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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www.nnoha.org

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

Jeffcoat M, Blum J, Merke F. Periodontal Therapy Reduces Hospitalizations and Medical Care Costs in Diabetics. J Dent Res 91(Spec Iss A):753, 2012

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

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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

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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

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Early Adopter Characteristics

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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

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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."

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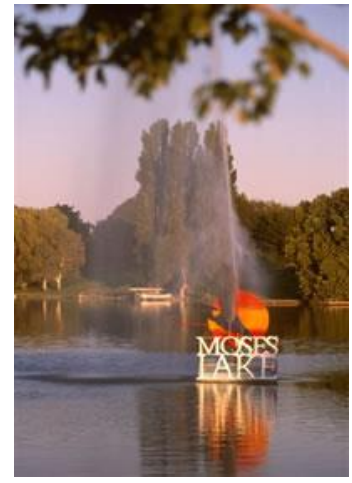
Conclusion

Moses Lake Community Health Center

Brett L. Pack, DMD

Dental Director



Moses Lake Community Health Center

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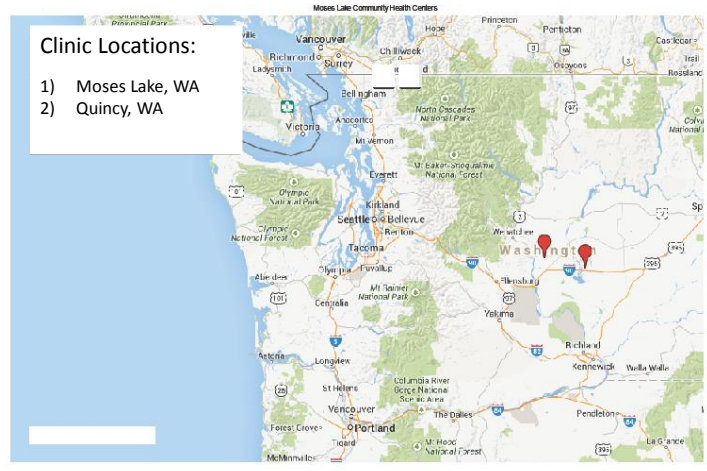
Moses Lake Community Health Centers



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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.

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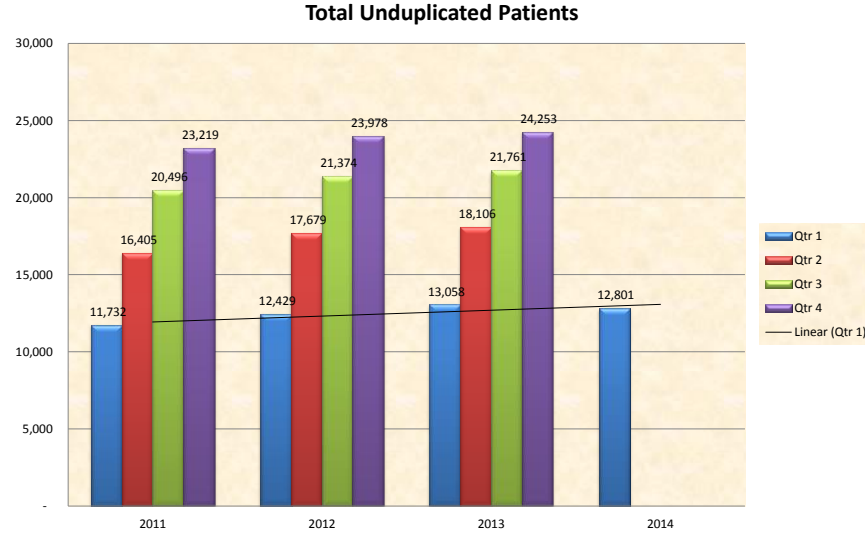
MLCHC/QCHC Metrics



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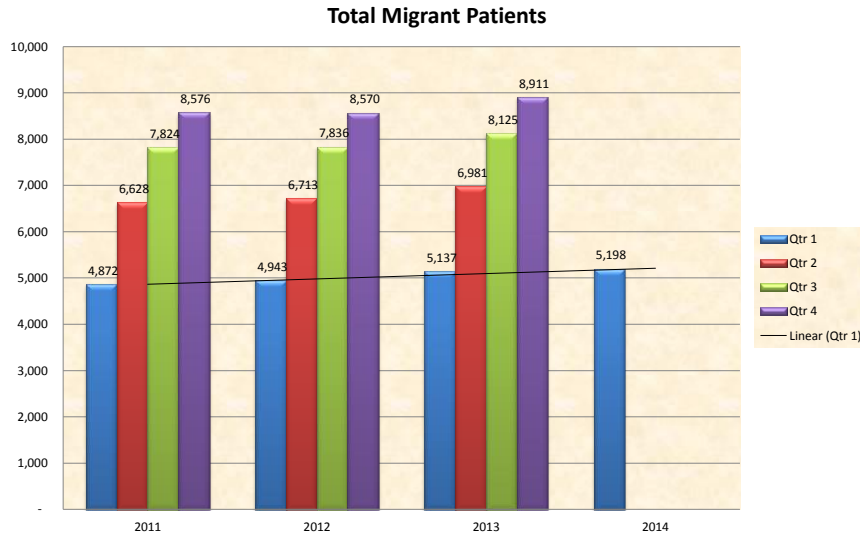
MLCHC/QCHC Metrics



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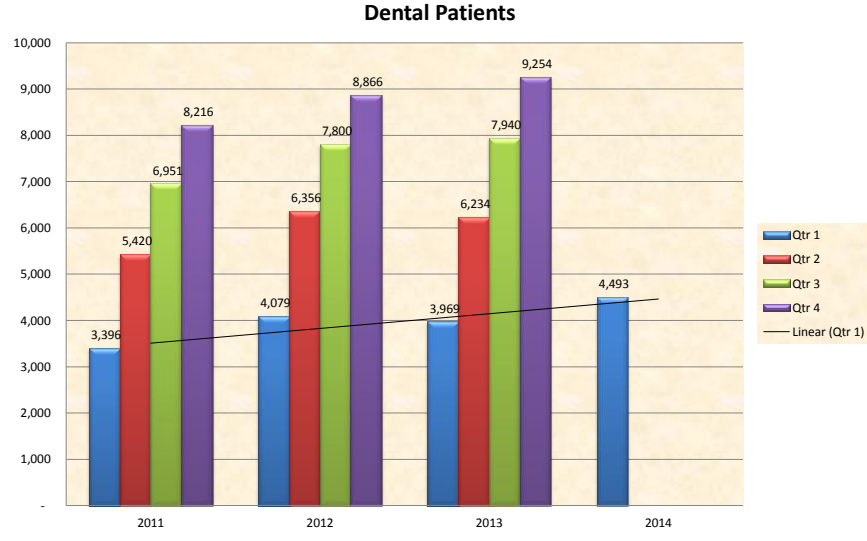
MLCHC/QCHC Metrics



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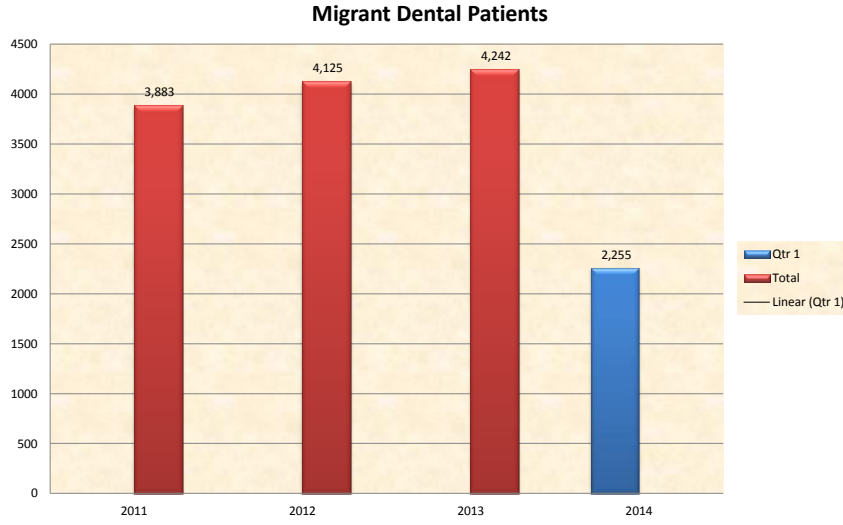
MLCHC/QCHC Metrics



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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

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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?

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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?

SOLUTIONS:

WA Dental Learning Network

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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**

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Highlight of topics Implemented at MLCHC:

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

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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.

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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

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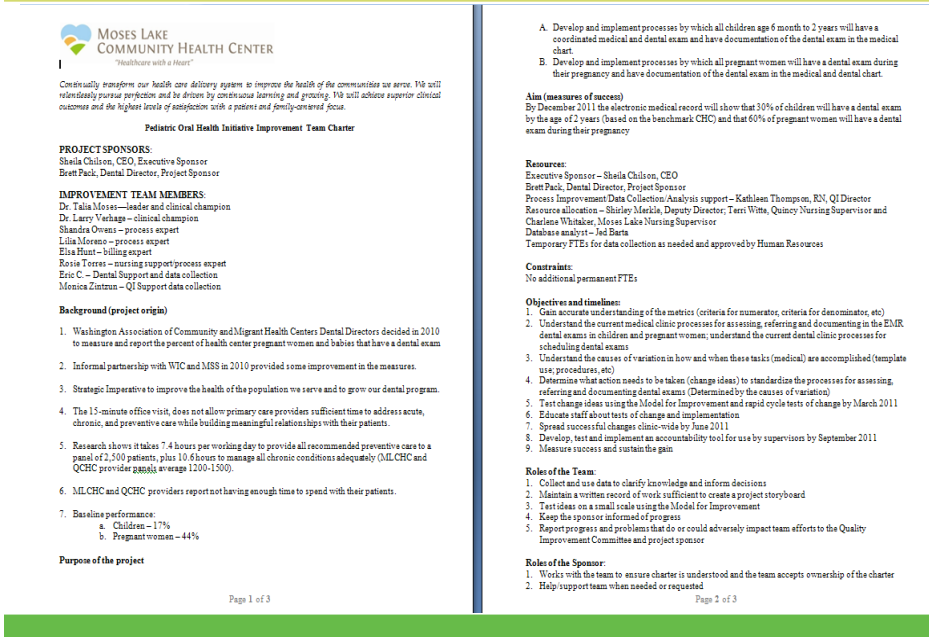
Pediatric Oral Health Initiative Improvement Team Charter



MOSES LAKE COMMUNITY HEALTH CENTER
"Healthcare with a Heart"

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.

Pediatric Oral Health Initiative Improvement Team Charter

PROJECT SPONSORS:
Sheila Chilson, CEO, Executive Sponsor
Brett Pack, Dental Director, Project Sponsor

IMPROVEMENT TEAM MEMBERS:
Dr. Talia Moses—leader and clinical champion
Dr. Larry Verhage – clinical champion
Shandra Owens – process expert
Lilia Moreno – process expert
Elsa Hunt – billing expert
Rosie Torres – nursing support/process expert
Eric C. – Dental Support and data collection
Monica Zintsun – QI Support data collection

Background (project origin)

1. Washington Association of Community and Migrant Health Centers Dental Directors decided in 2010 to measure and report the percent of health center pregnant women and babies that have a dental exam
2. Informal partnership with WIC and MSS in 2010 provided some improvement in the measures.
3. Strategic Imperative to improve the health of the population we serve and to grow our dental program.
4. The 15-minute office visit, does not allow primary care providers sufficient time to address acute, chronic, and preventive care while building meaningful relationships with their patients.
5. Research shows it takes 7.4 hours per working day to provide all recommended preventive care to a panel of 2,500 patients, plus 10.6 hours to manage all chronic conditions adequately (MLCHC and QCHC provider panels average 1200-1500).
6. MLCHC and QCHC providers report not having enough time to spend with their patients.
7. Baseline performance:
   a. Children – 17%
   b. Pregnant women – 44%

Purpose of the project

A. Develop and implement processes by which all children age 6 month to 2 years will have a coordinated medical and dental exam and have documentation of the dental exam in the medical chart.
B. Develop and implement processes by which all pregnant women will have a dental exam during their pregnancy and have documentation of the dental exam in the medical and dental chart.

Aim (measures of success)
By December 2011 the electronic medical record will show that 30% of children will have a dental exam by the age of 2 years (based on the benchmark CHC) and that 60% of pregnant women will have a dental exam during their pregnancy

Resources:
Executive Sponsor – Sheila Chilson, CEO
Brett Pack, Dental Director, Project Sponsor
Process Improvement/Data Collection/Analysis support – Kathleen Thompson, RN, QI Director
Resource allocation – Shirley Merkle, Deputy Director; Terri Witte, Quincy Nursing Supervisor and Charlene Whitaker, Moses Lake Nursing Supervisor
Database analyst – Jed Barta
Temporary FTEs for data collection as needed and approved by Human Resources

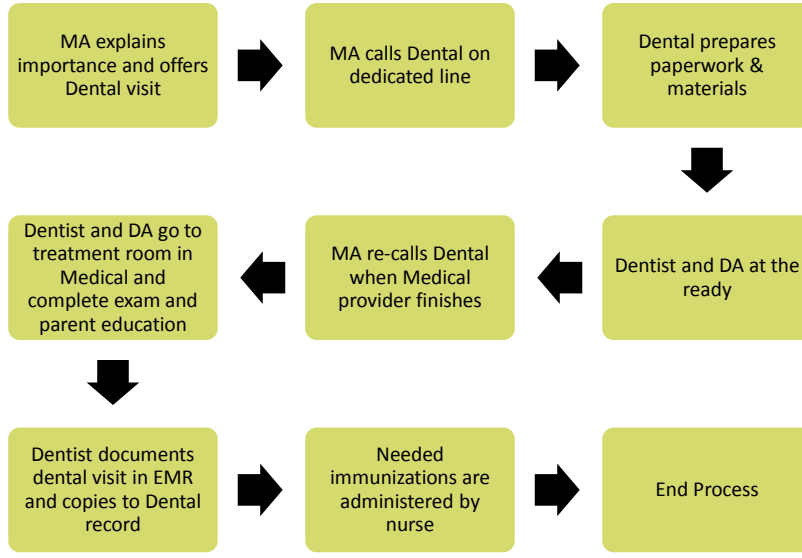
Constraints:
No additional permanent FTEs

Objectives and timelines:
1. Gain accurate understanding of the metrics (criteria for numerator, criteria for denominator, etc)
2. Understand the current medical clinic processes for assessing, referring and documenting in the EMR dental exams in children and pregnant women; understand the current dental clinic processes for scheduling dental exams
3. Understand the causes of variation in how and when these tasks (medical) are accomplished (template use; procedures, etc)
4. Determine what action needs to be taken (change ideas) to standardize the processes for assessing, referring and documenting dental exams (Determined by the causes of variation)
5. Test change ideas using the Model for Improvement and rapid cycle tests of change by March 2011
6. Educate staff about tests of change and implementation
7. Spread successful changes clinic-wide by June 2011
8. Develop, test and implement an accountability tool for use by supervisors by September 2011
9. Measure success and sustain the gain

Roles of the Team:
1. Collect and use data to clarify knowledge and inform decisions
2. Maintain a written record of work sufficient to create a project storyboard
3. Test ideas on a small scale using the Model for Improvement
4. Keep the sponsor informed of progress
5. Report progress and problems that do or could adversely impact team efforts to the Quality Improvement Committee and project sponsor

Roles of the Sponsor:
1. Works with the team to ensure charter is understood and the team accepts ownership of the charter
2. Help/support team when needed or requested

MLCHC Pediatric Oral Health Initiative Process



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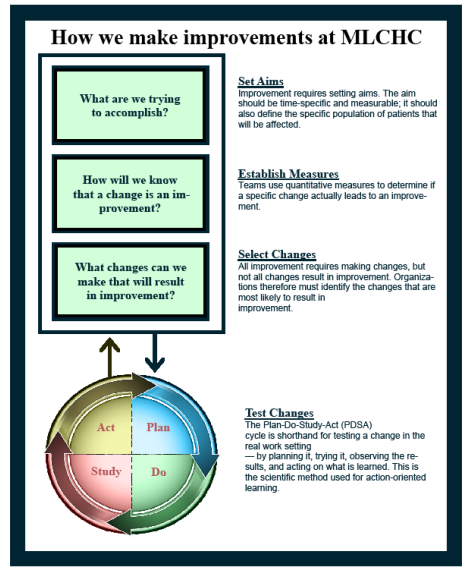
PDSA Rapid Test Cycles



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PDSA Rapid Test Cycles

Worksheet for a Rapid Test Cycle

Aim:
Measure:

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 are the suppliers of the process?)?
7. How will we communicate to others about the test so there will be no misinterpretations?
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 collection 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 change?
2. What do we need to do before the next test cycle?
3. What will the next cycle be?

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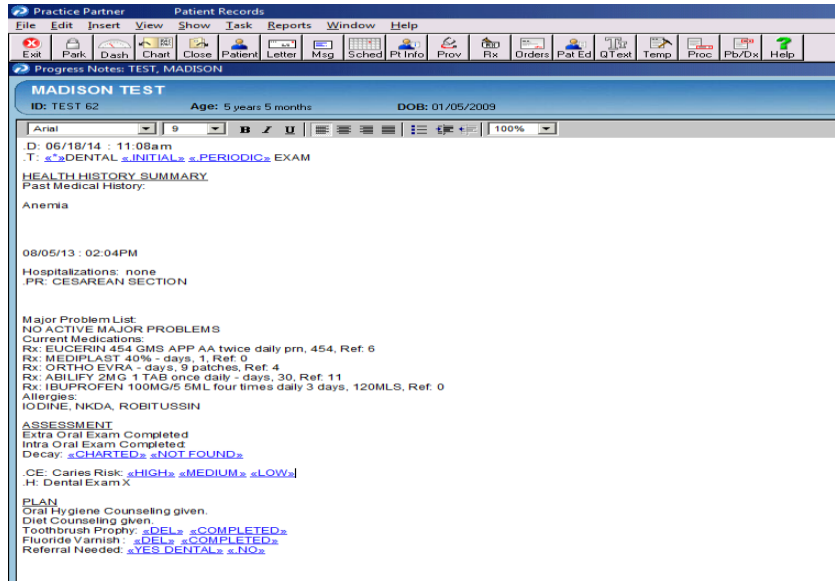
Sample EMR Template



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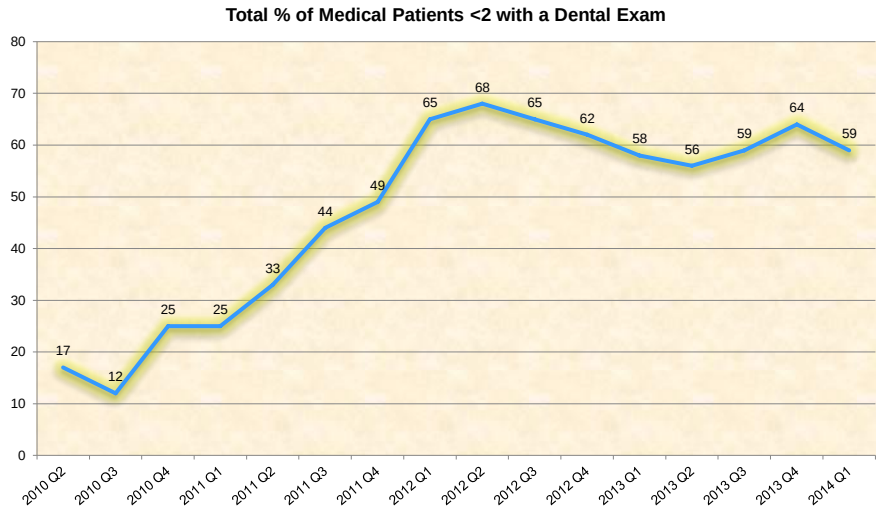
Outcomes (Metrics)



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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

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Challenges

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

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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

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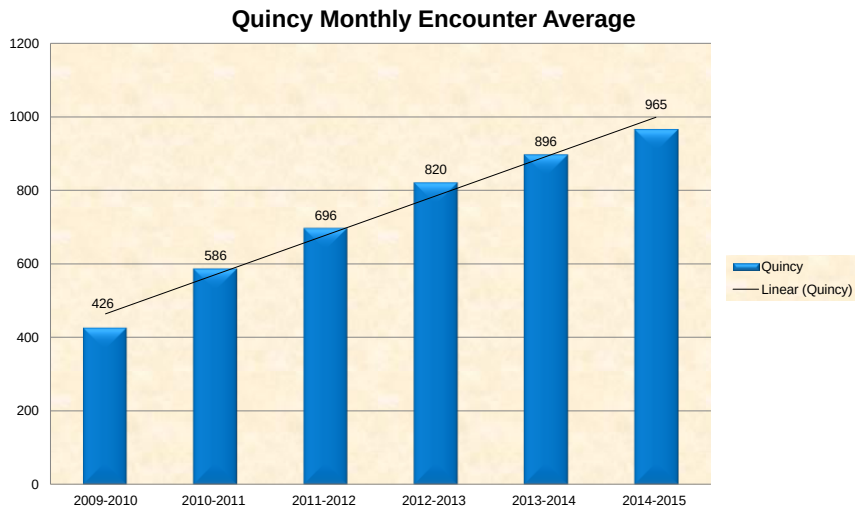
Quincy Metrics



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Quincy Community Health Center

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Quincy Community Health Center

Construction Phase

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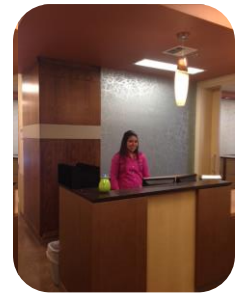
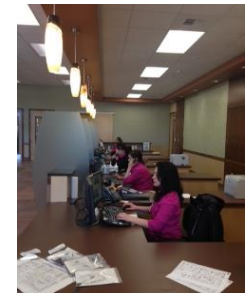
Quincy Community Health Center





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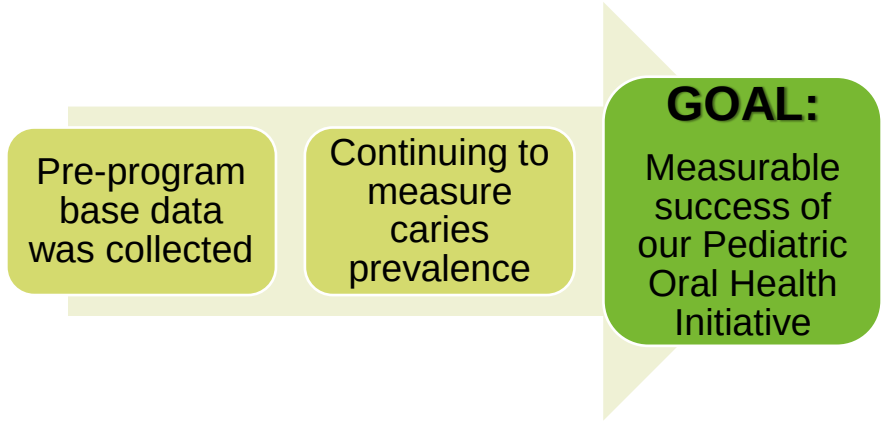
Where to go from here?



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

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Contact Information

Questions?

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- **Dental Director**
- **(509) 766-8977 ext 3403**
- **bpack@mlchc.org**

Moses Lake Community Health Center

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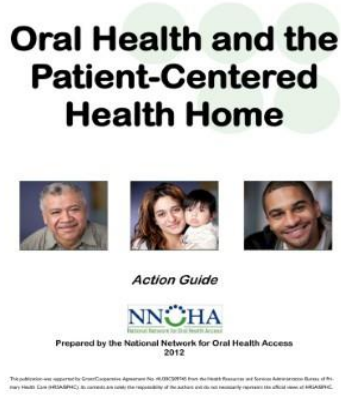
NNOHA Resources on Integration



- 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/

NNOHA
National Network for Oral Health Access

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