



Leverage Points for Medical/Dental Collaboration:

An Open Conversation on Opportunities and Direction Needed

Workshop Report

In November 2015, the UVM Office of Primary Care and AHEC Program hosted *Bridging the Divide: Medical and Dental Conference* (course co-directors: Charles D. MacLean MD and David E. McLean DDS). The goals of the day-long conference were two-fold: to provide participants with practical, clinically-oriented information that can be readily applied to patient care; and to explore how medical professionals and oral health professionals can learn together and collaborate to improve the overall health of Vermonters.

At this event, 89 medical, dental, and public health professionals from around Vermont participated in an interactive workshop (facilitated by Constance van Eeghen DrPH and Elizabeth Cote) to identify leverage points for collaboration to enhance patient care and improve health, including opportunities for joint/shared educational offerings and quality improvement projects that will benefit patients and support providers. The stated purpose of the discussion was to provide direction for health care leaders and policy-makers to support collaborative efforts over the next year; some of the ideas generated are longer term in nature.

Process: Participants were asked individually to describe challenges facing medical and dental professionals regarding patient care, continuing education and practice improvement challenges. Participants were instructed to limit responses to those that were collaborative, action-oriented, and feasible in the near future. Sub-groups then reframed and redefined these challenges as opportunities. Two groups completed this exercise (each workshop was one hour).

The following reflects the ideas and opinions of the participants and is a summary of their results.

Results: The top three ranked opportunities for collaboration identified by each group (A and B) are:

Identified Priority Leverage Points for Medical/Dental Collaboration		
Group A	Rank	Group B
Collaboration between Medical and Dental <ul style="list-style-type: none"> • Communication • Shared (practice and patient) resources around common issues • Joint Continuing Education • Joint meetings and networking 	1	Access to Care <ul style="list-style-type: none"> • Insurance • Reimbursement • Identify efficiencies in system/processes • Capacity/lack of access, emergency dept. diversion, where to refer patients
Legislative and Policy <ul style="list-style-type: none"> • Access • Insurance and reimbursement 	2	Data-Driven Policy and Practice Change <ul style="list-style-type: none"> • Dental measures and quality indicators • Inclusion of dental in health care reform efforts
Interprofessional/Integrated Education and Training for Health Professions Students/Residents <ul style="list-style-type: none"> • <i>Smiles for Life</i> curriculum • Clinical rotations to expose medical students/residents to dental and vice versa 	3	Education for Patients <ul style="list-style-type: none"> • Patient engagement • Overall wellness • Lifestyle changes; motivational interview • Shared resources and consistent messaging

Prepared by:
Elizabeth Cote
Constance van Eeghen DrPH

Contact Information:
University of Vermont
College of Medicine
Office of Primary Care
(802) 656-0030

uvm.edu/medicine/ahec

Examples of high yield projects identified by participants include:

Collaboration:

- Open communication channels to provide better care and develop common messages about prevention and ongoing physical and oral health care
- Improve referral processes and networks, e.g. screening protocols to refer to oral care, coordination with home care visits, applying fluoride varnish to children
- Dual discipline infant/toddler exams (e.g., well-child visits)
- Linkage of dental practices to medical homes, on-call coverage in Emergency Departments, Community Health Teams
- Assessment of dental care capacity by region or county
- Assessment of population needs, e.g. migrant workers, new Americans, pregnant women
- Shared best practices: pain medication/antibiotics for toothache, motivating patients to make healthy choices, safety and effectiveness of community water fluoridation—include dentists, medical providers, nurses, etc.

Legislative and Policy

- Engage legislators to explore the artificial divisions between dental/oral health and medical care and their funding/reimbursement, and to inform future health care policy
- Re-evaluate Medicaid reimbursement for dental care
- Automatically enroll practitioners in Medicaid (and VPMS) as part of the licensing process; reduce the number of separate administrative processes that create barriers
- Add a Chief Dental Officer to the DVHA/Medicaid leadership team to work collaboratively with the various medical professionals making up the current leadership and to be more inclusive of dental health policy and practices within Vermont's Medicaid program

Interprofessional/Integrated Education

- Involve medical/nursing/health profession students (including PA, NP, MSW, MPH) in dental issues by integrating into curriculum; integrate medical health education into dental residency
- Consider integrating dentistry as a specialty of medical school training; merge medical/dental training into undergraduate education; shorten medical/dental school training to three years
- Leverage various provider types (e.g., EFDAs, develop mid-level dental provider, dental therapists)
- Collaborate on prevention education and outreach program for children and families, schools, day care providers, foster care, elders (e.g. remove dentures for annual mouth exam), etc.
- Include allied health professionals in cross-training: midwives, lactation specialists, OB/GYN
- Require oral health CME for medical providers
- Primary care screenings completed by dental providers during patient visits
- Joint research, e.g. medications (Xerostomia)

Access to Care

- Evaluate the Medicaid adult dental benefit cap; consider removal/consider increasing
- Include oral health and dental care in Vermont health care reform efforts
- Expand or develop models for place-based dental care (e.g., schools, nursing homes, senior housing, adult day, etc.)
- Combine medical/dental insurance into comprehensive “health insurance” (also inclusive of vision and hearing—the whole body)
- Investigate and better understand emergency room visits for dental problems and access to dental care in VT's communities; build response together

- One comprehensive, web-based, searchable database of health professionals in VT; currently many subsets are held by different groups and on different web sites; DVHA Medicaid portal does not have option to search (Medicaid enrolled) dentists by specialty

Data-Driven Policy and Practice Change

- Incorporate dental measures in existing Quality Improvement (QI) initiatives/structures
- Human papillomavirus (HPV) screening and education as part of Patient-Centered Medical Home
- Support increasing emphasis on population health, access the necessary data, disseminate, and report in a factual, nonjudgmental, nonpolitical way
- Invite dental practices to be included in Quality Improvement (QI) initiatives
- Re-tool electronic health records (EHRs) to include dental information, medical/dental history, questions, and prompts; improve electronic data exchange of health/dental records for better care coordination
- Fix process issues that impact patients and practices—e.g., general assistance vouchers, enrolling as a Medicaid provider, VT Health Connect, and others; make processes clearer, easy to understand and achievable/reasonable. These are currently: too clunky, confusing, an administrative burden, not customer friendly or practical.

Education for Patients

- Standardized messages and shared resources to educate about dental care and impact on overall health, smoking/tobacco use, drugs and alcohol abuse, community water fluoridation, and common chronic conditions
- Nutritional counseling
- Need to improve patient education and prevention of disease (whole body); develop skills to assist in changing patient attitudes and ability to implement lifestyle changes (motivational interviewing)
- Identify papers/articles or Internet resources (evidence-based, vetted, trusted sources) that patients can use to support their self-management efforts (the VT Department of Health can be helpful here)

Next Steps:

Broadly disseminate ideas and feedback from this workshop to inform further discussion, priorities and activities of workgroups, coalitions, state agencies, VT Blueprint for Health, community health teams, professional associations, training programs, and other community-based organizations.

Information learned from this workshop will be used to inform the FY17 work plan of the VT Oral Health Coalition's (VOHC) subcommittee on medical/dental collaboration and its development of goals. Visit www.vtoralhealthcoalition.com for more information about the VOHC and to provide updates and feedback.

Planning for the November 2016 *Bridging the Divide: Primary Care and Public Health* Conference also will factor feedback from this workshop to develop a day-long program for its target audience inclusive of medical, dental, public health, and others.