

Oral Health and the Medical Home

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Polling Question

- Please indicate whether your clinic has some level of oral health integration. Respond to Poll: “Yes” or “No”
- At the end of the presentation, we’d like to have a couple of volunteers who indicated “Yes” to take a few minutes to share their integration experience and any lessons learned.

Learning Objectives

- Identify oral health prevention needs and opportunities in Idaho.
- Discuss the alignment of oral health care in the Patient-Centered Medical Home (PCMH).
- Describe a continuum of oral health integration in primary care.
- Identify NCQA PCMH competencies addressing oral health.
- Describe Qualis' Oral Health Delivery Framework.
- Identify how your primary care practice can begin to integrate (or further integrate) oral health in primary care.
- Identify tools to assist with integration across the continuum.

Oral Health as a Public Health Issue

- The first-ever Surgeon General's report on Oral Health, Oral Health in America, was produced in 2000. David Satcher identified oral disease as a "silent epidemic" and quoted what C. Everett Koop said almost 20 years before that:

"You cannot be healthy without oral health."
- Koop also said that *"Fluoridation is the single most important commitment a community can make to the oral health of its children and to future generations."*



The Burden of Oral Disease in Idaho

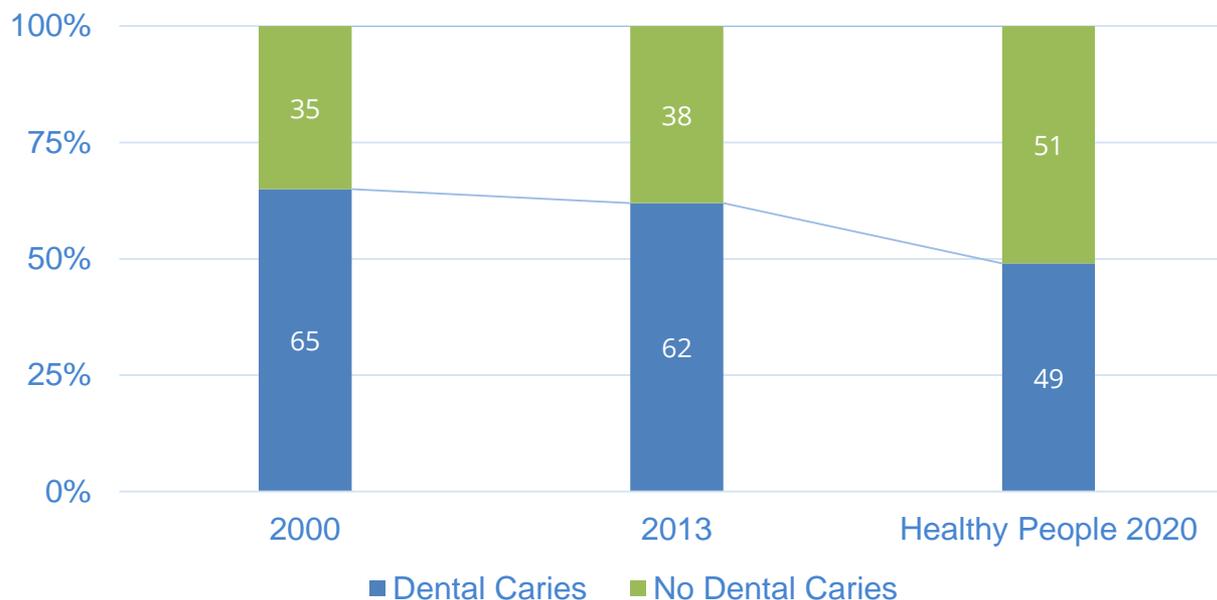
- The first-ever State of Idaho's report on Oral Disease was produced in 2014, called *The Burden of Oral Disease in Idaho 2014*
- Double whammy:
 - Population receiving community water fluoridation in 2012: 36%
 - 42 of Idaho's 44 Counties are designated dental Health Professions Shortage Areas (HPSAs)



Idaho's First Published Burden of Oral Disease in Idaho 2014

Idaho Report Findings

- The dental caries in primary or permanent teeth among children 6-9 years of age was reduced from 65% in 2000 to 62% in 2013.

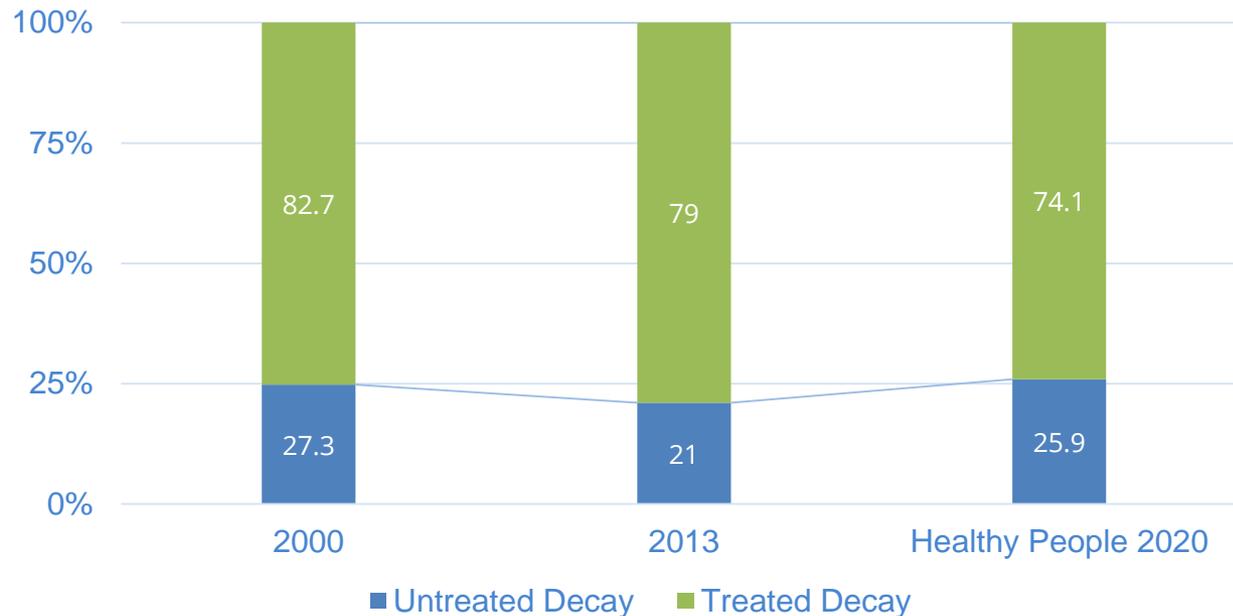


Note: Measure for the U.S.: 54% in 1999-2004.

* Estimated years

Idaho Report Findings

- Untreated dental decay among children 6-9 years of age was 27.3% in 2000* and 21% in 2013.

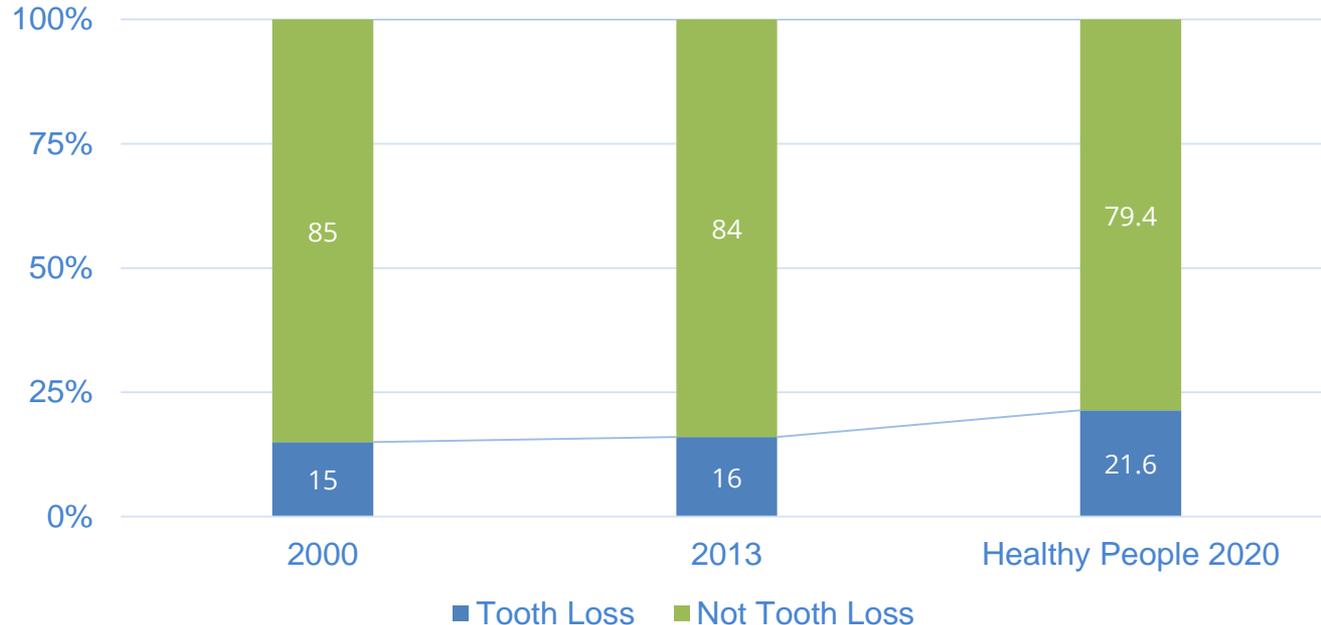


Note: measure for U.S. was 28.8% in 1999-2004 and 16.9% in 2010.*

* Estimated years

Idaho Report Findings

- Tooth loss due to dental caries or periodontal disease among adults 65-74 years increased from 15% in 2000 to 16% in 2013.



Oral Health Delivery System



- The oral healthcare delivery system in the U.S. currently fails to reach the populations with the highest burden of oral disease.
- This results in pervasive oral health disparities for low-income, minority, rural, and other underserved populations.
- To effectively combat oral disease, we need to expand the oral disease prevention workforce and intervene earlier in the course of disease.

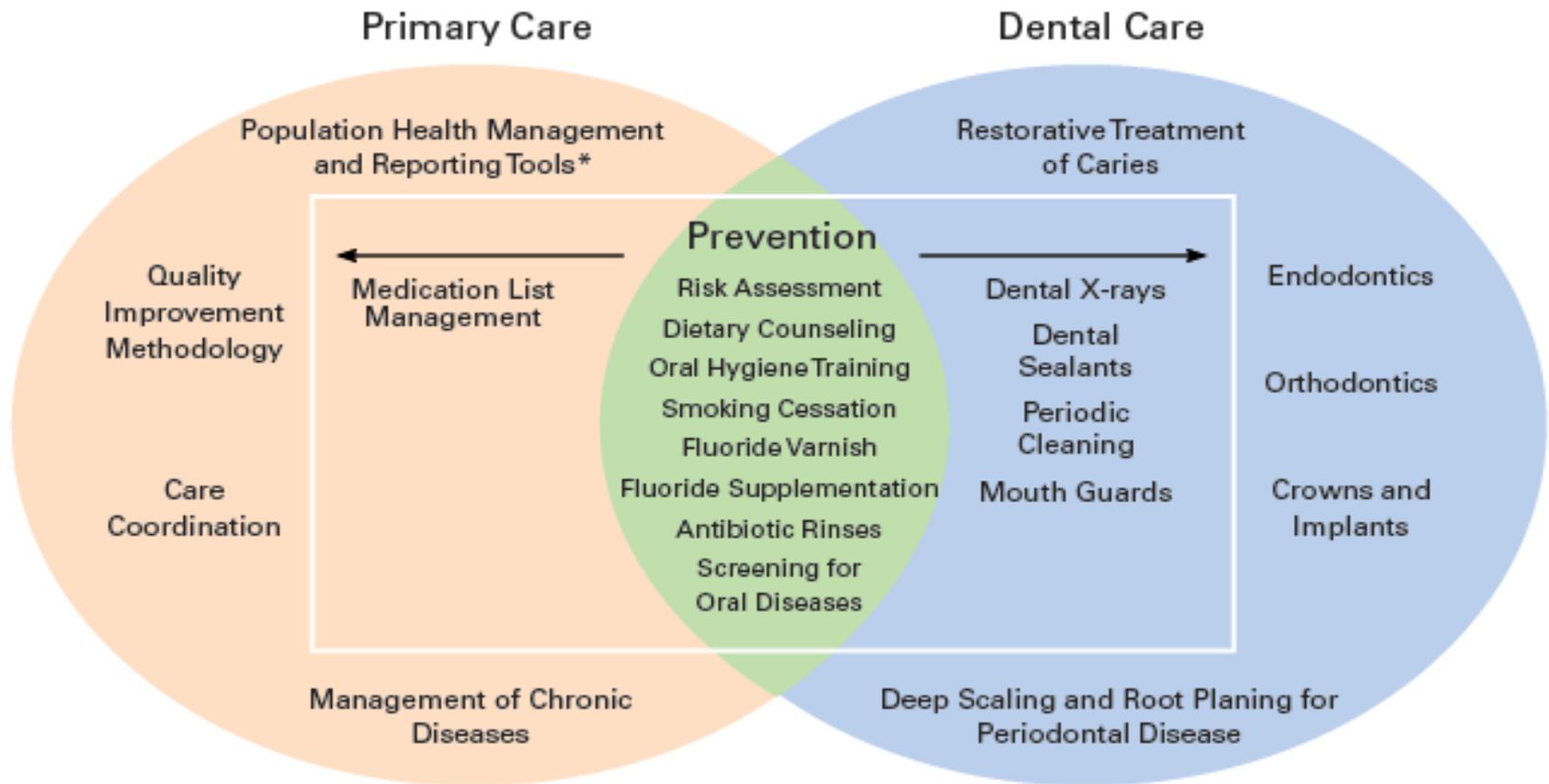
Primary Care Capacity

- Primary care provider teams have the skills, resources, tools, and scope of practice required to intervene in the oral disease process and improve the health status of patients.
- Involving primary care teams in prevention and early detection, particularly in dental shortage areas, maximizes the healthcare workforce by preserving the time and skills of dentists to manage complex oral disease.



Source: Oral Health: An Essential Component of Primary Care. *Qualis Health*

Primary Care and Dental Care: Partners in Prevention



*Including structured EHR data and diagnostic codes, disease registries, and other tools

Source: Oral Health: An Essential Component of Primary Care. *Qualis Health*

Idaho Statewide Partners in Prevention

- **Idaho Oral Health Program (IOHP).** Works with Public Health Districts throughout the State to provide preventive oral health services and education to at-risk children and adolescents, and pregnant women. Activities conducted in public health settings by nurses and registered dental hygienists include:
 - Fluoride varnish programs in WIC clinics, Early Head Start, and Head Start Centers
 - School-based dental sealant clinics at schools with >35% free and reduced school lunch – enhanced endorsement RDH
 - Oral health screenings, assessments and education
 - Dental home referrals to all children seen in fluoride varnish programs and school-based sealant clinics.

IOHP also does several other functions related to the essential dental public health functions.

Idaho Statewide Partners in Prevention

- **Idaho Smiles Program.** Medicaid dental plan.
- **Idaho Oral Health Action Plan, 2015-2020.** Adopted strategies for Prevention, Access to Care, and Policy/Infrastructure
- **Idaho Oral Health Network.** Brings together community champions to strengthen infrastructure. Hosted Oral Health Convening in May 2017. “Medical-Dental Collaboration: Focus on Patient-Centered Care.”
- **Idaho Oral Health Alliance.** Works to integrate with private sector. Developing Clearinghouse/referral line for dentists who agree to take a limited number of uninsured pts. Seeking grant dollars to fund. Modeling after Genesis Clinic in Boise.
- **Idaho Primary Care Association.** New dedicated staff person that works with FQHCs and Idaho clinics on oral health integration or medical-dental collaboration projects. FQHCs can contract with private dentists.

Bringing Oral Health into the PCMH

- The separation of the mouth from the body has been built into the cultures of medicine and dentistry for generations by separate training programs, professional identities, delivery systems, and payment structures. As a consequence, collaboration between medicine and dentistry rarely occurs.
- The proactive coordination of care is central to primary care's relationship with medical specialty services and can be applied to oral health services.
- By routinely assessing oral health and actively coordinating referrals, primary care providers facilitate the kind of partnership with dentistry that is the standard among health professionals across disciplines.

Source: Oral Health: An Essential Component of Primary Care. *Qualis Health*

Continuum of Oral Health Promotion in Primary Care

Coordinated		Co-located		Integrated	
Key Element: Communication		Key Element: Built Space		Key Element: Practice Transformation	
Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Minimal collaboration	Basic collaboration at a distance	Basic collaboration onsite	Close collaboration onsite with some integrated systems	Close collaboration approaching integrated model	Fully collaboration in transformed practice

Source: P. Braun, S. Geiermann. Medical-Dental Collaboration: Focus on Patient-Centered Care. 2017 Idaho Oral Health Convening

Integration Study

- The National Association of Community Health Centers (NACHC) conducted a recent study (2015) on oral health integration in Federally Qualified Health Centers (FQHCs.)
- The resulting report -- **Integration of Oral Health with Primary Care in Health Centers: Profiles of Five Innovative Models** -- highlights health centers with successful models along the continuum of oral health promotion in primary care.

Source: <http://nachc.org/wp-content/uploads/2015/06/Integration-of-Oral-Health-with-Primary-Care-in-Health-Centers.pdf>

Clinic Profile:

Primary Care Team Members Expand Roles

The Bluegrass Community Health Center (BCHC) in Lexington, KY

- Trained existing primary care teams to provide limited oral health care during the primary care appointment.
 - Clinical assistant (RN or CNA) does risk assessment – review of medical/social history and direct inquiry
 - Clinical assistant then PCP conducts oral health evaluation
 - PCP and clinical assistant applies fluoride varnish
 - Clinical assistant, then PCP provides education
 - EHR used to identify need and produce referrals

Clinic Profile:

Add Registered Dental Hygienist to Primary Care Team

Salina Family Health Center (Salina) in Salina, KS

- Embedded a registered dental hygienist (RDH) on the primary care team.
 - RDH reviews patient schedule each morning and “flags” patients to visit during the day
 - RDH conducts oral health risk assessment
 - PCP conducts oral health evaluation
 - RDH does fluoride varnish and education
 - RDH serves as liaison between primary care and dental referrals to on-site and community dentists

Clinic Profile:

Add Dental Outreach Coordinator to Primary Care Team

Yakima Valley Farm Workers Clinic, WA and OR

- Employed a dental outreach coordinator who leverages their integrated EHR to coordinate and make dental appointments for primary care patients.
 - Clinical assistant reviews medical/social history, direct inquiry, length of time from last dental visit
 - Clinical assistant then PCP provides oral health evaluation
 - Clinical assistants/Dental assistants apply fluoride varnish
 - WIC, clinical assistant and dental care team provides education
 - Dental outreach coordinator generates dental referral automatically for pts not receiving dental care in last 6 months or manually as needed. Coordinator tracks and closes the loop on dental referrals.

NCQA 2017 PCMH Competencies Include Oral Health

Knowing and Managing Your Patients



- KM 01 (Core): Documents an up-to-date problem list for each patient with current and active diagnoses (including oral health)
- KM 05 (1 Credit): Assesses oral health needs and provides necessary services during the care visit based on evidence-based guidelines or coordinates with oral health partners.
- KM 23 (1 Credit): Provides oral health education resources to patients.

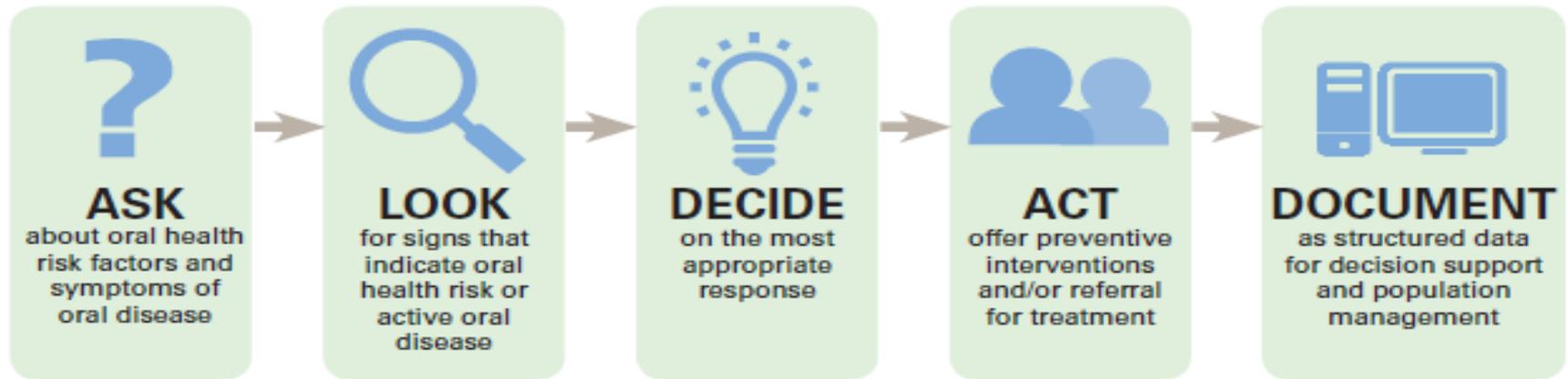
NCQA 2017 PCMH Competencies Include Oral Health

Performance Measurement & Quality Improvement



- QI 01 (Core): Monitors at least five clinical quality measures across the four categories (Immunizations, Other preventive care, chronic or acute, behavioral health)
- QI 08 (Core): Sets goals and acts to improve upon at least three measures across at least three of the four categories (Immunizations, Other preventive care, chronic or acute, behavioral health)

Oral Health Delivery Framework in Primary Care



Source: Oral Health: An Essential Component of Primary Care. *Qualis Health*

Oral Health Delivery Framework

- 1. Ask about symptoms that suggest oral disease and factors that place patients at increased risk for oral disease.** Two or three simple questions can be asked to elicit symptoms of oral dryness, pain or bleeding in the mouth, oral hygiene and dietary habits, and length of time since the patient last saw a dentist. These questions can be asked verbally or included in a written health risk assessment.

- 2. Look for signs that indicate oral health risk or active oral disease.** Assess the adequacy of salivary flow; look for signs of poor oral hygiene, white spots or cavities, gum recession or periodontal inflammation; and conduct examination of the oral mucosa and tongue for signs of disease.

Oral Health Delivery Framework

3. Decide on the most appropriate response. Review information gathered and share results with patients. Determine action based on standardized criteria based on answers to the screening and risk assessment questions; findings of the oral exam; and the values, preferences, and goals of the patient and family.

4. Act by delivering preventive interventions and/or placing an order for a referral to a dentist or medical specialist. Preventive interventions delivered in primary care may include: 1) changes in the medication list to protect the saliva, teeth, and gums; 2) fluoride therapy; 3) dietary counseling to protect the teeth and gums, and to promote glycemic control for patients with diabetes; 4) oral hygiene training; and, 5) therapy for tobacco, alcohol, or drug addiction.

Oral Health Delivery Framework

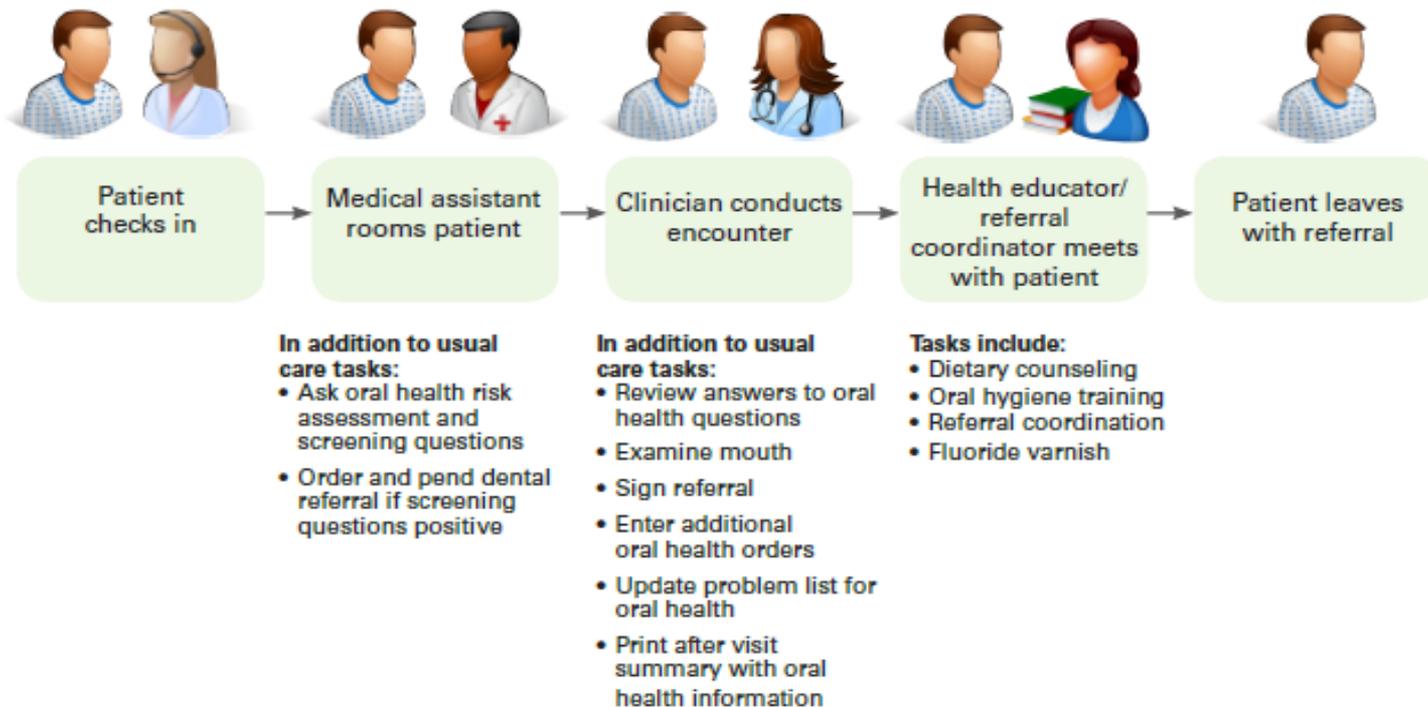
5. **Document the findings as structured data** to organize information for decision support, measure care processes, and monitor clinical outcomes so that quality of care can be managed.

The screenshot displays a clinical data collection interface. On the left, a 'Workflow' pane shows patient vitals (Weight: 58.06 kg, Height: 157.48 cm, Pulse: 72 bpm, Blood Pressure: 132/74 mmHg, Tobacco Use: Never, No sec, Body Mass Index: 23.4 kg/m²) and a list of 'Favorites' including 'Oral Exam'. The main 'Collection' pane is titled 'Oral Exam:' and contains the following sections:

- Collected Date Time:** 03/20/2015, 09:40 [Current Time]
- Last visit to a dental provider (required):** Includes radio buttons for 'Date', 'In the last year', 'In the last 6 months', 'More than a year', 'Unsure', 'In the last 3 months', and 'In the last 9 months'.
- Last periodontal exam/teeth cleaning:** Includes radio buttons for 'Date', 'In the last year', 'In the last 6 months', 'More than a year', 'Unsure', 'In the last 3 months', and 'In the last 9 months'.
- Does the patient have any natural teeth present?:** Radio buttons for 'Yes' (selected) and 'No'.
- Did you conduct a visual oral examination today?:** Radio buttons for 'Yes' (selected) and 'No'.
- Visual Oral Exam Observations (optional):** A grid of checkboxes for 'Bad Breath', 'Swollen gums', 'Bleeding gums', 'Redness of the gums', 'Ulcers in the mouth', 'Red/White lesions in the mouth', 'Tooth decay', 'Broken teeth', 'Missing teeth', 'Other' (with a dropdown menu), and 'None'.
- Refer to (optional):** Checkboxes for 'Internal Dentist (FHC)', 'External Dentist', and 'Advised the patient to follow-up with their Dentist'.
- Education Provided (optional):** Radio buttons for 'Resources provided' (selected) and an 'Ink Here' text box.

At the bottom of the interface are 'Done' and 'Add Comment' buttons.

Workflow Example for Primary Care Team



Source: Oral Health: An Essential Component of Primary Care. *Qualis Health*

Incremental Approach to Implementation

You may not be there yet...

Specific examples of incremental approaches include:

- Begin with **screening** patients for signs and symptoms of early disease and develop a **structured referral** process for dentistry.
- Offer **fluoride varnish for pediatric patients** per the USPSTF and AAP guidelines; consider indications for fluoride varnish for high-risk adults.
- Focus on patient/caregiver **risk assessment and risk reduction** through patient education, dietary counseling, and oral hygiene training.
- Identify a particular **high-risk patient population** (e.g., children, adult patients with diabetes, pregnant women) and begin with a pilot before expanding population/practice wide.
- Continue to **pursue progressively higher levels of integration**, so that over time all patients receive oral health preventive services and structured referrals from their primary care team.

High Risk Populations: Children

- Most children visit their PCP routinely for well-child care, immunizations, school and sports physicals, etc.
- Offering oral health care as a standard component of routine well-child care expands access, including the opportunity for referral, for nearly all children and adolescents.



High Risk Populations: Children



Preventing Dental Caries in Children 0-5 Years:

- The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride. **Grade B**
- The Task Force recommends that primary care clinicians apply fluoride varnish to the primary teeth of infants and children starting at the age of primary tooth eruption. **Grade B**

Reimbursement for “Application of topical fluoride varnish by a physician or other qualified health care professional”:

CPT code 99188 and ICD-9 V07.31

High Risk Populations: Children

- A clinical report published in 2014 on “Fluoride Use in Caries Prevention in the Primary Care Setting,” the American Academy of Pediatrics (AAP) recommends fluoride varnish at least once every 6 months – and preferably every 3 months – starting at tooth emergence.
- In September 2015, fluoride varnish was added to the Bright Futures Guidelines and integrated into the Bright Futures–AAP periodicity schedule.

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Source: [Pediatrics. 2014 Sep;134\[3\]:626-33.](#)

High Risk Populations: Pregnant Women

- The vast majority of pregnant women nationally receive prenatal care in the first trimester of pregnancy from a primary care provider, midwife, or physician specialist.
- Only 50% of pregnant women with a dental problem visit a dentist during pregnancy.*
- Despite evidence showing that dental care, including x-rays, local anesthesia, and oral pain medication is safe throughout pregnancy, many dentists mistakenly believe that dental care could put pregnant patients at risk, and delay until after delivery.**

Source:

* Lydon-Rochelle MT, Krakowiak P, Hujoel PP, Peters RM. Dental care use and self-reported dental problems in relation to pregnancy. Am J Public Health. 2004 May;94(5):765-71.

**Northwest Center to Reduce Oral Health Disparities. Guidelines for Oral Health Care in Pregnancy. Seattle, WA; University of Washington School of Dentistry; 2009.

High Risk Populations: People with Diabetes

- Most patients with diabetes see their primary care team on a regular basis for chronic illness care, including screening, medication management, and self-management support.
- People with diabetes are at high risk for oral health complications, and untreated oral disease may complicate diabetes.
- Preventive oral health care aligns perfectly within chronic illness care; oral health self-care messages reinforce nutrition messages addressed in diabetes care.



Oral Health Integration Resources

Smiles for Life.

*****Free Continuing Education Credit*****

National oral health curriculum designed to enhance the role of primary care teams in oral health.

Consists of eight, 45-minute, on-line modules covering core areas of oral health relevant to health professionals.

- ✓ Relationship of Oral and Systemic Health
- ✓ Child Oral Health
- ✓ Adult Oral Health
- ✓ Acute Dental Problems
- ✓ Pregnancy and Women's Oral Health
- ✓ Caries Risk Assessment, Fluoride Varnish and Counseling
- ✓ The Oral Exam
- ✓ Geriatric Oral Health

Source: www.smilesforlifeoralhealth.org

Oral Health Integration Resources

Oral Health: An Essential Component of Primary Care. White Paper. Qualis Health. June 2015.

Link: <http://www.safetynetmedicalhome.org/sites/default/files/White-Paper-Oral-Health-Primary-Care.pdf>

Oral Health Integration Toolkit: Resources for supporting oral health integration in Oregon. Health Management Associates. May 2017.

Link: <http://www.oregon.gov/OHA/HPA/CSI-TC/Resources/Oral%20Health%20Toolkit%20-%20Resources%20for%20Supporting%20Oral%20Health%20Integration%20in%20Oregon.pdf>

No Barrier is Insurmountable!

Time?

- Oral health risk assessment and screening in 12 seconds.
- With varnish, adds 2-3 minutes to well-child visit.

Education and Experience?

- Oral health delivery framework, Smiles for Life curriculum, invite a local dentist to provide an in-service, identify a PCP oral health champion.

Payment Limitations?

- “Physicians are still seeing the same number of patients post implementation”
- Medicaid and commercial health plans provide coverage for fluoride varnish and supplementation for children.
- Commercial insurance for oral health anticipatory guidance in well exams.
- Care coordination payment to support structured referrals.
- Future opportunities in value-based payment models like ACOs.

Source: Oral Health: An Essential Component of Primary Care. *Qualis Health*

Questions, Comments, Discussion

- Your experience?

