



Together, our
voices elevate° all.

Oral Health & Value Transformation

Part 2: July 28, 2021

Quality Center (Host)

Layout

Participants

Search

Panelist: 1

Quality Center
Host

Attendee:

Camila Silva (NACHC)
Me

Quality Center

Host

Raise your hand
button



Unmute

Share

...

×

Participants

Chat

Chat: When using the chat, please
send the message to "Everyone"

THE NACHC MISSION

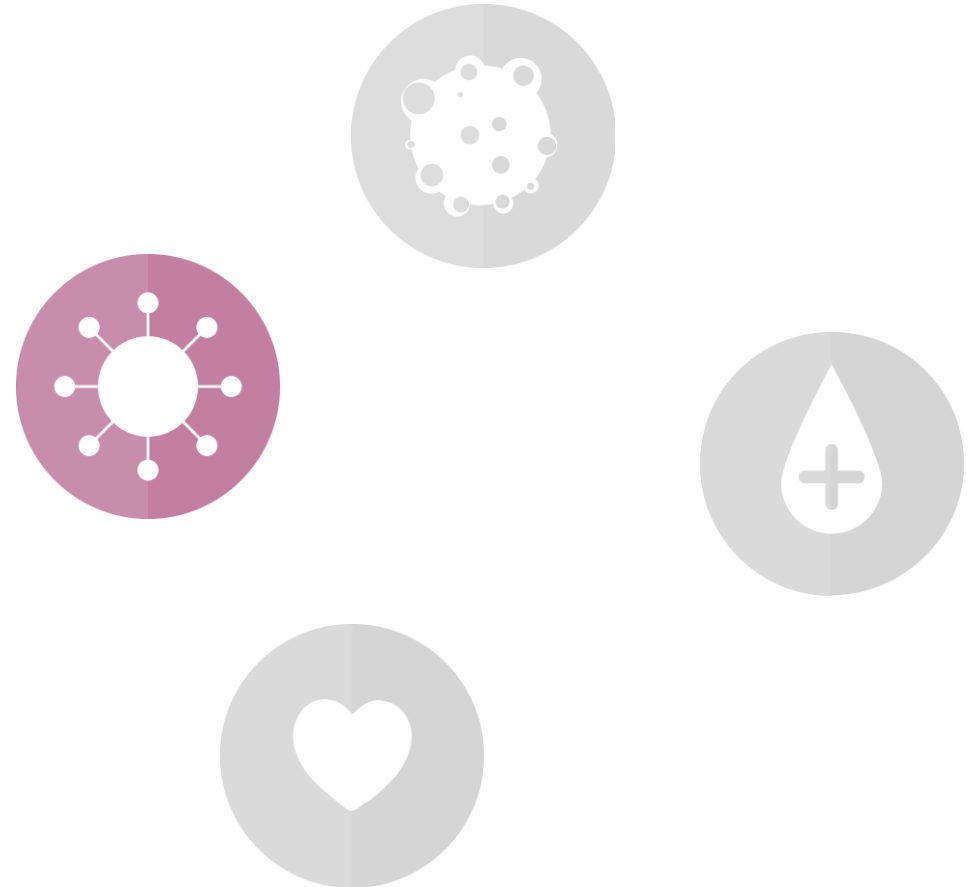
America's Voice for Community Health Care

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:

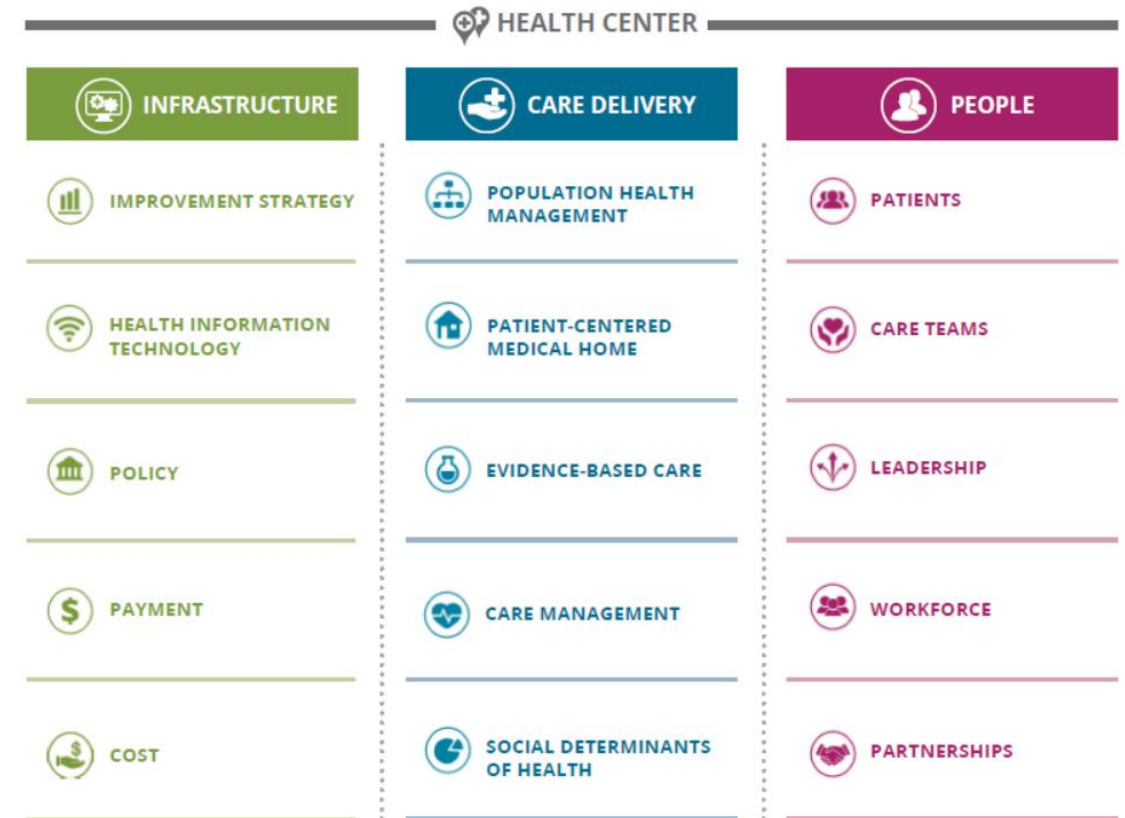
Oral Health, Cancer Screening, Diabetes, HTN...Other



Value Transformation Framework



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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

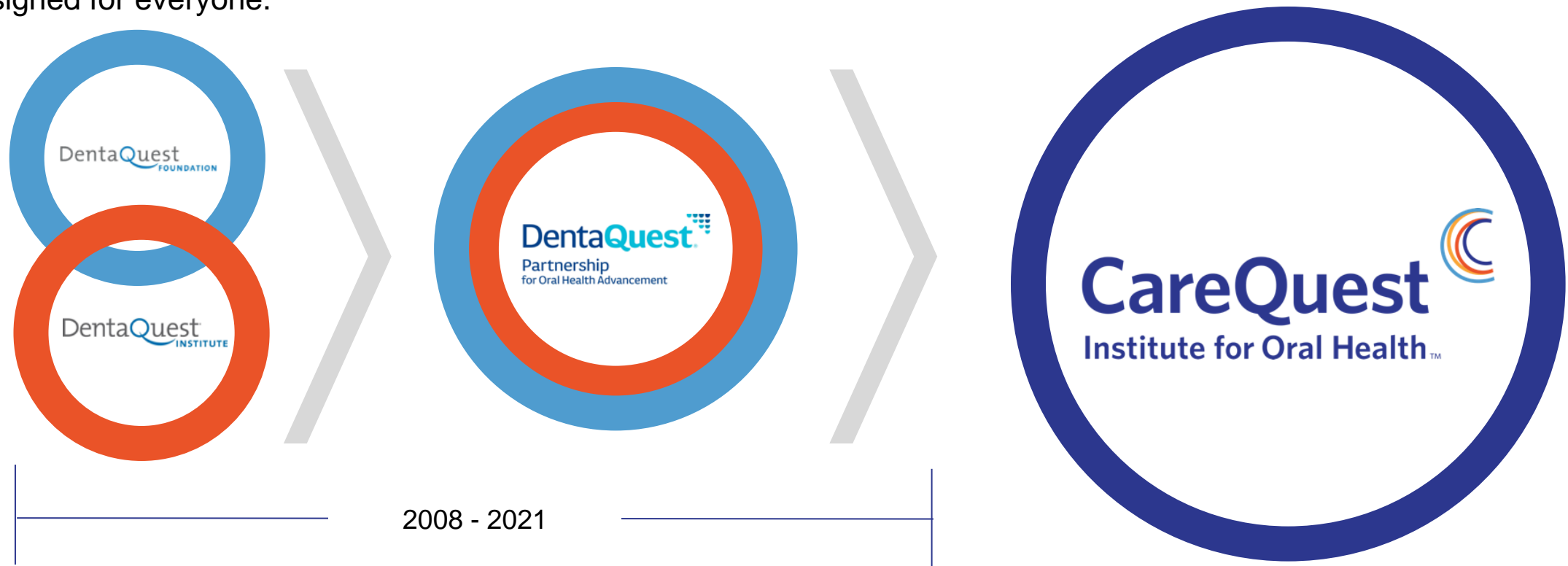
Rebekah Mathews, MPA

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-EI](#)) 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**

CareQuest Institute

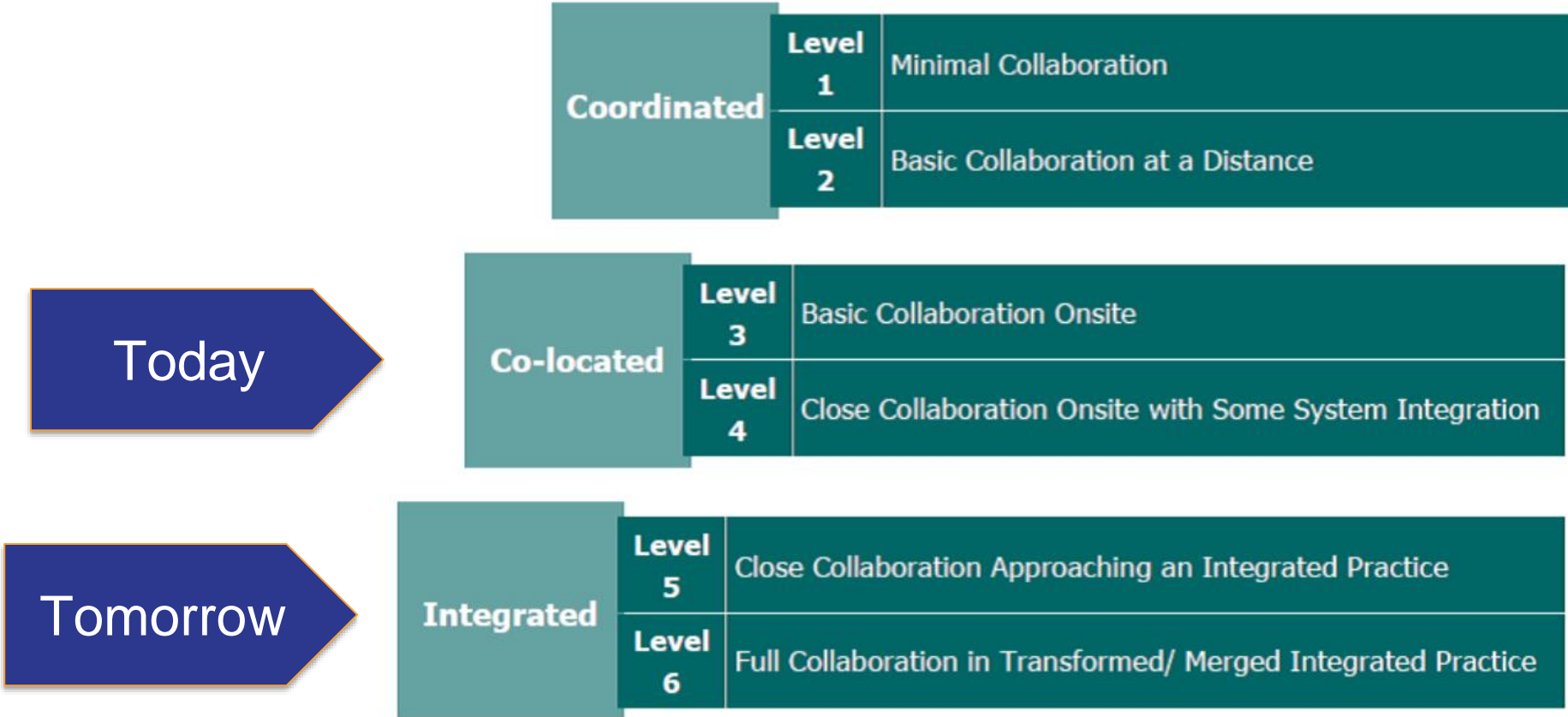


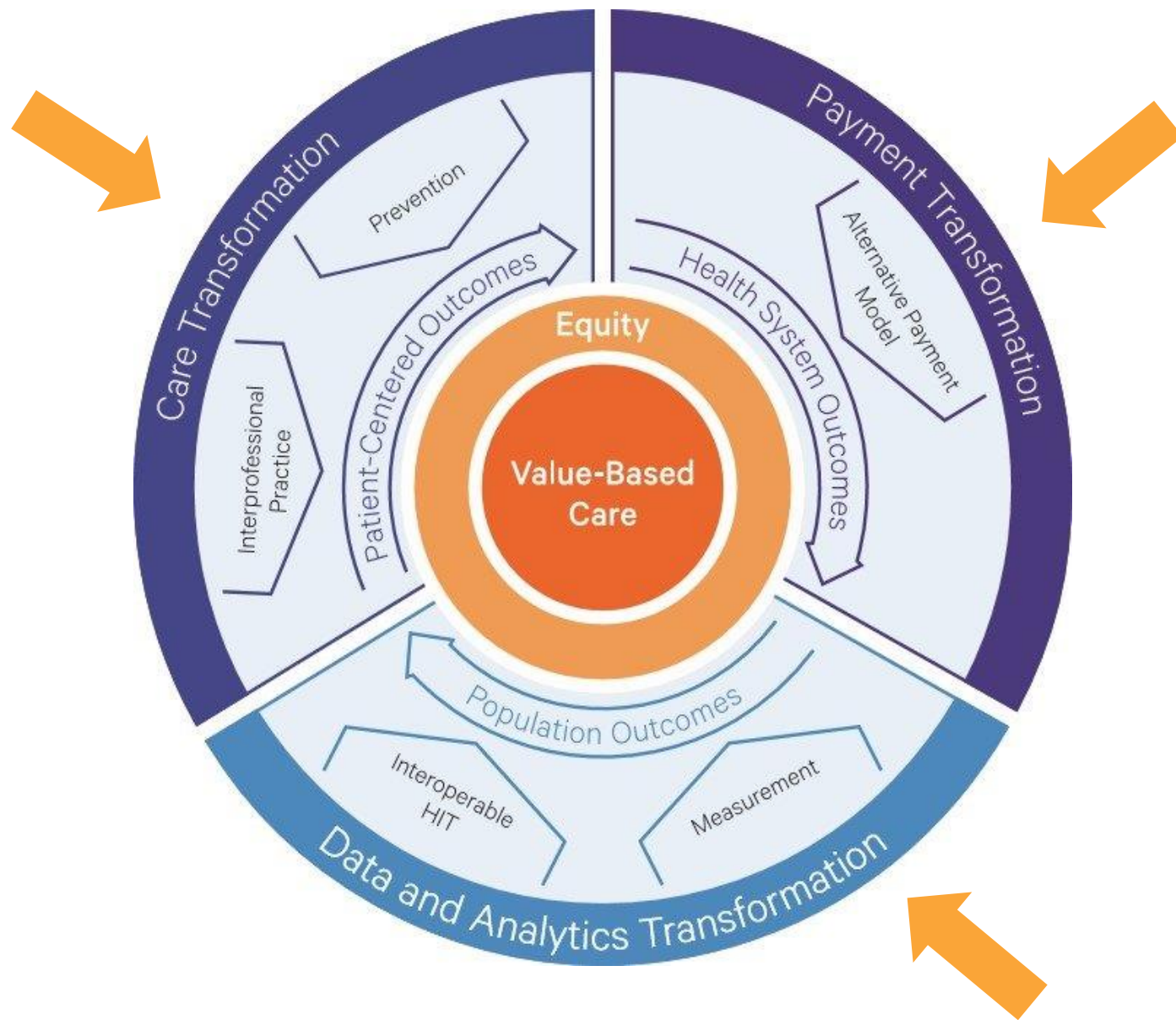
Integration is Fundamental for Success

Carolyn Brown, DDS, Med
Senior Strategic Advisor



Framework for Integrated Healthcare





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*:

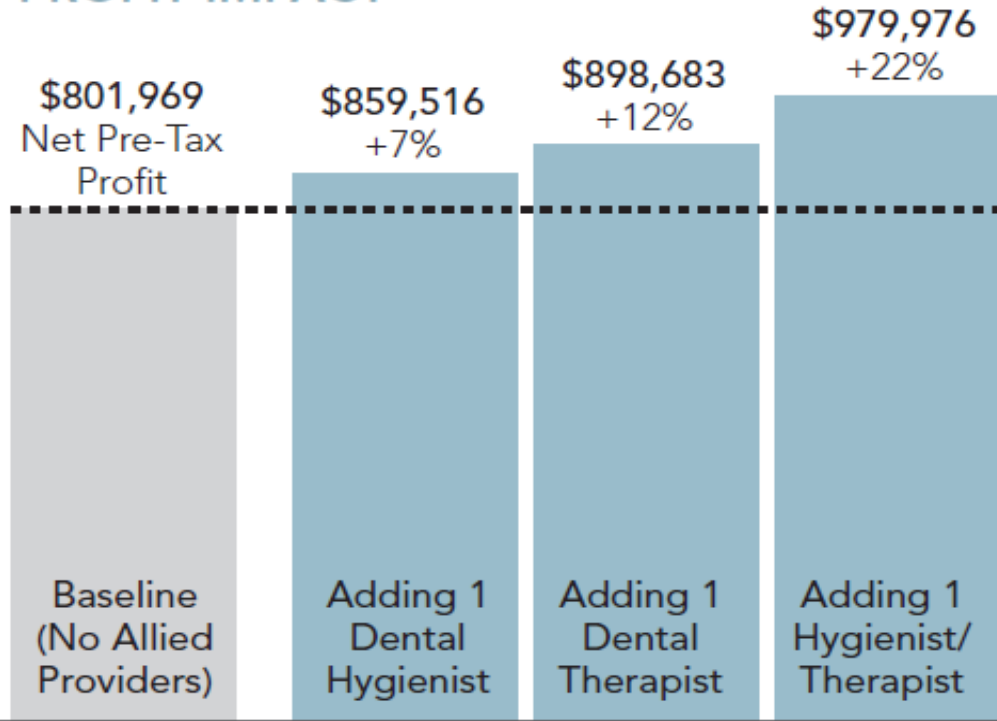
Treatment plan completion
Retention in specialty care
Low intensity preventive services
Flu vaccination rates
Medication Adherence
A1c testing and responsiveness

Patients:

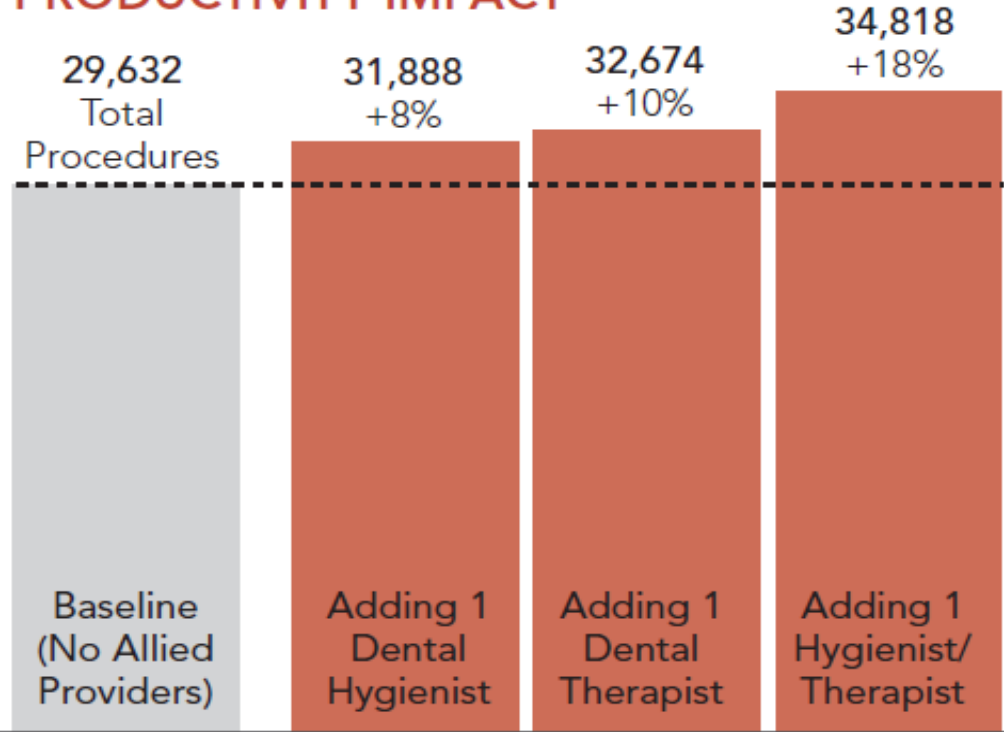
Availability of DCM
Increase access
Knowledge
Empathy and comfort
Credited overall health improvement to
Dental Case Mngt
Reported higher quality of life*
Increased partner, spousal support

Allied Providers' Impact on a Small Group Dental Practice

PROFIT IMPACT



PRODUCTIVITY IMPACT

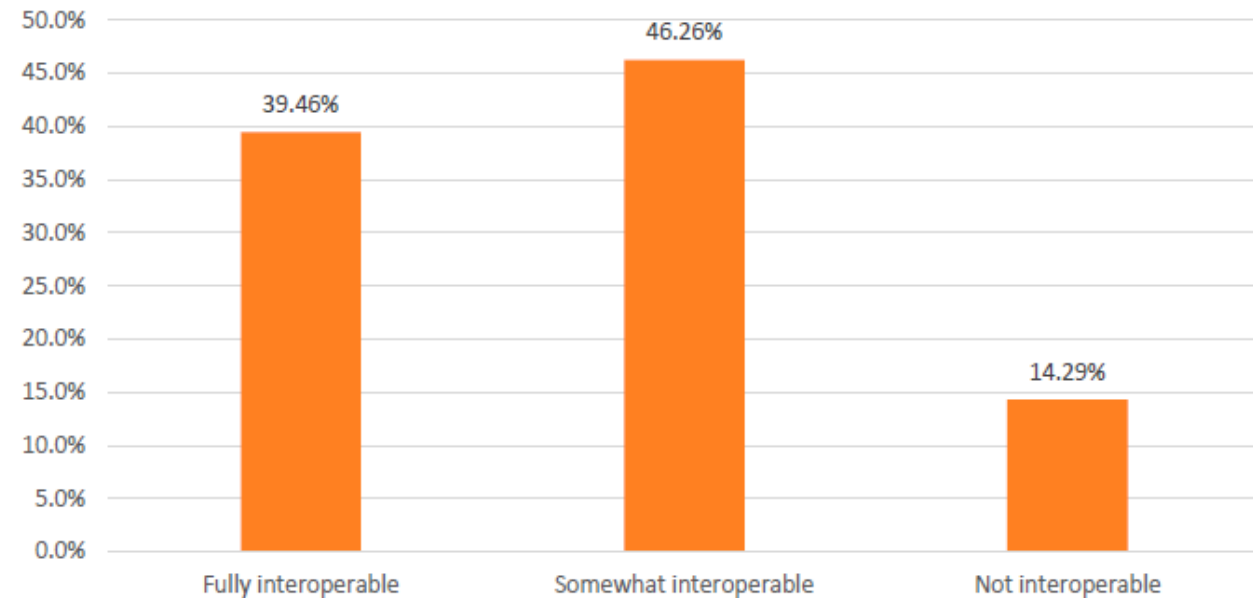


SOURCE: Pew Center on the States, 2010.

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



Arizona Alliance for Community Health Centers



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

Primary
Healthcare
for All

IN 2019, 23 HEALTH CENTERS SERVED:

743,108 TOTAL PATIENTS AT OVER
175 SITES

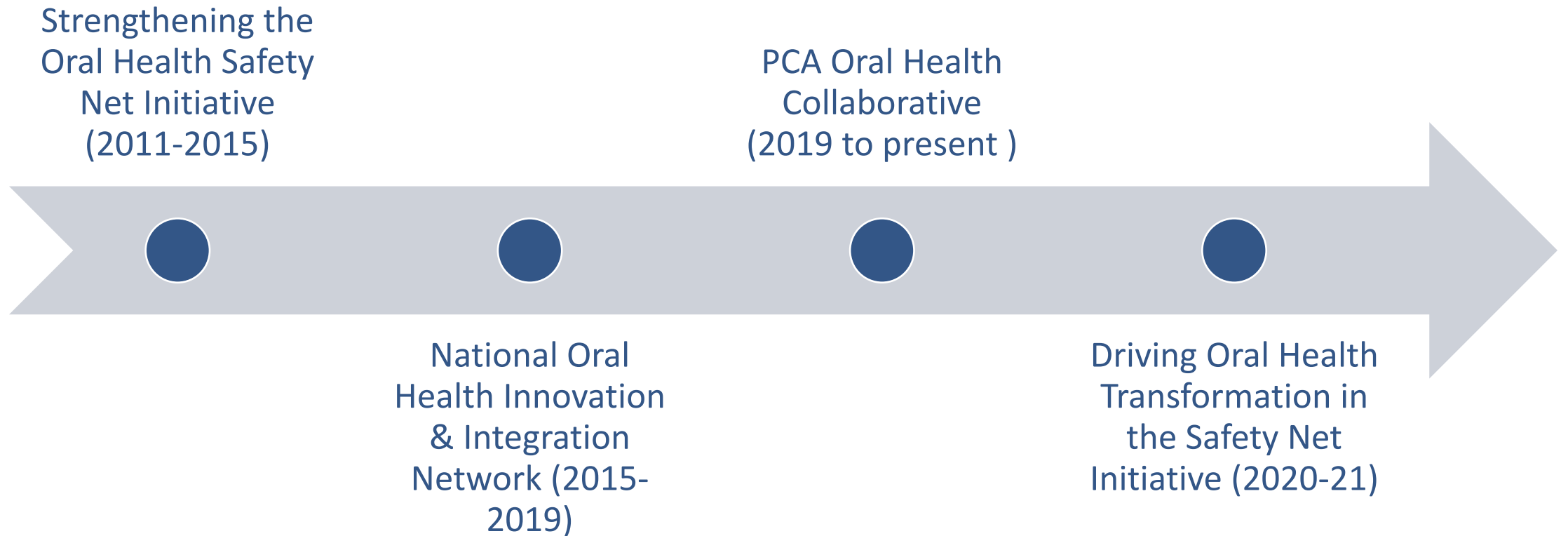


1 IN 10 ARIZONANS

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



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.

1. <https://www.nidcr.nih.gov/sites/default/files/2017-10/hck1ocv.%40www.surgeon.fullrpt.pdf>
2. [https://www.thelancet.com/journals/lancet/issue/vol392no10159/PIIS0140-6736\(18\)X0048-8](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

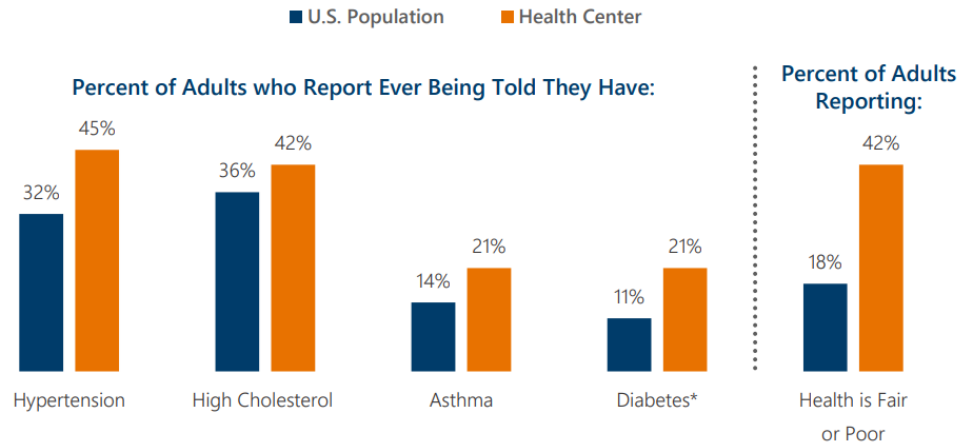


Figure 1-11

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

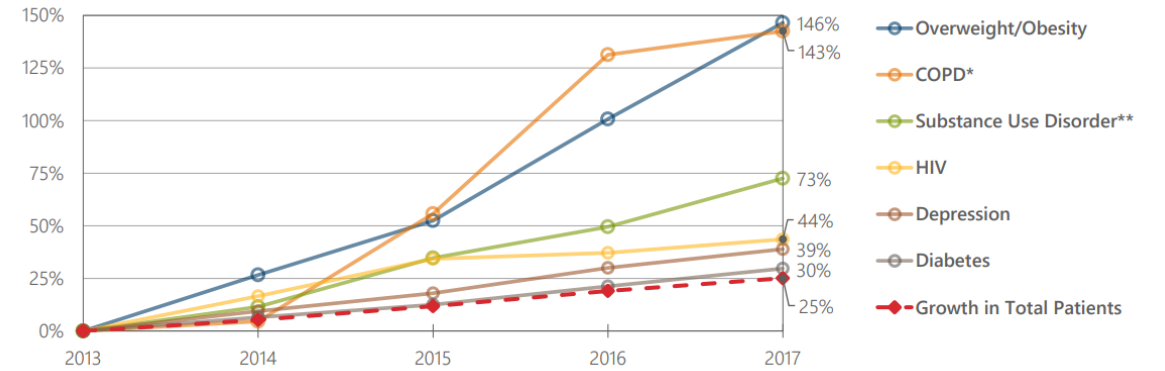
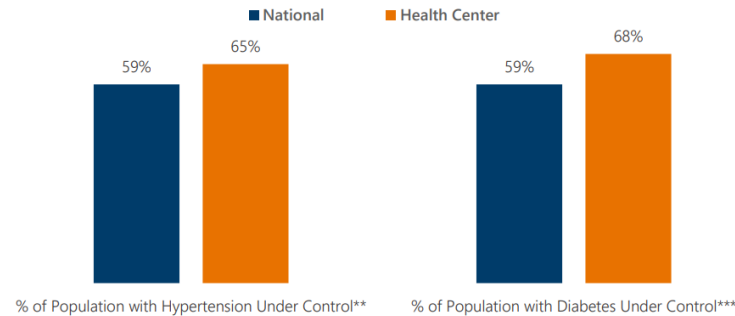


Figure 3-1

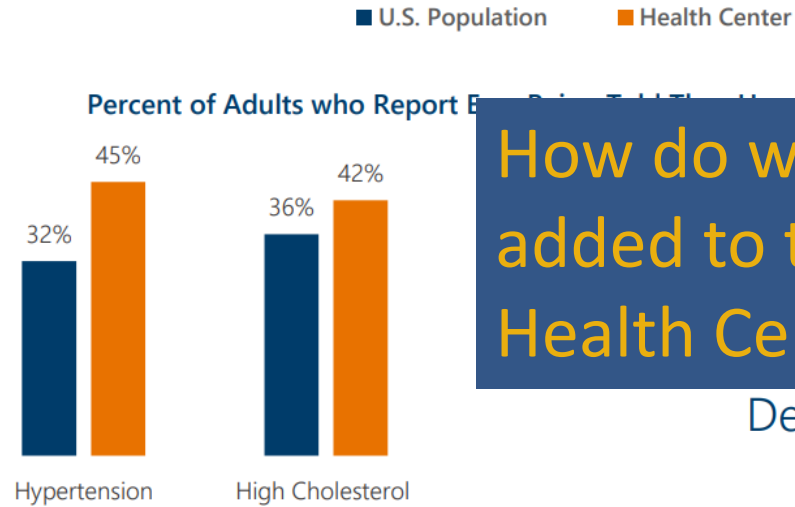
Health Centers Achieve Higher Rates of Hypertension and Diabetes Control than the National Average, Despite Serving More At-Risk Patients*



[Chartbook-Final-2021.pdf \(nachc.org\)](#)

Figure 1-10

Health Center Patients Suffer from Chronic Conditions at Higher Rates than the General Population



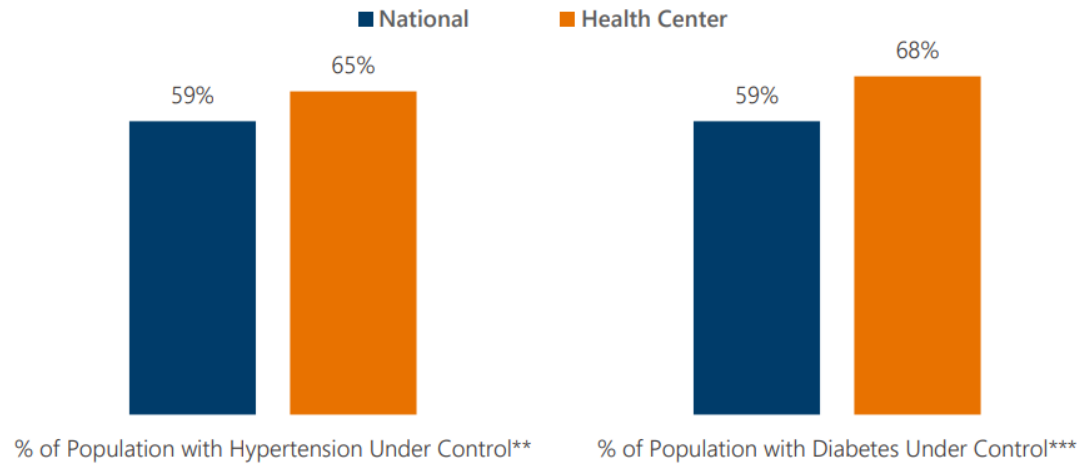
How do we make sure oral health gets added to this conversation across the Health Center network?

Despite Serving More At-Risk Patients*

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



[Chartbook-Final-2021.pdf \(nachc.org\)](#)

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)

Dental	
Access to Dental Services (GPRA)	(i)
Annual Dental Services	(i)
Child Dental Decay or Cavities	(i)
Child Dental Sealant	(i)
Dental Sealants age 2 (GPRA)	(i)
Dental Sealants ages 10-12 (GPRA)	(i)
Dental Sealants ages 13-15 (GPRA)	(i)
Dental Sealants ages 3-5 (GPRA)	(i)
Dental Sealants Ages 5-19 (GPRA)	(i)
Dental Sealants ages 6-9 (GPRA)	(i)
Primary Caries Prevention (Fluoride)	(i)
Topical Fluoride (GPRA)	(i)

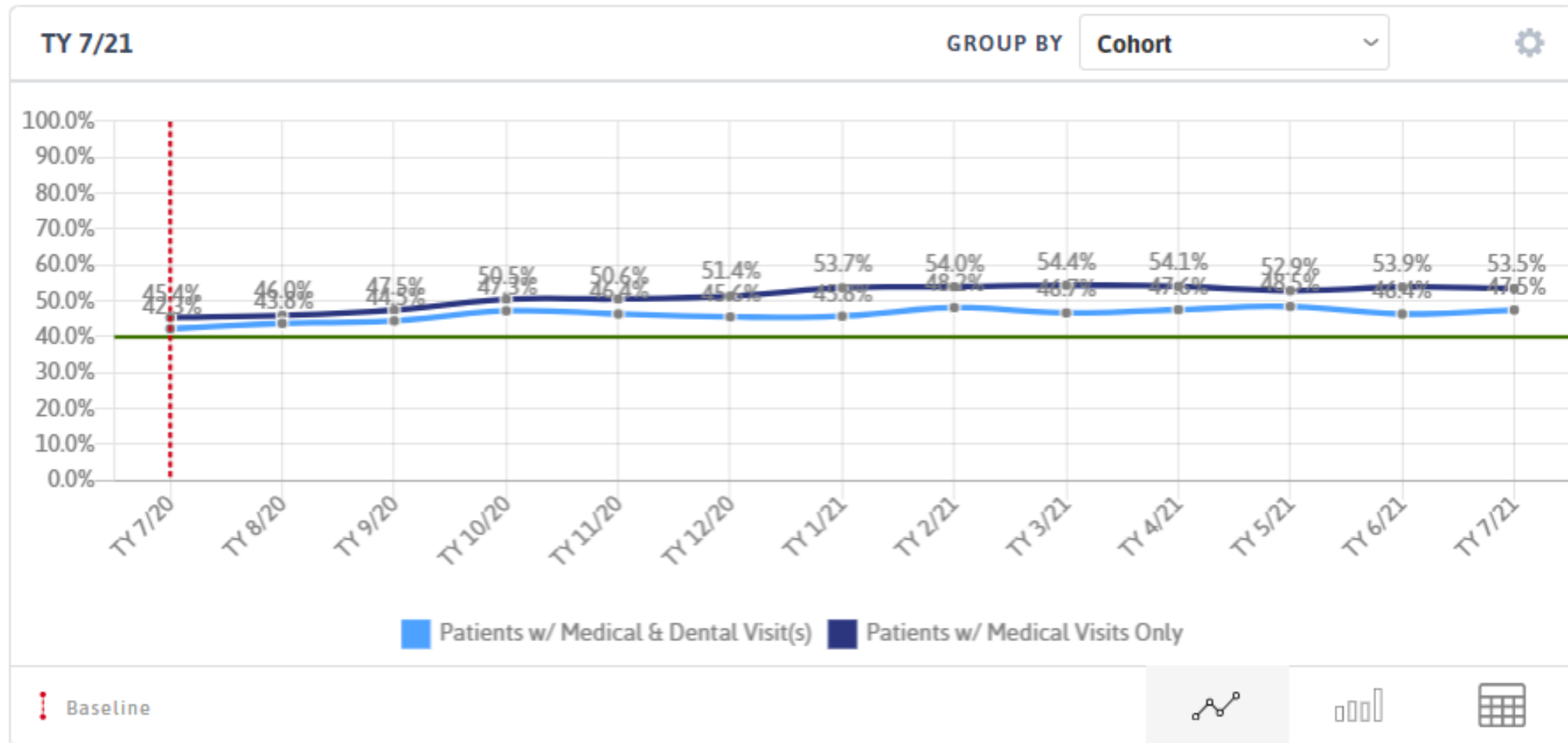
- Patients 2 to 18 years old who have had a preventive dental service in the last 12 months. (Azara DRVS measure; similar to CMS measure)
- Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period. (CMS eCQM 75v7)
- Children age 6-9 years at moderate 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!)

Dental			
Access to Dental Services (GPRA)			
Annual Dental Services			
Annual Prophylaxis Age 1-75 (Dental)			
Caries at Recall (Dental)			
Caries Risk Assessment			
Caries Risk Assessment Age 1-75 (Dental)			
Child Dental Decay or Cavities			
Child Dental Sealant			
Children Receiving Sealant			
Dental Patients with an Oral Evaluation			
Dental Patients with Periodontal Disease			
Dental Procedures Performed			
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)			
Dental Visits: Periodic vs Comprehensive			
Elevated Risk for Caries			
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

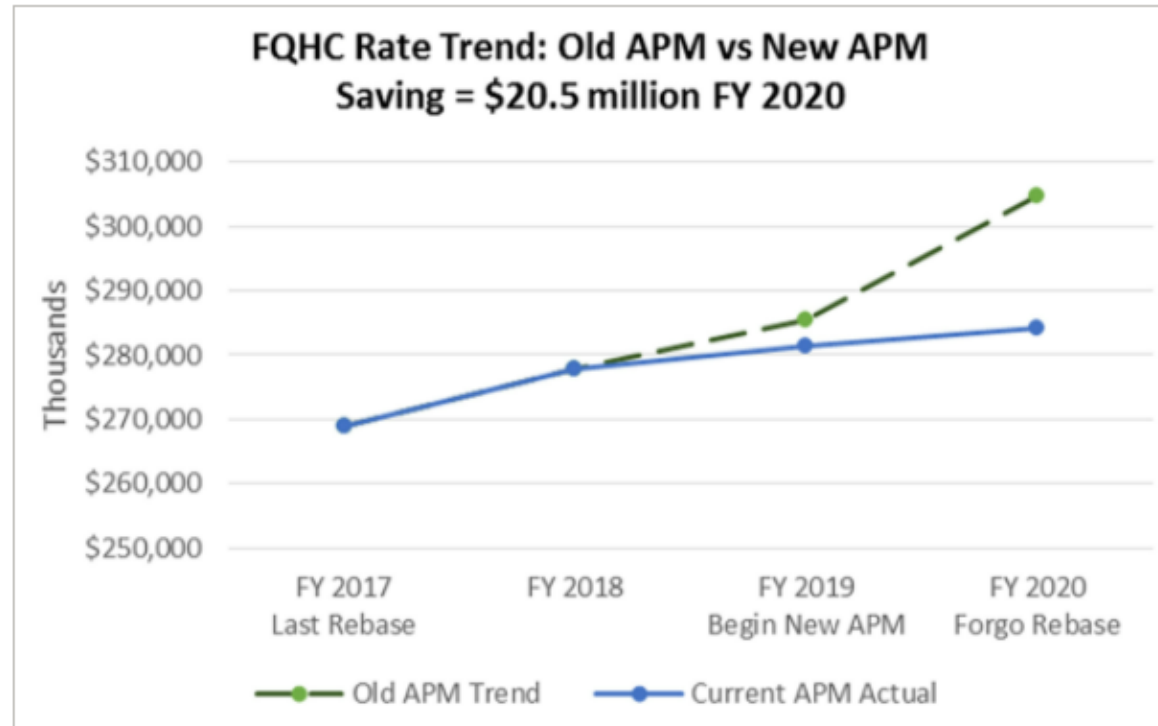
- Arizona has been piloting an Alternative Payment Methodology (APM) with our State Medicaid Agency under which an FQHC's encounter rate can increase or decrease based on performance with the following measures:

UDS clinical quality measure	MPS
Patients with colorectal cancer screening	>65%
Patients with diabetes poor control (HbA1c > 9%)	<41%
Weight assessment and counseling for nutrition and physical activity for children and adolescents (ages 3-7)	>55%

[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](#)

Clinical Data	2017	2018	2019
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents ¹⁴	68.73 %	69.88 %	77.77 %
Diabetes: Hemoglobin A1c Poor Control ¹³	33.16 %	34.43 %	31.87 %
Colorectal Cancer Screening ⁹	45.96 %	45.27 %	43.33 %



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?

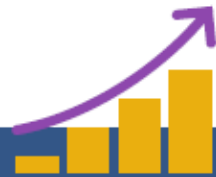
Caries at recall?

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**

https://www.aachc.org/wp-content/uploads/2021/07/Oral-Health-Measurement-Framework-for-PCAs_updated-6.29.21.pdf

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



CHIRICAHUA

COMMUNITY HEALTH CENTERS, INC.

HEALTH FOR ALL

Lets Talk
About
Quality...



HEDIS Annual Dental Visit Quality Measure

<https://www.ncqa.org/hedis/measures/annual-dental-visit/>



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HEDIS

[HEDIS Measures and Technical Resources](#)

[Using HEDIS Measures](#)

[Data Submission](#)

Annual Dental Visit (ADV)

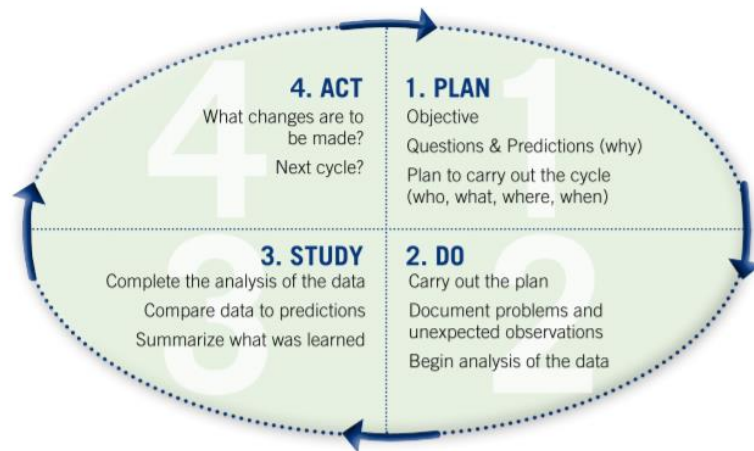
Assesses Medicaid members 2 – 20 years of age with dental benefits, who had at least one dental visit during the year.

Teledentistry-Assisted Affiliated Practice Model

Affiliated Practice Dental
Hygienist (APDH) can
initiate care on patients

- <https://dentalboard.az.gov/affiliated-practice>
- <https://dimensionsofdentalhygiene.com/teledentistry-assisted-affiliated-practice-model/>

The Model of Improvement

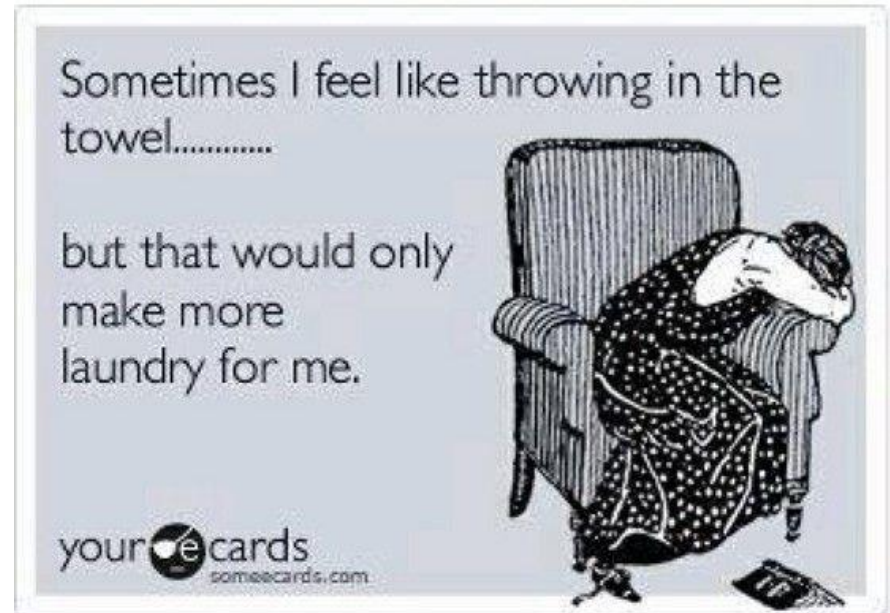


PDSA = Plan → Do → Study → Act

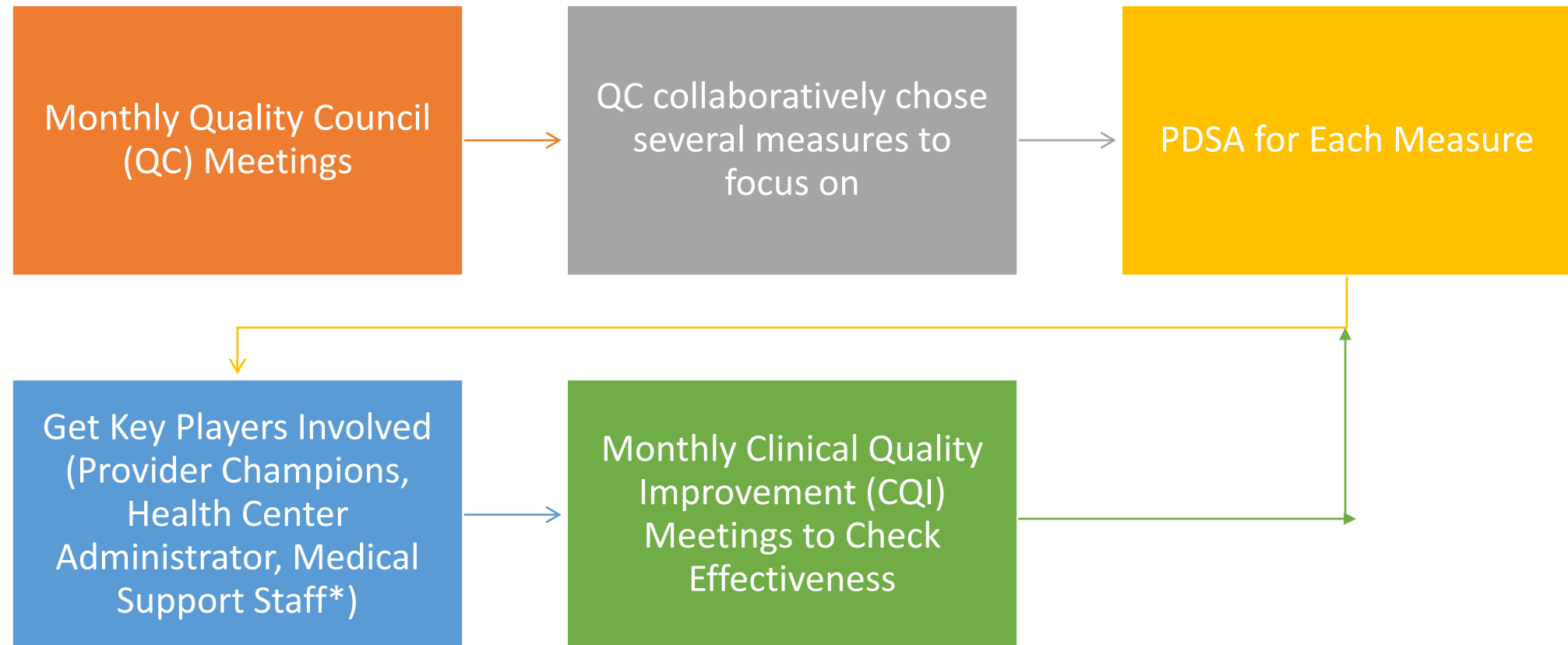
<https://www.nnoha.org/nnoha-content/uploads/2013/08/OpManualChapter6.pdf>

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



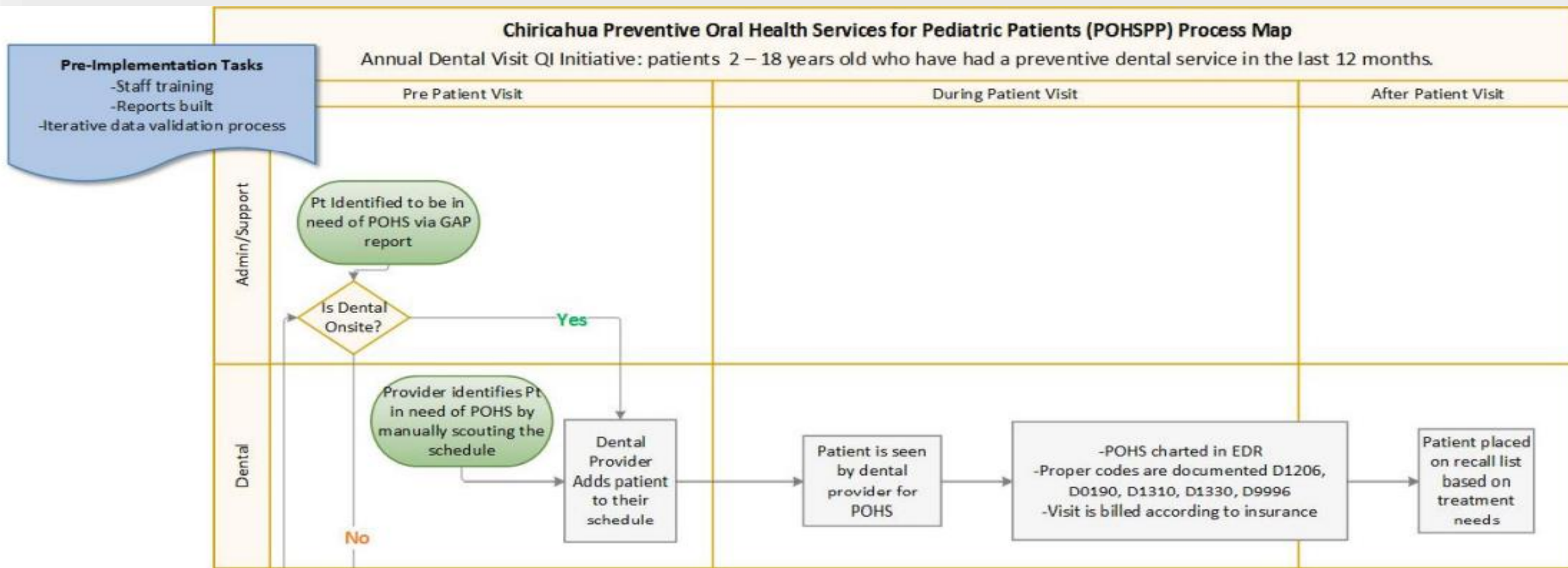
Who, What, Where, When, How?



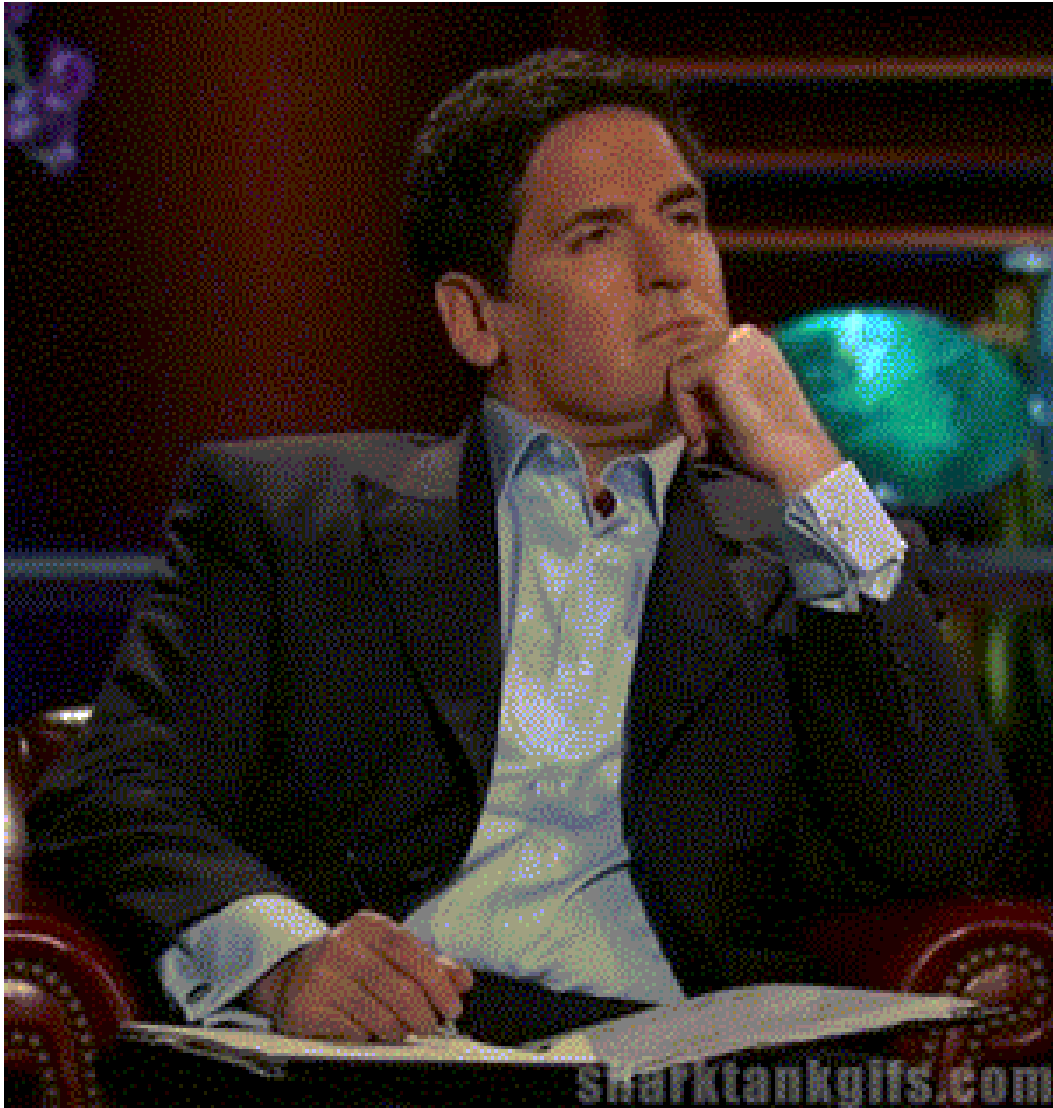
CASE STUDY REPORT

Using HIT and Data to Ensure Pediatric Access to Preventive Oral Health Services

PROCESSING MAPPING & DENTAL IT AUDIT



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!



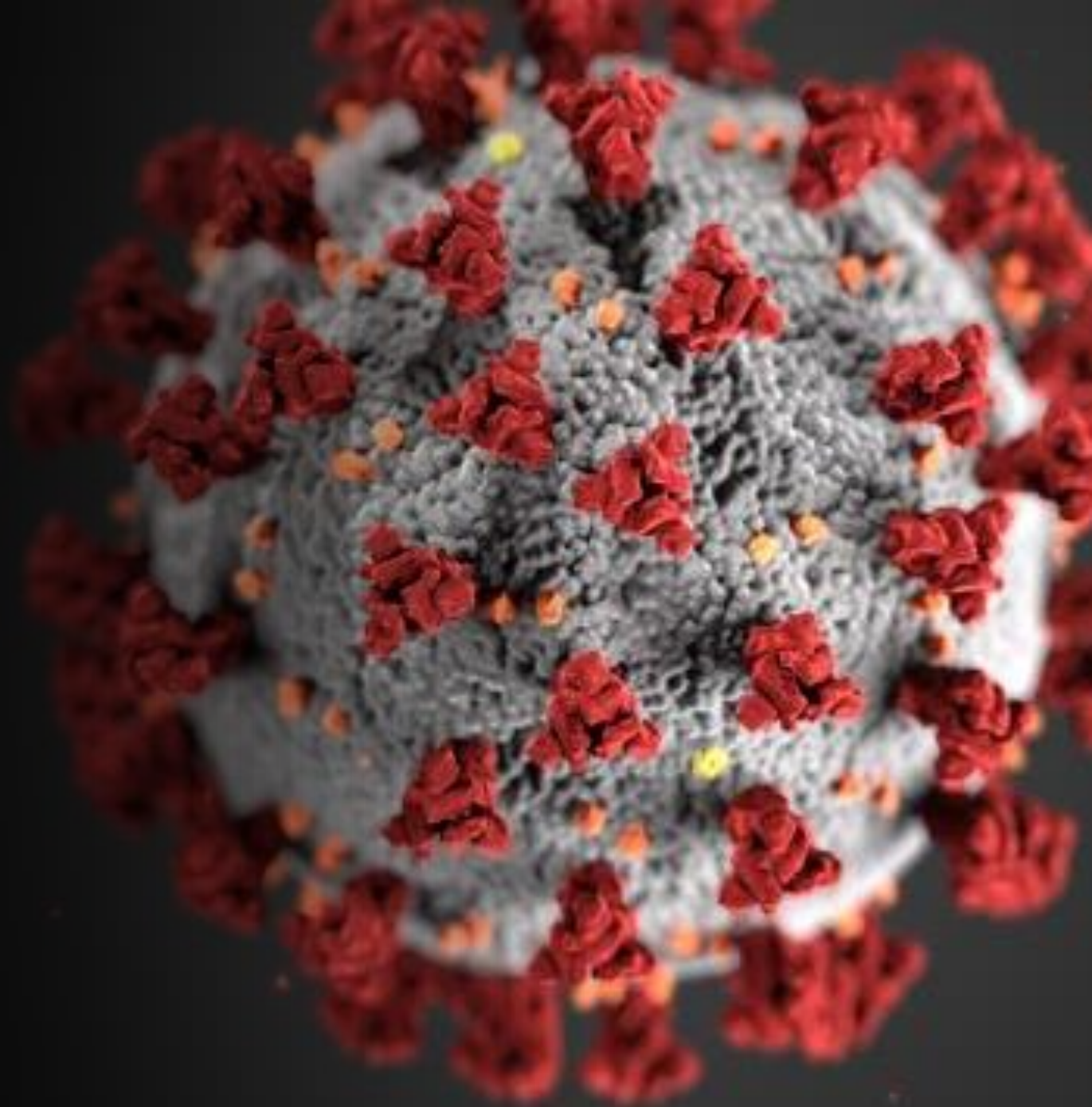
- **My Favorite Part...** patient, parent, and provider buy-in!



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



Tele-Prevention

Domain One builds an accessible evidence-based virtual care delivery approach to accompany oral health care delivery that applies 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, medical-dental integration, the utilization of predictive analytics and safe, individualized surgical intervention.

Targets & Metrics

SELECTED

62%

14% ↑

Baseline

June 2020

1,431 / 2,295

864

Gaps

Jun 21

GROUP BY

None



Reports



Dashboards



Measures

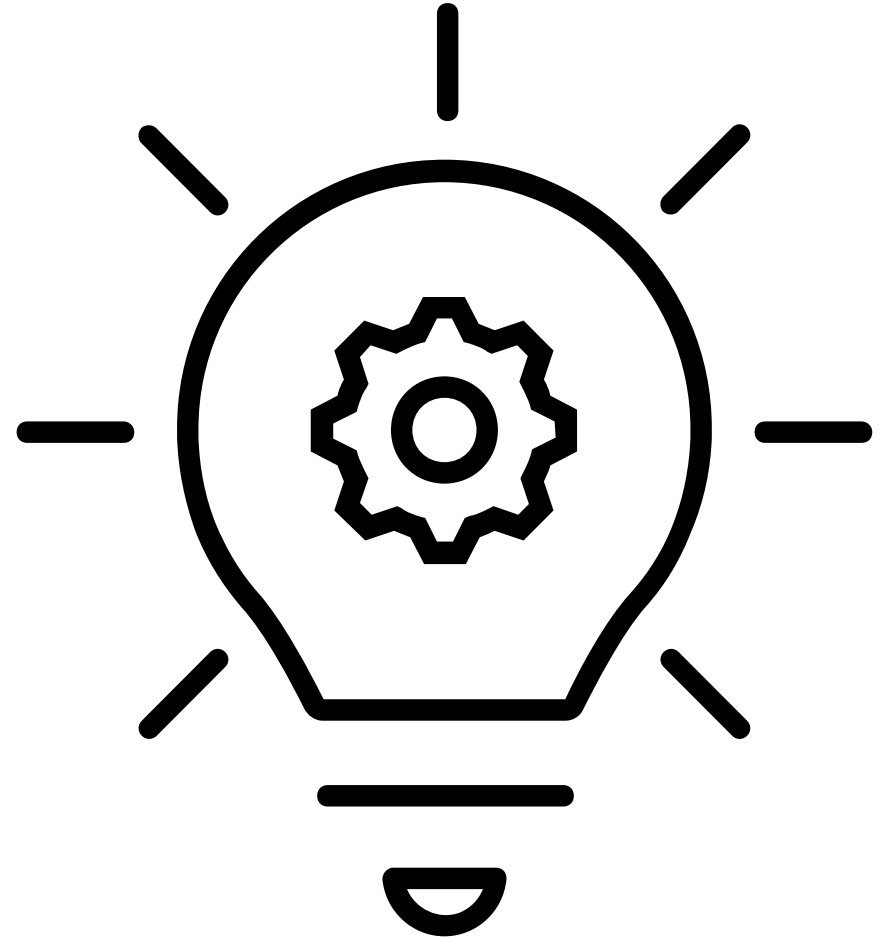


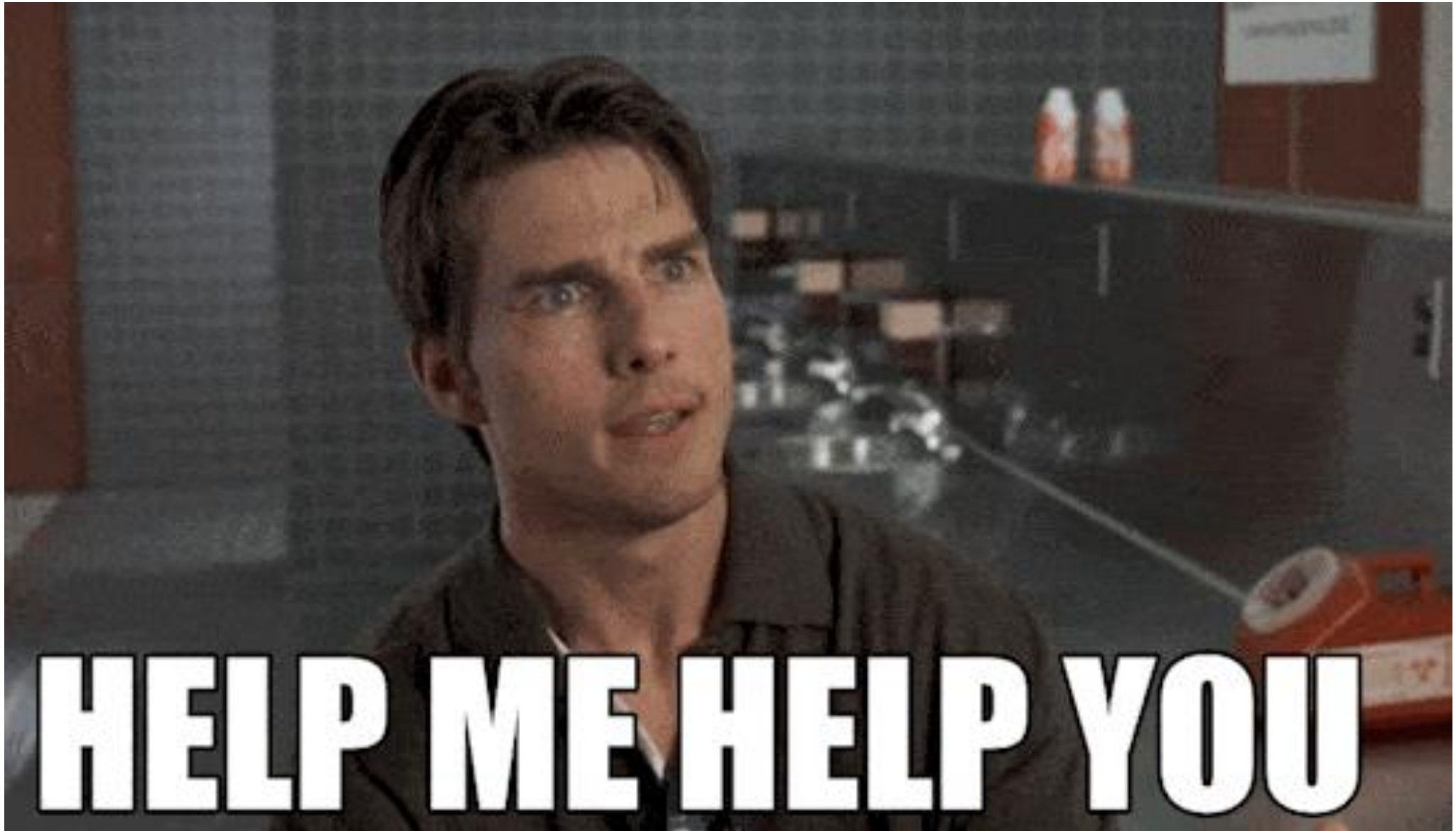
Registries



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

10:15 AM Tuesday, July 13, 2021 Visit Reason: [REDACTED]

MRN: 000000097696 DOB: [REDACTED]	Sex at Birth: F GI: Female SO: Choose Not To Disclose	Phone: [REDACTED] Language: English Risk: Low (5)	Last Well Visit: Portal Access: N Cohorts: Medical Providers	PCP: [REDACTED] Payer: [REDACTED] Care Manager: Unassigned
----------------------------------------------------	----------------------------------------------------------------------------------	------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------

DIAGNOSES (0)
RISK FACTORS (0)

ALERT	MESSAGE	MOST RECENT DATE	MOST RECENT RESULT
Flu	Due 1	9/24/2018	Due Date: 2021-07-01 Most Recent: 2018-09-24 - Dose 1
Well Child 3-6	Overdue	9/24/2018	
Fluoride Varnish	Missing		

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

August 2021

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

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

September 2021

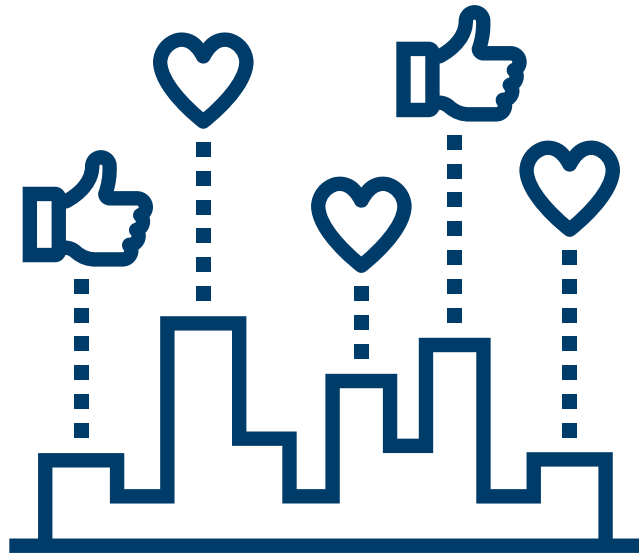
SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

 14. Monthly Forum

 28. PCMH & Organizational Resiliency During the Pandemic

Scan QR code to register





Provide Us Feedback

FEEDBACK

Don't forget! Let us know what you thought about today's session.

FOR MORE INFORMATION CONTACT:

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National Association of Community
Health Centers
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301.310.2250

Next Monthly Forum Call:

August 10th, 2021
1 -2 pm ET



elevate°

**Together, our
voices elevate° all.**

The Quality Center Team

Cheryl Modica, Camila Silva & Lizzie Utset

qualitycenter@nachc.org