Collaborations to Promote Integrated Care for Patients with Diabetes
Welcome/Overview

November 14, 2017
National Network for Oral Health Access
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Disclosures

No conflict of interests to report.
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Presentation Outline

- Project background
- Diabetes Oral Health Integration (DOHI) Model
- Practice Coaching from Colorado Community Health Network (CCHN) and Colorado Department of Public Health and Environment (CDPHE)
- Implementation at Colorado Coalition for the Homeless
Project Overview

- Develop and test a model to enhance comprehensive, patient-centered care for patients with diabetes and prediabetes
- Oral health diabetes links
- Consider implications of this model beyond CHCs
Medicaid’s Caseload: Before & After Expansion

Colorado’s General Assembly passed legislation to expand Medicaid to more low-income parents and adults. **Eligibility levels for individuals with disabilities, kids and pregnant women did not change.**

The expansion of Medicaid started in January 2014. This visual shows Medicaid caseload by population type the fiscal year before and the fiscal year after the expansion and shows how the different populations are funded according to state and federal laws.

Detailed charts with caseload changes over time are in the Department’s FY 2016-17 Budget Request, Exhibit B – Medicaid Caseload available at Colorado.gov/hcpf.

= 10,000 = Expansion

**Fund Source:**
- Federal
- State (state funds can be General or Cash Funds, see citation below for detail)
- Hospital Provider Fee

Infographic Source: Exhibit B - Medicaid Caseload, HCPF 2016-17 Budget Request, November 2015. Populations above do not include Medicaid Buy Ins, Breast and Cervical Cancer Care Programs, emergency Medicaid and partial dual eligible categories. “State” funds can be Cash or General Funds, detailed breakouts are available In Exhibit A.
**Colorado Data by Demographics**

*Lost any teeth due to decay or periodontal disease - Adults (%)*

**Data Source:** BRFSS

<table>
<thead>
<tr>
<th>Health Topic</th>
<th>Oral Health</th>
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<tbody>
<tr>
<td><strong>Health Measure</strong></td>
<td>Lost any teeth due to decay or periodontal disease - Adults (%)</td>
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<tr>
<th>Age</th>
<th>18-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
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<table>
<thead>
<tr>
<th>Sex</th>
<th>Female</th>
<th>Male</th>
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<tr>
<td>2014</td>
<td>2014</td>
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</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Black, non-Hispanic</th>
<th>Hispanic</th>
<th>Other, non-Hispanic</th>
<th>White, non-Hispanic</th>
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<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Gay/Lesbian/Bisexual</th>
<th>Heterosexual</th>
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<td>2014</td>
<td>2014</td>
<td>2014</td>
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</table>

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Less than HS</th>
<th>HS or G.E.D.</th>
<th>Some post-HS</th>
<th>College grad</th>
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</table>

<table>
<thead>
<tr>
<th>Poverty Level</th>
<th>0-250% FPL</th>
<th>&gt;250% FPL</th>
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<td>2014</td>
<td>2014</td>
<td>2014</td>
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<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Medicaid/CHIP</th>
<th>Medicare</th>
<th>Military Health</th>
<th>Private</th>
<th>Uninsured</th>
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<table>
<thead>
<tr>
<th>Diabetes Status</th>
<th>Diagnosed with diabetes</th>
<th>Not diagnosed with diabetes</th>
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</thead>
<tbody>
<tr>
<td>2014</td>
<td>2014</td>
<td>2014</td>
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<table>
<thead>
<tr>
<th>Smoking Status</th>
<th>Current smoker</th>
<th>Former smoker</th>
<th>Never smoker</th>
</tr>
</thead>
</table>

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**View Trend by**

- Age
- Sex
- Race/Ethnicity
- Sexual Orientation
- Education Level
- Poverty Level
- Insurance Type
- Diabetes Status
- Smoking Status

**Change Trend View**

- Compare within Years
- Compare within Groups
Chronic disease and oral health

Oral Health among Coloradans with diabetes

Figure 6. Comparing oral health indicators with people with diabetes to people without diabetes, Colorado adults, 2014.

- Dental visit
  - No Diabetes: 67.5%
  - Diabetes: 60.5%

- Teeth cleaning
  - No Diabetes: 64.1%
  - Diabetes: 59.5%

- Have dental insurance
  - No Diabetes: 59.6%
  - Diabetes: 57.5%

- Tooth loss (6 or more) adults 65+ y
  - No Diabetes: 28.2%
  - Diabetes: 39.6%

- Tooth loss (all) adults 65+ y
  - No Diabetes: 9.2%
  - Diabetes: 16.6%

Cavity Free at Three
Current Work

• Internal Collaborations
• Advisory Board
• External Collaborations
• Diabetes Oral Health Integration Model development
Advisory Board
Future Steps…

• Spread of model

• ROI study?

• Future of Colorado Medicaid’s adult dental benefit?
Developing the Diabetes-Oral Health Integration (DOHI) Model & Project Coaching

Holly Kingsbury, MPH
Oral Health Program Manager
Colorado Community Health Network
Colorado Community Health Network

- Primary Care Association for 20 Colorado Community Health Centers (CHCs)
  - 80 dental clinics provided visits to more than 133,000 patients in 2016
- Access to networks of CHCs and PCAs
- Practice transformation and quality improvement expertise
- Oral health integration focus
Model Development

- **Model process:**
  - Learn from current practices
  - Review literature
  - Adapt existing change concepts
  - Create a change package

- **Model goals:**
  - Customizable
  - Multi-faceted
  - Realistic
DOHI Model Key Concepts

- Engaged Leadership
- Expanded Care Team
- Patient-Centered Care
- Data-Driven Quality Improvement
- Transformative Access
- Community Relationships & Partnerships

Testing the Model

- Colorado Coalition for the Homeless (CCH) pilot:
  - Stout Street Health Center
  - Champa Dental Clinic
- Practice coaching
- Quality improvement

http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx
DOHI Model Coaching Components

- Core team and project champions
- Assess existing practices and infrastructure
- Create project phases
- Align with existing efforts
Lessons Learned

Coaching
- Core team and staff champions
- Build on and align with existing work
- Small tests of change
- Up-front work to prepare for change

Collaboration
- Time
- Shared vision and goals
- Roles and responsibilities
- Relationships
Resources

- **Integration Tools**
  - [CCHN Oral Health Integration Manual](#)
  - [Organized, Evidence-Based Care: Oral Health Integration](#)
  - [THE MOUTH: The Missing Piece to Overall Wellness and Lower Medical Costs](#)
  - [Working Together to Manage Diabetes](#)

- **Practice Transformation**
  - [Oral Health Disparities Collaborative Implementation Manual](#)
  - [The Primary Care Team Guide](#)
  - [The 10 Building Blocks of Primary Care](#)
  - [Institute for Healthcare Improvement (IHI) Quality Improvement Resources](#)
  - [Safety Net Medical Home Initiative Resources & Tools](#)
Project Implementation at Colorado Coalition for the Homeless

Carol Niforatos, DDS
Dental Director
Colorado Coalition for the Homeless
Our Mission

- The Mission of the Colorado Coalition for the Homeless is to create lasting solutions to homelessness.
- The Coalition advocates for, and provides a continuum of, housing and a variety of services to improve the health, well-being and stability of those it serves.
- The Coalition’s comprehensive approach addresses the causes of homelessness, as well as the consequences, offering critical assistance to over 15,000 individuals and families each year.
In 2016...

- 3,149 Unique Patients
- 11,288 Visits
- 32 Dental Staff Members
- 2 Hygienists in the Integrated Suites
- 2 Clinical Hygienists
- 6 Clinical Dentists at 2 Clinic Locations
- 15 Dental Operatories
- 1.5 Dental Assistants per Clinical Dentist

- 13.3% of CCH patients had a diabetic diagnosis
- 14.9% of CCH patients had an A1c that indicated prediabetes
- 34.7% of patients with diabetes had an A1c value indicating uncontrolled diabetes

15,774
MEN, WOMEN, AND CHILDREN
SERVED BY THE COALITION IN 2015

13,197
PEOPLE RECEIVED HEALTH CARE

3,018
HOUSEHOLDS HOUSED IN 2015

103
APARTMENT HOMES UNDER CONSTRUCTION

1,372
FAMILIES RECEIVED SUPPORT

462
FAMILIES HOUSED THROUGH FAMILY SUPPORT SERVICES
Carol Niforatos, DDS

- Northwestern University Dental School
- General Practice Residency
- Over 13 years providing services at Colorado Community Health Centers
- Staff DDS at MCPN
- Dental Director for Plains Medical Center
- Started at CCH in 2013
Barriers to the Collaboration

- Lack of knowledge about Evidence Based Programs:
  - National Diabetes Prevention Program
  - Diabetes Self Management Education
- Retention and engagement of staff
- Registering staff for 3 levels of Diabetes Education (Medical Assistants, Nurses, Dental Assistants, RDH)
Barriers to Improving Care for Diabetic and Prediabetic Patients

- No Point of Care test in Dental Clinic to screen HbA1c level for high risk patients
- No established way of tracking referrals through our Electronic Health Record (dental to medical or vice-versa)
Point of Care HbA1c Screening
Path to Success

Select POC Test

PCMH 2017

Develop Workflow

Develop EHR Referral System

Launch and Test Workflow

IMPROVED HEALTH

Diabetes Education
Strategies for Success
Questions?

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