Incorporating Oral Health Into Primary Care Practice

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Objectives

- Describe current primary care-oral health integration initiatives
- Explain the five oral health core clinical competency domains
- Learn different approaches primary care providers to implement oral health clinical competencies
- Understand some of the strategies to address barriers to integrating oral health into primary care practice
Current Initiatives to Incorporate Oral Health into Primary Care Practice

What’s Going on out There?

20 months

9 months
2011 IOM Report:
Improving Access to Oral Health Care

- Recommended HRSA developing oral health competencies for non-dental professionals

U.S. Preventive Services Task Force Recommendations – May 2014

- Primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride

- **NEW!** Primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the time of primary tooth eruption to prevent dental caries in children from birth through age 5 years
Medicaid & Private Insurer Payment

- Medicaid in 48 states reimburse PCPs for assessment and/or FV placement
- 99188 App Topical Fluoride Varinish

- Kaiser Northwest
- Health Partners
- United Health Care

HealthPartners

[Image of websites and publications on oral health]
Statewide Efforts

- **North Carolina:** Into the Mouth of Babes/ Connecting the Docs
  - Reduces caries incidence in high risk children after 8 years

- **Massachusetts** (Isong IA, Silk H, Rao SR, Perrin JM, Savageau JA, Donelan K.

2005

The Health Resources and Services Administration’s Health Disparities Collaboratives
A National Quality Effort to Improve Outcomes for All racially Underserved People

Oral Health Disparities Collaborative Implementation Manual

2011

Oral Health and the Patient-Centered Health Home

Action Guide

Prepared by the National Network for Oral Health Access

2014 HRSA Integration of Oral Health and Primary Care Practice (IOHPCP) Initiative

- Develop oral health core clinical competencies for primary care clinicians
- Translate into primary care practice in safety net settings

Goal:

- Improve access for early detection and preventive interventions leading to improved oral health

- 3 Health Centers
- PCPs deliver oral health interventions
- Standardization of training, clinical protocols
- Measures/QI

Primary Care Providers

- MD/DO
- Certified Nurse Midwives
- Nurse Practitioners
- Physician Assistants
Oral Health Core Clinical Competency Domains

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

Which of these procedures do primary care staff at your health center perform?

• ECC risk assessment
• Administer fluoride varnish
• Visual oral screening
• Oral health education
• Routine referral
Characteristics of Success

1. Leadership Vision & Support
2. Integrated Clinical Team
3. Culture of Quality Improvement
4. Understanding the “Why”
5. Champions
6. Relationships with oral health providers
Steps to Success

- Planning
- Training systems
- Health information systems
- Clinical care systems
- Evaluation systems

Planning

- Establish team
- Timeline - which competency 1st?
- Reimbursement
- Cost (55 cents!)
- Synergy with other practice initiatives (PCHM)
- Refresh quality improvement technique
Training Systems

- Online training
- In-person training (interdisciplinary collaboration opportunity)
- On-boarding new health professionals

Health Information Systems

- Risk-assessment
- Document oral health evaluation, preventive interventions, self-management goals, and education
- Print educational handouts and post-visit instructions
- Refer the patient for oral health care
- Collect data
Clinical Care System

- Workflow: Who & when during PC visit?

Evaluation Systems

- Number oral health assessments performed by PCPs.
- Number fluoride varnish applications for high-risk patients.
- Number patients linked to definitive dental care and treatment
Clinical Examples

What do you think are the challenges to incorporating oral health into YOUR practice?

Barriers in the Literature

- #1- perception no time, logistics
  

- Lack of OH knowledge/perceived difficulty applying FV
- No reimbursement
- Risk assessments too long
- EMR not capturing data
- Dental referral issues
What it Looks Like Clinically

<table>
<thead>
<tr>
<th></th>
<th>Practice 1</th>
<th>Practice 2</th>
<th>Practice 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>&gt;18</td>
<td>0-5</td>
<td>0-3</td>
</tr>
<tr>
<td>EMR-EDR Configuration</td>
<td>Greenway Prime</td>
<td>Centricity</td>
<td>Centricity QSI</td>
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<tr>
<td></td>
<td>Fully integrated</td>
<td>Dentrix</td>
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<tr>
<td>Training</td>
<td>Smiles for Life</td>
<td>Smiles for Life,</td>
<td>Smiles for Life</td>
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<td></td>
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<td>state specific for</td>
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<td></td>
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<td>Medicaid reimbursement</td>
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<tr>
<td>Dental department</td>
<td>Inservices,</td>
<td>Inservices,</td>
<td>Inservices,</td>
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<tr>
<td>participation in</td>
<td>demonstrations</td>
<td>demonstrations</td>
<td>demonstrations</td>
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<tr>
<td>training</td>
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</table>

What it Looks Like Clinically - Workflow

<table>
<thead>
<tr>
<th></th>
<th>Practice 1</th>
<th>Practice 2</th>
<th>Practice 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Assessment</td>
<td>100% Support staff</td>
<td>10% Support staff</td>
<td>50% Support staff</td>
</tr>
<tr>
<td></td>
<td>90% Provider</td>
<td>50% Provider</td>
<td></td>
</tr>
<tr>
<td>Oral Evaluation (e.g.</td>
<td>Provider</td>
<td>Provider</td>
<td>Provider</td>
</tr>
<tr>
<td>clinical oral</td>
<td></td>
<td></td>
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<tr>
<td>screening)</td>
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</tr>
<tr>
<td>Preventive Interventions (e.g. fluoride varnish)</td>
<td>Support staff (prior to oral evaluation)</td>
<td>Support staff (after oral evaluation)</td>
<td>Support staff (after oral evaluation)</td>
</tr>
<tr>
<td>Communication &amp;</td>
<td>Provider and take-</td>
<td>Provider and take-</td>
<td>Provider and take-</td>
</tr>
<tr>
<td>Education</td>
<td>home materials</td>
<td>home materials</td>
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<th>Practice 1</th>
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<tbody>
<tr>
<td><strong>Inter-professional Collaborative Practice (e.g. referral)</strong></td>
<td>Provider (EMR check-off box), yellow tooth patient takes to front desk.</td>
<td>Provider (EMR check-off box), “passport” sheet with follow ups (e.g. lab, radiology) includes dental</td>
</tr>
<tr>
<td>Provider (EMR check-off box), “passport” sheet with follow ups (e.g. lab, radiology) includes dental</td>
<td>Provider (EMR check-off box). Can print out a list of community dental providers from EMR.</td>
<td></td>
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</thead>
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<tr>
<td><strong>Inter-professional Collaborative Practice (e.g. appointment scheduling)</strong></td>
<td>Reserved dental exam slots accessible by front desk at checkout.</td>
<td>Reserved dental exams. Manual entry.</td>
</tr>
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</table>

Challenges & Strategies
## PCP Training

<table>
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<th>Challenge</th>
<th>Strategy</th>
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<tbody>
<tr>
<td>Time for training</td>
<td>Self-paced online curricula</td>
</tr>
<tr>
<td>Incentive for training</td>
<td>Free CE units</td>
</tr>
<tr>
<td>Standardizing knowledge</td>
<td>Use endorsed, recognized curricula</td>
</tr>
<tr>
<td>Obtaining supervised clinical practice</td>
<td>Collaborate with oral health providers to observe and provide clinical training for PCP (Build competency &amp; foster interprofessional practice!)</td>
</tr>
</tbody>
</table>

### Smiles for Life: A National Oral Health Curriculum

Smiles for Life is the nation’s only comprehensive oral health curriculum developed by the Society of Teachers of Family Medicine Group on Oral Health and now in its third edition. The curriculum is designed to enhance the role of primary care clinicians in the promotion of oral health for all age groups through the development and dissemination of high-quality educational resources.

**For Individual Clinicians**

We've made it easy for individual physicians, physician assistants, nurses, practitioners, students, and other clinicians to access the curriculum and learn on their own time and at their own pace. Each of the courses is available online. Free Continuing Education credit is available.

**For Educators**

This curriculum format can be easily implemented in an academic setting. Included is a comprehensive set of educational objectives based on the Accreditation Council for Graduate Medical Education (ACGME) competencies, test questions, resources for further learning, oral health web sites, an instructor's guide, and detailed module outlines.

**Course Quick Links**

- **Course 1**: The relationship of Oral to Systemic Health
- **Course 2**: Adult Oral Health
- **Course 3**: Adult Oral Health
- **Course 4**: Oral Health & the Pregnant Patient
- **Course 5**: Oral Examination
- **Course 6**: General Oral Health
- **Course 7**: General Oral Health
- **Course 8**: General Oral Health

### How to Access

Watch the 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 to view it full-screen. This video is approximately seven minutes in length.

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

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assuring correct RA elements incorporated</td>
<td>Utilize well-known risk assessment tools such as AAP/CAMBRA /ADA</td>
</tr>
<tr>
<td>Assuring RA performed at PC visit</td>
<td>Embed OH risk assessment into the EMR template</td>
</tr>
<tr>
<td>Incorporating RA into PC visit flow</td>
<td>Make procedural and workflow changes, use QI methodology to monitor and improve</td>
</tr>
<tr>
<td>PC staff resistance to additional tasks</td>
<td>Identify PCP champion, start small. Make official office policy.</td>
</tr>
</tbody>
</table>
### Oral Evaluation

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assuring correct elements incorporated</td>
<td>Online training followed by in person training</td>
</tr>
<tr>
<td>Assuring oral evaluation performed at PC visit</td>
<td>Embed OH evaluation into the EMR template</td>
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<tr>
<td>Incorporating oral evaluation into PC visit flow</td>
<td>Make procedural and workflow changes, use QI methodology to monitor and improve</td>
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**Fluoride Varnish**

- **Risk Factors:**
  - Risk factors for dental caries:
    - High fluoride exposure
    - Diabetes
    - Headache
  - Protective factors:
    - Arch mouth
    - Good oral hygiene

- **Clinical Findings:**
  - No signs of dental caries
  - Good oral hygiene

- **Fluoride Varnish**
  - Administer fluoride varnish to high-risk patients between 6 months and 17 years.
  - High-risk patients:
    - Children with a history of tooth decay
    - Children with a history of cavities
  - Fluoride varnish can be applied today.
  - Patient Consent:
    - Parent Consented
    - Parent Declined

- **Patient Instructions:**
  - Brush twice daily
  - Use fluoride toothpaste
  - Drink fluoridated water
  - Healthy snacks

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**Oral Health Risk Assessment**

- **Risk Factors:**
  - Tobacco use
  - Alcohol use
  - Poor oral hygiene

- **Clinical Findings:**
  - High fluoride exposure
  - Headache
  - Mouth breath

- **Fluoride Varnish:**
  - Administer fluoride varnish to high-risk patients.
  - High-risk patients:
    - Children with a history of tooth decay
    - Children with a history of cavities
  - Fluoride varnish can be applied today.
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**Oral Health Risk Assessment Form**

- **Risk Factors:**
  - Tobacco use
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    - Children with a history of tooth decay
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- **Patient Instructions:**
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## Preventive Intervention

<table>
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</thead>
<tbody>
<tr>
<td>Assuring competency in application of Fluoride Varnish (FV)</td>
<td>Online training followed by in person training</td>
</tr>
<tr>
<td>Resistance to FV color &amp; taste</td>
<td>Try different colors &amp; brand tastes</td>
</tr>
<tr>
<td>Concerns about excessive applications</td>
<td>Develop “immunization” card to track</td>
</tr>
<tr>
<td>PCP staff resistance to performing procedures inside patient’s mouths</td>
<td>Practice on self &amp; each other first</td>
</tr>
</tbody>
</table>
# Communication & Education

<table>
<thead>
<tr>
<th>Challenge</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Obtaining oral health education materials in multiple languages</td>
<td>Online resources, Smiles for Life</td>
</tr>
<tr>
<td>Patient resistance to OH education in the PC setting</td>
<td>Include as part of after-visit summary Have oral health materials in PC waiting room</td>
</tr>
<tr>
<td>PCP staff resistance to performing OH education</td>
<td>Relate to general health concerns i.e. obesity</td>
</tr>
</tbody>
</table>

## Instructions

- ****SELF-CARE ACTION PLAN****
- Physical Activity 30 minutes 5 times a week
- Diet: Increase my fruits and vegetables; and decrease my salt, sugar, and caffeine
- Prescriptions were e-prescribed to the pharmacy listed in your chart. Please check with your pharmacy to make sure they are ready.
- HPWO Pharmacy offers sliding fees for prescriptions, accepts most insurance plans. Please stop by the pharmacy at your health center or call for more details.
- "Remember to bring in all your pill bottles at every visit, it is very important for you to have an updated medication list.
- Patient was given a printed copy of the following items and verbalized understanding:
- ---- Clinical Summary and Current Medication List
- Patient verbalized understanding and denies any questions at this time regarding the following: use, side effects, importance of taking medications as prescribed, potential interactions with food and/or other medications.
- ****DENTAL INSTRUCTIONS****
  - Brush teeth at least 2 times daily along with flossing
  - Decrease the amount of sugary snacks/drinks daily
Interprofessional Practice

<table>
<thead>
<tr>
<th>Challenge</th>
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</thead>
<tbody>
<tr>
<td>Lack of dentists to refer patients to</td>
<td>Develop relationships with individual providers &amp; safety-net clinics, work with county CHDP</td>
</tr>
<tr>
<td>Lack of capacity in dental offices for PC referrals</td>
<td>Dedicated appointments</td>
</tr>
<tr>
<td>Patient resistance to dental treatment citing cost and/or fear led to No Shows</td>
<td>Motivational Interviewing</td>
</tr>
</tbody>
</table>
Next Steps

- What one thing can I do to move it forward on Monday?


Success!
www.nnoha.org

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