The New Frontier
Oral Health & Primary Care Integration Initiative

Samuel U. Rodgers Health Center
Lafayette Family Medicine - Lexington

Tina Moore, APRN, FNP-C
Dr. Jamey Onnen, DDS

2015 Clinical Connections Summit:
Integrating Oral Health and Primary Care
November 5, 2015
Presentation Overview

- Introduction
- Overview
- Challenges and Strategies for Success
- Progress to Date
- Next Steps
KANSAS CITY

WORLD SERIES CHAMPIONS

SAMUEL U. RODGERS HEALTH CENTER

Quality Care · Universal Compassion
History of SURHC

• Samuel U. Rodgers, MD, MPH – 1967
• 1st FQHC (Federal Qualified Health Center) in Missouri, 4th in the United States
• Vision and a passion to ensure that everyone has access to quality health care
History of SURHC

• Mission, “To provide high quality, compassionate and affordable health care to all”

• Expanded services to Dental, Behavioral Health and a substance abuse program.
SURHC 2015

• 6 Facilities

- Samuel U. Rodgers Health Center Downtown Campus
- Samuel U. Rodgers Health Center Clay County Family Medicine & Dental
- Samuel U. Rodgers Health Center Cabot Westside Medical and Dental
- Samuel U. Rodgers Health Center J.A. Rogers Family Dental
- Samuel U. Rodgers Health Center Lafayette Family Medicine, Dental & WIC Services
- Samuel U. Rodgers Health Center Therapeutic Intervention Center
SURHC 2015

- Adult and Senior
- Women’s Health Services
- Children & Adolescent
- Behavioral Health
- Dental
- WIC
- 25,000 patients and 80,000 encounters
What our patients face today...

• Many patients access medical care by Medicaid, Medicare, private insurance or using sliding scale service fees.
  
  – Many have not or will not go to the dentist because they feel they cannot afford dental services.
  
  – As a result we have an oral health crisis in this country.
• Oral health issues cause children to miss hours of school and care givers to miss hours of work.

• Dental caries can progress to local infections, occasionally causing serious illness or even death.
• In adults, research shows that periodontal disease increases the risk for systemic illnesses such as
  – Type 2 diabetes
  – Cerebral vascular disease
  – Coronary artery disease
  – Rheumatoid arthritis and
  – Preterm birth

• There is a growing movement to transform dentistry by removing the distinction between oral and systemic health.
Oral Health Integration Overview

• Journey started early 2015
• Lafayette Family Medicine, Dental & WIC Services
  – Located in Lexington, MO
Oral Health Integration Team

- Team Leaders:
  - Dr. Jamey Onnen, Dental Director; Tina Moore, FNP; and Brenda Lierman, Practice Manager

- Team Members:
  - LPN, Medical Assistant, Patient Care Representative, Systems Applications Manager, HIM Manager, Chief Health Officer, Chief Quality & Clinical Officer, Quality Improvement Coordinator
Oral Health Integration Overview

- Workshops (Onsite & Web conferences)
- Oral Health Education
- Oral Health Workflow developed
- Staff Education
- Caries Risk Assessment tool integration EHR
- Internal dental referral /scheduling process reviewed
- Quality metrics established
- Pilot was effective 1st week of May 2015
  - Well Adult / Child Visits / Prenatal visits
SURHC Lexington Workflow Evaluation

MA contacts patient

Patient makes appointment, insurance info updated

Front desk calls patient 2 days before visit

LPN does pre-visit planning 1 day before visit

Provider, LPN and MA huddle in AM

MA brings patient to intake room for vital signs

Front desk notifies back office of patient arrival

Patients sits in waiting area

Front desk checks-in patient

Patient arrives. Signs check-in sheet

MA takes patient to exam room. Logs into computer

MA enters information from intake form into chart

MA addresses care coordination issues

MA performs point-of-care testing

Vitals
Chief Complain
Validating/Pharmacy
HHC 9
Tobacco
BMI
Med/Allergies

Provider signs & sends Rx's, Imaging & referrals

Provider conducts well visit

Provider enters room

Clinical Decisions: Tests, Referrals including dental, procedures, imaging, immunizations, Rx, T/J

Immunizations & lab orders entered in MyPlan

Provider hands off patient to LPN

LPN reviews MyPlan & places orders

LPN creates entry in Recall for future appt

MA notifies patient’s chart prior to entering room

LPN Explains orders

Patient Ed
Carries out orders, Explains what to do and what to expect

Prints AVS

Pt leaves

Patient sent to front desk for follow up appointment

Check Insurance

Bell
Puts intake sheet in box

Tracking Man

Chronic care
Prevention Prophylactic doses

Quality Care • Universal Compassion
SURHC Lexington Workflow Evaluation

**CURRENT**

LPN runs recall list → MA contacts patient → Patient makes appointment, insurance info updated → Front desk calls patient 2 days before visit → Caller verifies - Dental Ins - Dentist → LPN does pre-visit planning 1 day before visit → Patient meets OH eval criteria? → Yes → LPN documents on pre-visit planning sheet → Provider, LPN and MA huddle in AM.

MA asks questions on OH protocol & documents in EHR → MA enters information from intake form into chart → MA takes patient to exam room. Logs into computer → MA brings patient to intake room for vital signs → Front desk notifies back office of patient arrival → Patients sits in waiting area → Patient arrives. Signs check-in sheet → Provider reviews OH info and oral exam. Decides to order: - Pt Education - Fluoride Varnish - Referral to Dental.

MA looks for signs of oral disease & documents in EHR → MA care coordination: - Oral Health referrals - Due for fluoride varnish - Outside dentist visit → MA performs point-of-care testing → MA notifies provider ready → Provider reviews patient’s chart prior to entering room → Provider enters room → Provider conducts well visit → Provider hands off patient to LPN.

Patient sent to front desk for follow up appointment → LPN creates entry in Recall for future appt → LPN explains orders Patient Ed Carries out orders, Explains what to do and what to expect Prints AVS → LPN applies fluoride varnish and documents. Explains Oral Health referral → LPN reviews MyPlan & places orders → Provider hands off patient to LPN.

Yellow Denotes new step, Red Denotes measurable data
Smiles For Life Training

Course 6: Caries Risk Assessment, Fluoride Varnish & Counseling

Caries Risk Assessment, Fluoride Varnish and Counseling

This course focuses on caries prevention. It offers a brief review of Early Childhood Caries (ECC) and addresses how the use of fluoride is part of a comprehensive approach to a child’s oral health. Specifically, clinicians will learn the benefits, appropriate safety precautions, and dosing for fluoride, as well as how to apply fluoride varnish and provide adequate follow-up care.

Acknowledgements

Course Steering Committee Authors
- Russell Maier, M.D.
- Wanda Gonsalves, M.D.
- Hugh Silk, M.D.
- James Tysinger, Ph.D.

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- Joanna M. Douglass, B.D.S., D.D.S.
- Rocio Quinonez, D.M.S., M.S., M.P.H.

Smiles for Life Editor
- Melinda Clark, M.D.

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Last Modified: February, 2015
# Caries Risk Assessment Form (Age ≥ 6)

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Score:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Date:</td>
<td>Date:</td>
</tr>
<tr>
<td>Age:</td>
<td>Initials:</td>
</tr>
</tbody>
</table>

## Contributing Conditions

<table>
<thead>
<tr>
<th>I. Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)</th>
<th>Low Risk (0)</th>
<th>Moderate Risk (1)</th>
<th>High Risk (10)</th>
<th>Patient Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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</table>

<table>
<thead>
<tr>
<th>II. Sugary or Starchy Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)</th>
<th>Low Risk (0)</th>
<th>Moderate Risk (1)</th>
<th>High Risk (10)</th>
<th>Patient Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primarily at mealtimes</td>
<td>Frequent or prolonged between meal exposures/day</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>III. Caries Experience of Mother, Caregiver and/or other Siblings (for patients ages 6-14)</th>
<th>Low Risk (0)</th>
<th>Moderate Risk (1)</th>
<th>High Risk (10)</th>
<th>Patient Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>No carious lesions in last 24 months</td>
<td>Carious lesions in last 7-23 months</td>
<td>Carious lesions in last 6 months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IV. Dental Home: established patient of record, receiving regular dental care in a dental office</th>
<th>Low Risk (0)</th>
<th>Moderate Risk (1)</th>
<th>High Risk (10)</th>
<th>Patient Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

## General Health Conditions

<table>
<thead>
<tr>
<th>I. Special Health Care Needs*</th>
<th>Low Risk (0)</th>
<th>Moderate Risk (1)</th>
<th>High Risk (10)</th>
<th>Patient Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>No (over age 14)</td>
<td>Yes</td>
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</table>

<table>
<thead>
<tr>
<th>II. Chemo/Radiation Therapy</th>
<th>Low Risk (0)</th>
<th>Moderate Risk (1)</th>
<th>High Risk (10)</th>
<th>Patient Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>III. Eating Disorders</th>
<th>Low Risk (0)</th>
<th>Moderate Risk (1)</th>
<th>High Risk (10)</th>
<th>Patient Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
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<table>
<thead>
<tr>
<th>IV. Smokeless Tobacco Use</th>
<th>Low Risk (0)</th>
<th>Moderate Risk (1)</th>
<th>High Risk (10)</th>
<th>Patient Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
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<table>
<thead>
<tr>
<th>V. Medications that Reduce Salivary Flow</th>
<th>Low Risk (0)</th>
<th>Moderate Risk (1)</th>
<th>High Risk (10)</th>
<th>Patient Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
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<table>
<thead>
<tr>
<th>VI. Drug/Alcohol Abuse</th>
<th>Low Risk (0)</th>
<th>Moderate Risk (1)</th>
<th>High Risk (10)</th>
<th>Patient Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
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## Clinical Conditions

<table>
<thead>
<tr>
<th>I. Cavitated or Non-Cavitated (incipient) Carious Lesions or Restorations (visually or radiographically evident)</th>
<th>Low Risk (0)</th>
<th>Moderate Risk (1)</th>
<th>High Risk (10)</th>
<th>Patient Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>No new carious lesions or restorations in last 36 months</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>II. Teeth Missing Due to Caries in past 36 months</th>
<th>Low Risk (0)</th>
<th>Moderate Risk (1)</th>
<th>High Risk (10)</th>
<th>Patient Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
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<thead>
<tr>
<th>III. Visible Plaque</th>
<th>Low Risk (0)</th>
<th>Moderate Risk (1)</th>
<th>High Risk (10)</th>
<th>Patient Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
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<thead>
<tr>
<th>IV. Unusual Tooth Morphology that compromises oral hygiene</th>
<th>Low Risk (0)</th>
<th>Moderate Risk (1)</th>
<th>High Risk (10)</th>
<th>Patient Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
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<table>
<thead>
<tr>
<th>V. Interproximal Restorations - 1 or more</th>
<th>Low Risk (0)</th>
<th>Moderate Risk (1)</th>
<th>High Risk (10)</th>
<th>Patient Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
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<thead>
<tr>
<th>VI. Exposed Root Surfaces Present</th>
<th>Low Risk (0)</th>
<th>Moderate Risk (1)</th>
<th>High Risk (10)</th>
<th>Patient Risk</th>
</tr>
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<tbody>
<tr>
<td>No</td>
<td>Yes</td>
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<table>
<thead>
<tr>
<th>VII. Restorations with Overhangs and/or Open Margins: Open Contacts with Food Impaction</th>
<th>Low Risk (0)</th>
<th>Moderate Risk (1)</th>
<th>High Risk (10)</th>
<th>Patient Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
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<thead>
<tr>
<th>VIII. Dental/Orthodontic Appliances (fixed or removable)</th>
<th>Low Risk (0)</th>
<th>Moderate Risk (1)</th>
<th>High Risk (10)</th>
<th>Patient Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
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<thead>
<tr>
<th>IX. Severe Dry Mouth (Xerostomia)</th>
<th>Low Risk (0)</th>
<th>Moderate Risk (1)</th>
<th>High Risk (10)</th>
<th>Patient Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
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**TOTAL:**
Patient Response

• Fox 4 News Story
Oral Health in Primary Care Initiative

Challenges

• IT / software limitations
  – Communication between medical and dental practices
  – No caries risk assessment tool in NextGen

• Data Reporting
  – Adult template layout

• Consultant Fees & Costs
Oral Health in Primary Care Initiative Highlights

• Exceptional medical and dental teamwork
  – Staff engagement in onsite workshop
• Integration ADA Caries risk assessment into EHR
• Implemented internal dental referral /scheduling process
• Developed patient education handouts
• Qualis Health technical assistance & support
Oral Health in Primary Care Initiative Highlights (cont’d)

- Smiles for Life education completed
- Fluoride Varnish Application education completed
- Data reports developed
- Offering integrated (whole-person) care in rural community
Oral Health in Primary Care Initiative Pilot Results

Oral Health & Primary Care Initiative Clinical Process and Intervention Metrics
Q2 2015 (May - June)

- Patients Referred to Dentistry with Completed Referral (%)
  - Adult: 25%
  - Pediatric: 33%
- Patients Screening Positive for Signs of Periodontal Disease Referred to Dentistry (%)
  - Adult: 86%
  - Pediatric: 100%
- Patients with Positive Risk Factors Receiving Fluoride Varnish (%)
  - Adult: 27%
  - Pediatric: 100%
- Patients with Positive Risk Factors Dispensed Fluoride Toothpaste and Toothbrush (%)
  - NA
  - NA
- Patients with Positive Risk Factors Receiving Health Education Handouts (%)
  - NA
  - NA
- Patients with Positive Risk Factors Receiving an Intervention (%)
  - Adult: 27%
  - Pediatric: 100%
- Patients with Oral Health Screening Performed (%)
  - Adult: 54%
  - Pediatric: 63%
- Patients Given a Written/Verbal Assessment (%)
  - Adult: 54%
  - Pediatric: 75%
Oral Health in Primary Care Initiative Pilot Results

**Risk Factor Assessment (Pediatric)**
- 80% High
- 20% NA

**Risk Factor Assessment (Adult)**
- 53% Low
- 33% High
- 13% Moderate
Looking Ahead

• Continue to monitor & refine process
  – Update caries risk assessment tool
  – Scheduling & referral process
  – Review & report performance metrics

• Spread program to all SURHC locations by end of 1Q2015

• NextGen upgrades/enhancements
Come Visit Us!
Questions?