

COVID -19 ORAL HEALTH RECOVERY AND TRANSFORMATION

COHRT Community Call

September 23rd, 2020



DentaQuest[®]
Partnership
for Oral Health Advancement

Interacting With Each Other

The screenshot displays the Cisco Webex meeting interface. At the top, there is a menu bar with options: File, Edit, Share, View, Audio, Participant, Session, Breakout, and Help. Below this is a navigation bar with 'Quick Start', 'Session Info', and 'Kickoff Call slid...' (with a close icon). A toolbar contains various drawing and editing tools, a page number '01', and navigation arrows. On the right side, there are icons for 'Participants', 'Chat', and 'Recorder'. The 'Participants' panel shows 'Speaking: Christine Kenney (Host)' and a 'Panelist: 1' section. Under 'Panelist: 1', 'Christine Kenney (Host, me)' is listed with icons for video and audio, both of which are circled in green. Below this, 'Attendee: 0' is shown. At the bottom right, there is a 'Chat' panel with a 'Send to: All Participants' dropdown, a text input field with a placeholder 'Select a participant in the Send to menu first, type chat message, and send...', and a 'Send' button. Above the chat panel, there is a toolbar with icons for raising a hand, a checkmark, a red X, a person icon, a mute icon, a smiley face, and a megaphone. The 'Raise your hand' icon is also circled in green. The 'Chat' panel title is also circled in green. At the bottom left, there is a 'Full Screen' button, a zoom level of '67%', and a 'View' dropdown. The bottom status bar shows 'Cisco webex', 'Session No. 132 201 1360 | You are participating in this audio conference using your computer.', a 'Speak now' button with a microphone icon and a volume indicator, and a 'Connected' status with a blue dot and the Cisco logo.

- ✓ Mute yourself when not speaking (using your computer or phone)
- ✓ Make sure video is ON

Question?
Comment?

Raise your hand
OR
Chat in to
"All Participants"

Today's Agenda

- Welcome
- Population Management into Practice
- Team Sharing
- Discussion
- Next Steps

Learning Objectives

Participants in this session will:

1. Define population management, population medicine, and population health
2. Understand how these principles can be applied in dentistry within the domain approach
3. Identify available resources to support how dental care is provided

Disclosures



Sharity Ludwig, EDPH, MS
Director of Clinical Innovations
Advantage Dental

*Consultant of DentaQuest Partnership
for Oral Health Advancement*



Carolyn Brown, DDS, MAEd
Healthcare Management Consultant

*Consultant of DentaQuest Partnership
for Oral Health Advancement*

Laying the foundation...

Population Management

Population Medicine

Population Health

System

Actions

Outcomes

What are the systems within your practice to care for your patient population?

What actions are you taking to make sure your patient population is getting healthier?

How do you know the care you are providing is improving the oral health of your patient population?

Oral Health Status (including risk factors that affect oral health)	Management Type	Targeted Outreach and Scheduling Approaches	Interventions	Caries Risk Assessment (CRA) Periodontitis Risk Assessment (PRA)
Excellent Oral Health <ul style="list-style-type: none"> No chronic or concomitant disease or disorder No current oral health disease 	Self-management	Teledental Health Promotion/Disease Prevention (HP/DP) visit:	<ul style="list-style-type: none"> Motivational Interviewing: D9994 Caries Risk Assessment: D0601-0603 Oral Hygiene Instructions: D1330 Nutritional Counseling: D1310 Description: Using motivational interviewing/shared decision-making techniques, craft a home care plan with patients and families to maintain low caries risk, promote oral health and overall health	CRA: Low PRA: Low
Moderate/Good Oral Health <ul style="list-style-type: none"> No chronic or concomitant disease or disorder Active oral health disease (caries, perio) 	Self-management Disease management	Teledental visit*: *In-office visit: (if needed)	<ul style="list-style-type: none"> Teledental HP/DP above Non-aerosol, low aerosol or minimally invasive procedures^{1,2} 	CRA: Low/Moderate PRA: Low/Moderate (or chronic gingivitis as a diagnosis)
Compromised or At-Risk for Oral Diseases <ul style="list-style-type: none"> Active oral health disease (caries, perio) Pregnant patients Chronic or concomitant disease or disorder: <ul style="list-style-type: none"> Oral cancer, diabetes, inflammatory diseases, and cardiovascular disease 	Self-management Disease management Urgent dental care	Teledental visit: In-office visit:	<ul style="list-style-type: none"> Teledental HP/DP as above and schedule in-office visit according to risk Non-aerosol, low aerosol or minimally invasive procedures¹ Droplet precautions and aerosol-mitigating engineering and clinical options² 	CRA: Moderate/High PRA: Moderate or chronic gingivitis/periodontitis
Poor Oral Health <ul style="list-style-type: none"> Active cellulitis/abscess Pain/swelling Possible infection 	Self-management Disease management Immediate dental care	Teledental visit: In-office visit:	<ul style="list-style-type: none"> Teledental HP/DP as above and schedule in-office visit according to risk May include prep for in-office and post-operative instructions for in-office visit Non-aerosol, low aerosol or minimally invasive procedures¹ Treatment plan with in-office visits scheduled according to low aerosol or mod/high aerosol producing visits² 	CRA: Moderate/High PRA: High
Emergency or New Dental Patient <ul style="list-style-type: none"> Unknown oral health or health status 	Self-management Disease management Immediate and/or urgent dental care	Teledental visit: In-office visit: (if needed)	<ul style="list-style-type: none"> Teledental HP/DP as above and schedule in-office visit according to emergency May include prep for in-office and post-operative instructions for in-office visit Non-aerosol, low aerosol or minimally invasive procedures¹ Moderate/high aerosol procedures² 	CRA: Determine PRA: Possibly determine

¹Non-aerosol, low aerosol or minimally invasive procedures

- Preventative: Exams, hand scaling
- Prevention and Caries Control: Fluoride Varnish, Silver Diamide Fluoride (SDF), Curodont Repair Fluoride Plus
- Minimally Invasive Dental Procedures or Materials: GIC sealants, ART + Hall techniques, Non-surgical extractions

²Engineering Controls and Aerosol mitigating in-office clinical/procedural options

- In-office rinse
- Rubber dam use
- In-room aerosol evacuators and HVAC design
- High speed suction attachments such as Iso-lite
- Minimally invasive dental treatments and products
- Electric handpiece uses in lieu of air-driven high speed handpieces

Population Management (System)

Patient Stratification

Targeted Outreach

Scheduling Approaches

Teledentistry

Disease Management

Self-Management

Oral Health Status (Including risk factors that affect oral health)

Excellent Oral Health

- No chronic or concomitant disease or disorder
- No current oral health disease

Moderate/Good Oral Health

- No chronic or concomitant disease or disorder
- Active oral health disease (caries, perio)

Compromised or At-Risk for Oral Diseases

- Active oral health disease (caries, perio)
- Pregnant patients
- Chronic or concomitant disease or disorder:
 - Oral cancer, diabetes, inflammatory diseases, and cardiovascular disease

Poor Oral Health

- Active cellulitis/abscess
- Pain/swelling
- Possible infection

Emergency or New Dental Patient

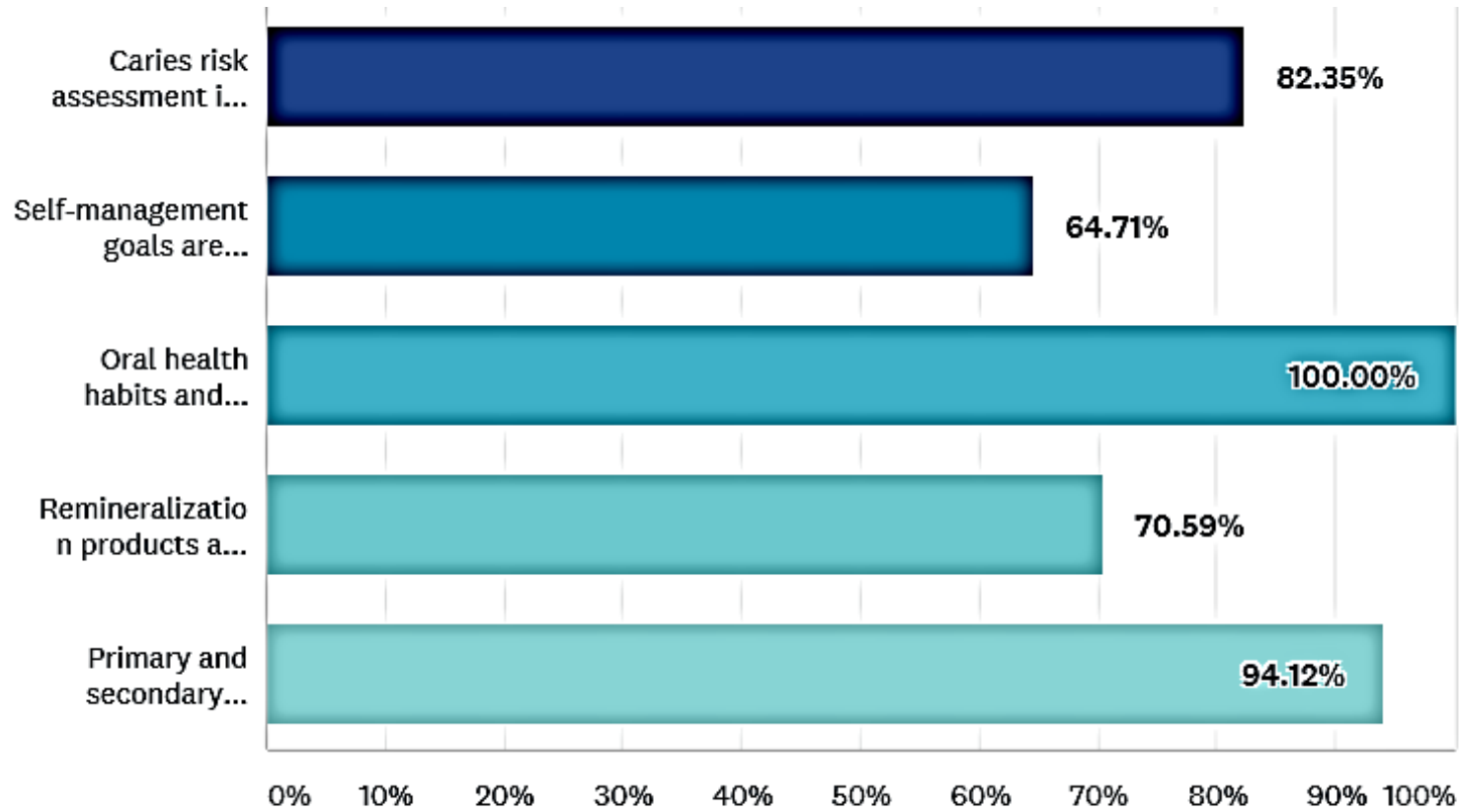
- Unknown oral health or health status

Population Medicine (Action)

- **Glass Ionomer**
- **SDF**
- **SMGs**
- **OHI**
- **Nutritional Counseling**

Interventions	Management Type	Targeted Outreach and Scheduling Approaches
<ul style="list-style-type: none"> • Motivational Interviewing: D9994 • Caries Risk Assessment: D0601-0603 • Oral Hygiene Instructions: D1330 • Nutritional Counseling: D1310 <p>Description: Using motivational interviewing/shared decision-making techniques, craft a home care plan with patients and families to maintain low caries risk, promote oral health and overall health</p>	Self-management	Teledental Health Promotion/ Disease Prevention (HP/DP) visit:
<ul style="list-style-type: none"> • Teledental HP/DP above 	Self-management	Teledental visit*:
<ul style="list-style-type: none"> • Non-aerosol, low aerosol or minimally invasive procedures^{1,2} 	Disease management	*In-office visit: (if needed)
<ul style="list-style-type: none"> • Teledental HP/DP as above and schedule in-office visit according to risk 	Self-management	Teledental visit:
<ul style="list-style-type: none"> • Non-aerosol, low aerosol or minimally invasive procedures¹ • Droplet precautions and aerosol-mitigating engineering and clinical options² 	Disease management Urgent dental care	In-office visit:
<ul style="list-style-type: none"> • Teledental HP/DP as above and schedule in-office visit according to risk • May include prep for in-office and post-operative instructions for in-office visit 	Self-management	Teledental visit:
<ul style="list-style-type: none"> • Non-aerosol, low aerosol or minimally invasive procedures¹ • Treatment plan with in-office visits scheduled according to low aerosol or mod/high aerosol producing visits² 	Disease management Immediate dental care	In-office visit:
<ul style="list-style-type: none"> • Teledental HP/DP as above and schedule in-office visit according to emergency • May include prep for in-office and post-operative instructions for in-office visit 	Self-management Disease management	Teledental visit:
<ul style="list-style-type: none"> • Non-aerosol, low aerosol or minimally invasive procedures¹ • Moderate/high aerosol procedures² 	Immediate and/or urgent dental care	In-office visit: (if needed)

Population Health (Outcome)



Caries Risk Assessment (CRA)
Periodontitis Risk Assessment (PRA)

CRA: Low
PRA: Low




CRA: Low/Moderate
PRA: Low/Moderate
(or chronic gingivitis as a diagnosis)


CRA: Moderate/High
PRA: Moderate or chronic gingivitis/periodontitis

CRA: Moderate/High
PRA: High

CRA: Determine
PRA: Possibly determine

Connecting the Dots

Domains	Focus
<p>Domain 1 Telehealth</p> 	<p>Developing/expanding telehealth strategies for providing oral health services, given current infection control and regulatory restrictions</p>
<p>Domain 2 Minimally Invasive Care</p> 	<p>Safely providing oral health care with non-aerosol procedures</p>
<p>Domain 3 Improved Surgical Intervention</p> 	<p>Operate dental practices under emerging infection control standards</p>

Examples
<p>8- yr old with mouth pain-</p> <p>Teledentistry to get recent history, work-up a differential diagnosis, refresh CRA, family education, self-care tips</p>
<p>Apply SDF to affected areas,  Recare periodicity Teledental follow-up for resolution and + pt education</p>
<p>Assign to an aerosol- producing appt in the template, use rubber dam, HVE and evacuator, Isolyte for both restorations in 1 appt. Use teledentistry to prep patient.</p>

RESOURCES

APPROACHES FOR PRIORITIZING CARE

Oral Health Status (Including risk factors that affect oral health)	Management Type	Targeted Outreach and Scheduling Approaches	Interventions	Caries Risk Assessment (CRA) Periodontitis Risk Assessment (PRA)
Excellent Oral Health <ul style="list-style-type: none"> No chronic or concomitant disease or disorder No current oral health disease 	Self-management	Teledental Health Promotion/ Disease Prevention (HP/DP) visit:	<ul style="list-style-type: none"> Motivational Interviewing: D9994 Caries Risk Assessment: D0601-D603 Oral Hygiene Instructions: D1330 Nutritional Counseling: D1330 <p>Description: Using motivational interviewing/shared decision-making techniques, craft a home care plan with patients and families to maintain low caries risk, promote oral health and overall health</p>	CRA: Low PRA: Low
Moderate/Good Oral Health <ul style="list-style-type: none"> No chronic or concomitant disease or disorder Active oral health disease (caries, perio) 	Self-management Disease management	Teledental visit*: *In-office visit: (if needed)	<ul style="list-style-type: none"> Teledental HP/DP above Non-aerosol, low aerosol or minimally invasive procedures^{1,2} 	CRA: Low/Moderate PRA: Low/Moderate (or chronic gingivitis as a diagnosis)
Compromised or At-Risk for Oral Diseases <ul style="list-style-type: none"> Active oral health disease (caries, perio) Pregnant patients Chronic or concomitant disease or disorder: <ul style="list-style-type: none"> Oral cancer, diabetes, inflammatory diseases, and cardiovascular disease 	Self-management Disease management Urgent dental care	Teledental visit: In-office visit:	<ul style="list-style-type: none"> Teledental HP/DP as above and schedule in-office visit according to risk Non-aerosol, low aerosol or minimally invasive procedures¹ Droplet precautions and aerosol-mitigating engineering and clinical options² 	CRA: Moderate/High PRA: Moderate or chronic gingivitis/periodontitis
Poor Oral Health <ul style="list-style-type: none"> Active cellulitis/abscess Pain/swelling Possible infection 	Self-management Disease management Immediate dental care	Teledental visit: In-office visit:	<ul style="list-style-type: none"> Teledental HP/DP as above and schedule in-office visit according to risk May include prep for in-office and post-operative instructions for in-office visit Non-aerosol, low aerosol or minimally invasive procedures¹ Treatment plan with in-office visits scheduled according to low aerosol or mod/high aerosol producing visits² 	CRA: Moderate/High PRA: High
Emergency or New Dental Patient <ul style="list-style-type: none"> Unknown oral health or health status 	Self-management Disease management Immediate and/or urgent dental care	Teledental visit: In-office visit: (if needed)	<ul style="list-style-type: none"> Teledental HP/DP as above and schedule in-office visit according to emergency May include prep for in-office and post-operative instructions for in-office visit Non-aerosol, low aerosol or minimally invasive procedures¹ Moderate/high aerosol procedures² 	CRA: Determine PRA: Possibly determine

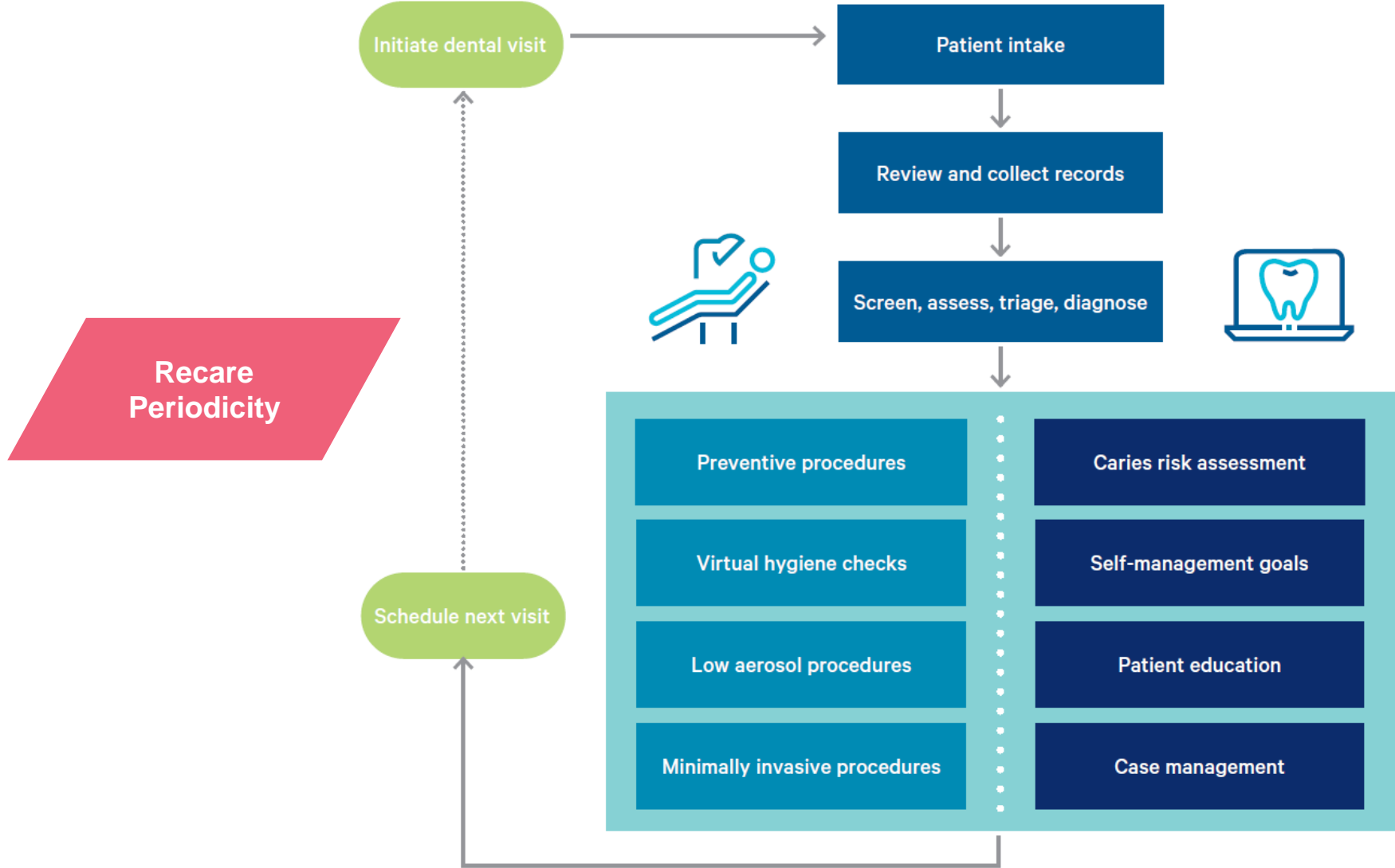
¹Non-aerosol, low aerosol or minimally invasive procedures

- Preventative: Exams, hand scaling
- Prevention and Caries Control Fluoride Varnish, Silver Diamide Fluoride (SDF), Orotodont Repair Fluoride Plus
- Minimally Invasive Dental Procedures or Materials: GIC sealants, ART + Hall techniques, Non-surgical extractions

²Engineering Controls and Aerosol mitigating in-office clinical/procedural options

- In-office rinse
- Rubber dam use
- In-room aerosol evacuators and HVAC design
- High speed suction attachments such as Iso-lite
- Minimally invasive dental treatments and products
- Electric handpiece uses in lieu of air-driven high speed handpieces

SUSTAINABLE PATHWAYS TO PATIENT-CENTERED DENTAL CARE



TEAM SHARING: FAMILY HEALTH CENTER OF WORCESTER

Dental Integration in the Care of Diabetics at Family Health Center of Worcester

September 2020
Martha Sullivan DDS
Martha.Sullivan@fhcw.org

FHCW Dental Providers are Key Players in the Multi-Disciplinary approach to Diabetes Management

- ▶ As dental providers, we are an integral of a diabetic patients care team at a FHCW. In 2020 are also represented on the Health Center's Diabetes Quality Improvement Team. The Team includes:

Associate Director of Clinical Quality	Data Specialist
Primary Care Provider	RN
Dental Provider	Patient Navigator/ Case Manager
Pharmacist	Population Health Manager
Behavioral Health Provider	Others: tbd prn

Smart Goals for Multi-Disciplinary Quality Project benefitting Diabetics in 2020

Department/ Contributor	Smart Goal to decrease A1Cs
Pharmacy	1. By March 1, 2020 at least 5 patients with A1c over 9% will have met with the clinical pharmacist.
Behavioral Health	2. IBH : dual visits - continue the pilot and expand the pilot to all 4 primary care teams so that by June 1, 2020, at least 20 patients with A1c >9 will have met with IBH.
Nursing	3. Nurse visits: By May 1, 2020, at least 35 unique patients with A1c over 9% will have at least 1 visit with a diabetic nurse educator
Community Health, Case Management	4. CDSMP: by October 31, 2020 a total of 50 Diabetic patients will have completed the Chronic Disease Self-Management course with a reduction in the average A1c.
Dental	5. Dental : By June 1, 2020, at least 15 diabetic patients with A1c>9 will have received a dental visit during in which they receive diabetes education.

How FHCW Dental Staff Contribute to the Well-Being of Diabetics with A1Cs>9

- We use a report generated by FHCW IT to identify patients with an A1c of 9 or greater who have dental appointments.
- The report includes all active patients (who had med visit in past 2 years) with an active diabetes diagnosis; their last diagnosis date, a1c value, last med visit date, last dental visit date, and their next dental visit if they have one.
- ▶ <http://ngrprt/Reports/Pages/Report.aspx?ItemPath=%2fDiabetes%2fActive+Diabetes+Pts+Dental+Visits>
- ▶ We educate patients on the relationship between oral health and the overall health of diabetics. We personalize this, discussing the impact of the patient's own periodontal status, the presence of dental abscesses, their edentulous state/and or prosthetic state on the stability of their diabetes. We provide essential dental care, adjuvant support, and encourage periodontalmaintenance. We keep patients safe by using the glucometer before oral surgery and other indicated appointments, and schedule appontments at times when patients blood glucose readings are generally most stable.

FHCW Dental Staff provide Nutritional Education materials and promote Food Security

- ▶ FHCW Dental Patients receive nutritional counseling materials from their dentists and hygienists.
- ▶ Patients are encouraged to attend the mobile open air market on Wednesdays for farm fresh produce. EBT cards accepted.
- ▶ Once per week, the Community Harvest Group in Grafton delivers donated fresh fruits and vegetables for distribution to our dental patients, including diabetics ones, in our dental reception area, free of charge.

FHCW Dental refer this targeted population to a CHW versed in oral health education for participation in a self management program, when the program is operational.



How to become a Healthier You

For A Workshop That Can Help You Take Charge Of Your Health Conditions

Participate in our **FREE**
My Life My Health & Diabetes Self-Management
Classes in **English, Spanish & Vietnamese**

Do you have?

- High Blood Pressure
- High Cholesterol
- Heart Disease
- Arthritis
- Diabetes
- Chronic Pain
- Anxiety or Depression
- Allergies
- IBS/Crohn's
- another chronic illness

For more information

Call: Community Health Workers at
(508) 860-7748

Or text:
CHW Group

You will learn:

- How to manage your chronic conditions
- How to create an action plan and stick to it
- How to problem solve
- How to deal with stress
- How to select healthy food choices
- When to contact the doctor

You will Receive:

- A free education classes
- Complimentary workbook
- Snack
- Transportation support if needed

How have things changes changed during Covid Times?

- ▶ Telehealth has been used to conduct educational visits and status checks for Dental Diabetic patients in the high risk group.
- ▶ The Dental Team is also providing the following additional education to Diabetics about Covid during Covid Times:
 - People who have diabetes are not more likely to contract COVID.
 - According to the American Diabetes Association in 2020, in people whose Diabetes is well managed, their risk of getting seriously sick is about the same as for the general population. However, if their diabetes is poorly controlled, diabetics are more likely to have more serious symptoms and complications than if well controlled.
- Diabetic patients with an A1C greater than 9 will be prioritized for hygiene appointments as FHCW re-opens its hygiene services.
- Food security is addressed in part, and positive relationships built, during Covid Times, through care packages at the dental front desk.

What have FHCW Dental Staff accomplished by being part of a Center Wide QI team?

- ▶ ●We've improved the diabetic patient's overall experience at the health center
- ▶ ●We've contributed to the Center's attempt to decrease A1cs and health issues related to diabetes through education and reduction in co-morbid dental disease.
- ▶ ●We've improved Health literacy
- ▶ ●We've supported community engagement in addressing diabetes
- ▶ ●We've contributed to the Center's attempt to improve health outcomes through the use of previously ignored technology- telehealth.
- ▶ ●We've improved inter-departmental provider relationships, and relationships of patients with providers.

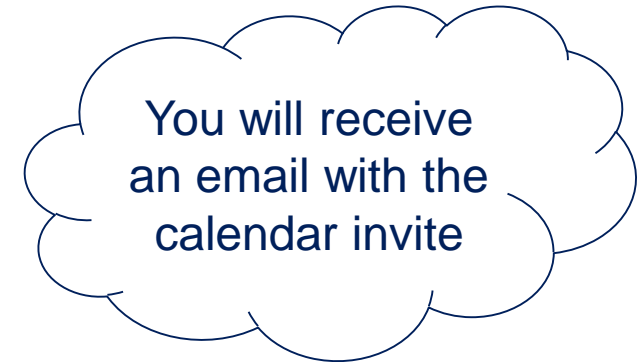
DISCUSSION

NEXT STEPS

September Faculty Office Hour: Population Mgmt and Caries/Perio Risk Assessments

This office hour will be an opportunity to:

- Informally discuss remaining questions
- Discuss useful resources/materials
- Learn and share new ideas with peers and faculty



Oct 6th, 12-1pm ET



**Next data submission!
October 11th,
2020**

COHRT Community Hub
DentaQuestPartnership.org/cohrt-community-hub

FEATURED RESOURCES



COHRT Welcome Packet



OSHA Guidance for Dentistry Workers and Employers



Guidance for Interim

DATA MEASUREMENT TOOL

Look to better analyze your practice's data to better understand your disease management or interprofessional efforts, improve patient experience and better understand outcomes of your practice?

Check out our customizable data measurement tool.

[Learn More](#)



COHRT EVENTS

Jun 24 | Community Call #1 - Teledentistry
[Learn More](#)

Jul 7 | Faculty Office Hours - July
[Learn More](#)

Jul 10 | Monthly Data Submission Due - June
[Learn More](#)

Don't Miss Out On CE's

Take the webinar evaluation survey to receive CE credit!



**A link for the evaluation will appear
when you exit WebEx**

DentaQuest[®]

Partnership
for Oral Health Advancement