Primary Care Coordinator
Summer 2018 Pilot

Brought to you in partnership by Nampa Smiles, Delta Dental of Idaho, the Southwest Health Collaborative, and the Central Health Collaborative.

Statewide Healthcare Innovation Plan (SHIP) is supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services, Center for Medicare & Medicaid Services.

Background

The Southwest Health Collaborative, Central Health Collaborative, Nampa Smiles, Idaho Oral Health Program, Delta Dental of Idaho, Idaho State Dental Association, and Idaho Oral Health Alliance have partnered together to support enhanced connections between dental services and medical services. During the summer of 2018, the group collected data on dental patients in four practice sites across the Treasure Valley, including private dental offices and embedded Federally Qualified Health Center Sites. These data demonstrated that approximately 40% of patients seen at the dental office did not have a primary care provider and 15% of total patients surveyed had unmanaged elevated blood pressure. Blood pressure was assessed once at the time of service based on clinic operating procedures. These results indicate a need to connect patients to a primary care provider and continue to develop the relationship between physicians and dentists.

As a result of these findings, the group decided to pilot a care coordinator position in a local clinic, to connect dental patients who identified a care access challenge to a primary care provider. The PCC was required to work with an extensive network of primary care coordinators to match patients based on insurance status, transportation, distance and other relevant factors. This document highlights the pilot program design, observations from implementation, and key conclusions.

Design

The group spent several months designing the system for deploying the PCC in a local dental office. The following plan was initially presented to the dental clinic and the care coordinator in June 2018, prior to staffing the PCC role.

Primary Care Coordinator Job Description

The Primary Care Coordinator (PCC) is responsible for working collaboratively with the dental staff to identify patients for care coordination and connecting those patients with appropriate primary care services, based on patient needs.

Responsibilities

- Review screening forms for patient contact information and reach out to interested patients
- Assess patient needs and features (insurance status, location, schedule, etc.) to connect them with a medical office
- Call medical offices to coordinate patient scheduling as needed
- Respond to phone call referrals from the dental office in a timely manner
- Maintain appropriate confidentiality in handling patient information in accordance with HIPAA
- Follow up with patients regarding scheduling primary care appointments as needed
- Track screening/assessment form data
- Report back to the project team on any challenges in implementation
- Meet regularly with front office staff at dental offices to identify opportunities for coordination

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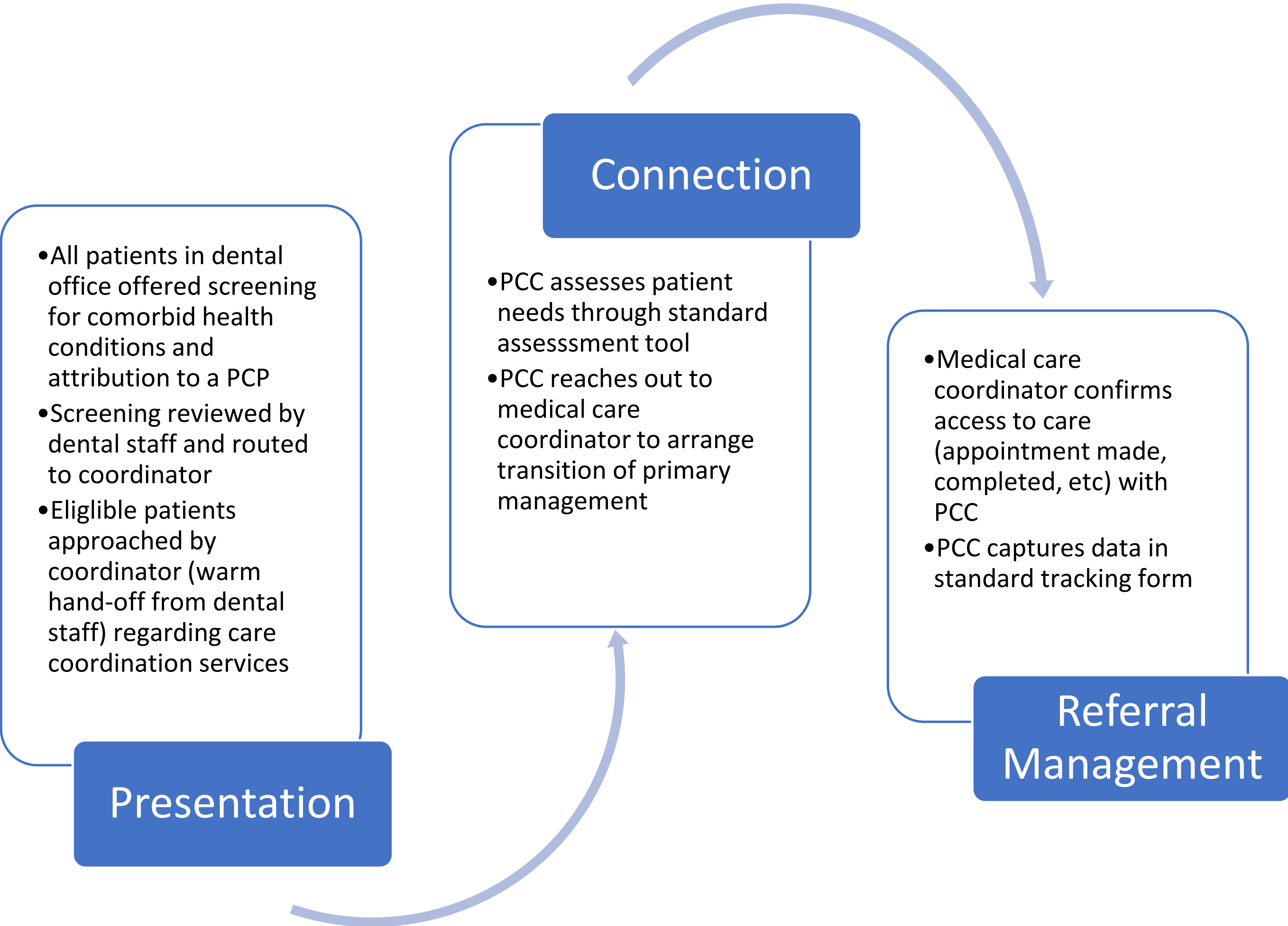
Workflow Summary



Continuous Quality Improvement

It should be noted that the plan described above was introduced as the initial design but that participants, including the PCC and the dental staff, were encouraged to make changes as needed to generate successful identification of patients with needs and subsequent connections to care resources. The project manager met weekly with the PCC who was asked to keep detailed notes on experiences with the process. The process was continuously developed and refined based on these observations and shifts. The observations of the team and subsequent adjustments to implementation are detailed below.

Observations

Various iterations of approach and scope were trialed through the summer of 2018. These versions of the plan and observation of efficacy and fit are described below.

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Approach

Strategy	Observations	Changes made
All dental patients handed screener at intake to complete	• The dental staff felt like it would be more appropriate to have the PCC individually approach patients	• PCC approaches patients individually
PCC approaches patients who have checked in at the waiting room	• PCC felt that formal dress may have been unapproachable • Patients may be uncomfortable discussing challenges accessing care in front of others	• PCC dresses in Delta Dental polo • PCC reintroduces screener with expanded scope • PCC approaches patients in treatment area • PCC sign posted at check-in
Warm handoff from dental hygienists and dental assistants in treatment area to introduce PCC	• Better response rate and engagement from patients	• Maintained for the duration of the project

Scope

Strategy	Observations	Changes made
Ask patients about access to primary care and insurance status	• Much higher level of “no assistance needed” response than in pilot	• Start screening for other social determinants of health needs
Screen patients for social determinants of health	• More responses on assistance needed	• Maintained social determinants screening for duration

Recommendations

The following recommendations are made based on observations during the pilot.

- Use internal staff for care coordination when able. This will allow teams to work more easily with existing workflows and for patients to feel more comfortable with the coordinator being a part of the care team.
- Consider whether you want the coordinator to support broader connections to health-related resources or provide more clinical support. A community health worker (CHW) may be more appropriate for managing broader resource needs (transportation, food insecurity, etc). A CHW can be a dental assistant, front office staff, or other staff member. It may be more appropriate to have a dental hygienist coordinating more clinical needs as these staff have more training and background in general healthcare issues.

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- Standardize your screening workflow to make consistency easier for all staff. There are many opportunities to connect with patients in a dental encounter but if responsibilities for screening and follow-up are clear, they are more likely to be followed for all patients.

Conclusions and Discussion

While the original intent of the project was maintained throughout the pilot, the implementation shifted significantly. The screening became broader in scope and was modified in workflow. It is also worth noting that significantly fewer patients indicated that they had a need to connect to a primary care provider when there were on-site resources being offered as compared to the original data collection pilot.

Future efforts to connect dental patients to care resources may look to embed screening and follow-up within existing staffing models as yield was somewhat low in positive screens for assistance. In addition, groups looking to do this work may consider utilizing clinically-trained staff to screen and connect patients to a PCP because they have an established, trusted relationship with their patients. Finally, clinics may consider screening for resource needs beyond primary care, as it was noted that many patients indicated that they required support services in the areas of education, transportation, insurance, and food security.

Screening patients in multiple care settings for opportunities to close gaps in care will enhance the treatment environment for all patients and providers. As patients come into dental settings with more of their care needs met, they will be more empowered to engage in dental health activities and more able to receive dental intervention (due to controlled blood pressure, transportation to appointments, etc.). This pilot shows that with a well-documented plan and strong support from the dental clinic, a system for screening and resource connection can be developed to assist patients in accessing the care and services they need to achieve improved health.

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