Health Center Oral Health Promising Practice

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Integrated Pediatric Health Home Project – A Caries Prevention Project for Pediatric Medical / Dental Patients

Organization:
El Rio Community Health Center, Tucson, AZ

Summary:
As a Clinical Services Team, Dr. Arthur Martinez (Chief Clinical Officer), Dr. Greg La Chance (Dental Director), Ms. Nancy Wexler (Dental Department Manager), Dr. Andrew Arthur (Associate Medical Director for Pediatric Medicine), Tana Liley, R.D.H., and Grace Pier (Outreach Coordinator) recognized that better oral health outcomes would be achieved for pediatric patients if El Rio instituted an integrated, preventive approach utilizing the pediatric medical and dental professional staff working in a collaborative manner to reduce the caries rate in El Rio's pediatric patient population, while simultaneously increasing the access to care according to the American Dental Association and American Academy of Pediatric Dentistry guidelines.

Problems identified that needed to be addressed:
1) A high caries rate in the pediatric patient population which is common in an underserved population.
2) Limited access to care for pediatric patients at El Rio as only 2 out of 12 El Rio staff general dentists were comfortable treating the difficult pediatric patient. The pediatricians were aware of this issue so they routinely referred their patients to Medicaid “Mill” dental practices outside of the Health Center. By this referral practice, El Rio was concerned that its pediatric patients were not receiving the highest quality of dental care, and was losing revenue to the dental practice and ultimately the Health Center.
3) A need to improve the Dental IQ of the pediatric medical staff.
4) A low comfort level among the dentists in treating pediatric dental patients, particularly the difficult pediatric dental patient.

In order to address these issues the following actions/projects were developed for implementation:
1) Developed a Caries Prevention Program that utilizes an integrated approach to educating and treating pediatric patients. Hence the name for the project became, the Integrated Pediatric Health Home Project (IPHHP). The components of the IPHHP and status (i.e. Implemented/Completed/Planned) are as follows:
   a) A Caries Screening / Fluoride Varnish Program was developed and instituted. Eight out of 10 staff dental hygienists spend one half day (4 hours) per week providing a Caries Risk Assessment, Oral Hygiene Instruction, Nutritional Counseling and Fluoride Varnish Services with portable equipment in the waiting rooms of 3 pediatric medical offices and at one WIC location. The goal is to register and make follow up appointments for initial dental appointments as well (implemented). The plan may also include a possible financial incentive to hygienists for recruiting patients and making these initial appointments (planned).
   b) Created a feedback form for the pediatricians in order to inform them of the status of their patient's dental health, as well as treatment needs. The pediatricians use this information to
discuss the dental health status of the child with the parent, as well as reinforce the principles of good oral health and treatment follow up. A copy of this form is included (completed).

c) Create a Caries Immunization Card similar to the Immunization Cards used in medical practice, to not only educate the parents on the recommended frequency/ages for exams, sealants and fluoride varnish application, but also to serve as a historical record and reminder for the parents on when to schedule the needed services (planned).

d) Created a system whereby every pediatric medical patient who receives a well-child check also receives an immediate dental examination at the same visit via a “warm hand off” from the medical staff to the dental staff. This is accomplished through the use of the pediatric dental residents (implemented).

e) Design and construct a 2 operatory dental unit in each pediatric medical office with the front door accessing the waiting area and the back door accessing the medical clinical area. This will give El Rio the ability to not only provide the caries prevention services, but also provide exams, x-rays, prophylaxis and sealants (planned).

2) Establish El Rio Health Center as a training site for a pediatric dentistry residency training program (implemented).

a) In 2008, El Rio Health Center entered into formal discussion and subsequently an agreement with Lutheran Medical Center (LMC) to become a training site for the LMC Advanced Education in Pediatric Dentistry Residency Training Program which is a 2 year program (completed).

b) Hire a pediatric dentist (completed in March 2010).

c) Interview and accept a first year class of 4 pediatric residents to begin the program in July 2010 (completed).

d) Hire a 2nd pediatric dentist (completed in July 2011).

e) Interview and accept a 2nd first year class of an additional 4 residents to begin in July 2011 (completed).

f) Expand the class size to 5 residents beginning in July 2013 (planned).

g) Hire a 3rd pediatric dentist (planned for July 2013).

3) Provide multiple in - service training sessions to staff dentists regarding pediatric dentistry, especially in regards to treating the difficult pediatric dental patient (completed).

4) Provide multiple meetings and in-services with the pediatric medical staff regarding implementation of the Integrative Pediatric Health Home Project, as well as oral health education (completed).

The benefits and achievements gained from this best practices program:

1) All pediatric medical patients are now referred internally to an El Rio dentist or resident. The medical staff no longer refers to outside dentists or Medicaid “Mill” dental offices.

2) El Rio tracks and reports an Oral Health Quality Indicator, the percentage of pediatric patients 12-60 months of age who receive a dental evaluation and a well-child visit within the 12 month measurement period. This indicator was only at 5% when it was initially tracked and measured starting in the 1st quarter of 2009. As of the 1st quarter of 2012, the indicator is at 40%.

3) Parents appreciate the fact that their child is receiving a dental exam at the same time as the medical well child visit: It saves them from having to make an extra, separate appointment.

4) Parents are also impressed when the pediatrician reviews the results of the dental exam with them at subsequent medical appointments, as it speaks volumes to the teamwork and quality of care being provided by their pediatrician and dentist at El Rio Health Center.

5) There are future plans to measure the baseline caries rate in the El Rio pediatric patient population prior to implementing the Caries Prevention Program (from historical dental chart data). Then, the caries rate of the El Rio pediatric patient population will be tracked, measured and compared to the control group to see if there is a decrease in the caries rate of this population. This information will be used as part of the development of “Meaningful Use” data from the EDR as well as a quality indicator and means to incentivize staff hygienists at El Rio. This information may also be used to lobby state legislators and Medicaid Administrators to increase funding for these types of prevention services/programs.

Lessons Learned:

1) By providing preventive services in the pediatric waiting rooms, not only is the scheduled medical patient served, but also multiple sibling family members who accompany the patient as well as the parent. Parents appreciate this service and it also provides the siblings an activity to occupy their time in the waiting area.

2) The Hygienists treat 3-4 patients per hour in the Varnish Program (12-16 patients per 4 hour session).
3) Through discussions with our Medicaid plans and the State Medicaid Dental Director, we are allowed to bill for these services and receive PPS dollars for the visit as well.

4) Seventy percent of the children served through this Varnish Program have Medicaid coverage. The services for the other 30% are covered through public and private grants applied for and obtained through the El Rio Foundation.

5) The first approach was to have the dental hygienist provide these services in the medical examination room. However, the hygienists never knew when the pediatrician would enter the room and did not want to interfere with the medical visit. Hence, the service was moved to the medical waiting room.

6) Since these services are provided on a routine basis, it makes it easier to organize and participate in outreach events such as GKAS Day and Health Fairs, as the same services and education is provided at the outreach events as are provided for the Caries Prevention/Fluoride Varnish Program.

Attachment:
El Rio Community Health Center Integrated Health Home Program Dental Report

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