AN INTERPROFESSIONAL APPROACH TO QUALITY IMPROVEMENT:

Readying for ACO 2.0
Beyond incremental shifts in how we deliver, we are innovating and fundamentally changing the system.

**TO REVOLUTIONIZE ORAL HEALTH FOR EVERYONE BY REDEFINING PREVENTION AND CARE**

Our purpose puts a bold new stake in the ground, but our inclusive mission — **to improve the oral health of all** — remains the same.

Ultimately, we are driven to shift the paradigm of oral health care to revolve around prevention across benefits, care delivery and impact.
We know the oral health system is broken, but we believe it can be fixed.
Preventistry®  \([ prē \cdot věn \cdot tl \cdot strē ]\) (noun)

• An all-in approach to better care and expanded access; paying for quality, not quantity, of services; investment in innovative solutions

• Preventistry is our revolutionary approach to improving the oral health of all.
We think about Preventistry® in terms of the several interconnected systems that affect the ability to be healthy.
THE THEORY OF MORE CARE

Cindy Hannon, MSW
Measurement Systems Director
DentaQuest Partnership for Oral Health Advancement
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DentaQuest Partnership for Oral Health Advancement

DENTAQUEST FOUNDATION + DENTAQUEST INSTITUTE = THE DENTAQUEST PARTNERSHIP FOR ORAL HEALTH ADVANCEMENT
Who We Are

The DentaQuest Partnership for Oral Health Advancement, a not-for-profit organization, engages in grantmaking, research, care delivery improvement programs, and collaborations that transform the current broken system to achieve better health through oral health.

We are passionate about and committed to revolutionizing oral health by implementing meaningful change strategies to create an effective and equitable system that results in improved oral health and well-being of all.
Focus Areas

- Pursue person-centered care through interprofessional practice and value-based transformation
- A single, national oral health measurement system
- Advocate for public adult dental benefit to expand access
Medical Oral Expanded Care (MORE Care)

MORE Care aims to address health disparities through the integration of oral health into primary care practice and the development of dependable oral health care networks. Using an improvement-based framework, partners work with key stakeholders in their communities and abroad to create a usable model of interprofessional oral health care. MORE Care serves to:

Develop proficient and efficient integrated oral health networks
INTEGRATION OF CARE

Develop and test solutions to ease burdens associated with interprofessional practice
COORDINATION OF CARE
Creating an Interprofessional Oral Health Network

- Oral Health Proprietorship
- Dental Referral Networks
- Health Information Technology
- Environment of Improvement
- Transitioning Care Models

INTERPROFESSIONAL ORAL HEALTH NETWORKS
**AIM:** Initiate an Interprofessional Oral Health Network by integrating and coordinating oral health care strategies.

**External Context**
- National interest - HRSA Core Competencies
- Expected reimbursement policy changes motivate practice participation & incentives for interventions that improve outcomes and produce value
- Evolving dental protocols re: prevention, disease management and co-management
- Moral imperative re: safety net population
- Evolving roles of providers: team based care & service coordination
- Rural communities have increased oral health needs and decreased access to dental care

**Inputs**
- Collaborative Teams
  - Senior leadership & alignment with org goals
  - QI Team Lead
  - Clinical champion
  - Measurement process for data entry, query review, and use
  - Will to change! – culture to support technical assistance and increased capacity
  - Dedicated time for QI team and activities
  - Electronic Medical Records
  - No ‘crises’ in play; but call to action for improvement outcomes

- Project Team
  - Experienced faculty
  - Experienced project team; broad skills
  - DQP funding to support project & teams

- Materials
  - Driver diagram
  - Project charter, change package, other technical support documents
  - Measurement plan
  - Protocols like Smiles for Life, AAP

**Interventions**
- Standard BTS components
  - Prewor, baseline measurement, orientation calls/visits
  - Learning sessions
  - AP calls
  - Monthly reports, PDSAs, reviews, data feedback
  - Virtual discussions via listserv

- BTS enhancements
  - Practice facilitation
  - Webinars
  - EMR assistance

- Training for Teams – sequenced based on driver difficulty
  - QI
  - MFI – standard
  - Effective communication
  - Process analysis & reliability
  - Clinical protocol & science
  - Patient engagement & outreach
  - EMR optimization
  - Referral agreements

- Project team development and oversight
  - Huddles
  - Faculty calls
  - Coaching calls

**Predictions / Mechanisms**
- Prewor ensures team readiness
- LSs transfer QI skill, motivate teams; AP calls sustain involvement between LSs; sharing of innovations & best practices
- Team feedback provide guidance and ideas, motivates teams, models use of data for improvement
- Enhancements provide individual team support, esp. for ‘stuck’ teams
- Driver sequence helps teams develop effective skills, motivation
- Practice facilitation helps understand team & collaborative issues, including ‘received’ content & ensure continued momentum and practice customization
- Coach provide real-world experience, close relationship
- Frequent faculty contacts encourages consistent messaging, keeps faculty informed

**Immediate Outcomes**
- Team Activity
  - AP call presentations
  - Attendance & participation on calls, LSs
  - Process & outcome data reporting
  - PDSA activity reported • Coach engagement
  - Compliance with assigned work products

- Adherence to DM protocol
  - Teams implement primary and secondary oral health care to goals
  - Patient engagement

- Testing and Process Improvement
  - MFI understood and used appropriately
  - Teams test & implement & spread appropriately
  - Functioning QI teams
  - Utilization of QI methods

**Behavior Changes**
- PCP are more comfortable providing primary prevention - Reliable enactment of DM protocol
- Generalized application of MFI
- Routine use of data for population management, QI tracking, PDSA
- Team based care models
- Teams provide sustainable, reliable primary and secondary oral health care
- Referral networks established where possible

**Long Term Impact**
- Improve access in resource-thin communities leveraging existing and innovative partnerships and solutions
- Prevent oral disease
- Enhance primary care & dental practice management competencies that optimize efficiencies and create capacity
- Reduce oral disease burden among high-risk rural adults
- Increase QI capacity
- Provide materials and methods to inform future initiatives.
- Improved oral health status for pediatric and adult DM populations
- Cost savings to system
- Oral health care is embedded and sustainable

- Policy & reimbursement models will need to be restructured
- Expanded and/or redesigned partnerships between medical and dental providers is necessary
- This collaborative is first step in a long term initiative to develop adequate oral health services
MORE Care clinics will initiate an Interprofessional Oral Health Network by integrating and coordinating oral health care strategies for their select populations and:

1. Increase % of dental referrals completed
2. Increase patients in target population with oral health risk assessment documented to 80%
3. Increase patients in target population with self-management goals reviewed and documented to 80%
4. Increase pediatric patients receiving Fluoride application to 50%

Primary Drivers

P1: Implement standard risk-based stratified care management

P2: Develop and maintain culture and infrastructure to support oral health integration and coordination

Ensures prompt provision of services by dental

Secondary Drivers

S1: Patient's oral health risk documented
S2: Medical follows primary and secondary prevention
S3: Evidence-based behavior change techniques used to educate and motivate patients (and caregivers)
S4: EMR supports reporting measurement
S5: Medical and dental partner use data to manage shared patient population and document improved health
S6: Medical and dental partner share vision for interprofessional care
S7: Financial incentives for interprofessional care
S8: Organizational leadership supports oral health integration
S9: Written documentation supporting interprofessional oral health coordination
S10: Bi-directional referral process

Interprofessional care
Supports oral health integration
Supporting interprofessional oral health coordination
Bi-directional referral process
## MORE Care Pediatric Pathway

### MEDICAL

**Oral Health at Well Child Visit**
- Review medical/dental histories
- Perform Oral Health Evaluation (HEENOT)
- Document findings and management plan, including referrals
- Apply Fluoride (SDF to be Explored)

**Oral health – Risk based instruction**
- Conduct counseling to decrease or maintain low oral health risk (risk factor identification)
- Set oral health self management goals
- Follow up and develop referral plan

### DENTAL

**Cooperative Tasks**
- Coordinate care with bi-directional referral system
- Initiate, develop and improve interprofessional communication
- Create shared outcomes through collaborative interprofessional practice
- Develop joint treatment planning and record keeping

**Dental Care Appointment**
- Review medical/dental histories
- Complete Caries Risk Assessment and assign status (Low/Moderate/High)
- Conduct Preventive Dental Care Appointment
- Create treatment plan focused on disease management

**Disease Management**
- Complete counseling aimed at prevention and/or stabilization of disease (self management goals)
- Establish re-care appointments according to patient needs
- Initiate and sustain patient-centered interprofessional communication
MORE Care Adult Pathway

**Cooperative Tasks**
- Coordinate care with bi-directional referral system
- Initiate, develop and improve interprofessional communication
- Create shared outcomes through collaborative interprofessional practice
- Develop joint treatment planning and record keeping

**MEDICAL**

**Adult Oral Health Opportunity**
- Review medical/dental histories
- Perform Oral Health Evaluation (HEENOT) Document findings and management plan, including referrals
- Additional screening should occur for oral cancer and soft tissue anomalies
- Review current prescriptions for opportunities to optimize oral health and decrease dry mouth, as needed

**Oral health – Risk based instruction**
- Conduct counseling to decrease or maintain low oral health risk (risk factor identification)
- Set oral health self management goals that align with systemic treatment or prevention
- Follow up and develop referral plan

**DENTAL**

**Dental Care Appointment**
- Review medical/dental histories
- Complete Oral Health Risk Assessment of gums and teeth and assign appropriate risk status
- Conduct Preventive Dental Care Appointment and full head and neck examination
- Create treatment plan focused on disease management

**Disease Management**
- Complete counseling aimed at prevention and/or stabilization of disease (self management goals)
- Establish re-care appointments according to patient needs
- Initiate and sustain person-centered interprofessional communication

**MEDICAL**

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Creating a Culture of Improvement

MODEL FOR IMPROVEMENT

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

Act

Plan

Study

Do

MORE CARE

Concept: Oral Health Evaluation/Risk Assessment Completed at All Well Child Visits

CHANGE IDEA

1. Utilize a recognized oral health risk assessment tool and train all providers to ensure consistency.
2. Ensure all completed oral health risk assessments are accurately documented in electronic health record.

TEST DETAIL

- Investigate existence of in-state training for primary care providers about oral health.
- Investigate local/state American Academy of Pediatrics (AAP) oral health chapter for resources and/or training, including AAP and oral health risk assessment form.
- Train providers with online Smiles for Life curriculum.
- Encourage all staff to have one or two conversation starters so they too are part of the conversation not a list of questions; don’t leave all the work to one person (i.e., PA, NP, or MD); this is a team effort.
- Clinic leadership uses staff/provider meetings to discuss why oral health is important for systemic health.

CHANGE PACKAGE

- Assessment data is documented in the EHR through the template created.
- Paper assessment documents are scanned in and attached to patient chart.
- Data for risk assessments comes from accurate completion of the risk assessment section.
- Use risk assessment data to guide practice improvement.
- Document dental provider on the assessment form.
- Document dental provider in visit note.
- Document dental provider in free text box in EHR risk assessment.
- Create a pull-down list of local dental providers within the EHR for easy selection by the medical provider during the well child visit if provider not listed, free text can be used.
- Clinic leadership reviews data during staff/provider meetings.

CONCEPT: RHC Follows Primary and Secondary Prevention

CHANGE IDEA

1. Ensure all providers are trained to provide oral health prevention services in the primary care setting.
2. Offer fluoride varnish to patients during well child visits.
3. Edit electronic health record to include documentation process of fluoride varnish.

TEST DETAIL

- Complete state based training that includes use of fluoride varnish, if applicable.
- Complete Smiles for Life online curriculum.
- Determine where in the workflow fluoride varnish will be offered, and consider who is able to apply it in your state.
- Determine where in the workflow fluoride varnish will be offered in some clinics, this occurs when Medical Assistant returns to room for immunizations.
- Attach CPT/HCPCS codes with visit to indicate if fluoride varnish was applied.
- Include observation forms (ask more about this).
- Check boxes to automatically code for fluoride varnish (and assessments).
- Add section in EHR to ask if varnish was applied and if not by whom.
- Clinic leadership reviews data during staff/provider meetings.

DentaQuest
Integration Measures

- Identify high-risk patients
- Tailor education to patient’s risk factors

- Guide patients to set their own goals
- Support healthy behaviors

- Provide preventive treatment

- Patients who need dental care

- % of patients with documented oral health risk
- % of patients with documented oral health self-management goals
- % of patients with documented fluoride varnish application in conjunction with assessed risk and self-management goals reviewed

- Number of elevated risk/pregnant patients referred to dental care
Coordination Measure

• High-quality and coordinated care to improve patient oral health outcomes

% of patients with treatment completion verification was received from the dental provider
MORE Care Oregon Aim

By December 2020, Central Oregon Health Coalition selected MORE Care clinics will initiate an Interprofessional Oral Health Network by integrating and coordinating oral health care strategies for their select populations and:

- Increase % of dental referrals completed
- Increase patients in target population with oral health risk assessment documented to 80%
- Increase patients in target population with self-management goals reviewed and documented to 80%
- Increase pediatric patients receiving Fluoride application to 50%
MORE Care Oregon Timeline

Planning and Pre-Work
Jan/Feb 2019

Learning Session 1
February 11, 2019

Learning Session 2
June 20, 2019

Learning Session 3
October 21, 2019

Milestone Meeting
February 2020

Action Period 1
Feb-June 2019

Action Period 2
July-Oct 2019

Action Period 3
Oct 2019-Jan 2020

Y2 Sustain and Spread

Action Period Activities
• Monthly Action Period Calls/ virtual TA
• Data Collection/review
• PDSAs/Testing Ideas from change package
• Additional training/TA as needed
Oral Health Risk Assessment

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Self-management Goals
Fluoride Varnish Application

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MORE CARE & ADVANTAGE DENTAL FROM DENTAQUEST

Sharity Ludwig EPDH, MS
Director Clinical Innovations
Advantage Dental from DentaQuest
sharityl@advantgedental.com
Advantage Dental from DentaQuest

- Founded in 1994, Medicaid contractor in Oregon
- 2009, expanded service to include staff based practices
- Plan, practice, and community based care.
- 2016, acquired by DentaQuest Care Group
- 2020, CCO 2.0 contract expectations for oral health integration
Advantage Dental Network
Interprofessional Coordination and Integration

**MEDICAL**

**Oral Health at Well Child Visit**
- Review medical/dental histories
- Perform Oral Health Evaluation (HEENOT) Document findings and management plan, including referrals
- Apply Fluoride varnish
- Review Prescriptions (PRN)

**Oral health – Risk based instruction**
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- Initiate and sustain patient-centered interprofessional communication

**Measurement Concepts**

<table>
<thead>
<tr>
<th>Fluoride Application</th>
<th>Self-Management Goal Setting</th>
<th>Oral Health Evaluation (Risk Assessed)</th>
<th>Referral Initiated</th>
<th>Referral Completed</th>
</tr>
</thead>
</table>

**Advantage Dental**

From DentaQuest
MORE Care Oregon – Advantage Dental Focus

- Align with current workflows
- Imbed in current referral platform
- Identify shared outcomes
MORE Care Referral – System Integration

DENTAL REFERRAL TREATMENT REPORT

<table>
<thead>
<tr>
<th>PATIENT INFORMATION:</th>
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<tbody>
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<td>Patient Name:</td>
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<td>DOB:</td>
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<tr>
<th>DENTAL CARE REPORT:</th>
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<tr>
<td>Date of Dental Appt:</td>
<td></td>
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<tr>
<td>Did patient keep their scheduled appointment?</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Is all needed treatment completed?</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

List any prescription agents given to patient:

Patient’s Oral Health Diagnosis:
- Abcess/Infection [K12.2]
- Periodontalis [K03.6]
- Caries Activity/Decay [K02.9]
- Gingivitis [K05.1]
- Other:

Oral Health Risk Status:
- ELEVATED □
- MODERATE □
- LOW □

Self-Management Goal Recommendations:

Data of Patient’s Next Dental Appointment:

Add Additional Notation:

DENTAL CARE TEAM:

Date: __/__/__

Dental Provider:  
Dental Provider Phone #:  
Dental Provider Signature:  

Dental Care Report

Date Of Dental Appt: mm/dd/yyyy
Patient Kept Appointment: Yes □ No □
Is Treatment Complete: Yes □ No □
Prescriptions

Diagnosis Code

Self Management Goals

Self Management Goals Date: mm/dd/yyyy

Date Of Next Appt: mm/dd/yyyy

Additional Notes

Process Notes

Notes

Add New Process Note

Actual Treatment Rendered

Scheduled Appointment: mm/dd/yyyy

Treatment Codes

Add New Actual Treatment
Import From Treatment History

Treatment Notes / Comments

X-Rays

Add New X-Ray
Import X-Rays

Chart Notes

Add New Chart Note
Import Attachments
Import Notes
MORE Care ADIN Referral from Physical or Behavioral Health
MORE Care ADIN Referral Response from Advantage Dental Primary Care Dentists

- Closed loop referral to medical
Timeline

**Planning and Pre-Work**
Jan/Feb 2019

**Action Period 1**
Feb-June 2019

- MORE Care Interconnectivity subgroup
  April - August
- Learning Session 1
  February 11, 2019

**Action Period 2**
July-Oct 2019

- MORE Care Intro webinar to Contracted Dental Network
  August 19, 2019
- Learning Session 2
  June 20, 2019

**Action Period 3**
Oct 2019-Jan 2020

- MORE Care spread to Contracted Dental Network
  August – February 2020
- Milestone Meeting
  February 2020

**Y2 Sustain and Spread**

**Learning Session 3**
October 15, 2019

**Action Period Activities**

- Monthly Action Period Calls/ virtual TA
- Data Collection/review
- PDSAs/Testing Ideas from change package
- Additional training/TA as needed

**MORE Care Intro webinar to Contracted Dental Network**
August 19, 2019
MEASUREMENT USING DENTAL AND MEDICAL RECORD INFORMATION

Eric Tranby, PhD
Manager, Data and Impact, Analytics and Evaluation
DentaQuest Partnership for Oral Health Advancement
Eric.Tranby@DentaQuest.com
Challenges of Developing Interoperable HIT Systems
Barriers to Health Information Exchange

- Usefulness
- Workflows
- Patient Matching
- Cross Platform Communication
- Regulation
- Cost and Effort
HIT and Coordination of Care

Dental Referral Networks
Who is in your community?
How will you communicate?
What needs to be shared?
# Dental Referral Treatment Report

**Medical Provider Referral for Dental Care**

**Referral Type:**
- [ ] Dental Emergency
- [ ] Dental Urgency
- [ ] Routine Care

## Referring Provider Report

<table>
<thead>
<tr>
<th>Provider</th>
<th>Practice Name</th>
<th>Phone</th>
<th>Fax</th>
<th>Email</th>
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## Patient Information

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<th>Patient DOB</th>
<th>Phone 1</th>
<th>Phone 2</th>
<th>Email</th>
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<tr>
<th>Male</th>
<th>Female</th>
<th>Insurance Information:</th>
<th>Self-Pay/No Coverage</th>
<th>Medicaid (ID #: )</th>
<th>Commercial (Name: )</th>
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## Patient Medical Information

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<thead>
<tr>
<th>Abbreviated Medical History: [Please provide dental team recent H/P and medication list, if applicable]</th>
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<tr>
<th>Date of Last Fluoride Application: / /</th>
<th>Fluoride Supplements Prescribed: Yes</th>
<th>No</th>
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<tr>
<td></td>
<td>Allergies:</td>
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<th>Why referred specific to patient's oral issues?</th>
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## Reason for Referral

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<th>Reason for Referral (Select all that apply):</th>
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<tbody>
<tr>
<td>Abscess/Infection (K12.2)</td>
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<tr>
<td>Periodontia (K05.6)</td>
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<tr>
<td>Caries Activity/Decay (K02.9)</td>
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<tr>
<td>Significant Plaque/Tartar/Calculus</td>
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<td>Pregnancy</td>
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<td>Diabetes</td>
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<td>Other</td>
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<th>Date Referral Sent:</th>
<th>Referring Dental Provider:</th>
<th>Date of Referral Follow Up:</th>
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I am the patient or parent/guardian of the patient. I consent to this medical provider sharing information about me/my child with the dentist/dental care team named. I also consent to the dentist/dental care team sharing information about me/my child with this medical provider.

**Signature:** __________________________ Date: _____________

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**Dental Referral Treatment Report**

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**Oral Health Risk Status:**

- ELEVATED
- MODERATE
- LOW

**Self-Management Goal Recommendations:**

**Date of Patient's Next Dental Appointment:** / /  
**Additional Note:**

**Dental Care Team:**

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**Dental Provider Signature:** __________________________ Date: _____________
Where We Are Going: Risk Stratified Care

American Academy of Family Physicians

• “Risk-stratified care management (RSCM) is the process of assigning a health risk status to a patient, and using the patient’s risk status to direct and improve care. The goal of RSCM is to help patients achieve the best health and quality of life possible by preventing chronic disease, stabilizing current chronic conditions, and preventing acceleration to higher-risk categories and higher associated costs.”
Risk-Stratified Care and Population Health Medicine

- **High-Risk Patients**: 5% of patients; usually with complex disease(s), comorbidities
- **Rising-Risk Patients**: 15%-35% of patients; may have conditions not optimally managed
- **Low-Risk Patients**: 60%-80% of patients; with minor transient conditions which are easily managed

**Intensive Care Management**
- Trade high-cost services for low-cost management with Home Health monitoring.

**PCMH Chronic Disease Management**
- Avoid unnecessary hospital admissions and ED visits.

**Prevention and Patient Access is Key**
- Keep patient healthy and loyal to the system.

Healthy Population

Adapted From: Health Care Advisory Board interviews and analysis.
Risk Stratified Annual Surgical Dental Intervention Costs

Number of Patients with Surgical Dental Interventions, by Risk

- High Risk: 17,867
- Moderate Risk: 7,168
- Low Risk: N/A

Surgical Intervention Rate by Risk

- High Risk: N/A
- Moderate Risk: N/A
- Low Risk: N/A

MORE Care: Preliminary Analysis
Risk Stratified Annual Surgical Dental Intervention Costs

Box and Whisker Plot of Risk Stratified Annual Surgical Dental Intervention Costs

- Low Risk
- Moderate Risk
- High Risk

$0 - $1,000

Low Risk:
- $271
- $135
- $72
- $36

Moderate Risk:
- $297
- $152
- $87
- $30

High Risk:
- $434
- $210
- $112
- $30

$917
Comparing Distribution of Services

Children

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<th>Service</th>
<th>Advantage</th>
<th>Medicaid (National)</th>
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<td>82%</td>
<td>77%</td>
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<tr>
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<td>21%</td>
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Adults

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2013 2014 2015
Promise of Mixed EMR Data: Interprofessional Practice in Medicaid

Proportion of Medicaid Enrolled Children, Ages 0-5, Receiving a Oral Health Assessment During a Well-Child Visit

- 2013: 6%
- 2017: 7%

Proportion of Medicaid Enrolled Children, Ages 0-5, Receiving Dental Treatment During a Oral Health Assessment at a Well-Child Visit

- Fluoride Application: 2013: 16%, 2017: 97%
- Dental Diagnosis: 2013: 25%, 2017: 95%
Interprofessional Practice Works

IBM Medicaid Marketscan Database
Time to Dental Treatment after WCV

- No Dental at WCV
- Dental Exam at WCV
- Dental Diagnosis at WCV
- Both Exam and Diagnosis at WCV