



Case Study

Eastern Shore Rural Health System (FQHC)

Organization Name: Eastern Shore Rural Health System **Type:** Federally Qualified Health Center (FQHC)
Location: Virginia's Eastern Shore (multiple location)

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Population of Focus for Integration Efforts:

As ESRHS has the region's only pediatricians, the program will serve the majority of the region's children to include children who would not be able to receive oral care otherwise due to barriers caused by insurance status, lack of income and transportation, and/or a shortage of dentists. This will result in early intervention and prevention of disease for 720 children (program goal). Pregnant women also will be counseled on seeking oral care and referred for preventive and acute care.

Key Components of the Integration Workflow:

Patient Intake:

What kind of information is collected by front office staff and part of your integrated care activities/program?

ESRHS medical staff will ask our diabetic and pregnant patients if they have a dental home. We are hoping to add this to our medical provider's daily huddle sheets.

Clinical Services:

What services are provided to patients through your integrated program and by whom?

Our pediatrician will give a dental welcome bag with helpful information and products to parents at the hospital visit to check a newborn child and at six-month well-child visits. A dentist will do an exam, toothbrush prophylaxis, caries risk assessment, oral health information and fluoride varnish as part of all one-year well-child visits. Additionally, "Happy First Birthday" cards will be mailed explaining that the baby needs to see a dentist when his/her first tooth arrives. Fluoride varnishes will be applied by medical staff at all 16- and 20-month well-child visits. Finally, all children will be scheduled to see an ESRHS dentist at age two for an exam, toothbrush prophylaxis, caries risk assessment, OHI and FI. We take blood pressure readings on all of our patients, and the results are shared with our medical providers in electronic health record (EHR). If a dental patient is not a medical user and does not have a family physician, we refer these individuals to our medical program.

Documentation and Information-Sharing:

How is patient health information collected and shared between medical and dental clinics and staff?

We take blood pressure readings on all of our patients, and the results are shared with our medical providers in EHR.

Referrals:

How and when are referrals made between the medical and dental clinic?

If a dental patient is not a medical user and does not have a family physician, we refer these individuals to our medical program. There is a direct telephone line for Medical Business Assistants to schedule target patients who qualify for comprehensive care, and any patient experiencing an acute dental problem is sent directly to the dental offices. Physicians can refer patients to the dentists, and vice versa, through Telephone Encounters in our EHR.



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Follow up/patient support services:

What types of follow up, case management and/or patient support services are offered?

A dedicated dental outreach staff, modeled after the ADA's Community Dental Health Coordinator, follows referrals from medical providers, the local hospital emergency department, and community agencies (i.e. Health Department, Head Start, Migrant Health) to assure patients are connected with dental care.

Challenges:

Health literacy is a huge challenge, if patients don't know that oral health is integral to overall health, they do not value oral health care and do not attend visits.

Key Considerations:

ESRHS has the region's only pediatricians.

Lessons Learned:

- Administrative and clinical champions are key.
- Cross-train medical staff to do some preventive oral care.
- The outreach department and every other health center-enabling service must all be talking about "dental," not only medical.

Key Metrics:

What key measures are used to evaluate your efforts?

We are tracking the number of children under age three, pregnant women and poorly-controlled diabetic patients who are connecting with our dental program, as well as looking for trends in our health outcomes for diabetes (H1AC) and pregnancy outcomes (pre-term, low birth weight, etc.).