Medical-Dental Integration: Bringing Oral Health into the Health Home

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Maternal Child Oral Health Symposium: Cavity Free at Three and Beyond

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University of Colorado Adult and Child Center of Research and Dissemination Science
Disclosures

• No conflict of interest
• Use of fluoride varnish is off-label in children
• No discussion of commercial products
INTRODUCTION!
Dental Concerns Across the Lifespan
Early Childhood Caries

• Early childhood caries (ECC) describes disease process that results in cavities of primary dentition

• Most chronic condition of childhood
  – 5 times more common than asthma
  – 7 times more common than obesity
  – 14 times more common than allergies
The prevalence of caries among poor and near-poor five-year olds (50%) is twice that of their non-poor peers.

Etiological Triad

CHRONIC INFECTIOUS DISEASE

1. Cariogenic bacteria (S. Mutans, et al.) live in mouth of caregiver (usually mom)
2. Caregiver vertically transmits bacteria to infant
3. Bacteria feast on carbohydrate-rich diet of child
4. Feast by-product = acid
5. Acid quickly erodes thin enamel surface of child
Older Children and Adults

- 50% of adolescents have cavities
- Added risk for disease
  - Gingivitis + periodontitis
  - Piercings
  - Tobacco
  - HPV
  - Comorbidities (e.g. hypertension, diabetes, pregnancy, etc.)
Pregnant Women

- Low birth-weight
- Preterm births
- Caries

PERIODONTAL INFECTION
A reservoir of gram negative anaerobes

HOST RESPONSE
Elevated levels of chemical mediators (PG, IL, TNF)

PREMATURE LABOR
Mediators of parturition (PG, IL, TNF) that consequently may induce low birth weight preterm babies

Direct effect of toxins

Elderly

• Lack of dental insurance
  – Medicare → no dental benefit
  – Medicaid → new adult dental benefit ($1000/year)

• Lack of advocates
• New problems (e.g. adentulism)
• Long overlooked
Disease Consequences

- Pain/progressive infection
- Worse oral-health quality of life
- Impaired chewing and nutrition
- Hospital care: $859 million (2000-2008) on hospitalizations
- Increased risk for lifetime of disease
- School/work absenteeism
- Poor self-esteem
- Expensive: $111 billion (2013) US expenditures


Dental Prevention Gap

• ACA: 10 essential health benefits
• Medicaid: limited benefit
• Medicare: no dental benefit
• 40% of Americans lack dental insurance
• Dentist shortage areas
• Americans much more likely to see a medical provider than a dental provider
Oral health services by medical provider

• Primary focus on prevention
  – Immunizations
  – Screening
  – Anticipatory guidance

• Strong support from AAP/AAPD

• AAP Section of Oral Health
  – Lisa Jacobs DDS, MS (Austin)
  – Adriana Segura DDS, MS (San Antonio)
  – COHA : Vinod Sethi MD (Amarillo)
Medicaid Funding for Medical Providers

Prevention of Dental Caries in Children From Birth Through Age 5 Years: US Preventive Services Task Force Recommendation Statement

Abstract


METHODS: The USPSTF reviewed the evidence on prevention of dental caries by primary care clinicians in children 5 years and younger, focusing on screening for caries, assessment of risk for future caries, and the effectiveness of various interventions that have possible benefits in preventing caries.

POPULATION: This recommendation applies to children age 5 years and younger.

RECOMMENDATION: The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride. (B recommendation) The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption. (B recommendation) The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of routine screening examinations for dental caries performed by primary care clinicians in children from birth to age 5 years. (I Statement) Pediatrics 2014;133:1–10.

## Recommendations for Preventive Pediatric Health Care

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate. 

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### Table: Preventive Health Care Recommendations

<table>
<thead>
<tr>
<th>AGE</th>
<th>INFANCY</th>
<th>EARLY CHILDHOOD</th>
<th>MIDDLE CHILDHOOD</th>
<th>ADOLESCENCE</th>
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<td>0-12 mo</td>
<td>13-15 years</td>
<td>14-16 years</td>
</tr>
</tbody>
</table>

#### Key Points for Preventive Health Care

1. **Infancy**: 0-2 years
   - Growth and development
   - Immunizations
   - Vision screening
   - Hearing screening
   - Developmental surveillance

2. **Early Childhood**: 2-6 years
   - Growth and development
   - Immunizations
   - Vision screening
   - Hearing screening
   - Dental care

3. **Middle Childhood**: 6-12 years
   - Growth and development
   - Immunizations
   - Vision screening
   - Hearing screening
   - Dental care

4. **Adolescence**: 12-18 years
   - Growth and development
   - Immunizations
   - Vision screening
   - Hearing screening
   - Dental care

### Specific Recommendations

- **Vaccinations**
  - Follow the CDC’s recommendations for routine immunizations.
  - Monitor for reactions and adverse effects.

- **Vision Screening**
  - Screen for common childhood eye problems at 6 months and 4 years.

- **Hearing Screening**
  - Screen for hearing loss at birth and at 3 months.

- **Dental Care**
  - Begin dental care at the first birthday.
  - Brush teeth twice daily with fluoride toothpaste.

- **Nutrition**
  - Promote healthy eating habits from an early age.
  - Monitor for signs of anemia and iron deficiency.

- **Safety and Injuries**
  - Teach children basic safety rules at an early age.
  - Use appropriate safety equipment for play.

- **Behavioral Health**
  - Monitor for signs of behavioral and emotional problems.
  - Refer children to a healthcare provider for further evaluation.

### Additional Resources

- **American Academy of Pediatrics (AAP)**
  - [AAP website](https://www.aap.org/)

- **Centers for Disease Control and Prevention (CDC)**
  - [CDC website](https://www.cdc.gov/)

- **National Institutes of Health (NIH)**
  - [NIH website](https://www.nih.gov/)

- **American Academy of Family Physicians (AAFP)**
  - [AAFP website](https://www.aafp.org/)

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*For more detailed information on each topic, please visit the respective websites.*
Texas Health Steps (THSteps) Dental Program

Provider Information

NOTICE: Caries Risk Assessment Now Mandatory; Training Available: Beginning October 1, 2015, Texas Health Steps requires caries risk assessment and documentation to be included in all dental exams. Beginning January 1, 2016, dental exams will be denied for reimbursement by Medicaid unless caries risk assessment is properly conducted, documented, and coded.

DSHS offers free online training with step-by-step guidance about conducting and documenting caries risk assessment for patients ages 6 months through 20 years. The training provides links to all caries risk assessment forms and includes documentation and billing information. Get a head start on this new requirement and take the training today by linking to the PowerPoint shown below.

Promoting Oral Health through Caries Risk Assessment and Dental Anticipatory Guidance [PDF 7.74MB]

Medicaid dental services rules are described under Title 25 Texas Administrative Code (TAC) Part 1, Chapter 33. The online version of TAC is available at the Secretary of State’s website at www.sos.state.tx.us/tac/index.shtml. All dental providers must comply with the rules and regulations of the Texas State Board of Dental Examiners (TSBDE), including standards for documentation and record maintenance as stated in 22 TAC §108.7, Minimum Standard of Care, General, and §108.8, Records of the Dentist. Texas Health Steps (THSteps) dental benefits are administered as Children’s Medicaid Dental Services by dental managed care organizations for most Medicaid fee-for-service and managed care clients who are 20 years of age and younger.

Refer to the Medicaid Managed Care Handbook (Vol. 2, Provider Handbooks) or to the HHSC website at www.hhsc.state.tx.us/medicaid/managed-care/mmc.shtml, for additional information about children’s Medicaid dental Services. Texas Health Steps dental checkups are recommended every 3-6 months, starting at 6 months of age. Below are the different types of dental health services offered for children and young adults who have Medicaid.
Texas First Dental Home

Goals:

1. Initiate early preventive dental services, even if the child does not have any erupted teeth.

2. Provide simple, consistent messages that promote the importance of the child’s oral health to parents and caregivers.

3. Establish dental homes for children beginning at 6 months of age or as early as possible after they are enrolled in Medicaid.

Dr. Watts
When submitting for reimbursement for the following CDT codes: **D0145, D0150, or D0120**

One of the following CDT codes must also be submitted on the claim form to be considered for reimbursement: *(Enter at least $0.01 in the cost column to move the claim through processing. These codes are for information only and are not separately reimbursable.)*

- **D0601** caries risk assessment and documentation, with a finding of low risk.
- **D0602** caries risk assessment and documentation, with a finding of moderate risk.
- **D0603** caries risk assessment and documentation, with a finding of high risk.
Oral Evaluation and Fluoride Varnish in the Medical Home

Oral Evaluation and Fluoride Varnish in the Medical Home (OEFV) offers limited services aimed at improving the oral health of children from 6 through 35 months of age.

Who is eligible to provide this service?

Texas Health Steps enrolled physicians, physician assistants, and advanced practice registered nurses.

Certification

Providers must attend an OEFV training offered by the Department of State Health Services Oral Health Program to become certified to bill for this service. All other medical team members are encouraged to attend the training. Link to training or scroll to the bottom of this page.

Completion of this course does not certify you to bill Medicaid for oral evaluations and fluoride varnish. If you are a Physician, Physician’s Assistant, or Advanced Practice Nurse and wish to receive certification to perform this service and bill Medicaid, you must provide additional certification information.

The certification code is placed on the Texas Health Steps TPI under which the provider bills their Texas Health Steps medical checkups.

Please contact Louise Friedman at 512-776-2110 or Email if you have questions.

What is included in this visit?

- Intermediate oral evaluation.
- Fluoride varnish application.
- Dental Anticipatory guidance.
- Referral to a dental home.

The services listed above must be performed in conjunction with a Texas Health Steps medical checkup.
Oral Health Evaluation and Fluoride Varnish

### Oral Evaluation and Fluoride Varnish in the Medical Home Visit Documentation

**Patient’s Name:**

**Age (in months):**

**Date of Visit:**

**Parent/Guardian at Appointment:**

### Visit Component | ✔ | Comments/Observations

- **Review of Health History**
- **Oral Evaluation**
- **Anticipatory Guidance**
  - Diet/Nutrition
  - Fluoride Needs
  - Injury Prevention
  - Medications and Oral Health

- Fluoride varnish applied
- Referral made to: □ Dental Specialist Name of Dental Specialist

Including this visit, how many times has the child had an Oral Evaluation and Fluoride Varnish in the Medical Home visit in your office? ______

**PRIVACY NOTIFICATION:** With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.022, 552.003 and 552.024)
Medical provider billing

• In conjunction with a Texas Health Steps medical checkup
• CPT code 99429 with U5 modifier
• Bill with 99381, 99382, 99391, 99392
• $34.16 (FFS)
• Document all OHFV components
50 Ways to Take a Break

- Take a Bath
- Listen to Music
- Take a Nap
- Go to a body of water
- Watch the clouds
- Light a candle
- REST your legs up on a wall
- Let out a sigh
- Fly a kite
- Watch the stars
- Read a Book
- Learn Something NEW
- Listen to a guided relaxation
- Notice Your Body
- Buy some flowers
- Call a friend
- Meditate
- Go for a walk
- Eat a meal in SILENCE
- Turn off all electronics
- Drive somewhere NEW
- Go to a park
- Go to a farmers market
- Create your own coffee break
- Examine an everyday object with fresh eyes
- Get a furry creature
- Go for a run
- Climb a tree
- Go to a library
- Forgive someone
- Go to the beach
- Go to the mountains
- Put on some music
- Put on something funny
- Engage in small acts of KINDNESS
- Color with crayons
- Make some MUSIC
- Stretch
- Paint on a surface other than paper
- Write a quick poem
- Read poetry
- Go to art
- View some ART
- Read or watch something funny
- Give Thanks
- Dance
Building A Successful Oral Health Program
Increase access to preventive services

Increase oral health literacy

Increase medical-dental collaboration

Improve oral health behaviors

Reduce burden of disease and disparities
Benefits to Provider

- Better patient care
- Patients want better care—higher patient satisfaction—merit increase
- Improve health of your patients
- Great QI exercise
- Satisfy ABP Maintenance of Certification requirements
- Get paid
- Right thing to do
Changing Providers’ Behaviors
Changing Practice: Promoters

- Patient need
- Patient-centered medical home
- Dental champion
- Administrative buy-in
- Dental buy-in
- Reimbursement
- Hands-on
- Practice coaching
- Resources

## Effect of IMB on Dental Caries-Related Treatments Per 1,000 Medicaid-Enrolled Children

<table>
<thead>
<tr>
<th>Number of IMB Visits</th>
<th>Age in Months at IMB Visit</th>
<th>Change in CRTs (95% CI)</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>12</td>
<td>-7 (-85, 84)</td>
<td>-0.3%</td>
</tr>
<tr>
<td>2</td>
<td>12, 24</td>
<td>19 (-82, 124)</td>
<td>0.7%</td>
</tr>
<tr>
<td>3</td>
<td>12, 15, 18</td>
<td>49 (-88, 163)</td>
<td>2.9%</td>
</tr>
<tr>
<td>4</td>
<td>12, 18, 24, 35</td>
<td>-281 (-469, -58)</td>
<td>-10.9%</td>
</tr>
<tr>
<td>≥4</td>
<td>12, 15, 18, 24, 35</td>
<td>-458 (-623, -204)</td>
<td>-17.7%</td>
</tr>
</tbody>
</table>

Number of children with 0 IMB visits = 194,730.
Number of children with 1 IMB visit = 55,561.
Number of children with 2 IMB visits = 37,353.
Number of children with 3 IMB visits = 21,353.
Number of children with ≥4 IMB visits = 13,424.
Number of children with 5 or 6 IMB visits = 4,327.
Confidence intervals generated based on 200 bootstrap iterations.
Changing Practice: Barriers

- Lack of skills
- Conflicting priorities
- Lack of time
- Various payers
- Changing practice behaviors
ASK about oral health risk factors and symptoms of oral disease

LOOK for signs that indicate oral health risk or active oral disease

DECIDE on the most appropriate response

ACT offer preventive interventions and/or referral for treatment

DOCUMENT as structured data for decision support and population management
Quality Improvement Projects

• Increase % children
  – oral health risk assessment
  – Oral health anticipatory guidance
  – Fluoride varnish application
  – Seen by dental provider
  – Dental referral
  – Completed dental referral
  – others
Changes in Practice

EQIPP
Helping You Improve Care for Children

EQIPP courses are included with AAP membership!

Click here for more info about the many exciting benefits of AAP membership.

Log In
AAP Login
Don’t know your login?
Password
Forgot your password?
Submit

Available Courses

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<tr>
<th>Course Name</th>
<th>Tracks</th>
<th>CME Credits</th>
<th>Expiration Date</th>
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<tr>
<td>EQIPP: Asthma - Diagnosing and Managing in Pediatrics</td>
<td>Hospitalist</td>
<td>54</td>
<td>01/05/2016</td>
</tr>
<tr>
<td>EQIPP: Eliminating Tobacco Use and Exposure to Secondhand Smoke</td>
<td>Generalist</td>
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Coming Soon

For Individual Clinicians

We've made it easy for individual physicians, physician assistants, nurse practitioners, students, and other clinicians to access the curriculum and learn on their own time at their own pace. Each of the courses is available online. Free Continuing Education credits is available.

For Educators

This curriculum format can be easily implemented in an academic setting. Included is a comprehensive set of educational objectives based on the Accreditation Council for Graduate Medical Education (ACMG) competencies, test questions, resources for further learning, oral health web links, an implementation guide, and detailed module outlines.

Smiles for Life
A National Oral Health Curriculum

Smiles for Life produces educational resources to ensure the integration of oral health and primary care.

EQIPP Home | EQIPP for Residents | EQIPP for Groups

Children's Oral Health

State Information and Resource Map

Fact:
All children, especially those at high risk for dental issues, should establish a dental home by age 1.
Colorado’s Cavity Free at Three Maternal and Infant Oral Health Program
Cavity Free at Three is funded by
Caring for Colorado Foundation
The Colorado Health Foundation
The Colorado Trust
Delta Dental of Colorado Foundation
Kaiser Permanente
Rose Community Foundation
Collective Impact

- CDPHE
- Caring for Colorado Foundation
- The Colorado Health Foundation
- The Colorado Trust
- Delta Dental of Colorado Foundation
- Rose Family Foundation
- UC Dental School
- COR/COHO
- HCPF
- UC AHEC
- Kaiser Permanente
- Denver Health
• CF3 Technical Assistance Team
• Strategies/materials developed

2007-09

• 10 grants awarded

2008-09
• Medicaid policy changed
• CF3 or SmilesforLife oral health education required

2009

2010

• CHP+ policy changed
• CF3 gets lots requests for education
What is Cavity Free at Three?

A Colorado initiative housed at the Colorado Department of Public Health and Environment Oral Health Unit.

- **Program outcomes**
  - Pregnant women receive oral health care
  - Children have at least one dental visit by age one
  - Early Childhood Caries is prevented
CF3 Strategies

- Promote medical and dental coordination, co-location and integration
- Support policies/practices that improve access to oral health care
- Create effective & culturally appropriate messaging
- Train medical and dental providers on best practices
- Provide technical assistance support and resources
CF3 Model
Medical/Dental

**Children**
- Caries risk assessment
- Clinical evaluation
- Fluoride varnish application
- Anticipatory guidance/Parent Education
- Goal setting
- Age one dental visit/ Establish a dental home

**Pregnant Women**
- Clinical evaluation
- Anticipatory Guidance/ Education
- Referral/visit to a dentist during pregnancy
- Dispel myths about providing care for pregnant women
Provider Resources

- **Cavity Free at Three training**
  - Children’s oral health
  - Pregnancy and oral health
  - Hands-on component
- **Certification for medical providers**
- **Patient education materials**
  - Treatment kit
  - Children’s oral health: 11 languages
  - Pregnancy and oral health: 11 languages
  - Caries Risk Assessment
  - Goal Setting sheet
  - Flip-book
- **Follow up support /Technical assistance**
- **Website**
Reimbursement – Primary Care

Children’s Oral Health

- **Colorado Medicaid**
  - **Codes Age 0-2**
    - D0145 and D1206 $46.46
  - **Codes Age 3-4**
    - D0190 and D1206 $31.93
    - Twice per year for all children
    - Four times per year for high risk
    - Formal caries risk assessment
    - MD, DO, NP, PA must be certified

![State Information and Resource Map](image)

As more states become involved in the promotion of oral health, it is important to be able to access information about these activities. Find information about Medicaid reimbursement for fluoride varnish, American Academy of Pediatrics Chapter activities, and Chapter Oral Health Advocate information, as well as updated resources and trainings. You can also access the Caries Prevention Services Reimbursement Table that lists all of the states and their reimbursement information, the complete AAP Chapter Oral Health Advocates Roster, and the AAP Scope of Health Care Benefits for Children From Birth Through Age 26 policy statement on this page.

Click on a state or province above to learn more.

[CDPHE Colorado Department of Public Health & Environment](logo)
CF3: Technical Assistance

- TA requests are generated through:
  - Follow-up Survey, newsletters, website, general CF3 email

- All TA requests are entered into
  - Online platform
  - Streamlines TA & training needs
  - Track and reports the frequency and level of TA required
CF3 Successes

• Policy
  ▪ 2009/2010: CO Medicaid & CHP+ open codes for oral health services in primary care
  ▪ 2014: Adult dental benefit for Medicaid
  ▪ 2014: RDH scope expansion: Tele-dentistry and ITR

• Patient education materials (11 languages!)
Are medical providers changing?


![Graph showing trends in medical providers over time for different age groups.](graph_image)
CF3 Training Structure

Master Trainer

Train-the-Trainers

Community CF3 Trainers
CF3 Successes

250 Trainings (2008-9/2015)

- 3608 total individuals trained
  - 366 Dental providers (DDS, DMD, RDH)
  - 516 Primary care providers (MD, DO, NP, PA)
  - 2726 Nurses, medical/dental support staff, public health, other partners

- 2015: Launched TA program and platform to support providers with implementation
CF3 Challenges

• Training takes time
• Fidelity to the CF3 model
• Program implementation
• Changing policies/procedures
Thank you!
Questions?

Patricia.braun@ucdenver.edu
Patricia.braun@dhha.org
Thank you!

6. Qualis Health: Oral Health: An Essential Component of Primary Care 2015
Project Overview

- Co-Location 1.0: Feasibility
Lessons Learned from 1.0

• New to families:
  – like it but need to know about it

• New to practices:
  – let practices build model and hire RDH

• New to hygienists:
  – Not ready to be full-time
  – Need to learn how to be part of medical home

• New to medical providers:
  – Learn how to work with different provider
  – Hard if RDH not in practice
Colorado MDI Project Priorities

- Improve oral health of young children
- Health Home for Patients
- Medical Provider + RDH + Dentist
- Replicability
- Scalability
- Sustainability
Why are we in this rut?

Fischer-Owens et al. 2006
<table>
<thead>
<tr>
<th>Coordinated Care, e.g. referrals</th>
<th>Co-Located Care, e.g. FQHC</th>
<th>Integrated Care</th>
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<tbody>
<tr>
<td>- Separate systems, e.g. scheduling, billing</td>
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<td>- Communicate about cases on occasion</td>
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<td>- May never see each other</td>
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<td>- Separate treatment plans</td>
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<td>- Some collaboration of efforts</td>
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<tr>
<td>- And more….</td>
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<td>Separate systems, e.g. scheduling, billing</td>
<td>Separate systems although may have some sharing, e.g. billing</td>
<td>-</td>
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<tr>
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<td>May communicate via phone/email</td>
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</tr>
<tr>
<td>Communicate about cases on occasion</td>
<td>May know who each other</td>
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<tr>
<td>May never see each other</td>
<td>Some shared knowledge of each other’s activities</td>
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<tr>
<td>Separate treatment plans</td>
<td>EMR may talk with EDR</td>
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<td>Some collaboration of efforts</td>
<td>And more....</td>
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<tr>
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<td>Separate systems although may have some sharing, e.g. billing</td>
<td>Same space/same facility</td>
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<tr>
<td>Usually in separate facilities</td>
<td>May communicate via phone/email</td>
<td>Common systems, e.g. scheduling, billing</td>
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<td>Communicate about cases on occasion</td>
<td>May know who each other</td>
<td>Communicate frequently</td>
</tr>
<tr>
<td>May never see each other</td>
<td>Some shared knowledge of each other’s activities</td>
<td>Agreed-upon screening processes</td>
</tr>
<tr>
<td>Separate treatment plans</td>
<td>EMR may talk with EDR</td>
<td>Shared treatment plan for patient</td>
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<tr>
<td>Some collaboration of efforts</td>
<td>And more....</td>
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<tr>
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<td>More successful referrals</td>
<td>Barriers to care removed</td>
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<tr>
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<td>Patient-coordinated care plans</td>
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<td>Providers get to know each other</td>
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5 medical providers: 1 dental provider

Highest Risk

High risk for developing disease

Healthy Patients

- Early Childhood Caries/Caries
- Gingivitis
- Periodontitis
- Adentulism
- Pain, etc.

- Parent/sib with ECC
- Tobacco exposure
- Diabetic
- Pregnant
- Etc.

- No disease
- Few risk factors
MDI Goals

- Bring the mouth back into the body.
- Address oral health as part of overall health.
- MDI is here to help.
- More than co-location \(\rightarrow\) integration.
- Culture change for us all.