

The Role of Community Health Workers in Medical and Dental Integration

Yashashri Urankar, DDS

Chief Dental Officer

Community Health Centers of South Central Texas, Inc

Midwest Stream Forum for Agricultural Worker Health

March 30, 2022

Objectives



Explain the rationale for the integration of oral health and primary care practice



Describe roles and activities community health workers can perform that contribute to integration



Learn how Community Health Centers of South Central Texas implemented oral health integration in their health center



Who is NNOHA?

- Founded in 1991 by a group of Health Center Dental Directors who identified a need for peer-to-peer networking
- Membership now more than 3,500 dentists, dental hygienists, supporters, and partners



HRSA's Oral Health National Training & Technical Assistance Partner grantee

- Learning Collaboratives
- Annual Conference
- Webinars
- Listserv
- NOHLI- year-long program for new dental directors/ managers
- Resources – Operations manuals, dental forms library

www.nnoha.org or email info@nnoha.org

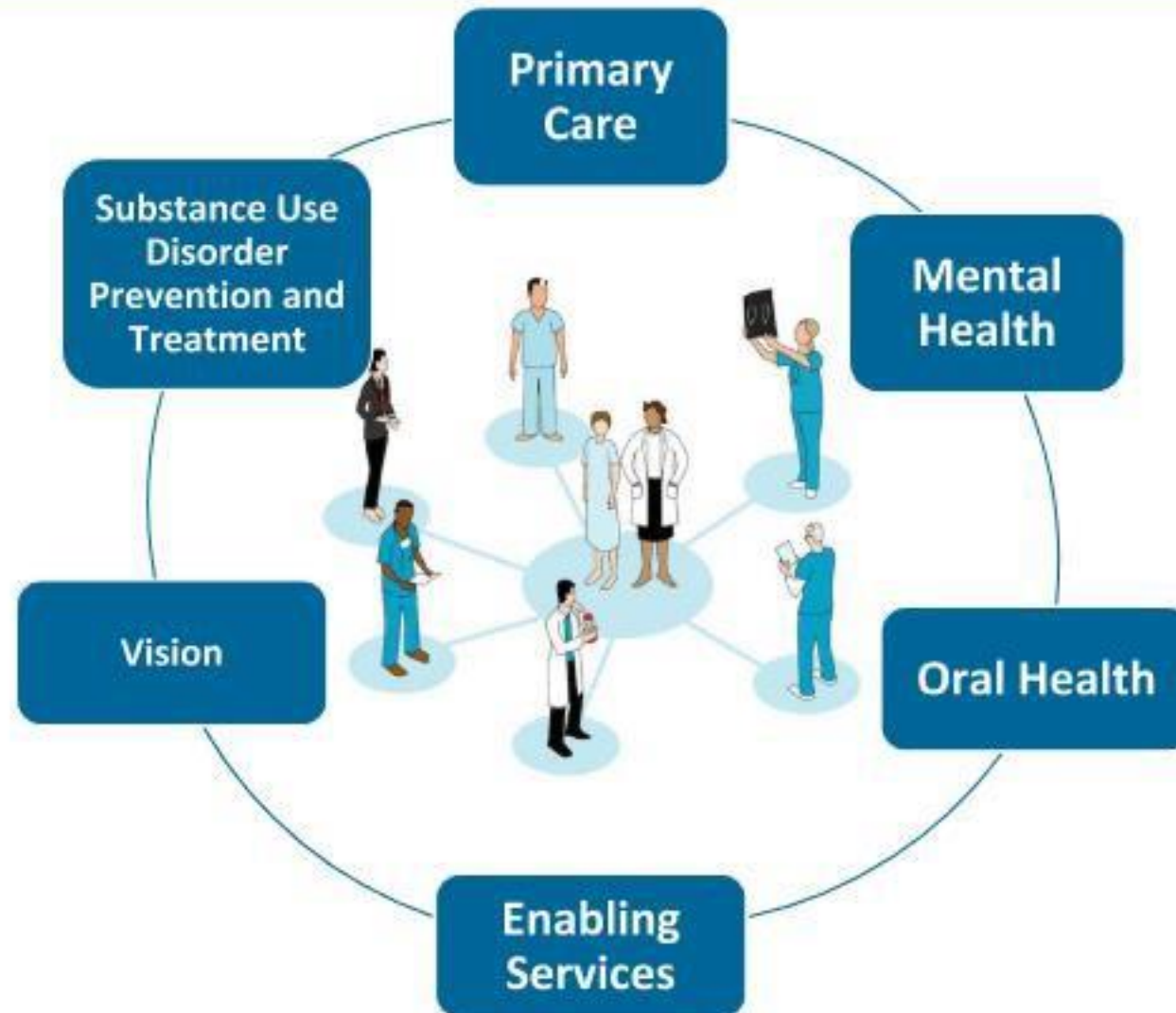




Why Integration?



Care Model of Health Centers



Whole Person Care

Patient-centered optimal use of diverse healthcare resources to deliver the physical, behavioral, emotional, and social services required to improve care coordination, well-being, and health outcomes while respecting patients' treatment choices

Includes
mouth/teeth!



Oral Health & General Health



- Association between chronic gum disease and many systemic conditions
- Individuals that receive dental care use less other health care funding (hospital, pharmacy, etc.)





9 months

20 months



Impact of Maternal Oral Health on Families



Behavioral Health ↔ Oral Health

Impact of behavioral health on oral health

- Individuals with depression less likely to engage in self-care
- Many anti-depressant medications cause dry-mouth and increase risk for cavities

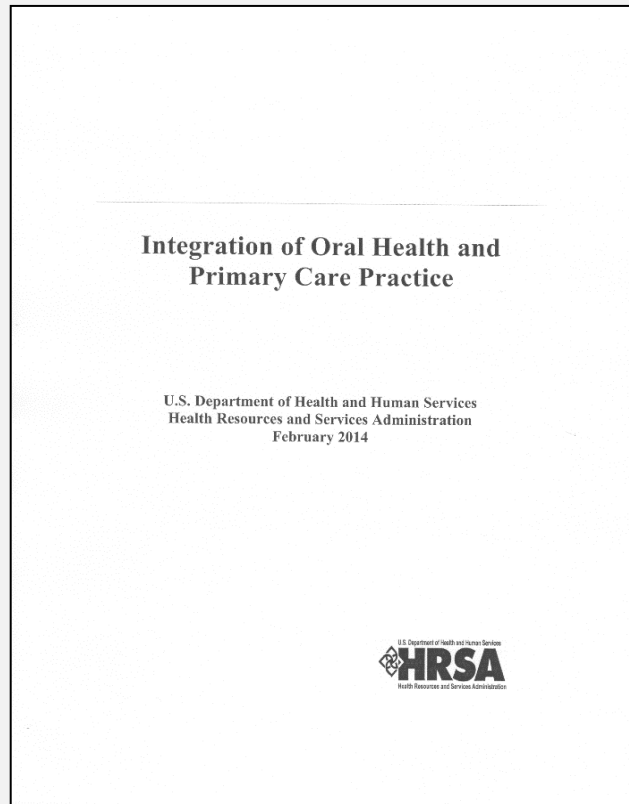
Impact of oral health on behavioral health

- Appearance of mouth & teeth impacts self esteem, sense of well-being
- Appearance of mouth & teeth impacts social acceptability, employability



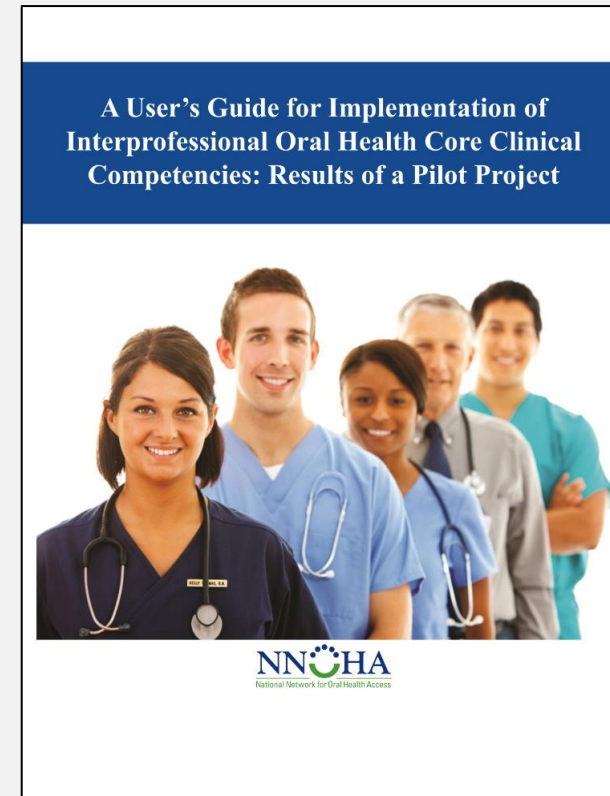
Integration of Oral Health and Primary Care Practice

2014



<https://bphc.hrsa.gov/sites/default/files/bphc/qualityimprovement/clinicalquality/oralhealth/primarycare/integrationoforalhealth.pdf>

2015



https://nnoha.org/nnoha-content/uploads/2018/04/IPOHCCC-Users-Guide-Final_01-23-2015.pdf



Steps to Success- Developing Systems



Figure 1. Implementation Flowchart





CHW & Integration



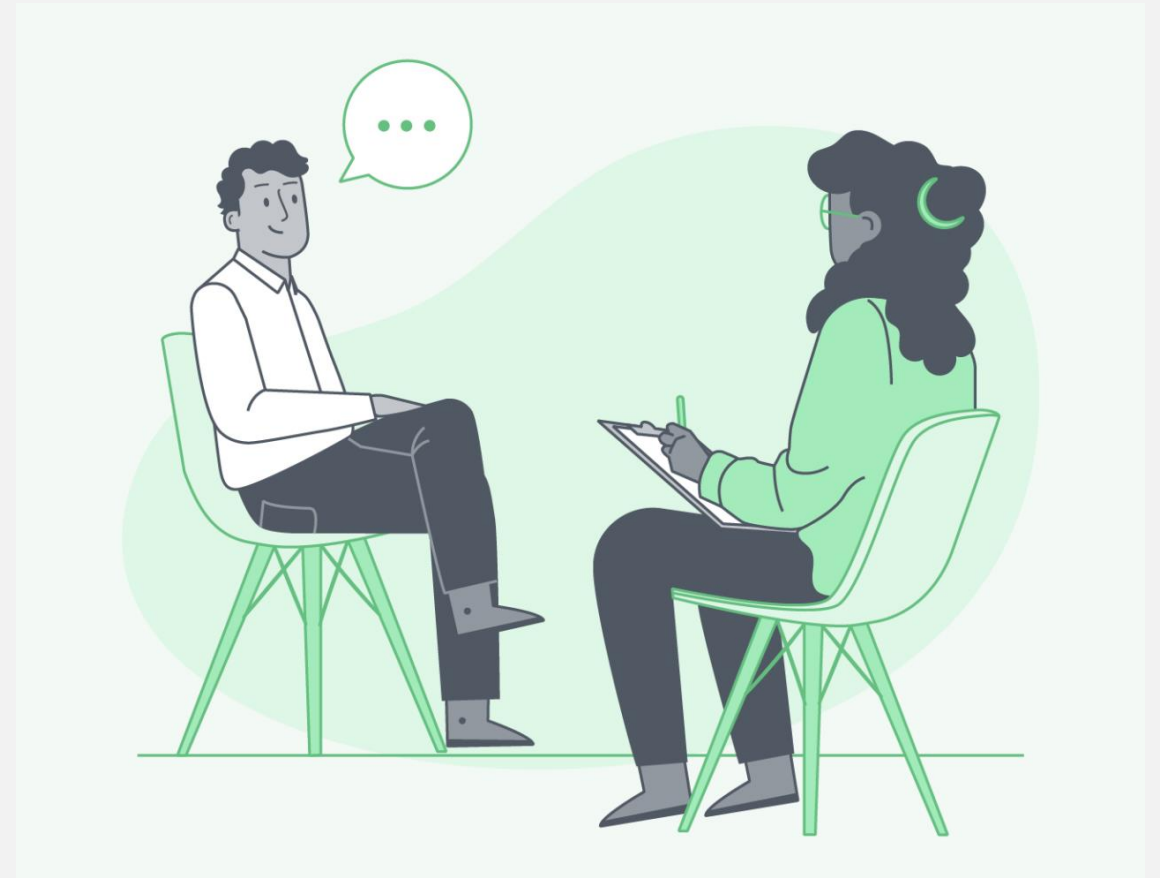
CHW Roles

- Ask & Assess
- Increase oral health literacy
- Care coordination/case management
- Oral health role in chronic disease management



Ask & Assess

- Are you having any problems with your teeth and gums?
- When was the last time you were at the dentist?
- Do you have a regular dentist/source of dental care?



Increase Oral Health Literacy

- Understanding importance of getting dental issues resolved
- Understanding what disease processes are going on
- Uncovering potential knowledge/believe barriers



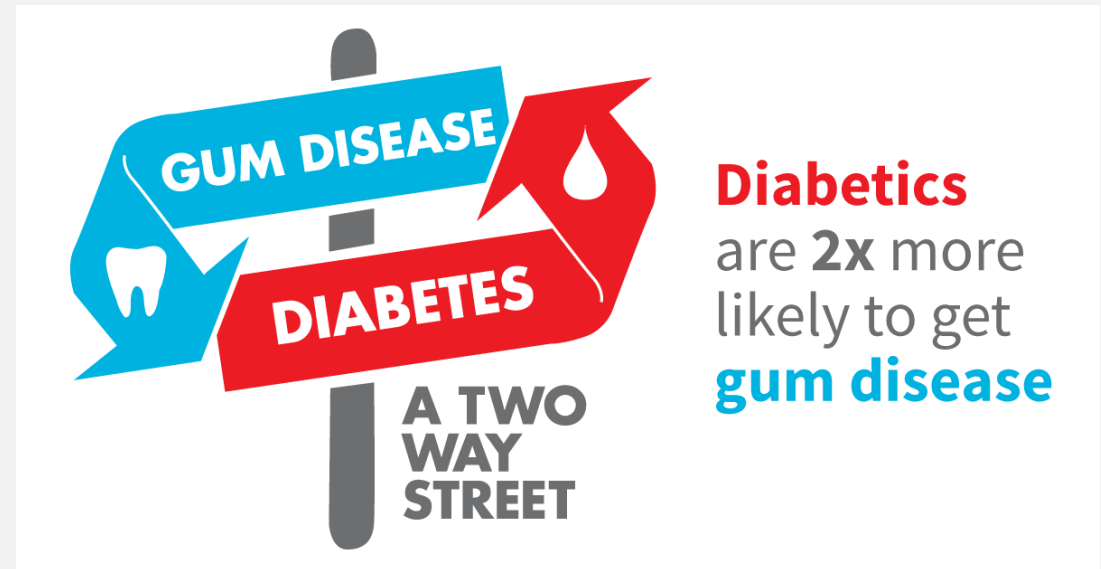
Care Coordination/Case Management

- Identifying preferred dental provider
- Obtaining verifying insurance coverage
- Arranging appointments
- Follow-up through attended appointment
- Arranging transportation as needed



Oral Health & Chronic Disease Management

- Diabetes management
- Smoking cessation
- HPV education
- Depression management



Health Centers Successful at Integration have...

1. Leadership buy-in
2. Champions
3. Staff understands the why
4. Culture of quality improvement
5. Co-location
6. Integrated medical-dental IT



Recent Integration Innovation...

- Integration Behavioral & Oral Health (IBOH)
- Telehealth as facilitator of integration/interprofessional collaborative practice
- Dental workforce as vaccinators
- Consumer/patient advocacy for equity



Resources

- Online Curriculum. Smiles for Life

<https://www.smilesforlifeoralhealth.org/teach-curriculum/course-10-front-line-health-workers/>

- 25 Minute Curriculum. Michigan Community Health Worker Alliance

<https://www.youtube.com/watch?v=vhWJw5n7rq4>



Integration and care coordination at Community Health Centers of South-Central Texas



Introduction :

- CHCSCT is a Federally Qualified Health Center (FQHC), that provides primary healthcare services across five counties in the South-Central Texas region.
- Eight clinical sites
- Headquarters in Gonzales, TX



Introduction

- We are proud to offer [primary medical care, dental care, pediatrics, behavioral health services, women's health services, OBGYN and diagnostic laboratory services.](#)
- The Center is accredited through The Joint Commission(TJC) as a Patient Centered Medical Home (PCMH), whose primary objective is to provide full spectrum of services under one roof.
- Our Partners, [The Bluebonnet Trails Community Services](#), the local mental health and developmental disabilities authority in Texas (certified by Texas Department of Health and Human Services) provide Behavioral Health Services.
- We provide health care in five different counties.



Framework for Integration : 2 Parts

- Integration between Oral Health and Primary care
- Integration between Oral Health and Behavioral Health



Oral Health and Primary Healthcare

- Dental Department works at a 20-25% capacity as compared to the Medical Department.
- Strategy : prioritizing patient population.
 - Pediatric
 - Pregnant
 - Diabetes, Blood pressure, co-morbidities
 - Cancer
 - Organ transplants, other surgeries (dental clearance)
 - Behavior Health concerns (meth mouth, dry mouth)



Opportunities during a Dental visit

- Screening Tools
 - Hypertension
 - Diabetes (ADA tool)
 - Sleep Apnea
 - Oral Cancer (education HPV)
- Detailed Health History : Diabetes, Cardiac surgeries, joint replacement, Bisphosphonates, Blood thinners(Antiplatelets , anti coagulants), Surgeries, hepatic conditions, renal dialysis,bleeding disorders etc.
- Social History : Smoking, drug abuse, alcohol
- SDOH : Food, Housing and Transportation.(affects health outcomes)



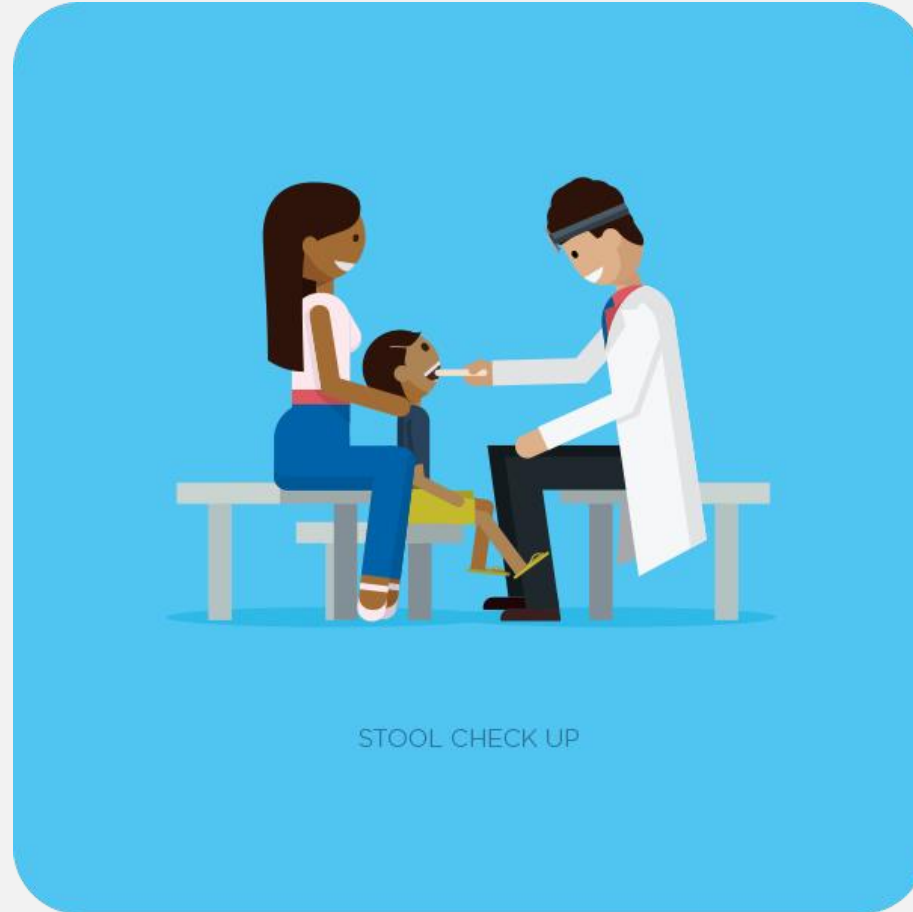
Opportunities during a Medical Visit

- Oral Health questions
 - Last dental visit
 - Any dental pain
 - Dry mouth
 - Brief Oral exam : any abnormal findings.
 - Referral provided for dental care

Oral health questions have been added to the Medical intake form : MA alerts PCP



Oral exam of a toddler at pediatrician's office



Pediatric patients.

- Oral evaluations/fluoride varnish are performed along side well child exams for children aged 0–3-year-olds.
- This age group is likely to visit the pediatricians more than the dentist.
- Caries risk assessment is performed.
- Care givers are educated about oral health and oral hygiene.
- Self management goals are set.
- Patient evaluated at 3 months during well child visit again.



Pregnancy and Oral health



Importance of oral health during pregnancy



Pregnancy and oral care

- Patient that visit the medical clinic for peri-natal care are referred to make dental appointments.
- At the dental visit, Oral exam is performed.
- Myths discussed. Safety discussed
- Patient education of oral care (The systemic connection),
- Educational material is provided and scheduled for treatments.

OB clearance before dental treatment needed.





Oral Health and Diabetes



Diabetes and Oral health



Diabetes and Oral health

- Referral from the medical clinic
- At the Oral exam education provided
- Importance of the systemic connection
- Literature on importance of oral health in Diabetes
- Treatment plan developed
- Clearance based on Alb results(e.g. HbA1c)
- Ext, SRP, replacement of missing teeth.



Integration of Oral Health and Behavior Health

- History of Integration with behavior health at CHCSCT in 2008
- Response to a Crisis situation at CHCSCT by Blue Bonnet trails
- That triggered the partnership : 12 years since the service area was common.
- Framework includes a BHC embedded at every site within the health center.
- PHQ 9 forms and MDAS distributed to the patients at every visit.
- Based on the score (above 10) BHC is sent for consultation.



Integration of Oral Health and Behavior Health

- Immediate need is when patient scores above 15 and check question 9.
- PHQ 9 also includes the CAGE questions to screen any alcohol or drug use.
- MDAS: Dental Anxiety Screening tool newly added to assess the anxiety.



Training...

- The Smiles for life curriculum is used for interprofessional learning.
- BHC train the dental team on score interpretation for depression
- The dental team is trained on trauma informed care



Program Tracking and evaluation

- Using the Integrated Electronic Health record
- Dummy codes for tracking data.
- Data is used for feedback and process improvement.



Patient case # 1

- 37-year-old, white male, 5.9', 125 lbs, Vitals /137/80 P :82
- CC: 'My teeth are hurting and loose, need to get them all taken out and would like dentures'
- Medical history : No health conditions reported.
- Recent visit to ER for back pain.
- Dental Exam : multiple infected and mobile teeth, Gingiva was red edematous and bleeding to touch, not much plaque or calculus.
- Submandibular lymph nodes were tender and palpable.
- Panoramic Radiograph revealed a weird pattern of bone loss.



Patient case # 1

- Chair side random blood glucose 469 mg/dl.
- Explained the importance of high blood sugar and referred patient to our medical clinic.
- Patient received a diagnosis of Diabetes with Hb A1c of 13.5% and was started on immediate treatment with insulin.
- Concurrently he received a diagnosis of being HIV positive
- Patient was not aware of both conditions.
- He was referred to a HIV clinic for care
- Behavioral Health Counselor added to the case.



Patient Case #2

- A 7-year-old Hispanic child and his younger brother came for dental appt along with grandmother.
- The 7-year old child could not speak clearly. The younger brother had no trouble speaking. Psychological impact
- Grandma mentioned that the 7- year- old was undergoing speech therapy and there was no difference for 4 years.
- Oral exam : revealed a short lingual frenum. Patient was referred for surgery to release the frenum.
- Within days he started speaking clearly and was a different person.



Case #3

- A young man 36/ Hispanic, came in as a walk-in appointment with acute dental pain. The patient was bitterly crying which seemed disproportionate to his dental problem. I could not tell at first what was going on, it seemed something beyond the pain from the tooth, something deeper. On further questioning, the patient told us that his house had burned down the previous week and he had lost all he owned specially some precious stuff left behind by his father for him. After initial attempts of trying to calm the patient down, I sent for the BHC team, who are located in the same building.



Case #3

- Our BH team spent some time with the patient, understood and analyzed the situation and counselled him. The next day, the patient and his wife came back to the office, specially to thank us for the change that our team brought about in their outlook towards the situation.
- The patient was much more optimistic and hopeful this time. His wife said that they had not imagined that a dental appointment would change their world so much!



Case #4

- An apparently healthy-looking middle aged male patient came to our office for his regular dental visit. Upon running the depression screening, his PHQ 9 scores turned out to be very high. We sent for the BHC for initial counselling due to the high scores.
- Surprisingly, the conversation with the BHC lasted for more than an hour. The Patient had a downpour of emotions and felt at ease after the interaction. Turns out the patient was going through a divorce and that he was a victim of domestic violence.
- The BHC was able to help him with resources and some follow up appointments. A week later, the patient expressed gratitude for the relief provided.



Conclusion

- Integrating oral health, primary care and behavioral health to achieve ‘whole person care’ is the need of the hour for improved health outcomes of our communities
- Improving access to oral health services is a critical need in rural America, and community health workers (CHWs) are a key part of the solution.
- Since CHWs live and work in the communities they serve, this makes them uniquely positioned to build relationships with underserved rural, vulnerable populations.
- Training CHWs in the oral health and its connection to chronic diseases will help in care coordination.
- Educating CHWs in Oral health can help them identify concerns and help patients find the services they need.



Contact information

Yashashri Urankar, DDS, MPH

Email : urankary@chcsct.com (preferred)

Phone : 830-672-6511 Ext 1207



Contact Us!



National Network for Oral Health Access

181 E. 56th Ave. Suite 401
Denver, CO 80216
303-957-0635

www.nnoha.org
info@nnoha.org



Candace Owen, RDH, MS, MPH
Education Director
candace@nnoha.org



Irene Hilton, DDS, MPH, FACD
Dental Consultant
irene@nnoha.org



This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$625,000. The contents are those of the authors and do not necessarily represent the official view of, nor an endorsement by HRSA, HHS or the U.S. Government.

