Interprofessional Oral Health Practice: Growth, Opportunity and Consumerism

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Our mission is to improve the oral health of all.
Navigating the Care Pathway

1. Patients; Patient Needs
2. Primary Care; General Practitioners
3. Specialist Care; Secondary Input
4. Hospital Services; Patient Treatment
5. Support Services; Follow-Up Care

SMART PATH
Automated Healthcare
Patient Navigation and Coordinating Care

• Patient navigation may be defined as the process of helping patients to effectively and efficiently use the health care system.

• 4 major challenges patients face when navigating health care’s complex system:
  – choosing, understanding, and using health coverage or applying for assistance when uninsured;
  – choosing, using, and understanding different types of health providers and services;
  – making treatment decisions;
  – managing care received by multiple providers.
Pathway construction and expansion

- Developing or adding to a pathway involves evaluating efficacy, tolerability, and cost — in that order.
- If more than one approach is equally effective, the most tolerable wins out (in oncology, best tolerated invariably means least toxic), and if two or more options are equally tolerable, the less costly one wins.
- Pathways must be supported by scientific evidence and national guidelines
Roles & Responsibilities w/ the Care Pathway

• Although practices are often expected to assist patients in meeting these challenges, the majority of practices cannot assume this role effectively because of perceived time, personnel, and reimbursement constraints.

• Usually personnel assigned to these tasks
  – Extremely rare in dental care

• Traditionally focus on high-risk, high-cost patients who have a single disease (eg, diabetes or asthma) to ensure they receive services they need.

Ferrante et al. 2010; 23:736-42
Patient Navigation – Perceived Value

- Patients gained information and services that they would not otherwise have received, and they appreciated having someone call to check on them and provide information, support, and guidance.

- Some patients and family members reported feeling fortunate to receive this service and that having a navigation service made them appreciate the office more.
  - As one such patient reported, “It made me feel like they were a more caring, thoughtful office, somebody that I would want to continue to see on a regular basis because they had this extra help for their patients.”

- A few mentioned that speaking with the navigator made them feel better especially with regard to psychological distress.
  - As one stated, “I'm going through a lot of depression…and when I speak to her I feel much better.”

Ferrante et al. 2010; 23:736-42
Risk Assessment: A window to opportunity
Risk Stratified Care Management

- American Academy of Family Physicians
  - “Risk-stratified care management (RSCM) is the process of assigning a health risk status to a patient, and using the patient’s risk status to direct and improve care. The goal of RSCM is to help patients achieve the best health and quality of life possible by preventing chronic disease, stabilizing current chronic conditions, and preventing acceleration to higher-risk categories and higher associated costs”
Population Health: SBC OH Pyramid

- High Risk
  - 35% of Expenses
  - Case Management
- Moderate Risk
  - 20% of Expenses
  - Disease Management
- Low Risk
  - 45% of Expenses
  - Self Management

- 65% of Expenses
  - 25% of Expenses
  - 10% of Expenses
The Core of Disease Management

Caries Risk Assessment

Self Management Goals

Low Risk

Complete the treatment plan

• Chart a lesion
• Place Sealants
• Schedule Recare
• Remineralize

High Risk (Risky)

-Dr. Brian Novy, DentaQuest Institute
DISEASE INDICATORS
- White spots
- Restorations < 3 years
- Enamel lesions
- Cavities/Dentin

RISK FACTORS
- Bad bacteria
- Absence of saliva
- Destructive lifestyle habits

PROTECTIVE FACTORS
- Saliva & Sealants
- Antibacterials
- Fluoride/Ca²⁺/PO₄³⁻
- Effective lifestyle habits
- Risk-based reassessment

HEALTH

CARIES DISEASE PROGRESSION

Demineralization
Remineralization

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The Core of Disease Management

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Self Management Goals

Low Risk
Complete the treatment plan

High Risk (Risky)

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-Dr. Brian Novy, DentaQuest Institute
Self Management (Roles and Goals)

- Genetic Predisposition: 30%
- Social Circumstances: 15%
- Environmental Exposure: 5%
- Health care: 10%
- Behavioral Patterns: 40%
Risk Assessment and Behavior Impact

• A role of the oral risk assessment is to achieve health goals and individualized care plans that receive buy-in from provider and patient in order to effect behavior, which comprises approximately 40% of health determinants.
  – Various approaches have been proposed to engage behavior with the majority of models focusing on relaying the perceived benefits of behavior change and understanding an individual’s self-efficacy.
  – Can also be used to activate parents in children’s health
Risk Assessment and Behavior Impact

- **Successful communication processes integrate:**
  - Goal setting
  - Cooperative planning
  - A process for monitoring challenges and opportunities
  - Motivational interviewing

The goal is to meet the patient on their level, create an understanding of risk factors and risky behavior, as well as, develop a shared conclusion that protective behaviors can offset or mitigate risk of disease.
Motivational Interviewing (MI)

• Advocated as a tool to activate behavior transformation via constructive conversation.
  – This process allows patients to lead the conversation by conveying what is important to them.
  – In turn, the provider should support patient preferences and align these choices with appropriate health goals.
• Self-management goals
The Root of Motivational Interviewing

- By eliminating guilt concepts, patient blame, and the feeling of an individual as unacceptable, the MI approach creates a positive interpersonal environment for change without the mandate for it to occur automatically.
  - One of the cornerstones of MI is that individuals are “experts” about themselves, and they will make independent decisions regarding health and lifestyle.
MI Versus Standard Instruction

• In comparison to standard instruction and routine care, studies have found the use of MI produces improvement in plaque indices and gingival health.

• In addition, a recent systematic review concluded that MI has the potential to help patients with poor oral health, and that MI training could be useful for dental professionals.

Valuable Marketing Tools

• Community outreach
  – Smile drives
  – Toothbrush for everyone in every home

• Facebook, twitter, Instagram, etc.
• iPads or information on how to download oral health apps and games

• In office tools at medical sites and waiting rooms
  – Posters

The Gross, Disgusting and Totally Cool Mouth Book

Theodore Croll
MORE Care Overview

**MEDICAL**

- Oral health evaluation
- HEENO
- Risk factor identification
- Fluoride application
- Self-management goals
- Dental care referral

**DENTAL**

- Referral acceptance verified
- Clinical summaries completed for referral communication
- Referral dental care completion verified
- Incorporating a disease patient centered management approach to care

Operational Integration of Oral Health Care

Operational Integration of Primary Care

Referral Characteristics
Consumerism and Oral Health
Increased Consumerism

Looking for Value: Asking About Pricing, Searching for Quality

Which of the following, if any, have you done in the last 12 months?

- Looked at a scorecard or report card
- Asked about pricing before agreeing to treatment
- Looked online for information about the costs/prices of services

Legend:
- Seniors (born 1900-45)
- Boomers (born 1946-64)
- Gen X (born 1965-81)
- Millennials (born 1982-95)

Source: Deloitte Center for Health Solutions: 2013 Survey of U.S. Healthcare Consumers

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Media Navigation

• The “YELP Era”
  – In 2010, more than 112,000 individual doctors were reviewed, compared with 2,475 in 2005
  – 23% of 2137 adults surveyed for JAMA use rating sites such as Healthgrades, Vitals, RateMDs, and ZocDoc.
  – Harvard business school found a one-star drop in a rating can reduce revenue by almost 10%
Every person in the U.S. healthcare system wears a number of hats: they're shoppers, insurance policy holders, payers, patients, and maybe even medical savers or investors. But at the heart, they're consumers.

**ACTIVE**

- **Out and about**
  Independent, prefers alternatives, wants to customize services

- **Sick and savvy**
  Consumes considerable health care services and products, partners with physician to make treatment decisions

- **Online and onboard**
  Online learner, happy with care but interested in alternatives and technologies

**PASSIVE**

- **Shop and save**
  Active, seeks options and switches for value, saves for future health costs

- **Casual and cautious**
  Not engaged, no current need, cost-conscious

- **Content and compliant**
  Happy with physician, hospital, and health plan, trusting and follows care plans

**Health care consumer segments**

- 34%
- 22%
- 17%
- 14%
- 9%
- 4%

Source: Deloitte Center for Health Solutions, 2012 consumer survey, segmentation.

Graphic: Deloitte University Press | DUPress.com
Use of Service and Patient Preference

Cool. The Tooth Fairy put a few bucks in my PayPal account last night.
CareFlow maps how people make healthcare decisions.

START
- Senses something may be wrong or possible medical need
- Gathers information
- Seeks professional help

CURED
- Visits doctor for checkup
- Assessed by doctor and learns diagnosis
- Decides to seek alternative treatment and advice
- Seeks to understand disease and treatment
- Condition changes or stabilizes, new conditions emerge
- Abandons treatment
- Experiences initial treatment benefits and side effects
- Initiates treatment and fills prescription
- Refills prescription and is adherent to care protocol

Legend:
- Blue: Prediagnosis information gathering
- Green: Treatment evaluation
- Pink: First prescription fill
- Gray: Treatment experience

Source: Pharma3D.com; McKinsey analysis
What do patients want from dental?

• **They want dentists to take their insurance**
  
  – 59% of our survey respondents say that their decision to patronize a practice hinges on insurance
  
  – 42% of patients say they would switch dentists if their current practice stopped accepting their plan.
What do patients want?

- They want convenience

43% Want to be able to request appointments online
41% Want convenient/extended hours during the week
38% Want to see an informative, up-to-date practice website
36% Want dentists to have weekend hours
33% Want dentists who are able to offer immediate appointments
What do patients want?

• To read and evaluate reviews

86% of consumers surveyed will pay more for services with higher ratings and reviews.
What do patients want?

• **Technology for care, communication, and education**
  
  – Many patients between the ages of 25 and 54 said that they would switch from their current dentist if they did not offer advanced technology treatment options.
  
  – It’s important to distinguish your practice as the tech conscious, comfort-conscious office when speaking with patients. Be sure to mention the advantages of your practice’s technological capabilities during new patient phone calls, office tours and during treatment.
What do patients want?

• **Family and friends endorsement or recommendations**
  – While much has changed in the dental profession over the past 20 years, one thing has remained constant:
    • **The importance of word-of-mouth referrals.**
  – 84% of the patients solicit personal recommendations from family, friends and co-workers when they search for a new dentist.
    • This is up from 74% in 2013.
Word of Mouth

- Word of mouth is the primary factor behind up to 50% of all purchase decisions.
- Customers referred by other customers have a 37% higher retention rate.
- People are 4 times more likely to remain a customer when referred by a friend.
- Referred customers are 25% more profitable.

McKinsey Quarterly, “A new way to measure word-of-mouth marketing,” April 2010
Which of the following would cause you to switch from your current dentist?

- Poor quality of dental work: 38%
- Dentist doesn't accept my insurance: 33%
- Loss of trust: 30%
- Prices are too high: 27%
- Staff is not friendly: 27%
- Poor dentist chairside manner: 23%
- I would not switch from my current dentist: 23%
- Dentist is not gentle: 45%
- Difficult to schedule a visit: 40%
- Location: 32%
Interprofessional Practice (IPP) White Paper

This white paper was prepared to support the combined efforts of the DentaQuest Institute, the South Carolina Office of Rural Health, the Medical University of South Carolina, the Colorado Rural Health Center, and the Pennsylvania Office of Rural Health, who share the interest of improving the health of rural communities in the United States. The information contained in this document has been compiled during the last two years as collective findings of the Medical Oral Expanded Care (MORE Care) Initiative involving twenty-one Rural Health Clinics and fifteen rural dental care partners located in Colorado, Pennsylvania, and South Carolina. The purpose of MORE Care is to create interprofessional oral health networks (producing integrated care pathways between medicine and dentistry) and serve as a vehicle/component for adopting system change in the rural environment.

This document was developed to provide insight into the main factors affecting the initiation of interprofessional oral health practice observed during the early phases of MORE Care and offer insight into the needs of Rural Health Clinics and rural dental care teams as they undertook the creation of interprofessional oral health networks (IPOHNs).

https://www.dentaquestinstitute.org/rural-ipp