

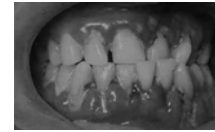
Family Centered Health Home – A Model to Improve Total Health for People With Special Needs

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Dean, Arizona School of Dentistry & Oral Health

Some slides provided by Allen Finkelstein, DDS and Michael Glick, DDS

Surgeon General's Report on Oral Health

- Oral diseases common and consequential
- Linked to overall health and well-being
- Profound disparities in oral health status
- Disparities
 - SES
 - Rural areas
 - Minorities



www.nidcr.nih.gov/sgr/sgr.htm

Oral Health Facts



- Dental disease is the most common unmet health need in U.S.
- General public more likely to lack dental insurance
- Access to dental care limited under Medicaid
- 52 million school hours lost annually to dental issues

www.nidcr.nih.gov/sgr/sgr.htm

State of the Dental Workforce



- National Oral Health Status
 - The U.S. Oral Health Workforce in the Coming Decade
 - IOM Dental Education at the Crossroads
 - ADA Future of Dentistry
 - Oral Health Care in America: A Report of the Surgeon General

State of the Dental Workforce

- National Health Policy Forum
 - Improving Oral Health: Promise and Prospects
 - ADEA President's Commission
 - Improving the Oral Health Status of All Americans
 - Roles of Academic Dental Institutions



Special Needs Population

- Individuals with intellectual disabilities comprise 2% of the US population and exhibit poorer health than the general population.



US Dept. of Health and Human Services. Administration on Developmental Disabilities Fact Sheet.
<http://www.adf.hhs.gov/programs/add/factsheet.html>

Special Needs Inequalities

- Inadequate access to care
- Lack of health promotion
- Significant disparities in oral healthcare
- Adults with ID have 4-6 times the preventable mortality of their non-disabled counterparts
- More likely to have co-existing health issues such as mental health problems, vision and hearing difficulties and physical impairments

These vulnerabilities make it even more important for this group to have **WHOLE PERSON** Healthcare

NY State Residents in Developmental Centers

1970	1989	2003*
26,407	8,268	1,662

- As of February 2004, 135,000 residents of NY State were receiving services from OMRDD. OMRDD estimates that there are approximately 200,000 individuals with developmental disabilities residing in NY State.

*2004 New York State Statistical Yearbook, Albany, NY: The Nelson A. Rockefeller Institute of Government.

Poverty – Influence on Oral Health

- Work of Dr. Christophe Bedos and colleagues in Canada:
 - Why the poor do not have good oral health
 - Difficult relationships with oral health professionals
 - Feel they are perceived negatively – shame
 - Professionals admit frustration with their behaviors and lifestyle



Attitude is Everything!

- Value appearance – more social than “biomedical” (white straight, teeth), employability, sociability, self-image
- Feel powerless – envision extractions – dentures as a solution.

Institutionalized Elderly

- Rapidly growing group
- Increased rates of chronic disease
- Increased demands for personal care homes



Nursing Homes are NOT satisfying dental needs

- US Surgeon General: 70% of nursing home residents are provided unacceptable dental care.
- TRECS Institute Study in Florida confirmed 96% residents do not receive needed oral hygiene / dental care (www.TRECSInstitute.org)
 - 417 patients in nursing homes in Japan studied
 - One half received oral care/ one half did not
 - The group that did not have their teeth cleaned daily had a 67% increase risk of pneumonia and/ or death

Yoneyama, T et al J Am Geriatrics, 2002

Societal Changes

- Public is increasingly well informed about their healthcare choices
- Patients want more active role in defining their healthcare needs
- Need for healthcare workers to respond to need for consumer participation and choice in healthcare

The Future of Primary Care, Editorial. Feb. 2003, 230-231

Societal Changes

- Emergence of older population
 - Need exists to coordinate chronic disease management and oral healthcare
 - Physicians, dentists, physician assistants, nurse practitioners and nutritionists must provide care in a collaborative manner
 - Need a more systematic approach to coordinating chronic disease care



The Future of Primary Care, Editorial. Feb. 2003, 230-231

Paradigm Shift

- A move from primary care
- To comprehensive care...
- To interdisciplinary care



Need to change “Homes”

- Medical Home
- Dental Home
- HEALTH HOME



The “Health Home”

- Not just a physical place
 - Accessible
 - Continuous and comprehensive
 - Family centered
 - Coordinated
 - Compassionate
 - Culturally effective



The Future of Primary Care, www.ctsnews.com/stories/2006/06/20/health/printable1735729.shtml

Barriers

- Oral health absent from radar screen of non-dental faculty, residents, staff
- Providers busy – oral health not a priority
- Confusion about PCP’s role as related to dentistry because of a lack of oral health training
- Reimbursement absent
- Adult dentistry in Medicaid is optional at state level



Who to Engage in Making the Changes?

- Health care system, Health insurance executives
- Health Profession school deans
- Legislators/Policy makers
- The public



The Future of Primary Care, Editorial, Feb. 2003, 230-231

Integrated Provider Partnerships

- To create an integrated medical dental program.
- To communicate to the member through the medical and dental providers the importance of comprehensive integrated care.
- To create a provider reimbursement (incentive) methodology that will support this program.
- To identify medical dental opportunities for the convergence of these services in a cost effective manner.

Role of the PCP - The Facts

- Coordinate the Care between specialists including dentists.
- Oral health issues affect people with special needs in poverty and racial minorities far more than other groups.
- Physicians need to be trained to recognize dental and oral disease.

A Role In Dentistry For The PCP

- Risk Assessment
- Manage Simple Dental Trauma
- Patient/Caregiver Oral Health Counseling
- Screening
- Fluoride Varnish Application



American Academy of Pediatrics - AAP

- “Medical Home” – not a physical structure
- Primary Care Physician – PCP
- AAP Policy - 2008

NYU Collaboration

- Oral health in NP curriculum
 - Pediatrics
 - Evaluation of primary and secondary dentition
 - Identification of malocclusions, dental caries, dental injuries
 - Recommendations for prevention of dental problems; focus on newborn, infant, toddler, and school-age children oral health needs and dental hygiene; and oral health and dental health issues for children with special needs such as cleft palates.
 - Adolescents
 - Prevention, orthodontics
 - Adults
 - Pathology related
 - Elderly
 - Pathology related

Caroline Dorsen, MSN, FNP-BC, NYUCD

Role of a Social Worker in a Dental Setting

- Identify barriers to dental care i.e. financial, psychological, social
- Assist patients in resolving such barriers
- Facilitate access to care through education and referral to community resources
- Facilitate patient retention through education on importance of oral health
- Facilitate successful completion of dental treatment plan and prevent relapse

Doris JM, Davis E, Dumont C, Holdaway B. Social Work in Dentistry: The CARES Model for Improving Patient Retention and Access to Care. Dental Clinics of North America (2009);53 549-559.

Role of a Social Worker in a Dental School Setting

- Act as a liaison between patients and dental providers
- Provide services to patients that reduce barriers to dental care
- Provide crisis intervention in the event of a mental health emergency
- Provide training and education to dental providers regarding communication skills in the patient-dentist relationship
- Educate dental providers regarding psychosocial issues that impact patient care
- Evaluate effectiveness of social services provided

Doris JM, Davis E, Dumont C, Holdaway B. Social Work in Dentistry: The CARES Model for Improving Patient Retention and Access to Care. Dental Clinics of North America (2009);53 549-559.

Role of Social Workers in a Health System

- Provide counseling and education regarding behaviors that promote health and wellness
- Provide information and referrals to community resources and assist with application process when indicated
- Engage patient's support system in facilitating problem resolution
- Provide emotional support and counseling in relationship to difficulties imposed by illness
- Assist patients in developing coping skills necessary to prevent relapse

Doris JM, Davis E, Dumont C, Holdaway B. Social Work in Dentistry: The CARES Model for Improving Patient Retention and Access to Care. Dental Clinics of North America (2009);53 549-559.

Societal Commitment

- "Economic market forces, societal pressures and professional self interest must not compromise the contract of the oral health provider with society."
 - Report of the ADEA President's Commission, March 2003



- It is not what we have that will make us a great nation; it is the way in which we use it.
 - Theodore Roosevelt
 - Dakota Territory, July 4, 1886

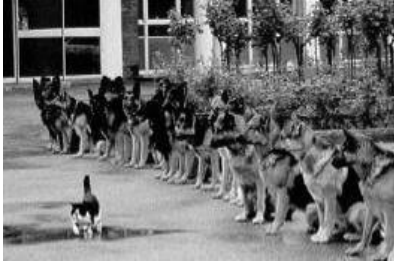


Leadership is Required

- Leadership Style & Success
 - "Servant leaders"
 - Compassionate, humble, reverent, open, teachable, respectful, caring
 - They model authority through:
 - Service, humility, contribution

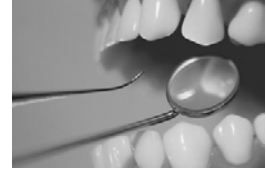


Confidence Builds Effective Leaders



Oral Health as a Part of Overall Health

- Coronary heart disease
- Diabetes
- Pneumonia
- Self esteem
- Stroke



Oral Health Competencies for Physician Assistants & Nurse Practitioners, Danielsen, Dillenberg & Bay, J of P.A. Education, In Press



Obesity and Special Needs

- Obesity is often an issue for people with special needs because it one of the things they can control in their life.
- Food is often used as a positive reinforcer.

"Dentists are not the optimal provider of intensive disease management services: Lower cost cognitive disciplines proven to be effective in chronic disease management must include social workers, health educators, behavioral nutritionist, physician assistants and nurse practitioners."

"The medical and dental home of today must transform into The Health Home of the future."

Allen Finkelstein, DDS

Student Oral Health Initiative at Drexel University College of Medicine

Student Oral Health Initiative



Drexel University College of Medicine

Mission Statement

- The Student Oral Health Initiative at Drexel University College of Medicine aims to facilitate an appreciation and understanding of oral health as a vital and necessary component to total health. We believe that by working together with our community we can help begin the task of building a more centralized "Health Home." This concept establishes the integration of oral health into total health within the minds of our health professionals and our community.

Decreased Dental Insurance



"Before I forget, Detrick, here's the dental plan."

Future of Dentistry

- Need for more comprehensive care in special and medically complex patients
- Treating patients with/without teeth – not just teeth!
- Integration, integration, integration....



Cross-Cutting Competencies for Health Professionals

- Provide patient-centered care
- Work in interdisciplinary teams
- Employ evidence-based practices
- Apply quality-improvement approaches
- Utilize informatics
- Health Professions Education: A Bridge To Quality
- 2003 Institute of Medicine

Association of American Medical Colleges

Contemporary Issues in Medicine: Oral Health Education for Medical and Dental Students

Medical School Objectives Project



June 2008
AAMC

The Future Health Care Provider



Arizona School of Dentistry & Oral Health

- Our Purpose:
 - To educate caring, technologically adept dentists who become community and educational leaders, serving those in need



Arizona School of Dentistry & Oral Health

- Needs Focused
 - Educating competent, compassionate dentists for underserved communities
- Service Education
 - Coordinating student partnerships with communities of need
- Leadership Training
 - Educating dentists to become community health leaders



Special Care Dentistry

- Meeting the needs of Arizona's most fragile population
- Clinical Competency
 - Class of 2007: 100% of the inaugural class fulfilled CODA SPECIAL CARE STANDARD (std. 2-26)
 - Class of 2008: >48 hrs of clinical experience in special care.
 - Class of 2009: >75 hrs of clinical experience in special care.
 - Class of 2010 > 75 hrs of clinical experience



Special Care Service

- Patient Benefits approx 1700 pt visits/year (approx 650 patients)
- Individualized attention
- Comprehensive treatment
- Continuity of care
- True "dental home"



Dentistry in the Community

- Examples of ASDOH Student Involvement
 - Special Olympics Special Smiles
 - Hurricane Katrina
 - Give Kids A Smile
 - Habitat for Humanity
 - CARE Clinic
 - Interdisciplinary Projects
 - Working with other health care programs within ATSU to promote oral health as a component of overall systemic health



4th Year External Rotations

- Goals:
 - To make a difference in the oral health of those we serve
 - To change the face of dental education, and in the process, improve access to oral health care across the nation
- Students are provided with the following:
 - Exposure to a variety of community and public health based clinical environments
 - An opportunity to be taught and mentored by excellent clinicians
 - A deeper understanding of the unique oral health challenges faced by many communities
 - Students often provide care for patients with special needs

Certificate in Core Concepts of Public Health

- Online coursework begun 2nd year
 - Biostatistics
 - Epidemiology
 - Health Policy & Administration
 - Health Behavior & Health Education
 - Environmental Health Sciences

Web-based System

- Web-based system that includes medical and dental needs
 - Online anytime/anywhere access
 - Information security and encryption
 - Personalized patient information and health history forms
 - Integrated practice management software:
 - Charting, Billing, Patient Reminders, Scheduling, Practice analysis, Letters
 - Innovative patient education:
 - Image management, storage, and manipulation
 - Interdisciplinary collaboration
 - Professional referral capabilities
 - 3D Animations

The Patient-Centered Health Home

- The 4 cornerstones:
 - Primary care
 - Patient-centered care
 - New-practice model
 - Payment reform



Primary care

- Advantages
 - Associated with better health outcomes
 - More cost effective
- Challenges
 - Primary care is usually not an attractive choice for most medical students
 - Ever-widening salary gap between primary care providers and specialists
 - Primary care is associated with a high burn-out rate
 - Ideal staffing not yet defined (NP, PA, etc.)
 - Primary care may not have sufficient training with special needs population

Patient-Centered Care

- Advantages
 - Tailoring to the needs of the patient rather than to the disease!
 - Active consumer engagement
 - Extending the care beyond the 4 walls by utilizing electronic visits
- Challenges
 - Significant culture change (more active, informed, knowledgeable and prepared patients)
 - Need to develop shared decision-making tools (appropriate to the special needs population)
 - Improve the culture competence among health care professionals

New-Practice Model

- Advantages
 - Incorporation of EBP
 - Utilizing performance measures
 - Point-of-care
 - Information technology
- Challenges
 - Implementation favors large practices/networks
 - Implementation of new information technology
 - Incorporating single primary care clinicians without overburdening them

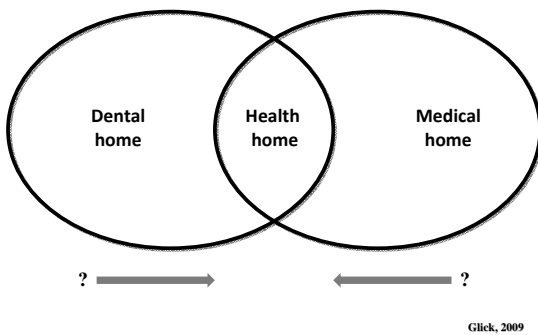
Payment Reform

- Advantages
 - Compensation for care coordination, care management and medical consultations
 - Recognition of quality targets
- Challenges
 - The amount of financial incentive that will drive practice transformation is unknown
 - Clear alignment between primary care providers, specialists and hospitals

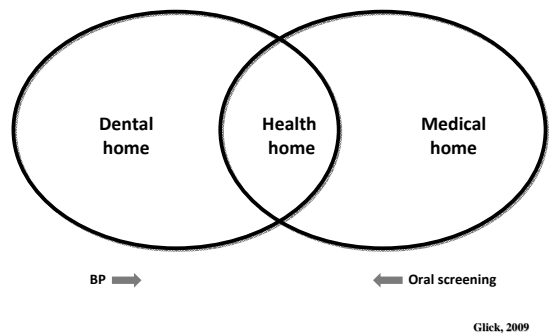
Overall challenges

- Criteria to define PCHHs
- Develop measures of care that incorporate experiences and relationships rather than infrastructure and processes, i.e. performance measures need to be established
- Shape the public perception
- Incorporation of this new model among practicing professionals
- Increased up front cost

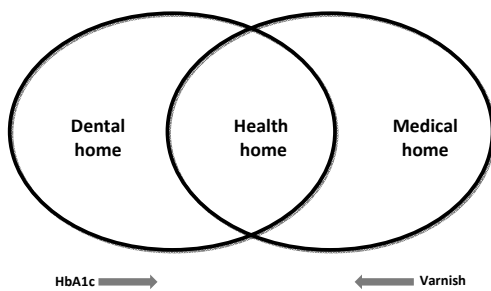
Health Care Integration



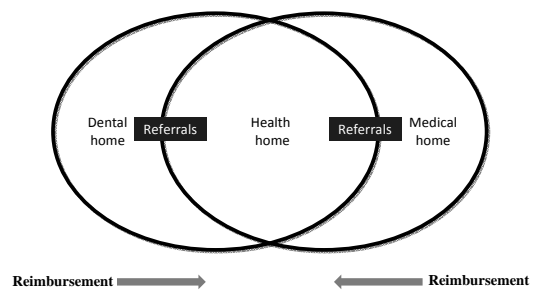
Health Care Integration

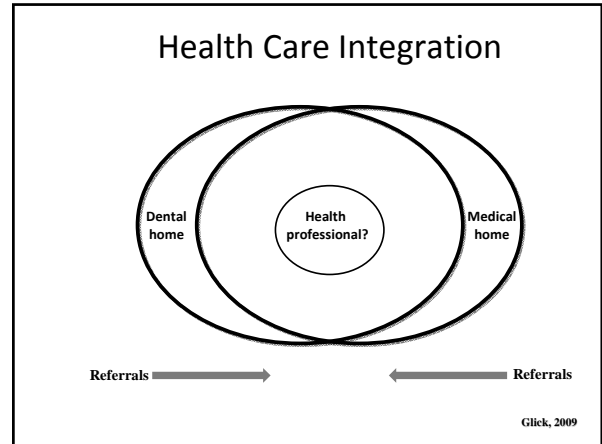
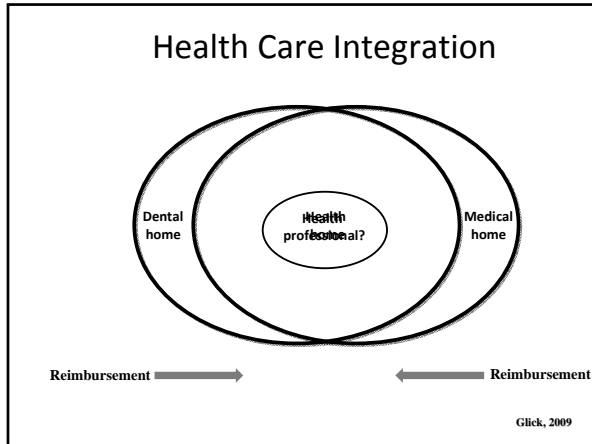


Health Care Integration



Health Care Integration

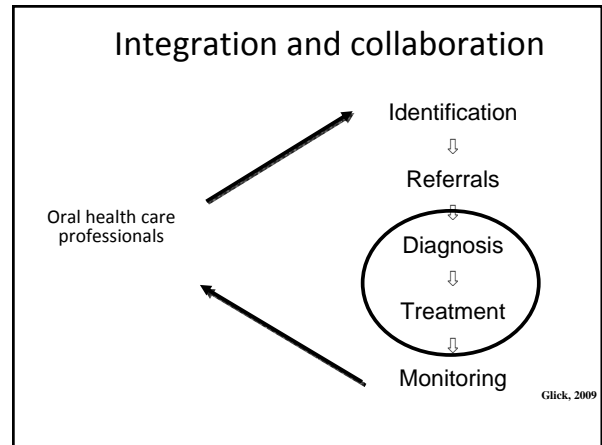




Health Care Integration

- Patient-centered
- Comprehensive
- Coordinated

Glick, 2009



What Can YOU Do With Your Colleagues?

- Encourage change within traditional healthcare education to reflect innovations in professional relationships, technology and pedagogy
- Form partnerships with local community-service organizations, medical provider organizations, and insurers
- Collaborate with community professionals, health professions educators and associations, and policymakers to become proactive in meeting health care needs of underserved populations, e.g. patients with special needs

What Can YOU Do With Your Colleagues?

- Collaborate with healthcare programs within your community to integrate oral health into their programs
- Increase awareness of interdisciplinary professional organizations (AADMD!)
- Promote leadership skills among students – our future leaders!

Team Work

