Putting Teeth in the Patient Centered Health Home
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- Private practice 19 years in Chicago
- Dental Director Neighborcare Health since 2002
- National Network for Oral Health Access Board of Directors.
  - Chair Practice Management Committee
Learning Objectives

• Understand the basic concept of patient-centered health home and connections between oral health and systemic health
• Identify 7 key characteristics of a successfully integrated Health Center
• Become familiar with HRSA’s and other national efforts around the integration of oral health into primary care
• Learn about best practices of implementing PCHH initiatives at Health Centers
HRSA PCM/HH Initiatives

• Encouraging 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
Patient Centered Health Home (PCHH): 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
Health Home & Real Home

• Want to know what is happening in every room
• Condition of one may affect the other
• More efficient use of resources
• Maintains in optimal condition
Why Integrate Healthcare Disciplines?

• Increase communication and collaboration
• Improve quality
  ▪ Better health outcomes
  ▪ Increased patient satisfaction
• Reduce costs
• Increase revenues
Overall Desired Outcome
The “Triple Aim”

Improved Health

Improved Care ↔ Reduced Cost
What is Medical Dental Integration?

- Communication between providers
- Architecture
- Education
- A process
- An outcome
- A benefit
- All of the Above
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.
Connections between oral and systemic health

- Conditions and medications that have oral manifestations
- Periodontal/Oral conditions that may have systemic effects
Conditions and medications that have oral manifestations.

- Gingival Hyperplasia
- Dry Mouth
- Pregnancy
- Diabetes
- Nutritional Deficiencies
- Smoking
- Require effective communication between providers
Periodontal/Oral conditions that may have systemic effects

Basic concept: periodontal plaque and inflamed tissue provide a reservoir of bacterial products and products of inflammation (prostaglandins, interleukins, etc.) that can invade the bloodstream.
Some Examples

- Pulmonary Diseases and the “Reservoir” concept
- Ulcers (reservoirs of heliobacter pylorii)
- Cardiovascular Diseases. Role of Bacteria in clot (thrombus) formation, role of bacteria and products of inflammation in the development of ATHEROSCLEROSIS, the C-reactive protein story
- Pregnancy. Periodontal disease associated with adverse birth outcomes
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.
Dental Care & Diabetes

- Recent study compared medical costs of diabetic patients who received periodontal treatment versus no treatment over three years.
- Patients covered through Highmark Medical and United Concordia dental insurance.
- Periodontal treatment was associated with a significant decrease in hospital admissions, physician visits and overall cost of medical care in diabetics. Savings averaged $1,814 per patient in a single year independent of age and sex.

*Periodontal Therapy Reduces Hospitalizations and Medical Care Costs in Diabetics. M. Jeffcoat, J. Blum and F. Merkel, J Dent Res 91(Spec Iss A):753, 2012*

(www.dentalresearch.org)
Oral Disease and Dementia – Possible Mechanisms

• Inflammation implicated in the pathophysiology of Alzheimer’s disease

• Constant trickling of periodontal bacteria into the systemic bloodstream – sustains elevation of inflammatory products within the circulation

• Inflammatory substance produced in the periodontal tissues disseminate into the bloodstream and gain access to CNS
What Does Integration Look Like at the HC Level?
NNOHA Survey

• National Network for Oral Health Access (NNOHA). Organization representing oral health providers and supporters working in HC’s/safety-net. 1,700+ members
• HRSA cooperative agreement
• Conduct a needs assessment to identify barriers that prevent Health Centers from developing patient-centered health homes that meet oral health needs
Seven Key HC Characteristics

1. Leadership Vision & Support
2. Dental Integrated into HC Executive Team
3. Co-location
4. Organizational Culture of Quality Improvement
5. Dental Staff Buy-in: Understanding the “Why”
6. Patient Enabling Services
7. Dental Director Leadership
Leadership Vision and Support

- ED/CEO is a prime force behind the effort to achieve medical dental integration
- The vision for incorporation of dental and other departments into the Primary Care Health Home (PCHH) cascades down from the ED/CEO
Dental Integrated into Health Center
Executive Team

- Completely integrated into the administrative structure of the Health Center
- 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 referrals, 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
Staff Buy-in: Understanding the “Why”

- Progress is 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 would achieve good patient outcomes, provide the best care for patients
  - Generate revenues and maintain financial sustainability
Facilitating Patient Services

- Patient navigators, family support workers, health coaches
- Assist in making appointments, engaging patients, motivational interviewing, goal setting
Medical and Dental Director Leadership

- Proactive, aligned common vision 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 relationships, influence teams, and grow credibility
Barriers to Integration

- Physical Infrastructure- no co-location
- HIT- lack of or not integrated
- Training- lack of training on new clinical skills
- Systems- lack of policies, protocols, forms
- Competing needs/issues- existing practice management issues
Health Information Technology

- Lack of EMR and/or EDR
- Lack of system integration
Training

• Medical staff need training on importance of oral health
  - POF
  - Clinical assessment (ECC, oral cancer)
  - Referral protocols

• Dental staff may need training in clinical skills & lasted guidelines for treatment of POF
  - Children 0-5
  - perinatal
NNOHA’s Resources


• Oral Health Disparities Collaborative: http://www.nnoha.org/oral-health-collaborative.html