

Edward M. Kennedy:

*Clinical Challenges :  
Referrals and Capacity*

*Brian Genna, DMD  
VP of Dental Services*

# Introductions:

- Tell me a little about EMKCHC:
- Started in 1972 as Great Brook Valley Health Center and has since grown....



# EMKCHC - The Current Picture

## Medical Sites

- 19 Tacoma Street, Worcester
- 354 Waverly Street, Framingham
- 585 Lincoln Street, Worcester (Spectrum)
- 42 Cape Road Plaza, Milford

## Dental Sites

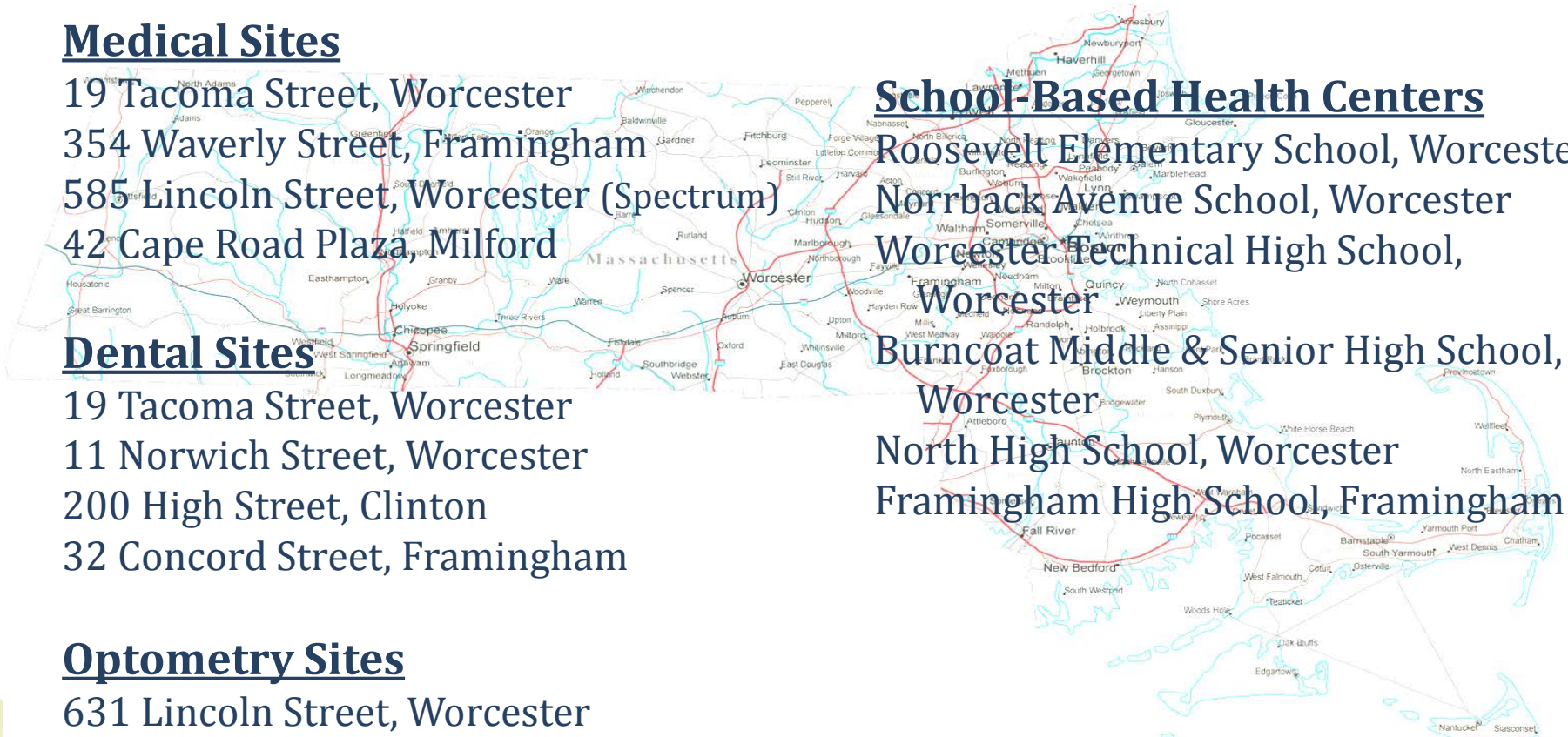
- 19 Tacoma Street, Worcester
- 11 Norwich Street, Worcester
- 200 High Street, Clinton
- 32 Concord Street, Framingham

## Optometry Sites

- 631 Lincoln Street, Worcester
- 72 Union Street, Framingham

## School-Based Health Centers

- Roosevelt Elementary School, Worcester
- Norrback Avenue School, Worcester
- Worcester Technical High School, Worcester
- Burncoat Middle & Senior High School, Worcester
- North High School, Worcester
- Framingham High School, Framingham



# About Us

**2001**

- GBVHC becomes the first community health center with an onsite removable dental laboratory...



# About our Patients



## WHO WE SERVE



- Kennedy Community Health Center serves people of all ages from diverse cultural backgrounds.
- In **FY 2014**, more than **28,000** people from over **100** Central Massachusetts and Metro West cities and towns came to our health centers for over **139,037** visits.



# About our Patients

## **Our wonderfully diverse client population:**

- Spanish (44%)
- Brazilian (23%)
- White non-Hispanic (34.5%)
- African immigrant, African American, Albanian, Asian, Native American and Middle Eastern
- Our Refugee Health Assessment Program served refugees from 9 countries in FY13.



# About our Patients

## Age breakdown:

- Age 1 through 11 (16%)
- Age 12 through 17 (9%)
- Age 18 through 40(36%)
- Age 41 through 55(23%)
- Age 56 or more (16%)

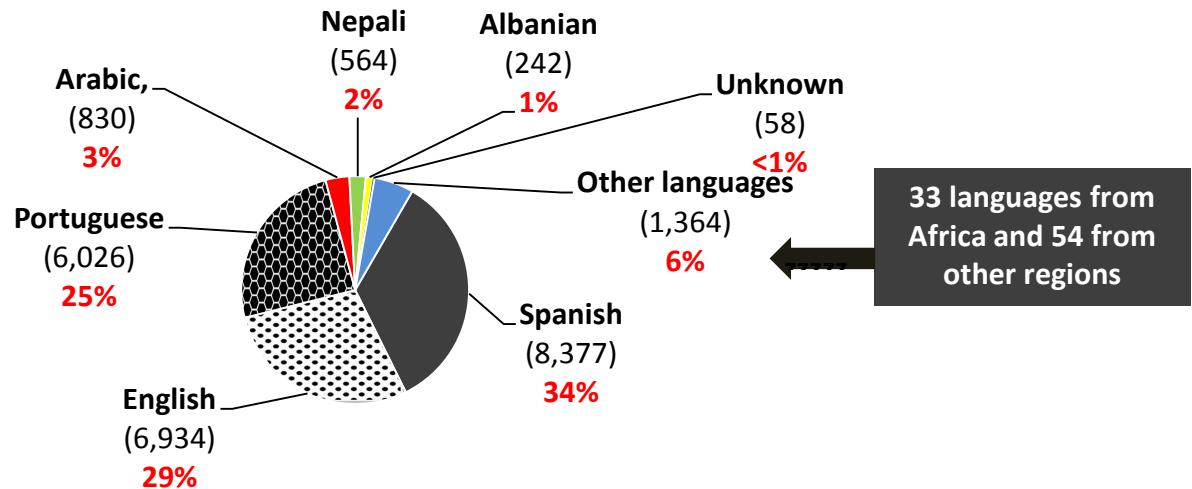


# About our Patients

## Languages of Users All Sites FY2013

N = 24,395

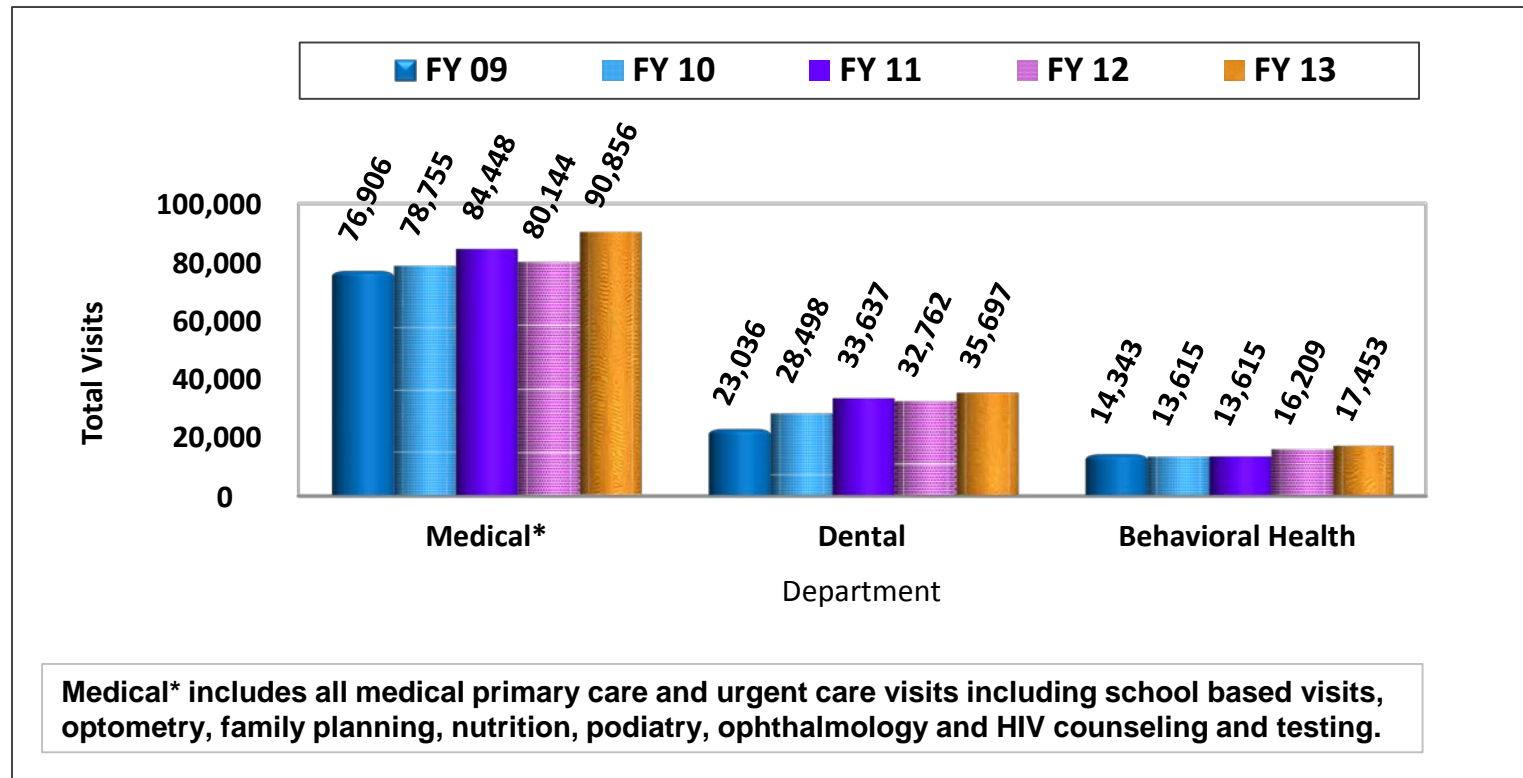
Our users speak **93 different languages** in total: 6 indicated on the chart and 87 other languages. These other languages includes **33 African languages**; and **54 other languages**, namely, American Sign Language, Bali, Bengali, Bulgarian, Burmese, Cantonese, Cape Verdean Creole, Chin, Chinese, Creole - Pidgins (English Based), Creole - Pidgins (French Based), Creole (Haitian), Dari, Farsi, Filipino, French, German, Greek, Gujarati, Hakha-Chin, Hebrew, Hindi, Hungarian, Italian, Japanese, Karen, Kayah (Karenni), Khmer (Cambodian), Korean, Kurdish, Lebanese, Lithuanian, Mandarin, Moldavian, Oriya, Papiamentu, Pashto, Persian, Polish, Punjabi, Quechua, Romanian, Russian, Sgaw-Karen, Sinhala; Sinhalese, Swedish, Tagalog, Tamil, Telugu, Thai, Turkish, Ukrainian, Urdu, and Vietnamese.





# About our Patients

## Total Visits By Department All EMKCHC Sites by Fiscal Year 2013



# My Background

- Graduate from Tufts School of Dental Medicine in 1993
- Residency at Hartford Hospital in 1993/1994
- Associate in private office 1994-1997
- Hired in Great Brook Valley CHC in 1997
- Promoted to Clinical Director in 2002
- Promoted to VP of Dental Services in 2010



# Project Charter for: Edward M. Kennedy- Worcester

Problem Statement: Pediatric patients at EMK may not be accessing dental preventative services and screenings, which are essential to their overall health. While there are current processes for referrals and screenings, they are not standardized, consistent or optimal.

Aim Statement : 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.

Measures of Success:

1. Develop internal referral process and tracking for medical to dental referrals
2. Increase the # pediatric patients in medical being asked about oral health.
3. Increase the # of pediatric patients without a dental home being referred from medical to dental and receiving initial treatment.
4. Increase the number of 0-10 y/o pediatric patients for recall appointments who were screened in medical originally and did not have a dental home

Scope: Limit the pediatric population to age 0-10. Limit to the EMK Tacoma Street site.

Boundaries: Assign a dental hygienist to coordinate, recruit, collaborate with medical department, and track progress. Train medical staff to refer to dental, with a medical receptionist to schedule directly into dental schedule in a "Pedi-well visit" slot to streamline process. Use Saturday appointments to decrease obstacles and provide access.

Start Date: June 2014  
Planned End Date: August 2016

Champion:

- Brian Genna/Kyeremaa Addo
- Michele Pici

Coach(es):

- Shannon Wells

• Team Members:

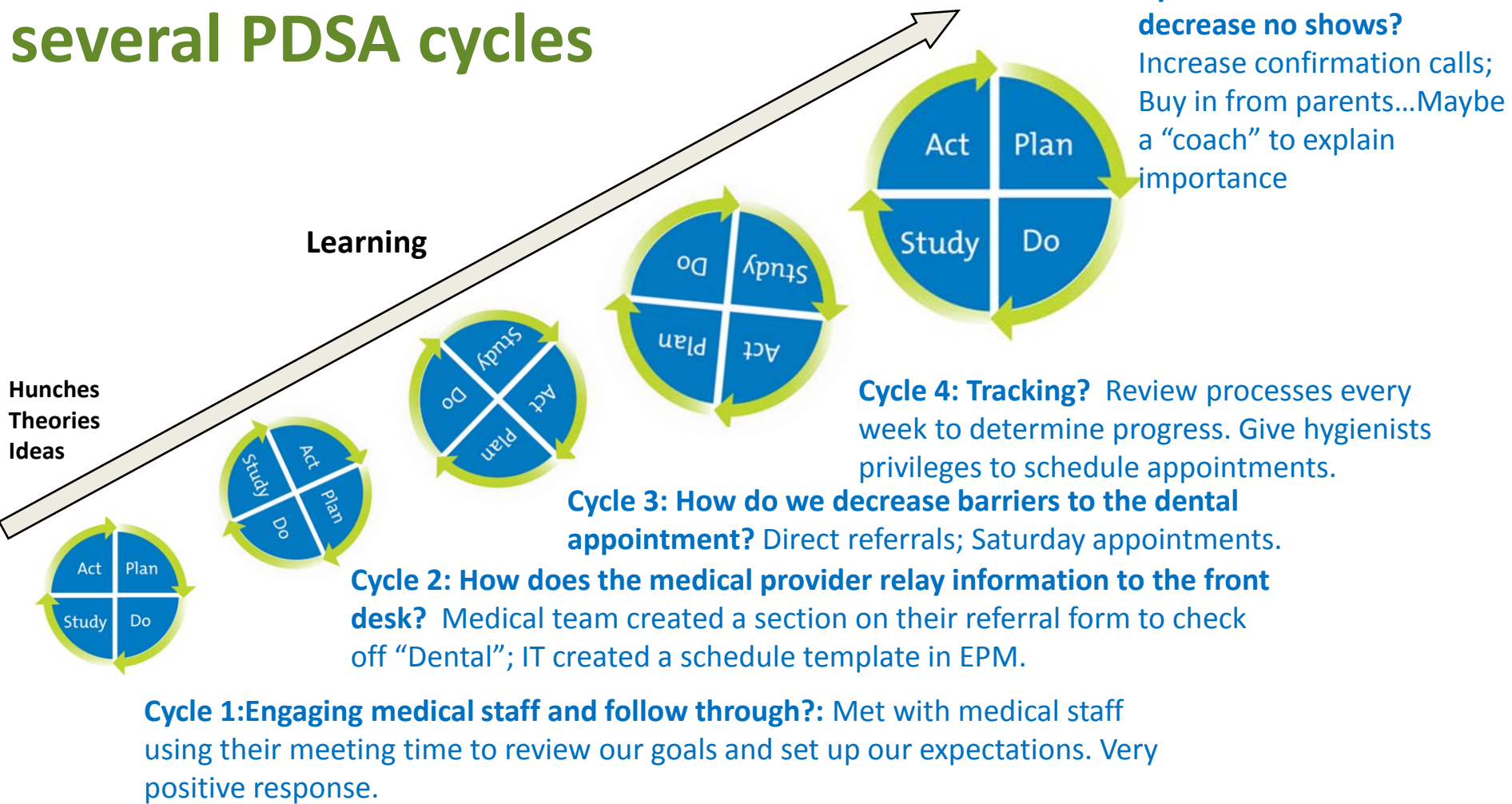
- Michele Pici
- MA's and nursing staff (TBD)
- Oscar Arocha-Pietri
- Brian Genna
- Kyeremaa Addo

# What Changes did you have to make

- In order to start referring medical pediatric patients to dental directly from medical what types of changes had to take place?



# Many questions, several PDSA cycles

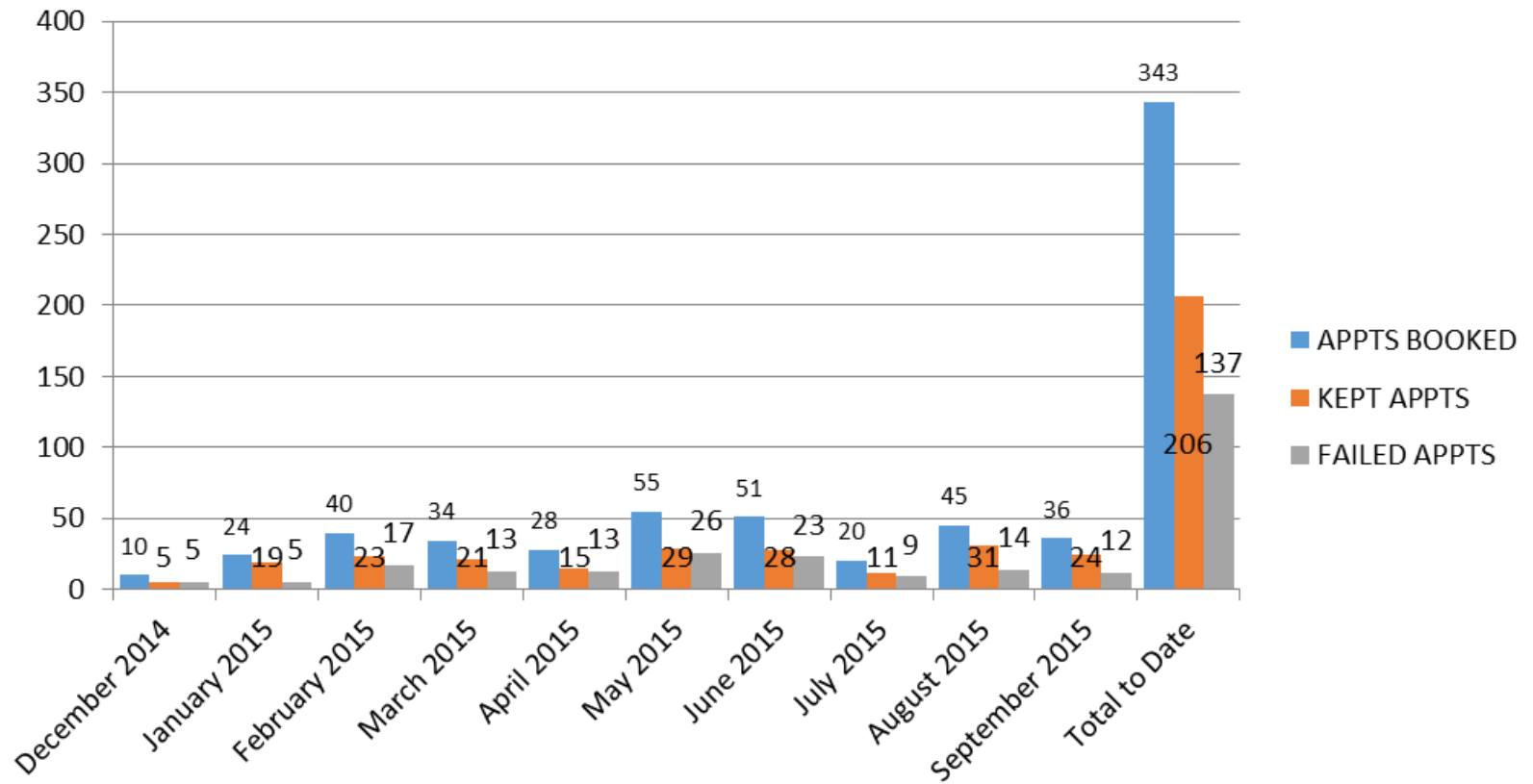


# Outcome Metrics EMK decided to track:

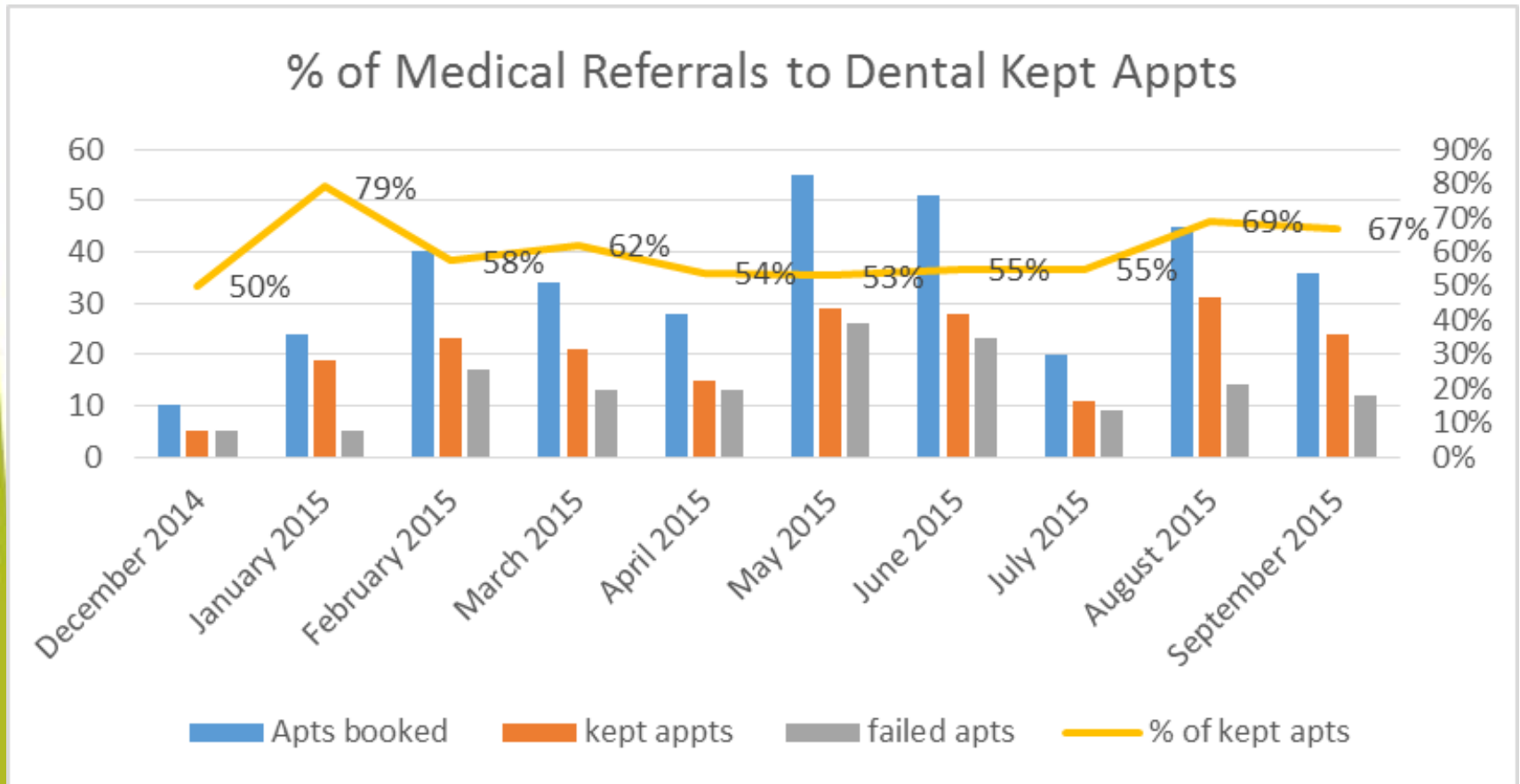
Outcome 1: Referrals from Med/Dent		Outcome 2: Dental Treatment		Outcome 3: Recalls	
Increase the # of pediatric patients without a dental home being referred from medical to dental		Increase the # of pediatric patients without a dental home being treated in dental		Increase the number of 0-10 y/o pediatric patients for recall appointments who were screened in medical originally and did not have a dental home	
Numerator	Denominator	Numerator	Denominator	Numerator	Denominator
# of pediatric patients aged 0-10 y/o without a dental home referred to dental this month	total # of 0-10y/o pediatric patients seen in medical this month	# of 0-10 y/o pediatric patients referred from medical who were actually seen for a dental appointment this month.	# of 0-10y/o pediatric patients referred from medical this month	# of 0-10 y/o pediatric patients seen on recall who were referred originally from medical	Total # of 0-10 y/o pediatric patients who were referred from medical and seen for an initial visit in dental

# Referrals from Medical to Dental

## Pediatric Medical Referrals to Dental-EMK



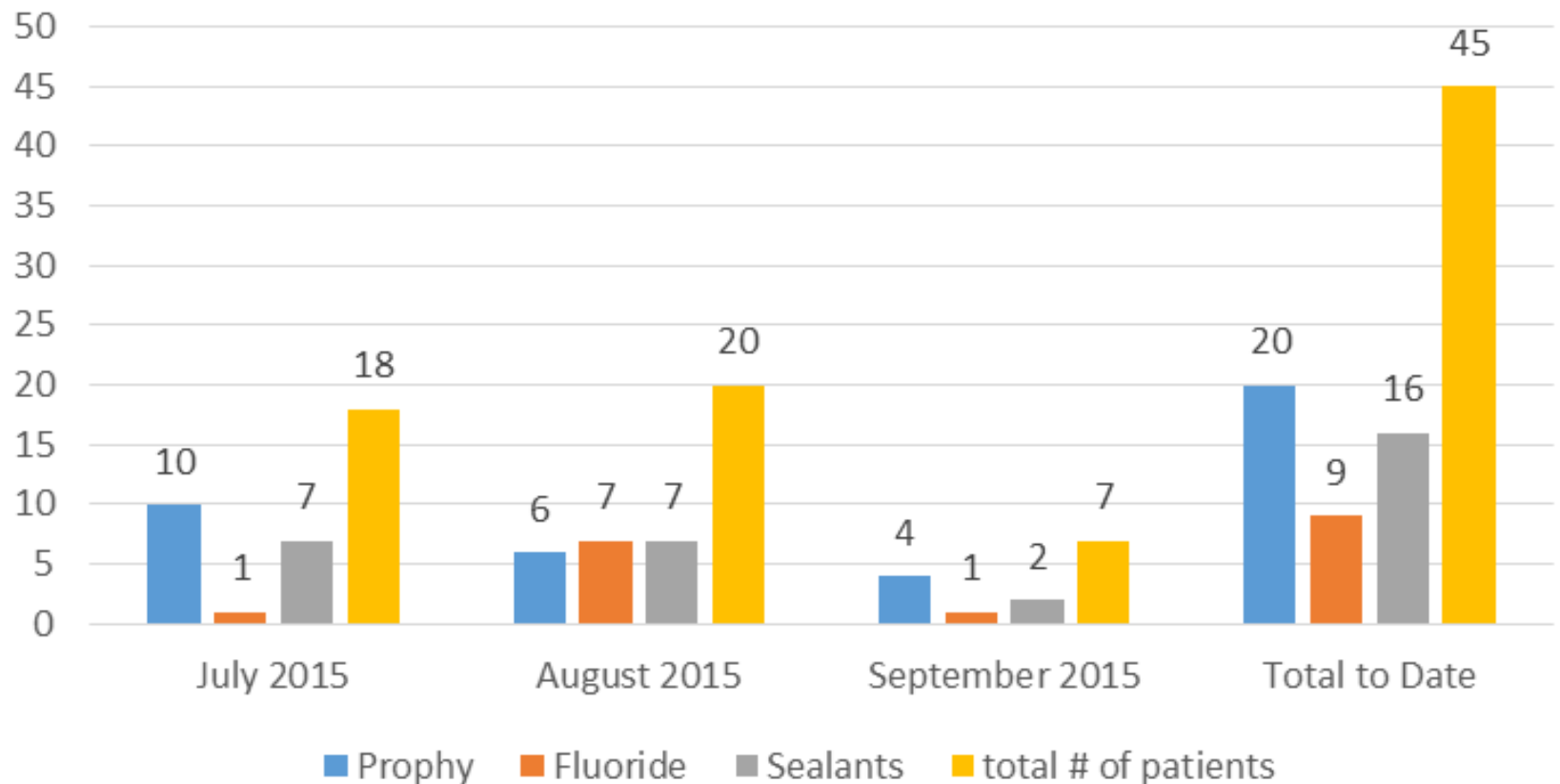
# Outcome 2: How many referrals got seen in dental





# Outcome 3: Recalls

## Recall of Medical Referrals to Dental



# Data Breakdown

- 343 referrals from pediatrics medical to dental starting December 2014. Ramp up from June to December.
- 206 kept appointments
- 45 of those 206 have been seen for recall appointments so about 22%.



# Success and Challenges

## Successes:



Integration is possible and can be supported by both medical and dental departments.

Many children without a dental home are now provided access to dental care—breaking down some barriers.

The younger the introduction, the greater the odds are in favor of prevention rather than treatment.

The dental visit can be a pleasant experience for children...and provider.

# Success and Challenges

## Challenges:

No Shows

Parents buying into the idea

Getting past the philosophy that visits are attended only if something is hurting: Prevention vs. Treatment

Staff turnover (lose momentum)



# Overall Impact

- Break down those silos—departments working together to aim for a true patient centered medical home.



- Introduction to the dental visit at an earlier age.
- Decrease the incidence of caries in our most vulnerable populations.
- Capture those children without active carious lesions to focus on remaining caries free.
- More frequent Fluoride applications

# Future Plans

## Focus for the future:

- “Coach” to promote importance of dental well child visit
- Is Saturday the best day for access?
- Caries risk assessment
- Motivational interviewing
- Self-management goals
- Increase Fluoride Varnish applications
- Increase Sealant applications
- Tracking to determine if we are making an impact on caries rate



*Good health. Right around the corner.*

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Questions?

*Brian Genna*

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The logo consists of 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