ORAL HEALTH
INTERPROFESSIONAL PRACTICE:
THE MORE CARE FRAMEWORK

DentaQuest Partnership Continuing Education Webinar
April 25, 2019
Today’s Objectives

After this webinar participants will be able to:

• Demonstrate an understanding of interprofessional practice as it relates to the integration of oral health and primary care.
• Identify facilitators and challenges associated with integrating oral health into primary care.
DentaQuest Partnership Focus Areas

- Pursue person-centered care through interprofessional practice and value-based transformation
- A single, national oral health measurement system
- Advocate for public adult dental benefit to expand access

For more information visit dentaquest.com/the-partnership/. Click here to sign up for news and updates.
Housekeeping

- All lines will remain muted to avoid background noise.
- A copy of the slides and a link to the recording will be shared after the webinar concludes.
- In order to receive CE credit you must fill out the webinar evaluation, which will be shared at the end of the presentation. The evaluation must be completed by **EOD Wednesday, May 1** to receive CE credit.
Q&A Logistics

After the presentation we’ll have some time for Q&A

Two options:

• Use the raise hand feature and we will unmute you

• Type your question in the chat box
Kelli Ohrenberger currently serves as the Manager of Interprofessional Practice for the DentaQuest Partnership. In her role, she oversees projects and programs related to medical/dental integration and coordination. She has been with DentaQuest since 2008 in different project management roles, providing day-to-day oversight of several of the organization’s initiatives, including the Medical Oral Expanded Care program.

Prior to joining DentaQuest, Kelli spent three years working in a community hospital setting where she served as part of the Public Affairs and Marketing team. Kelli earned a master's degree in Integrated Marketing Communication from Emerson College in Boston.
Kelly Braun, RDH, MSDH, serves as the dental delivery systems coordinator at PORH. Kelly leads the implementation of the Medical Oral Expanded Care (MORE Care) Collaborative in Pennsylvania, in partnership with the DentaQuest Partnership for Oral Health Advancement. This program is focused on integrating oral health, specifically the primary and secondary prevention of dental disease, into primary care practice, specifically in Rural Health Clinics. Kelly also offers technical assistance to Rural Health Clinics in Pennsylvania. A Registered Dental Hygienist and a Public Health Dental Hygiene Practitioner, Kelly worked in a hospital-based clinical practice prior to coming to the Office of Rural Health. She also is an adjunct faculty member at Pennsylvania College of Technology in the dental hygiene program. Kelly holds an AS and BSDH, both from Pennsylvania College of Technology. She also obtained a Master’s of Science in Dental Hygiene, with an emphasis on education, from the University of Bridgeport in 2013. Upon completion of her MSDH, Kelly was invited to participate in the American Dental Hygienists Association (ADHA) graduate student clinician program at the ADHA Annual Session in 2014 where she presented her thesis on oral health in the primary care setting, specifically, the attitudes and practice behaviors of physician assistants.
Agenda

1.) Why Interprofessional Practice?
2.) What are the benefits and challenges?
3.) How could IPP fit into my organization?
4.) The Pennsylvania experience
**INTEGRATED CARE**
An interdisciplinary approach to health care that incorporates specific procedures of other disciplines into daily practice.

**COORDINATED CARE**
Using a continual care pathway approach that allows the patient easy navigation and understanding their needs within the health care system.

**INTERPROFESSIONAL PRACTICE**

- Clinical Integration
- Population & System Analysis
- Risk Stratified Care
- Patient Engagement
- HIT & Telehealth
- Referral & Case Management
Levels of Integration and Interprofessional Practice

- Not all or nothing!
- Movement toward higher levels of IPP

IPP: BENEFITS AND CHALLENGES
Why Oral Health Interprofessional Practice?

- Health
- Practicality
- Financial
Challenges to Interprofessional Care

Medical and Dental Professionals:
- Educated separately
- Licensed separately
- Regulated separately
- Practice independently
- Non-integrated benefits/insurance programs
- PCPs and Dentists traditionally siloed
- Sharing of information rarely occurs
- Seen by the public as separate
Challenges

- Education and training for PCPs - must see the mouth as an integral part of the body
- Training for general dentists to treat small children, pregnant women and patients with other health issues
- Time availability in medical - “one more thing”
- Inconsistencies in reimbursement
- Health information technology
- Geography/co-location
IPP: HOW COULD IT FIT INTO MY ORGANIZATION?
Medical Oral Expanded Care (MORE Care)

MORE Care aims to address health disparities through the integration of oral health into primary care practice and the development of dependable oral health care networks. Using an improvement-based framework, partners work with key stakeholders in their communities and abroad to create a usable model of interprofessional oral health care. MORE Care serves to:

- Develop proficient and efficient integrated oral health networks
  **INTEGRATION OF CARE**

- Develop and test solutions to ease burdens associated with interprofessional practice
  **COORDINATION OF CARE**
MORE Care Pediatric Pathway

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

Disease Management
- Engage in shared decision making to decrease or maintain low oral health risk (risk factor identification)
- Set oral health self management goals
- Follow up and develop referral plan

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

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
- Engage in shared decision making aimed at prevention and/or stabilization of disease (self-management goals)
- Establish re-care appointments according to patients needs
- Initiate and sustain patient-centered interprofessional communication

Measurement Concepts

<table>
<thead>
<tr>
<th>Fluoride Application</th>
<th>Self-Management Goal Setting</th>
<th>Oral Health Evaluation (Risk Assessed)</th>
<th>Referral Initiated</th>
<th>Referral Completed</th>
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DentaQuest
MORE Care Adult 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**

**Adult Oral Health Opportunity**
- Review medical/dental histories
- Perform Oral Health Evaluation (HEENOT) Document findings and management plan, including referrals
- Additional screening should occur for oral cancer and soft tissue anomalies
- Review current prescriptions for opportunities to optimize oral health and decrease dry mouth, as needed

**Dental Care Appointment**
- Review medical/dental histories
- Complete Oral Health Risk Assessment of gums and teeth and assign appropriate risk status
- Conduct Preventive Dental Care Appointment and full head and neck examination
- Create treatment plan focused on disease management

**DISEASE MANAGEMENT**
- Engage in shared decision making aimed at prevention and/or stabilization of disease (self management goals)
- Establish re-care appointments according to patient needs
- Initiate and sustain person-centered interprofessional communication

**Measurement Concepts**
- Self-Management Goal Setting
- Oral Health Evaluation (Risk Assessed)
- Referral Completion Verification

**IPP Adult**
% of patients seen by both care teams with oral cancer screening

**IPP Pregnancy**
% of patients seen by both care teams with a preventive dental care visit
MORE Care Process Fundamentals

1. Training
   - Smiles for Life/In-State Training
   - Quality Improvement
   - Effective Communication

2. Testing
   - Oral Health Evaluations
   - Oral Health Workflow
   - Referral Communication

3. Sustainability and Spread
   - Policies and Documentation
   - Staff Turnover Plans
   - Consider New Populations

Supported throughout by expert faculty, monthly data review/feedback, & collaborative activities, as needed
THE PENNSYLVANIA EXPERIENCE
Pennsylvania Sites
Pennsylvania Experience

- Cohort 1
  - Fall 2016
  - 9 sites, 2 health systems
- Cohort 2
  - June 2017
  - 2 sites, 1 health system
  - Have opened additional sites since
Learning Sessions

• Travel team vs. Home team
  • Full office involvement
• Sharing and Engaging
• Building relationships
• Relevant and interactive
Integration of Care

- Risk Assessments
  - Pediatric—AAP
  - Adult—developed
- Self Management Goals
  - Flinder’s Training
- Fluoride Varnish
  - Healthy Teeth Healthy Children
Tools for Success and Communication

MORE CARE

CHANGE PACKAGE

Concept: Oral Health Evaluation/Risk Assessment Completed at All Well Child Visits

CHANGE IDEA

TEST DETAIL

1. Utilize a recognized oral health risk assessment tool and train all providers to ensure consistency.

- Investigate existence of in-service training for primary care providers about oral health.
- Investigate瘪酮恬楼下ion Academy of Pediatrics (AAP) oral health chapter for resources and training, including AAP oral health risk assessment form.
- Train providers with existing Jingle link curriculum.
- Encourage all staff to have one or two conversation starters so they too are part of the conversation no list of questions, don’t leave all the work to one person (the PA, NP, or MD). This is a team effort.
- Clinic leadership uses staff/provider meetings to discuss why oral health is important for systemic health.

2. Edit electronic health record to include documentation of completed oral health risk assessment and findings.

- Start by using paper risk assessment forms and test questions with parent/children before integrating electronically into a template filled on paper before attempting to edit EHR.
- Build a template that automatically pulls in observation form (lo which helps with reporting)
- Build risk assessment fields in EHR within the well child visit workflow.

3. Ensure all completed oral health risk assessments are accurately documented in electronic health record.

- Assessment data is documented in the EHR through the template created.
- Paper assessment documents are scanned in and attached to patient chart.
- Data for risk assessments comes from accurate completion of the risk assessment section.
- Use risk assessment data to guide practice improvements.


- Document dental provider in visit note.
- Document dental provider in free text box in DHR risk assessment.
- Create a pull-down list of local dental providers within the EHR for easy selection by the medical provider during the well child visit if provider noted, free text can be used.
- Clinic leadership reviews data during staff/provider meetings.

Risk-Based Disease Prevention and Management of Early Childhood Caries (ECC)

A partnership between families and care providers

FLIPCHART for Primary Care Oral Health Educators

Periodontal Disease Prevention
A FLIPCHART FOR PRIMARY CARE ORAL HEALTH EDUCATORS
Clinic-Made Resources
Coordination of Care

- Dentists in-system
- Dentists in the community
- Introductions
  - Explanation of project rationale
Integration

- Identify high-risk patients
- Tailor education to patient’s risk factors
- Guide patients to set their own goals
- Support healthy behaviors
- Provide preventive treatment
- Patients who need dental care

Coordination

- High-quality and coordinated care to improve patient oral health outcomes
- % of patients with treatment completion verification was received from the dental provider
- % of patients with documented oral health risk
- % of patients with documented oral health self-management goals
- % of patients with documented fluoride varnish application in conjunction with assessed risk and self-management goals reviewed
- Number of elevated risk/pregnant patients referred to dental
Improvement Data and Data for Learning

- D1-P: Ct ped pts with well child visit
- M1-P: % ped pts with risk assessed
- M2-P: % ped pts with SMGs reviewed
- M3-P: % ped pts with fluoride varnish
- N6-P: Ct ped pts with dental provider list
- M7-P: % ped pts with dental referral
Improvement Data and Data for Learning
Lessons Learned: Creating an Interprofessional Oral Health Network
QUESTIONS/DISCUSSION
“Association between medical well-child visits and dental preventive visits: A big data report”

(This research was completed in partnership with the University of Colorado School of Dental Medicine)
Webinar Evaluation

https://www.surveymonkey.com/r/April25DQPwebinar

*must be completed by **EOD Wednesday, May 1** to receive CE credit
Next Webinar: Oral Health & the Social Determinants

Thursday, May 30
1-2 p.m. ET

Click here to register

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