Oral Health & Value Transformation

Part 2: July 28, 2021
Raise your hand button

Chat: When using the chat, please send the message to “Everyone”
America’s Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.
Transforming Systems: Oral Health, Cancer Screening, Diabetes, HTN...Other
Value Transformation Framework

https://www.nachc.org/clinical-matters/value-transformation-framework/
Packaging and implementing evidence-based transformational strategies for safety-net providers

Bringing science, knowledge, and innovation to practice

Cheryl Modica
Director, Quality Center

Camila Silva
Manager, Quality Center
Training & Curriculum

Lizzie Utset
Specialist, Quality Center
Value-Based Care in Oral Health:
CareQuest Institute & Community Oral Health Transformation

Rebekah Mathews, MPA
Director, Value-Based Care
Building on the Successes of Past Organizations: DentaQuest Foundation, Institute, and Partnership

As CareQuest Institute for Oral Health, we pull forward and expand upon the strengths of our past organizations. By doing this, we can accelerate oral health care transformation and move faster, together, toward a health system designed for everyone.
What we heard last week on Oral Health Transformation:

- Integration of oral health into care models is happening.
  - Championed by the PCA (OACHC example) and strategic effort by health center leaders (Five Rivers CEO Gina McFarlane-El) and clinical teams (Dr. Maurine Kingori and Sherry Wilcoxson of Five Rivers)
- It’s a journey and not a destination.
- The tools needed to start the journey are available today.
  - Best practices shared
  - Quality improvement programs like COrHT
- Health Centers are well positioned to lead the oral health value-based transformation
Integration is Fundamental for Success

Carolyn Brown, DDS, Med
Senior Strategic Advisor
Framework for Integrated Healthcare

<table>
<thead>
<tr>
<th>Coordinated</th>
<th>Level 1</th>
<th>Minimal Collaboration</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Level 2</td>
<td>Basic Collaboration at a Distance</td>
</tr>
<tr>
<td>Co-located</td>
<td>Level 3</td>
<td>Basic Collaboration Onsite</td>
</tr>
<tr>
<td></td>
<td>Level 4</td>
<td>Close Collaboration Onsite with Some System Integration</td>
</tr>
<tr>
<td>Integrated</td>
<td>Level 5</td>
<td>Close Collaboration Approaching an Integrated Practice</td>
</tr>
<tr>
<td></td>
<td>Level 6</td>
<td>Full Collaboration in Transformed/ Merged Integrated Practice</td>
</tr>
</tbody>
</table>

CIHS' Standard Framework for Levels of Integrated Healthcare (thenationalcouncil.org)
Place Matters

Medical Exam Rooms: $8,000

Dental Operatories: $60,000
IN-OPERATORY DENTAL ENCOUNTER

$214
Avg cost per dental visit

$553
Cost per patient

11%
Avg admin cost allocation to dental

TELEDENTISTRY AND OTHER CARE MODELS

$94
Avg cost per dental visit

$104
Cost per patient in teledentistry site

$62
Patient navigator
Different Modalities and Settings

- Mobile and Portable Services
  - Vans
  - Portable Equipment Programs
- Teledentistry Services
  - Virtual dental home
- Fixed Clinics in Alternative Settings
  - Denturist Practice
  - Skilled Nursing Facilities
  - School Based Health Centers
- Integration of Services in Medical Settings
  - Hospitals/ EDs
  - Pediatric Offices
  - Primary Care Practices

Workforce

- Dentists
- Expanded function dental assistants
- Public health dental hygienists
- Independent practice dental hygienists
- Collaborative practice dental hygienists
- Primary care providers
  - Physicians
  - Nurse practitioners
  - Physician assistants
- Case Manager, Case Workers, LCSWs, CHRs
Care Coordination -
Example of HRSA SPNS Project, NAHC

**Clinical:**
- Improvement in overall health status*
- Complete Phase 1 treatment plans*
- Retention in dental care*
- Nursing embedded in dental

Significantly higher*:
- Treatment plan completion
- Retention in specialty care
- Low intensity preventive services
- Flu vaccination rates
- Medication Adherence
- A1c testing and responsiveness

**Patients:**
- Availability of DCM
- Increase access
- Knowledge
- Empathy and comfort
- Credited overall health improvement to Dental Case Mngt
- Reported higher quality of life*
- Increased partner, spousal support


Exhibit 6

Allied Providers’ Impact on a Small Group Dental Practice

**PROFIT IMPACT**

<table>
<thead>
<tr>
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<th>Net Pre-Tax Profit</th>
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<tbody>
<tr>
<td>Baseline</td>
<td>$801,969</td>
</tr>
<tr>
<td>Adding 1 Dental Hygienist</td>
<td>$859,516</td>
</tr>
<tr>
<td>Adding 1 Dental Therapist</td>
<td>$898,683</td>
</tr>
<tr>
<td>Adding 1 Hygienist/Therapist</td>
<td><strong>$979,976</strong></td>
</tr>
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</table>

**PRODUCTIVITY IMPACT**

<table>
<thead>
<tr>
<th></th>
<th>Total Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>29,632</td>
</tr>
<tr>
<td>Adding 1 Dental Hygienist</td>
<td>31,888</td>
</tr>
<tr>
<td>Adding 1 Dental Therapist</td>
<td>32,674</td>
</tr>
<tr>
<td>Adding 1 Hygienist/Therapist</td>
<td>34,818</td>
</tr>
</tbody>
</table>

OHVBC and Interprofessional Practice: The Win-Win

FQHC Advantages for IPP *(in practice prevention)* and VBC *(value based care)*:

- Co-location
- Shared leadership
- Shared patient population
- Interoperability
- Improves patient outcomes
- Lowers patient financial burden
- Community/Patient focus
- FQHC cost savings

Source: National Network for Oral Health Access October 2019 “Integrated Models Survey Results: Embedded Dental Providers”
Value-Based Care Transformation in Oral Health: The PCA Perspective

Da-Nell Pedersen, MPA
Director of Communications & Training
About Arizona’s Health Centers

**IMPACT OF ARIZONA'S HEALTH CENTERS**

*IN 2019, 23 HEALTH CENTERS SERVED:*

- 743,108 TOTAL PATIENTS AT OVER 175 SITES
- 1 IN 10 ARIZONANS
- ALMOST 1 IN 4 MEDICAID (AHCCCS) ENROLLEES

- 17 of which operate dental programs
- 687,357 medical patients; 113,248 dental patients
- ~50 dental care sites
AACHC’s Oral Health Journey

- PCA Oral Health Collaborative (2019 to present)
- Driving Oral Health Transformation in the Safety Net Initiative (2020-21)

www.AACHC.org
What We Know

Dental disease is the most common chronic disease in children.

Untreated tooth decay is the most common global health condition.

Poor oral health can impact other health conditions, such as diabetes, hypertension, and pregnancy.

2. https://www.thelancet.com/journals/lancet/issue/vol392no10159/PIIS0140-6736(18)X0048-8
Figure 1-10
Health Center Patients Suffer from Chronic Conditions at Higher Rates than the General Population

Percent of Adults who Report Ever Being Told They Have:

<table>
<thead>
<tr>
<th>Condition</th>
<th>U.S. Population</th>
<th>Health Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>32%</td>
<td>45%</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>36%</td>
<td>42%</td>
</tr>
<tr>
<td>Asthma</td>
<td>14%</td>
<td>21%</td>
</tr>
<tr>
<td>Diabetes*</td>
<td>11%</td>
<td>21%</td>
</tr>
</tbody>
</table>

Percent of Adults Reporting:

<table>
<thead>
<tr>
<th>Health Status</th>
<th>U.S. Population</th>
<th>Health Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health is Fair or Poor</td>
<td>18%</td>
<td>42%</td>
</tr>
</tbody>
</table>

Figure 1-11
Health Center Patients are Growing Increasingly Complex, with Higher Rates of Chronic Conditions than in Previous Years
Percent Growth in Health Center Patients Diagnosed with Selected Chronic Conditions, 2013 - 2017

Figure 3-1
Health Centers Achieve Higher Rates of Hypertension and Diabetes Control than the National Average, Despite Serving More At-Risk Patients*

Chartbook-Final-2021.pdf (nachc.org)
How do we make sure oral health gets added to this conversation across the Health Center network?
AACHC’s Oral Health Measurement Project

• Activities
  • 1. A state-level analysis of oral health and integration measurement capacity
    • Environmental Scan
  • 2. An in-depth case study with one member CHC
    • Case Study

Key finding: We have an opportunity to leverage Azara DRVS
Azara DRVS Dental Measures (out of the box)

- Patients 2 to 18 years old who have had a preventive dental service in the last 12 months. (Azara DRVS measure; similar to CMS measure)
- Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period. (CMS eCQM 75v7)
- Children age 6-9 years at moderate to high risk for caries who received a sealant on a first permanent molar tooth during the measurement period. (DQA; CMS 277v0)
- Children, age 0-20 years, who received a fluoride varnish application during the measurement period. (CMS eCQM 74v8)
Custom Filter Build in Azara DRVS

Allows us to look at any quality measure and filter by:

- Patients w/ medical visits only
- Patients w/ dental visits only
- Patients w/ medical + dental visits
• Patients 18-75 years of age with diabetes who had most recent hemoglobin A1c > 9.0% or missing during the measurement period
Azara DRVS Expanded Dental Measures (NEW!)

<table>
<thead>
<tr>
<th>Dental</th>
<th>Access to Dental Services (GPRA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Dental Services</td>
<td></td>
</tr>
<tr>
<td>Annual Prophylaxis Age 1-75 (Dental)</td>
<td></td>
</tr>
<tr>
<td>Caries at Recall (Dental)</td>
<td></td>
</tr>
<tr>
<td>Caries Risk Assessment</td>
<td></td>
</tr>
<tr>
<td>Caries Risk Assessment Age 1-75 (Dental)</td>
<td></td>
</tr>
<tr>
<td>Child Dental Decay or Cavities</td>
<td></td>
</tr>
<tr>
<td>Child Dental Sealant</td>
<td></td>
</tr>
<tr>
<td>Children Receiving Sealant</td>
<td></td>
</tr>
<tr>
<td>Dental Patients with an Oral Evaluation</td>
<td></td>
</tr>
<tr>
<td>Dental Patients with Periodontal Disease</td>
<td></td>
</tr>
<tr>
<td>Dental Procedures Performed</td>
<td></td>
</tr>
</tbody>
</table>

| Dental Sealants age 2 (GPRA) | |
| Dental Sealants ages 10-12 (GPRA) | |
| Dental Sealants ages 13-15 (GPRA) | |
| Dental Sealants ages 3-5 (GPRA) | |
| Dental Sealants Ages 5-19 (GPRA) | |
| Dental Sealants ages 6-9 (GPRA) | |

**Elevated Risk for Caries Age 1-75**
- Dental
- New Dental Patients
- Oral Health Self-Management Goal
- Patients with Non-Traumatic Dental ED Visits

**Primary Caries Prevention (Fluoride)**
- Referred for Dental Services
- Topical Fluoride (GPRA)
Opportunity Going Forward – APM

• Arizona has been piloting an Alternative Payment Methodology (APM) with our State Medicaid Agency under which an FQHC’s encounter rate can increase or decrease based on performance with the following measures:

<table>
<thead>
<tr>
<th>UDS clinical quality measure</th>
<th>MPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with colorectal cancer screening</td>
<td>&gt;65%</td>
</tr>
<tr>
<td>Patients with diabetes poor control (HbA1c &gt; 9%)</td>
<td>&lt;41%</td>
</tr>
<tr>
<td>Weight assessment and counseling for nutrition and physical activity for children and adolescents (ages 3-7)</td>
<td>&gt;55%</td>
</tr>
</tbody>
</table>

Integration is opening the door to a new journey toward oral health value-based care - McDonald - 2020 - Journal of Public Health Dentistry - Wiley Online Library
The Goal

• Lower Costs

• Better Outcomes

Integration is opening the door to a new journey toward oral health value-based care - McDonald - 2020 - Journal of Public Health Dentistry - Wiley Online Library

<table>
<thead>
<tr>
<th>Clinical Data</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
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</thead>
<tbody>
<tr>
<td>Weight Assessment and Counseling for Nutrition</td>
<td>68.73%</td>
<td>69.88%</td>
<td>77.77%</td>
</tr>
<tr>
<td>and Physical Activity for Children and Adolescents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes: Hemoglobin A1c Poor Control</td>
<td>33.16%</td>
<td>34.43%</td>
<td>31.87%</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>45.95%</td>
<td>45.27%</td>
<td>43.33%</td>
</tr>
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</table>

www.AACHC.org
What oral health measure(s) can we include in the future?

• Prevention measures are great (sealants, fluoride varnish, preventive oral health services), but how do we demonstrate an impact on dental caries as a chronic condition and tell the story of how health center dental programs are engaging in chronic disease management?

Caries at recall?
Oral Health Measurement Framework for PCAs – Where Can We Start?

DEMONSTRATING THE VALUE OF HEALTH CENTER DENTAL PROGRAMS & ORAL HEALTH

WORKFORCE

UTILIZATION

COST

DISEASE BURDEN

PATIENT ENGAGEMENT

Thank you!
Contact me at danellp@aachc.org
Chiricahua Community Health Center

Identifying Operational & Clinical Processes to Integrate Oral Health in Primary Care

Brianna L Hillier, DMD
Director of Dental Services
I DON'T KNOW HOW TO PUT THIS BUT...

QUALITY IS KIND OF A BIG DEAL AROUND HERE.
HEDIS Annual Dental Visit Quality Measure

Annual Dental Visit (ADV)

Assesses Medicaid members 2 – 20 years of age with dental benefits, who had at least one dental visit during the year.
Affiliated Practice Dental Hygienist (APDH) can initiate care on patients

- [https://dentalboard.az.gov/affiliated-practice](https://dentalboard.az.gov/affiliated-practice)
- [https://dimensionsofdentalhygiene.com/teledentistry-assisted-affiliated-practice-model/](https://dimensionsofdentalhygiene.com/teledentistry-assisted-affiliated-practice-model/)
The Model of Improvement

PDSA = Plan → Do → Study → Act

If At First You Don’t Succeed...

• TRY AND TRY AGAIN

• The Model for Improvement enables an organization to approach quality improvement through **rapid cycles of change and continual feedback** on the effectiveness of those changes
Who, What, Where, When, How?

Monthly Quality Council (QC) Meetings

QC collaboratively chose several measures to focus on

PDSA for Each Measure

Get Key Players Involved (Provider Champions, Health Center Administrator, Medical Support Staff*)

Monthly Clinical Quality Improvement (CQI) Meetings to Check Effectiveness
For more information about this case study contact Da-Nell Pedersen: danellp@aachc.org
• The Team’s Favorite Part… Established Workflows
  This may shock you... but not all providers work the EXACT same way 😅

• Corporate Compliance’s Favorite Part…
  Established Policy & Procedure 📝

• CFO’s Favorite Part… started getting paid! 💰

• My Favorite Part… patient, parent, and provider buy-in! 🎆
Dr. Hillier,
~February 2020

(JK, boss!)
Then Came...
COVID Challenges

DENTAL INDUSTRY SHUTDOWN

TELEHEALTH ENCOUNTERS

HESITANCY TO RETURN TO PRE-COVID SCHEDULES
When the Restrictions Were Lifted

- Registered Dental Hygienists (RDH) transitioned to integrated setting (AZ was still emergency-only, and then aerosol-generating procedures were still limited)
- Coronal Polish Certification for All Dental Assistants in order to complete prophies previously done by RDH
- Prioritize emergent & Phase I treatment (disease control)
- Minimally-invasive Dentistry was all the rage
What I Learned From the COrHT Experience

• To help the ADV measure, I needed to get my team outside the four walls of the dental clinic

• Could I help the medical team from within my four walls?
HELP ME HELP YOU
Pre-Visit Planning

Ideally completed by dental care team day-prior/morning-of during morning huddle
How the Dental Team Can Help Medical From Within the DENTAL Clinic

- Hypertension Measure
  - Chairside BP

- Vaccinations Measure
  - Chairside Flu, COVID, HPV
THANK YOU!
Key Takeaways

• Integration is necessary to improve health outcomes and lower the cost of care.

• The capacity in dental is typically 20% of the health center, longer appointments and higher cost with higher uninsured, therefore the business model needs to be a margin/mission balance.

• Measuring oral health quality and integration is a key component to demonstrate the value of oral health in reducing healthcare costs and improving outcomes.

https://www.nachc.org/clinical-matters/value-transformation-framework/
Contact Us

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Discussion
## UPCOMING EVENTS

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<td>SUN</td>
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<td>19</td>
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<td>26</td>
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- **10. Monthly Forum: Care Management, Part 2 (Reimbursement)**
- **14. Monthly Forum**
- **28. PCMH & Organizational Resiliency During the Pandemic**

Scan QR code to register
Provide Us Feedback
FOR MORE INFORMATION CONTACT:
qualitycenter@nachc.org

Cheryl Modica
Director, Quality Center
National Association of Community Health Centers
cmodica@nachc.org
301.310.2250

Next Monthly Forum Call:

August 10th, 2021
1 -2 pm ET

FEEDBACK
Don’t forget! Let us know what you thought about today’s session.
Together, our voices elevate all.

The Quality Center Team
Cheryl Modica, Camila Silva & Lizzie Utset
qualitycenter@nachc.org