

Oral Health and Primary Care Integration

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Mission Analytics Group, Inc.

Disclosures

Presenter(s) has no financial interest to disclose.

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Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Understand the components of oral health and primary care integration
2. Understand best practices within Ryan White HIV/AIDS Program (RWHAP) provider settings
3. Identify common challenges to implementation and potential solutions
4. Develop an Action Plan to implement aspects of integration locally

Presenters

HRSA HAB: LCDR Tanya Grandison

Mission

- AJ Jones
- Ellie Coombs

Provider presenters

- Lisa Reid: LCSW, Assistant Vice President of Care Management, Hudson River HealthCare
- D. Mark Baker: Deputy Executive Director, Lifelong

Presentation Outline

Introduction

Project Goals

Components of Integration

Model Development/Sustainability

Experience from the field

- Hudson River HealthCare
- Lifelong

Action Plan Development

Meet the Team

HRSA HAB

- Tanya Grandison
- Dr. Mahyar Mofidi
- Dr. Sayo Adunola

Research Team

- Mission
 - Ellie Coombs
 - AJ Jones
 - Peggy O'Brien-Strain
 - Eric Verhulst, Anna Allison
- Dental consultants
 - Dr. David Reznik
 - Dr. Steve Abel
- Oral health consultants
 - Jane Fox
 - Carol Tobias

Project Goals

Promote the integration of oral health and primary care through the identification and dissemination of best practices

Phase 1

- Literature review
- Nine site visit to providers with different integration models, from fully integrated and co-located to referral-based

Phase 2

- Toolkit
- Webinar on findings
- Technical assistance site visits with interested providers (*let us know!*)

Site Visit Methodology

Sites selected:

- Part C or D recipients
- RWHAP funding for oral health services
- Integration approach
- Diversity in terms of geographic location and urban versus rural continuum

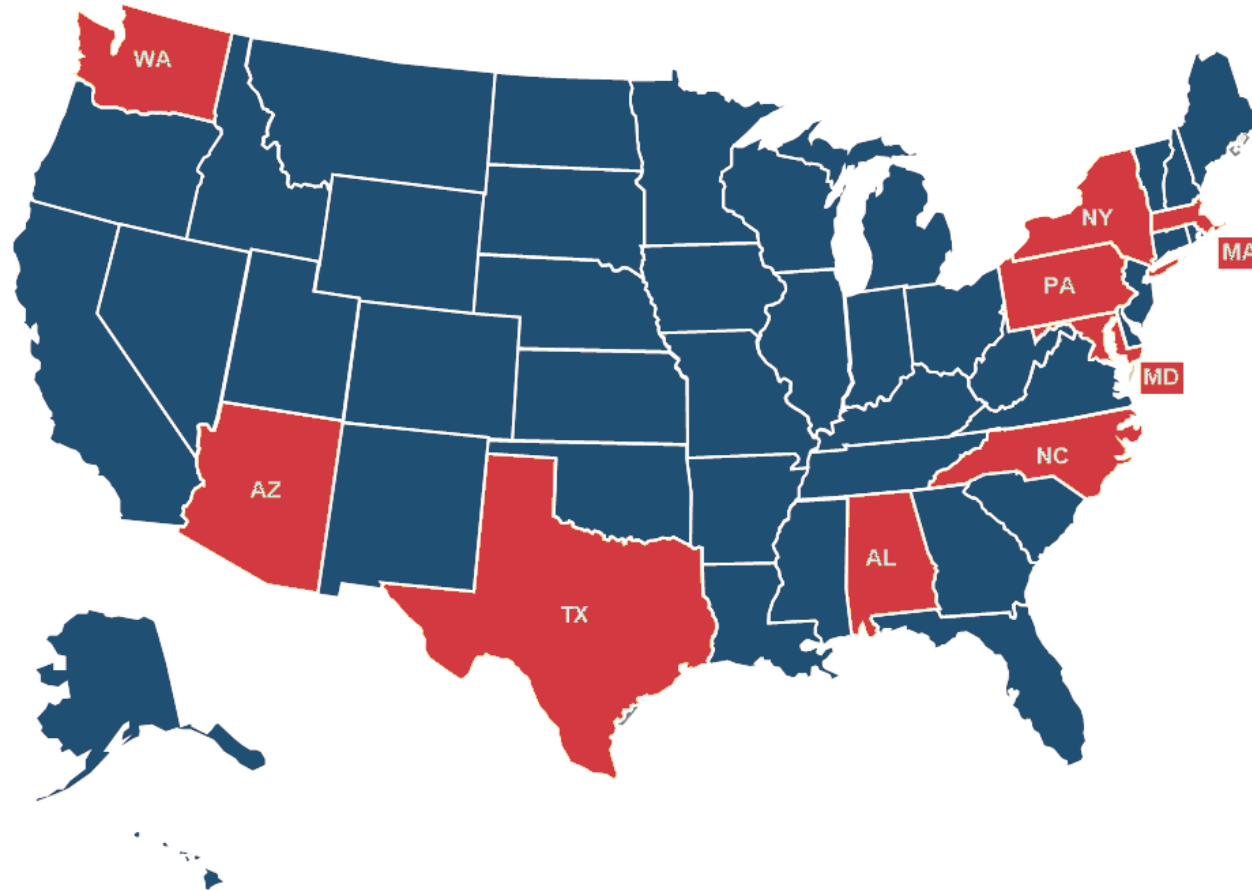
Site visits:

- Occurred during July – October 2018
- Lasted approximately 1.5 days

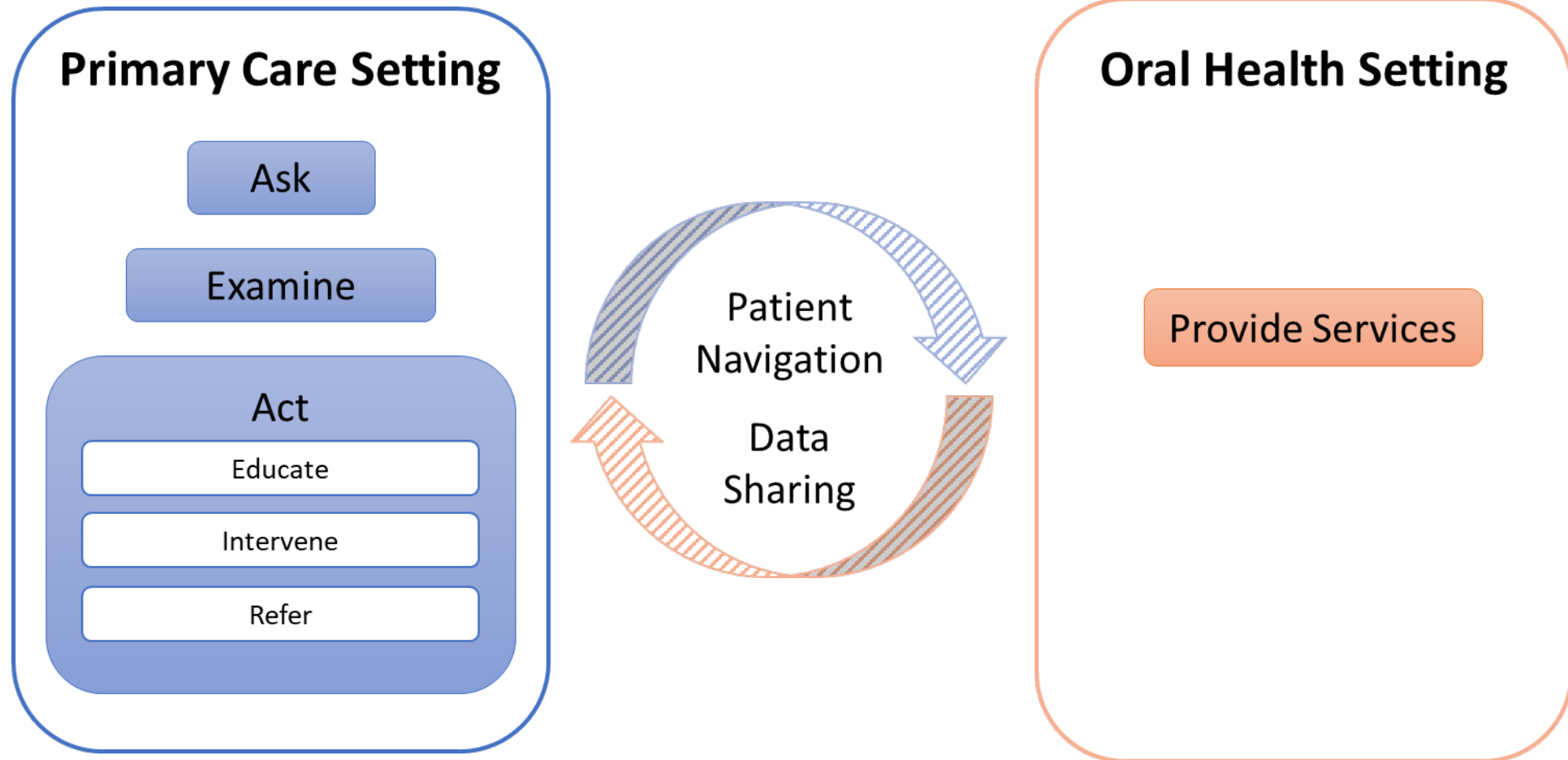
Interviews with:

- Program management
- Primary care providers (PCPs)
- Case managers
- Dentists

Thank you to providers participating in Phase 1!



Components of Integration



Ask



Assess risk for oral health disease

- Keep it simple! Ask clients when they last saw a dentist and if they have relevant conditions (e.g. dry mouth or acid reflux)
- Consider incorporating basic questions into:
 - Intake forms
 - Visits with a PCP
 - Visits with a case manager

Best Practice Ideas

- Configure an EMR alert to prompt PCPs and case managers
- Incorporate basic questions into your RWHAP eligibility recertification questions



Examine



Conduct an examination to identify active oral health disease

- PCPs are already doing this to look for obvious problems like abscesses and thrush
- PCPs may benefit from training on how to deliver a more detailed (but still quick) exam
- Make sure that there is a place to document what was checked and what action is needed

Best Practice Ideas

- Headlamps are inexpensive and can greatly improve visibility in the oral cavity
- Add check-boxes to your EMR to remind PCPs to check and track

Ask

Examine

Educate

Intervene

Refer

Navigate

Educate



Teach and empower clients about good oral health practices

- Hearing about the importance of oral health from multiple sources demonstrates to clients how important it is. PCPs, case managers and nutritionists can be especially powerful messengers about oral health
- Consider distributing oral health supplies (e.g. toothbrushes and toothpaste) and/or education materials

Best Practice Ideas

- Use program income to purchase inexpensive supplies to distribute on a recurring basis
- Customize existing materials for your waiting room and for staff to hand out

Ask

Examine

Educate

Intervene

Refer

Navigate

Intervene



Incorporate oral health into primary care treatment

- Based on assessment and examination, PCPs can address some oral health needs (e.g. changing medications to ease dry mouth)
- Depending on capacity and funding, PCPs may be able to provide limited oral health services (e.g. apply fluoride varnish)

Best Practice Ideas

- PCPs have many competing priorities in limited time. You may want to focus primary care interventions on more stable clients.



Refer



Refer clients to the appropriate oral health care provider

- Who you refer to is dependent on client needs and your model of care (but virtually everyone has to refer out for some procedures)
- Establish a clear protocol for making, tracking and following up on referrals

Best Practice Ideas

- Standardize and document your referral processes
- Identify oral health champions to act as dental referral coordinators
- Use your EMR to track referrals and identify clients in need of follow-up

Ask

Examine

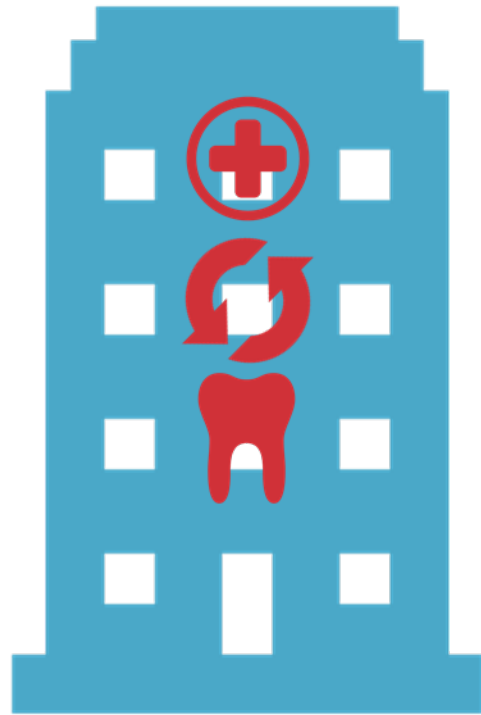
Educate

Intervene

Refer

Navigate

Models Vary Substantially...



From fully integrated and co-located



To entirely referral-based



But Referrals are Similar Regardless of Model

- Identify Need
- Make Referral to Dentist (on-site or off-site)
- Send Data to Dentist
- Approve Procedure/Payment
- Track Completion



Sharing Data



- Dentists may not need detailed data, but they should have at least labs (viral load and CD4) and a medication list
- Similarly, PCPs may not need nuanced dental treatment plans. Talk to your PCPs to see what info (e.g. appointment attendance, procedures, follow-up schedule) would be helpful

Best Practice Ideas

For referral-based models:

- Develop a standardized referral form
- Require a treatment plan for payment

For co-located models:

- Allow (and train!) dentists to access lab data and PCPs to access dental data in your EMR
- Provide HIV training to dentists, and train PCPs to read relevant data in dental treatment plans

Ask

Examine

Educate

Intervene

Refer

Navigate

Patient Navigation



- Dental patient navigators help address barriers and facilitate access specific to oral health care
- Commonly, navigators:
 - Provide oral health education
 - Manage complex payment systems
 - Schedule, track, remind and follow-up on dental appointments
 - Arrange transportation to visits
 - Act as liaisons between dental and primary care teams

Best Practice Ideas

- Identify one (or two) dental patient navigators to focus mostly or solely on oral health referrals
- Create a document with the hierarchy of dental coverage options
- Integrate the dental patient navigator into your care team
- Offer HIV training opportunities to dental patient navigators
- Use your EMR to generate outreach list for the dental patient navigator

Ask

Examine

Educate

Intervene

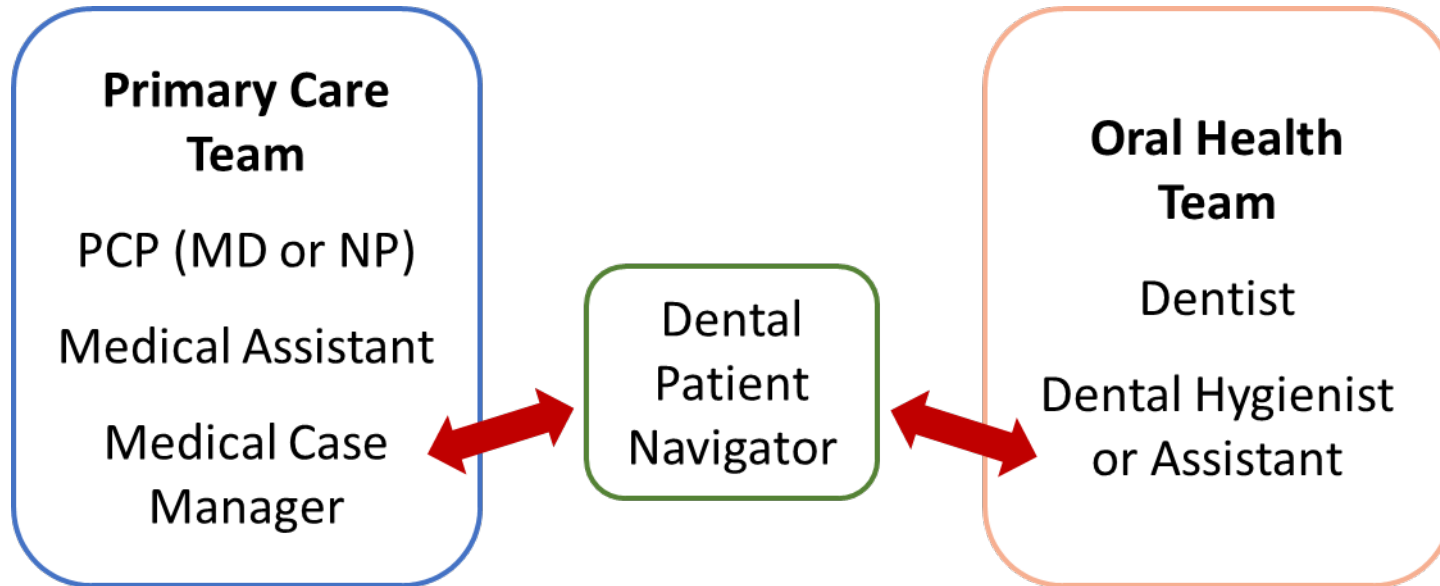
Refer

Navigate

Patient Navigation



- Several sites had dental assistants as navigators in addition to HIV case managers



Best Practice Ideas

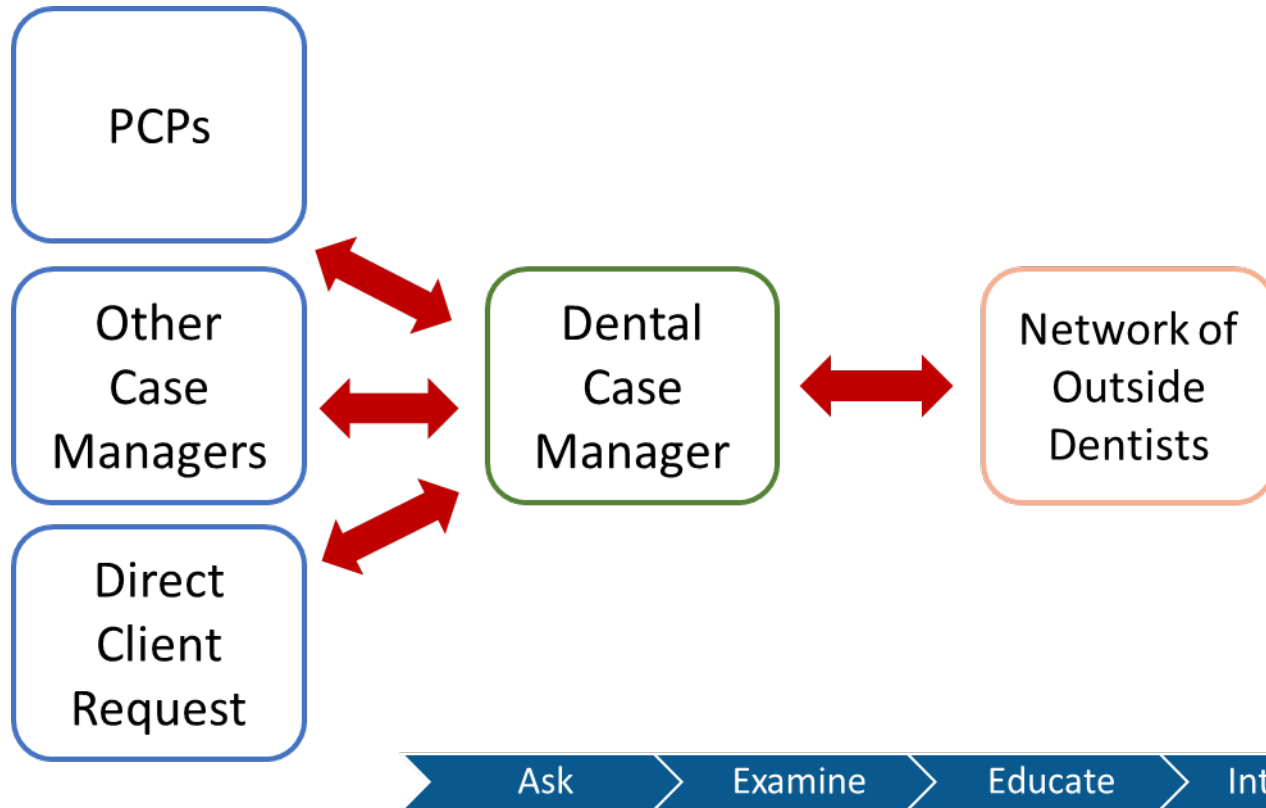
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Patient Navigation



- Others designated an HIV case manager to handle dental referrals



Best Practice Ideas

- Identify one (or two) dental patient navigators to focus mostly or solely on oral health referrals
- Create a document with the hierarchy of dental coverage options
- Integrate the dental patient navigator into your care team
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Model Development



- Assess your capacity and environment before deciding on an approach
- Look at what other recipients/providers across the country have done
- Take advantage of existing structures, whether that's onsite oral health services or good relationships with outside dentists

Best Practice Ideas

- Keep clients with their current dentist if they have one...and reach out to see if they're interested in a partnership
- Adopt memoranda of understanding (MOUs) to formalize relationships

Model Development



- Consider hiring new staff to round out your competencies in oral health
- Offer continuing cross-specialty training to your existing staff (i.e. HIV training to dentists/dental case managers and oral health training to PCPs)

Best Practice Ideas

- Reach out to your region's AIDS Education and Training Center (AETC) for training opportunities
- Check out the oral health and primary care integration curriculum on the [TargetHIV](#) website

Sustainability



- Leverage funding sources (e.g. program income, Part A and Part B networks, the Part F dental program)
- Develop a formal approval or prior authorization process that considers cost:
 - Develop a fee schedule
 - Set a cap for expenditures
 - Designate a dental expert to review and approve treatment plans

Best Practice Ideas

- Assess what other coverage (e.g. Medicaid or Part B-funded dental insurance) are available
- Identify other RWHAP providers who are delivering oral health care and establish a relationship

Hudson River HealthCare Ryan White Dental Program



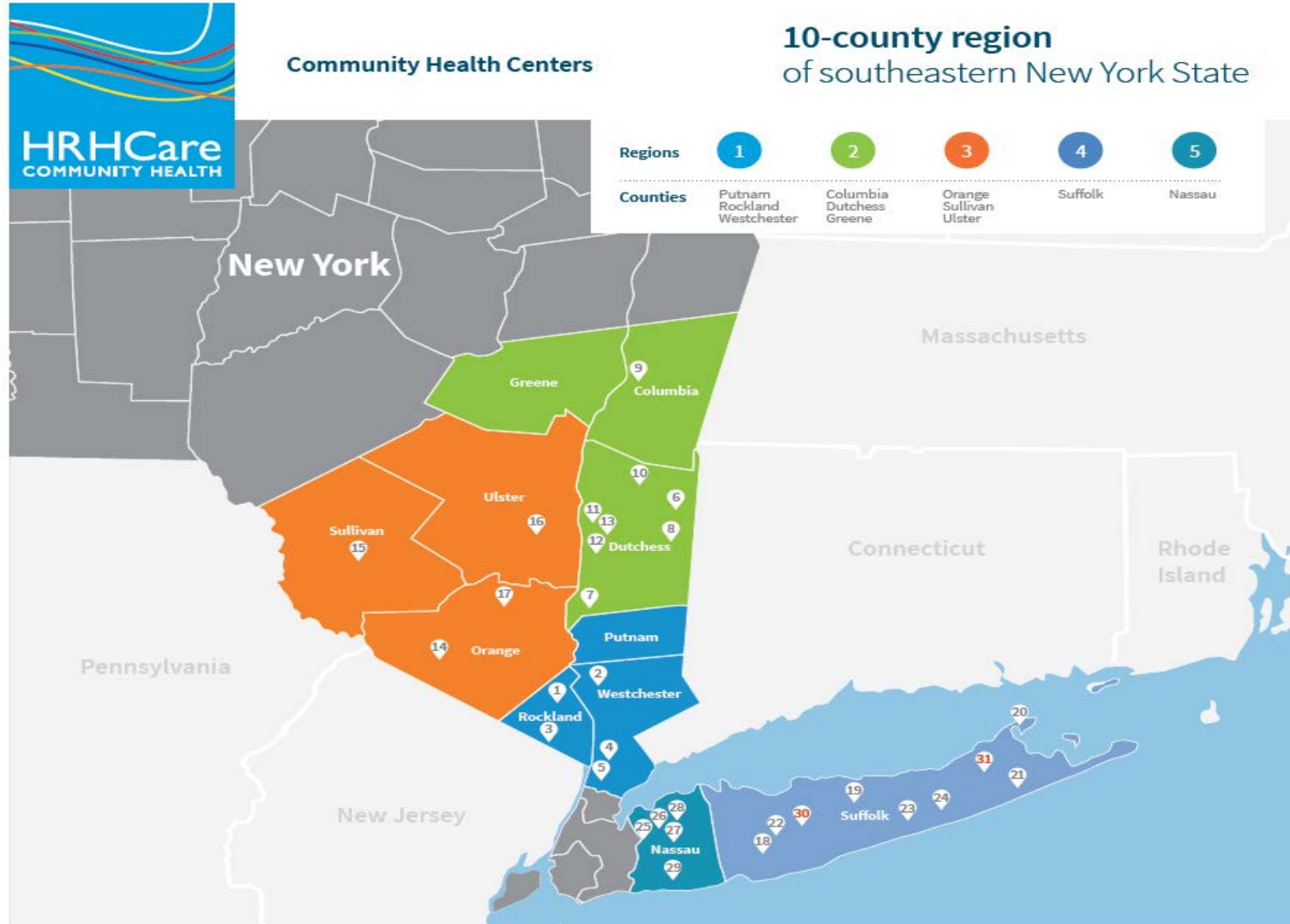
Lisa Reid, AVP of Care Management
Vanessa Carolina, Genesis Program Coordinator
Oskaya Fleming Duran, Dental Care Manager
Brett Wargo, Data Coordinator

HRHCare Mission



To increase access to comprehensive primary and preventive health care and to improve the health status of our community, especially for the underserved and vulnerable.

Hudson River HealthCare Service Area



❖ **Medicine**

Family Practice

Family Planning

Gynecology

Pediatrics

HIV Primary Care

Prenatal and OB

Internal Medicine

Specialty

❖ **Behavioral Health**

❖ **Medication Assisted Treatment**

❖ **Optometry**

❖ **Dentistry**

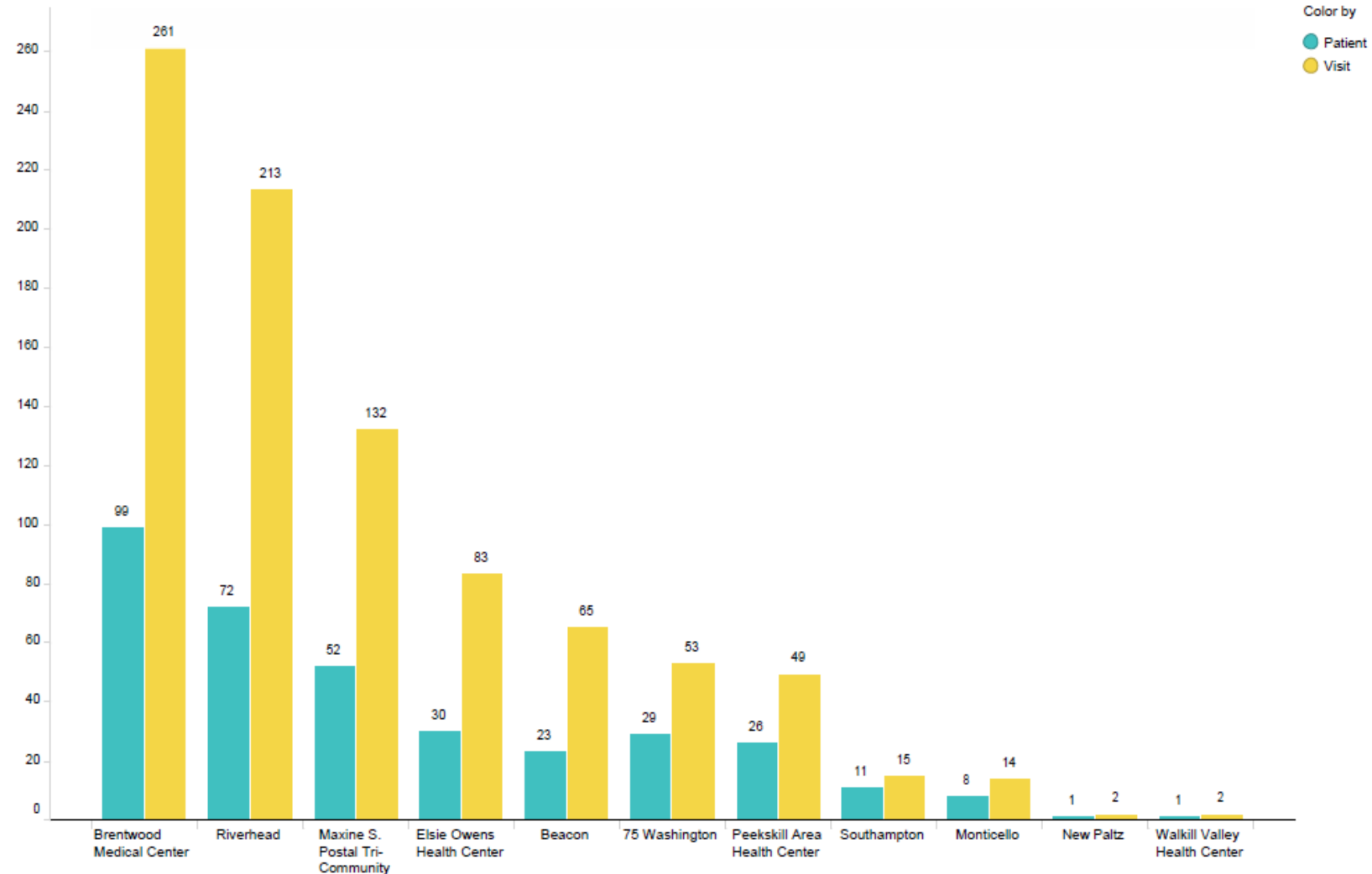
HRHCare Dental Program



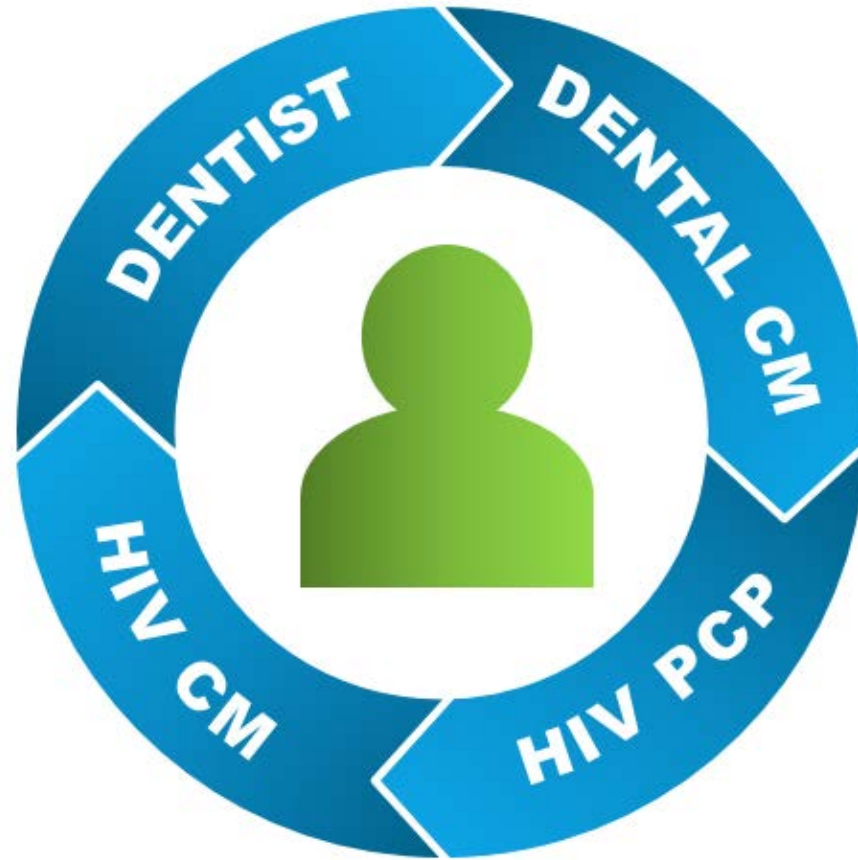
- 25 year history of providing dental care to persons living with HIV/AIDS
- Initially funded through RW Part A
- Utilized Part C and CDC funds to increase access to care and research and implement best practices.
- Dental services co-located in 11 of 30 HRHCare Health Centers

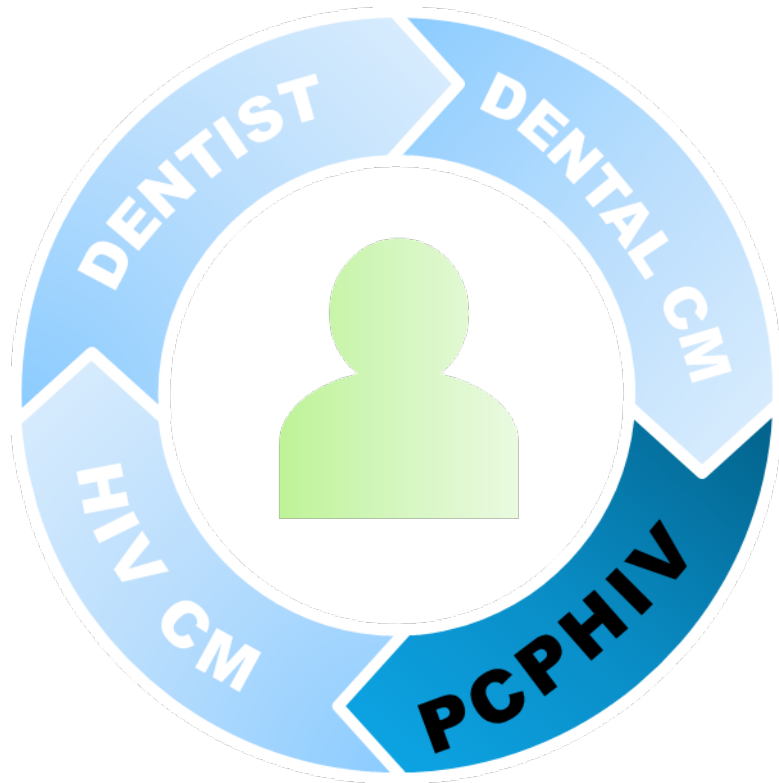
HRHCare Dental Sites & Services

Distinct Patient/Visit Count By Location - YTD 2018



Ryan White Dental Care Team





- ❖ HIV Specialists provide comprehensive HIV primary care in accordance with the HIV Standards of Care

Quarterly visits

Annual Referrals

- Nutrition
- Ophthalmology
- Behavioral health
- Dental care



- ❖ Care coordination responsibilities of the HIV Care Manager:
 - Initial and on-going assessments to identify barriers to care & referrals for community services
 - Insurance application/navigation
 - Referral management
 - Coordination of patient care with Dental Care Manager
 - Adherence education
 - Risk reduction

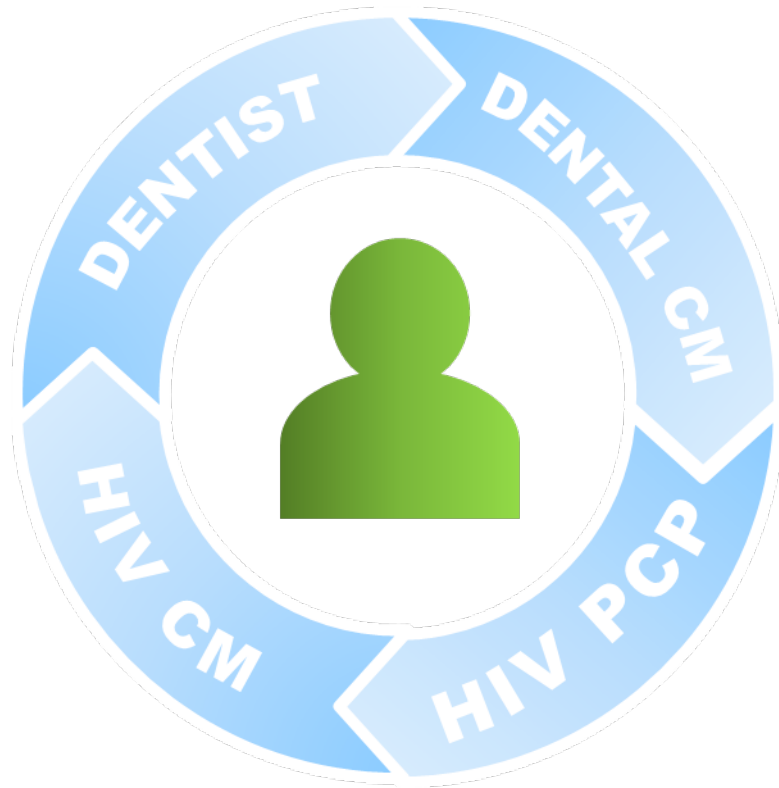


- ❖ Responsibilities of the Dentist:
 - Cleanings every 6 months
 - Dental examination
 - Education
 - Case conference/QI
 - Referral to dental specialty care, if necessary
 - Treatment adherence



- ❖ Responsibilities of the Dental Care Manager
 - Determine RW eligibility
 - Coordinate dental specialty referrals
 - Provide dental and adherence education
 - Resolve dental care issues
 - Conduct monthly dental QI/Case conference and coordination of HIV education for dentists

Role of the Patient



- ❖ Responsibilities of the Patient
 - Provide RW eligibility information
 - Adherence
 - Communicate questions and concerns
 - Provide feedback/dental survey
 - Self-management

Electronic Medical Record (EMR)

- ❖ Dental and Primary Care utilize the same EMR, eClinical Works (eCW)
- ❖ Offers automated and staff reminder calls through Patient Portal
- ❖ Provides access to comprehensive patient information
- ❖ Promotes re-engagement
- ❖ Templates standardize documentation

❖ Registration form

- Name of HIV Specialist
- Date of last HIV monitoring visit
- Viral load

❖ HIV Annual

- Date of last dental visit

❖ Case management assessment

- Date of last dental visit

❖ Case conference

- Date of last dental visit

❖ Quality improvement

- Track percentage of patients who had a dental exam
- COGNOS report extracts data from EMR structured data

EMR Structured Data

Care Management Assessment

HPI Notes

Free-form **Structured**

Wellness: Default ▾ Default for All ▾ Clear All

Name	Value	Notes
<input type="checkbox"/> Appetite		X
<input type="checkbox"/> Sleep		X
<input type="checkbox"/> Exercise		X
<input type="checkbox"/> Spirituality		X
<input type="checkbox"/> Last Dental Exam:		X
<input type="checkbox"/> Last Eye Exam:		X
<input type="checkbox"/> Last Nutrition Consult:		X

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EMR Structured Data

HIV Annual

HPI Notes

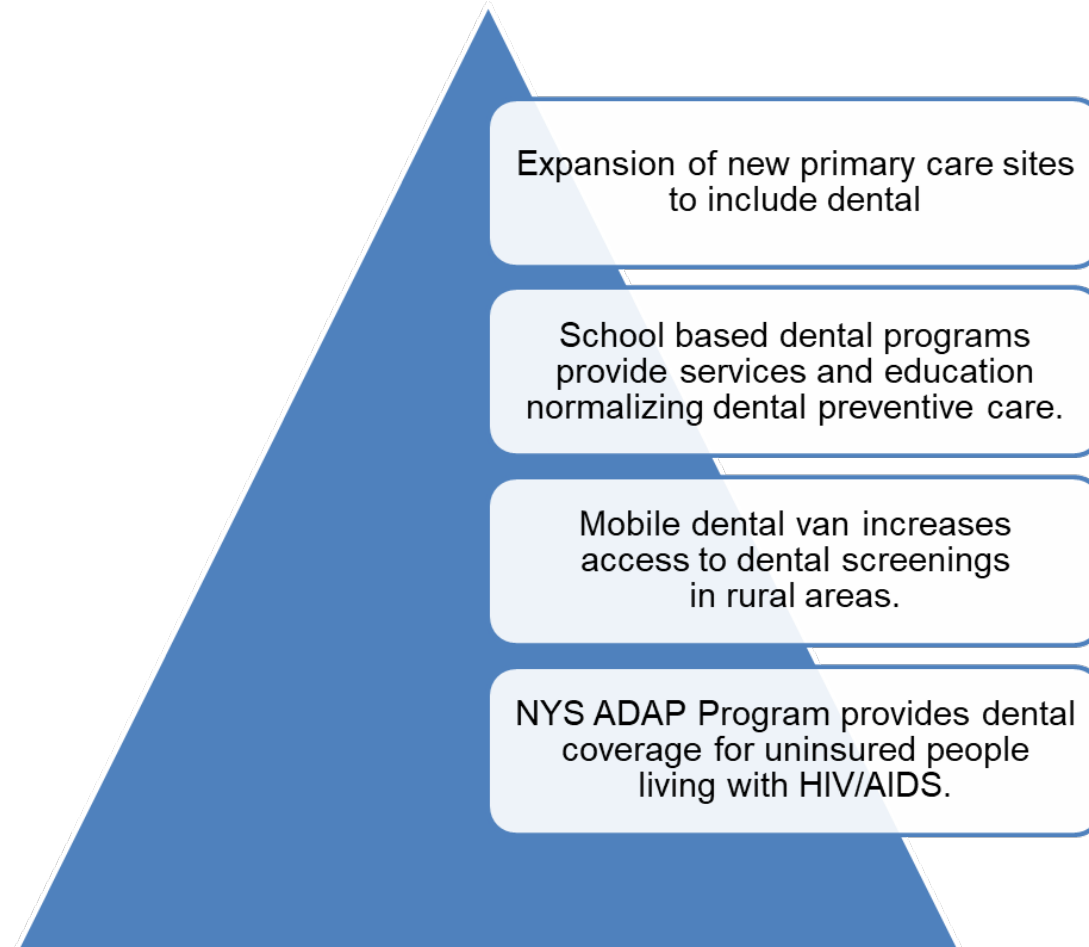
Free-form | **Structured**

Annual Default Default for All Clear All

Name	Value		Notes
<input type="checkbox"/> Last Annual Exam:		X	X
<input type="checkbox"/> TB - Hx of positive PPD?		X	X
<input type="checkbox"/> Last TB Screen:		X	X
<input type="checkbox"/> Last Colonoscopy:		X	X
<input type="checkbox"/> Last Dental Exam:		X	X
<input type="checkbox"/> Last Nutrition Visit:		X	X
<input type="checkbox"/> Last Eye Exam:		X	X
<input type="checkbox"/> Cognitive Assessment - Date		X	X
<input type="checkbox"/> Cognitive Assessment - Scor		X	X
<input type="checkbox"/> Patient on HIV Meds?		X	X

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Addressing the Needs of the Community



HRHCare Dental Program Summary



- ❖ Co-located in HRHC primary care setting
- ❖ Strong interdisciplinary treatment team component for coordination of care, case conference, QI and training
- ❖ Integrated electronic medical record
- ❖ Dental Care Manager: liaison between dental and primary care

Thanks to:



- ❖ The Dental Team
- ❖ Clifford Hames, DDS, Chief Dental Officer
- ❖ Iris Arzu, Informatics Analyst

- ❖ Contact information:
 - ❖ Lisa Reid, LCSW, AVP of Care Management, lreid@hrhcare.org
 - ❖ Vanessa Carolina, HIV Program Coordinator, vcarolina@hrhcare.org

LIFELONG DENTAL PROGRAM SEATTLE TGA

Lifel**ng**

D. Mark Baker, Deputy Executive Director

Development

- Multiple attempts to create, develop, implement, and maintain an oral health program. Modeled after Boston EMA.
- PCP Integration
- NeighborCare Health
- Whole person health
- Relationships with clients



Provider Selection

- Each Provider:
 - ▣ Signs an MOU with Lifelong for patient referrals and data sharing
 - ▣ Contracts with Ryan White for payment
- Dentist and Oral Health Providers are selected based on:
 - ▣ Capacity and experience serving PLWH
 - ▣ Accepted Insurance with Medicaid Preference
 - ▣ Geographic Location
 - ▣ Specialty Care
 - ▣ Languages spoken
- Fee Schedule



Data Sharing

- Appointments are scheduled through a three-way call.
- Providers are faxed:
 - ▣ Recent labs
 - Viral Load, CD4 Count
 - ▣ List of medications (at the appointment)
 - ▣ Most recent dental visit/dental history
 - ▣ Dental fears
 - ▣ Demographics
 - ▣ Insurance information (if applicable)
- Providers confirm monthly appointments and Phase I Treatment data and entered into data system for follow up.



Referral Relationship

- Referrals come from Case Managers, Self-Referral, and from dental providers
- Referrals are managed by a centralized eligibility function and entered into the data system once eligibility is determined
- Dental Navigators track attempts to schedule initial appointment through data systems
- Missed and kept appointments



Barriers

- Dental fears
- Transportation
- Eligibility
- Provider preference
- Funding, caps and limits



Funding, Cost, Sustainability

- Ryan White Funding
 - ▣ Oral Health
 - ▣ NMCM
- City of Seattle Funding
 - ▣ Case Management
- Caps/Limits
 - ▣ Monitor client level expenses
 - Exception for medically necessary
- Provider contract range
 - ▣ Monthly monitoring
- Fee Schedule



THANK YOU

Special thanks to Caila Nickerson, Former LDP Manager

Action Plan Development

Select an integration component based on your agency's:

- Priorities
- Gaps
- Capacity for change

Use resources at your table and members of the research team to develop an Action Plan to implement an integration component (or aspect of one)