

# Welcome!

## Reducing Emergency Department Utilization among the Mental Illness Population Learning Series

Whole Health in Populations Experiencing Mental Illness – Webinar Series

**The session will start shortly!**

### **Best Practices:**

- Please keep your mic muted if you are not talking
- Please rename your connection in Zoom with your full name and organization
- We want these sessions to be interactive! Please participate in the polls, ask your questions and provide your input

# Introduction

**Learning Series Goal:** To share evidence-based and promising practices and case examples for CCO employees and contracted providers to improve their practices to support the mental illness population.

## Learning Series Opportunities

1. Systems Improvement- What CCOs Can Do
2. Behavioral and Physical Health Integration- Lessons from the Field
3. **Whole Health Webinar Series**

*This program is supported by the  
Oregon Health Authority Transformation Center*

# Participation Best Practices

- Please type your questions and comments into the chat box
- Please stay on mute unless you intentionally want to ask a question or make a comment
- Please rename your connection in Zoom with your full name and organization you work for
- All sessions will be recorded and shared on the OHA website
- The roster will be distributed after this session; please let Anna Steeves-Reece know if you do not want your name shared on the roster: [steevesr@ohsu.edu](mailto:steevesr@ohsu.edu)
- **Please actively participate in the sessions! We want to hear from you**

# Whole Health in Populations Experiencing Mental Illness

## Session 3: Dental/Oral Health

### Session Goals:

- 1) Learn dental/oral health considerations for people experiencing mental health disorders, including how to address those considerations with screening tools/care coordination/other interventions; and
- 2) Hear from a CCO about their experience integrating physical, dental, and behavioral health through a variety of innovative programs/approaches

### Speakers:

Lynnea Lindsey, PhD

Beverlee Cutler, DMD

Susan Rustvold, DMD, EdD, MS

Alexa Jett, BSDH, EPDH

# Dental & Oral Health OHSU Community Dentistry

## Whole Health for Populations Experiencing Mental Illness

*Susan Romano Rustvold, DMD, EdD, MS*

*Beverlee Cutler, DMD*

*May 8, 2019*

# Background

## Susan Rustvold, DMD, EdD & Beverlee Cutler, DMD

### Susan Rustvold:

**Chair of Department of Behavioral Sciences 1998-2000 at OHSU**

MS in Counselor Education, PSU

**Dental officer at the Oregon Department of Corrections from 2000 through 2004**

OWCC Oregon Women's Correction Center

Coffee Creek Correctional Center

**Doctorate in Education (EdD) in Postsecondary Education, PSU 2012**

Dissertation topic: Oral health knowledge, attitudes, and behaviors: Investigation of an educational intervention strategy with at-risk females

Research conducted in two women's state-mandated residential chemical dependency treatment centers

**Currently I am on the dental advisory group for Medical Teams International and volunteer in the mobile dental clinics for low-income people**

### Beverlee Cutler:

**31 years in public health dentistry**

**Director of OHSU Russell Street Dental Clinic**

# Learning Objectives

At the conclusion of this presentation, participants will be able to:

1. Describe interconnections among periodontal diseases & systemic illness
2. List and address barriers to care
3. Assess and address dental anxiety for the individual patient
4. Implement strategies to improve access and strategies for treatment

# Context: Traditional Ideal Dentistry

1. Desire to repair
2. Ability to maintain
3. Medical considerations
4. Mental health
5. Function
6. Finances



# Context: Patient-Centered Care

Whole Person Health: will be presented by Alexa Jett

Patient-centered care (PCC) depends on **relationship**

Entire team is involved

P4 approach to healthcare:

Predictive, preventive, personalized, and participatory

# Context: Patient-Centered Care

Shift in the focus of dentistry from “cure” approach centered on teeth to a “care” approach centered on disease prevention and the whole patient; recognizing health, behaviors, and beliefs.

Patient-centered dentistry is effective to empower patients to enhance their oral care.

# Context: Patient-Centered Care

“These women weren’t parented”— RN at CCCF

Not just a lack of knowledge on health promotion/prevention of dental diseases

Need a paradigm shift involving sense of agency or self-efficacy before self-care information can sink in

# Context: Motivational Interviewing

Engage patient in conversation around a health topic.

Start with non-threatening/engaging question

Ask patient what they know about “pros” of current action

Ask patient what they know about the downside of current action

Ask patient to indicate how motivated he/she is to change

Ask what would need to happen to move up the range of motivation

Patient is the one to state change or self-care intention

# Learning Objective 1: Periodontal Health: Effects on Systemic Health

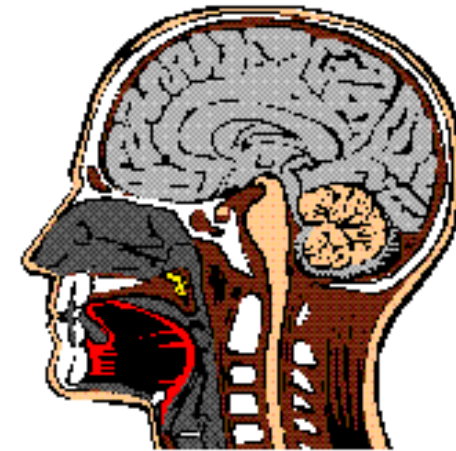
**Premature Low Birth Weight Babies**



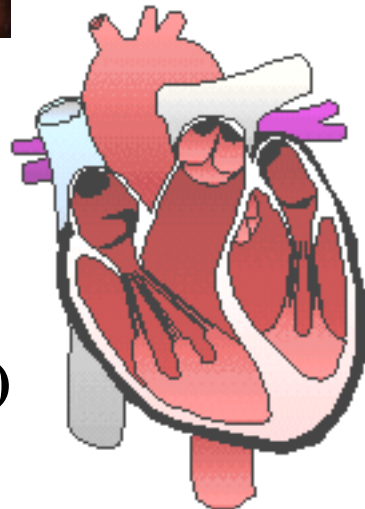
**Diabetes**



**Pancreatic cancer**



**Cardiovascular disease  
(Heart and Blood Vessels)**



**Stroke  
Alzheimer's Disease**

# Learning Objective 1: Periodontal Health: Effects on Systemic Health

*Think about it . . .*

The mouth is the only part of the body that needs such careful cleaning every day for you to be healthy.



# Learning Objective 2: Barriers to Care

1. Fear and anxiety
2. Transportation
3. Homelessness
4. Food Insecurity
5. Knowledge – both the need for dental care and where to get it
6. Medical conditions
7. Keeping appointments – organizational ability
8. Finances
9. Provider burnout

# Learning Objective 2: Barriers to Care

## **History of Abuse, Substance Use, Mental Illness and Dental Anxiety**

Women in treatment for chemical dependency scored in the highest levels of Dental Anxiety, according to the Modified Dental Anxiety Scale.

Personal communication with RN's in treatment centers indicates approximately 95% with histories of domestic violence.  
Dual diagnosis: mental illness and substance use



# Learning Objective 2: Barriers to Care

## **History of Abuse, Substance Use, Mental Illness and Dental Anxiety**

### Abuse Triggers in the dental office:

Position: supine, vulnerable

Dentist (often male) invading personal space

Unknowns

Fear of pain

Sharp instruments

Bright light in eyes

Smells

# Learning Objective 3: Assessing and Addressing Dental Anxiety

Modified Dental Anxiety Scale: 1 minute to administer

1. If you went to your dentist for treatment tomorrow, how would you feel?
2. If you were sitting in the waiting room (waiting for treatment), how would you feel?
3. If you were about to have a tooth drilled, how would you feel?
4. If you were about to have your teeth scaled and polished, how would you feel?
5. If you were about to have a local anesthetic injection in your gum, above an upper back tooth, how would you feel?

# Learning Objective 3: Assessing and Addressing Dental Anxiety

Modified Dental Anxiety Scale: 1 minute to administer

Each item is scored 1-5:

“Not Anxious=1; “Extremely Anxious” = 5

\_\_\_ Not \_\_\_ Slightly \_\_\_ Fairly \_\_\_ Very \_\_\_ Extremely  
Anxious Anxious Anxious Anxious Anxious

# Learning Objective 3: Assessing and Addressing Dental Anxiety

## Scoring the Modified Dental Anxiety Scale (MDAS)

(this information is not printed on the form that patients see)

a = 1, b = 2, c = 3, d = 4, e = 5

Total possible = 25

Anxiety rating:

- 12 - 15 = moderate anxiety but have specific stressors that should be
  - ♠ discussed and managed
- 16 - 18 = high anxiety
- 19 - 25 = severe anxiety (phobia).
  - ♠ Might be manageable with the Dental Concerns Assessment but might require
  - ♠ the help of a mental health therapist.

# Learning Objective 3: Assessing and Addressing Dental Anxiety

Humphris, G.M., Freeman, R. Campbell, J., Tuutti, H., D'Souza, V. (December 2000) Further evidence for the reliability and validity of the Modified Dental Anxiety Scale. *International dental journal*. 50(6), 367-70.

Corah NL. (1988). Dental anxiety: assessment, reduction and increasing patient satisfaction. *Dent Clin North Am*, 32, 779-90.

# Dental Concerns Assessment (DCA)

## DENTAL CONCERNS ASSESSMENT\*

Please rank your concerns or anxiety over the dental procedures listed below by ranking them on the accompanying scale. Please fill in any additional concerns.

	<u>Level of Concern or Anxiety</u>			
	<u>Low</u>	<u>Moderate</u>	<u>High</u>	<u>Don't know</u>
1. Sound or vibration of the drill	1	2	3	4
2. Not being numb enough	1	2	3	4
3. Dislike the numb feeling	1	2	3	4
4. Injection ("novocaine")	1	2	3	4
5. Probing to assess gum disease	1	2	3	4
6. The sound or feel of scraping during teeth cleaning	1	2	3	4
7. Gagging, for example during impressions of the mouth	1	2	3	4
8. X-rays	1	2	3	4
9. Rubber dam	1	2	3	4
10. Jaw gets tired	1	2	3	4

# Dental Concerns Assessment (DCA)

10. Jaw gets tired	1	2	3	4
11. Cold air hurts teeth	1	2	3	4
12. Not enough information about procedures	1	2	3	4
13. Root canal treatment	1	2	3	4
14. Extraction	1	2	3	4
15. Fear of being injured	1	2	3	4
16. Panic attacks	1	2	3	4
17. Not being able to stop the dentist	1	2	3	4
18. Not feeling free to ask questions	1	2	3	4
19. Not being listened to or taken seriously	1	2	3	4
20. Being criticized, put down, or lectured to	1	2	3	4
21. Smells in the dental office	1	2	3	4
22. I am worried that I may need a lot of dental treatment	1	2	3	4
23. I am worried about the cost of the dental treatment	1	2	3	4

# Dental Concerns Assessment (DCA)

24	I am worried about the number of appointments and the time that will be required for necessary appointments and treatment; time away from work, or the need for childcare or transportation	1	2	3	4
25	I am embarrassed about the condition of my mouth	1	2	3	4
26	I don't like feeling confined or not in control	1	2	3	4
27	Other:				

Developed by J.H. Clarke and S. Rustvold, Oregon Health Sciences University School of Dentistry, 1993 [revised 1998]



# Learning Objective 3: Assessing and Addressing Dental Anxiety

People stop developing other coping mechanisms when they start using a chemical substance as their coping mechanism

# Learning Objective 3: Assessing and Addressing Dental Anxiety

## COMFORT MENU

We at [redacted] Dental are concerned for your comfort. To make your visit as comfortable as possible, we are happy to provide you with any of the **complimentary** items listed below. Thank you for trusting us with your smile.

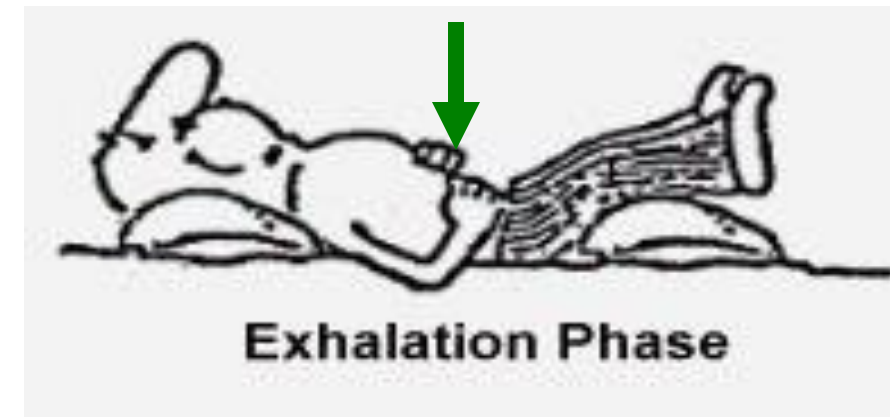
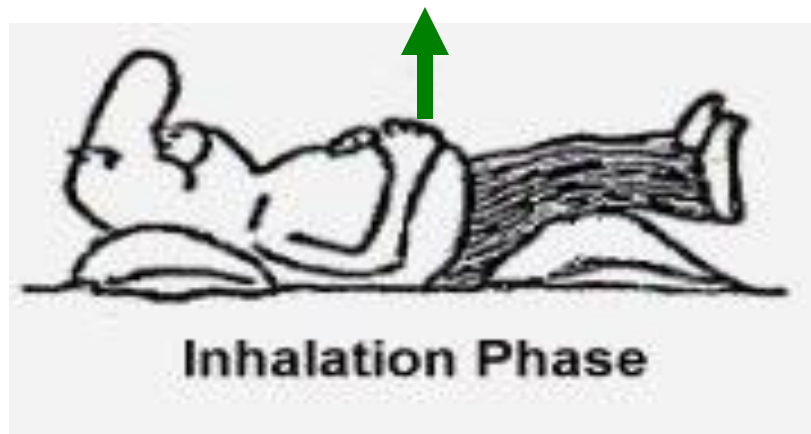
- Pillow\*
- Earplugs
- Headphones/earbuds
- Squeeze ball
- Blanket\*
- Lip moisturizer
- Moist towelette
- Mouth prop

TRIAL ITEM: AROMATHERAPY

\*These items are stored in a cabinet. Please ask us if you'd like one.

# Learning Objective 3: Assessing and Addressing Dental Anxiety

The importance of breathing correctly . . .



# Learning Objective 3: Assessing and Addressing Dental Anxiety

## Autonomic Nervous System Pathways

### Resting /Body Maintenance/Relaxation Pathway

Heart rate	↓
Pulse	↓
Adrenalin	↓
Breathing rate	↓
slow, abdominal	
Blood flow	
Surface	↑
Digestive tract	↑

# Learning Objective 3: Assessing and Addressing Dental Anxiety

## Autonomic Nervous System Pathways

### Emergency Response/Work/Stress Pathway

Heart rate	↑
Pulse	↑
Adrenalin	↑
Breathing rate	↑
shallow, chest	
Blood flow	
Surface	↓
Digestive tract	↓

# Learning Objective 3: Assessing and Addressing Dental Anxiety

## Autonomic Nervous System Pathways

### Resting /Body Maintenance/Relaxation Pathway

Heart rate	↓
Pulse	↓
Adrenalin	↓
Breathing rate	↓
slow, abdominal	
Blood flow	
Surface	↑
Digestive tract	↑

# Learning Objective 4: Improve Access and Care

1. Welcoming environment and trauma-informed care
2. Have some walk-in appointments
3. Reminder calls – get family member or case manager involved
4. Give free stuff – toothbrush, floss, rinse, denture paste

# Learning Objective 4: Improve Access and Care

1. Reason to access care – PAIN
2. Prepare for inefficiency
  - a. No-shows – have walk-in appointments available
  - b. Less productivity – short appointments, 1 procedure at a time
  - c. Demands for meds – have a clear opioid policy
  - d. Lots of talking – explain treatment options, explain each step of treatment, reinforce oral hygiene
  - e. Prepare to abandon treatment
3. Take time off!



# Thank you!

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# Dental & Oral Health CareOregon

## Whole Health: Oral Health Navigation, Care Coordination, and Integration

*Alexa Jett, BSDH, EPDH*

*Dental Innovations Specialist*

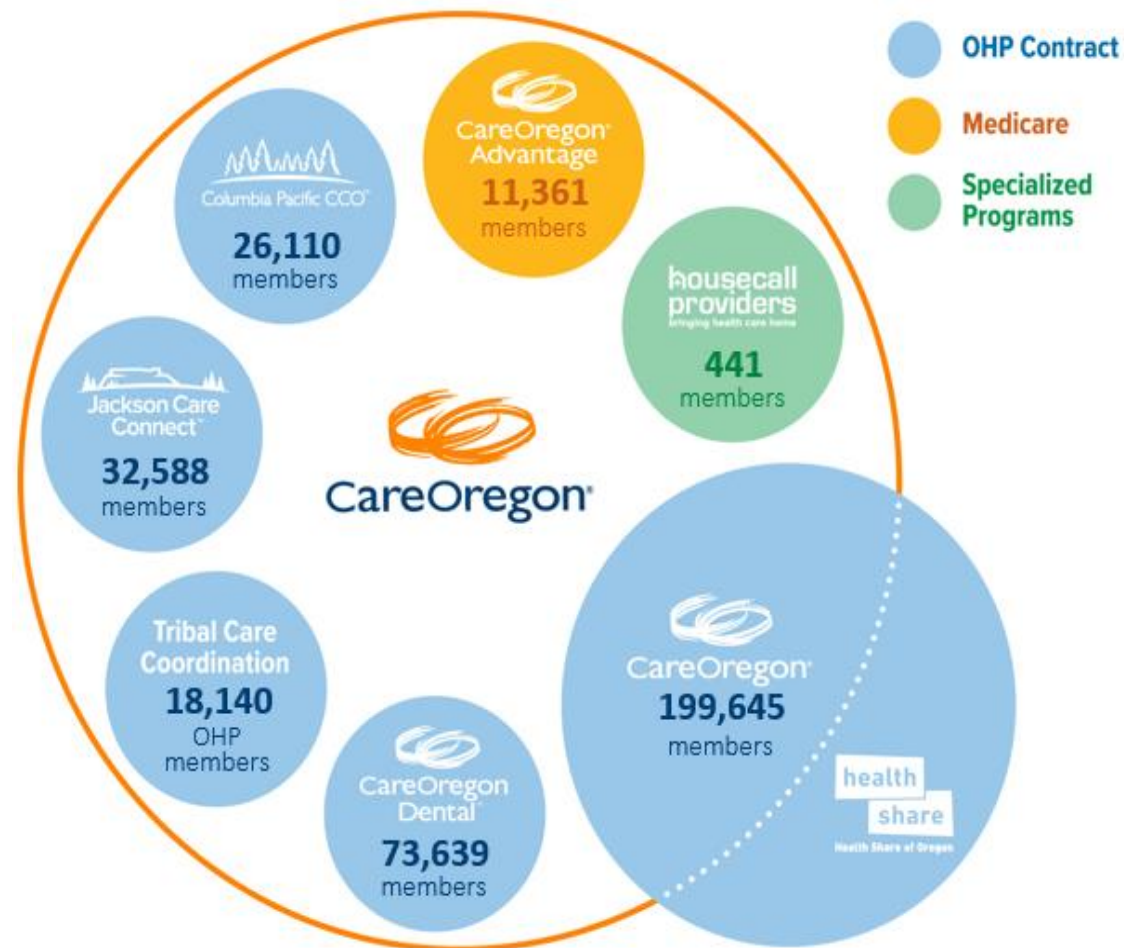
*May 8, 2019*

# Learning Objectives

- 1. Provide an overview of interdisciplinary care coordination and referral mechanisms*
- 2. Gain an understanding of acute dental opioid prescribing initiatives*
- 3. Describe bidirectional integration efforts between primary care, behavioral health, and oral health*

# CareOregon

- Safety-net non-profit since 1994
- Cross-regional Medicaid plans administer physical, behavioral, and oral health benefits
- Local county/federally qualified health center (FQHC) spun off their Medicaid dental plan to CareOregon in 2012



# CareOregon

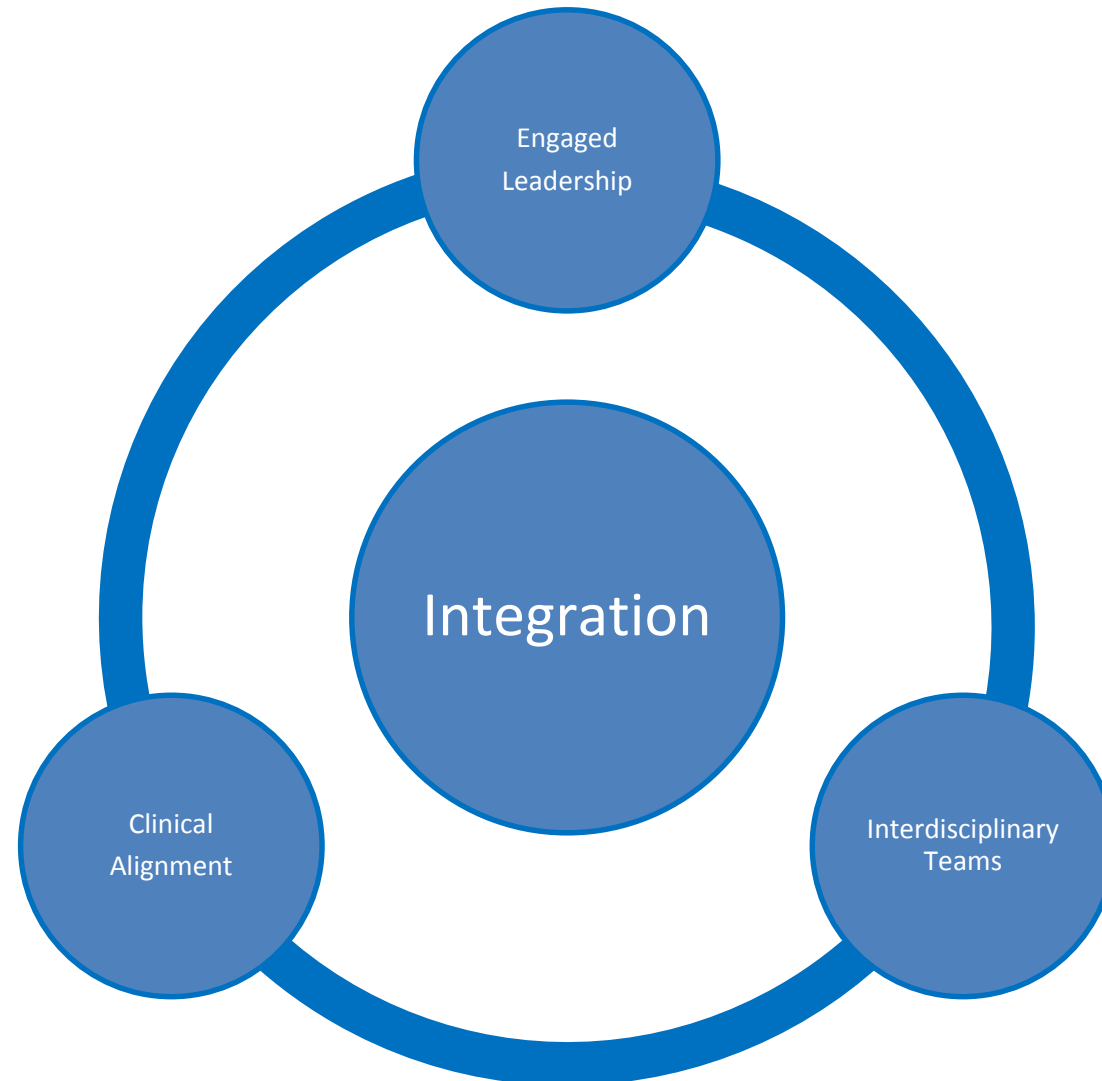
- Built systems and infrastructure to support dental within the medical infrastructure
- Integration is one of five core areas on the organization strategic priorities and objectives
  - There is one oral health integration metric on the top 15 health plan goals
- Many teams are seeking out dental components in their strategic and daily work

# Whole Person Health

Person and family centered  
Easy navigation  
Prompt other health services  
Integrated care for all health teams  
Data from the person perspective



# Integration Strategy

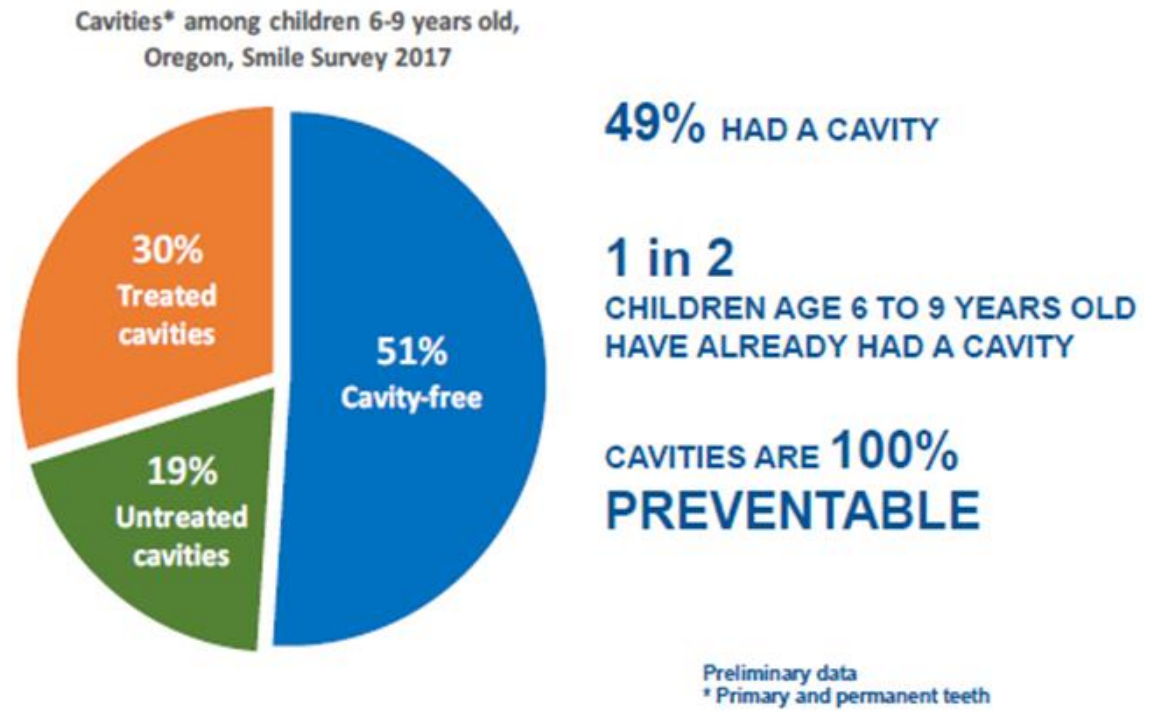




# CareOregon Integration Initiatives

- Dental visit during pregnancy
- Oral health intervention for children ages 0 to 5
- Dental exam for patients with diabetes
  - Medical denominator and dental numerator
- Primary care referrals to dental
- Opioid prescribing by dentists

## 2017 Smile Survey Preliminary Data





# CareOregon Oral Health Care Coordination

## Request for Dental Services

OneHealthPort or Connect provider portals

Takes the navigation burden off the patient and provider

Allows the DCO to perform care coordination

- 2018 goal: 100 requests per region
  - CareOregon Medical: ~200

<https://www.careoregon.org/providers/provider-portal>

# CareOregon Oral Health Care Coordination

The screenshot shows the CareOregon Connect web application. At the top left is the CareOregon logo with the tagline "better together". In the center is the "CareOregon Connect" logo. At the top right, there are navigation links for "Home" and "Log Out", and user information: "Logged In: Alexa Jett" and "Role: Office Staff - View All".

On the left side, there is a sidebar menu with a "text size" control (set to "A A A") and two main sections: "Office Management" and "Administration". The "Office Management" section includes links for Eligibility, Claims/Remittance, Authorizations, Member Roster, Code Lookup, Document Manager, Dental Care Request, Oregon Medicaid ID Application, and User Preferences. The "Administration" section includes a link for User Preferences.

The main content area is titled "Request for Dental Services". Below the title, it shows "Today's Date: 4/6/2019". There are two radio button options: "Non-Urgent/Routine" (which is selected) and "Urgent (pain, managed infection or swelling)". A red text block provides emergency contact information: "For Dental emergencies (unusual swelling or infection of the face/gums, tooth avulsion) please call Dental Care Coordination at 503-488-2812 Monday thru Friday from 8am to 5pm PST." Below this, a note states: "Referrals submitted online are processed once daily." At the bottom, there is a "Patient Information" section with two input fields: "\*Patient First Name:" and "\*Patient Last Name:".

# CareOregon Oral Health Care Coordination

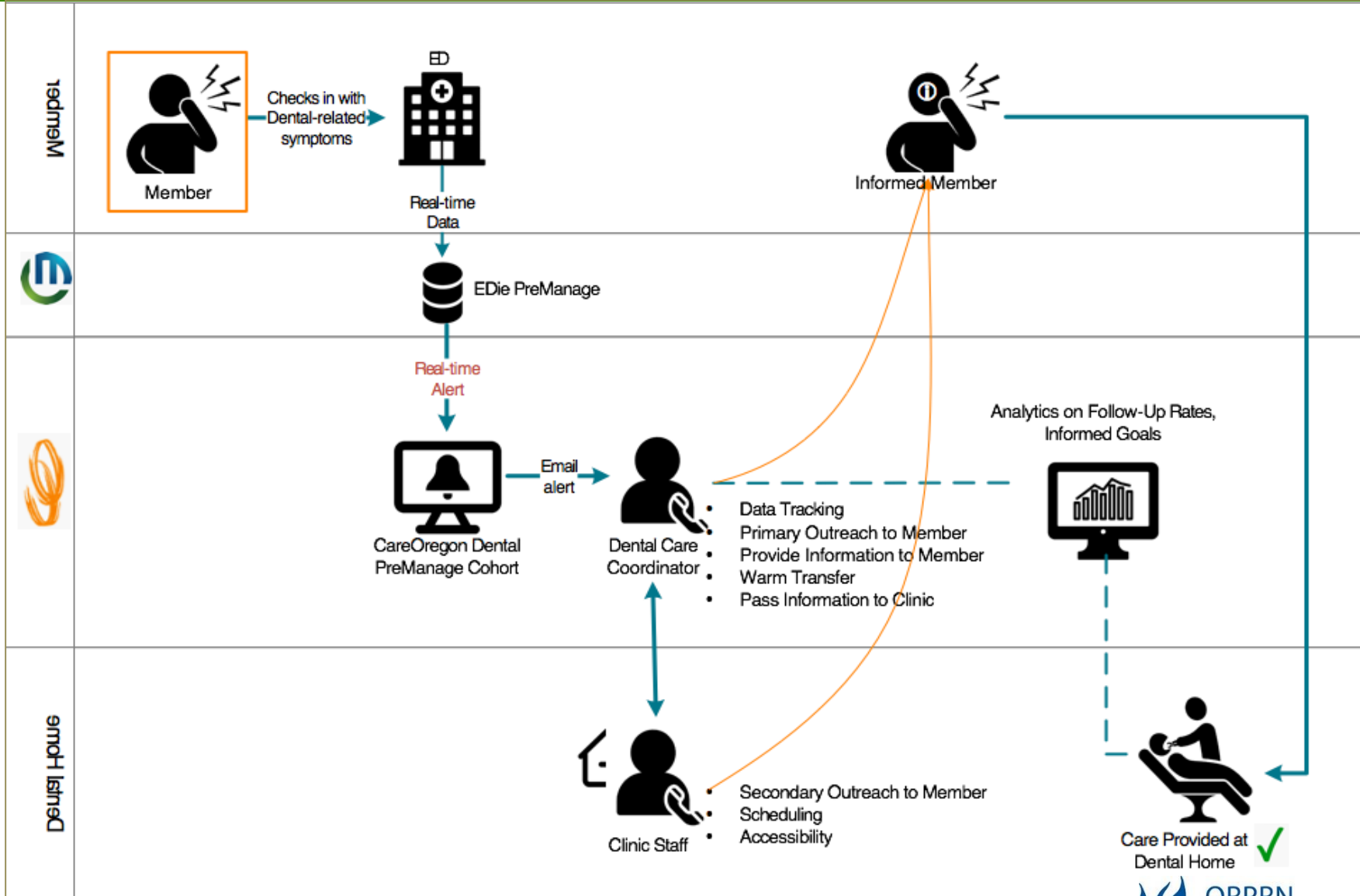
## ED Utilization

- PreManage Oral Health Cohort
- CareOregon Regional Care Teams (RCT)
- Dental Care Coordinator role

Goal: reduce and avoid repeat non-traumatic dental ED encounters

Measured in DCOs and CCOs for dental visit follow-up within 30 days

# CareOregon Oral Health Care Coordination

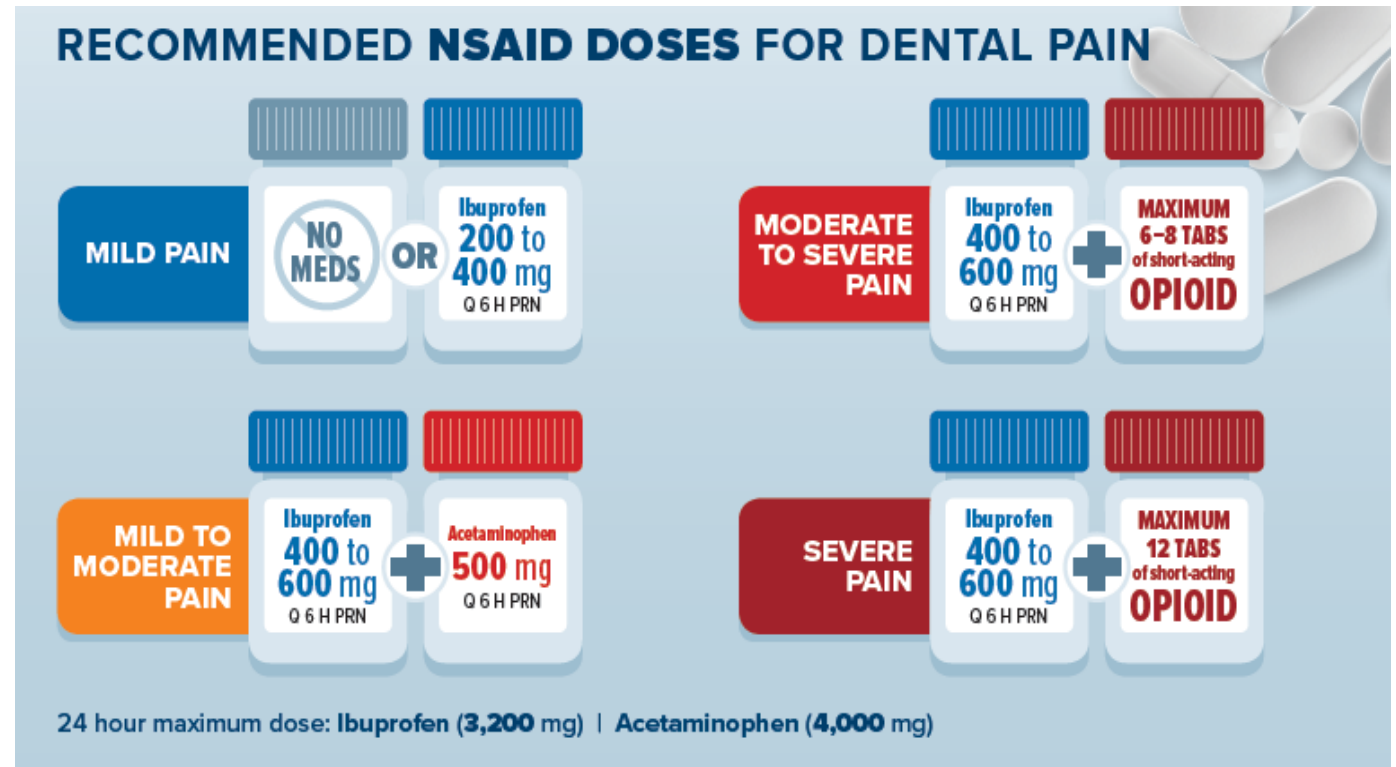


# Acute Opioid Dental Prescribing

Acute prescribing statewide performance improvement project (PIP)

Collaboration with Dental Care Organizations (DCOs) on dental provider pain management brochure

Utilizing data to identify outlier prescribing dentists



# CareOregon's Oral Health Integration Projects (OHIP) and Learning Collaborative

Working with co-located FQHC partners on:

- Trauma informed care in the dental office
- Occupational therapy to increase oral health-promoting behavior
- Hygienists embedded in the primary care team
- Culturally specific community outreach/mobile dental care
- Immunizations in the dental setting

# CareOregon Integration Projects

## Diabetes Integration Project (DIP)

### SPMI and Diabetes cohort

- HSO-funded grant
- CareOregon, CareOregon Dental, Clackamas County Health Centers, Lifeworks, Cascadia, ODS, Willamette

### Tri-directional integration

# Conclusions

Prioritization of oral health

Healthcare service models – team based health care

Interdisciplinary workflows – team based health care

Communication and tools

Opportunity for more oral health initiatives with MI populations



# Thank you!

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# Thank you!

Please complete the post-session evaluation.

Final session is **Wednesday, May 22 from 12 p.m. – 1 p.m.**

Session 4: Sustaining clinician satisfaction when working with patients who have complex physical, behavioral, and social needs

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Lynnea Lindsey, Consultant, [drlindseyconsulting@gmail.com](mailto:drlindseyconsulting@gmail.com)

**For more information on ED MI metrics support, visit**  
**[www.TransformationCenter.org](http://www.TransformationCenter.org)**