

Collaborative Referral Relationships: Getting In Synch with a Dental Partner



Do you have collaborative referral partnership with dentists that are:

- Harmonious? Or
- Not 'NSYNC'?



Oral Health In America

An Atlas of 20 Years of Research

Call to Action:

- Policy changes needed to reduce or ameliorate oral health inequities that affect behaviors & access to care
- Dental & **other providers** must work together to offer integrated care in a variety of settings: schools, FQHCs, nursing homes, **medical** & dental clinics
- Strengthen the workforce through diversification, reduce education costs, and a strong research enterprise dedicated to improving oral health.



Promising New Directions

Expansion of dental insurance coverage has enabled early intervention for more children from low-income households; today, 9 in 10 children in the US have dental insurance. Integrating screening, preventive dental services, and referral into family and pediatric medical care has also improved oral health care access, allowing children to receive preventive dental services during regular medical care visits. Other opportunities for improving children's oral health include emerging technologies for information-sharing to enhance caregivers' oral health literacy, and scientific discoveries related to craniofacial conditions that could inform new approaches for prevention and treatment.

AAP Policy Statements– Highlights from 2014 Guidance

POLICY STATEMENT

Maintaining and Improving the Oral Health of Young Children

abstract

FREE

Oral health is an integral part of the overall health of children. Dental caries is a common and chronic disease process with significant short- and long-term consequences. The prevalence of dental caries for the youngest of children has not decreased over the past decade, despite improvements for older children. As health care professionals responsible for the overall health of children, pediatricians frequently confront morbidity associated with dental caries. Because the youngest children visit the pediatrician more often than they visit the dentist, it is important that pediatricians be knowledgeable about the disease process of dental caries, prevention of the disease, and interventions available to the pediatrician and the family to maintain and restore health. *Pediatrics* 2014;134(12):e1224–1229

INTRODUCTION

Dental caries is the most common chronic disease of childhood. Twenty-four percent of US children 2 to 4 years of age, 53% of children 6 to 8 years of age, and 56% of 15-year-olds have caries experience (ie, untreated dental caries, filled teeth, teeth missing as a result of dental caries).¹ For children 5 to 15 years of age, children from poor and racial or ethnic minority families have higher rates of untreated dental caries than do their peers from nonpoor and nonminority families.² For some age groups, the incidence of dental caries has decreased or stayed the same, but for the youngest children, it has increased.³ Among 6- to 8-year-olds and 15-year-olds, caries experience and untreated dental decay remained mostly unchanged between 1988–1994 and 1999–2004.¹ In children 2 to 4 years of age, the caries experience increased significantly, from 19% to 24%, during that same time period. The increase in the caries experience and untreated caries was statistically significant in children from poor families.

THE ETIOLOGY AND PATHOGENESIS OF DENTAL CARIES

A dynamic process takes place at the surface of the tooth that involves constant demineralization and remineralization of the tooth enamel (the caries balance).^{4,5} Multiple factors affect that dynamic process

SECTION ON ORAL HEALTH

KEY WORDS

dental, fluoride, oral health, pediatrician, tooth

ABBREVIATION

AAP—American Academy of Pediatrics

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Caries Risk Assessment

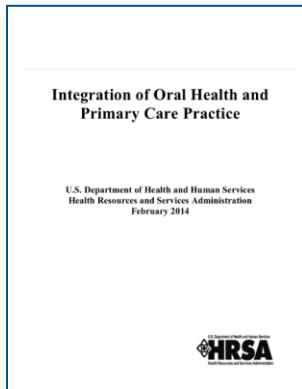
Anticipatory Guidance

Collaborative Referral Management



What are your barriers to collaborative referral relationships with dentists?

HRSA Oral Health Interprofessional Domains for Primary Care Providers



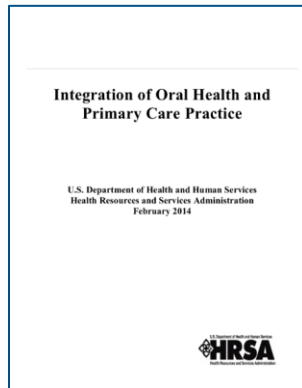
1. Risk Assessment
2. Oral Health Evaluation
3. Preventive Intervention
4. Communication & Education
5. Interprofessional Collaborative Practice
 - Shared patient management goals
 - PCP – DMD communication on history, dx, tx, plans
 - Collaborative referral management

Care Integration

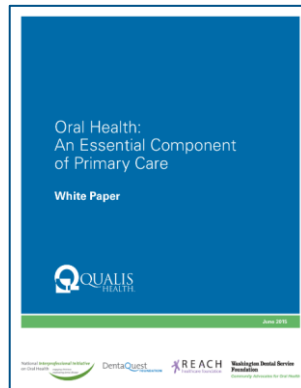
Promising Practices & Policies

Overview of DPOH Integration Leadership Policy & Practice Timeline

2014



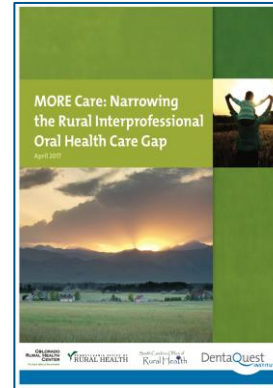
2015



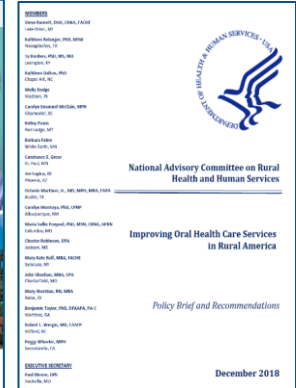
2016



2017



2018



POLICY IMPERATIVE:

- Risk Assessment
- Evaluation
- Education
- Preventive Clinical Services
- Collaborative Referral Management

PRACTICE RELEVANCE:

- Clinical and quality case for oral health interprofessional practice

IMPLEMENTATION GUIDE (THEORETICAL):

- General guidelines for integrating oral health into primary care

RURAL PRACTICE LESSONS LEARNED:

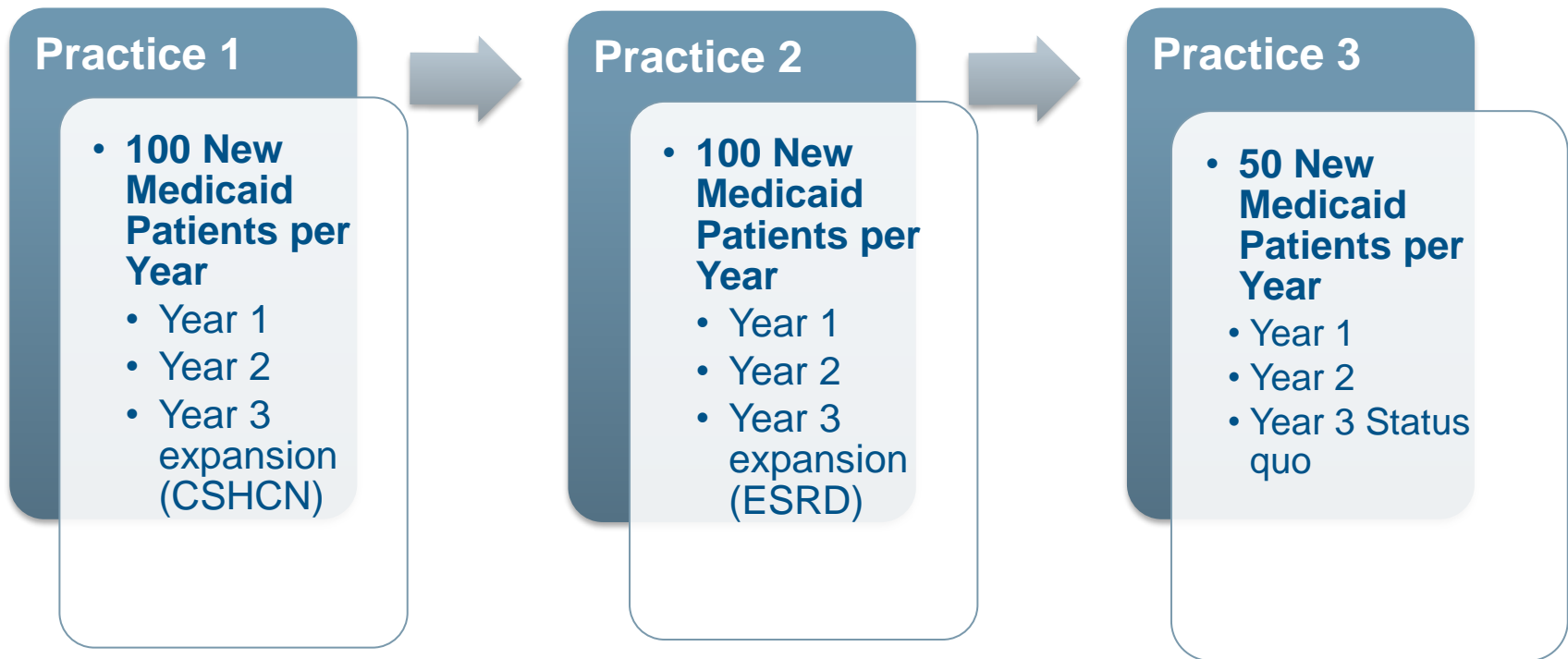
- SC, PA, & CO
- Elements that work and don't work for rural SC populations

POLICY RECOMMENDATIONS

- Recommendations to the USDHHS Secretary on how to improve oral health for rural communities

ROADS: Increased Capacity to Serve Participants of Medicaid

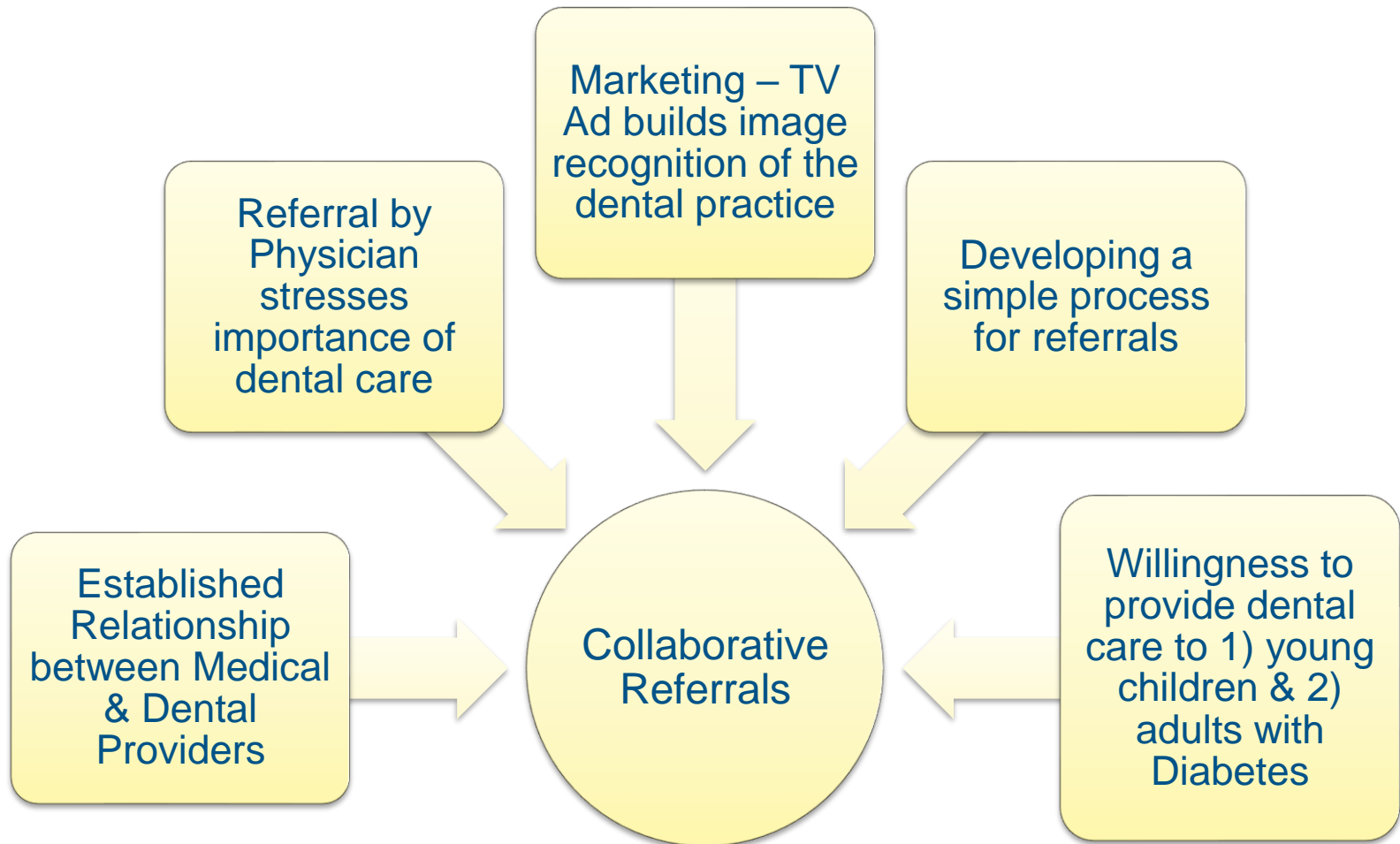
Meeting their Milestones per Grant Year



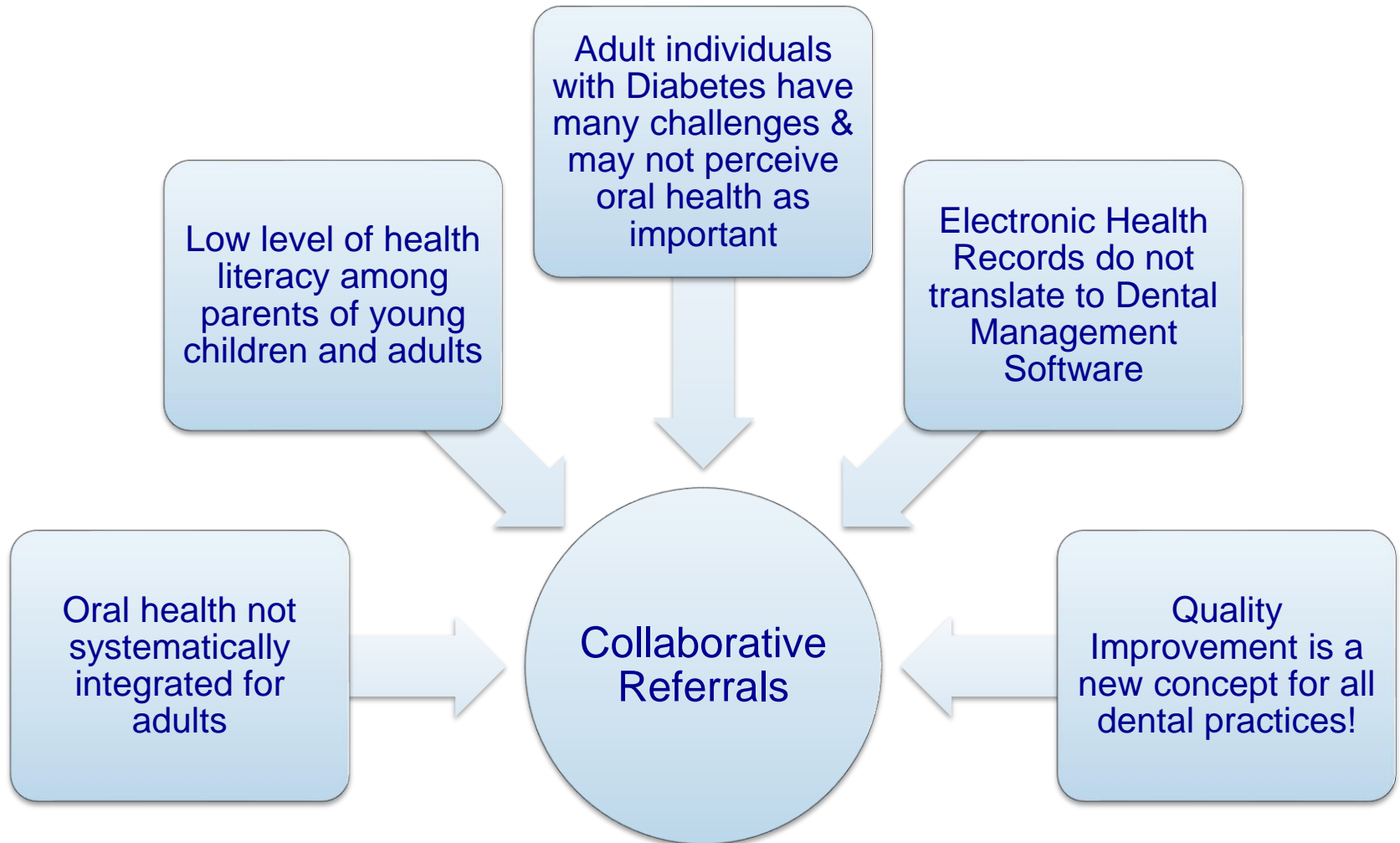
80% increase in capacity across all three communities!

'No shows' for Medicaid dip below privately insured in one model.

Factors associated with building collaborative referral systems



Challenges in building collaborative referral systems



How To Establish a Collaborative Partnership

- Build a relationship
- Joint continuing education
- Team building activities
- Don't just send the 'problem' cases
- Patient Management considerations:
 - Reducing 'no shows'
 - Managing emergencies
- Exchanging or sharing information
- Case rounding
- Expectations & Communication

Questions

Thank you!

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