ORAL HEALTH AND PRIMARY CARE INTEGRATION FOR PEOPLE WITH HIV

ORAL HEALTH QUALITY, MEASUREMENT AND SUSTAINABILITY

Mission Analytics Group, Inc. under contract with the Health Resources and Services Administration HIV/AIDS Bureau (HRSA HAB)

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Ryan White HIV/AIDS Program (RWHAP) National Conference

Disclosures

❑ Mission Analytics Group, Inc. received funding for this project from: the Health Resources and Services Administration, HIV/AIDS Bureau

❑ Disclosure will be made when a product is discussed for an unapproved use.

❑ This continuing education activity is managed and accredited by AffinityCE in cooperation with HRSA and LRG. AffinityCE, HRSA, and LRG Staff, as well as planners and reviewers, have no relevant financial or non-financial interests to disclose. Conflict of interest, when present, was resolved through peer review of content by a non-conflicting reviewer.

❑ Commercial support was not received for this activity.

Learning Outcomes: Oral Health Institute

At the conclusion of this activity, the participate will be able to:

Increasing Access to Oral Health Care

- ❑ Identify materials and strategies that teach clients about the importance of oral health care
- ❑ Identify strategies for connecting clients to oral health care services and reducing barriers to care
- ❑ Access materials for teaching non-clinical staff members about oral health care

Improving Quality of Oral Health Care

- ❑ Learn about HRSA HAB oral health performance measures
- ❑ Identify strategies for using data to measure and improve performance
- ❑ Identify strategies for funding and sustaining oral health care models

Integrating Oral Health and Primary Care

- ❑ Identify components of oral health care integration,
- ❑ Identify best practices for implementing these components at RWHAP clinics
- ❑ Identify best practices for referrals and communication across oral health and primary care settings

Presentation Outline

❑ Importance of Oral Health Care for People with HIV

❑ HRSA HAB Oral Health Performance Measures

❑ Recipient Experience: Zufall Health Center

❑ Funding for Oral Health Services

❑ Recipient Experience: CrescentCare

❑ Q&A

Oral Health for People with HIV

- ❑ Oral health is essential for overall health and quality of life

- ❑ Oral health care is especially important for people with HIV
    - ❑ Untreated oral disease may lead to infections, weight loss, malnutrition, and diseases (e.g., diabetes)
    - ❑ Oral diseases impact quality of life (e.g., psycho-social problems and limited career opportunities)

- ❑ Oral health is one of the top unmet needs for people with HIV who obtain services through the Ryan White HIV/AIDS Program

- ❑ Project aims to promote the integration of oral health and primary care through the identification and dissemination of best practices

HRSA HAB Oral Health Performance Measures

❑ HRSA HAB has developed five performance measures to help recipients and providers track care delivery:

- ▪ Dental and Medical History
- ▪ Dental Treatment Plan
- ▪ Oral Health Education
- ▪ Periodontal Screening or Examination
- ▪ Phase 1 Treatment Plan Completion

❑ Download the measures from the HRSA website at https://hab.hrsa.gov/sites/default/files/hab/About/clinical-quality-management/oralhealthmeasures.pdf

Data Sources

- Service use data and treatment data may come from
  - Electronic Health Record (EHR)/Electronic Medical Record (EMR)
  - Electronic Dental Record (EDR)
  - Patient record abstraction
  - Provider billing systems (if complete and accurate)
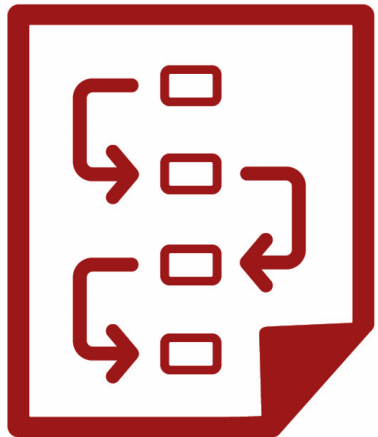
Measure: Dental and Medical History

Number of Oral Health Clients who: = $\dfrac{\text{Had 1+ dental and medical health history}}{\text{Received a clinical oral evaluation}}$

Measure: Dental Treatment Plan

$$\text{Number of Oral Health Clients who:} = \frac{\text{Had a dental treatment plan}}{\text{Received a clinical oral evaluation}}$$

Outcome for consideration: rate of emergency dental visits
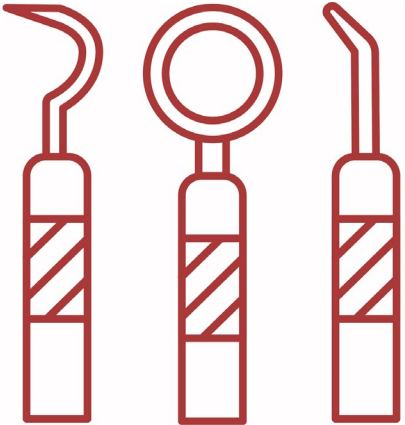
Measure: Oral Health Education

Number of Oral Health Clients who: $=\dfrac{\text{Received oral health education}}{\text{Received a clinical oral evaluation}}$

Outcome for consideration: rate of dental disease/oral pathology rate of tobacco cessation

Measure: Periodontal Screening or Examination

Number of Oral Health Clients who: $=$ $\dfrac{\text{Had 1+ periodontal screen/exam}}{\text{Received a clinical oral evaluation}}$

Outcome for consideration: rate of tooth loss due to periodontal disease

Measure: Phase 1 Treatment Plan Completion

Number of Oral Health Clients who: $=$ $\dfrac{\text{Completed a treatment plan within 12 months}}{\text{Had a treatment plan established >1 year ago}}$

Outcome for consideration: rate of untreated dental disease and oral pathology

Other Considerations

❑ Depending on your service model, consider tracking these indicators for clients receiving care elsewhere (e.g., from a dentist you refer to)

❑ Consider tracking the number of clients who are known to be receiving dental care (e.g., share of clients who self-report seeing a dentist in the last year)

❑ Consider integrating measures, such as prompts for oral health education, into your EHR
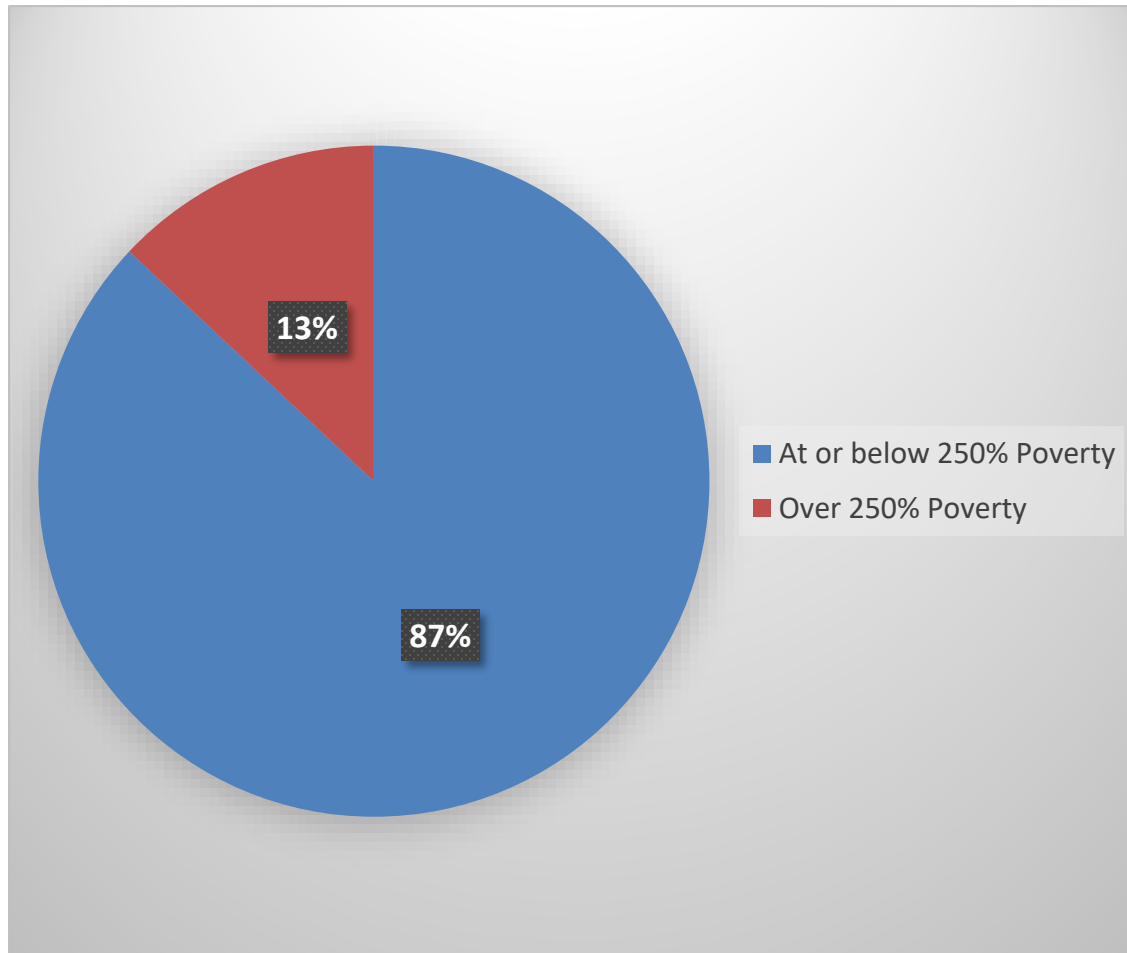
Zufall Health Center (ZHC)

Zufall Founders

- Founded in 1990 as the Dover Free Clinic – By Dr Zufall (a retired urologist) and his wife Kay

- In 2004, became a Federally Qualified Health Center (FQHC)

- Zufall serves patients in 6 counties (suburban/urban) at 8 sites, including a wellness center and 2 vans (medical/dental)

- Provides primary care and dental services, integrated behavioral health and other programs, and serves the homeless, farm workers and residents of public housing in addition to the general community

- Zufall Health Center is a HRSA National Health Center Leader, NCQA Patient Centered Medical Home, and a Million Hearts Hypertension Champion and has received multiple quality awards

- Zufall is celebrating its 30th year in 2020

ZUFALL HEALTH

Zufall Health Center (ZHC)

- In 2019, Zufall Health Center provided care to over 40,000 patients and provided over 143,000 encounters

- 87% of Zufall's patients are at or under 250% of poverty

- 52% are uninsured

- 70% self identify as Hispanic

- 56% are best served in another language

Zufall – HIV Program

- In 2010, received Part A funding, providing care for 42 patients

- In 2012, Zufall was awarded Part C funding and increased the care to 62 patients

- In 2015, expanded to include a Linkage to Care program and increased our Part A funding to serve an new service area

- Currently Zufall receives Newark EMA Part A, Middlesex TGA Part A, Part C and Linkage to Care Funding, and serves over 200 patients

Ryan White

HIV/AIDS

ZUFALL HEALTH

2019 HIV Program Statistics

- Served 229 patients in 3,088 encounters

- In 2019, enrolled 52 new patients. As of April 2020, enrolled an additional 11 new patients

- 94% Viral Load Suppression Rate

- 98% have been prescribed ART

- 99% had a visit every 6 months (gap in care)

ZUFALL HEALTH

Program Goals

ZUFALL HEALTH

Promote
- Promote integration of Oral Health into Primary Care.

Increase
- Increase Referrals to Dental for RW Patients by 10% each year.

Improve
- Improve HAB Oral Health Performance Measures.

Why Integrate?

ZUFALL HEALTH

Continuity of Care and Patient Safety

- Medication reconciliation
- Prompt health status updates
- Shared information between services

Coordination of Treatment

- Risk-based preventive services
- Medical clearance requirements

Integration Team

ZUFALL HEALTH

Medical Team

Dental Team

RW Case Managers

Provider & Staff Education

Please rate as the following:	1 Not at all	2	3 Most of the Time	4	5 All of the Time	TOTALS	PER CENTS
As a result of this training, I now perform a more detailed head and neck exam looking for oral lesions.						19	63%
This course provided me with understanding as to what I am looking for in an oral exam.						21	70%
As a result of this training, I have referred patients to a dentist or consulted with a dentist when a patient has presented with a suspicious lesion or a related complaint.						23	77%
I would be interested in additional training on the head and neck exam.						25	83%
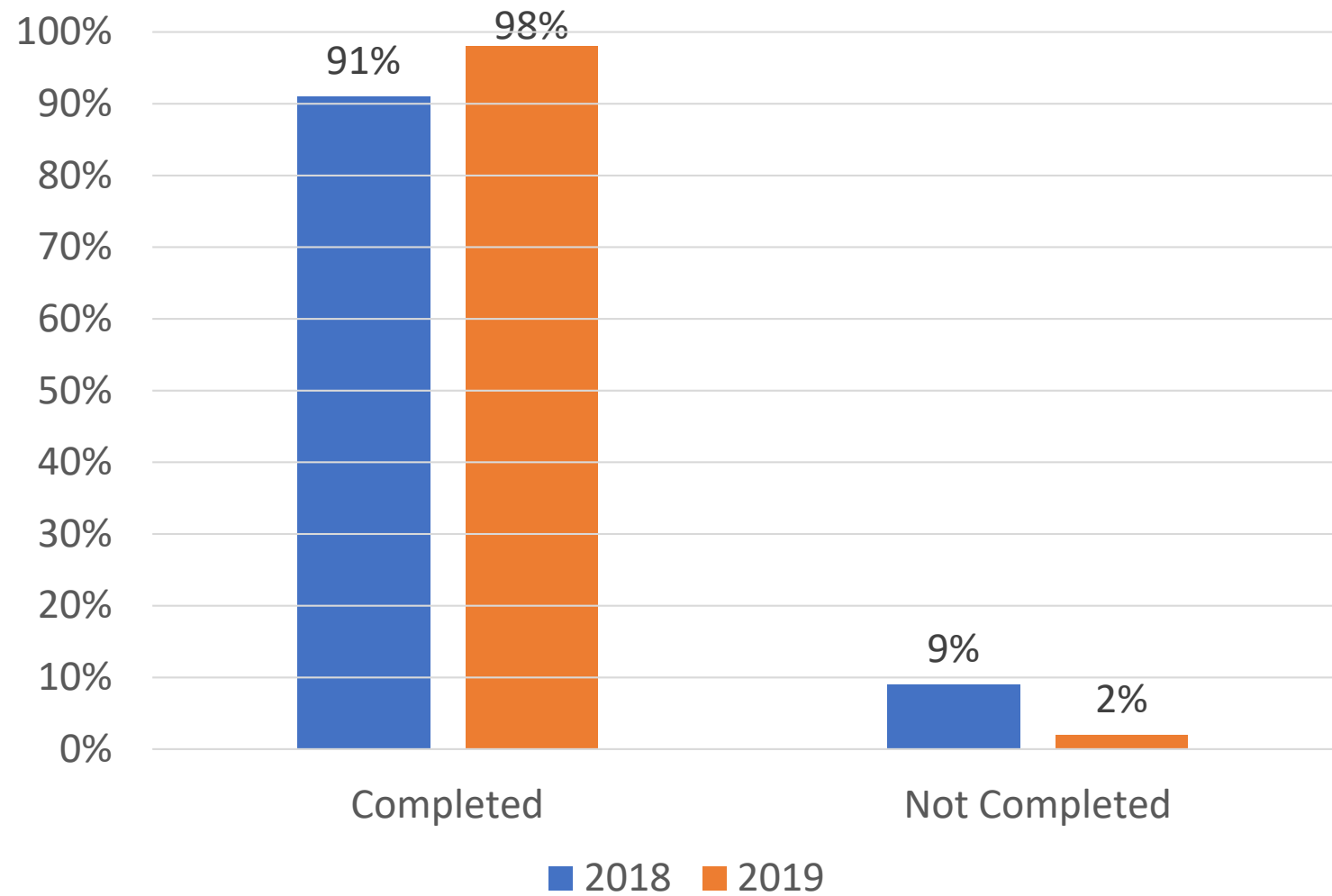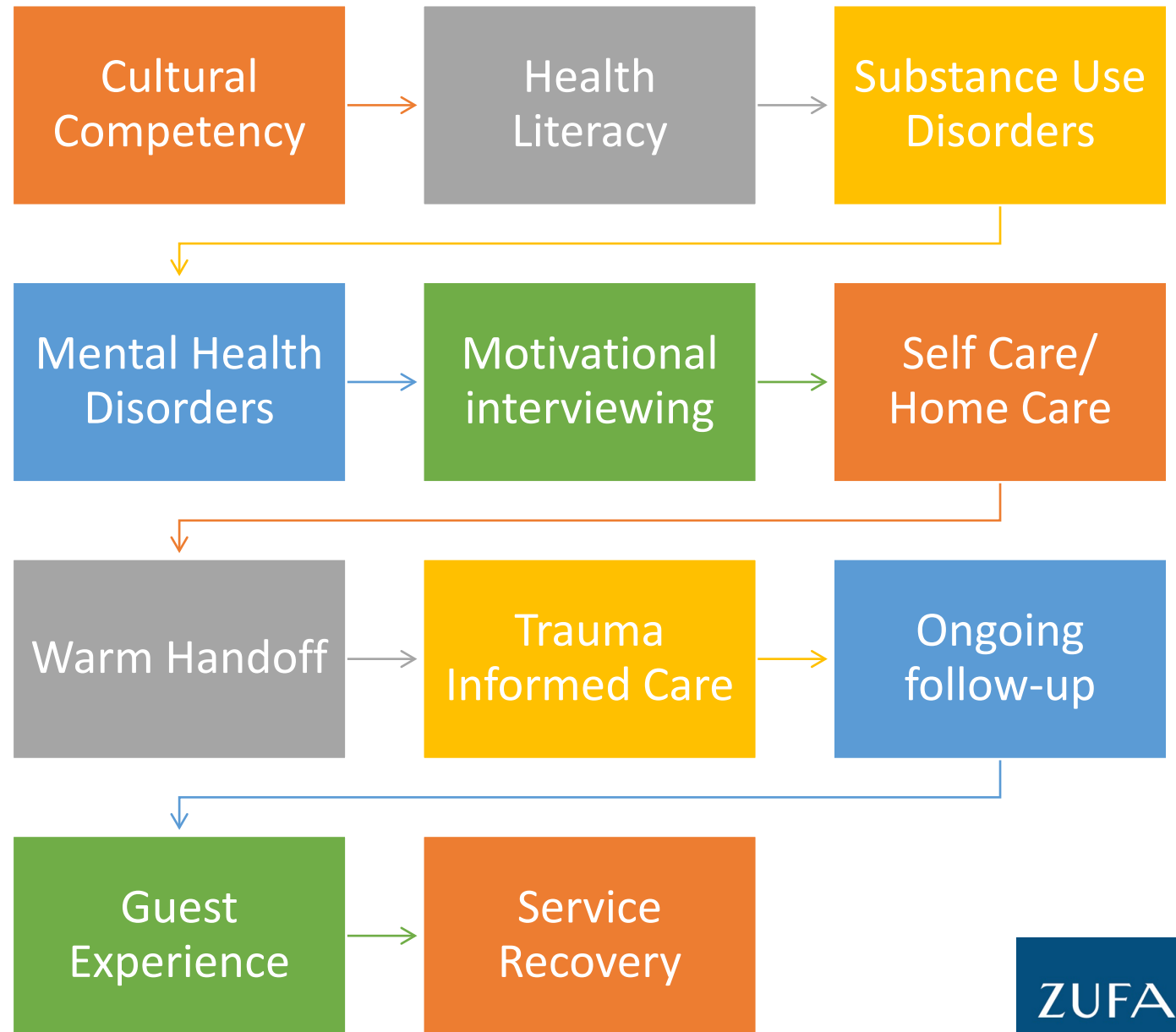
Internal vs External Referrals

ZUFALL HEALTH

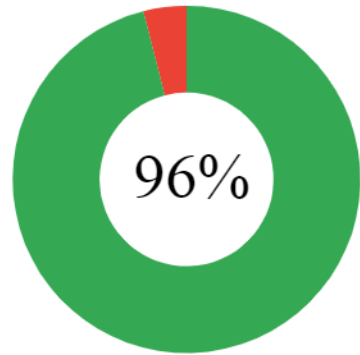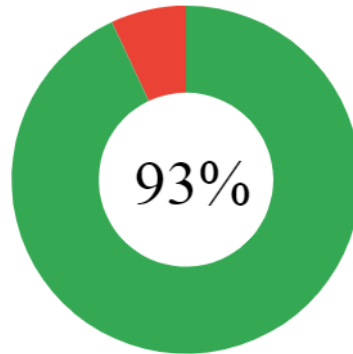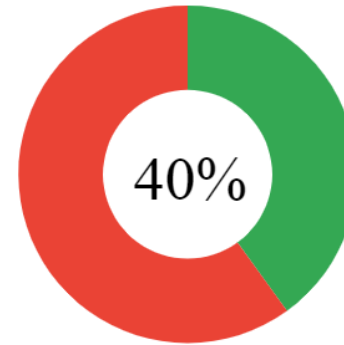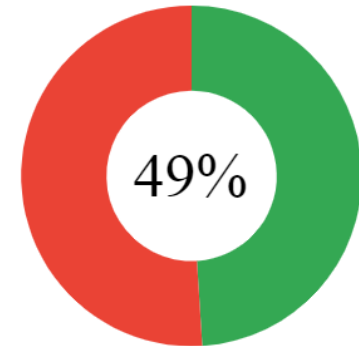|			
Internal Referrals	Medical Clearance	Help with Paperwork	Seen on site
External Referrals	Linkage to Care Coordinators	Case Manager	Appointment on Van or Flemington

Zufall HAB Measures

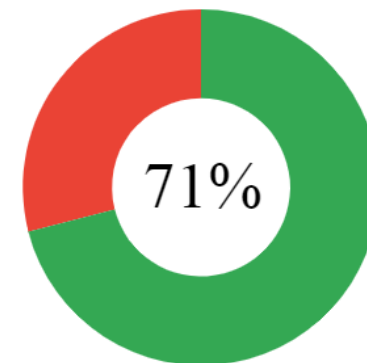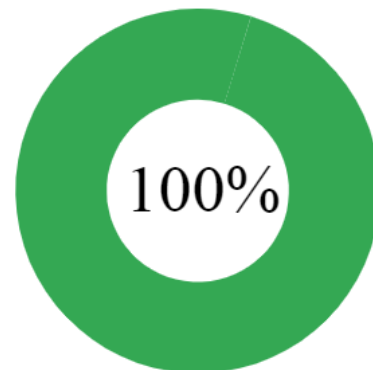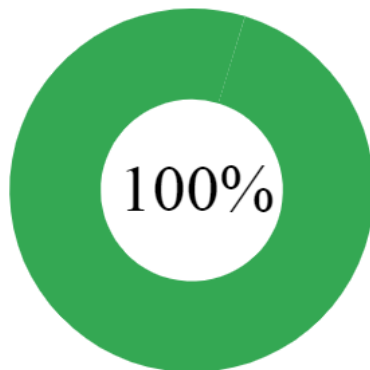|	Medical and Dental History	Dental Treatment Plan	Oral Health Education	Periodontal Screening or Examination
Year-end 2018	96%	93%	40%	49%
Year-end 2019	100%	100%	71%	64%
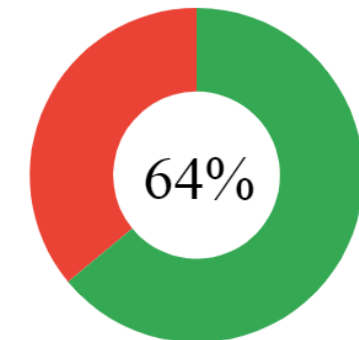
Percent of Zufall RW Patients with Dental Care
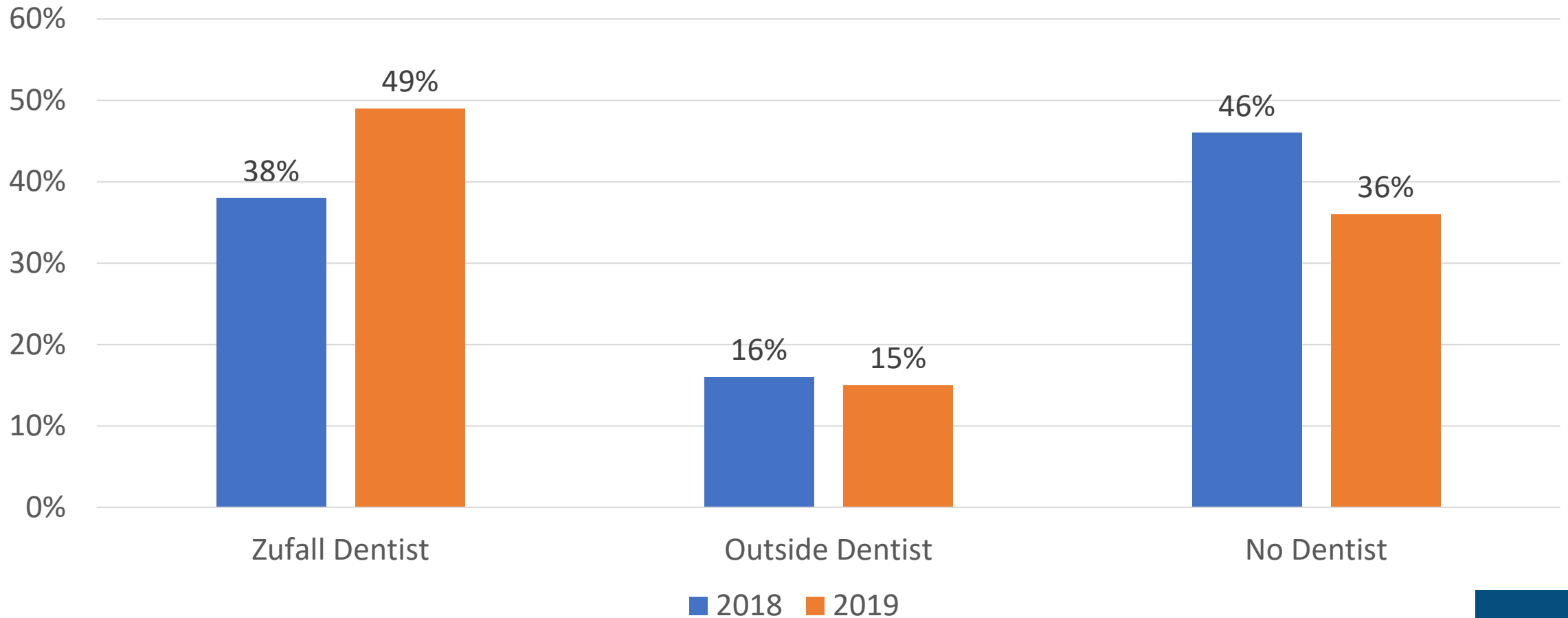
RW Patient Satisfaction (LUMA)

October 2019 – February 2020
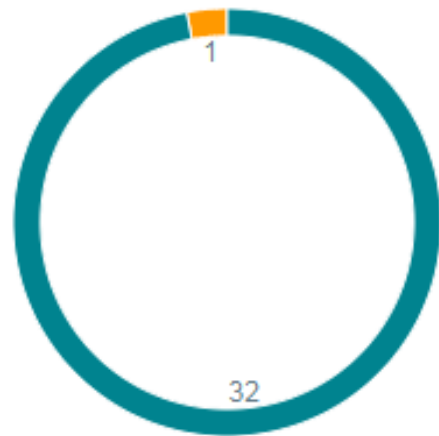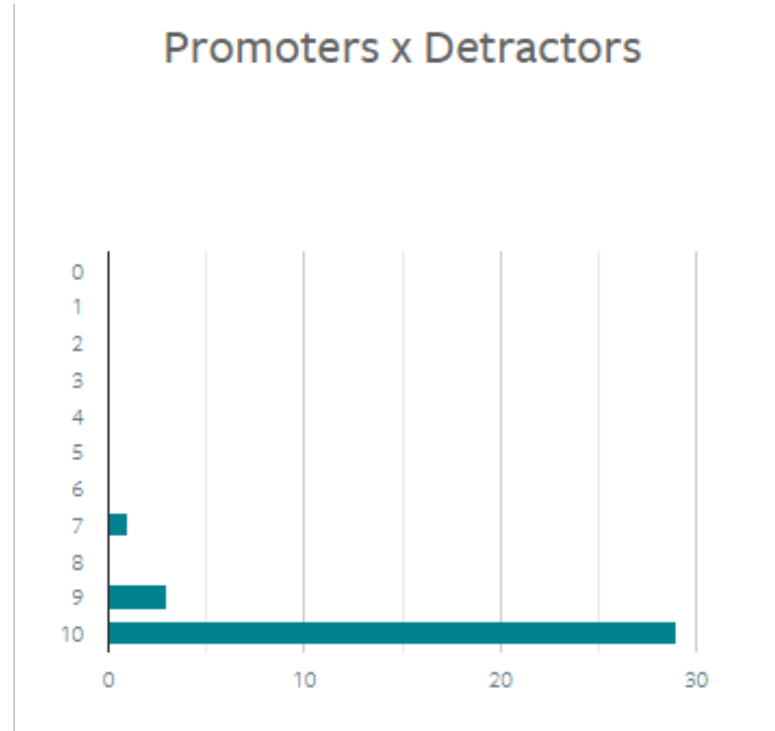
Sustainability of Oral Health Care Models

Consider the Costs

- Identify relevant components of integration
- Decide which approaches are feasible

Identify Payment Opportunities

- Look for funding options for oral health services
- Identify state, jurisdiction, and local programs
- Develop supporting documentation for coverage

Develop Cost Containment Strategies

- Develop care utilization controls
- Sets caps and/or a fee schedule for services
- Engage lower-cost professionals

Consider the Costs

❑ Oral health service can be expensive!

❑ Aside from direct service costs, providers who deliver oral health should think through:

   ◻ Staffing costs for dental professionals

   ◻ Unreimbursed staffing costs

   ◻ Supply and materials costs

   ◻ IT costs

Identify Payment Opportunities

❑ Oral health is funded under all Parts of the RWHAP

- Part F programs (the Community Based Dental Partnership Program and the Dental Reimbursement Program) are specific to oral health care

❑ Some states and jurisdictions offer coverage for dental services, such as:

- A Part B recipient who purchases dental insurance for RWHAP clients
- A Part A recipient who funds dental patient navigation services
- A Part F recipient who develops a collaborative training program that supports dental patient navigation staff for sites that train residents
- A provider uses program income to purchase oral health supplies
- Part C/D unobligated funds that cover training needs

Identify Payment Opportunities

❑ Some states have non-RWHAP coverage of dental service through Medicaid

  ◻ RWHAP funds can be used to cover procedures if Medicaid will not, such as a crown instead of a tooth extraction

  ◻ RWHAP can cover administrative costs and wraparound services (e.g., transportation) if services are paid for by another source

❑ Other funding opportunities may be available through Dentaquest, Delta Dental, and other dental foundation funding

❑ Check the lay of the land – both RWHAP and outside RWHAP – for collaboration and coverage opportunities

Develop Cost Containment Strategies

❑ Develop a fee schedule

❑ Set a cap on yearly per-client expenditures

❑ Develop a prior authorization process

❑ Engage dental school and residents

❑ Engage diverse professionals

CrescentCare Dental Services

Improvement Strategy

Dental visit summary

	Benchmark target 2019 (billable encounters)	2018 completed visits (billable and non billable)	2019 completed visits (billable)	2019 broken visits (missed, cancelled, no show)	2019 completed (non billable visits)	2019 Total visits scheduled and completed (billable and non-billable)
Dentist	1500	1152	1558	1004	309	1867
Dentist	1500	0	573	296	83	656
Hygienist	1200	538	887	808	12	899
Hygienist	1200	444	840	852	22	862
Total	5400	N/A	3858	6818	426	4284

Dental Operational Restructuring

- Current FTE's 5.0

- Temp staffing 1.0 FTE for experienced EDDA certified dental assistant (until a full time EDDA trained assistant is hired)

- Current staffing plan will not include an additional hygienist during the restructuring of dental operations

- Revenue Cycle reporting

- Dentrix upgrade to support inventory

- Supply chain management restructuring

- Retention in care strategies to impact reduction in missed visits and increase visit compliance

Dental Process Improvement

- Received a HRSA grant for construction that will allow CrescentCare to complete the build out of the Elysian Fields clinic.

- Front desk operations optimization implemented

- Consents and policies updated in 2019
  - Revised in early 2020

- Dentist clinician turnover (☹)
  - Hygienist resignation
  - Hired a new Dentist (began February)

- Hired an experienced Dental Practice Manager
  - Zero unlocked notes
  - Corrected financial tables in Dentrix
  - Reset inventory
  - Increased collections (cash in the door)

Dental Process Improvement

- Insurance Company credentialing workflow improvement plan implemented
  - Client benefits review prior to visit
  - Monitoring insurance and grant case mix
  - FQHC sliding fee scale process
    - Grants
      - Ryan White
        - Part A
        - Part C
        - Part D
    - Commercial plans
      - Multiple Providers
    - Medicaid
      - Medicaid expansion
      - Medicaid dental benefits very limited

Dental Process Improvement

- Cancellation and no-show rate reports reviewed weekly to help identify barriers for clients or the dental team contributing to no show and cancellation rates

    - Visit trends monitored weekly and shared with staff

- Check in and check out procedures reviewed, and front desk workflow improvements were implemented

- Closing of notes monitored daily

    - Benchmarks established for providers to close notes

Dental Financial Summary 2019

Month	Amount
Jan 2019	$23,916
Feb 2019	$24,171
March 2019	$10,067
April 2019	$29,173
May 2019	$22,716
June 2019	$31,174
July 2019	$12,410
Aug 2019	$42,558
Sept 2019	$30,697
Oct 2019	$68,028
Nov 2019	$43,602
Dec 2019	$55,694
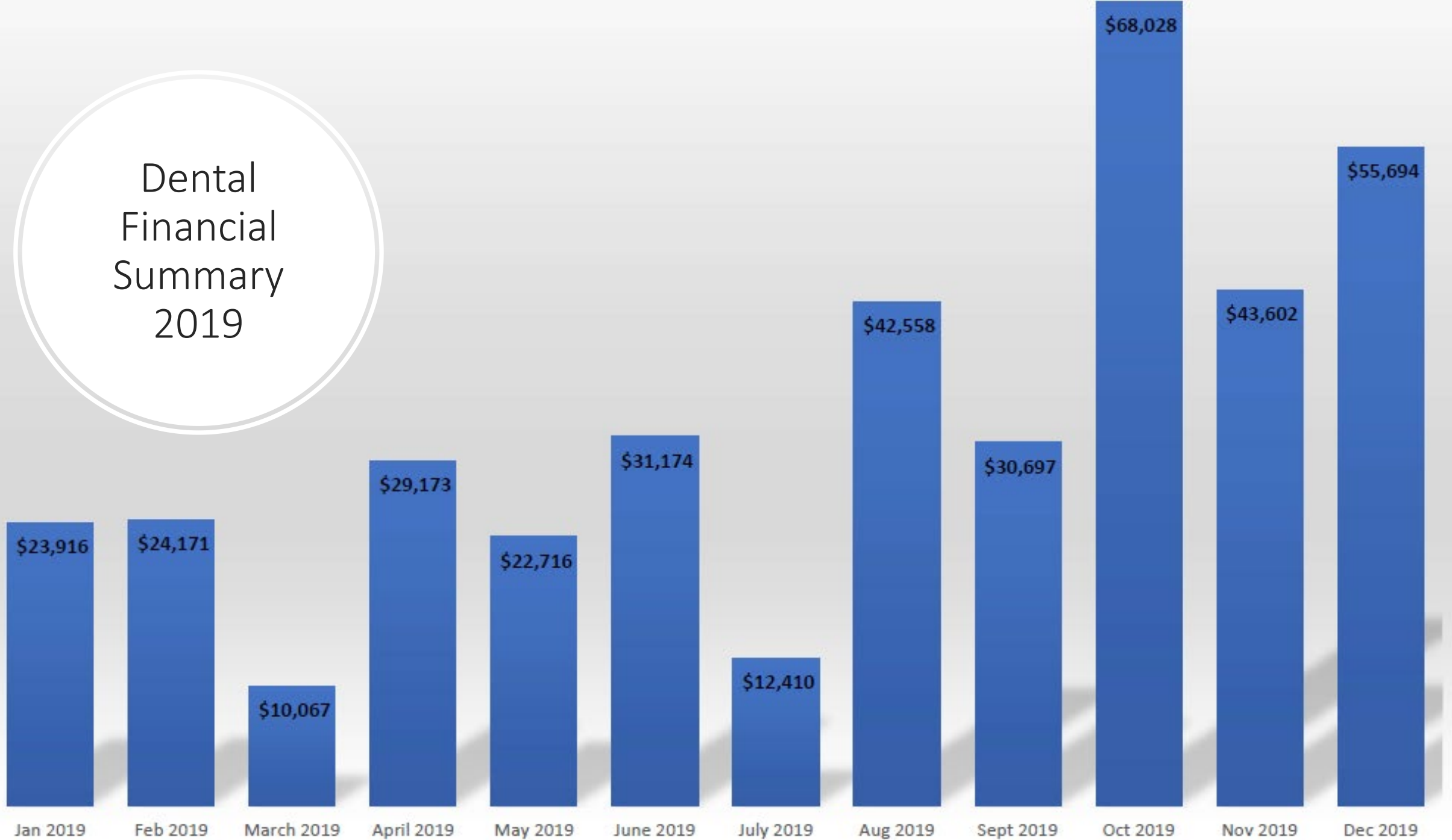
Revenue Cycle Challenges in 2020

- COVID 19 Pandemic
  - Impacted March, April and May revenue streams
  - Interrupted final phase of construction at second location
- Staff Turnover
  - Hygienist
  - Dentist
- Revenue Cycle Department Restructuring
  - Dedicated Dental biller
  - Revenue Cycle Department Director (new position)
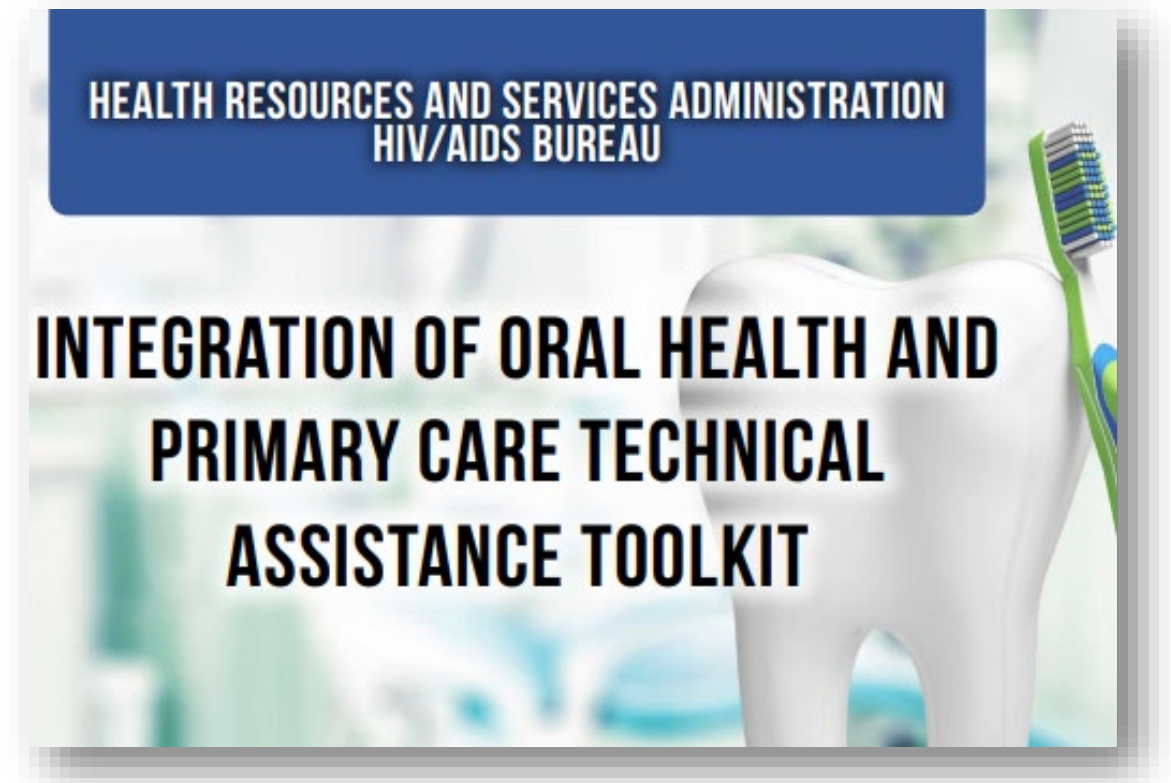 - Credentialing workflow improvement strategy

Dental visit summary

* Many of the "broken visits", were cancelled or moved due to COVID 19 restrictions

	Benchmark target 1500 completed Billable encounters	2020 completed visits (billable)	2020 broken visits(missed, cancelled, no show)	2020 completed non billable visits	Total visits scheduled and completed (billable & non-billable) 2020
Dentist	1500	480	175*		
Hygienist	1200	253	461*		
Total	2700	733	636*		

Learn More about Integration

- ❑ Integration of Oral Health and Primary Care Technical Assistance Toolkit: https://targethiv.org/library/oral-health-and-hiv-primary-care-integration

- ❑ Webinars
  - ◘ Assessing Risk and Providing Basic Services: https://targethiv.org/library/oral-health-and-primary-care-assessing-risk-and-providing-basic-services-primary-care
  - ◘ Connecting Clients to Oral Health Services: https://targethiv.org/library/oral-health-and-primary-care-integration-people-hiv-connecting-clients-oral-health-services

- ❑ More resources on DropBox: https://www.dropbox.com/sh/ak3jf7cda9bpkc4/AACIGCn6oDlyn1jRBWu3dK5oa?dl=0

HEALTH RESOURCES AND SERVICES ADMINISTRATION HIV/AIDS BUREAU

INTEGRATION OF ORAL HEALTH AND PRIMARY CARE TECHNICAL ASSISTANCE TOOLKIT

Questions/Answers and Comments

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