

The Massachusetts League of Community Health Centers
The Power of Integrated Care Teams in Improving Oral Health Outcomes:
Lessons Learned from Community Health Center Integration Pilots

A Voyage through Oral Health Integration into Primary Care

Presented by:

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Outer Cape Health Services

The Ship and Crew

- * Operates 3 health centers in Harwich, Wellfleet and Provincetown, MA
- * Provides a full range of primary health care and supportive services including Dentistry in our Provincetown location
- * Supporting a model of “whole person” care
- * Servicing an underserved region for primary care, dental care and behavioral health care



Setting Sail

- * OCHS received dental clinic licensure in June 2012.
- * To support our goal to reach more patients and increase access to dental care, OCHS applied for the Mass League's Oral Health Integration grant.
- * Aligns with the OCHS mission to support community engagement and ensure all patients have convenient access to “whole body care”.
- * We recognize that we have a unique opportunity to enhance screening and education around the importance of good oral healthcare on the prevent chronic illnesses.
- * Aging population with numerous risk factors.



The Destination & Crew

Aim Statement:

- * Provide a process to address and educate patients about the importance of routine oral healthcare and to identify and refer patients without a dental home to an oral healthcare provider.

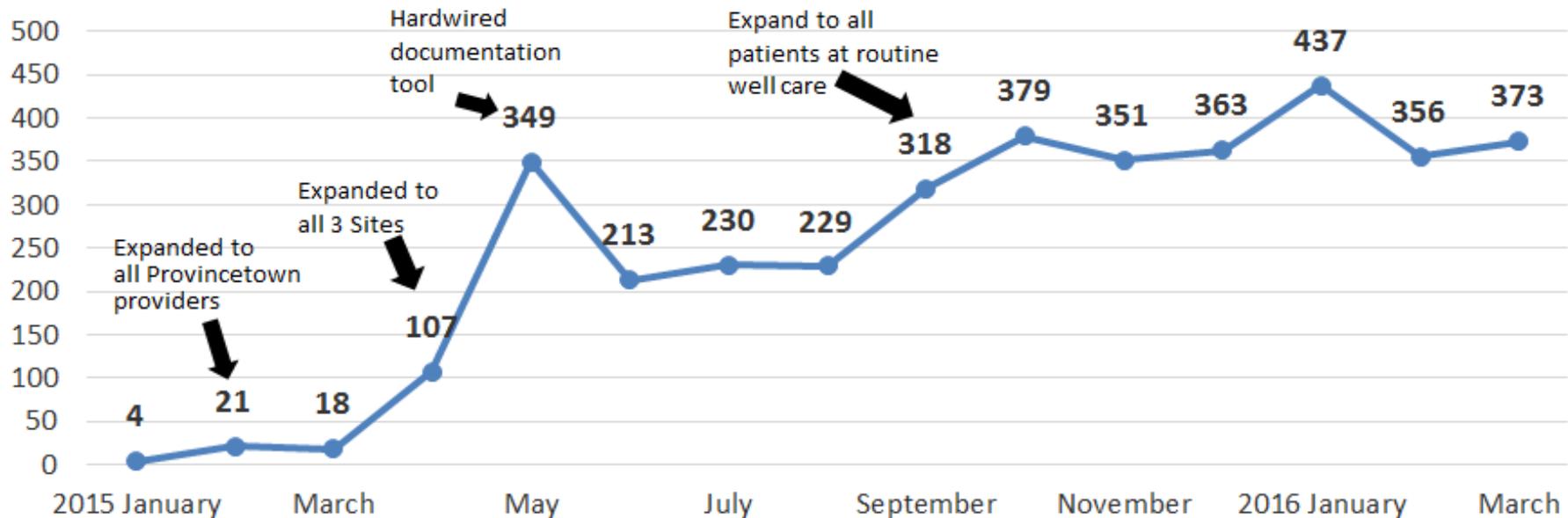
The Crew:

- * An interdisciplinary team including a Primary Care Champion, Dental Champion, and a mixture of frontline staff directly involved in the daily process.



Reflecting on the Voyage

Outer Cape Health Services
**Number of Patients Identified/Counseled
Without a Dental Home 2015-2016**

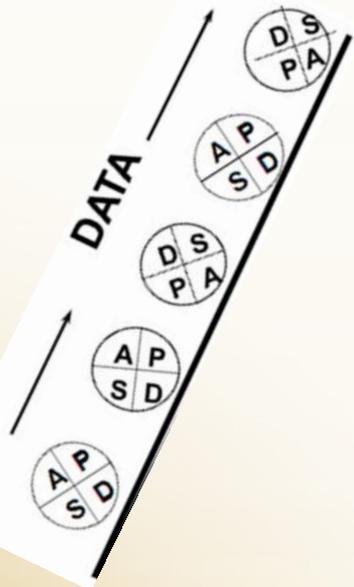
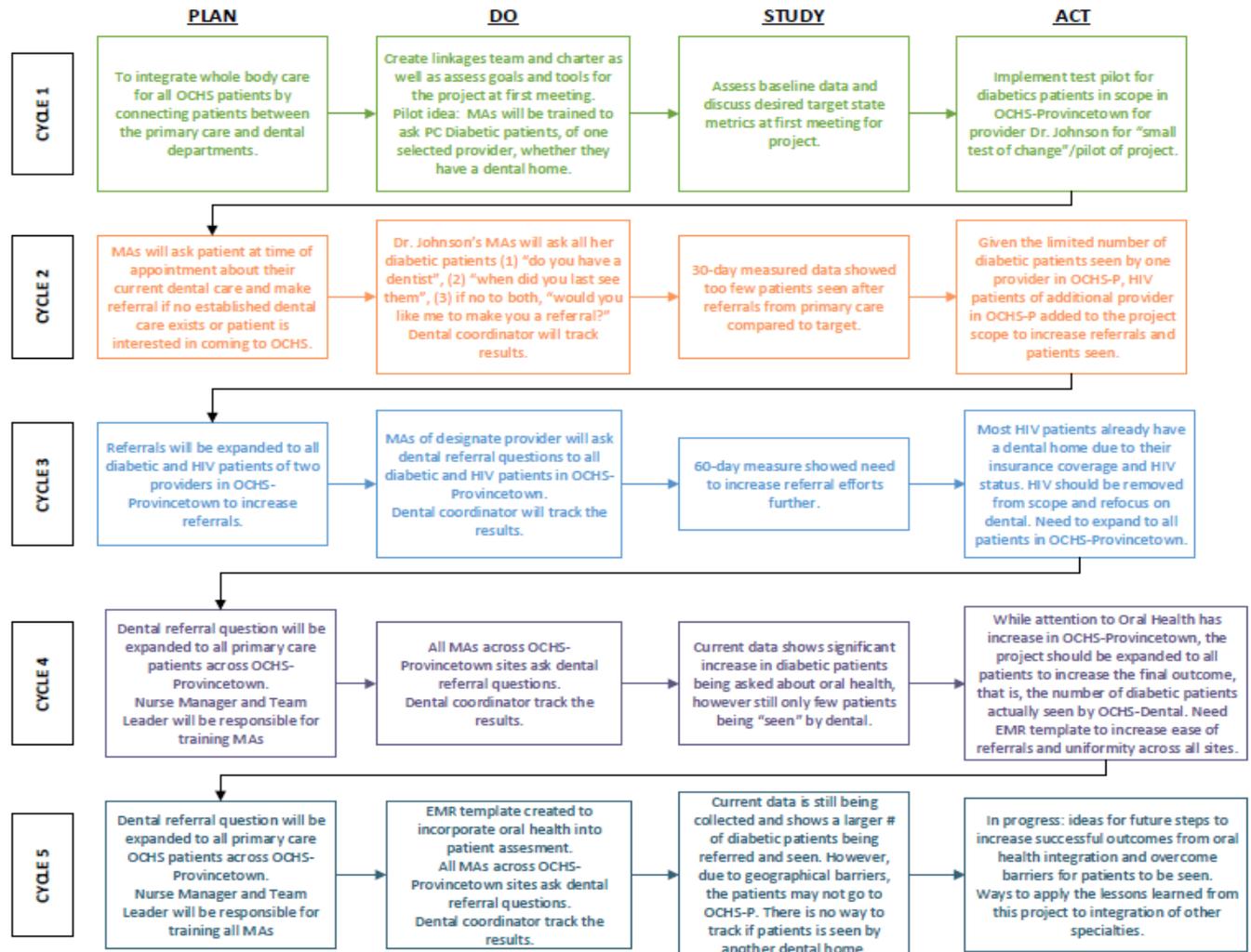


Nearly 1000 patients without routine oral healthcare identified and counseled since January 2015.



P-D-S-A Cycles

Charting the Path and Testing the Waters



Trimming the Sails

Pilot Project:
One Provider,
Diabetics
Only

Added
Patients with
HIV

Expanded to
all Patients &
Providers in
Provincetown

Expanded to
all 3 Health
Centers – All
Patients

Spreading Improvement

Trimming the Sails

High Risk Patient Groups

- * Diabetes
- * Cardiac Valve Replacement
- * Pregnancy
- * Joint Replacement

The Home Coming



Medical Assistant sends referral to dental
via *eClinicalWorks*



Dental Referral Coordinator receives and
schedules in *Dentrix*



Summary of Dental Visit and Oral Healthcare
Plan of Care sent to PCP/referring provider



Filed in Oral Health patient document folder
in patient's medical record



The Home Coming

Additional feedback to the PCP after referral

Documented in the patients medical chart via “telephone encounter” or TE

- * Patient who did not follow through with referral and/or stated they are no longer in need of a dentist.
- * Patients who could not be reached after 3 attempts
- * Patients who failed to show for their initial appointment



Lessons Learned

- * Managing team transitions/turnover, getting the right team at the table and gaining buy-in
- * Sharing the story at all levels of the organization including: Board of Director chaired committees (Quality, Program, etc.)
- * Hardwiring the process and data integrity
- * Celebrating the wins and recognizing frontline efforts
- * Prioritizing the purpose and closing loop – Referrals



Next Steps

- * Partner with outside dental clinics to “close the loop” for patients who are referred outside of OCHS (i.e. Ellen Jones)
- * “Spreading” the model of improvement to other initiatives (colorectal cancer screening and behavioral health integration)
- * Consider modification of high risk group classification:
 - * Remove joint replacement
 - * Add HPV – high risk/Identify in referral
 - * Add tobacco/alcohol
- * Define process for Behavioral health referrals to dental
- * Exploration of the data: does dental treatment leads to improved health outcomes?





Thank you!
Questions...