Integrated Models: Medical-Dental Collaboration
What type of integration?

- What is the right project?
- When is the right time?
- Who are the best partners?
- How can readiness be assessed?
- What can be learned from current examples?
- What resources exist to assist your efforts?
- How will you evaluate effectiveness?
- How will you tell your story?
Examples of integration

Will show examples of:

• Co-location of services
• Cooperative practices and referral protocols
• Telehealth

Lots of other possibilities:

• Opioid crisis
• Integration of oral health for care of patients with chronic disease
• Healthy lifestyles / reduction of sugar consumption / fluoridation
Co-Location: Colorado Medical-Dental Integration Project

- Five-Year Initiative
- Launched in 2014
- Integrated dental hygienists in medical practices to provide preventive services
What makes CO MDI different?

- Extension of the dental home
- Full-scope dental hygiene care
- Integrated, team-based care
- Referral relationship with dentists
CO MDI - Practice Type

- Hospital Systems
- Federally Qualified Health Centers
- Private, non-profit medical clinics
- Private, for-profit medical clinics
- Independent Practicing Dental Hygienists
Grantees – Colorado Medical-Dental Integration Project
Start up—lots of technical assistance

- Development of built space with dental hygiene equipment
- Hiring of “right” dental hygienist
- Credentialing of dental hygienist
- Relationship with dentist
- IT support
- Billing support
Cumulative Visits through 2017

Q1.15  Q2.15  Q3.15  Q4.15  Q1.16  Q2.16  Q3.16  Q4.16  Q1.17  Q2.17  Q3.17  Q4.17

Cumulative Visits:
- Q1.15: 8,792
- Q2.15: 12,772
- Q3.15: 27,082
- Q4.15: 51,222
- Q1.16: 81,844
- Q2.16: 113,555
- Q3.16: 155,376
- Q4.16: 19,476
- Q1.17: 25,113
- Q2.17: 30,471
- Q3.17: 35,885
- Q4.17: 41,754

Total Cumulative Visits: 42,580
40% Patient visits with untreated decay
Risk Assessment: 25,243
Fluoride Varnish: 20,730
Referrals: 17,485
Sealants: 1st Molar: 1,581
Sealants: 2nd Molar: 1,581
X-rays: 9,588
CO MDI Readiness Assessment

• Senior Leadership
• Need
• Physical space
• Daily Leadership
• Provider buy-in
• Staff buy-in
• Building a team
• Time
• Quality improvement experience
• Workflows
• Relationship with dentists
• Practice capacity for change at this moment

http://medicaldentalintegration.org/readiness-assessment/
Direct Access States

The American Dental Hygienists’ Association (ADHA) defines direct access as the ability of a dental hygienist to initiate treatment based on their assessment of a patient’s needs without the specific authorization of a dentist, treat the patient without the presence of a dentist, and maintain a provider-patient relationship (ADHA Policy Manual, 13-15).

ADHA
Revised May 2017
www.adha.org
Cooperative Practice and Referral Protocols: MORE Care

• Three states involved
• Learning Collaborative
• Emphasis on quality improvement
• Integration of oral health into primary care practice and development of oral health referral networks

**What we know**
- Focus on prevention
- Assess and manage risk
- Support behavior change
- Activate a dental referral system

**What we do**
- Applying evidence
- Changing processes
- Training workforce
- Educating parents
- Using information technology
- Aligning payment

**THE GAP**
- Little focus on self-management
- Leave out the mouth
- Surgical intervention model predominates
- Outcome based care is a rarely seen model

**Desired**
MORE Care Pediatric Pathway

**Cooperative Tasks**
- Coordinate care with bi-directional referral system
- Initiate, develop and improve interprofessional communication
- Create shared outcomes through collaborative interprofessional practice
- Develop joint treatment planning and record keeping

**MEDICAL**
- **Oral Health at Well Child Visit**
  - Review medical/dental histories
  - Perform Oral Health Evaluation (HEENOT)
  - Document findings and management plan, including referrals
  - Apply fluoride varnish
  - Review current prescriptions for opportunities to optimize oral health, as needed
- **Oral health – Risk based instruction**
  - Conduct counseling to decrease or maintain low oral health risk (risk factor identification)
  - Set self management goals
  - Follow up and develop referral plan

**DENTAL**
- **Dental Care Appointment**
  - Review medical/dental histories
  - Complete Caries Risk Assessment and assign status (Low/Moderate/High)
  - Conduct Preventive Dental Care Appointment
  - Create treatment plan focused on disease management
- **Disease Management**
  - Complete counseling aimed at prevention and/or stabilization of disease (self management goals)
  - Establish re-care appointments according to patient needs
  - Initiate and sustain patient-centered interprofessional communication

**Measurement Concepts**
- Fluoride Varnish Application
- Self-Management Goal Setting
- Oral Health Evaluation (Risk Assessed)
- Referral Completion Verification
### Intraoral Examination Results:

#### Description:

**Emergent Referral:** Pain/swelling; possible infection. The dental referral appointment should be as soon as possible if ICD-10 K12.2 is used.

**Urgent Referral:** If active cellulitis/abscess is not observed, complete the referral within 5 days to lower broken appointment rates and optimize therapeutics.

*Referral managed with the same workflow/process as urgent referrals for similar specialty medical care.*

**Direct Referral:** Caries activity visible as white spots or small brown areas. Patient lacks a dental home. Patients lacks or has limited access to oral hygiene products for home care. Referral within 10-20 days will optimize buy-in and timely care.

*Referral managed the same as any medical specialty referral.*

**Maintenance Referral:** Low risk patients; healthy teeth, following good home health care. When necessary, referral includes recommendation to visit dental provider [verbal referral and dental care team list to patient]. Verify dental care appt. at next medical visit.

*No referral is necessary for patients with a current dental home.*

#### Suggested ICD-10 Codes:

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<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>Z00.121</td>
<td>Encounter/routine child exam. w/ abnormal findings</td>
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<tr>
<td>Z13.84</td>
<td>Encounter for screening for dental disorders</td>
</tr>
<tr>
<td>K02.9</td>
<td>Dental caries</td>
</tr>
<tr>
<td>Z00.129</td>
<td>Encounter for routine child health examination without abnormal findings</td>
</tr>
<tr>
<td>Z13.84</td>
<td>Encounter for screening for dental disorders</td>
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</tbody>
</table>
Telehealth – SMILES Dental Home Project

http://www.caringforcolorado.org/smiles-dental-project
Understanding existing model – Virtual Dental Home
SMILES Dental Project Resources

Here at the SMILES Dental Project, we are trying to provide as many resources to our partners and to the community as possible. We want to share our knowledge base and experiences regarding virtual dental homes. We hope you find the information or answers to your questions in the options listed below. We will be continually updating this page with new articles and resources so make sure to check back here often.

Background Information:

- Click here for a full list of reference articles related to the SMILES Dental Project and the Virtual Dental Home model.
- The American Academy of Pediatric Dentistry (AAPD) recognizes the benefits of Interim Therapeutic Restorations (ITR). Click here to view the policy statement.
- The University of the Pacific is demonstrating a virtual dental home project to bring needed oral health services to locations where people live, work, play, and go to school. Click here to view a brief
Reaches out to community settings to provide dental care to underserved individuals.

**BETTR Direct Telehealth Model**

- **Operatory One** – Dentist
- **Operatory Two** – Hygienist
- **Operatory Three** – Hygienist, Community Site
BETTR Direct

Private Dental Office – Dentist does virtual exam

Hygienist at Community Site

Store and forward (asynchronous) technology - Dentist reviews patient data sent from site at his/her convenience – completes treatment plan

1) Radiographs, intraoral images, patient data
2) Treatment plan
3) Additional care by hygienist
BETTR Direct Telehealth Project

Only patients needing restorative work or extractions come to dental office

Operatory One - Dentist

Community Site

Referral to private office
BETTR Direct Evaluation Questions

1. Is integrating teledentistry into private practices and non-traditional settings a viable business model? To what extent does it work for patients, families, health professionals and host sites?
2. Does this model reduce barriers and increase access to dental care?
3. Does BETTR Direct have the potential to improve the oral health of underserved populations?
Telehealth Laws

http://www.cchpca.org/

The Center for Connected Health Policy (CCHP) is a nonprofit, nonpartisan organization working to maximize telehealth’s ability to improve health outcomes, care delivery, and cost effectiveness.
Think Broadly - HHS Oral Health Strategic Framework

GOALS:

1. Integrate oral health and primary health care
2. Prevent disease and promote oral health
3. Increase access to oral health care and eliminate disparities
4. Increase the dissemination of oral health information and improve health literacy
5. Advance oral health in public policy and research
Cooperate Locally and Nationally

- 318,857,056 users in 2014
- 66% of total population
- 74% among people on public water systems
- 18,186 water systems
- Includes 11.8 M people drinking naturally fluoridated water at or above optimal levels
Pay attention to emerging issues - Silver Diamine Fluoride

Summary

• There are many ways to integrate medical and dental care
• Determine your priorities
• Change the gap from existing state to desired state
  • What facilitators or challenges exist?
    • Practice laws, telehealth regulations, partners, funders, billing policies, IT, etc.
    • Quality improvement approach
• Include evaluation from the beginning of your project
• Use resources that can aid your efforts
QUESTIONS?