

Integrating Oral Health and Primary Care



**BOSTON HEALTH CARE *for*
the HOMELESS PROGRAM**

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Agenda

- Introduction to BHCHP
- Homelessness and Overall Health
- Homelessness and Oral Health
- Integration efforts at BHCHP
 - Oral Exams in Medical Clinics
 - Oral Health Integration Coordinator
- Results so far
- Ongoing efforts

BHCHP

Since 1985, our mission has been to provide or assure access to the highest quality health for homeless men, women and children in the greater Boston area.



Medicine Where It Matters



Hospital-based Clinics

BHCHP maintains strong ties to our local hospitals, including **Mass General Hospital** and **Boston Medical Center**, in the care of our patients. With onsite clinical space, our staff provides primary care, monitors our homeless patients who are hospitalized, and supports the follow up and discharge planning after a hospital stay.

Family Team Sites

As the number of homeless families in and around Boston continues to grow, BHCHP works hard to meet the demand for quality health care in family shelters, such as **Crittenton Women's Union**, and motels across the region.

Jean Yawkey Place

As BHCHP's integrated medical facility in the South End, **Jean Yawkey Place** unites medical care, behavioral health, and oral health services under one roof through our outpatient and dental clinics, pharmacy, and respite program known as the Barbara McInnis House.

Shelter-based Clinics

In order to be easily accessible to homeless people, BHCHP provides care in shelters, day programs and other unique locations throughout greater Boston, including **Pine Street Inn** & **St. Francis House**.

KEY

- Adult Shelter-Based
- Hospital-Based
- Family Team - Shelter
- Family Team - Motel
- Multidisciplinary Center

- 1 Boston Medical Center
- 2 Bridge Home
- 3 Bridge Over Troubled Waters
- 4 Cardinal Medeiros Center
- 5 Casa Esperanza Men's Program
- 6 Casa Esperanza Women's Program
- 7 Casa Nueva Vida
- 8 Charles River Hotel
- 9 Crittenton Women's Union
- 10 Crossroads Family Shelter
- 11 Days Hotel
- 12 Entre Familia
- 13 Families in Transition
- 14 Father Bill's Place
- 15 Friends of the Unborn
- 16 Hope House
- 17 Jean Yawkey Place
- 18 Kingston House
- 19 Kit Clark Adult Day Health
- 20 Lindemann Mental Health Center
- 21 Massachusetts General Hospital
- 22 Nazareth Residence
- 23 New England Center For Homeless Veterans
- 24 Pilgrim Shelter
- 25 Pine Street Inn at Shattuck
- 26 Pine Street Inn Men's Clinic
- 27 Pine Street Inn Women's Clinic
- 28 Portis Family House
- 29 Project Hope
- 30 ReVision House
- 31 Rosie's Place
- 32 Safe Harbor
- 33 Salvation Army
- 34 Shepherd House
- 35 SOAR
- 36 Sojourner House
- 37 Southampton Street Shelter
- 38 St. Ambrose
- 39 St. Francis House
- 40 St. Mary's Center for Women & Children
- 41 Temporary Home for Women and Children
- 42 The Eighth Pole at Suffolk Downs
- 43 The Night Center
- 44 Transitions
- 45 Women's Hope
- 46 Women's Lunch Place
- 47 Woods Mullen Shelter

Not shown:

- Alleyways, park benches, under bridges
- Asian Task Force Against Domestic Violence (Boston)
- Colonial Traveler (Saugus)
- Finex House (undisclosed location)
- Holiday Inn (Brockton)
- Home Suites Inn (Waltham)
- New England Motor Court (Malden)
- Paul Sullivan Housing (varied)
- Super 8 Hotel (Brockton)
- Town Line Inn (Malden)

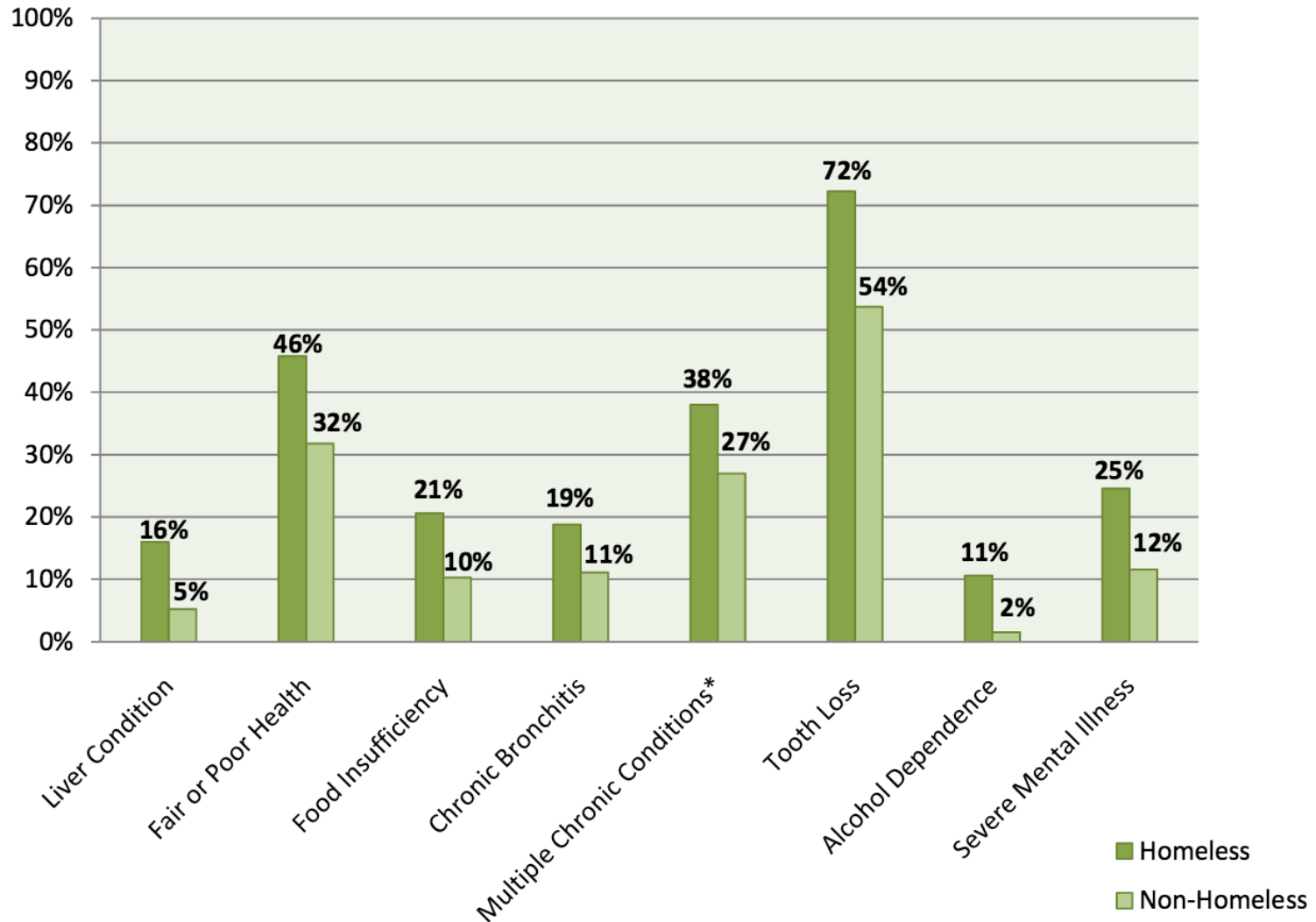
Homelessness and Health

- Poor health is a major cause of homelessness:
 - Inability to work
 - Medical debt
 - Lack of personal support
- Homelessness makes existing problems worse, and creates new ones:
 - Stress worsens typically treatable conditions
 - Exposure to communicable disease
 - Lack of access to proper nutrition
 - Behavioral health issues may develop or worsen
 - Competing priorities

Homelessness leads to:

- More acute and chronic health problems
- Higher morbidity and mortality
- Premature aging
- Delayed treatment and reliance on ED
- Follow-up
- Loss of trust and hope

Figure 1: Health Status of Health Center Users



*Note: Multiple chronic conditions include (2 or more of the following): hypertension, diabetes, asthma, emphysema, chronic bronchitis, heart problems, stroke, liver condition, weak/failing kidneys, cancer, and HIV/AIDS.

BHCHP Care Model



- Patient-centered
- Comprehensive
- Collaborative, team-based
- Culturally competent
- High quality

Jean Yawkey Place



- Outpatient Medical
- Respite Facility
- Pharmacy
- Behavioral Health
- Case Management
- Specialties: Optometry, Dermatology, Neurology
- Main Dental Clinic

Oral Health in the Homeless Population

- Oral disease is very prevalent in the homeless population
 - Higher incidence of caries, gum disease, tooth loss, and oral pain
- Disease conditions are more severe when diagnosed
- Contributing Factors:
 - Medical and behavioral conditions
 - Lack of knowledge
 - Barriers to self care
 - Lack of access to proper nutrition
 - Access to treatment is often difficult to obtain
 - Competes with other priorities
 - Fear and apprehension



Effects of Poor Oral Health

- Interaction with medical and behavioral health conditions
- Quality of life
 - Physical discomfort
 - Emotional well-being - self-esteem, anxiety
 - Functional deficits - eating, speaking
 - Social costs - work, friends, family
- **At BHCHP, Dental sees less than 25% of our overall patients**

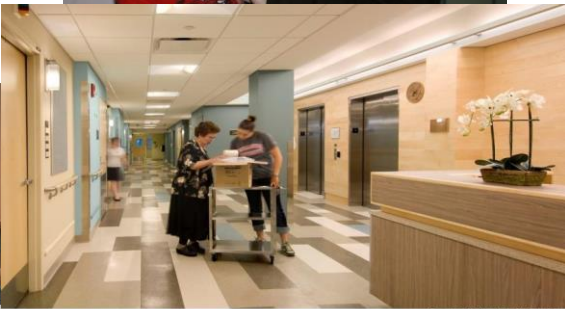
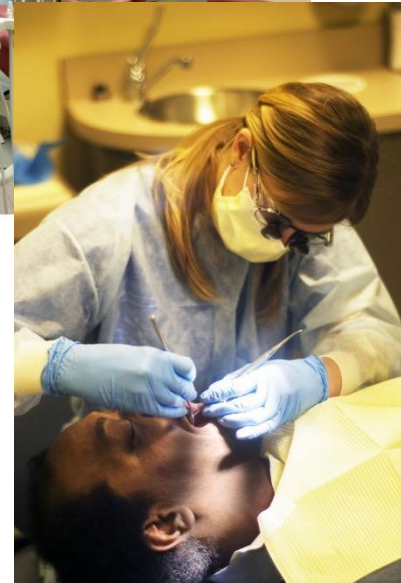
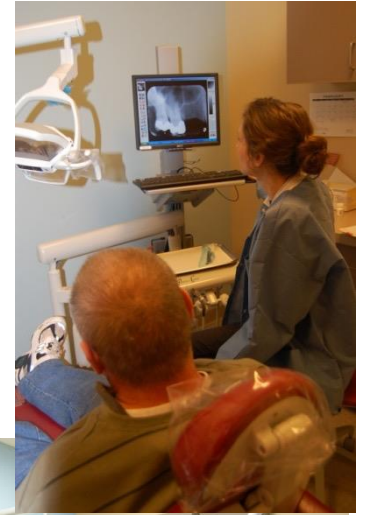
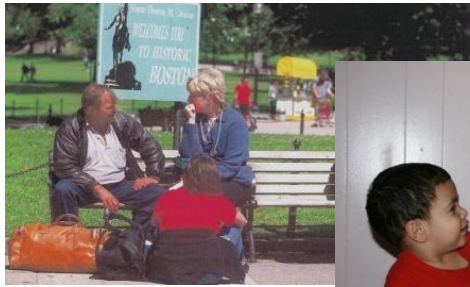
How do we provide oral health care to the rest of our patients?

Objectives

- Increase the amount and improve the quality of the oral health care provided in medical settings
- Increase the number of primary care patients receiving treatment in the dental clinic

Challenges

- Resources are limited
- Staff may not feel they have the right skills
- There are many competing priorities
- How do you make the connections?



Medical and Dental Integration at BHCHP

Formed a multidisciplinary Integration Team

- Project 1: Increase the oral health care patients receive in medical settings
 - Oral exams to identify/screen for disease
 - Provide oral health education
 - Identify acute issues for immediate referral
 - Connect patients with dental clinics
- Project 2: Add an Oral Health Integration Coordinator
 - Pilot project partnering with Northeastern University's cooperative education program
 - Employs a full-time 4th year undergraduate student for six months

Initial Integration Steps

Changes to EMR medical notes

Health Maintenance Reminders

Colorectal Cancer Screening

Health Maintenance

Cholesterol	No cholesterol data on record	<input checked="" type="radio"/> V	<input type="radio"/> U	
TB	No PPD data on record	<input checked="" type="radio"/> V	<input type="radio"/> U	<input type="radio"/> O
Hep C Status	Consider Hep C testing. Last Test: no data	<input checked="" type="radio"/> V	<input type="radio"/> U	<input type="radio"/> O
HIV Status	Consider HIV testing. Last test: no data	<input checked="" type="radio"/> V	<input type="radio"/> U	<input type="radio"/> O
Tobacco Use	No tobacco use data on record.	<input checked="" type="radio"/> V	<input type="radio"/> U	
Tobacco Counseling	No tobacco counseling on record.	<input checked="" type="radio"/> V	<input type="radio"/> U	
Weight Mgmt Plan	No BMI or Weight Mgmt Plan on record.	<input checked="" type="radio"/> V	<input type="radio"/> U	
Depression Screen	No depression screening on record.	<input checked="" type="radio"/> V	<input type="radio"/> U	
Dental exam	No Dental Exam data on record	<input checked="" type="radio"/> V	<input type="radio"/> U	
Oral Health Screen	No oral health assessment on record.	<input checked="" type="radio"/> V	<input type="radio"/> U	

Weight 118

BP: /

Clear !! ALL !!

MOUTH

Oral Exam Guide

Clear

☐ Oral health assessment including cancer screening performed

☐ WNL
☐ Good dentition
☐ No erythema
☐ No exudates
☐ No lesions

☐ Teeth missing
☐ Visible caries
☐ Visible heavy plaque
☐ Edentulous
☐ Complete dentures
☐ Partial dentures
☐ Bleeding gingiva
☐ Erythematous gingiva
☐ Dry Mouth
☐ Tongue lesion
☐ Erythematous pharynx
☐ Tonsils enlarged
☐ Ulceration
☐ Swelling (intraoral or extraoral)
☐ Exudate

Review of Systems

System

☐ General
☐ Eyes
☐ Ears/Nose/Throat
☒ Mouth
☐ Cardiovascular
☐ Respiratory
☐ Gastrointestinal
☐ Genitourinary
☐ Breast
☐ Musculoskeletal
☐ Skin
☐ Neurologic
☐ Psychiatric
☐ Endocrine
☐ Heme/Lymphatic
☐ Allergic/Immunologic

Mouth

Patient complains of:

☐ mouth pain: recent/current
☐ jaw pain
☐ loose teeth
☐ pain when chewing
☐ bleeding gums
☐ mouth sores

Patient denies:

☐ mouth pain: recent/current
☐ jaw pain
☐ loose teeth
☐ pain when chewing
☐ bleeding gums
☐ mouth sores

Observation for "ROS Mouth":

Oral Exam Guide

Oral Exam Components

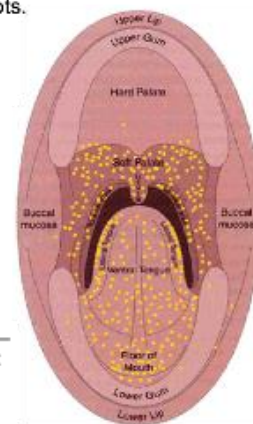
To ensure a systematic and thorough oral exam, observe the:

- Face and lips
- Gums
- Teeth
- Soft and hard palate
- Lateral borders and underside of tongue
- Posterior pharynx
- Floor of mouth

Palpate the:

- Neck
- Temporomandibular joint
- Floor of the mouth

Cancers most commonly occur on the tongue, floor of mouth, and lower lip vermilion. Cancer prone areas are indicated with yellow dots.



Retract the lips and cheeks to check the teeth, mucosa, and gingiva:



Use gauze or a tongue blade to view all surfaces of the tongue.



Palpate the floor of the mouth.



Check the gums and teeth for cavities and signs of periodontitis:



Staff Training

- MD/NP/PA “Case for Change” training
- Case Manager/Respite Aide/MA risk assessment training
- RN oral exam training
- Fluoride varnish training for Family Team Providers

The Oral Health Integration Coordinator

Pilot Project initially, extended after initial success

Role:

- An oral health ambassador to other parts of the program
-both patients and staff!
- A researcher and resource finder
- An organizer – events, publicity, patient education
- A care coordinator for individual patients
- A data gatherer
- Split between Dental and Family Team

Training:

- Smiles for Life
- National Health Care for the Homeless Council “Homelessness 101” Modules
- Rotation at BHCHP sites

Coordinator Projects

Staff and Development Focused

- Staff knowledge and attitude survey
- Adult and pediatric oral health risk assessment tools
- Staff trainings
- Resources for staff and patients
- Events to raise staff awareness and encourage oral exams - Primary Care Team Challenge
- Quality improvement measure reporting

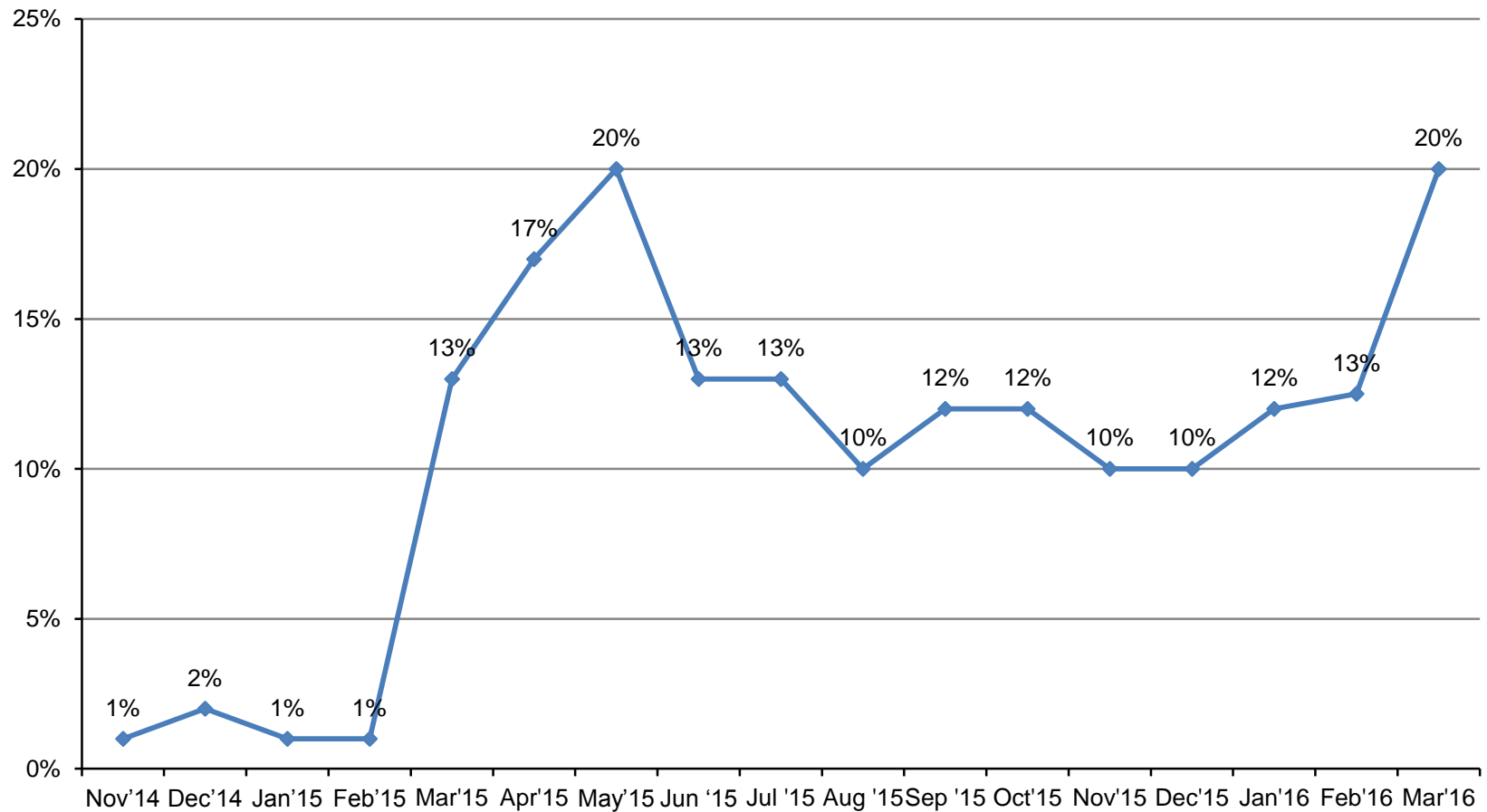
Coordinator Projects

Patient Focused

- Targeted outreach to HIV Panel patients w/out annual dental visit
- Health fairs at Family Team sites
- Education sessions at patient support groups and lunch and learns
- Risk assessments, patient education, and care coordination within our main medical clinic and family team clinics
- Oral Health Screening events
- Patient education slides for video display in medical waiting rooms

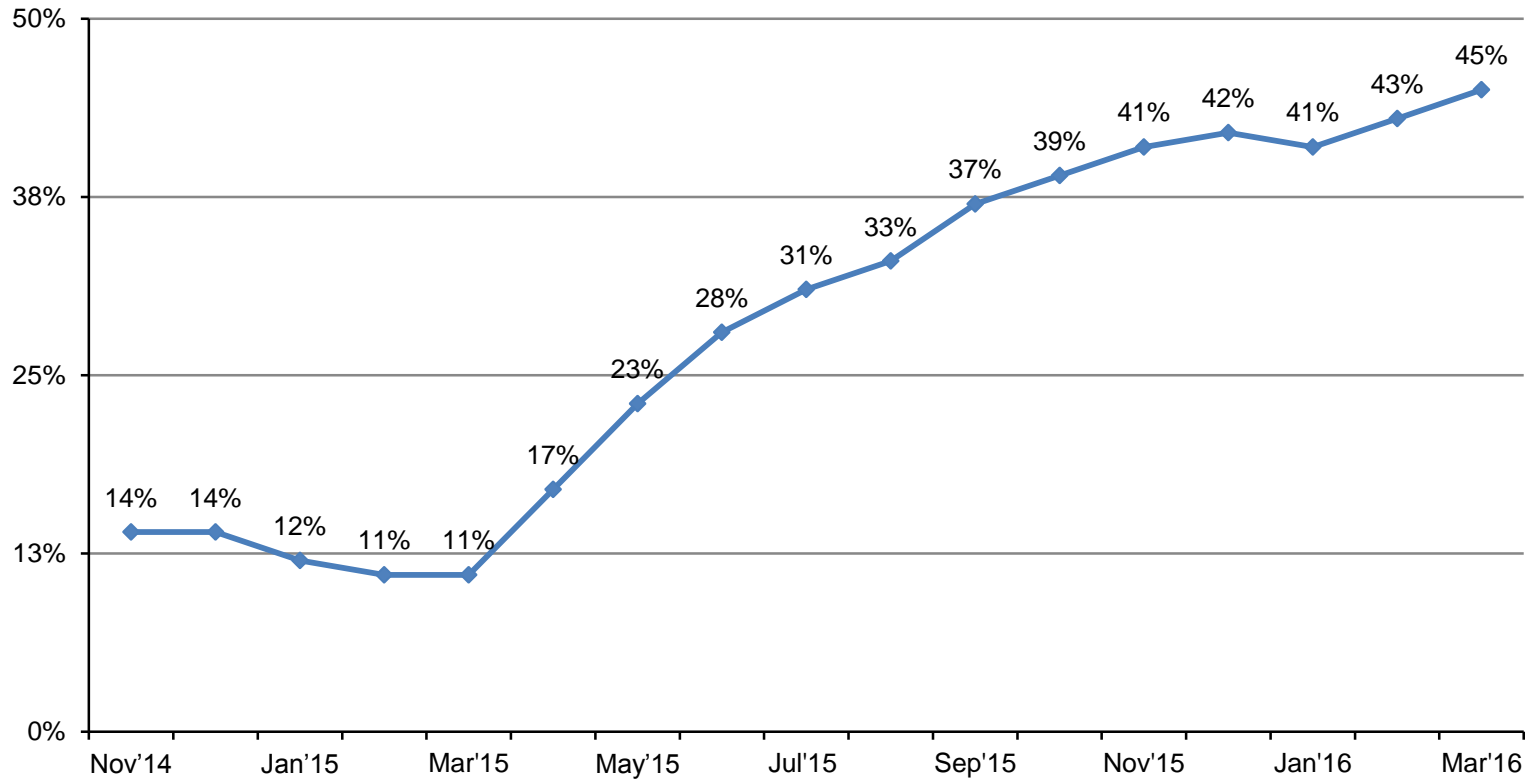
Goal: Increase oral exams completed in medical setting

Oral Exams for Primary Care Patients Completed in Medical



Goal: Increase % of patients who have had annual oral exam

Primary Care Patients with Annual Oral Exam



Next Steps

- Expansion to other medical sites - training, workflow, education
- Develop recurring staff training opportunities and patient outreach events
- Improve referral process (initiation and tracking) with new EMR
- Integrate Oral Health Coordinator into medical teams more fully

Proposed:

- Adding an Oral Health Measure to our Medical Quality Measures
- Adding Dental as a rotation site for new provider hires
- Adding Oral Health to RN continuing education curriculum

Thank you!