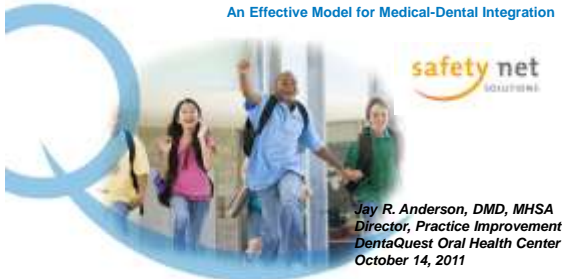


## When Two Becomes One:

An Effective Model for Medical-Dental Integration



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DentaQuest Oral Health Center  
October 14, 2011

## Interdependence

We live in an interdependent reality. Our most important work, the problems we hope to solve or the opportunities we hope to realize require working and collaborating with other people in a high-trust, synergistic way—whether at home or at work. Having an interdependent mindset, skills and tools are vital, especially now as we work through challenges unlike anything most of us have ever seen in our life time.

Steven R Covey

<http://www.stephencovey.com/blog/?tag=interdependence>



## Why Consider Integration/Collaboration?

- Dental disease and medical health problems are inter-related
- Safety net population has higher level of dental disease
- Service gap for dental disease in the safety net is huge
- OH access is enhanced when provided in primary care settings
- OH prevention and disease management is cost effective when provided in primary care settings
- Outcomes for children receiving preventive and disease management protocols in PC settings are good



## Collaboration vs. Integration

- **Collaboration** = primary care and oral health working *with* one another
- **Integration** = provision of dental services *within* primary care



## Components of an Ideal OH System

- Integrated with the healthcare system
- Emphasizes health promotion/disease prevention
- Monitors population OH status and needs
- Evidence-based, effective, efficient, sustainable, equitable, universal, comprehensive, ethical
- Offers QA, CQI and cultural competency



JPHD Vol 70 Issue S1 "Attributes of an Ideal Oral Health System"

## Barriers to Integration/Collaboration

### Medical and Dental Professionals :

- Educated separately
- Licensed separately
- Regulated separately
- Practice independently
- Non-integrated benefits/insurance programs
- PCPs see the mouth as the property of DMDs
- Sharing of information rarely occurs
- Seen by the public as separate
- Oral Health Training for health professionals has been sparse to non-existent



### Barriers to Integration/Collaboration cont'd

- Time
  - No time built in to physician visit for the oral health component
- Comfort
  - Many PCPs uncomfortable with the mouth, due to lack of oral education and training
  - Lack of comfort with caries risk assessment, anticipatory guidance, screening
- Reimbursement
  - Lack of incentive to provide dental services because PCPs do not get reimbursed for all procedures they can perform
- Referrals
  - If there is no place to refer patients when a dental problem is found.... why find the problem?



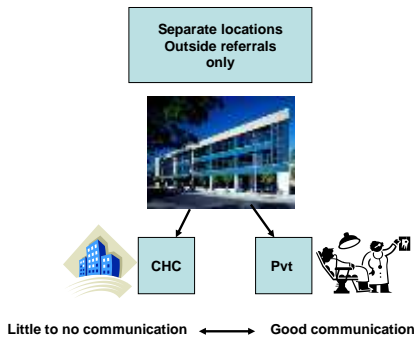
### Spectrum of Integration/Collaboration of OH & PC

MODELS OF MEDICAL/DENTAL COLLABORATION / INTEGRATION

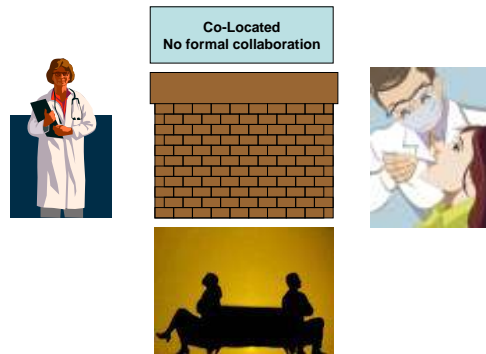
Separate locations		Co-Located		Dental more integrated into PC
Min Collaboration	More Collaboration	Min Collaboration	Part Integrated	

Care Model	Business Model	Implementation Issues	Examples	Evidence Base	Outcomes

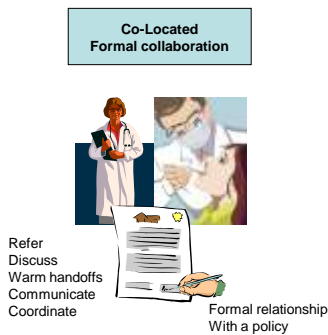
### Continuum



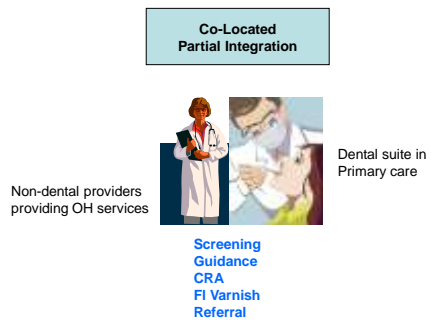
### Continuum



### Continuum



### Continuum



More fully Integrated Model Features...

- Patient experiences oral health as a key component of a routine medical visit
- Primary care team incorporates oral health into disease management processes of delivery system; entire patient population is the target
- Primary care team treats ordinary oral health conditions in their practice, consult with dentist if patient does not improve, refers patients with treatment needs to dentists; retains responsibility for routine care
- For those at risk, primary care team delivers brief, focused interventions
- Primary care team has comfort level with oral health



Challenges

- Education and training for PCPs
- Training for general dentists to treat small children
- Patient communication – low literacy, culturally competent education materials
- Policy defining the process
- Case Management system
- Training for application of FL varnish by non-dental personnel
- Reimbursement mechanism
- Designated access appointments
- Time allotment
- CRA tool



Cavity Risk Assessment (CRA)



Smiles for Life



Populations of Focus

- Children 0-5
- Pregnant women
- Medically compromised patients with high risk for dental problems
  - Diabetics
  - Cardiovascular patients



Considerations for choosing a model:

- In-house alternative to care
- Referring to oral health providers that medical providers know
- Quick access for acute oral health situations
- Better coordination
- Warm hand-offs and curbside consults
- Better hands-on chronic disease management
- More reimbursement options now (e.g. 40 states reimburse non-dental professionals for fluoride varnish applications)



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## Outcomes

- Early Intervention
- Prevention Invention
- Portal to the family
- One stop shopping
- > OH Literacy
- < OH disparities
- >OH Promotion
- Innovative finance and service delivery
- Drives accountability
- Healthy People 2020
- Non dental professionals providing care
- Increased access
- Win-Win...Finance/OH
- Improved Health
- Reimbursement for children's dental services



*Partnering to Strengthen and Preserve  
the Oral Health Safety Net*



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