



Putting the Mouth Back in the Body

Integrating Oral Health and Primary Care

PCPCC WEBINAR
MARCH 21, 2019

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Welcome & Announcements



**Welcome – Ann Greiner,
PCPCC President & CEO**



[Upcoming PCPCC Webinars](#)



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(jrenton@pcpcc.org)
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**PCPCC Annual
Conference**

Save the Date:
November 4-5,
2019

Webinar Speakers



Moderator:
Ann Greiner
PCPCC President
& CEO



Anita Glicken, MSW
Executive Director,
National
Interprofessional
Initiative on Oral
Health



Kelli Ohrenberger, MA
Manager of
Interprofessional
Practice , DentaQuest
Partnership for Oral
Health Advancement



Kimberley Robbins
Administrator,
Child and
Adolescent Clinic

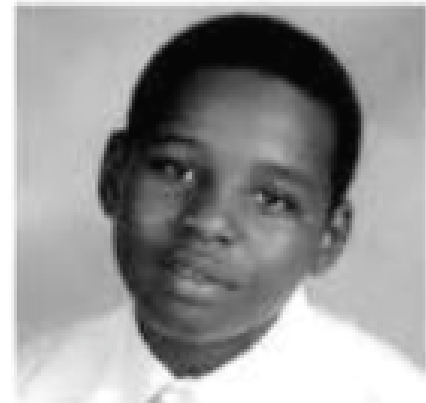
Why are we here?

National *Interprofessional Initiative* on Oral Health

*engaging clinicians,
eradicating dental disease*

A **SYSTEMS** CHANGE INITIATIVE
ADVANCING INTERPROFESSIONAL
EDUCATION AND INTEGRATED
ORAL HEALTH CARE

Anita Duhl Glicken, MSW
Executive Director, NIIOH
Associate Dean and Professor Emerita
University of Colorado SOM
Anita.Glicken@niioh.org



Deamonte Driver, 12

Died February 25, 2007

Initiative activities are made possible as a result of funding from the DentaQuest Foundation and the Arcora Foundation

Medicine and Dentistry – Fragmented Delivery Systems

How Did We Get Here?

5

108 Million

People visit a medical provider but
not a dental provider

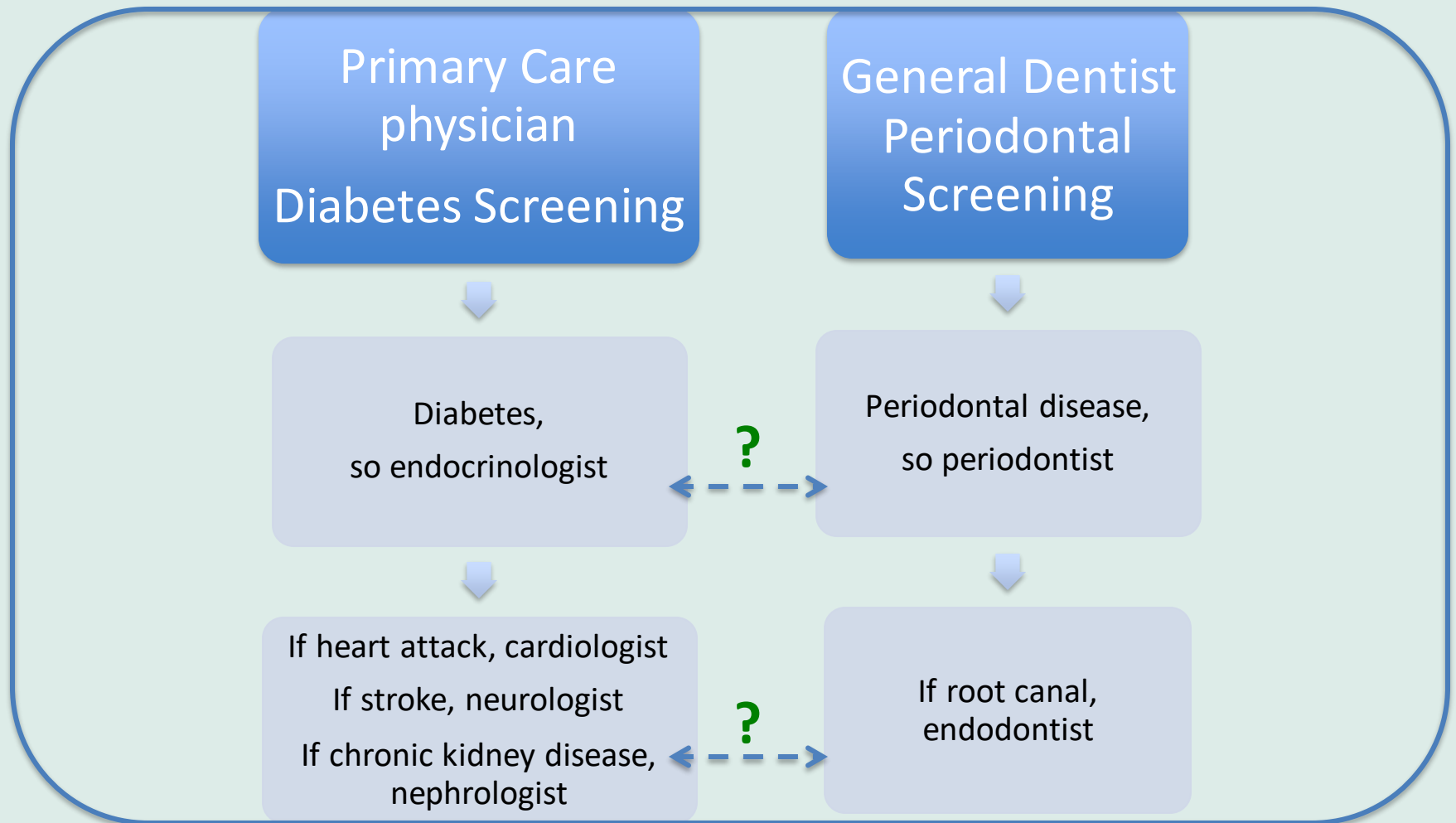


27 Million

Visit a dental provider but
not a medical provider

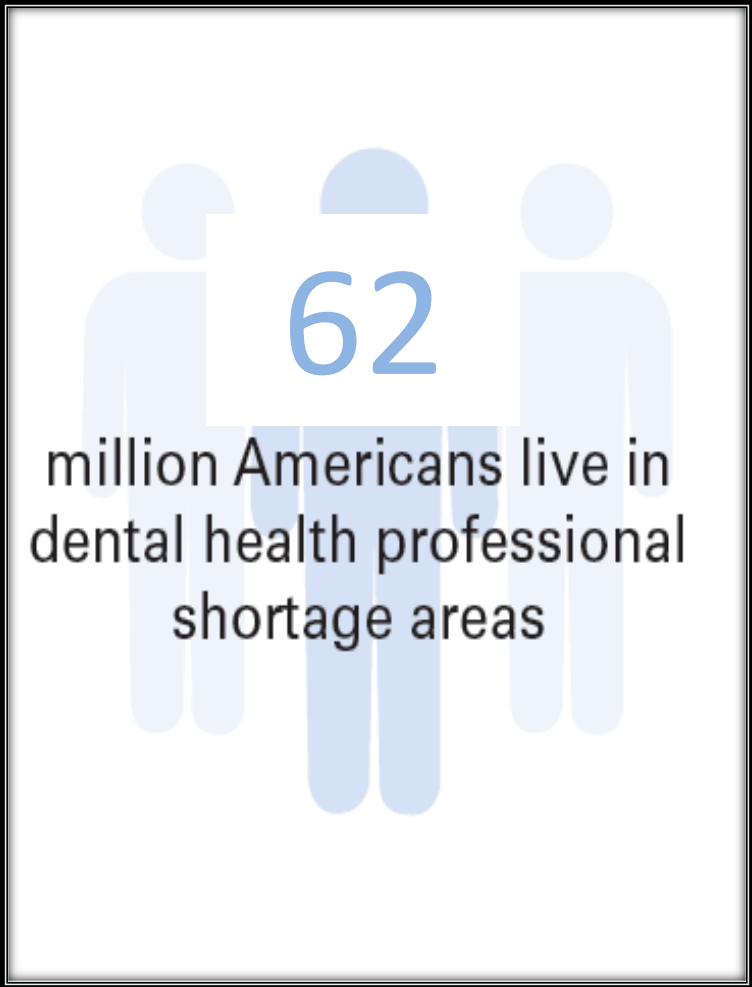


Flow of Information in Patient Care for Providers

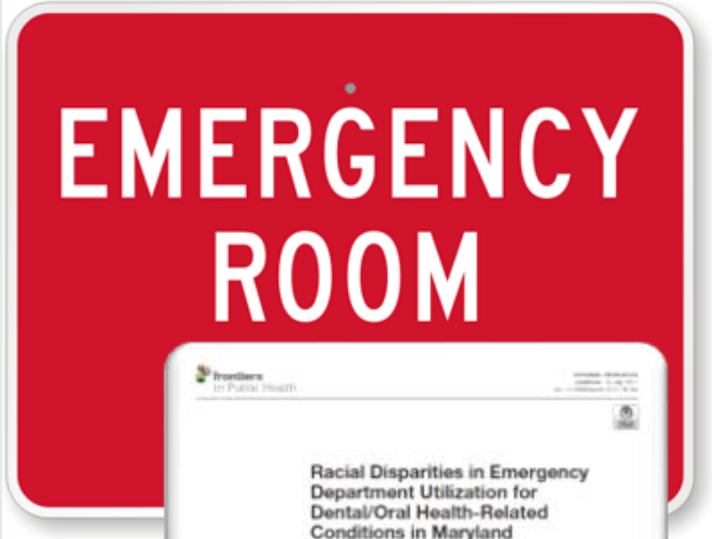
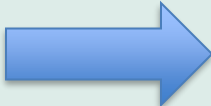


Communication is tenuous, usually carried out by patient, if at all

Health Professional Shortage Areas



62 million Americans live in dental health professional shortage areas



Who, What and Why – NIIOH 2009

Consortium:	<i>Funders, health professionals +national organizations</i>
Vision:	<i>Eradicate dental disease</i>
Mission:	<i>Engage primary care team</i>
Focus:	<i>Integrate oral health into primary care education + practice</i>

The Short Answer

NIIOH is a systems change initiative that provides “Backbone Support” and facilitates interprofessional agreement and alignment to ready an interprofessional oral health workforce for whole person care



The Opportunity for Change

Interprofessional Competencies
The “What” and
“How”



2020
Surgeon
General
Report

Oral Health in America:
A Report of the
Surgeon General

A National Call to Action
to Promote Oral Health

Advancing
Oral Health
in America

Improving Access to
Oral Health Care for
Vulnerable and
Underserved Populations

Case Complications for
Interprofessional Collaborative Practice

Integration of Oral Health and
Primary Care Practice

Oral Health:
An Essential Component
of Primary Care

Oral Health Strategic Framework
2014-2017



MOVEMENT

National *Interprofessional Initiative*
on Oral Health
engaging clinicians
addressing dental disease

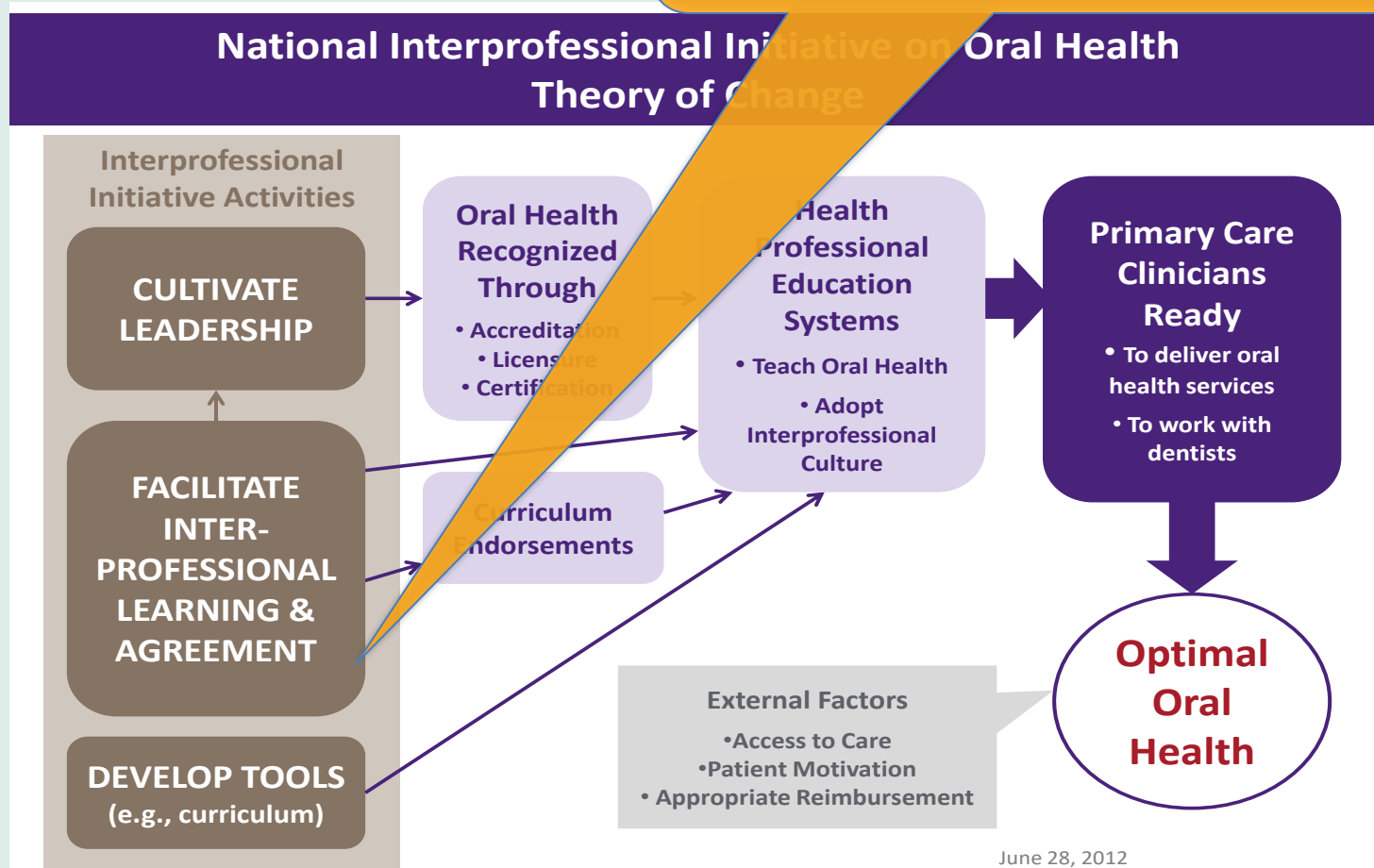
CHANGE

Collective Impact



Theory

Collective Impact



Support, align and connect partner efforts to integrate oral health into education and practice.

Smiles For Life

Smiles for Life
A national oral health curriculum

Home Continuing Education State Prevention Programs Resources About Us Contact Us

Welcome

Smiles for Life: A National Oral Health Curriculum 3rd edition

Smiles For Life produces educational resources to ensure the integration of oral health and primary care



LEARN ONLINE



TEACH CURRICULUM



Answering the Call: Joining the Fight for Oral Health

Watch this informative and inspiring video which outlines both the challenge and progress in improving oral health as a vital component of effective primary care. Click the full screen icon in the bottom right hand corner of the video thumbnail to view it full-sized. This video is approximately seven minutes in length.

An extended version (21 minutes) of this documentary is also available.



Relationship of Oral & Systemic Health



COURSE 1

Child Oral Health



COURSE 2

Adult Oral Health



COURSE 3

Acute Dental Problems



COURSE 4

Pregnancy & Woman's Oral Health




COURSE 5

Caries Risk Assessment Fluoride Varnish & Counseling



COURSE 6

The Oral Exam



COURSE 7

Geriatric Oral Health



COURSE 8

Resources

Smiles for Life
A national oral health curriculum



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Resources



Print Media



Videos



Tools



Guidelines



Publications



Links



IPE Toolkit



Interactive Games



Android/iOS Apps



Teaching Tools

Facilitate Interprofessional Agreement

20

Endorsing organizations representing

Medicine
PA's

Nursing

Dentistry

Dental Hygiene

Pharmacy

Community Health Centers

And More!

Smiles for Life
A national oral health curriculum

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History Our Team **Endorsers** Supporters Citation FAQs Utilization Privacy Policy SFL Research Awards

Endorsed By

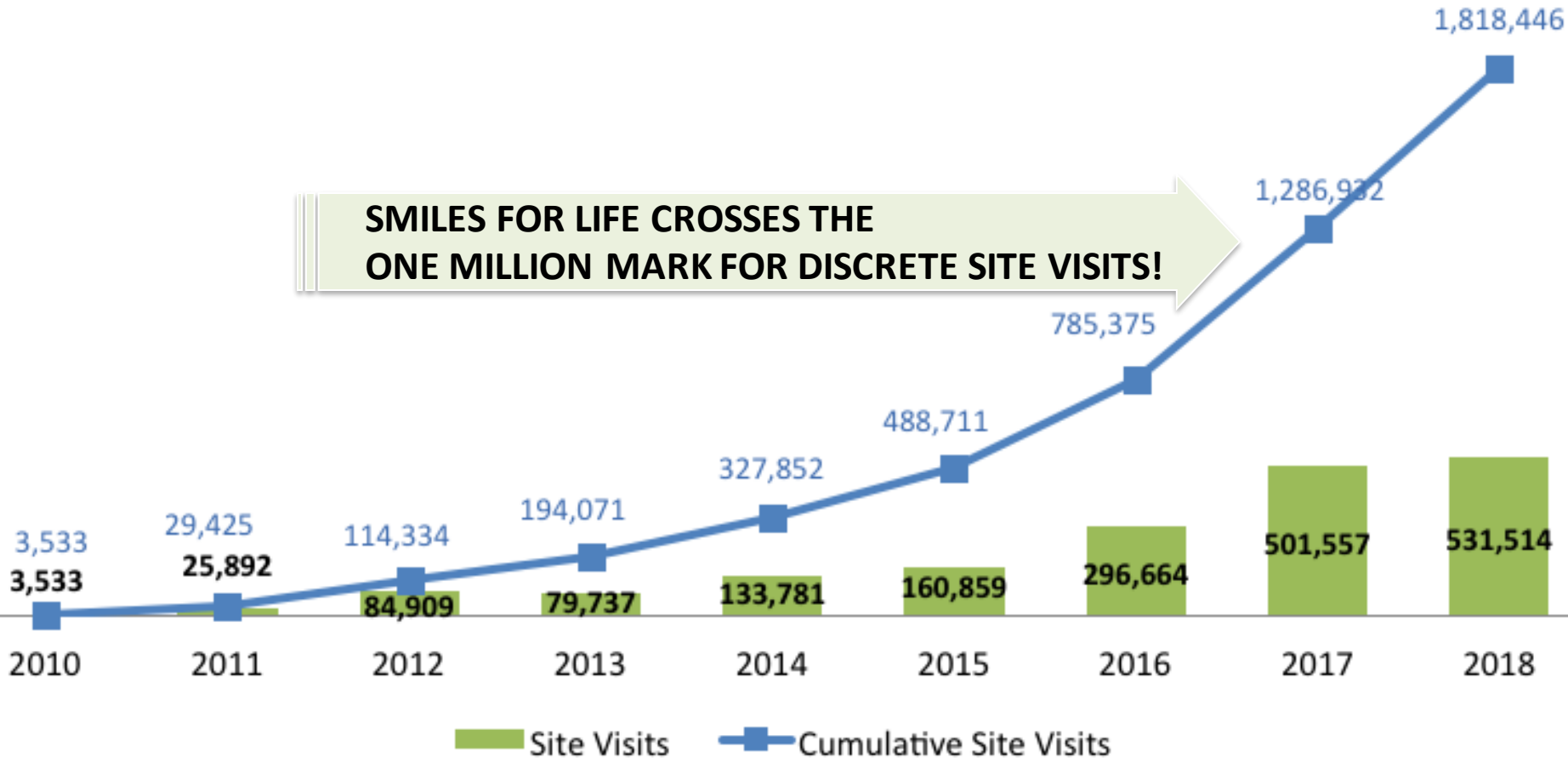
Each course in the Smiles for Life suite is endorsed by the following healthcare organizations who support the role of primary care clinicians in promoting good oral health:

 AMERICAN ACADEMY OF FAMILY PHYSICIANS <small>STRONG MEDICINE FOR AMERICA</small> American Academy of Family Physicians	 NATIONAL ASSOCIATION OF Community Health Centers National Association of Community Health Centers	 STFM <small>SOCIETY OF TEACHERS OF FAMILY MEDICINE</small> Society of Teachers of Family Medicine	 AFPNP <small>ASSOCIATION OF FACULTIES OF PEDIATRIC NURSE PRACTITIONERS</small> Association of Faculties of Pediatric Nurse Practitioners
 AAPA American Academy of Physician Assistants	 adha American Dental Hygienists' Association American Dental Hygienists' Association	 PAEA <small>PHYSICIAN ASSISTANT EDUCATION ASSOCIATION</small> Physician Assistant Education Association	 <i>American Association of Public Health Dentistry</i> American Association of Public Health Dentistry
 astdd <small>Where oral health lives</small> The Association of State and Territorial Dental Directors	 AMERICAN COLLEGE OF NURSE-MIDWIVES <small>With women, for a lifetime®</small> American College of Nurse-Midwives	 ADA American Dental Association® <small>America's leading advocate for oral health</small> American Dental Association	 Pediatric Nurse Practitioners <small>NATIONAL ASSOCIATION OF</small> National Association of Pediatric Nurse Practitioners
 NONPF <small>THE NATIONAL ORGANIZATION OF NURSE PRACTITIONER FACULTIES</small> The National Organization of Nurse Practitioner Faculties	 NASN <small>National Association of School Nurses</small> National Association of School Nurses	 <small>AMERICA'S PEDIATRIC DENTISTS THE BIG AUTHORITY ON little teeth</small> American Academy of Pediatric Dentistry	 aacom® <small>AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE</small> American Association of Colleges of Osteopathic Medicine
 Academy of General Dentistry™ Academy of General Dentistry	 American Academy of Pediatrics <small>DEDICATED TO THE HEALTH OF ALL CHILDREN™</small> American Academy of Pediatrics	 GAPNA <small>Gerontological Advanced Practice Nurses Association</small> Gerontological Advanced Practice Nurses Association	 AACP <small>American Association of Colleges of Pharmacy</small> <small>Discover • Learn • Great Improve Health</small> American Association of Colleges of Pharmacy

Smiles for Life Discrete Site Visits¹

Discrete Site Visits
2010 - 2018

SMILES FOR LIFE CROSSES THE
ONE MILLION MARK FOR DISCRETE SITE VISITS!



Since the site launched in June 2010, there have been:

- **102,082** registered users
- **299,0412** courses completed for CE credit
- **51,872** modules downloaded by educators

Smiles for Life Survey

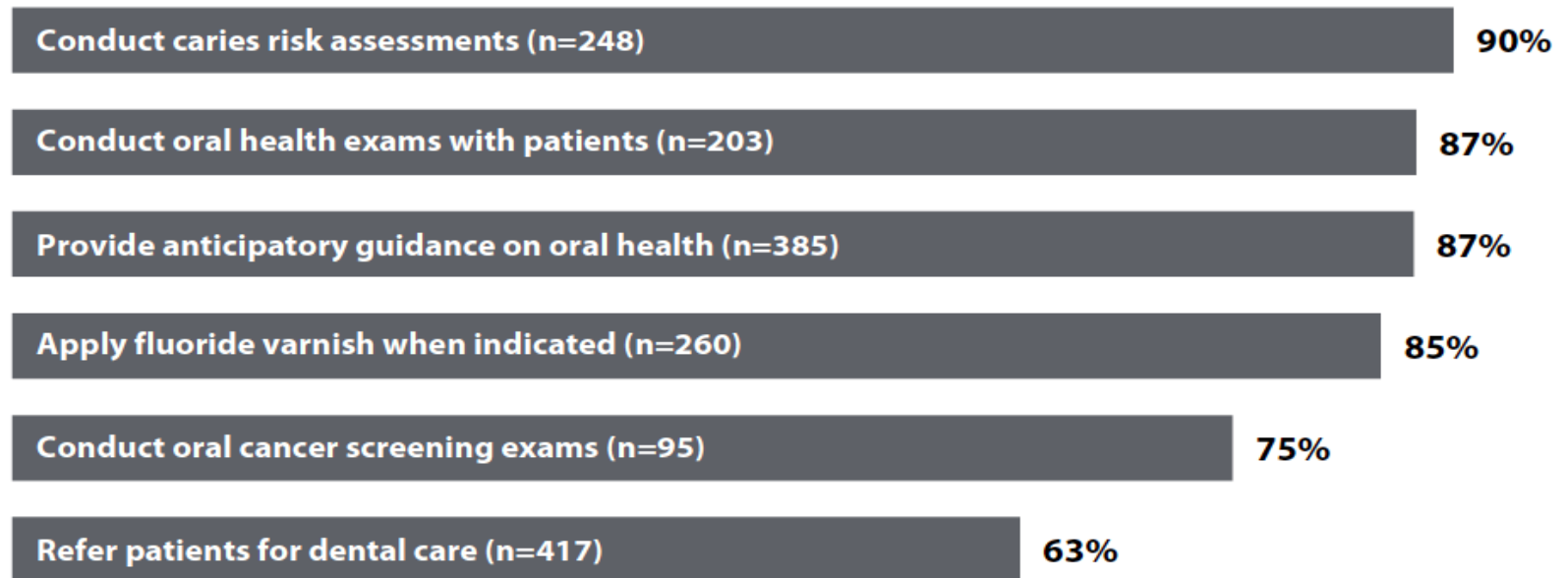
Key Question:

- How does Smiles for Life influence practice?



How Does SFL Influence Practice?

Exhibit 5. Proportion of Providers Reporting Influence of Smiles for Life on Practice, by Oral Health Activity*



* *Influence on practice means that providers reported that Smiles for Life influenced their practice of oral health activities in one or more of the following three ways: (1) led them to start performing oral health activities; (2) allowed them to perform oral health activities more regularly, and (3) helped them perform oral health activities better. The n's on this chart indicate the number of providers who reported performing each*



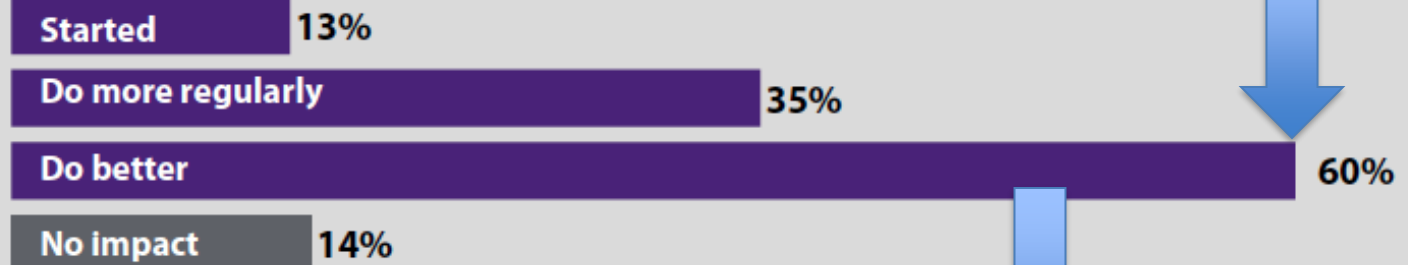
Influence on 6 Key Activities



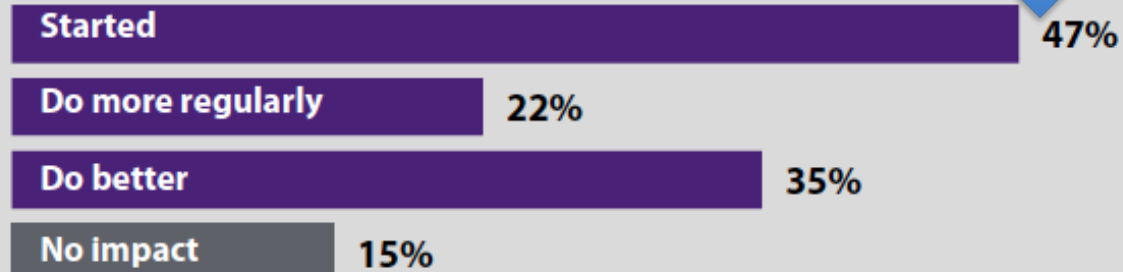
Refer patients for dental care (n=417)



Provide anticipatory guidance on oral health (n=385)



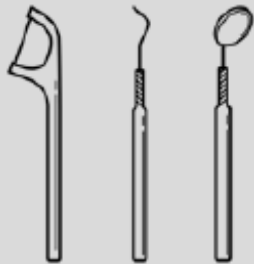
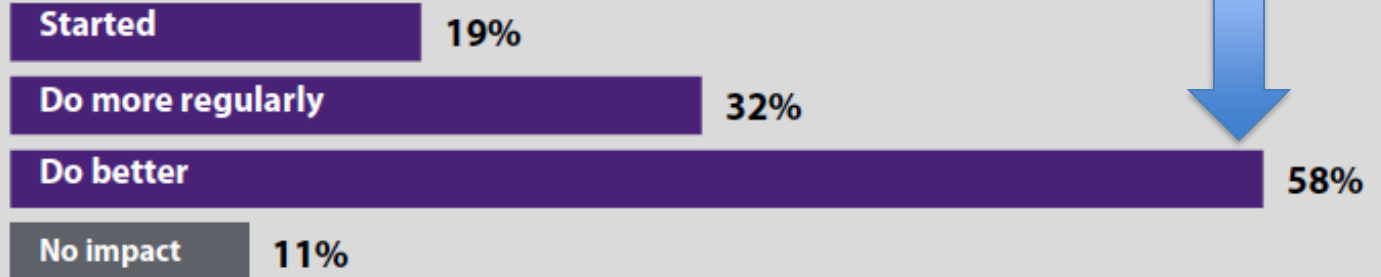
Apply fluoride varnish when indicated (n=260)



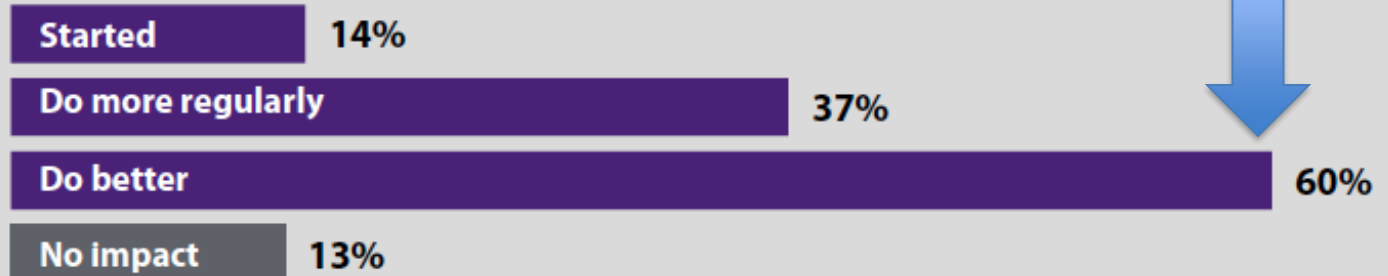
Influence on 6 Key Activities



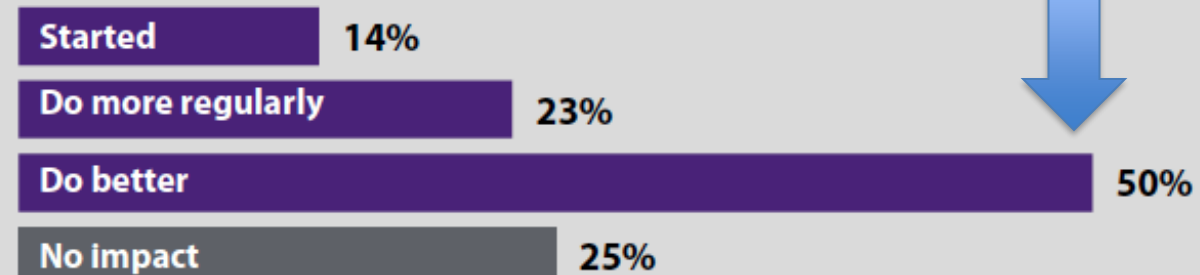
Conduct caries risk assessments (n=248)



Conduct annual oral exams with patients (n=203)



Conduct oral cancer screening exams (n=95)



Oral Health: An Essential Component of Primary Care



Published
June 2015

Oral Health Delivery Framework

5 actions primary care teams can take to protect and promote their patients' oral health. Within the scope of practice for primary care; possible to implement in diverse practice settings.



Preventive interventions: Fluoride therapy; dietary counseling to protect teeth and gums; oral hygiene training; therapy for substance use; medication changes to address dry mouth; chlorhexidine rinse.

Citation: Hummel J, Philips KE, Holt B, Hayes C. Oral Health: An Essential Component of Primary Care. Seattle, WA: Qualis Health; June 2015.



Field-Testing a Conceptual Framework

Develop

Test

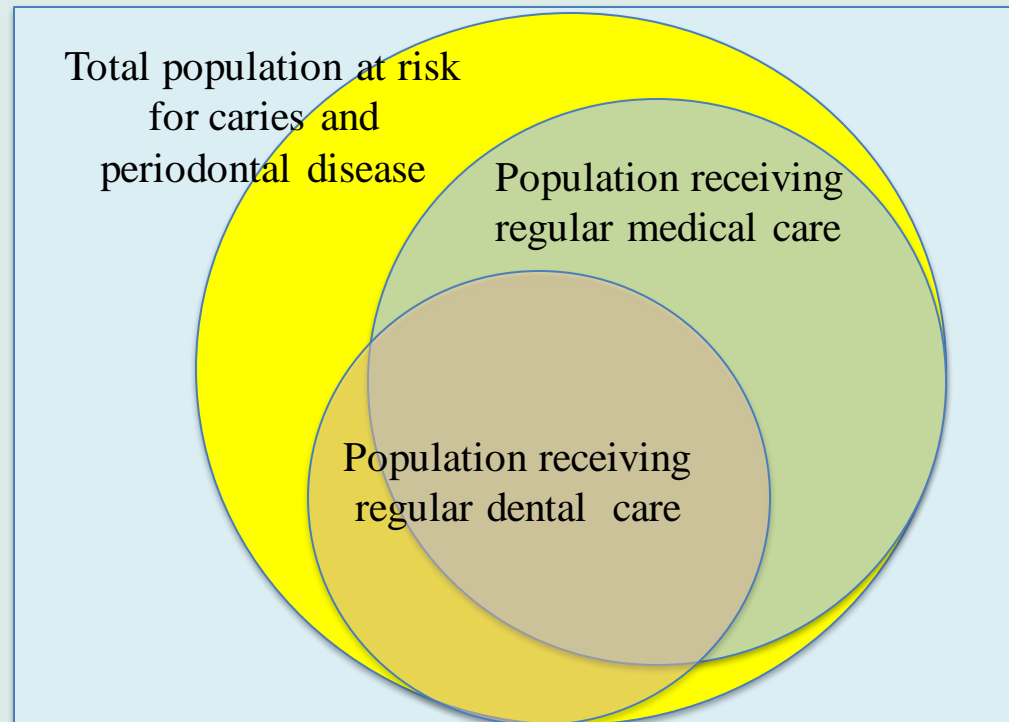
Improve

Disseminate

19 diverse healthcare delivery organizations: Private practices, Federally Qualified Health Centers; medical only and on-site dental

Adults with diabetes (12), pediatrics (5), pregnancy (1), adult well visits (1)
eCW (5), EPIC (8), NextGen (2), Centricity (2), Success EHS (2)

Using population health to address “missed opportunities”



© Qualis Health, 2016



Field-Testing Results Informed the Creation of the Implementation Guide and Tools

“Oral Health Integration Implementation Guide”

Toolkit for primary care teams (Released 10/10/16)

What’s in the Guide?

- Workflow maps
- Referral agreements
- Patient engagement strategies
- Patient/family education resources
- EHR templates
- Case examples
- Impact data and more



Resources available at:

<http://www.safetynetmedicalhome.org/change-concepts/organized-evidence-based-care/oral-health>

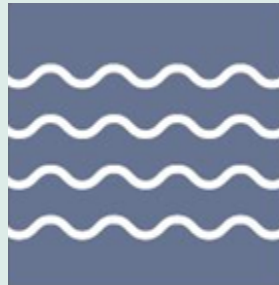


Seven Principles of Person Centered & Team-Based Care

Patient-Centered
Primary Care
COLLABORATIVE



PERSON & FAMILY
CENTERED



CONTINUOUS



COMPREHENSIVE &
EQUITABLE

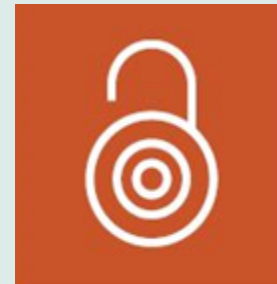


TEAM-BASED &
COLLABORATIVE



COORDINATED &
INTEGRATED

Addresses the **whole-person** with appropriate clinical and supportive services that include acute, chronic and **preventive** care, **behavioral** and mental health, **oral health**, **health promotion** and more



ACCESSIBLE




HIGH VALUE

What we have learned

- Organizational change process requires **system-wide intervention**
- Having the **right people, right place, right reason** can change ideas and practice
- A key is having the **right tools and strategies** to impact knowledge, skills and attitudes of providers
- We cannot achieve our vision of “**oral health for all**” unless we change our approach to oral health care
- **Integration and collaboration is key**, we can't do this alone!





ORAL HEALTH INTEGRATION: THE MORE CARE FRAMEWORK

March 21, 2019

DentaQuest[®] 

The Oral-Systemic Connection





Medical Oral Expanded Care (MORE Care)

MORE Care aims to address health disparities through the integration of oral health into primary care practice and the development of dependable oral health care networks. Using an improvement-based framework, partners work with key stakeholders in their communities and abroad to create a usable model of interprofessional oral health care. MORE Care serves to:

Develop proficient and efficient integrated oral health networks

INTEGRATION OF CARE

Develop and test solutions to ease burdens associated with interprofessional practice

COORDINATION OF CARE

MORE Care Pediatric Pathway

MEDICAL

Oral Health at Well Child Visit

- Review medical/dental histories
- Perform Oral Health Evaluation (HEENOT)
- Document findings and management plan, including referrals
- Apply Fluoride

Disease Management

- Engage in shared decision making to decrease or maintain low oral health risk (risk factor identification)
- Set oral health self management goals
- Follow up and develop referral plan

Cooperative Tasks

- Coordinate care with bi-directional referral system
- Initiate, develop and improve interprofessional communication
- Create shared outcomes through collaborative interprofessional practice
- Develop joint treatment planning and record keeping

DENTAL

Dental Care Appointment

- Review medical/dental histories
- Complete Caries Risk Assessment and assign status (Low/Moderate/High)
- Conduct Preventive Dental Care Appointment
- Create treatment plan focused on disease management

Disease Management

- Engage in shared decision making aimed at prevention and/or stabilization of disease (self-management goals)
- Establish re-care appointments according to patients needs
- Initiate and sustain patient-centered interprofessional communication

Measurement Concepts

Fluoride Application

Self-Management Goal Setting

Oral Health Evaluation (Risk Assessed)

Referral Initiated

Referral Completed

MORE Care Adult Pathway

MEDICAL

Adult Oral Health Opportunity

- Review medical/dental histories
- Perform Oral Health Evaluation (HEENOT) Document findings and management plan, including referrals
- Additional screening should occur for oral cancer and soft tissue anomalies
- Review current prescriptions for opportunities to optimize oral health and decrease dry mouth, as needed

Disease Management

- Engage in shared decision making to decrease or maintain low oral health risk (risk factor identification)
- Set oral health self management goals that align with systemic treatment or prevention
- Follow up and develop referral plan

Cooperative Tasks

- Coordinate care with bi-directional referral system
- Initiate, develop and improve interprofessional communication
- Create shared outcomes through collaborative interprofessional practice
- Develop joint treatment planning and record keeping

DENTAL

Dental Care Appointment

- Review medical/dental histories
- Complete Oral Health Risk Assessment of gums and teeth and assign appropriate risk status
- Conduct Preventive Dental Care Appointment and full head and neck examination
- Create treatment plan focused on disease management

Disease Management

- Engage in shared decision making aimed at prevention and/or stabilization of disease (self management goals)
- Establish re-care appointments according to patient needs
- Initiate and sustain person-centered interprofessional communication

IPP Adult

% of patients seen by both care teams with oral cancer screening

Measurement Concepts

Self-Management Goal Setting

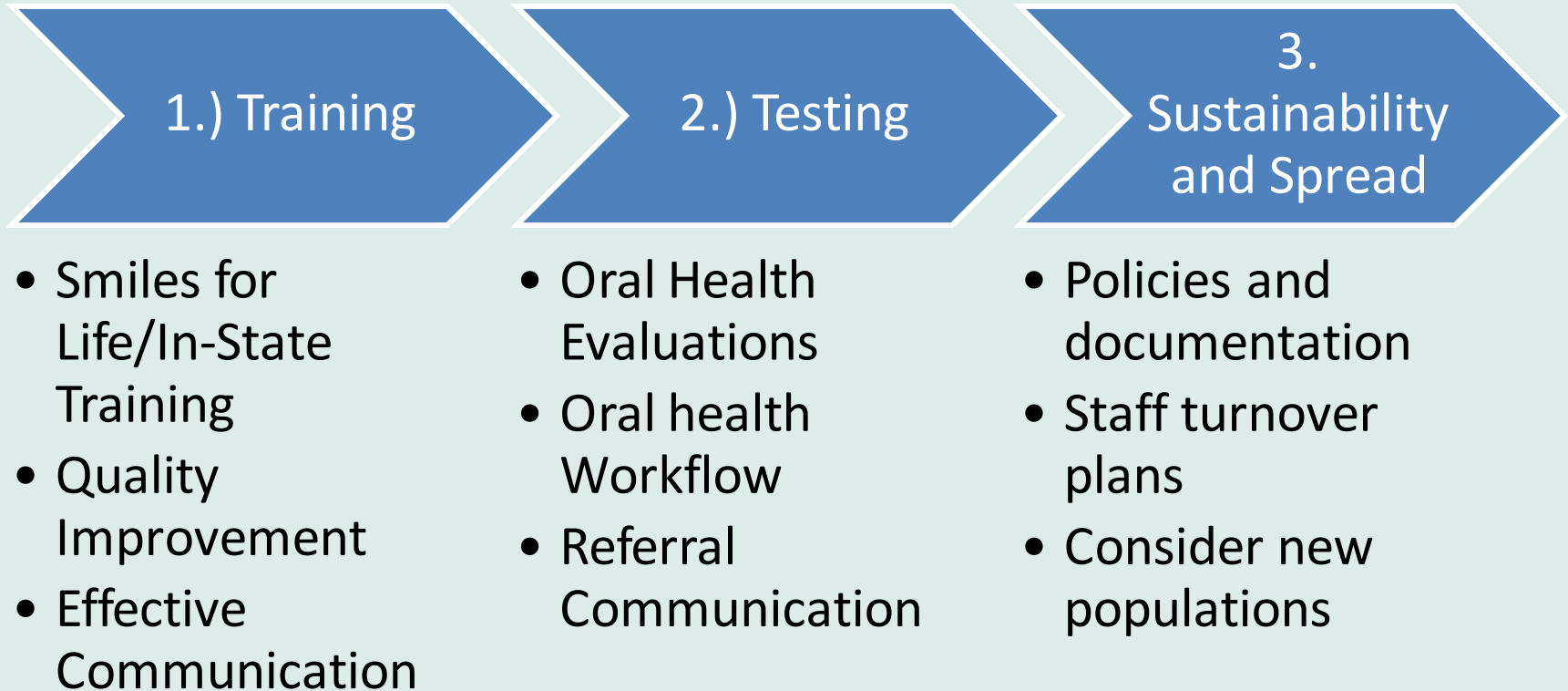
Oral Health Evaluation (Risk Assessed)

Referral Completion Verification

IPP Pregnancy

% of patients seen by both care teams with a preventive dental care visit

MORE Care Process Fundamentals



Supported throughout by expert faculty, monthly data review/feedback, collaborative activities, as needed

Tools for Success and Communication

MORE CARE

CHANGE PACKAGE

Concept: Oral Health Evaluation/Risk Assessment Completed at All Well Child Visits

CHANGE IDEA

TEST DETAIL

- | | |
|--|---|
| <ol style="list-style-type: none"> Utilize a recognized oral health risk assessment tool and train all providers to ensure consistency | <ul style="list-style-type: none"> Investigate existence of in-state training for primary care providers about oral health Investigate local/state American Academy of Pediatrics (AAP) oral health chapter for resources and/or training, including AAP oral health risk assessment form Train providers with online <i>Smiles for Life</i> curriculum Encourage all staff to have one or two conversation starters so they too are part of the conversation not a list of questions; don't leave all the work to one person (the PA, NP, or MD)—this is a team effort Clinic leadership uses staff/provider meetings to discuss why oral health is important for systemic health |
| <ol style="list-style-type: none"> Edit electronic health record to include documentation of completed oral health risk assessment and findings | <ul style="list-style-type: none"> Start by using paper risk assessment forms and test questions with parents/children before integrating electronically into a template (test on paper before attempting to edit EHR) Build a template that automatically pulls in observation terms (which helps with reporting) Build risk assessment fields into EHR within the well child visit workflow |
| <ol style="list-style-type: none"> Ensure all completed oral health risk assessments are accurately documented in electronic health record | <ul style="list-style-type: none"> Assessment data is documented in the EHR through the template created Paper assessment documents are scanned in and attached to patient chart Data for risk assessments comes from accurate completion of the risk assessment section Use risk assessment data to guide practice improvement |
| <ol style="list-style-type: none"> Document patient's dental provider or dental home in electronic health record | <ul style="list-style-type: none"> Document dental provider on the assessment form Document dental provider in visit note Document dental provider in free text box in EHR risk assessment Creates a pull-down list of local dental providers within the EHR for easy selection by the medical provider during the well child visit. If provider not listed, free text can be used Clinic leadership reviews data during staff/provider meetings |



Periodontal Disease Prevention

A FLIPCHART FOR PRIMARY CARE ORAL HEALTH EDUCATORS



Boston Children's Primary Care at Longwood
Boston Children's Hospital
Oral health every child's way
Boston Children's Primary Care at Martha Eliot

Risk-Based Disease Prevention and Management of Early Childhood Caries (ECC)

A partnership between families and care providers

FLIPCHART

for Primary Care Oral Health Educators

Integration

% of patients with documented oral health risk

- Identify high-risk patients
- Tailor education to patient's risk factors

% of patients with documented oral health self-management goals

- Guide patients to set their own goals
- Support healthy behaviors

% of patients with documented fluoride varnish application in conjunction with assessed risk and self-management goals reviewed

- Provide preventive treatment

Number of elevated risk/pregnant patients referred to dental

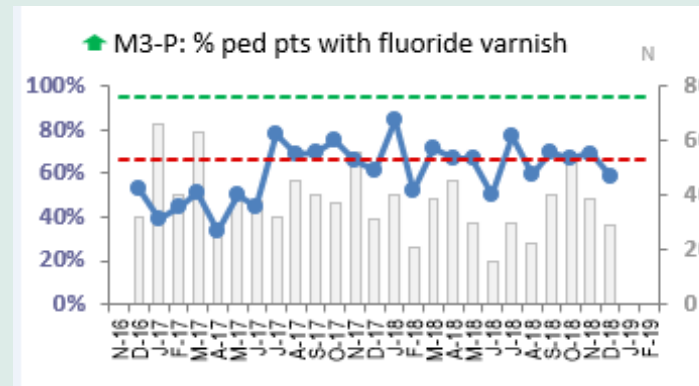
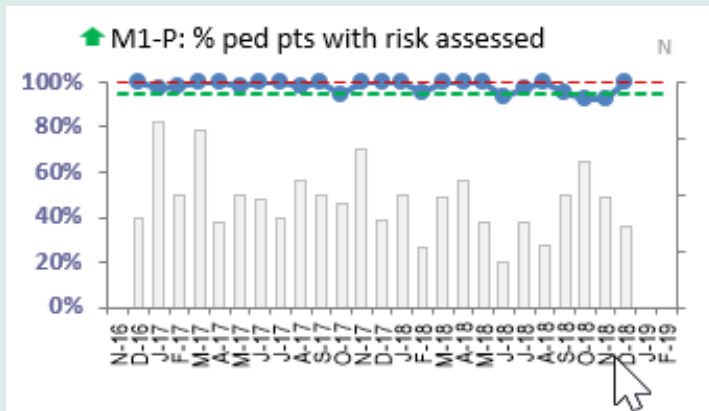
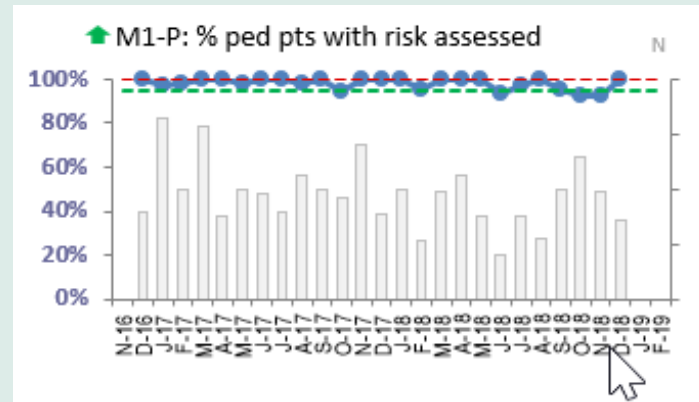
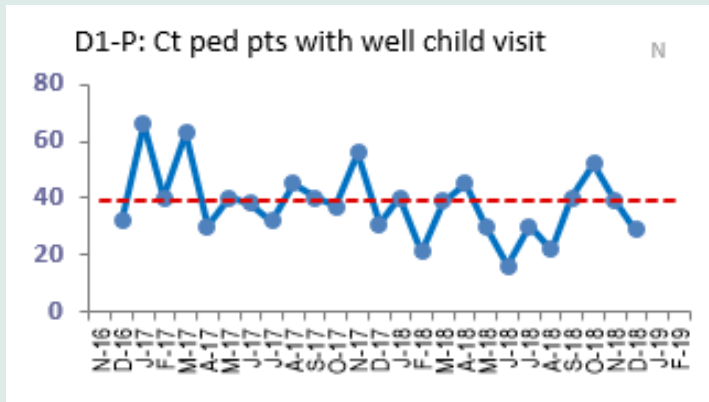
- Patients who need dental care

Coordination

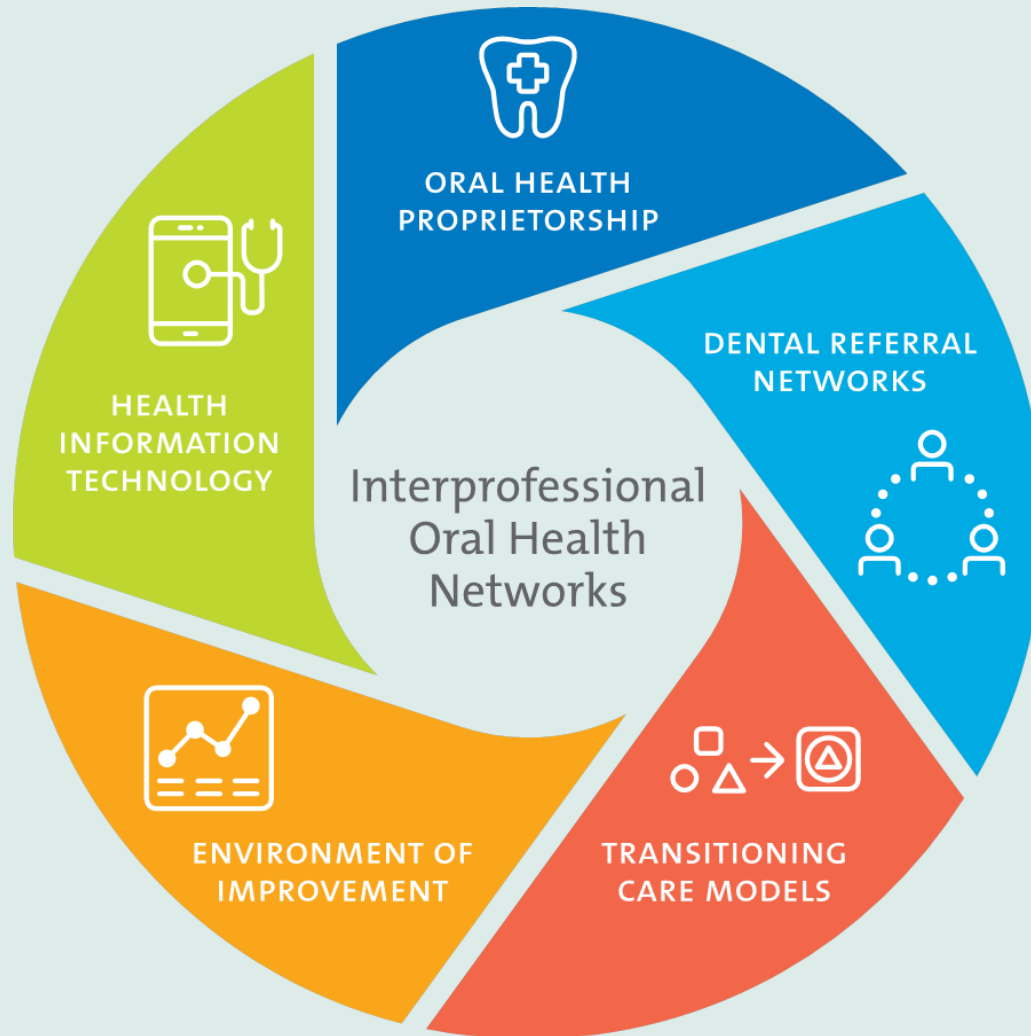
% of patients with treatment completion verification was received from the dental provider

- High-quality and coordinated care to improve patient oral health outcomes

Improvement Data



Lessons Learned: Creating an Interprofessional Oral Health Network



Opportunities For the Future

- Improved coordination of care through HIT
- Integration of overall health into dental visits
- Shared oral health outcome measurement
- Business and care solutions for the next era of healthcare



Child & Adolescent Clinic
SPECIALIST CARE FOR EVERY CHILD

Dental Services in Primary Care

Implementation, Flow & Follow up in
the Pediatric Practice

Kimberley Robbins

krobbins@candac.com

Oral Health Integration at Child & Adolescent Clinic

- University of WA clinical trial of fluoride application at Well Baby exams – 2001
- Arcora Foundation Oral Health Training – 2005 – full implementation 2009
- 12 pediatricians/2 ARNPs, independent practice, 2 sites in SW Washington
- 74% Medicaid



Child & Adolescent Clinic
SPECIALIST CARE FOR EVERY CHILD

Successes

- Local pediatric dentist reduced the number of caries restorations under anesthesia by 50% because there are many fewer patient with that level of dental disease
- Check community health statistics: Rate for kindergartners entering school with caries was drastically reduced 5 years after our program began



Clinic Flow

- Handout at Check-in
- Family Oral Health education using Arcora supplied flip book on rooming patient
- FV applied on rooming, if accepted by parent
- CMA determines if have a Dental Home
- MD performs Oral exam during Well Child
- MD refers to local dentist if family doesn't have Dental Home
- Services are auto-templated to document
- Services are auto-billed when marked "Complete"

Early Challenges/Solutions

- “One more thing to do”
 - Little buy-in and poor follow through
- Clinic-wide focus
 - Champion for each department; reception, CMA, MD, Billing



Early Challenges/Solutions

- Timing of FV Application/ Parent Education
 - If done prior to MD exam, the MD visit starts with a fussy child
 - If done after the exam, the parent leaves before it is conducted
 - With experience staff become for efficient, patient flow is more smooth with application at rooming patient



Child & Adolescent Clinic
SPECIALIST CARE FOR EVERY CHILD

Early Challenges/Solutions

- Satellite office with very low achievement rates
 - Remote training and participation
 - No on-site champion
- Weekly Clinical manager visits until established
- Published reports of #'s of procedures and revenues by MD and by CMA and site



Child & Adolescent Clinic
SPECIALIST CARE FOR EVERY CHILD

Early Challenges/Solutions

- Services provided inconsistently
 - Initially offered only to Medicaid Population
 - » Universal processes are much more consistently applied
- Universal task, templated through the EMR for all well child visits, all ages starting at 6 months



Early Challenges/Solutions

- Billing challenges
 - ACA not yet in place at start of program
 - D (dental codes) and AMA CPT codes describe the same service
 - Payers require different codes – not consistent in CPT or dx code requirement
 - Payers inconsistent in what is covered – even different *policies* within the same carrier
- Test every combination with every carrier



Lessons Learned

- Build flow first with input from all departments
- Consider universal application to improve consistency and staff buy in
- Identify and cultivate a champion in each department – and at each location
- Adjust frequently based on input so team doesn't get discouraged
- Share your statistics, including revenue with the team



Financially Supported Program- 15,000 Active Patients, 2 sites, 74% Medicaid:

- 2010 First full year- Applied to Medicaid only: \$12,000
- 2012 Increased focus, required individual MD order \$16,000
- 2014 Universally applied, auto-ordered at all well exams (PPACA implemented) \$261,000
- 2017 \$281,000
- 2018 \$283,000



Child & Adolescent Clinic
SPECIALIST CARE FOR EVERY CHILD

Remaining Challenges

- Parents decline FV out of fear
- Commercial patients decline, unsure of coverage



Implementation Resources

- Your State's Dental Services Foundation
- Arcora Foundation
- www.kidsoralhealth.org
- www.healthychildren.org
- AAP Section on Oral Health
 - Map of Medicaid coverage by State
- C&AC handouts as templates



Child & Adolescent Clinic
SPECIALIST CARE FOR EVERY CHILD

Supplies Resources

- Fluoride Varnish
 - Henry Schein
 - State Dental Foundation
 - Partner Dentists

- Toothbrushes
 - Partner Dentists
 - Plaque Smackers





Questions