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
Oral health services by medical provider

- Primary focus on prevention
  - Immunizations
  - Screening
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- Strong support from AAP
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.

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 participate
• 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—indindependent 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..." (MD)

#### Initial Implementation
- Flexibility/creativity of investigators
- Program planning meetings

#### Sustainability
- Positive changes in the scheduling system
- Developed patient base
- Parent/caregiver satisfaction with provision of services

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

"...[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

<table>
<thead>
<tr>
<th>Early Adoption</th>
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<tbody>
<tr>
<td>“...I didn’t have enough time in the practice... couldn’t afford to quit any of my jobs...” (RDH)</td>
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<table>
<thead>
<tr>
<th>Initial Implementation</th>
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<tbody>
<tr>
<td>Poor communication</td>
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<tr>
<td>Difficulty scheduling</td>
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<tr>
<td>Inability to establish consistent referral system</td>
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<table>
<thead>
<tr>
<th>Sustainability</th>
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<tbody>
<tr>
<td>Lack of full-time RDH availability</td>
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<tr>
<td>Inability to resolve communication issues</td>
</tr>
<tr>
<td>Difficulty with billing and reimbursement</td>
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<tr>
<td>High patient no-show rate</td>
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“...(the RDH) is totally foreign to our group...they are a different type of health care provider...” (MD)

“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)
## Parent/caregivers attitudes

<table>
<thead>
<tr>
<th>Strongly/Somewhat Agree</th>
<th>Baseline</th>
<th>1 year follow-up</th>
</tr>
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<tbody>
<tr>
<td><strong>Convenient</strong> for child to receive dental care by dental provider in doctor’s office</td>
<td>99.5 %</td>
<td>98.6 %</td>
</tr>
<tr>
<td>Having my child get dental care at same time as medical care <strong>makes sense</strong></td>
<td>96 %</td>
<td>97 %</td>
</tr>
<tr>
<td><strong>More likely</strong> to take child to dental provider <strong>in</strong> doctor’s office than one in community</td>
<td>92 %</td>
<td>84%</td>
</tr>
<tr>
<td>More likely to take child to doctor’s office that <strong>has</strong> dental provider than one without</td>
<td>95 %</td>
<td>93 %</td>
</tr>
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</table>
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 ↔ Overall health
Replicability

Independent/Unsupervised
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
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....
Expanded Scope of Practice

- Registered dental hygienists
  - Business-savoy
  - 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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