Strengthening the Oral Health Safety Net
Medical-Dental Integration Post Webinar Discussion/Learning
Community Call

Monday, July 7, 2014

SUMMARY

On July 7th, NNOHA conducted a learning community call on medical-dental integration. This forum allowed Health Center members (and Primary Care Association members) of the Strengthening the Oral Health Initiative (SOHSN) to connect with other programs in the initiative in order to discuss their challenges and promising practices around the topic. The learning community call also served as a follow up to the webinar, Creating Medical Dental Integration - Helpful Hints & Promising Practices, presented by Dr. Irene Hilton, NNOHA’s Dental Consultant, on June 23, 2014.

Due to the participatory nature of the call, only 24 Health Centers were able to register (on a first come, first served basis). Nine attendees joined the learning community call.

To start the call, Dr. Hilton, reviewed the main points from the June 23rd meeting and then led the group through the following discussion questions that were provided prior to the call:

- What characteristics of medical-dental integration are present in your Health Center?
- What characteristics of early adopter Health Centers are present in your organization?
- Discuss how you might develop one missing/low level characteristic at your Health Center.
- What challenges to medical-dental integration are present in your Health Center?
- What are you currently working on to address these challenges?
- Share any past successes.

Attendees eagerly participated in discussion for the full hour. A summary of comments for each discussion question is included below.

#1: Levels of Integration- Where is your Health Center?
After reviewing the types of integration (administrative integration, clinical infrastructure, clinical integration, quality improvement) attendees were asked:

1. What characteristics of medical-dental integration are present in your Health Center?
   - PCA staff: Health Centers in the state are conducting bilateral referrals and four Health Centers are either planning or implementing programs where dental hygienists are in the medical department conducting screenings and fluoride
In Kansas, dental hygienists can be reimbursed for screenings. Sharing data and pulling reports in the EDR-EMR have been a challenge.

- **Health Center:** The medical team is cooperative in inviting dental into medical. The pediatrics department is in the middle of the dental clinic. Open Dental/eCW makes it easy to view the medical schedule in pediatrics.

- **PCA staff:** In Iowa, Health Centers can bill medical and dental within the same day for a well-child visit and fluoride varnish. Dental hygienists cannot bill for a screening, but they can bill for fluoride varnish and risk assessment. In Health Center dental programs, providers screen for hypertension, and discuss tobacco cessation. This staff person has found that in order for integration initiatives to work, consistent messages between medical and dental, especially regarding prescriptions, and formal referrals are key. Health Centers in the state are in different stages of referral process.

- **Health Center:** Since the EDR/EMR are integrated, it is easy to see allergies, medications. Since medical and dental are on the same floor, informal referrals work well. The dental program is trying to increase the number of children seen in the program.
  - Other attendees suggested ideas such as working with WIC and Head Start to get children and pregnant moms into the dental clinic. Another suggestion was to educate medical providers on the importance of a dental referral, and develop a referral process. A referral form already in use, such as a diabetic referral form, can be adjusted for children.

- **Health Center:** Beginning stages of integration, trying to partner with WIC and dental for referrals, and place a dental hygienist in medical.
  - Buy-in from the CEO, educating medical on the importance of dental, and developing a formal referral system are important steps. Placing a dental hygienist in the medical side, or creating open access in dental for primary care patients aged 0-5 are possible integration strategies.

#2: Early Adopter Characteristics- Where is your Health Center? After reviewing the early adopter characteristics (Leadership Vision & Support, Integrated HC Executive Team, Co-location, Organizational Culture of Quality Improvement, Staff Buy-in: Understanding the “Why”, Patient Enabling Services, Champions) of Health Centers with successful medical-dental initiatives, attendees were asked:

1. What characteristics of early adopter Health Centers are present in your organization? Discuss how you might develop one missing/low level characteristic at your Health Center?
   - PCA staff: Health Centers in the state have naturally had leadership vision and support, given that integration plays a role in the three pillars of healthcare. The idea of integration sold itself since HCs were looking for a way to make sure that they were capturing medical patients in dental.
   - PCA Staff: Buy-in from medical is also important. This can be difficult since medical providers may see it as more work. Educate medical providers to
start referrals for kids right away, rather than waiting for 3-4 years old, once they may already have dental disease. Dental providers may also be uncomfortable treating children 0-5 who are newly referred to dental. Education may be required.
- Health Center: Leadership buy-in exists, but the struggle is the “how” of implementing the integration initiative.
- Health Center: One challenge is that one of the three dental sites is not col-located with dental.

#3: Barriers & Challenges- the challenges to integration were reviewed…

- Lack of capacity in dental clinic to serve all medical patients
- Health Information Technology (lack of integration that does not allowed for shared viewing of medications, procedures, tracking referrals, quality measures, etc.)
- Training of primary care or dental staff
- Systems (lack of systems, policies & protocols, tracking systems)
- Competing needs/issues
- Reimbursement (state practice acts may serve as barriers)

…and attendees were asked:

1. What challenges to medical-dental integration are present in your Health Center?
2. What are you currently working on to address these challenges?
3. Share any past successes?

- PCA staff: If Health Centers are trying to improve HIT capabilities when the EDR and EMR are not integrated, teams should be clear and specific as to what the team is looking for, also making sure that each report pulls the same data each time.
  o A tracking system such as i2i can be used for referral tracking when the EMR and EDR are not integrated.
- Health Center: Barrier is lack of integrated EDR-EMR. The Health Center is shopping for a new EDR that would integrate with the existing EMR. Champion is needed at Health Center to help overcome HIT barriers. Also looking at reimbursement and state practice acts in Arizona to plan integration initiatives.
- Participants engaged in a discussion about various EMR-EDR systems and the pros and cons of each system. Even some integrated EDR/EMR systems are not that integrated as they still require separate logins and dental has limited access to medical record. Observation that medical-dental HIT integration is not as advanced as medical-behavioral health, for example.
- Health Centers should talk to other Health Centers that have the EMR-EDR they are interested in purchasing, to learn more about the products beforehand.