How and Why to Set Up a Successful Medical-Dental Integration Program

CareQuest Institute Continuing Education Webinar

Thursday, August 18, 2022

CareQuest Institute for Oral Health®

Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

To receive CE Credits:

- Look for the evaluation form, which we'll send via email.
- Complete the **evaluation by Friday, August 26.**
- Eligible participants will receive a certificate soon after via email.

We appreciate your feedback to help us improve future programs!

ADA C·E·R·P® | Continuing Education Recognition Program

The CareQuest Institute for Oral Health is an ADA CERP Recognized Provider. This presentation has been planned and implemented in accordance with the standards of the ADA CERP.

*Full disclosures available upon request

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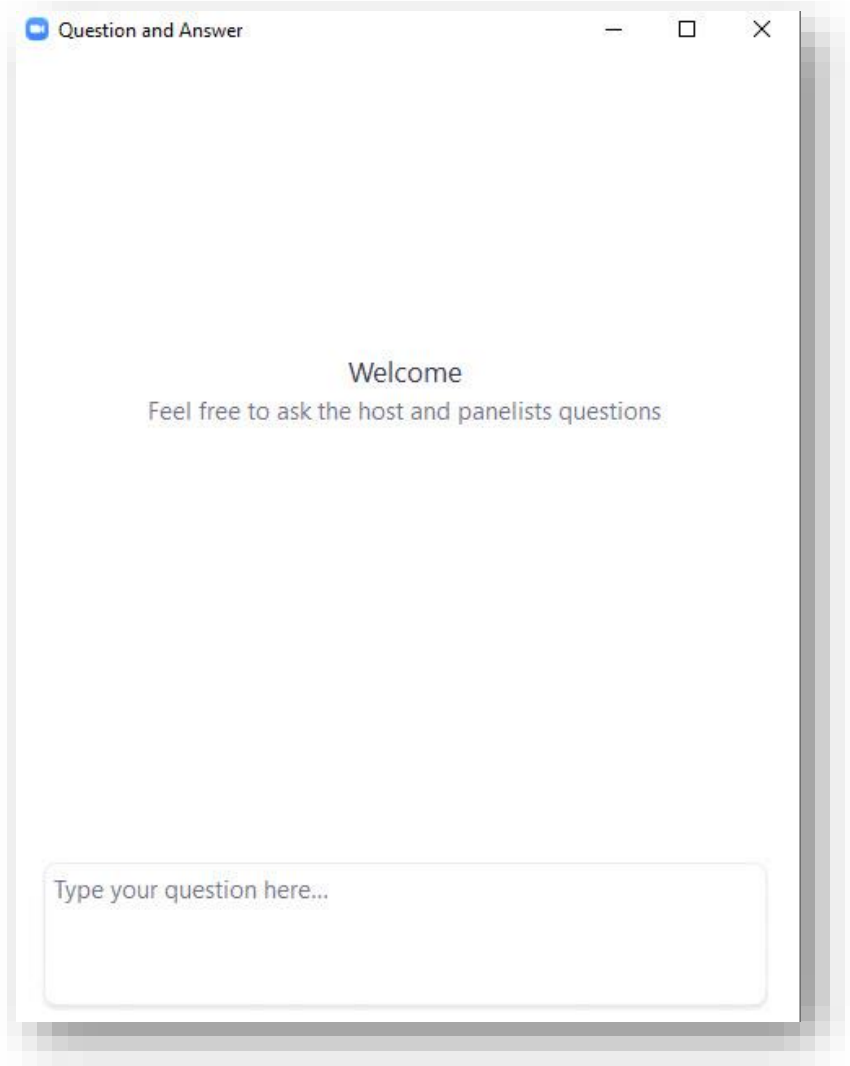
Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.



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Learning Objectives

At the end of this webinar, you'll be able to:

- Differentiate between medical-dental coordination and medical-dental integration.
- Identify strategies to implement medical-dental coordination and integration into routine patient care.
- Determine appropriate strategies to overcome obstacles within workflow and logistics to medical-dental coordination and integration.

Our Strategy

Vision

A future where every person can reach their full potential through optimal health

Mission

To improve the oral health of all

Purpose

To catalyze the future of health through oral health

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Today's Presenters

How and Why to Set Up a Successful Medical-Dental Integration Program

CareQuest Institute for Oral Health

WEBINAR | Thursday, August 18, 2022 | 1–2 p.m. ET | ADA CERP Credits: 1

MODERATOR & PRESENTER

Mary Bayham, MPH
Health Improvement Program Manager, CareQuest Institute for Oral Health

PRESENTER

Yashashri Urankar, DDS
Chief Dental Officer, Community Health Centers of South Central Texas

PRESENTER

Misty Boughton
Clinic Director, Weeks Family Medicine

Medical-Dental Integration

Mary Bayham, MPH

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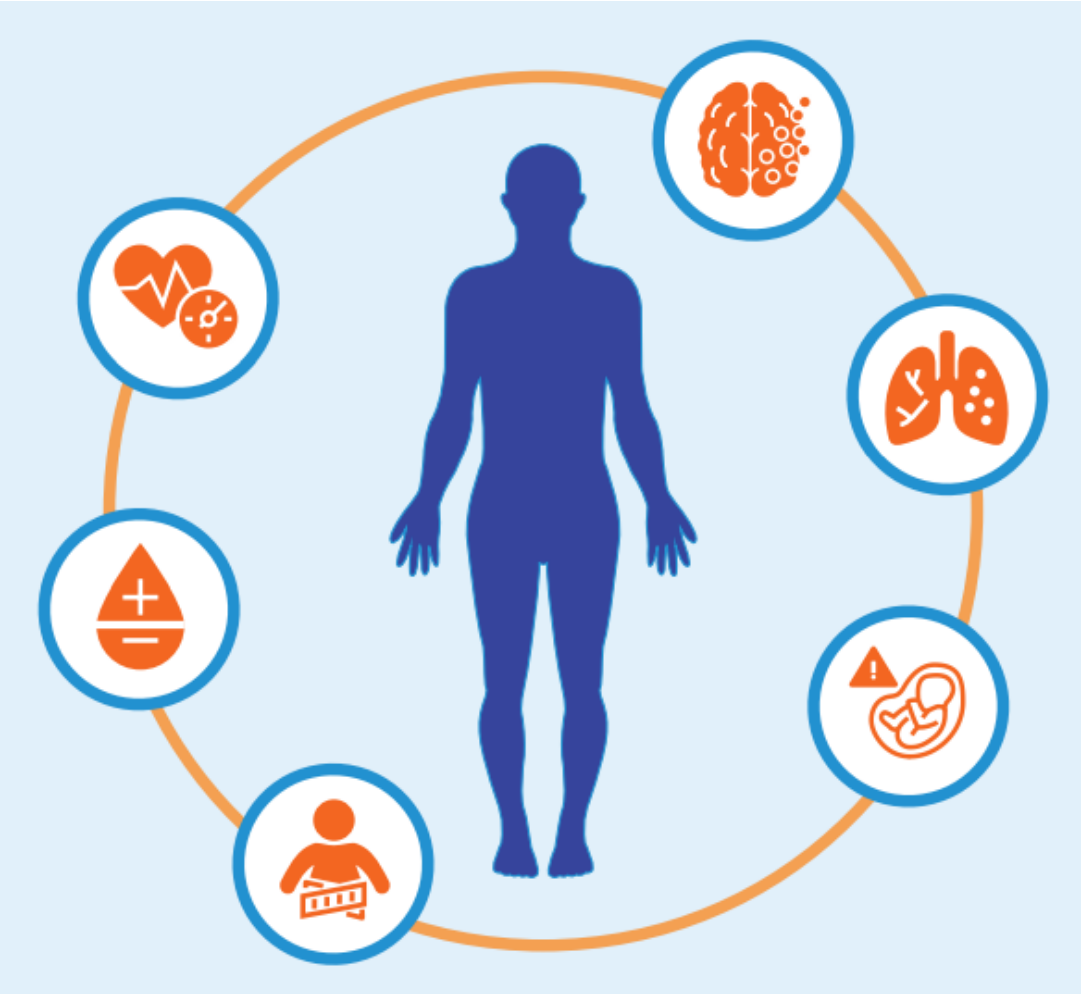
The Mouth-Body Connection

- 96% of adult Americans know that there is a connection between the health of the mouth and rest of the body.
- Nearly 7 out of 10 adults rated oral health about as important as physical health.
- 1 in 4 adults rated oral health as more important than physical health.



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What Is Medical-Dental Integration (MDI)?

Medical-dental integration can help build a critical bridge between oral health and overall health in various settings and approaches . . .

Primary care / behavioral health settings

- PCPs provide fluoride varnish, oral health risk assessment
- Embedded hygienist or oral health provider

Dental settings

- HbA1c testing & BP screenings
- Community health worker integration

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We’re trying to put the mouth back into the body.

Barriers to Coordinated Care

- Care settings siloed (often)
- Payment/insurance

Silos

- Patients unsure when/how to access care
- Incomplete health histories & Rx lists
- Treatment reports aren't shared

Lack of information

- Referral processes are unique
- Communication preferences

Unique communication processes

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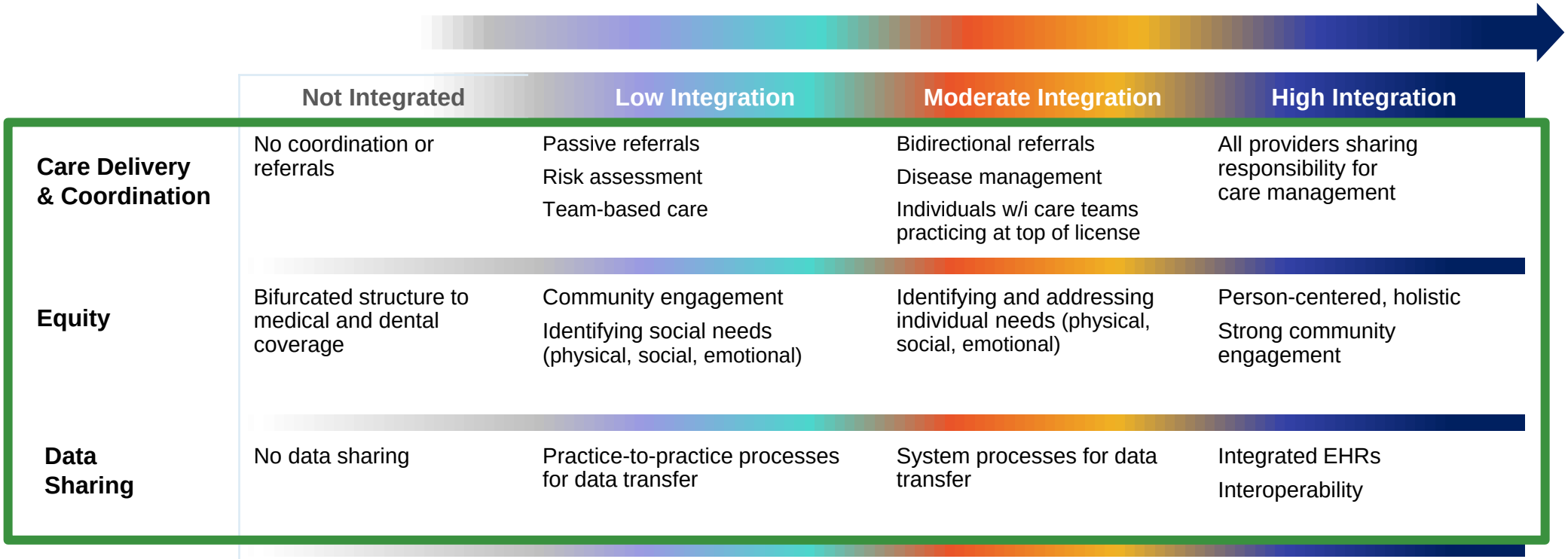
The Role of Care Coordination



	Not Integrated	Low Integration	Moderate Integration	High Integration
Care Delivery & Coordination	No coordination or referrals	Passive referrals Risk assessment Team-based care	Bidirectional referrals Disease management Individuals w/i care teams practicing at top of license	All providers sharing responsibility for care management
Equity	Bifurcated structure to medical and dental coverage	Community engagement Identifying social needs (physical, social, emotional)	Identifying and addressing individual needs (physical, social, emotional)	Person-centered, holistic Strong community engagement
Data Sharing	No data sharing	Practice-to-practice processes for data transfer	System processes for data transfer	Integrated EHRs Interoperability
Measurement	Limited measures (provider performance or population health)	Symmetry or alignment in process metrics (access, service delivery, referral completion, etc.)	Shared process metrics and outcome metrics	Health outcome-based, cost and patient satisfaction levels indicators of success Predictive analytics
Payment	FFS	FFS or lower-level dental APM (including physician-administered oral health services)	APM Shared Performance Incentives	Global Payment and/or Integrated Financing

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Integration of Oral Health and Primary Care

Yashashri Urankar, DDS, MPH

Chief Dental Officer

Community Health Centers of South Central Texas, Gonzales, TX

Introduction

- CHCSCT is a Federally Qualified Health Center (FQHC) that provides primary health care services across five counties in the South Central Texas region.
- Eight clinical locations
- Headquarters in Gonzales, TX

What I’ll Cover

- Need for integrating oral health, primary care, and behavioral health
- Understanding the levels of integration
- Some successful models
- CHCSCT model
- Resources and references

The Need . . .

- Medical-dental integration is an approach to care that integrates and coordinates oral health into primary care and behavioral health. All to support individual and population health.
- Proven connection between oral health and systemic health.
- Patient-centered approach to care reduces health care costs.
- This approach also will actively contribute to value-based care (preventive focus).
- It leads to improvement in patient outcomes.

Medical-Dental Integration – CareQuest Institute

CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

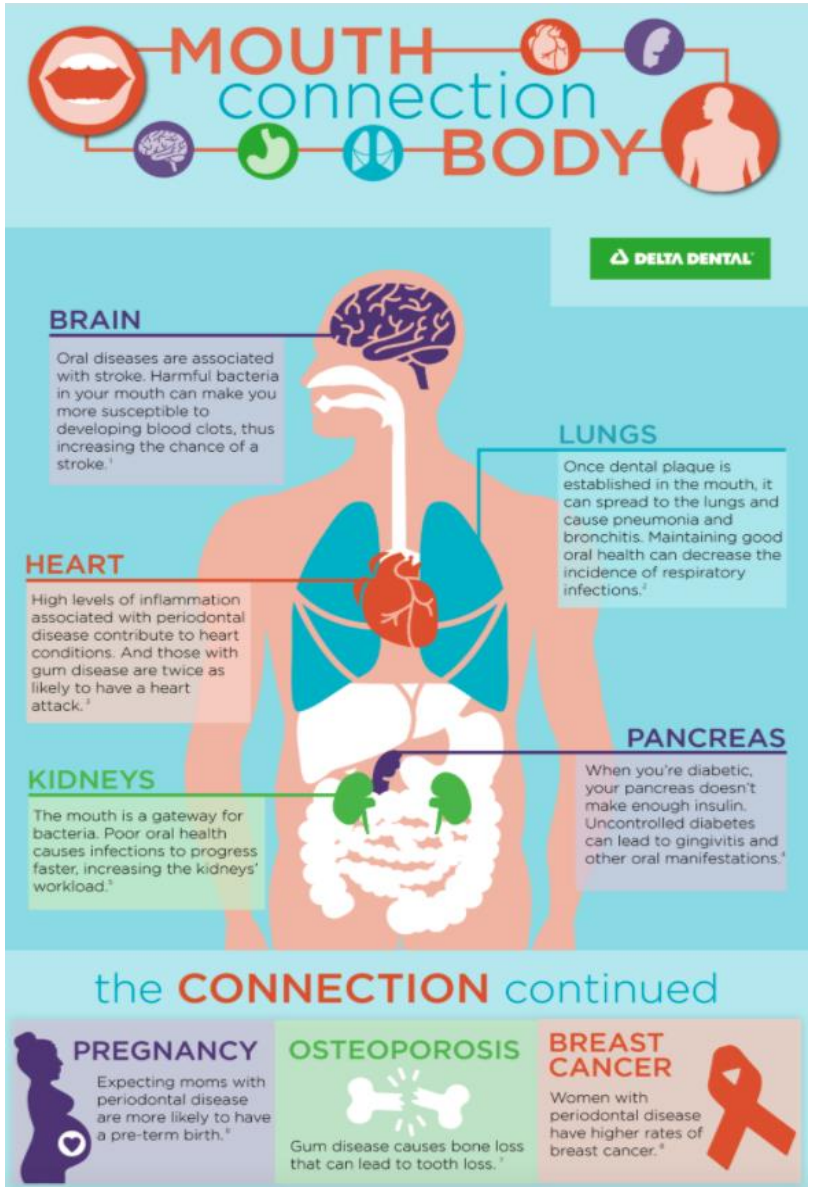
CHRONIC DISEASES IN AMERICA

6 IN 10
Adults in the US
have a **chronic disease**

4 IN 10
Adults in the US
have **two or more**

THE LEADING CAUSES OF DEATH AND DISABILITY
and Leading Drivers of the Nation's $3.8 Trillion in Annual Health Care Costs

Many Chronic Conditions/Diseases Are Bidirectional



Recognition of the Need for Integration

- IOM Report Dental Education at the Crossroads 1995
- Surgeon Generals Report, 2001
- 21st Century Gies Report
- Roundtable Report. National Academy
- Call for 2nd Surgeon General Report
- Sante Fe Group Medicare initiative
- Lancet Report 2019

Levels of Integration: Coordinated vs. Co-located vs. Integrated Health Care Models

Level One Minimal Collaboration	Level Two Basic Collaboration at a Distance	Level Three Basic Collaboration Onsite	Level Four Close Collaboration Onsite Some Integration	Level Five Close Collaboration Approaching Integrated Practice	Level Six Full Collaboration in a Merged Integrated Practice
Separate facilities separate system	Separate facilities separate systems	Co-located, may or may not share same practice site	Co-located and beginning of integration	High level of integration and providers start to function as a team	Single transformed practice with no lines of delineation
Infrequent communication about patients	View each other as resources	Referrals flow through two different practices	Complex patients with mental health/substance use drive need for consultation	Providers beginning to change structure of their practice	Single health system that treats the entire person
Communication driven by provider need	Shared patient around a specific issue	Decisions about patient made by individual not team	Basic understanding of each others role	Providers start to seek solutions as a team	Treating all patients not just targeted groups

Heath B, Romero P, and Reynolds K, A Review and Proposed Standard Framework for Levels of Integrated Healthcare. SAMHSA -HRSA

Care model at CHCSCT (FQHC)

- Dental works at 25% capacity vs. medical
- Prioritize population (pediatric, pregnant, diabetes, chronic care, emergent dental need)
  - Established by PCP asking questions on oral health/risk assessment and referral
- Dual visits for children under 3 years of age (well-child exams)
- Behavioral health screening is provided for all adults and adolescents
- Embedded behavioral health counselors (tele-visit)
- Smiles for Life was used as a training curriculum

Opportunities for Oral Health Providers for Care Coordination and Integration w/PCP & BHC

- Screenings: FQHC, being a part of a PCMH model presents a unique opportunity
- Medical History
  - Hypertension, diabetes, sleep apnea, anxiety/depression (PHQ-2,9), dental anxiety (MDAS), vaccinations (e.g., HPV), opportunity to educate about the rise in oral cancers related to HPV
- Social History
  - Tobacco/smoking/smokeless, alcoholism, recreational drug use
  - SDOH: Food insecurity, housing, transportation, domestic violence, human trafficking, child abuse

Different Practice Models

- Preventive services (pediatric fluoride varnishes) provided by medical providers at pediatric practices (reimbursed by all 50 states)
- One model Integrates dental hygienists as part of a medical care team
  - Not in a dental clinic
- Hygienist to be a part of the hospital-based care (Grant, MN, Delta Dental)
- Existing models: VA clinics, prison systems, FQHCs

Barriers to Overcome

- Lack of time and curricula restraints
- Lack of a standard curriculum at medical schools
- Lack of buy-in or faculty interest
- Lack of dental partners and opportunities for integration

Future Is Reassuring

- Recent developments have hastened shifts to reunite dentistry and medicine
- There is an acknowledgement that continued separation of these two fields disproportionately burdens vulnerable populations of patients
- In 2000, the Surgeon General of the United States wrote about oral health disparities in the US and the importance of improved medical-dental integration to address this inequality
- Current Surgeon General reiterates the same facts, that integration of oral health into medicine is a primary strategy for reducing oral health disparities

Conclusion

- Collaboration or coordination of care: when oral health and primary care providers work with one another. Patients perceive that they are receiving a separate specialist service from a dentist who works with their physician.
- Integration: when oral health works within primary care. Patients perceive that they are receiving dental services that are a routine part of their health care.
- Oral health affects a person’s overall health, income, and quality of life.
- The notion of dentistry as a field separate from medicine is a historical phenomenon that has been reinforced through legislation, education, and service delivery.
- There is a movement in a positive direction toward collaboration and integration.

References and Resources

- Medical-Dental Integration – CareQuest Institute
- New grant program makes dental hygiene part of hospital care | School of Dentistry (umn.edu)
- Harkin (drake.edu)
- Overcoming Historical Separation between Oral and General Health Care: Interprofessional Collaboration for Promoting Health Equity | Journal of Ethics | American Medical Association (ama-assn.org)
- FileNewTemplate (harvard.edu)

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Medical-Dental Integration at Weeks Family Medicine

Misty Boughton

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Weeks Family Medicine, LLC: An Introduction

- Recognized by OHA as a Tier 5 PCPCH
- 1 MD, 2 PA-C, 2 FNP, 2 BHC, 2 LMT, 1 IBCLC, 1 RN Aesthetic Nurse Injector, 1 Community Health Worker, 28 additional staff members.
- Total team of 40!

- Family practice with pediatrics and vaccines, obstetrical care, CDL and travel exams, behavioral health, minor in office procedures and more
- Coordinated with RDH in early 2018
- Integrated RDH post COVID in 2022

Entire Team Trainings

Early 2018 Trainings with MORE Care (Medical Oral Expanded Care)

- Champion from all departments involved

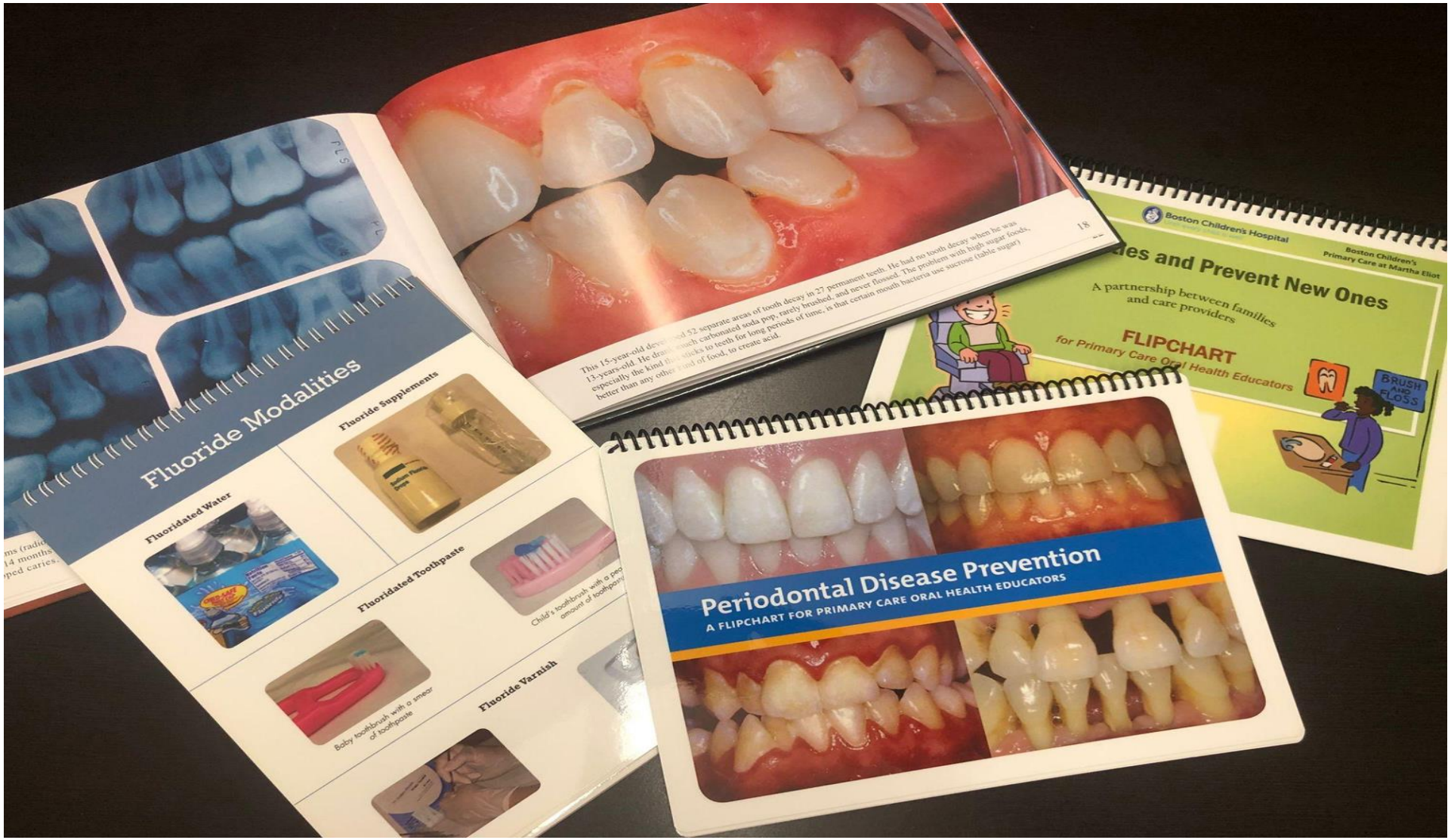
First tooth training and maternal tooth for two (by Oregon Oral Health Coalition)

- Entire Team training
  - Ongoing annual trainings planned with OSHA and HIPAA refreshers

Fluoride education

- Trainings with medical assistants at new hire orientation and annually

Numerous Patient Visual Aids in Exam Rooms



After Team Trainings … Implementation Time!

- Front desk: Chart prep
- Medical assistants: Reviewing with all paperwork
- Providers: Documnetation in *New Area AND coding
- Billing Team: Chart scrub and follow up
- Leadership: Encouragement and competition

- Also added to monthly department meetings for feedback and improvement.

*Given to every

medical assistant

for coding help

Also added to

all templates for

target populations

Billing/Coding

Capillary Blood Draw- A1c, Hemoglobin, Glucose:
Assessment/Dx: TBD by provider
CPT: 36416

ASQ:
Assessment/Dx: Z00.129
CPT: 96110

CRAFT:
Assessment/Dx: Z13.89
CPT: 96160

Declines Immunization:
Assessment/Dx: Z28.21

Ear Lavage:
Assessment/Dx: H61.20 or TBD by provider
CPT: 69210
Units: Adjust to 2 if bilateral lavage was performed

EKG:
Assessment/Dx: TBD by provider
CPT: 93000

Fluoride Varnish:
Assessment/Dx: Z13.84
CPT: 99188

Immunizations PVT:
Assessment/Dx: Z23
CPT:

Immunizations Medicare:
Assessment/Dx: Z23
CPT:
G0008-Influenza
G0009-Pneumococcal
G0010-Hepatitis B

Medication Injections:
Assessment/Dx:TBD by provider
CPT: 95115

Nebulizer:
Assessment/Dx:TBD by Provider
CPT: 94640

Oral Risk Assessment:
Assessment/Dx: Z13.84 (see additional below)
CPT:
Z91.841-D0601 Low Risk for Dental
Z91.842-D0602 Mod Risk for Dental
Z91.843-D0603 High Risk for Dental

SBIRT(Alcohol, DAST, PHQ-2/PHQ-9):
Assessment/Dx: Z13.89
CPT: 96160

A&D (PHQ-9/GAD 7):
Assessment/Dx: TBD by provider

Dental Screenings Added to All Appropriate Templates

Medical History:

Social History:

CRAFFT (Adolescent substance use):

CRAFFT-Substance Use

Drink any alcohol? (more than just a few sips) *

Smoke, Vape, or eat any kind of Marijuana? *

Use any other substance to get high? *

Reproductive Health

Are you sexually active? *

Contraception *

OHRA (Pediatric):

Lifestyle Assessment

Does the child's mother/primary caregiver have active decay? *

Does the child consume carbohydrates between meals? *

Does the child receive inadequate systemic flouride? (flouridated water, supplement *

Does the child use flouride toothpaste less than twice daily? *

Does the child receive flouride varnish less than twice a year? *

Does the child need a dental home? *

Is the child receiving any services from WIC, Head Start or Medicaid *

Does the child have any special healthcare needs? (physical *

Visual Assessment

Are there visable white spot lesions or decay on the child's teeth *

Has the child experienced previous caries? (both treated or untreated) *

Does the child have plaque? *

Pre-COVID and Post-COVID

Pre-COVID: We were coordinating dental care for patients.

Post-COVID: We have integrated dental care for patients.

- Still using all coordinating work flows
- Added new referral process
- Added RDH in clinic one Monday a month

Quality Incentive Measure Monthly Performance Report

MEASURE	SUB-MEASURE	NUM	DEN	Rate	Target	DIFF	% CCO NUM	% CCO DEN
Adolescent Immunizations	Combo 2	**8**	**41**	**19.5**	**35.3**	**-15.8**	**2%**	**3%**
Childhood Immunization	Combo 3	**28**	**54**	**51.9**	**57.2**	**-5.3**	**4%**	**5%**
Dental and Oral Services	Age 1-5	**98**	**247**	**39.7**	**43.1**	**-3.4**	**4%**	**4%**
	Age 6-14	**166**	**370**	**44.9**	**51.6**	**-6.7**	**3%**	**3%**
Oral Evaluation - Diabetic	None	**8**	**35**	**22.9**	**20.4**	**2.5**	**3%**	**1%**
Postpartum Care	None	**20**	**23**	**87.0**	**80.9**	**6.1**	**6%**	**6%**
SUD Treatment	Initiate	**27**	**67**	**40.3**	**37.2**	**3.1**	**4%**	**4%**
	Engage	**18**	**67**	**26.9**	**13.9**	**13.0**	**7%**	**4%**
Well-Child Visits	Age 3-6	**90**	**216**	**41.7**	**64.1**	**-22.4**	**4%**	**4%**

Snapshot of monthly monitoring for outreach, coaching, and feedback

Team Feedback: Hurdles to Overcome

Change in charting

ANOTHER paper form for patients

Fluoride education**

Patient confusion - “I need an extraction!”

Regence’s clearing house

. . . but it’s not a global pandemic ;)

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Question and Answer

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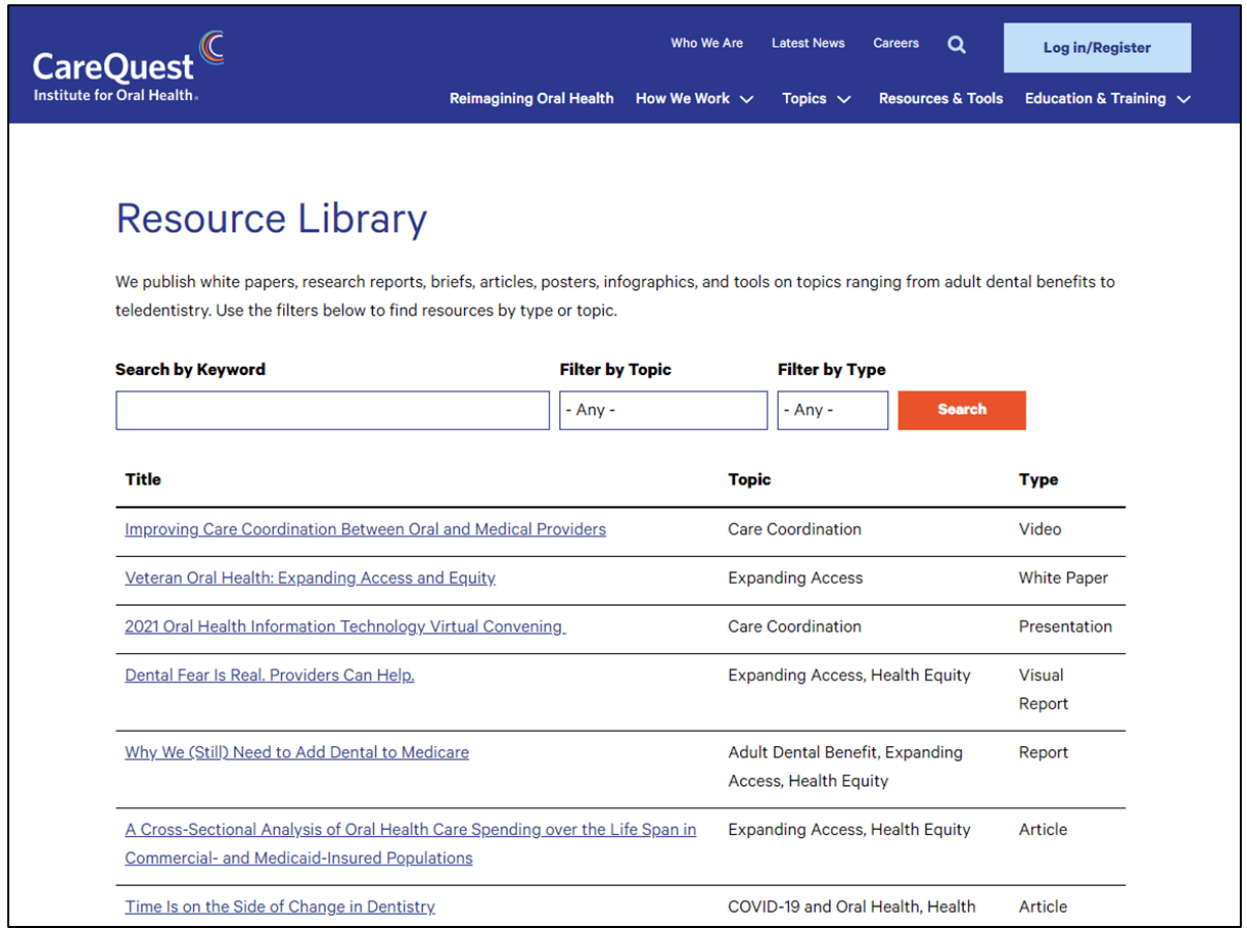
To Explore More Industry-Leading Research



www.carequest.org/education/resource-library

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Webinar Evaluation

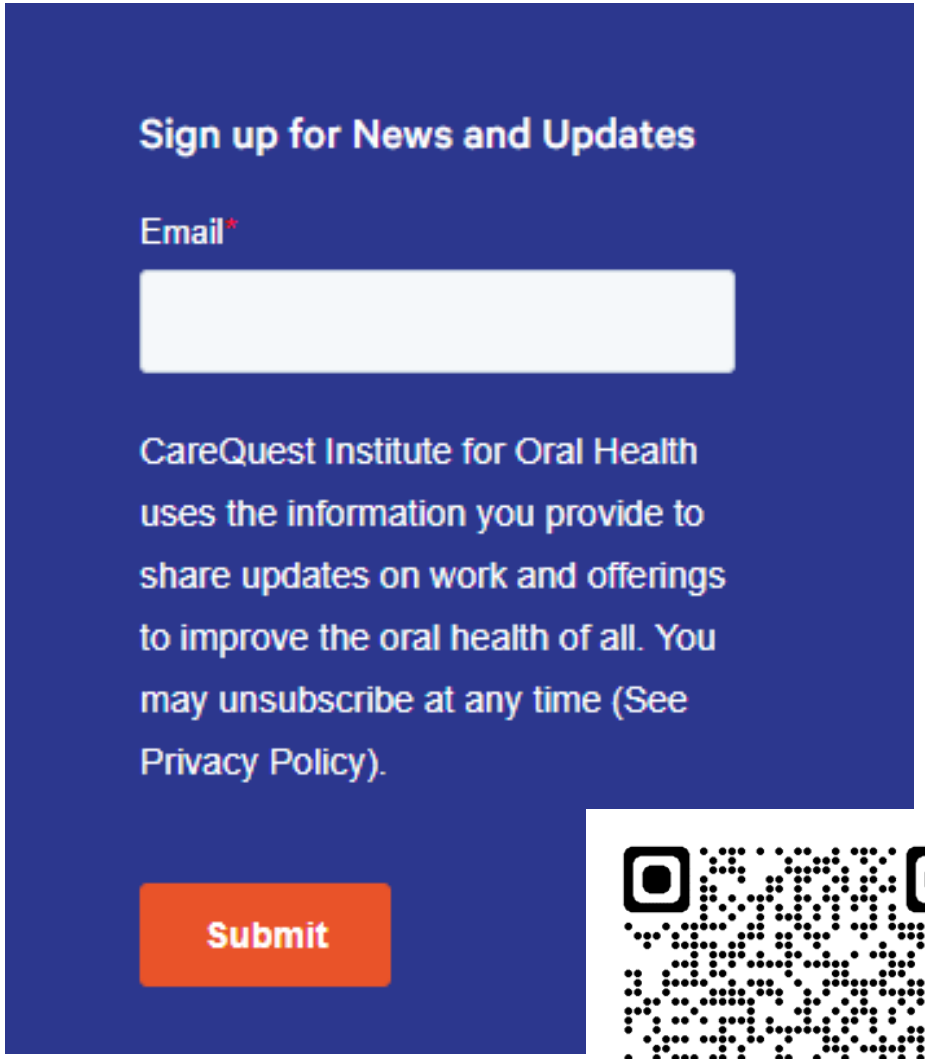
Complete the **evaluation by Friday, August 26** to receive CE credit.

Next Webinar:

Thursday, August 25, 2022, 3 – 4 p.m. ET

A New Tool for Tracking Medicaid Adult Dental Benefits Across States

Sign up to receive our newsletter to get more information on future webinars!



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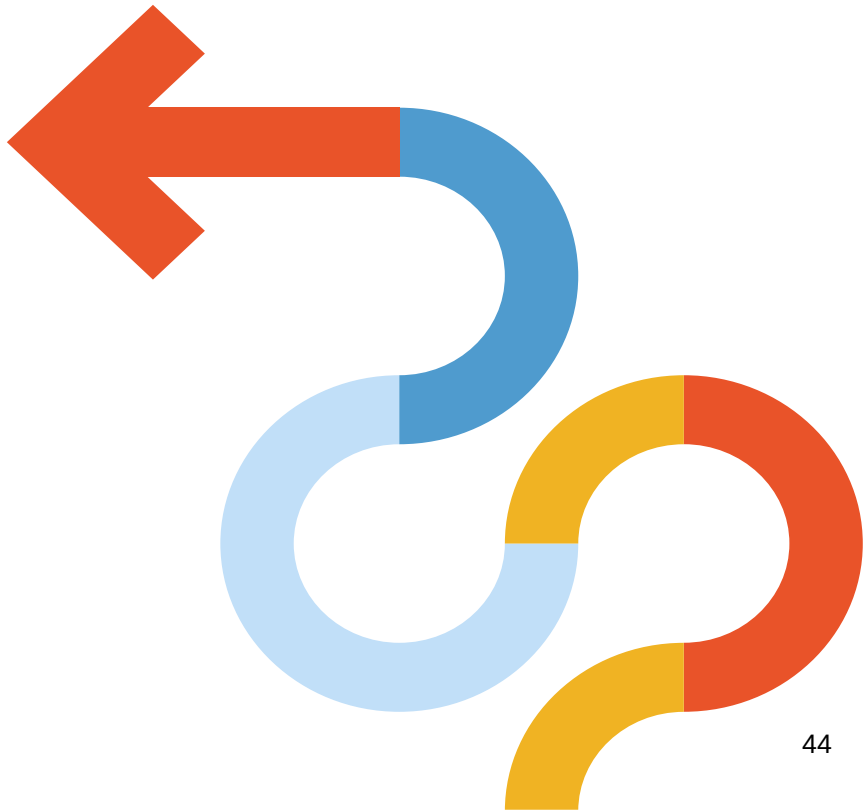

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