Oral Health in Primary Care: A Framework for Action

Missouri Coalition for Oral Health
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March 2016
Objectives

• Describe the benefits of incorporating oral health preventive care in routine medical care
• Present a practical framework for delivering oral health preventive care in the primary care setting & improving referrals to dentistry
• Offer ideas on actions dental professionals and other stakeholders can take to support uptake
• Share early efforts to “test” these ideas in practice
Who we are…

Qualis Health is one of the nation's leading population healthcare management organizations.

We work with public and private sector clients to advance the quality, efficiency, and value of healthcare.

Help primary care practices adopt new models of care delivery to achieve the Triple Aim: Better care, better health, lower per capita costs.
What is the problem we are trying to solve?  

**A Prevention Gap**

- Caries and periodontal disease are preventable chronic infectious diseases
- Unacceptably high burden of disease nationwide
- The healthcare system, as currently configured, fails to reach the populations with the highest burden of disease resulting in pervasive health disparities and wasteful spending
- Dental care is the most common unmet health need
We need an *upstream* solution…
a way to intervene *earlier* in the course of disease

The proposal?
Expand the oral disease prevention workforce by engaging primary care teams in the fight against oral disease
Why enlist primary care teams?

Access:
Frequent contact with high-risk groups:
Children, pregnant women, adults with diabetes

Skills:
• Disease prevention
• Risk assessment, screening, case-finding
• Help patients navigate the healthcare system
• Engage patients in behavior change:
  Goal setting & self-management support
A natural extension of what primary care teams already do…

- Provide information about healthy diet, measure BMI
- Advise on sunscreen, look for suspicious moles

**Why should the mouth be excluded?**

- Common problem, serious consequences
- Patient and family behavior (self-care) is key
- Most problems can be recognized early & treated to reduce impact
Partnership for Prevention

Primary Care

- Population Health Management and Reporting Tools*
- Medication List Management
- Quality Improvement Methodology
- Care Coordination
- Management of Chronic Diseases

Dental Care

- Restorative Treatment of Caries
- Deep Scaling and Root Planning for Periodontal Disease
- Endodontics
- Orthodontics
- Crowns and Implants
- Dental X-rays
- Dental Sealants
- Periodic Cleaning
- Mouth Guards

Prevention

- Risk Assessment
- Dietary Counseling
- Oral Hygiene Training
- Smoking Cessation
- Fluoride Varnish
- Fluoride Supplementation
- Antibiotic Rinses
- Screening for Oral Diseases

*Including structured EHR data and diagnostic codes, disease registries, and other tools
Care for Ms. G

Ms. G is a 69 year-old woman suffering from diabetes, hypertension, and asthma.

Her medical care is managed largely in a primary care clinic, which monitors her blood sugar and blood pressure every 3 months, and adjusts her medications accordingly.

Her asthma severity is briefly assessed at each visit, and every autumn (before influenza season) her care team reviews her lung function, adjusts her medications if necessary, and makes sure she receives her flu shot.

At a yearly visit, special attention is given to testing for kidney disease and loss of sensation in her feet. She is seen by an optometrist for an eye exam.
• A year ago, her care team began screening for oral disease while assessing her eyes, feet, and kidney function.
• The initial oral health assessment showed moderate to severe periodontal disease and several root caries.
• The care team trained her in optimal oral hygiene and helped her identify ways she could reduce the sugar content in her diet.
• Her primary care provider also referred Ms. G to a dentist with a formal request to evaluate and manage her periodontal disease and root caries.
• The referral included a copy of Ms. G’s problem list, medication list, and allergy list.
• The dentist returned a consultation note to the referring provider in which the dentist noted his impression, described the interventions taken, and outlined a care plan.
Oral Health in Primary Care

Sponsor: National Interprofessional Initiative on Oral Health, engaging clinicians, eradicating dental disease

Consultant: QUALIS Health

About the Project

**Goal**: To prepare primary care teams to deliver preventive oral health care and improve referrals to dentistry.

- Reviewed literature and results of recent efforts to integrate behavioral health services, once fragmented yet now recognized to be a key component of comprehensive care
- Convened a Technical Expert Panel to guide us: Primary care and dental providers; leaders from medical, dental, and nursing associations; payers and policymakers; patient and family engagement expert; public and oral health advocates
**Question**: What will it take to change the standard of care?

1. Clear definition of what can be done in the primary care setting to protect and promote oral health
2. Streamlined process for fitting oral health into an already packed primary care workflow
3. Practical model for a close collaboration between medicine and dentistry
Oral Health Delivery Framework

5 actions primary care teams can take to protect and promote their patients’ oral health. Within the scope of practice for primary care; possible to implement in diverse practice settings.

Preventive interventions:
- Fluoride therapy; dietary counseling to protect teeth and gums;
- Oral hygiene training; therapy for substance use; medication changes to address dry mouth

Who will do this new work? *It depends*

- Size and structure of the practice
- Provider comfort with delegation
- Needs and preferences of patient population
- Visit type

*There are many options.*
Structured Referrals

- Many patients screened in the course of a primary care visit will need treatment that only a dentist can provide.
- Referrals to dentistry ought to be as smooth as referrals to medical specialists – *the burden should not be on the patient*.
- How is a structured referral different?
  - Referral issued as a clinical order.
  - Referral tracking & care coordination processes applied.
  - Logistical support/enabling services offered.
- What will this require?
  - Primary care-dentistry referral networks with adequate capacity to serve diverse patients.
  - Ability and commitment to share information with one another.
This is a new paradigm…

• Referral agreements help clarify expectations
• Guidelines for appropriate referrals
  – Clinical conditions
  – Insurance
  – Pre-referral work-up (if any)
• Protocol
  – Timeliness of referral
  – Efforts by consultant to contact patient
  – No show policy
• Information exchange
Info PCP to Dentist

• Service requested and reason for referral
• Additional relevant clinical data
  – Problem list (abbreviated to relevant issues)
  – Current med list
  – Allergy list
  – Relevant medical/surgical history
  – Pertinent labs and imaging

From Dentist to PCP

• Date patient seen
• Impression: What was found, e.g.,
  – Caries in multiple teeth
  – Periodontal dis. severity
• Disposition: What was done
  – Procedures
  – Any meds prescribed
• Brief treatment & follow-up plan
Oral Health: An Essential Component of Primary Care

Published June 2015

• Case for change
• Oral Health Delivery Framework
• Supporting actions from stakeholders
• Case examples from early leaders: Confluence Health, The Child and Adolescent Clinic, Marshfield Clinic

Available at: www.QualisHealth.org/white-paper

Endorsed by:
American Academy of Nursing
American Academy of Pediatrics
American Academy of Physician Assistants
American Association of Colleges of Nursing
American Association for Community Dental Programs
American Association of Public Health Dentistry
American College of Nurse Midwives
American Public Health Association – Oral Health Section
Association of Clinicians for the Underserved
Association of Faculties of Pediatric Nurse Practitioners (AFPNP)
Association of Maternal & Child Health Programs
Association for State and Territorial Dental Directors
Institute for Patient- and Family-Centered Care
National Association of Community Health Centers
National Association of Pediatric Nurse Practitioners
National Network for Oral Health Access
National Organization of Nurse Practitioner Faculties
National Rural Health Association
Physician Assistant Education Association
Patient-Centered Primary Care Collaborative

Supported by the American Academy of Family Physicians and the National Association of Community Health Centers
Common Question: *Is it feasible?*

- Possible without new members of the team and within a small practice setting
- Most activities can be performed by a trained Medical Assistant or LPN; minimal impact on provider time
- Does not require specialized equipment or space
- Advanced primary care practices have resources in place to implement now; others can take an incremental approach:
  - Begin with risk assessment and risk reduction; or,
  - Screening and structured referral
Viability in the long-term will require policy and payment changes…

• Reimbursement for medical providers is largely in place for pediatric populations:
  – Medicaid programs
  – Commercial insurers: USPSTF 2015

• What more is needed?
  ✓ Incentives for adult preventive care
  ✓ Reimbursement for care coordination activities
Supporting Actions from Stakeholders

- **Dentists**: Participate in referral networks & accept patients of mixed insurance status, communicate to “close the loop”

- **Policymakers**:
  - Invest in research to strengthen the evidence-base for preventive oral health care
  - Invest in community health networks, teledentistry, and other options to support communities with limited dental resources
  - Identify opportunities for community-based prevention and education initiatives in schools and beyond

- **Patient & family advocates**: Engage patients and families in championing for change; help change entrenched social attitudes

- **Educators**: Ensure basic oral health clinical content is taught and learned; enhance opportunities for interprofessional educ.
Field-Testing a Conceptual Framework

19 diverse healthcare delivery organizations: Private practices, Federally Qualified Health Centers; medical only and on-site dental

Adults with diabetes (12), pediatrics (5), pregnancy (1), adult well visits (1) eCW (5), EPIC (8), NextGen (2), Centricity (2), Success EHS (2)

*Support also provided by:
  Kansas Health Foundation
  United Methodist Health Ministry Fund
Technical Assistance
Qualis Health & State Primary Care Assoc.

- Assessment and goal setting
- Workflow mapping
- Clinical content training
- Development of a referral network (mix of private practice dentists and CHCs)
- HIT modification guidance
- Planning for spread: Patient populations, teams, sites
Impact Data

• **Goal:** Gauge the impact on patients, families, practice as a whole

• Required measures:
  - % given screening assessment (ask and look)
  - % positive for risk factor or signs of disease
  - % given preventive intervention
  - % referred to a dentist
  - % referred with a completed referral

• Patient experience, provider and staff satisfaction, health outcomes
Field-Testing Results: Future Tools

“Oral Health Integration Implementation guide”

Toolkit for primary care teams (Avail Oct 2016)

- Workflow maps
- Referral agreements
- Patient engagement strategies
- Patient/family education resources
- EHR templates
- Case examples
- Impact data and more
Experience from SURHC

Samuel U. Rodgers Health Center- Lexington Clinic

• Began oral health integration pilot May 2015, starting in a small rural clinic in Lexington, MO.
• Primary pilot team- NP, Practice Manager, and a Dental Director (co-located dental clinic).
• Target Populations: Well Adult visits and Well Child Visits. Spread to Prenatal visits after several months.
• Modified workflow, engaged in staff training via Smiles for Life, modified their EHR to integrate oral health assessment questions.
Early Data from SURHC

Pediatric Well Visits

Percent of target population screened for oral health risk factors and oral disease in past 12 months

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Early Data from SURHC

• Adult Findings:
  – On average, 34% of their adult population had signs of caries, and 22% had signs of periodontal disease
  – Interventions included offering fluoride varnish, and a referral to dentistry.

• Pediatric Findings:
  – There was more variation over time in the pediatric population
  – Interventions included offering fluoride varnish, dispensing oral health education handouts and fluoride toothpaste and a toothbrush, and a referral to dentistry.
What motivates primary care teams to engage in oral health?

- Awareness of disease burden
- Growing recognition that poor oral health compromises overall health:
  - New evidence demonstrating a relationship between periodontal disease & diabetes, ischemic vascular disease, pre-term delivery and low-birth weight
- Intervention only takes a few minutes, and it makes a difference

“This is the right thing to do for my patients.”
There are challenges...

• Competing priorities & change fatigue: Behavioral health integration, value-based reimbursement, ICD-10, other chronic disease care

• Behavior change is difficult; limited time for dietary counseling and oral hygiene training in a 15-min visit
  – Distill to core messages
  – Successful practices think creatively about who can help: AmeriCorps Volunteer, WIC Specialist, Community Health Workers, waiting room video
Challenges

• Referral process to dentistry is new; there are bugs to work out – even with co-located dental practices

• Health information technology is rigid and must be modified to support preventive oral health care & structured referrals:
  ▪ Not all practices have the capacity to modify their systems directly
  ▪ May lack knowledge, time, or authority
  ▪ Vendor solutions can be expensive
Opportunity to Achieve Triple Aim

• Strong evidence that integrated behavioral health care produces better outcomes at lower costs; patients value integrated care
• Expect the same for integrated oral health care
Support From

National *Interprofessional Initiative* on Oral Health

*engaging clinicians, eradicating dental disease*

DentaQuest Foundation

REACH Healthcare Foundation

Washington Dental Service Foundation

*Community Advocates for Oral Health*
Learn More

Resources available at: www.QualisHealth.org/white-paper

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