

**MOVING PAST  
DISRUPTION  
TO IMPROVE  
ORAL HEALTHCARE**

## **Medical-Dental Integration in Action: Kaiser Permanente Dental**

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Chief Executive Office and Executive Dental Director

**Daniel J. Pihlstrom, DDS**

Chief Dental Officer

# Disclosures

- Cyrus Lee and Daniel Pihlstrom have no relationships to disclose.



# Agenda

1. **Introductions**
2. KP Dental MDI Journey
3. KP Dental MDI Models
4. Components for KP to Operationalize MDI

PERMANENTE DENTISTRY®

Permanente Dental Associates

# Medical-Dental Integration in Action: Kaiser Permanente Dental

# What is Medical-Dental Integration (MDI)?

- Working together to provide integrated oral, medical, and behavioral health care<sup>1</sup>
- An approach to care that integrates and coordinates dental medicine into primary care and behavior health to support individual and population health<sup>2</sup>
- Whole-person care that extends beyond teeth<sup>3</sup>
- A patient-centered continuum of care where the healthcare team multi-directionally communicate, collaborate, and share patient health information in order to improve overall health outcomes<sup>3</sup>
- Systems to allow bi-directional communication and collaboration between dentists and physicians in order to advance overall health



1) Oral Health in America: A Report of the Surgeon General; 2000

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3) National Action Framework to Accelerate Whole-Person Integrated Care, National Oral Health Conference, 2023

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# KP Membership / Permanente Physician Groups / Permanente Dental Group



**12,500,000 medical members**



**635,000 Medical members in the NW region**



**290,000 Dental members in NW (Oregon & SW Washington)**



**85% Dental members also have KP Medical coverage**



**8 autonomous KP regions (Colorado, Hawaii, Georgia, Mid-Atlantic, N. California, S. California, Oregon and Washington)**

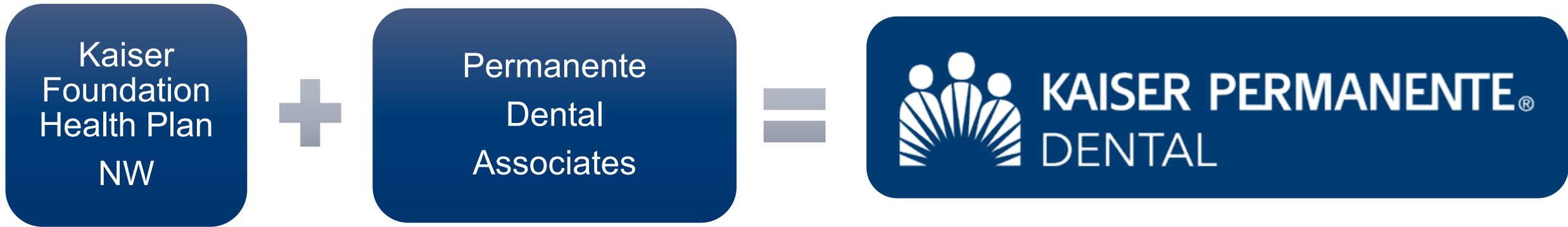


**8 autonomous Permanente physician groups**



**1 autonomous Permanente dental group (Pacific NW)**

# Relationship with Kaiser Permanente



- Dental Service Agreement (DSA)
- Memorandum of Understanding (MOU) - Annual Contract
- Global + Value-based payment

# Multi-Specialty Dental Program



~ 320 Dental Assistants

35 Specialists

- 4 Endo
- 4 OMFS
- 7 Ortho
- 5 Perio
- 9 Pedo
- 2 TMD
- 4 Denturist

PERMANENTE DENTISTRY®  
Permanente Dental Associates



120 General Dentists

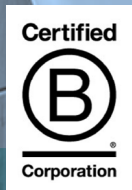
~ 150 Hygienists

# TOP-NOTCH CARE

- Culture Of Quality
- Quality Systems



MONTHLY  
**Portland**

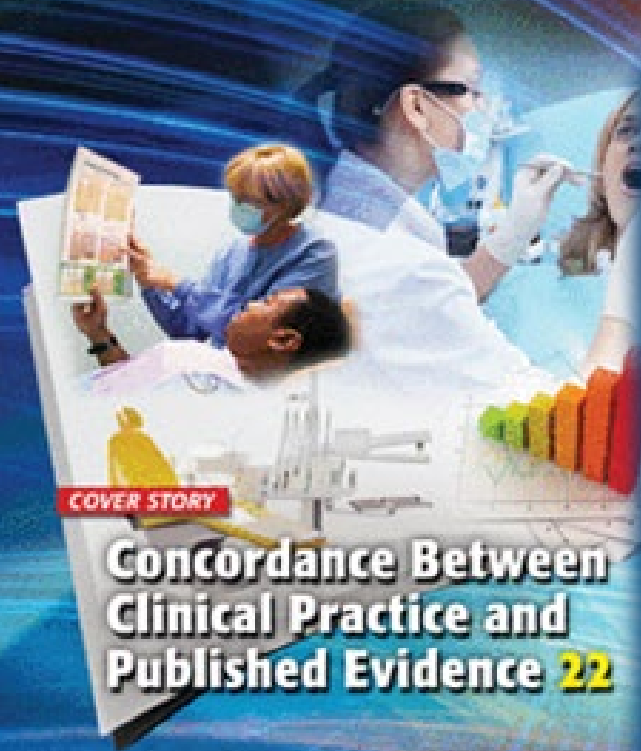


# Patient Centered Care and Coverage

## What Makes Kaiser Permanente Unique: Vertical Integration

- Value based benefit design (promotes EBD)
- Medical and Dental Home for patient centered care





COVER STORY

## Concordance Between Clinical Practice and Published Evidence 22

**Higher concordance levels.** The data set from this study cannot provide definitive explanations for why the PDA/HPDG group practice setting and female sex were associated with higher levels of concordance. Therefore, we can only speculate and state that additional research is warranted to explain these findings. Regarding the association between concordance with published evidence and the PDA/HPDG group practice, we do know that both of these groups have formalized programs and conduct practitioner meetings that are designed to facilitate discussion about the latest clinical evidence and how it applies to routine clinical practice. It is possible that these organizational efforts are effective at closing the research-to-practice gap for these groups of practitioners. In addition, clinicians at both PDA and HPDG create evidence-based guidelines on various topics, and these guidelines are disseminated to staff members. Regarding the association with sex, our study results show that female dentists were more likely to have high



### COVER STORY

## Concordance between clinical practice and published evidence

Findings from The National Dental Practice-Based Research Network

Elon Funkhouser, DrPH;  
MDH; Valeria V. Gordon, DDS, MS,  
FDS, MPH; D. Brad Rindal, DDS;  
Thomas J. Hilton, DMD, MS; Julie  
PhD; Gregg H. Gilbert, DDS, MBA;  
Practice-Based Research Network

These findings provide the foundational practice guidelines develop care processes and improve. Although additional empirical guide many areas of dentistry, a evidence already exists to support specific materials, techniques or of preventive, diagnostic and these include some of the most general dentists (for example, treatment, deep caries diagnosis and extraction, restoration diagnosis

These evidence-based recommendations practice settings, reflective know works (or does not being performed. Indeed, that dentists often do not engage those that are consistent with evidence, recommendations or published. For example, in one study, only dentists reported performing CRA for their patients despite recommendations to include CRA for all study, only 44 percent of general a rubber dam for all root canal in several studies found that units for caries prevention and children, as is often evidence-based guidelines."

ada.org January 2014

### ABSTRACT

**Background.** Documenting the gap between what is occurring in clinical practice and what published research findings suggest should be happening is an important step toward improving care. The authors conducted a study to quantify the concordance between clinical practice and published evidence across preventive, diagnostic and treatment procedures among a sample of dentists in The National Dental Practice-Based Research Network ("the network"). **Methods.** Network dentists completed one questionnaire about their demographic characteristics and another about how they treat patients across 12 scenarios/clinical practice behaviors. The authors coded responses to each scenario/clinical practice behavior as consistent ("1") or inconsistent ("0") with published evidence, summed the coded responses and divided the sum by the number of total responses to create an overall concordance score. The overall concordance score was calculated as the mean percentage of responses that were consistent with published evidence. **Results.** The authors limited analyses to participants in the United States (N = 591). The study results show a mean concordance at the practitioner level of 62 percent (SD = 18 percent); procedure-specific concordance ranged from 8 to 100 percent. Affiliation with a large group practice, being a female practitioner and having received a dental degree before 1990 were independently associated with high concordance (> 75 percent). **Conclusion.** Dentists reported a medium-range concordance between practice and published evidence. **Practical implications.** Efforts to bring research findings into routine practice are needed. **Key words.** Clinical practice; evidence-based dentistry; dentistry; implementation science. JADA 2014;145(1):22-31. doi:10.14219/jada.2013.21

**EDITORIAL:**  
Diversity in  
Dentistry 253

**ORIGINAL  
CONTRIBUTIONS**  
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Asymptomatic  
Pediatric Patients 277

Opioid Prescribing  
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Procedure 309

**COVER STORY**

**Curing Lights'  
Effect on Gingival  
Epithelial Cell  
Proliferation**  
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## CONCLUSIONS

Our data indicate that integrating medical and dental care can effectively close care gaps among older adults and may be an effective, relatively low-cost way to improve health outcomes for this population.

## Original Contributions

### Examining the association of medical-dental integration with closure of medical care gaps among the elderly population

David M. Mosen, PhD, MPH; Matthew P. Banegas, PhD, MPH; John F. Dickerson, PhD; Jeffrey L. Fellows, PhD; Neon B. Brooks, PhD; Daniel J. Pihlstrom, DDS; Hala M. Kershah, DDS; Jason L. Scott, MPH, MPP; Erin M. Keast, MPH

#### ABSTRACT

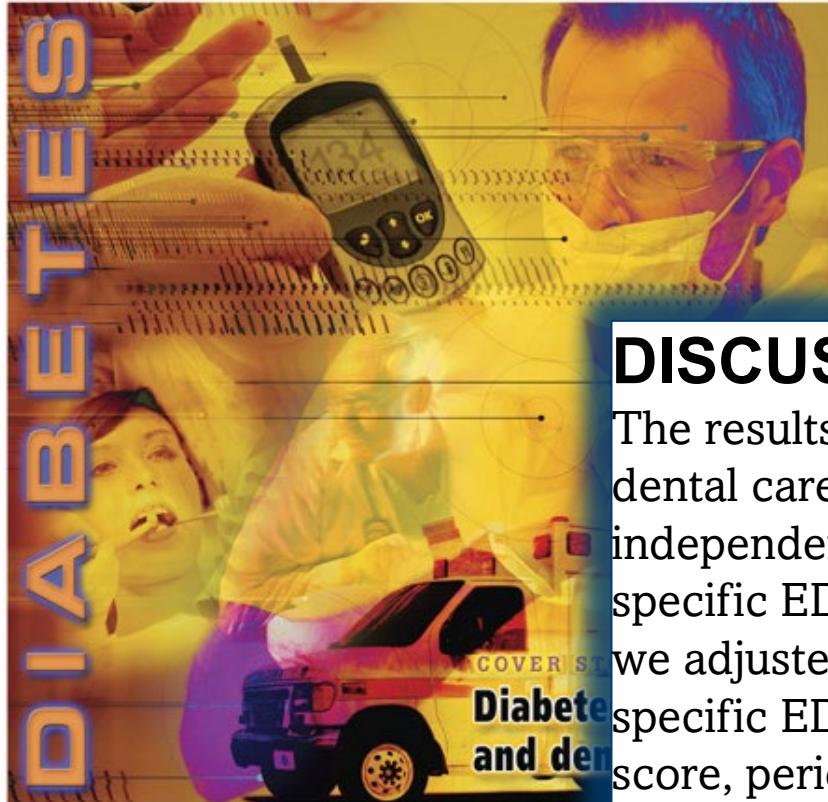
**Background.** The integration of medical and dental care in the dental setting offers a unique way to address medical care gaps, such as providing immunizations and laboratory-based tests, in nonintegrated settings.

**Design.** A matched cohort study design among patients 65 years or older (n = 2,578) was used to evaluate the association between exposure to the Kaiser Permanente Northwest medical-dental integration (MDI) program (n = 1,288, through December 31, 2019). MDI patients were matched 1:1 to non-MDI patients on 14 characteristics. The Kaiser Permanente Northwest MDI program provides preventive (for example, flu vaccines) and disease management care gaps (for example, tobacco testing) within the dental setting. The closure of all care gaps (yes/no) was the primary outcome for the analysis. Multivariable logistic regression was used to evaluate

the association between exposure to the MDI program and level of office integration (least, moderate, and most integration) with closure of care gaps. All data were obtained through Kaiser Permanente Northwest's electronic health record.

**Results.** MDI patients had significantly higher odds (odds ratio [OR], 1.46, 95% confidence interval [CI], 1.29 to 1.65) of closing all medical care gaps than non-MDI patients. Greater MDI integration was associated with significantly higher odds of gap closure compared with non-MDI (least integration: OR, 1.18, 95% CI, 1.02 to 1.37; moderate integration: OR, 1.70, 95% CI, 1.36 to 2.12; most integration: OR, 2.08, 95% CI, 1.73 to 2.50).

**Conclusions.** Patients receiving dental care in an MDI program had higher odds of closing medical care gaps compared with similar patients receiving dental care in a non-MDI program.



CLINICAL PRACTICE

Using antibiotics to treat dental infections in children 31

RESEARCH

Education versus occlusal splints for treating myofascial pain 47

# DISCUSSION

The results of this study show that regular receipt of dental care across a three-year period was independently associated with lower diabetes-specific ED utilization and hospital admissions after we adjusted for demographics, previous diabetes-specific ED utilization and hospital admission, CCI score, periodontal risk factors, obesity status and primary care utilization.

COVER STORY

## Assessing the association between receipt of dental care, diabetes control measures and health care utilization

David M. Mosen, PhD, MPH; Daniel J. Pihlstrom, DDS; John J. Snyder, DMD; Elizabeth Shuster, MS

**D**iabetes mellitus is a chronic illness that requires continuing medical care and disciplined patient self-management to prevent complications. Diabetes prevalence has escalated rapidly in the United States

### ABSTRACT



**Background.** The literature contains few studies regarding the relationships between receipt of regular dental care and medical outcomes for people with type 2 diabetes. **Methods.** The authors compared hemoglobin A<sub>1c</sub> (HbA<sub>1c</sub>) levels (< 7 percent versus ≥ 7 percent), low-density lipoprotein cholesterol levels (< 100 milligrams/deciliter versus ≥ 100 mg/dL) and diabetes-specific hospital admissions and emergency department (ED) visits (one or more visits versus no visits) in 493 people with type 2 diabetes who received regular dental care (≥ two prophylactic visits, periodontal treatment visits or both during a 12-month period) with measures in 493 people with type 2 diabetes who did not receive any dental care. The authors matched patients, all of whom had private medical and dental insurance benefits during the study period, with regard to age, sex and previous utilization of ED visits and hospital admissions, and they followed them for three years. **Results.** The authors analyzed the data by using multiple logistic regression, which showed that receipt of regular dental care was associated with lower diabetes-specific ED utilization (odds ratio [OR] = 0.61, 95 percent confidence interval [CI] = 0.40-0.92) and hospital admissions (OR = 0.61, 95 percent CI, 0.39-0.95) after they adjusted for age, sex, previous hospital admissions, previous ED utilization, race, baseline HbA<sub>1c</sub> values, Charlson comorbidity index score, body mass index status, periodontal risk status and primary care utilization. The authors found no significant association between receipt of dental care and control of HbA<sub>1c</sub> levels. **Conclusions.** The study results show an association between regular receipt of dental care and reduced diabetes-specific medical care utilization (that is, ED visits and hospital admissions). **Clinical Implications.** Although the results of this study could not show causality, they suggest that receipt of dental care may reduce diabetes-specific health care utilization. Prospective studies are needed to better understand the relationship of receipt of dental care with diabetes control and health care utilization measures. **Key Words.** Diabetes; health care utilization; receipt of dental care. *JADA 2012;143(1):20-30.*

Dr. Snyder is the dental director and chief executive officer, Permanente Dental Association, Portland, Ore. Ms. Shuster is a research analyst, Center for Health Research, Kaiser Permanente Northwest, Portland, Ore.





## Agenda

1. Introductions
- 2. KP Dental MDI Journey**
3. KP Dental MDI Models
4. Components for KP to Operationalize MDI

# Oral Health in America: A Report of the Surgeon General



Department of Health and Human Services

## Oral Health in America



Advances and Challenges



# For consideration and discussion

- 1) What can you start working on today to advance medical-dental integration?
- 2) What types of 'care gaps' could be adapted to the day-to-day work in your setting?
- 3) Looking at components of your practice model, are there any you could use to incorporate MDI?
  - 1) How could you engage staff in shared responsibility for overall health?



KAISER PERMANENTE

This architectural rendering depicts a modern, multi-story building with a light-colored facade and horizontal slat accents. The building features large glass windows and a prominent entrance area with a glass wall reflecting the sky. The foreground is landscaped with green lawns, various trees, and a paved walkway. Several people are shown walking, and a white car is driving on the road. A vertical signpost with the Kaiser Permanente logo and name is visible near the entrance. The sky is blue with scattered clouds.

KAISER PERMANENTE

# Blood Pressure Advice Slip

## Blood Pressure Advice Slip

Date:  Your Blood Pressure today is:

Systolic (Heart Pumping)-First Number		
Range, mmHG	Classification	Recommended Follow Up*
Less than 120	Normal	Recheck in 2 years
120-139	Prehypertension	Lifestyle modifications** and recheck annually
140-159	Stage 1 Hypertension	Medical consult within 2 months and Lifestyle modifications**
160-179	Stage 2 Hypertension	Medical consult within 1 month
180-209***		Medical consult within 1 week
Greater than 210		Seek medical care immediately

Diastolic (Heart Relaxed)-Second Number		
Range, mmHG	Classification	Recommended Follow Up*
Less than 80	Normal	Recheck in 2 years
80-89	Prehypertension	Lifestyle modifications** and recheck annually
90-99	Stage 1 Hypertension	Medical consult within 2 months and Lifestyle modifications**
100-109	Stage 2 Hypertension	Medical consult within 1 month
110-119***		Medical consult within 1 week
Greater than 120		Seek medical care immediately

\*If systolic and diastolic categories are different, follow recommendations for shorter follow up.

\*\*Lifestyle modifications include: maintaining normal body weight, regular aerobic exercise, sodium reduction to 2.4gm/day, DASH eating plan (reduced saturated and total fat intake, coupled with increased intake of fruits, vegetables, and low-fat dairy products), tobacco cessation, and moderation of alcohol consumption. These recommendations are beneficial for all persons. More information available through Health Education Services at 503-286-6816 for Portland; all other areas 866-301-3866.

\*\*\*Consider immediate medical evaluation if medical risk factors present.

Based on National Institutes of Health report of the Joint National Committee (JNC VII) on Prevention, Detection, Evaluation and Treatment of High Blood Pressure, 2004

# Tobacco Cessation Referrals

## The Three A's:



*ASK*

*ADVISE*

*ASSESS*

# Patient Support Tool



**Patient Support Tool**

Using oral health providers as extenders of primary care to improve health outcomes

KAISER PERMANENTE.

Name: DEMO1010481157  
MRN: 010481157

Primary Care Physician: DEMO DOC1 (ABCDE)

Managing your health is important to us. This is a personalized summary of your health care needs. It is also a reminder of how important it is to keep up to date with medical tests and health screenings. Having regular tests and screening can help you avoid many health problems, and will help you and your health care team to better manage any existing problems.

Our records indicate you are due for the following:

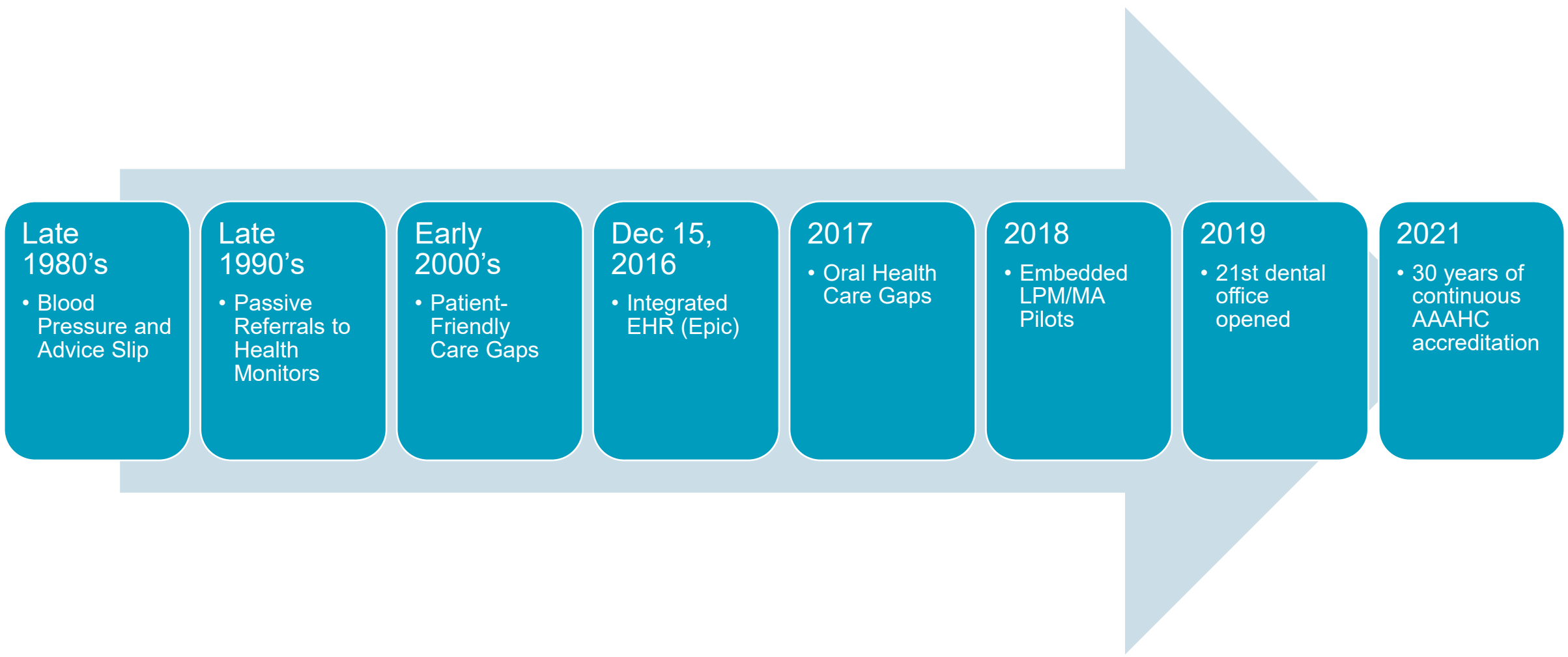
**Lab Tests - please bring this paper order with you to any Kaiser Permanente lab. Most medical offices provide laboratory services between 8 a.m. and 5 p.m. Monday through Friday**

Test	About this test	Test code - for lab use
<b>Blood tests</b>		
Diabetes monitoring test (HbA1c)	This test measures average blood glucose levels. Generally lower levels are better, and for most patients a level under 7 is best.	A1C
Cholesterol Profile (Lipid Panel)	Adults with diabetes or atherosclerosis (hardening of the arteries) have fewer heart attacks and strokes if their LDL cholesterol level is less than 100.	FAS
<b>Urine/stool tests</b>		
Diabetes kidney function test (MicroAlb/Cr)	This test can detect protein in your urine which can be an early indication of diabetic kidney disease. Early treatment of this disease can prevent serious problems.	UMS

Due dates for tests and screenings may vary from person to person depending upon age, general health, and other factors as determined by your clinician.

Questions about this letter? Call us Monday through Friday, 8 a.m. to 6 p.m.  
All areas 1-800-813-2000  
TTY 1-800-735-2900  
Language interpretation services 1-800-324-8010  
You may also log on to [kp.org](http://kp.org) to send a secure message to Membership Services.

# Journey of Integration





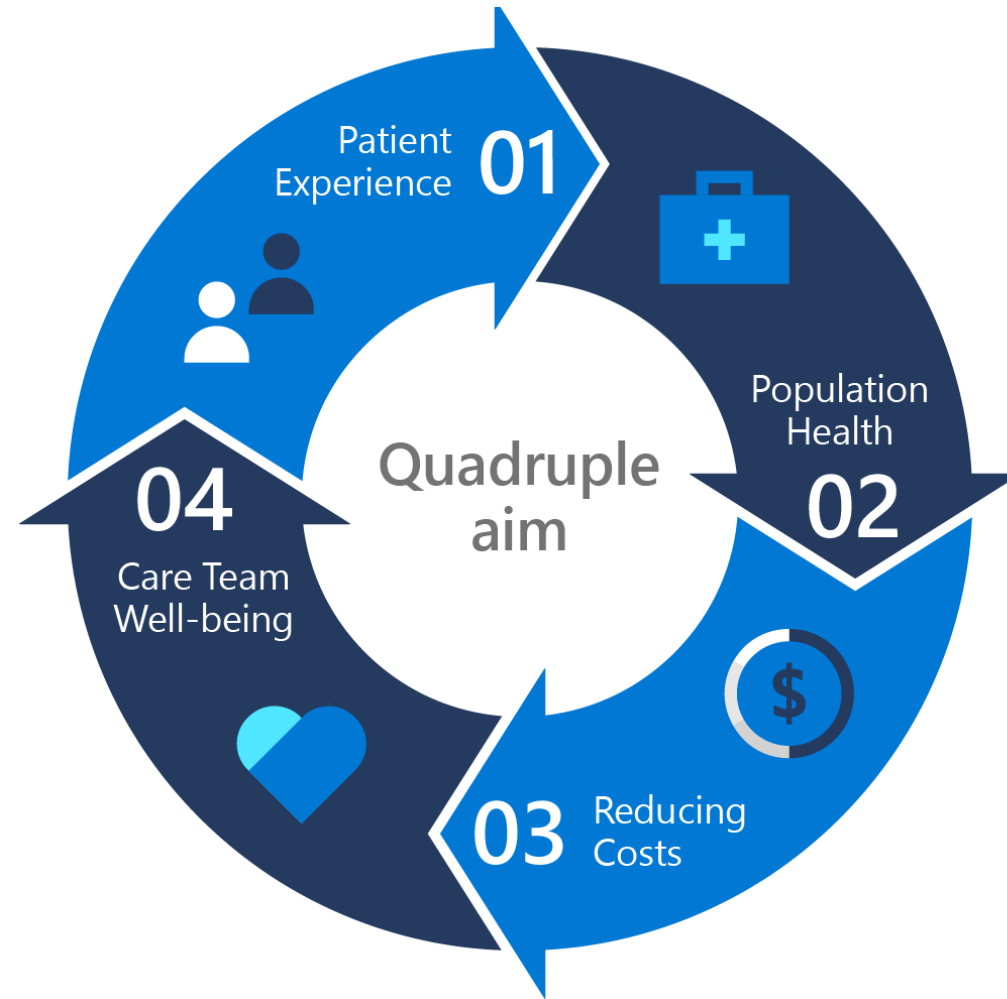
# Dental Patient Engagement Committee MDI Co-Design





**MEDICAL + DENTAL**  
**INTEGRATED CARE**  
**FOR A HEALTHIER, HAPPIER YOU**

# Quadruple Aim





## Agenda

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- 3. KP Dental MDI Models**
4. Components for KP to Operationalize MDI

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  - 1) Looking at components of your practice model, are there any you could use to incorporate MDI?
    - 1) How could you engage staff in shared responsibility for overall health?



**5,000**

flu vaccines, 1,600  
COVID-19 vaccines



**70,000**

care gaps closed  
by dental offices



**8,700**

diabetes members  
had care gaps closed

2021

## MDI PERFORMANCE

- Healthy Smile
- Total Health
- Prevention
- Chronic Care Management



## OUR DENTAL VISITS COME WITH SOMETHING EXTRA

Medical-Dental Integration (MDI)



**26,661**

Dental Nurse Visits



**30,222**

Care Gaps Closed



**1,633**

Medical Appointments  
Booked

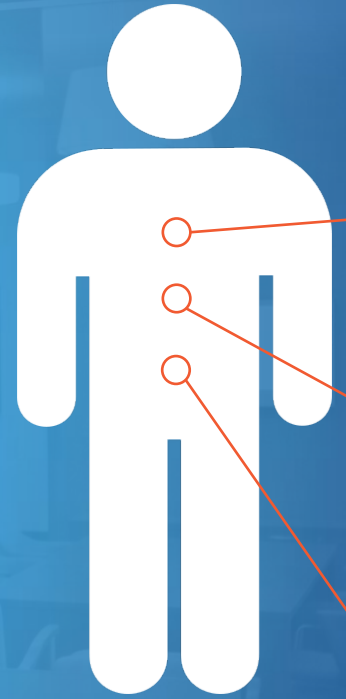
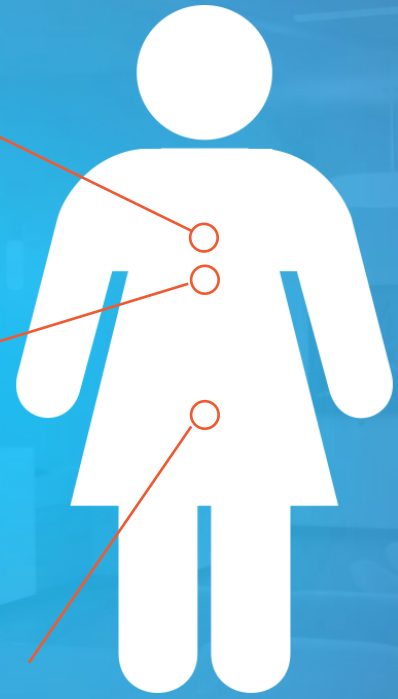
MDI Offices Performance YE 2021  
Glisan, Beaverton, Cedar Hills, Tanasbourne, Salmon Creek Dental Offices



Breast cancer screening

Blood pressure assessment

Cervical cancer screening



Tobacco cessation

Diabetes

Colorectal cancer screening

Childhood immunization screening and well-child visits

## Child (<18)

### Nurse Visits

- Immunization
  - DTAP
  - Polio
  - MMR
  - HIB
  - Hepatitis B
  - Hepatitis A
  - Varicella
  - Pneumococcal (PCV13)
  - Influenza (seasonal flu)
  - HPV
  - TDAP/TD
  - Meningococcal ACWY

### Clinician Visits\*

- Well Child/Physicals
- Chronic Condition Refresh

## Adult

### Nurse Visits

- Immunization:
  - TDAP/TD
  - Pneumococcal (PCV13)
  - Shingles
  - MMR
  - Influenza (seasonal flu)
  - HPV
  - Meningococcal ACWY
  - Meningococcal B
  - HIB
  - Varicella
  - Hepatitis B
  - Hepatitis A
- BP Screening
- DM Foot Screen
- Social determinants of health screening

*\* LPNs assisting member with scheduling while they are in the office.*

### Lab

- Colorectal cancer screening- fit kit
- HbA1c Test (with and without DM)
- Microalbumin urine test: DM renal test
- Lipid panel- cholesterol screening
- TSH- thyroid testing
- K- Potassium
- Creatinine levels
- Basic metabolic panel
- *Additional labs as ordered by MD*

### Clinician Visit\*

- Diabetes retinopathy screen
- Annual physical examination
- Cervical cancer screening
- Breast cancer screening
- DM annual visit care gap

### Patient self-refer services

- Smoking cessation



# Technology is key



## Patient Support Tool

Using this tool, our clinicians can support the preventive and chronic-disease management needs of patients in a holistic manner. It provides a comprehensive overview of an individual patient's care gaps at every point in their interaction with our care-delivery teams. The Patient Support Tool enables caregivers to work together to improve the health of patients as individuals and as a population. Since the tool's introduction in 2005, Kaiser Permanente of the Northwest has been among the top performing health systems for quality as measured by the National Commission for Quality Assurance and Healthcare Effectiveness Data Information Set.

# ...But so is culture

## - Communication Tips

“I like to use the PST as a mechanism to educate and get to know the family better.”

- Greg Stafford, DDS (Glisan Pediatric)



“It’s important to sit down, slow down, and be intentional to make the right impression. Be in front of the patient at eye level and connect with them.”

- Dr. Cyrus Lee (PD at Cedar Hills)

# Levels of Integration in the Dental Offices

## Tier 1

All Dental Offices

Stand alone dental without LPN

No embedded medical staff and currently it relies on patient **engagement** and education through the patient friendly handout

- Patient Education
- Patient Friendly PST

## Tier 2

Salmon Creek

Dental Office with Medical Co-Location, no LPN Support

No embedded medical staff, but relies on the dental team engaging patients, and coordinating patient care through warm hand-off in a co-located facility

- **Facilitate** Care Gap Closure:
    - Immunizations, Labs Due, Blood Pressure Check, Fit Distribution, Mamm DUE, Diabetic Retinopathy Due
  - Facilitate scheduling Medical Appointments
    - Chronic Condition, Well Child, Physical, Well Woman
  - Patient Education
  - Patient Friendly PST
- \*Dental team coordinates patient care by warm handoff to lab, imaging, or Nurse Treatment Room (NTR)

## Tier 3

Glisan, Tanasbourne, Cedar Hills

Co-located or stand alone *with embedded nurse*

Embedded medical staff supporting the dental team and members. Co-located facilities offer additional opportunities for workflow alignment across Dental and Medical Teams.

- **Addressing** Care Gaps:
  - Immunizations, Blood Pressure Check, Diabetic Foot Screen
  - Lab draw and processing
    - Stand alone sites
    - **Only LPNs**
- **Facilitating** Care Gap Closure:
  - Fit Kit Distribution; Mammogram; Diabetic Retinopathy Screening
- **Scheduling** Medical Appointments:
  - Chronic Condition, Well Child, Physical, Well Woman, Medicare Wellness
- Panel members to location and PCP
- Assist members with KP.org signup
- Patient Education
- Patient Friendly PST

## Tier 4

Co-located *with embedded nurse + Clinician*

Fully Integrated Medical and Dental service offerings by both services in one location and building patient health experiences with this foundation.

- **Addressing** Clinician Care Gaps:
  - Well-child, Chronic Condition Review, Physicals, Well Woman/PAP
  - Bp Screening and medication adjustment
- **Addressing** Medical Care Gaps:
  - Immunizations, labs due, BP Check, Diabetic Foot Screen, Alcohol and Depression Screening
- **Facilitating** Care Gap Closure:
  - Fit Kit Distribution; Mammogram; Diabetic Retinopathy Screening
- Panel members to location and PCP
- Assist members with KP.org signup
- New Diagnosis Onsite & Telehealth)
- Patient Education

# Tier 1 MDI

All Dental Offices - no LPN Support

No embedded medical staff, but relies on the dental team **engaging** patients through patient education and care gap reminders



## *Types of Preventative Care Gaps*

- **Educate** on Care Gap Closure:
  - Immunizations
  - Labs Due
  - Blood Pressure Check
  - Fit kit
  - Mamm DUE
  - Diabetic Retinopathy Due
- **Educate** on scheduling Medical Appointments
  - Chronic Condition
  - Well Child
  - Physical
  - Well Woman/PAP
- Patient Education
- Patient Friendly PST

# Tier 2 MDI

Dental Office with Medical **Co-Location**, no LPN Support

No embedded medical staff, but relies on the dental team **engaging** patients, and coordinating patient care through **warm hand-off** in a **co-located facility**



## *Types of Preventative Care Gaps*

- **Facilitate** Care Gap Closure:
    - Immunizations
    - Labs Due
    - Blood Pressure Check
    - Fit Distribution
    - Mamm DUE
    - Diabetic Retinopathy Due
  - **Facilitate** scheduling Medical Appointments
    - Chronic Condition
    - Well Child
    - Physical
    - Well Woman/PAP
  - Patient Education
  - Patient Friendly PST
- \*Dental team **coordinates** patient care by **warm handoff** to lab, imaging, or Nurse Treatment Room (NTR)

# Tier 3 MDI

Co-located or stand alone *with embedded nurse*

**Embedded** medical staff supporting the dental team and members. Co-located facilities offer additional opportunities for **workflow alignment** across Dental and Medical Teams.



## *Types of Preventative Care Gaps*

### **Addressing** Care Gaps:

- Immunizations
- Blood Pressure Check
- Diabetic Foot Screen
- Lab draw and processing
  - Stand alone sites
  - **Only LPNs**

### **Facilitating** Care Gap Closure:

- Fit Kit Distribution
- Mammogram
- Diabetic Retinopathy Screening

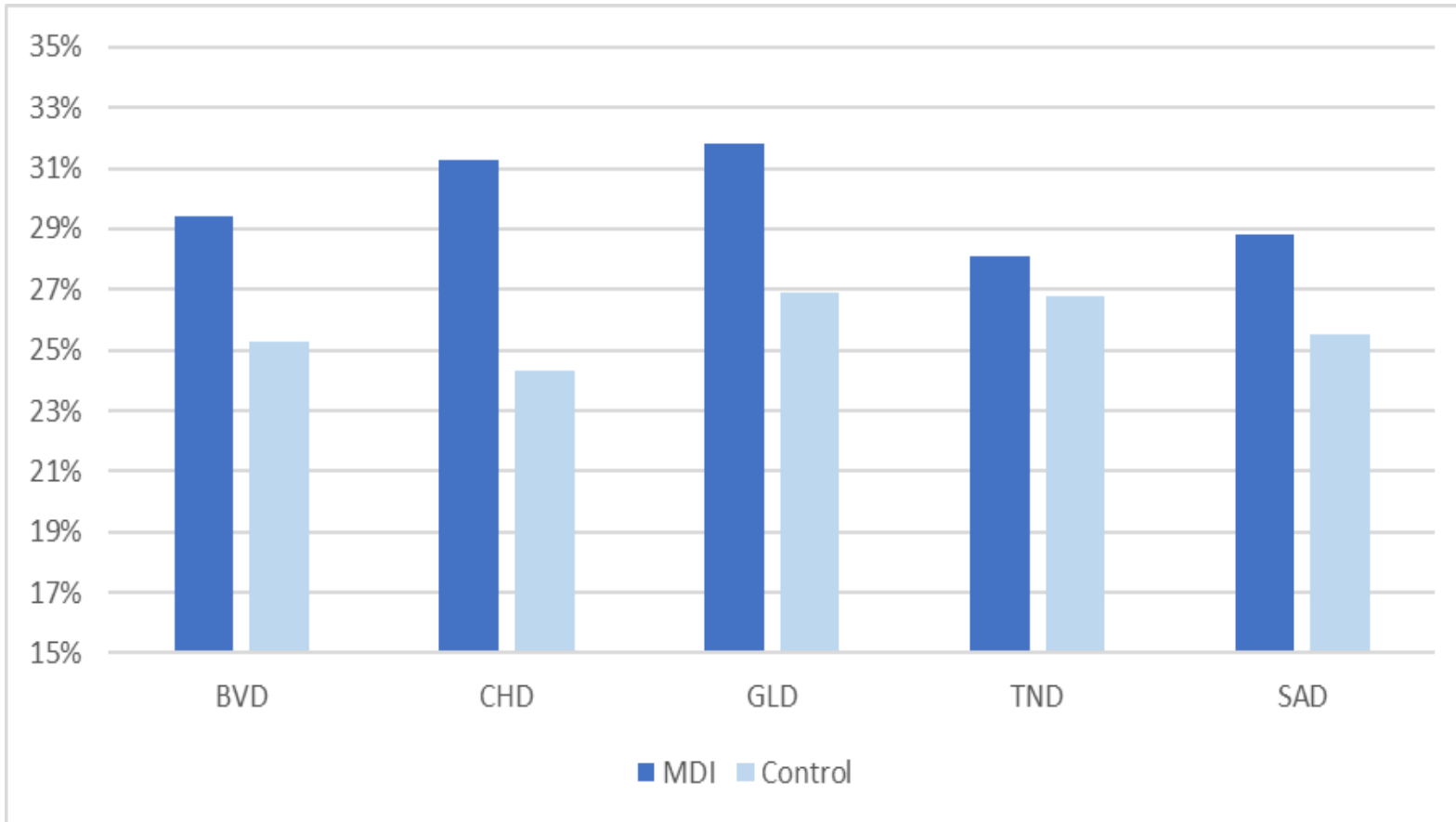
### **Scheduling** Medical Appointments:

- Chronic Condition
- Well Child
- Physical/Well Woman
- Medicare Wellness
- Panel members to location and PCP
- Assist members with KP.org signup
- Patient Education
- Patient Friendly PST

# Care gap closure at MDI sites continue to be higher than at non-MDI sites

Adult Patients Closing All Open Care Gaps within 60 Days of Dental Visit

January 2021 – March 2022



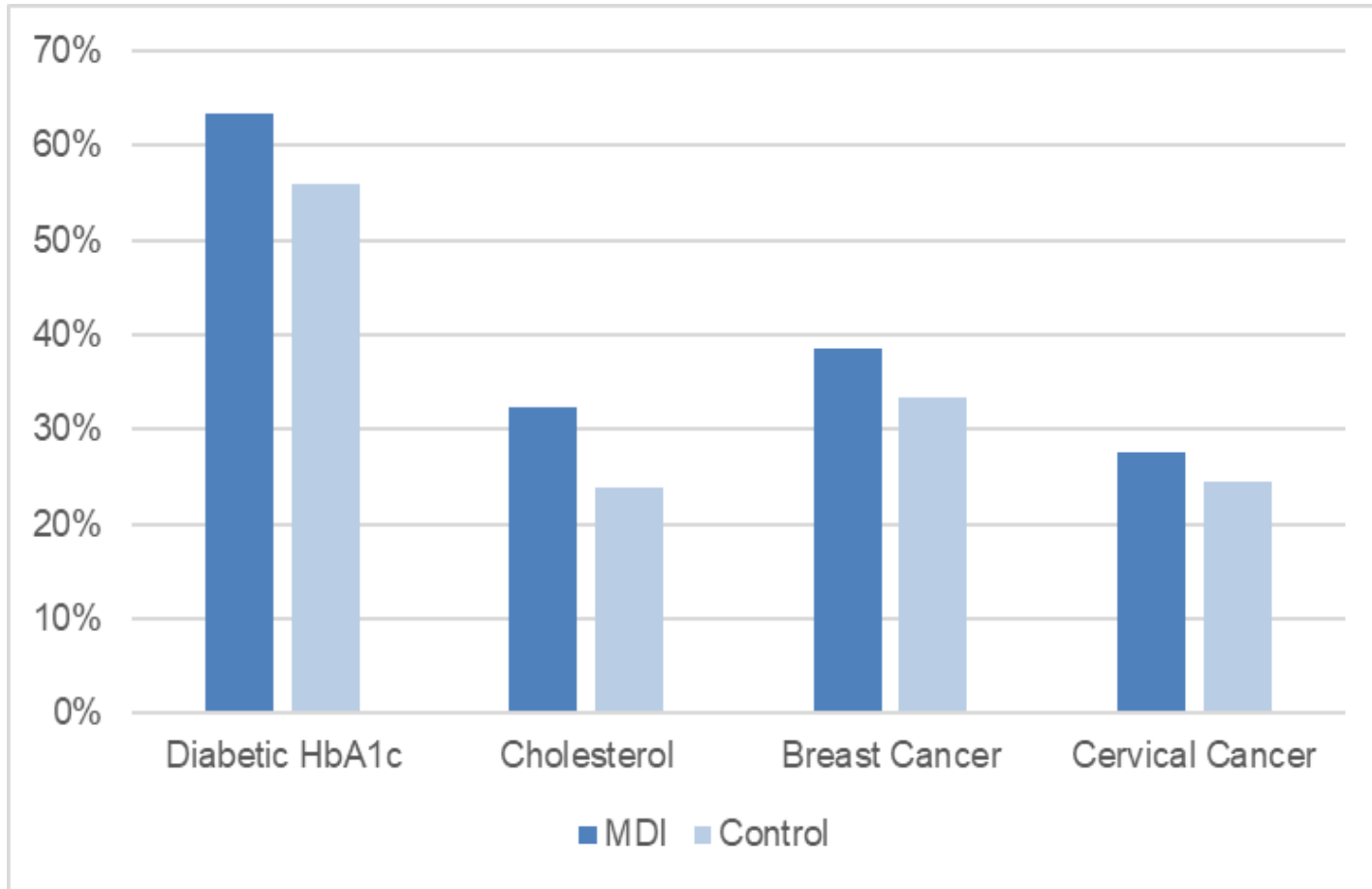
Overall, patients are **25% more likely** to close care gaps when seen at a Tier 3 site compared to a Tier 1 site.

	BVD	CHD	GLD	TND	SAD
<b>OR</b>	1.24	1.42	1.27	1.07	1.19
<b>95% CI</b>	(1.16-1.32)	(1.30-1.56)	(1.20-1.35)	(1.02-1.13)	(1.14-1.25)

# MDI is an important access point for our patients

## Priority Care Gap Closure Among Adult Dental Patients

January 2021 – March 2022



**ONE** out of **THREE**

patients seen at dental clinics have not seen their designated PCP in 2+ years and are

**20% more likely**

to close care gaps at a Tier 3 site then at Tier 1 sites.



# MDI 2023 Priorities

High Priority Work	Activities	Measure	Target	Who?
<b>MDI Tier 2 Site Spread</b>	<ul style="list-style-type: none"> <li>By End of Q2 2023</li> <li>Spread practice to all co-located Medical/Dental Sites LVK/LKD; CPK/CPD; NLD/NLR; KZS/KZD; SKY/SYD</li> <li>Tier 3 Workflows when no LPN present</li> <li>Introducing Passport at MOBs</li> </ul>	Increased HEDIS metrics for BP Reminder; Diabetic Care Gaps; Mammography; Diabetic Retinopathy; FIT Increase PG Scores – Concerns for Overall Health	BP Reminder, DM Gap, Cancer Screening, DM Retinopathy, PG: By location – YE +2% Per Metric	Emily Klof
<b>Chairside Engagement</b>	<ul style="list-style-type: none"> <li>Spread Practice of PST Conversation</li> <li>Increase PST Touches</li> <li>Increase practice of PST Flowsheet usage for GD and DA</li> </ul>	Dental PST Flowsheet Use PFH Rate by MOB (quality targets and tools)	70% 75%	Emily Klof Holly Morgan Daniel Pihlstrom Carl Washington
<b>Dental Message Management</b>	<ul style="list-style-type: none"> <li>Protocols</li> <li>Onboarding</li> <li>KP.org options</li> </ul>	Message Turn Around Time <b>**Need PG Measure**</b>	TBD	Emily Klof, Program Manager Mike Armstrong Kerrin Watkins, OYD DOM (SME) Kasi Pankey <b>Lindsey Popov</b> , Dylan Sorber (GNL)
<b>Flu Vaccines in Dental</b>	<ul style="list-style-type: none"> <li>All Oregon locations by Q3 2023</li> <li>Dentists at all OR</li> </ul>	Clinical Quality Targets and Tools – Flu Shot one dose (Prevention) Flu Imm Rate for Eligible Population	TBD: 2023-2024 Target for Overall Performance Target by Location	Emily Klof Daniel Pihlstrom

## Social Needs Screening in Dental Care and Care Gap Closure

David Mosen PhD, MPH, Matthew Banegas PhD, MPH, Daniel Pihlstrom DDS, Erin Keast, MPH, John Dickerson, PhD, Jeffrey Fellows, PhD  
AAODCR/CADR Annual Meeting  
March 15, 2023

## Conclusions and Implications for Dental Care

### Conclusions

- Nearly 30% of study population had any self-identified social needs.
- One social need associated with higher care gap closure, compared to no social needs.
  - Finding likely influenced my unmeasured confounding measures.

### Implications for Dental Care

- It's possible to conduct social needs screening assessments in the dental care setting.
- Future research needed to examine association of presence of social needs with dental related outcomes.

# Our Community



KAISER PERMANENTE®

PERMANENTE DENTISTRY®  
Permanente Dental Associates





**Medical + Dental**  
**BETTER TOGETHER**



## Agenda

1. Introductions
2. KP Dental MDI Journey
3. KP Dental MDI Models
4. **Components for KP to Operationalize MDI**

# For consideration and discussion

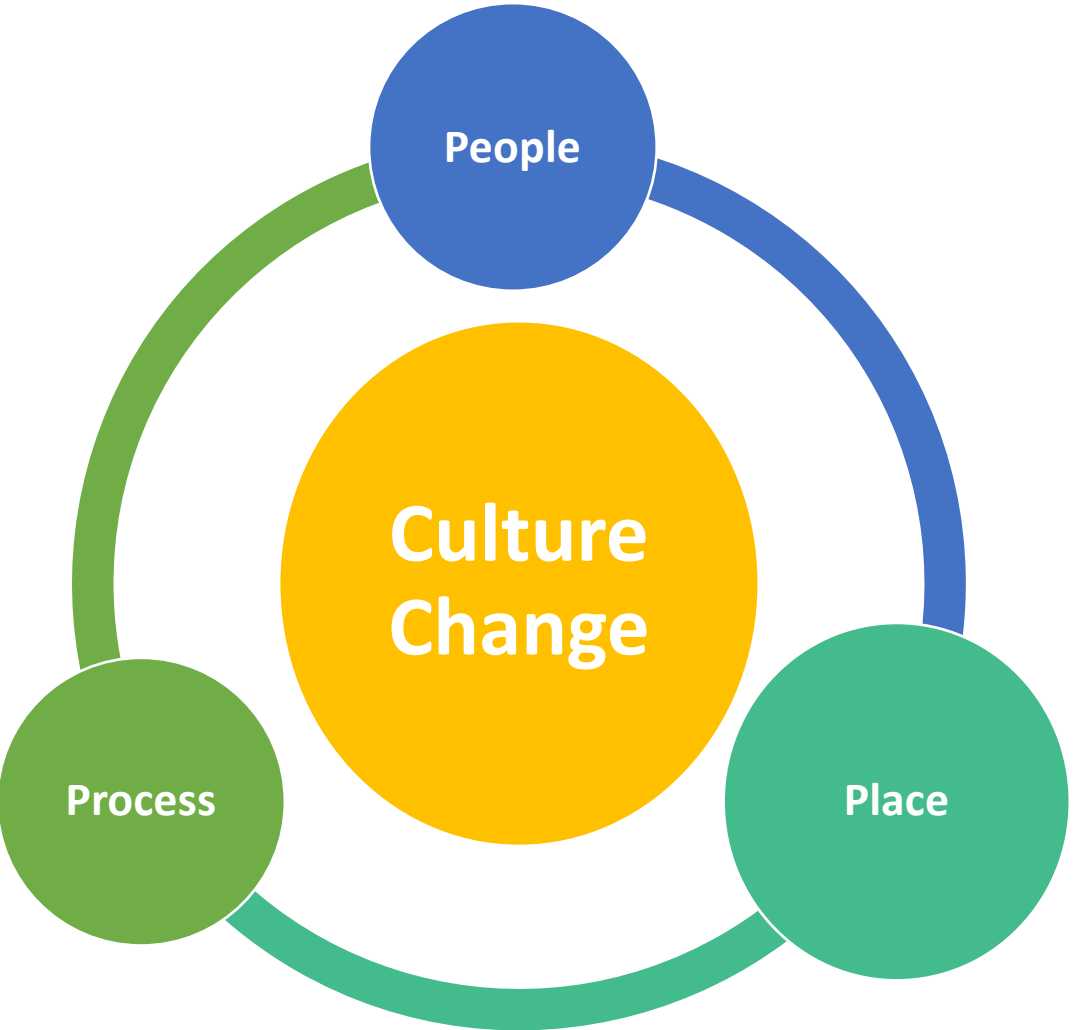
- 1) What can you start working on today to advance medical-dental integration (MDI)?
- 2) What types of 'care gaps' could be adapted to the day-to-day work in your setting?
- 3) Looking at components of your practice model, are there any you could use to incorporate MDI?
  - 1) How could you engage staff in shared responsibility for overall health?

# KAISER PERMANENTE'S INTEGRATED SYSTEM

- Shared responsibility in total health
- Shared population: Medical and Dental
- Co-located Facilities
- Shared informatics platform
- Global + value-based payment



# MDI FRAMEWORK





I EXTREMELY appreciated the hygienists offer to have the nurse give me my flu shot. Having the nurse at the dental office has been very convenient for me before too, I'm diabetic and she saved me a visit over to the lab for an ordered blood draw the last time I was there too.

I was told I needed a bone density test. I like knowing that even though I was having my teeth cleaned. I love having medical and dental in the same facility. This is very handy.



## GET MORE SMILEAGE

MEDICAL AND DENTAL CARE, WORKING TOGETHER



I really liked my dental hygienist. She was thorough, efficient, and pleasant. Thank you, for providing a nurse at the dental office. I have gotten both 1 dose of my shingles vaccines and a flu shot there. The nurse on duty is an efficient professional. It is very convenient to get these routine shots there & not make on extra trip to the Rockwood Clinic.

It was very evident that the dentist had read my medical history in addition to my dental history. Thus he was able to make the best recommendations based on my diabetes. I was very impressed with his thoroughness.

### MDI Stories

#### Dental visit helped early detection of breast cancer.

Nurse scheduled mammogram for member after a dental appointment and discovered stage 1 cancer.

#### Dental visit speeds cancer diagnosis and treatment

Missing mammogram noted at dental visit encouraged patient to get scanned. A tumor was detected, treated and resolved.

#### Medical + Dental = Lifesaving Care for 7-year old girl

Unusually high blood pressure detected during a dental visit led to detection of a birth defect and may have saved one of her kidneys.

#### Dental nurse educated patient on their diabetes results and led to the member's changed lifestyle and diet.

Patient scheduled all labs due during their dental visit and made positive changes that resulted in lower blood pressure at their next dental visit.

# EPIC

FRAMEWORK

# \$4M

savings in 2018 from  
technology enhancements

## Integrating Technology - Wisdom/EPIC

- Electronic charting and referrals.
- Online/mobile connection through kp.org
- Integrated claims processing
- Common registration, point of service revenue collection, and patient billing
- Patient scheduling
- Electronic prescriptions and common medication list with KP Medical
- Dental care gap closure dashboard

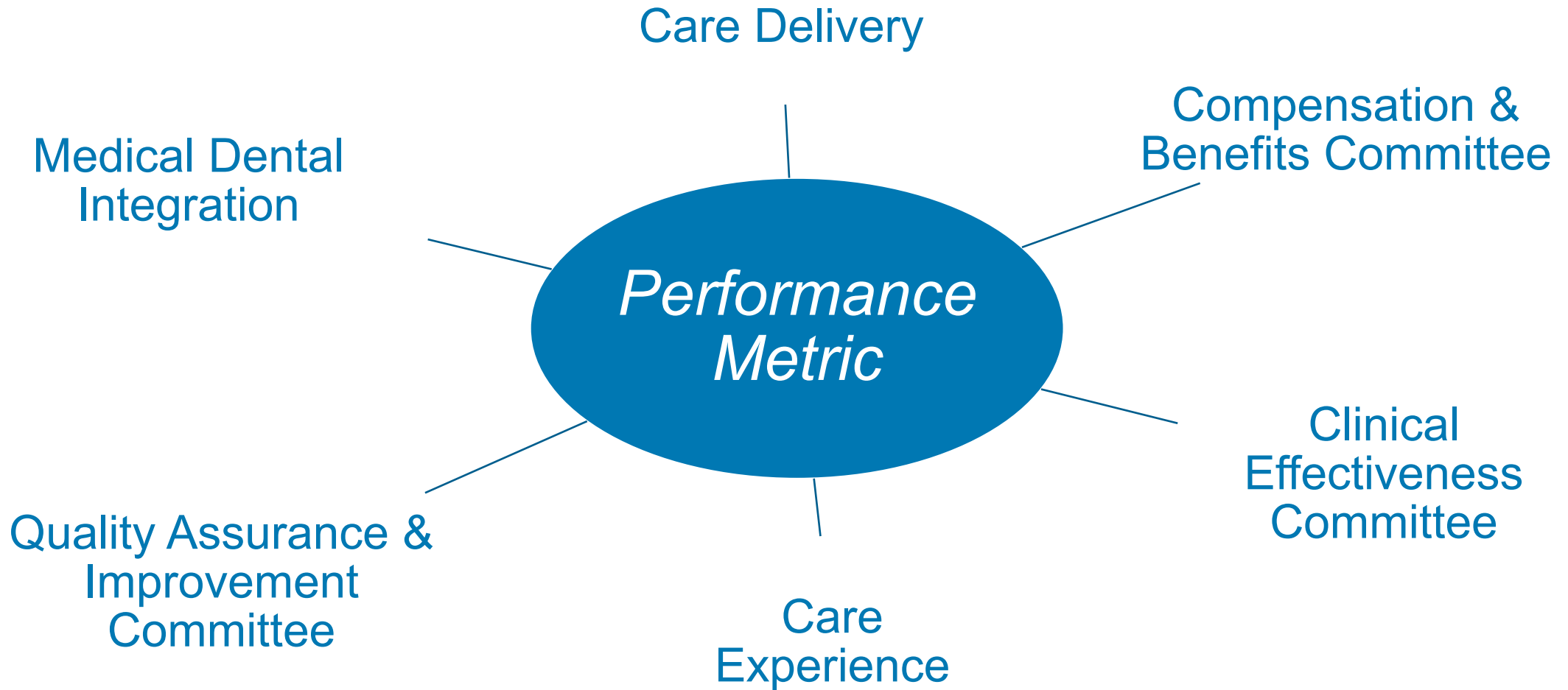
**ALIGNED INCENTIVES  
+ CLINICAL DATA**

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**QUALITY, EFFICIENCY,  
AND BEST OUTCOMES**



# Global and Value Based Compensation Inputs



# Transparent Reports

## MDI Provider Summary

Office: CHD

Year	2022	<input type="button" value="v"/>
Report Month	3	<input type="button" value="v"/>
BASE_LOC	CHD	<input type="button" value="v"/>

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prov_name	prov_type	OPPORTUNITY	STAGED/RESOLVED	DECLINES	% Staged or Resolved	% Declined	% MDI Touched	% Change
<input type="checkbox"/> <b>CENSONI, PAULA</b>	DENTIST	16	11	2	68.75%	12.50%	81.25%	9.67%
<input type="checkbox"/> <b>PIHLSTROM, DANIEL</b>	DENTIST	15	8	2	53.33%	13.33%	66.67%	8.89%
<input type="checkbox"/> <b>BYUN, PAULA</b>	DENTAL HYGIENIST	6	3	1	50.00%	16.67%	66.67%	0.95%
<input type="checkbox"/> <b>CHERNISHOV, FROSINA</b>	DENTAL HYGIENIST	6	1	3	16.67%	50.00%	66.67%	-
<input type="checkbox"/> <b>NGUYEN, FRANKLIN</b>	DENTAL HYGIENIST	8	3	2	37.50%	25.00%	62.50%	-7.50%
<input type="checkbox"/> <b>SANTIAGO HERNANDEZ, NOR</b>	DENTAL HYGIENIST	19	5	5	26.32%	26.32%	52.63%	-
<input type="checkbox"/> <b>FRASER, ANDREA</b>	DENTIST	6	2	1	33.33%	16.67%	50.00%	-
<input type="checkbox"/> <b>MENSAH, TETE</b>	DENTAL HYGIENIST	6	3		50.00%	0.00%	50.00%	-20.37%
<input type="checkbox"/> <b>CHD CO-OP</b>	DENTIST	5			0.00%	0.00%	0.00%	-9.09%
								-
								-

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**In closing...**

November 12, 2021

# Dental visit speeds cancer diagnosis and treatment

A reminder to complete a routine mammogram — and early detection — helped one Kaiser Permanente member overcome breast cancer.



Lifelong Kaiser Permanente member Kat Riley (right), with her dentist, Rie Kimura, DMD.



**Thank you!**