Charting Our Course:
The Role of Dental Public Health in Health Systems Integration

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National Oral Health Conference
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COLORADO
Department of Public
Health & Environment
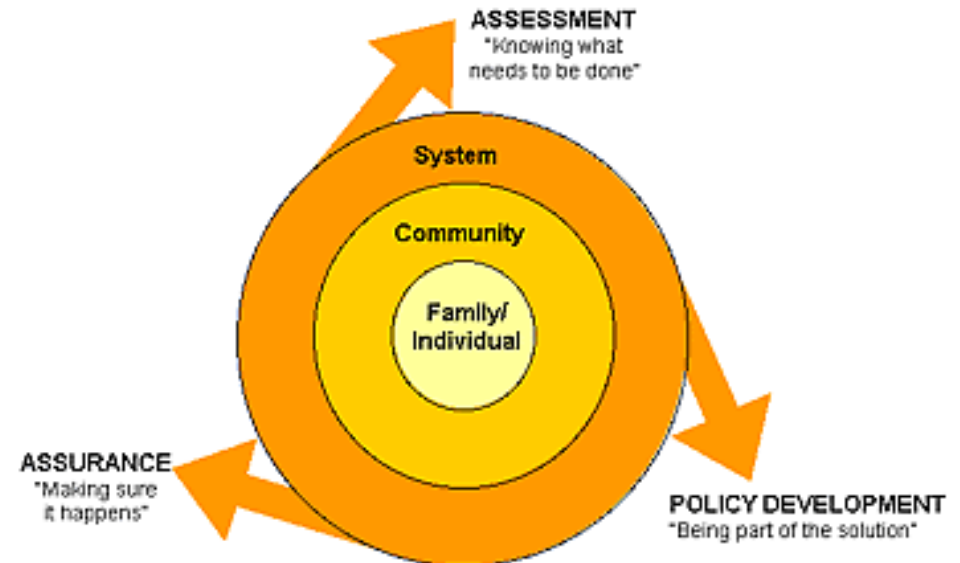
Disclosures

No conflict of interests to report.

Colorado Oral Public Health

a brief history

OralPublic Health Integration:

a state perspective

Core Functions of Public Health

University of Minnesota

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Cavity Free at Three

Colorado Data by Demographics
Diabetes - Adults (%)
Data Source: BRFSS

**Health Topic**
Diabetes

Health Measure
Diabetes - Adults (%)

Age	18-24	2015
	25-34	2015
	35-44	2015
	45-54	2015
	55-64	2015
	65+	2015
Sex	Female	2015
	Male	2015
Race/Ethnicity	Black, non-Hispanic	2015
	Hispanic	2015
	Other, non-Hispanic	2015
	White, non-Hispanic	2015
Sexual Orientation	Gay/Lesbian/Bisexual	2015
	Heterosexual	2015
Education Level	Less than HS	2015
	HS or G.E.D.	2015
	Some post-HS	2015
	College grad	2015
Poverty Level	0-250% FPL	2015
	>250% FPL	2015
Insurance Type	Medicaid/CHF+	2015
	Medicare	2015
	Military Health	2015
	Private	2015
	Uninsured	2015

Trend by Race/Ethnicity

View Trend by
- ○ Age
- ○ Sex
- ● Race/Ethnicity
- ○ Sexual Orientation
- ○ Education Level
- ○ Poverty Level
- ○ Insurance Type

Change Trend View
- ● Compare within Years
- ○ Compare within Groups
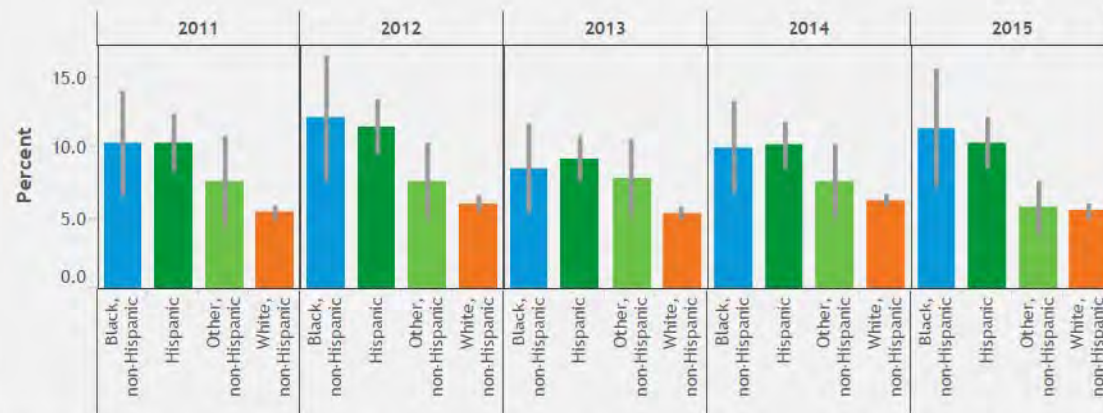
The Colorado Department of Public Health and Environment acknowledges that generations-long social, economic and environmental inequities result in adverse health outcomes. They affect communities differently and have a greater influence on health outcomes than either individual choices or one's ability to access health care. Reducing health disparities through policies, practices and organizational systems can help improve opportunities for all Coloradans.

Data prepared by the Colorado Department of Public Health and Environment. For questions, e-mail **cdphe.healthstatistics@state.co.us** and type "VISION" in the subject line.

COLORADO
Department of Health Care
Policy & Financing

Medicaid's Caseload: Before & After Expansion

Colorado's General Assembly passed legislation to expand Medicaid to more low-income parents and adults. **Eligibility levels for individuals with disabilities, kids and pregnant women did not change**.

The expansion of Medicaid started in January 2014. This visual shows Medicaid caseload by population type the fiscal year before and the fiscal year after the expansion and shows how the different populations are funded according to state and federal laws.

Detailed charts with caseload changes over time are in the Department's FY 2016-17 Budget Request, Exhibit B – Medicaid Caseload available at Colorado.gov/hcpf.

= 10,000   = Expansion

Fund Source:

- Federal
- State (state funds can be General or Cash Funds, see citation below for detail)
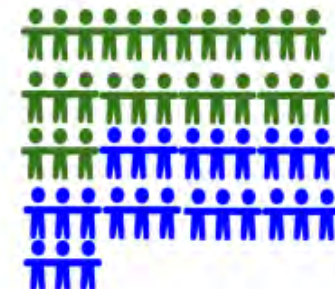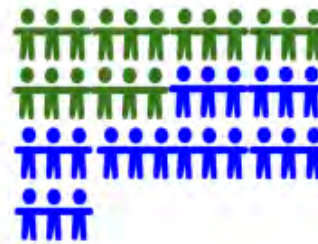- Hospital Provider Fee
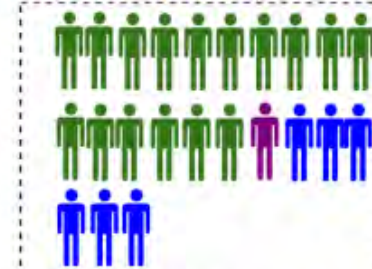

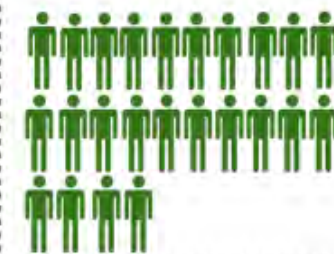2013   2015

Individuals with Disabilities

Kids

Pregnant Women

Parents

Adults without kids

Chronic disease and oral health
Oral Health among Coloradans with diabetes

Figure 6. Comparing oral health indicators with people with diabetes to people without diabetes, Colorado adults, 2014.

Horizontal bar chart comparing oral health indicators between adults with no diabetes (blue) and diabetes (green):

Indicator	No Diabetes	Diabetes
Dental visit	67.5	60.5
Teeth cleaning	64.1	59.5
Have dental insurance	59.6	57.5
Tooth loss (6 or more) adults 65+ y	28.2	39.6
Tooth loss (all) adults 65+ y	9.2	16.6

Percent
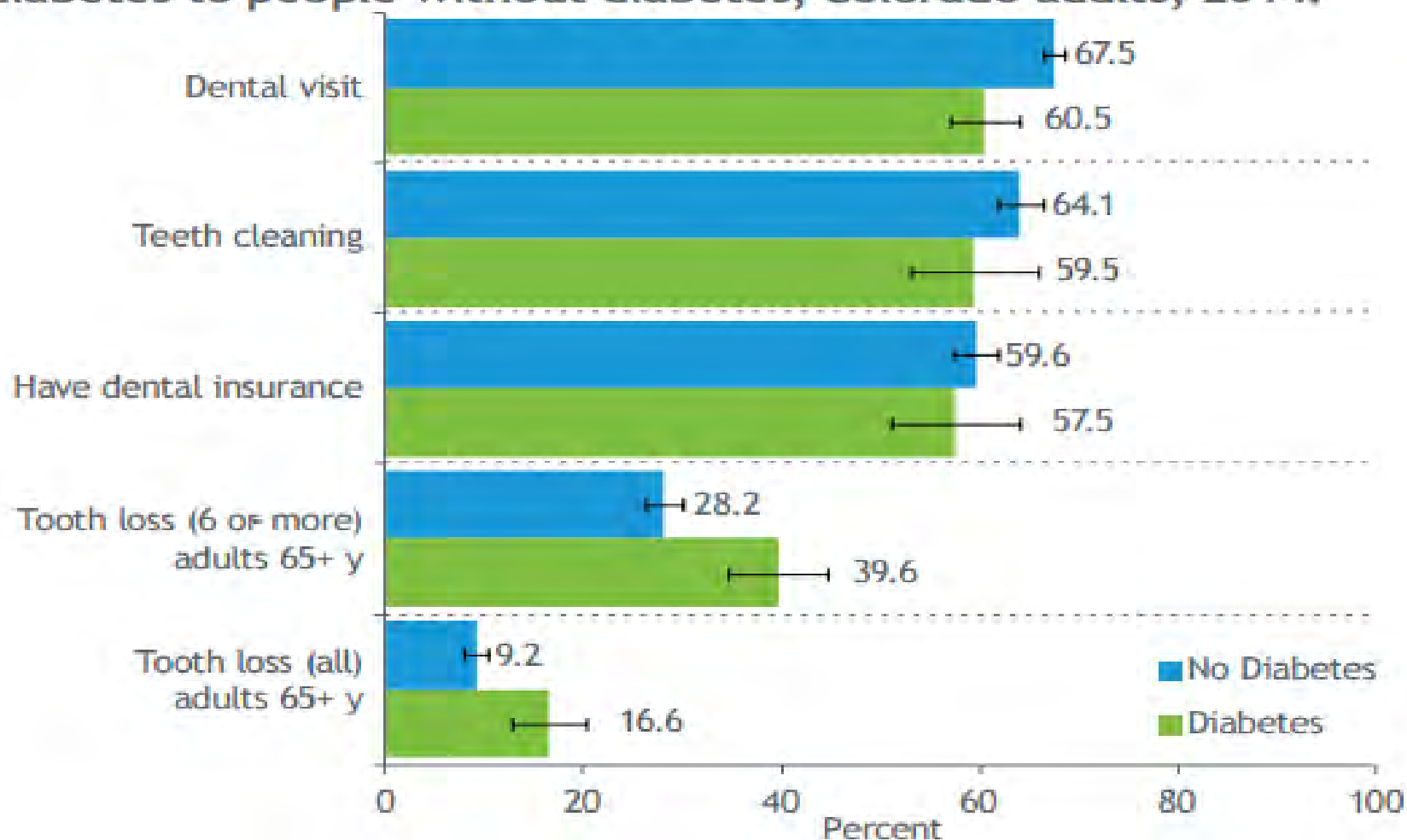
Data source: Behavioral Risk Factor Surveillance System (BRFSS) 2014, Colorado Department of Public Health and Environment.

ORAL HEALTH INTEGRATION

A manual from the Colorado Community Health Network

AUGUST 2015

COLORADO
COMMUNITY HEALTH NETWORK
Access for All Colorado

Current Work

- Internal Collaborations

- Advisory Board

- External Collaborations

- Diabetes Oral Health Integration Model development

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Partners/Advisory Board

Use of Technology to integrate Oral Health & Primary Care

The following assessment will evaluate the clinic's readiness to use Health Information Technology (HIT) to support quality improvement (QI) projects.

The factors that support the use of HIT for QI projects are: practice culture, high-functioning health IT tools, practice clinical team and staff knowledge and skills, and practice processes and workflows.

This assessment will evaluate the technical skills and availability around these factors.

Question	Medical Team/ EMR			Dental Team/ EDR		
	Yes	Sometimes	No	Yes	Sometimes	No
Practice Culture						
Are quality improvement metrics defined and tracked in a consistent manner (e.g. with defined numerator and denominator, reported on a regular schedule)?						
Health IT tools availability						
Is the CHC's EMR/EDR Meaningful Use certified?						
Registries: a. Does the EMR/EDR provide a reliable registry system, which is available to all staff at all times? If no, answer b.						
b. Does the clinic have a registry tool that interfaces with the EMR and no manual data entry is needed to update it? If no, answer c.						
c. Does the clinic have a registry tool that may or may not interface with the EMR, and manual data is needed to update it? If no, answer d.						
d. Our clinic does not have a registry system.						
If clinic has a registry: is there a registry for patients with diabetes? prediabetes? patients who need to see an oral health provider?						
Does the registry include information about completed or needed referrals?						
Do you utilize a care planner or decision support tool? What information does it include?						
Is the care planner or decision support tool built into the EDR/EMR?						
How are you using Azara?						
Practice Processes and Workflows						
Data Documentation						
Is there a formal training process (manuals, in-person) on how to use your EMR/EDR? *(Shadowing an employee is not considered as formal training). What does that training include?*						
Do you document data entry workflows in a training manual? *(e.g. how to enter a lab order, when to call back a patient for follow-up)*						

Colorado's Accountable Care Collaborative
Regional Care Collaborative Organization Map
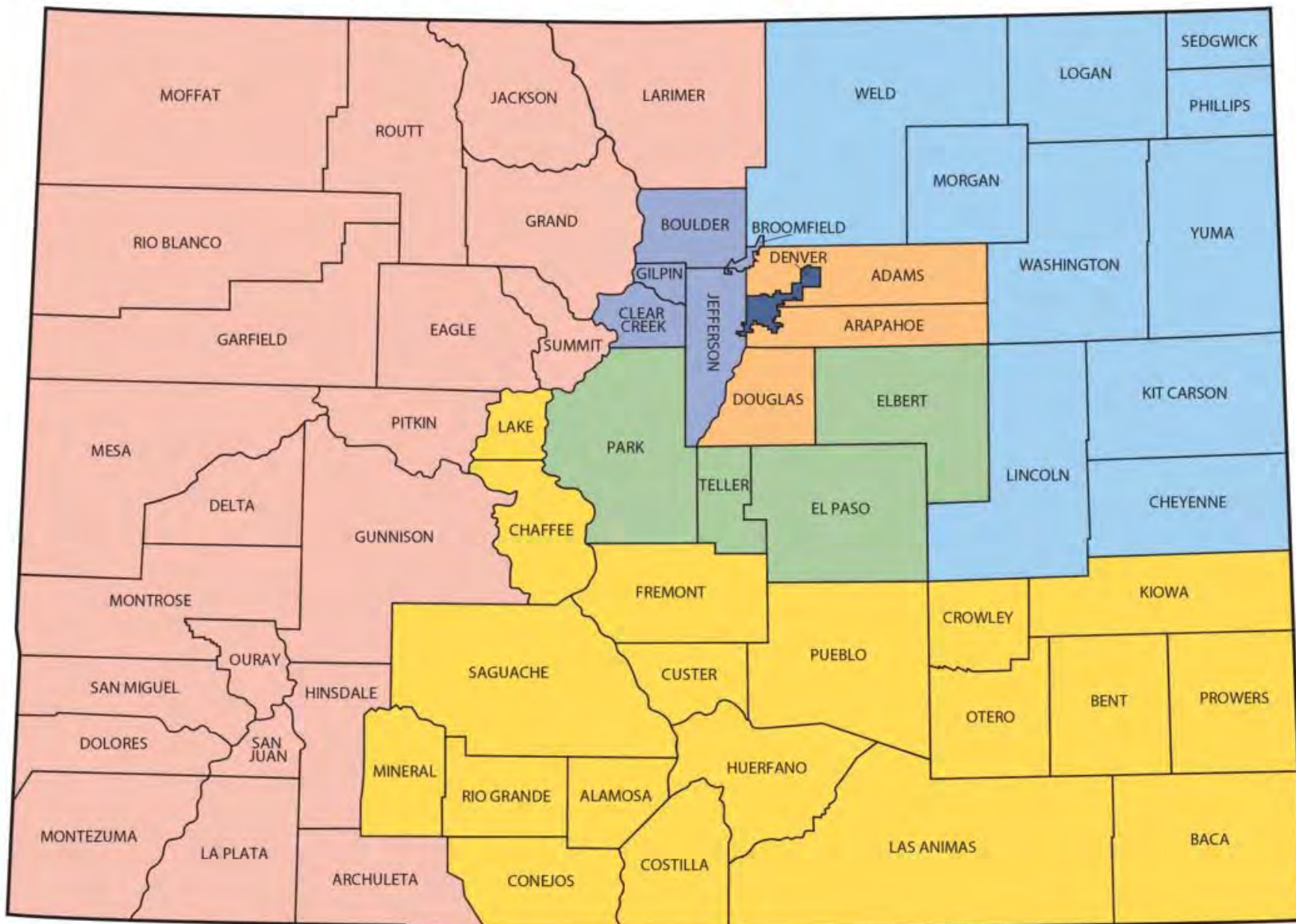
Region 1 — Rocky Mountain Health Plans
Region 2 — Colorado Access
Region 3 — Colorado Access
Region 4 — Integrated Community Health Partners
Region 5 — Colorado Access
Region 6 — Colorado Community Health Alliance
Region 7 — Community Care of Central Colorado

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Future Steps...

- Spread of model

- ROI study?

- Future of Colorado Medicaid's adult dental benefit?

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Thank you!

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