The Integration of Oral Health with Primary Care Services and the Use of Innovative Oral Health Workforce in Federally Qualified Health Centers

Presented by: Margaret Langelier, MSHSA

Center for Health Workforce Studies
School of Public Health | University at Albany, SUNY

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Study Background

- The Center for Health Workforce Studies, University at Albany School of Public Health
- Designated as the National Oral Health Workforce Research Center (OHWRC) under a cooperative agreement with HRSA's National Center for Health Workforce Analysis
- This is one of five studies conducted in 2015 by the OHWRC
- Access to oral health services is limited, especially for underserved populations who receive primary health care services through safety net providers including Federally Qualified Health Centers (FQHCs)

FQHCs are Uniquely Structured for Service Integration

- FQHCs are ideally organized to promote oral health and integrate oral health service delivery with primary care
  - Primary care, oral health, and behavioral health services are generally delivered under the same organizational umbrella
- FQHCs required to provide all pediatric dental services mandated in the EPSDT benefit and preventive dental services for adults
- In 2013, FQHCs provided onsite dental services to 4.4 million people, 1.3 million of whom received restorative services and more than a million of whom received emergency or oral surgery services
- HRSA has invested $55 million in oral health expansion grants since 2001

The Study Objective: To Describe Innovation in Oral Health Service Delivery

- Qualitative study with several objectives

1. To understand efforts to integrate primary care and oral health service delivery in FQHCs
2. To describe
   - Deployment of innovative oral health workforce models
   - The configurations of oral health care teams
3. To understand the use of technology to enable service integration using
   - Electronic dental and medical records
   - Telehealth modalities
   - Mobile and portable equipment

The Research Study was Qualitative

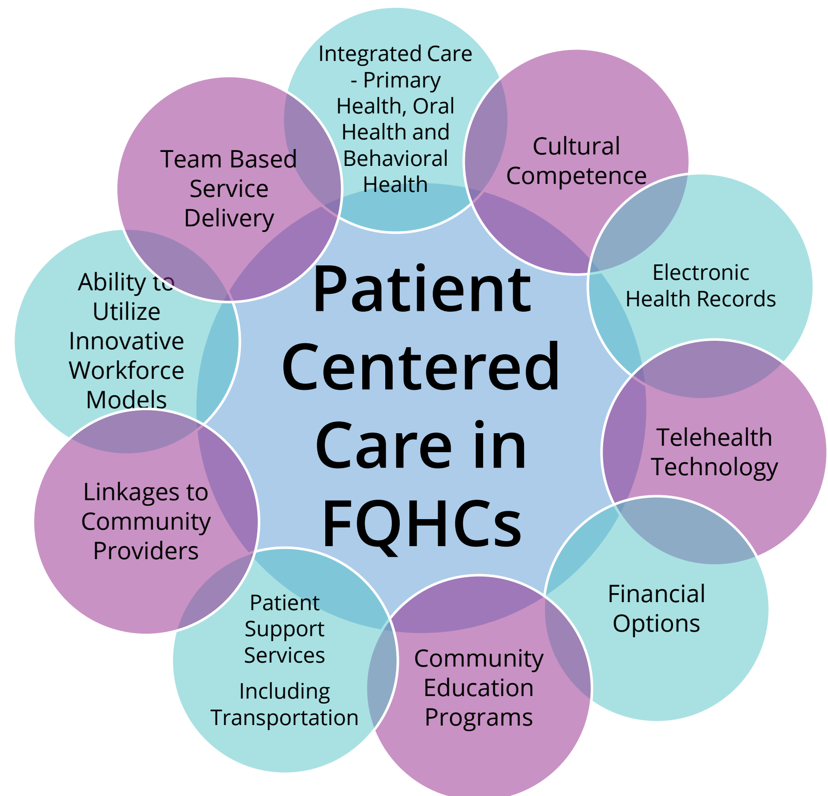
- Case study methodology
- Site visits at FQHCs in nine states with differing scope of practice legislation for dental therapists (DTs), dental hygienists (DHs) and dental assistants (DAs)

    NH, RI, CT, NY, CA, ME, PA, MN, WI

- Individual and group interviews
    - Administrators
    - Medical Professionals
    - Oral Health Professionals
    - IT Staff, Pharmacy, Behavioral Health Providers

The Three Major Findings from This Research

- FQHCs are uniquely positioned to provide **integrated health care services** that are **patient centered**
- FQHCs **experience common problems** with the oral health literacy of patients and with building sufficient capacity to meet high demand for services
- FQHCs have exceptional **opportunities to engage with innovation, especially novel local workforce solutions** that increase access to oral health services for underserved populations



OHWRC
Oral Health Workforce Research Center

The Opportunities for Innovation in Oral Health Service Delivery Vary by State

- Many common difficulties with delivering oral health services among FQHCs
- The strategies selected to improve access are unique because they are determined by local conditions and available resources
- The success of local innovation depends on
  - Appropriately tailoring the services to the specific needs and attributes of the population served
  - Accurately identifying deficits in the local oral health delivery system

(con't)

The Opportunities for Innovation in Oral Health Service Delivery Vary by State (con't)

- The opportunity to use innovative workforce models
  - Scopes of practice for allied dental personnel to engage in expanded or innovative workforce models
- The availability of a competent professional workforce to provide services
  - State and federal loan repayment programs
  - Dental residencies and student externships
- Finding state and federal funding to support the cost of delivering care
  - Infrastructure improvements - ACA
  - Technology including equipment and information systems – interfaces
  - Reimbursement sufficient to cover recurring costs of providing dental services
  - Good working knowledge of reimbursement structures

FQHCs Employ Various Strategies to Integrate Oral Health and Primary Care

- Strategic efforts to integrate primary care and oral health care services across the delivery system include
  - Requiring all patients in the dental practice to also be primary care patients (RI)
  - Using new patient health information forms that contain questions about oral disease and dental access (NH)
  - Using the electronic health record bi-directionally (NH, RI, MN)
    - To monitor patient health conditions, medications, and allergies and to mine the health record to find patients in need of services

(con't)

FQHCs Employ Various Strategies to Integrate Oral Health and Primary Care (con't)

- Taking blood pressures and health histories at dental visits – (e.g. diabetes screening study in RI)
- Placing DHs in satellite primary care clinics or in pediatric clinics to provide oral health screening and assessment services and to refer to the dental team for more extensive services (PA and CT)
- Scheduling DH assessments as part of all annual pediatric well visits up to three years of age (CT)
- Using primary care providers (NPs, physicians) at satellite locations to provide oral health assessment and screening exams and expedite patient referrals for dental services at the FQHC (NH)

Strategies (cont.)

- Using mobile vans or portable dental equipment in school based or school linked programs in cooperation with school nurses to better enable access to oral health services for children (CT, MN)
- Using telehealth technologies to provide preventive services and remote dental diagnosis to help children in Head Start programs to establish a dental home (CA)
- Engaging all primary care and oral health clinicians to achieve oral health clinical goals

FQHCs Use a Team Based Approach to Oral Health Care Delivery

- **Workforce in FQHCs are often mission driven and building effective teams to deliver care is necessary to maximize capacity**
  - Openness to using the overlapping competencies of workers to meet high demand for services
  - Willingness to innovate to achieve improved outcomes
  - Understanding of oral health literacy challenges of the underserved
  - Delivering care in an accepting, non-judgmental way
  - Assuring cultural competency

(con't)

FQHCs Use a Team Based Approach to Oral Health Care Delivery (con't)

- **The traditional dental team is the base**
  - Dentists, DHs, DAs
- **Others extend the team**
  - Primary care providers
  - Student externs and dental residents
- **Innovations on the Dental Team**
  - Public Health Dental Hygienists
  - Community Dental Health Coordinators
  - Dental Therapists
  - Expanded Function Dental Assistants
  - Patient Navigators, Social Service Staff

Characteristics of Dental Teams in FQHCs

- **Clinical providers and other staff in FQHCs work together**
  - Different teams at different levels (e.g. clinical teams, administrative teams, discipline specific teams)
  - Matrix of responsibility
- **Recognition of the importance of team identity**
  - some decentralization
  - small teams working toward shared goals
  - helps with patient identification and with building a dental home
  - builds team cohesiveness
  - improves continuity of care for patients
  - engenders familiarity with the capabilities of team members

Characteristics of Dental Teams in FQHCs (con't)

- **Desire to fully employ the competencies of all oral health team members to maximize capacity and create efficiencies**
  - Expanded function dental assistants to carve and place amalgam
  - DHs with training to initiate local anesthesia

Dental Residents And Student Externs Contribute to Staffing

- **FQHCs benefit from precepting dental residents and students**
  - Provides FQHC patients with better access to some specialty services
  - Is an important tool for recruitment of new oral health professionals
    - state and national loan repayment programs
  - Enhances capacity to meet demand for oral health services at the FQHC especially for walk-in/ emergency patients
- **Student externs (dentists, DHs, and DAs) and dental residents profit from rotations in FQHCS**
  - Provides students with greater levels of experience with dental surgery and extractions
  - Instructs new professionals in the oral health needs of different communities

FQHCs Have Embraced Innovative Oral Health Workforce Models To Enhance Access

- **Expanded Function DAs and DHs**
  - Permitted in many states
  - Restorative functions, orthodontic functions, etc.
  - Increase efficiencies in the clinic
  - Enhance capacity to meet demand
  - Use requires infrastructure to allow dentists to work with multiple patients
    - side by side operatories (WI)
- **Community Dental Health Coordinator**
  - Model proposed by the ADA
  - 34 CDHCs Working in 8 states
    - AZ, CA, MT, MN, OK, PA, TX, WI
  - Community education
  - Case finding and navigation
  - Motivational interviewing to engage patients
  - In combination with other qualifications, can provide clinical services

Workforce Innovations (cont.)

- **Public Health Dental Hygienists**
  - Enabled in the majority of states but definitions vary
  - WIC, school based programs, satellite primary care practices
  - Able to work in the community with lower levels of required supervision or unsupervised
  - Reach patients in the community and link them to a dental home
  - Provide a range of preventive services including atraumatic restorations and protective sealants
- **Dental Therapist/ Dental Hygienist Therapist**
  - Allowed only in Maine, Minnesota, and Alaska
  - Basic restorative services
  - Allows dentist to concentrate on high needs patients
  - Substitutes and supplements care by a dentist

Summary

- Patients' health outcomes benefit when care is integrated and delivery is patient centered
- Rates of completed referrals are improved when referring providers work under the same organizational umbrella
- The likelihood of establishing a health/medical/dental home increases when health and oral health services and electronic health records are integrated
- FQHCs benefit from the opportunities to use innovative workforce to reach local populations that are underserved for oral health
- Workforce innovation allows for a variety of service delivery configurations and also permits existing workforce to gain new competencies.
- There are multiple opportunities for combining skill sets to better address the needs of patients (e.g. CDHC and PHDH, DT and DH)