## Best Practices



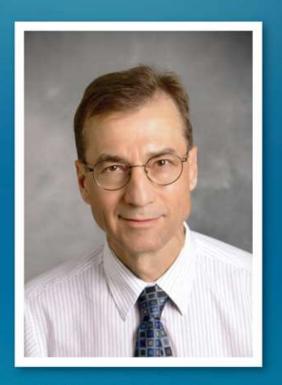


# Removing Another Barrier to Oral Health Access:

A Step Beyond Co-Location and Integration



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CBHA
Othello, WA



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DDS, Chief Dental Officer

Yakima Valley Farm Workers Clinic

Yakima, WA

#### Introducing: CBHA

#### 3 Clinics

Othello (Adams County)
Connell (Franklin County)
Wahluke (Grant County)

Co-located & Integrated Clinics











### Introducing: CBHA Dental



General Dentists



6 Hygienists



2

**Pediatric Dentists** 

**RESIDENCY/STUDENT ROTATIONS** 

University of Washington • A.T. Still University • NYU-Langone



48,689

**2018 Dental Encounters** 

#### **CBHA Dental 2018 Stats**

**DEMOGRAPHICS** 

79% Hispanic

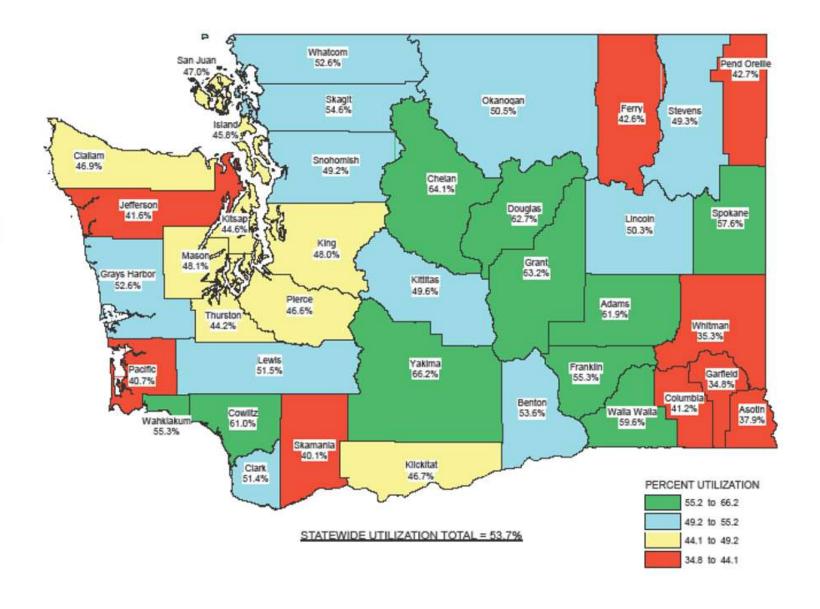
46%
Migrant
Population

**CBHA PAYER MIX** 

27% Uninsured

45% Medicaid

#### Current Dental Access for Children <= 5 years old in Washington State



#### **Dental Visits for Medicaid Children** <12 months old

41.5%

**Adams County** 

33.4%

**Franklin County** 

45.4%

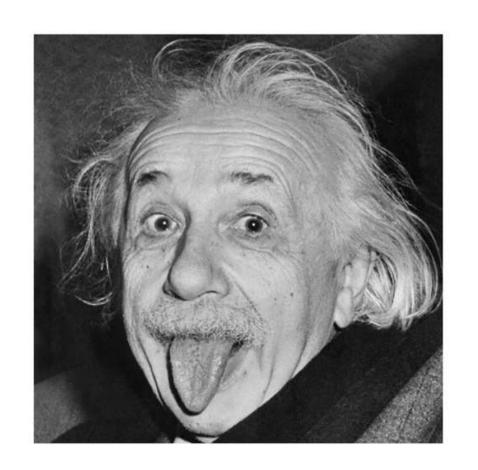
**Grant County** 

Washington State Average 33-8%

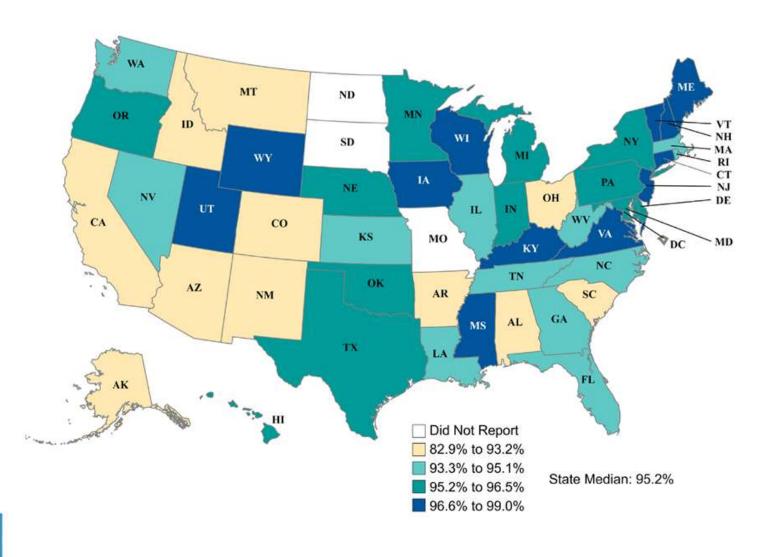
## Definition of Insanity

"Doing the same thing over and over again and expecting different results."

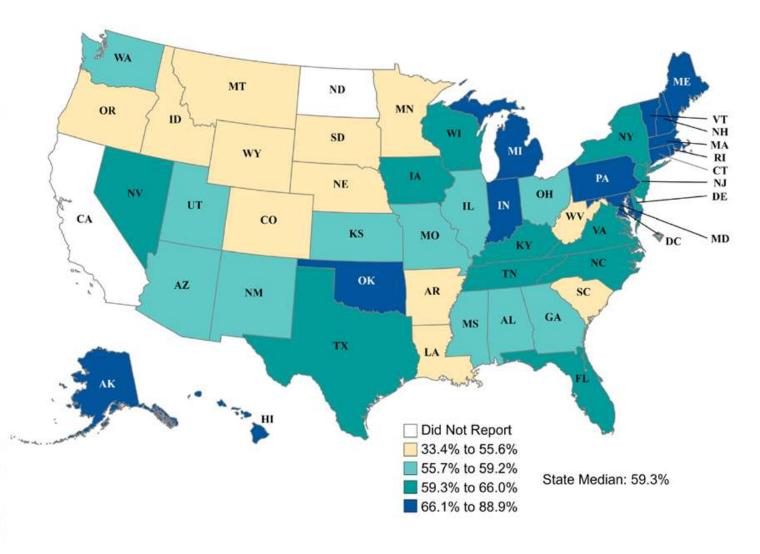
- Albert Einstein



### Children Access to Primary Care Practioner 12-24 **Months Old**



Geographic Variation % of Children Receiving 6 or **More Well-Child Visits in the First** 15 Months of Life



## Bringing the Walls Down















### in Dental Access

#### Moving Hygienist into Medical



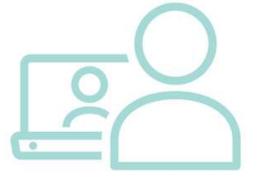
Medical Well Child Check (WCC) for kids <5yo



Women
Infant and
Children
(WIC)
programs



Integrated
Dental
Tracking



"Teledentistry"

### Well Child Check

Dental Hygienist incorporated into the primary care medical team



Clients are offered dental screening, fluoride varnish and education at the time of the well child exam.

Oral health service is co-located with the medical service.

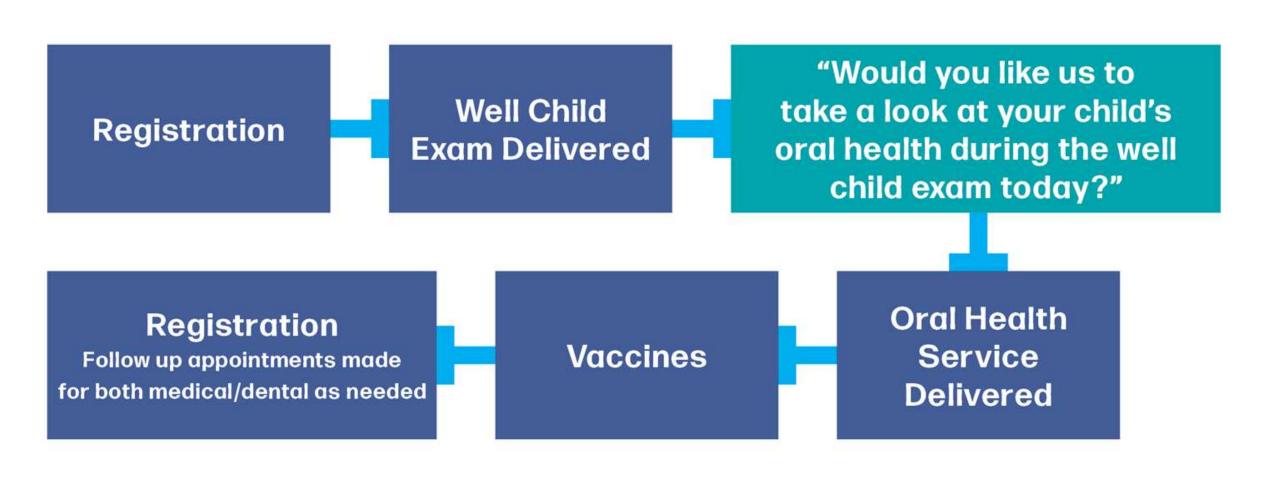
Assistance is provided in making follow up dental appointments as needed.

### **Service Location & Time**

Oral health service will be delivered in the same room as the well child exam. Intervention during otherwise patient alone time in room



## Work Flow



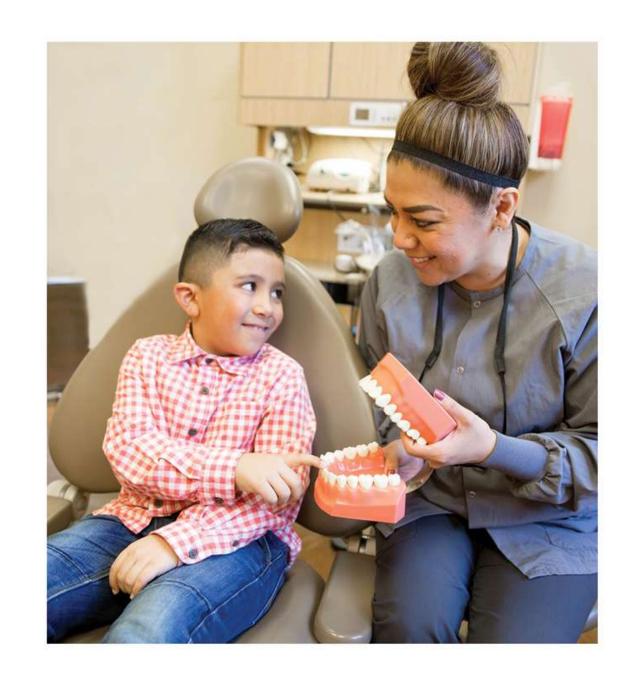
## Budgeting/ Billing

**Billable Codes** 

Dental Encounter Eligible D9999 - Family Oral Health Education

Fee-for-Service D1206- Fluoride Varnish

Oral health portion is processed as a dental encounter claim



#### WIC - Women, Infant & Child



Offer Dental screenings during a WIC visit for the patient and siblings



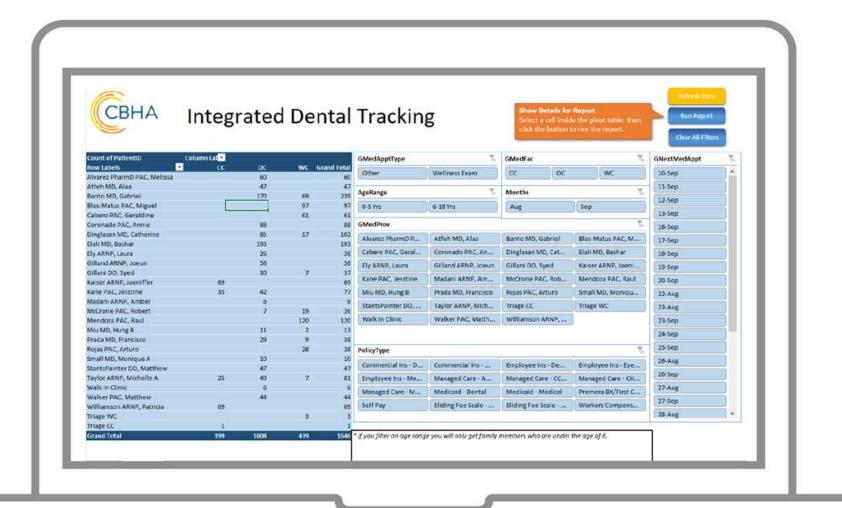
A separate room at WIC is retained for this purpose to perform either screening or examination through teledentistry



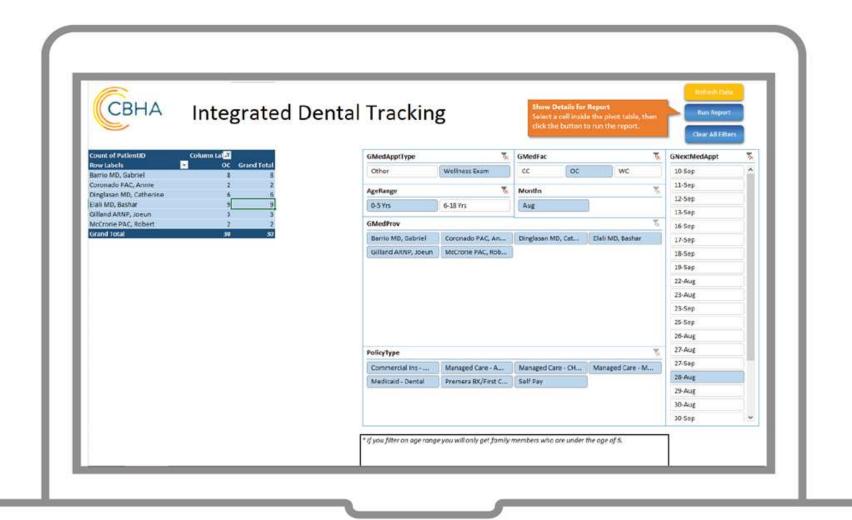
Service offered are same as Well Child Checks



Billing codes are same as Well Child Checks



### Integrated Dental Tracking



#### Integrated Dental Tracking

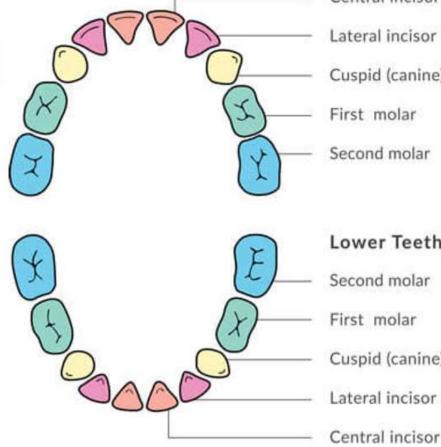
## Teledentistry

#### **More Than Just A Screening**



- Synchronous D9995
- Asynchronous D9996
- Not just a screening, but an examination
  - D0190/0191 Screening/Assessment of a patient
  - D0350 2D oral/facial photographic image obtained intra/extra orally
  - D03513D photographic image
  - D0601,0602,0603 Caries Risk Assessment
  - Clinical Examination
    - D0120 Periodic Oral Examination
    - D0140 Limited Oral Evaluation
    - D0150 Comprehensive Oral Evaluation

## Pediatric & Dental **Eruption** ® Chart



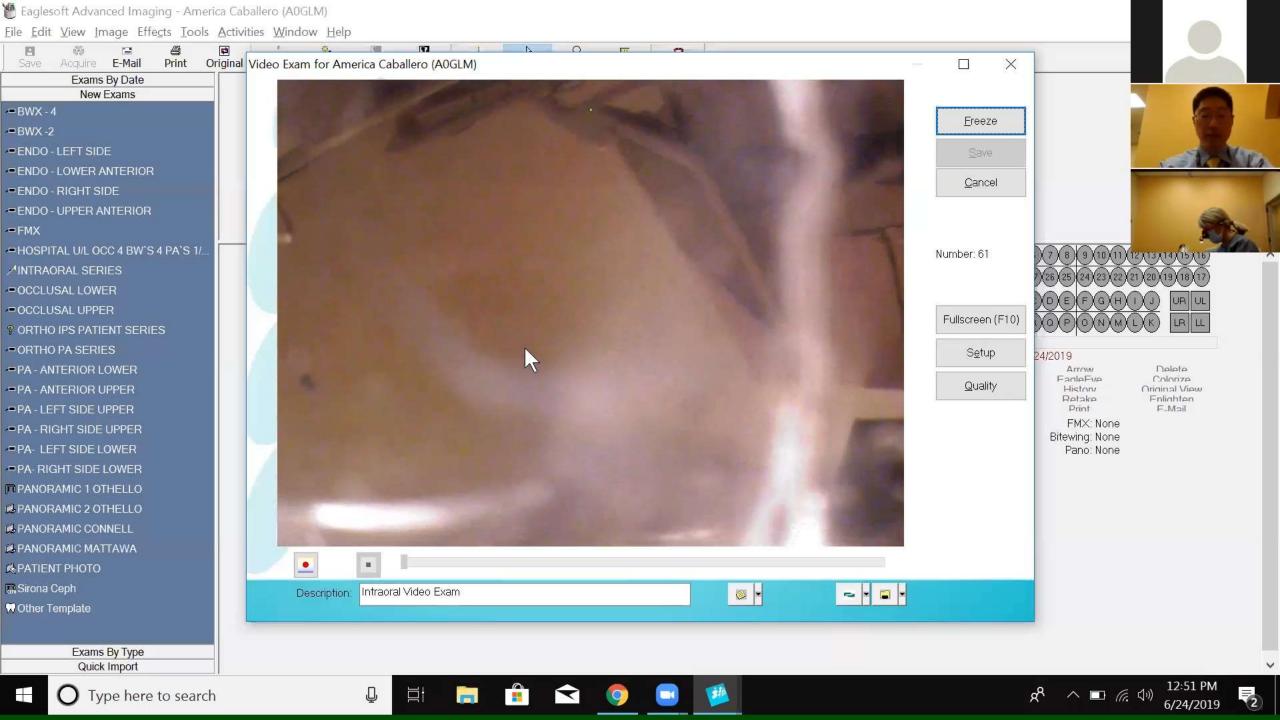
Upper Teeth	Erupt	Shed
Central incisor	8-12 mos.	6-7 yrs.
Lateral incisor	9-13 mos.	7-8 yrs.
Cuspid (canine)	16-22 mos.	10-12 yrs.
First molar	13-19 mos.	9-11 yrs.
Second molar	25-33 mos.	10-12 yrs.
Lower Teeth	Erupt	Shed
Second molar	23-31 mos.	10-12 yrs.
First molar	14-18 mos.	9-11 yrs.
Cuspid (canine)	17-23 mos.	9-12 yrs.
Lateral incisor	10-16 mos.	7-8 yrs.

6-10 mos.

Chad

6-7 yrs.

Hanas Tooth







#### Goals



#### **Better Access**

Patient and siblings can be seen and evaluated at the same time if time permits





#### **Better Care**

Integrated medical and dental care in the same room. Able to evaluate and schedule patient and siblings without going to the dental clinic.



#### **Reduce Cost**

Less number of visit for the patients, less overhead for the office



#### **Increase Bottom Line & Access**

Opens dental operatory for other procedures/access



#### **Higher Satisfaction**

All in one visit for patients as well as coordinated scheduling, if needed, into the dental office.

#### Measurements



% Pediatric Patients
Seen in Dental



% Pediatric Patients in Medical Seen in Dental <6 years old • <18 years old



% Pregnant Women in Medical Seen in Dental



**Patient Satisfaction** 



#### Dashboard Using Bl

## Barriers

# The Best Laid Plans of Mice & Men... EPSDT Well-Child Checkups



EPSDT requires a periodic, well-child checkup, with the client's primary care provider (PCP). The recommended frequency of visits as a child grows is shown on the Periodicity Schedule.

Each well-child checkup consists of the following elements, though how the element is completed depends on the age of the child.

# The Best Laid Plans of Mice & Men... EPSDT Well-Child Checkups

Initial/interval health history and a family health history Measurements - age appropriate growth including length/ height and weight and blood pressure

Sensory screeningvision and hearing Developmental/ behavioral health screening

Physical exam

Procedures, including immunizations and laboratory tests\*

Oral health and fluoride varnish

Anticipatory guidance

### WA Health Care Authority Guidance

Oral health requires ongoing supervision from health care providers. At each well-child checkup the provider should do an oral assessment noting the number and location of teeth erupted, visible cavities and other symptoms.

If the child does not have a dental home, the PCP should provide a referral. If the child is enrolled with managed care and does not have an established dental home, refer the client to the MCO.



### WA Health Care Authority Guidance



How to clean teeth as they erupt



How to prevent early childhood caries



How to recognize dental disease



How dental disease is contracted



Importance of preventive sealant



Application of fluoride vanish, when appropriate

### WA Health Care Authority Guidance

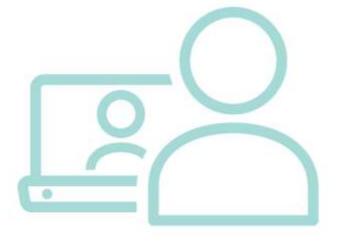
Once teeth are present,
fluoride varnish
may be applied by
qualified health care
professional to
all children.



### Meeting with the HCA



Billing hygienist encounters from medical programs: D0190 or D0191 codes



Tele-dentistry in medical



Billing hygienist encounters from WIC programs inside and outside of health centers buildings

# One More Issue: CMS Telehealth Services Billing Guide Page 40-41

200 - Telehealth Services (Rev. 239, Issued: 01-09-18, Effective: 1-22-18, Implementation: 1-22-18) RHCs and FQHCs may serve as an originating site far telehealth services, which is the location of on eligible Medicare beneficiary at the time the service being furnished via a telecommunications system occurs. RHCs and FQHCs that serve as an originating site for telehealth services are paid an originating site facility fee. Although FQHC services are not subject to the Medicare deductible, the deductible must be applied when an FQHC bills for the telehealth originating site facility fee, since this is not considered an FQHC service. RHCs and FQHCs are not authorized to serve as a distant site for telehealth consultations' which is the location of the practitioner at the time the telehealth service is furnished, and may not bill or include the cost of a visit on the cost report. This includes telehealth services that are furnished by an RHC or FQHC practitioner who is employed by or under contract with the RHC or FQHC, or a non-RHC or FQHC practitioner furnishing services through a director indirect contract. For more information on Medicare telehealth services, see Pub. 100-02, Medicare Benefit Policy Manual, chapter 15, and Pub. 100-04, Medicare Claims Processing Manual, chapter 12.

**Tele-Dentistry** For Older Children Radiograph Issue Nomad X-ray **Units** 



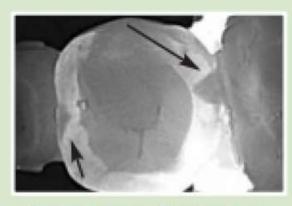
# Tele-Dentistry For Older Children Radiograph Issue



Near Infrared Transillumination



Bitewing Radiograph: Shows caries on distal, but actual extent is inconclusive



CariVu Image: Clearly shows caries extending to DEJ (also note mesial)

# Silver Diamine Fluoride and Other Tools

- We now have the ability to arrest decay
- We have the ability to effectively temporize caries holes in teeth
- We can use case management techniques to manage the most common chronic disease in humans
- We need to advocate for changes to the dental law



**Before** 



**After** 

## The Big Picture

The current oral health delivery system in broken

We need to learn to manage population oral health along with individual oral health

We need to break down the walls of the clinic to manage larger numbers of patients

**Hygienists** working outside the dental clinic providing case management, preventative services and tele-dentistry can address all of the above and provide a new income stream for health centers

# Questions?