CareOregon: FQHC partnerships to transform healthcare by promoting dental engagement and integration through the Oral Health Integration Projects (OHIP) and Learning Collaborative

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Learning Objectives

1. Gain an understanding of plan and provider collaboration and partnerships to increase performance metrics and develop integrated care delivery systems
2. Describe bidirectional integration efforts between primary care, behavioral health, and oral health
3. Provide an overview of plan and provider learning collaborative for integration project sharing and spread
4. Partner spotlight: Share project detail from one FQHC integration pilot
Before Integration
After Integration
Whole Person Health

• Improve ability for the patient to navigate and connect to all types of care instead of seeking services independently across multiple systems

• Opportunities for providers from all clinical disciplines to work together to assure patients get comprehensive, integrated care

• Data from the person perspective
# Key organization pillars

## Organization-wide Strategic Objectives

What we must focus on through 2019 to achieve our vision

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<tbody>
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<td><strong>4.</strong></td>
<td><strong>5.</strong></td>
</tr>
<tr>
<td>Optimize operations to ensure success with CCO 2.0 and COA bid</td>
<td>Prioritize programs, partnerships and investments that ensure financial stability</td>
<td>Be responsive to customer needs (members/patients, providers and LOBs)</td>
<td>With our partners, seamlessly deliver integrated physical behavior, oral and social determinants of health benefits to our members/patients</td>
<td>Attract, engage and retain high quality, diverse talent</td>
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Priority populations for oral health engagement

Maternity
• Can lead to improved health outcomes and is an upstream approach to reduce early childhood caries.

0 to 5-year-olds
• Decreases early childhood caries rates, supports kindergarten readiness and social determinants of health (SDoH).

Patients with diabetes
• Improves chronic disease management. Can positively impact HbA1C levels
Cross-organization oral health metric

Percentage of 0-to-5 years with an oral health intervention in either primary care or dental setting

<table>
<thead>
<tr>
<th>Year</th>
<th>2016*</th>
<th>2017</th>
<th>2018</th>
<th>2019 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>44.8%</td>
<td>48.4%</td>
<td>51.4%</td>
<td>53.4%</td>
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</tbody>
</table>

Proportion of children 0-to-5 years with a dental visit who had *dental visit* only vs *oral health in primary care*

<table>
<thead>
<tr>
<th>Year</th>
<th>2016*</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>89.4%</td>
<td>85.9%</td>
<td>80.3%</td>
<td>79.9%</td>
</tr>
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</table>

*2016 is baseline; Denominator requires 90 day continuous enrollment*
CareOregon Dental

- Building partnerships and supporting the development of integration infrastructure with FQHC partners
- Increase dental access and utilization
- Promote oral health integration and the health home model
- Improve overall health outcomes
- Support spread of new tools and learnings across the provider network
CareOregon Dental
Culture of Network Collaboration

- +90% of dental homes are with co-located FQHC providers
  - Unique opportunity for collaboration and partnership
- Convene network partners monthly
- Collaborative decision making
- Shared goals
- Successful together
- Manage challenges together
- Best practices
Clinical strategic priorities

Building bridges with provider partners

• Strengthens interdisciplinary collaboration
• Integrates care delivery models, which traditionally separates healthcare disciplines
• Provides patient-centered, team-based care
• Delivers whole person health
• Oral Health Integration Projects (OHIP) as key integration strategy

City of Bridges
Portland, Oregon
Oral Health Integration Projects

Goal:
To build and support clinical infrastructure to improve integrated oral healthcare delivery.

Key Components:
1. Project principles for integration
2. Collaboration for shared learning, project spread and sustainability
OHIP project core principles

• Multi-disciplinary
  • physical health and/or behavioral health
• Health home model
• Cross-disciplinary leadership team
• Metric-driven
• 2-phased project timelines and metrics
• Project spread and sustainability
• Collaborative partner participation and shared learning
• Grant includes significant technical assistance and support
Oral Health Integration Projects faculty and their roles

- Model interdisciplinary clinical and operational leadership
- Present as context experts for OHIP Learning Sessions and Virtual Meetings
- Provide direct project support
- Break down internal silos to build new pathways
- Viewed as collaborator
- Lead healthcare transformation
OHIP partner projects

Improving clinical integration and patient engagement

- Immunizations in infant and toddler dental clinic
- Occupational therapy to increase oral health—promoting behavior
- Trauma-informed care in the dental setting
- Hygienists embedded in pre-natal and diabetes primary care teams
- Community mobile dental care with cultural awareness
- Enhancements to the combined electronic health record
OHIP Learning Collaborative

- Initiative spread
- data
- tools
- lessons learned
- stretch goals
- barriers & solutions
OHIP Learning Collaborative

Desired outcomes and goals

- Improved efficiencies
- Improved patient experiences
- Sharing of best practices
- Self-propelling spirit of collaboration
- Project sustainability
- Commonalities that can be transferred across the region
Learning Collaborative timeline

Early 2018

Integration design, funding

Action period 1

Learning session 1
Feb 2019

Action period 2

Learning session 2
Sep 2019

Action period 3

Learning session 3
Feb 2020

Holding the gains

Action period activities:
- Virtual meetings (webinars)
- Technical assistance
- Stretch goals
- Check-ins

- Site visits
- Toolkits
- Digital stories
OHIP Phase 1

A few accomplishments ...

191  Unique pregnant members receiving dental services in the prenatal clinic setting

305  Preventive dental visits completed in the prenatal clinic setting

223  Children received immunizations in an infant toddler dental clinic

300  Dental patients assessed for dental anxiety using a standardized screening tool

313  FQHC medical to dental referrals
Phase 1 lessons learned

Learning opportunities

• Whole person data
• Engaged multi-disciplinary leadership
• Staffing challenges
• EHR capabilities
• Competing priorities
• Clearly defined project metrics and deliverables

Key successes

• Organizational strategic planning
• Data-driven and targeted decision making
• Oral health prioritization
• Cultural changes
• Integration spread
• Addressing quadruple aim goals
• Improved cross-disciplinary operational efficiencies
• Partner transparency and collaboration
OHIP Provider Partner
Virginia Garcia Memorial Health Center (VGMHC)
How We Started

Virginia Garcia
1969 - 1975
Responding to Community Need

We serve more than 45,000 patients

- 42% are 18 years old or younger
- 98% live in low-income household, 20% farmworkers
- 63% Medicaid insured 24% uninsured
- Over half best served in a language other than English
- Services at 5 primary care clinics, 6 dental clinics, 6 SBHC
- A Women’s Clinic and a mobile outreach clinic

We serve 1 in every 15 residents of Washington and Yamhill counties
VGMHC Executive Commitment

• Integration designated as an organizational strategic priority
• Integration seen as critical component of treating whole patient when providing a health home
• Project co-sponsored by medical director and dental director
• Would not be possible without close partnership with CareOregon
  • Alignment of goals between CODental and COMedical
  • Three dedicated staff funded by project
  • Support and Guidance - Priceless
Responding to the OHIP proposal

• Meetings with medical to understand their priorities
• Aligning dental integration points with medical priorities to gain buy-in (WIIFM)
• Had a fully integrated EHR yet still had issues
• Investigated direction of integration trends within dental community
• Dental Hygienist embedded in primary care
Happy Mouth, Happy Body

**Project goal** - To create a culture of integration at Virginia Garcia by optimizing our shared electronic record and embedding oral health services into primary care.
Project Summary

Focus Populations: Pregnant Women, Children, Patients with Uncontrolled Diabetes

EPIC OPTIMIZATION
- Bidirectional Referrals
  - Medical → Dental
- Acting on Care Gaps (optimize how they are viewed)
- Immunizations provided at Dental Baby Days

DENTAL HYGIENIST IN PRIMARY CARE
- Aid with content for Diabetes Education
- Co-location of Hygienist in Women’s Clinic
- Co-location of Hygienist with team addressing diabetes
OHIP Partner Projects

Virginia Garcia is tackling 3 out of the 6 OHIP topics

- Immunizations in infant and toddler dental clinic
- Occupational therapy to increase oral health—promoting behavior
- Trauma-informed care in the dental setting
- Hygienists embedded in pre-natal and diabetes primary care teams
- Community mobile dental care with cultural awareness
- Enhancements to the combined electronic health record
Data Driven

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Phase I 4/1/18-3/31/19</th>
<th>Through Aug 2019</th>
<th>Goal - Phase II 4/1/19-3/31/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase # of referrals from medical to dental</td>
<td>100 patients</td>
<td>330</td>
<td>200 patients</td>
</tr>
<tr>
<td>Increase # of referrals from dental to medical</td>
<td>50 patients</td>
<td>In Development</td>
<td>150 patients</td>
</tr>
<tr>
<td>Embed EPDH in OB 2 days/wk.</td>
<td>240 pts by 6 mo.</td>
<td>191 pts /324 appts</td>
<td>15/wk 500 pts</td>
</tr>
<tr>
<td>Refer % of pregnant women for dental visit</td>
<td>50% 12/mo</td>
<td>82.3%</td>
<td>75%</td>
</tr>
<tr>
<td>Implement BabyDay program at Women’s Clinic</td>
<td>90 children</td>
<td>176</td>
<td>120 children</td>
</tr>
<tr>
<td>Implement immunizations at BabyDay</td>
<td>50 children</td>
<td>26</td>
<td>200 children</td>
</tr>
<tr>
<td>DCC completion for internal referrals</td>
<td>70%</td>
<td>88.5%</td>
<td>80%</td>
</tr>
<tr>
<td>DCC completion for external referrals</td>
<td>50%</td>
<td>100%</td>
<td>60%</td>
</tr>
<tr>
<td>Embed EPDH with diabetes team 2 days/wk.</td>
<td>N/A</td>
<td>In Development</td>
<td>200 patients</td>
</tr>
</tbody>
</table>

Once foundational work is in place we move from measuring output to outcomes
Celebrating Wins

324  Completed office visits by hygienist in the Women’s Clinic

24%  Overall increase in referrals from medical to dental with referral workflow live at only two pilot sites

171  Referrals to dental clinic for comprehensive care from Women’s Clinic since project start (only 1 referral prior)
What patients say

Why did you choose dental services at the Women’s Clinic?

- Easier than going to dental clinic, 25.0%
- My Doctor said I should get dental services during my pregnancy, 75.0%

Have you seen the hygienist at the Women’s Clinic?

- Yes, 66.7%
- Already have a dentist, 33.3%
Sustainability

Workflows diagramed and trained, processes documented to ensure sustainability

Currently have:
• First Tooth in SBHC
• Medical to Dental Referrals
• Teledentistry
• Baby Day
• Baby Day Immunization

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Shared Active Medical and Dental Patients

VGB PRIMARY CARE
VGC PRIMARY CARE
VGH PRIMARY CARE
VGN PRIMARY CARE
VGYC PRIMARY CARE

April 2018 to August 2019
Lessons Learned

Challenges

• Integration is hard
• Takes twice as long as planned
• Can’t do with full patient care FTE
• Beware of competing priorities
• Payers not ready for integrated claims
• Workflows siloed even with a shared EHR (Epic)
• Dental capacity ~ 30% of medical
• Can’t identify medical assigned patients vs. dental assigned
Lessons Learned

Successes – Side Effects

• Significant improvement in State dental metrics
• Hygienist fully integrated at Women’s Clinic
• Doctors more comfortable on dental emergency calls
• Standardizing sterilization & referral processes
• Dental at the table more often
• Med reached out to dental to participate in a pilot
• Compliance and QA Visits began in dental
• Pharmacy partnership 340b purchasing
• Dentists will be able to administer vaccines
What Does True Integration Look Like?

Your BP is down. I’ll have Edgar draw your A1c. Now if you’ll just schedule your dental exam before you leave you’ll be all set, Mr. Sanchez.

I have you booked for 2:30 with Dr. Nguyen. Our records show that you may be due for a measles booster as well as a dental exam. Would you like us to provide that as well?

Ok, Danny. Sealants are all done and you did great with that flu shot! Stop by and say “hi” after your physical next week.
Partnership for integration success

Health plan and FQHC collaboration

• Prioritization of oral health
• Health care service models: Team-based care
• Interdisciplinary workflows: Team-based care
• Engaged leadership
  • Plan, partner, interdisciplinary clinicians
• Improved patient experience
• Improved clinician/team experience
• Membership alignment
Questions?

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