

**NATIONAL COUNCIL**  
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# Oral Health & Behavioral Health: Models of Coordinated and Integrated Care

**Wednesday, August 19, 2020**

3:00 – 4:00pm Eastern Time



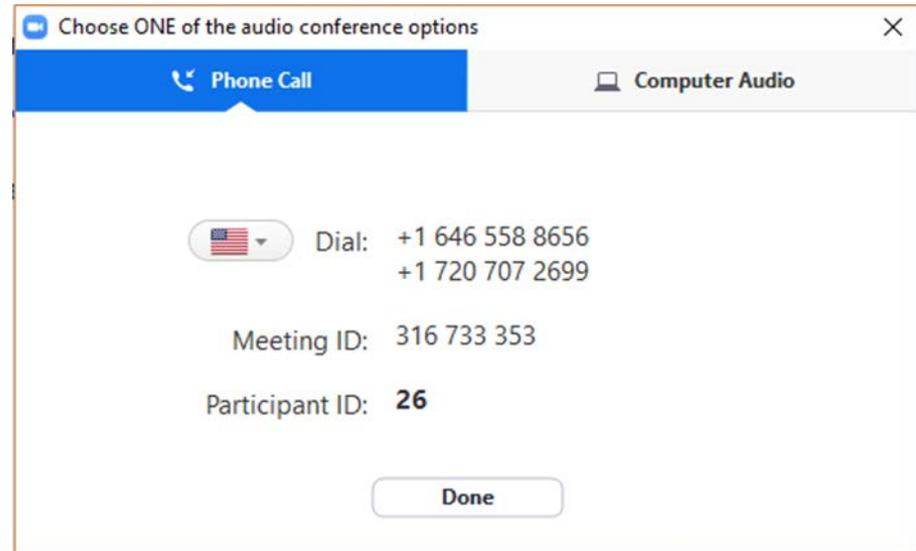
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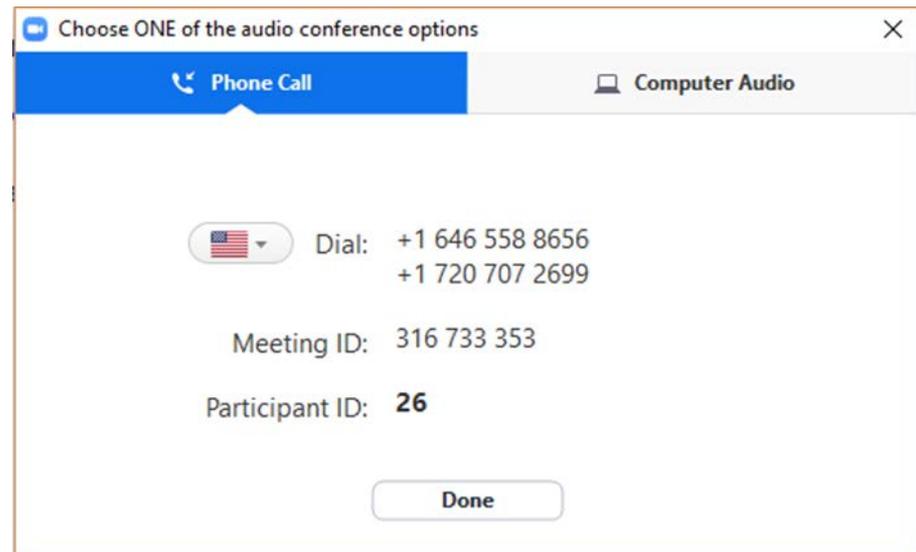
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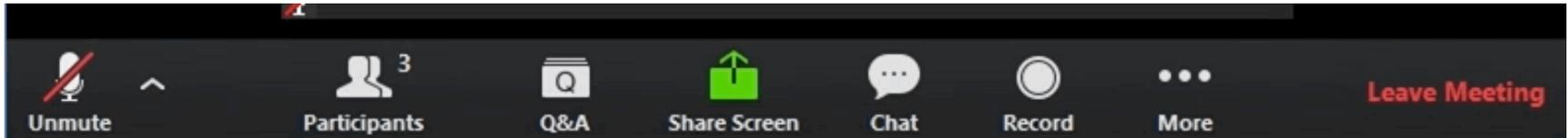
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# How to Ask a Question/Make a Comment



Type in a **question** in the **Q&A box**  
Type in a **comment** in the **chat box**

Both are located at the bottom of your screen.  
We'll answer as many questions as we can at the end of  
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# Poll #1: What best describes your role?

- Clinician
- Administrator
- Policy Maker
- Payer
- Other (specify in chat box)



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## **Poll #2: What best describes your organization? (check all that apply)**

- Behavioral Health Provider
- Primary Care Provider
- Oral Health Provider
- Mental Health Provider
- Substance Use Provider
- Other (specify in chat box)



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# Poll #3: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)



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# Poll #4: Did you attend our previous webinar on oral health and behavioral health integration?

- Yes
- No
- Unsure



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# Introductions



**Rachael Matulis,**  
Principal, Bowling  
Business Strategies



**Jake Bowling,**  
Principal, Bowling  
Business Strategies



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# Introductions



**Laura McKeane,**  
Oral Health Integration  
Manager, AllCare Health



**Linda Mann,**  
Director, Community  
Outreach, Capitol Dental  
Care



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# Introductions



**Mark Miller,**  
Vice President,  
Behavioral Health  
Services, Swope  
Health



**Megan Krohn,**  
Interim Director, Dental  
Services, Swope Health



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# Today's Agenda

1. Introductions & Background
2. Webinar #1 Recap: Rationale for Coordination & Integration of Oral and Behavioral Health
3. AllCare Health and Capitol Dental: A Co-Located Model
4. Swope Health Services: An (Almost) Integrated Model
5. Policy Options
6. Conclusions and Next Steps



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# Webinar #1 Brief Recap

# Rationale for Increased Coordination and Integration for Oral and Behavioral Health

- Increased focus in the past decade on health care value (i.e., health outcomes achieved per dollar spent) in the United States
- Oral health is viewed as separate from general health, despite it being a key contributor to overall health and well-being
- Behavioral and oral health conditions affect millions of adults and children in the United States, and both contribute heavily to the nation's burden of disease
- Oral health and behavioral health – including both mental health conditions and substance use disorders – are very closely related

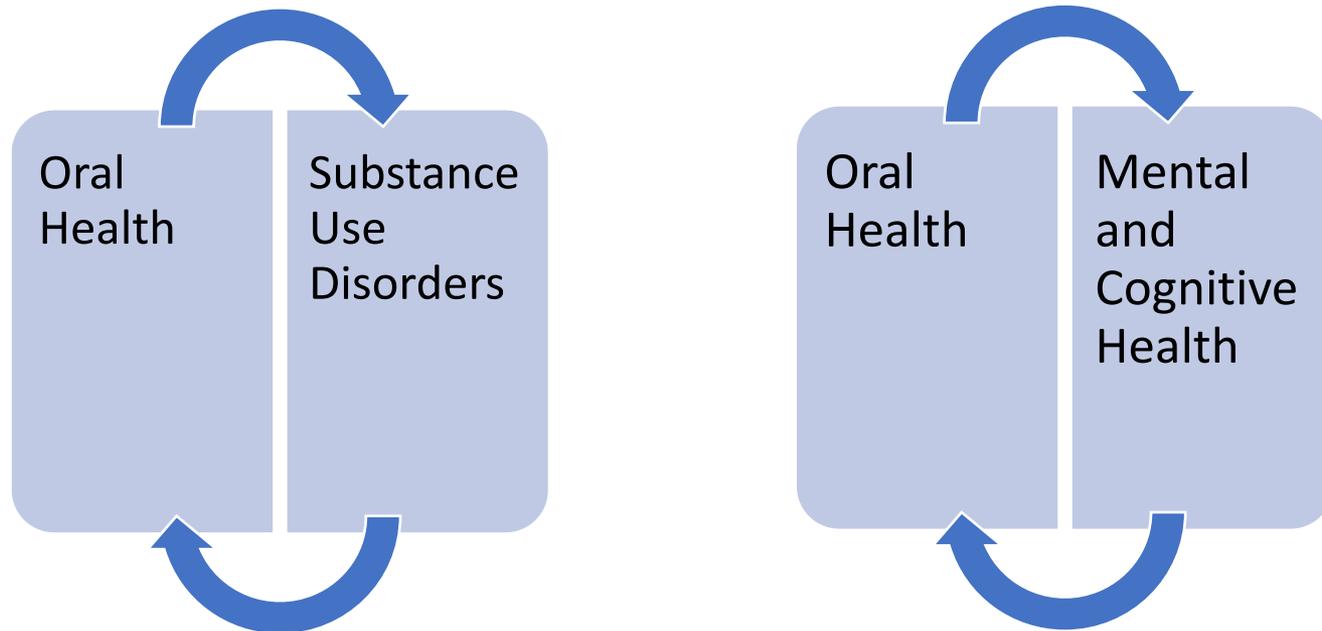


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# Rationale for Increased Coordination and Integration for Oral and Behavioral Health

Not only can behavioral health directly impact oral health, but oral health can impact behavioral health



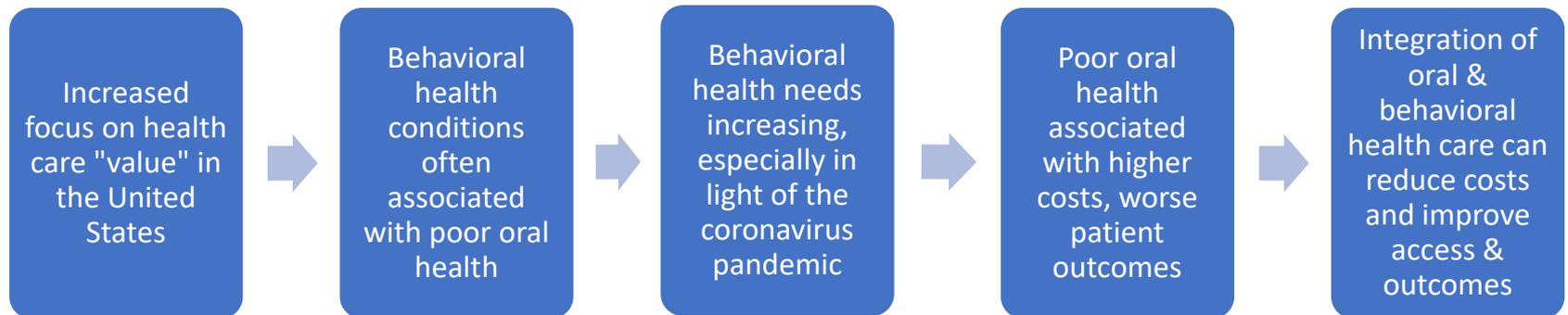
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# Value Proposition for Integration of Oral and Behavioral Health Care

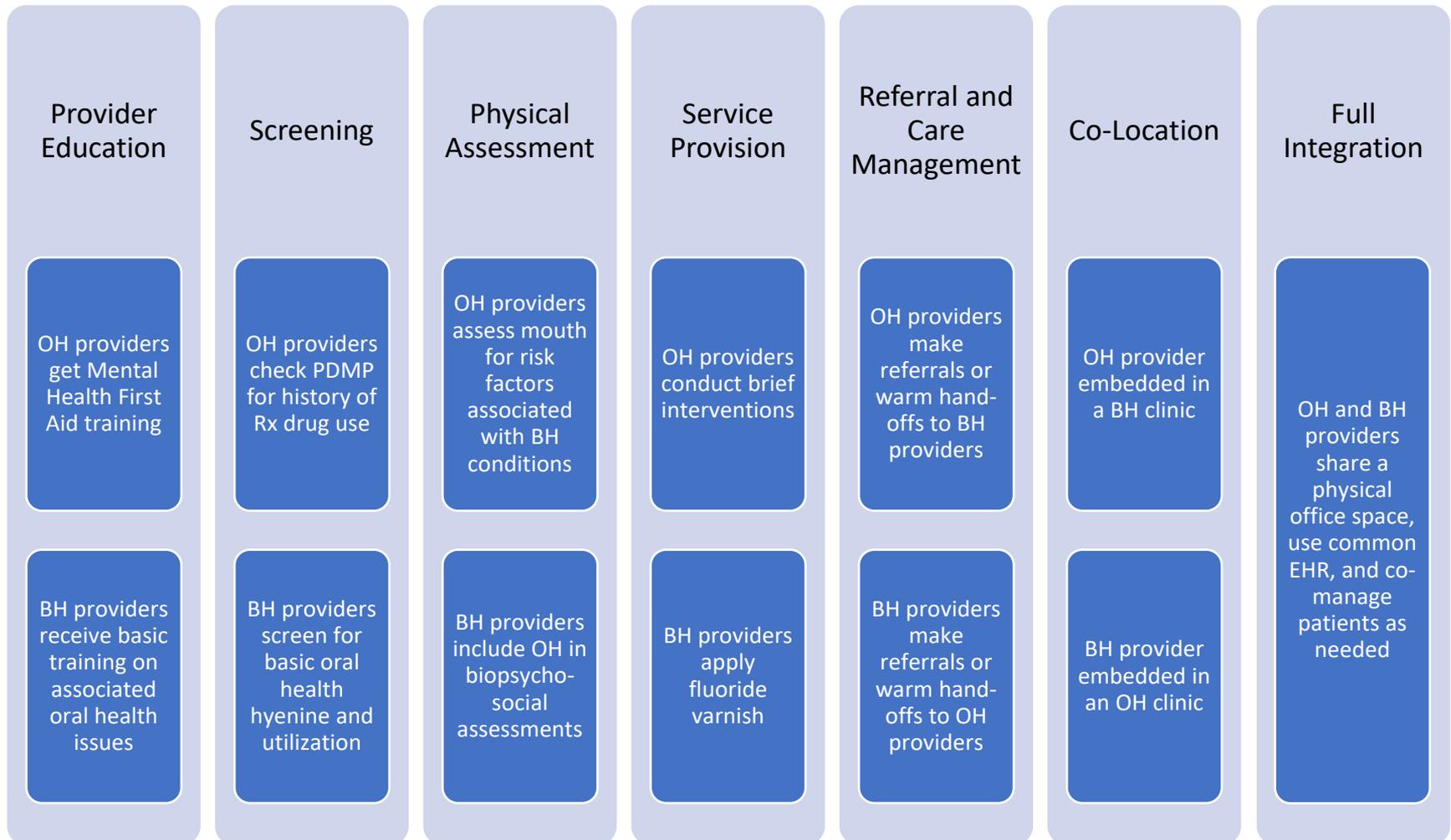


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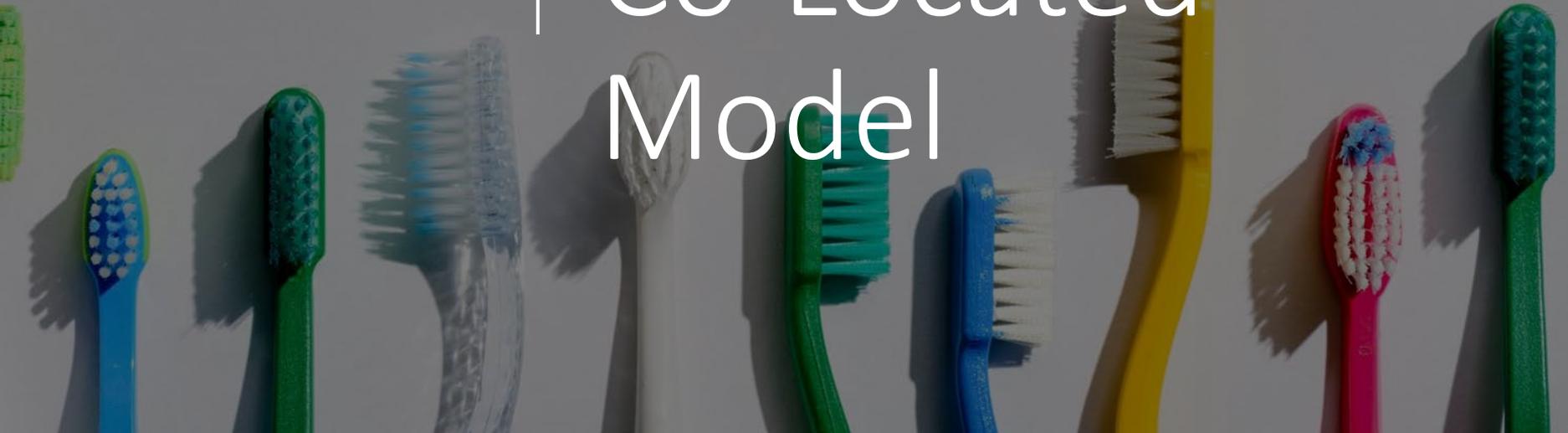
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# Example Integration Framework for Oral Health & Behavioral Health



**Definition of acronyms used above:** OH = oral health; BH = behavioral health; PDMP = prescription drug monitoring program; EHR = Electronic Health Record

# AllCare Health and Capitol Dental Care: A Co-Located Model



# AllCare Health and Capitol Dental Care: Background

- AllCare Health is a Coordinated Care Organization that manages care for ~50,000 members in Jackson, Josephine, Curry, and Southern Douglas Counties in Oregon
- AllCare Health is paid a global budget by State of Oregon to manage physical health, oral health, behavioral health, and other health-related services
- Capitol Dental Care is one of three dental plans that subcontracts with AllCare Health to provide an expanded dental benefit
- In 2018, AllCare worked with Capitol Dental to begin integrating dental hygienists into selected clinics



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# AllCare Health and Capitol Dental Care: Co-Located Model

- AllCare Health and Capitol Dental Care embed an expanded practice dental hygienist onsite at a behavioral health clinic (Options for Southern Oregon) one to two days per week
- In Oregon, dental hygienists have an expanded scope of practice, so they can practice without a dentist onsite
- The hygienist's salary is partially covered by payments made to the dental subcontractors, and partially funded by quality payments made by AllCare Health to Capitol Dental Care



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# AllCare Health and Capitol Dental: Integration Barriers



Challenges with information sharing  
across oral and behavioral health



Oral health needs can be extensive for  
behavioral health population, who  
may not have seen a dental provider  
in years



Difficulty navigating Oregon Health  
Plan system and dental subcontractors  
(e.g., knowing which dental plan  
covers which members)

# AllCare Health and Capitol Dental: Integration Facilitators



Mobile equipment enables staff to keep clinic rooms flexible for different treatment needs



Expanded scope of practice allows dental hygienists to be embedded in clinics without a dentist onsite



Expanded dental benefit for adults and integrated funding model for Coordinated Care Organizations in Oregon



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# AllCare Health and Capitol Dental Care: Vision for Future

- AllCare and Capitol Dental hope to expand the co-located models to also include dentists onsite at various clinics
- Oregon Legislature plans to review legislation to license dental therapists, mid-level providers that perform extractions and fill cavities
- Dental hygienist onsite at Options for Southern Oregon may obtain access to the electronic medical record



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Swope Health  
Services: An  
(Almost)  
Integrated  
Model

# Swope Health: Background

- Swope Health is an FQHC and CCBHC that provides primary health care, behavioral health, and dental care for over 40,000 patients throughout Greater Kansas City
- Swope has a comprehensive dental program which provides services including cleanings, sealants, fillings, extractions, crowns and dentures, and walk-in dental emergency care.
- Swope has an extensive Behavioral health program serving both pediatric and adult patients.
- Swope’s mission is “to improve the health and wellness of the community by delivering accessible, quality, comprehensive patient care”

**Definitions of Acronyms Used Above:**

FQHC = Federally Qualified Health Center

CCBHC = Certified Community Behavioral Health Clinic



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# Swope Health: An Almost Integrated Model

- Swope has co-located dental and behavioral health services within its main clinic site. Dental services are embedded within four of the nine satellite clinics
- Behavioral Health services are offered only at the main clinic site
- Swope has a fully integrated electronic medical record, enabling behavioral health providers to assess whether patients are receiving dental services, and vice versa
- Between 15 to 18 percent of individuals with behavioral health needs receive oral care from Swope's dental department



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# Swope Health: Integration Barriers



In the state of Missouri, adult Medicaid rarely covers dental. This is often a barrier for patients. Swope provides a sliding scale fee for its patients without insurance to access care.



Lack of best practices and clear guidance on how to implement integrated care models for oral and behavioral health.



The dental department at Swope relies heavily on grant funding for operation.

# Swope Health: Integration Facilitators



Strong mission and focus on whole person care served as major impetus for integration



Integrated electronic medical record enables data sharing across oral and behavioral health providers



Mobile dental services helped drive integration activities across primary care and behavioral health



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# Swope Health: Vision for Future

- Swope Health plans to expand oral health integration efforts for specific behavioral health sub-populations. Specifically, the pediatric behavioral health population will be targeted first.
- Swope plans to develop a behavioral health intake plan for oral health needs, to include enhanced dental screening, basic oral health education, distribution of home care kits, and scheduling dental visits.
- Swope plans to eventually pilot providing dental care directly in the behavioral medicine clinic.
- Swope plans to build upon quality and outcomes tracking to assess how individuals with behavioral health needs perceive their oral health care.



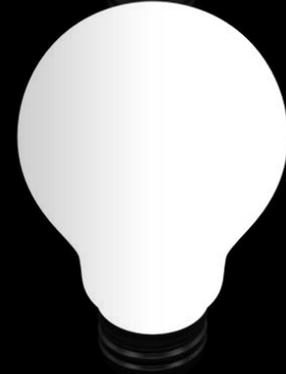
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# Policy Options

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# Policy Options: Access and Advocacy

Ensure

Ensure individuals with behavioral health needs have access to oral health care

Identify

Identify champions to promote integration

Support

Support advocacy efforts to change public perceptions so oral health becomes an accepted component of general health



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# Policy Options: Education and Workforce

Assess	Assess new types of provider education within dental schools and behavioral health programs, as well as options for interprofessional education
Expand	Expand prescription drug monitoring programs (PDMP) to mandate that all prescribers (including dentists) check the database prior to initial opioid prescriptions
Train	Train dentists on how to conduct screening, brief interventions, and referrals to treatment (as needed) as part of PDMP programs
Encourage	Encourage medical and behavioral health providers to integrate oral health education messages into their practices



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# Policy Options: Data, Payment, and Quality

Build	Build oral health-related quality and access measures into existing payment and delivery system reform programs that include behavioral health services
Define	Define clear quality measures and “never events” that the system can rally around (e.g., never lose a child because lack of ability to get a basic dental routine)
Fund	Fund initiatives that expand data sharing and research across oral and behavioral health to help study the impact of coordinated/integrated care models
Analyze	Analyze publicly available datasets to help make the case for increased oral health access and integration



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# Policy Options: Training and Technical Assistance

## Develop

Develop a consensus integration framework for oral and behavioral health, along with technical assistance tools for implementation.

## Create

Create learning or affinity groups composed of individuals focused on promoting and testing coordinated/integrated oral and behavioral health.

## Share

Share concrete tips for dental providers caring for individuals with different kinds of behavioral health conditions.



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# Conclusions & Next Steps

- Models of care that are more integrated across oral and behavioral health hold promise to improve access, costs, and outcomes of care
- Organizations across the country have begun to experiment with more coordinated and integrated models of oral and behavioral health care
- Barriers to more coordinated and integrated models include lack of access to oral health care generally, lack of data and integrated electronic medical records, and lack of clarity on what exactly integration means
- Cross-system partnerships, certain types of value-based payment models, and mobile dentistry, can act as facilitators to more coordinated and integrated care for oral and behavioral health
- If you have questions or are interested in being part of a small learning community helping to advance this work, please e-mail Rachael Matulis at [Rachael@bowlingbizpa.com](mailto:Rachael@bowlingbizpa.com)



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# Questions?

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