

# Oral Health in Primary Care: A Framework for Action

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



# Why oral disease?

- Oral disease is preventable
- Nationwide we have an unacceptably high burden of oral disease
- The oral healthcare system, as currently configured, fails to reach the populations with the highest burden of disease resulting in pervasive health disparities and wasteful spending
- Dental care remains the most common unmet health need



We need an *upstream* solution...  
a way to intervene earlier in the course of disease

## The proposal?

Expand the oral disease prevention workforce;  
incorporate oral health in routine medical care



# Oral Health in Primary Care Project

**Sponsor:**

National *Interprofessional Initiative*  
on Oral Health *engaging clinicians,  
eradicating dental disease*



**Consultant:**



**Funders:**

DentaQuest  
FOUNDATION



**Washington Dental Service  
Foundation**

*Community Advocates for Oral Health*



# About the Project

**Goal:** To prepare primary care teams to deliver preventive oral health care and structure referrals to dentistry

- Reviewed literature and results of recent efforts to integrate behavioral health services
- Convened a Technical Expert Panel to guide us: Primary care and dental providers; leaders from medical, dental, and nursing associations; payors and policymakers; patient and family engagement expert; public and oral health advocates



# Question: What will it take to change the standard of care?

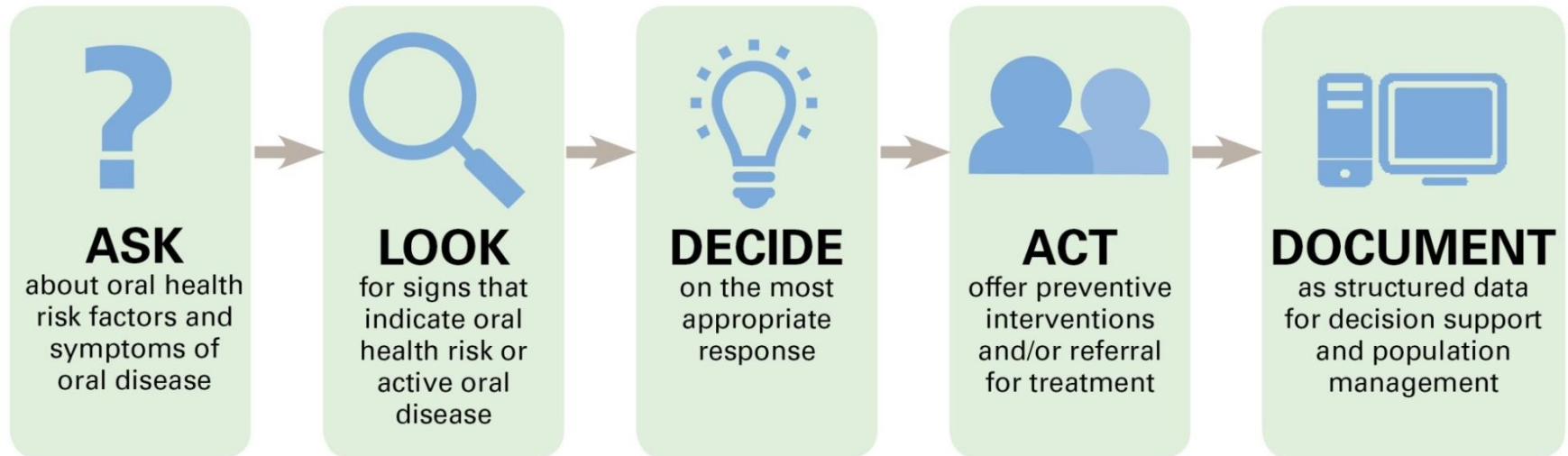


1. Clear definition of what can be done in the primary care setting to protect and promote oral health
2. Streamlined process for fitting oral health into an already packed primary care workflow
3. Practical model for a close collaboration between medicine and dentistry



# 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.

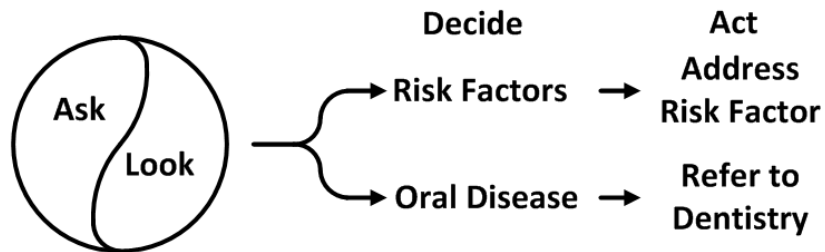


**Preventive interventions:** Fluoride therapy; dietary counseling to protect teeth and gums; oral hygiene training; therapy for substance use; medication changes to address dry mouth; chlorhexidine rinse.

# Primary Care's Role in Oral Health

## The Oral Health Screening Assessment: Ask & Look

Oral Health Screening Assessment



## Decide and Act

- Identify risk factors
  - Adjust medication list
  - Fluoride for caries risk
  - Printed education material
  - Coaching
- Identify signs of disease
  - Referral to dentistry
  - Chlorhexidine for periodontal disease



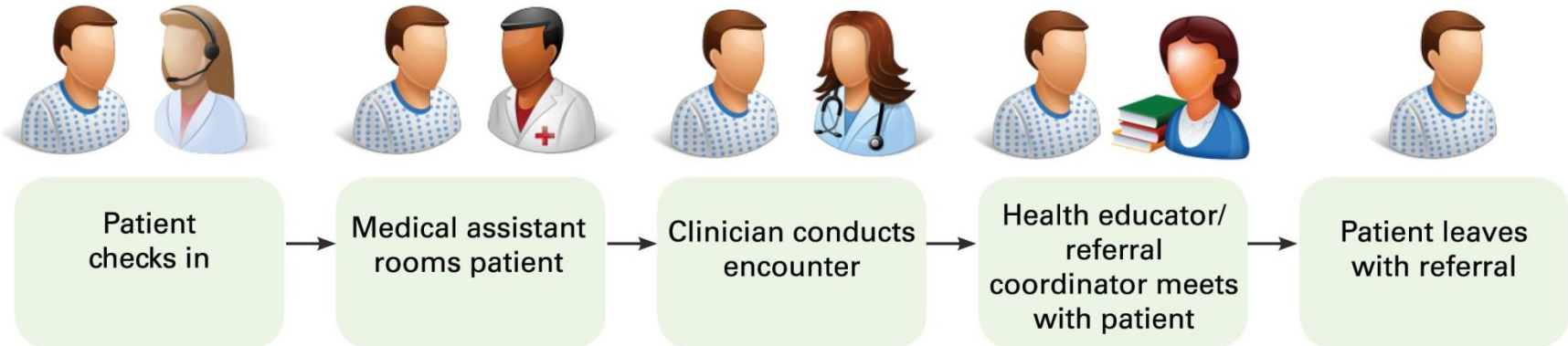


# Structured Referrals

- Many patients screened in the course of a primary care visit will need care that only a dentist can provide
- Referrals to dentistry ought to be as smooth as referrals to medical specialists -- *burden should not be on the patient*
- Requires:
  - Referral network able to serve diverse patients
  - Referral agreements to clarify expectations
  - Logistical support
  - Connectivity; ability and commitment to share information
  - Tracking and care coordination processes



# A Workflow to Prepare the Practice Team



**In addition to usual care tasks:**

- Ask oral health risk assessment and screening questions
- Order and pend dental referral if screening questions positive

**In addition to usual care tasks:**

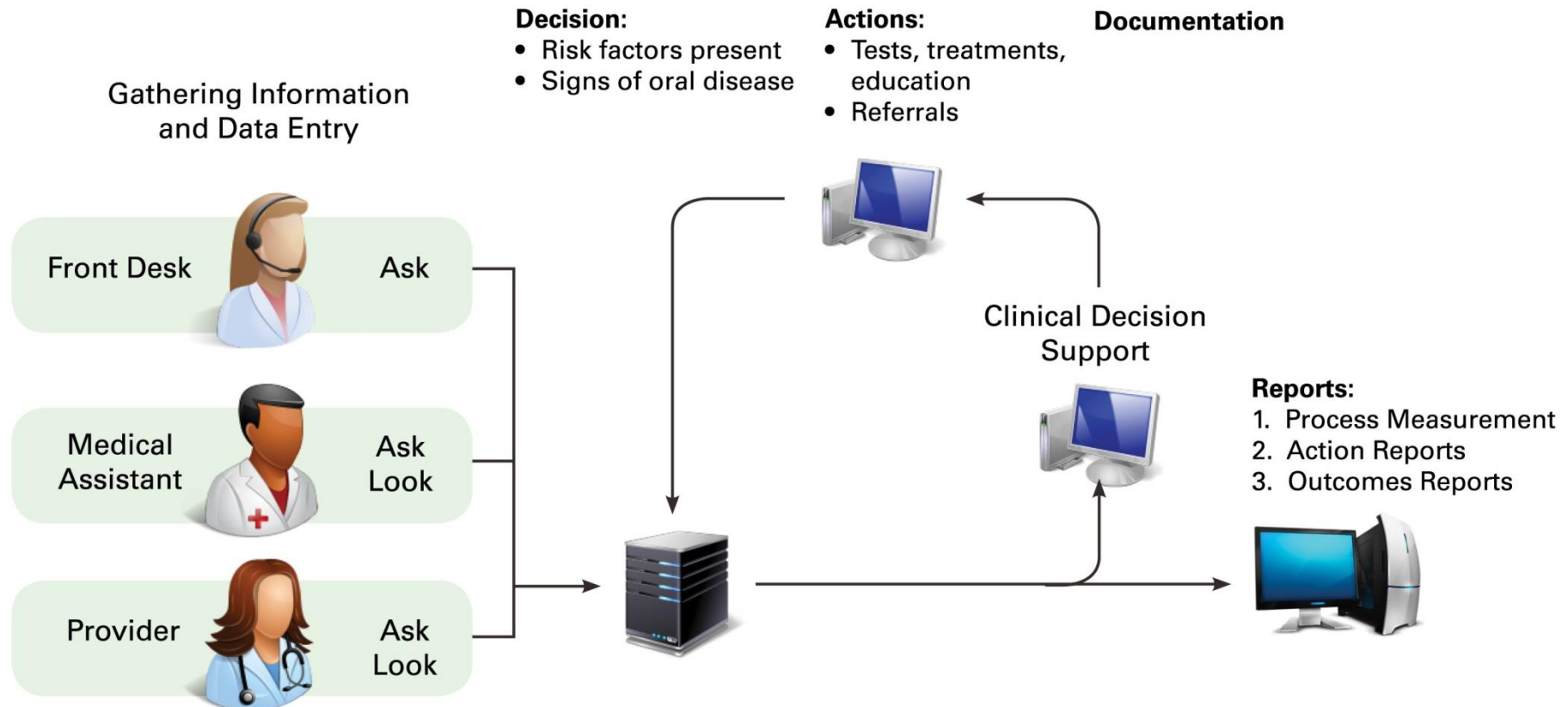
- Review answers to oral health questions
- Examine mouth
- Sign referral
- Enter additional oral health orders
- Update problem list for oral health
- Print after visit summary with oral health information

**Tasks include:**

- Dietary counseling
- Oral hygiene training
- Referral coordination
- Fluoride varnish



# Workflow and Information are Inseparable



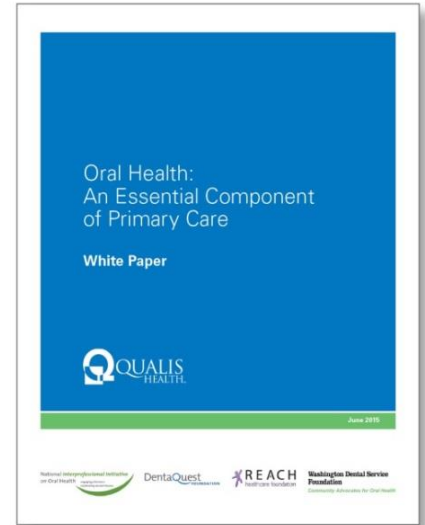
# Document Findings

- **Goal:** Capture as much information as possible as structured data to facilitate reporting for quality improvement
- Gauge the impact on patients, families, practice as a whole
- At a minimum:
  - % given screening assessment (ask and look)
  - % positive for risk factor, or signs of active disease
  - % given preventive intervention
  - % referred to a dentist
  - % referred with a completed referral
- Patient experience, provider and staff satisfaction, health outcomes



# Oral Health: An Essential Component of Primary Care

- White paper, published June 2015
  - Case for change
  - Oral Health Delivery Framework
  - Case examples from early leaders: Confluence Health, The Child and Adolescent Clinic, Marshfield Clinic
  - Supporting actions from stakeholders



Available at: [www.QualisHealth.org/white-paper](http://www.QualisHealth.org/white-paper)



# Framework Endorsed by:

American Academy of Pediatrics,  
American Academy of Nursing,  
American Association for Community Dental Programs,  
American Association of Public Health Dentistry,  
American College of Nurse Midwives,  
American Public Health Association – Oral Health Section,  
Association for State and Territorial Dental Directors,  
Association of Clinicians for the Underserved,  
Institute for Patient- and Family-Centered Care,  
National Association of Pediatric Nurse Practitioners,  
National Network for Oral Health Access,  
National Organization of Nurse Practitioner Faculties,  
Physician Assistant Education Association



# Common Question: *Is it Feasible?*

- Patient-centered medical homes and other advanced primary care practices have resources in place to implement now; others can take an incremental approach
- Possible without new members of the team and within a Provider/MA Teamlet
- Most activities can be performed by a trained Medical Assistant or LPN
- Does not require specialized equipment or space
- Viability in the long-term will require policy and payment changes (e.g., reimbursement for care coordination activities)



# Supporting Actions from Stakeholders

- **Dentists:** Participate in referral networks & accept patients of mixed insurance status
- **Payers:** Assess adequacy of payment for covered services and consider expanding reimbursement options
- **Policymakers:** Invest in research to strengthen the evidence-base for preventive oral health care
- **Patient & family advocates:** Engage patients and families in championing for change
- **Educators:** Ensure basic oral health clinical content is taught and learned





# 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 (9), pediatrics (3), pregnancy (1), adult well visits (1) eCW (5), EPIC (3), NextGen (2), Centricity (2), Success EHS (2)



**Washington Dental Service  
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 **REACH**  
healthcare foundation



**DentaQuest**  
FOUNDATION

**Oregon Primary Care Assoc.,  
Kansas Assoc. Medically Underserved,  
Massachusetts League CHCs**

Addl support: Kansas Health Foundation, United  
Methodist Health Ministry Fund



# Technical Assistance

## Qualis Health & State Primary Care Assoc.

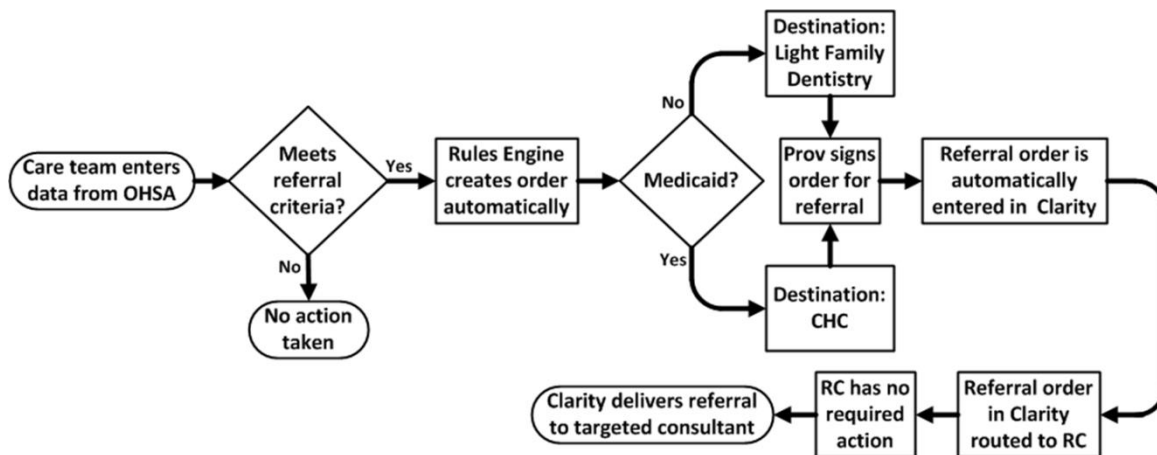
- Assessment and goal setting
- Workflow optimization
- Clinical content training
- Development of a referral network
- HIT support
- Data collection and reporting
- Planning for spread: Patient populations, teams, sites



# Resources Resulting From Field-Testing

Implementation guide—toolkit for primary care practices (Sept 2016)

- Sample workflows
- Referral agreements
- Patient education resources
- Case studies and impact data



# What have we learned?

- Implementation is possible in diverse settings:
  - ✓ Care teams can identify patients with dental needs; referral rates are manageable
  - ✓ Anecdotal evidence that patients value and appreciate support
- PCPs understand the value proposition:
  - ✓ An unmet need of their patients
  - ✓ A complaint for which they are currently unprepared
  - ✓ The chronic disease link is increasingly clear
  - ✓ Behavioral health integration is a useful precedent
- Aligns with primary care's core competencies
  - ✓ Chronic, infectious disease; the anatomy and patho-physiology are familiar
  - ✓ Prevention is a basic part of primary care
  - ✓ Structured referrals are a well worn pathway



# There are Numerous Challenges

- Competing priorities: Behavioral health integration, value-based reimbursement, ICD-10, other chronic disease care
- Change fatigue
- Reimbursement is limited & varies by state
- Referral process is new
- Rigid Health Information Technology: Technical capabilities & organizational restrictions
- Med-dental information exchange is difficult: Calls for creative solutions & ad hoc problem solving



# Strategies Associated with Success

- Start with limited scope:
  - Single sub-population
  - One care team
  - Limited focus:
    - ✓ Identify disease - refer and track referrals
    - ✓ Identify caries risk - treat with fluoride & patient education
- Optimize workflow to limit impact on provider
- Understand and work within the limits of the IT system



# What comes next for us?

- Continue dissemination efforts for the Oral Health Delivery Framework
- Continue technical assistance for field-testing sites
- Develop and publish the *Oral Health Integration Implementation Guide (Sept 2016)*
- Identify ways to embed concept in primary care improvement efforts & PCMH structures:
  - NCQA PCMH Recognition
  - State-based recognition programs
  - State Innovation Model Testing Efforts



# Questions?

# Reactions?



Resources available at:  
[www.QualisHealth.org/white-paper](http://www.QualisHealth.org/white-paper)

Implementation guide available

Sept 2016



# Contact Information

Qualis Health is one of the nation's leading population healthcare consulting organizations. We work with public and private sector clients to advance the quality, efficiency, and value of healthcare.

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