Building the National Oral Health Innovation and Integration Network:
PCAs and HCs Working Together to Achieve Success
• The mission of the DentaQuest Foundation is to improve the oral health of all and since 2011 they have been building a movement across the US

• Oral Health 2020 campaign is mobilizing a national network across grasstops, grassmiddles and grassroots organizations

• The work of the 2020 network is to shape health policy, broaden access to quality of care and prevention and integrate oral health into community-based systems
Evolution of the Oral Health 2020 Network

1999-2010
Fragmented National Oral Health Activity
Scattered Clusters

2011-2014
DQF Catalyzes National Network in Role as Hub
Hub-Spoke

2014-2016
Network Expands, Infrastructure Emerges, Leadership Decentralizes
Multi-Hub

2016-2020
Network Infrastructure Becomes Independent and Sustainable
Core-Periphery
Oral Health 2020 Movement

- The Strengthening the Oral Health Safety Net Initiative began in 2011 with 5 states and expanded over 3 years to include 15 states and over 400 Community Health Centers.

- As the first states finished their grant cycle, the need for continued PCA partnerships became evident.

- NOHIIN was formed as a way the PCA network could continue partnerships and elevate the importance of oral health in their organizations and Health Centers.
Oral Health for All 2020 and NOHIIN

**Purpose**
- To build a network of PCAs and safety net providers that care about person-centered health homes serving the holistic health needs of people in their communities

**Mission**
- To unify and empower a network of PCAs and safety net providers to be champions of oral health as a part of overall health
We envision an innovative, equitable safety net healthcare system where:

• Oral health is an integrated, critical component of person-centered, comprehensive healthcare and wellbeing

• Health outcomes are improved for all

• PCAs and safety net providers are part of a network and have access to the tools and resources needed to elevate oral health
NOHIIN’s Vision is for all Primary Care Associations and safety net providers to be a part of a network of their peers.

NOHIIN has an opportunity to align their work with the larger Oral Health 2020 Network to help achieve the Oral Health 2020 goals.
Our Panel

• Stephanie Pagliuca – Bi-state PCA
• Mary Leary – Mass League
• Satish Kumar DDS – Sunset Community Health Center (Yuma AZ)
Background

- PCA for Vermont & New Hampshire
- 35 members including 22 FQHCs
- 12 FQHCs have on-site dental centers
- 3 /12 just opened dental centers in 2015
- Other members: Rural Health Clinics, Critical Access Hospitals, Community Action Program, Planned Parenthood, Free Clinics, a Health Center Controlled Network & AHECs
Strengthening the Oral Health Safety Net

Goals

1. Promote inter-professional activities among dental and medical programs in CHCs.

2. Elevate the importance of oral health within the PCA & develop executive leadership at CHCs to promote optimal oral health.

3. Advance safety-net oral health needs at the state level.

4. Optimize the management of dental programs to provide sustainable & effective oral health care.

Leadership development is an important part of each and every goal.
Bi-State’s Experience Convening Dental Directors

**Challenges**

- I did not have relationships with the dental directors and they didn’t know each other.
- Executive leaders had concerns about dental directors being away to attend meetings (some are the only dentist at their site)
- Some dental directors didn’t see value in attending an external meeting.
- Turnover. Some dental centers had extended vacancies leaving practices unable to commit to sending someone.
- Not all dental directors are dentists.
- Not all FQHCs have dental centers.

**Revised Plan**

- Decided to re-think the group. We formed as the FQHC Dental Group vs. Dental Directors Peer Work Group.
- Encouraged diversity among participants and let FQHCs send as many representatives as they want – could be the dental director, dental staff, practice manager, CEO/CFO, a board member, anyone with interest in dental at their practice.
- Invited all FQHCs to participate not just those with dental centers.
What’s Been Working - Promising Practices

• Meeting location rotates to different FQHCs.

• Agenda includes a tour of the host site so they can all see it in action.

• Host site invites their medical director to attend. There is time on the agenda for them to share something relative to oral health integration.

• Agendas have included presentations from the Vermont Department of Health Office of Oral Health and the State Dental Society to help set the stage for participants. (Not everyone attending has knowledge of the oral health initiatives in the state.)

• Leave a good chunk of time on the agenda for discussion. I list questions but that’s just a starting point. They bring up their own items.

• We offer lunch starting at 12:30pm but don’t start the formal meeting until 1:00pm. This gives time for informal discussion and relationship building for those who can arrive early. Scheduling later also gives most people some time in the office in the morning before they have to drive to the meeting.
Highlights of Our Results

• 4 meetings to date with the number of participants increasing at each meeting.

• Great mix of participants – dental directors, dentists, hygienists, practice managers, CEOs, CFOs

• Medical Directors from host sites have joined the meetings to discuss integration

• Building relationships between the FQHCs & PCA staff

• Sharing of resources

• Increasing group knowledge of state and regional oral health initiatives

• Relationship building across disciplines has been great.
Massachusetts League of Community Health Centers

• Home of the first health center in the country: Columbia Point now named for Jack Geiger and Count Gibson.

• Membership includes all 39 Federally Qualified and seven hospital licensed community health centers with over 280 sites including 54 dental sites.

• First Primary Care Association funded by DentaQuest in 2009 with a mandate to establish a model program for increasing awareness and creating leadership for oral health at community health centers and primary care associations:
  • Hired a full-time Oral Health Affairs Manager
  • Implemented Dental Directors Meetings that serve as a forum for exchanging information around emerging oral health issues and for networking with other colleagues from across the Commonwealth
  • Established a Dental list serve to share information, ask questions and share best practices
  • Enhanced and expanded relationships with the Department of Public Health, Dental Society, Better Oral Health for Massachusetts Coalition, Health Care for All and other stakeholders.
Massachusetts League of Community Health Centers

• Outcomes:
  • Minimum of 3 Dental Directors’ meetings each year
  • Active participation on the list serve by the community health centers
  • Enhanced relationship with the Dental Society including a full day session at the Yankee Dental Conference designed for community health centers for the past 6 years and again in 2016
  • Free registration at Yankee for community health center providers and staff
  • Reduced membership fees for community health center providers to joining the Dental Society
  • Published a report on the impact of the 2009 adult dental benefit cuts on community health centers that served as an advocacy tool to support reinstatement
Outcomes Continued:

- Provided data and advocacy when Limited Licensed Dentists were denied license renewals without warning by the Board of Registration in Dentistry. The decision to deny renewals was revoked by the Board.

- Developed a working relationship with the Department of Public Health that has evolved into funding opportunities and enhanced programming for the centers.

- Developed a strong relationship with MassHealth that has resulted in a positive environment for information sharing and problem solving.

- Established the Strengthening the Oral Health Safety Net project with the National Association of Community Health Centers, NNOHA, Safety Net Solutions and DentaQuest Foundation.
Massachusetts League of Community Health Centers

• Current Status:
  • Provide support to NOHIIN including webinars and technical assistance
  • Completing the last year of SOSHN with 5 Primary Care Associations that may become part of NOHIIN when the current project ends
  • Engaged with 12 community health centers in supporting integration of oral health with primary care
  • Conducted a full day Summit on Primary Care and Oral Health Integration, “Clinical Connections” attended by over 100 participants
Sunset Community Health Center

Why did Sunset apply for the dental program technical assistance opportunity made available through your PCA (AZ) as part of the SOHSN initiative?

What challenges were they facing?

What did they hope to gain from the experience?
What recommendations from the Safety Net Solutions were most helpful to you in moving your dental program forward?
In addition to the assistance from Safety Net Solutions, how did your PCA support you during the Strengthening the Oral Health Safety Net Initiative?

Has the focus on oral health increased at the PCA and Sunset CHC?
Overall, do you feel like the Strengthening the Oral Health Safety Net Initiative and other efforts have increased the PCAs ability to support Community Health Center dental programs?
Common Health Center Dental Department Challenges

- Provider productivity
- Inefficient scheduling
- Staffing issues
- High broken appointment rates
- Fee schedules
- Billing and collection issues
- Policies & procedures

- Medical/dental integration
- HC Leadership & staff buy-in
- Accountability
- Quality Management
- Dental Leadership
- Technology issues
- Scope of practice
**Medical and Dental ARE Different**

<table>
<thead>
<tr>
<th>Medical</th>
<th>Dental</th>
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<tbody>
<tr>
<td>• 80% of clinic volume</td>
<td>• 20% of clinic volume</td>
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<tr>
<td>• 80% of visits- similar</td>
<td>• 80% of visits varied</td>
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<td>• 80% of visits diagnostic</td>
<td>• 80% of visits treatment</td>
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<td>• 100% of governance is designed around Medical</td>
<td>• 0% of governance is designed around dental</td>
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<td>• EMR silo</td>
<td>• EDR silo</td>
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<td>• Familiar with med model</td>
<td>• Medical model doesn’t work in dental</td>
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<td>• Confident Leadership</td>
<td>• Leadership by Avoidance</td>
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• 70% of the 13 new PCA members have NO existing oral health program at their PCA
• 80% do have meetings with their Community Health Centers but most communicate with the Dental Directors, not executive leadership
• 2 of the 13 are full time Oral Health Program Managers
• 55% have no additional funding (beyond DQF grant) for oral health program management
• 85% are involved with the Oral Health Coalitions in their states
NOHIIN Participation Grows

AK, CA, TN, IA
ALL PCAs
2017

Bi-State, MI, MS, OH,
OR +
More PCAs - 2016

New 13 PCAs - 2015

AZ, GA, IL,
KS, PA
2015 +
Partners
What we need

• A network of PCAs with deep connectivity

• Added value for members: through connections to expertise, to PCAs with first-hand experience, to other members of the Oral Health 2020 Network, etc.

• Network readiness to respond to emergent opportunities
Questions? Comments?
What’s going on......

- HRSA’s Interprofessional Oral Health Core Clinical Competencies were released. HRSA funded NNOHA to develop an implementation guide, released January 2015.

- The National Interprofessional Initiative on Oral Health (NIIOH) was launched to engage providers in becoming oral health champions, and to generate the necessary tools and information those providers would need to deliver interprofessional oral health care and prevention.
Oh, What’s going on......

- In Feb. 2014, **HRSA released a report about oral health in primary care**. Fully, three quarters of the contributors are directly engaged in the Network (DQF), and again, NIIOH was represented throughout.

- June 15, 2015: **Qualis report on oral health in primary care** has been released and is receiving a lot of intention and positive feedback.
Things, they are a changing

• We’ve already seen things changing

• Operationalizing those things contained in the reports is still a major task

• It’s clear - The future system is one that is fully integrated and person-centered
Questions about NOHIIN?

Contact
Jan Grutzius RDH, BSDH
Oral Health Coordinator
Arizona Alliance for Community Health Centers
602-288-7548
jang@aachc.org