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# Clinical Challenges: Referrals & Capacity

## November 5, 2015

Elizabeth Powell, DDS, MPH - Dental Director  
Erica Mintzer, MD - Family Medicine  
Payal Patel, RDH - Dental Hygienist  
Yolanda Burrell, CDA - Clinical Care Coordinator



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# Charter: Codman Square Linkages Project

## Problem Statement:

Although medical and dental teams know the importance of maintaining oral health for diabetic patients, we struggle with connecting those patients with the education and access to care they need.

## Aim Statement:

Increase oral health education for diabetic patients and the medical care teams that treat them, increase access to care for high risk diabetic patients via a group visit model

## Measures of Success:

Development of oral health curriculum for diabetes group and medical care teams, establish joint medical-dental diabetes group visit time, increase access for high risk diabetic patients, develop digital referral process for high risk patients

## Scope:

Diabetic patients, only internal referrals, limited examinations in a group setting

## Boundaries:

No new FTE

Start Date: 04/22/2014

Planned End Date: 08/01/2016

## Champions:

- Dr. Matthew Horan
- Sponsor: Dr. Philip Severin, CMO
- Sponsor: Gabriel Vonleh, COO

## Coach(es):

- Shannon Wells

## Team Members:

- Unique Michaud, MD
- Claudine Cooper, RN
- Erica Mintzer, MD
- Rosa Gatewood
- Yolanda Burrell, CDA
- Sarita Hampton



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# Charter: Codman Square Linkages Project

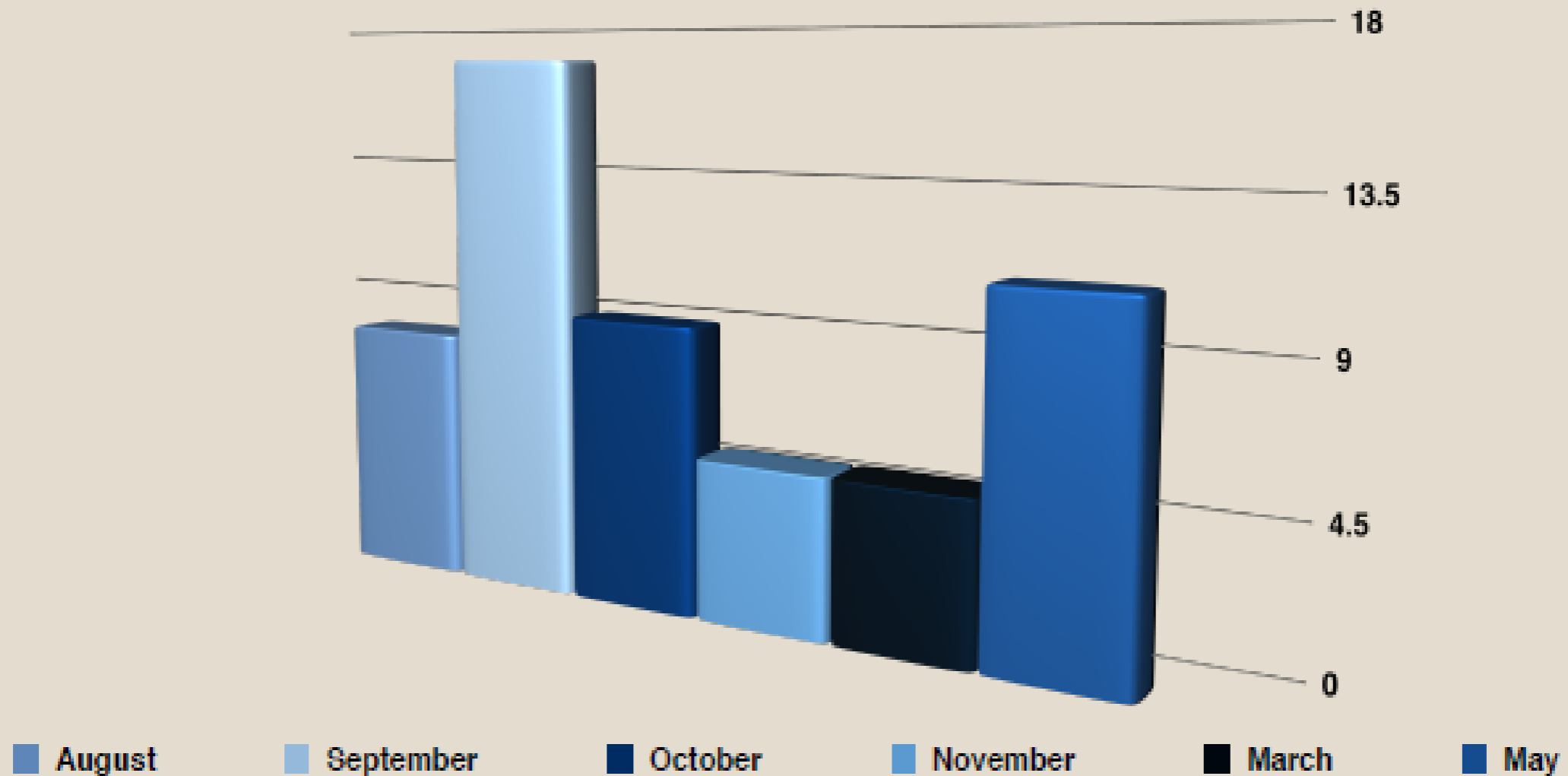
## YEAR 1: ACHIEVEMENTS

- Dental Integrated with Medical Care Teams to regularly participate in Diabetes Groups led by Internal and Family Medicine Providers
- Developed a 1-2-3 Screening Tool to Assess oral health in group settings
- Increased the # of Diabetic Patients who received Oral Health Screenings in group settings
- Increased the # of Diabetic Patients referred for Dental Care
- Final Results: ~40 new Diabetic Patients Referred for dental care



# Primary Care Diabetes Group Results

## Diabetic Oral Health Screenings





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# Charter: Codman Square Linkages Project

## YEAR 1: LIMITATIONS

- Focus was primarily on one patient population (Diabetics)
- Diabetes group model included repeated participation of the same patients, limiting scope
- Larger diabetes groups included 45 or more participants: Limited Dental Staff available for screening
- Limited access for follow-up appointments due to full capacity of dental schedule
- Limited support from sponsors due to time constraints
- Transitions in Leadership



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# Charter: Codman Square Linkages Project

## REDESIGNING THE PROJECT CHARTER

- New Dental Director
- Identifying & selecting the appropriate team members and dental champions
- Broadening the scope to include all vulnerable high-risk populations
- Developing mutually beneficial partnerships to promote integration of services



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# Charter: Codman Square Linkages Project

## REDESIGNING THE PROJECT CHARTER

- Dental Team participation in healthy weights and mom & baby parenting groups
- Developing a referral process utilizing 3 leading questions
- Utilizing the EMR & Diabetic Registry for referrals
- Developing a pediatric dental group model
- Creating hold-slot appointments to improve access to dental care



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# Redesigned Charter: Codman Square Linkages Project

## Problem Statement:

Access to dental care for CSHC medical patients has been limited. In part, this is due to a lack of a “formalized” bi-directional referral process between medical & dental departments. Additionally, the dental scheduling methodology traditionally used only allows limited access to care.

## Aim Statement:

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 CSHC patients.

## Measures of Success:

- Increase the number of “reserved” dental appointments available to CSHC’s patients, including children, diabetics and other potentially “high risk” dental disease patients.
- Develop a referral tool(s) to increase patient access to dental groups and dental care
- Increase the # of group visits that focus on oral health education
- Increase the # of medical patients screened and treated in the dental department

## Scope:

- CSHC patients
- Innovative Internal referrals
- Limited examinations in group settings

## Boundaries:

- no new FTE to provide administrative support to clinical teams for referral process
- High N/S rates associated with group visits (small #'s)
- Difficult to maintain consistent provider participation due to time constraints, could affect number of patients reached

Start Date: 04/22/2014

Planned End Date: 08/01/2016

## Champions:

- Elizabeth Powell, DDS, MPH
- Payal Patel, RDH
- Erica Mintzer, MD
- Sponsor: Sandra Cotterell, CEO

## Coach(es):

- Shannon Wells

## Team Members:

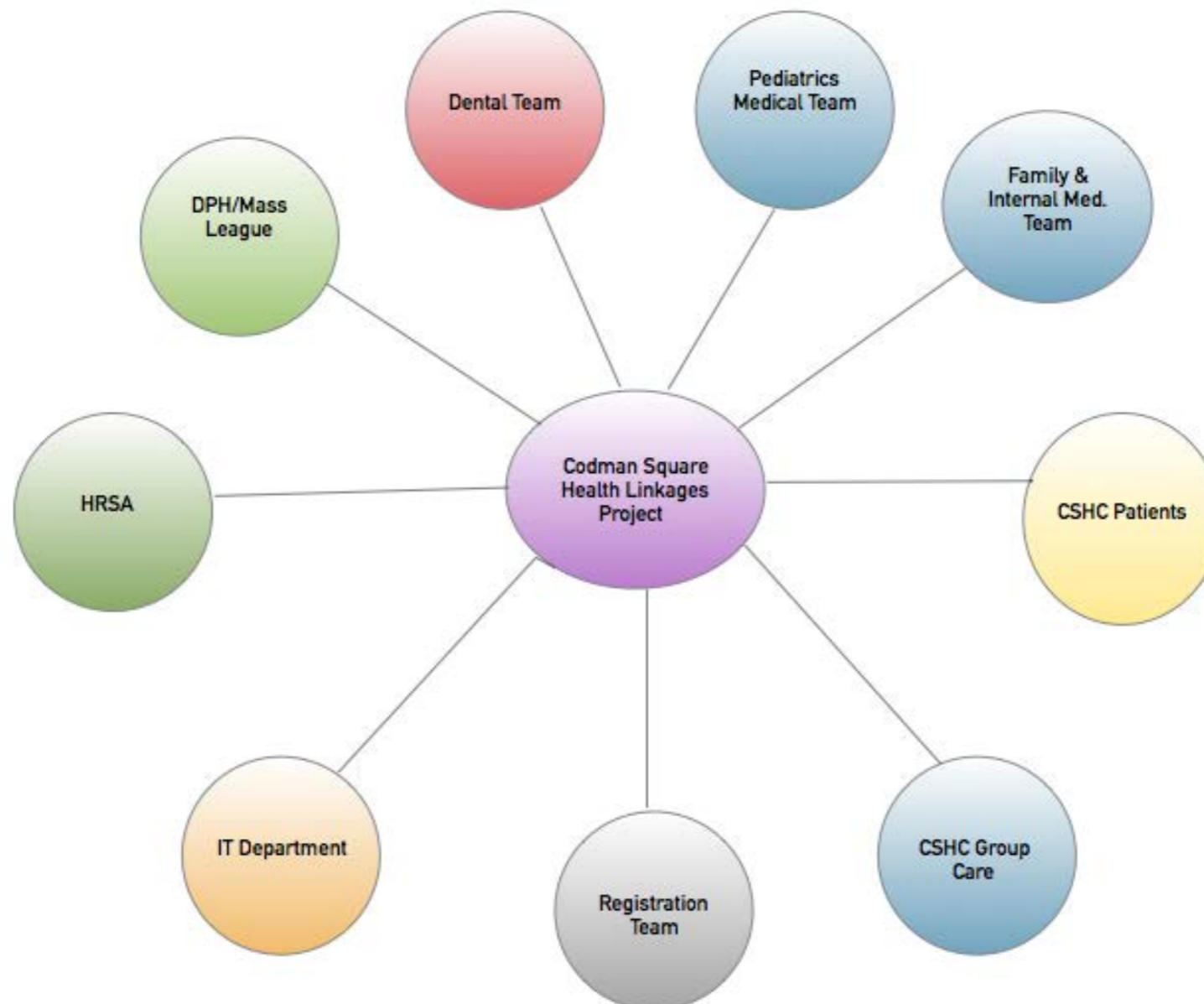
- Yolanda Burrell, CDA
- Genevieve Daftery, MD, MPH
- Gail Ruan-Ells, RN
- Unique Michaud, MD
- Claudine Cooper, RN
- Ian Huntington, MD





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# Project Charter Stakeholders





# Project Charter Stakeholder Analysis

Stakeholder	Impact	Influence	What is important to the stakeholder?	How can the stakeholder contribute to integration?	How can the stakeholder place limitations on integration?	Strategy to engage the stakeholder?
Dental Team Leads	High	High	Improving primary care integration	Improve access to dental care	Demand too much of medical teams	Support from all stakeholders
Family & Internal Medicine Team Leads	High	High	<ul style="list-style-type: none"> <li>Improving oral health integration</li> <li>Low impact on current workload</li> <li>Improved access to dental care for CSHC patients</li> </ul>	<ul style="list-style-type: none"> <li>Utilize internal referrals to improve access</li> <li>Share ideas to improve access and integration</li> </ul>	Under utilize EMR for referrals	Regular check-ins to discuss referral process management and improvement  Increased access to care for their CSHC patients
Pediatric Medicine Team Leads	High	High	<ul style="list-style-type: none"> <li>Improving oral health integration</li> <li>Low impact on current workload</li> <li>Improved access to dental care for CSHC patients</li> </ul>	<ul style="list-style-type: none"> <li>Utilize internal referrals to improve access</li> <li>Share ideas to improve access and integration</li> </ul>	Under utilize EMR for referrals	Regular check-ins to discuss referral process management and improvement  Increased access to dental care for their CSHC patients
IT Department	Low	Medium	<ul style="list-style-type: none"> <li>Structured requests for EMR technical assistance</li> <li>Structured &amp; timely requests for data analysis</li> </ul>	Provide accurate data collection & analysis via in the EMR	Fail to provide data to monitor process improvement	Broaden scope of data collection and analysis across departments
Registration Department	Medium	Medium	Low impact on current workload	Register patients for group models	Fail to register patients for care	Accurate registration improves revenue
CSHC Patients	High	High	Gaining access to dental care	Participate in group care/gain access	No buy-in for group access to care	Link medical & dental visits
DPH/Mass League	High	Medium	Improving oral health integration Meeting targets and improving process outcomes	Support innovative programming & acknowledge limited FTE	Demand too much of dental/medical teams	Meet required process outcomes to gain added support Innovative programming
HRSA	High	High	Funding utilized to promote integration services	Continue to provide funds to promote integration	Fail to provide funding to promote integration	Show need for increased funding to improve integration



# Redesigned Health Linkages Charter

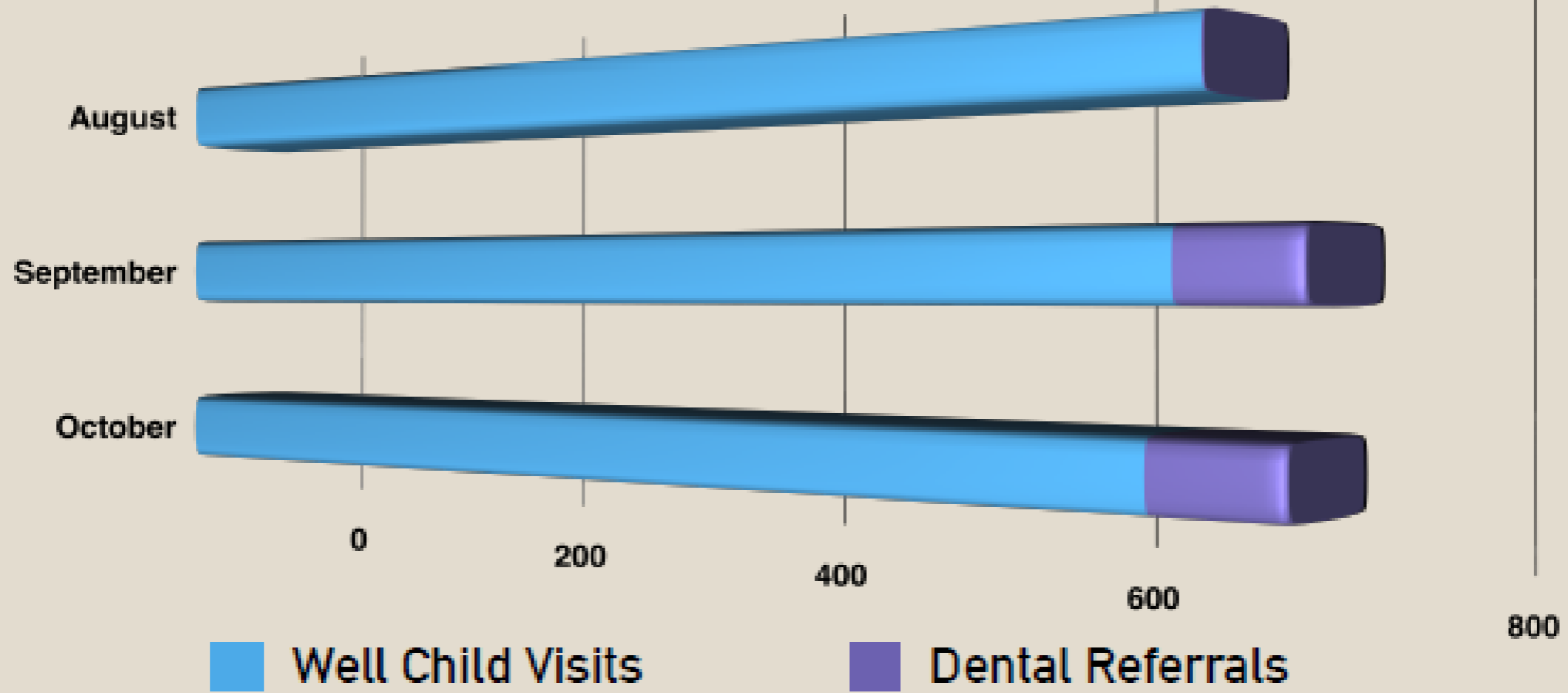
## Year 2: Achievements

- Identified key stakeholders with a vested interest to participate in the project
- Stakeholders Participated in several pre-planning meeting sessions with Dental Director and/or Dental Team Members
- Developed a three question prompt for the medical team to utilize during intake to identify and refer patients for dental care
- Developed a dental referral system within the EMR: Over 120 referrals received to date
- Developed and Implemented a Pediatric Group Model
- Regular dental team participation in medical team huddles and monthly meetings
- Hired a general dentist with special experience in treating children to reduce outside referrals for care
- Plans to implement Pediatric Mondays in Dental Department
- Participation in CSHC Groups: Diabetes, Parenting, Nutrition



# Evaluating the Impact of the Referral Process

~10% of monthly well child visits include a dental referral





# Redesigned Health Linkages Charter

## Year 2: Lessons Learned

The Pediatric Group Model is labor intensive

- Scheduling is time consuming
  - N/S rate can be high
  - Groups scheduled late in the day have better show rates
- Registration can be challenging
- 3-4 Dental Team Members are needed per 10 children scheduled to administer thorough care and provide oral health education
- 90 minute group session with a minimum of 10 children booked for the following procedures can be productive if coordinated properly



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# Redesigned Health Linkages Charter

## Year 2: Lessons Learned

- ❑ EMR Referrals are an innovative and effective integration method
- ❑ EMR Referrals can serve as feeders for dental groups and dental appointments
- ❑ Medical Providers are interested in partnerships to improve oral health and increase access to care
- ❑ Additional funding for FTEs is needed to support oral health integration programs
- ❑ Continuous modification of integration practice leads to successful outcomes



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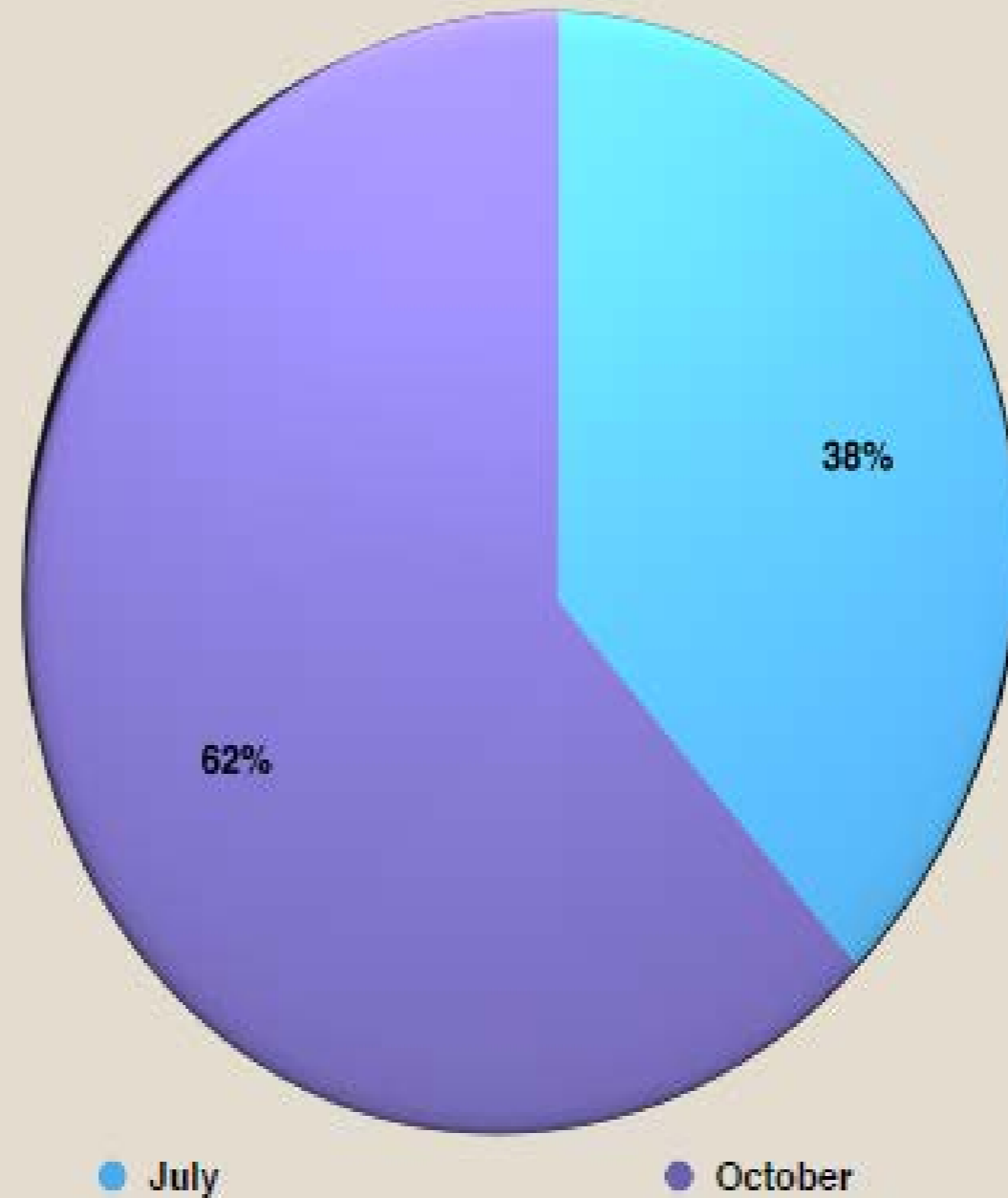
# Primary Care Group Integration

- Healthy weights group - Nutrition Department
- Parenting group - Family Medicine
- Diabetes group - Internal Medicine/Family Medicine



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# Parenting Group







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# New Pediatric Dental Group Model





## Pediatric Group Referral Process

- Referral process through EMR
- Gained buy-in from Pediatric & Family Medicine Teams: Docs, NPs, MA's - utilize a 3 question prompt during intake
  - Has your child seen a dentist in the last 6 months? If no, then refer
  - Does your child have any dental pain? If yes, then refer & send up for walk-in
  - Would you like to take your child to a pediatric dental group visit to be given an appointment with our dental team? If yes, then refer
- Pediatric or Family Medicine team member flags patient to Dental, Pediatric Desktop folder in CPS
- Clinical Care Coordinator checks folder, schedules and registers patients
- Pediatric Group led by Dentist, Hygienist, &CDA
- Referral loop closed with medical provider in CPS, patients placed on dental recall/follow up appointments



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# Pediatric Dental Group

- ❑ Frequency: 1 or 2x Monthly, 90+ minutes per session
- ❑ Capacity: 10-15 patients per session





# Pediatric Dental Group

## First Group

**20 confirmed**

**5 patients showed**

**Low show rate for groups held earlier in the day**

## Second Group

**16 confirmed**

**10 patients showed**

**Higher show rate for groups held later in the day**



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# Pediatric Dental Group Structure

- Four Stations
- Interactive
- Parents involvement
- Provide education
  - Caring for your child's teeth handout
- Preventative Treatment





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# Pediatric Dental Group Structure



## Attack the Plaque Station

- Review OHI
- Prophy with wireless hygiene hand piece
- Answer questions
- Dispense goodie bag and handouts

## Healthy Smiles Station

- How much sugar is in your drink game
- Healthy food for your teeth vs. bad food for your teeth
- Review nutrition





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## Lets Open Wide for Dental Exam Station

- Dentist and CDA complete paper dental charting
- Patients are led to clinic for x-rays, exam, prophylaxis & fluoride





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# Pediatric Dental Group: Educational Handouts for Parents



## DENTAL CARE



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### Caring for Your Child's Teeth

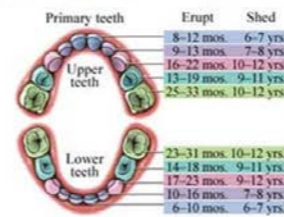
#### Tooth Eruption:

Your child will first develop 20 primary teeth (baby teeth). Primary teeth begin to erupt around 6-8 months, starting with the bottom front teeth. All 20 primary teeth have usually erupted by age 3.

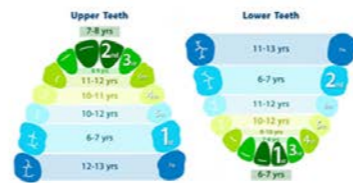
When teeth are emerging, it can cause discomfort for some children. Please check with pediatrician before giving any teething medication or pain relievers. It is helpful to rub baby's gum with clean finger and provide chilled (not freezing!) teething ring or toy.

Your child will begin developing secondary (permanent/adult) teeth around age 6. The first adult teeth to erupt are the permanent molars (behind the existing baby molars). It is very important to floss the back molars to prevent decay on permanent teeth!

#### Primary (baby) teeth eruption sequence



#### Secondary (adult) teeth eruption sequence



#### Brushing and Flossing

*It is Never too Early for Good Oral Care*

**When there are no teeth-** It is still recommended to wipe gums with a damp cloth to remove surface bacteria!

**When teeth emerge-** wipe teeth and gums with damp cloth. You may start using appropriate age soft toothbrush to brush teeth.

**Space between teeth close-** when teeth start touching each other, it is important to start flossing! You can use floss with holders to make it easy!

**TIPS:**  
Teeth should be brushed two times daily (morning and prior to bed)

Replace toothbrush every 3-4 months (when the seasons changes)

Brush child's teeth until child learns how to tie shoelaces



Place toothbrush at 45 degree angle and brush in circles

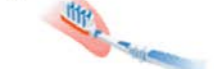
1 First brush the insides

2 Then brush the outsides



3 Brush all the biting surfaces

4 Lastly, gently brush the tongue



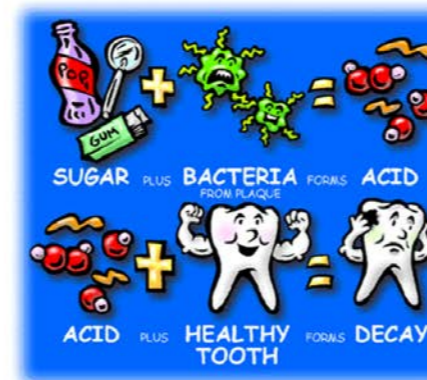
Smear for younger than 3



Pea size for older than 3

#### Risk Factors for Cavities

Cavities are the most common chronic disease of childhood- 5 times more common than asthma! The bacteria, acid, food debris and saliva in the mouth combine to form plaque, which clings to the teeth. The acids in plaque dissolve the outside surface (enamel) of teeth, forming holes in the teeth known as cavities! **Beverages like soda, fruit juice, sports drink, energy drinks and vitamin waters contain high amounts of sugar and acid which weaken the enamel and cause cavities! (Even when these drinks are available in sugar free options, they still contain ACID!)**



#### How to Prevent Cavities

- Regular dental visits for child and family (every six months)
- Fluoride mouth rinse 1 time daily (when child learns to spit) and drink tap water with fluoride
- Less or no junk food including candy - more healthy snacks
- Bottles with only water for sleeping!
- Avoid drinks with sugar - drink sugary drinks with straw
- Cutting juice with water only decreases calories not cavity risk



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# Utilizing Referrals for Dental Appointment Access

## Pedi Mondays in Dental

- Pediatric Department has 5 providers on Mondays
- Dental Team will participate in Pediatric Medical Team Monday morning huddles to “remind” providers of appointment availability in dental
- Dental will have a minimum of 2 providers with hold slots available for children with well child visits in the Pediatric Department
- New Model: Pediatric Well Child Visits include same day Dental Visits



# Conclusion

- ❑ The Pediatric Dental Group Model presents an opportunity to provide oral health education in small group settings to parents and children
- ❑ The Pediatric Dental Group Model allow parents and children to interact and learn from their peers
- ❑ The EMR dental referral process is innovative and will create opportunities to extend dental services to more CSHC patients
- ❑ New Pediatric Dental Group Model will include:
  - 30-45 minute interactive group discussion
  - Hold slots in provider schedules for group participants
  - Participants will receive preventative treatment after group discussion