Oral Health Care Access & Barriers

A Spotlight on Asian American, Native Hawaiian, And Pacific Islander-Serving Health Centers

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Researcher: Vivian Li, MS, Research Project Manager & Analyst
Speakers

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*Training & Technical Assistance Director*
AAPCHO

Acknowledgment:
Vivian Li, MS
*Research Project Manager & Analyst*
AAPCHO
About Association of Asian Pacific Community Health Organizations (AAPCHO)

• Formed in 1987, national association of 33 community health organizations serving AA&NHPIs

• Dedicated to improving the health status and access of these medically underserved communities

• Bureau of Primary Care (BPHC) funded National Cooperative Agreement (NCA) to provide training and technical assistance to health centers
Training & Technical Assistance

HRSA Bureau of Primary Health Care - National Cooperative Agreement (NCA)

Goal 1: Increase Access to Care
- National Audience
- Learning Collaborative

Goal 2: Improve Health Outcomes
- National Audience
- Learning Collaborative

Goal 3: Promote Health Equity
- National Audience
- Learning Collaborative

Oral Health Care Access & Barriers Among Asian American, Native Hawaiian, and Pacific Islander-Serving Health Centers
Overview

Demographics, health utilization, chronic disease health outcomes, and oral health indicators for AA&NHPI populations

Barriers to general and oral health care that AA&NHPI populations may experience

Recommendations for increasing access to general and oral health care and improving health outcomes for AA&NHPI populations
Demographics, health utilization, chronic disease health outcomes, and oral health indicators for AA&NHPI populations
The Health of Asian Americans, Native Hawaiians and Pacific Islanders Served at Health Centers: UDS 2017

Demographics

- Asian Americans, Native Hawaiians and Pacific Islanders (AA&NHPIs) are the fastest growing and highly diverse racial/ethnic group in the United States
  - More than 50 ethnic groups and over 100 languages
  - Approx. 22.5 million in 2015, expected to triple by 2050
AA&NHPIs Served by Health Centers

- Approximately 1.2 million AA&NHPIs received care at FQHCs in 2017, about a 128% increase between 2007-2017
### AA&NHPIs Served by FQHCs in 2017 by State

<table>
<thead>
<tr>
<th>TOTAL AA&amp;NHPIs SERVED</th>
<th>STATE/TERRITORY</th>
<th>TOTAL FQHCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>368,133</td>
<td>CA</td>
<td>177</td>
</tr>
<tr>
<td>124,472</td>
<td>NY</td>
<td>65</td>
</tr>
<tr>
<td>90,437</td>
<td>WA</td>
<td>27</td>
</tr>
<tr>
<td>87,099</td>
<td>HI</td>
<td>14</td>
</tr>
<tr>
<td>79,449</td>
<td>MA</td>
<td>39</td>
</tr>
</tbody>
</table>
New Growth States, 2016-2017

- Arizona
- Colorado
- Connecticut
- Florida
- Nevada
- Texas
Report Methodology

- Total # of FQHCs Nationally (N=1,373)
- Top 10% in terms of the number of AA&NHPI patients served at the health center in 2017
- Target health centers: (N=137) “AA&NHPI-Serving Health Centers”
- Averages were calculated using raw UDS. To determine statistical significance, two-sample t-tests were conducted (significance level = 0.05)
Patient Demographics

- % AA&NHPI patients: 12.6% vs. 4.7%
- % Limited English Proficient: 33% vs. 24%
- % <200% FPL: 93% vs. 91%
- % Medicaid: 60% vs. 49%

AA&NHPI-serving health centers average vs. National health centers average.
Enabling Services (non-clinical)

Average Enabling Service Staff FTE

- Case Managers: AA&NHPI-serving health centers average = 17.81
  National health centers average = 6.73
- Patient/Community Education Specialists: AA&NHPI-serving health centers average = 7.19
  National health centers average = 2.31
- Outreach Workers: AA&NHPI-serving health centers average = 4.64
  National health centers average = 2.2
- Transportation Staff: AA&NHPI-serving health centers average = 1.08
  National health centers average = 0.75
- Eligibility Assistance Workers: AA&NHPI-serving health centers average = 9.34
  National health centers average = 3.53
- Interpretation Staff: AA&NHPI-serving health centers average = 3.45
  National health centers average = 1.14
- Community Health Workers: AA&NHPI-serving health centers average = 3.15
  National health centers average = 1.16
Quality of Care

- Childhood Immunization: 44% (AA&NHPI-serving health centers average), 39% (National health centers average), 80% (Healthy People 2020 Goals)
- Cervical Cancer Screening: 59% (AA&NHPI-serving health centers average), 55% (National health centers average), 80% (Healthy People 2020 Goals)
- Colorectal Cancer Screening: 44% (AA&NHPI-serving health centers average), 42% (National health centers average), 71% (Healthy People 2020 Goals)
- Patients with Controlled Hypertension: 65% (AA&NHPI-serving health centers average), 62% (National health centers average), 61% (Healthy People 2020 Goals)
Hepatitis – Prevention and Management in Dental Practice
## AA&NHPI Oral Health Services

- **N=137 AA&NHPI-Serving Health Centers (UDS, 2017)**

<table>
<thead>
<tr>
<th></th>
<th>Dentists</th>
<th>Dental Hygienists</th>
<th>Other Dental Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FTEs</strong></td>
<td><strong>Clinical Visits</strong></td>
<td><strong>FTEs</strong></td>
<td><strong>Clinical Visits</strong></td>
</tr>
<tr>
<td>Dentists</td>
<td>1,380</td>
<td>4,284,863</td>
<td>503</td>
</tr>
</tbody>
</table>
Oral Health Care Access & Barriers Among Asian American, Native Hawaiian, and Pacific Islander-Serving Health Centers

FTEs

N=137 AA&NHPI-Serving Health Centers (UDS, 2017)
Clinical Visits

Dental Hygienists
12.3%

Dentists
87.7%

N=137 AA&NHPI-Serving Health Centers (UDS, 2017)
AA&NHPI Oral Health Services

• N=137 AA&NHPI-Serving Health Centers (UDS, 2017)

• # of Visits and # of Patients Seen
  – Emergency Services
  – Oral Exams
  – Prophylaxis (Adult or Child)
  – Sealants
  – Fluoride Treatment (Adult or Child)
  – Restorative Services
  – Oral Surgery (extractions or other surgical procedures)
  – Rehabilitative Services (Endo, Perio, Prostho, Ortho)
AA&NHPI-Serving Health Centers: Oral Health Services -- % of Total Visits

- Emergency Services: 1.6%
- Oral Exams: 29.5%
- Prophylaxis (Adult or Pediatric): 17.4%
- Flouride Treatment (Adult or Pediatric): 13.9%
- Sealants: 2.9%
- Restorative Services: 19.1%
- Oral Surgery: 5.1%
- Rehabilitative services: 10.3%

N=137 AA&NHPI-Serving Health Centers (UDS, 2017)
AA&NHPI-Serving Health Centers: Oral Health Services -- % of Total Patients

N=137 AA&NHPI-Serving Health Centers (UDS, 2017)
Data Limitations

- UDS data is *health center summary data*. Averages used for comparisons.
- UDS is *aggregate level data* that may mask potential health and demographic differences amongst AA&NHPI populations.
- *Data disaggregation* can distinguish racial and ethnic health outcomes.
  - UDS Table 7 (health outcomes and disparities) only highlights diabetes, hypertension, and birth weight.
## Oral Health Data Limitations

<table>
<thead>
<tr>
<th>Oral Health Indicators</th>
<th>Data Source</th>
<th>Availability of AA&amp;NHPI Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visits to dentist or dental clinic among adults aged &gt;=18 years</td>
<td>CDC, 2016</td>
<td><strong>None</strong> – only White, Black, Hispanic, Other, Multiracial</td>
</tr>
<tr>
<td>Dental visits among children and adolescents aged 1-17 years</td>
<td>CDC, 2011-12</td>
<td><strong>None</strong> – only gender data available</td>
</tr>
<tr>
<td>Preventive dental visits among children and adolescents aged 1-17 years</td>
<td>CDC, 2011-12</td>
<td><strong>None</strong> – only gender data available</td>
</tr>
</tbody>
</table>

Source: CDC > Division of Population Health > Chronic Disease Indicators
## Oral Health Data Limitations

<table>
<thead>
<tr>
<th>Oral Health Indicators</th>
<th>Data Source</th>
<th>Availability of AA&amp;NHPI Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive dental care before pregnancy</td>
<td>CDC, 2009-11</td>
<td>None</td>
</tr>
<tr>
<td>All teeth lost among adults aged &gt;= 65 years</td>
<td>CDC, 2016</td>
<td>None – only White, Black, Hispanic, Other, Multiracial</td>
</tr>
<tr>
<td>Six or more teeth lost among adults aged &gt;=65 years</td>
<td>CDC, 2016</td>
<td>None – only White, Black, Hispanic, Other, Multiracial</td>
</tr>
</tbody>
</table>

Source: CDC > Division of Population Health > Chronic Disease Indicators
### Oral Health Data Limitations

<table>
<thead>
<tr>
<th>Oral Health Indicators</th>
<th>Data Source</th>
<th>Availability of AA&amp;NHPI Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>No tooth lost among adults aged 18-64 years</td>
<td>CDC 2016</td>
<td><strong>None</strong> – only White, Black, Hispanic, Other, Multiracial</td>
</tr>
<tr>
<td>Population served by community water systems that receive optimally fluoridated drinking water</td>
<td>CDC, 2014</td>
<td><strong>None</strong></td>
</tr>
<tr>
<td><strong>Oral Health Services at Federally Qualified Health Centers</strong></td>
<td>CDC, 2015</td>
<td><strong>None</strong></td>
</tr>
</tbody>
</table>

Source: CDC > Division of Population Health > Chronic Disease Indicators
Barriers to general and oral health care that AA&NHPI populations may experience
Publications


Publication Findings


“…those with **limited English proficiency** were **3.5 times** as likely to lack dental health insurance and **3.2 times** as likely to rate their oral health as fair or poor. The odds of not using preventive dental care services were **6.4 times** as great in those without **dental health insurance**.”
Publication Findings


“…**dental insurance** is the most critical enabler for the use of preventive dental care services at the individual-level… those living in a neighborhood with relatively **abundant Asian-related resources and services** tend to use less preventive dental care services.”
“...a correlation exists between health beliefs and practices of the respective Asian culture and their use of Western services...participants acculturated into Western culture and Western health beliefs and practices were more likely to utilize Western health care services. Those who do not acculturate into the Western culture and retain their Vietnamese cultural beliefs may be less likely to utilize Western health care services.”
Recommendations for increasing access to general and oral health care and improving health outcomes for AA&NHPI populations
## Recommendations

<table>
<thead>
<tr>
<th>AA&amp;NHPI Serving Health Centers</th>
<th>High Quality of Care Delivery Characteristics</th>
</tr>
</thead>
</table>
| **High Limited English Proficiency** | • Implementation and enforcement of Cultural and Language Access Standards (CLAS)  
• Workforce investment: enhanced staffing infrastructure for translation services and interpretation; multi-lingual staffing |
| **Higher proportion of Medicaid patients & SDOH factors** | • Enabling services: workforce investment and standardized data collection  
• Community partnerships: enhance access to social services and legal partnerships to meet the needs of low income AA&NHPI children and families (housing, transportation, language access)  
• Consumer leadership & engagement |
| **Increased prevalence of chronic Hep B, diabetes, cervical and colorectal cancer** | • Implementation and enforcement of high quality standards of care in screening (perinatal Hep B screening, Screen at 23, etc.)  
• Enhanced specialty care relationships, care coordination investments |
Recommendations

• **Additional data analysis is needed** to better understand relationship and impact of health center services (e.g. enabling services) on health disparities and patient health outcomes for AA&NHPIs

• Analysis with:
  - Patient-level data (vs. health center level data in UDS)
  - Disaggregated AA&NHPI data (vs. AA, NH, PI only in UDS)
  - Enabling Services and Social Determinants of Health data
Disaggregated AA&NHPI ethnicities and languages

Social Determinants of Health

- PRAPARE (Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences)

Enabling Services

- ESAP (Enabling Services Accountability Project)

Patient-Level Data

- AAPCHO Data Warehouse

Recommendations
Resources

• E-mail the Training & Technical Assistance team at: training@aapcho.org

• Visit AAPCHO’s Training & Technical Assistance homepage: www.aapcho.org/projects/TTA-NCA/

• Visit AAPCHO’s Enabling Services homepage: EnablingServices.aapcho.org

• Visit the Health Center Resource Clearinghouse: www.healthcenterinfo.org

Contact Information

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Oral Health Care Access & Barriers Among Asian American, Native Hawaiian, and Pacific Islander-Serving Health Centers
MORE THAN JUST ORAL HEALTH

HUONG N. LE, DDS, MA
CHIEF DENTAL OFFICER
ASIAN HEALTH SERVICES
AAPCHO MEMBER
NNOHA WEBINAR
April 11, 2019
Asian Health Services

- Founded in 1974
- Dental opened in 2003
- 90 medical rooms, 23 dental operatories at three fixed clinic sites and three school-based sites, behavioral health, specialty mental health
- 28,000 health center patients, 6,200 dental patients
- Patient-Centered Health Home: only medical patients can access dental services
- Medical and dental have always been on two separate EHR systems
## Patient Demographics - Health Center

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2018 Patients*</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-21</td>
<td>6,908</td>
<td>25%</td>
</tr>
<tr>
<td>22-64</td>
<td>13,881</td>
<td>49%</td>
</tr>
<tr>
<td>65 and over</td>
<td>7,358</td>
<td>26%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>28,147</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

- Planning
- Training system
- Health information system
- Clinical care system
- Evaluation system

Planning

- Integration has taken place in different stages
- Champions: Chief Medical Officer (CMO) and Chief Dental Officer (CDO), Pediatric Department Head, Behavioral Manager
- Primary Care: Diabetics, perinatal patients and pediatrics
- Behavioral Health: screen geriatric patients for depression

- Planning
- Training system
- Health information system
- Clinical care system
- Evaluation system

TRAINING SYSTEM

The integration project is on-going at providers and staff meetings

- Diabetes
- Cardiovascular disease
- Perinatal Program
- Pediatrics
- Behavioral /Mental Health
IN-SERVICE TRAINING

- Behavioral Health
- HIV and Gender LGBTQ Training: Dental staff serves on LGBTQ Alliance
- Smiles for Life: all medical providers are familiar with the training tool
- Tobacco cessation training
- Emergency medical training
- OSHA, Infection Control, Dental Practice
- CQI Committee
- Cross Component Meeting and M-Team
- Advocacy - Public charge

- Planning
- Training system
- Health information system
- Clinical care system
- Evaluation system

Dental has used Dentrix since its inception in 2003
Medical started NextGen 2014
Practice Management Systems have gone thru 4 systems in medical. Dental has stayed with Dentrix
Demographic interface allows centralized electronic billing

What has worked:
Access to medications and problems and lab values
Behavioral Health screening form can be filled out on NG by BOTH medical and dental staff for tracking.
Diabetes: Dentrix uses ICD 10 Diabetic codes for diabetic patients who are referred by medical.
Pediatrics: Fluoride varnish is coded in both systems
Dental records blood pressure, smoking, BMI, sugar, HbA1C
Perinatal: perinatal referral code is used in Dentrix and NG for reporting purposes
Fluoride record on NG
Behavioral Health Screening Form

### AHS Behavioral Health Indicator Tool (BHIT)

Over the last 2 weeks, how much have you been bothered by the following?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel nervous, anxious or on edge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I have little interest or pleasure doing things I enjoyed in the past</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I feel down, depressed or hopeless</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I have had 4 or more servings of alcohol on a single occasion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I have used illegal drugs or taken more than my prescribed dosage to sleep or to calm down</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I have trouble thoughts and memories and cannot stop thinking about them</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For the situations I answered YES to:

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have been bothered or troubled by them</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**For Staff Use Only:**

- **Patient:**
  - Patient unable to complete
  - Patient refuses to complete

- **Disposition:**
  - Please select one below.
  - Patient agrees to BH referral
  - Patient declines BH referral
  - Referral not recommended

**Interpretation:**

**Additional Comments:** The additional comments ONLY shows in this template

**Provider Action Prompt:** For EACH question, please consider:

- Not at all - BH referral may not be needed.
- Very much - Evaluate for BH referral. Warm Handoff may be needed per Medical Provider’s discretion.
## NG Medication list

### Medications (Final List)

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Medication</th>
<th>Qty</th>
<th>Directions</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/21/2014</td>
<td>Vortex VHC Ladybug Mask-Toddler</td>
<td>1</td>
<td>use with proair.</td>
</tr>
<tr>
<td>10/30/2014</td>
<td>Desitin 40% topical ointment</td>
<td>1</td>
<td>apply with each diaper change</td>
</tr>
<tr>
<td>04/16/2015</td>
<td>Acetaminophen 120 mg rectal suppository</td>
<td>30</td>
<td>insert 1 suppository by rectal route every 4 hours</td>
</tr>
<tr>
<td>09/17/2015</td>
<td>Ibuprofen 100 mg/5 mL oral suspension</td>
<td>4</td>
<td>take 5 milliliter by oral route every 6 hours as needed with food</td>
</tr>
<tr>
<td>10/07/2015</td>
<td>Debrox 6.5% ear drops</td>
<td>1</td>
<td>5 gtts each ear TID for 5 days per week repeat for 1 month.</td>
</tr>
<tr>
<td>10/13/2015</td>
<td>Hydrocortisone 1% topical ointment</td>
<td>60</td>
<td>apply by topical route 2 times every day to the affected area(s) okay for face inhaler 1 puff by inhalation route BID rinse mouth after each use.</td>
</tr>
<tr>
<td>10/13/2015</td>
<td>Qvar 80 mcg/actuation Metered Aerosol oral inhaler</td>
<td>1</td>
<td>INHALE 2 PUFF BY INHALATION ROUTE EVERY 4 - 6 HOURS AS NEEDED apply by topical route every day a thin layer to the affected area(s) NOT FOR FACE TAKE 3 MILLILITER BY ORAL ROUTE EVERY 6 - 8 HOURS AS NEEDED AS NEEDED FOR CONGESTION AND COUGH</td>
</tr>
<tr>
<td>11/21/2015</td>
<td>PROAIR HFA 90 MCG INHALER</td>
<td>8.5</td>
<td>INHALE 2 PUFF BY INHALATION ROUTE EVERY 4 - 6 HOURS AS NEEDED apply by topical route every day a thin layer to the affected area(s) NOT FOR FACE TAKE 3 MILLILITER BY ORAL ROUTE EVERY 6 - 8 HOURS AS NEEDED AS NEEDED FOR CONGESTION AND COUGH</td>
</tr>
<tr>
<td>05/04/2016</td>
<td>Triamcinolone acetonide 0.1% topical ointment</td>
<td>80</td>
<td>apply by topical route every day a thin layer to the affected area(s) NOT FOR FACE</td>
</tr>
<tr>
<td>06/10/2016</td>
<td>Benadryl Allergy 12.5 MG/5 ML</td>
<td>118</td>
<td>apply by topical route every day a thin layer to the affected area(s) NOT FOR FACE</td>
</tr>
<tr>
<td>10/07/2016</td>
<td>Singulair 4 mg chewable tablet</td>
<td>30</td>
<td>chew 1 tablet by oral route every day</td>
</tr>
<tr>
<td>10/07/2016</td>
<td>Cortisone (hydrocortisone) 1% topical cream</td>
<td>30</td>
<td>apply by topical route every day to foreskin apply by topical route 2 times every day for 1 week</td>
</tr>
<tr>
<td>10/07/2016</td>
<td>Bacitracin 500 unit/gram topical ointment</td>
<td>1</td>
<td>INJECT 1 CARTRIDGE BY INTRAMUSCULAR ROUTE EVERY FOR ANAPHYLAXIS apply by topical route 2 times every day a thin layer to the affected area(s)</td>
</tr>
<tr>
<td>10/10/2016</td>
<td>EpiPen JR 0.15MG AUTO-INJ 2-PK</td>
<td>2</td>
<td>INHALE 1 VIAL VIA NEBULIZATION EVERY 4 HOURS AS NEEDED FOR WHEEZE OR</td>
</tr>
<tr>
<td>11/08/2016</td>
<td>Triamcinolone acetonide 0.1% topical cream</td>
<td>30</td>
<td>INHALE 1 VIAL VIA NEBULIZATION EVERY 4 HOURS AS NEEDED FOR WHEEZE OR</td>
</tr>
<tr>
<td>11/23/2016</td>
<td>Albuterol Sul 2.5 MG/3 ML SOLN</td>
<td>75</td>
<td>INHALE 1 VIAL VIA NEBULIZATION EVERY 4 HOURS AS NEEDED FOR WHEEZE OR</td>
</tr>
</tbody>
</table>
Dentrix Health Assessment

Patient Health Assessment - (7, Third) [AHS] [ZRDA1] [01456489] [02/02/1966] [51]

Vitals and BMI

<table>
<thead>
<tr>
<th>Date</th>
<th>Blood Pressure</th>
<th>Pulse</th>
<th>Age</th>
<th>Weight</th>
<th>Hgt/Len</th>
<th>BMI</th>
<th>Provider</th>
<th>Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/22/2017</td>
<td>120/80</td>
<td>70</td>
<td>51</td>
<td>160 lbs</td>
<td>5’ 2”</td>
<td>29.2</td>
<td>ZRDA1</td>
<td>AHS</td>
</tr>
</tbody>
</table>

Buttons: Add, Edit, Delete, Print, Graph, Close

- Planning
- Training system
- Health information system
- Clinical care system
- Evaluation system

Any provider in the system can start the referral

Depression screening: Health center at 70%

**Warm Connections:** LCSW is housed at new dental clinic, so all dental patients at the new site get care immediately.

Medical providers email/call/write referral to dental for oral health issues.

Nurses triage dental emergencies in medical clinic and make referral

Dental providers refer patients to medical for such as high blood pressure or diabetic complications

All are documented in both Dentrix and NextGen

➤ Planning
➤ Training system
➤ Health information system
➤ Clinical care system
➤ Evaluation system

Evaluation System

- Information System (IS) department runs reports for health center CQI on all measures including dental
- BH screening form being tracked on NG for both medical and dental
- Smoking/BMI status is reported on both systems
- Fluoride varnish is part of medical care guideline and dental care guideline. Information is shared in both systems
- Dental is a member of agency CQI committee and use the same on-line incident reporting system
# Health Conditions: Dental Mirrors Medical

<table>
<thead>
<tr>
<th>Conditions</th>
<th>2018 Patients</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Medical*</td>
<td>25,921</td>
<td>100%</td>
</tr>
<tr>
<td>Diabetes*</td>
<td>3,842</td>
<td>15%</td>
</tr>
<tr>
<td>Hypertension*</td>
<td>8,673</td>
<td>33%</td>
</tr>
<tr>
<td>Hepatitis B*</td>
<td>1,632</td>
<td>6%</td>
</tr>
<tr>
<td>Chronic liver disease</td>
<td>796</td>
<td>3%</td>
</tr>
<tr>
<td>Heart disease*</td>
<td>1,507</td>
<td>6%</td>
</tr>
<tr>
<td>Heart disease and cerebrovascular health issues</td>
<td>1,622</td>
<td>6%</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>90</td>
<td>0.3%</td>
</tr>
</tbody>
</table>
Conclusion

- Integration can be accomplished when there is collaboration among all departments and leadership in various departments.
- PDSA cycle
  - Identify champions, areas of disciplines, target population
  - Start out small then spread
  - Evaluate to see what works and makes changes as needed
  - Maintain good communication among departments
- Same EHR is not mandate
- It is a WIN-WIN for our patients
SAVE THE DATE

NNOHA Annual Conference

Caesars Palace
October 13-16, 2019
Registration opens June 2019
QUESTIONS?

Huong Le, DDS, MA
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