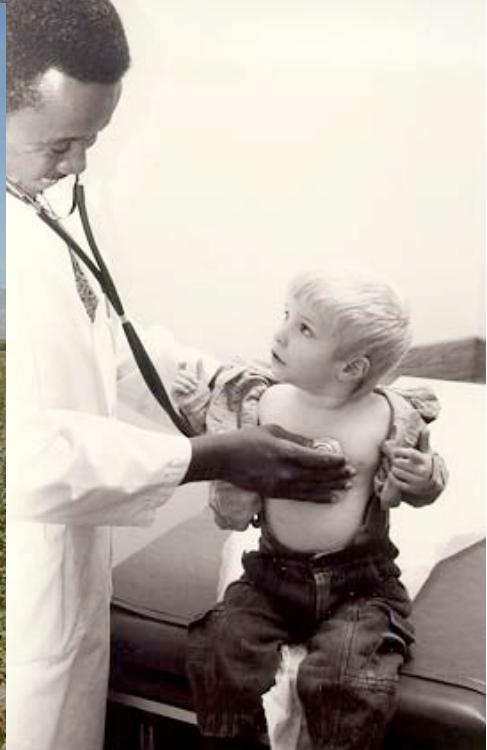




Salud Family Health Centers



Oral Health Disparities Pilot Collaborative

**Medical Dental Integration
Salud Family Health Centers**

Primary Oral Health Conference

- **Scottsdale, Arizona**
- **December 11, 2006**

Review of Medical Dental Integration

- **John McFarland DDS – Background**
- **Cecilia Edwards DDS – What We Did**
- **Susan Hansen RDH – How Does It Work**
- **Kelet Robinson MD- Medical Perspective**

Background

- **Founded in 1970 as a migrant health center**
- **Started as a one room clinic in Fort Lupton**
- **Added community health center status in 1972**



**SALUD Established as a Migrant Health Center
in Fort Lupton, Colorado - 1970**

Salud Today

- **9 clinics in Northeastern Colorado of which 7 have dental**
- **400 employees**
- **34 Physicians, 15 PA/NPs,**
- **13 Dentists, 6 Dental Hygienists**

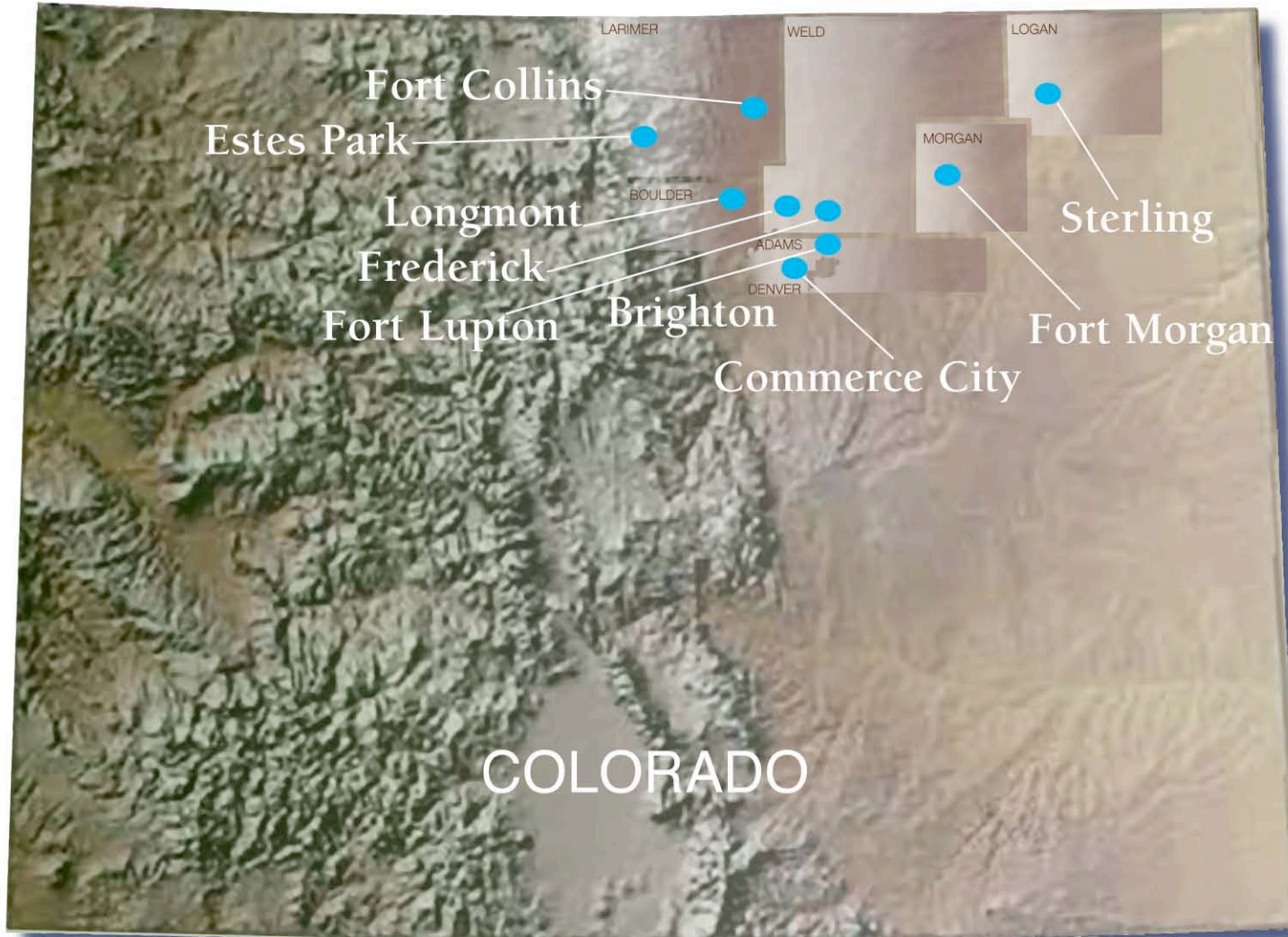
Salud Today

- **65,175 Patients 2005**
- **227,727 Patient visits 2005**
- **15,994 Dental Patients 2005**
- **36,787 Dental visits 2005**



Family Health Centers

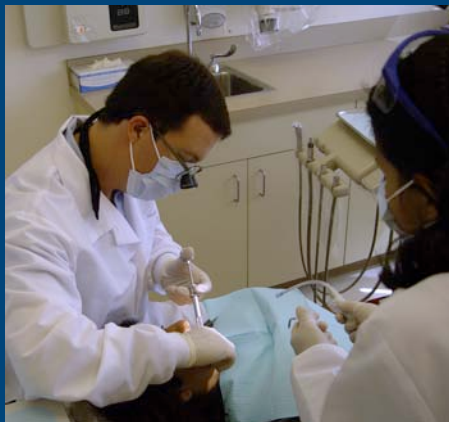
Clinic Locations





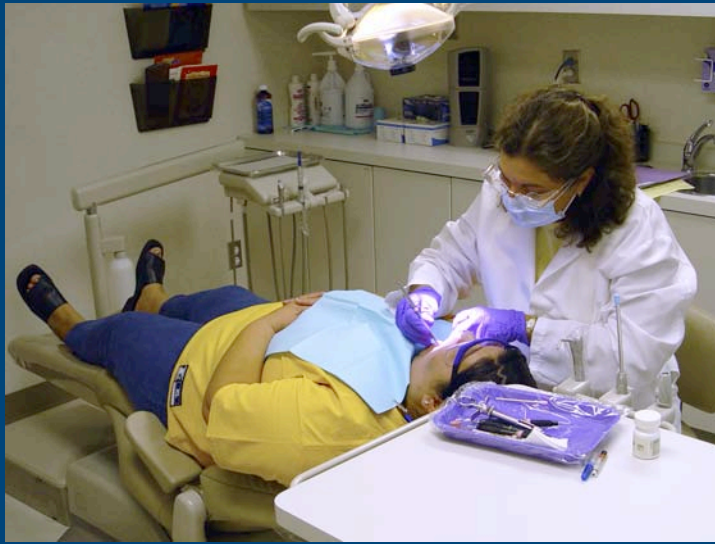
Salud Longmont Dental Clinic

220 E. Rogers Road, Longmont 80501



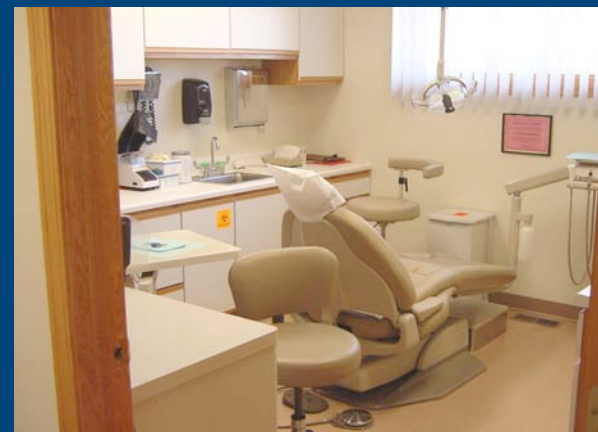
Salud Frederick Dental Clinic

5995 Iris Parkway Frederick, CO 80530



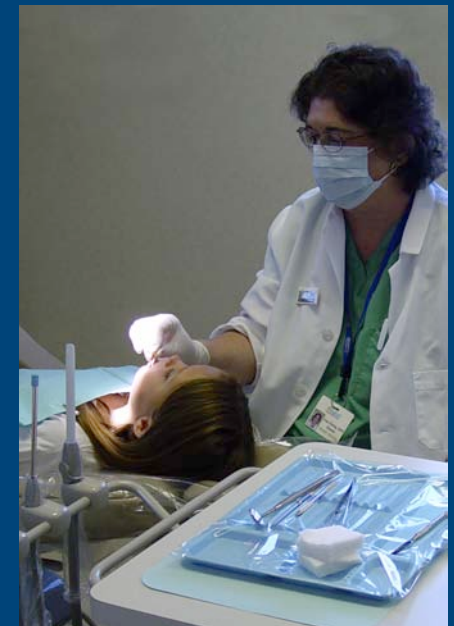
Fort Morgan Salud Dental Clinic

909 E. Railroad Ave., Fort Morgan, Colorado



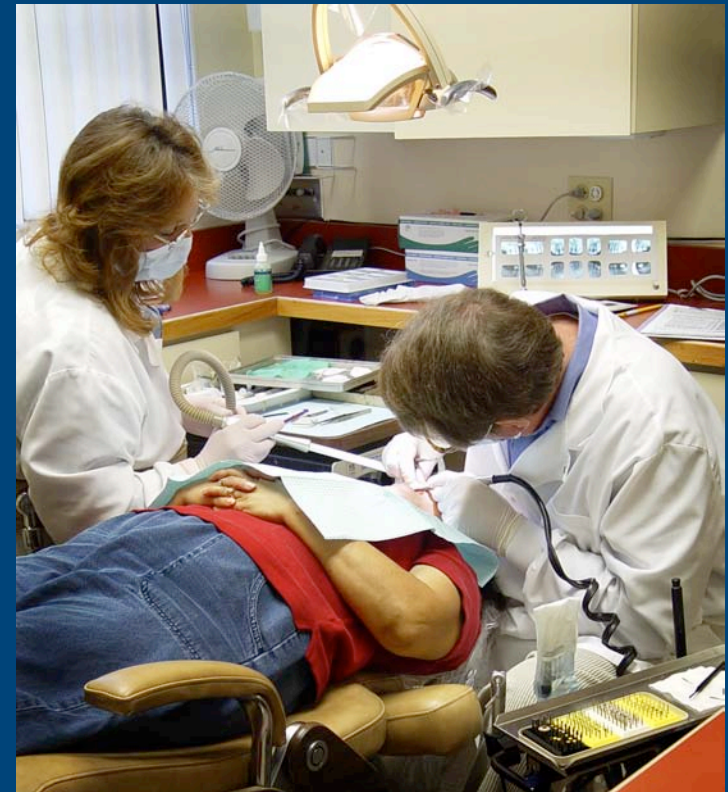
Salud Sterling Dental Clinic

1410 S. 7th Ave., Sterling, CO 80751



Salud Fort Lupton Dental Clinic

1115 Second Street,
Fort Lupton, CO 80751



Salud Executive Team Members

- **Jerry Brasher** **Executive Director**
- **Tillman Farley** **Medical Director**
- **John McFarland** **Dental Director**
- **John Steel** **Operations Director**



Collaborative Team Members

- **Cecilia Edwards DDS** **Dental Director**
- **Kelet Robinson MD** **Medical Director**
- **Sue Hanson RDH** **Dental Hygienist**
- **Mary Lou Abundez** **Business Manager**
- **Jennie O'Connell** **Dental**
Receptionist
- **Jennifer Hansen** **Medical Assistant**



Salud Family Health Center

On to Cecilia

Medical-Dental Integration How We Got Started?

Cecilia M. Edwards, DDS

Medical-Dental Integration

- Medical-Dental collaboration was an essential part of the Oral Health Pilot Collaborative.
- We strived to get dental referral and counseling as part of the medical visit at the “Well Baby” and Perinatal medical appointments.

What did we do??

First: *We got buy in from the organizations' leadership.*

- Our dental director met personally with the CEO of the organization and the medical director to present the objectives of the collaborative.
- Our dental director presented an overview of the collaborative to Salud's Board of Directors. He presented it's objectives and expected outcomes.



What did we do??

Second: *We picked clinical team members.*

Individuals were picked as clinical members. We picked the following team members:

- Medical provider
- Dental provider
- Medical assistant
- Dental assistant
- Dental hygienist
- Front desk supervisor
- Collaborative / statistician specialist

What did we do??

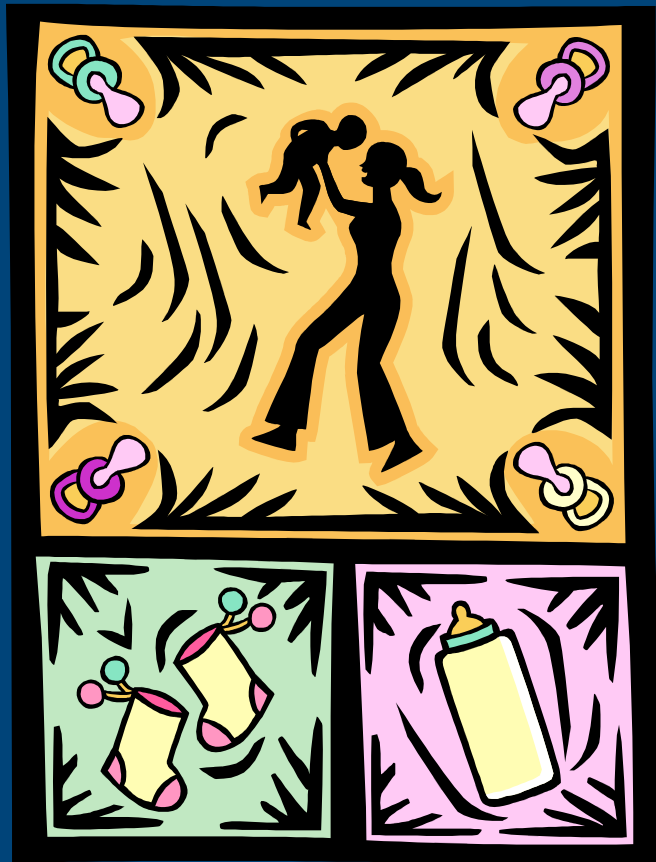
Second: *We picked clinical team members.*

- The collaborative team was presented with the original “Oral Health Pilot Collaborative” handbook.
- Each member signed a contract agreeing to be a member of the collaborative.



What did we do??

Third: *We chose a
“Population of Focus”*



- We decided to do this pilot at our Ft. Lupton Clinic.
- Dr. Kelet Robinson was our medical clinical lead, therefore, we chose her patients as our original population of focus.

What did we do??

Third: *We chose a
“Population of Focus”*

- **Perinatal Registry:**
 - All pregnant patients seen by Dr. Robinson for a perinatal visit after 10/2005.
 - Because Dr. Robinson sees most pregnant patients at some point during their pregnancy, the registry is nearly all patients pregnant at the Salud Clinic in Ft. Lupton after 10/2005.
 - The registry is currently at about 200 pregnant women.

What did we do??

Third: *We chose a
“Population of Focus”*

- **Pediatric Registry:**
 - We included all children 0-5 yrs. that were seen by Dr. Robinson after 10/2005.
 - We chose NOT to include the children that ONLY visit our pediatrician as we felt it would make the registry too large.
 - The registry is currently at about 150 children ages 0-5 yrs.

What did we do??

Fourth: *Training Sessions*



- We have weekly meetings to strategize how to work as a team in the collaborative.
- We tested many different forms, manners of referrals, education material, etc. using PDSA cycle forms.

What did we do??

Fourth: *Training Sessions*

- Our medical and dental teams attended all of the learning sessions and got some expert training from the faculty on:
 - Care Models integrating Medical and Dental.
 - Perinatal protocols including the latest NY State Perinatal Protocols.
 - Early childhood caries, prevention and treatment.
 - Office redesign to increase flow and access.

What did we do??

Fifth: *We implemented strategies that worked*

- Medical staff gives dental counseling and referrals at Dr. Robinson's "well baby" visits and perinatal visits.
- Patients are given a special "collaborative" referral form to bring to dental to fast track getting an appointment.



What did we do??

Fifth: *We implemented strategies that worked*



- Patients are given priority appointments within 2 weeks for an exam.
- Patients are seen, treated and data is collected.
- Data is input into PECS.
- Patients are placed on dental recall once treatment is completed.

What did we do??

Challenges we encountered

- None of the dental providers had much experience treating very young children, under 2 yrs.
- Dental department policy on treating pregnant women had been acute care only in the 1st and 3rd trimesters. Needed to educate providers, staff and students.

What did we do??

Challenges we encountered

- Resistance from some Medical providers about the importance of seeing and treating very young children.
- Midway through the pilot process we lost our CQI/Statistician representative, leaving us with no one qualified to handle the collected data.



What did we do??

Successes we witnessed

- We have noticed an increased willingness to refer both from medical to dental and vice versa. An improved working relationship.
- We have also noticed an increased awareness and interest in dental education and referral by the Medical team.

What did we do??

Successes we witnessed

- We have seen increased confidence of dental providers and staff when treating both pregnant women and very young babies.
- We were able to have some training in order to continue data collection after our CQI/Statistician member left.
- We have noted that providers and support staff are “excited” to be a part of this collaborative.



Medical-Dental Integration HOW IS IT WORKING?

Susan Hanson, BS, RDH

Challenges

- To design an effective method of referral from medical to dental.
- To ensure the dental schedule had the capacity to absorb referral patients.

Challenges

- To change the dentist's and patient's reluctance to have treatment during pregnancy.
- To have dental visits before a child's 1st birthday.
- Guarantee consistency in treatment and education in a large clinical setting.

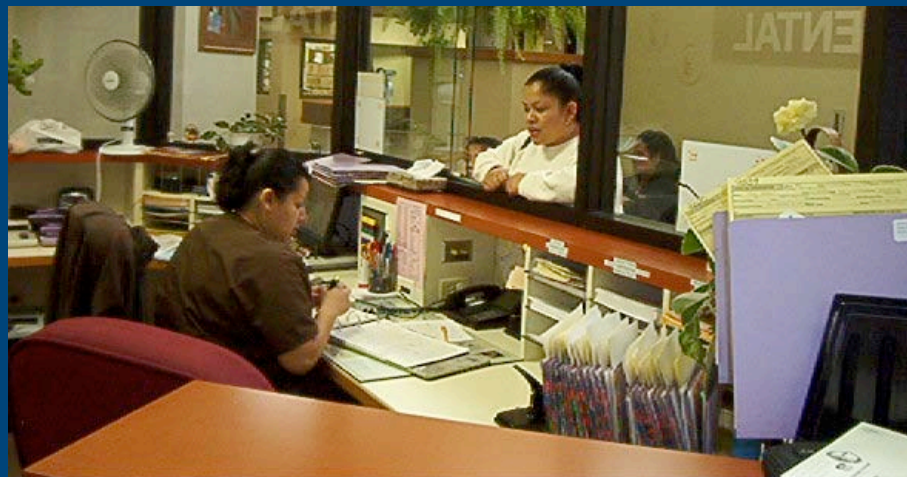


Medical Referral

- We developed a referral slip to be completed by Dr. Robinson at the well child and prenatal visits.
- A system was developed where the referral slip is brought by the patient to dental, resulting in an appointment within 7-14 days.

Dental Schedule

- We tested several office “redesign” projects to increase available appointments for Dr. Robinson’s patients.
- We began confirming appointments to open up the schedule.
- We added an “Overflow” column on the schedule to increase access.



Standard of Care



Standard of Care

- Dentistry as a whole, has widely accepted dental standards of care for patients with: diabetes, high blood pressure, artificial joints, artificial heart valves, and other concomitant medical conditions.

Why not Perinatal Standards?

- We developed standards of care for:
 - Perinatal patients based on the New York State Perinatal Protocols.
 - 0 to 5 yr old children based on Francisco Ramos-Gomez' "Early Childhood Caries" course.

Reluctance to Break Traditions

- Education was necessary for dentists and patients on the safety of performing X-rays and treatment on pregnant women.
- Education to both medical and dental teams on when and how to use fluoride varnish.



Reluctance to Break Traditions

- Medical and dental teams were trained on doing knee to knee exams on infants with a parent.
- The exam includes:
caries risk assessment, anticipatory guidance, self management tools and fluoride varnish application



Tools for Consistent Treatment and Education

- We currently use the following tools:
 - Standards of care for pregnant women
 - CAMBRA caries risk assessment
 - Anticipatory guidance
 - Self management goals
 - Staff meetings to educate both medical and dental staff on the correct use of these tools

Results

- We have improved patient care by:
 - Developing standards for our providers to follow, allowing all patients to receive consistent treatment.
 - Educating our dental providers in order to increase their comfort level in treating pregnant women and very young children.
 - Improving collaboration between the medical and dental departments.

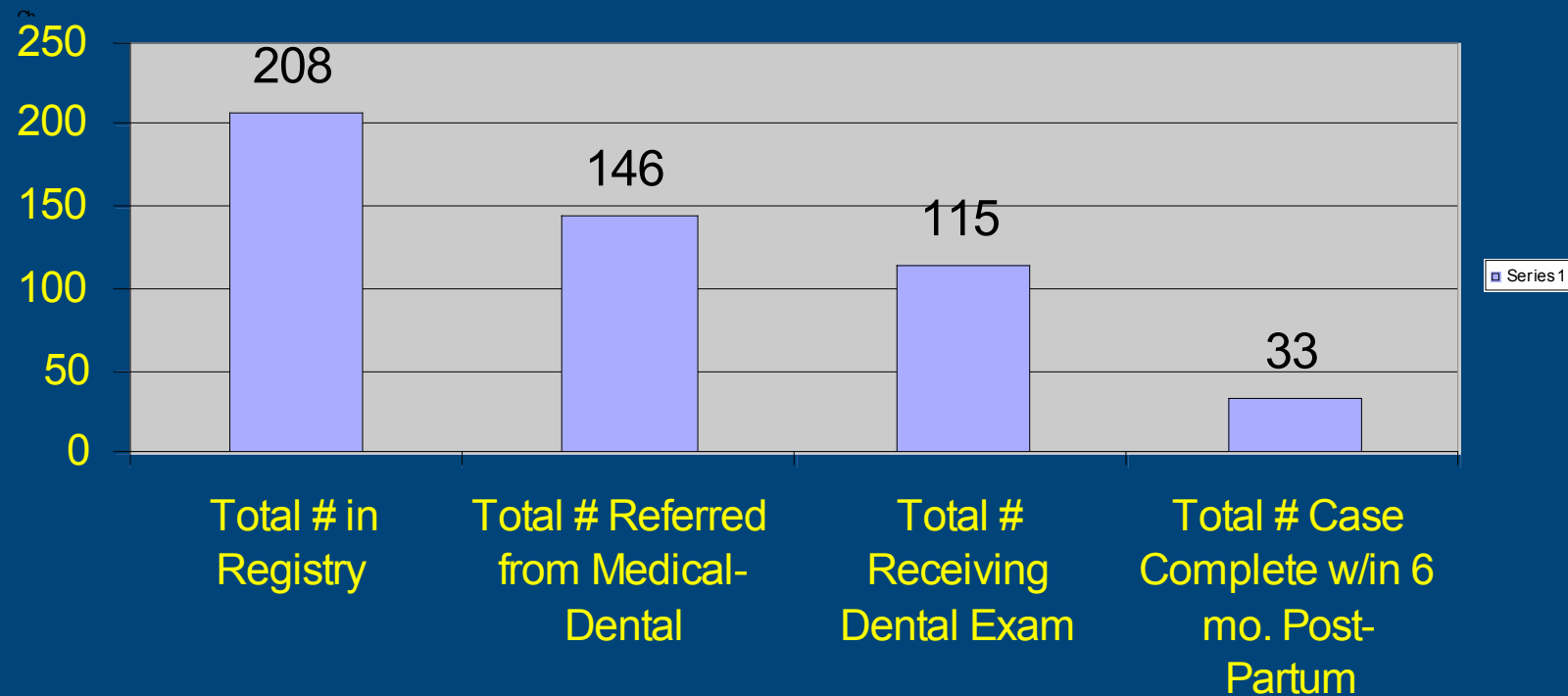
Results

Community Benefits

- WIC program
 - Training of WIC staff on prevention of Early Childhood caries.
 - Improving the WIC orientation for new moms which includes a section on Oral Hygiene and Early Childhood Caries.
- Headstart program
 - Salud Hygienist's now do fluoride varnish on all children in the programs.
 - Parent meetings now include information from the “Take 5 Oral Health” program on methods that can be used at home to prevent Early Childhood Caries.

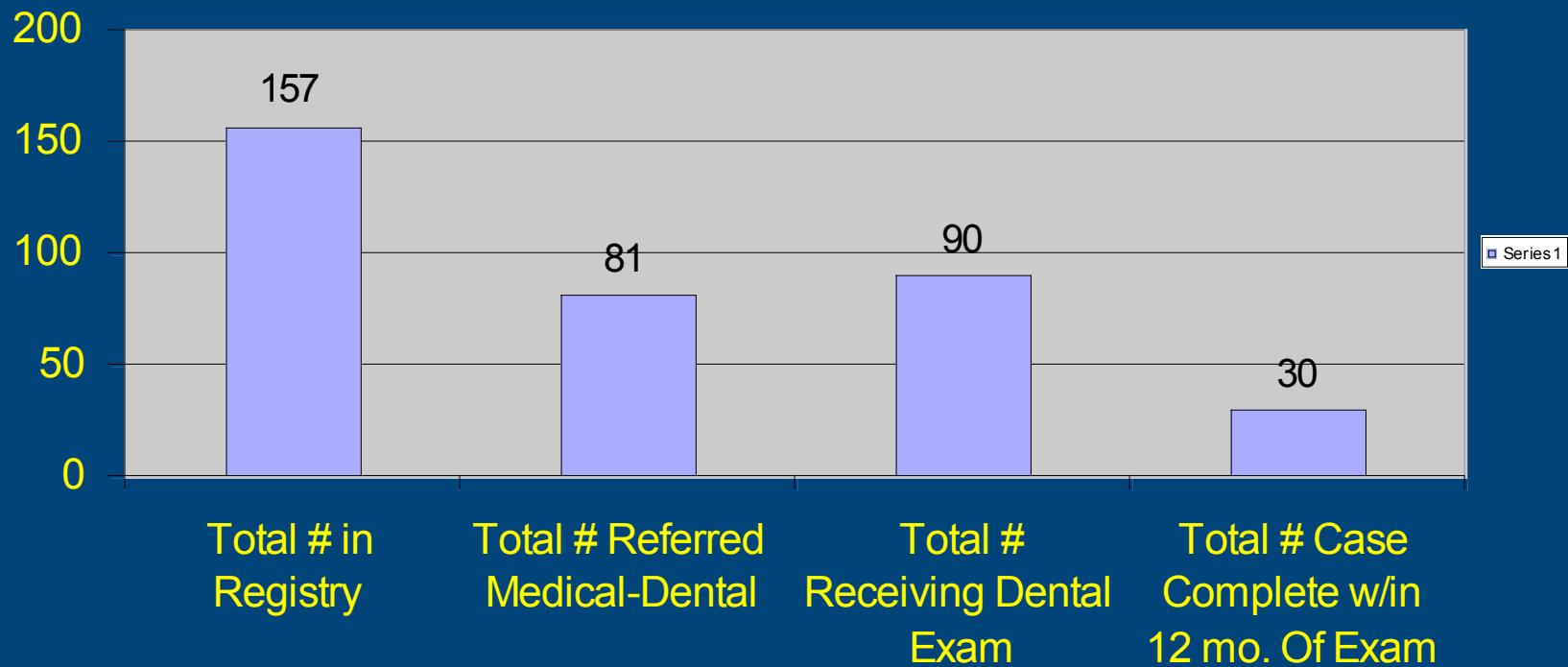
Where are we today??

Perinatal Registry



Where are we today??

Children 0-5 yrs. Registry



Dr. Robinson

Medical Perspective

- This all starts with a referral from Dr. Robinson.

Medical-Dental Integration Educating the Medical Providers

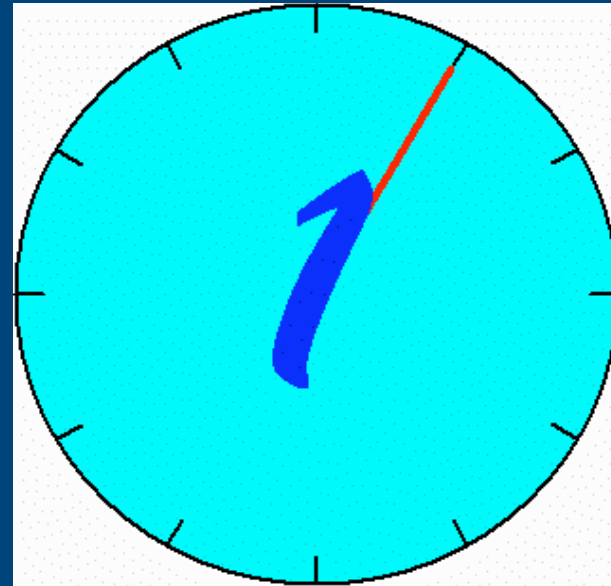
Kelet Robinson, MD

The Medical Perspective

(Why I don't want to do this)

The 15 minute physical

Thank patient for coming in, discuss patient's concerns, answer patient's questions, get a past medical history, get a family history, review old medical records and labs, review patient's medicines, ask about problems with medicines, discuss medical allergies, discuss use of vitamins and supplements and how they might interact with other drugs, examine the patient, order blood tests, write new prescriptions or change old medicines, screen for cardiovascular risk, screen for breast/prostate cancer risk, screen for osteoporosis, screen for colorectal cancer, screen for depression, screen for domestic abuse, counsel on tobacco/alcohol/drug abuse and cessation, discuss environmental exposures at home and work, discuss safety issues specific to patient's work, do appropriate referrals, screen for sexual dysfunction, discuss contraception and/or fertility counseling, update immunizations, schedule follow up visit



And now you want me to look at
their teeth?

Why should I?

- Benefits to new mom
- Benefits to fetus
- Benefits to young child
- The mouth really is connected to the rest of the body

What do I do, if I do?

- Very little oral health training in medical schools and residency programs
- Basic oral exam
 - What do I look for?
 - Where do I look for it?
 - What's normal?
 - What's dangerous?
 - What can be fixed?



Stuff I was doing anyway...

- Look in their mouths – start the conversation
- Do you smoke?
- What's your diet like?
- What's your child's diet like?
- Is your child still on the bottle?
- Is your baby teething?
- Does your family take vitamins?

Now what?

- When was your last dental visit?
- Do you brush your/his/her teeth everyday?
- Do you know why it's important to do these things? – Here's why.
- The dentist can evaluate you/your child and give you more information.



Are you really going to see my patients?

- Form an alliance – both sides have to be willing to change the way they do business
- Make a plan and make it easy– figure out what might work in your system
- Refer to someone who will treat
- Follow through – if you tell your patients that it's important, make them believe it
- Talk to your patients about their referral
- Talk to your teammates about the process
- If you have to, rework the plan

What's changed

- Increased Awareness
- Integrated Care
- Better Access
- Informed Patients
- Preventive Oral Health