

Oral Health and Primary Care Integration

Arizona Alliance for Community Health Centers

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Overview: Oral Health and Primary Care Integration

- **Why we need a new approach, and why now**
- **Who needs to be engaged in this process?**
- **National efforts: Oral Health 2020, Tactics**
- **NIOH's portfolio**
 - Physician Assistants
 - Oral Health in Nursing Education and Practice
 - Smiles for Life
- **Oral Health: An Essential Component of Primary Care**
 - White Paper
 - Oral Health Delivery Framework
 - Next Steps
- **Questions?**

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Why We Need a Different Approach to Oral Health Care Delivery: What We Know

- *A person's oral health impacts overall health and quality of life*
- *Most oral disease is preventable*
- *Despite the availability of effective prevention and treatment methods, we have seen small improvements in oral health status over the past two decades*
 - Among some populations, the oral health status has declined
- *Our current model DOESN'T WORK for large segments of our population, including low-income, minority, and rural populations*
- *Lack of access to oral health care contributes to profound and enduring oral health disparities*
- *We need a different approach: integration (upstream, prevention focused)*

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Why Integration of Oral Health into Person-centered, Primary Healthcare?

- *Oral health care has been separated by tradition: training programs, payment structures, delivery systems created medical and dental silos*
- *There aren't enough dental providers to address unmet oral health need and even if we train more dental providers, many people can't pay for their services or dental providers won't see them*
- *We need an interprofessional approach that integrates the mouth back into the body and engages all health care providers*
 - In 2000, the Surgeon General's report on oral health called for all health providers to participate in oral health care
 - That call was echoed by the Institute of Medicine in 2010 and by HRSA in 2014

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Promoting oral health integration into primary care...

- **Why is now a good time?**

- Primary care and health services delivery systems are undergoing “transformation” – this impacts payment, sites, services and openness to new models
- The ACA created accountable care organizations and other “patient centered” approaches to care; CMS and HRSA are implementing these
- There’s tremendous interest across multiple disciplines and sectors in “patient-centered” care and interprofessional team practice
- Families and patients want to see a change; consumer demand
- Growing body of scientific evidence – oral/systemic health

- **How do we approach this work?**

- Through professional training programs
- Through health care delivery settings
- Through policy and payment reform

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Making Patient-Centered Approaches to Oral Health Care/Primary Care Integration Happen

- **Who has to be involved?**

- Dental providers – need to see themselves as part of a patient-centered team
- Primary care providers – need to see oral health as a part of comprehensive patient care
- Educators, accreditors, licensing boards – need to build oral health into curriculum and credentialing
- Administrators – need to envision how this can happen, lead

- **What tools and resources are we going to need?**

- Tools for teaching primary care providers about oral health
- Models and frameworks for successful oral health and primary care integration; EHRs that support integration
- Articles and meetings that “get the word out”

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Oral Health 2020 Goal: Integrate Oral health Into Person-Centered Healthcare

• Examples of Tactics

- Make targeted investments to develop alignment around effective care **models**
- Make targeted investments to support national organizations to develop **accreditation and certification standards** that include oral health
- Engage national dental providers and payer associations in the design and regulation of PCMH, ACO, and other **payment reform** efforts
- Identify and engage **oral health champions** within primary care health professions to prioritize the adoption of oral health integration
- Build and expand **interprofessional education** resources to include oral health for a broad range of clinical professions
- Support oral health care **model implementation tools** to be published and adopted
- Support implementation efforts to **integrate medical and dental records**

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How Does NIOH Fit into This?

- NIOH's mission, in simplest terms:
“Oral health is a component of whole person care”
- Core group has been working at this for about 10 years
- Primary strategy: “Address oral health needs of patients in routine medical visits”
 - Natural extension of existing routines
 - Health behavior change counseling readily adaptable to oral health
 - Team approach works
 - Clinical competency can be developed

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NIIOH's Portfolio: Physician Assistants, Nurses, Annual Symposium

Tactic: *Make targeted investments to support national organizations to develop accreditation standards and certification to include oral health*

- **NIIOH:** Investments in physician assistant and nursing education, accreditation and certification organizations
 - Physician Assistant Faculty Workshops, Summit
 - Result – in 2008, 33% of PA programs provided oral health instruction; today, 78% do
 - Nursing – OHNEP - 70% of nurse midwife programs include oral health now – up from zero in 2011

Tactic: *Identify and engage oral health champions within the primary care health professions to prioritize the adoption of oral health integration*

- **NIIOH:** Recruits leaders from the medical, nursing and physician assistant professions to engage in oral health
 - Promotes Interprofessional education through generation of articles, Symposium

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NIIOH's Portfolio: Smiles for Life

Tactic: *Build and expand interprofessional education resources to include oral health for a broad range of clinical professions*

- **NIIOH: Smiles for Life**
 - National Oral Health Curriculum – oral health core clinical competencies
 - Broadly endorsed
 - Free, on-line, CEU credit
 - Viewed by more than 500,000 visitors
 - Check it out!

Smiles for Life
A national oral health curriculum

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NIIOH's Portfolio: Implementation Tools

Tactic: Support oral health model implementation tools to be published and adopted

- Oral Health: An Essential Component of Primary Care, Qualis Health



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Oral Health in Primary Care Project

Sponsor: National *Interprofessional Initiative*
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Consultant:  **QUALIS**
HEALTH.

Funders:  **DentaQuest**
FOUNDATION

 **REACH**
healthcare foundation

**Washington Dental Service
Foundation**
Community Advocates for Oral Health

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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 effort: 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

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

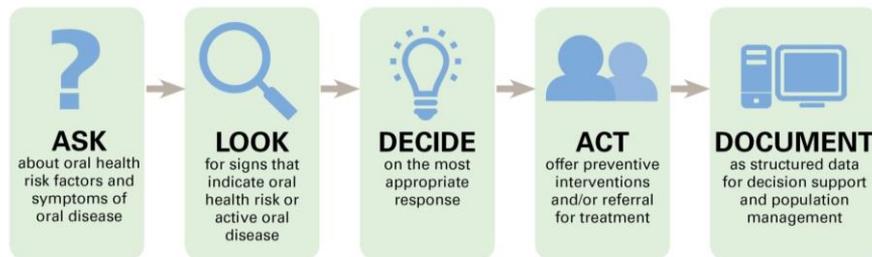


1. Clear definition of what can be done in the primary care setting to protect and promote oral health
2. Streamlined process for fitting oral health into an already packed primary care workflow
3. Practical model for a close collaboration between medicine and dentistry

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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, Phillips KE, Holt B, Hayes C. *Oral Health: An Essential Component of Primary Care*. Seattle, WA: Qualis Health; June 2015

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What about referrals?

- Modeled on med/surg process
- Goal to take burden off patients
- Requires a referral network able to serve diverse patients
- What else?
 - ✓ Referral agreements to clarify expectations
 - ✓ Connectivity; ability and commitment to share information
 - ✓ Tracking and care coordination processes
 - ✓ Logistical support



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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**
- Improve patient experience, provider and staff satisfaction, health outcomes

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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

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American Academy of Pediatrics
American Academy of Physician Assistants
American Association of Colleges 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 of Clinicians for the Underserved
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Institute for Patient- and Family-Centered Care
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National Rural Health Association
Physician Assistant Education Association
Patient-Centered Primary Care Collaborative
Supported by the American Academy of Family Physicians

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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/Medical Assistant “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)

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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
- **Practice Administrators:** Serve as champions, provide leadership in service delivery settings and systems, support EHR integration

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Next: Field-Testing Conceptual Framework



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)



Oregon PCA, Kansas Assoc. Medically Underserved, Massachusetts League CHCs

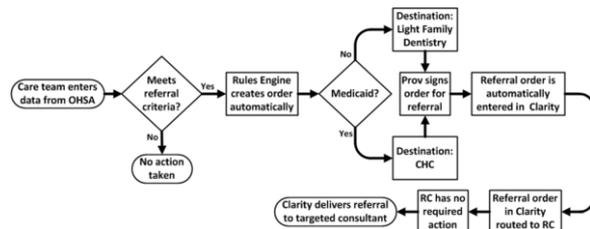
Addl support: Kansas Health Foundation, United Methodist Health Ministry Fund



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



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