



Dentistry as Primary Care

How Medical-Dental Integration is Working in North Dakota

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Objectives

- Demonstrate the need for medical dental integration (MDI) in North Dakota
- Understand how MDI is working
- Review evaluation data and patient impact
- Learn what this means for dental practices in the state
- Hear about what is next for MDI and preventive dental care in family medical centers in North Dakota

What is Medical Dental Integration

Dental providers and other medical providers working collectively to advance individual health.

- Dental teams providing blood pressure screenings
- Pediatricians providing dental screening and fluoride varnish application
- Long term care clinical staff conducting dental screenings and referrals
- Health clinics providing both dental and other medical health services at a single site

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Focus: Co-location and Integration of Dental in a Medical Setting

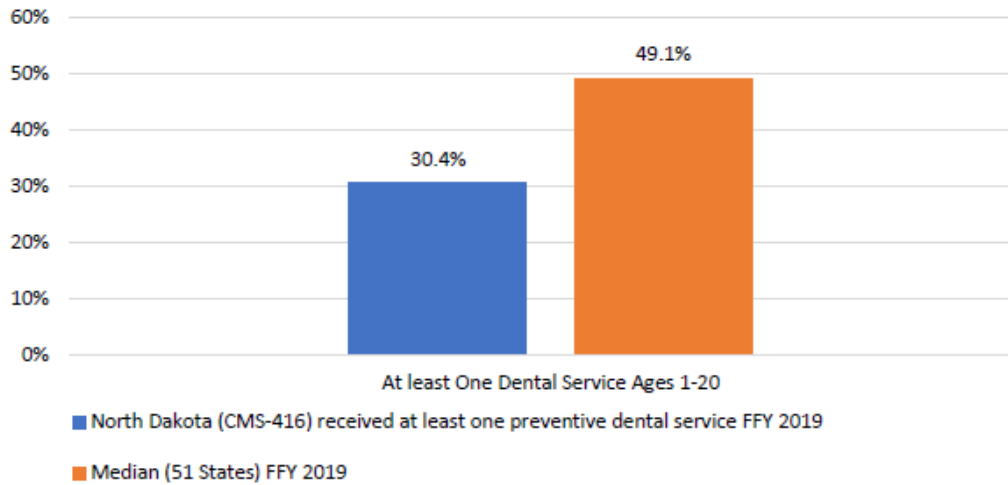
NEED

In North Dakota, only 6% of children covered by Medicaid did NOT had a well-child visit in the first 15 months of life

- 53% had five or more visits in the first 15 months

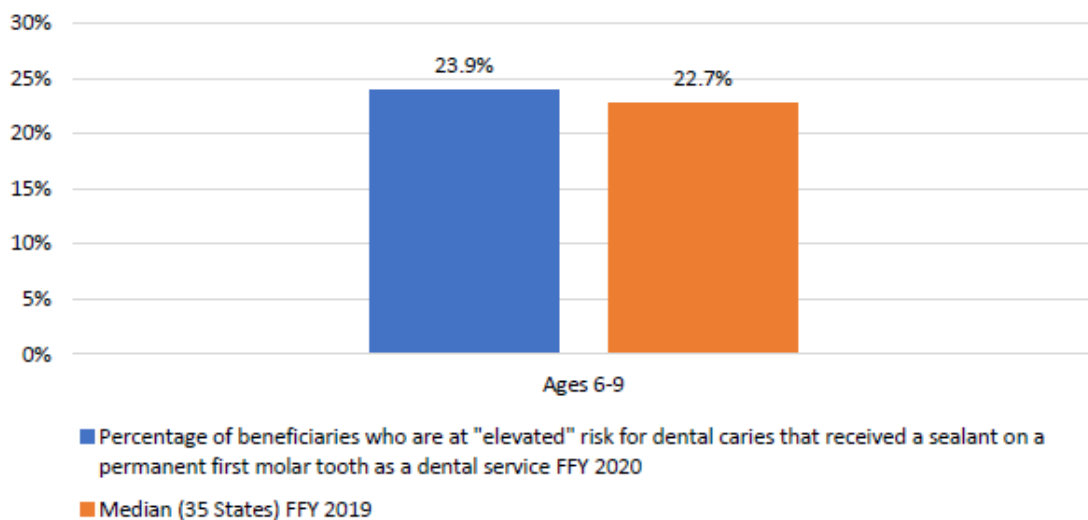
North Dakota Medicaid Dashboard: <https://www.nd.gov/dhs/services/medicalserv/medicaid/data.html>

PIDENT-CH - Percentage of Children Who Received At Least One Preventive Dental Services, Ages 1 to 20

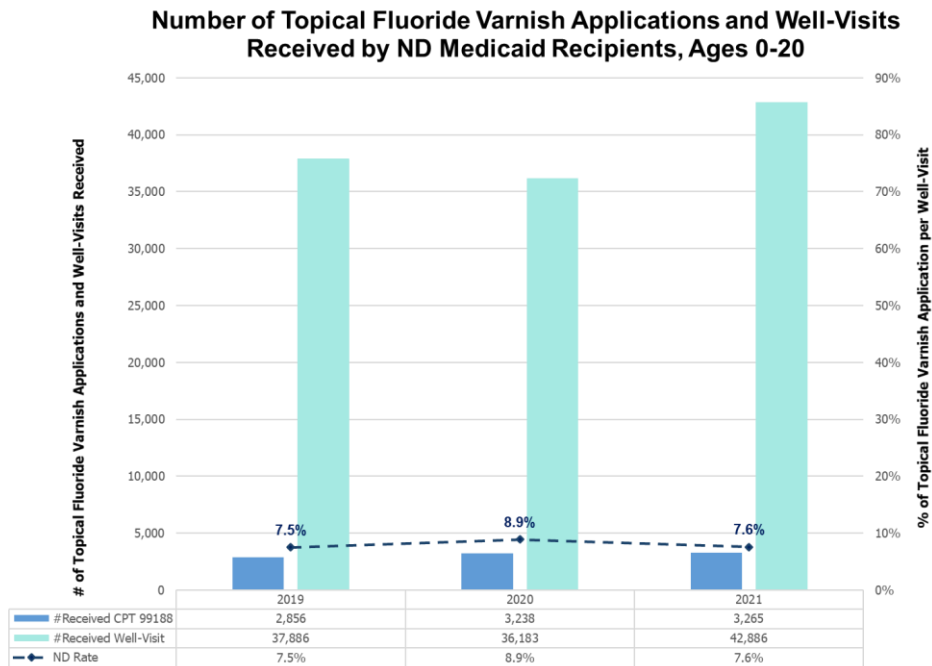


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SEAL-CH - Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk



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Medical Dental Integration

In 2018, the North Dakota Department of Health (NDDoH) Oral Health Program (OHP) integrated me an RDH working as a Public Health Hygienist (PHH) into the University of North Dakota Center for Family Medicine Clinic (UND CFM) in Bismarck, North Dakota. UND CFM is a teaching clinic that helps educate doctors specializing in Family Medicine. During a patient's initial visit, they may be seen by a resident physician (a doctor who has completed medical school and is in residency training) and/or a faculty physician, who will instruct the resident if present.

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Impact for the Patient and Role of ND Dentistry

- Onsite oral health screening and appropriate dental referral
- Onsite fluoride varnish application
- Primary care professionals with increased knowledge of oral health and holistic health



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Impact for the Residents & Other Providers

- Lunch and learns
- Increased knowledge
- Increased experience
- Awareness of oral health and overall health
- Greater confidence and better patient care



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The Oral Health Screen

- Completed by the dental hygienist (screening of the health of the mouth and teeth).
- Application of fluoride varnish.
- Application of dental sealant(s) (if patient meets requirements).
- Oral health education.
- Care coordination.
- Dental home or dental care referral.

What Measures are Collected

- Last dental visit
- Application of fluoride varnish
- Presented with dental decay
- Teeth missing from decay
- Teeth previously filled
- Presented with gingivitis
- Presented with dental pain
- Education materials given
- Dental supplies given

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Integrating the Workflow

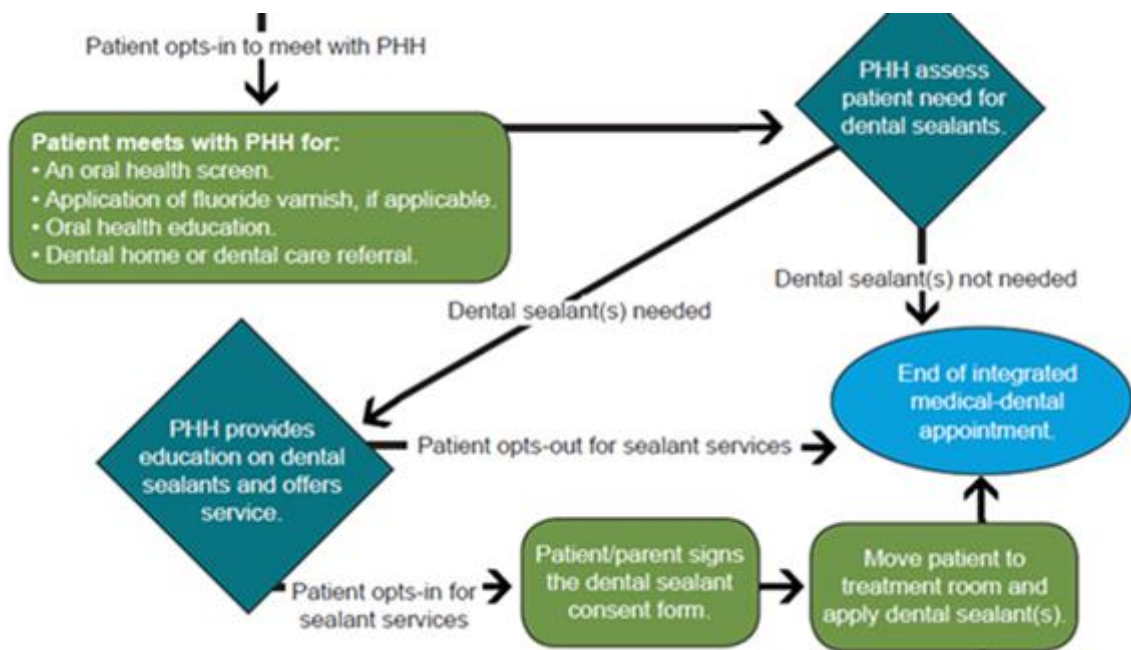
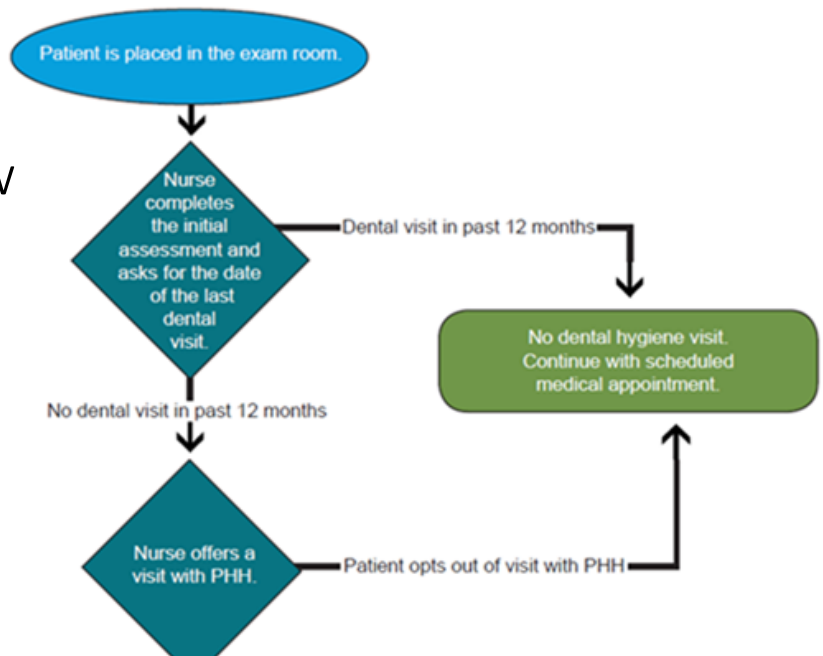
The How:

Levels of Integrated Medical-Dental Health Care

- Staff considerations
- Workspace
- Workflow
- EMR

<https://www.health.nd.gov/prevention/oral-health-program/medical-dental-integration>

Clinical Workflow



Charging and Billing Services

Charging and billing for dental services will depend upon state laws and regulations. For the MDI pilot project, the patient was not charged a fee for the services provided by the hygienist. These services were covered by a grant from the Health Resources and Services Administration (HRSA). The EMR system used at UND CFM was also designed to drop charges when a patient was referred to the hygienist and when a patient received fluoride varnish. Currently, primary care clinics and providers in North Dakota can bill for:

- Fluoride varnish application
- Case management/care coordination
- Oral health screen

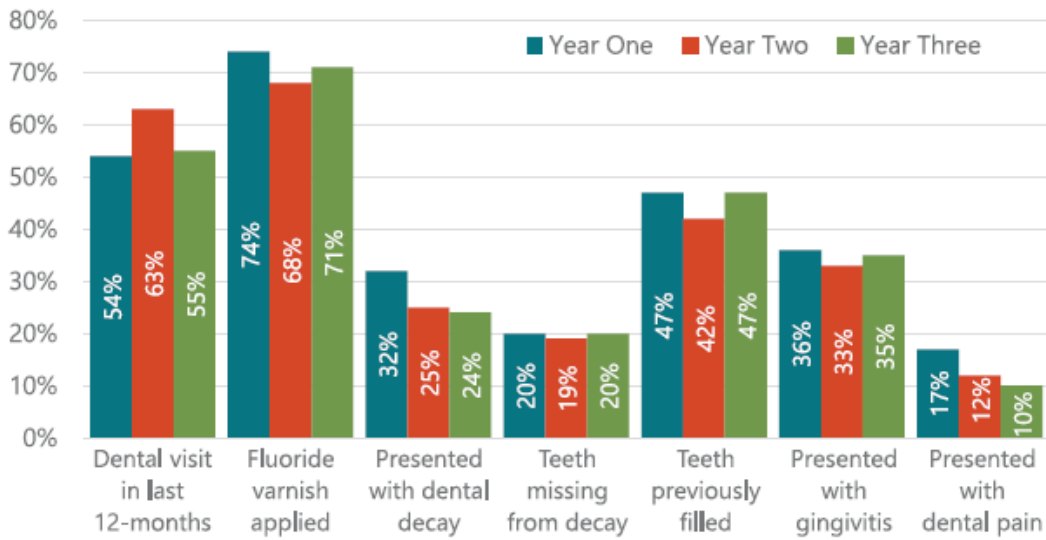
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Summary of Key Findings

- In three years of service, (November 2018 – August 2021) the PHH provided preventive dental care to 1,211 patients at the CFM.
- Of those patients, 14% had never visited a dental office and 30% had not been to a dental office in the last year.
- Roughly 71% of those 1,211 patients received a fluoride varnish application from the PHH.
- On average, the PHH saw a larger number of patients per month prior to the COVID-19 pandemic.
- Completing medical residency in a facility that integrates medical and dental care has a positive impact on the oral health knowledge and experience of medical providers.

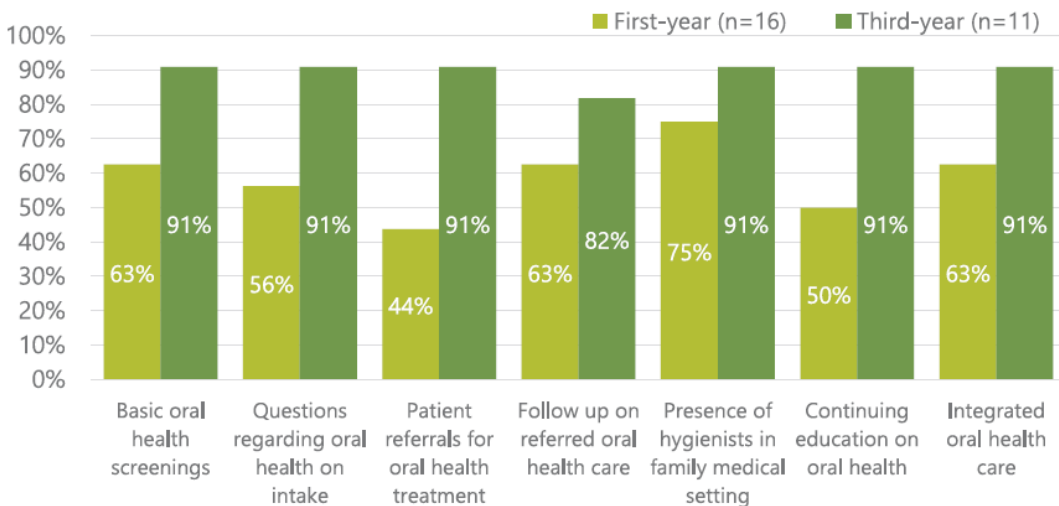
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Percentage of Patients Presenting with Dental Concerns, Years One - Three



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Percentage of First and Third-Year Residents Indicating Each Is "Very Important" to Address in a Family Medical Center, 2019-2021 Combined



Providing Trainings on Fluoride Varnish

Hands-on training provided to staff

- Will be available at two different dates
- Will be recorded
- Billing procedures will be discussed
- Survey will be completed after training by staff for suggestions and satisfactory levels
- Trainings will be adjusted to best meet needs or suggestions made



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BILLING

- **CPT Code 99188** - Application of topical fluoride varnish by a physician or other qualified health care professional when performed in a non-dental clinic or facility setting.
- **Reimbursement** is currently **\$27.54**.

ICD-10-CM COVERED DIAGNOSIS

- **Z00.121** Encounter for routine child health examination with abnormal findings
- **Z00.129** Encounter for routine child health examination without abnormal findings
- **Z41.8** Encounter for other procedures for purposes other than remedying health state
- **Z29.3** Encounter for prophylactic fluoride administration

Making Connections and Internal Interest

A medical resident has taken interest in the project and taken on a quality improvement projective with fluoride varnish application in primary care setting.

A continuous trial and accessing process will be monitored.

- Employee/patient satisfaction
- Billing claims denied/ excepted
- Billing codes used
- Number of patients referred to dentist
- Number of fluoride varnish applications applied
- If fluoride was refused, why

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Case Presentation

Patient presented with history of weight loss

- Multiple tests were run
- Patient needed new dentures
- Patient was referred to a dental office
 - Which dental office was patient referred to
 - How was the referral made



<https://www.newhopedentalcare.com/full-and-partial-dentures/>

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Case Presentation

Patient presents with acid reflux concerns



- The RDH was brought into room.
- RDH showed medical staff what acid reflux affects look like on teeth
- Patient was further questions by medical staff and was diagnosed on with mild to moderate acid reflux.
- Medication was prescribed to patient for treatment

<https://meadfamilydental.com/2010/10/acid-reflux-and-the-dentist/>

Smile for life Teaching Curriculum

1. Relationship of Oral to Systemic Health
2. Child Oral Health
3. Adult Oral Health
4. Acute Dental Health-Gust Speaker
5. Pregnancy & women's Oral Health
6. Caries Risk Assessment Fluoride Varnish & counseling
7. The Oral Exam
8. Geriatric Oral Health



[Teach Curriculum | Smiles for Life Oral Health](#)

Resources on MDI in North Dakota

Medical-Dental Integration

Medical-dental integration is an approach to care that integrates and coordinates dental medicine into primary care and behavioral health to support individual and population health. When medical-dental integration is successful, it can:

1. Increase communication and collaboration.
2. Improve care quality through.
 1. Better health outcomes.
 2. Increased patient satisfaction.
3. Reduce costs for the patient and the facility.

Primary care, health centers, dental teams and others interested in developing a model of medical-dental integration should contact Cheri Kiefer at 701-328-4930 with the North Dakota Department of Oral Health, or review the [Medical-Dental Integration Manual](#) developed by the North Dakota Oral Health Program.

health.nd.gov/prevention/oral-health-program/medical-dental-integration

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**PUBLIC HEALTH
HYGIENIST IN A FAMILY
MEDICAL SETTING**

Learn more about the work in North Dakota to implement dental care into family medical settings. Access program evaluation reports and a medical-dental integration manual.



**BLOOD PRESSURE
SCREENING IN
DENTAL OFFICES**

Learn more about how North Dakota dentists play a role in identifying people with high blood pressure and connecting them to medical care.



**EMERGENCY ROOM
DIVERSION FOR ORAL
HEALTH CONCERNS**

Learn more about the work in North Dakota exploring opportunities to work with health systems, emergency rooms, and dental offices to better triage dental emergencies.

health.nd.gov/prevention/oral-health-program/medical-dental-integration

Medical-Dental Integration Manual

Last Revised: May 2021

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STANDARD FRAMEWORK FOR LEVELS OF INTEGRATED MEDICAL-DENTAL HEALTHCARE ⁶		
Integration Categories	Integration Levels	Roles of primary care provider (PCP) and the oral health professional (OHP) (hygienist or dentist)
Care coordinated Co-located care	Level 1 Minimal collaboration	<ul style="list-style-type: none"> PCP and OHP work at separate facilities with separate systems. Providers rarely communicate. Any communication is typically related to a provider's need for specific information about a mutual patient.
	Level 2 Basic collaboration	<ul style="list-style-type: none"> PCP and OHP work at separate facilities with separate systems. Providers view each other as resources and communicate periodically about shared patients.
Co-located care	Level 3 Basic collaboration on-site	<ul style="list-style-type: none"> PCP and OHP are co-located in the same facility but may or may not share the same practice space. Providers still use separate systems. Communication is more regular, with an occasional meeting to discuss shared patients. Movement of patients between practices is most often through a referral process. That process is more likely to be successful because the practices are in the same location. Providers may feel like they are part of a larger team, but the team and how it operates are not clearly defined. Most decisions about patient care are made by individual providers.
	Level 4 Close collaboration with some system integration	<ul style="list-style-type: none"> PCP and OHP begin to collaborate more because they are co-located in the same practice space. Integration is beginning to take shape through some shared systems. A typical model may involve a PCP setting embedding a dental hygienist or dentist. In an embedded practice, the PCP front desk schedules all appointments, and the OHP has access and enters notes in the medical record. Complex patients often drive the need for consultation, which is done through personal communication.
Integrated care	Level 5 Close collaboration approaching an integrated practice	<ul style="list-style-type: none"> There are high levels of collaboration and integration between PCP and OHP. Providers begin to function as a true team with frequent communication. The team actively seeks system solutions. Some issues, like the availability of an integrated medical and dental record, may not be easily resolved. Providers understand the different roles team members need to play and have started to change their practice and the structure of care to achieve goals.
	Level 6 Full collaboration in a transformed/ merged practice	<ul style="list-style-type: none"> There are very high levels of collaboration and integration between PCP and OHP. Providers begin to function as a true team with regular personal communication. The team actively seeks system solutions. An integrated medical-dental health record exists for ready exchange of health information. Providers understand the different roles team members need to play, and they have started to change their practice and the structure of care to achieve goals.

health.nd.gov/prevention/oral-health-program/public-health-hygienist-family-medical-setting

Upcoming Clinics: 12:00 – 1:00 pm CT (Wednesdays)

Caring for Patients Who Are Covered by Medicaid and Billing for These Services **May 11**

Connecting Dental Professionals with Emergency Departments: Reducing Use of the ED for Dental Pain **May 25**

Dementia Friendly Dental Practices: Patient Management Tips **June 8**

Caring for Patients Who Are Indigenous in North Dakota **July 13**

Dementia Friendly Dental Practices: Treatment Planning **August 10**

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REGISTER: ruralhealth.und.edu/projects/project-echo/topics/dentistry/upcoming-clinics