



Medical-Dental Integration: Bringing Oral Health into the Health Home

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Bringing Oral Health into the Health Home

1. Co-located medical/dental
2. Oral health services by medical provider
3. Medical-Dental Integration



Co-located Medical/Dental FQHC/CHC

- Medical home + Dental home = HEALTH HOME
 - Onsite services
 - Collaborative team care
 - Common EHR



- Barriers
 - Capacity
 - High adult dental need
 - Time
 - Coordinated care

Oral health services by medical provider

- Opportunity knocks
 - Multiple well child care visits
 - 12 recommended visits by 5 years of age
 - Annual well child care visit after 3 years of age
 - Sick visits
- Primary prevention: start early
 - Pregnant women, newborns



Oral health services by medical provider

- Primary focus on prevention
 - Immunizations
 - Screening
 - Anticipatory guidance
- Strong support from AAP

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SECTION ON ORAL HEALTH
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Oral health services by medical

- Primary for
 - Immunization
 - Screening
 - Anticipatory guidance
- Strong support

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Prevention of Dental Caries in Children From Birth Through Age 5 Years: US Preventive Services Task Force Recommendation Statement

Virginia A. Moyer

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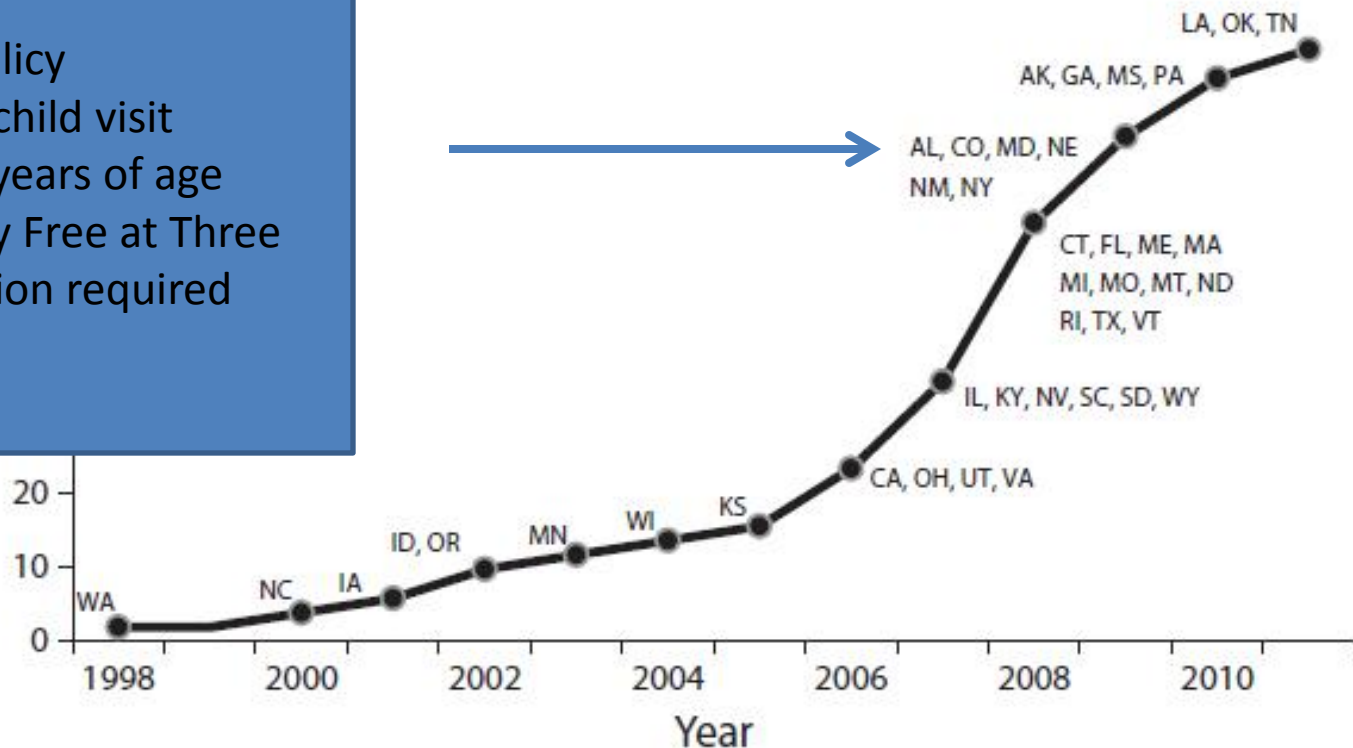
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Medicaid Funding for Medical Providers

Colorado policy

- Well child visit
- 0 - 5 years of age
- Cavity Free at Three education required



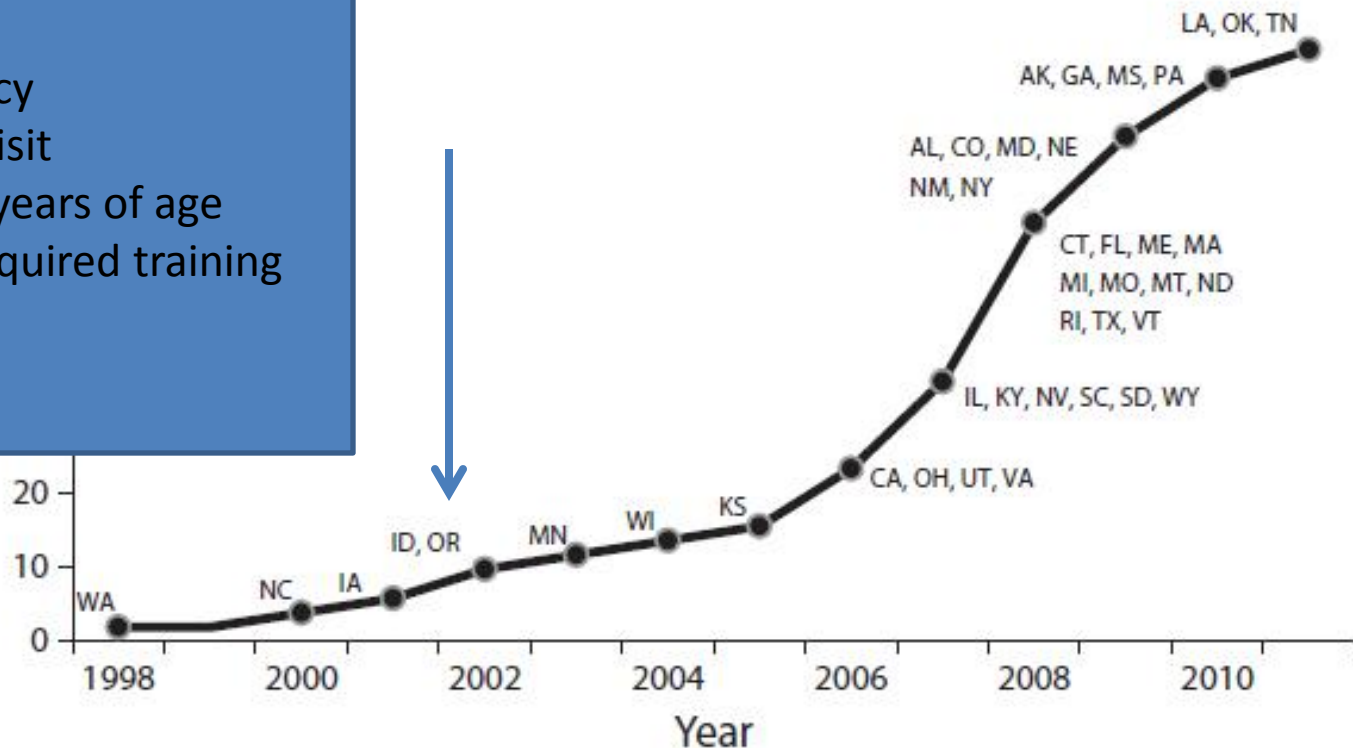
Note. Nonadopting states were AZ, AR, DC, DE, HI, IN, NH, NJ, and WV.

FIGURE 1—Cumulative percentage adoption curve for fluoride varnish: state Medicaid programs, United States, 1998–2011.

Medicaid Funding for Medical Providers

Oregon policy

- any visit
- 0 - 6 years of age
- no required training



Note. Nonadopting states were AZ, AR, DC, DE, HI, IN, NH, NJ, and WV.

FIGURE 1—Cumulative percentage adoption curve for fluoride varnish: state Medicaid programs, United States, 1998–2011.

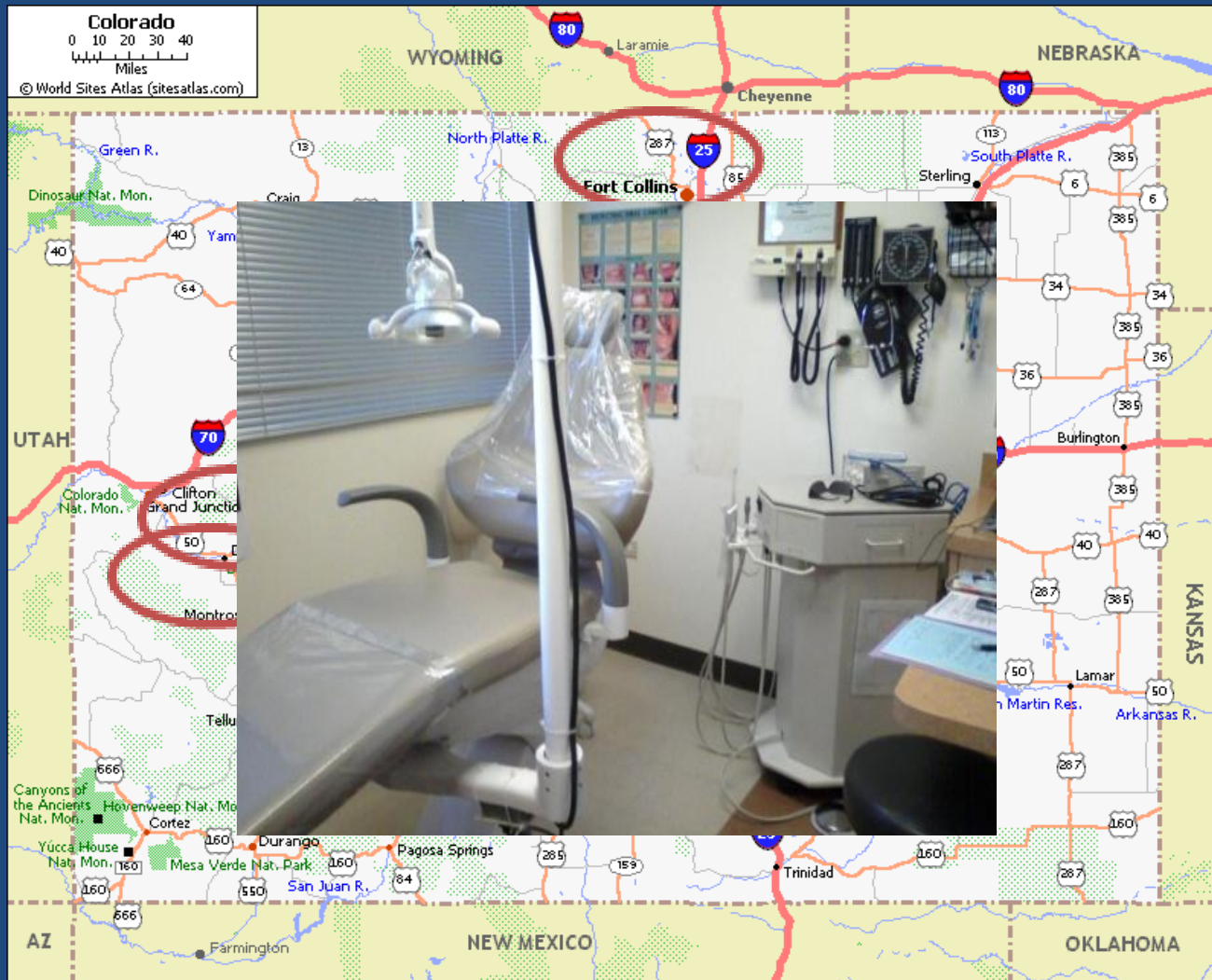
Oral health services by medical providers

- Facilitators
 - Patient need
 - Reimbursement
 - Provider buy-in
- Barriers
 - Lack of time
 - Various payers
 - Conflicting priorities
- Limitations
 - Minimal scope of services

Medical-Dental Integration

- Co-Location 1.0
 - Funded by Delta Dental of Colorado Foundation from 2009 - 2012
- 6 medical practices willing to participant
- Dental hygienists hired to work in medical setting
- Hygienists worked independently
- Funds to cover care to all children

Medical-Dental Integration



Dental Hygienists

- Colorado practice act—independent practice
 - Dental hygiene diagnosis
 - Oral inspection and charting
 - Remove deposit, accretions, stains
 - Curettage with/without local anesthesia
 - Apply fluorides, sealants, other recognized preventive agents
 - X-rays
 - Local anesthesia

Dental Hygienists

- Non-clinical
 - Case management
 - Claims
 - Submitting claims to payer
 - Receiving reimbursement
 - Reconciling unpaid claims

Payment for Services

- Funds to cover care to all children
 - Medicaid
 - SCHIP
 - Private
 - Un-insured

Facilitators-Key informant interviews

Early

*"...the one stop shop
being the patient-
centered health
home...that is
something we've
wanted to do..."*(

tion being served

me

Initial

*"...people were very
excited that their kid
could also see a dental
provider..."*(MD)

Flexibility/creat

Program planning m

Sustainability

Positive changes in the scheduling system

Developed patient base

Parent/caregiver satisfaction with provision of services

*"... [the patients]
really enjoy it... it
is easy for them...
they can do one or
two appointments
on one
day...."*(OM)

Barriers-Key informant interviews

Early A

"...I didn't have enough time in the practice... couldn't afford to quit any of my jobs..."
(RDH)

Initial Imp

Poor commu

Difficulty sch

Inability to est

Sustainability

Lack of full-time RDH a

Inability to resolve comm

Difficulty with billing and reimbursement

High patient no-show rate

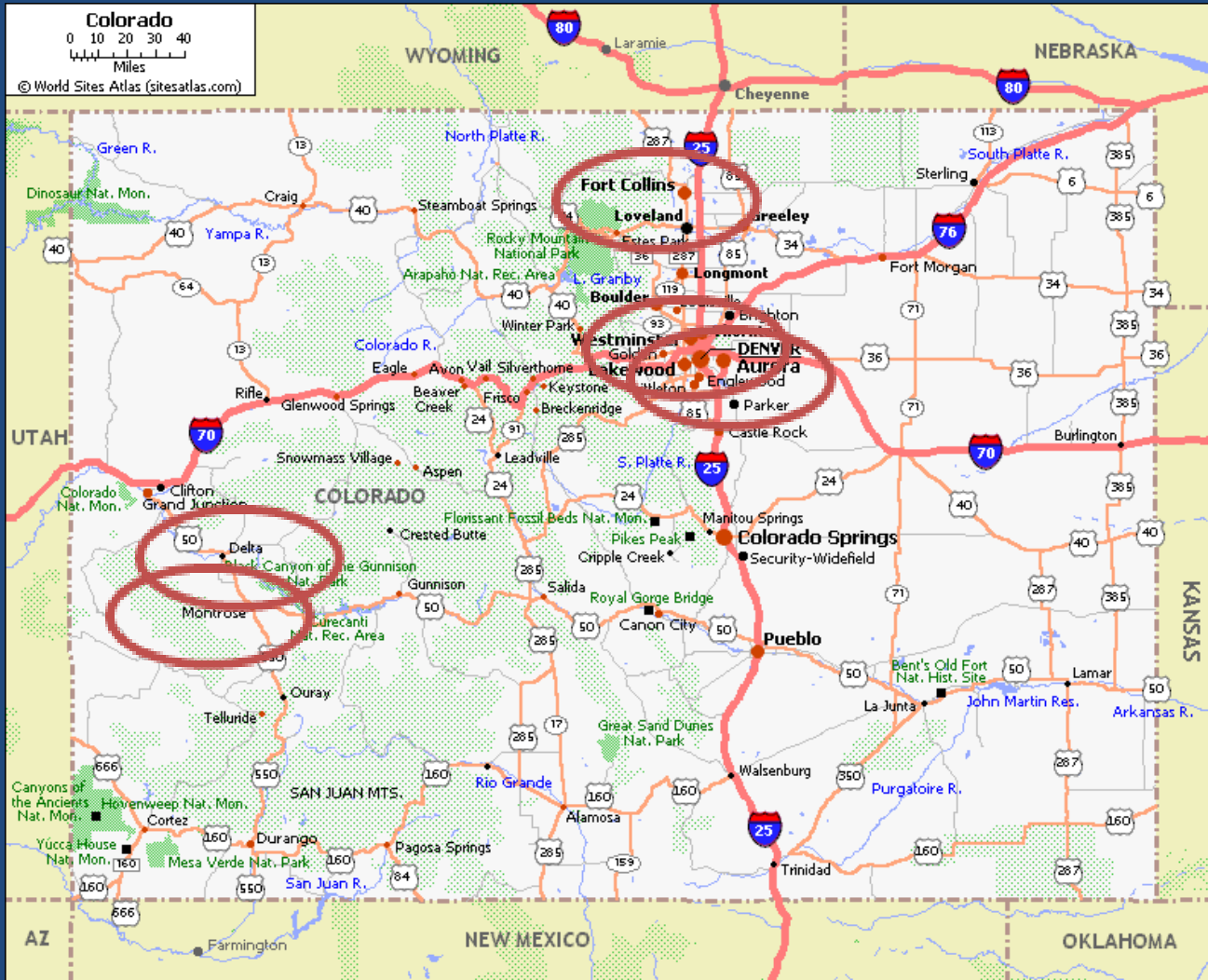
"At the beginning it was kind of rough... we had conferences with the pediatricians and their assistants to get the patients in and make them aware that we are there to help them out..."
(RDH)

"...(the RDH) is totally foreign to our group...they are a different type of health care provider..."
(MD)

Parent/caregivers attitudes

Strongly/Somewhat Agree	Baseline N = 583	1 year follow-up N = 160
Convenient for child to receive dental care by dental provider in doctor's office	99.5 %	98.6 %
Having my child get dental care at same time as medical care makes sense	96 %	97 %
More likely to take child to dental provider in doctor's office than one in community	92 %	84%
More likely to take child to doctor's office that has dental provider than one without	95 %	93 %

Sustainability



Innovative Collaborative Model

- “One-stop shopping”
- Patient-centered medical home + patient-centered dental home = HEALTH HOME
- Oral health message strengthened when coming from medical and dental
- Oral health \longleftrightarrow Overall health

Independent/Unsupervised

Replicability



Independent/Unsupervised

Alternative Practice (RDHAP)

Replicability



Independent/Unsupervised

Alternative Practice (RDHAP)

Collaborative Agreement

Replicability



Independent/Unsupervised

Alternative Practice (RDHAP)

Collaborative Agreement

General Supervision

Replicability



Independent/Unsupervised

Alternative Practice (RDHAP)

Collaborative Agreement

General Supervision

Affiliated Practice Agreement

Replicability



Independent/Unsupervised

Alternative Practice (RDHAP)

Collaborative Agreement

General Supervision

Affiliated Practice Agreement

Off-site supervision

Replicability



Independent/Unsupervised

Alternative Practice (RDHAP)

Collaborative Agreement

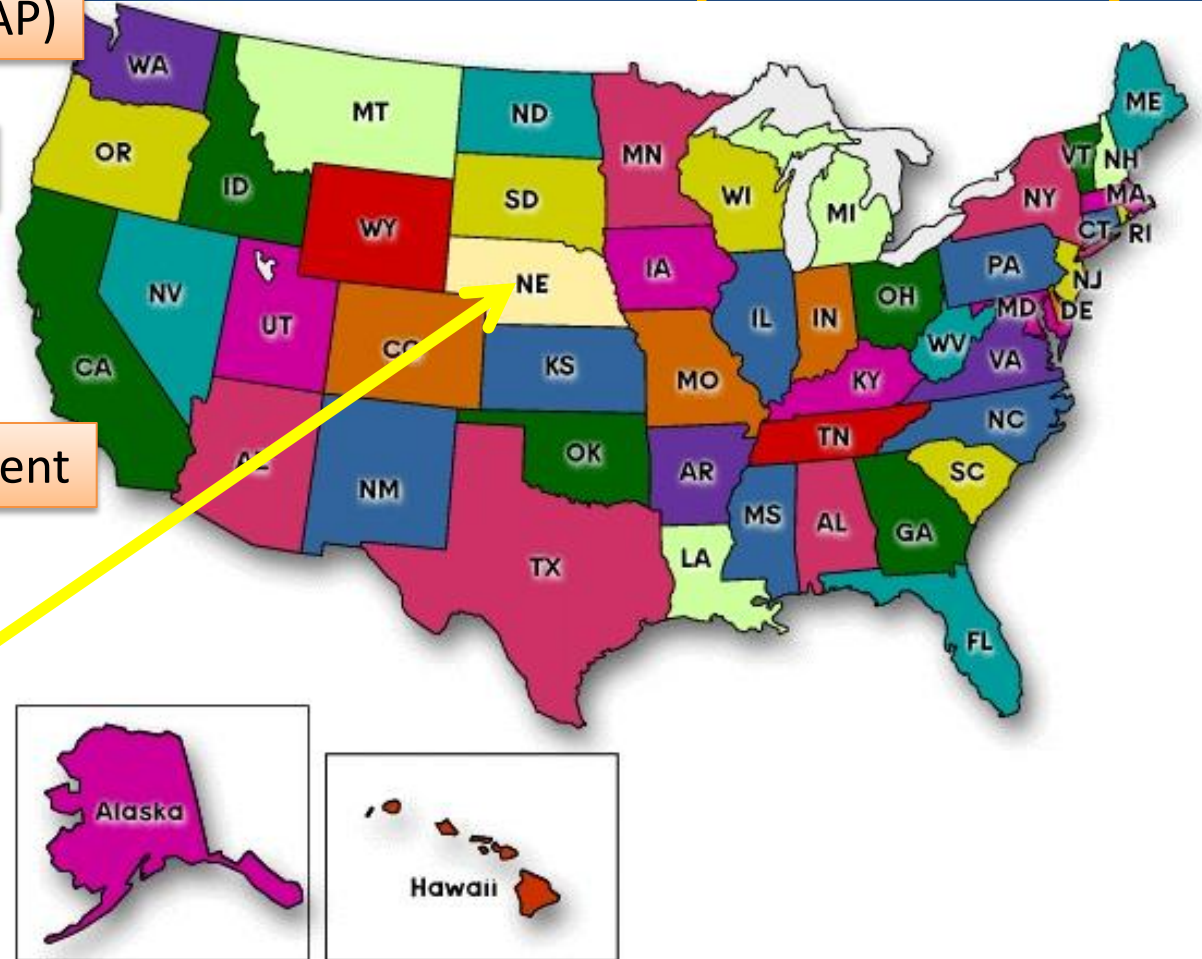
General Supervision

Affiliated Practice Agreement

Off-site supervision

Public Health RDH

Replicability



Independent/Unsupervised

Alternative Practice (RDHAP)

Collaborative Agreement

General Supervision

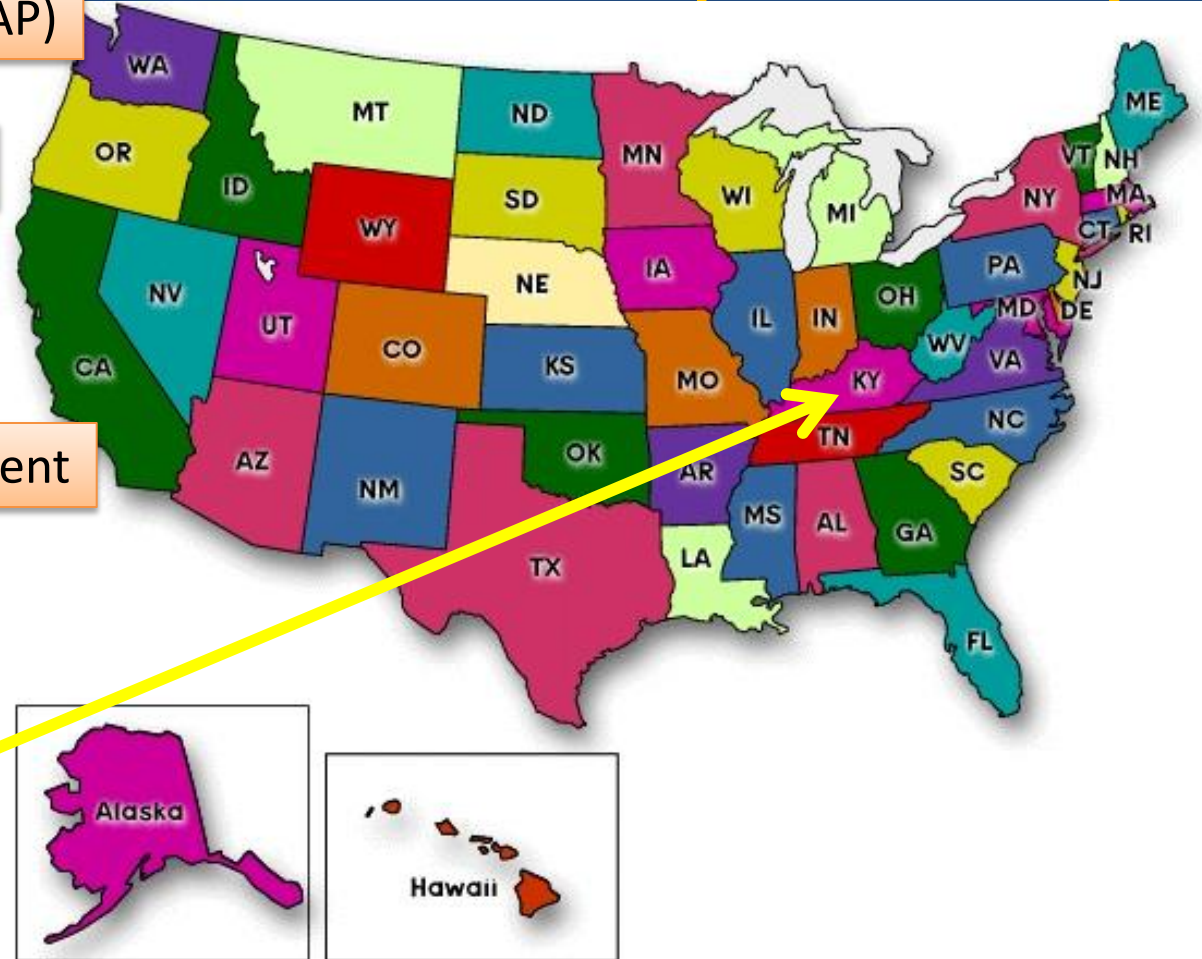
Affiliated Practice Agreement

Off-site supervision

Public Health RDH

Volunteer

Replicability



Independent/Unsupervised

Alternative Practice (RDHAP)

Collaborative Agreement

General Supervision

Affiliated Practice Agreement

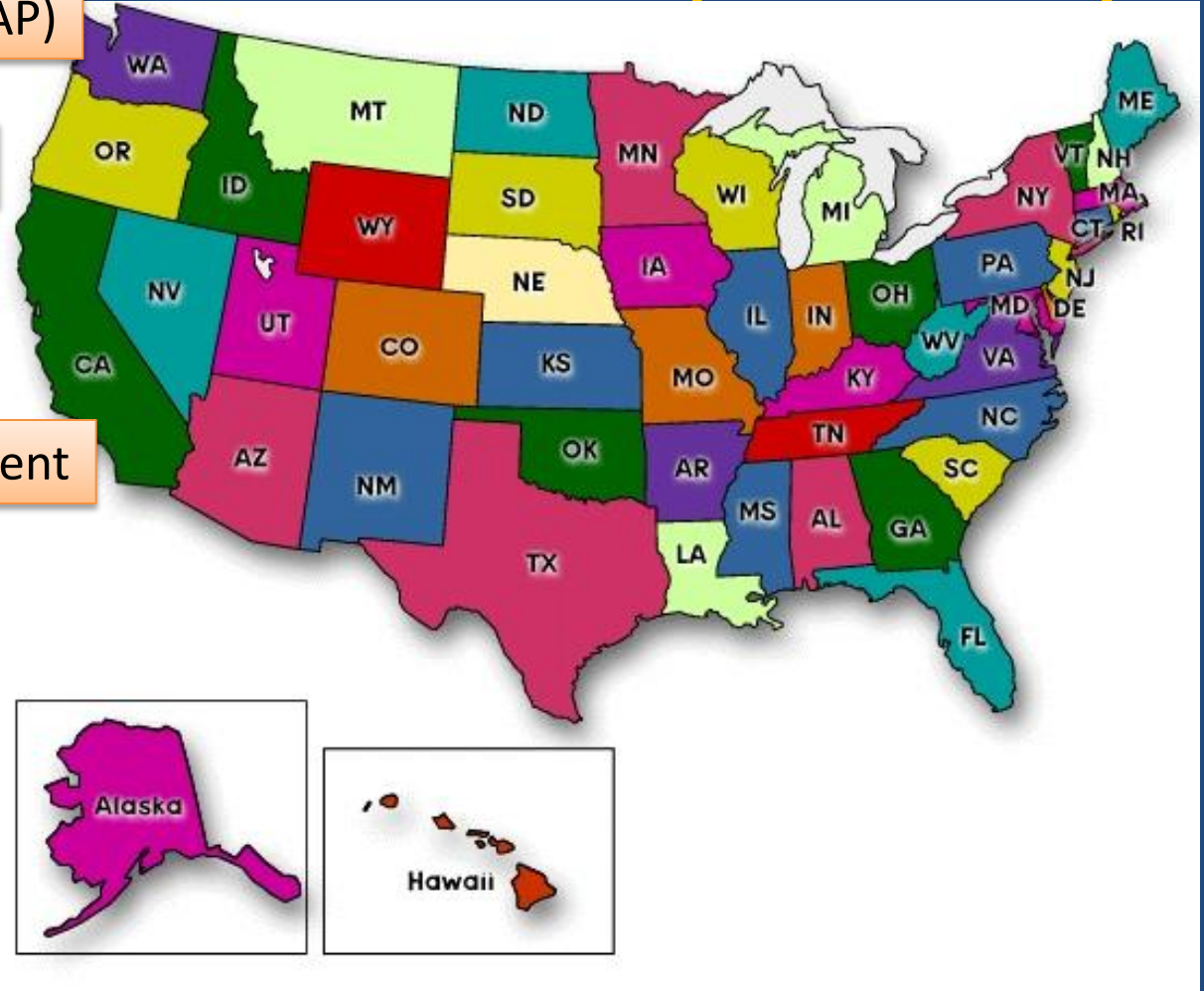
Off-site supervision

Public Health RDH

Volunteer

And more....

Replicability



Expanded Scope of Practice

- Registered dental hygienists
 - Business-savvy
 - Full-time/job share
 - Confidence
 - Personality
 - Technical skills

Expanded Scope of Practice

- Reimbursement for care
 - Salary
 - Policy re: Medicaid, SCHIP, private
 - Rate of reimbursement/service (e.g. enhanced reimbursement)
 - Scope of work (e.g. glass ionomers)

Expanded Scope of Practice

- Medical practices
 - Space
 - Need: disadvantaged populations
 - Buy-in: educate medical providers re: oral health
 - Fit: empower practice to hire RDH
 - Systems: integrated medical/dental record and scheduling
 - Money

Conclusions

- Makes sense to combine medical + dental
- Co-located services removes barriers
- Co-location has benefits over FVT by MD
- Need to teach practice “WHY”
- Need to convince RDHs in practice model
- Need to address states’ RDH Scope of Work
- Full-time RDH

Medical-Dental Integration 2.0

- Funded by Delta Dental of Colorado Foundation
- 17 Colorado practices
- Practices (three models)
 - Hire RDHs
 - Contract with RDH (independent)
 - “Hub and Spoke”
- RDHs to be full-time
- Supervising dentist
 - Build collaboration
 - Refer treatment
- Sustainability
 - Reimbursement dependent



Thank you

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