

Medical-Dental Collaboration



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No conflicts of interest



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®



Oral Health Across the Lifespan



Medical-Dental Collaboration



- Oral health is essential for overall health
- Ultimate goal in all models is to facilitate establishment of dental home with dentist
- Prevent disease
- Get treatment for existing disease
- No one size fits all

[Section on Oral Health](#)[About Us](#)[Membership Criteria](#)[Executive Committee](#)[Membership](#)[Oral Health Initiatives](#)[Contact Us](#)

Section on Oral Health

Welcome to the Section
on Oral Health

Not a member?

[Join Now!](#)[Learn More](#)

- Members: Dentists and Pediatricians
- Executive Committee: Dentists and Pediatricians
- Liaisons from:
 - AAPD (Amr Moursi, DDS)
 - ADA (Sharon Clough, RDH)
 - ADHA (Ann Battrell, RDH)
- Joint Policies, Guidelines, Statements
- Advocacy

www.ilikemyteeth.org

DentaQuest
FOUNDATION

CAMPAIGN FOR
DENTAL HEALTH
life is better **WITH TEETH**

HEALTH PROFESSIONALS

SCIENTISTS

NEW WATER OPERATORS

EN ESPAÑOL



search ...

About

Allies

Blog

Act Now

What's the Debate?

Learn & Share

We're Building Healthy Communities

Healthy communities create conditions that benefit everyone. Community water fluoridation helps all of us – the entire community – prevent unnecessary dental problems before they begin.



The Debate

A quick primer on both sides of the fluoride debate.

[SORT THROUGH THE SCIENCE »](#)



Learn

Answers to all of your questions about fluoride, without the technical talk.

[GET THE ANSWERS »](#)



Share

Help everyone learn about fluoride.

[SPREAD THE WORD »](#)

Oral Health Advocacy Toolkit

-A +A



Early childhood dental caries is the most common chronic disease of childhood, yet access to oral health care continues to be a problem for many children and families. There are many ways for pediatricians and dental professionals to improve oral health access by advocating for kids' oral health in their practice, community, and at the state and federal levels. Included in this toolkit you will find ideas and tools to engage as an oral health advocate or to simply help you weave oral health into your existing advocacy efforts. [Access the toolkit here.](#)

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- Areas of Focus Upcoming
- Upcoming Advocacy Opportunities and Sample Social media Messages
- Contact Your Members of Congress
- Advocating Through Traditional Media (Op-Eds, Blogs, Newspaper, TV, Radio)
- Other Helpful Resources

Useful Links

- [Families USA Oral Health for All](#)
- [National Children's Dental Health Month Resources from the ADA](#)
- [Children's Dental Health Project](#)
- [OH2020](#)

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- Upcoming Advocacy Opps
- Social Media Messages
- Contact your Congress Members
- Traditional Advocacy

AAP Oral Health Education and Training

- Bright Futures Oral Health
- Smiles for Life Oral Health
- Education and QI in Pediatrics (EQIPP)
- Oral Health in Pregnancy
- Oral Health Webinars
- more

TRAINING VIDEOS

Bright Smiles from Birth Training Video

Instruction for providing oral health assessments and demonstration of applying fluoride varnish on young children.

Minnesota Oral Health Coalition Parent Videos

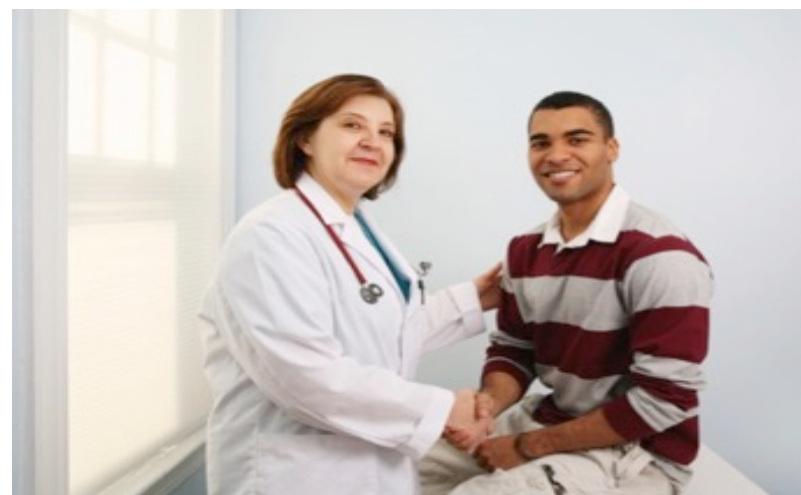
Resources on collaborating with communities and schools, improvements through innovation and integration, and the lifelong importance of oral health.

Smiles for Life Training Videos

Demonstrations of patient care including knee-to-knee, fluoride varnish application, and palpation of the TMJ and the floor of the mouth.

How To Apply Fluoride Varnish (From the First Tooth)

Instruction and demonstration of how to apply fluoride varnish in a primary care setting to very young children.



Leverage the Medical Visit

Oral Health Promotion by Medical Providers

- Endorsed by AAPD, AAP, ADA
- American Academy of Pediatrics Section on Oral Health
- US Preventive Services Task Force Recommendation B
- All 50 states and Washington reimburse for simple preventive procedures

Oral Health Promotion by Medical Providers

- AAP Periodic Survey: Barriers (moderately/significant)
- Multivariable results (*statistically different from 2008 ($p < 0.05$))

Barrier (Lack of...)	2008 N = 698	2012 N = 402	2018 N = 287
...ability to bill FV separately	43.1	28.7*	27.4*
...adequate training	41.2	36.0	25.4*
...adequate time	34.9	28.7	21.5*

Oral Health Promotion by Medical Providers

- AAP Periodic Survey: Behavior (moderately/significant)
- Multivariable results (*statistically different from 2008/2012 ($p < 0.05$))

Behavior	2008 N = 698	2012 N = 402	2018 N = 287
Risk Assessment	--	27.3	36.9*
Apply FV	2.6	5.6*	16.7*
Bill for FV	--	11.8	23.5*
Identify caries	47.3	47.5	48.2
Identify plaque	18.0	21.2	25.9*

Denver Health/Cavity Free at Three

Setting



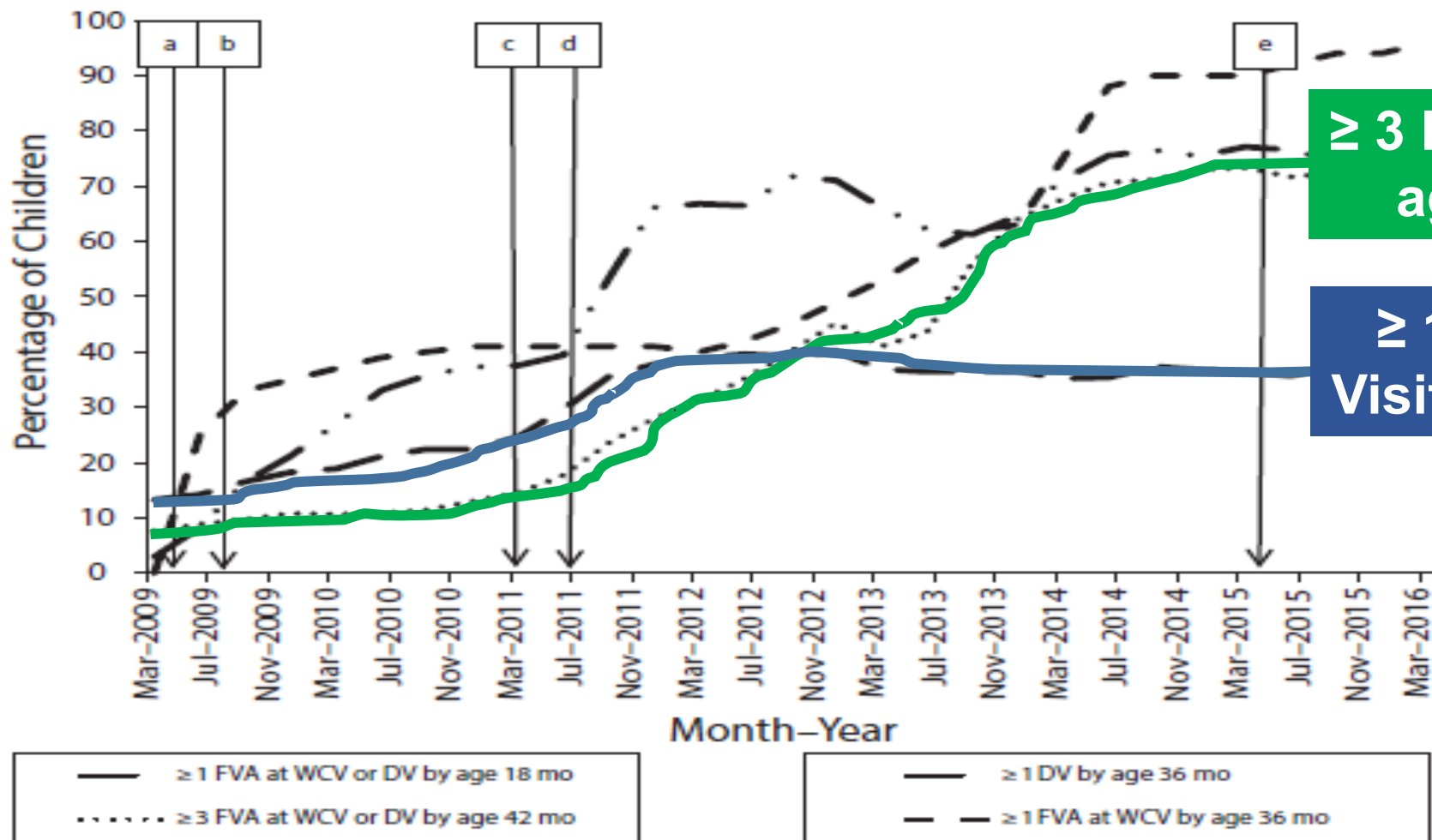
Program

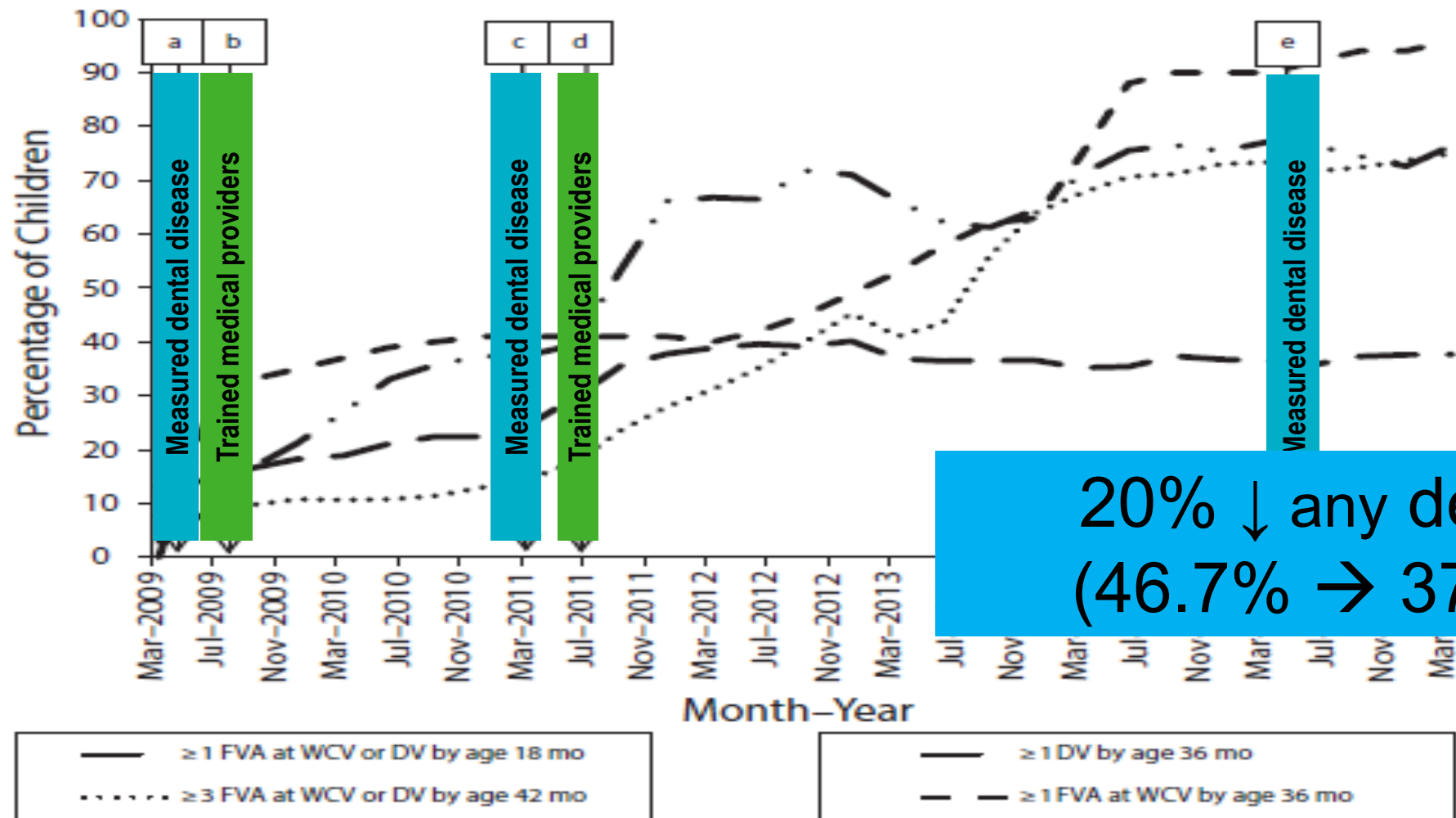


Approach

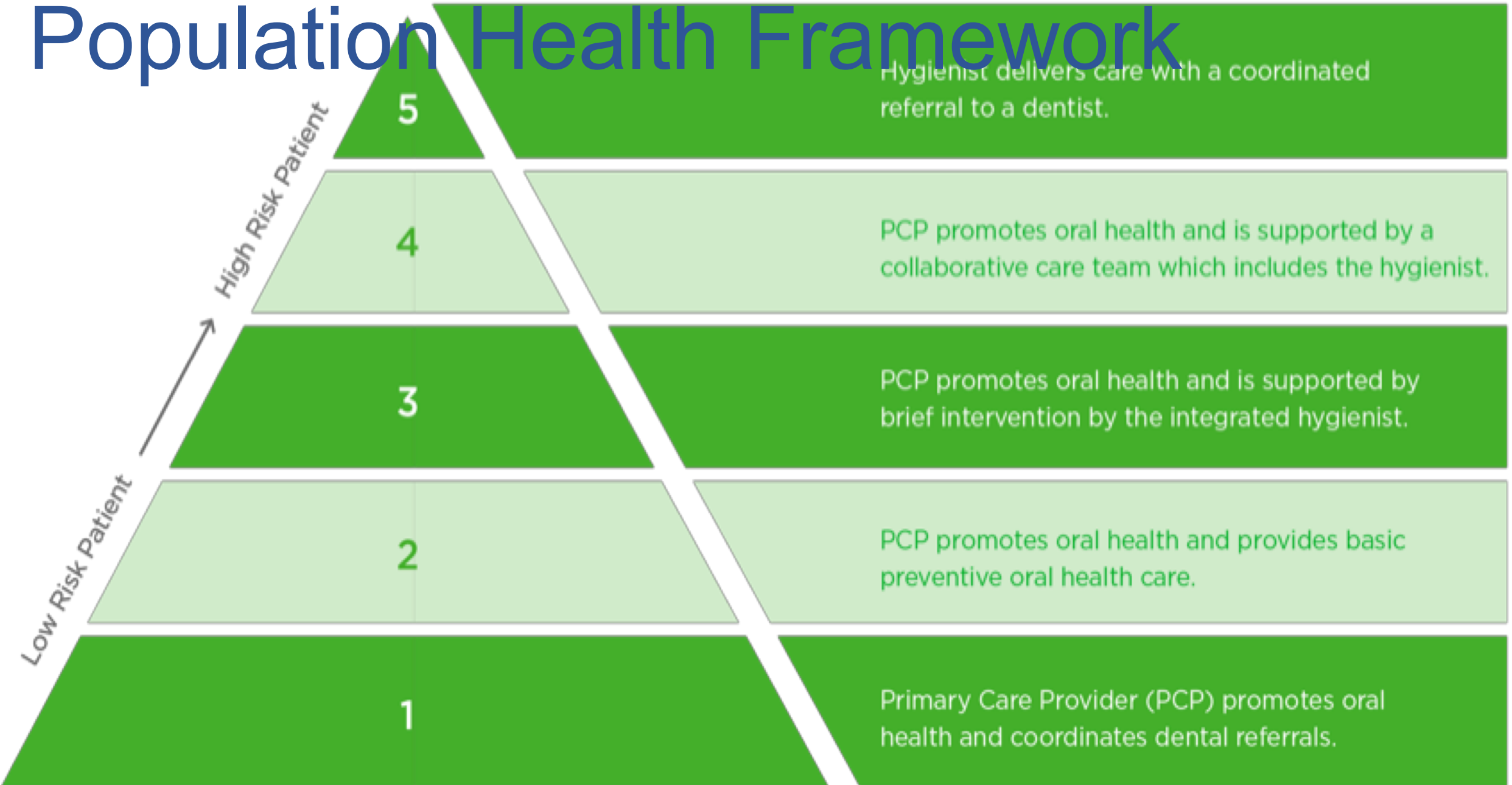


Coaching

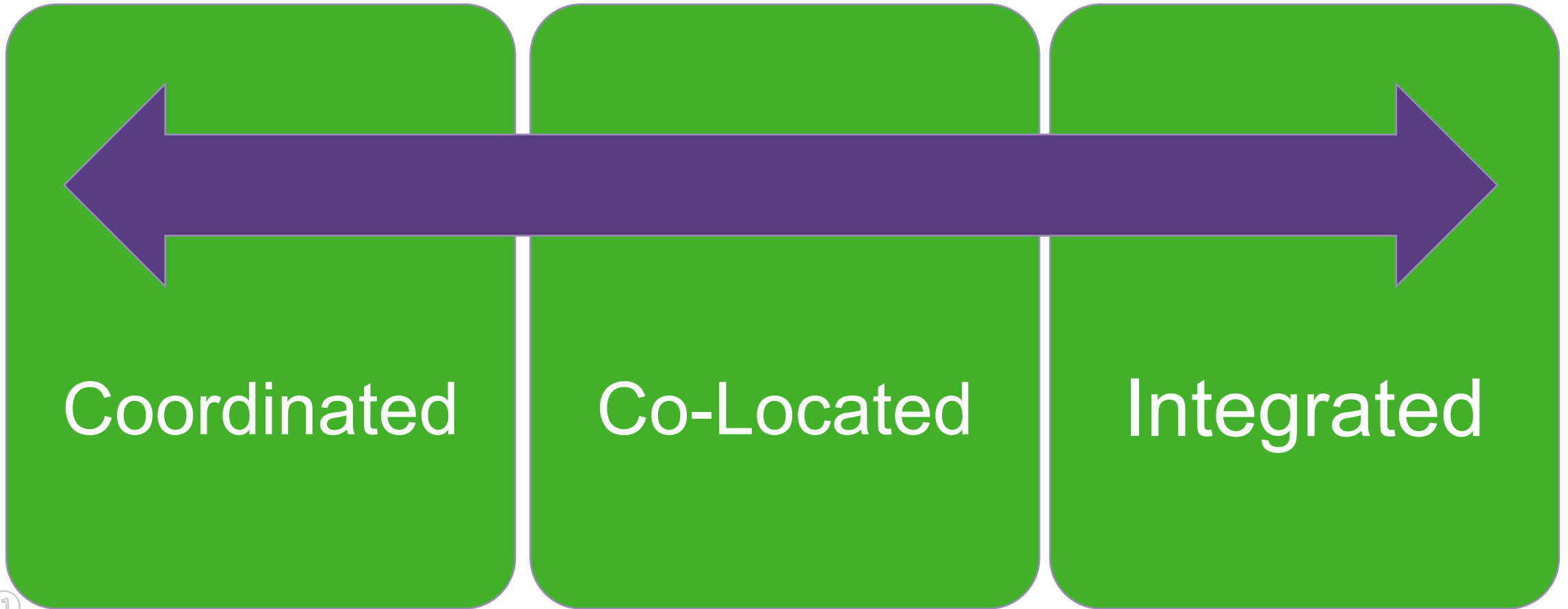




Population Health Framework

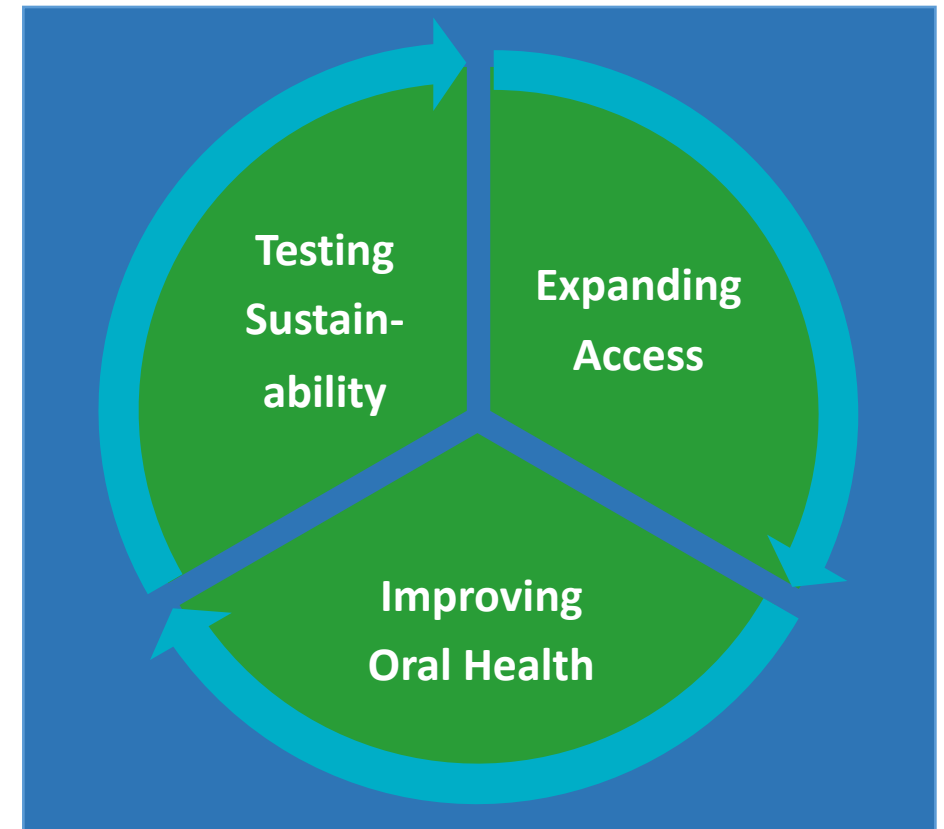


Levels of Integration



Colorado Medical-Dental Integration Project

- Funded by Delta Dental of Colorado Foundation
- Co-location: 2007 - 2013
- Integration Wave I: 2014 - 2019
- Integration Wave II: 2018 - 2022
- Integrated dental hygienists in medical practices to provide preventive services with referral to dentists for restorative care



Medical-Dental Integration



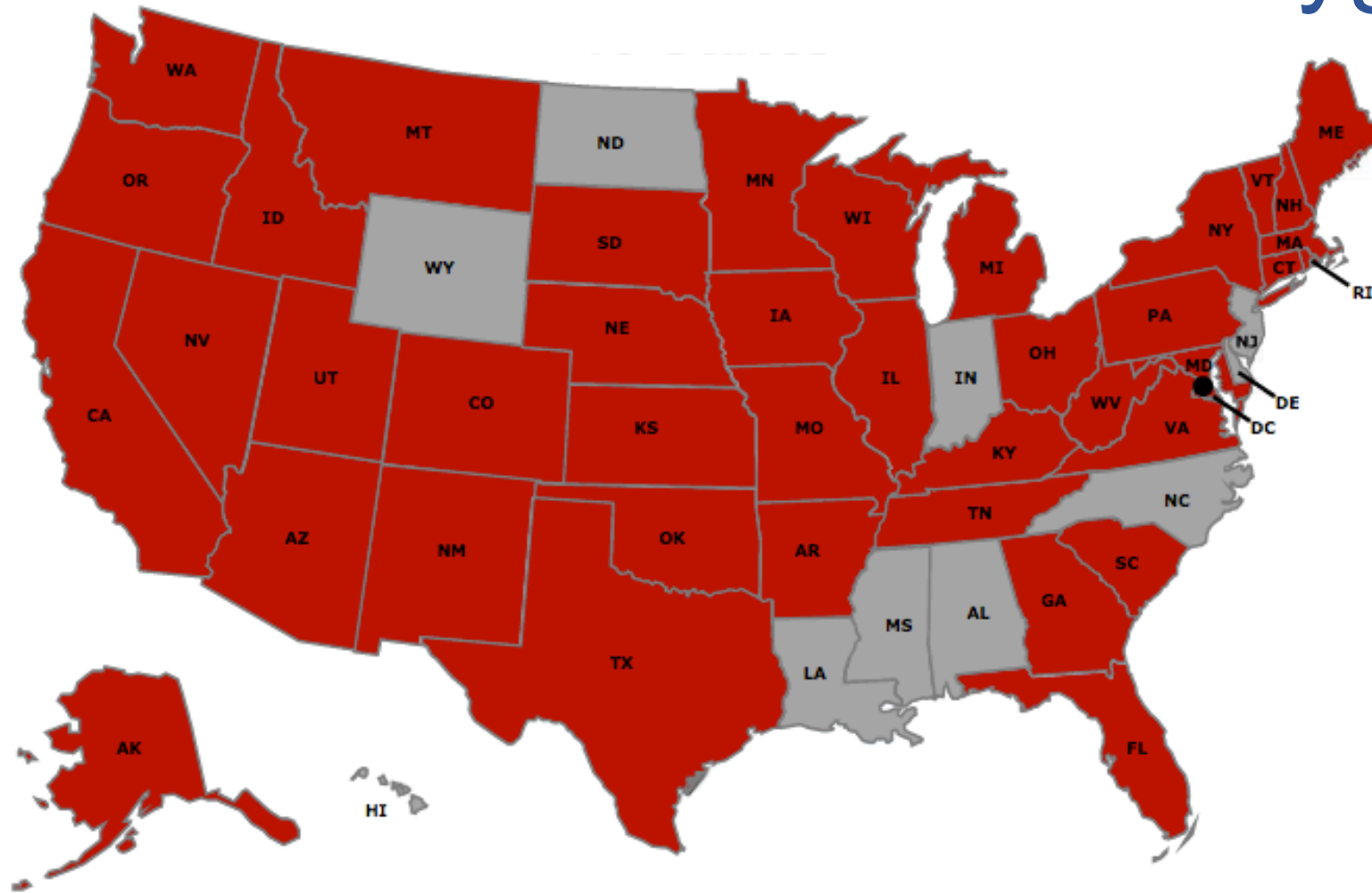
- Core medical team.
- Extended team includes dental hygienist.
- One-stop shop.
- Integrated systems.
- Scheduling, billing, treatment planning.
- Case-coordination for restorative services.



Direct Access to Full-Scope Hygiene Care

- Full-scope dental hygiene care.
- Integrated, team-based care.
- Extension of dental home into medical home.

42 States: Direct Access to Dental Hygienist



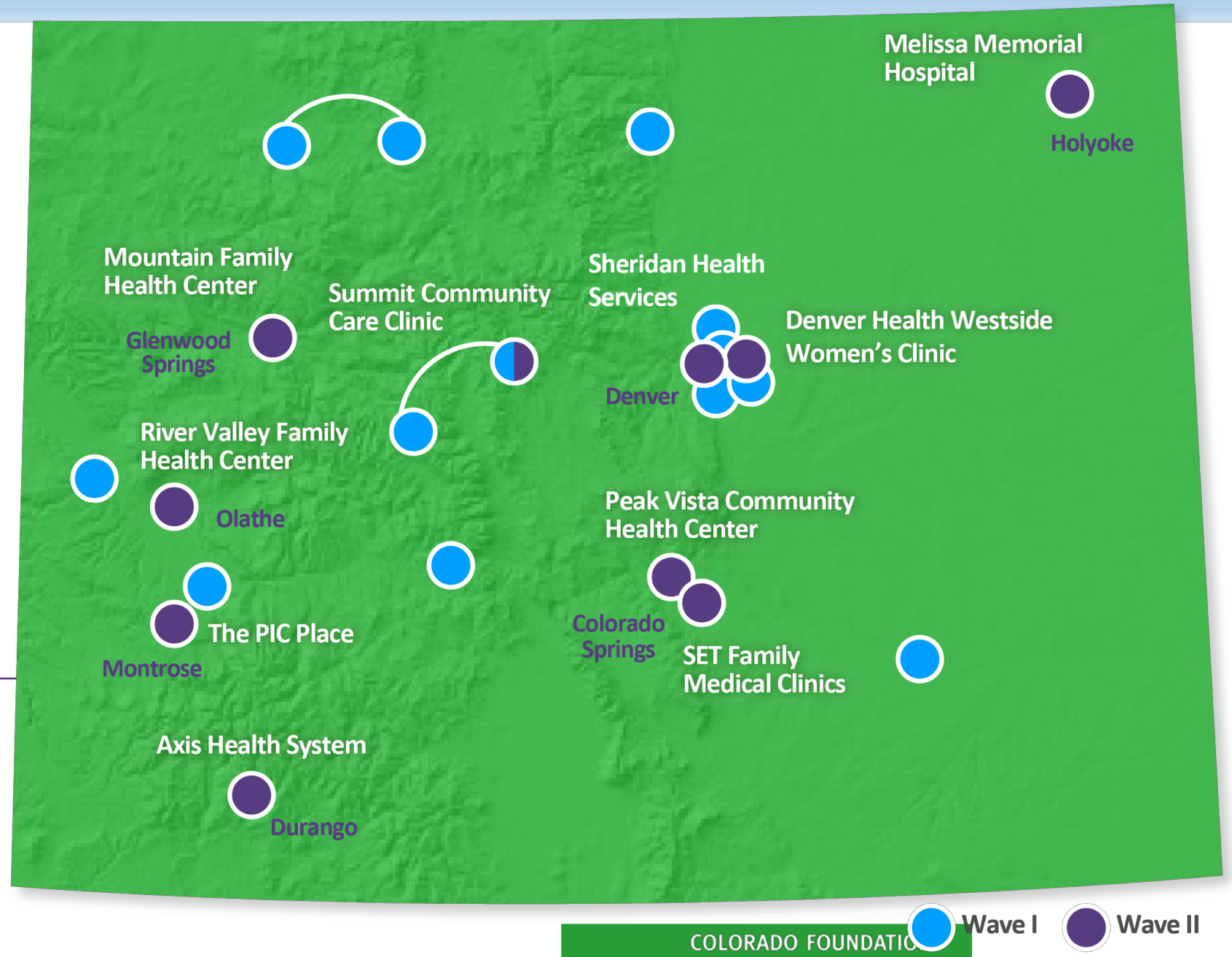
The American Dental Hygienists' Association (ADHA) defines direct access as the ability of a dental hygienist to initiate treatment based on their assessment of a patient's needs without the specific authorization of a dentist, treat the patient without the presence of a dentist, and maintain a provider-patient relationship (ADHA Policy Manual, 13-15).



■ States that permit direct access to dental hygienists

Revised May 2017
www.adha.org

30 Medical Practices Across Colorado





Hospital Systems



**Federally
Qualified Health
Centers**



**Private,
non-profit
medical clinics**



**Private,
for-profit
medical clinics**



**Independent
Practicing Dental
Hygienists**



CO MDI - Practice Type

Start up—lots of technical assistance



- Development of built space with dental hygiene equipment
- Hiring of “right” dental hygienist
- Credentialing of dental hygienist
- Relationship with dentist
- IT support
- Billing support



Learning Collaborative

- Support clinics in reaching goals.
- Coach to build integrated models.
- Clinic-level metrics used in coaching.
- Financial metrics used to achieve sustainability.

Integrated Care Workflows

Team-based care

- * Extension of core team
- * Huddles and team times



Dental hygiene visits in the medical space

- * Scrubbing medical schedule and identifying patients
- * Warm hand offs from medical
- * Scheduled dental hygiene new visits and recall visits.



Follow-Up

- * Treatment planning with medical team
- * Risk-based follow up/recall
- * Coordinated referral to dentist

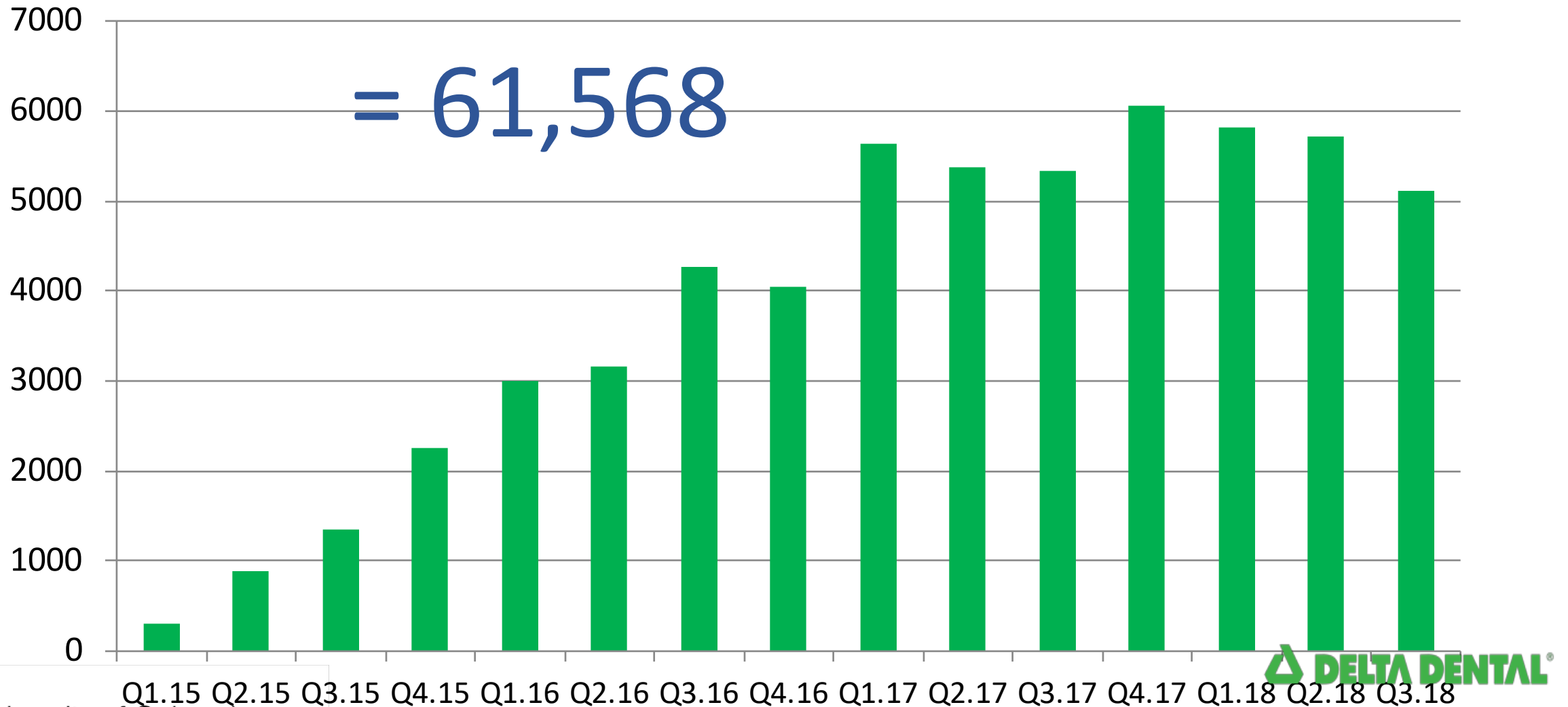


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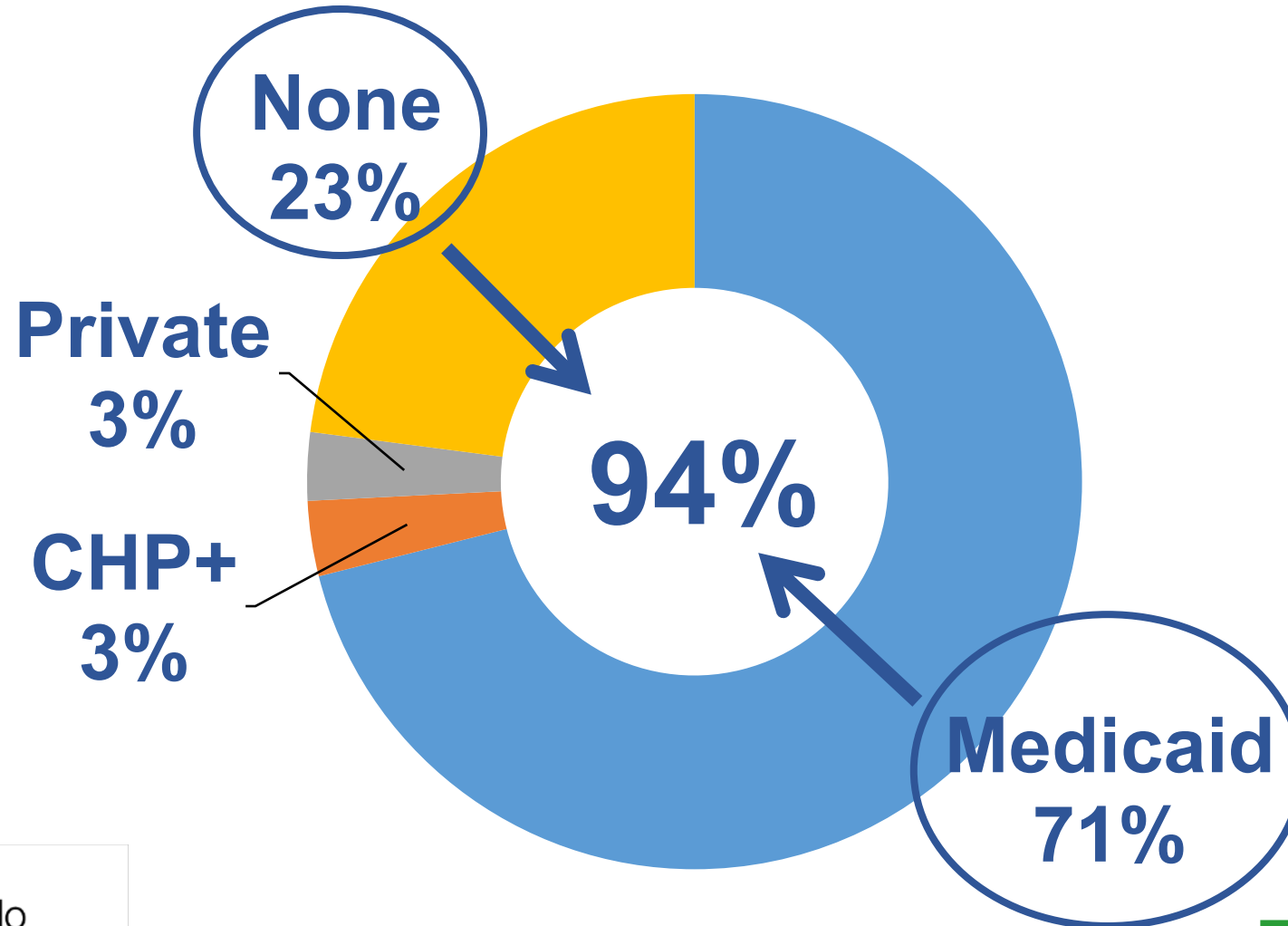


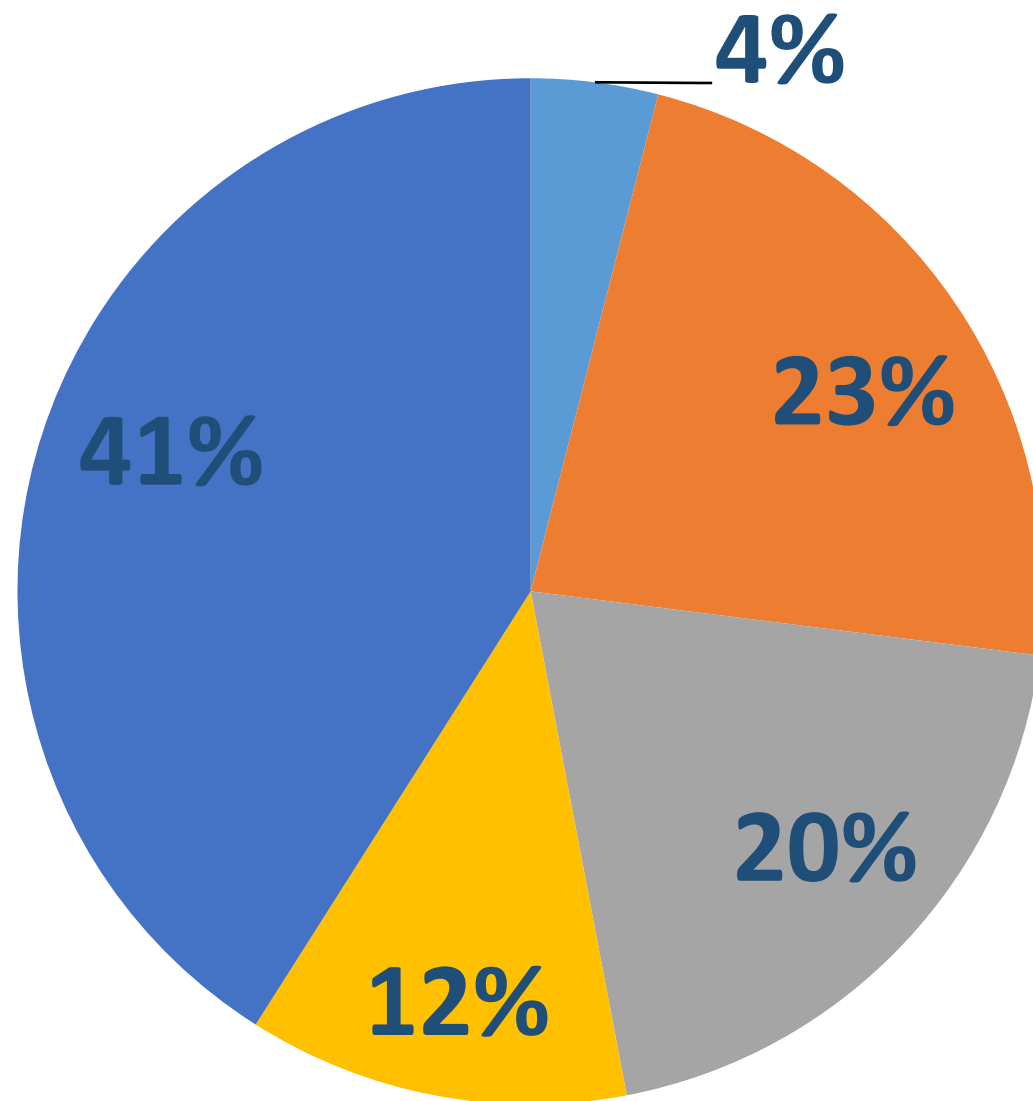
COLORADO FOUNDATION

Cumulative Visits 2014 – December 2018

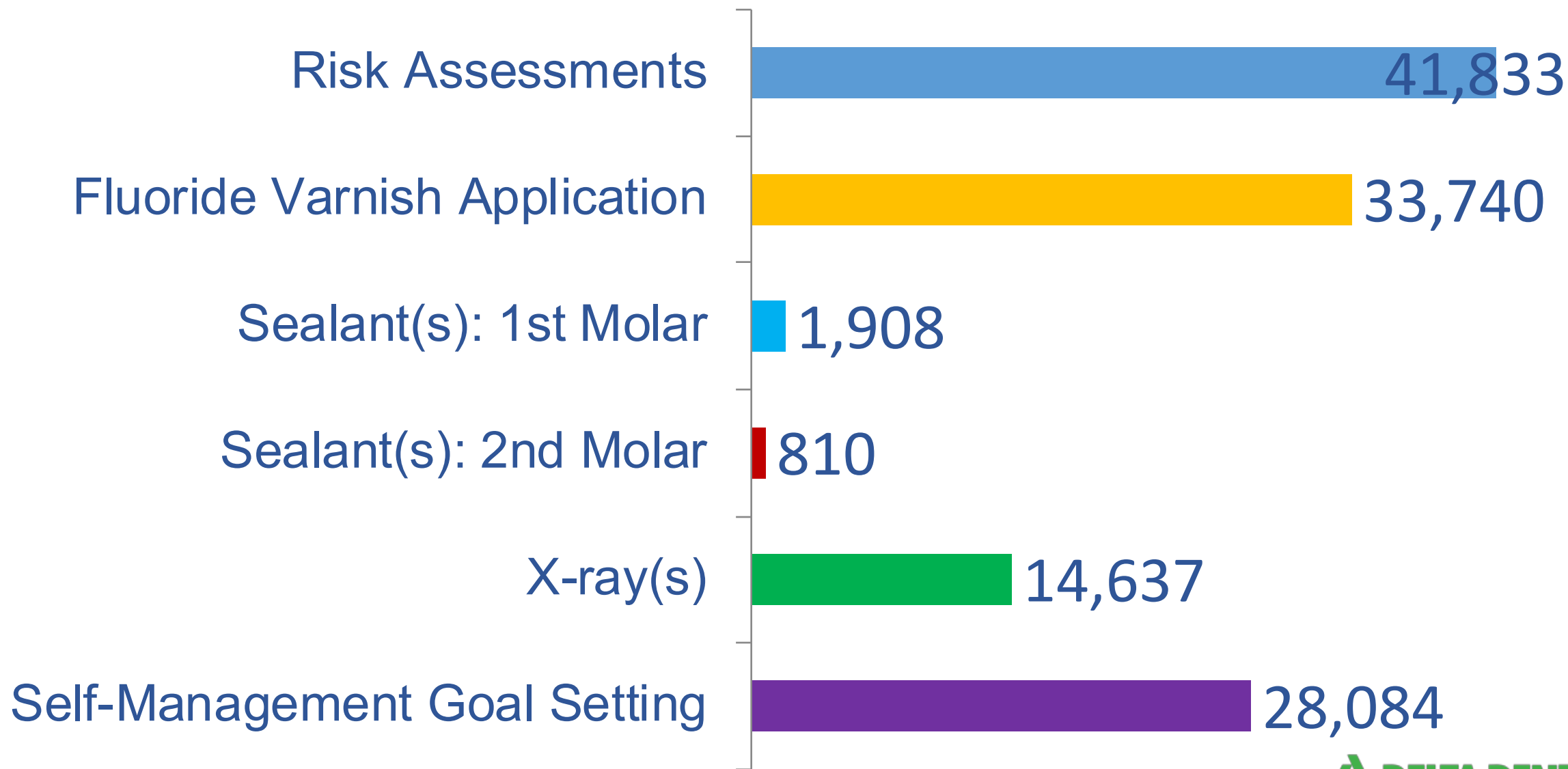


Insurance: Underserved





- Under age 1
- Ages 1-5
- Ages 6-12
- Ages 13-18
- Over 19



Completed Referral to Dentist

> 57%



Medical Providers Perspectives

- Online survey 2 years into MDI Project (N = 77)
 - Improving oral health will improve overall health: 100%
 - I don't have time to provide oral health services: 64%
 - I don't have time to refer to an integrated dental hygienist: 3%
 - Integrating a dental hygienist into my team makes sense: 100%
 - It is convenient for my patients to get dental care in the medical office: 100%
- Online
- Strongly agree/agree vs disagree/strongly disagree

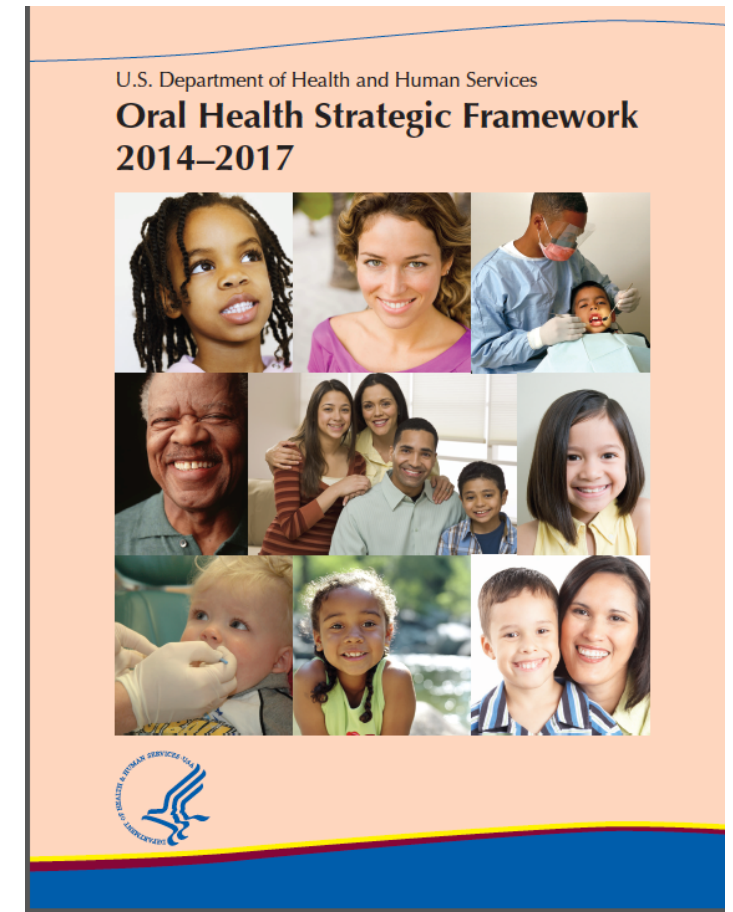
Patient/Parent Perspectives

- Office survey 2 years into MDI Project (N = 390)
 - 95% agree convenient to get care from a dental hygienist in medical care
 - 94% agree more likely that to see dental hygienist in medical office than in the dentist office
 - 93% makes sense to receive dental hygiene care in the medical office
 - 80% disagree that it takes too much time to see dental hygienist at medical visit
 - English and Spanish
 - Hand-written
 - Strongly agree/agree vs disagree/strongly disagree

Think Broadly -HHS Oral Health Strategic Framework

GOALS:

1. Integrate oral health and primary health care.
2. Prevent disease and promote oral health.
3. Increase access to oral health care and eliminate disparities.
4. Increase the dissemination of oral health information and improve health literacy.
5. Advance oral health in public policy and research.



Value-Based Care



- CMS Quality Strategy Goals based on Quality of Care vs. Quantity of Care
 - Make care safer by reducing harm caused while care's delivered.
 - Help patients and their families be involved as partners in their care.
 - Promote effective communication and coordination of care.
 - Promote effective prevention and treatment of chronic disease.
 - Work with communities to help people live healthily.
 - Make care affordable.

Medical Dental Collaboration

- Got a long way to go and a short time to get there.
- There are many ways to integrate medical and dental care.
- Focus on quality not quantity.
- Consider your population's needs and listen to your community.
- Disseminate evidence and build best practices.
- No one best practice fits all.
- LOTS to learn.

QUESTIONS?



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