Lincoln County Medical and Dental Integration Summit 2016

June 7th, 2016
“If you don't know where you are going, you might wind up someplace else.”

Yogi Berra
Disclosures

NONE
Objectives

- Discuss and Review Evidence of Oral Health’s Impact on Overall Population Health
- Role of Medical Providers in Oral Health Domain
- NHC’s Strategies for Improved Dental and Medical Care through Integration
Established in 2010, Federally Qualified Health Center (FQHC) in 2012

6 clinics in the Portland metro area

- Beaverton/Aloha Clinic (Washington Co)
- Hillsboro Clinic (Washington Co)
- Milwaukie PC Clinic Providence Milwaukie Hospital Campus (Clackamas Co)
- Milwaukie Dental Clinic Providence Milwaukie Hospital Campus (Clackamas Co)
- Canby PC Clinic (Clackamas Co)
- Oregon City Dental Clinic (Clackamas Co)
NHC Strategic Alignment Plan

VISION

To be chosen and recognized as a patient-centered, primary care home by our neighbors and the communities we serve.

MISSION

Building healthy communities, one neighbor at a time.
NHC Strategic Alignment Plan

VALUES

RESPECT
HONOR
TRUST
TRANSPARENCY
CONTINUOUS IMPROVEMENT
PERSONAL RENEWAL AND WELL-BEING
RECOGNITION AND CELEBRATION
Dental caries is the most common chronic disease of childhood

One-quarter (25%) of children aged 2–5 and half (50%) of children aged 12–15 suffer from tooth decay

Nearly 25% of adults aged 20–64 report having untreated dental caries which at any age can lead to pain, tooth loss, and infection

BLUF: Most oral disease is preventable!
Oral Disease Impact on Public Health

BLUF: Most oral disease is preventable!

- Among older adults (65 years and above), 25% have lost all of their teeth—putting them at risk for compromised nutrition and other complications

- Oral and pharyngeal cancers, often diagnosed too late, kill more than 7,800 Americans each year nearly double the number of patients who die from cervical cancer

25% of seniors have no natural teeth
Evidence-based Impetus for Intervention:

Impact of periodontal therapy on general health: evidence from insurance data for five systemic conditions.


Jeffcoat MK; Jeffcoat RL; Gladowski PA; Bramson JB; Blum JJ

**BACKGROUND:** Treatment of periodontal (gum) disease may lessen the adverse consequences of some chronic systemic conditions.

**PURPOSE:** To estimate the effects of periodontal therapy on medical costs and hospitalizations among individuals with diagnosed type 2 diabetes (T2D); coronary artery disease (CAD); cerebral vascular disease (CVD); rheumatoid arthritis (RA); and pregnancy in a retrospective observational cohort study.

**METHODS:** Insurance claims data from 338,891 individuals with both medical and dental insurance coverage were analyzed in 2011-2013. Inclusion criteria were (1) a diagnosis of at least one of the five specified systemic conditions and (2) evidence of periodontal disease. Subjects were categorized according to whether they had completed treatment for periodontal disease in the baseline year, 2005. Outcomes were (1) total allowed medical costs and (2) number of hospitalizations, per subscriber per year, in 2005-2009. Except in the case of pregnancy, outcomes were aggregated without regard to reported cause. Individuals who were treated and untreated for periodontal disease were compared independently for the two outcomes and five systemic conditions using ANCOVA; age, gender, and T2D status were covariates.

**RESULTS:** results for statistically significant reductions in both outcomes (p<0.05) were found for T2D, CVD, CAD, and pregnancy, for which costs were lower by 40.2%, 40.9%, 10.7%, and 73.7%, respectively; hospital admissions were comparable. No treatment effect was observed in the RA cohorts.

**CONCLUSIONS:** These cost-based results provide new, independent, and potentially valuable evidence that simple, noninvasive periodontal therapy may improve health outcomes in pregnancy and other systemic conditions.
Correlations on Oral Health vs. Overall Health of Aging

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Correlations on Oral Health vs. Overall Health of Aging
Medical Providers: What We Can Do To Help?!?

Frank started to get a funny feeling that his doctor was a quack.
Medical Doctors: An Oral Health Conundrum

Teaching oral health in U.S. medical schools: results of a national survey
Ferullo A¹, Silk H, Savageau JA.


In 2009, the authors sent a 22-question online survey to the deans of education of 126 MD-granting and 28 DO-granting U.S. medical schools to determine the extent to which these schools have an oral health curriculum.

- Eighty-eight schools (57.1%) responded:
  - 61 (69.3%) reported offering less than five hours of oral health curriculum
  - 9 (10.2%) offered no curriculum
  - School location and having a dental school and/or residency were not significantly related to the number of hours of oral health curriculum
  - In schools with an oral health curriculum, topics being covered ranged from 10.0% teaching hands-on skills training to 81.7% covering oral cancers. Only 29.9% reported evaluating students around oral health topics

CONCLUSIONS:
- The majority of the responding U.S. medical schools offer very little oral health education
- There are few meaningful correlations as to what contributes to schools having a more robust curriculum
"Oral Health: An Essential Component of Primary Care"

Qualis White Paper - June 2015

- Published by Qualis Health with support from the National Interprofessional Initiative on Oral Health, DentaQuest Foundation, Washington Dental Service Foundation and The REACH Healthcare Foundation
- Oral health is essential for healthy development and healthy aging, yet nationwide there is an unacceptably high burden of oral disease
- Incorporates preventive oral healthcare as a component of routine medical care and structuring referrals to dentistry
- The *Oral Health Delivery Framework* provides a practical method for primary care teams of all types to engage patients and families in the prevention and early detection of oral disease
Oral Health Delivery Framework

Oral Health: An Essential Component of Primary Care (June 2015)

Oral health is essential for healthy development and healthy aging, yet nationwide there is an unacceptably high burden of oral disease. This new white paper makes the case for incorporating preventive oral healthcare as a component of routine medical care and structuring referrals to dentistry. The Oral Health Delivery Framework provides a practical method for primary care teams of all types to engage patients and families in the prevention and early detection of oral disease.

“Oral Health: An Essential Component of Primary Care” was published by Qualis Health with support from the National Interprofessional Initiative on Oral Health, DentalGuest Foundation, Washington Dental Service Foundation and The REACH Healthcare Foundation.

- Executive Summary
- White Paper
Oral Health Delivery Framework

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

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

Dental Care
- Restorative Treatment of Caries
- Dental X-rays
- Dental Sealants
- Periodic Cleaning
- Mouth Guards
- Deep Scaling and Root Planing for Periodontal Disease
- Endodontics
- Orthodontics
- Crowns and Implants
Oral Health Delivery Framework

ASK about oral health risk factors and symptoms of oral disease

LOOK for signs that indicate oral health risk or active oral disease

DECIDE on the most appropriate response

ACT offer preventive interventions and/or referral for treatment

DOCUMENT as structured data for decision support and population management
Oral Health Delivery Framework

- Begin with screening patients for signs and symptoms of early disease and develop a structured referral process for dentistry.

- Offer fluoride varnish for pediatric patients per the USPSTF61 and AAP guidelines; consider indications for fluoride varnish for high-risk adults.

- Focus on patient/caregiver risk assessment and risk reduction through patient education, dietary counseling, and oral hygiene training.

- Identify a particular high-risk patient population (e.g., children, adult patients with diabetes, pregnant women) and begin with a pilot before expanding population/practice wide.
Oral Health Delivery Framework

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Oral Health Delivery Framework

- “First Tooth” with a goal to reduce early childhood caries in Oregon. The First Tooth project was funded with a grant from the Health Resources and Services Administration (HRSA).

- Evidence-based practice for early childhood caries prevention (ECCP) that includes a risk assessment, anticipatory guidance, an intervention as appropriate, and referral to a dental home.

- Training topics include the prevalence and impact of oral disease; how to conduct an oral health risk assessment; how to provide culturally appropriate anticipatory guidance; fluoride varnish application; and implementation, workflow tips, and access to dental care.
Oral Health Delivery Framework

Current State:

- Fluoride has been administered 37 times since kick off (from Oct 2015 through April 2016). For reference there were 75 WCC (or potential opportunities to administer fluoride) over that time period.

- From Jan 1 through May 31st 2016, we have made 52 referrals to dentistry. With 18 of those being for children 6mo to 5 years. Of those 18, 12 were referred to NHC dental, of those 3 children were actually seen by a dentist.

Analysis of current state:

- Fluoride to about 50%, although 100% goal is unrealistic (eg some 6 mo olds don't have teeth, sometimes kids just got the fluoride varnish from the dentist). rates of administration are increasing at pilot site (milwaukie)

- **Referrals to dentistry are not yet functioning like a referral to other specialties.** Some elements make it fundamentally different from other types of referrals. but providers across all clinics are placing referrals. Poor feedback loops as apparently a small portion of referred patients actually see a dentist. Tracking is limited by EMR, dentistry not used to sending back any notes/letters to referring provider.
Alignment: A Global Perspective

NHC Service Area

- Clackamas County service area has 285,169 residents, 26% are at or below 200% of the FPL or 74,144 people.
- 32% or 23,402 of low income residents are currently served by a federally qualified health center.
- 6.1% of 16 and over are unemployed, 13.3% dependent on food stamps/SNAP.
- 8.8% of the labor force is without health insurance
- 7% of patients under 18 years of age are without health insurance.
## Alignment: A KEY Global Perspective

### Providence Health & Services
- Mission to serve low income
- Customer – community
- Values – partnership, stewardship, high quality care
- Non-profit hospital
- Commitment to addressing oral health as a community need
- Does not provide comprehensive oral health services

### Neighborhood Health Center
- Mission to serve low income
- Customer – community
- Values – partnership, stewardship, high quality care
- Federally-qualified health center
- Commitment to addressing oral health as a community need
- **Provides comprehensive oral health services**
Problem:
Oral health accounts for a large volume of ER visits in Oregon communities and is the number one reason uninsured and self-pay patients visit the ER.

- In Oregon, visits to the emergency room for dental issues account for $8 million in statewide hospital costs per year.
- In 2010, Providence saw 2,946 avoidable dental visits to our Portland Service Area EDs equaling $592,731 in direct costs.
- Between one-quarter and one-third of all Oregonians do not visit the dentist at least annually (semi-annual visits are recommended).
- Twenty-two of Oregon’s 36 counties (61%) endure some type of shortage of dental professionals.
- Only 1-in-5 Oregonians live in a community with an optimally-flouridated water supply.
Solution:
Provide a patient-centered care experience for individuals that need dental care by co-locating a FQHC operated dental clinic on the community hospital campus to deliver urgent and comprehensive dental services

Project goals:

- Increase access to dental services for low income populations
- Connect ED visitors with dental conditions to same/next day appointment
- Reduce ED visits for dental conditions and readmissions for dental
- Increase the number of individuals getting comprehensive care at a dental home
Key elements of the program

- Co-location – primary care, dental, mental health, hospital – “one stop community health hub”
- Dental clinic operated by a federally-qualified health center that leases space on hospital campus
- ED navigation onsite (same day or next)
- Partnerships with clinical training programs
- Sustainable model - one time investment for remodeling, build-out of clinic; does not require long-term grant funding or subsidy
Alignment: A More Global Perspective

A LEAN APPROACH

- Least Waste, Best Practice
- Relentless pursuit of Waste Reduction and Value Creation as defined by Patient
- Multi-echeloned, interprofessional TEAMS
- Creation of FLOW and PULL
- “Don’t Let Perfect Be Enemy of Good”
Clinic Start Up Costs and Community Investments/Sustainability Model

- Initial 2 year grant funded by Providence in 2012, agreement included
  - One daily slot reserved for Providence ED patient at NHC Oregon City clinic (10 miles away from Providence Milwaukie Hospital)
  - Providence guide accesses schedule and sets appointment for ED patients who defer palliative treatment in ER (antibiotics/pain medication) and are scheduled same or next day

- NHC received a $500K contribution from Providence Milwaukie Foundation in 2013 to purchase dental equipment and remodel office space. NHC and Providence Hospital negotiated a 10 year lease to fund the remaining cost of office renovation.

- Patients no longer need to travel 10 miles, as new clinic is located on hospital campus.
- Uninsured patients referred from ED have first visit payment waived.
- Patients who qualify are assisted in enrolling for Medicaid.
Providence Milwaukie Hospital
Dental Partnership results

- In 2014, the dental clinic provided treatment to 1,184 individuals with 2,724 visits
- In 2015, through November 2015, the dental clinic provided treatment to 1,553 individual patients with 3,494 visits. Visits increased by 30+% in 2015.
- Readmissions to PMH ED have dropped from 45% to 31%, with individual readmissions dropping from 3-4 to 1-2 times, with extended days between visits
- 87% of patients navigated to Clinic from our ED for dental care kept their appointment vs. 40-50% previously
- 3.1% of total ED visits are now for oral health vs. over 4.5%
- 910 total visits resulted from ED referred patients from April 2014 to May 2015
Outcomes

Partnership with Providence Health & Services and our dental clinic increases access to dental services for the under-served:

• Decreased ED visits
• Decreased readmissions
• Patients navigated from ED to NHC
• Reduce Oral Health ED visits
• Increased ED Dental follow up visits
Alignment: A KEY Global Perspective

Shared Learnings

- Provide leadership in your community to collaborate
- Look for cost and utilization trends that point to an unmet health need
- Look for partners in the community that can help you serve the health needs you see
- Build joint solutions – solving community health issues is not possible alone
- Build in sustainability from the beginning
- Capitalize on multiple pathways for referrals
- Make it a win-win for all partners at the table
YOU HAVE GINGERVITIS.
Reflections

- Discuss and Review Evidence of Oral Health’s Impact on Overall Population Health
- Role of Medical Providers in Oral Health Domain
- NHC’s Strategies for Improved Dental and Medical Care through Integration
Questions???
Thank You!!!

Be Well!!!