2015 National Medicaid and CHIP Oral Health Symposium

Session # 9

Primary Care Physician Integration into Dental Program Anticipatory Guidance, Screening & Care Coordination

Lee Serota

Washington Marriott Wardman Park
Monday, June 1st, 2015
Learning Objective(s)

Participants will gain knowledge in:

• Oral health integration opportunities within Primary Care Physician’s Practices.
• Primary Care Physicians’ roles in oral health anticipatory guidance and referral.
• Outreach and Care Coordination opportunities with PCPs, OB/GYNs, and other medical providers.
Oral Health Anticipatory Guidance & Referral Frameworks

• NCQA Patient/Person Centered Medical Home Standards:
  – Identify & Manage Patient Populations; Comprehensive Health Assessment
  – Use Data for Population Management; At least three different preventive care services
  – Plan & Mange Care; Collaborate with patient/family to develop individual care plan
  – Provide Self Care Support and Community Resources; Provides educational resources or refers at least 50% of patients/families to resources
  – Track and Coordinate Care; Track the status of referrals
Physician Engagement Strategies

• Infrastructure Resources
• Information & Training
• Material Supports
• Oral Health Care Coordination & Case Management Services

A “Trusted Person Model” of effectuating health behavior change.
Infrastructure Resources

• Dental Provider Network Access, Capacity & Availability – Overcoming historic misperceptions.

• Programmatic Resources
  – Physician accessible dental program toll free services and supports
  – Physician accessible dental program website
  – Oral Health status data, at the member level, shared with Medical plan & used in compliance and disease management programs
Information & Training

• AAP: Champion for OH awareness among physicians
  – Because the youngest children visit the pediatrician more often than they visit the dentist, it is important that pediatricians be knowledgeable about the disease process of dental caries, prevention of the disease, and interventions available to the pediatrician and the family to maintain and restore health.

• ABC: Clinical Training for Physicians
  – Online or In Person for MDs, RNs, APRNs, MAs
  – Allows PCPs to provide and be reimbursed for oral evaluation (D0145) and fluoride varnish (D1203)

• Dental Program Administrative Services and Supports
  – Member/Provider Services Phone support for referrals
  – Care Coordinators visiting PCP & OB/GYN Offices regularly
Material Supports

Pregnant?
- You Should Visit Your Dentist –
- Ask Your OB/GYN Why –

Is Your Child Age One?
- Then Make Their first Dental Visit -

Are you on HUSKY Health?
Call
855-CT-DENTAL

Hearing impaired clients, please dial 711 for Relay Connecticut assistance

M-F 8AM-5PM to find a dentist near you!

KP Smiles
Increase Our Members’ Face Value!
Oral Health Care Coordination & Case Management Services

• Care Coordination Staff Interactions with Physician’s Office Personnel
• Trusted Resource for Referrals, Care Coordination, Case Management
• Assistance for Persons with Special HealthCare Needs and Complex Care
• Help navigating the system to streamline delivery of care
Measuring Activities

• “Outreaches” include educational visits and replenishment

<table>
<thead>
<tr>
<th>Type of Practice</th>
<th>“Outreaches”</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatricians</td>
<td>413</td>
<td>88,107</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>308</td>
<td>38,409</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>121</td>
<td>22,297</td>
</tr>
<tr>
<td>Totals</td>
<td>842</td>
<td>148,813</td>
</tr>
</tbody>
</table>
Measuring Outcomes

- PCP Patient Panel Dental Utilization Rates

<table>
<thead>
<tr>
<th>Practice</th>
<th>Avg. Patients</th>
<th>August 2012 Utilization</th>
<th>August 2014 Utilization</th>
<th>Trend</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>13,486</td>
<td>59.3%</td>
<td>63.1%</td>
<td>6.4%</td>
<td>Engaged, Multiple Educational Meetings, Multiple Replenishments</td>
</tr>
<tr>
<td>B</td>
<td>3,685</td>
<td>46.3%</td>
<td>55.7%</td>
<td>20.3%</td>
<td>Engaged, Single Educational Meeting, Multiple Replenishments</td>
</tr>
<tr>
<td>C</td>
<td>2,101</td>
<td>61.8%</td>
<td>60.0%</td>
<td>-2.9%</td>
<td>Not Engaged, Single Educational Meeting, No Replenishments</td>
</tr>
</tbody>
</table>
Barriers

• “Selling” Oral Health to each physician/practice
  – Resource Intensive
  – Relationship Dependent
  – Variable Outcomes

• Patient’s Economic, Literacy, Anxiety, and other barriers ultimately drive service uptake and utilization.
Future Activities

• Dental Screenings (D0601, D0602, D0603) for CRAS delivered by PCP team.
• Integrate patient oral health status and compliance into Physician’s EHRs -> driven by medical plan data exchange
Disclosure and Conflict of Interest Declaration

I declare that neither I nor any member of my family have a financial arrangement or affiliation with any corporate organization offering financial support or grant monies for this continuing dental education program, nor do I have a financial interest in any commercial product(s) or service(s) I will discuss in the presentation.

I declare that I have a financial interest/arrangement or affiliation with the corporate organization offering financial support or grant monies for this continuing dental education program, or I do have a financial interest in any commercial product(s) or service(s) I will discuss in the presentation.
2015 National Medicaid and CHIP Oral Health Symposium

Session #9

VP Dental Services, Kaiser Foundation Health Plan of the Northwest

Kenneth R. Wright, DMD, MPH

Washington Marriott Wardman Park
Monday, June 2nd, 2015
Learning Objective(s)

Participants will gain knowledge in:

• Integrated Healthcare
  – Definition
  – Case for Action
  – Challenges/Opportunities

• Kaiser Permanente Design

• Healthcare Implications
Disclosure and Conflict of Interest Declaration

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Integrated Healthcare

Definition

- An *holistic approach* to health care, recognizing that what happens in the mouth affects the rest of the body, and vice versa. It's an organizational structure and culture that *removes silos* between medical and dental care to create a system which:
  - Improves patient health outcomes
  - Results in service efficiencies and convenience.

- This *can be achieved* by:
  - Coordinating care across the medical-dental continuum
  - Providing the right care at the right time and in the right setting
  - Creating insurance products that recognize the value of integration
  - Utilizing technology that leverages integration
Integrated Healthcare  
Case for Action  

• Dental diseases account for between 5 and 10 percent of total health care expenditures. This exceeds the cost of treating cardiovascular disease, cancer, and osteoporosis.

• Public awareness of the importance of oral health is at an all-time high.

• Screening for chronic diseases in dental offices could reduce U.S. health care costs by up to $102.6 million annually or up to $32.72 per person screened.

• Research and policy are rapidly evolving to recognize the connection between oral health and total health.

• Multiple national stakeholder groups outside dentistry are focusing on dental:
  – Foundations
  – Children’s advocacy groups
  – Major purchasers

• Employed adults lose more than 164 millions hours (20.5 million days) of work each year due to dental disease or dental visits.
Integrated Healthcare
Innovation and Distinction Matter Now More Than Ever

Disease Management

Health/Wellness Prevention

We must alter our DNA and fight the urge to operate from a “Disease Management" mind set where the focus is on mitigating disease burden. We MUST instead change our perspective to a “Dental Wellness" mind set. A perspective that requires us to think in terms of prevention and health outcomes.
Integrated Healthcare
Kaiser Permanente Dental’s Mission

• Provide uncompromising excellence in service to our members
• Build trust and respect with our members and each other
• Promote optimal dental health in the patients we serve
• Develop and apply treatment standards that are based on reliable research
• Foster innovation, teamwork and professional growth
• Maintain the highest standards of a safe, health environment
# Integrated Healthcare

## The Roles of KFHP and PDA

<table>
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<tr>
<th>KFHP</th>
<th>PDA</th>
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<tbody>
<tr>
<td>• Acts as a practice management company and as a dental insurance company</td>
<td>• Recruits, hires and trains all dentists</td>
</tr>
<tr>
<td>• Is responsible for human resources, claims, billing, purchasing, and the scheduling of most appointments</td>
<td>• Develops the clinical focus for an evidence-based dental practice</td>
</tr>
<tr>
<td>• Provides the necessary facilities, equipment and dental materials</td>
<td>• Manages a specialty care network of non-PDA dentists</td>
</tr>
<tr>
<td>• Recruits, hires, and trains all non-dentist staff</td>
<td>• Provides dental care to all KFHP dental members</td>
</tr>
<tr>
<td>• Works in collaboration with PDA</td>
<td>• Helps manage KPD by collaborating with KFHP</td>
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</tbody>
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**KP Smiles**

*Increase Our Members’ Face Value!*
Integrated Healthcare
Quality is Our Mandate

• Quality Assurance/Improvement Committee

• Peer Review Process
  – Peer Review Committee
  – Clinical Effectiveness Committee
  – Radiographic Review Process
  – Reviews of Prosthetic Cases
  – Internal Lab Monitors Quality
Integrated Healthcare
Philosophy of Care

Evidence-based dentistry is the focus of all of our activities.

- Uncompromising quality
- Exceptional personalized care and service
- **Internationally recognized**
  - Leadership in oral health research
  - Integrating medical with dental services
  - Evidence-based approach to care

These foundational principles enable the improved health and well being of those patients entrusted to our care.
Integrated Healthcare
Medical-Dental Integration at Kaiser Permanente

Oral Health for Medically Complex Patients

Right Care at the Right Time

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Integrated Healthcare
The Total Health Equation: Healthy Smiles = Healthy Members

• PDA dentists and Northwest Permanente physicians jointly explore the potential for integrating medicine and dentistry. Our commitment to integrated medical and dental care gives our members the power to thrive with a focus on total health and wellness.

• Dental care combined with medical care improves member health outcomes and the bottom line:
  – KPNW members with medical and dental coverage weigh less, smoke less, and visit the hospital and emergency department less than members with just medical coverage. They also have higher adherence with seven of 11 HEDIS quality metrics. iv
  – Dental ranks second among all patient-facing departments in the region for care gap closure opportunities (e.g., breast cancer screenings, blood sugar tests, high blood pressure control). v
  – KP Northwest’s actuarial team estimates savings of $11.1 million after the first year for diabetic and cardiac patients who utilize dental services. vi
How KP Dental Measures Success:

Diabetic population receiving dental care have lower costs per member per month (PMPM) than those NOT receiving dental care; after adjusting for patient characteristics.

Overall costs:
• Diabetic population receiving dental care had $129 PMPM lower costs overall than those NOT receiving dental care

Inpatient costs:
• Diabetic population receiving dental care had $101 PMPM lower inpatient costs than those NOT receiving dental care

ED-Urgent care costs
• Diabetic population receiving dental care had $13 PMPM lower ED/urgent costs than those NOT receiving dental care
Integrated Healthcare
Promoting Wellness

Developing Transparent Oral Health Data

• Oral health is integral to overall health and should be viewed together to truly understand the total health of an individual.

• Kaiser Permanente has created an oral health status (OHS) indicator that is assigned to each patient.

• Stratifies members by their OHS level and general health by identifying dental members with specific chronic medical conditions that have an important link to oral health.

• OHS system identifies high risk patients who have not been in for a dental examination, and provides the necessary outreach.

• Tracks the OHS status of a group of employees over time to demonstrate change in oral health.
Integrated Healthcare
Transparent Oral Health Data

- Total KPNW Dental Membership
- Dental Members with a Chronic Medical Condition*

<table>
<thead>
<tr>
<th>Plan</th>
<th>Total Membership</th>
<th>Chronic Medical Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>OHS-1 Wellness</td>
<td>17,125</td>
<td>17,125</td>
</tr>
<tr>
<td>OHS-2 Maintenance</td>
<td>59,142</td>
<td>59,142</td>
</tr>
<tr>
<td>OHS-3 High Needs</td>
<td>30,215</td>
<td>30,215</td>
</tr>
<tr>
<td>OHS-4 Unknown</td>
<td>49,363</td>
<td>49,363</td>
</tr>
<tr>
<td>OHS-5 New</td>
<td>62,513</td>
<td>62,513</td>
</tr>
</tbody>
</table>

*Members with asthma, diabetes, kidney disease, heart disease, tobacco use, and prenatal

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Integrated Healthcare
Closing Medical Care Gaps

- Nearly **100 percent** of our dental providers (**136/139** KP dentists and **185/185** HP hygienists) are using the **Patient Support Tool (PST)** routinely.

- The Dental Program is #2 out of 44 KP medical departments in care gap opportunities.

- #3 in care gap closure assists (assist in closing 18,000+ care gaps each year).
Integrated Healthcare

• Opportunities
  – Expanded role for dentists/extenders of primary care
  – Superior and synergistic teamwork
  – Better collaboration with medical specialists for treatment of complex medical conditions
  – Better way to manage costs
  – Better way to promote wellness
  – Bundled Payment systems
  – Professional education

• Challenges
  – Validating the value proposition
  – Demonstrating total health equity
  – Expanding eligibility
  – Access to care
  – Payment systems
  – IT systems

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Integrated Healthcare

BETTER TOGETHER

QUESTIONS?

www.kp.org/dental/nw
References


IV. Kaiser Permanente Center for Health Research, Comparison of HEDIS Outcomes Among Dental/Medical vs. Medical Only Population (2013).


VI. Kaiser Permanente Northwest actuarial data (claims analyzed over a two-year period from 2011–2013. Savings based on 6,872 commercial and 2,767 Medicare members).
Contact Information

Kenneth R. Wright, DMD, MPH

- Completed dental education at Harvard School of Dental Medicine
- Received MPH at Harvard T.H. Chan School of Public Health
- Periodontal Residency at UNC School of Dentistry (Diplomate)
- USN Service (30 years; Clinical, Executive Medicine roles)
- Joined Kaiser Permanente Dental in 2011 (VP Dental Services)

Absolutely committed to a holistic approach to health care that enables coordination of care across the medical-dental continuum, leverages an expanded role for dentists as extenders of primary care, improves patient health outcomes, and results in enhanced service and patient care experiences.

[Contact Information]

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