Raise your hand button

Chat: When using the chat, please send the message to “Everyone”
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.
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
Transforming Systems: Oral Health, Cancer Screening, Diabetes, HTN...Other
Don Weaver, MD
Senior Advisor, Clinical Workforce
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.

<table>
<thead>
<tr>
<th>DentaQuest Foundation</th>
<th>DentaQuest Partnership for Oral Health Advancement</th>
<th>CareQuest Institute for Oral Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008 - 2021</td>
<td></td>
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</tr>
</tbody>
</table>
Poll

Are you actively integrating medical and dental care or planning to do so in the next 2 years?

Yes
No
Not currently, but plan to in the next 2 years
Not sure

Integrated Care Continuum
COrHT Initiative: The path for oral health toward value-based care

- The Three Domain Framework developed by CareQuest Institute with over 100 international experts.
- Consistent achievement in improvement goals.
- Directly working with FQHCs in MA, OH and AZ.
The Three Domain Framework

**Tele-Prevention**

**Domain One** builds an accessible, convenient, evidence-based virtual care approach to accompany in-person oral health care delivery using technology for enhanced disease prevention and whole-person health.

**Minimally Invasive Care**

**Domain Two** focuses on minimally invasive care that reverses or slows early disease stages using a program of anticipatory guidance and collaborative decision-making with patients.

**Integrated and Personalized Care**

**Domain Three** introduces personalized oral health care that prolongs the life of hard and soft tissues by reducing tooth/tissue mortality through risk stratification and medical-dental integration using predictive analytics and safe, individualized surgical intervention.
COrHT Aim

By September 2021, participating health centers will gain experience in a prevention-focused, whole-person care model described in the *Three Domains Framework* by testing and implementing activities such as:

- Expanded use of telehealth and minimally invasive approaches to prioritize primary and secondary prevention.
- Utilization of risk assessment and stratification to enhance population health management and scheduling practices.
- Collaboration with CareQuest Institute to monitor operational and financial data to understand readiness for a prevention-focused, whole-person value-based model of care.
Accessible & Patient-Centered Care

- 57 Community Health Center organizations
  - 425+ locations statewide
  - 67 School-Based Health Center sites
  - 100+ Dental sites

- Healthcare home and family doctor for ~854,000 Ohioans annually (2019 UDS data)

- 3.5 Million patient visits (2019 UDS data)
Ohio’s Federally Qualified Health Centers

Dental Counties

41 Dental Centers
47 Counties
100+ sites
Ohio Patient Demographics

Ages Served

- Aged 45 - 64 (25.5%)
- Under Age 21 (32%)
- Aged 21 - 44 (32.9%)
- Aged 65+ (9.5%)

Patient Coverage

- UNINSURED (14.9%)
- PRIVATE INSURANCE (22%)
- MEDICAID (51.2%)
- MEDICARE (11.8%)

Income Levels

Federal Poverty Levels (FPL)

- 100% and Below (67%)
- 101 - 150% (15%)
- 151 - 200% (9%)
- > 200% (9%)

2019 UDS data
Patient-Centered Medical Home (PCMH)

- Person-Centered
  - Supports patients and families in managing decisions and care plans
- Coordinated
  - Care is organized across the ‘medical neighborhood’
- Accessible
  - Short waiting times, 24/7 access and extended in-person hours
- Committed to Quality and Safety
  - Maximizes use of health IT, decision support and other tools (EHR)
- Comprehensive
  - Whole-person care provided by a team

72% of Ohio’s Community Health Centers have PCMH Recognition
O.D.I.P.
OHIO DATA INTEGRATION PLATFORM

MISSION: To create a scalable infrastructure for the network expansion and statewide population health.

VISION: To make measurable improvements in the quality and delivery of healthcare in Ohio.

UTILIZING AZARA DRVS

DRVS Turns EHR Data into Easy to Use Reports Using the Following Features:

- Population health & chronic disease management
- Care planning
- Regulatory compliance (UDS, Meaningful Use, PCMH, and more)
- Financial & operational improvement
- Risk, cost and transitions of care monitoring
- User-driven, ad-hoc analysis, dashboards and data graphics
MEDICAL/ DENTAL

- Fluoride Varnish
- Tobacco Cessation Screenings in the Dental Centers
- Blood Pressure Screening
- Re-Think Your Drink
Data

- Early Childhood Oral Health (ECOH) FV- 2008 Medical Providers

The ECOH Initiative is focused on the provision of early childhood preventive oral health services in a primary care practice setting as a part of well-child visits. The project includes an emphasis on oral health screenings and fluoride varnish application for young children, and oral health education for their primary caregivers.

- 13 original pilot sites
- Over 21,971 children received FV from 2008-2012

- Policy Changes

- Lobbied to have the age limit for Medicaid expanded to 5 years old
- FQHC can bill $15 in addition to the PPS rate. (1/1/2021)
DENTAL PATIENTS BP SCREENING

QUARTER 2  10/1/16-12/31/16  20%
28,335

QUARTER 3  1/1/17-3/31/17  20%
32,216

QUARTER 4  4/1/17-6/30/17  19%
40,594

QUARTER 5  7/1/17-9/30/17  16%
42,167

QUARTER 6  10/1/17-12/31/17  26%
31,471

QUARTER 7  1/1/18-3/31/18  21%
22,596

QUARTER 8  4/1/18-6/30/18  18%
27,897

PATIENTS FOUND TO HAVE ELEVATED BLOOD PRESSURE
Tobacco Cessation Screening in the Dental Centers

- NACHC/CDC grant
- 3 Pilot sites
- Take best practices and disseminate to all Ohio Dental Centers
- Currently collecting data
- Jan. 2021 - June 2021
- # of unduplicated patients 12 years and older who were screened and reported using tobacco/nicotine products, vaping - 565
- # of unduplicated patients 12 and older who received intervention - 263
Midwest Network for Oral Health Integration (MNOHI)

- Five-year Grant starting September 1, 2019-August 31, 2024
- Population focus: 6-11 years old
- HRSA National Oral Health Integration Grant
- Partnership with Michigan, Iowa and Illinois PCAs

Purpose of the project

- Oral Health Integration
- Establish Medical and Dental Home for 6-11-year-olds
- Improving access and delivery of comprehensive quality oral health care for children
Teledentistry

- SB 259 passed on March 20, 2019
- Input to Rules - Became effective May 30, 2020

- Emergency Telehealth Legislation in Ohio
- Input to include Dental Providers during 2020
Future Dental Integration Efforts

Among Health Centers

- Blood Sugar/HbA1C
- HIV Screening
- Hep C Screenings
- Immunizations
- OB/Oral Health Screenings

Throughout Ohio

Promoting Integration of Oral Health

ohiochc.org
Five Rivers Health Centers

Gina McFarlane-El  
Chief Executive Officer

Dr. Maurine Kingori  
Dentist

Sherry Wilcoxson  
Regional Dental Manager

Proudly Serving Montgomery (Dayton) and Greene (Xenia) Counties, Ohio
Highlights

- FQHC-LA in 2012 and FQHC since 2013
- Former Dental Residency Site for 95 years
- Five (5) Dental Sites with 27 Chairs – 11 locations
- Serve 25,480 pts.- 4,041 Dental pts.
- In 2019, 40% Dental pts. were Medical pts
- In 2020, 70.3% Dental pts. were Medical pts
- Recipient of HRSA Oral Health Integration Grant
- Created an Oral Health Strategic Plan
- Relocating 5 sites to 84,000 sq. building
TRACKING APPLICATION OF SILVER DIAMINE FLUORIDE (SDF) AMONG CHILD PATIENTS

- WHITE: 21%
- BLACK/AFRICAN AMERICAN: 38%
- ASIAN: 23%
- MORE THAN ONE RACE: 13%
- DECLINED TO SPECIFY: 2%
- UNSPECIFIED: 2%
MEDICAL REFERRALS TO DENTAL

Graph showing MEDICAL REFERRALS TO DENTAL over the months of January to May. The graph includes the following metrics:
- EPIC REFERRALS
- RECEIVED AND CONTACTED
- APPOINTMENTS SCHEDULED
- KEPT APPOINTMENT

The graph indicates trends in each metric for the specified months.
COrHT Experience Case Study
Integration of Dental & Medical Care

• Our health center had previously started an Oral Health Initiative
  • One goal was to integrate dental and medical care
• With the participation of COrHt 2021 we were able to learn various techniques and strategies in value-based care which were used by other FQHC dental centers
• **34.2 million** U.S. adults with diabetes, and of those 7.3 million are undiagnosed (ADA 2020)
• It’s estimated that **88 million adults have pre-diabetes**, 34.5% of the U.S. adult population (CDC 2020)
• **70.3%** of FRHC dental patients are also current medical patients
• With this information dental could be critical in educating and capturing patients who are undiagnosed
69 yo Kinyarwanda F patient presented to dental clinic for NPE following limited exam for EXT of lower central incisors

Chief complaint: “My gums hurt and bleed when I brush.”

Clinical examination showed inflamed gums with bleeding upon probing

Patient stated that she has never been to the dentist before and did not have regular medical care

Diabetes screening questions were asked
  - Patient was determined to be at risk for the development of diabetes

Blood glucose was taken and determined to be 154mg/dL, 2 hours after breakfast (<140mg/dl)

Patient was scheduled with medical team for a new patient exam and to determine diabetes diagnosis

Patient was confirmed to have diabetes, initial HbA1c ↑15% and treatment was initiated

6-week SRP clinical re-evaluation showed healthy gum, no signs of inflammation

As of 10/21/20 updated HbA1c of 6.7%
The Importance of Integrated Value-Based Care

Bob Russell, DDS, MPH, MPA, CPM, FACP, FICD
Senior Consultant, CareQuest Institute for Oral Health
Chronic Disease is on the Rise

Underlying determinants
- Population aging
- Social determinants

Common risk factors
- Tobacco use
- Unhealthy diet
- Physical inactivity
- Alcohol abuse

Intermediate risk factors
- Raised blood sugar
- Raised blood pressure
- Overweight/Obesity
Oral Health Synergy: NACHC’s Value Transformation Framework

https://www.nachc.org/clinical-matters/value-transformation-framework/
Improving the Patient Care Experience

For more than two centuries dentists have practiced in a fee-for-service (FFS) reimbursement environment. Workflow, care delivery, business plan, staffing, documentation, heath information technology, scheduling billing, goals, productivity, policies and procedures, and communication have all been designed and implemented around a care and financing model that emphasizes volume over value. The transition to value-based care (VBC) has the potential to change each of those areas in a significant way.
Culminating Factors Elevating CHCs Role in Oral Health

Calls to Action
• CMS and Health Stakeholders extending lessons learned on VBC from Medicare to Medicaid
• Calls for multi-payer collaboration

Resource Allocation
• American Rescue Plan

Potential Legislative Expansions
• Medicaid in Non-expansion States?
• Medicare Part B to include vision and dental?
“It is now known that surgical intervention of dental caries alone does not stop the disease process ... modern management of dental caries should be more conservative and include early detection of non-cavitated lesions, identification of an individual’s risk for caries progression, understanding the disease process for that individual, and active surveillance to apply preventative measures and monitor carefully for signs of arrestment or progression.”

American Academy of Pediatric Dentists

https://www.aapd.org/research/oral-health-policies--recommendations/pediatric-restorative-dentistry/
Evidence is Increasing that Prevention Saves Costs!

Preventive dental care tied to lower Medicaid costs in NY
By Hannah Madans, DrBicuspid.com contributing writer

May 6, 2021 -- Preventive dentistry services provided more than just better health outcomes for Medicaid beneficiaries in New York, according to a study published on April 21 in the *Journal of Dental Research*. Participants who took advantage of preventive dental care also saved the state Medicaid program money.
Preventive dental care tied to lower Medicaid costs in NY

<table>
<thead>
<tr>
<th>Any preventive dental care</th>
<th>Preventive care without extraction or endodontic treatment</th>
<th>Preventive care with extraction or endodontic treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency department cost</td>
<td>-$17.86</td>
<td>-$34.08</td>
</tr>
<tr>
<td>Inpatient admission cost</td>
<td>-$564.62</td>
<td>-$737.30</td>
</tr>
<tr>
<td>Total healthcare cost</td>
<td>-$796.94</td>
<td>-$1,503.12</td>
</tr>
</tbody>
</table>

Minimally Invasive Care

Opportunity

Tiny cavity that affects enamel

Apply Interventional Tx (FV, Sealant, Curodont Repair SP)

1st filling
~$180

Cavity gets bigger affecting enamel and dentin

2nd filling
~$240

Cavity gets deeper

3rd filling
~$290

Cavity reaches pulp resulting in abscess

4th filling
~$350

Infection spreads from tooth to other areas

Full Crown
~$1,490

Root Canal
~$1,500

Tooth Extraction
~$275

Dental Implant
~$2,000

Denture (full set)
~$3,000
Medical Dental Integration

The health care system could save up to $100M each year if dental offices performed screenings for diabetes, high blood pressure, and high cholesterol.

Medical-dental Integration between oral health and chronic disease prevention programs benefits patients and saves money.

https://www.cdc.gov/oralhealth/infographics/roi-healthcare.html
Dental services help FQHCs reduce the burden of chronic diseases.

If 70% of patients had dental care, the proportion of diabetic patients with uncontrolled or poorly controlled diabetes would decrease from 34% to 24%.

From UDS report and controlling for age, race, poverty and the insurance status of the FQHC patient population.

Each patient with uncontrolled diabetes is estimated to cost double to triple what a patient with controlled diabetes costs ($4,800 compared to $9,600 to $15,000 per year).

There is an opportunity for FQHCs to demonstrate how the treatment of oral disease leads to cost savings on medical expenditures, especially among patients with chronic conditions.

Value-Based Care
Readiness of Health Centers

99%
FQHCs have installed electronic health record systems compared to 46% of dentists in solo practice

39%
Of health centers reported their medical and dental records are “fully interoperable”

Population Health

Existing Model

A “one-size-fits-all” model, where the same level of resource is offered to every patient, is clinically ineffective and expensive.

Transformation

Enables providers to identify the right level of care and services for distinct subgroups of patients based on their risk level.

Segmenting the population according to health care needs allows for personalized care models and efficient targeting of resources at a lower cost.

## Steps to Risk Stratification

<p>| | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Compile a list of health center patients</td>
</tr>
<tr>
<td>2</td>
<td>Sort patients by number of conditions</td>
</tr>
<tr>
<td>3</td>
<td>Stratify by Condition Count</td>
</tr>
<tr>
<td>4</td>
<td>Design care models and target interventions for each risk group</td>
</tr>
</tbody>
</table>

Sample Patient List

<table>
<thead>
<tr>
<th>MRN</th>
<th>Moderate or High Caries Risk</th>
<th>Heart Disease Dx</th>
<th>Diabetes Dx</th>
<th>Whole Health Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>298384-1</td>
<td><strong>Z91.842</strong></td>
<td>I50.9</td>
<td>E08.1</td>
<td>Nutritional Counseling, Group Health, Food Sourcing, PRAPARE tool</td>
</tr>
<tr>
<td>884749-2</td>
<td>Moderate</td>
<td></td>
<td>E13.42</td>
<td>Nutritional Counseling, Group Health, Food Sourcing, PRAPARE tool</td>
</tr>
<tr>
<td>477399-4</td>
<td><strong>D0603</strong></td>
<td></td>
<td>E11.41</td>
<td>OHI, Nutritional Counseling, Self-Management Goals, Periodontal Screening</td>
</tr>
<tr>
<td>778292-4</td>
<td>High</td>
<td>I13.2</td>
<td>E10</td>
<td>Palliative care</td>
</tr>
<tr>
<td>550693-3</td>
<td>Moderate</td>
<td>I50.2</td>
<td>E13</td>
<td></td>
</tr>
<tr>
<td>885738-2</td>
<td>High</td>
<td>I50.9</td>
<td></td>
<td>Family Hx of DM, Plan Diabetes Screening and Perio Dx</td>
</tr>
</tbody>
</table>
Key Takeaways

- Transformation is happening – NOW!
- It’s a journey and not a destination.
- The tools needed to start the journey are available today.
- Health Centers are well positioned to lead the oral health value-based transformation

https://www.nachc.org/clinical-matters/value-transformation-framework/
For more information, contact:

Rebekah Mathews, MPA
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CareQuest Institute for Oral Health
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M: (803) 391-9858
Discussion
UPCOMING EVENTS


10. Monthly Forum: Care Management, Part 2 (Reimbursement)

Scan QR code to register
Provide Us Feedback
Next Monthly Forum Call:

August 10th, 2021
1 - 2 pm ET

FOR MORE INFORMATION CONTACT:
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301.310.2250

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
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