

Reducing Oral Health Disparity Through Outreach, Evidence-Based Care, Global Budgeting and the Alternative Quality Contract

A collaboration between Advantage Dental and the University of Washington

Sponsored, in part by, the Robert Wood Johnson Foundation

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Advantage Dental Background

- Advantage current member enrollment
 - approx. 335,000 lives
 - spread across 35/36 counties
- Advantage strives to serve vulnerable populations through our network providers and community outreach



Taking the Knowledge & Science to the People

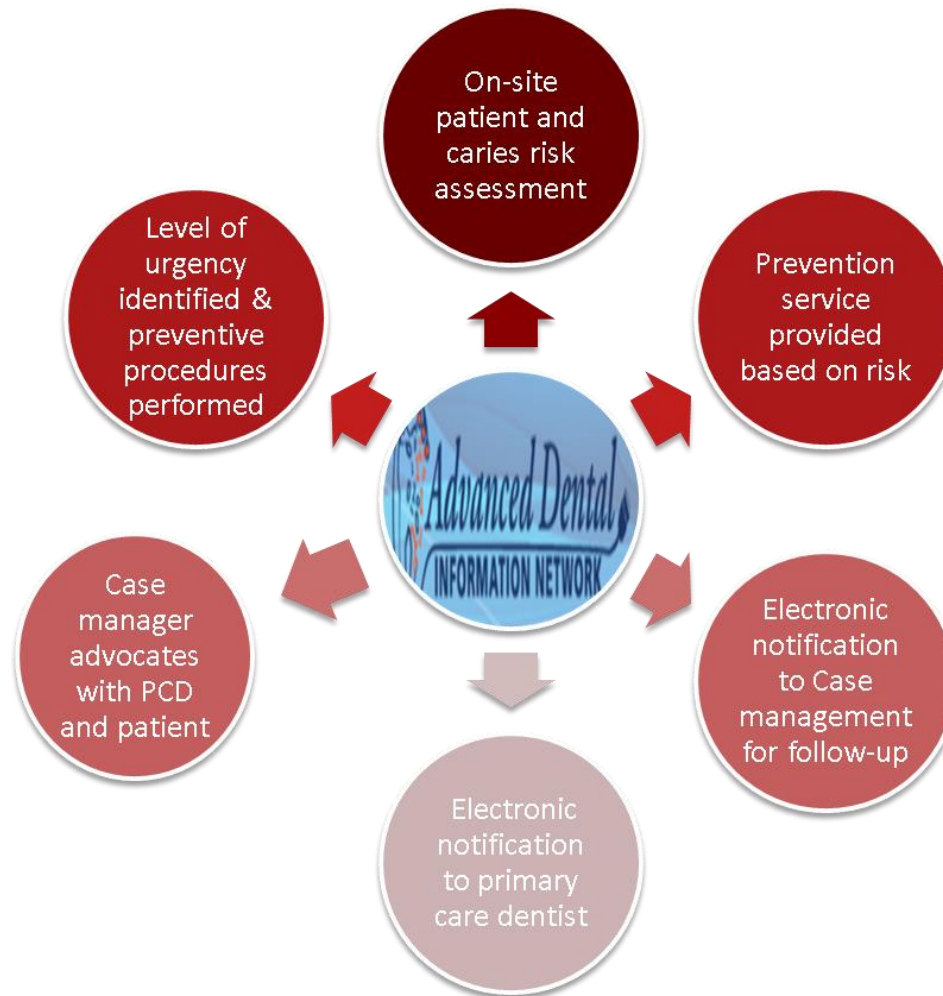
- Dental Office (traditional)
 - Wait in office for patients
 - Future focused
 - Dental fears
- Dental Outreach (non-traditional)
 - Risk assess
 - Pregnant women
 - Women, Infant, Children (WIC)
 - Head Start
 - Schools
 - Medical offices
 - Residential facilities
 - Trusted Community Partners

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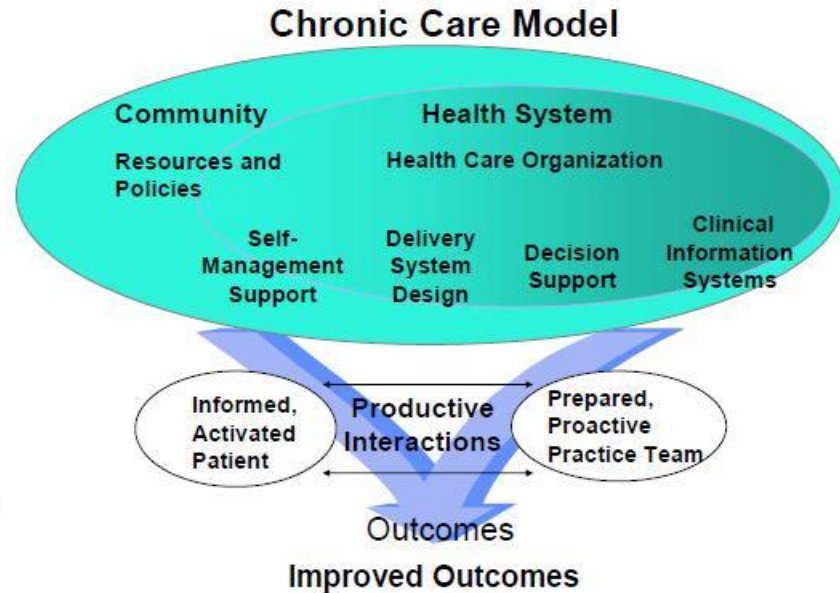
"That's our mission statement. If people follow that, everything else seems to fall into place."

Connecting the Community



“Every system is perfectly designed to get the results they get”
Paul Batalden, MD

- 2014 utilization
 - 38.86% 0 to 21
 - 31.83% pregnant women
 - Sealants
 - 2.26% - 11.33% for 6-9 year olds
 - 1.68% - 9.46% for 10-14 year olds



PREDICT

Population-centered

Risk-based

Evidence-based

Dental Inter-professional Care Team



What?

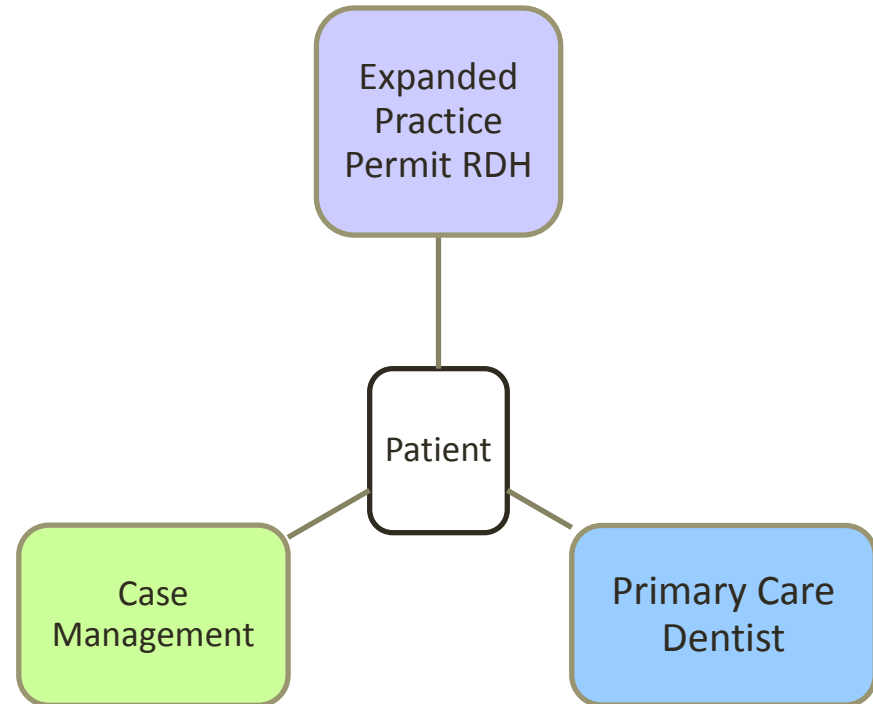
- PREDICT is designed to evaluate the effectiveness of new delivery and payment systems for improving dental care and oral health.
 - Changes in the delivery system
 - Aggressive outreach and screening
 - Risk-based primary and secondary preventive care
 - Seamless referral for curative care
 - Expanded case management
 - Pay for performance metrics

What?

- PREDICT is a three-year grant project funded by the RWJF in collaboration between University of Washington and Advantage.
- University of Washington will use Advantage's Expanded Practice Dental Hygienists (EPDH) to evaluate the effectiveness of providing oral health care in community settings.

PREDICT Team

- Clinical Community Team
 - Community Liaison
 - EPDH
 - Collaborating entity (if applicable)
- Centralized Administration
 - Case Management
 - IT
- Dental Home
 - Assigned Advantage Dental Primary Care Dentist



“All change is personal”

Marc Bennett, President and CEO, HealthInsight

Who?

- Children < 21 years old
- Pregnant women and new mothers

Community Settings

- WIC
- Head Start
- Public schools
- Teen Parent Program
- Other settings

Where?

Intervention (PREDICT):

- Coos
- Deschutes
- Douglas
- Jackson-Josephine
- Klamath
- Morrow
- Wasco

Control:

- Crook
- Curry
- Grant
- Jefferson
- Lake
- Lincoln
- Umatilla

All counties were selected at random

Intervention vs. Control

Intervention (PREDICT):

- Population-based
- Risk-based prevention
- Stabilization care at community settings
- Curative care at dental offices
- Referrals with intensive case management
- Continuity of care
- Intensive data collection

Control:

- Population-based
- Not risk-based prevention
- Fluoride varnish & sealants
- Curative care at dental offices
- Basic referrals
- Continuity of care
- Intensive data collection

Why?

Advantage Perspective:

- Decrease disparities in oral health
- External motivation – Current methods are not significantly reducing disparities in access and oral health
- Internal motivation – Being effective and efficient is necessary for survival of the business
- Stakeholders are demanding change

Community Perspective:

- Advocacy for oral health and meeting the needs for those most in need (fighting disparities)
- Easy access to dental care
- Great service provision
- Serve the community as a whole

That is what the collaboration between Advantage and University of Washington is seeking to address.



How?

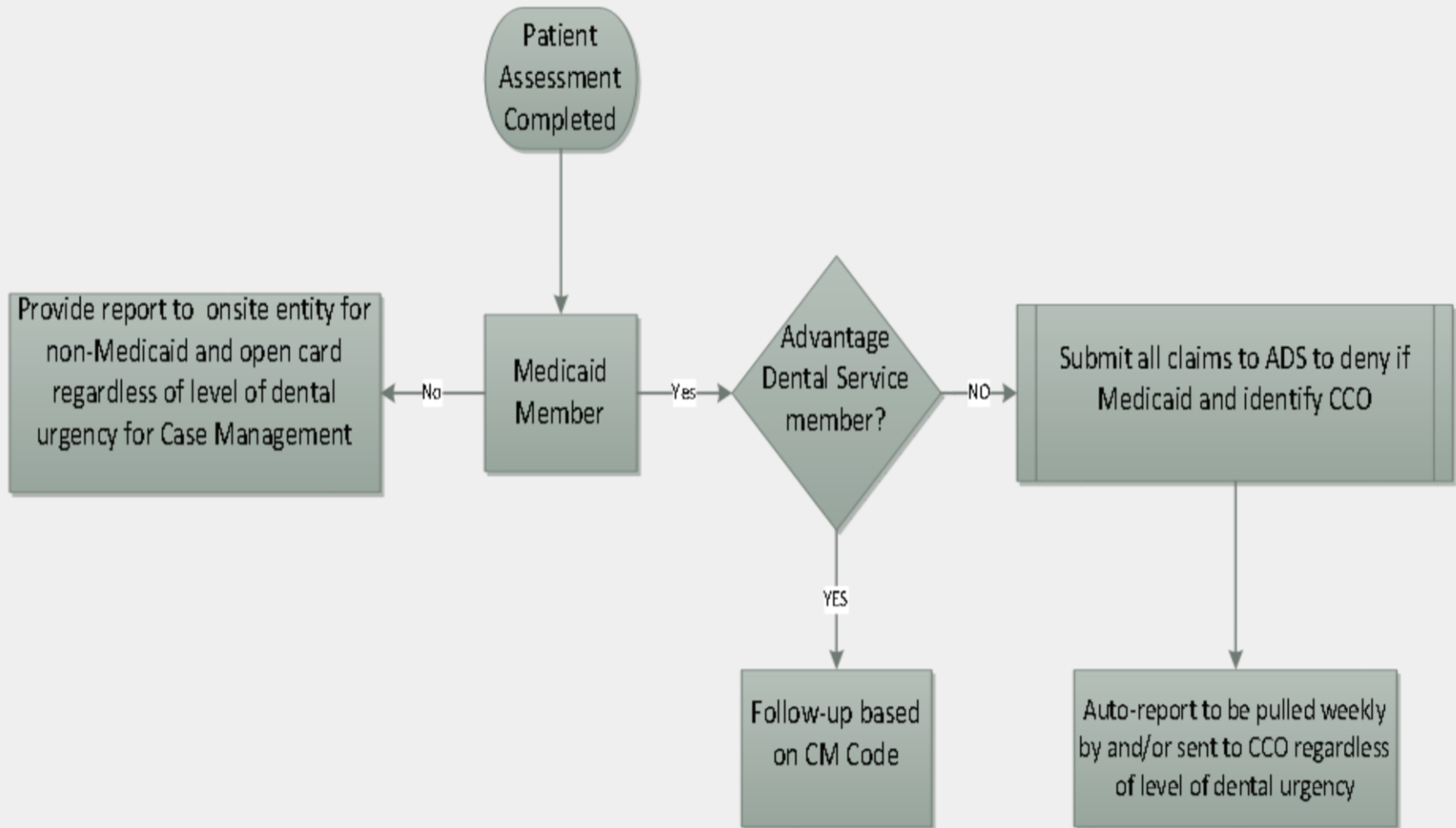
Caries Risk Assessments will be performed in community settings where algorithms are running in the background to guide treatment and referral decisions based on risk assessment and clinical findings

Low Risk	Moderate Risk	High Risk
<ul style="list-style-type: none">• No previous caries experience AND <ul style="list-style-type: none">• No visual changes in tooth structure AND <ul style="list-style-type: none">• No breakdown or cavitation <p>ASTDD 0 and low caries risk</p>	<ul style="list-style-type: none">• Previous caries experience OR <ul style="list-style-type: none">• Visual changes in tooth structure (white/brown spots) OR <ul style="list-style-type: none">• Localized enamel breakdown AND <ul style="list-style-type: none">• No cavitation <p>ASTDD 0 and moderate caries risk</p>	<ul style="list-style-type: none">• Distinct cavity into dentin OR <ul style="list-style-type: none">• Extensive cavity into dentin <p>ASTDD 1 or 2 and high caries risk</p>

PREDICT: Population-centered Risk- and Evidence-based Dental Inter-professional Care Team

INTERVENTION

Case Management



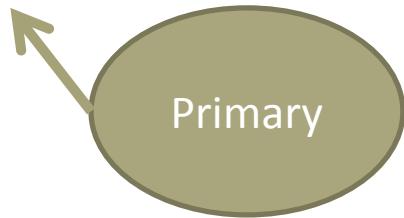
Risk Based Services

- **Preventative services provided will align with the risk category**
 - **Low Risk**
 - Toothbrush kit provided
 - **Moderate Risk**
 - Silver fluoride
 - Toothbrush kit provided
 - **High Risk**
 - Toothbrush kit provided
 - Silver fluoride
 - Betadine/fluoride varnish
 - Dental sealants
 - Glass ionomer temporary restorations

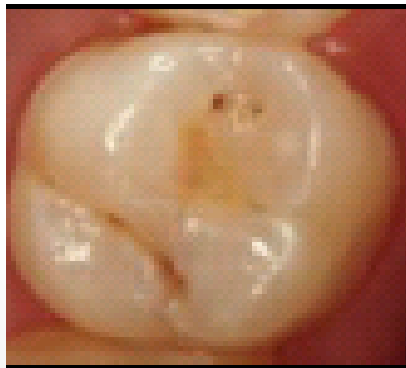
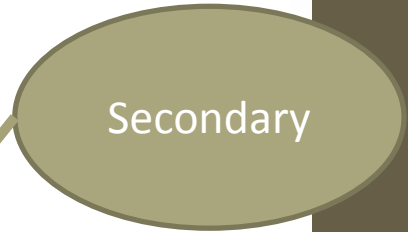
Primary, Secondary, and Tertiary Prevention



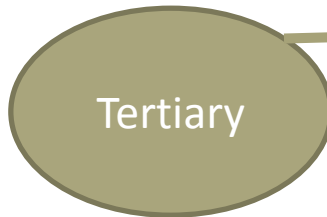
Sealant



Silver Fluoride

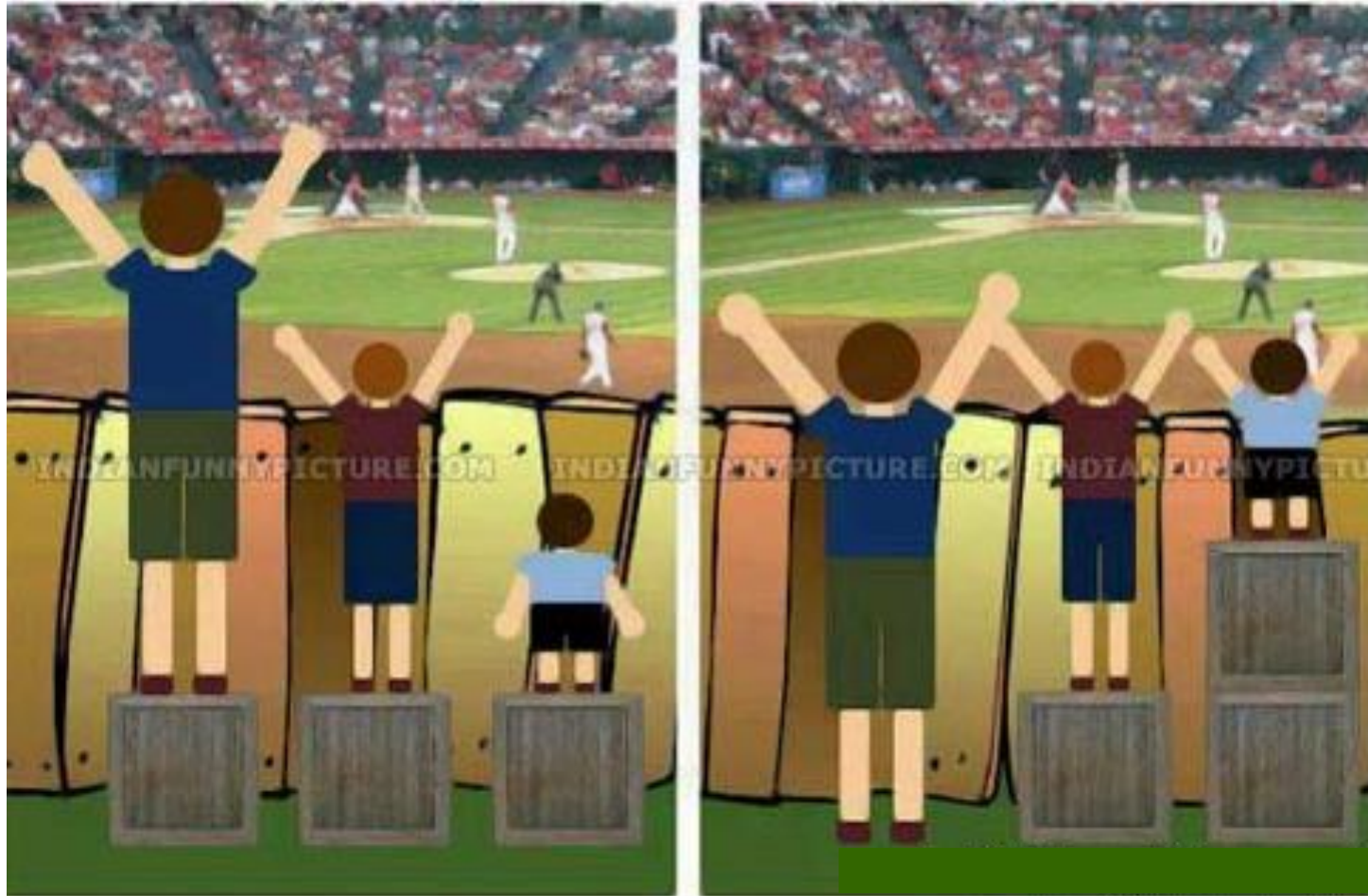


Breakdown in Tooth Structure



Filling

Equality Doesn't Mean Equity



Adapted from *Equality Doesn't Mean Justice*,
<http://indianfunnypicture.com>

PREDICT Goal

- Provide at least one dental service annually to 80% of target population
- Provide topical fluoride treatment twice annually to 80% of target population at moderate risk (silver diamine fluoride twice a year)
- Provide dentist care to 80% of target population at high risk within 60 days

Program Comparisons

Task	PREDICT	OHA	OCF
Dental Screening	X	X	X
Fluoride Varnish	X		X
Sealants	X	X	X
Referral for Treatment	X		
Oral Health Kits	X		
Follow up with Parents	X		
Dental Education Lab	X		
Treatment	X		

Thanks for your time!

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