Oral Health in Primary Care: A Framework for Action

Institute for Oral Health

Kathryn E. Phillips, MPH

October 15, 2015

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.

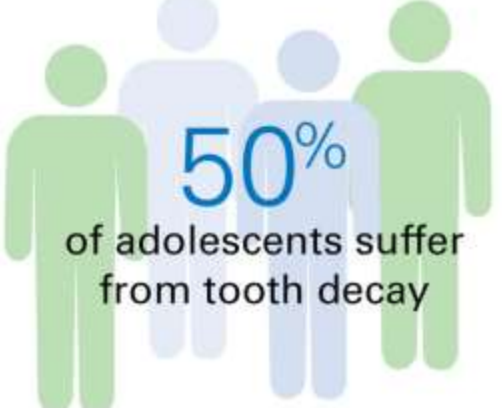
Help primary care practices adopt new models of care delivery to achieve the Triple Aim: Better care, better health, lower per capita costs.

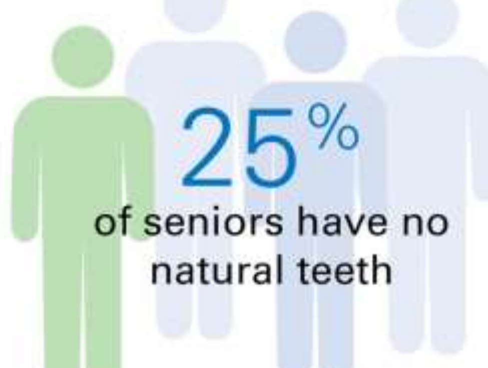
What is the problem we are trying to solve? *A Prevention Gap*

- 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

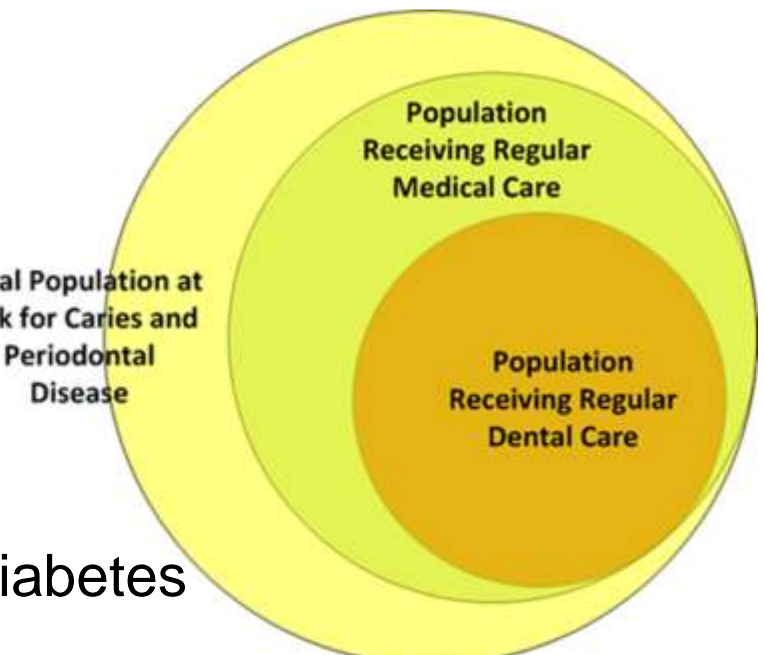




The proposal?

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:

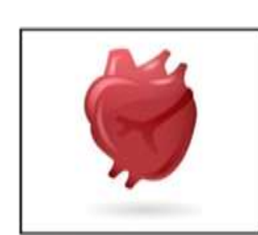
- Disease prevention
- Risk assessment, screening, case-finding
- Help patients navigate the healthcare system
- Engage patients in behavior change:

    Goal setting & self-management support

Oral Health Self Management Goals for Parents/Caregivers

A natural extension of what primary care teams already do…

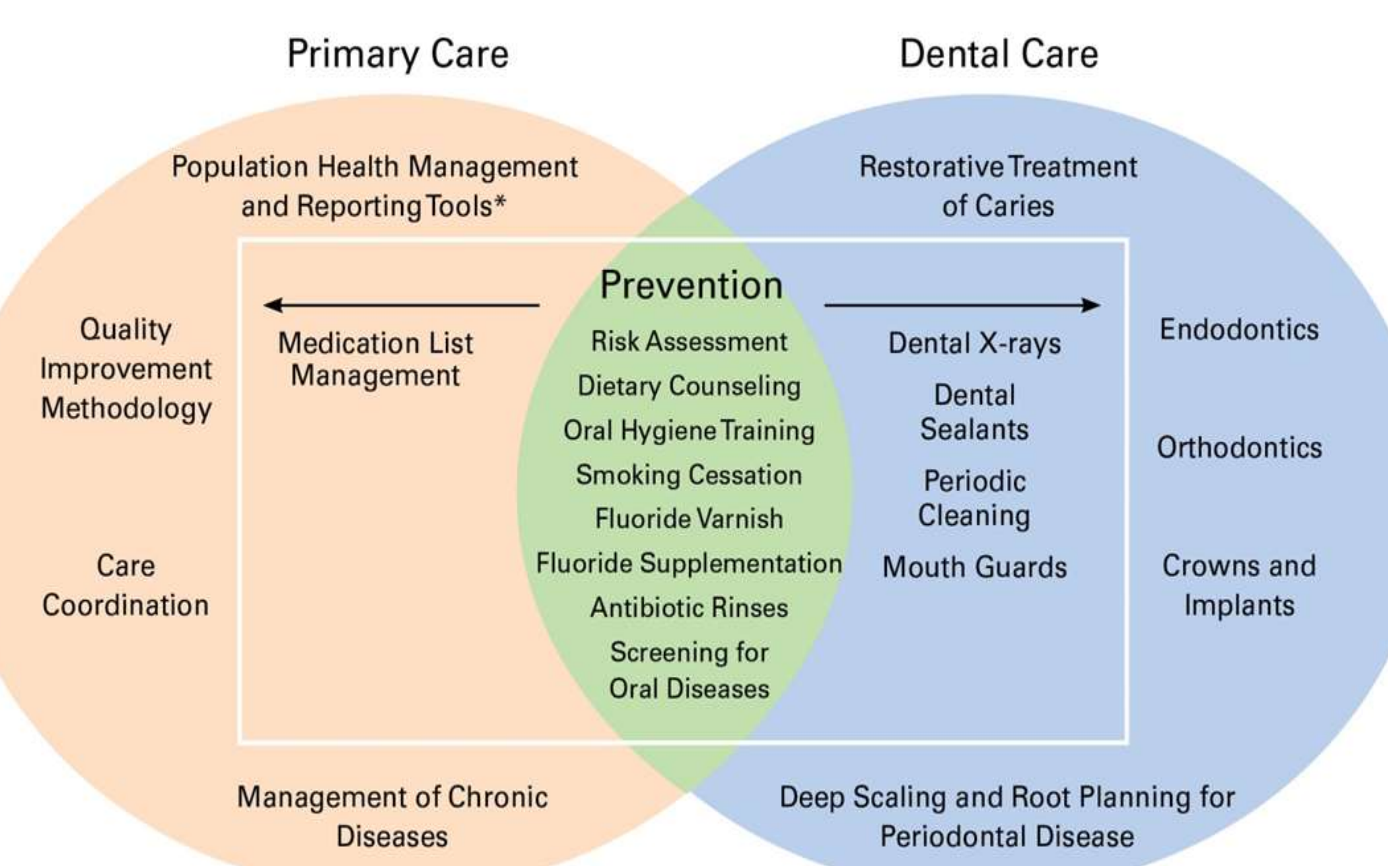
- Provide information about healthy diet, measure BMI
- Advise on sunscreen, look for suspicious moles



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



*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.

Care for Ms. G

- 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 clinitians, eradicating dental disease*

Consultant:

Funders:

Washington Dental Service Foundation

Community Advocates for Oral Health

About the Project

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

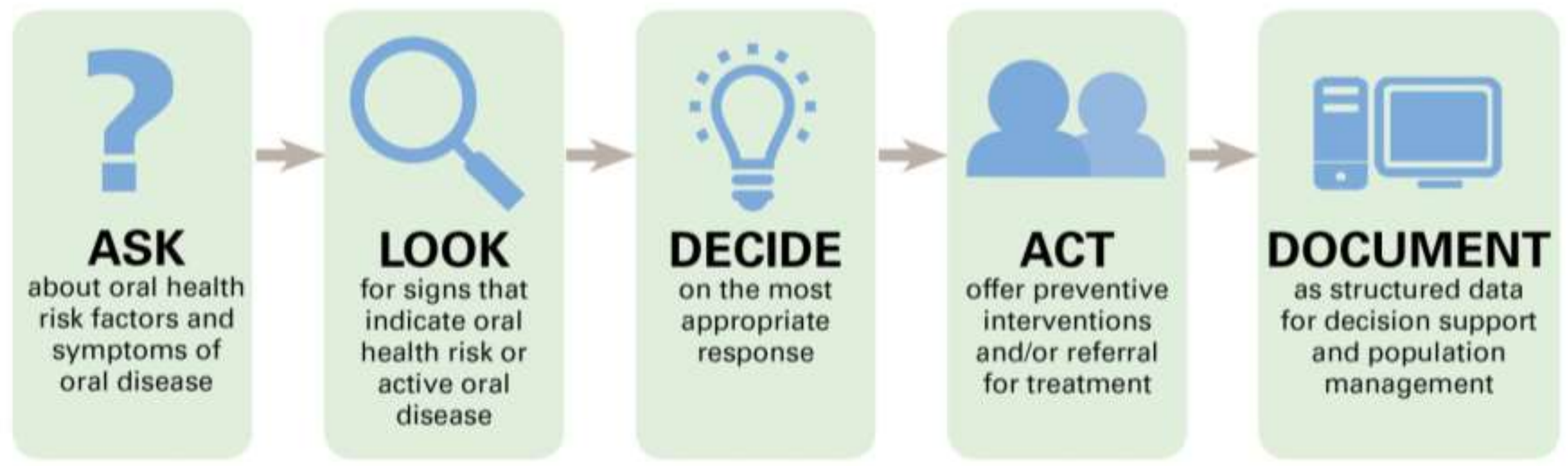
- Reviewed literature and results of recent efforts to integrate behavioral health services, once fragmented yet now recognized to be a key component of comprehensive care
- Convened a Technical Expert Panel to guide us: Primary care and dental providers; leaders from medical, dental, and nursing associations; payors 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; chlorhexidine rinse.

Citation: Hummel J, Phillips KE, Holt B, Hayes C. *Oral Health: An Essential Component of Primary Care*. Seattle, WA: Qualis Health; June 2015

National Interprofessional Initiative on Oral Health

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.

Pt makes appointment to see care team → MA reviews charts of Pts on schedule & identifies those needing Oral Health Assessment → Team huddles to plan visit & finalize priorities for each patient → Front Desk verifies dental insurance & last time seen by dentist → MA rooms Pt: Asks OH screening questions & Looks the mouth for signs of disease, places and pends orders for provider to sign → Provider reviews information gathered by MA, makes decisions, gives advice, orders tests and treatments → Treatments , prescriptions, patient education, referrals → Pt leaves with referral

Structured Referrals

- Many patients will need treatment that only a dentist can provide
- Referrals to dentistry ought to be as smooth as referrals to medical specialists -- *burden should not be on the patient*
- How is a structured referral different?
  - Referral issued as a clinical order
  - Referral tracking & care coordination processes
  - Logistical support

- 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

- White paper, published June 2015
- A call to action:
  - 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

Hummel J, Phillips KE, Holt B, Hayes C. *Oral Health: An Essential Component of Primary Care*. Seattle, WA: Qualis Health; June 2015

Oral Health Delivery Framework Endorsed by:

American Academy of Pediatrics
American Academy 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 for State and Territorial Dental Directors
Association of Clinicians for the Underserved
Institute for Patient- and Family-Centered Care
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

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 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

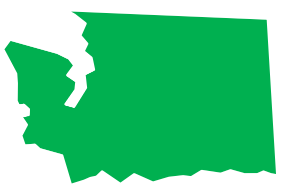
- **Dentists:** Participate in referral networks & accept patients of mixed insurance status, communicate to "close the loop"
- **Policymakers:**
  - Invest in research to strengthen the evidence-base for preventive oral health care
  - Invest in community health networks, teledentistry, and other options 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

Develop | **Test** | **Improve** | **Disseminate**

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)



Washington Dental Service Foundation
Community Advocates for Oral Health

Oregon Primary Care Assoc.
Kansas Assoc. Medically Underserved (*)
Massachusetts League of CHCs

*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

Active Implementation Testing (n=11) (Sept 2015)

	WA	KS/MO	MA
Screening Assessment: Ask and Look	3	3	5
Preventive Intervention:			
Changes to the Med List		1	2
Fluoride Therapy		3	3
Chlorhexidine Rinse			2
Oral Health Counseling		1	2
Education Handout	3	3	4
Structured Referral	3	2	4
Referral Tracking	1	2	1

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

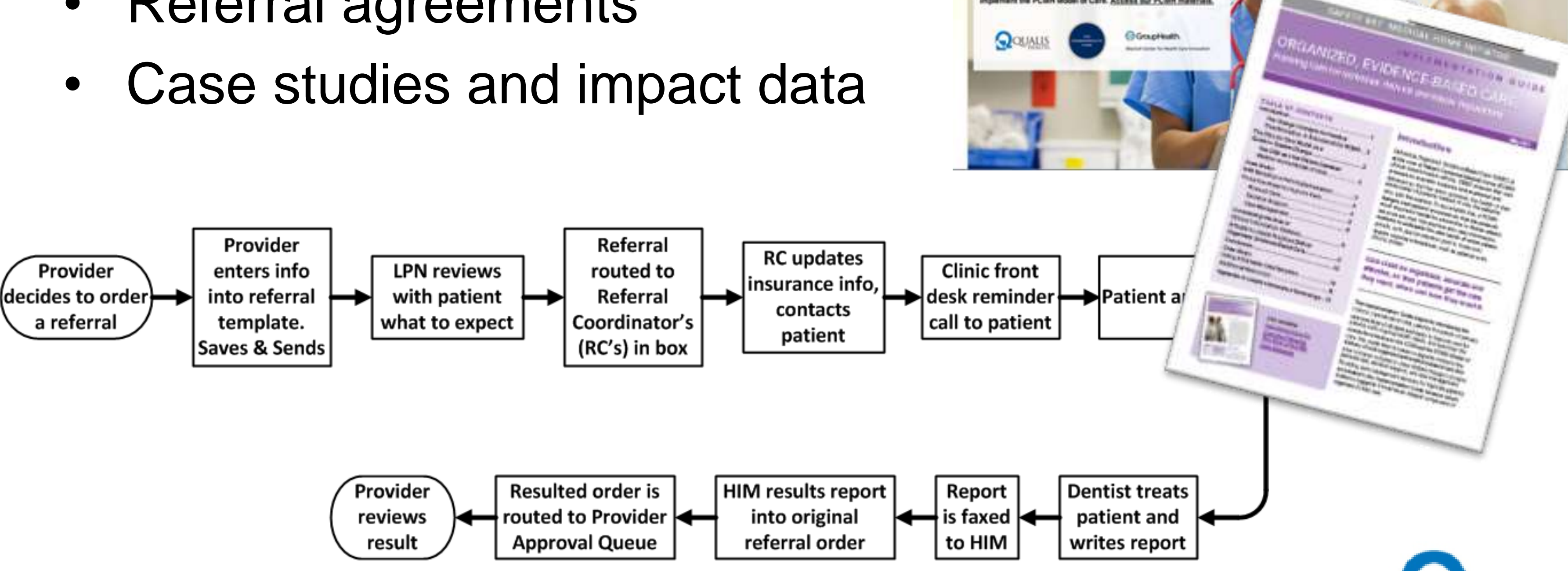
% referred with a completed referral

- Patient experience, provider and staff satisfaction, health outcomes

Resources Resulting From Field-Testing

Implementation guide—toolkit for primary care practices (Sept 2016)

- Sample workflows
- Referral agreements
- Case studies and impact data



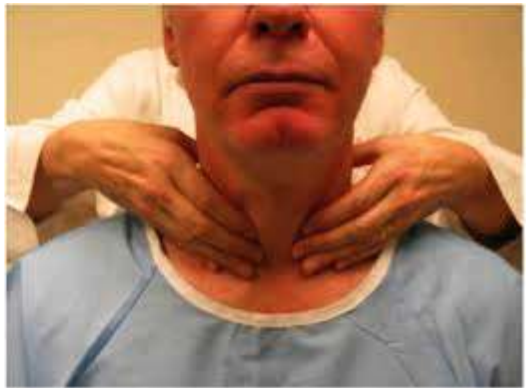
What motivates primary care teams to engage in oral health?

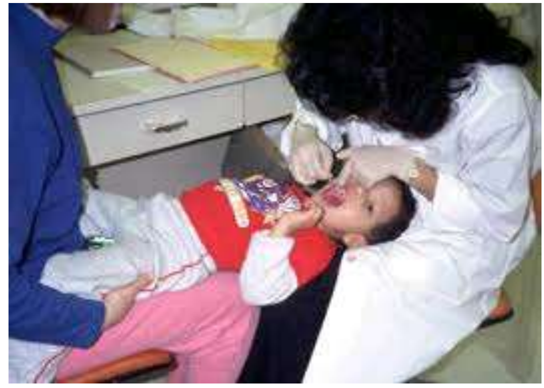
- Awareness of disease burden
- Growing recognition that poor oral health compromises *overall* health:
  - New evidence demonstrating a relationship between periodontal disease & diabetes, ischemic vascular disease, pre-term delivery and low-birth weight
- Intervention makes a difference

"This is the right thing to do for my patients."

Primary Care 'aha' Moments

- Pathophysiology is familiar: Infection and inflammation
- It *really* does only takes a few minutes
  - HEENT to HEENOT





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

Bottom line: Workarounds (e.g., faxing) are burdensome, but not unique

Opportunity to Achieve Triple Aim

- Strong evidence that integrated behavioral health care produces better outcomes at lower costs; patients value and appreciate integrated care
- Expect the same for integrated oral health care

Questions?
Reactions?

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

Kathryn E. Phillips, MPH, Program Director
Phone: 206-288-2462 |Cell: 206-619-7723
Toll-free: 1 (800) 949-7536 x 2462
e-mail: kathrynp@qualishealth.org