

Facilitating Partnerships & Collaboration

Between

Colorado Community Health Network
(CCHN)

Primary Care Association (PCA)

&

The State Oral Health (SOHP)
Oral Health Unit (OHU)

Colorado Department
of Public Health
and Environment



Colorado Community Health Centers

- 19 Community Health Centers (CHCs)
 - 18 FQHCs and 1 Look-Alike
- 167 clinical sites
- CHCs provide a health care home to more than 600,000 individuals in 60 of Colorado's 64 counties
- 16 of the 19 CHCs operate 58 dental clinic sites in 27 Colorado counties



Original Level of Collaboration

We will meet up next week . . .

Participation in the same meetings

Solicitation of information for reporting

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Domains Selected

Domain 1): Build Support

Domain 2): Plan and Evaluate Programs

Domain 4): Manage People

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Improved Collaboration

The OHU and the PCA sat down and mapped out the gaps surrounding oral health care

The OHU will prioritize updates for the CHCs

The PCA is now able to present a work plan on needed oral health information, collaboration and integration in Colorado

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Objective 1: Assessment & Analysis

Site Visits to CHC Dental Clinics

-Annual visit to all 19CHCs
-Baseline Assessment/Annual Site Visit form (ASV)

-ASV form provides standardized data collection

Partners: Primary Care Association (PCA) & State Oral Health Unit (OHU)

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Objective 1: Assessment & Analysis

Annual Data Analysis

-Uniform Data System, ASV forms, OHU

-Comprehensive analysis statewide
-CHC specific

Partners: PCA & OHU

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Objective 1: Assessment & Analysis

Quality Improvement Measures

-Use data to track quality improvement

-Systemic methods by which CHCs can measure progress of quality initiatives

Partners: PCA & OHU

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Objective 2: Partnerships

Tri-Annual Meetings And Email Communication

- 3X/year face-to-face meetings with CHC Dental Directors
- Maintain communication with Dental Directors in between

- Up-to-date on state and federal policy
- Best-practice sharing

Partners: PCA

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Objective 2: Partnerships

Oral Health Information Meetings

**-At least
2x/month with
selected
organizations**

**-Build strong
practices
-Best-practice
sharing**

Partners: PCA & OHU

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Objective 2: Partnerships

National Conferences

-Attend 2 per year

-Identify national initiatives for possible implementation in CHCs

Partners: PCA

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Objective 2: Partnerships

Oral Health Initiatives/Projects

- Stay abreast of oral health projects and initiatives
- Communicate these projects and initiatives
- Assist interested CHCs with implementation

- Cavity Free at Three
- Co-location of Hygienist Project

Partners: PCA & OHU

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Objective 3: Quality Initiatives

Patient Centered Dental Home (PCDH)

PCDH Best Practices and Integration Manual
All 19 CHCs understand PCDH elements

-PCDH transformation guidance & assistance

Partners: PCA

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Quality Initiatives

PCDH Analysis and Updates

**Occurs
annually**

**-PCDH Integration
Manual (IM) reviewed
by CHC experts
-PCDH IM shared with
state & national
partners**

Partners: PCA & OHU

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Objective 4: Sustained Funding for an OHC

Funding for PCA

Oral Health Coordinator (OHC):

January 2014-June 2019

**-PCA writes grant
-PCA receives full
funding for FTE OHC
for 5 years**

**-Improve oral health
care and coordination
for Colorado CHCs
-Dental Clinics have
PCA Oral Health Coach**

Partners: PCA

Colorado Department
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Barriers & Unintended/Intended Outcomes

Unintended Outcomes
-Excitement
-Initiative

Barriers:
-Funding
-Information
-Time



Take Home Messages

Given the time and resources Colorado CHCs are ready to work on improving oral health outcomes!

The CHC Dental Directors and CEOs are excited and willing to work on oral health integration!

Oral health initiatives should be given the proper funding to facilitate positive outcomes for Colorado patients.

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Hawaii Dental Sealant Model Project

Hawaii Primary Care Association
&
Hawaii State Department of Health





- Hawaii is the only U.S. state made up entirely of islands.
- An estimated 1,360,301 permanent residents along with visitors and U.S. military personnel comprise Hawaii's population. (2010 U.S. Census)

Strengths

- Hawaii State Department of Health and Hawaii Primary Care Association have a good working relationship .
- Collaborate and partner on many initiatives, including oral health, behavioral health, health equity, and legislative activities.

Challenges

- No fluoridated water
- No dental coverage for adult Medicaid population except for emergency care
- No state public health dental program
- “F” grade from Pew report since 2010 on status of children’s oral health

Hawaii-Based Dental Sealant Model Project

- Important Considerations:
 - Best Practices and data from 2 existing local dental sealant projects.
 - National models.
 - Adaptation of tools for Hawaii-based needs, cultural competency, and geography.

Importance of telling our story

Honolulu Star Advertiser Headline - April 9, 2014

“State is Pursuing Initiatives to Keep Kids’ Teeth Healthy”



Article provided a unique opportunity to share both a SOHP & PCA perspective

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ASTDD Collaboration Project

**Partnership for Oral Health:
Health Professional, Baby & You**

**A Collaboration between the State Oral Health Program and
Primary Care Association**

**Jameca Routen, RDA, MPA
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Additional Thanks to

Stacey Ballweg:

Grants and Data Manager for the Division of Oral Health

Ann Roppel:

Oral Health Consultant for the Division of Oral Health

Reg Louie:

Dad and Granddad

The ASTDD Collaboration Project

The Three Main Parts:

THE COLLABORATION

IPHCA Perspective
DOH Perspective

THE PROJECT

The Problem
The Goal
The Objectives

AND THE FUTURE

Working together
Where do we go from here

What IPHCA Brings to the Table...

Basic Characteristics of CHCs

- Located in high-need areas
- Provide comprehensive primary health care services including dental, behavioral health, OB/GYN
- Services are available to all residents in the community with charges based upon ability to pay
- Agencies with a mission to provide health care to the medically underserved

What IPHCA Brings to the Table...

Oral Health Services within CHCs

- In 2012, over 1 million patients were seen in Community Health Centers in Illinois.
- 136,695 patients used CHC dental services.
- More than 8,100 children were seen in health centers for dental sealants.

Illinois CHC Dental Programs

- 42 FQHC's & 3 look-alike clinics, 34 out of 42 provide dental services.
- 101 total dental sites throughout the state.
- 98% of health centers have on-site dental directors.



THE COLLABORATION

What IPHCA brings...

Strong Relationships with Local CHC

Knowledge of Systemic Health..Not Just Oral Health

Knowledge of the Co-Located Sites

Community Level Involvement

Knowledge of Population Served

What DOH Brings to the Table...

- Short learning curve on oral health
- Statewide presence
- Experience with other governmental bodies (HFS, MCH)
- Relationships with local, state and national advocacy groups

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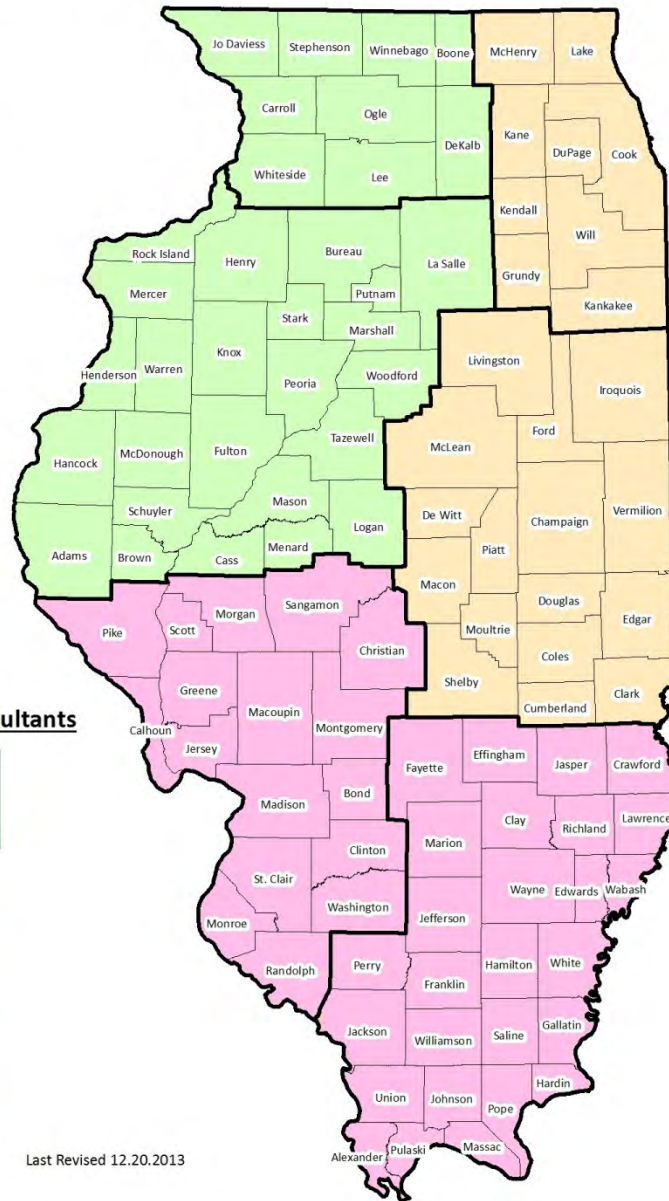
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Last Revised 12.20.2013

Let's merge ...

Women residing in socioeconomically deprived areas are at increased risk of preterm birth and dental neglect.

Children from low income families are at a greater risk for tooth decay at an early age.

THE PROJECT

Solutions

GOAL: To develop a structure to help provide an educational umbrella for a continuum of oral health education with health professionals, babies, and mothers.

VISION STATEMENT: Oral Health is an essential component of overall health and the health home that is promoted by health care providers to pregnant women and their babies. The key approach will be to provide health education and support to primary care centers, their staff and their perinatal populations.

THE PROJECT

Oral Health Partnerships Should...

Engage all healthcare providers on dental/medical messages to share.

Reaffirm the message to parents of on-going dental care is important.

Increase oral health literacy of pregnant women.

Encourage total body wellness through medical/dental integration.

End fragmented oral health service delivery.

THE PROJECT



OBJECTIVES

Identify

Community Health Centers (CHCs) in Illinois that offer both OBGYN/dental services within the same facility (co-located sites) to participate in the Project.

Contact and outreach

Sites for potential project implementation. Need to lay the groundwork for a common agenda that brings everyone together: LOCAL CHC, IDPH and IPHCA.

Selection of pilot sites

CHC and Oral Health Consultants (OHCs) to engage with OBGYN/dental services.

Develop a Pilot Program Implementation Plan

Review current literature.

Implementation of Pilot Program

“Roll it out” to select CHC’s.

Develop and Implement an Evaluation of the Pilot Project

The Future

- Endorse innovative ideas in oral health education and CHC services to create a coordinated system for at risk populations.
- Encourage provider to be sensitive and aware of cultural differences in patients.
- Link patients and health providers to educational opportunities that will enhance access to oral health services.

The Future

- Ongoing collaboration to provide access to dental care where services are limited or non-existent.
- Evaluate possibility for future statewide implementation.
- Beneficial to both groups.

Partnership for Oral Health: Health Professional, Baby & You

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**Earlier Entry into Preventive
Care via Physician Services
Kentucky Primary Care Association
&
Kentucky Oral Health Program**

Why we agreed to participate

- Past Relationships
- Oral Health Program
- KY Primary Care Program
- Current dental disease problems
- Medical-Dental Collaboration

What we thought about doing

- Dental Therapist
 - Current opinions in the FQHC world
 - Or at least Kentucky
 - “Work” the finding for future workforce demands

What we decided to do

- FQHC Physician Staff
 - Involve in Oral Assessment
 - Fluoride Varnish
 - Referral for appropriate follow up care
- Medical- Dental Collaboration
 - Pilot Sites
- Reported results in October
 - More robust implementation after that

Sequence of Task

- Finalize Project Objectives and Tasks
 - Thanks to Kathy Mangskau
 - Great coach without being a Taskmaster
- Approach Kentucky PCA
 - Pilot Sites
- Train the Physicians
 - Get them to do the services
- Count the services
- Evaluate the project
- Move it statewide in October

Stones and Pearls

- Stone
 - We don't have a lot of time
- Pearl
 - Kathy Mangskau kept us focused
- Stone
 - Andrea Adams left her position at KyPCA
- Pearl
 - David Bolt was her replacement

Stones and Pearls

- Stone
 - Varnish fee had little impact on clinic's reimbursement
- Pearl
 - Pilot Sites got over it: "It's the right thing to do."
- Stone
 - Physicians don't know enough about oral anatomy and oral disease
- Pearl
 - "Smiles for Life" was easy to work with

Stones and Pearls

- Stone
 - No time to train
- Pearl
 - We're still working on that one
- Stone
 - The varnish supplies are too expensive to purchase
- Pearl
 - The Kentucky State Primary Care Office purchased the varnish supplies for the pilot project as FV 'kits'

Stones and Pearls

- Stone
 - Some MCOs may require physician office to bill “D” code to oral health MCO vendor.
- Pearl
 - MCOs are reviewing the policy on D code in a non-dental office and seem willing to change because they see the value of disease prevention downstream

It Became Bigger Than Us

- Unexpected alignment of a broader set of partners
 - UK Department of Family and Community Medicine
 - KY Oral Health Coalition
 - Department for Public Health
 - Kentucky Primary Care Association

Just Ahead

- Pilot Sites will have physicians trained soon
- Implementation of Oral Assessment and FV included in services to children in FQHC
- Assess the participation at end of September
- Present to KyPCA Annual Meeting, focusing on physician attendance, not just administration
- Periodically survey clinics for participation and referrals for needed dental care

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**Ohio Association of Community
Health Centers**

&

**Ohio Department of Health
State Oral Health Program**

Susan and Carrie



OACHC and ODH

Enjoy a strong working relationship

Collaboration Matrix - Lots of program overlap

- ECOH – Early Childhood Oral Health
- Oral Health Capacity Building Project
- COHAT – Children’s Oral Health Action Team
- Planned Oral Health Summits

Project Goal

Over-all Goal:

Improve Access to follow-up dental care for children participating in the Ohio School-Based Sealant Program.

- ODH provides sealants to over 25,000 students per year
- 2011 nearly 25% needed dental care

Two Models of Care

CARE to KIDS:

Develop a program implementation plan/protocol for Care to Kids model

- FQHCs and School-based Sealant Program Coordinators to discuss potential for providing care **IN SCHOOLS** (Dental Vans, Portable equipment)

KIDS to CARE:

Develop a program implementation plan/protocol for the Kids to Care model

- FQHCs and School-based Sealant Program Coordinators to discuss potential for providing care **IN** the FQHC Dental Clinic (dedicated slots for scheduling)

Ohio's Federally Qualified Health Centers & FQHC Look-Alikes



Goals for the Project

- Develop a list of potential pilot project sites
- Meeting with School-based Sealant Program Coordinators and Federally Qualified Health Centers (FQHCs)
- Identify schools for pilot of implementation
- Develop protocols and timeline
- Develop educational materials and consent forms

Goals for OACHC and ODH

Communication

- DentaQuest Midwest Regional Convening
- Director of Health's Task Force on Oral Health and Access to Dental Care

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Strengthening Oral Health Partnerships Work Plan Overview

Oklahoma Primary Care Association
&
Oklahoma State Health Department

Collaborations

Collaborations

- **Past & Current Collaborations**
 - Largely project specific
 - Freely share information when requested
 - No existing ongoing collaborations
- **Future Collaborations**
 - This project has paved approaches that encourage ongoing collaborations that we feel will continue in the future

Project Activities

Fostering Medical/Dental Inter-professional Collaboration

- **Activity**
 - Conduct a feasibility study of methods that may be used to foster inter-professional collaboration between medical and oral health providers at community health centers
- **Goal(s)**
 - Improved collaboration/ referral among providers
 - Improved patient care
- **Outcomes to Date**
 - Started initial discussions

Compelling Stories

- **Activities**
 - Collect dental patient/provider stories from CHC sites
 - Use and share stories that are collected, with stakeholders and partners (ex. post stories on Children's Oral Health Coalition website, display stories at advocacy events)
- **Goal(s)**
 - Increased number of compelling stories (initial goal of a minimum 5 new dental stories)
 - Best places identified to share stories
 - Stakeholders want to share stories
- **Outcomes to Date**
 - Current medical testimonial templates have been modified for use specifically for dental patients/services

Example Oral Health Compelling Story

"Just a few lines to let you know what the Health & Wellness means to us, especially, the dental department. Being on a fixed income, it is such a blessing to be able to go to a dentist that we can afford. Not only have we been able to get our dental problems taken care of, but we have been able to have regular preventive care which we have never been able to do before. The staff, from the dentist to the receptionist, have been very kind & professional.

We want to thank you all for these services. We appreciate more than you will ever know."

-- Shawlene & Eddie Duke, Health & Wellness Center patients

Student Orientation to Community Care

- **Activities**
 - Assess feasibility of incorporating an orientation to community health centers and public health (vs. private practice) into dental student curriculum
 - Identify CHC providers and representatives of the public health community to present as part of the orientation
- **Goal(s)**
 - Dental student have heightened awareness of community dental health and benefits of medical/dental collaboration
 - Speakers present regularly as part of community dental program course
 - Increased recruitment of dental students to underserved areas
- **Outcomes to Date**
 - The University of Oklahoma College of Dentistry has expressed support for the project.

Project Considerations

- Our Coach, Jay Balzer, was helpful in guiding us to think broadly while still creating feasible project ideas
- The project encouraged regular face-to-face meetings with the PCA and OSDH
 - Strengthened the current relationship
 - Created an ongoing relationship that had not existed formally before
- Encouraged our partnership to expand and include other oral health partners such as the OU College of Dentistry and the Children's Oral Health Coalition
- Helped us create a work plan that we are excited to implement

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