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FOR BEHAVIORAL HEALTH

Oral Health & Behavioral Health Integration: A Framework for Success

Tuesday, April 27, 2021
3:00 – 4:30pm Eastern Time



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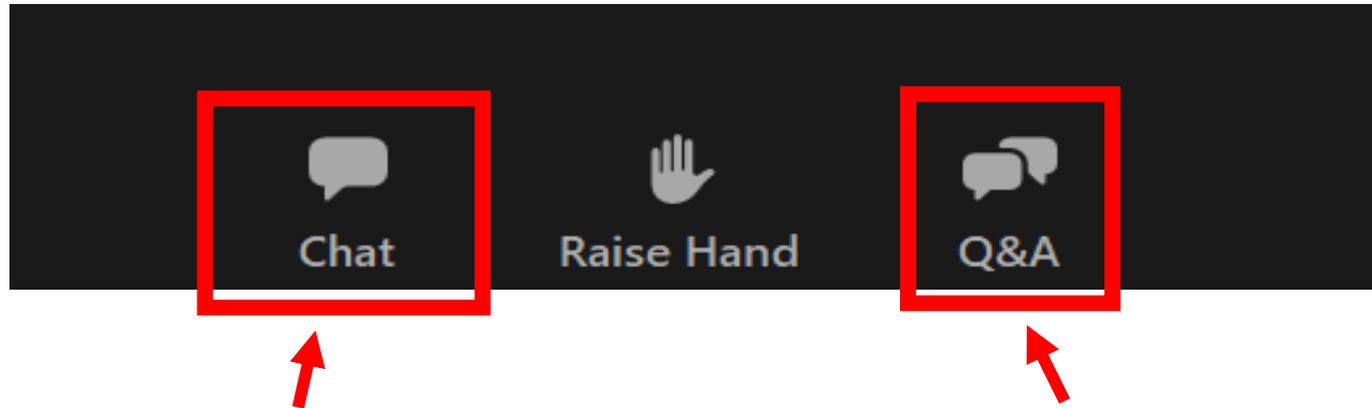
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Poll #1: What best describes your role?

- 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 coordination or integration across oral & behavioral health?

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



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Introductions



Rachael Matulis,
Principal, Bowling
Business Strategies



Dr. Pamela Alston,
President, National
Dental Association



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Introductions



**Dr. Yashashri
Urankar**, Chief
Dental Officer,
Community Health
Centers of South-
Central Texas



Laura McKeane,
Director of Oral Health
Services, AllCare Health
Coordinated Care
Organization



Kelli Beaumont,
Expanded Practice
Dental Hygienist, Capitol
Dental Care, Outreach
Team



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Today's Agenda

1. Welcome & Project Background
2. National Dental Association: Importance of Oral & Behavioral Health Integration
3. National Council for Behavioral Health: Oral & Behavioral Health Integration Framework
4. Community Health Centers of South-Central Texas: A Health-Center Based Integration Model
5. Options for Southern Oregon: An Embedded Provider Model & Patient Success Stories
6. Q&A and Office Hour Opportunity



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Learning Objectives

Participants will be able to:

- **Understand rationale** for increased coordination or integration of oral and behavioral health, including specific examples.
- **Describe different models** of coordination or integration across oral and behavioral health care across a continuum using a new framework.
- **Explain positive outcomes** that could result from increasing coordination or integration across oral and behavioral health care systems.

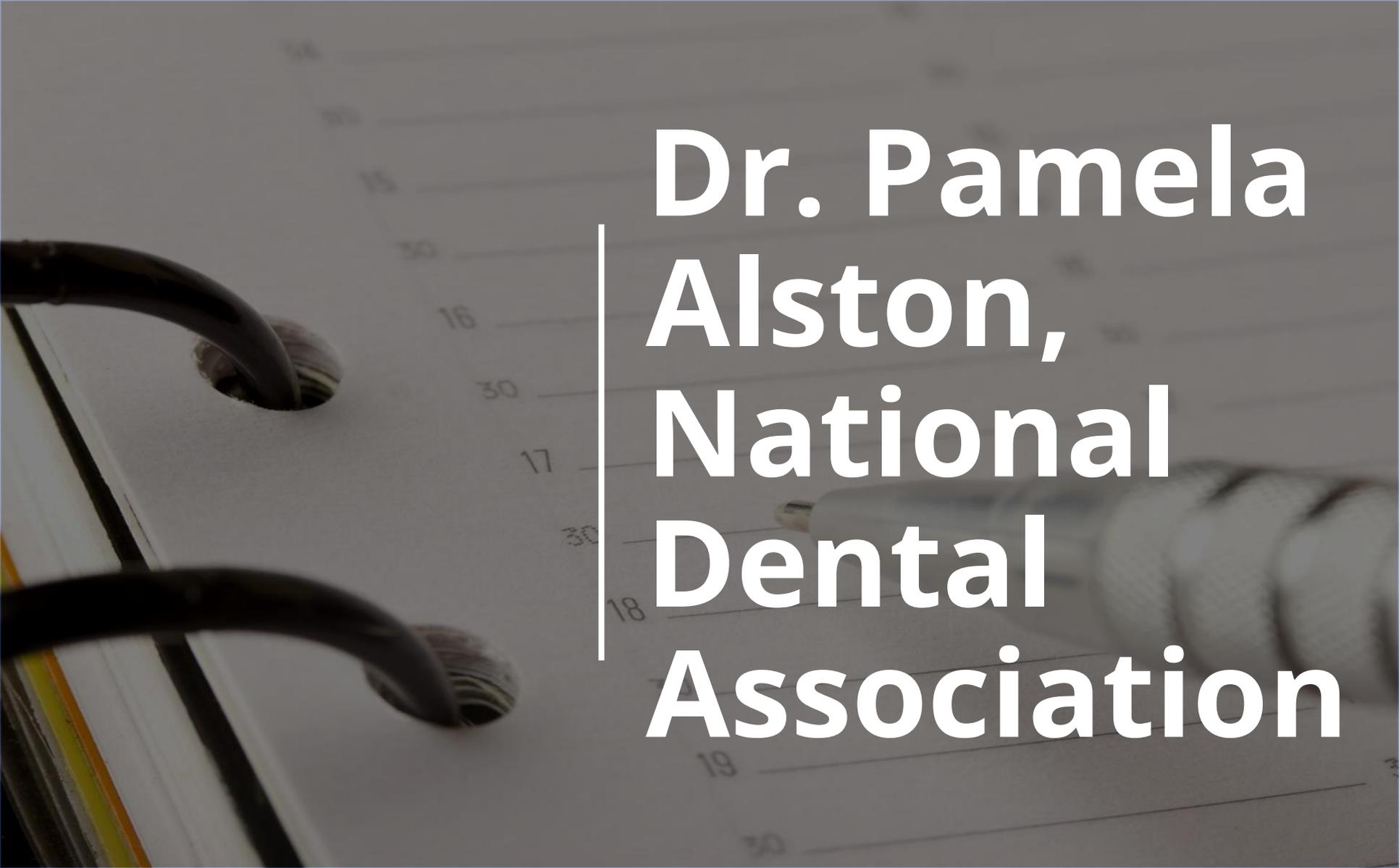


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Dr. Pamela Alston, National Dental Association



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National Dental Association (NDA)

- Has a mission to promote health equity
- Looks at circumstances and policies through an equity lens
- Saw health disparities laid bare
- Saw oral health disparities laid bare
- Saw mental health conditions and substance use disorders laid bare
- Is committed to amplifying the voice of the unserved & underserved
- Is committed to improving access to care
- Has made inroads in Interprofessional education and practice
- Is a champion for the integration of oral health with primary care



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Health Care Arena Initiatives

Maximizing health outcomes

Reducing health care costs

Team-based health care delivery

Whole-person care



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Oral Health Contribution to Health Outcomes

- Health risk assessments
- Vital signs
- Screening for social determinants



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Where the Opportunity Lies...

- Oral health coordination and integration with behavioral health
- Behavioral health coordination and integration with oral health
- Dissemination of and training of screening tools
- Framework for coordination and integration



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Vignette 1



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Vignette 2



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Variety of Patients Treated

Oral Health

- Patients with mental health conditions—diagnosed or not yet diagnosed
- Patients on psychotropic medication with side effects
- Patients who use substances

Behavioral Health

- Clients on psychiatric medications with side effects such as dry mouth
- Visible, untreated oral disease
- Clients who do not know how to navigate the health care system



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We Can Ill-Afford to Operate in Siloes

- Services must be coordinated and integrated
- It takes a framework
- It takes buy-in to adopt the framework
- The framework can be elaborate or simple
- Core framework components include: provider education and training, service provision, referral, and care management
- Champions are needed
- Siloed care does not improve outcomes, the patient/client experience, or provide value



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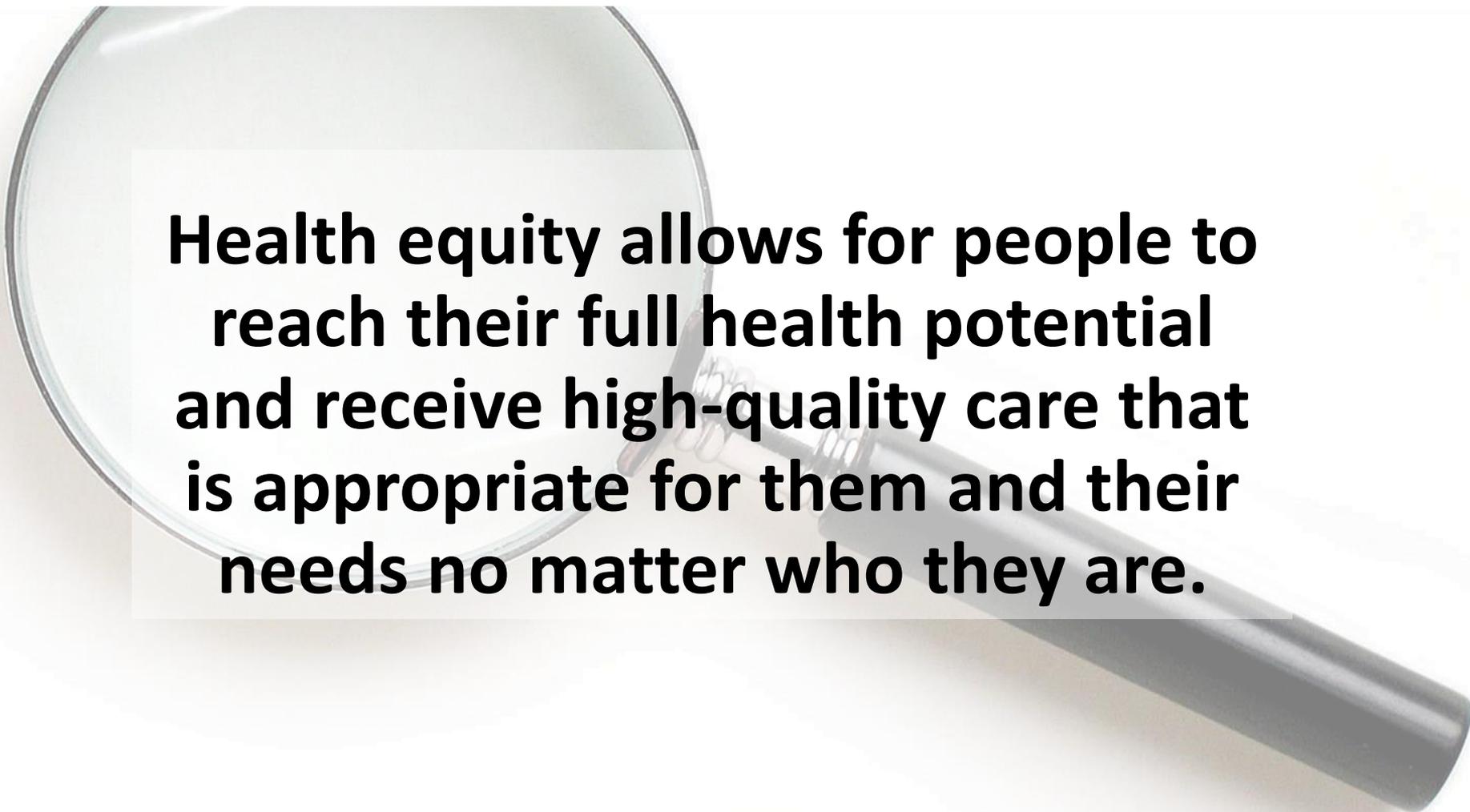
Frameworks Explode Siloes & Have Potential to:

- Improve outcomes
- Improve access to care
- Enhance the experience of care for the marginalized, vulnerable, BIPOC
- Improve the provider/patient(client) experience
- Reduce health care costs



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Health equity allows for people to reach their full health potential and receive high-quality care that is appropriate for them and their needs no matter who they are.



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Oral and Behavioral Health Integration Framework

Tools & Resources to
Advance More Coordinated
and Integrated Care



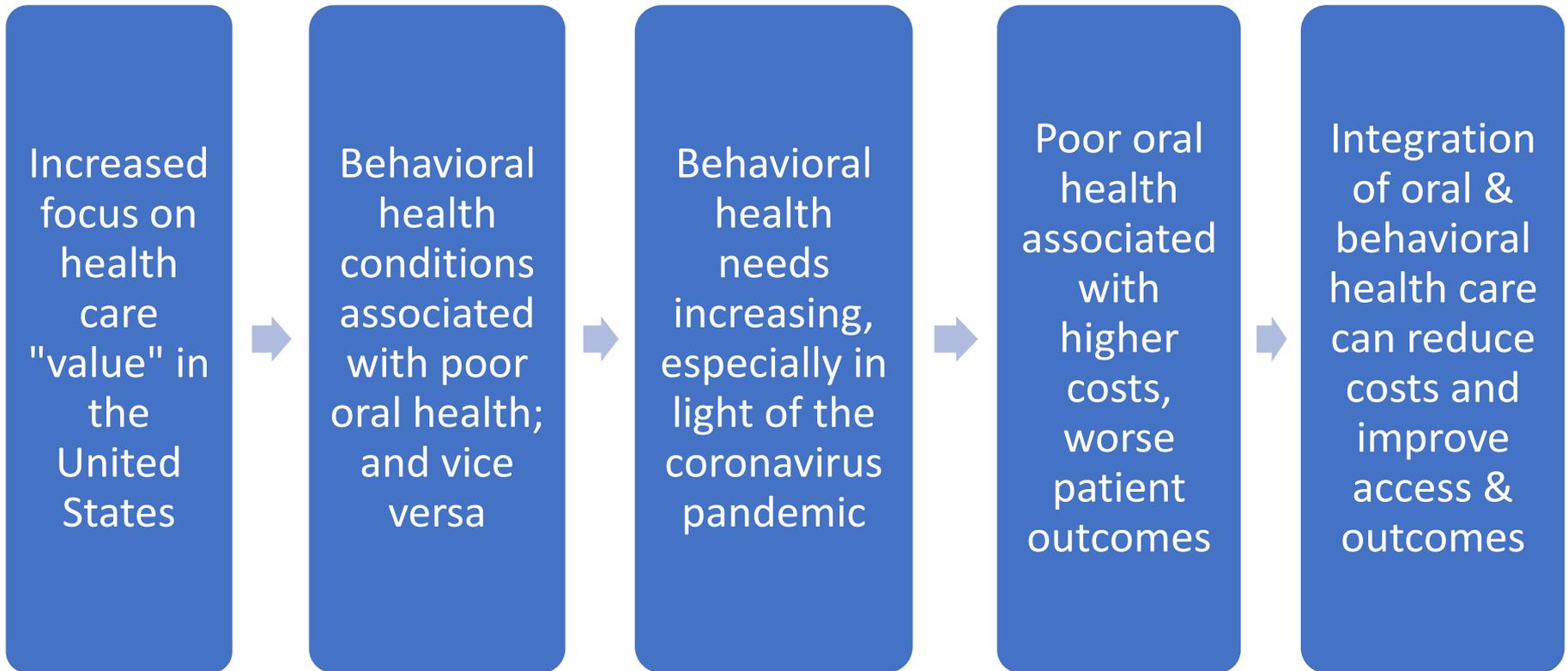
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Value Proposition for Integration of Oral and Behavioral Health Care



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Promising Outcomes for Oral and Behavioral Health Integration

- In Utah, **Project FLOSS** demonstrated that comprehensive dental care for substance use disorder patients led to:
 - increased length-of-stay in substance use disorder treatment
 - higher rates of employment
 - higher rates of recovery
 - lower rates of homelessness
- **Indian Health Services** increased dental depression screenings by 1,266% (from 1,046 to 14,563 over 6 months) and increased dental referrals to behavioral health by 382% (23 to 111) at 12 pilot sites
- The dental department at **Asian Health Services** integrated behavioral health screening questions into the patient check-in process; the first day, a patient wrote that she was contemplating suicide, and she was connected to the care she needed



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Promising Outcomes for Oral and Behavioral Health Integration (cont'd)

	1. Provider and Patient Education	2. Screening and Referral	3. Cross-System Service Provision	4. Cross-System Embedded Provider (Physical or Virtual)	5. Co-Location with Partial System Integration	6. Full System Integration
Examples for Oral Health Providers	Oral health providers receive training on common behavioral health conditions, and learn new skills or techniques that could help better treat such patients in a dental office	Oral health providers screen patients for mental health or substance use disorders and make referrals to external providers as needed to address identified behavioral health needs	Oral health providers offer service interventions for certain behavioral health needs, as appropriate and within scope of practice (e.g., tobacco cessation services)	A behavioral health provider (e.g., a social worker) is embedded within a dental practice or dental teaching clinic to address barriers to care and increase access to needed dental and behavioral health care.	Oral and behavioral health providers located at the same site, and have some system integration (e.g., shared systems and records, some face-to-face communication)	Oral health and behavioral health providers share a physical office space, use a common electronic health record (or have bi-directional access to patient information contained the EHR/EDR), and co-manage patients as needed using a single patient treatment plan and regular case conferences
Examples for Behavioral Health Providers	Behavioral health providers receive training on common oral health issues associated with mental health or substance use disorders, including oral health impacts of medications for behavioral health treatment, offering patient education as needed and appropriate	Behavioral health providers screen for basic oral health hygiene habits, problems with teeth or mouth, and/or dental visit history and make referrals to oral health providers as needed	Behavioral health providers offer service interventions for certain oral health needs, as appropriate and within scope of practice (e.g., addressing behaviors that lead to poor oral health outcomes in goal planning)	An oral health provider (e.g., a dental hygienist) is embedded within a behavioral health practice to help expand access to needed oral health care. This staff person can provide oral health services onsite within the behavioral health practice, and/or via mobile or tele-dentistry.		

Definition of acronyms used above: EHR = Electronic Health Record, EDR = Electronic Dental Record

Forthcoming Oral and Behavioral Health Integration Toolkit

The toolkit will provide more details and associated resources for each model in the framework, including:

- General model description and rationale for why it is needed
- Examples in practice
- Key planning questions
- Potential funding approaches
- Data monitoring
- Links to tools and resources
- Snapshot of an on-the-ground model



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Snapshot: Provider & Patient Education on Oral Health for Behavioral Health Providers

General description: Tooth decay is largely preventable but affects more than nine in 10 adults and is the most common chronic childhood disease. Individuals with mental health and substance use disorders tend to have poorer oral health than the general population, including greater and more severe dental caries (tooth decay) and periodontal disease (gum disease), but are less likely to have received dental care. Behavioral health providers receive training on common oral health issues associated with trauma history, mental health, or substance use disorders, providing patient education as needed and appropriate.

Examples in practice:

- Peer specialists, peer recovery coaches, or community health workers learn the basics of good oral health hygiene habits
- Substance use providers receive training on unique impacts of different illicit substances on oral health, and oral health side-effects of medications used to treat addiction
- Clinical psychologists or licensed clinical social workers receive training on oral health side effects of medications used to treat mental health conditions and behavioral strategies to support good oral health hygiene

Key planning questions:

- What type of training is most appropriate given your practice's patient population?
- Which staff members within the behavioral health clinic can and should be trained on these topics?
- What educational materials could be distributed in the behavioral health office to promote awareness of oral health for patients and staff?

Snapshot: Provider & Patient Education on Oral Health for Behavioral Health Providers (cont'd)

Potential Funding Approaches: Many high-quality, online training resources are available at no cost and can help licensed behavioral health providers meet continuing education requirements. Providers can also ask state behavioral health associations and other provider associations about opportunities to fund statewide provider education opportunities.

Data Monitoring:

- Assess the number and percent of staff who have been trained on the relationships between oral and behavioral health
- Assess changes in the knowledge and skills of behavioral health providers
- Ensure all staff understand the basics of good oral hygiene and assess whether educational materials and posters about oral health have been displayed in the behavioral health clinic

Education Snapshot:



**CHILD MIND[®]
INSTITUTE**

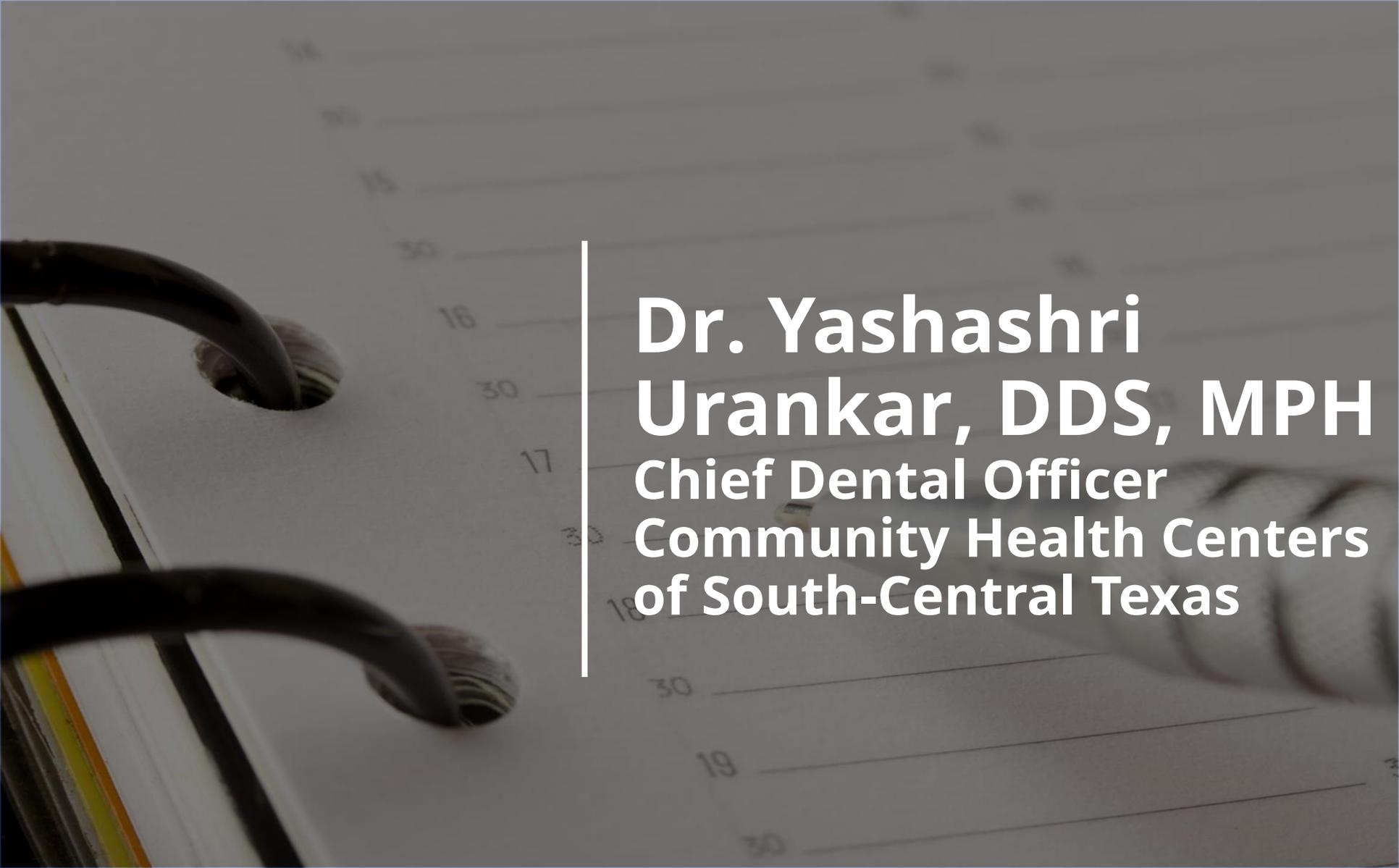
ADHD and Sleep Disorders: Are Kids Getting Misdiagnosed?

Model Tip: Leverage Educational Resources with Photographs of Teeth & Mouth

Clinical examples of the effects of methamphetamine use on teeth



Source: Smiles for Life: Adult Oral Health and Disease – Substance Use Disorders. Available at: <https://www.smilesforlifeoralhealth.org/topic/substance-use-disorders/>



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Introduction

- Federally Qualified Health Center (FQHC), a non-profit organization that provides healthcare services across five counties in the South-Central Texas region
- 8 clinical sites, with Dental services provided at 7 sites and Behavioral health services at 7 sites
- Headquarters in Gonzales, TX



Introduction (cont'd)

- We are proud to offer primary medical care, dental care, pediatrics, behavioral health services, women's health services, OBGYN and diagnostic laboratory services.
- The Center is accredited through the Joint Commission as a Patient Centered Medical Home (PCMH), whose primary objective is to provide a full spectrum of services under one roof.
- Our Partners, providing Behavioral Health Services are Bluebonnet Trails Community Services, the local mental health and developmental disabilities authority in Texas (certified by Texas Department of Health and Human Services).



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Why Integrate Behavioral Health and Oral Health?

- **The connection between the two is bidirectional:**
 - *Oral health problems are often exacerbated when a person has behavioral health needs, and mental health is likely to be made worse by poor oral health.*
- Those with severe depression or schizophrenia may find **basic oral care nearly impossible** (also Dementia and Alzheimer's).
- Many medications used to treat mental health problems **cause xerostomia** (dry mouth), which tends to exacerbate oral conditions.

Resource: OHWRC case studies

Why Integrate Behavioral Health and Oral Health?

- Most patients with a negative childhood dental experience are likely to neglect their oral health due to extreme anxiety.
- Lack of a ‘Good Smile’ is likely to affect self-esteem of an individual and lead to depression in an otherwise normal person (limits chances of getting good jobs!!).

Resource: OHWRC case studies

Levels of Integration: What is the Goal?

Level One Minimal Collaboration	Level Two Basic Collaboration at a Distance	Level Three Basic Collaboration Onsite	Level Four Close Collaboration Onsite Some Integration	Level Five Close Collaboration Approaching Integrated Practice	Level Six Full Collaboration in a Merged Integrated Practice
Separate facilities separate system	Separate facilities separate systems	Co-located, may or may not share same practice site	Co-located and beginning of integration	High level of integration and providers start to function as a team	Single transformed practice with no lines of delineation
Infrequent communication about patients	View each other as resources	Referrals flow through two different practices	Complex patients with mental health/substance use drive need for consultation	Providers beginning to change structure of their practice	Single health system that treats the entire person
Communication driven by provider need	Shared patient around a specific issue	Decisions about patient made by individual not team	Basic understanding of each others role	Providers start to seek solutions as a team	Treating all patients not just targeted groups

Our Story of Integration:

- Our Health Center partners with Bluebonnet Trails Community Services, the local mental health and developmental disabilities authority in Texas (certified by Texas Department of Health and Human Services).
- This partnership began in 2008 as the result of Bluebonnet Trail's response to a mental health crisis at one of clinical locations in Seguin TX.
- After which, executive teams and boards of both organizations met and agreed that integration of our services (Primary care and Behavioral health care) would benefit the communities we serve.
- Bluebonnet trails had their service area in the four of the five counties that we provided primary health services.
- The foundation for this integration came with the realization that we are two organizations with a similar missions working as one to fulfil the needs of the community.



Our Story of Integration (cont'd)

- Formal integration of behavioral health with primary care started with a grant that allowed for a learning community and planning effort in 2010.
- Due to existing co-location situation initially, the integration started only at one location(Gonzales).
- Together both organizations applied for grants to expand services. The most significant grant was the capital development grant for \$5 million to build a 20,000 sq. ft. facility in the city of Seguin to replace our small facilities.
- By 2014, through grants and expansions integrated care services were offered under the same roof at almost all our locations.

Our Story of Integration (cont'd)

- In 2015, Elgin ISD lost their partnership with an existing FQHC so Community Health Centers filled in that care gap along with their partners the Blue Bonnet Trails.
- The Dental department was always an integral part of the planning and expansion process.
- Throughout the last 12 years, this relationship has grown as we began integrating services at more and more locations.
- The executive teams meet on a regularly basis every 2 months on an average to discuss clinical outcomes, new grants and opportunities, sustainability of the programs, process improvements, access to care, expansion etc.

Overview of Integrated Behavioral/Oral Health (IBOH) program

- We have a Behavioral Health Consultant embedded at each of our 7 sites either in person or via telehealth.
- The Behavioral Health Consultant and the medical and the dental provider have a morning huddle to review mutual patients on the schedule and discuss possible need for a behavioral health consultation/referral or follow up.
- All patients aged 12 and above at the medical and dental clinics receive a PHQ9/A form for depression screening at every visit. This form also has CAGE included in it for assessment of substance use.
- Elevated scores > 10 are reported to BHC.

Overview of Integrated IBOH (cont'd)

- Intervention is provided as needed (either the same day or as scheduled appt) depending on the urgency.
- BHC also addresses patient's dental anxiety whenever called for.
- Recently we discussed adding of Oral health questions to the BH intake form at their clinic.



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Name: _____ D.O.B.: _____ Date: _____ Appt. Time: _____



PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. Nopermission required to reproduce, translate, display or distribute

FOR OFFICE CODING 0 + _____ + _____ + _____

Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult
at all
⑤

Somewhat
difficult
⑤

Very
difficult
⑤

Extremely
difficult
⑤

CAGE-AID QUESTIONNAIRE

When thinking about drug use, include illegal drug use and the use of prescription drug use other than prescribed.

Questions	YES	NO
1. Have you ever felt that you ought to cut down on your drinking or drug use		
2. Have people annoyed you by criticizing your drinking or drug use?		
3. Have you ever felt bad or guilty about your drinking or drug use?		
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?		

Interpretation of PHQ-9/A –CAGE Scores

- The RDA to calculate the score for each section and notify to the dentist
- A positive screen consists of scores at or above 10 or if the patient checks yes for question #9 (*Thoughts that you will be better off dead or hurting or harming yourself?*)
- Any positive answers to the CAGE also consists of a positive screen
- The positive scores will then require the need to reach out or refer the patient to the BHC or for a brief intervention to determine the problem
- #9 needs immediate attention by BHC or crisis line

Program Evaluation

Data from 2 sites: Lockhart and Bastrop, 2019

Number of encounters	Number of unduplicated patients	Patients received PHQ 9 screening	Needed intervention by BHC	
2,700	1,246	665	150	

Reporting

- The Blue Bonnet Trails tracks the data for reporting to the state
- CHCSCT, Report a pulled data from Medical and Dental departments to UDS
- The dental department request for data from either CHC, IT department or Blue Bonnet Trails to evaluate this data
- The data has been periodically evaluated for internal process improvement purposes

Challenges

- Integration of EHR (EDR not capable of capturing BH data)
- Continuous training of staff is needed due to turnover
- Patients need to be screened every visit (Patient compliance issues)
- The front desk needs to be reminded to hand out the PHQ9/A forms
- An important challenge has been helping dental and medical patients understand why we ask these BH questions at these visits

Challenges (cont'd)

- Patients refuse behavioral health services, despite positive screens
- New patients may not answer the question truthfully at the first visit; You may need to gain their trust before they respond honestly
- Inconsistency in entering data/ data capture
- COVID 19 has disrupted some processes due to clinic closures
- Standardization of Data reporting across both organizations

Successes

- Screenings for behavioral health problems assist the dentist with identifying possible barriers to care and look beyond just oral health
- BHC involvement with dental patients who have elevated score allows the dental team to continue to provide focused care
- Improves compliance to dental care overall, specially so among patients with dental anxiety
- BHC have been of immense help to alleviate dental anxiety particularly before receiving extractions

Successes (cont'd)

- Screening in the dental department provides access to behavioral health services for all patients at our Health Center
- Seen as another opportunity to help normalize behavioral health care and open conversations that might be otherwise overlooked
- TRACKING THE PROCESS is Key....This can be done through a good workflow and smart codes in EHR

Improvement Process and Future Strategies

- Oral health screening to be performed at intake on the BH patients at the BH clinic and referred to dental clinic accordingly
- Possibly using tablets to complete PHQ 9/a and CAGE form so the information integrates to the EMR
- Education and training in Oral health screening and caries risk assessment to be considered for BH providers

Improvement Process and Future Strategies (cont'd)

- Add questions about past dental experiences and associated anxiety to the depression screening form
- BHC to be utilized as a resource for goal setting and lifestyle changes regarding nutritional/dietary concerns for patients with moderate to high caries risk, (possible change in eating behaviors) to support the chronic care model for caries management

Patient Success Stories

- **A young man came in as a walk-in appointment with acute dental pain. The patient was bitterly crying which seemed disproportionate to his dental problem. I could not tell at first what was going on, it seemed something beyond the pain from the tooth, something deeper. On further questioning, the patient told us that his house had burned down the previous week and he had lost all he owned specially some precious stuff left behind by his father for him. After initial attempts of trying to calm the patient down, I sent for the BHC team, who are located in the same building. Our BH team spent some time with the patient, understood and analyzed the situation and counselled him. The next day, the patient and his wife came back to the office, specially to thank us for the change that our team brought about in their outlook towards the situation. The patient was much more optimistic and hopeful this time. His wife said that they had not imagined that a dental appointment would change their world so much!**
- **An apparently healthy-looking middle aged male patient came to our office for his regular dental visit. Upon running the depression screening, his PHQ 9 scores turned out to be very high. I referred him to the BHC for initial counselling due to the high scores. Surprisingly, the conversation with the BHC lasted for more than an hour. The Patient had a downpour of emotions and felt at ease after the interaction. Turns out the patient was going through a divorce and that he was a victim of domestic violence. The BHC was able to help him with resources and some follow up appointments. A week later, the patient expressed gratitude for the relief provided.**

Patient Success Stories (cont'd)

- **An elderly lady, very elegantly dressed, showed up for her dental appointment. Her PHQ - 9 scores were all marked at a 'zero'. While reviewing her health history I noticed that she had severe scratch marks on both her forearms which she was trying to hide with her long sleeves. I questioned her about the scratch marks to which she said her cat scratched her. After taking a closer look at the scratches, something did not seem to add up so, I had the BHC speak to the patient and the lady broke down and said that she had attempted to kill herself several times. BHC were able to get her family involved with the patient's permission and help and support her by providing timely guidance to handle any crisis for the future. This case shows that the patient can manipulate scores and provider interaction and judgement is ultimately what matters!**

In Conclusion: We need to learn to listen, listen, and listen to our patients, and keep our focus to look and observe beyond what meets the eye. This calls for increasingly higher need for interdisciplinary education to provide patient centered, whole person care to improve overall patient healthcare outcomes.



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Conclusion

IBOH is an important integration for the health and well being of patients we serve

The buy-in and involvement of the executive team from the start is important.

Start as a pilot project at one site to test the process.
(tracking)

Data analysis for continuous process improvement to move up in the level of integration.

Contact



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AllCare Health and Capitol Dental Care: An Embedded Provider Model



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The Intersection of Oral and Behavioral Health: Can We Meet in the Middle?

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Scope of Services: Phase 1

The Capitol Dental Care (CDC) expanded practice dental hygienist (EPDH) will provide (on ALL patients):

- Oral Health Assessments (D0191)
- Fluoride Varnish (D1206) and or Silver Diamine Fluoride (D1354)
- Sealants (D1351)
- Nutritional Counseling (D1310)
- Tobacco Counseling (D1320)
- Oral Hygiene Instructions (D1330)
- Risk assessment (D0601, D0602, D0603 or some other agreed upon scoring mechanism)
- Care Coordination support from AllCare (Coordinated Care Organization)



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Scope of Services: Phase 2

- X-Rays (D0210-D0290)
- Intra-oral photos
- Comprehensive Examination via teledentistry (D0150) or Comprehensive Periodontal Evaluation via teledentistry (D0180)
- Prophylaxis – adult (D1110) and child (D1120)
- Periodontal Scaling and root planning – four or more teeth per quadrant (D4341)
- Periodontal Scaling and root planning – one to three teeth per quadrant (D4342)
- Scaling in Presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation (D4346)
- Full Mouth Debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit (D4355)

Patient Success Stories!

- I saw a patient that had been living out of her camp trailer with her significant other and her service dog. She told me her story of her past life of having dental insurance and a good paying job in corporate America, but today she was in mental and physical disarray with all her teeth pain. As I looked around, I could see she had at least two abscess teeth if not more with facial swelling. I talked to the dentist providing care and I found out she had six dental abscesses. That's a lot of infection in her body! **Fast forward: A Life Skills coach at Options gave me an update on her.** The Skills Coach happened to come in with another patient and ask if I had been the hygienist that helped her. **She does not need Options services any more as her whole life has changed because of her oral health.** I was so moved by this and so happy to hear of the full circle.
- A former **Charge Nurse that has agoraphobia** came to see Options. She told me her past of **living homeless in Hawaii for several years.** She **now lives in a shed on a relative's property with no running water.** She is in the process of getting help with her living conditions. **It was a big deal to come into the office for her.** She tells me about the **mental break down she had at her work as a charge nurse for many years.** She **had some broken teeth at the roots and gum line that I treated with SDF.** I told her I would meet her at the dental office and go with her. **Success: she is going to her appointment alone and doing her dental treatment.**

Final Success Story

A man from a group home came in to see dental at Options. After my assessment of his **17 decayed and broken teeth**, we came up with a plan. **He agreed to brush his teeth with no toothpaste for the next week** (he didn't like the ingredients in normal toothpaste) and I would bring him several natural toothpastes to try. **This man returned the next week but something seem different as his head was down and barely looked up. He shared with me he was depressed** and thinking of killing himself. I talked to him as any mom/hygienist would do from the heart. I told him I would get him some help today. **I was able to connect him with services at Options right away and he was able to speak with a behavioral health counselor.** He did return for another visit to go over homecare and apply more Silver Diamine Fluoride. **He came in and looked up at me with a small smile.** He seemed different today in a good way. I feel like it's the little things like caring and small changes to help the patients here. **He shared he felt better and was looking forward to his next appointment in his new dental home at a local office.** He was excited about getting his front teeth fixed.



The sign features a central graphic of a stylized tooth with a green and blue color scheme. The tooth has a white outline and a green fill. A white toothbrush is positioned horizontally across the middle of the tooth. Above the toothbrush, there are three small white flowers. The sign is divided into two main sections: a light blue top section and a white bottom section. The text is in blue and green colors.

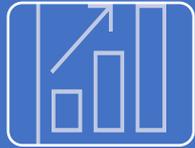
Teeth...Better Health

Make a **FREE** appointment with our hygienist.

Open
Wednesdays
9am-5pm



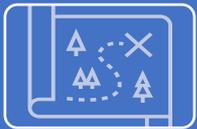
Conclusions & Next Steps



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



An integration framework can provide a roadmap for providers interested in better coordination or integration across oral and behavioral health



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Questions?



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Tools & Resources

- A general overview of the bi-directional relationships between oral and behavioral health can be found at this webinar: [National Council for Behavioral Health: Oral Health and Behavioral Health: Rationale for Increased Coordination and Integration](#)
- Trauma-Informed Dental Care resource from The Illinois ACEs Response Collective: [Trauma-Informed Care and Oral Health: Recommendations for Practitioners](#)
- For a general list of medications that cause dry mouth, see [WebMD's article "What Medications Can Cause Dry Mouth?"](#), and for a more detailed list of 348 generic and name brand medications that cause dry mouth, see [American Dental Association, Medications that Cause Dry Mouth](#)
- [Smiles for Life](#) is a national oral health curriculum that consists of eight 60-minute modules covering core areas of oral health relevant to hear professionals, and includes classes on Child Oral Health, Adult Oral Health, and the Relationship of Oral and Systemic Health
- [Oregon Oral Health Coalition](#) has resources that may be useful for distribution in behavioral health offices, such as [Oral Health Care Tips for Children with Developmental or Behavior Concerns](#) and [Soda All Day = Tooth Decay](#)



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Upcoming CoE Events:

**CoE Office Hours: Oral Health & Behavioral Health:
Framework for Coordination & Integration and Success Stories**

[Register here for Office Hour](#) on April 29, 2-3pm ET

Interested in an individual consultation with the CoE experts on integrated care?

[Contact us through this form here!](#)

Looking for free trainings and credits?

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Thank you!

Questions? Email integration@thenationalcouncil.org

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