Oral Health in ACH Project Portfolios

The Medicaid Transformation Demonstration offers a unique opportunity to address oral health, an important component of whole person, patient-centered coordinated care. As ACHs think through strategic approaches to their project portfolio, they will need to consider the extent to which project areas like oral health, and the associated metrics, align with their overall regional strategy. We encourage all ACHs to consider the strategic and transformative ways they can address oral health in their portfolios, regardless of whether they choose to do an independent oral health project.

Oral disease is preventable! If nothing else, do this: invest in upstream prevention and aligned population health care models. The Arcora Foundation will invest several million dollars annually in oral health transformation across WA State**.**

ACHs who invest in oral health transformation strategies will have the potential to attract philanthropic dollars to match those investments!

Here's how to include oral health in your ACH's project portfolio

PRIORITY RECOMMENDATIONS
The two most important oral health strategies an ACH can incorporate into their project portfolios are to support diagnostic coding in dental settings (Domain 1) and oral health as a component of integrated care (Domain 2). The inclusion of oral health in this way, not as a stand-alone project, would not require the ACH to report on all the oral health metrics.

Domain 1: Population Health Management Systems Recommendation: Implement ICD10 diagnostic coding in dental settings to track disease severity

The Demonstration toolkit calls out diagnostic coding (ICD10) in dental settings, as an example of a transformational Domain 1 strategy. This component is central to transforming the measurement of oral disease status and its correlation with other chronic diseases. The opportunity is now to use diagnostic coding in dental as well as in dental claims, while the Medicaid dental benefit is still administered directly by HCA. The ACH platform can accelerate spread, and only a small investment of DSRIP funds would be necessary.

Capitalize on work already underway in WA FQHC systems to implement ICD10 coding in dental for tracking disease severity and bi-directional data sharing. A modest investment by ACHs can attract matching investments from Arcora. The ACH platform will accelerate spread, enabling the HCA to build a set of diagnostic dental data to inform the HCA's move to a new dental managed care model.

   Arcora resources that can help:
- Integration support resources
- Practice coaching
- *DentistLink* (Online tool to connect patients to dental providers; care coordination for those with special needs)
- *Oral Health Connections* (Similar to *Access to Baby and Child Dentistry* (ABCD) program that connects people with diabetes and pregnant women to dental care)

DOMAIN 2: Care delivery redesign
Recommendation: Oral health integration into primary care

This is the evidence-based model specified in the Demonstration toolkit, and it's already being implemented in Washington with positive results. Based on the SBIRT model for behavioral health integration, this model reinforces advanced primary care; emphasizing team based care, EHR driven decision support, and coordinated referral to specialty care.

This is a key strategy for patient-centered integration of care, management of chronic diseases, and overall population health. This upstream integration approach can catch disease early and in the long run help reduce the need for more expensive restorative care, and inappropriate use of the Emergency Department for acute dental needs. ACHs should leverage the complementary oral health integration model to accelerate primary care transformation, particularly while systems changes are already underway.

- Include oral screening as part of whole person care
- Build into IT infrastructure, user interface

Arcora resources that can help:
- Integration support resources
- Practice coaching
- *DentistLink* (Online tool to connect patients to dental providers; care coordination for those with special needs)
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In addition to incorporating the priority recommendations, ACHs can address oral health – whole person health – across the project portfolio through complementary strategies.

2B Recommendation: Community-based Care Coordination
Include care coordination for high-risk populations who experience a greater burden of chronic oral disease and barriers to dental care.
- Ensure oral health assessments are built into other pathways for at-risk patients; locate needed dental care; ensure treatment plan completion
- Engage Community Health Workers to identify and prevent non-urgent emergency department visits for dental needs
- Target populations for oral health care coordination include those experiencing multiple chronic conditions; respiratory, diabetes, high-risk social conditions, or pregnant women

Arcora resources that can help:

- CHW oral health training and support
- Primary care integration of oral health for target populations (chronic diseases or pregnancy)
- *DentistLink*
    - *Oral Health Connections*

2D Recommendation: Diversion Interventions

Include oral health in emergency department diversion as a clinical-community interface between clinical and community partners.

- Robust dental referral and coordination network for immediate care needs (on-call, onsite, mobile, etc.)
- Build dental into the IT solution to enable easy referral to dental by medical providers
- Include dental services in "campuses of health" to reinforce the "no wrong door" approach

Arcora resources that can help:
- *DentistLink*

3A Recommendation: Opioid Use Public Health Crisis

Dental prescribing practices are a significant contributing factor to the opioids epidemic. Dentists and ED physicians are the main prescribers for patients 5-29 years of age and dentists write 31 percent of opioid prescriptions for patients 10-19 years old.[1]

- Ensure that screening in healthcare settings is broad and includes dental care settings
- Include dentists in prescriber education and outreach
- Help dental prescribers identify abusers and community resources for referral
- Increase dental participation in Prescription Monitoring Program

3B Recommendation: Reproductive and Maternal/Child Health

Studies have shown maternal periodontal disease is associated with preterm birth[2], and approximately 40 percent of pregnant women have some form of periodontal disease. Mothers typically transmit the bacteria that causes tooth decay to their newborns. The American College of Obstetricians & Gynecologists recommends oral health screening, education, and referral to dental care as a regular part of prenatal care.

Arcora resources that can help:
- Integration support resources
- Practice coaching
- *DentistLink*
- *Oral Health Connections*

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[1] Denisco RC, Kenna GA, O'Neil MG, et al. Prevention of prescription opioid abuse. The role of the dentist. JADA 2011; 142: 800-810.

[2] Offenbacher S, Katz V, Fertik G, Collins J, Boyd D, Maynor G, et al. Periodontal infection as a possible risk factor for pre-erm low birth weight. J Periodontol 1996;67:1103–13. [PubMed] ⇐

3D Recommendation: Chronic Disease Prevention and Control

Oral disease is linked in a bi-directional relationship with some of the most prevalent (and expensive) chronic diseases such as diabetes, respiratory illness, and cardiovascular disease. Research has shown that when oral disease (periodontal disease) is treated for those with chronic diseases like diabetes or heart disease, health care utilization decreases.

Arcora resources that can help:
- Work done with American Diabetes Association
- Community Health Worker oral health training
- The Mighty Mouth diabetes specific patient education materials including micro videos, brochure, gum disease risk assessment, and campaigns to promote drinking water
- *DentistLink*
- *Oral Health Connections*