

Oral Health and the Patient-Centered Medical Home

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Prevention and Chronic Care Management/Medical Home System Advisory Council



Joint Principles of Patient Centered Medical Home (PCMH)

- Personal Physician
- Physician Directed Medical Practice
- Whole Person Orientation
- Coordinated/Integrated Care
- Quality & Safety
- Enhanced Access
- Payment



WHITE PAPER

Oral Health Integration in the Patient-Centered Medical Home (PCMH) Environment

Case Studies from Community Health Centers

September 10, 2012





Statistics

- ADA Estimate: ~30% of population has difficulty accessing dental services
- GAO 2010: ~1/3 of Medicaid children receive dental services
 - IME CHIPRA data, ~40% received preventive dental services in FFY 2011
 - ~19% received dental treatment services in FFY 2011
- 44% of 5 year-olds already have cavities





Seattle, WA (FQHC, 18 sites, 5 dental, 3 integrated)

- Registered Dental Assistants function in an expanded role, applying sealants and fluoride varnish
- Expanded Function Dental Assistants place restorations
- Began with pediatric referral protocols, then pregnant women (early in pregnancy), HIV patients (partner with public health), diabetics with A1c >9, next is CV disease
- Bidirectional cross-referral process
- Dental providers trained medical providers on screening
- BP screened on all dental patients, immunizations reviewed in children
- Each dental clinic has adopted a school and does twice yearly screenings
- Quality Improvement initiatives and metrics
- No reimbursement mechanism (some grant funds)





Boston, MA

- All children 0-5 seen in peds clinic get an oral health screening and risk assessment, prioritization for treatment based on risk
 - Improvement metrics to track this
- Education and motivation for medical and dental providers
- Peds dental suite built in peds clinic
- Cross training
- Creation of caries risk assessment template in EHR
- Case management and referral processes
- Multi-language anticipatory guidance with low literacy messaging and tools
- Time pressure, staffing, training, changes in leadership are barriers





Marshfield, WI, 54 locations, 8 dental centers

- Large multispecialty group partnered with family dentistry
- Training of 4th year dental students and plans for rural dental school
- EMR supports dental and medical services
- Population-based health planning designed to achieve a geographic distribution of oral health infrastructure that can be flexed to meet an improving oral health profile in the target population and is sufficient in scope to reverse access disparities
- Challenges in recruiting experienced dental clinic managers



Terry Reilly Health Services, Boise, ID

- Rural setting with large migrant and seasonal farmworker population
- Initial efforts aimed at pregnant women and diabetics
- Focus on identifying caries and applying therapy to eliminate the target bacteria, rather than repairs and restorative dentistry
- EMR prompts to initiate dental referrals
- Use of rapid Phase Contrast microscopy
 - Patient motivator
 - Easily quanitfiable risk factors to better assess risk improvement
- Educational efforts and cross-training for medical providers
- Metrics of completed cases, class I procedures, patient experience, employee satisfaction for use in QI
- Barriers does not pay for itself



Iowa Medicaid Enterprise

Does not:

- Mandate oral health integration
- Require MH/HH providers to be responsible for oral health
- Excuse MH/HH providers from coordinating oral health services

Does:

- Encourage providers to consider creative models to improve oral health
- Consider oral health to be part of "whole person" care
- Pay for appropriate oral health care for members



Oral Health Care: The Iowa Landscape

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State Dental Director, Chief Oral
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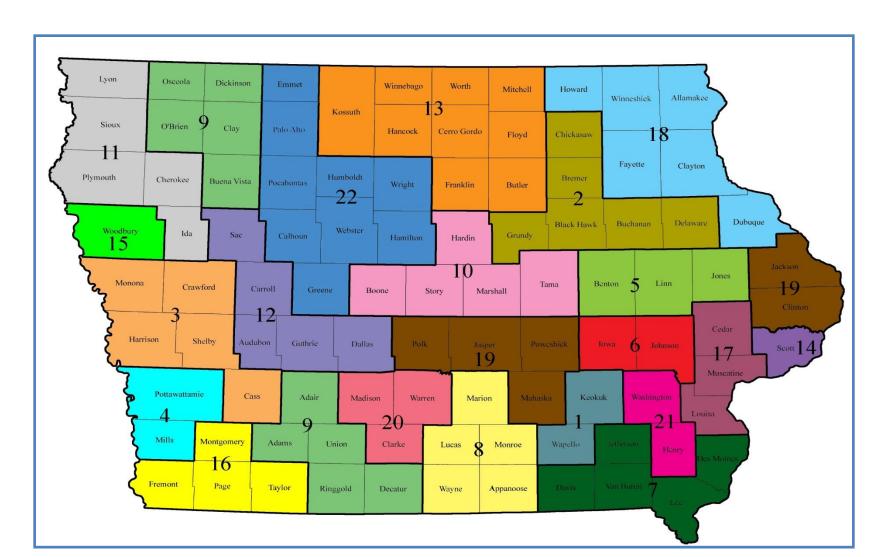
What does lowa have?

Multiple Providers: dentists, hygienists, nurses, physicians Multiple Locations: private practices, clinics, public health settings

J-SmileTM Dental Home Integrated
services:
prevention, care
coordination,
risk
assessment,
education,
treatment



22 Title V Child Health Agencies Statewide





More Iowa children are receiving dental care.

- Since 2005:
 - More than 1 ½ times as many ME children saw a dentist
 - More than 3 times as many ME children received dental care from a public health (Title V) agency
- In 2011, 62% of ME children ages 6-12 saw a dentist



More Iowa children are receiving dental care.

- I-Smile[™] Coordinators are successful in building partnerships and local infrastructure
- School dental screening requirement is increasing the number of children who are ready to learn
- Statewide health promotion activities are increasing the public's understanding
- hawk-i has a dental-only option for families who previously paid out-of-pocket for care



I-Smile™: The Future

- Public-private partnerships
- Linkage with primary health care for adults and seniors
- Expanding childhood access
- Workforce considerations
- Increase public education and oral health promotion
- Gap-filling services within public health to prevent disease



Questions?

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