

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

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Sharing our integration stories...



HRSA Linkages: 3 year oral health workforce grant that was awarded to DPH. DPH subcontracted with Mass League to pilot 7 CHC integration projects. Each site had both a medical and dental champion that developed a integration model that fit the needs of their site and community. Most sites focused on either adult diabetics or pediatric patients.



Clinical Connections: Funded by DentaQuest Foundation, 5 CHCS are piloting a very specific, detailed oral health delivery framework developed by Qualis Health to address primary care's role in oral health. Specific populations of focus on adult diabetics or pediatrics.

Structure of the Grant



Massachusetts League
of Community Health Centers

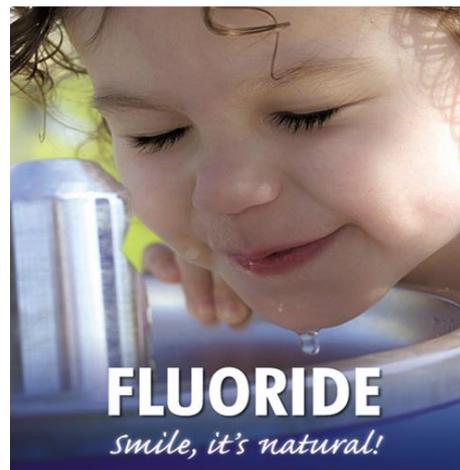


Multiple Goals and Objectives:



Maternal & Child Health

- improve the oral health care of pregnant women before, during and after pregnancy through policy and practice changes that better integrate MCH and dental care.



Community Water Fluoridation

- Through the use of a community mobilization and social marketing model, by Year 3 increase by two the number of communities in Massachusetts with a fluoridated water supply



Medical-Dental Integration

- 7 CHCs will move toward a fully integrated “health home” that will improve oral health outcomes for underserved residents.

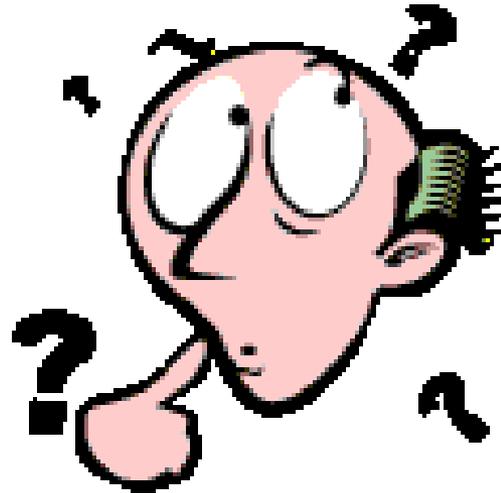
Integration Pilot Expected Outcomes:

- *Short Term Outcomes:*
 - include the presence of an oral health “physician champion” in each participating health center,
 - demonstrated success in integrating oral health and primary care IT components (screening questions, referrals, etc.)
 - an increase in oral health referrals made from the medical offices to the dental offices

Long Term Outcomes:

- improved oral health for underserved residents
- pilot projects are spread to other areas within CHC and to outside CHCS.

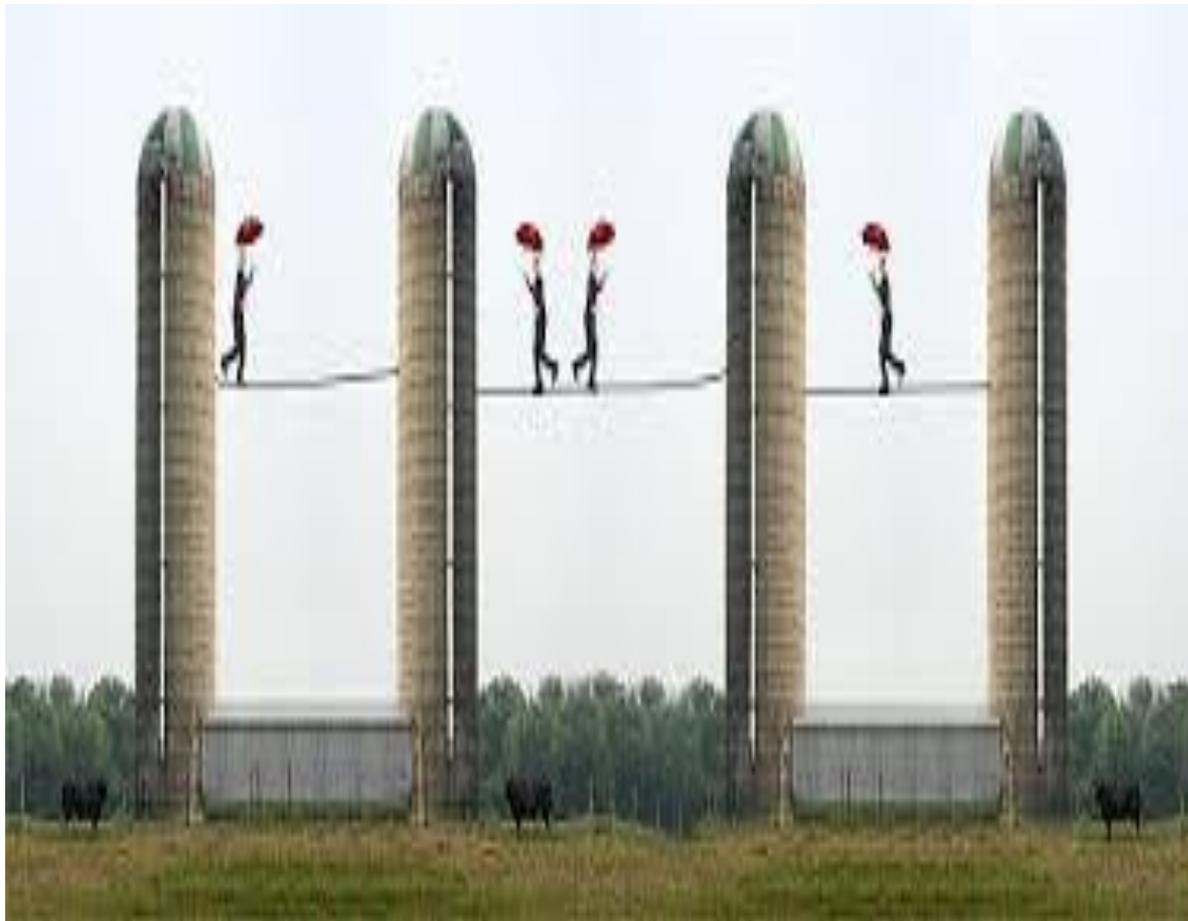
What Are Sites Working On?



CHC	Project Focus
<p>Boston Health Care for the Homeless EMR- CPS EDR- Dentrix Population of Focus- all</p>	<p>By strengthening our oral health assessment protocol in a format that is shared by medical and dental and providing oral health trainings to all clinical staff, we will increase oral health screenings for adults and families, and more fully integrate oral health into primary care</p>
<p>Codman Square EMR-GE Centricity EDR- Dentrix Population of Focus- Diabetics and Peds</p>	<p>Partner with medical departments to improve the referral process for CSHC patients to receive dental care. Increase access to care by utilizing a group visit model and innovative referral methodologies. Create a dental home of CSCH patients. Target peds and diabetics.</p>
<p>Edward M. Kennedy EMR- Next Gen EDR- QSI Population of Focus- Peds</p>	<p>Standardize and streamline pediatric oral health services provided in the medical setting and establish a referral process to the dental department for patients without a dental home. Carved out Saturday appts for peds medical patients for dental care.</p>

CHC	Project Focus
<p>Family Health EMR- Next Gen EDR- QSI Population of Focus- Peds</p>	<p>Create a formal referral process/care-stream connecting children in pediatrics without a Dental Home to the FH dental department for treatment and education.</p>
<p>Holyoke EMR-Next Gen EDR-Dentrix Population of focus- Peds</p>	<p>Decrease the incidence of dental caries by creating a standardized protocol where medical staff routinely provide fluoride varnish and dental referral for peds.</p>
<p>North Shore EMR-Centricity EDR- Dentrix Population of Focus- Diabetics/OBOT</p>	<p>Improve oral health for diabetics by creating a streamlined oral health questionnaire for patients, and an standardized electronic referral system for medical patients to dental. Spread will focus on substance abuse patients.</p>
<p>Outer Cape EMR- ECW EDR-Dentrix Population of Focus- Diabetics and now all.</p>	<p>Address the oral health needs of patients by identifying and internally referring patients without a dental home- specifically diabetics.</p>

What happened??



Lessons Learned:

- This work is challenging but so rewarding!
- Development of projects took longer than originally expected- usually due to IT issues, and competing priorities
- Having the right team members is critical to success.
- There are ways to be creative around issues like capacity and work force
- It can't all fall to one department
- Integration is possible



Hear the Real Lessons...



Codman Square
Health Center



**Boston Health Care for the
Homeless Program**

Good health. Right around the corner.

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Questions?

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The logo features a green arc above the text. The text is arranged in two lines: "Massachusetts League" on the top line and "of Community Health Centers" on the bottom line, both in a dark blue serif font.
Massachusetts League
of Community Health Centers