

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



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Presentation Overview

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





KC

WORLD
SERIES

CHAMPIONS



KANSAS CITY



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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.



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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*



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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



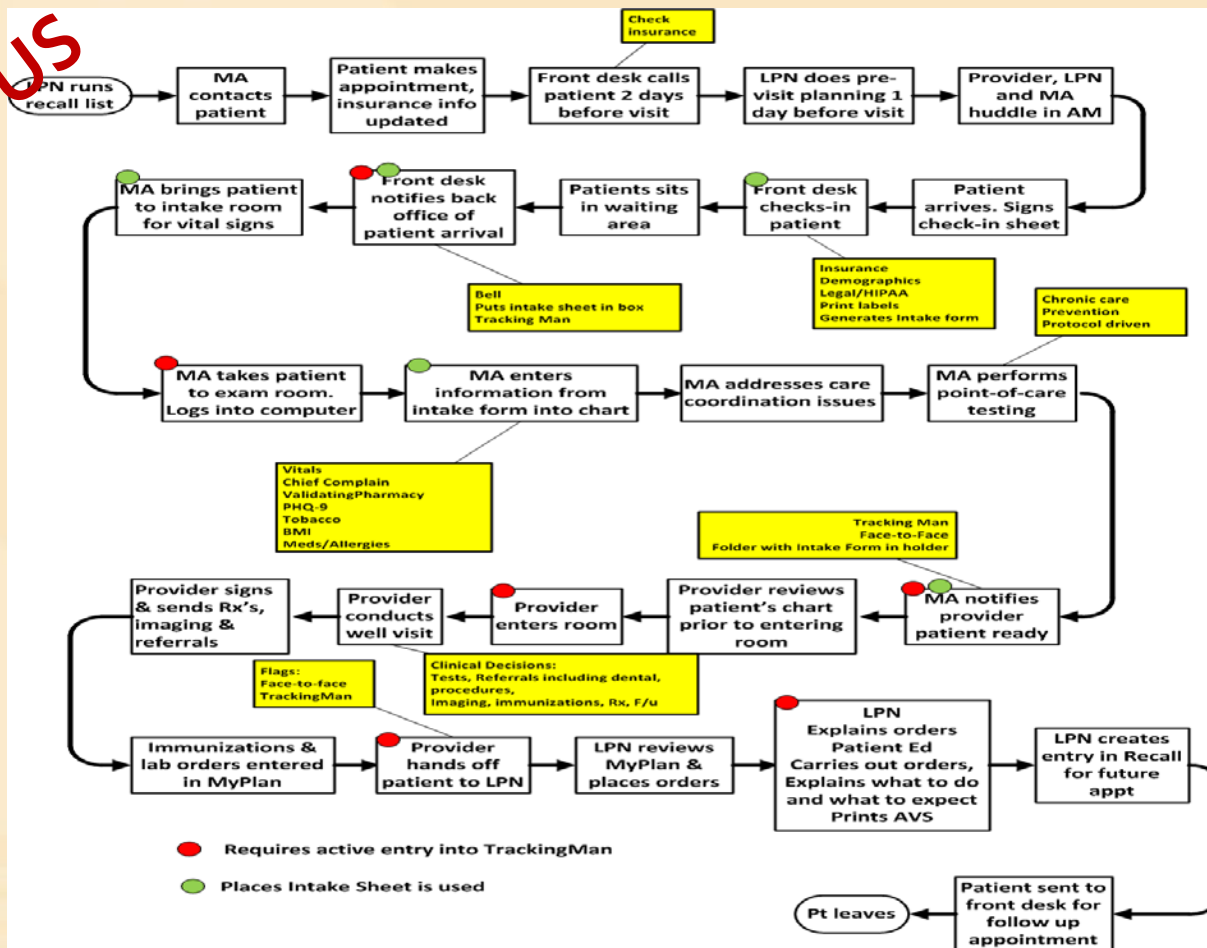
Oral Health Integration Overview

- 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



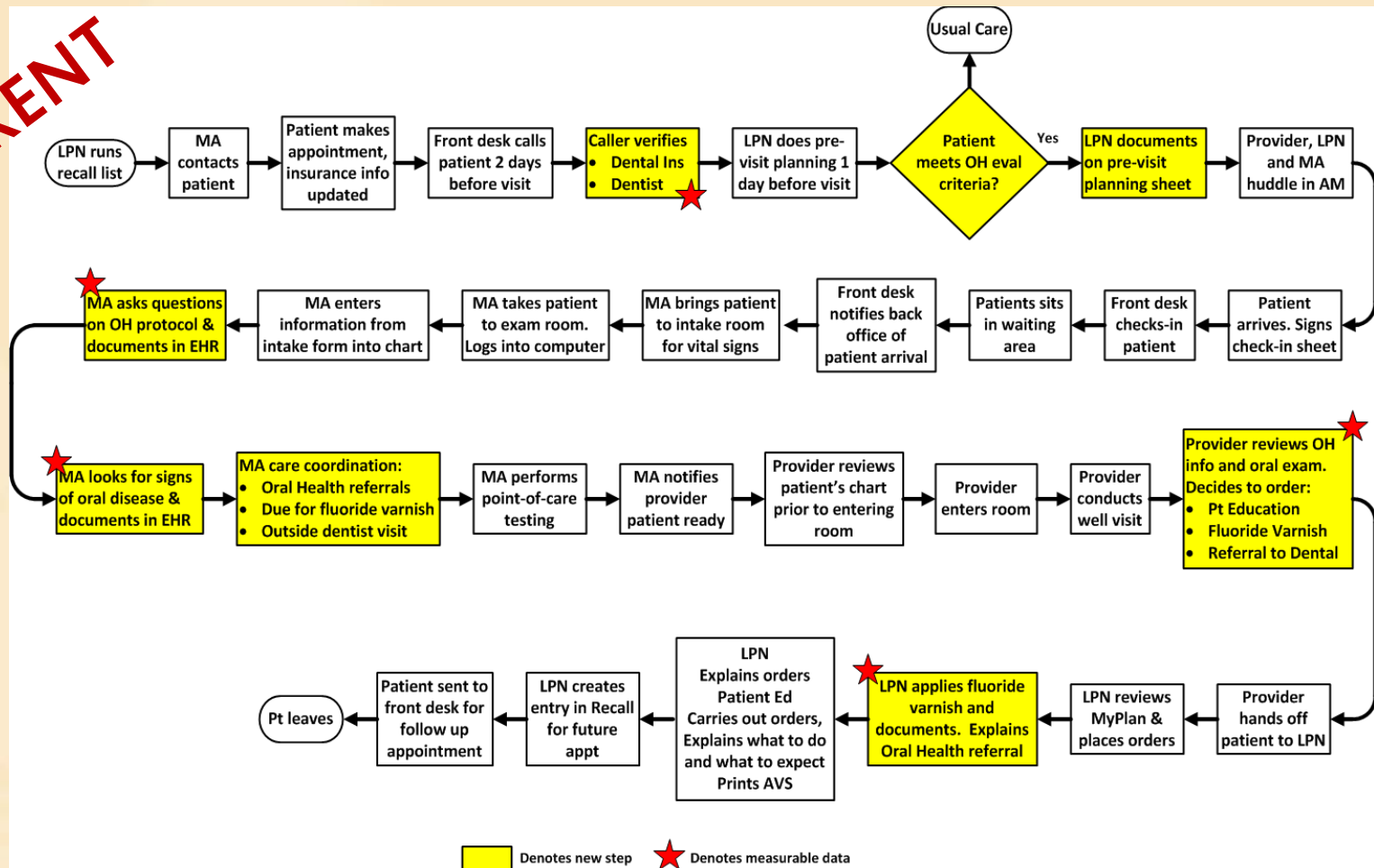
SURHC Lexington Workflow Evaluation

PREVIOUS



SURHC Lexington Workflow Evaluation

CURRENT



Smiles For Life Training

Course 6: Caries Risk Assessment, Fluoride Varnish & Counseling



Smiles for Life
A national oral health curriculum

NEXT ▶



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

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- ▶ Hugh Silk, M.D.
- ▶ James Tysinger, Ph.D.

Dental Consultant

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

Smiles for Life Editor

- ▶ Melinda Clark, M.D.

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Caries Risk Assessment Form (Age ≥6)

Patient Name:

Score:

Birth Date:

Date:

Age:

Initials:

		Low Risk (0)	Moderate Risk (1)	High Risk (10)	Patient Risk
Contributing Conditions					
I.	Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	Yes	No		
II.	Sugary or Starchy Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes		Frequent or prolonged between meal exposures/day	
III.	Caries Experience of Mother, Caregiver and/or other Siblings (for patients ages 6-14)	No carious lesions in last 24 months	Carious lesions in last 7-23 months	Carious lesions in last 6 months	
IV.	Dental Home: established patient of record, receiving regular dental care in a dental office	Yes	No		
General Health Conditions					
I.	Special Health Care Needs*	No	Yes (over age 14)	Yes (ages 6-14)	
II.	Chemo/Radiation Therapy	No		Yes	
III.	Eating Disorders	No	Yes		
IV.	Smokeless Tobacco Use	No	Yes		
V.	Medications that Reduce Salivary Flow	No	Yes		
VI.	Drug/Alcohol Abuse	No	Yes		
Clinical Conditions					
I.	Cavitated or Non-Cavitated (incipient) Carious Lesions or Restorations (visually or radiographically evident)	No new carious lesions or restorations in last 36 months	1 or 2 new carious lesions or restorations in last 36 months	3 or more carious lesions or restorations in last 36 months	
II.	Teeth Missing Due to Caries in past 36 months	No		Yes	
III.	Visible Plaque	No	Yes		
IV.	Unusual Tooth Morphology that compromises oral hygiene	No	Yes		
V.	Interproximal Restorations - 1 or more	No	Yes		
VI.	Exposed Root Surfaces Present	No	Yes		
VII.	Restorations with Overhangs and/or Open Margins: Open Contacts with Food Impaction	No	Yes		
VIII.	Dental/Orthodontic Appliances (fixed or removable)	No	Yes		
IX.	Severe Dry Mouth (Xerostomia)	No		Yes	
TOTAL:					

Patient Instructions:



Patient Response

- [Fox 4 News Story](#)



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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)

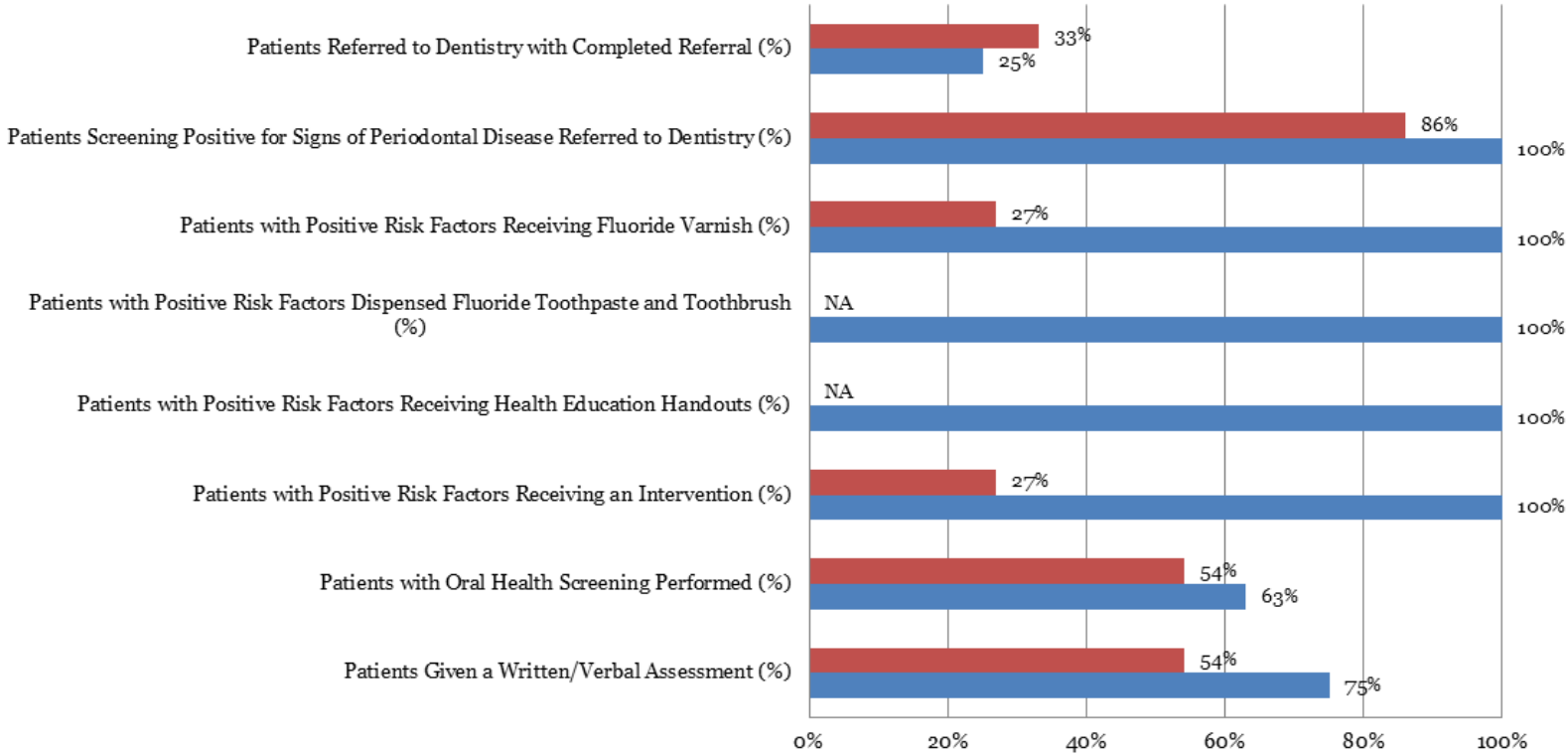
- Smiles for Life education completed
- Fluoride Varnish Application education completed
- Data reports developed
- Offering integrated (whole-person) care in rural community



Oral Health in Primary Care Initiative Pilot Results

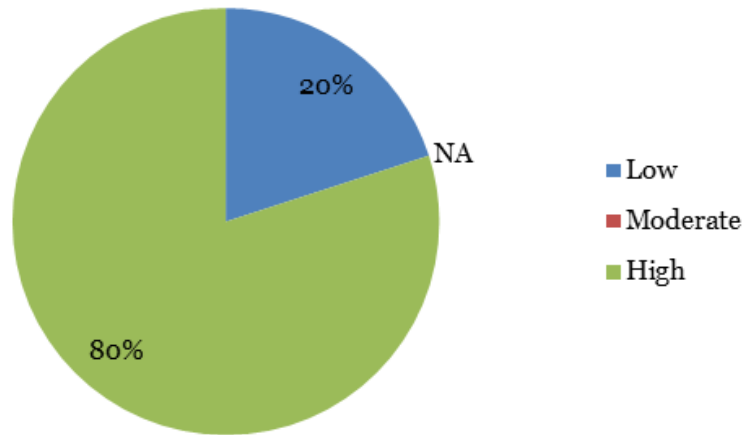
Oral Health & Primary Care Initiative Clinical Process and Intervention Metrics
Q2015 (May - June)

■ Adult ■ Pediatric

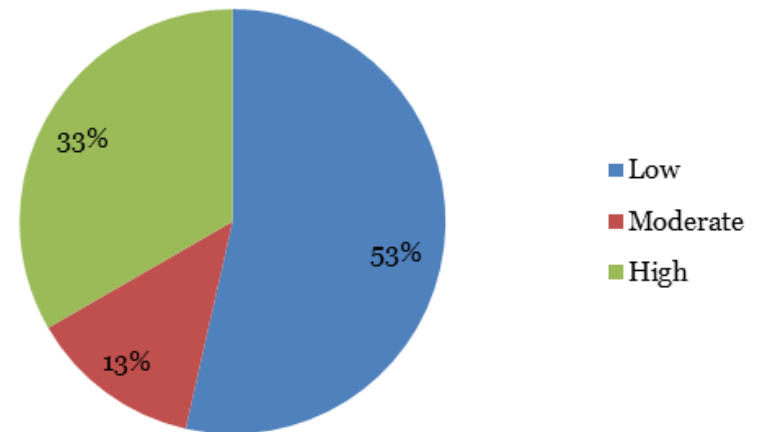


Oral Health in Primary Care Initiative Pilot Results

Risk Factor Assessment (Pediatric)



Risk Factor Assessment (Adult)



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



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Questions?



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