The Patient Centered Health Home: Is There a Room for Oral Health?

Moderator- Dan Watt, DDS
Dental Director, Terry Reilly Health Center
National Primary Oral Health Conference
Wednesday, October 26, 2011
Session Outline

• The Patient Centered Health Home (PCHH) concept
• HRSA’s PCMH/HH efforts
• Results of NNOHA’s PCHH Assessment
• Best Practices from Early Adopters Incorporating Oral Health into the PCHH
Objectives

• Understand the elements of the Patient Centered Health Home
• Describe why oral health is an important component of the PCHH
• Learn the characteristics of Health Centers that have successfully integrated oral health into the PCHH
• Review best practices to integrate oral health with other Health Center disciplines
Patient Centered Health Home: One Definition

• Patient Centered: Care that is respectful of and responsive to individual patient preferences, needs and values

• Health Home: An approach to providing primary care where individuals receive integrated, comprehensive medical, dental and mental health care that is focused on prevention and early intervention
NCQA PCHM Recognition

• NCQA is a non-profit organization dedicated to improving health care quality
• Established 1990
• Accredits, recognizes and certifies a wide range of health care organizations and providers
• HEDIS program
• New Patient-Centered Medical Home (PCMH) recognition program
NCQA PCMH Characteristics

• Enhance Access and Continuity
• Identify and Manage Patient Populations
• Plan and Manage Care
• Provide Self-Care Support and Community Resources
• Track and Coordinate Care
• Measure and Improve Performance
HRSA PCM/HH Initiatives

- Encourages Health Centers to undertake the practice changes that will enable them to gain NCQA Patient-Centered Medical Home (PCMH) recognition
- Support, training, TA to apply for recognition
Overall Desired Outcomes

• Improve health outcomes
• Lower health care costs
• Improve health care quality
Why Oral Health in the PCHH?

• Oral diseases are the most common
• Oral health affects general health
• Oral diseases have morbidity
• Prevention works
• Oral disease ideal for early identification, intervention and management
Why Oral Health in the PCHH?

• Chronic oral diseases must be managed throughout the life-cycle
• Control of oral disease requires patient self management
• Oral health providers are not accessing all patients that need intervention
• Patients want to access oral health care
Barriers to Oral Health Inclusion

• Lack of knowledge by medical, dental providers and patients
• Lack of infrastructure
• Lack of incentive
Successful Models in HC

• HRSA/BPHC Oral Health Disparities Collaborative Pilot
  – Implemented 2005-2007
  – 4 Health Centers
  – Increased medical-dental integration
  – Improved finances
Results from NNOHA’s Patient Centered Health Home Assessment

Irene V Hilton, DDS, MPH
Dental Consultant
National Network Oral Health Access
Methodology

- Online assessment of 77/270 HC dental directors
  - Level of medical-dental integration
  - Perceived barriers
- Follow-up guided interviews with 9 high performing dental programs
  - Seven key program characteristics
- Best practices
Seven Key Characteristics
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”
Dental Integrated into HC Executive Team

- Not based on personal relationships - part of organizational structure
- Included in all operations team meetings, committees and communications
- Present when planning and clinical policy and protocol decisions made to advocate for oral health to and give dental input and perspective
Co-location

- Staff from any Health Center department could bring a client directly to dental
- Bi-directional with dental staff able to send patients directly to medical department for same day assessment
- Positive attributes of having multiple services (e.g. nutrition, behavioral, social workers etc.) in one location.
Organizational Culture of Quality Improvement

- In-depth user’s knowledge of the terminology and methodology of quality improvement
- Culture permeated all levels of the Health Center - part of how the dental program conducted its daily functions
- Focus on outcomes - of using outcome measures to drive change, of improving from a baseline, and using these concepts for all aspects of clinic operations
Dental 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, but rather explaining the "why"
  - Changes achieve good patient outcomes
  - Generate revenues and maintain sustainability
Patient Support Services

- Patient navigators, family support workers, health coaches
- Assist in making appointments, engaging patients, motivational interviewing, goal setting
- “Floaters” available to dental also
  - Dental appointments
  - Weight control

National Network for Oral Health Access
Dental Director Leadership

• Proactive, sure of the importance of oral health in improving the health status of the patients they serve
• Confidence to advocate for oral health
• 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.”
Barriers to Integration

- Lack of necessary infrastructure, especially IT systems, to facilitate integration of oral health with other health center services
  - Dental capacity smaller than medical capacity
  - Lack of EMR/EDR interoperability
Best Practices
Clinical Information Systems

- Generate lists of children, perinatal, diabetics, HIV that have not seen in dental for follow-up
- Track number of referrals from medical that are seen in dental
- Utilize IT system to identify and alert medical providers about special populations that need a dental referral) through ICD-9 code
Decision Support

- Standardized curriculums used for training of medical and dental staff (i.e. Society of Teachers for Family Medicine (STFM) Smiles for Life)
- Specific HC procedures and protocols support integration
- Minimum bureaucracy - ability to get a form or protocol approved and implemented in a few days - why delay an improvement?
Delivery System Design

- Family Support Workers/Patient Navigators/Health Coaches make appointments for clients
- "Open access" - referring same-day pediatric patients to dental department for same day visit
- "Max-packed visits" – immunizations in medical and exam with dentist in one visit
Self-Management Support

- Focus on patient literacy
- Dental education brochures in medical clinic waiting rooms
- Patients access health records over the internet/phone. Communicate the relationship between lifestyle and results.
Health System
Organization of Health Care

• Dental staff located in WIC, pediatrics, primary care

• Develop quality improvement measures related to integration

• HC staff compensated based on patient outcomes
Community Resources and Policies

- Bilingual dental outreach worker- self-supporting by generating new clients and acting as an advertising arm of the clinic
- Dental staff outreaches at county social services office/department of public health, local dental hygiene schools and dental society components
- Statewide PCA Learning Collaboratives
Next Steps

- PCHH/OH Action Guide under HRSA review
- Develop Core Curriculum on the integration of oral health services and medical care services
- Advocate for inclusion of oral health into HRSA’s HIT and meaningful use initiatives
Considerations in Linking the Oral Health and Medical Home

LEE FRANCIS, MD, MPH
ERIE FAMILY HEALTH CENTER
CHICAGO, IL
Where Erie’s Services Take Place:

3 Family Health Centers
1. Erie West Town
2. Erie Humboldt Park
4. Erie Helping Hands

5 School-Based Health Centers
6. Erie Westside  10. Erie Amundsen
7. Erie Henson  11. Erie Lakeview
9. Erie Clemente

1 Teen Health Center
5. Erie Teen Center

2 Dental Centers
3. Erie Humboldt Park Dental Center
8. Erie Albany Park Dental Center
Federally Qualified Health Centers (FQHCs)

A federally qualified health center (FQHC) is a type of provider defined by the Medicare and Medicaid statutes. FQHCs include all organizations receiving grants under Section 330 of the Public Health Service Act, certain tribal organizations, and FQHC Look-Alikes.

Source: Centers for Medicare and Medicaid Services; U.S. Department of Health and Human Services; Quarter 4, 2008.

Note: Alaska and Hawaii not shown to scale.
Linkage Oral Health and Medical Health

- Pediatrics
- Pregnant Women
- Adults with Diabetes and Chronic Illness

Deliver Anticipatory Guidance in the Medical Setting
Health Care Reform and Primary Care — The Growing Importance of the Community Health Center

Eli Y. Adashi, M.D., H. Jack Geiger, M.D., and Michael D. Fine, M.D.

During the debate over U.S. health care reform, relatively little attention was paid to the long-established network of community health centers (CHCs) in the United States. And yet this unique national asset constitutes a critical element of any reform intent on expanding access to were to be “of the people, by the people, for the people.”

Now operating at more than 8000 sites, both urban and rural, in every state and territory (see Fig. 1), run by about 1200 CHC grantees, the centers are the medical home to 20 million Americans, 5% of the current U.S. pop-

often the sole health care provider available to these patients. Beyond their commitment to the uninsured, the CHCs have always welcomed the insured in need of high-quality primary care. At present, 35% of CHC patients are beneficiaries of Medicaid, and 25% are beneficiaries of Medi-
Check off boxes in the Electronic Medical Record
EMR/EDR Challenges
Communication Challenges

- The patient is on warfarin, aspirin, plavix or other anti-platelet or anti-coagulant drug
- The patient has a medication allergy
- The patient has uncontrolled
  - Diabetes
  - Hypertension
- The patient is pregnant
- The oral health provider or medical provider or both just want to know what’s going on
- A million other things
Dashboards for Quality Reporting

Erie Dental Health Center - Albany Park and Humboldt Park
Oral Health Outcomes

Pediatric oral health patients enrolled in program for at least one year experience no new cavities

Oral health patients complete treatment plan within one year

Oral health pediatric patients receive preventive services

Patients will attend their first routine, follow-up visit after their treatment plan is complete.

HIV/AIDS Patients who complete treatment plan in one year

Pediatric patients age 8-17 receive sealants
Oral health patients complete treatment plan within one year

<table>
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<th>Quarter</th>
<th>Treatment Plan Complete - Albany Park</th>
<th>Treatment Plan Complete - Humboldt Park</th>
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<tr>
<td>FY09 Q1</td>
<td>70%</td>
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<tr>
<td>FY09 Q3</td>
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<tr>
<td>FY09 Q4</td>
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<td>90%</td>
</tr>
<tr>
<td>FY11 Q3</td>
<td>91%</td>
<td>94%</td>
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</table>

- Blue: Treatment Plan Complete - Albany Park
- Green: Treatment Plan Complete - Humboldt Park
- Red: Oral Health Goal
Pediatric oral health patients enrolled in program for at least one year experience no new cavities

- FY09 Q1: 58%
- FY09 Q3: 71% (Albany Park), 63% (Humboldt Park)
- FY09 Q4: 56% (Albany Park), 48% (Humboldt Park)
- FY11 Q3: 69% (Albany Park), 83% (Humboldt Park)

Legend:
- Blue: No New Cavities - Albany Park
- Green: No New Cavities - Humboldt Park
- Red: Oral Health Goal
Oral health pediatric patients receive preventive services

- FY09 Q1: 87% (Pediatric patients receive preventive services - AP)
- FY09 Q3: 92% (Pediatric patients receive preventive services - AP)
- FY09 Q4: 96% (Pediatric patients receive preventive services - AP)
- FY11 Q3: 95% (Pediatric patients receive preventive services - AP)

- FY09 Q1: 43% (Pediatric patients receive preventive services - HP)
- FY09 Q3: 88% (Pediatric patients receive preventive services - HP)
- FY09 Q4: 93% (Pediatric patients receive preventive services - HP)
- FY11 Q3: 97% (Pediatric patients receive preventive services - HP)

- Oral Health Goal
Best Practices: Productivity Reporting

Erie Family Health Center
Kearney, Lisa - Oral Health

Visit Volume
Monthly Productivity
Visits Per Hour

Stoplight Summary

<table>
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<tr>
<th>Measure</th>
<th>Actual</th>
<th>Benchmark</th>
<th>Variance</th>
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<tr>
<td>Productivity</td>
<td>3,309</td>
<td>2,517</td>
<td>31.5%</td>
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<tr>
<td>Visits/Hr</td>
<td>1.67</td>
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<td>31.5%</td>
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<tr>
<td>Month Clinical FTE</td>
<td>1.00</td>
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</tbody>
</table>
Yellow Brick Road to Oral Health and Medical Home Integration
A Quality Improvement Approach to Integrating Oral Health and Primary Care

Martin Lieberman, DDS
martinl@neighborcare.org

neighborcare health
Seattle, WA
Neighborcare Health

- Seattle, WA
- FQHC
- 18 sites
- 48,611 patients
- 195,000 visits
Is there a room for dental?
Medical Dental Integration

• What is it?
• What does it look like at Neighborcare Health?
• Barriers: access to affordable care, geographic, fear, knowledge
• Transitional Theory (A=B, and B=C, then A=C)
• Planned Care Model
• PDSAs Plan, Do, Study, Act
Dental/Medical Integration

Improved oral health can lead to better overall health.

Smart Business Chicago | January 2007

While offering medical coverage to prospective and current employees is an important attraction and retention tool for employers, it is far from the only health-related benefit that employees are looking for. After medical coverage, dental coverage is always cited as one of the most sought-after employee benefits.

For employers looking to offer both of these benefits to employees, but are also looking to manage the costs, there is an innovative new approach that can both provide improved benefits for employees — keeping them healthier and more productive — and also cut medical costs for the employer.

Bill Berenson, vice president of sales and service for Small & Middle Market Business in the North Central Region.
Improvement

A person or thing that represents an advance on another in excellence or achievement. Has meaning only in terms of observation based on given criteria

- Faster
- Easier
- More efficient
- Safer
- Less expensive
- More effective

http://dictionary.reference.com/browse/improvement
Quality Improvement- the Process

- Identify a program or facility problem
  - Continuity of care
  - Access to Care (TPCR)
  - Emergency care
  - Adverse patient events
  - Medical/dental integration

- Conduct a study
- Develop and implement a plan
- Monitor and track results
- Demonstrate improvement and restudy the problem [continuously]
Plan-Do-Study-Act Cycle

Ideas ➔ Action ➔ Learning ➔ Improvement

- Demonstrate improvement
- What changes are to be made?
- What is the next cycle?

- Complete the data analysis
- Compare data to predictions
- Summarize what was learned

- Identify problems and create a plan
- Implement the plan
- Monitor and document results
- Begin analysis of the data
Using the Cycle to Improve

Very Small Scale Test

Follow-up Tests

Wide-Scale Tests of Change

Implementation of Change

Spread

Data

Improvement

Ideas
Access Issue

- We cannot provide dental care to all of our medical patients.
- If we have to ration care, who should get it?
- State budget cuts.
- Populations of focus.
- Children, pregnant women, diabetics, HIV, cardiovascular disease.
0-5 year olds

• Dental decay, most common chronic disease in children.
• AAP-1st visit by age 1
• Fluoride varnish-arrest decay, remineralize
• Disease management approach to oral health (CAMBRA risk assessment tool)
• We were getting our patients too late
At Neighborcare
(A Collaborative Approach)

• Educated entire medical staff
• Knee to knee exams- taught providers what to look for.
• Strategized flow from medical to dental and vice versa.
• Worked with all team members.
• Immunizations.
• Over 200 PDSAs
Pregnancy

- Periodontal disease has been linked to premature births and under-weight babies.
- Elevated levels of hormones in expectant mothers may cause the gums to react differently to the bacteria found in plaque, increasing susceptibility to gum inflammation and disease during pregnancy.
- Prevent the vertical transmission of dental caries
At Neighborcare

- Used the model for improvement approach with collaboration between medical and dental teams to increase the percentage of OB patients getting dental care.
- New York Guidelines.
- Education, joint meetings, joint PDSA planning, teams.
- Shared results. Daily, weekly, monthly monitoring.
- Eliminate decay before colonization can occur.
- 6 month review
Diabetes

• The association between diabetes and periodontal disease is well documented.
• Diabetic patients have a compromised ability to respond to infections, they are at greater risk for periodontal disease.
• Periodontal disease appears to make it more difficult for diabetics to stabilize their blood glucose levels.
• For these reasons, good daily oral hygiene and early detection of gum disease are essential for the diabetic patient.
At Neighborcare

• Neighborcare Goal: Increase the percentage of diabetics with HA1C >8 that receive dental care.
• Same collaborative model.
• Greatest Barrier: Financial
• If A=B and B=C, then A=C
• If improving oral health improves diabetic health, and if improving diabetic health improves overall health, then improving oral health improves overall health.
2009-2011 Ha1c Averages by Quarter
HIV/AIDS

- A disease which often manifests itself first in the mouth is HIV/AIDS.
- Inflammation of the gums and lesions are often present.
- Spontaneous bleeding is a frequent finding in the HIV positive patient, as is Candidiasis, an infection associated with impaired immune function.
Cardiovascular Disease and Stroke

• Bone loss in the portion of the jaw containing tooth sockets (a measure of periodontal disease) is a predictor of chronic heart disease.

• Bacteria found in periodontal disease can also lead to blood clots, increasing the risk for heart attacks or stroke.

• According to the National Institute of Dental and Craniofacial Research, people with periodontal disease may be more likely to develop cardiovascular disease.
At Neighborcare

• Next population of focus
• “Tooth brushing, Inflammation and risk of Cardiovascular: Results from Scottish Health Survey”.
• Poor oral hygiene is associated with higher levels of risk of cardiovascular disease and low grade inflammation, though the causal nature is yet to be determined.
• Medical Director “similar effect on a population as use of aspirin, statins”
• Toothbrushing campaign
The Future

- There are probably more systemic linkages
- How do we use our limited resources to improve the health of the population we serve?
- What does a medical (health care) home that includes dental look like in your Health Center?
Experiences in Integrating Dental with Medical

Nancy Adrianse, BSDH
Iowa Primary Care Association
Urbandale, IA
Why we developed an oral health collaborative

• A newly expanded dental clinic
• Desire to best utilize our resources
• Vision of more preventive, less emergency and episodic care
• Reduce barriers for parents of young children
• Focus on pregnant women to provide early infant oral home care
Learned about pilot programs through presentations

Energized by what was being done at Salud Family Health Center, High Plains Community Health Center, Sunrise Community Health Center and Community Health Partners

Modeled their programs
Increasing awareness in our organization

• Presented oral health collaborative concept to health center administration

• Medical director and CEO shared the vision and offered support
Training the dental staff

• “Smiles for Life” A National Oral Health Curriculum for Family Medicine by the Society of Teachers of Family Medicine used for training

• [www.smilesforlifeoralhealth.org](http://www.smilesforlifeoralhealth.org)

• Trained dental staff first

• Local pediatric dentist provided hands on training for infant and toddler exams
Development of protocols

• Protocol for exams
• Developed risk assessment questions
  – put into chart templates
• Protocol for fluoride varnish based on AAPD recommendations
  • Reviewed materials to give as follow up
  • Utilized Delta Dental of Iowa Mini Grant to supplement purchased educational materials
Educational Material

National Institute of Dental and Craniofacial Research
www.nidcr.nih.gov/orderpublications

National Maternal and Child Oral Health Resource Center
www.mchoralhealth.org
Training the medical staff

- Encouraged them to refer infants, toddlers and pregnant women
  - Reported that they were already referring
- Emphasized a more formal referral so we could track the patients
- Utilized a referral form that was already in place to track the referrals of patients with diabetes to the dental clinic.
Promotion of collaborative

• Developed posters for medical and dental patient reception and exam rooms
• Distributed posters to preschools and Head Start programs in community
Care teams developed

• Medical and dental staff formed care teams
  – Dentist
  – Hygienist
  – Case worker
  – Medical provider (M.D., P.A. or D.O)
  – Nurse
  – Clinic Office Specialist

• Care teams had quarterly team meetings
  – Collaboration, evaluation of process

• Developed data program to monitor results
  – Results reported back to providers
Issues addressed at care team meetings

• Out of all the referrals made, more pregnant women, than infants and toddlers, were being seen.

• Re-evaluated with care teams. Discovered that pregnant women were having dental appointments made before leaving the medical clinic.

• Then developed a process where medical staff also made dental appointments for infants and toddlers before leaving the medical clinic.
Positive Outcomes

• Increased the number of young children receiving dental care
  – doubled in the first year
• Increased awareness of the relationship of maternal and infant oral health
• Pregnant women were learning about good oral health care, sharing and referring family members to the dental clinic.
• Increased community awareness of the Age One Dental Visit
Positive Outcomes

• Increased number of dental visits in the clinic
  – Improved payer source ratio with increased Medicaid visits
• Improved collaboration and communication between medical and dental clinics.
• Training presentation was carried out into the community, presenting the information to local dental hygiene components
Stumbling blocks along the way

• Medical clinics began implementing electronic health records
  – Priorities rearranged
• Difficult to get care teams together
  – Need to reconnect, retrain
• Staff dynamics
  – Individual personalities, maternity leaves, staff changes
• Resulted in drop in number of referrals in infants and toddlers
Future

- Utilize PCHH tracking and referral guidelines to make sure patients are getting appointments.
- Continue to provide education to providers about making dental referrals as part of the PCHH.
- Continued support from Administrative Team and health center clinics.
- Seek out new avenues for increasing community awareness.
Special Thanks to:

• Jan Brown, RDH, MPH, former Primary Health Care Inc., Dental Clinic Director for having the leadership and vision to make the dental clinic more preventive.

• The dentists at Primary Health Care, Inc. that provided the much needed care to these vulnerable populations.

• Tena Geis, MA, Primary Health Care Inc., Dental Clinic Director for collaborating on this power point presentation.
PCMH/HH Resource Links

• http://www.nnoha.org/oralhealthcollab.html
• http://bphc.hrsa.gov/policiesregulations/policies/pal201101.html
• http://www.ncqa.org/tabid/631/default.aspx
• http://www.ncqa.org/tabid/948/Default.aspx
PCMH/HH Resource Links

- http://www.icsi.org/health_care_redesign_/health_care_home_
- http://aaosh.org/
- http://www.niioh.org/