



## Health Center Oral Health Program Promising Practice

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February 2022

### Integrating Oral Health and Primary Care for Patients with Diabetes

**Organization:** Horizon Health Care, Inc.

**Summary:**

Horizon Health Care, Inc. (HHC) in South Dakota implemented a medical and dental integration program for patients with diabetes. HHC participated in NNOHA's Integration of Diabetes and Oral Health (IDOH) Learning Collaborative from 2020-2021. IDOH helped initiate the health center's integration work by teaching quality improvement methodology to develop and test strategies to increase the number of patients with diabetes that accessed both medical and dental care. HHC decided to begin their integration work because the organization has a vision of moving towards whole person care. HHC found that medical and dental care often operated in silos, and hoped to provide better service and improve health outcomes for their patients by focusing on the overall health of their patients through medical and dental integration.

The integration model HHC has developed is to have primary care providers (PCP) engage in oral health activities during the medical visits, performing several of the oral health core clinical competencies such as oral health risk assessments, preventive fluoride varnish applications and referrals to the dental clinic. Before implementing this integration project, HHC's PCP and dental providers were already collaborating regularly to discuss concerns and shared patients. Because of this established relationship between medical and dental, it was easier to initiate the integration project.

HHC started the integration project with a planning phase. During planning, HHC selected primary care patients with diabetes as their population of focus for the project. It was decided to pilot the integration project at one location, where medical and dental are co-located. The first step was to identify a project team. HHC's integration team includes nurses, certified nurse practitioners, dentists, dental hygienists, dental assistants, the dental manager, and front desk staff. Next, the dental providers trained the PCP on the importance of oral health and how to perform the oral health core clinical competencies. HHC had regular meetings with their medical and dental team to establish workflows and procedures for performing the integration activities. HHC uses eClinicalWorks (eCW) for their electronic medical record and Dentrix for their electronic dental record.

During the medical visit, the PCP asks the patient if they have a dental home and when their last dental visit was. These responses are documented in eCW. The front office staff and dental hygienist also scrub the PCP schedule to identify patients with diabetes who need to establish dental care. If patients with diabetes that do not have a dental home are identified, the medical team connects the patient with the dental schedulers before they leave the clinic to schedule a dental appointment.

HHC has an internal referral process so that PCPs have the option of sending an electronic referral to the dental department through Dentrix. The dental scheduler can then follow-up with

the patient to schedule an appointment. The PCP also administers fluoride varnish and conducts an oral screening evaluation during the medical visit. Findings from the oral screening are documented in eCW.

Through small scale testing by HHC's team during participation in the IDOH Learning Collaborative, HHC found that scheduling same day visits led to an increase in the number of patients who accessed both medical and dental services. There is greater likelihood that the patient will attend their dental appointment if it is scheduled for the same day as their medical visit. If same day visits are not possible, having the PCP personally walk the patient to the front desk often resulted in the patient scheduling a dental appointment. In addition, the PCP informed patient about the importance of oral health and the relationship between diabetes and oral health.

The dental team also engaged in a complementary integration project for patients with diabetes. During a dental visit, if a patient has diabetes, the dental team member will ask about the date of the patient's most recent diabetes check-up. The dental team also asks about the patient's latest A1C level and how often they test their blood sugar. The dental assistant is able to check the patient's last diabetes check and A1C through eCW as well. If the patient has a high A1C and is going to have more invasive dental treatment, the dental team has discussions with the medical team to coordinate care. As part of the IDOH Learning Collaborative, HHC developed a workflow decision tree for patients with diabetes. The workflow is attached to this promising practice.

During the first three months of the collaborative the number of patients with diabetes who had both a medical and dental visit increased from 4 to 12 patients. During the same time the percentage of primary care patients with diabetes who received an oral evaluation and/or risk assessment in primary care increased from 5% to 15%. The diabetes integration project at HHC has continued to strengthen the relationship between the medical and dental departments. Both PCP and dental providers expressed that they believe they have had positive impacts on their patients by giving closer attention to their overall health needs. For health centers looking to implement a similar integration project, HHC recommends establishing a specific population to focus on like patients with diabetes. Then, establish guidelines for that patient population such as an appropriate A1C or timeframe for the last dental visit or diabetes check-up.

**Contact Person for Inquiries:**

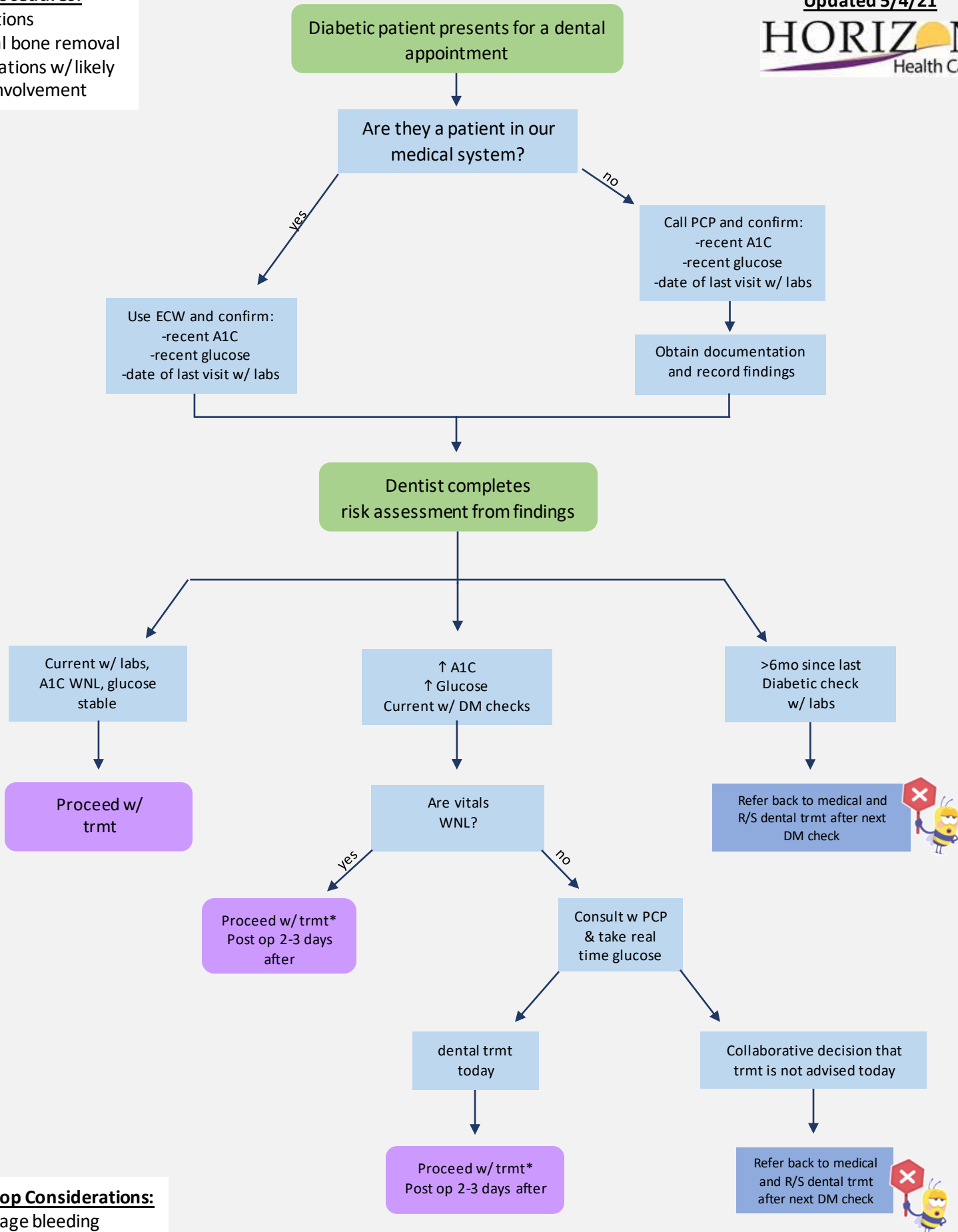
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**Procedures:**

- Extractions
- Surgical bone removal
- Restorations w/likely tissue involvement

Updated 5/4/21



**Post-op Considerations:**

- Manage bleeding
- Infection; consider antibio or placing med in socket

