COMMUNITY ORAL HEALTH TRANSFORMATION INITIATIVE

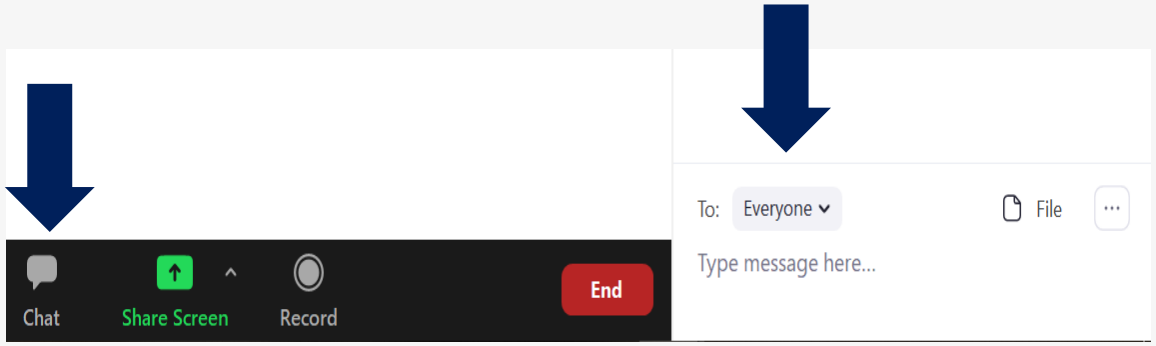
CORHT Community Call

February 16th, 2020

DentaQuest®
Partnership
for Oral Health Advancement

Session Participation and Zoom Features

CHAT



Mute On Entry

Turn Video On

Update name to include:

- First and last name
- Title (if preferred)
- Pronouns

[ex. Dr. Amanda Higgins (she, her, hers)]

Agenda

01 **Summary of Pre-Work**

02 **Case Study Review**

03 **Discussion**

04 **Take Action: Your Health Center**

05 **Wrap Up**

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Learning Objectives

Participants in this session will:

1. Define population management, population medicine, and population health
2. Understand how these principles can be applied in dentistry within the Three Domain Framework
3. Understand why population management is valuable to the patient, provider and health care system

Clinical Experts

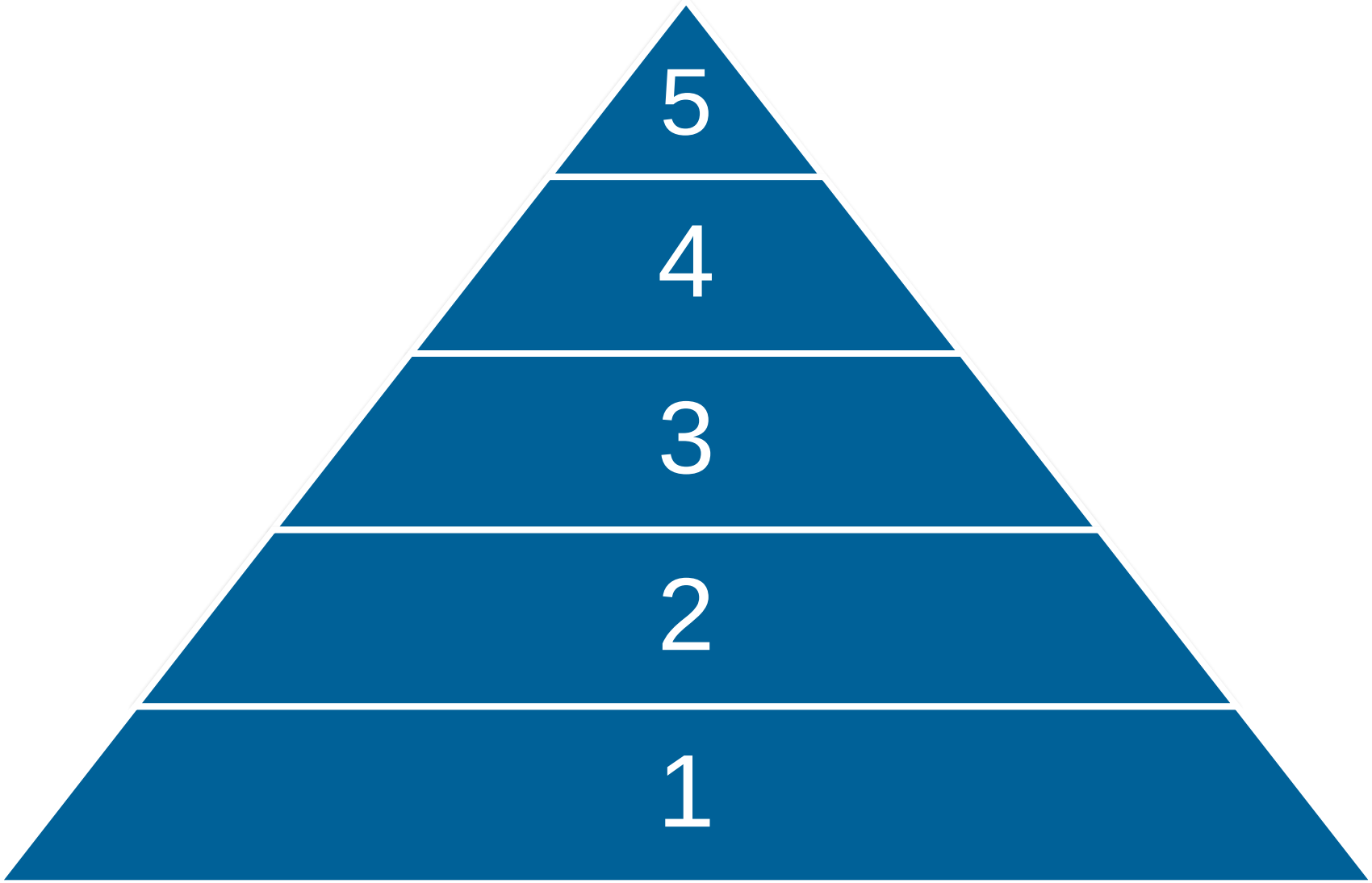
Sharity Ludwig, EDPH, MS
Director of Alternative Care Models
Advantage Dental Oral Health Center

Consultant of DentaQuest Partnership for Oral Health Advancement

Carolyn Brown, DDS, MAEd
Healthcare Management Consultant

Consultant of DentaQuest Partnership for Oral Health Advancement

Poll Question: Setting the baseline



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Summary of Prework

Population Management	*Population Medicine*	*Population Health*
System	**Actions**	**Outcomes**
What are the systems within your practice to care for your patient population?	What actions are you taking to make sure your patient population is getting healthier?	How do you know the care you are providing is improving the oral health of your patient population?

1. https://www.masterspublichealth.net/faq/what-is-population-medicine/

Oral Health Status (including risk factors that affect oral health)	Management Type	Targeted Outreach and Scheduling Approaches	Interventions	Caries Risk Assessment (CRA) Periodontitis Risk Assessment (PRA)
Excellent Oral Health • No chronic or concomitant disease or disorder • No current oral health disease	Self-management	**Teledental Health Promotion/ Disease Prevention (HP/DP) visit:**	• Motivational Interviewing: D9994 • Caries Risk Assessment: D0601-0603 • Oral Hygiene Instructions: D1330 • Nutritional Counseling: D1310 **Description:** Using motivational interviewing/shared decision-making techniques, craft a home care plan with patients and families to maintain low caries risk, promote oral health and overall health	**CRA: Low** **PRA: Low**
Moderate/Good Oral Health • No chronic or concomitant disease or disorder • Active oral health disease (caries, perio)	Self-management Disease management	**Teledental visit*:** ***In-office visit: (if needed)**	• Teledental HP/DP above • Non-aerosol, low aerosol or minimally invasive procedures[1,2]	**CRA: Low/Moderate** **PRA: Low/Moderate (or chronic gingivitis as a diagnosis)**
Compromised or At-Risk for Oral Diseases • Active oral health disease (caries, perio) • Pregnant patients • Chronic or concomitant disease or disorder: – Oral cancer, diabetes, inflammatory diseases, and cardiovascular disease	Self-management Disease management Urgent dental care	**Teledental visit:** **In-office visit:**	• Teledental HP/DP as above and schedule in-office visit according to risk • Non-aerosol, low aerosol or minimally invasive procedures[1] • Droplet precautions and aerosol-mitigating engineering and clinical options[2]	**CRA: Moderate/High** **PRA: Moderate or chronic gingivitis/ periodontitis**
Poor Oral Health • Active cellulitis/abscess • Pain/swelling • Possible infection	Self-management Disease management Immediate dental care	**Teledental visit:** **In-office visit:**	• Teledental HP/DP as above and schedule in-office visit according to risk • May include prep for in-office and post-operative instructions for in-office visit • Non-aerosol, low aerosol or minimally invasive procedures[1] • Treatment plan with in-office visits scheduled according to low aerosol or mod/high aerosol producing visits[2]	**CRA: Moderate/High** **PRA: High**
Emergency or New Dental Patient • Unknown oral health or health status	Self-management Disease management Immediate and/or urgent dental care	**Teledental visit:** **In-office visit: (if needed)**	• Teledental HP/DP as above and schedule in-office visit according to emergency • May include prep for in-office and post-operative instructions for in-office visit • Non-aerosol, low aerosol or minimally invasive procedures[1] • Moderate/high aerosol procedures[2]	**CRA: Determine** **PRA: Possibly determine**

[1]Non-aerosol, low aerosol or minimally invasive procedures

- *Preventative:* Exams, hand scaling
- *Prevention and Caries Control:* Fluoride Varnish, Silver Diamide Fluoride (SDF), Curodont Repair Fluoride Plus
- *Minimally Invasive Dental Procedures or Materials:* GIC sealants, ART + Hall techniques, Non-surgical extractions

[2]Engineering Controls and Aerosol mitigating in-office clinical/procedural options

- In-office rinse
- Rubber dam use
- In-room aerosol evacuators and HVAC design
- High speed suction attachments such as Iso-lite
- Minimally invasive dental treatments and products
- Electric handpiece uses in lieu of air-driven high speed handpieces

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Summary of Prework

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Why Risk Stratification

Risk stratification enables providers to identify the right level of care and services for distinct subgroups of patients. It is the process of assigning a risk status to a patient, then using this information to direct care improve overall health outcomes.
Population health management requires practices to consider patients as both individuals and as members of a larger community or population. At the individual level, a patient's risk category

is the first step toward planning, developing and implementing a personalized care plan. A provider must take into consideration risk for physical health, behavioral health and oral health conditions. An important distinction between risk stratification and health risk assessment is needed, however, before undertaking stratification measures. In dentistry, providers assess patients for risk of developing individual disease, most commonly caries and periodontal disease. These assessments should be completed and considered one piece of the overall risk status for a patient along with risk for other systemic diseases.
A "one-size-fits-all" model, where the same level of resource is offered to every patient, is clinically ineffective and prohibitively expensive. NACHC recommends that in order to maximize efficiency and improve outcomes, health centers must evaluate their patient population and customize care and interventions based on identified risks and costs. Healthy patients, for instance, may not want a high level of intensive support, and can be engaged through alternative models of care. With this in mind, high intensity resources can and should be reserved for high-risk patients. Care models based on risk with customized care at each level can flexibly match need with more appropriate resources. Top performing, population health-focused organizations practice risk stratification.

What is Risk Stratification

The goal of risk stratification is to segment patients into distinct groups of similar complexity and care needs. In 2018, dental spending reached $136 billion, a historic high of 3.7% of the total cost of healthcare spending in the U.S. Steady increases in spending are due, in part, to spending more on treating oral disease than prevention, providing patients homogenous services at the same frequencies regardless of risk and

CASE STUDY DISCUSSION: RISK STRATIFICATION

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Poll Question: If any, which caries risk assessment tools is your health center using?

a. American Dental Association Caries Risk Assessment

b. Caries Management by Risk Assessment (CAMBRA)

c. American Academy of Pediatric Dentistry Caries Risk Assessment

d. Other (please describe in chat)

e. Don't routinely use

Poll Question: If any, which social risk factor assessment tools is your health center using?

a. Protocol for Responding to and Assessing Patients Assets, Risks and Experiences (PRAPARE)

b. Health-Related Social Needs screening tool (HRSN)

c. Other (please describe in chat)

d. Don't routinely use

Case Study 1: Individual and Family Health Risk

The Ryan family is a patient at your health center for medical and dental. Mrs. Ryan brings her two children into your clinic for regular dental exams, starting at age 1, though sometimes does not attend restorative visits scheduled for her children.

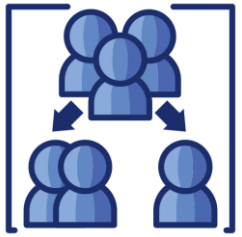
GEORGE

- 6 years old
- History of 1 filling on tooth B, and several areas of decalcification noted at today's exam
- Considered high risk for caries
- No history of any medical problems

SARA

- 1 year old
- George's younger sister
- Well-controlled asthma
- 4 erupted teeth
- No evidence of dental decalcification

Case Study 1: Questions to Consider



Question 1

How would you classify Sara's risk for dental caries? (Be sure to look at co-morbidities)

Question 2

Discuss one clinical and one non-clinical approach you could take to with the DENTAL TEAM and the family to address the health and caries risk?

Breakout Rooms

- You will be randomly assigned to 1 of 3 rooms
- You'll have 5 minutes to discuss the case and two questions
- Each group should designate one person to report back to large group
- A representative from DentaQuest Partnership will take notes and send (via chat) to the person from each group who will report back

Case Study 2: Setting up Baseline for Population Health

Your health center ran a report on a subset of your medical + dental patients seen two times over the last year (for this case calendar year 2020), as a baseline for population health management. You are new to population health and risk management at your health center.

Let’s look at report, and work and discuss the next steps.

Step 1: compile a list of health center patients & Step 2: sort patients by number of conditions

The report was generated using the following:

- Medical and dental patient in 2019 and 2020.
- Two dental visits in CY 2020 with Caries Risk Assessment charted (CRA) using CDT codes.
- At least 2 chronic conditions identified using ICD-10 diagnostic codes.

Calendar Year:	2020				
Pt ID	Age Range	1st Caries Risk Assessment	2nd Caries Risk Assessment	Caries Risk Outcome	# Co-Morbidities
140022	0-21	High	Moderate	Decreased Risk	2
500960	21-62	High	High	High Risk	3
570833	62+	Moderate	High	Increased Risk	3
945643	62+	Moderate	Low	Decreased Risk	3
134634	0-21	Low	Low	Low Risk	2

Extracted 1st five patients from the full file here (insert link)

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Step 3: stratify by condition count

Chart 1: Co-Morbidities, subset age

Pt ID	Age Range	1st CRA	2nd CRA	Caries Risk Outcome	# Co-Morbidities
232455	62+	Moderate	High	Increased Risk	5
570833	62+	Moderate	High	Increased Risk	3
284932	62+	High	High	High Risk	3
567952	62+	High	Moderate	Decreased Risk	3
945643	62+	Moderate	Low	Decreased Risk	3
395588	62+	Moderate	Low	Decreased Risk	3
728299	62+	Low	Low	Low Risk	2
611789	62+	High	Low	Decreased Risk	2
493820	62+	High	Low	Decreased Risk	2
472929	62+	Moderate	Low	Decreased Risk	2

Step 4: design care models and target interventions for each risk group

Question 1

In chart 2, the 62+ year old panel that had an increased risk, what approaches may be effective in decreasing risk? (Include clinical and non-clinical approaches)

Step 3: stratify by condition count

Chart 2: Co-Morbidities, subset age

Pt ID	Age Range	1st Caries Risk Assessment	2nd Caries Risk Assessment	Caries Risk Outcome	# Co-Morbidities
382937	21-62	Low	High	Increased Risk	5
880530	21-62	Low	Low	Low Risk	4
339493	21-62	High	High	High Risk	4
384849	21-62	High	High	High Risk	4
500960	21-62	High	High	High Risk	3
204854	21-62	High	High	High Risk	3
375859	21-62	High	High	High Risk	3
344503	21-62	Low	Moderate	Increased Risk	2
993820	21-62	High	High	High Risk	2
392077	21-62	High	High	High Risk	2
403802	21-62	High	High	High Risk	2
472822	21-62	High	Moderate	Decreased Risk	2
230917	21-62	High	Moderate	Decreased Risk	2
438489	21-62	High	Moderate	Decreased Risk	2
703902	21-62	Moderate	Low	Decreased Risk	2

Step 4: design care models and target interventions for each risk group

Question 2

In chart 1, the 0-21 year old panel that had a decrease in risk, what approaches may have been effective? (Include clinical and non-clinical approaches)

REFLECTION

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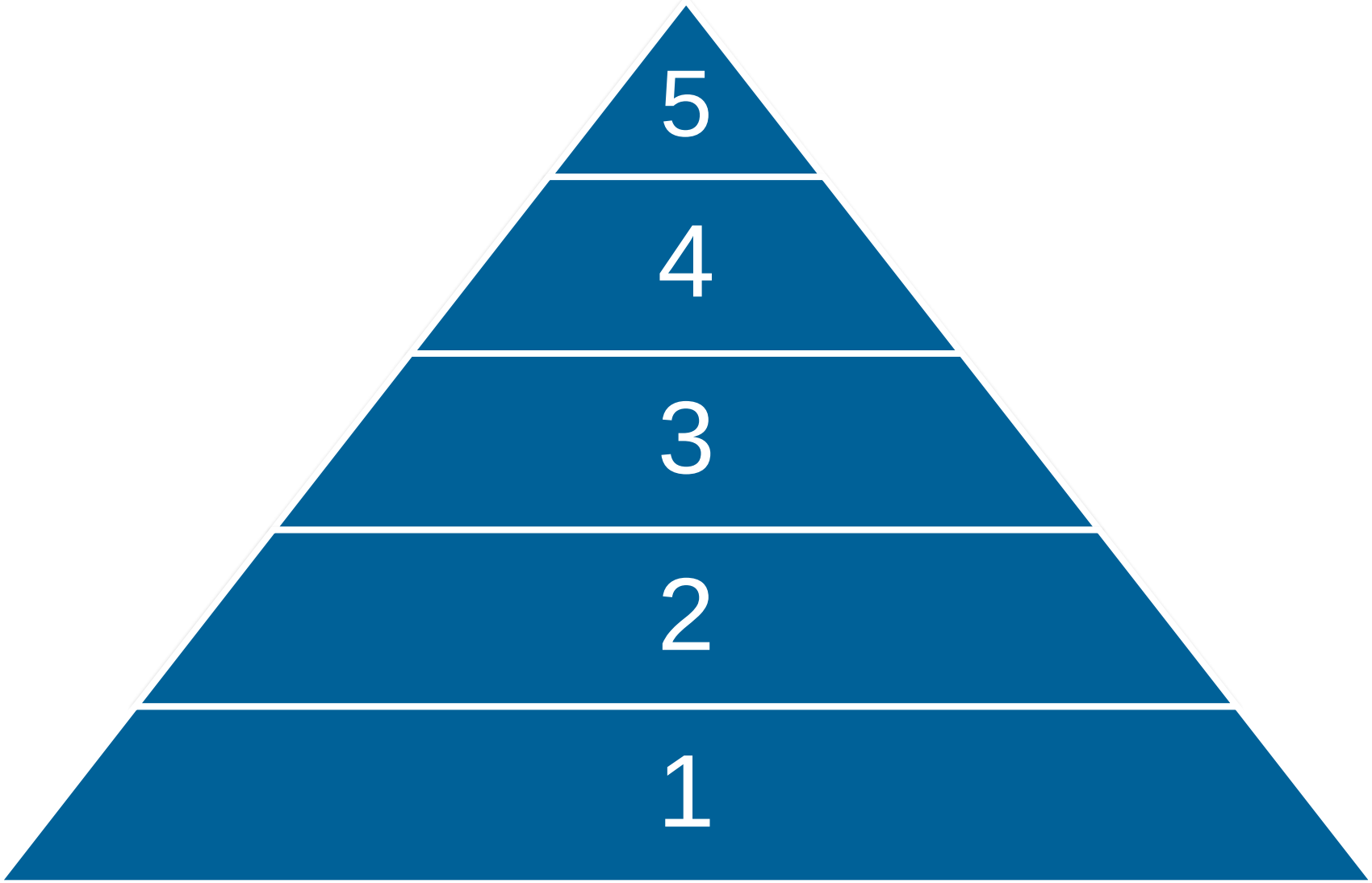
Discussion Question: How is your practice using risk stratification to direct care plans for patients? If you are not using risk stratification, did the pre-work spark any ideas on how you might start using it?

Discussion Question: In what ways do you or could you involve the health center workforce in population health management?

Poll Question: Moving the baseline



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TAKING ACTION & NEXT STEPS

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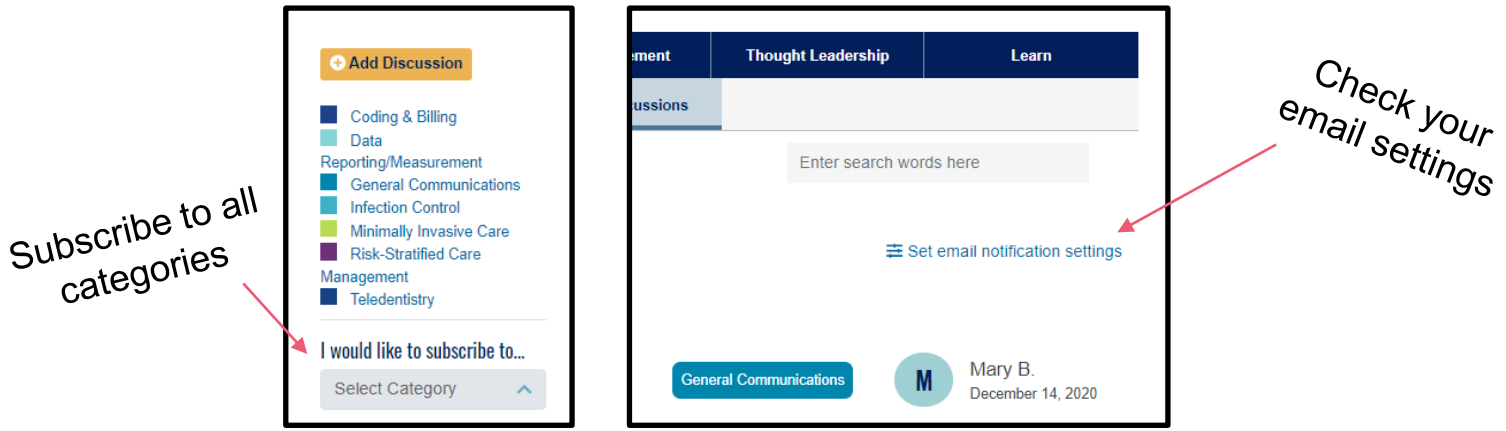
DISCUSSION BOARD POST: “Taking Action – February”

Reply to that post with:
One thing you learned today that you will take back to your health center to continue (or begin) practicing with population health management

Next Steps

1

Keep up the great conversation on the discussion board!



2

Data Managers please submit **baseline data and January data.** If you have any questions about the data collection or transfer process, please reach out to abigail.kelly@dentaquest.com

CE Opportunities

Find additional CE opportunities and supplemental resources on the online hub under 'Resources'

DentaQuest Partnership Disease Management Series:

- Implementing a Culture of Disease Management
- Caries as a Chronic Disease
- Caries Risk Assessment
- Caries Management by Risk Assessment: CAMBRA
- Dental Caries Management: Perinatal
- Dental Caries Management: Newborn to Age 5
- Dental Caries Management: Age 6 through Adult
- Interim Therapeutic Restoration

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