Taming the Frontier: Bringing Oral Health into Rural Health

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DentaQuest INSTITUTE

South Carolina Office of Rural Health

UNIVERSITY OF SOUTH CAROLINA

South Carolina
Rural Health Research Center

Presentation Objectives

- Discuss how DentaQuest Institute's Safety Net Solutions Program addresses the IOM Report (Crossing the Quality Chasm) for vulnerable population serving practitioners.
- Describe why rural is a disparate population for oral health.
- Discuss how State Offices of Rural Health can be leveraged as an important state and national partner in addressing rural oral health disparities.
- Describe South Carolina's proof of concept with the DentaQuest Institute in strengthening rural safety net systems and integrating oral health competencies into primary care and home visitation initiatives.

South Carolina & DentaQuest Institute`s *Safety Net Solutions (SNS) Program*

- HRSA Oral Health Workforce Grant
- SCORH newly established Dental Recruitment & Retention Program
- Safety Net Solutions Practice Management Technical Assistance Model
- DentaQuest Institute`s Integration Concept and Support Model

BIG PICTURE

- Providing safety net services that fulfills the call to action from ***Crossing the Quality Chasm*** report from IOM (2002)
  - Safe
  - Effective
  - Efficient
  - Timely
  - Patient-centered
  - Equitable

Safety Net Solutions Focus

- Individual Technical Assistance to 18 Rural Health Practices over 3 Years
- SNS/DQI Integration of OH into Primary Care
- Oral Health Safety Net Recruitment and Retention in Rural Areas.
- MUSC Practice Management Seminar Series
- DentaQuest Institute`s On-Line Learning Center and On-Line Educational Curriculum

The Safety Net Solutions Process

Why Integrate?

THE COMPREHENSIVE HEALTH CARE SYSTEM SUPPORTS DENTAL INTEGRATION/COLLABORATIONS 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.

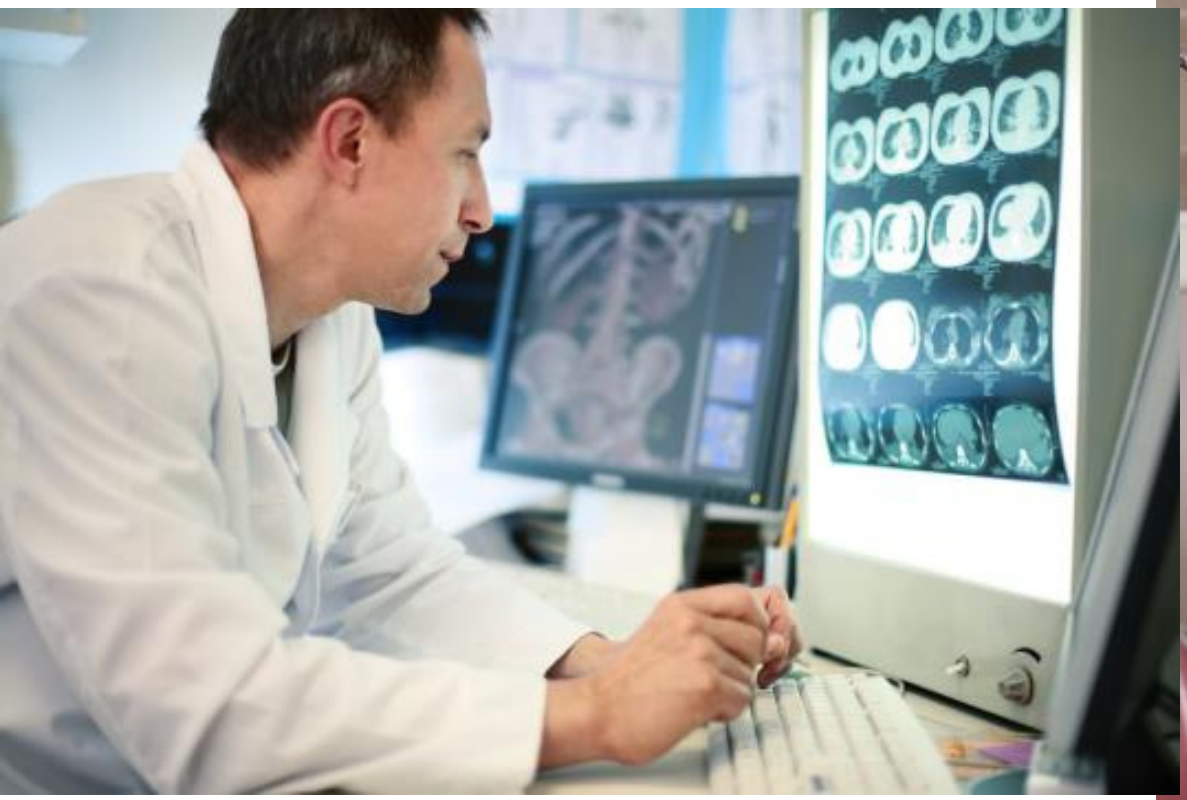
Communication

Collaborative Care

Coordination

Sharing of Information

Referrals



Collocated or Separate?

Architecture

Medical Home-Dental Home-Patient Centered Health Home?

Reverse Collocation

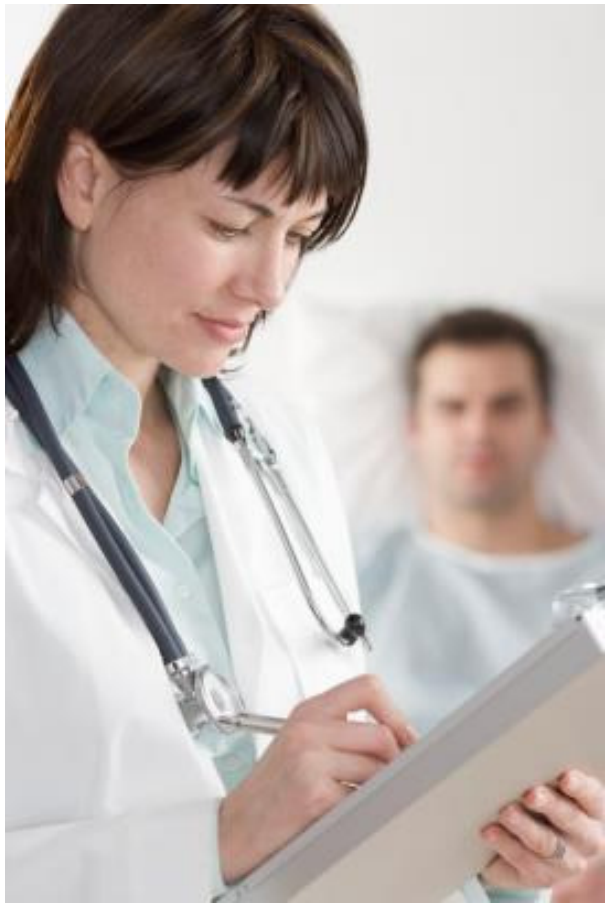
Treatment at the Point of Contact

Comprehensive Care

When OH Prevention and Early Intervention Become Part of Routine Primary Care

- Communication
- Coordination
- Policies
- Referral Process
- Formal Relationship
- Sharing of Information
- Collaborative Care
- Single point of Contact
- Patient Centered Care
- PCHH
- Collocated/Stand Alone
- Reverse Collocation
- Comprehensive Care
- Coordinated Care

“Triple Aim”



- Improve Health Outcomes
- Lower Health Care Costs
- Improve Health Care Quality

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

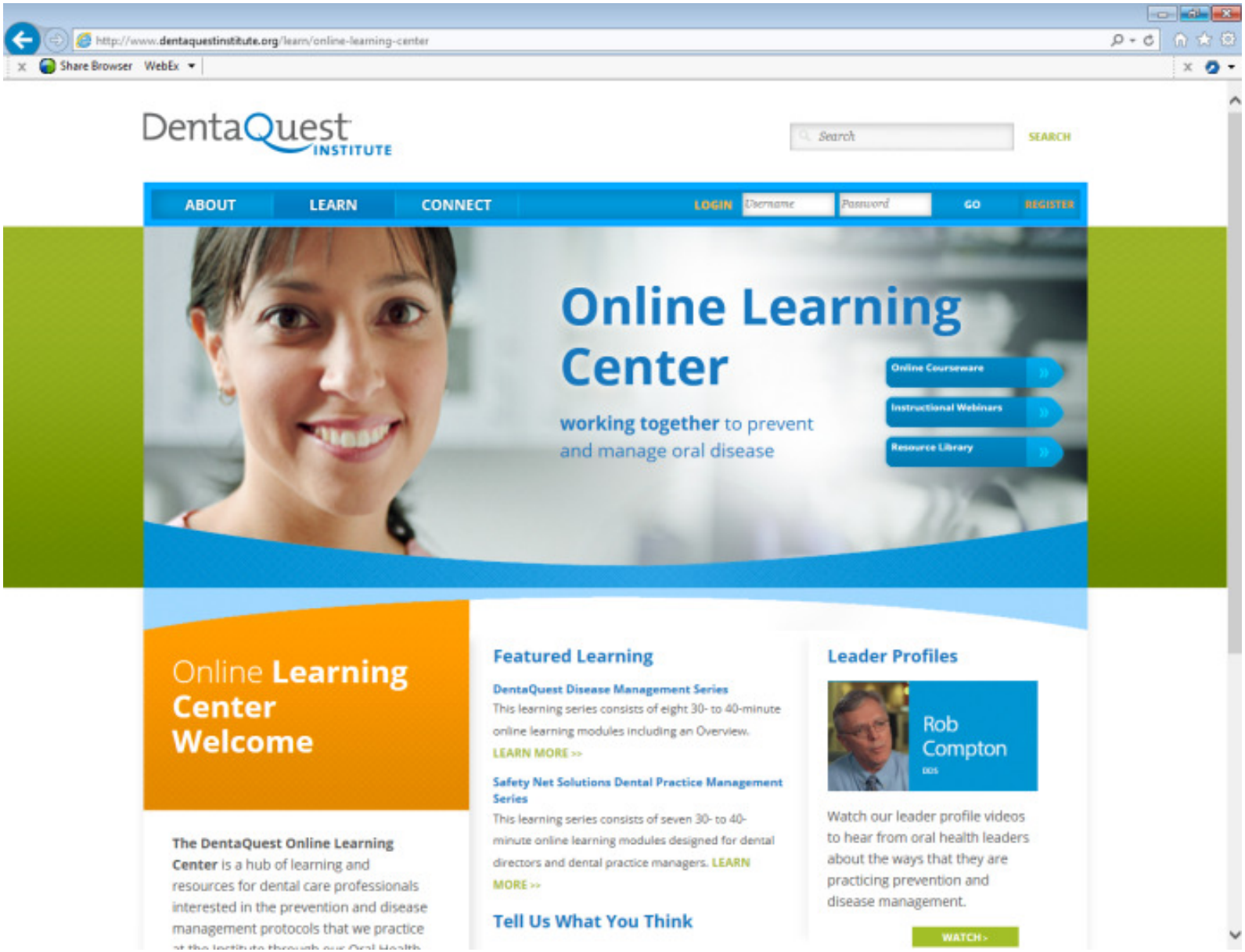
More fully Integrated Model Features…

- Patient experiences oral health as a key component of a routine primary care 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

Menu Components:

- Caries Risk Assessment
- EMR/EDR Interface
- OH Screening
- Anticipatory Guidance Tools/Behavior Change
- The Fl varnish piece
- Referral Process
- Case/Care Management
- Warm-handoffs
- Curbside Consults
- Designated Access Appointments
- On-Site OH Service

DentaQuest Institute Online Learning Center



www.dentaquestinstitute.org/learn

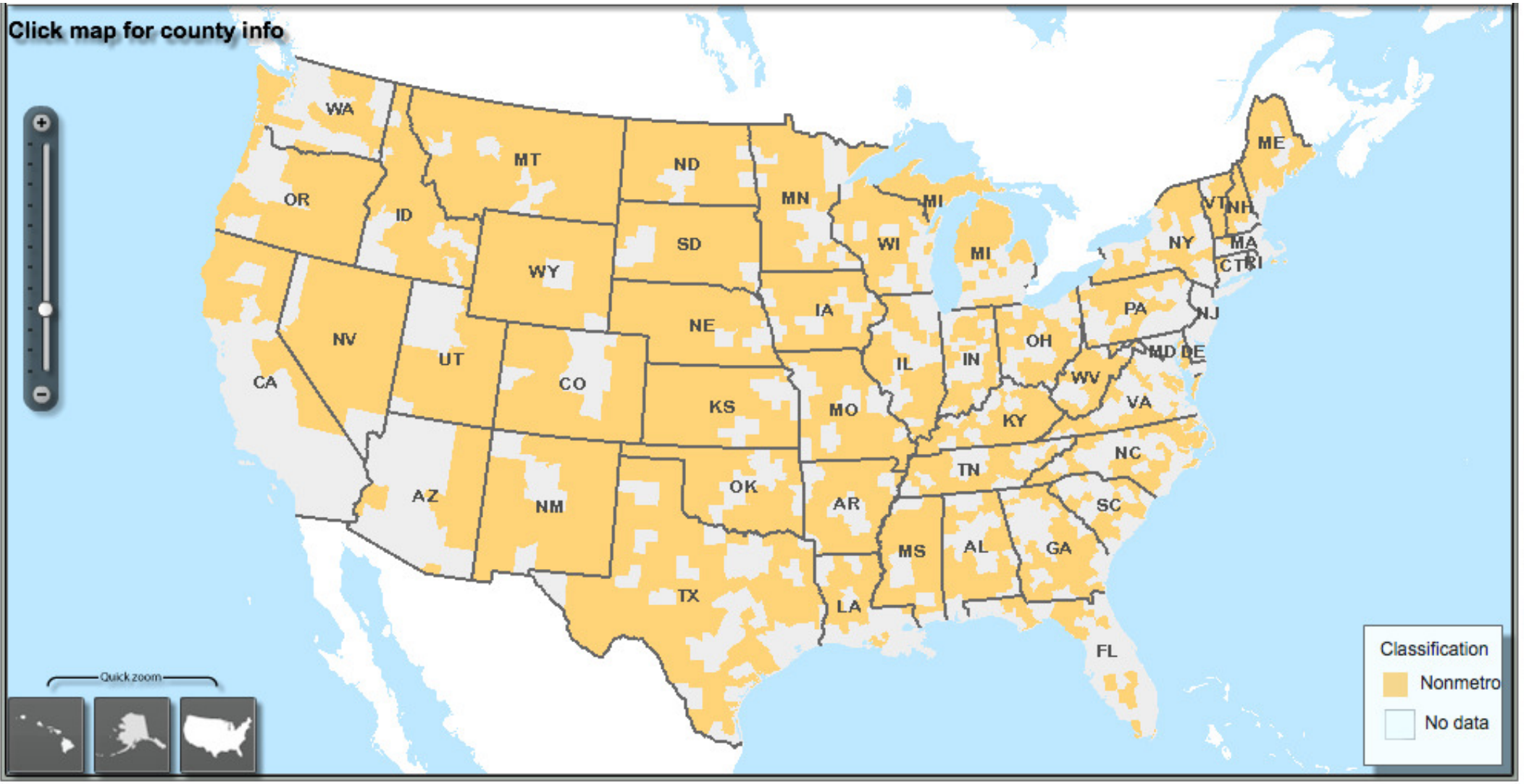
Rural Picture

- How do these evidence-based principles translate into rural practice and what are the nuances to consider?

What is rural?

- Maps from the USDA Economic Research Service
- Atlas of Rural and Small-Town America
- John Cromartie
- www.ers.usda.gov/data-products/atlas-of-rural-and-small-town-america.aspx#.U1K4RSBZXFM

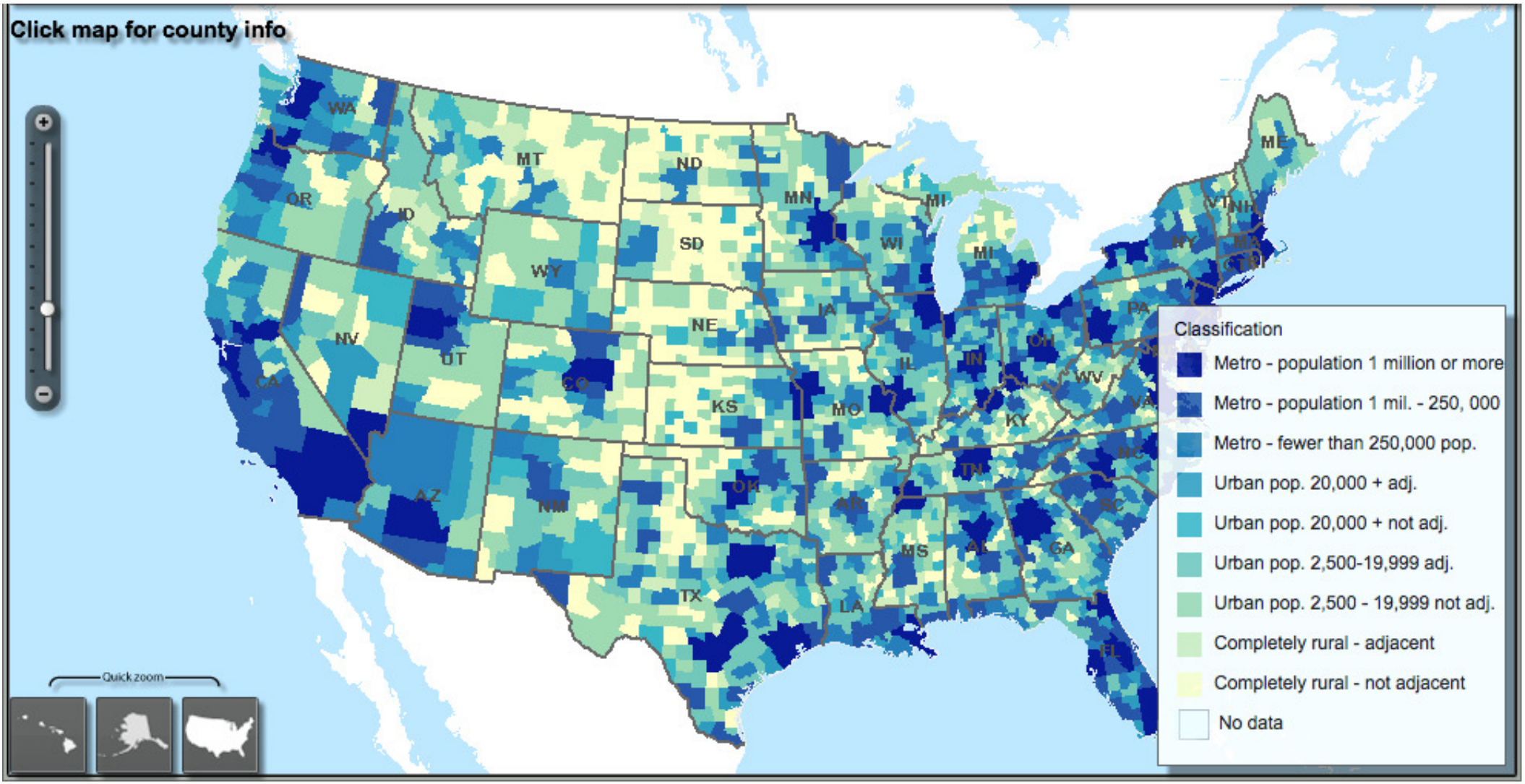
What is rural?
Non-metropolitan, 2013



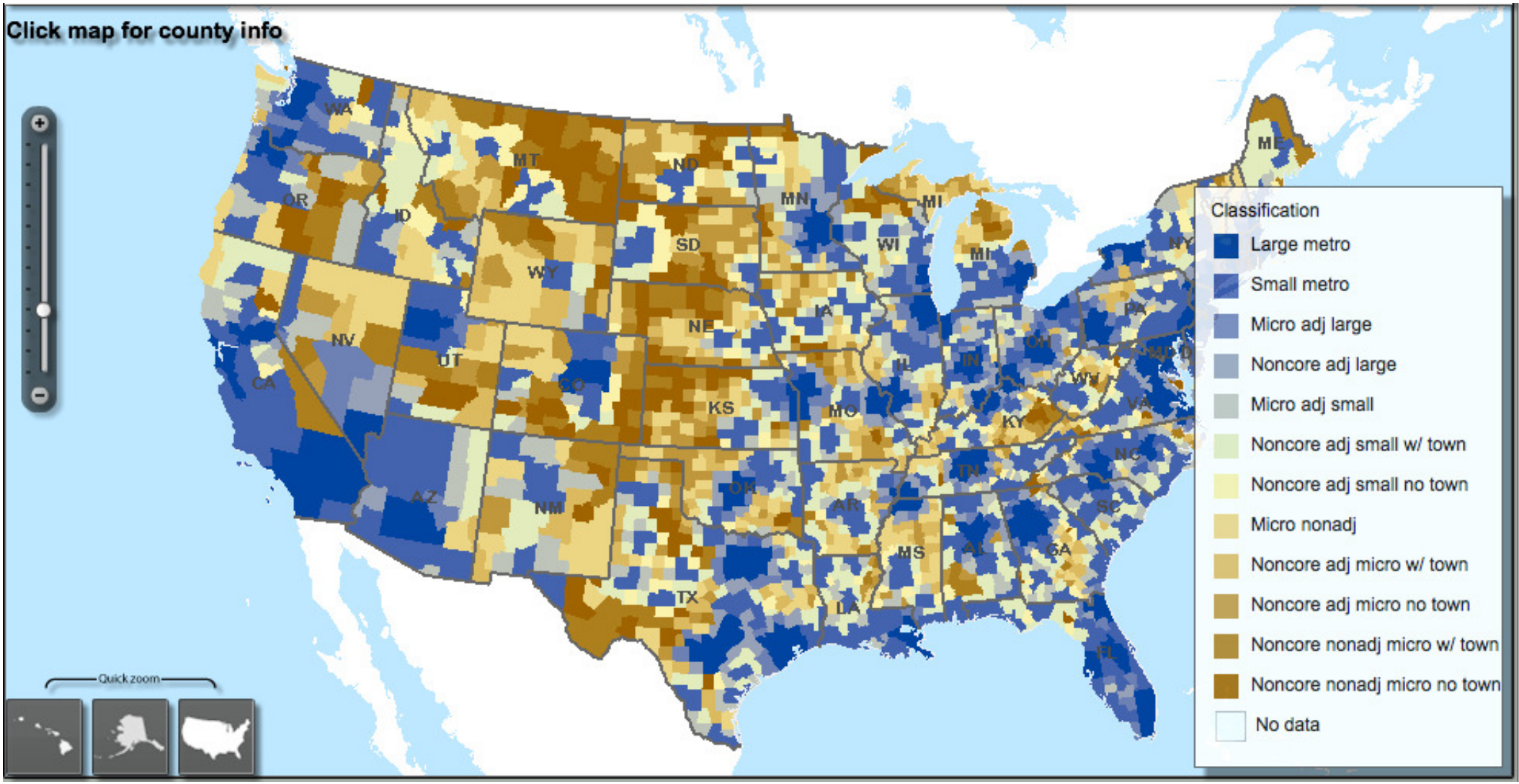
Last updated: Friday, April 11, 2014

For more information contact: John Cromartie

What is rural?
Rural-Urban Continuum Codes, 2013



What is rural?
Urban Influence Codes, 2013



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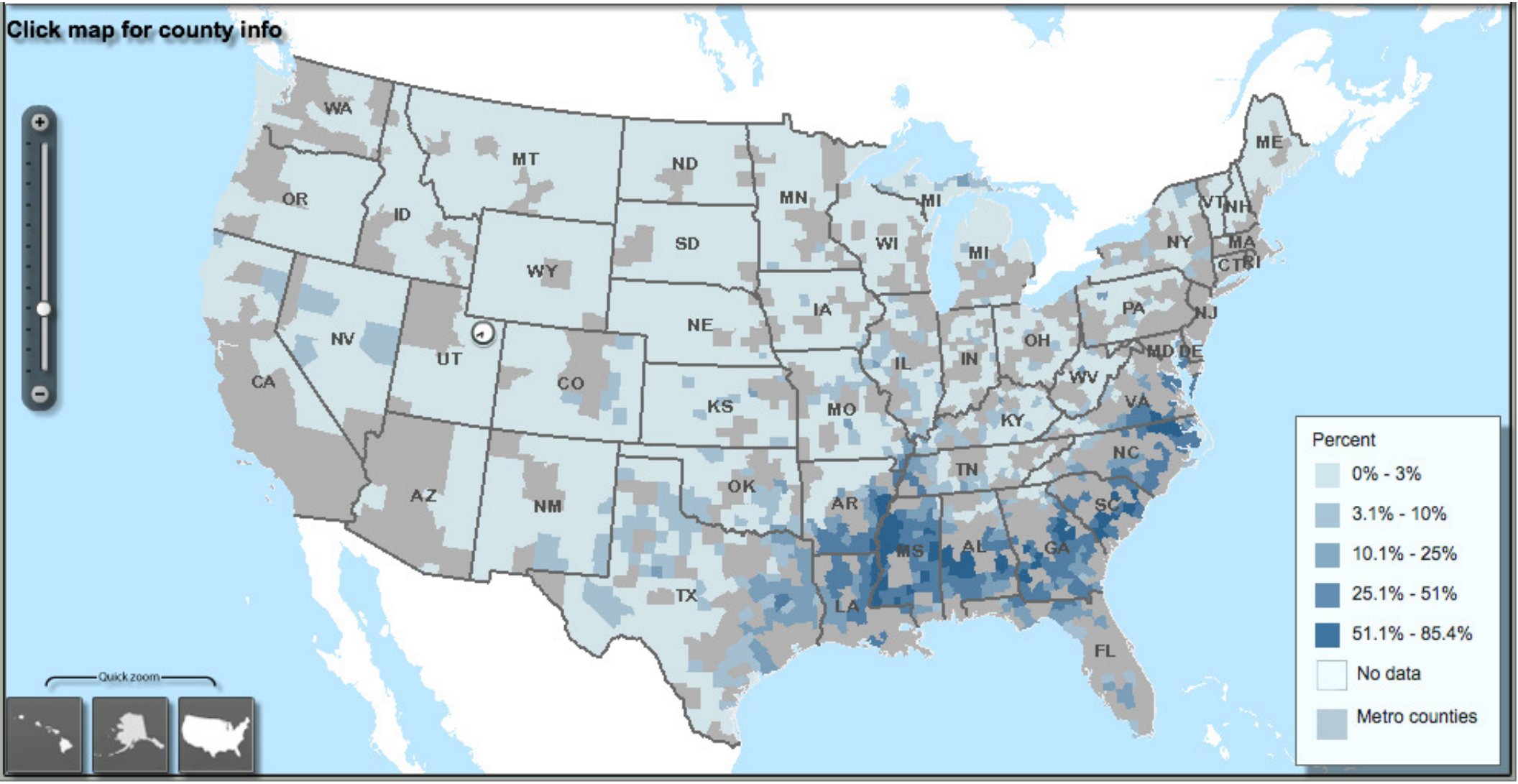
Rural & Race – Percent Population African American



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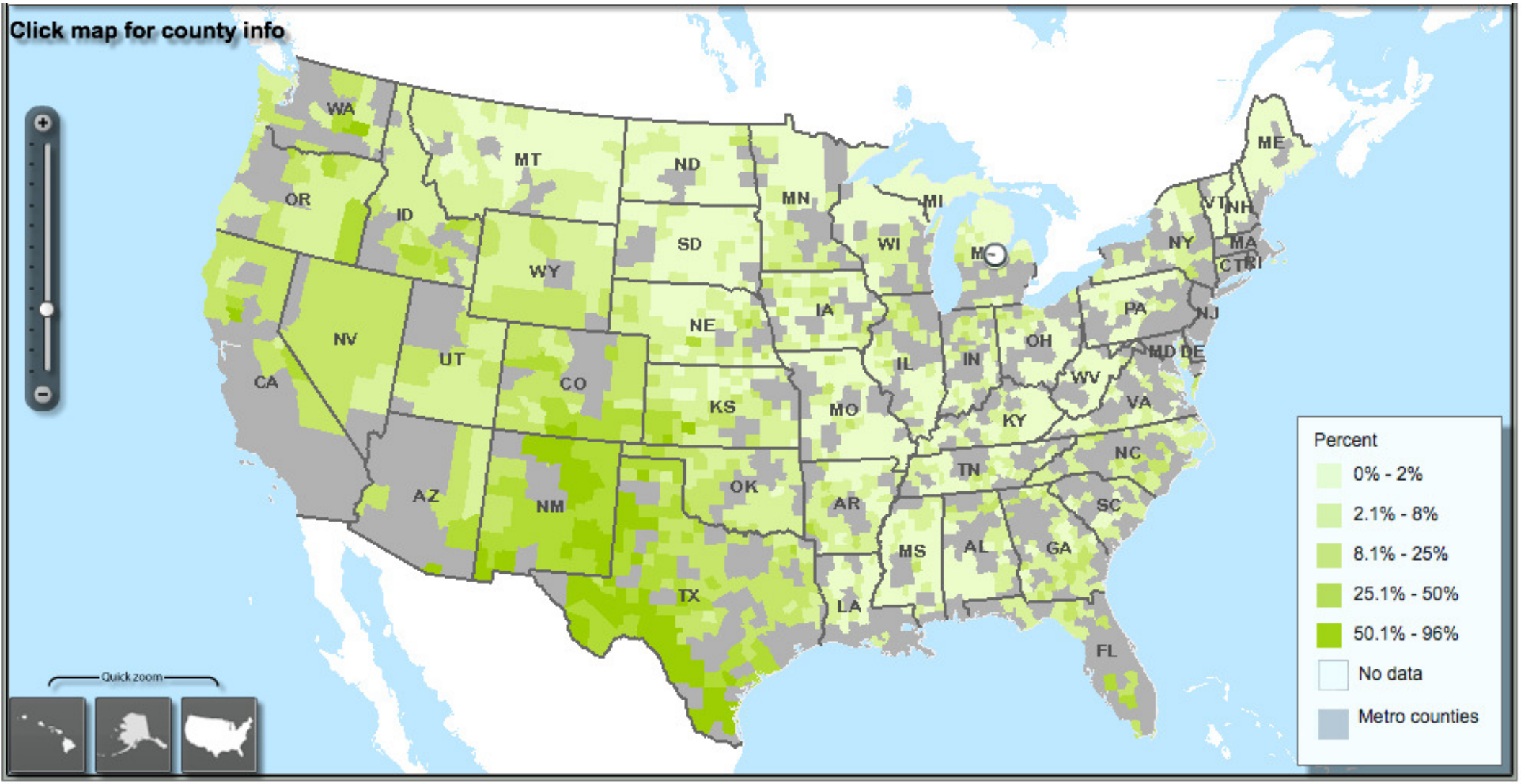
Rural & Race – Percent Population Hispanic



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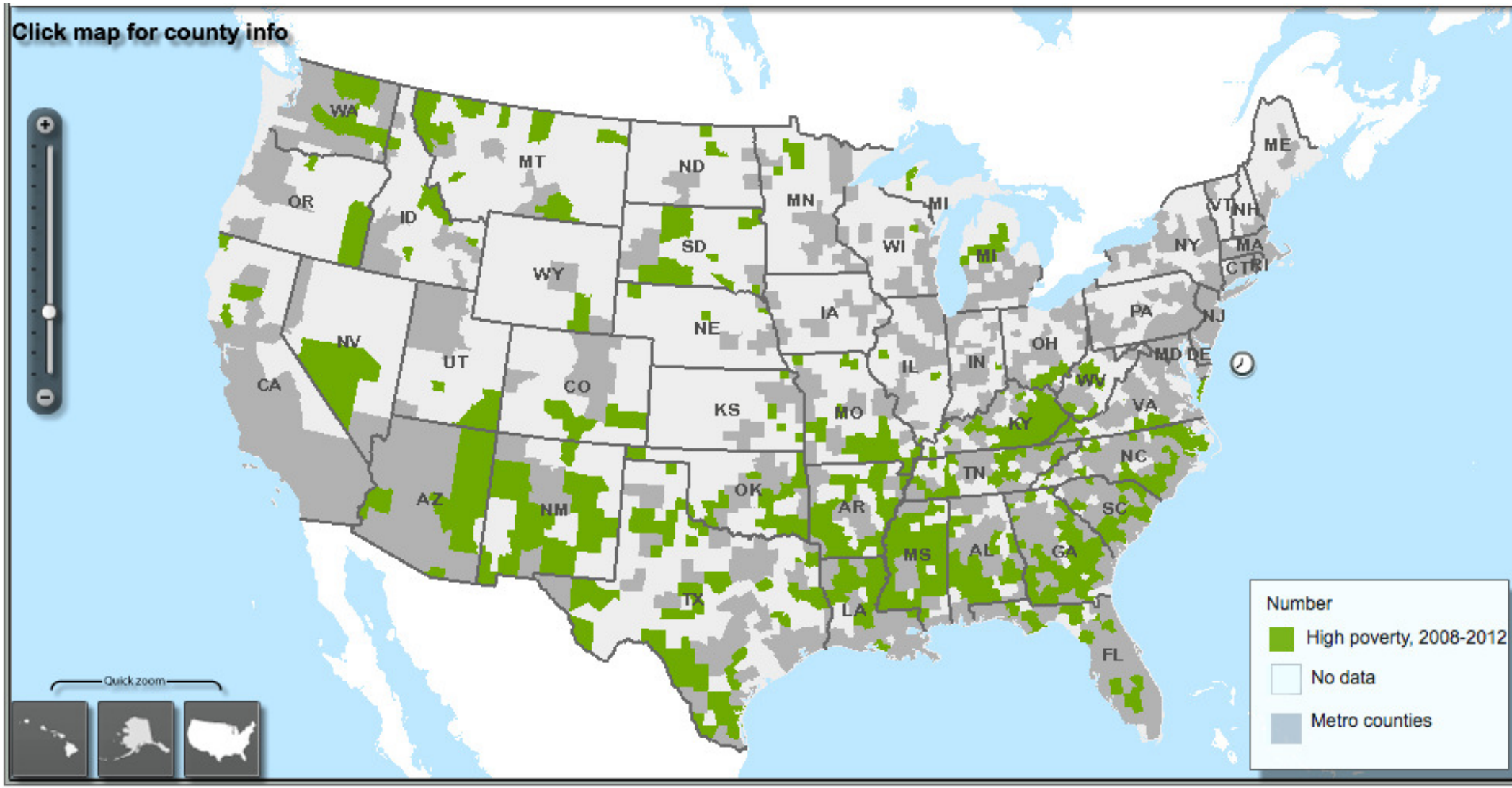
Rural & High Poverty Counties



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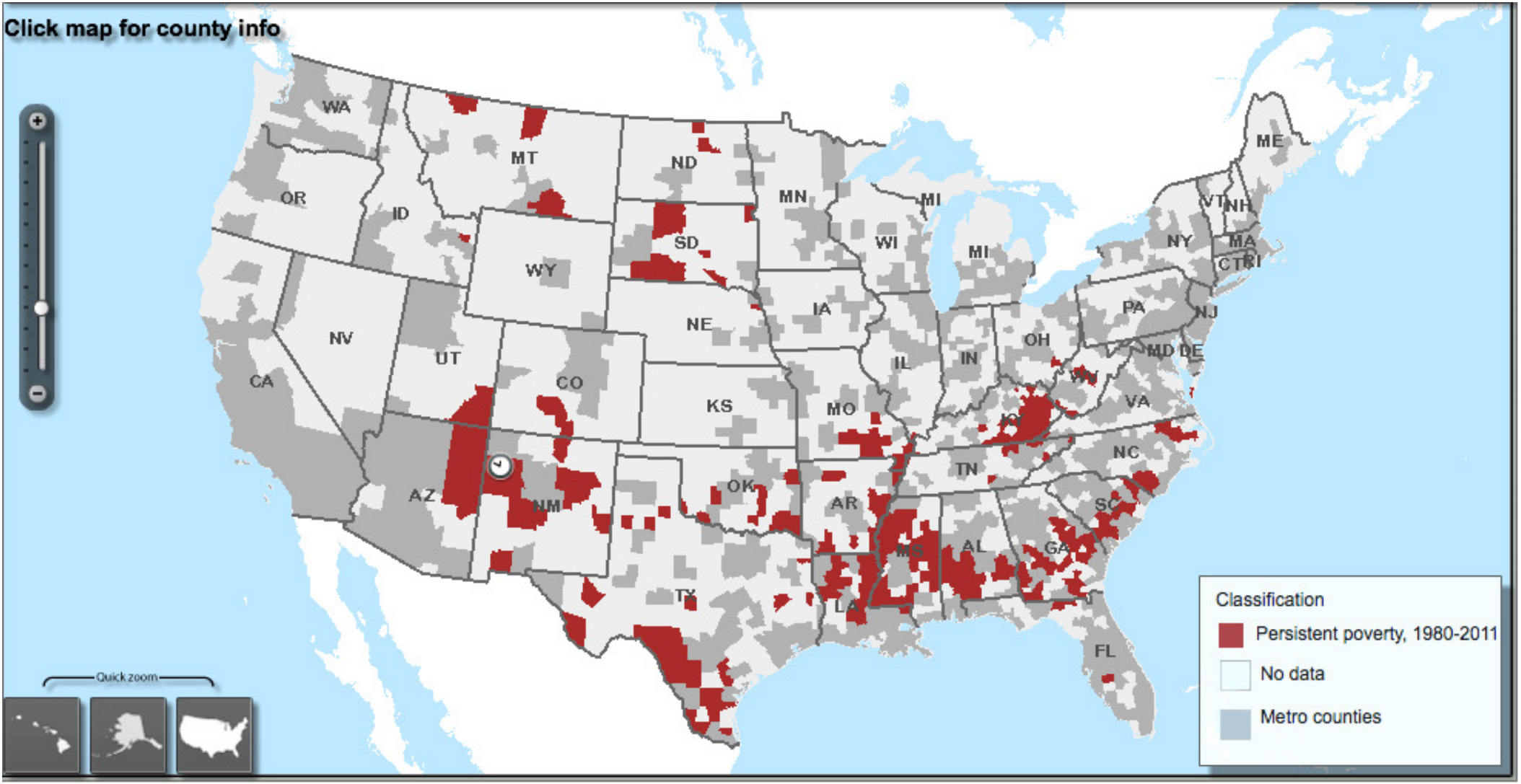
Rural & Persistent Poverty (1980-2011)



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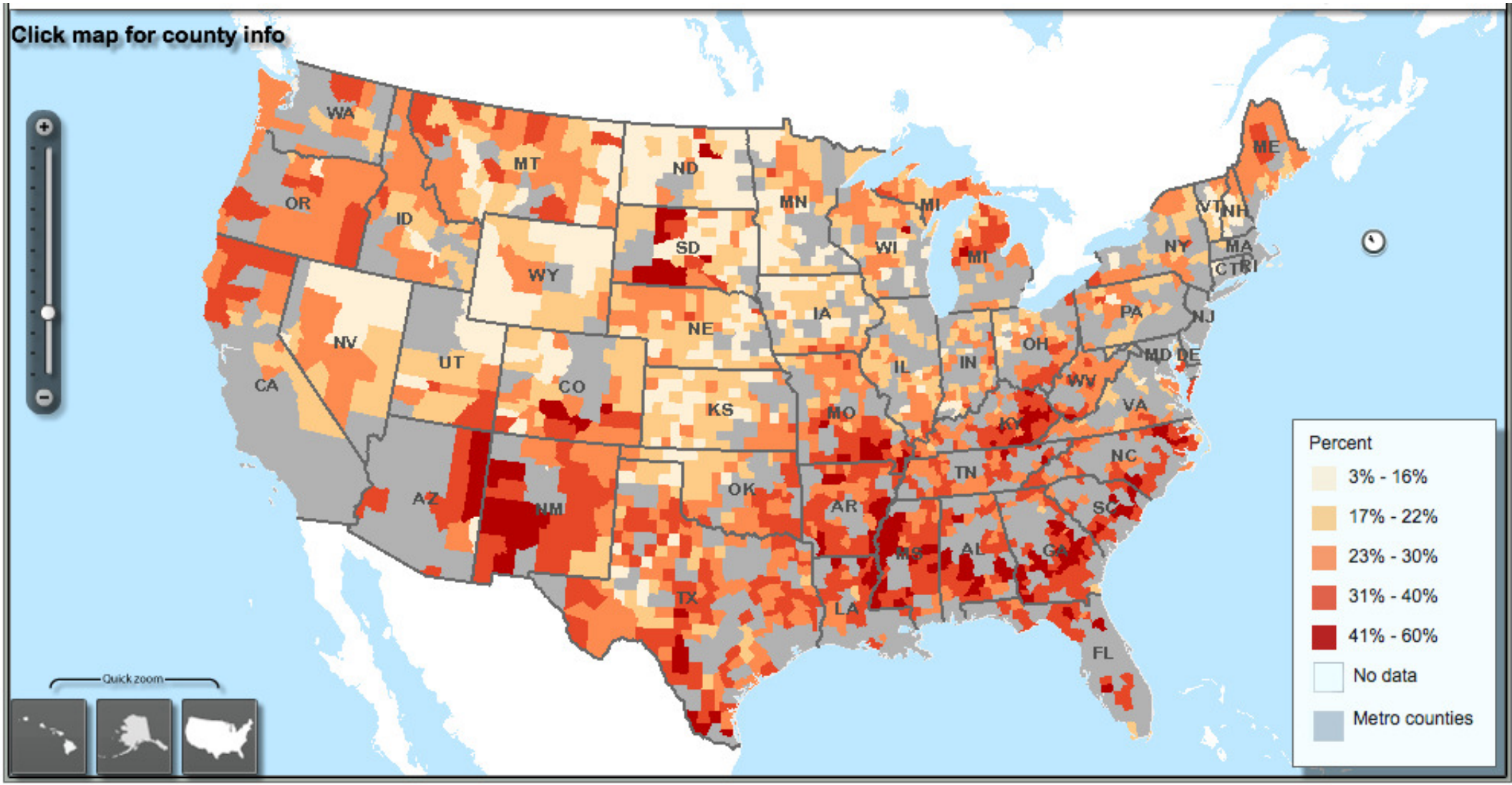
Rural & Child Poverty (0-17), 2012



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Rural Oral Health Disparities

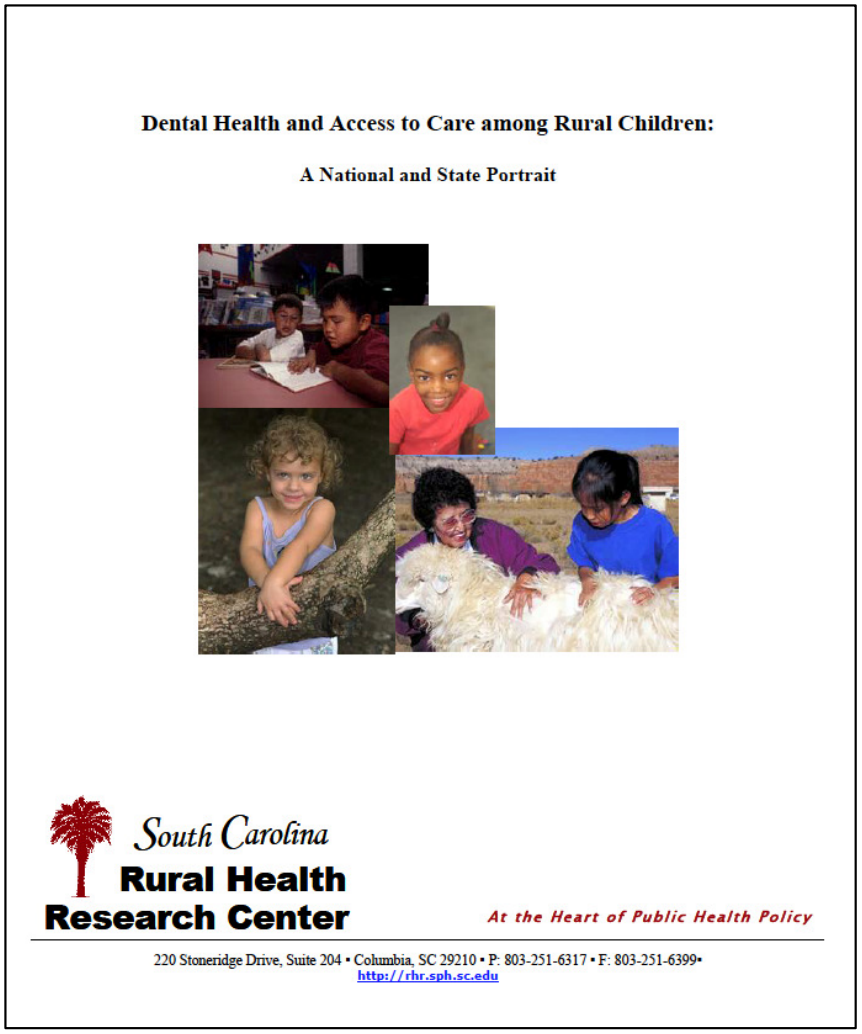
Quantifying rural disparities through national surveillance has challenges but we know from many sources (synthesized in the IOM Report, Improving Access to Oral Health Care for Vulnerable and Underserved Populations)…

- There is less access
- Less dental insurance coverage
- Less use of public water systems

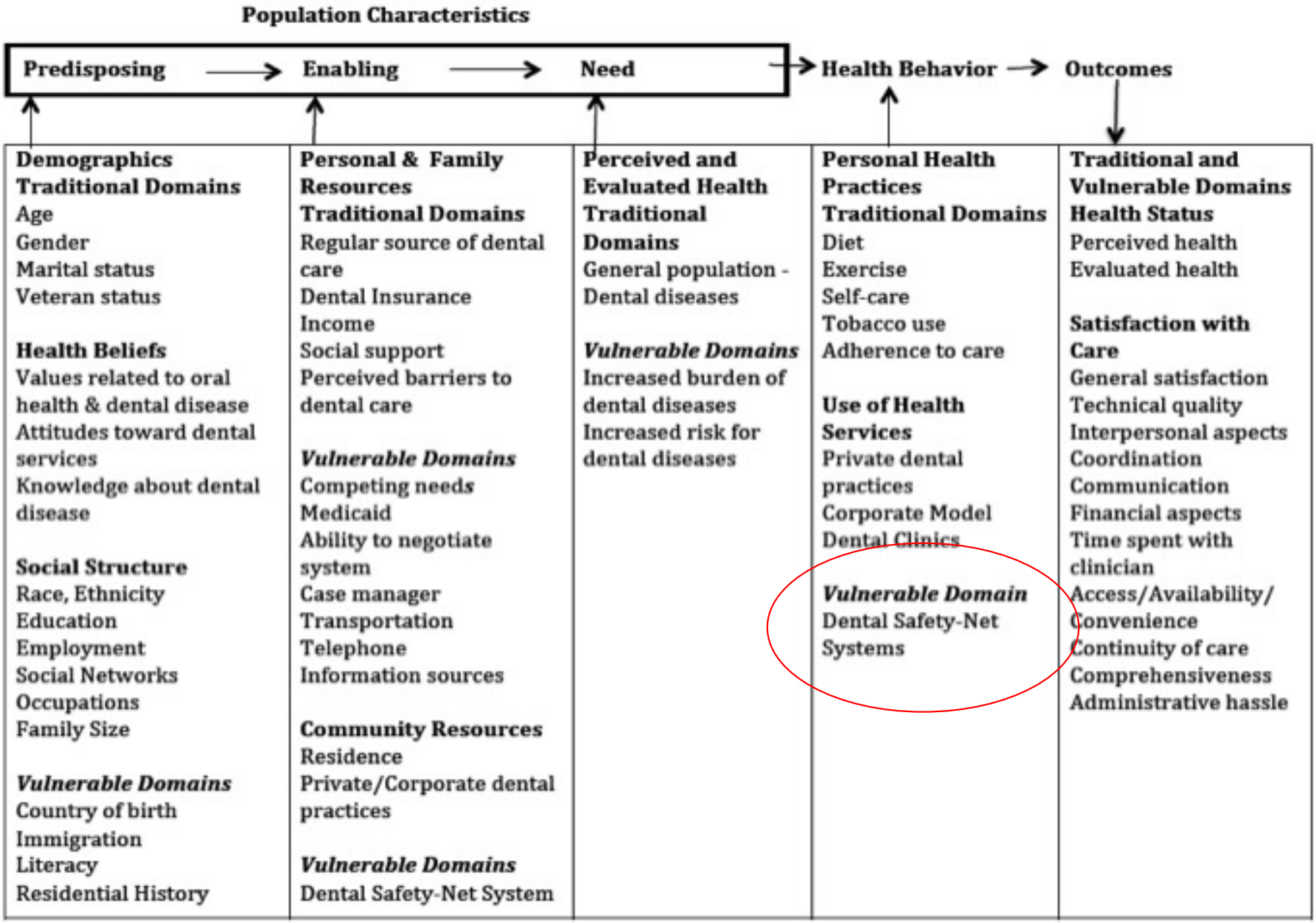
Oral Health Disparities among Kids

US Rural less likely to have:

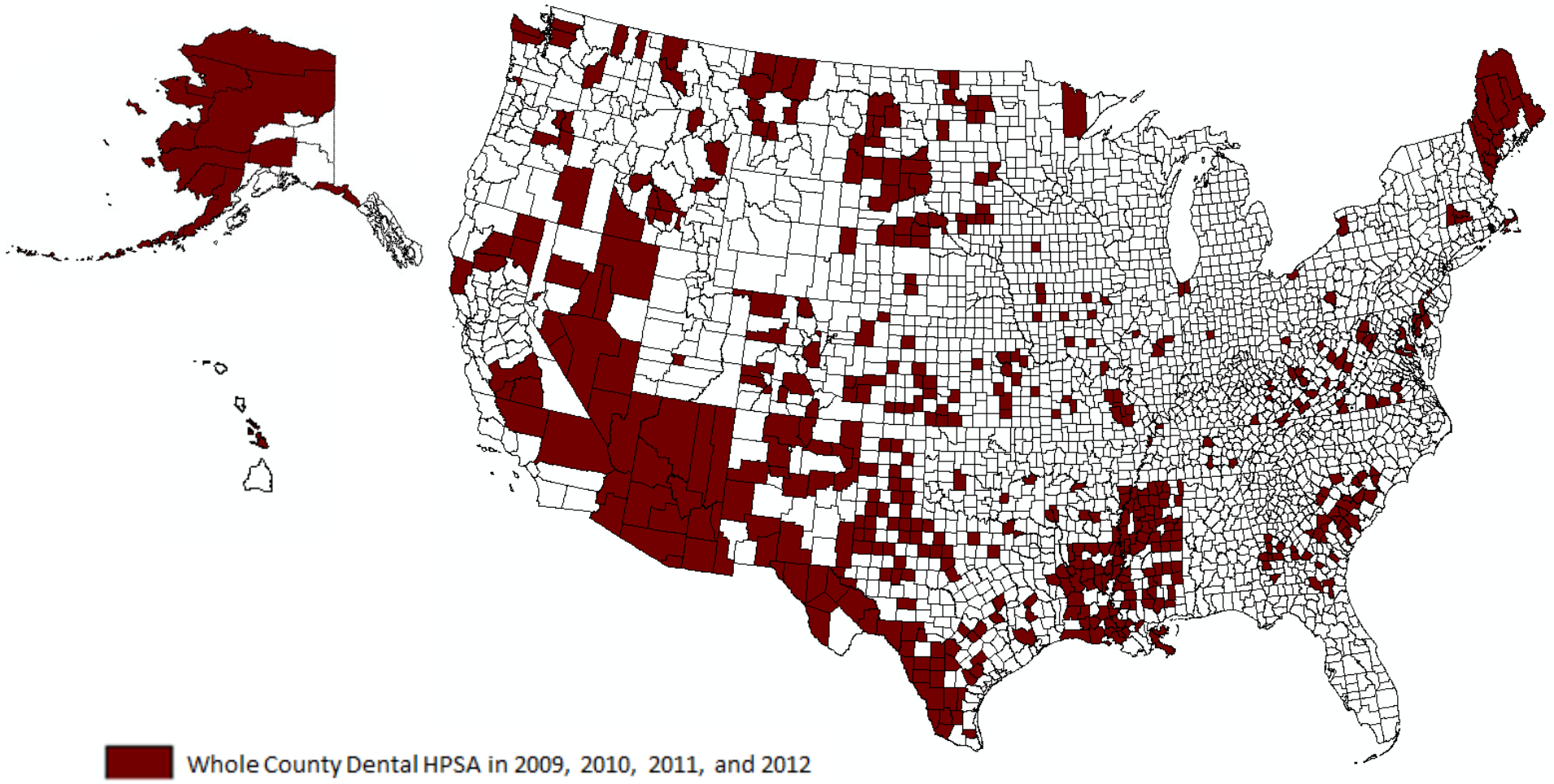
- teeth in ‘excellent’ condition
- any dental visits in the preceding year
- preventive dental care in the preceding year
- dental insurance



Why the rural disparities – Explained with Anderson Behavioral Health Model



Persistent Whole County Dental Health Professional Shortage Areas, 2009 - 2012



Penny saved is a penny earned…

In the rural safety net, however, not all pennies are created equally as we know from Medicaid reimbursement of fluoride varnish

Figure 1. States Where Non-Dental Clinicians Receive Medicaid Reimbursement for FVA (2009)

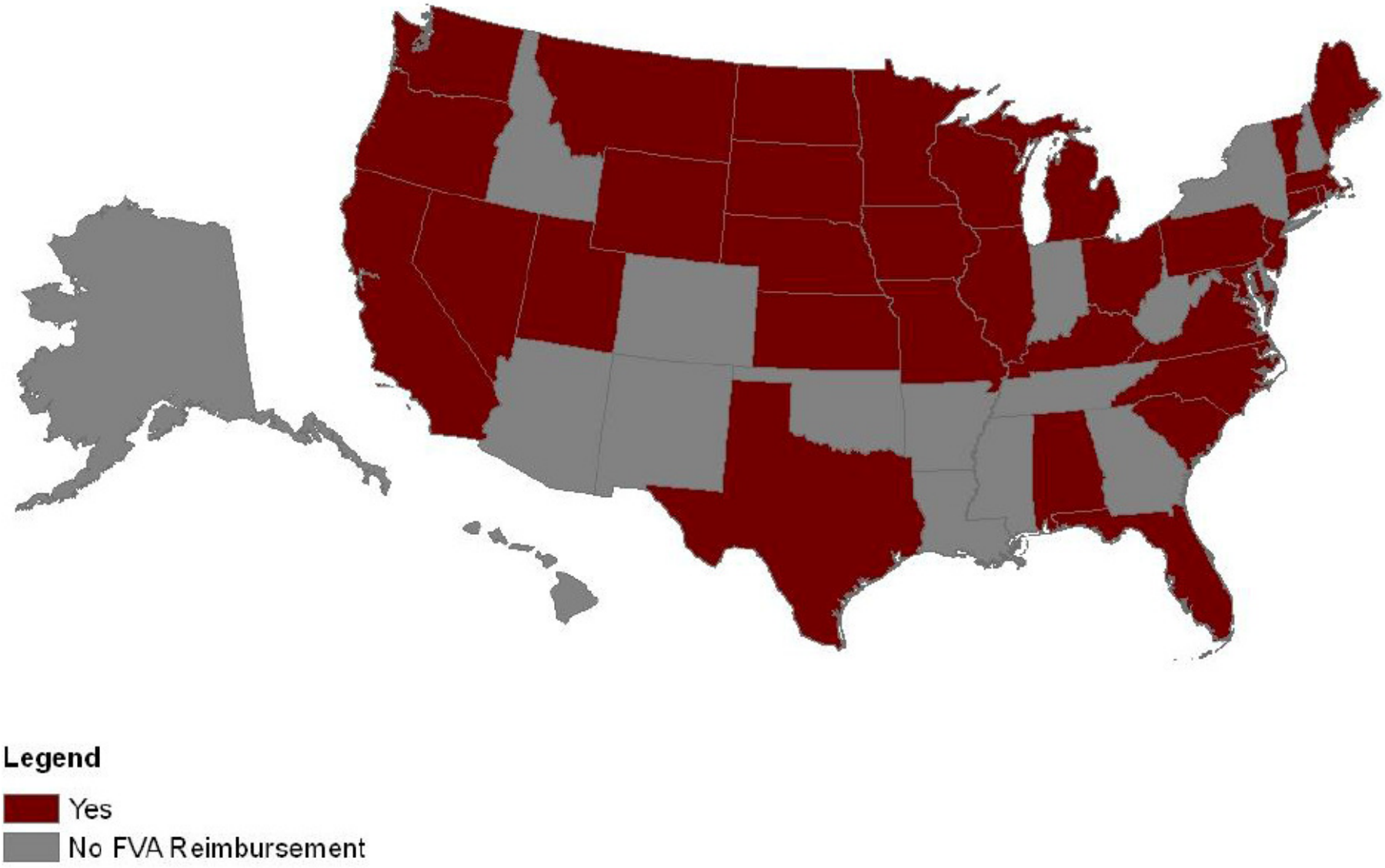


Figure 6. State Distribution of FQHC Medicaid Reimbursement Status for FVA by Non-Dental Clinicians (2009)

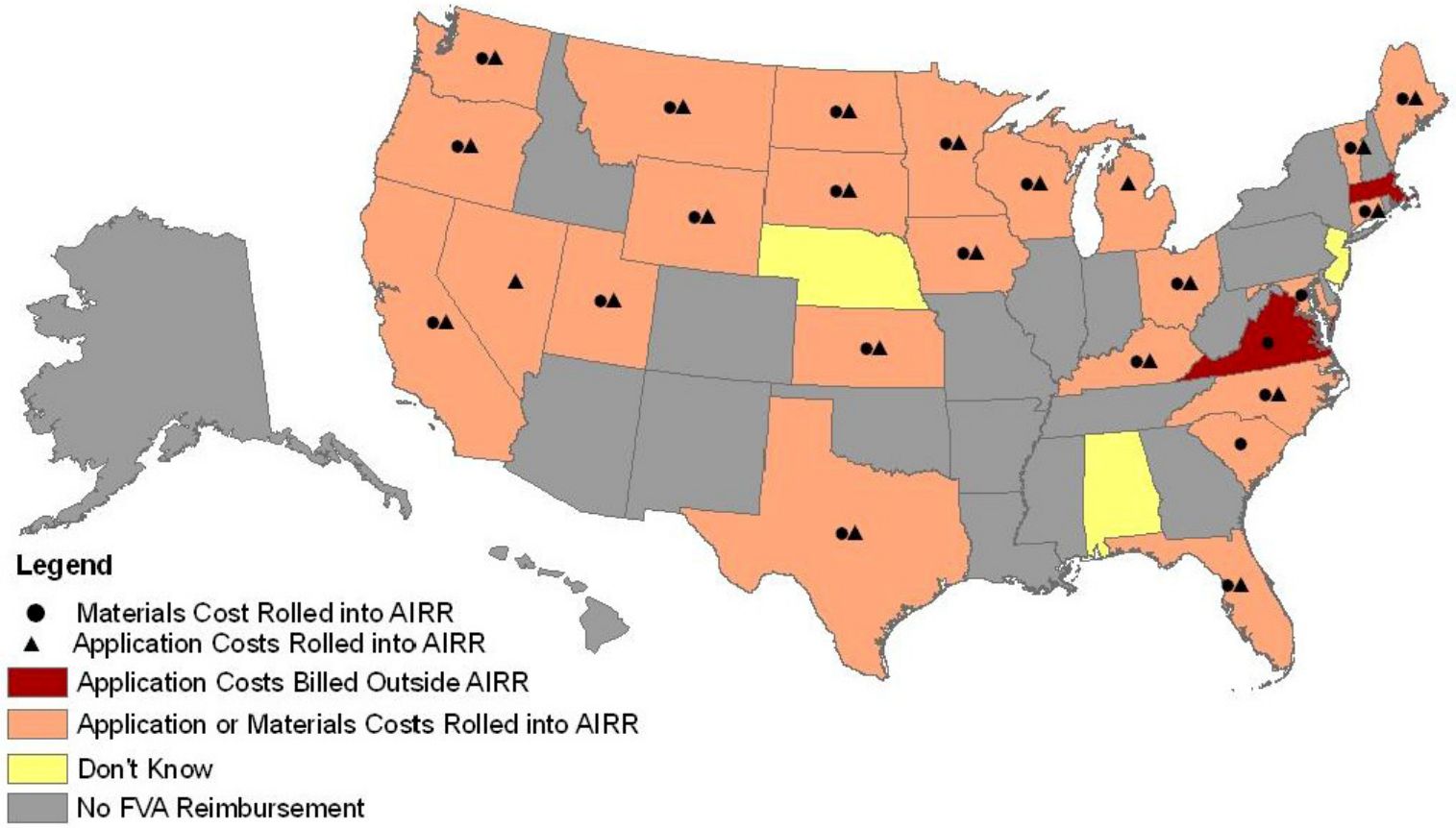
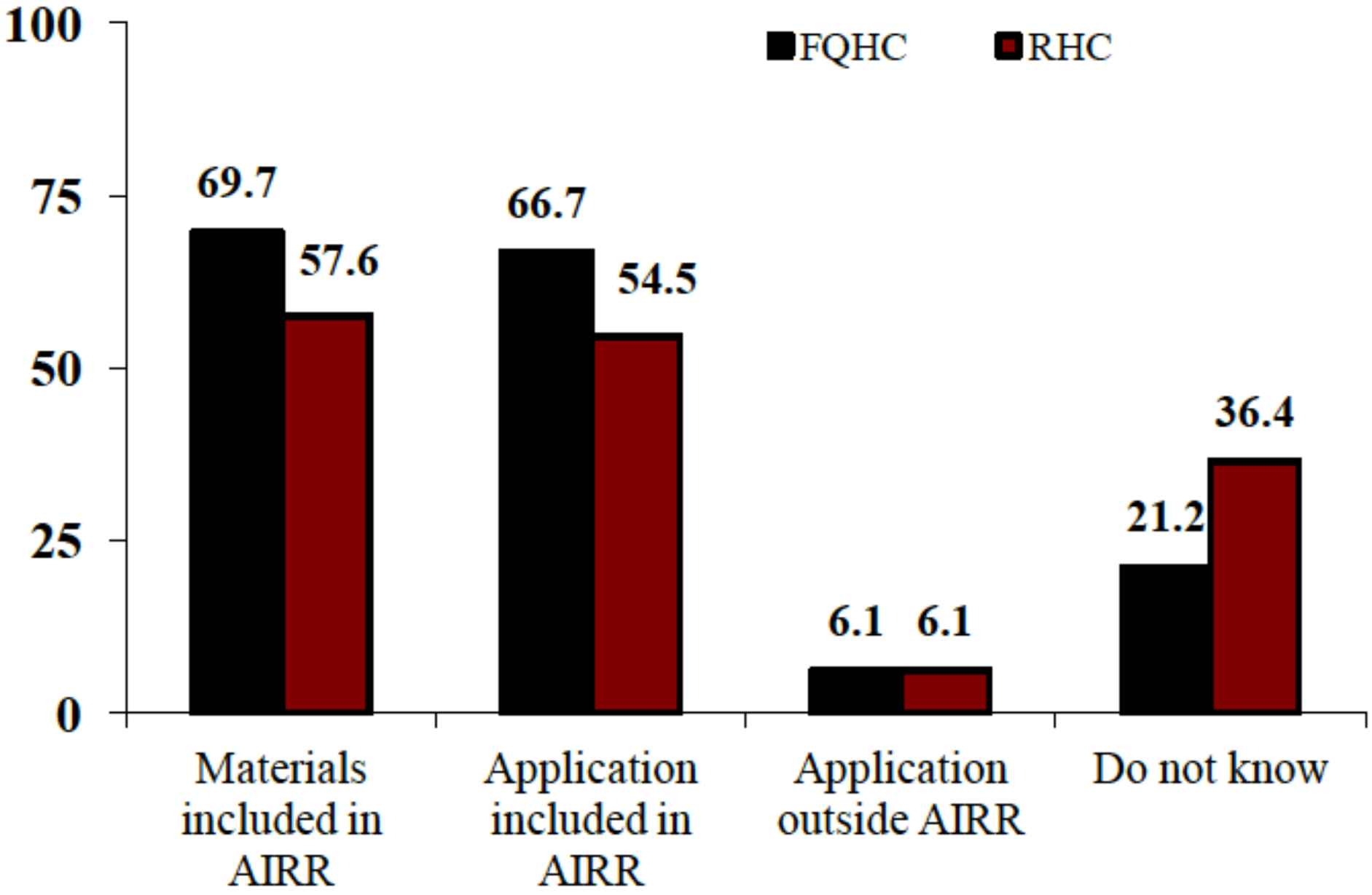


Figure 5. Percent of States with Medicaid Reimbursement for FVA to Non-Dental Clinicians in FQHCs and RHCs by Billing Structure



Poor alignment of reimbursement & risk

- Highest risk kids in rural are seen in FQHCs and RHCs
- For many states, FV reimbursement is not properly aligned

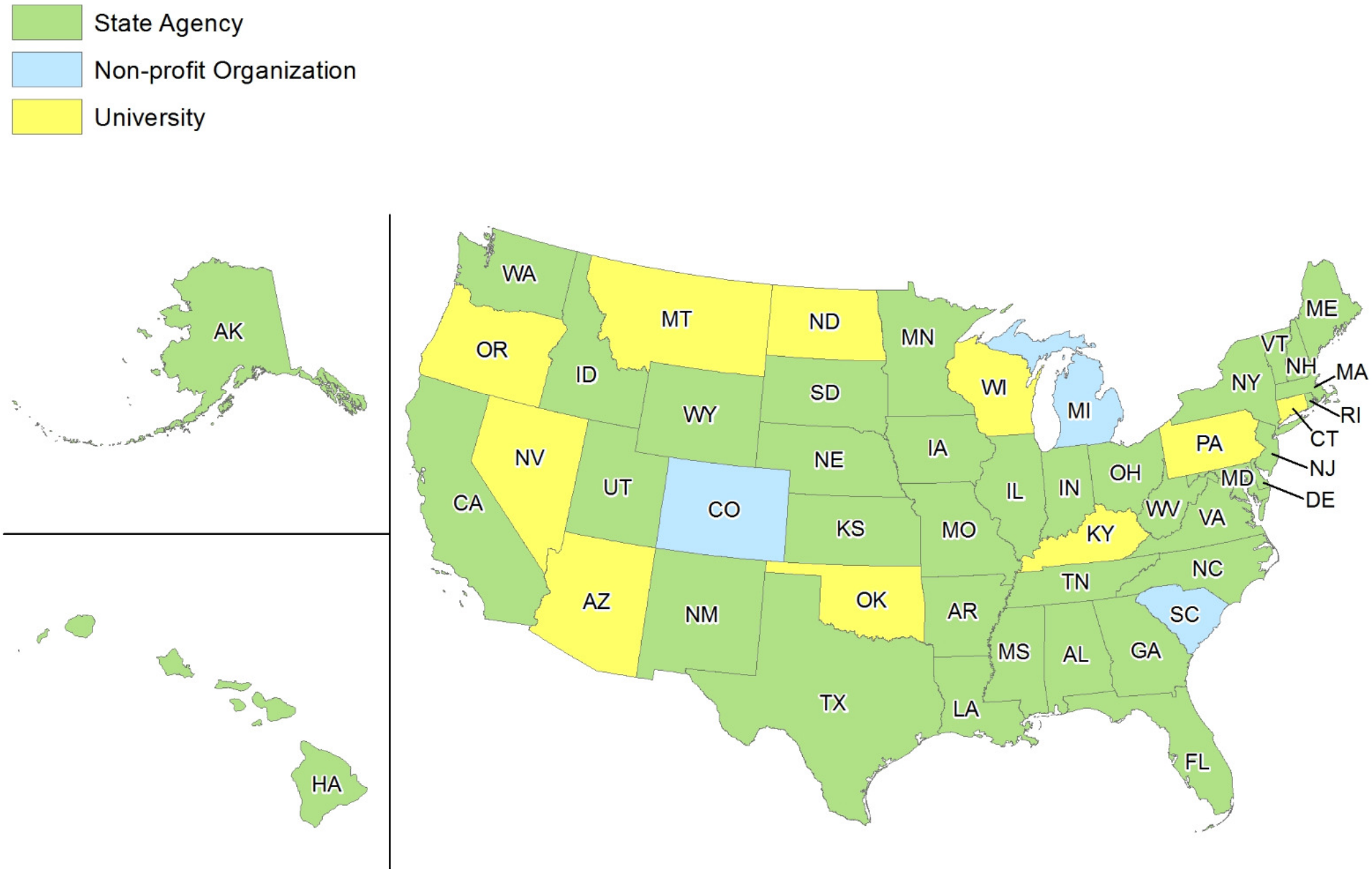
State Offices of Rural Health

- Positioned for partnerships in leveraging change for rural communities.

State Offices of Rural Health

- What are they?
- How are they funded?
- What is their purpose?

State Offices of Rural Health



National SORH Advocacy

- NOSORH
- NRHA
- ORHP

Their role in addressing rural health disparities

- Improving practice
- Policy development, advocacy, or implementation
- Systems and network development
- Provider recruitment & retention

SORHs Involved in Oral Health

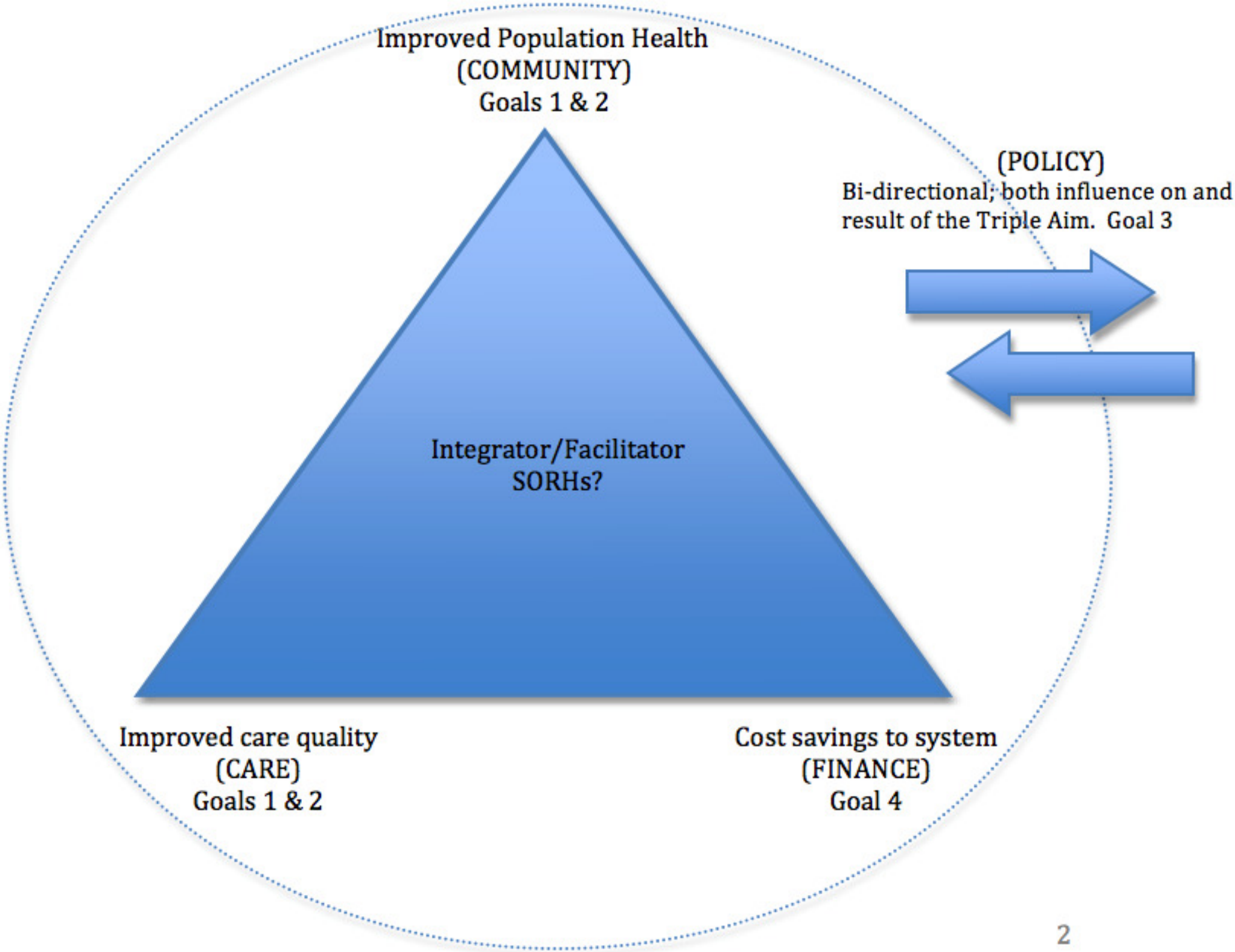
- National Network for Oral Health Access with NOSORH conducted survey of SORHs to ascertain their involvement in oral health.
- 48 of 50 SORHs responded:
  - 76% were actively working on oral health issues
  - 51% are engaged in network development
  - Examples of issues: telehealth with dental schools; Medicaid policy; recruitment/retention efforts; technical assistance with billing
  - 70% collaborating with state oral health programs

Proof of Concept (in development)

- Through an empowered State Office of Rural Health and its network of partners, we will reduce rural oral health disparities through medical-dental integration that emphasizes improvements in preventive care and system performance.

Goals of Concept

- Goal 1 – Prevent oral disease among kids at risk for early childhood caries
- Goal 2 – Reduce oral disease burden among high-risk adults (Special emphasis on perinatal)
- Goal 3 – Improve access in resource-thin communities leveraging existing and innovative partnerships/solutions (e.g. NHSC, FQHC oral health program expansion, residencies, telehealth)
- Goal 4 – Enhance practice management competencies that optimizes efficiencies and creates capacity.


Improved Population Health
(COMMUNITY)
Goals 1 & 2
(POLICY)
Bi-directional; both influence on and result of the Triple Aim. Goal 3
Integrator/Facilitator
SORHs?
Improved care quality
(CARE)
Goals 1 & 2
Cost savings to system
(FINANCE)
Goal 4

Concept Development Phase

- Assess interest, capacity, skills of SORHs, possibly from NOSORH/NNOHA states list making sure we have representation of the various SORP models.
- Engage SORHs in defining the concept and evaluation metrics (possibly using PRECEDE – PROCEED as a facilitating framework)
- DentaQuest Institute`s Safety Net Solutions provides orientation, and ongoing technical assistance.

Demonstration Phase

- Rural system capacity assessment – This would include a census of "touch points" or providers, as well as competencies for dental & non-dental professionals with rural health networks
- System Performance Improvement Plan – Use the IHI Breakthrough Series model to inform a system performance improvement plan to improve oral health in the context of the Triple Aim. Training on IHI-BTS would be needed but could be used in the context of SORH expertise areas such as patient centered-medical homes, QI collaboratives, etc. The plan should answer questions such as:
  - What are the quality indicators worthy of examining?
  - How do we create change?
  - What should the diffusion of innovation look like?
  - What metrics do we examine; what is success?

Replication Phase/Sustainability

- Develop business plans that reflect the diversity of SORH oral health programs (e.g. recruitment/retention of providers, continuing education)
- Use the NOSORH regions to facilitate IHI learning collaboratives. The regions recently aligned with HHS regions.

Summary

- Need and opportunities for achieving the Triple Aim in rural has unique opportunities
- Public-private collaborations may provide opportunities to facilitate change
- Rural needs all the champions it can encourage

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