When Two Becomes One:
An Effective Model for Medical-Dental Integration

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Collaboration vs. Integration

- **Collaboration** = primary care and oral health working *with* one another

- **Integration** = provision of dental services *within* primary care
Components of an Ideal OH System

- Integrated with the healthcare system
- Emphasizes health promotion/disease prevention
- Monitors population OH status and needs
- Evidence-based, effective, efficient, sustainable, equitable, universal, comprehensive, ethical
- Offers QA, CQI and cultural competency
Why Consider Integration/Collaboration?

- Dental disease and medical health problems are inter-related
- Safety net population has higher level of dental disease
- Service gap for dental disease in the safety net is huge
- OH access is enhanced when provided in primary care settings
- OH prevention and disease management is cost effective when provided in primary care settings
- Outcomes for children receiving preventive and disease management protocols in PC settings are good
Barriers to Integration/Collaboration

Medical and Dental Professionals:

- Educated separately
- Licensed separately
- Regulated separately
- Practice independently
- Non-integrated benefits/insurance programs
- PCPs see the mouth as the property of DMDs
- Sharing of information rarely occurs
- Seen by the public as separate
- Oral Health Training for health professionals has been sparse to non-existent
Barriers to Integration/Collaboration cont’d

• **Time**
  – No time built in to physician visit for the oral health component

• **Comfort**
  – Many PCPs uncomfortable with the mouth, due to lack of oral education and training
  – Lack of comfort with caries risk assessment, anticipatory guidance, screening

• **Reimbursement**
  – Lack of incentive to provide dental services because PCPs do not get reimbursed for all procedures they can perform

• **Referrals**
  – If there is no place to refer patients when a dental problem is found…. why find the problem?
### Spectrum of Integration/Collaboration of OH & PC

#### MODELS OF MEDICAL/DENTAL COLLABORATION / INTEGRATION

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- **Separate locations**: Facilities are located in different places, minimal collaboration.
- **Co-Located**: Facilities are located in the same place, more collaboration.
- **Dental more Integrated into PC**: Dental services are fully integrated into primary care.
Continuum

Separate locations
Outside referrals only

Little to no communication  Good communication
Co-Located
Formal collaboration

Refer
Discuss
Warm handoffs
Communicate
Coordinate

Formal relationship
With a policy
Co-Located Partial Integration

Non-dental providers providing OH services

Screening Guidance CRA FI Varnish Referral

Dental suite in Primary care

Continuum
More fully Integrated Model Features…

- Patient experiences oral health as a key component of a routine medical visit
- Primary care team incorporates oral health into disease management processes of delivery system; entire patient population is the target
- Primary care team treats ordinary oral health conditions in their practice, consult with dentist if patient does not improve, refers patients with treatment needs to dentists; retains responsibility for routine care
- For those at risk, primary care team delivers brief, focused interventions
- Primary care team has comfort level with oral health
Challenges

- Education and training for PCPs
- Training for general dentists to treat small children
- Patient communication – low literacy, culturally competent education materials
- Policy defining the process
- Case Management system
- Training for application of FL varnish by non-dental personnel
- Reimbursement mechanism
- Designated access appointments
- Time allotment
- CRA tool
Cavity Risk Assessment (CRA)

Pedi Dental Screen: Billy S. Pendergast

Family Dental History and Access
Does your child have any cavities or problems in his/her mouth? (if yes, explain)
- Yes
- No

Have any of your other children experienced cavities or problems with their mouth when they were younger than 6 years?
- Yes
- No

Has your child ever been to see a dentist?
- Yes
- No

Feeding
Does your child still carry around a bottle/sippy cup?
- Yes
- No

Does your child go to bed with a bottle?
- Yes
- No

How often does your child snack on cookies or candy?
- More than once per day
- Once per day
- 2-3 times per week
- Never

Brushing/Flouride
Does an adult help to brush your child’s teeth every day?
- Yes
- No
Smiles for Life: A National Oral Health Curriculum

Smiles for Life is the nation’s only comprehensive oral health curriculum. Developed by the Society of Teachers of Family Medicine Group on Oral Health and now in its third edition, this curriculum is designed to enhance the role of primary care clinicians in the promotion of oral health for all age groups through the development and dissemination of high-quality educational resources.

For Individual Clinicians

We've made it easy for individual physicians, physician assistants, nurse practitioners, students, and other clinicians to access the curriculum and learn on their own time and at their own pace. Each of the courses is available online. Free CME credit is available.

For Educators

The curriculum is available in a presentation format easily implemented in an academic setting. Included is a comprehensive set of educational objectives based on the Accreditation Council for Graduate Medical Education (ACGME) competencies, test questions, resources for further learning, oral health web links, an implementation guide, and detailed outlines of the modules.

Course Quick Links

Course 1: The Relationship of Oral to Systemic Health
Course 2: Child Oral Health
Course 3: Adult Oral Health
Course 4: Acute Dental Problems
Course 5: Oral Health & the Pregnant Patient
Course 6: Fluoride Varnish
Populations of Focus

• Children 0-5
• Pregnant women
• Medically compromised patients with high risk for dental problems
  – Diabetics
  – Cardiovascular patients
Considerations for choosing a model:

- In-house alternative to care
- Referring to oral health providers that medical providers know
- Quick access for acute oral health situations
- Better coordination
- Warm hand-offs and curbside consults
- Better hands-on chronic disease management
- More reimbursement options now (e.g. 40 states reimburse non-dental professionals for fluoride varnish applications)
Outcomes

- Early Intervention
- Prevention Invention
- Portal to the family
- One stop shopping
- > OH Literacy
- < OH disparities
- >OH Promotion
- Innovative finance and service delivery
- Drives accountability
- Healthy People 2020
- Non dental professionals providing care
- Increased access
- Win-Win…Finance/OH
- Improved Health
- Reimbursement for children’s dental services
Partnering to Strengthen and Preserve the Oral Health Safety Net

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