Disclosure Statement

- Faculty: Maria Smith, MPA and Brett Pack, DMD
- Disclosure: We have no real or perceived vested interests that relate to this presentation nor do we have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas.
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What is NNOHA?

- A nationwide network of safety-net oral health providers and their supporters

  - **Mission:** Improve the oral health of underserved populations and contribute to overall health through leadership, advocacy, and support to oral health providers in safety-net systems.
Objectives

1. Understand why medical-dental integration is a positive attribute
2. Describe examples of medical-dental integration at the clinical and administrative level
3. Receive “take home” examples of how to incorporate oral health into your Health Center’s Patient-Centered Health Home.

Why Integrate Healthcare Disciplines?

Triple Aim

- Increase communication and collaboration

- Improve quality
  - Better health outcomes
  - Increased patient satisfaction

- Reduce costs
Interdisciplinary Collaboration
Not Just Increasing Access

- Recent study compared medical costs of diabetic patients who received periodontal treatment vs. no treatment over three years
- Commercial medical and dental insurance
- Periodontal treatment was associated with a significant decrease in hospital admissions, physician visits and overall cost of medical care in diabetics. Savings averaged $1,814 per patient in a single year independent of age and sex


Current HRSA Initiative: (IOHPCP)
Integration of Oral Health and Primary Care Practice

- 2011 IOM report Improving Access to Oral Health Care for Vulnerable and Underserved Populations
- Improve access for early detection and preventive interventions by expanding oral health clinical competency of primary care clinicians (MD, NP, PA, CNW)
- HRSA developed core set of oral health competencies for health care professionals
- Adopt and implement core clinical competencies
Five Interprofessional Oral Health Core Clinical Domains and Competencies

1. Risk assessment
2. Oral health evaluation
3. Preventive intervention
4. Communication and education
5. Interprofessional collaborative practice

What Does Integration Look Like at the Health Center Level?
Administrative Integration

- Providers & staff communicate both formally and informally across disciplines
  - Meetings, inservices
- HC administrative structure and decision making incorporates all disciplines
- Participation in HC committees
- Mutual Respect

Clinical Infrastructure Integration

- Sharing and access to patient information across disciplines
  - Appointments
  - Medication
  - EHR
- Bilateral referrals
  - Standardized process, forms
- Standardized follow-up, tracking
Clinical Integration

- Medical staff provides ECC risk assessment and fluoride varnish
- Dental staff provides HIV, diabetes or depression screenings

Quality Improvement

- Use of measures to monitor and drive change related to level of integration
  - % perinatal patients that receive a dental exam while pregnant
  - % patients identified with HBP at dental visit that attend a medical visit within two weeks
Early Adopter Characteristics

Facilitators

1. Leadership Vision & Support
2. Integrated HC Executive Team
3. Co-location
4. Organizational Culture of Quality Improvement
5. Staff Buy-in: Understanding the “Why”
6. Patient Enabling Services
7. Champions
Leadership Vision & Support

- Starts with ED/CEO
- Insure same message throughout organization

“Treating the patient as a whole is part of the mission and culture of the Health Center”

Integrated HC Executive Team

- Part of organizational structure
- Includes all operations team meetings, committees and communications
- Present when planning and clinical policy and protocol decisions made to advocate and give input and perspective
Co-location

- Staff from any Health Center department could bring a client to dental
- Bi-directional
- “warm hand-off”
- Positive attributes of having multiple services (e.g. nutrition, behavioral, social workers, etc.) in one location.

Organizational Culture of Quality Improvement

- In-depth knowledge of QI terminology and methodology
- Culture permeated all levels of the Health Center-part of how departments conduct daily functions
- Focus on outcomes – using measures to drive change, improving from baseline, using these concepts for all aspects of clinic operations
Staff Buy-in: Understanding the “Why”

- Progress the result of a continuous process
- Resistance to change from staff addressed not by telling staff *what* to do, instead explaining the "why"
  - Changes achieve better patient outcomes, best care
  - Generate revenues and maintain financial sustainability

Patient Enabling Services

- Patient navigators, family support workers, health coaches available to other departments
- Assist in making appointments, engaging patients, motivational interviewing, goal setting
Champions

- Confident, proactive, sure of the importance of oral health in improving health status of the patients they serve
- Long-term vision, taking time to develop influence, relationships and grow credibility

“Remember the reason for doing this is not for a piece of paper of recognition but to better serve our patients and improve their quality of life.”

Conclusion
Moses Lake Community Health Center

Brett L. Pack, DMD
Dental Director

Clinic Locations:
1) Moses Lake, WA
2) Quincy, WA
MLCHC Mission and Vision Statement

- **Mission**: Committed to provide high quality, compassionate, and comprehensive primary health services for the entire family, with a special focus on the underserved and migrant farm workers in our community.

- **Vision**: Continually transform our health care delivery system to improve the health of the communities we serve. We will relentlessly pursue perfection and be driven by continuous learning and growing. We will achieve superior clinical outcomes and the highest levels of satisfaction with a patient and family-centered focus.

MLCHC/QCHC Metrics

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Integration Model Development

- **When I started at MLCHC:**
  - Dental providers held differing opinions about treating patients during pregnancy
  - No standard for when to establish dental care for young children
  - Numerous young children being referred to OR with dental caries
  - Dental and Medical Departments working completely independently
As a new Dental Director...

How can we integrate Dental and Medical?
How to prevent child OR visits?
How to direct a Dental Department?
How best to treat pregnant patients?

Solutions

SOLUTIONS:

How can we integrate Dental and Medical?
How to prevent child OR visits?
How to direct a Dental Department?
How best to treat pregnant patients?

WA Dental Learning Network
Dental Learning Network Meeting Topics:

- *Medical/Dental Integration*
- *Quality Measures and Dental Metrics:*
  - Pregnant Patient Treatment
  - Early Childhood Treatment
- Provider Incentive Programs
- Meaningful Peer Review
- Green Dental Clinics

Highlight of topics Implemented at MLCHC:

- Medical/Dental Integration
- Quality Measures and Dental Metrics:
  - Pregnant Patient Treatment
  - Early Childhood Treatment
**DLN Early Childhood Measure**

Medical patients under 24 months with a dental exam

Medical patients under 24 months

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**MLCHC Initial Early Childhood Measure**

1. ~17% of MLCHC/QCHC Medical patients under 24 months had a dental exam

2. Began working with WIC and MSS departments to establish dental care in targeted patient population

3. Increased measure to ~25%

**Progress, but not satisfactory progress.**
Next Steps

- Reached out to medical director with collaboration idea
- Presented collaboration idea to the executive team
- Created a project charter and organized an improvement team
- Developed, tested, and refined workflows

Pediatric Oral Health Initiative Improvement Team Charter

Purposes of the project

- Decrease the number of children (ages 0-3 years) who do not have a visit to the dentist in the first year of life by 20%.
- Increase the percentage of children (ages 0-3 years) who receive a team-based oral health visit annually by 10%.
- Increase the percentage of children (ages 0-3 years) who have a dental examination by 15%.
- Increase the percentage of children (ages 0-3 years) who have a dental referral by 20%.
- Increase the percentage of children (ages 0-3 years) who receive a dental cleaning by 10%.
- Increase the percentage of children (ages 0-3 years) who receive a oral hygiene education by 20%.
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MLCHC Pediatric Oral Health Initiative Process

1. MA explains importance and offers Dental visit
2. MA calls Dental on dedicated line
3. Dental prepares paperwork & materials
4. Dentist and DA go to treatment room in Medical and complete exam and parent education
5. MA re-calls Dental when Medical provider finishes
6. Dentist and DA at the ready
7. Dentist documents dental visit in EMR and copies to Dental record
8. Needed immunizations are administered by nurse
9. End Process

PDSA Rapid Test Cycles

- **Set Aim:** The aim should be time-specific and measurable. It should be clear and something that provides a positive result.
- **Establish Measures:** Ensure that the objective is to determine if the specific change actually leads to an improvement.
- **Select Changes:** Be selective in making changes. Not all changes result in improvement. Organisations must identify the changes that are most likely to result in improvement.

How we make improvements at MLCHC

- **Act:** The Rapid Test Act (PDSA) is the method used for testing a change in the network setting.
- **Plan:** It’s about planning the results, and acting on what is learned. This is the scientific method used for evidence-based learning.
PDSA Rapid Test Cycles

Worksheet for a Rapid Test Cycle

Name:
Measures:

Planning a test of change:

1. What is our test of change?
2. How shall we measure the effectiveness of the planned change?
(What data needs to be collected?)
3. How will the data be collected? Who will collect the data?
4. When/where will the test occur?
5. Who will do what during the test?
6. Who else will be affected by this pilot test? (Are the right people involved? Who is involved in the current process? Who is the customer of the process? Who is the supplier of the process?)
7. How will we communicate to others about the test so there will be no misinterpretation?
8. How will we monitor whether things are being done as planned?
9. What do we predict will happen?
10. What problems might occur during the pilot test?
11. And what can we do to prevent them?

Doing the test (Fill this out after the test):

1. What happened during the test?
2. Was the testing plan followed?
3. Were needed modifications discussed with the appropriate people?
4. Was data collected timely?
5. Is the data valid?
6. What were the problems carrying out the test?

Checking the results of the test:

1. What were the results of your measurement? What does the data tell us?
2. What did we learn?
3. How does this compare to our predictions?

Acting on the test:

1. Are we ready to implement the changes?
2. What do we need to do before the next test cycle?
3. What will the next cycle be?

Sample EMR Template

[Image of EMR template]

[44]
Outcomes (Metrics)

Total % of Medical Patients <2 with a Dental Exam

Initiative Benefits

1) Early oral health education for parents
2) Early detection of caries for high risk kids
3) Early establishment of a dental home
4) Early exposure to dental provider
5) Fluoride application for caries prevention
6) Convenient multi-purpose patient visits
7) Increased Dental patients and encounters
8) Ability to intervene in oral health of parents
Challenges

- Obtaining support from all medical teams
- Communication between departments
- Differing treatment hours between departments
- Busy schedules/timeliness
- Provider documentation
- Treatment timing

Implementation Recommendations

1) Get buy-in from leadership
2) Establish goals of initiative
3) Make program financially feasible
4) Establish a committed team
5) Plan for phased implementation
6) Educate support staff about program value
7) Track and report progress regularly
Quincy Metrics

Quincy Monthly Encounter Average

Quincy Community Health Center
Quincy Community Health Center

Construction Phase

DENTAL CASEWORK

DENTAL OPERATORY

RECEPTION AREA

Quincy Community Health Center
Where to go from here?

GOAL:
Measurable success of our Pediatric Oral Health Initiative

Pre-program base data was collected
Continuing to measure caries prevalence

Diabetic Oral Health Initiative...
Child Immunization Initiative...

Contact Information

Questions?

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- bpack@mlchc.org
NNOHA Resources on Integration

- PCHH Action Guide
- Promising Practices
- Webinars
- Interprofessional Oral Health Core Clinical Competency Implementation Guide-
  *Coming soon!

2014 National Primary Oral Health Conference

- August 17-20, 2014
- Disney’s Coronado Springs Resort, Lake Buena Vista, FL
- Clinical, Practice Management and Promising Practices Sessions
- For safety-net oral health providers & administrative staff, PCAs and other partner organizations
- [http://www.nnoha.org/events/npohc/](http://www.nnoha.org/events/npohc/)
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