatory Guidance <input type="checkbox"/> Fluoride Varnish <input type="checkbox"/> Dental Referral		

### Treatment of High Risk Children

If appropriate, high-risk children should receive professionally applied fluoride varnish and have their teeth brushed daily with an age-appropriate amount of fluoridated toothpaste. Referral to a pediatric dentist or a dentist comfortable caring for children should be made with follow-up to ensure that the child is being cared for in the dental home.

Supported in part by



Adapted from Ramos-Gomez F.J, Crystal YO, Ng MW, Crall JJ, Featherstone JD. Pediatric dental care: prevention and management protocols based on caries risk assessment. J Calif Dent Assoc. 2010;38(10):746-761; American Academy of Pediatrics Section on Pediatric Dentistry and Oral Health. Preventive oral health intervention for pediatricians. Pediatrics. 2003; 122(6):1387-1394; and American Academy of Pediatrics Section of Pediatric Dentistry. Oral health risk assessment timing and establishment of the dental home. Pediatrics. 2003; 111(5): 1113-1116. The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Copyright © 2011 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such change.



# Smiles for Life

Smiles for Life  
A national oral health curriculum



Home

Online Courses

Downloadable Modules

State Varnish Programs

Resources

Links

Contact Us

Welcome

Steering Committee

Funders

History

Citation

## Smiles for Life: A National Oral Health Curriculum <sup>3rd</sup> edition

Smiles for Life is the nation's only comprehensive oral health curriculum. Developed by the Society of Teachers of Family Medicine Group on Oral Health and now in its third edition, this curriculum is designed to enhance the role of primary care clinicians in the promotion of oral health for all age groups through the development and dissemination of high-quality educational resources.

### For Individual Clinicians



We've made it easy for individual physicians, physician assistants, nurse practitioners, students, and other clinicians to access the curriculum and learn on their own time and at their own pace. Each of the courses is available online. Free CME credit is available.

### For Educators



The curriculum is available in a presentation format easily implemented in an academic setting. Included is a comprehensive set of educational objectives based on the Accreditation Council for Graduate Medical Education (ACGME) competencies, test questions, resources for further learning, oral health web links, an implementation guide, and detailed outlines of the modules.

### Course Quick Links



**Course 1:**  
The Relationship of Oral to Systemic Health



**Course 2:**  
Child Oral Health



**Course 3:**  
Adult Oral Health



**Course 4:**  
Acute Dental Problems



**Course 5:**  
Oral Health & the Pregnant Patient



**Course 6:**  
Fluoride Varnish

# Outcomes

- **Early Intervention**
- **Prevention Invention**
- **Portal to the family**
- **One stop shopping**
- **> OH Literacy**
- **< OH disparities**
- **>OH Promotion**
- **Innovative finance and service delivery**
- **Drives accountability**
- **Healthy People 2020**
- **Non dental professionals providing care**
- **Increased access**
- **Win-Win...Finance/OH**
- **Improved Health**
- **Reimbursement for children's dental services**



*Partnering to Strengthen and Preserve  
the Oral Health Safety Net*

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