



Together, our
voices elevate° all.

Oral Health & Value Transformation

07.21.21

Quality Center (Host)

Layout

Participants

Search

Panelist: 1

Quality Center
Host

Attendee:

Camila Silva (NACHC)
Me

Quality Center

Host

Raise your hand
button



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...

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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.





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*

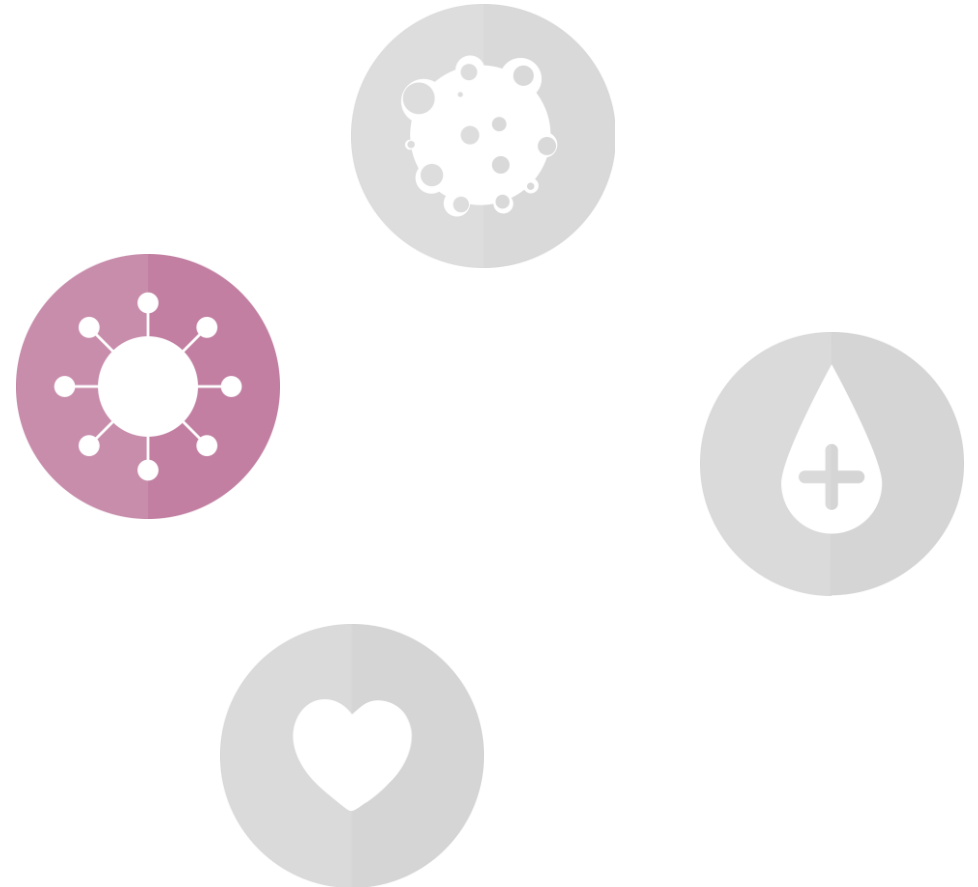


Lizzie Utset

*Specialist,
Quality Center*

Transforming Systems:

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



NACHC

Clinical Work Team

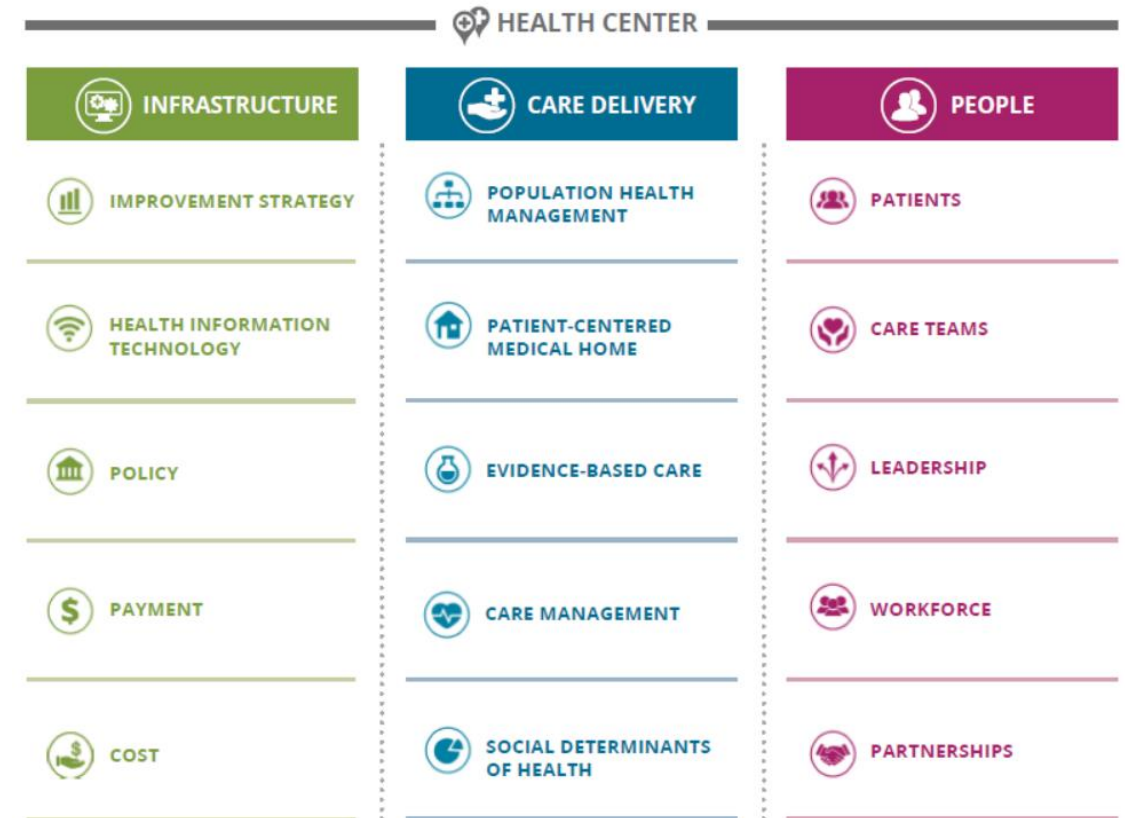


Don Weaver, MD
Senior Advisor, Clinical Workforce

Value Transformation Framework



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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.



Poll

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

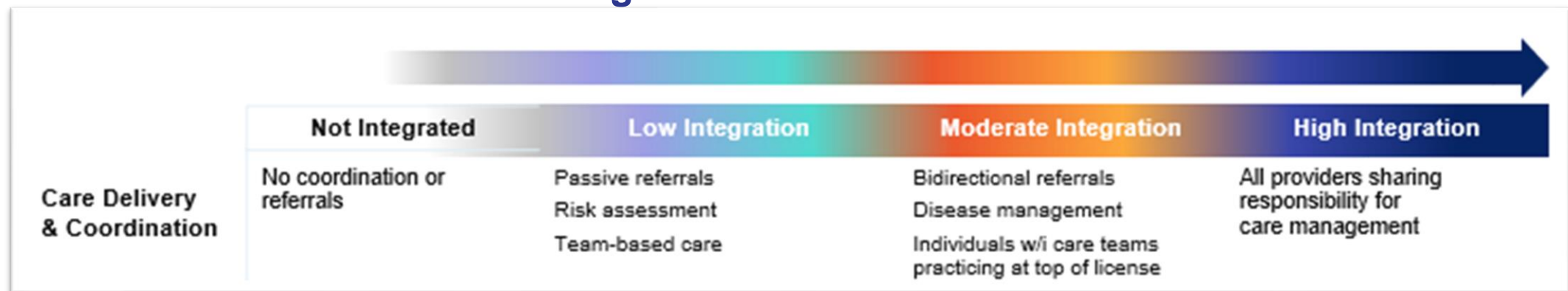
Yes

No

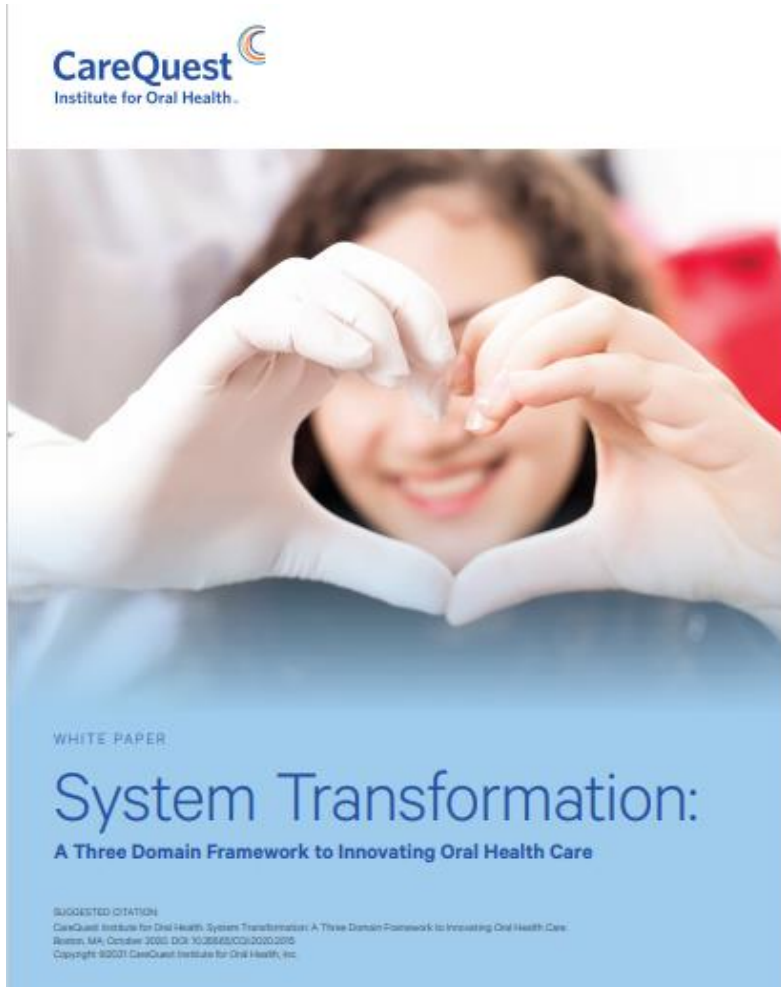
Not currently, but plan to in the next 2 years

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



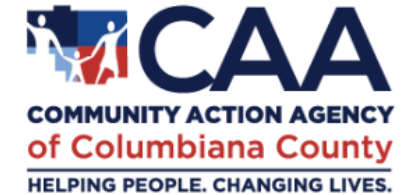
Domain Three introduces personalized oral health care that prolongs the life of hard and soft tissues by reducing tooth/tissue mortality through risk stratification and medical-dental integration using predictive analytics and safe, individualized surgical intervention.

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.

Ohio COrHT Partners



HEALTH DEPARTMENT



Ohio Association of Community Health Centers



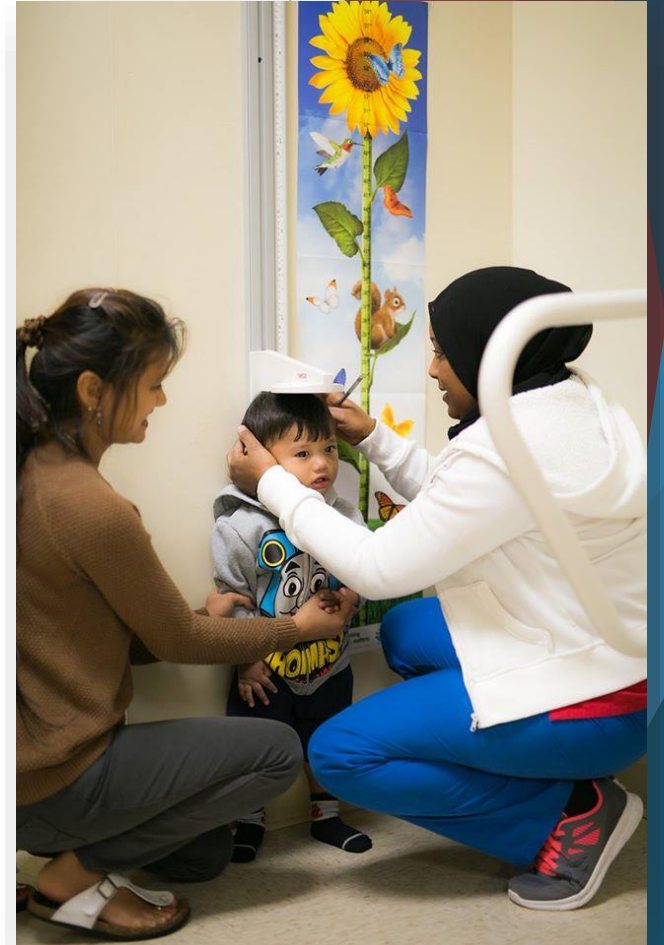
Susan Lawson, MHR
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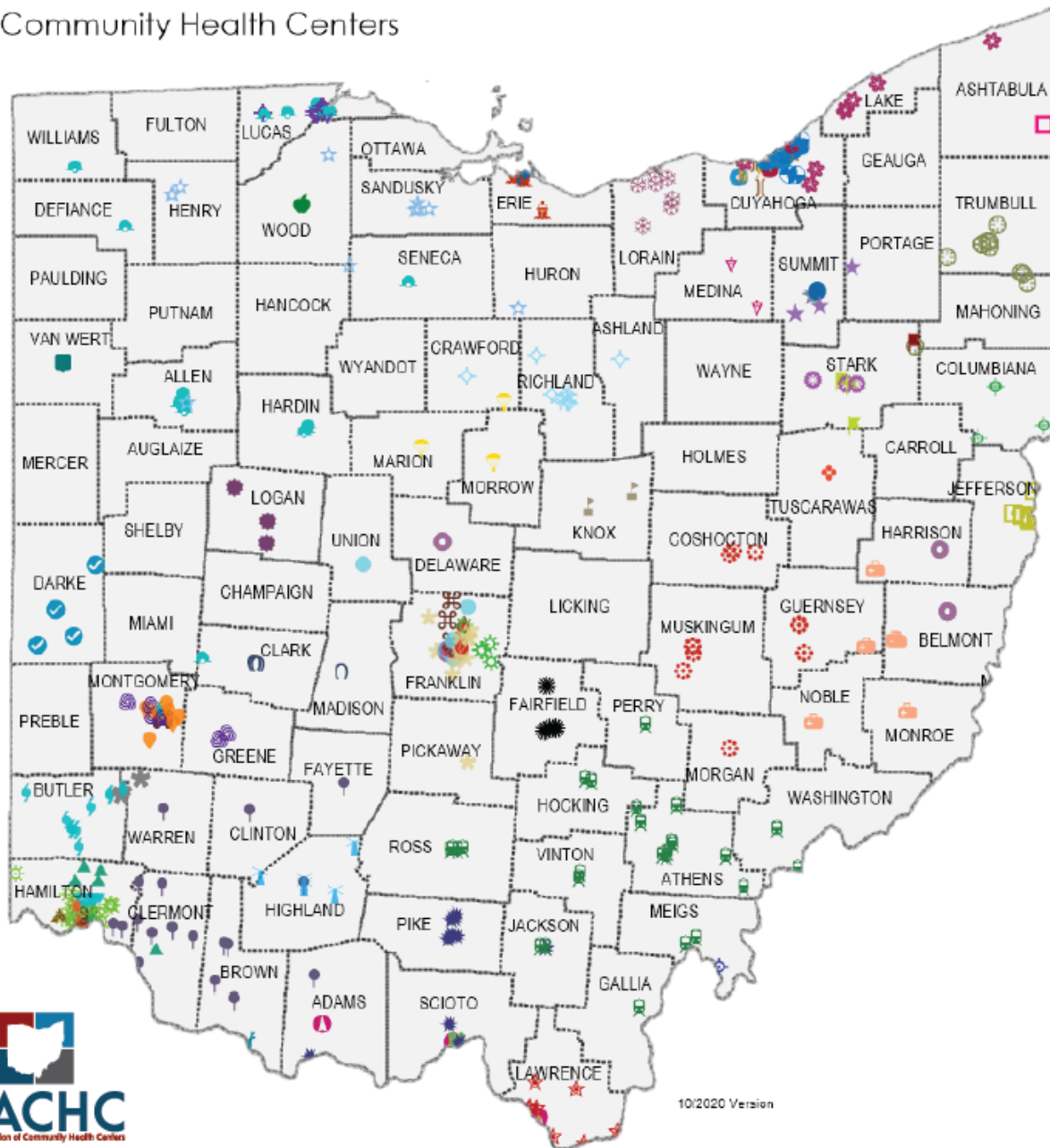
Ted Wymyslo, MD
Senior Medical Advisor
twymyslo@ohiochc.org

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 Community Health Centers



- Community Health Centers**
- Alliance Family Health Center (2)
 - ASIA-International Community Health Center (4)
 - ★ Avacpointe Community Health Center (8)
 - ⊕ CAA Health, Behavioral Health and Dental Centers (5)
 - ★ CAO Family Medical Centers (8)
 - Care Alliance (18)
 - Center Street Community Health Center (3)
 - ★ Centerpoint Health (4)
 - Change Inc. | WV (7)
 - ⊕ Circle Health Services (5)
 - ⊕ City of Cincinnati Primary Care (25)
 - ★ Cincinnati Health Network (8)
 - Community Family Health (2)
 - Community Health and Wellness Partners of Logan County (3)
 - Community Health Centers of Greater Dayton (8)
 - Community Health Services (12)
 - ⊕ Community Support Services (1)
 - ⊕ Compass Community Health (2)
 - ▲ Crossroad Health Center (4)
 - ▲ Erie County Community Health Center (4)
 - ⊕ Equitas Health (9)
 - ⊕ Fairfield Community Health Center (5)
 - Family Health Care of Northwest Ohio, Inc. (1)
 - Family Health Services of Erie County (5)
 - Family Health Services Of Darke County, Inc. (5)
 - Five Rivers Health Centers (10)
 - Health Partners of Western Ohio (23)
 - Healthsource Of Ohio (19)
 - ⊕ Heart of Ohio Family Health Centers (5)
 - ⊕ Highland Health Providers Corporation (5)
 - Hopewell Health Centers (26)
 - Knox County Community Health Center (2)
 - Lufecare Family Health & Dental Center, Inc (3)
 - Lewis County Primary Care Center | KY (1)
 - Lower Lights Christian Health Center (6)
 - ⊕ Lorain County Health & Dentistry (7)
 - LSS The Health Center at Faith Mission (2)
 - Medicine County Health Department (2)
 - The MetroHealth Community Health Center (2)
 - Muskingum Valley Health Centers (11)
 - My Community Health Center (4)
 - ⊕ Neighborhood Health Assoc. (13)
 - Neighborhood Family Practice (9)
 - Northeast Ohio Neighborhood Health Services (10)
 - Ohio Hills Health Services (7)
 - ONE Health Ohio (11)
 - OSU Total Health and Wellness (2)
 - Primary Health Network | PA (1)
 - Primary Health Solutions (12)
 - PrimaryOne Health (15)
 - Rocking Horse Center (4)
 - Shawnee Family Health Center (3)
 - Signature Health, Inc. (9)
 - Southeast Health (12)
 - The Healthcare Connection (6)
 - ⊕ Third Street Family Health Services (10)
 - Valley Health Systems | WV (1)
 - Valley View Health Centers (10)
 - WinMed Health Services (9)
 - Wirt County Health Service Association | WV (1)
 - Wood County Community Health Center (1)

10/2020 Version

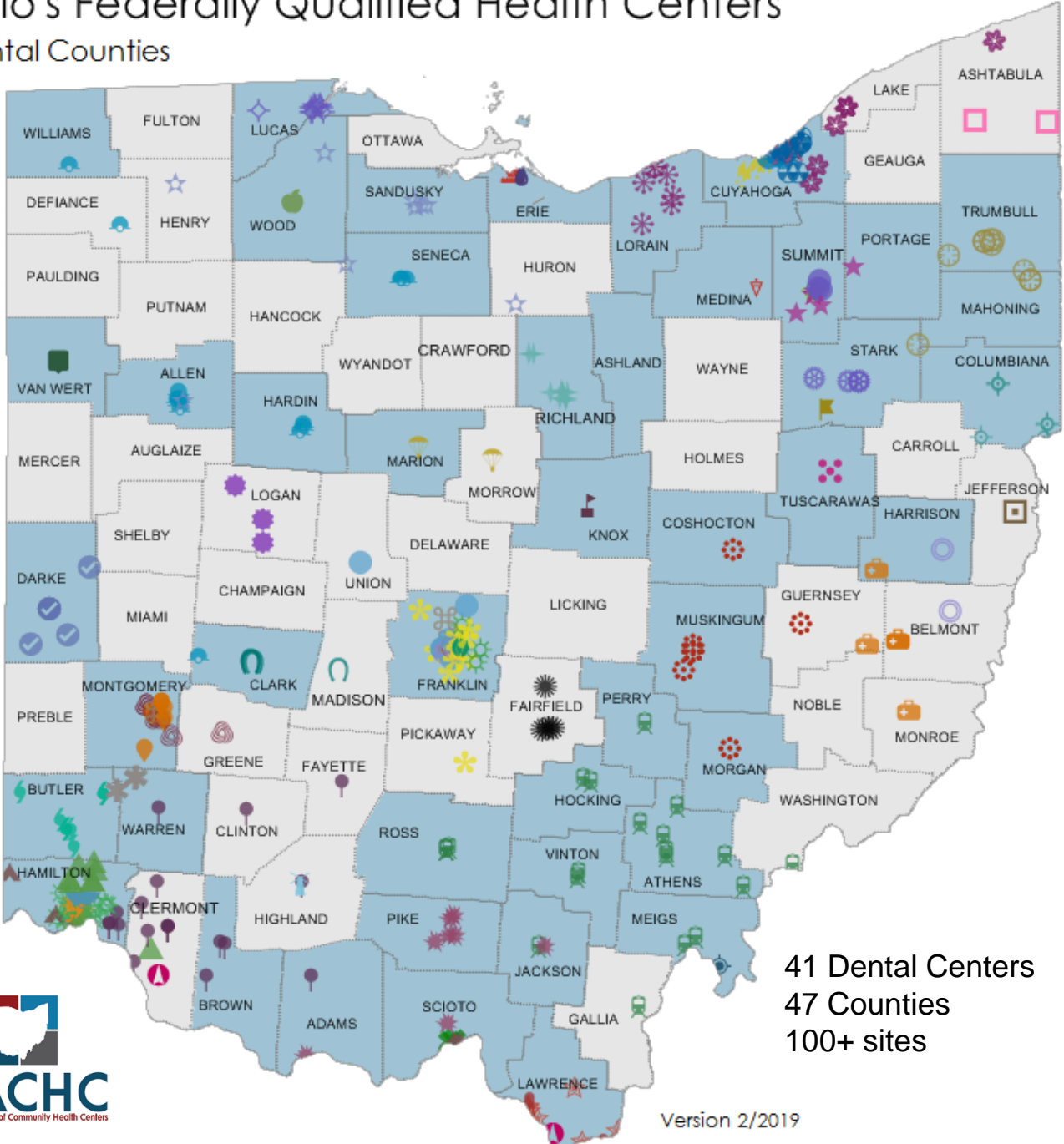


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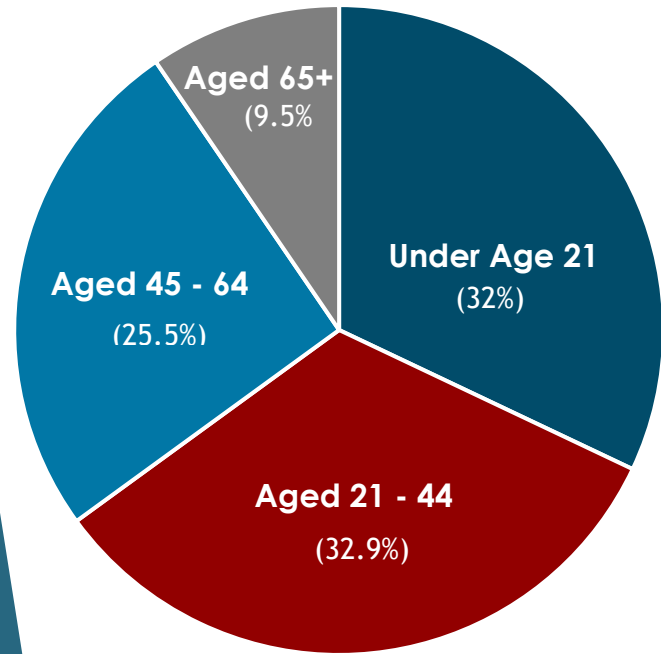


Ohio's Federally Qualified Health Centers

Dental Counties

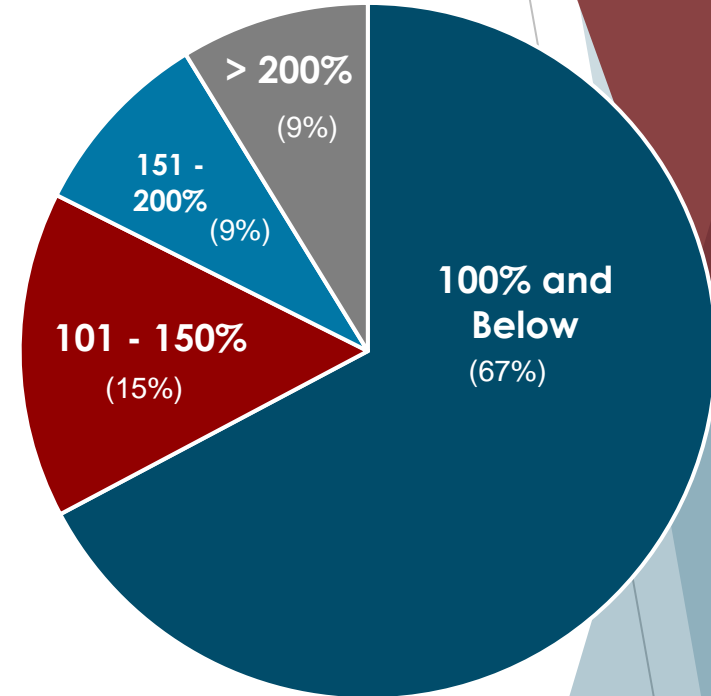
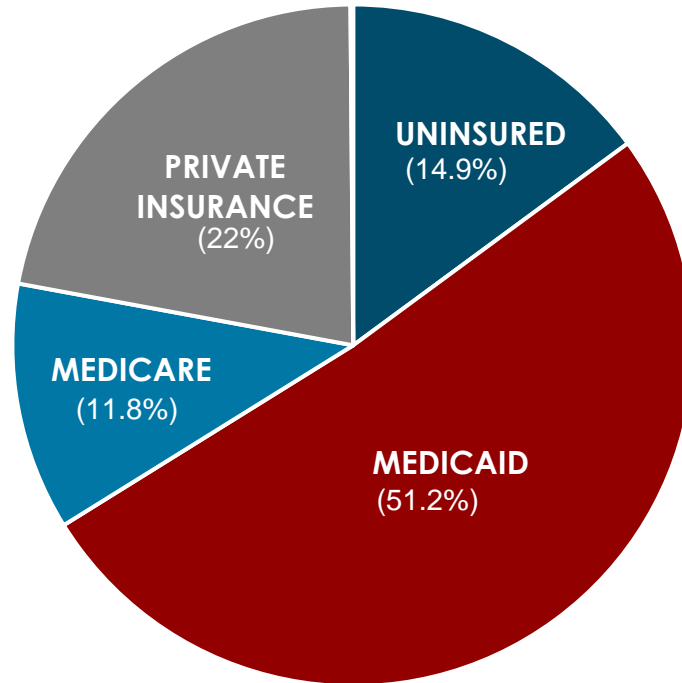


Ohio Patient Demographics



Ages Served

Patient Coverage



Income Levels
Federal Poverty Levels (FPL)

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

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

Re-Think Your Drink

Blood Pressure Screening



Data

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

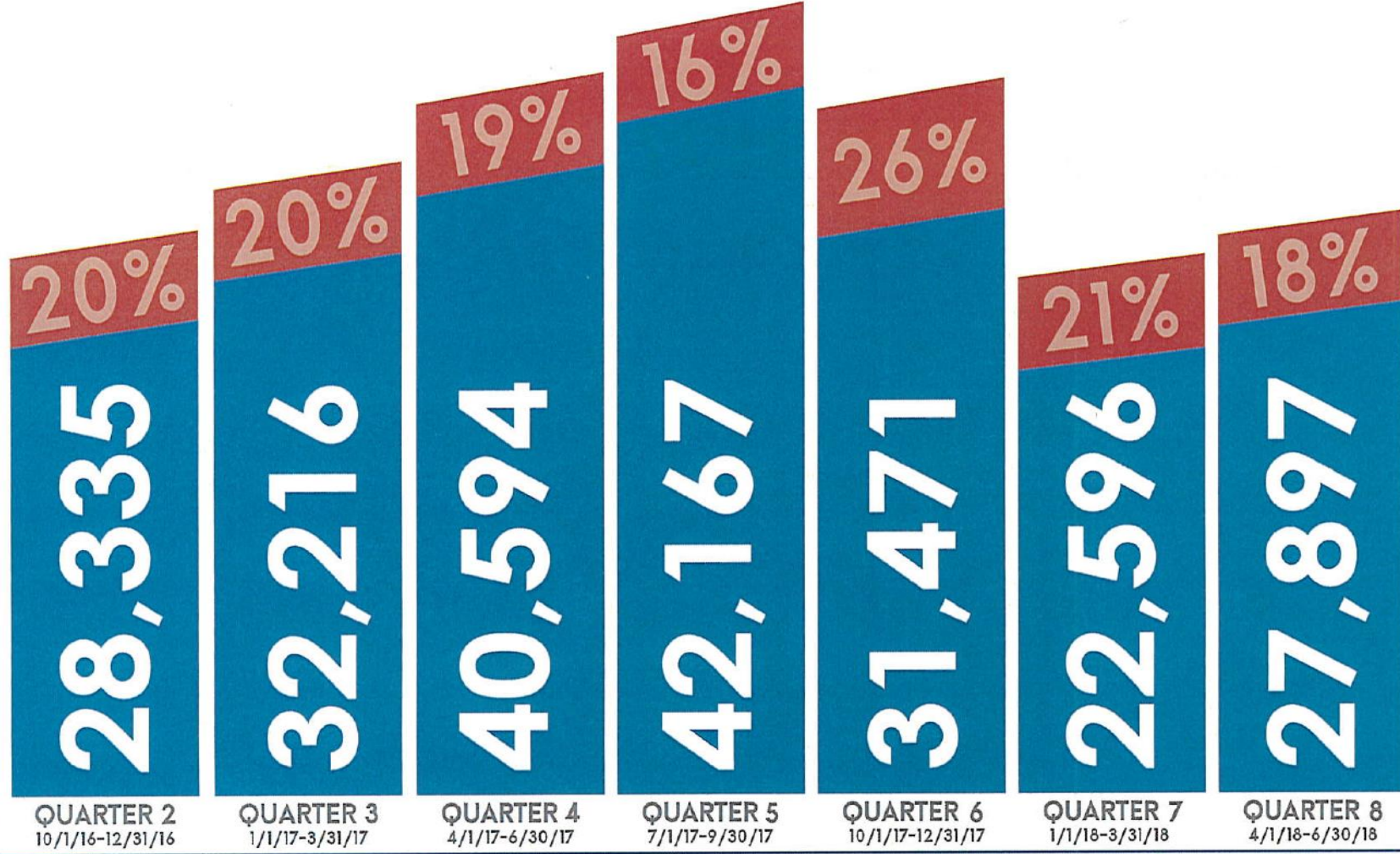
The ECOH Initiative is focused on the provision of early childhood preventive oral health services in a primary care practice setting as a part of well-child visits. The project includes an emphasis on oral health screenings and fluoride varnish application for young children, and oral health education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



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



Five Rivers Health Centers



Gina McFarlane-El
Chief Executive Officer



Dr. Maurine Kingori
Dentist



Sherry Wilcoxson
Regional Dental Manager

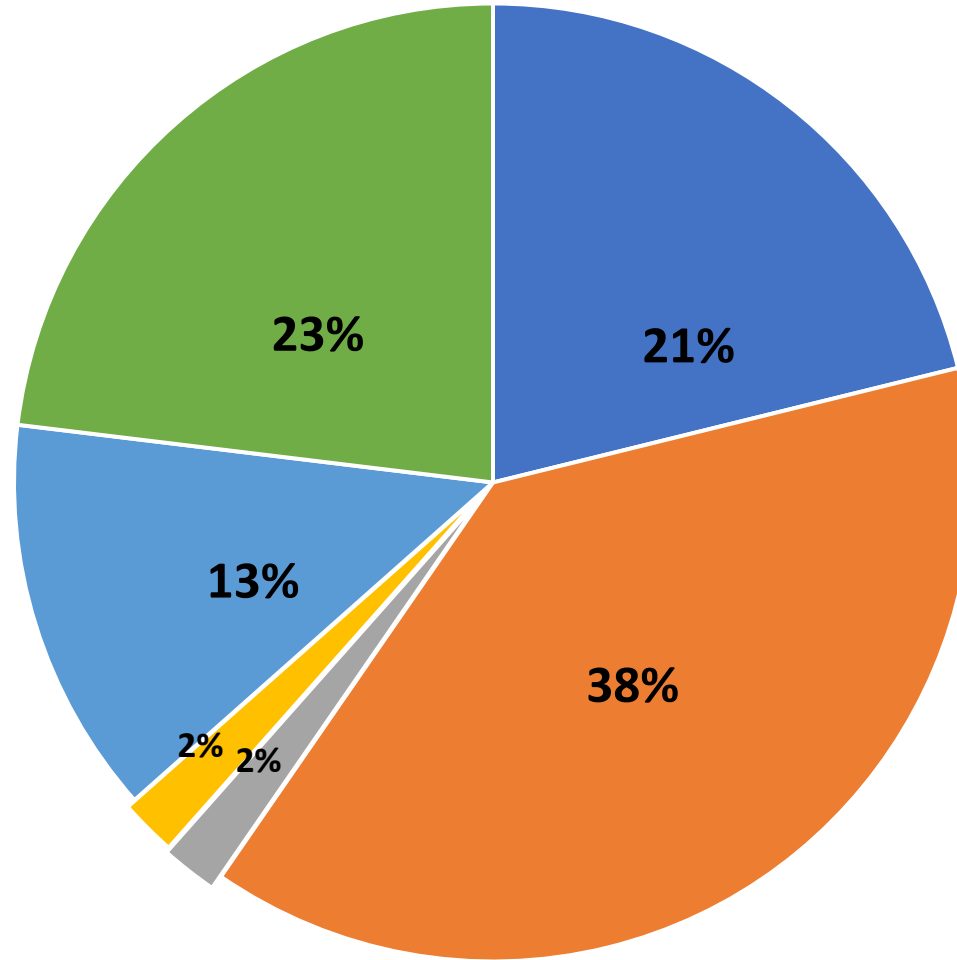


*Proudly Serving Montgomery (Dayton) and Greene (Xenia)
Counties, Ohio*

Highlights

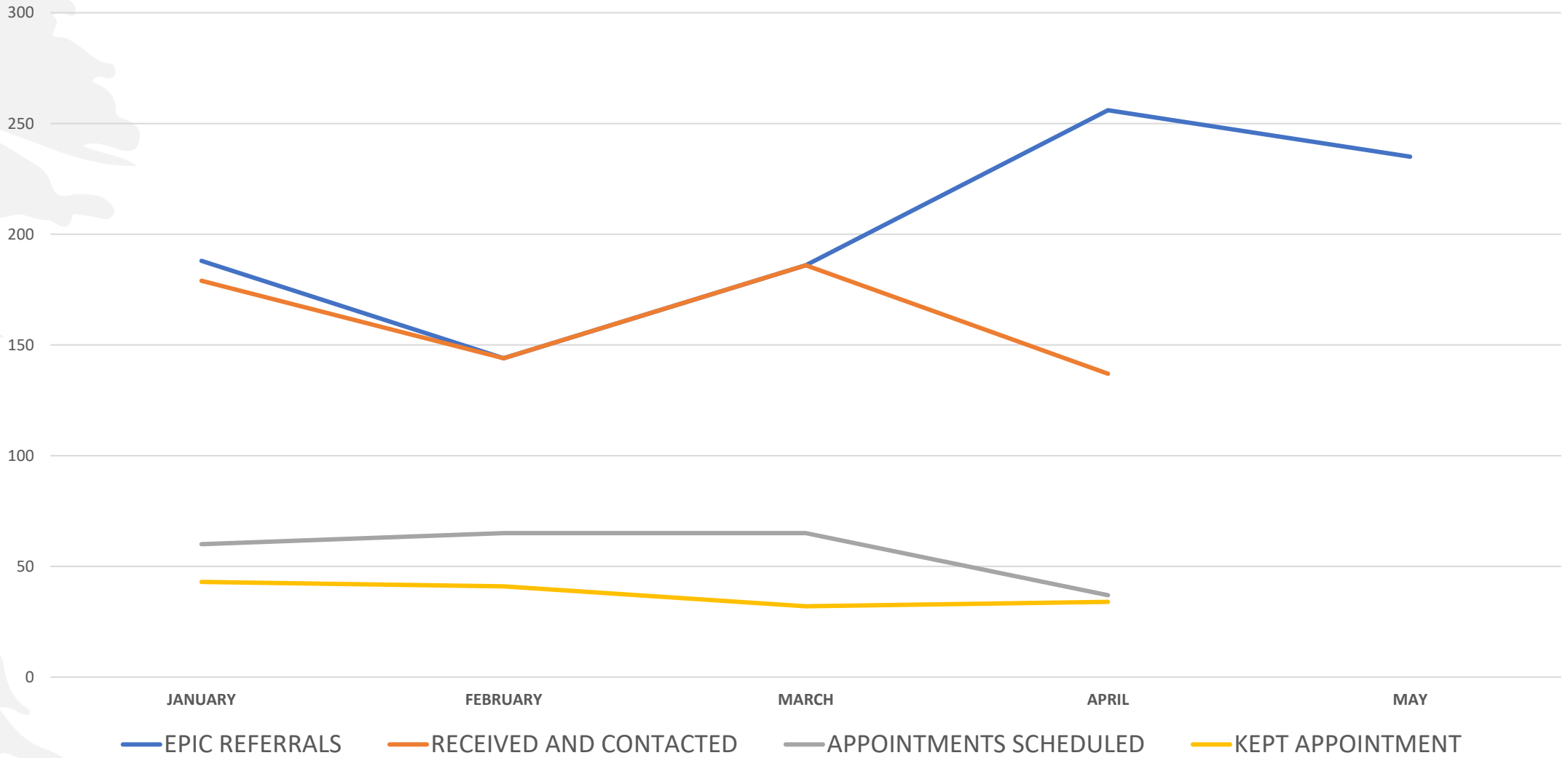
- FQHC-LA in 2012 and FQHC since 2013
- Former Dental Residency Site for 95 years
- Five (5) Dental Sites with 27 Chairs – 11 locations
- Serve 25,480 pts.- 4,041 Dental pts.
- In 2019, 40% Dental pts. were Medical pts
- In 2020, 70.3% Dental pts. were Medical pts
- Recipient of HRSA Oral Health Integration 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

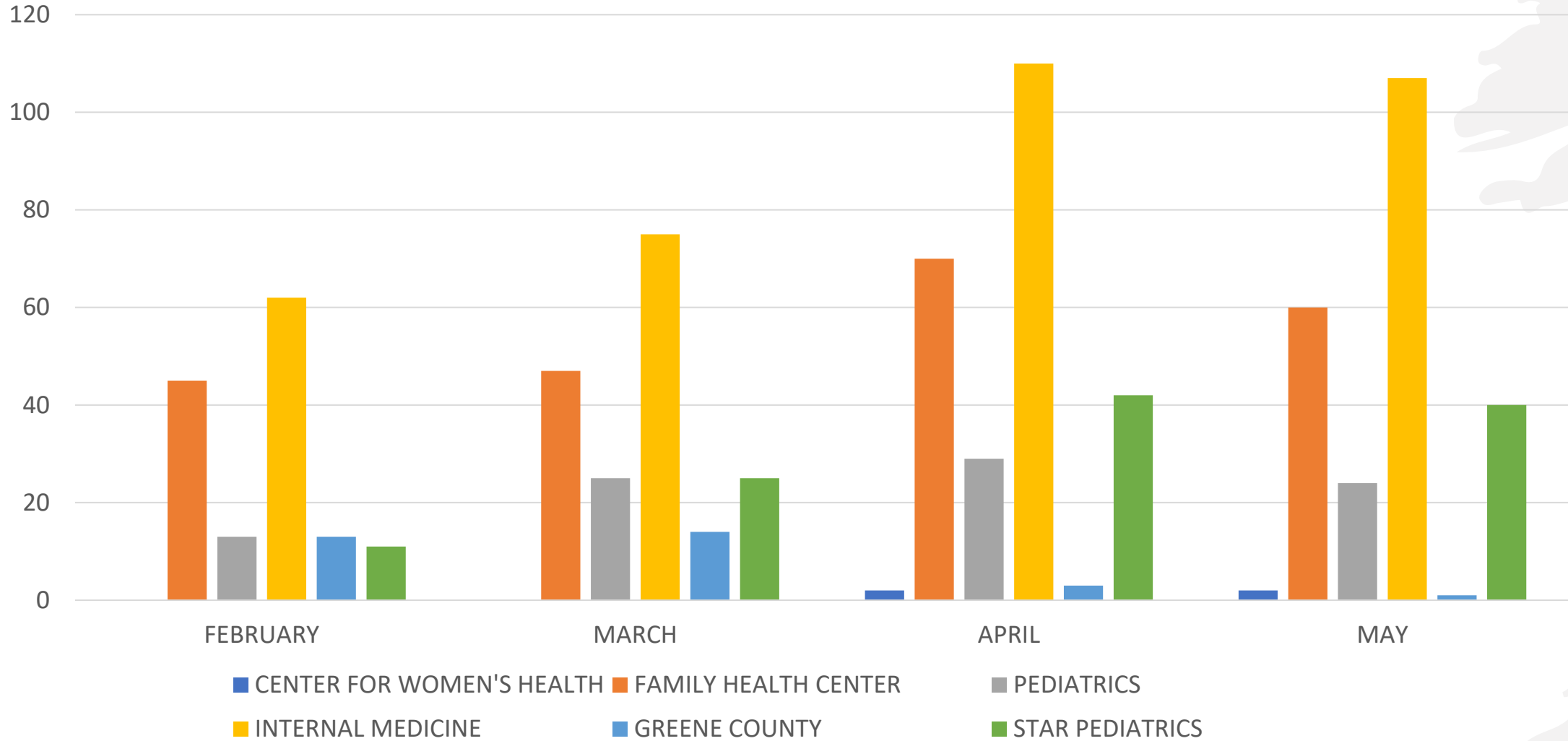


■ WHITE ■ BLACK/AFRICAN AMERICAN ■ ASIAN ■ MORE THAN ONE RACE ■ DECLINED TO SPECIFY ■ UNSPECIFIED

MEDICAL REFERRALS TO DENTAL



REFERRALS BY DEPARTMENT



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

Samaritan Health Center Staff (Dental, Medical, BH)



CORHT Experience Case Study

Integration of Dental & Medical Care

- **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, FACD, FICD
Senior Consultant, CareQuest Institute for Oral Health



Chronic Disease is on the Rise



Underlying determinants

- Population aging
- Social determinants

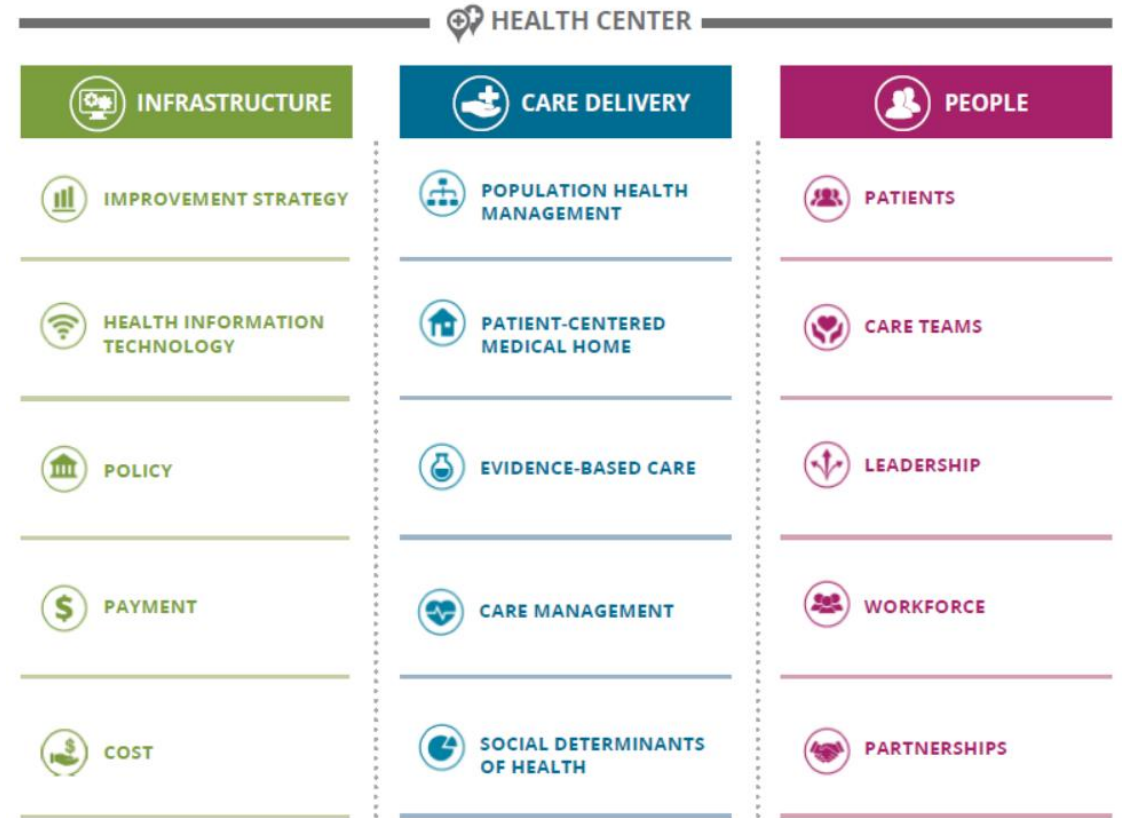
Common risk factors

- 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



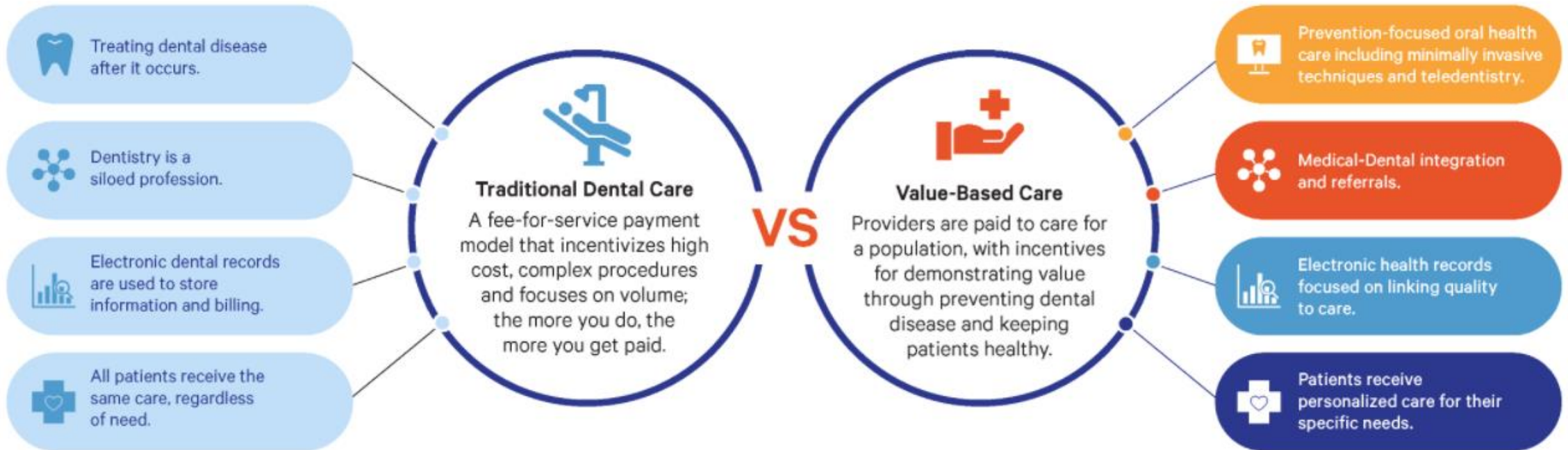
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<https://www.nachc.org/clinical-matters/value-transformation-framework/>

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, health 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?

A Decade of Value-Based Payment: Lessons Learned And Implications For The Center For Medicare And Medicaid



“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.”⁸

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

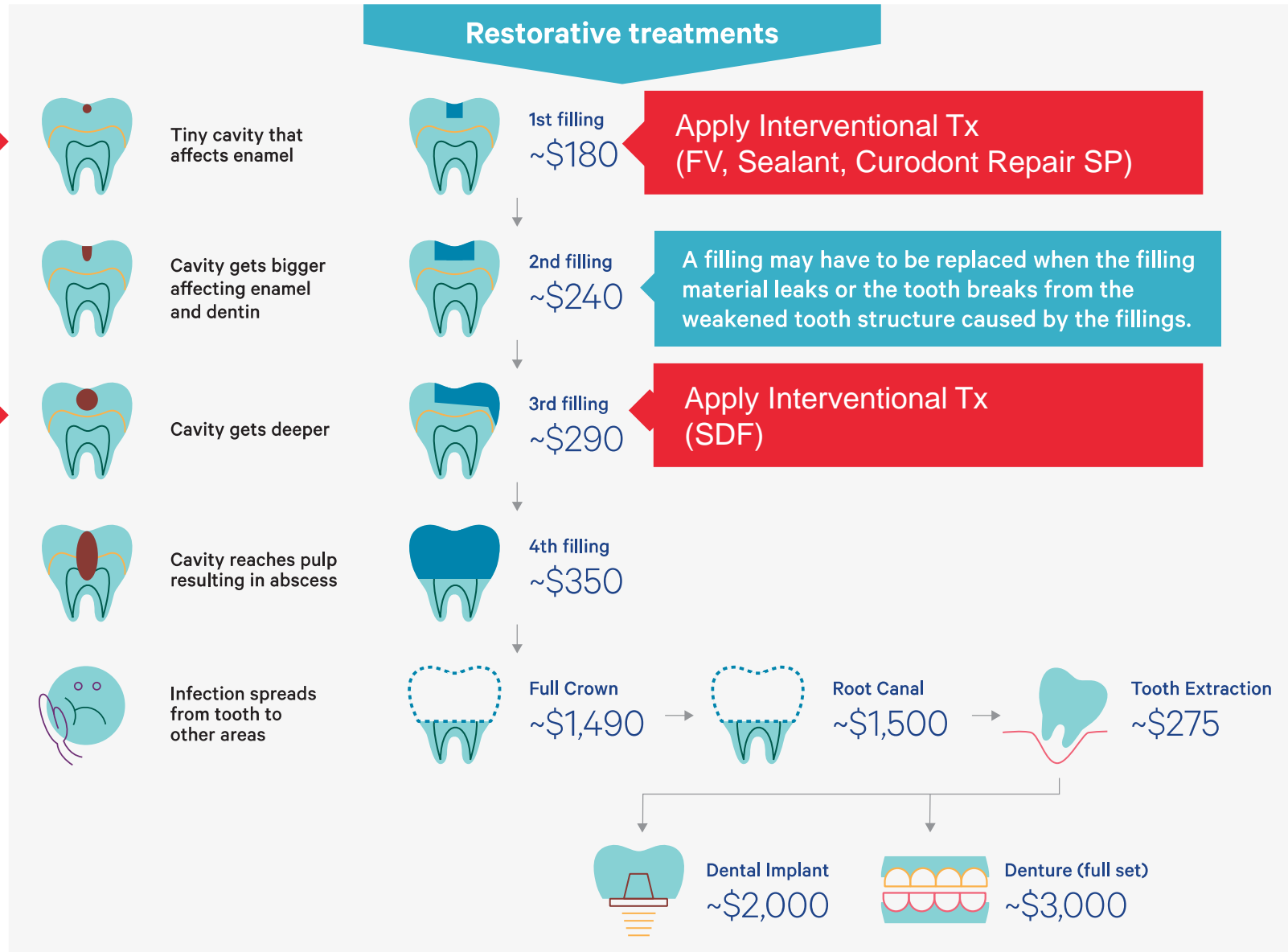
May 6, 2021 -- Preventive dentistry services provided more than just better health outcomes for Medicaid beneficiaries in New York, according to a study published on April 21 in the *Journal of Dental Research*. Participants who took advantage of preventive dental care also saved the state Medicaid program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

preventive dental visit vs. no dental service use

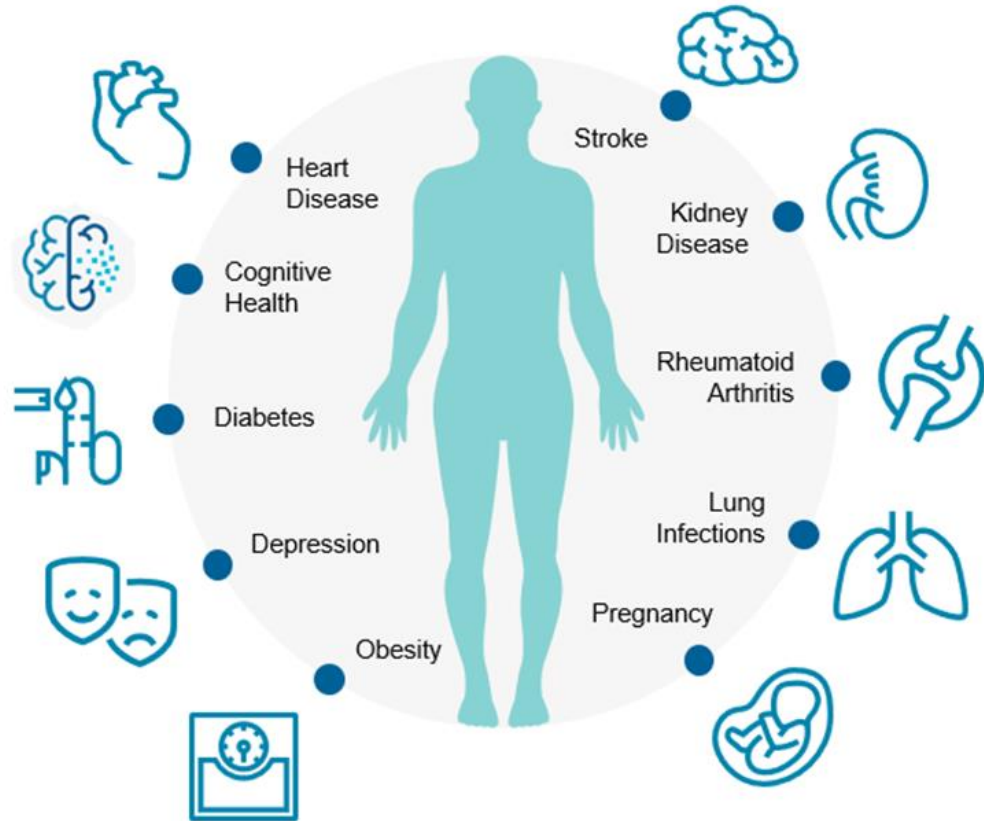
	Any preventive dental care	Preventive care without extraction or endodontic treatment	Preventive care with extraction or endodontic treatment
Emergency department cost	-\$17.86	-\$34.08	+\$19.36
Inpatient admission cost	-\$564.62	-\$737.30	-\$168.42
Total healthcare cost	-\$796.94	-\$1,503.12	+\$825.69

Preventive Dental Care Tied to Lower Medicaid Costs in NY. Journal of Dental Research. May 6, 2021.

Minimally Invasive Care



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%**.



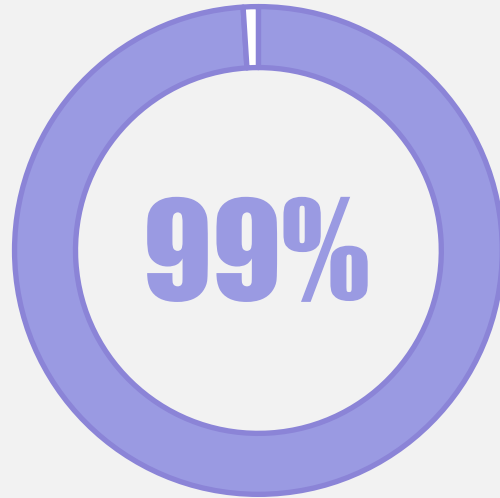
From UDS report and controlling for age, race, poverty and the insurance status of the FQHC patient population.

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).

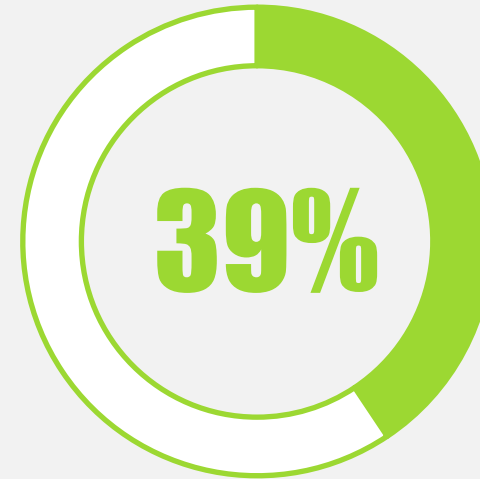


There is an opportunity for FQHCs to demonstrate how the treatment of oral disease leads to cost savings on medical expenditures, especially among patients with chronic conditions.

Value-Based Care Readiness of Health Centers



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



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

1

Compile a list of health center patients

2

Sort patients by number of conditions

3

Stratify by Condition Count

4

Design care models and target interventions for each risk group



https://www.nachc.org/wp-content/uploads/2019/11/NACHC-VTF-Pop-Health_Risk-Strat-AG_November-2019.pdf

Sample Patient List

ICD-10 codes
I0-I99

ICD-10 codes
E08-13 + others

MRN	Moderate or High Caries Risk	Heart Disease Dx	Diabetes Dx	Whole Health Interventions
298384-1	Z91.842	I50.9	E08.1	Nutritional Counseling, Group Health, Food Sourcing, PRAPARE tool
884749-2	Moderate		E13.42	Nutritional Counseling, Group Health, Food Sourcing, PRAPARE tool
477399-4	D0603	ESRD + CHF	E11.41	OHI, Nutritional Counseling, Self-Management Goals, Periodontal Screening
778292-4	High	I13.2	E10	Palliative care
550693-3	Moderate	I50.2	E13	Z83.1 Z13.1
885738-2	High	I50.9		Family Hx of DM, Plan Diabetes Screening and Perio Dx

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:

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M: (803) 391-9858

Discussion



UPCOMING EVENTS

July 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	

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				



13. Monthly Forum: Value Transformation & Patient Engagement

21. Oral Health & Value Transformation, Part 1

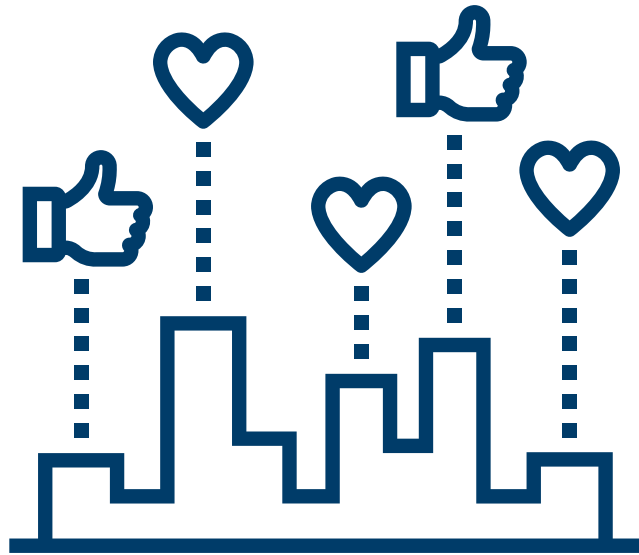
28. Oral Health & Value Transformation, Part 2



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

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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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