

Storming Medical-Dental Integration

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Conflict of Interest Disclosure

- I, Megan Krohn, have no relevant financial relationships to disclose regarding the content of this continuing education activity as defined by the ADA CERP Recognition Standards
- I, Shawn Oprisiu, have no relevant financial relationships to disclose regarding the content of this continuing education activity as defined by the ADA CERP Recognition Standards

Learning Objectives

- 1. Integrated Care Models:** Learners will understand the importance of integrating medical and dental care teams to improve patient outcomes and achieve the quadruple aim of quality.
- 2. Strategies for Addressing Oral Health in Primary Care:** Learners will be able to identify strategies to promote interdisciplinary communication, shared decision-making, and coordinated care between medical and dental providers to achieve whole person care.
- 3. Access to Care for Underserved Populations:** Learners will explore the how integrated care aims to reduce health disparities and increase access to both medical and dental services in underserved communities.

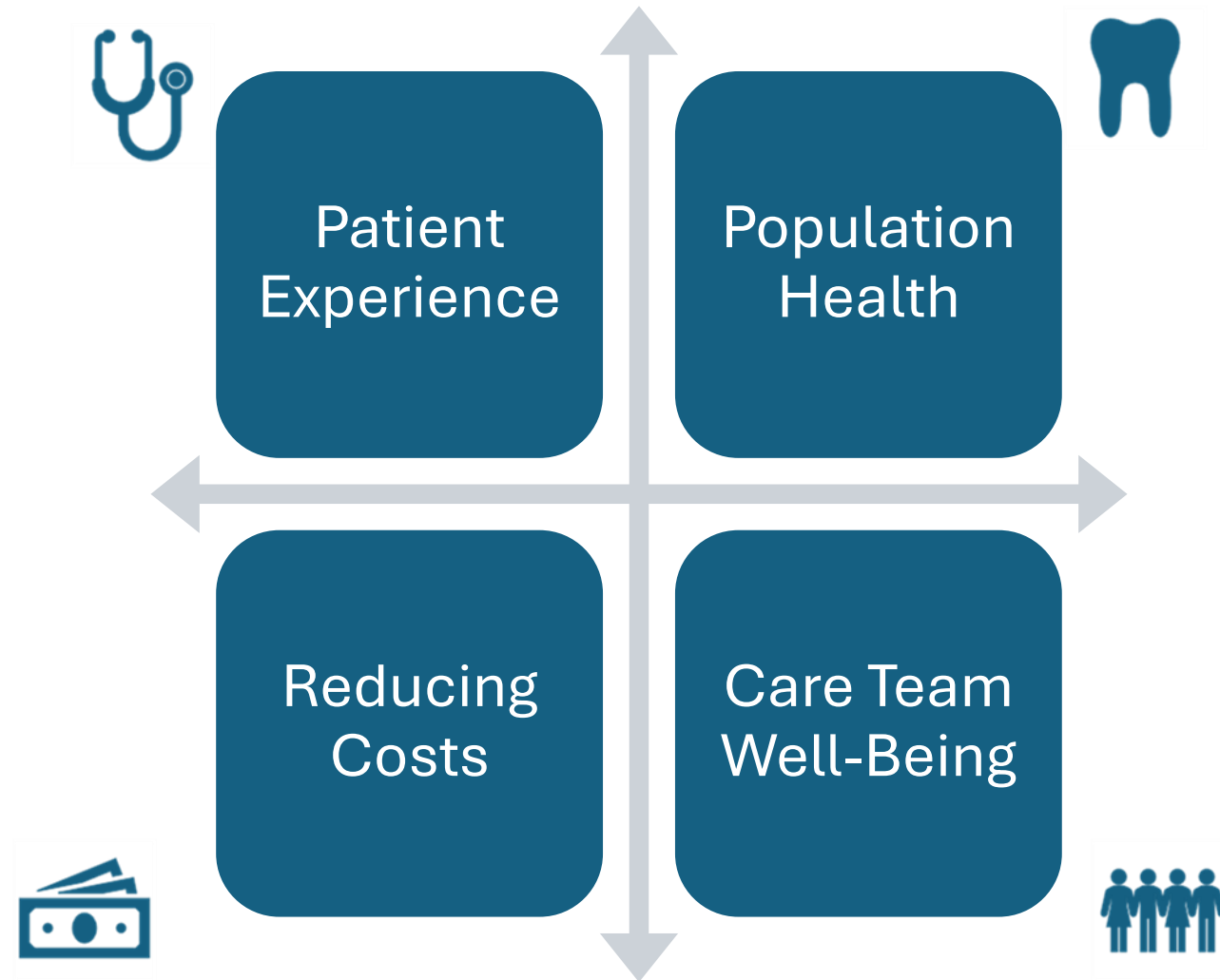
Integrated Care Models

Why is it Important?

Table 1. Six Levels of Collaboration/Integration (Core Descriptions)

COORDINATED KEY ELEMENT: COMMUNICATION		CO LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice
Behavioral health, primary care and other healthcare providers work:					
In separate facilities, where they:	In separate facilities, where they:	In same facility not necessarily same offices, where they:	In same space within the same facility, where they:	In same space within the same facility (some shared space), where they:	In same space within the same facility, sharing all practice space, where they:
<ul style="list-style-type: none"> » Have separate systems » Communicate about cases only rarely and under compelling circumstances » Communicate, driven by provider need » May never meet in person » Have limited understanding of each other's roles 	<ul style="list-style-type: none"> » Have separate systems » Communicate periodically about shared patients » Communicate, driven by specific patient issues » May meet as part of larger community » Appreciate each other's roles as resources 	<ul style="list-style-type: none"> » Have separate systems » Communicate regularly about shared patients, by phone or e-mail » Collaborate, driven by need for each other's services and more reliable referral » Meet occasionally to discuss cases due to close proximity » Feel part of a larger yet non-formal team 	<ul style="list-style-type: none"> » Share some systems, like scheduling or medical records » Communicate in person as needed » Collaborate, driven by need for consultation and coordinated plans for difficult patients » Have regular face-to-face interactions about some patients » Have a basic understanding of roles and culture 	<ul style="list-style-type: none"> » Actively seek system solutions together or develop work-a-rounds » Communicate frequently in person » Collaborate, driven by desire to be a member of the care team » Have regular team meetings to discuss overall patient care and specific patient issues » Have an in-depth understanding of roles and culture 	<ul style="list-style-type: none"> » Have resolved most or all system issues, functioning as one integrated system » Communicate consistently at the system, team and individual levels » Collaborate, driven by shared concept of team care » Have formal and informal meetings to support integrated model of care » Have roles and cultures that blur or blend

Quadruple Aim of Quality



Quadruple Aim of Quality



Patient Experience

Convenient and Time Saving
Patient Comfort with Care Team



Population Health

Early Prevention for Caries Reduction
Oral Health Education and Nutritional
Counseling

Quadruple Aim of Quality



Reducing Cost

Early Intervention
Resource Stewardship



Care Team Well-Being

Collaboration and Cross Training
Joy in Work / Burnout Reduction

Strategies for Addressing Oral Health in Primary Care

Lessons Learned

Interdisciplinary Communication



Provider Communication



Shared Patient Goals



Shared Meeting Participation

Care Team Collaboration



Support Team Member Work-Flows



Physical Proximity

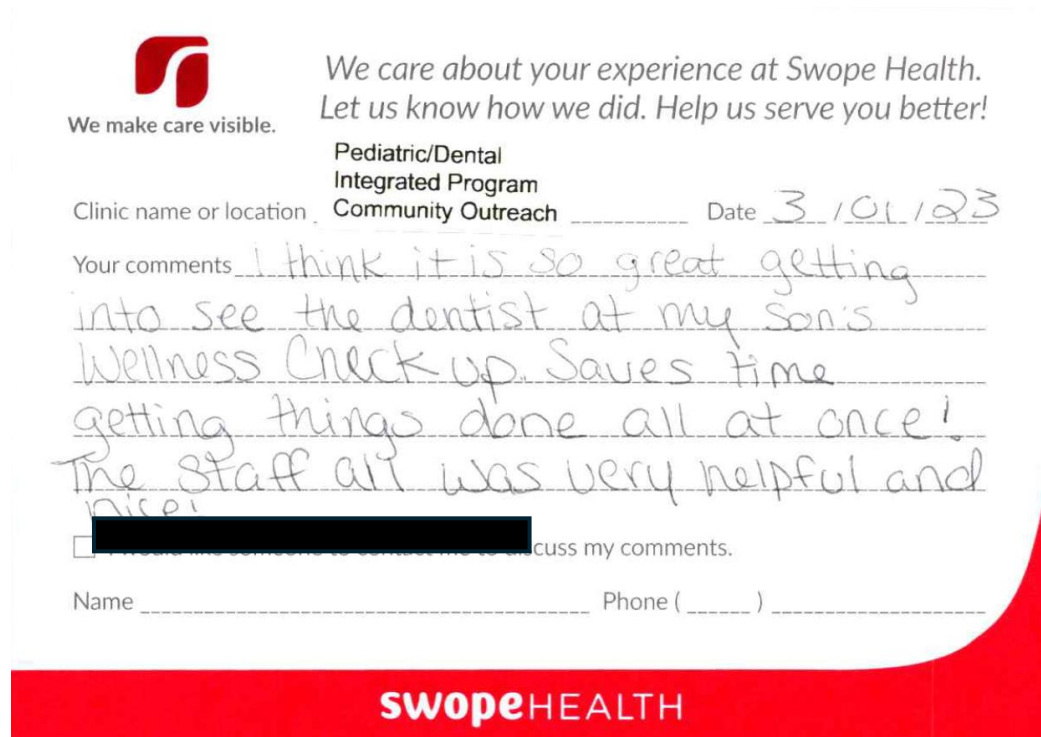



Shared Resources

Swope Health Integrated Hygiene: Proof of Concept

Patient Experience

Population Health



 We make care visible. *We care about your experience at Swope Health. Let us know how we did. Help us serve you better!*

Pediatric/Dental
Integrated Program
Clinic name or location Community Outreach Date 3/01/23

Your comments I think it is so great getting into see the dentist at my son's Wellness Check up. Saves time getting things done all at once! The staff all was very helpful and nice!

[Redacted] Discuss my comments.

Name _____ Phone (_____) _____

swopeHEALTH

- Preventative Care
- Asynchronous Teledentistry

Swope Health Integrated Hygiene: Proof of Concept

Reducing Cost

- FQHC Cost
 - Shared CSRs
 - Shared Community Health Resources
- Healthcare Cost
 - Sealant Placement
 - Oral Health Education

Care Team Well-Being

- “Enhanced loop-closure”
- “I have the most up to date recommendations for dental”
- “I can immediately help resolve the cavities or infections I see in their mouths”
- “I am regarded as an important part of the care team”

Swope Health Integrated Hygiene



Access to Care

Why Does it Matter?

Health Disparities

“There is a very strong and consistent association between socioeconomic status (income, occupation, and educational level) and the prevalence and severity of oral diseases and conditions. Across the life course, oral diseases and conditions disproportionately affect the poor and vulnerable members of societies, often including those who are on low incomes, people living with disability, refugees, prisoners and/or socially marginalized groups.

WHO, 2021

About This Visualization:

DENTAL CARE UTILIZATION RATE FOR CHILDREN

Adult Dashboard

Percentage of children who saw a dentist in the last 12 months.

The column charts on this dashboard represent the rates of dental care utilization in all states in 2021 for both Medicaid-insured (purple) and privately-insured (teal) children. Children are defined as any person between age of 1 and 20 in the data.

For more detailed and trended state-level data, select either Medicaid Insured or Private Insured, then select your state on the map.

Interact with the Visualization:

1 SELECT THE INSURANCE TYPE



2 SELECT A STATE TO VIEW POPULATION DATA

MEDICAID INSURED CHILDREN

47%
United States

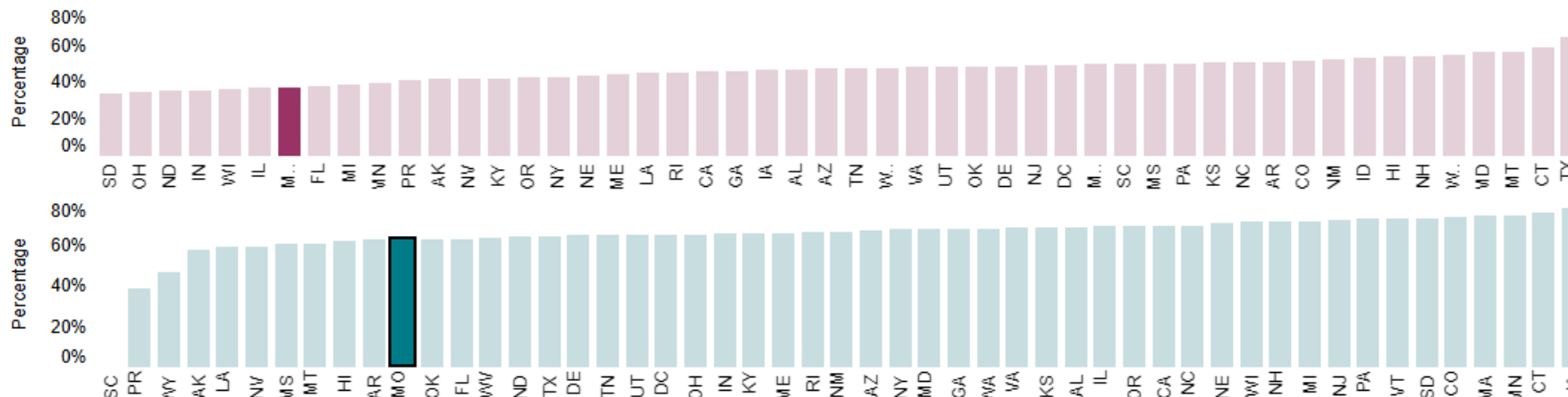
37%
Missouri

PRIVATE INSURED CHILDREN

66%
United States

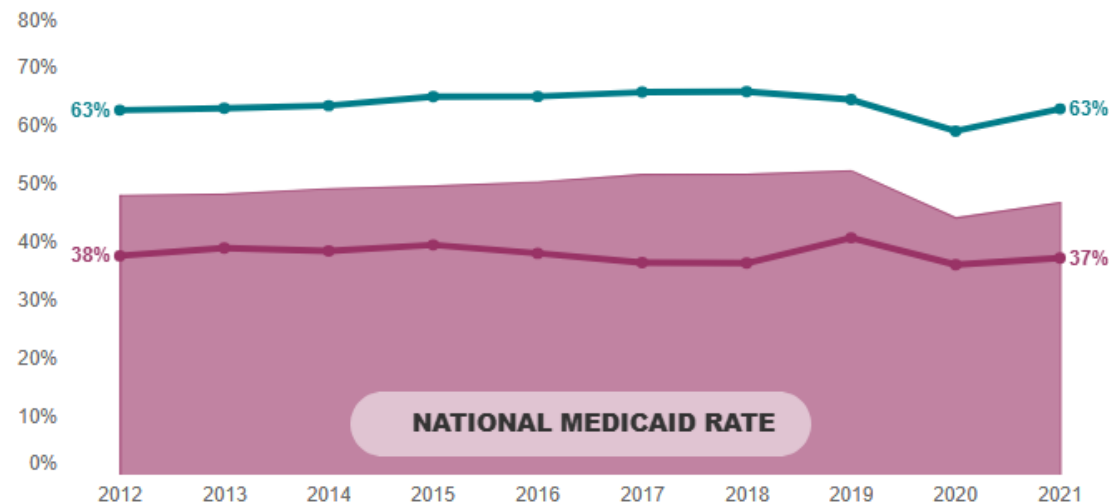
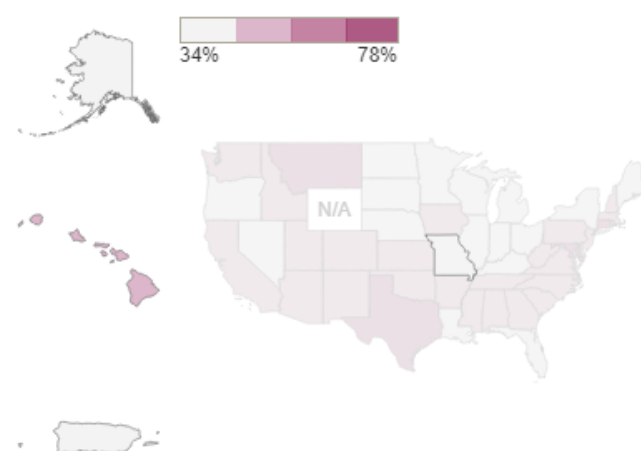
63%
Missouri

ALL STATES, 2021



Medicaid Insured

Privately Insured



ADA American Dental Association

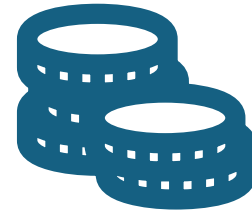
Social Drivers of (Oral) Health



Transportation



Health Literacy



Economic Stability

Discussion

References

- <https://www.thenationalcouncil.org/resources/standard-framework-for-levels-of-integrated-care/>
- <https://pubh110.digital.uic.edu/section-3-17-social-determinants-of-oral-health>
- <https://www.ada.org/resources/research/health-policy-institute/child-dental-care-utilization-dashboard>